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

https://zoom.us/j/7812894174; Meeting ID 7812894174

3 September 2020 11:00 - 3 September 2020 13:30

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Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting (PUBLIC SESSION)

Date: 3 September 2020
Time: 11.00 – 13.30
Location: Zoom Conference: https://zoom.us/j/7812894174; Meeting ID 7812894174
OR
Dial in: +441314601196; Meeting ID: 781 289 4174#

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 2 July 2020	Paper	Chairman
11.05	1.4	Matters arising and Board action log	Paper	Chairman
11.10	1.5	Chairman's Report	Paper	Chairman
11.15	1.6	Chief Executive's Report	Paper	Chief Executive Officer
11.25	1.7	Patient and Staff Experience Story – Covid-19	Verbal	Chief Nursing Officer
	2.0	**FOR DISCUSSION**		
11.40	2.1	Phase 3 of NHS Response to Covid-19	Paper	Chief Executive Officer
12.00	2.2	Trust Recovery Plan update	Paper	Deputy Chief Executive / Chief Operating Officer
12.15	2.3	Integrated Performance and Quality Report, including Winter preparedness	Paper	Deputy Chief Executive / Chief Operating Officer
12.25	2.4	Annual Infection Prevention and Control update	Paper	Chief Nursing Officer
12.30	2.5	Safe Staffing annual report	Paper	Chief Nursing Officer
12.35	2.6	Patient and Public Engagement and Experience Strategy 2019-2024 – progress update	Paper	Chief Nursing Officer
12.45	2.7	Emergency Preparedness Resilience and Response (EPRR) 2019 NHSE Core Standards Feedback	Paper	Deputy Chief Executive / Chief Operating Officer
	3.0	**FOR NOTING – HIGHLIGHTS BY EXCEPTION**		
13.00	3.1	Guardian of Safe Working Report Q1	Paper	Medical Director (Acting)
	3.2	Improvement programme update	Paper	Chief Nursing Officer
	3.3	Learning from Serious Incidents	Paper	Chief Nursing Officer
	3.4	Mortality Surveillance Report Q1	Paper	Medical Director (Acting)

	3.5	People Performance Report	Paper	Director of Human Resources & Organisational Development
	3.6	Digital Programme update	Paper	Chief Information Officer
	3.7	Board Assurance Framework	Paper	Director of Corporate Governance & Compliance
	4.0	**ITEMS FOR INFORMATION**		
13.15	4.1	Questions from members of the public	Verbal	Chairman
13.25	4.2	Any other business	Verbal	Chairman
13.30	4.3	Date of next meeting – 5 November 2020; 11.00 – 13.30.		

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	11 May 2020	
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	Feb 2020	
		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 Excellence Awards	Oct 2018	Ongoing	Lay Member of the Panel throughout my time as NED
		Spouse - Member of Parliament for the Brentford and Isleworth Constituency	Nov 2015	Ongoing	
		Associate, Westbrook Strategy	Feb 2020	Ongoing	
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	30 Jun 2020	
		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	
		Independent Director Intu Milton Keynes Limited	2 Jun 2020	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	
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	

DRAFT
Minutes of the Board of Directors (Public Session)
Held at 11.00am on 2 July 2020, Zoom

Present:	Sir Thomas Hughes-Hallett	Chair	(THH)
	Jeremy Jensen	Deputy Chair	(JJ)
	Aman Dalvi	Non-Executive Director	(AD)
	Nilkunj Dodhia	Non-Executive Director	(ND)
	Nick Gash	Non-Executive Director	(NG)
	Stephen Gill	Non-Executive Director	(SG)
	Eliza Hermann	Non-Executive Director	(EH)
	Ajay Mehta	Non-Executive Director	(AM)
	Lesley Watts	Chief Executive Officer	(LW)
	Roger Chinn	Acting Medical Director	(RC)
	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:	Kevin Jarrold	Chief Information Officer	(KJ)
	Martin Lupton	Honorary Non-Executive Director	(ML)
	Chris Chaney	Chief Executive Officer, CW+	(CC)
	Serena Stirling	Director of Corporate Governance & Compliance	(SS)
	Gubby Ayida	Equality, Diversity and Inclusion Specialist Advisor	(GA)
	Vida Djelic (Minutes)	Board Governance Manager	(VD)
Apologies	Dr Andrew Jones	Non-Executive Director	(AJ)

1.0	**GENERAL BUSINESS**
1.1	**Welcome and apologies for absence** THH welcomed the Board members and those in attendance to the first Zoom Board public meeting. THH welcomed GA. LW introduced GA and noted that she had been appointed as Equality, Diversity and Inclusion Specialist Advisor to the Executive and the Board. Apologies received as above were noted.
1.2	**Declarations of Interest** NG noted that his appointment as Associate Director Interel (Public Affairs Company) terminated in February 2020. **Action: VD to update NG's interest on the Register of Directors Interests.**
1.3	**Minutes of the previous meeting held on 07 May 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**

	The Board noted the action log.
1.5	**Chairman's Report** The Board noted the report. THH noted that as part of the immediate response to the Covid-19 pandemic the Trust enhanced the governance processes with the implementation of a weekly briefing teleconference which enabled the Chief Executive Officer and the Deputy Chief Executive to keep the Non-Executive Directors informed on the rapidly emerging situation while trying to keep patients and staff safe, and manage demand. This allowed an increased scrutiny and a greater degree of oversight. He congratulated all Executive and Non-Executive Directors for maintaining strong governance arrangements during this challenging time and for their tireless support to the Trust. THH in particular noted LW's and RH's strong leadership contributions to both Chelsea and Westminster Hospital and to the sector. He thanked the Executive Team for their commitment and dedication during this time. THH noted that Covid-19 changed the way the NHS operate and communicate with the teams, patients and families in order to keep all safe, hence the new way of conducting meetings on Zoom. THH advised the Board that with Jeremy Jensen's term of office expiring in September, Nilkunj Dodhia will be chairing the Finance and Investment Committee. In the next couple of months Jeremy will support Nilkunj with the business of the Committee to ensure a smooth transition to the new chair. In addition, THH advised that a new Senior Independent Director will be announced at the September Board.
1.6	**Chief Executive's Report** LW presented the report and acknowledged staff commitment to delivering excellent patient care and experience during the pandemic. The speed and flexibility demonstrated by staff in changing their working patterns and responding positively to challenging situations to meet patient needs was remarkable. LW acknowledged the Trust's effort put into learning from the recent events, including the outcome of Covid-19 review in relation to inequalities in mortality risk for Black, Asian and Minority Ethnic (BAME) people, and emphasised the Trusts' commitment to learning by listening to voices of staff through the BAME Network. In order to keep staff safe against Covid-19, BAME and all other vulnerable staff are being rapidly risk assessed. NG reflected on a great effort in supporting care homes during the Covid-19 period and asked if there were any concerns in relation to discharging patients to care homes. LW stated that the Trust follows the Public Health Guidance at all times. PN stated although Covid testing was not available initially, it was rapidly developed by experts and scientists, and as soon as it was available all patients were tested on the point of admission and before being discharged to care home. She assured the Board that good working relationships with care homes continue.
1.7	**Coronavirus update** In thanking RH for acting to the Chief Executive's post, THH asked him for the top three lessons learned during the pandemic. RH stated the following: 1) reducing unnecessary visit to shops; 2) use of digital technology; and 3) excellent staff spirit and effort to defeat the virus. THH asked the same question of RC. RC stated the following: 1) team work across Multi-Disciplinary Teams on testing and treatment strategy; 2) participating in research study; and 3) effective collaboration with NWL and NHS London. THH noted that the Covid-19 pandemic accelerated the use of digital technology which helped health and

	care professionals communicate better and enabled people to access the care they need quickly and easily, when it suits them. He highlighted the importance of maintaining the positive impact of technology for the benefit of patients. KJ assured the Board that digital technology will be sustained for the future and highlighted the positive use of data across NWL for the benefit of patients. VM stated that despite the Covid pandemic, the Trust has achieved its year-end target and a surplus position. The block payment financial arrangement has been put in place for 2020/21, and the Trust will receive monthly block contract payment in advance. Covid-19 related exceptional expenditure will be covered by separate funding from NHSE/I.
2.0	**QUALITY/PATIENT EXPERIENCE AND TRUST PERFORMANCE**
2.1	**Patient Experience Story – https://vimeo.com/434008336/33eb2e4cbb** A video was played of the patient experience journey demonstrating changes in the way the Chelsea and Westminster Hospital environment is operating as a result of Covid-19 pandemic. LW expressed gratitude to volunteers and all who supported Chelsea and Westminster Hospital during the pandemic. ML reflected on the excellent response from Chelsea and Westminster Hospital during the pandemic and suggested the sector learns from the current response and embeds learning into any potential future waves. PN said the Trust works in collaboration with Imperial College Healthcare NHS Trust and confirmed that a data monitoring system is in place for any potential emergency response required. LW linked to it by stating that a review will be undertaken on the Trust's Covid-19 emergency response and learning taken hence the discussion regarding a local lockdown in Leicester following a spike in Covid-19 cases.
2.2	**Improvement programme – update** PN introduced the paper by describing the latest developments: • Refocusing on recovery, reporting and assurance for the 2020/21 quality priorities; • Continuing to build a culture of innovation and improvement; • CQC improvement plan; and • Improving the impact of volunteers through identifying and planning for new roles for volunteers to reflect the evolving needs of the organisation.
2.3	**Learning from Serious Incidents** PN introduced the paper and noted that the Quality Committee (a Board Committee) has recently reviewed and scrutinised in detail the learning from the serious incidents report.
2.4	**NHSR Maternity 10 Point Plan – progress report** PN introduced the paper and stated that it provides an update on current compliance against the 10 standards required for this year's NHSR maternity incentive scheme for year 3. Achieving the 10 standards would mean achievement of the £2.2 million reduction in CNST tariff for maternity. The submission is due to be made to NHSR in August.
2.5	**Mortality Surveillance Q4 Report – for noting** RC explained that during the peak of the Covid-19 pandemic mortality surveillance was suspended but assured that, with the introduction of the Medical Examiners, deaths within the Trust had been through a robust level of scrutiny and rapid review. The process will be reviewed to establish what it should be like post-Covid-19.

	JJ joined the meeting.
2.6	**CQC inpatient survey and action plan** PN introduced the paper and highlighted the summary of the feedback as part of the national in-patient survey and outlined the next steps for addressing the areas in need of attention. THH encouraged the team to explore possible options with a view to improve the survey response rate and overall patient experience. This is an opportunity where volunteers could help with gathering patient response data.
2.7	**Integrated Performance and Quality Report** RH introduced the report and advised that due to significant impact of Covid-19 a number of metrics are either not available due to being suspended or unavailable due to reprioritisation of 'Business as Usual' tasks both clinical and non-clinical. RH drew Board's attention to the following points: • A&E validated performance of 94.4% was slightly below the 95% standard. • RTT performance continued to deteriorate due to a cessation of routine elective activity; the Trust's patient tracking list currently stands at 35,881 which is a reduction of 12,802 since the start of Covid-19 due to extensive validation and addressing data quality issues; under delivery against this standard is expected to continue due to current restrictions in the ability to process previous levels of elective activity. • Cancer 62 day performance has deteriorated and the final validated position for the month was 67.54%; it is reflective of the position across a number of trusts in NWL and more widely across the NHS. THH asked if the magnitude of challenge the organisation faces could be captured, how this will be addressed and how long it would take to recover. RH stated that a reduction in the patient tracking list is significant and the validation exercise is on-going across waiting patients to ensure clinical prioritisation is completed and patients managed on that basis. Urgent patient treatments have been proceeding and where necessary patients were transferred to our partners. In terms of time to recover elective activity, RH stated that It is unclear at present how long it will take. THH further asked if the NHS could help patients understand the scale of the problem and manage patient expectations. RH stated that providers communicate to patients virtually and offer reassurance it is safe to visit hospital. NG referred to Safe Staffing and Patient Quality Indicator Report for West Middlesex site and queried staff fill rates appear low. PN explained that this was due to having to fill a short term gap on West Middlesex site.
3.0	**PEOPLE**
3.1	**People Performance Report** TS noted that April and May 2020 reports have been presented to the Board in order to understand the scale of the workforce changes and the work over the period. He highlighted three key elements to people challenge: • Covid-19 recovery remains high with the strong focus on supporting staff i.e engaging staff who are shielding with the organisation, carrying out initial risk assessments on high risk staff, health and

	wellbeing support etc. • Restarting transactional plans post-Covid 19: temporary staffing and recruitment time. • Continuing 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, remote working, holding meetings virtually, equality, diversity & inclusion and enhancing the staff health and wellbeing offer. AM asked how the Trust ensures that the recruitment process for leadership training includes BAME staff. TS stated that the recruitment process is via self-nomination and BAME lead GA designed the assessment of applications for leadership training in order to ensure we have diverse and inclusive leadership. GA stated that Equality & Diversity Champions encourage staff to apply for leadership posts. In addition, the Assistant Director of Learning & Development is invited to attend BAME Network Meetings. LW congratulated GA for helping the organisation with the equality, diversity and inclusion agenda and added that following on from the work undertaken, an increase in the number of BAME applications for the leadership and development programme is expected. This approach is championed by NWL. THH reflected on the recent communication with some young NHS employees who greatly appreciated support from the sector, organisations and the hospital charity during Covid-19, however, they expressed concerns with support ceasing. This highlights the importance of careful consideration be given to staff support.
3.2	**2019 National staff survey results** TS stated that staff survey was taken during the Cerner EPR implementation and CQC inspection which were significant events for the Trust and provide an important context for the survey. Presentation of the survey results coincided with the Covid-19 incident. The report provides the response rate to the 11 key themes and by the individual questions that make up these themes. These themes are the same as the 2018 survey. The Trust remains a positive outlier in a number or areas and continues to maintain above average performance in staff engagement and is rated the third best in London. The main areas of concern are health & wellbeing, equality, diversity & inclusion, and bullying & harassment. AD referred to safety, bullying and harassment response rate and queried if it was known why 49% of respondents did not report incidents to the Trust. TS stated that lot of work has been undertaken to analyse the results further to identify if there are any areas of specific concern and listening events in the key areas were held so that staff can discuss their experiences. He undertook to share intelligence relating to the 49% of respondents who did not report incidents to the Trust. **Action: TS to share intelligence relating to the 49% of respondents who did not report incidents to the Trust.** NG, FTSU NED lead, noted that the number of issues raised through this avenue has recently increased, however none of the issues raised related to bullying and harassment. This demonstrates the importance of encouraging people to report any issues through the available networks. AM suggested triangulating and benchmarking response data in order to understand it further both within and outside the health sector. TS stated that the Trust has made a significant improvement in the last 12 months with detailed and evidence based plans to address areas of the staff survey and confirmed that further guidance will be sought from other organisations. ND suggested using digital technology to encourage staff response rate and collating real time data. TS confirmed this will be explored. LW welcomed valuable contributions from the Board members and confirmed that the next survey will be informed by all suggestions received. THH concluded the item by stating that improving the staff survey is one of his objectives and committed to further report on it in due course.
4.0	**STRATEGY**

4.1	**CW Innovation Review** CC provided an overview of the paper and highlighted the following points: • This is the only programme of its kind in a UK acute hospital which identifies and tests new innovations that improve patient care, patient experience and operational efficiency in a world class clinical environment • The programme was launched in September 2019 • Internal Expert Innovation Advisory Group established • The programme is supported by internal team of dedicated innovation business partners and external partner organisations • 70 innovation projects in pipeline • CW Innovation is a cornerstone of the Trust's Smart Hospital strategy • The programme benefits from some fantastic companies bringing transformative innovations to our hospitals • CW+ is a founding partner of the Digital Health London Accelerator programme which aims to speed up the adoption of digital health innovation in the NHS, making sure that more patients benefit from new technologies faster. • CW+ Covid-19 Rapid Response Fund, was launched before the 23 March government lockdown, but has continued to support patients and staff in the following areas: new equipment, new technology and clinical research; support to Frontline Staff included: the creation of Health and Wellbeing hubs to provide respite, information and refreshment for staff; and the recruitment and deployment of a specialist volunteer workforce to support staff and patients on the wards and across the organisation.
4.2	**Digital Programme update** KJ noted that an overview of the Cerner Electronic Patient Programme (EPR) and other digital programmes was provided in the paper and highlighted the following: • EPR Phase 1 West Middlesex Hospital went live in May 2018; • EPR Phase 2 Chelsea and Westminster Hospital went live in November 2019; • EPR Phase 3 West Middlesex Hospital went live in June 2020; • Experience of working through Covid-19 has demonstrated a need for close collaboration across the whole NWL health economy in order to improve pathways for patients.
5.0	**GOVERNANCE**
5.1	**Guardian of Safe Working Report Q4** This report was noted.
6.0	**ITEMS FOR INFORMATION**
6.1	Questions from members of the public Nil of note.
3.2	**Date of next meeting – 03 September 2020, Zoom**

The meeting closed at 13.03.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Trust Board Public – 2 July 2020 Action Log

Meeting Date	Minute number	Subject matter	Action	Lead	Outcome/latest update on action status
July 2020	1.2	Declarations of Interest	Action: VD to update NG's interest on the Register of Directors Interests.	VD	Complete.
	3.2	2019 National staff survey results	Action: TS to share intelligence relating to the 49% of respondents who did not report incidents to the Trust.	TS	Complete.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 3 September 2020

PUBLIC SESSION

AGENDA ITEM NO.	1.5/Sep/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 Public Board on high-level Trust affairs.
SUMMARY OF REPORT	Board members 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	This paper is submitted for the Board's information.

Chairman's Report
September 2020

Covid-19
On 19 June 2020 the Government's Joint Biosecurity Centre downgraded the UK's overall Covid alert level from four to three, signifying that the virus remains in general circulation with localised outbreaks likely to occur.

The level of Covid demand on the NHS means that the Government agreed that the NHS incident level has moved from Level 4 (national) to Level 3 (regional) with effect from 1 August. Covid remains in general circulation and we are seeing a number of local and regional outbreaks across the country, with the risk of further national acceleration.

Within the Trust, we continue to follow government guidance on infection control measures. Staff, patients and visitors must wear face coverings within our hospitals, and maintain good hand hygiene and social distancing standards.

Leadership update
After two terms of service to the Trust, Jeremy Jensen, our Deputy Chairman and Senior Independent Director will leave the organisation at the end of September. During this time, Jeremy has also been the Chair of the Finance and Investment Committee and Non-Executive Lead for Strategy. I would like to extend a personal thanks to Jeremy for his commitment to the Trust, and for his support which he has shown to myself, the Board of Directors and Council of Governors.

On 23rd July, the Council of Governors confirmed Steve Gill as our new Deputy Chairman and Senior Independent Director. Steve is currently the Chair of the People and Organisational Development Committee, as well as a member of our Finance Committee. I am sure you will all join me on congratulating Steve on his new appointment. I look forward to working with him and the Board of Directors over the coming months to navigate the 'Recovery Phase' of our services, whilst planning for the future.

In July, we were also very sorry to say goodbye to Dr Andy Jones, Non-Executive Director, after serving the Trust for two terms. Andy championed and supported our quality agenda as a valuable member of the Quality and Audit and Risk Committees, and was also Non-Executive Lead for Estates. On behalf of the Board of Directors and Council of Governors I extend a sincere thank you to Andy for his commitment and dedication to our organisation.

Working with others
As you are aware, we have been actively engaging with our health and care partners in North West London to reset and restart elective care services for patients, whilst continuing to deliver urgent and emergency care across the sector. This continues to be a demanding and challenging time for both staff and patients.

In August, the Chief Executive of The Hillingdon Hospitals NHS Foundation Trust stood down for personal reasons, and as part of our collaborative approach, and recognising our duty to support others, Lesley Watts is working as an advisor to the Hillingdon Board. She will support the Deputy Chief Executive Officer with the management of the hospitals until new leadership arrangements are put in place.

Sir Thomas Hughes-Hallett
Chairman

Board of Directors Meeting, 3 September 2020 **PUBLIC SESSION**

AGENDA ITEM NO.	1.6/Sep/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 Public Board on high-level Trust affairs.
SUMMARY OF REPORT	As described within the appended paper. Board members 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	This paper is submitted for the Board's information.

Chief Executive's Report
September 2020

Introduction
My last report to Public Board was in July, and since then, we have remained in a phase of recovery following the first Covid-19 surge, working hard to increase our elective care services, whilst preparing for winter and another potential surge of Covid-19. As we approach the autumn, you will start to see messages on winter wellness across the Trust, and we have started preparations for our annual Flu vaccination campaign. Last year we were one of the top scoring London Trusts for Flu vaccination uptake and this year, with the ongoing Covid-19 situation and winter pressure on services, we must make every effort to protect ourselves and those around us.

Covid-19
Although, the Government has agreed that the NHS incident level should be reduced from Level 4 (national) to Level 3 (regional), Covid-19 remains in general circulation within our communities. Alongside our NHS London and North West London health and care partners, we are keeping a watching brief on infection rates in order to shape our response and preparedness accordingly. Any future increases in Covid-19 demands on the NHS may mean that the level 4 incident will need to be reinstated.

However, for the time being, we have an opportunity to focus both within our organisation, and with our North West London partners, on accelerating the restart of non-Covid services, while still preparing for a possible second national surge of the virus. NHS England has set out three clear priorities for Trusts during this current phase:

- Accelerating the return to near-normal levels of non-Covid health services, making full use of the capacity available in the 'window of opportunity' between now and winter;
- Preparation for winter demand pressures, alongside continuing vigilance in the light of further probable Covid spikes locally and possibly nationally; and
- Doing the above in a way that takes account of lessons learned during the first Covid peak; maintains beneficial changes; and explicitly tackles fundamental challenges including: support for our staff, and action on inequalities and prevention.

I would remind every member of our local communities to take heed of the government guidance. Upon entering our hospitals, staff, patients and members of the public must wear a face covering (unless exempt), in addition to complying with social distancing and hand hygiene guidance. We have stations at the entrances of our hospitals to help you do this. The safety of our staff, patients and local communities is our utmost priority.

Our services are open and we are keen to see patients with the greatest clinical need and longest wait, to reduce the backlog of people waiting for treatment. If we do offer you an appointment to get treatment which you need, please accept this opportunity. We will be happy to discuss any concerns.

Equality, diversity and inclusion
I am delighted to announce that our Trust has received confirmation of 'Stonewall' membership which is a sign of our commitment to celebrating our diverse workforce. Stonewall is the country's leading LGBT rights charity known for campaigning and lobbying for LGBT rights, inclusivity and acceptance. They support organisations in their quest to become truly LGBT inclusive which helps unlock the benefits of a truly diverse workforce, and I look forward to working with them on our equality, diversity and inclusion approach.

Members of our Executive team have been holding listening events with our staff from BAME backgrounds. These are confidential, 'listening only' events available to all clinical and non-clinical BAME staff, where they can openly discuss their lived experiences relating to recruitment and career progression, amongst other topics which we recognise need improving for fairness and equality at our Trust.

This September we are launching a pilot programme on Reciprocal Mentoring for Inclusion. The programme will provide opportunities for individuals from under-represented groups to apply to mentor our Executives and senior directors**.** This professional partnership will create alliances, where paired individuals share knowledge and understanding of their 'lived experience' to improve awareness and contribute towards each other's personal and professional growth.

Research
I am pleased to announce that the Trust has been asked to join the Imperial College Academic Health Science Centre (AHSC). AHSC's are formal collaborations which seek to turn scientific breakthroughs into practical treatments for patients, and better understand how to improve the broader public health. In this, we collaborate with some of our existing partners: Imperial College; Imperial Healthcare; the Brompton; the Marsden; and the Institute of Cancer Research, with whom we already work together in clinical services, research, and education. Covid-19 reminded us of the importance of working together, and the importance of research and innovation. The AHSC will help us all work towards common goals and achieve more for the people we serve.

Our Estate
Our hospital charity CW+ are constantly making improvements to the hospital environment. Most recently, refurbishments have started on the Marjory Warren block and Kew Ward at West Middlesex, as well as Nell Gwynne and St. Mary Abbots Wards at Chelsea and Westminster.

These updates are being carried out to help improve patient and staff experience through creative interventions. Improvements include dementia friendly signage and sensory equipment for patients. CW+ will also be commissioning artists to create bespoke artwork reflecting the hospital community across both sites.

Lesley Watts

Chief Executive

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 3 September 2020

PUBLIC SESSION

AGENDA ITEM NO.	2.1/Sep/20
REPORT NAME	Third Phase of NHS Response to COVID-19
AUTHOR	NHS England and NHS Improvement
LEAD	Lesley Watts, Chief Executive Officer CWFT
PURPOSE	To share the NHS England and NHS Improvement communication with the Trust's Board of Directors
SUMMARY OF REPORT	As attached.
KEY RISKS ASSOCIATED	As noted in the paper.
FINANCIAL IMPLICATIONS	As noted in the paper.
QUALITY IMPLICATIONS	As noted in the paper.
EQUALITY & DIVERSITY IMPLICATIONS	N/A
LINK TO OBJECTIVES	All.
DECISION/ ACTION	For information and discussion.

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From the Chief Executive Sir Simon Stevens
& Chief Operating Officer Amanda Pritchard

To:
Chief executives of all NHS trusts and foundation trusts
CCG Accountable Officers
GP practices and Primary Care Networks
Providers of community health services
NHS 111 providers

Copy to:
NHS Regional Directors
Regional Incident Directors & Heads of EPRR
Chairs of ICSs and STPs
Chairs of NHS trusts, foundation trusts and CCG governing bodies
Local authority chief executives and directors of adult social care
Chairs of Local Resilience Forums

31 July 2020

Dear Colleague

IMPORTANT – FOR ACTION – THIRD PHASE OF NHS RESPONSE TO COVID-19

We are writing to thank you and your teams for the successful NHS response in the face of this unprecedented pandemic, and to set out the next – third – phase of the NHS response, effective from 1 August 2020.

You will recollect that on 30th January NHS England and NHS Improvement declared a Level 4 National Incident, triggering the first phase of the NHS pandemic response. Since then the NHS has been able to treat every coronavirus patient who has needed specialist care – including 107,000 people needing emergency hospitalisation. Even at the peak of demand, hospitals were still able to look after two non-Covid inpatients for every one Covid inpatient, and a similar picture was seen in primary, community and mental health services.

As acute Covid pressures were beginning to reduce, we wrote to you on 29 April to outline agreed measures for the second phase, restarting urgent services. Now in this Phase Three letter we:

- update you on the latest Covid national alert level;
- set out priorities for the rest of 2020/21; and
- outline financial arrangements heading into Autumn as agreed with Government.

Current position on Covid-19

On 19 June 2020 the Chief Medical Officers and the Government's Joint Biosecurity Centre downgraded the UK's overall Covid alert level from four to three, signifying that the virus remains in general circulation with localised outbreaks likely to occur. On 17 July the Government set out next steps including the role of the new Test and Trace programme in providing us advance notice of any expected surge in Covid demand, and in helping manage local and regional public health mitigation measures to prevent national resurgence.

Fortunately, Covid inpatient numbers have now fallen nationally from a peak of 19,000 a day, to around 900 today. As signalled earlier this month, the current level of Covid demand on the NHS means that the Government has agreed that the NHS EPRR incident level will move from Level 4 (national) to Level 3 (regional) with effect from tomorrow, 1 August. This approach matches the differential regional measures the Government is deploying, including today in parts of the North West and North East. The main implications of this are set out in Annex One to this letter.

However Covid remains in general circulation and we are seeing a number of local and regional outbreaks across the country, with the risk of further national acceleration. Together with the Joint Biosecurity Centre and Public Health England (PHE) we will therefore continue to keep the situation under close review, and will not hesitate to reinstate the Level 4 national response immediately as circumstances justify it. In the meantime NHS organisations will need to retain their EPRR incident coordination centres and will be supported by oversight and coordination by Regional Directors and their teams.

NHS priorities from August

Having pulled out all the stops to treat Covid patients over the last few months, our health services now need to redouble their focus on the needs of all other patients too, while recognising the new challenges of overcoming our current Covid-related capacity constraints. This will continue to require excellent collaboration between clinical teams, providers and CCGs operating as part of local 'systems' (STPs and ICSs), local authorities and the voluntary sector, underpinned by a renewed focus on patient communication and partnership.

Following discussion with patients' groups, national clinical and stakeholder organisations, and feedback from our seven regional 'virtual' frontline leadership meetings last week, we are setting out NHS priorities for this third phase. Our shared focus is on:

A. Accelerating the return to near-normal levels of non-Covid health services, making full use of the capacity available in the 'window of opportunity' between now and winter

B. Preparation for winter demand pressures, alongside continuing vigilance in the light of further probable Covid spikes locally and possibly nationally.

C. Doing the above in a way that takes account of lessons learned during the first Covid peak; locks in beneficial changes; and explicitly tackles fundamental challenges including: support for our staff, and action on inequalities and prevention.

As part of this Phase Three work, and following helpful engagement and discussion, alongside this letter yesterday we published a more detailed 2020/21 People Plan, and will shortly do the same on

inequalities reduction. DHSC are also expected to set out equivalent phase three priorities and support for social care.

Nationally, we will work with the wide range of stakeholders represented on the NHS Assembly to help track and challenge progress against these priorities. As we do so it is vital that we listen and learn from patients and communities. We ask that all local systems act on the Five principles for the next phase of the Covid-19 response developed by patients' groups through National Voices.

A: Accelerating the return of non-Covid health services, making full use of the capacity available in the window of opportunity between now and winter

A1. **Restore full operation of all cancer services. This work will be overseen by a national cancer delivery taskforce, involving major patient charities and other key stakeholders. Systems should commission their Cancer Alliance to rapidly draw up delivery plans for September 2020 to March 2021 to:**

- To reduce unmet need and tackle health inequalities, work with GPs and the public locally to restore the number of people coming forward and appropriately being referred with suspected cancer to at least pre-pandemic levels.

- Manage the immediate growth in people requiring cancer diagnosis and/or treatment returning to the service by:

  - Ensuring that sufficient diagnostic capacity is in place in Covid19-secure environments, including through the use of independent sector facilities, and the development of Community Diagnostic Hubs and Rapid Diagnostic Centres
  - Increasing endoscopy capacity to normal levels, including through the release of endoscopy staff from other duties, separating upper and lower GI (non-aerosol-generating) investigations, and using CT colonography to substitute where appropriate for colonoscopy.
  - Expanding the capacity of surgical hubs to meet demand and ensuring other treatment modalities are also delivered in Covid19-secure environments.
  - Putting in place specific actions to support any groups of patients who might have unequal access to diagnostics and/or treatment.
  - Fully restarting all cancer screening programmes. Alliances delivering lung health checks should restart them.

- Thereby reducing the number of patients waiting for diagnostics and/or treatment longer than 62 days on an urgent pathway, or over 31 days on a treatment pathway, to pre-pandemic levels, with an immediate plan for managing those waiting longer than 104 days.

A2. **Recover the maximum elective activity possible between now and winter**, making full use of the NHS capacity currently available, as well as re-contracted independent hospitals.

In setting clear performance expectations there is a careful balance to be struck between the need to be ambitious and stretching for our patients so as to avoid patient harm, while setting a performance level that is deliverable, recognising that each trust will have its own particular pattern of constraints to overcome.

Having carefully tested the feasible degree of ambition with a number of trusts and systems in recent weeks, trusts and systems are now expected to re-establish (and where necessary redesign) services to deliver through their own local NHS (non-independent sector) capacity the following:

- **In September at least 80% of their last year's activity for both overnight electives and for outpatient/daycase procedures, rising to 90% in October** (while aiming for 70% in August);

- This means that systems need to very swiftly return to **at least 90% of their last year's levels of MRI/CT and endoscopy procedures, with an ambition to reach 100% by October**.

- **100% of their last year's activity for first outpatient attendances and follow-ups (face to face or virtually) from September through the balance of the year (and aiming for 90% in August).**

Block payments will flex meaningfully to reflect delivery (or otherwise) against these important patient treatment goals, with details to follow shortly once finalised with Government.

Elective waiting lists and performance should be **managed at system as well as trust level** to ensure equal patient access and effective use of facilities.

Trusts, working with GP practices, should ensure that, between them, **every patient whose planned care has been disrupted by Covid receives clear communication** about how they will be looked after, and who to contact in the event that their clinical circumstances change.

Clinically urgent patients should continue to be treated first, with next priority given to the **longest waiting patients**, specifically those breaching or at risk of breaching 52 weeks by the end of March 2021.

To further support the recovery and restoration of elective services, a modified national contract will be in place giving **access to most independent hospital capacity** until March 2021. The current arrangements are being adjusted to take account of expected usage, and by October/ November it will then be replaced with a re-procured national framework agreement within which local contracting will resume, with funding allocations for systems adjusted accordingly. To ensure good value for money for taxpayers, systems must produce week-by-week independent sector usage plans from August and will then be held directly to account for delivering against them.

In **scheduling** planned care, providers should follow the new streamlined patient self isolation and testing requirements set out in the guideline published by NICE earlier this week. For many patients this will remove the need to isolate for 14 days prior to a procedure or admission.

Trusts should ensure their e-Referral Service is fully open to referrals from primary care. To reduce infection risk and support social distancing across the hospital estate, clinicians should consider avoiding asking patients to attend physical **outpatient appointments** where a clinically-appropriate and accessible alternative exists. Healthwatch have produced useful advice on how to support patients in this way. This means collaboration between primary and secondary care to use advice and guidance where possible and treat patients without an onward referral, as well as giving patients more control over their outpatient follow-up care by adopting a patient-initiated follow-up approach across major outpatient specialties. Where an outpatient

appointment is clinically necessary, the national benchmark is that at least 25% could be conducted by telephone or video including 60% of all follow-up appointments.

A3. **Restore service delivery in primary care and community services.**

- General practice, community and optometry services should **restore activity to usual levels where clinically appropriate**, and **reach out proactively** to clinically vulnerable patients and those whose care may have been delayed. Dental practices should have now mobilised for face to face interventions. We recognise that capacity is constrained, but will support practices to deliver as comprehensive a service as possible.

- In restoring services, GP practices need to make rapid progress in addressing the backlog of childhood **immunisations** and cervical **screening** through specific catch-up initiatives and additional capacity and deliver through their Primary Care Network (PCN) the service requirements coming into effect on 1 October as part of the Network Contract DES.

- GPs, primary care networks and community health services should build on the enhanced support they are providing to **care homes**, and begin a programme of structured medication reviews.

- CCGs should work with GP practices to expand the range of services to which patients can self-refer, freeing-up clinical time. All GP practices must offer face to face **appointments** at their surgeries as well as continuing to use remote triage and video, online and telephone consultation wherever appropriate – whilst also considering those who are unable to access or engage with digital services.

- Community health services **crisis responsiveness** should be enhanced in line with the goals set out in the Long Term Plan, and should continue to support patients who have recovered from the acute phase of Covid but need **ongoing rehabilitation** and other community health services. Community health teams should fully resume appropriate and safe **home visiting care** for all those vulnerable/shielding patients who need them.

- The Government is continuing to provide funding to support timely and appropriate discharge from hospital inpatient care in line with forthcoming updated Hospital Discharge Service Requirements. From 1 September 2020, hospitals and community health and social care partners should fully embed the **discharge to assess** processes. New or extended health and care support will be funded for a period of up to six weeks, following discharge from hospital and during this period a comprehensive care and health assessment for any ongoing care needs, including determining funding eligibility, must now take place. The fund can also be used to provide short term urgent care support for those who would otherwise have been admitted to hospital.

- The Government has further decided that CCGs must resume NHS **Continuing Healthcare assessments** from 1 September 2020 and work with local authorities using the trusted assessor model. Any patients discharged from hospital between 19 March 2020 and 31 August 2020, whose discharge support package has been paid for by the NHS, will need to be assessed and moved to core NHS, social care or self-funding arrangements.

A4. **Expand and improve mental health services and services for people with learning disability and/or autism**

- Every CCG must continue to **increase investment** in mental health services in line with the Mental Health Investment Standard and we will be repeating the independent audits of this. Systems should work together to ensure that funding decisions are decided in partnership with Mental Health Providers and CCGs and that funding is allocated to core Long Term Plan (LTP) priorities.

- In addition, we will be asking systems to validate their existing LTP **mental health service expansion** trajectories for 2020/21. Further advice on this will be issued shortly. In the meantime:
  - IAPT services should fully resume
  - the 24/7 crisis helplines for all ages that were established locally during the pandemic should be retained, developing this into a national service continue the transition to digital working
  - maintain the growth in the number of children and young people accessing care
  - proactively review all patients on community mental health teams' caseloads and increase therapeutic activity and supportive interventions to prevent relapse or escalation of mental health needs for people with SMI in the community;
  - ensure that local access to services is clearly advertised
  - use £250 million of earmarked new capital to help eliminate mental health dormitory wards.

- In respect of support for people with a **learning disability, autism or both**:
  - Continue to reduce the number of children, young people and adults within a specialist inpatient setting by providing better alternatives and by ensuring that Care (Education) and Treatment Reviews always take place both prior to and following inpatient admission.
  - Complete all outstanding Learning Disability Mortality Reviews (LeDeR) by December 2020.
  - GP practices should ensure that everybody with a Learning Disability is identified on their register; that their annual health checks are completed; and access to screening and flu vaccinations is proactively arranged. (This is supported by existing payment arrangements and the new support intended through the Impact and Investment Fund to improve uptake.)

B: Preparation for winter alongside possible Covid resurgence.

B1. Continue to follow good **Covid-related practice** to enable patients to access services safely and protect staff, whilst also preparing for localised Covid outbreaks or a wider national wave. This includes:

- Continuing to follow PHE's guidance on defining and managing communicable disease **outbreaks**.

- Continue to follow PHE/DHSC-determined policies on which patients, staff and members of the public should be tested and at what frequency, including the further PHE-endorsed

actions set out on testing on 24 June. All NHS employers should prepare for the likelihood that if background infection risk increases in the Autumn, and DHSC Test and Trace secures 500,000+ tests per day, the Chief Medical Officer and DHSC may decide in September or October to implement a policy of regular routine **Covid testing** of all asymptomatic staff across the NHS.

- Ongoing application of PHE's infection prevention and control guidance and the actions set out in the letter from 9 June on minimising **nosocomial infections** across all NHS settings, including appropriate Covid-free areas and strict application of hand hygiene, appropriate physical distancing, and use of masks/face coverings.

- Ensuring NHS staff and patients have access to and use **PPE** in line with PHE's recommended policies, drawing on DHSC's sourcing and its winter/EU transition PPE and medicines stockpiling.

B2. **Prepare for winter** including by:

- Sustaining current NHS staffing, beds and **capacity**, while taking advantage of the additional £3 billion NHS revenue funding for ongoing independent sector capacity, Nightingale hospitals, and support to quickly and safely discharge patients from NHS hospitals through to March 2021.

- Deliver a very significantly expanded seasonal **flu vaccination** programme for DHSC-determined priority groups, including providing easy access for all NHS staff promoting universal uptake. Mobilising delivery capability for the administration of a Covid19 vaccine if and when a vaccine becomes available.

- Expanding the **111 First** offer to provide low complexity urgent care without the need for an A&E attendance, ensuring those who need care can receive it in the right setting more quickly. This includes increasing the range of dispositions from 111 to local services, such as direct referrals to Same Day Emergency Care and specialty 'hot' clinics, as well as ensuring all Type 3 services are designated as Urgent Treatment Centres (UTCs). DHSC will shortly be releasing agreed **A&E capital** to help offset physical constraints associated with social distancing requirements in Emergency Departments.

- Systems should maximise the use of 'Hear and Treat' and 'See and Treat' pathways for 999 demand, to support a sustained reduction in the number of patients conveyed to Type 1 or 2 emergency departments.

- Continue to make full use of the NHS Volunteer Responders scheme in conjunction with the Royal Voluntary Society and the partnership with British Red Cross, Age UK and St. Johns Ambulance which is set to be renewed.

- Continuing to **work with local authorities**, given the critical dependency of our patients – particularly over winter - on resilient social care services. Ensure that those medically fit for discharge are not delayed from being able to go home as soon as it is safe for them to do so in line with DHSC/PHE policies (see A3 above).

C: Doing the above in a way that takes account of lessons learned during the first Covid peak; locks in beneficial changes; and explicitly tackles fundamental challenges including support for our staff, action on inequalities and prevention.

C1. **Workforce**

Covid19 has once again highlighted that the NHS, at its core, is our staff. Yesterday we published We are the NHS: People Plan for 2020/21 - actions for us all which reflects the strong messages from NHS leaders and colleagues from across the NHS about what matters most. It sets out practical actions for employers and systems, over the remainder of 2020/21 ahead of Government decisions in the Autumn Spending Review on future education and training expansions. It includes specific commitments on:

- Actions all NHS employers should take to keep staff safe, healthy and well – both physically and psychologically.
- Specific requirements to offer staff flexible working.
- Urgent action to address systemic inequality that is experienced by some of our staff, including BAME staff.
- New ways of working and delivering care, making full and flexible use of the full range of our people's skills and experience.
- Growing our workforce, building on unprecedented interest in NHS careers. It also encourages action to support former staff to return to the NHS, as well as taking steps to retain staff for longer – all as a contribution to growing the nursing workforce by 50,000, the GP workforce by 6,000 and the extended primary care workforce by 26,000.
- Workforce planning and transformation that needs to be undertaken by systems to enable people to be recruited and deployed across organisations, sectors and geographies locally.

All systems should develop a local People Plan in response to these actions, covering expansion of staff numbers, mental and physical support for staff, improving retention and flexible working opportunities, plus setting out new initiatives for development and upskilling of staff. Wherever possible, please work with local authorities and local partners in developing plans for recruitment that contribute to the regeneration of communities, especially in light of the economic impact of Covid. These local People Plans should be reviewed by regional and system People Boards, and should be refreshed regularly.

C2. **Health inequalities and prevention.**

Covid has further exposed some of the health and wider inequalities that persist in our society. The virus itself has had a disproportionate impact on certain sections of the population, including those living in most deprived neighbourhoods, people from Black, Asian and minority ethnic communities, older people, men, those who are obese and who have other long-term health conditions and those in certain occupations. It is essential that recovery is planned in a way that inclusively supports those in greatest need.

We are asking you to work collaboratively with your local communities and partners to take urgent action to increase the scale and pace of progress of reducing health inequalities, and

regularly assess this progress. Recommended urgent actions have been developed by an expert national advisory group and these will be published shortly. They include:

- Protect the most vulnerable from Covid, with enhanced analysis and community engagement, to mitigate the risks associated with relevant protected characteristics and social and economic conditions; and better engage those communities who need most support.

- Restore NHS services inclusively, so that they are used by those in greatest need. This will be guided by new, core performance monitoring of service use and outcomes among those from the most deprived neighbourhoods and from Black and Asian communities, by 31 October. Develop digitally enabled care pathways in ways which increase inclusion, including reviewing who is using new primary, outpatient and mental health digitally enabled care pathways by 31 March.

- Accelerate preventative programmes which proactively engage those at greatest risk of poor health outcomes. This should include more accessible flu vaccinations, the better targeting of long-term condition prevention and management programmes, obesity reduction programmes including self-referral to the NHS Diabetes Prevention Programme, health checks for people with learning disabilities, and increasing the continuity of maternity carers including for BAME women and those in high risk groups.

- Strengthen leadership and accountability, with a named executive Board member responsible for tackling inequalities in place in September in every NHS organisation. Each NHS board to publish an action plan showing how over the next five years its board and senior staffing will in percentage terms at least match the overall BAME composition of its overall workforce, or its local community, whichever is the higher.

- Ensure datasets are complete and timely, to underpin an understanding of and response to inequalities. All NHS organisations should proactively review and ensure the completeness of patient ethnicity data by no later 31 December, with general practice prioritising those groups at significant risk of Covid19 from 1 September.

Financial arrangements and system working

To support restoration, and enable continued collaborative working, current financial arrangements for CCGs and trusts will largely be extended to cover August and September 2020. The intention is to move towards a revised financial framework for the latter part of 2020/21, once this has been finalised with Government. More detail is set out in Annex Two.

Working across systems, including NHS, local authority and voluntary sector partners, has been essential for dealing with the pandemic and the same is true in recovery. As we move towards comprehensive ICS coverage by April 2021, all ICSs and STPs should embed and accelerate this joint working through a development plan, agreed with their NHSE/I regional director, that includes:

- Collaborative leadership arrangements, agreed by all partners, that support joint working and quick, effective decision-making. This should include a single STP/ICS leader and a non-executive chair, appointed in line with NHSE/I guidance, and clearly defined arrangements for provider collaboration, place leadership and integrated care partnerships.

- Organisations within the system coming together to serve communities through a Partnership Board, underpinned by agreed governance and decision-making arrangements including high standards of transparency – in which providers and commissioners can agree actions in the best interests of their populations, based on co-production, engagement and evidence.

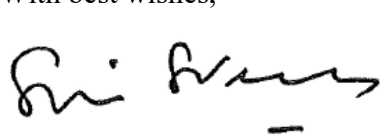
- Plans to streamline commissioning through a single ICS/STP approach. This will typically lead to a single CCG across the system. Formal written applications to merge CCGs on 1 April 2021 needed to give effect to this expectation should be submitted by 30 September 2020.

- A plan for developing and implementing a full shared care record, allowing the safe flow of patient data between care settings, and the aggregation of data for population health.

Finally, we are asking you – working as local systems - to return a draft **summary plan by 1 September** using the templates issued and covering the key actions set out in this letter, with **final plans due by 21 September**. These plans need to be the product of partnership working across STPs/ICSs, with clear and transparent triangulation between commissioner and provider activity and performance plans.

Over the last few months, the NHS has shown an extraordinary resilience, capacity for innovation and ability to move quickly for our patients. Like health services across Europe, we now face the double challenge of continuing to have to operate in a world with Covid while also urgently responding to the many urgent non-Covid needs of our patients. If we can continue to harness the same ambition, resilience, and innovation in the second half of the year as we did in the first, many millions of our fellow citizens will be healthier and happier as a result. So thank you again for all that you and your teams have been – and are – doing, in what is probably the defining year in the seven-decade history of the NHS.

With best wishes,



Simon Stevens
NHS Chief Executive

Amanda Pritchard
NHS Chief Operating Officer

ANNEX ONE: IMPLICATIONS OF EPRR TRANSITION TO A LEVEL 3 INCIDENT

As previously signalled, effective 1 August 2020 the national incident level for the Covid19 response will change from level 4 (an incident that requires NHS England National Command and Control to support the NHS response) to level 3 (an incident that requires the response of a number of health organisations across geographical areas within an NHS England region), until further notice.

It is entirely possible that future increases in Covid demands on the NHS mean that the level 4 incident will need to be reinstated. In which case, there will be no delay in doing so. However this change does, for the time being, provide the opportunity to focus local and regional NHS teams on accelerating the restart of non-Covid services, while still preparing for a possible second national peak.

The implications of the transition from a level 4 to level 3 incident are as follows:

- *Oversight*: Transition from a national command, control and coordination structure to a regional command, control and coordination structure but with national oversight as this remains an incident of international concern.

- *Reporting*: We will be stopping weekend sit rep collections from Saturday 8 August 2020 (Saturday and Sunday data will be collected on Mondays with further detail to follow). Whilst we are reducing the incident level with immediate effect reports will still be required this weekend (1 and 2 August 2020) and we will subsequently need to be able to continue to align to DHSC requirements. Additional reporting will be required for those areas of the country experiencing community outbreaks in line with areas of heightened interest, concern or intervention.

- *Incident coordination functions*: The national and regional Incident Coordination Centres will remain in place (hours of operation may be reduced). The frequency of national meetings will decrease (for example IMT will move to Monday, Wednesday, Friday). Local organisations should similarly adjust their hours and meeting frequency accordingly. It is however essential that NHS organisations fully retain their incident coordination functions given the ongoing pandemic, and the need to stand up for local incidents and outbreaks.

- *Communications:* All communications related to Covid19 should continue to go via established Covid19 incident management channels, with NHS organisations not expected to respond to incident instructions received outside of these channels. Equally, since this incident continues to have an international and national profile, it is important that our messaging to the public is clear and consistent. You should therefore continue to coordinate communications with your regional NHS England and NHS Improvement communications team. This will ensure that information given to the media, staff and wider public is accurate, fully up-to-date and aligns with national and regional activity.

ANNEX TWO: REVISED FINANCIAL ARRANGEMENTS

The current arrangements comprise nationally-set block contracts between NHS providers and commissioners, and prospective and retrospective top-up funding issued by NHSE/I to organisations to support delivery of breakeven positions against reasonable expenditure. The M5 and M6 block contract and prospective top-up payments will be the same as M4. Costs of testing and PPE will continue to be borne centrally for trusts and general practices funded by DHSC who continue to lead these functions for the health and social care sectors.

The intention is to move towards a revised financial framework for the latter part of 2020/21, once this has been finalised with Government.

The revised framework will retain simplified arrangements for payment and contracting but with a greater focus on system partnership and the restoration of elective services. The intention is that systems will be issued with funding envelopes comprising funding for NHS providers equivalent in nature to the current block and prospective top-up payments and a system-wide Covid funding envelope. There will no longer be a retrospective payment mechanism. Providers and CCGs must achieve financial balance within these envelopes in line with a return to usual financial disciplines. Whilst systems will be expected to breakeven, organisations within them will be permitted by mutual agreement across their system to deliver surplus and deficit positions. The funding envelopes will comprise:

- CCG allocations – within which block contract values for services commissioned from NHS providers within and outside of the system will continue to be nationally calculated;

- Directly commissioned services from NHS providers – block contract values for specialised and other directly commissioned services will continue to be nationally calculated;

- Top-up – additional funding to support delivery of a breakeven position; and

- Non-recurrent Covid allocation – additional funding to cover Covid-related costs for the remainder of the year.

Funding envelopes will be calculated on the basis of full external income recovery. For relationships between commissioners and NHS providers we will continue to operate nationally calculated block contract arrangements. For low-volume flows of CCG-commissioned activity, block payments of an appropriate value would be made via the Trust's host CCG; this will remove the need for separate invoicing of non-contract activity.

However block payments will be adjusted depending on delivery against the activity restart goals set in Section A1 and A2 above.

Written contracts with NHS providers for the remainder of 2020/21 will not be required.

For commissioners, non-recurrent adjustments to commissioner allocations will continue to be actioned – adjustments to published allocations will include any changes in contracting responsibility and distribution of the top-up to CCGs within the system based on target allocation.

Reimbursement for high cost drugs under the Cancer Drugs Fund (CDF) and relating to treatments under the Hepatitis C programme will revert to a pass-through cost and volume basis, with adjustments made to NHS provider block contract values to reflect this. For the majority of other high cost drugs and devices, in-year provider spend will be tracked against a notional level of spend

included in the block funding arrangements with adjustments made in-year to ensure that providers are reimbursed for actual expenditure on high cost drugs and devices. This will leave a smaller list of high cost drugs which will continue to be funded as part of the block arrangements.

In respect of Medical pay awards, on 21 July 2020 the Government confirmed the decision to uplift pay in 2020/21 by 2.8% for consultants, specialty doctors and associate specialists, although there is no uplift to the value of Clinical Excellence Awards, Commitment Awards, Distinction Awards and Discretionary Points for 2020/21. We expect this to be implemented in September pay and backdated to April 2020. In this event, NHS providers should claim the additional costs in September as part of the retrospective top-up process. Future costs will be taken into account in the financial framework for the remainder of 2020/21, with further details to be confirmed in due course.

Sir David Sloman
Regional Director (London)
Wellington House
133-155 Waterloo Road
London
SE1 8UG

To: ICS Chairs and SROs
ICS lead LA CEO
Trust CEOs

Dear Colleagues,

Update on Journey to a new Health and Care system

In May 2020, we agreed an ambitious strategic plan for London: *Journey to a new Health and Care system*. This is based on the London Vision within the context of the Covid-19 pandemic and included 8 Tests for ICS Action Programmes. This letter is to update you on progress and our shared plans.

Firstly, thank you to you and to all staff and volunteers working in your health and care system. I am grateful to everyone who has contributed to the Covid-19 response across London so far.

As part of the development and implementation of the strategy, we held individual ICS Check and Challenge sessions looking at acute care, mental health and local community, primary and social care services. Thank you to everyone who participated in these sessions. They have helped us gain a real understanding of the impressive partnership work across London, particularly with our local government colleagues, where excellent progress is being made in integrating services for the benefit of Londoners. The last of these sessions was held on Friday 8th August, the same day as the publication of the Phase 3 letter and it now feels the right time to update you. Appendix A gives a comprehensive update on progress towards the 8 Tests across London.

We have formed a London Recovery Oversight Board with ICS Chairs and SROs, and the Public Health England (London) Director as key members, together with NHSE/I executives. We meet every two weeks to ensure we are making rapid progress.

As you may know over the last few months, we have held a series of dialogue and deliberation events with 100 people to hear what Londoners want from their health

and care system. These people were picked to ensure that they represent the rich diversity of London's population, with people from every borough. We have now held six very well-attended virtual workshops. The feedback from these sessions is a key part of our planning and is informing the work to implement our strategy for the London health and care system.

I hope you have found this update helpful. If you wish to know more about any of these areas of work, please contact Helen Pettersen on h.pettersen@nhs.net who will put you in touch with the relevant Programme Director. The next phase of work will focus on the draft plans for resilience, recovery and reset systems will be submitting to NHSE /I on 1st September with final plans due on 21st September. During October, the Recovery Oversight Board will be considering the ICS plans with a focus on the impact on inequalities and system readiness for the winter.

Your sincerely,

Sir David Sloman
London Regional Director

Appendix A

Meeting patient needs (Tests 1 – 3)

Test 1 Covid Treatment Infrastructure

Test 2 Non Covid Urgent Care

Test 3 Elective care

Elective care - High volume Low complexity surgery

NHSE/I have set all systems the target of restoring to 80% of last year's activity for both overnight elective, and for outpatient and day case procedures in September, rising to 90% in October. We are aiming to eliminate 52 week waits. David Probert, CEO of Moorfields Eye Hospital, is leading a programme of work to establish ICS fast track surgical hubs where high volume and low complexity surgery can take place at GIRFT-plus levels of efficiency. Professor Tim Briggs, National Director of Clinical Improvement is the clinical lead.

Each ICS has identified clinical leads for this work -

- Roger Chinn, Deputy Medical Director – NWL
- Chris Streather, Chief Medical Director – NCL
- Steve Edmondson, Consultant Cardiac Surgeon – NEL
- James Marsh, Consultant Nephrologist - SWL
- Kay Thomas, Consultant Urological Surgeon – SEL

The programme will support the STPs/ICSs to implement best practice in clinical outcomes and productivity across high volume, low complexity elective surgery in six specialties. This will be delivered by:

- Restarting high volume activity using GIRFT principles to achieve current top decile performance or better;
- Development of high-volume centres in a phased approach;
- Implementation of supporting enablers, for example system Patient Tracking Lists (PTLs);
- Transition to a 'one workforce, one estate' mindset; and
- Implementation of continuous improvement methodologies within STP/ICSs to remove all unwarranted variation in clinical outcomes.

We have established London-wide multi-disciplinary expert clinical advisory panels, with membership suggested by STPs/ICSs/providers, in six clinical specialties: orthopaedics, ophthalmology, urology, gynaecology, ENT and general surgery. These 6 specialities cover 70% of the total waiting list in London. We have held a very successful first pan-London expert clinical advisory design workshop engaging

over 135 multi-disciplinary professionals. Nineteen pan-London clinical procedure pathways spanning all six specialties will be signed off by mid-August. Discussions have commenced on a further nine procedures and we expect 26-28 clinical pathways to be ratified before the end of August. We have agreed London-wide principles for pre-operative assessment, patient information and consent, and for post-operative follow up. Telephone follow-up will be the default – it will be proforma based and, in most cases, nurse-led. Telephone follow up will be the default except in situations where it is in the patient's best interests to attend hospital.

Diagnostics

There is a national target for all systems to return swiftly to at least 90% of last year's level of MRI/CT and endoscopy procedures, with an ambition to reach 100% by October. Our initial focus has been on Endoscopy and Imaging.

- Endoscopy

Professor Tim Orchard, CEO of Imperial, is leading this work with clinical leadership provided by Professor Andy Rhodes, Medical Director of the SWL acute provider collaborative, Dr Bu Hayee, Clinical Lead for Gastroenterology and Amyn Haji Clinical Lead for Endoscopy at Kings.

London is the lead *Adapt and Adopt* region for Endoscopy recovery.

Each ICS has identified an SRO lead for this work:

- Julie Lowe - Programme Director, SE London Acute Provider Collaborative - SEL
- Daniel Elkeles – Chief Operating Officer, Epsom and St Helier University Hospitals NHS Trust - SWL
- Rob Hodgkiss - Deputy Chief Executive and Chief Operating Officer, Chelsea and Westminster NHS Foundation Trust – NWL
- Rob Hurd- System Lead, North London Partners in Health and Care - NCL
- Angela Wong, Consultant Gastroenterologist, Barts Health NHS Trust - NEL

Endoscopy clinical leads:

- Bu Hayee, Clinical Lead for Gastroenterology, King's College Hospital NHS Foundation Trust - SEL
- Amyn Haji, Clinical Lead for Endoscopy, King's College Hospital NHS Foundation Trust – SWL
- Ralph Greaves, Consultant Endoscopist, Kingston Hospital NHS Foundation Trust - SEL
- Adam Humphries, Consultant Endoscopist, London North West University Healthcare NHS Trust - NWL
- Edward Seward, Consultant Endoscopist, University College London Hospitals NHS Foundation Trust - NCL
- Sean Preston, Consultant Endoscopist, Barts Health NHS Trust – NEL

- Saswata Banerjee, Consultant Endoscopist, Barking Havering and Redbridge University Hospitals NHS Trust

Our programme started at the end of June. We have identified a set of interventions that can be implemented at Trust, System and Regional level to rapidly recover pre-Covid activity levels and support systems to work through the screening backlog to reduce clinical risk. We are also developing our thinking on how Endoscopy services should be maintained and protected in the event of a second Covid surge, as well as how to move towards a more community-based model of Endoscopy and diagnostics services.

We have established a clinical working group with representatives from across London to define and spread best clinical practice. We have agreed a London-wide sessional pay rate for evening and weekend work for Endoscopy recovery. We also have confirmed IPC guidance and are promoting the most effective working practices (e.g. separating upper and lower GI lists to improve room turn-around time for lower GI). We are working with Health Education England (HEE) to design and roll out an Immersion Training course for ST5-7s, and working with the NHS supply chain to buy additional scopes and stacks at discounted rates to support the opening of additional capacity. Our focus has been on short-term recovery, but we are now starting to consider how we can grow the workforce, optimise clinical pathways and build in Covid resilience.

- Imaging

The Imaging recovery programme is being led by Dr Clive Kay, CEO of King's College Hospital NHS Foundation Trust, with clinical leadership provided by Professor Andy Rhodes, Consultant in Anaesthesia and Intensive Care Medicine at St George's University Hospitals NHS Foundation Trust, ,and Dr Amrish Mehta, Imaging Clinical Director at Imperial College Healthcare NHS Trust .

Each ICS has identified an SRO lead for this work:

- Julie Lowe, Programme Director, SE London Acute Provider Collaborative - SEL
- Daniel Elkeles, Chief Operating Officer, Epsom and St Helier University Hospitals NHS Trust - SWL
- Joe Huang, Divisional Director for Cancer & Clinical Support, Barking Havering and Redbridge University Hospitals NHS Trust - NEL
- John Quinn, Chief Operating Officer, Moorfields Eye Hospital NHS Foundation Trust - NCL
- Cally Palmer, Chief Operating Officer, The Royal Marsden NHS Foundation Trust - NWL

Imaging clinical leads:

- Julie Lowe (interim), Programme Director, SE London Acute Provider Collaborative - SEL
- Ketul Patel, Radiologist, Croydon Health Services NHS Trust - SWL
- Matt Matson, Radiologist, Barts Health NHS Trust - NEL

- Susan Jawad, Radiologist, University College London Hospitals NHS Foundation Trust - NCL
- Amrish Mehta, Imaging Clinical Director, Imperial College Healthcare NHS Trust - NWL

It was mobilised at the end of July. Our work is building on the national *Adapt and Adopt* programme led by the South West Region, and it will support STPs/ICSs to deliver best practice in clinical outcomes and to drive improved productivity. It will also support systems to mobilise radiology networks.

In the short term, the programme is focusing on interventions to recover services to pre-Covid capacity levels.

These include: double running machines being replaced as part of the wave 1/ 2 scanner replacement programme; maximising use of independent sector; improving productivity through DNA improvement initiatives and IPC measures; and radiologists and radiographers working at the top of their grade. In the medium term, as part of the programme's work to transform services, we will be working with systems to develop new clinical networks, revise best practice pathways, establish standardised protocols to reduce unwarranted variation, upskill existing staff and set up training academies.

So far, we have held an initial workshop with over 100 people to review and develop the work from the South West Region, established a clinical working group, started a programme of shared best practice across London and continued to manage the additional capacity provided by mobile scanners and 'relocatables'.

Critical care

Resilient and high-quality critical care services are a key part of our response to any future Covid surge and to restoring elective surgery capacity across London. Mark Turner, Director of Commissioning for NHSE/I London has been leading this work with clinical leadership provided by Professor Jules Wendon, Executive Medical Director of Kings / Clinical Director of London's Adult Critical Care Operational Delivery.

ICS leadership is provided by the 5 critical care network leads –

- Charlotte Hopkins, Deputy Chief Medical Officer, Barts Health NHS Trust - NEL
- Richard Beale, Associate Medical Director, Guys and St Thomas' NHS Foundation Trust- SEL
- Rafik Bedair, Clinical Director for Adult Clinical Care, St Georges NHS FT - SWL
- Julian Redhead, Medical Director, Imperial College Healthcare NHS Trust - NWL
- Gillian Smith, Deputy Medical Director, Royal Free Hospital and Geoff Bellingham, Medical Director for Surgery and Cancer Board, UCLH - NCL

The aim of this programme is to ensure London has high quality critical care services that can meet current and future need. We are looking to identify funding of £120–

130m for over 500 new critical care beds and aim to open these for the winter of 2020/21.

Independent sector

In March 2020, NHSE/I agreed contracts with a number of independent sector providers (ISPs) across England to buy all their available capacity and resource in response to COVID-19. This capacity was critical in ensuring we could continue to offer high priority capacity throughout the surge, and it remains critical as we restart elective surgery including complex cases e.g. cancer across London.

In early August, notice was served on some of the London providers that were signatories to the national Independent Sector (IS) contract. Contracts with these providers will end at midnight on 7th September. Although these sites are no longer part of the national contract, this does not mean the hospitals cannot be used for NHS activity, but rather that a migration to local contracts is needed. Work is underway to establish a new national procurement framework contract for NHS activity for IS providers, to be implemented later this calendar year. To cover the period between the termination of the central London contracts (7th September) and implementation of the national framework, London region is undertaking a rapid procurement with the aim of ensuring continuity in clinically critical capacity. Work has been undertaken with ICS leads and the clinical networks to determine the demand and case mix for these new IS contracts.

Nationally, contracts with the remaining London providers have been varied this week to allow 20-40% of their capacity to be used for private patients. There is a pressing need to quantify the available capacity and to develop NHS activity plans based on the available capacity for each of these in-contract IS providers for the period of September to November to ensure maximum value.

This work is being led by Ann Johnson, Regional Director of Finance, with Dr Chris Streather from Royal Free Hospital FT providing clinical leadership and James Eaton from Chelsea and Westminster NHS FT as Programme Director. A Steering Group has been established, with specialist expertise being provided by NHS executive directors from across London.

Urgent and Emergency care

A series of initiatives have been devised to transform the London Urgent and Emergency Care (UEC) landscape. This work is being led by Dr Vin Diwakar, Medical Director for NHSE/I London with clinical leadership being provided Dr Ruth Brown, emergency medical consultant at Imperial. Activity is currently at about 75% of pre Covid levels with performance over 90%across London. We are aiming to maintain this high level of performance throughout the winter.

The programme will make it easier and safer for patients to get the right treatment at the right time and prevent a return to previous overcrowding in Emergency Departments (EDs). It focuses on early assessment and triage of patients with urgent care needs to services which can best meet their needs thus

avoiding unnecessary attendance at an Emergency Department where possible. The two most significant initiatives are a rapid expansion of Same Day Emergency Care (SDEC) and the NHS 111 First programme.

There are named Executive leads for each ICS –

- Tina Benson, Chief Operating Officer, The Hillingdon Hospital NHS Trust - NWL
- Kate Slemeck, Chief Executive Officer, The Royal Free Hospital - NCL
- Tracey Fletcher, Chief Executive Officer, The Homerton Hospital NHS Foundation Trust - NEL
- Angela Helleur, Chief Nursing Officer, Lewisham and Greenwich NHS Trust - SEL
- Matthew Kershaw, Chief Executive Officer Croydon Health Services NHS Trust - SWL

Implementation of the 12 SDEC pathways (that make up 60% of SDEC activity across London) is being accelerated with an immediate focus on high risk groups such as pregnant women with hyperemesis gravidarum and paediatric asthma. The NHS 111 First Programme will deliver a new approach to streaming and direction of non-urgent patients into urgent care settings. It will promote NHS 111 to the public as the best route to care by including the scheduling of patients into an appointment slot in EDs where appropriate. In London, NHS 111 providers can book appointments for patients at the majority of UTCs and this is being expanded to include EDs. We have started a scheme where NHS 111 providers alert EDs via email to all patients that they refer, including important information about the patient's shielded status. It is expected that we will start booking patients at selected sites before the end of August. NHS 111 will also be able to schedule patients into SDEC services later this year, bypassing the need to attend ED altogether.

Across London, we have secured £49.6m capital investment to prevent nosocomial infection and to improve flow by increasing the capacity of EDs, UTCs and SDEC facilities. These changes are expected to be in place by the 1st January 2021 ahead of the busiest winter months.

Learning disability and Autism

We have continued to prioritise learning disability (LD) and autism services. Our priorities for phase 3 of the NHS response to Covid-19 are to: continue to reduce the number of inpatients in specialist services; to complete outstanding LD mortality reviews (LeDeR) by December 2020; carrying out Care, Education and Treatment Reviews (C(E)TRs) before any admission; and to undertake annual heath checks for all people with learning disabilities on GP registers. Although London continues to have gradual adult inpatient reduction, the overall number of admissions this month are nearly double the number of discharges. This increase in admissions relates to children and young people and all ICSs are working hard to ensure that children and young people can remain at home. C(E)TR performance as of June 2020 remains below target for most areas but is an improvement from May. Clinical networks and primary care colleagues have worked together with the aim of 'revitalising' annual

health checks. Across London work on LeDeR reviews continues, with four ICSs increasing the number of reviews in June 2020.

Primary care, community services and social care

We have been working closely with systems on primary care, community services and social care. This work is being coordinated by Liz Wise, Director of Primary Care and Public Health Commissioning, and Briony Slope, Senior Improvement Lead – Urgent and Emergency Care. We are fortunate to have social care leadership at a regional level from Aileen Buckton MBE, former Executive Director for Community Services in Lewisham Council and former Chair of ADASS for London. In ICSs this is being led at borough level by councils, primary care, community providers and social care providers.

Systems have made good progress in reducing delays in hospital discharge, consolidating the discharge to assess programme and supporting care homes and wider social care services. Primary care services have rapidly transformed to digital consultations, dentistry and optometry are now open again and most community services are now up and running. Pharmacy services have made a major contribution to managing the Covid pandemic.

Major progress has been made in the integration of primary care, community services and social care and we expect systems to focus on this over the next few months to prevent hospital admissions and rapid appropriate discharges to ensure hospital beds remain available for people needing in patient care. The new funding for health and care support will be available for 6 weeks and during this time comprehensive care and health assessments, including funding eligibility will need to be undertaken. We are also expecting systems to address the backlog of CHC assessments.

As we plan for the full restoration of all services outside of hospital, we will be focusing on screening services where there is significant work to do. We know that 115,000 women have missed breast screening appointments with a possible 450 cancers not found. There are major catch up programmes in all screening services.

There is significant work to do to ensure delivery of immunisations/ vaccinations particularly childhood immunisations, flu and when available the Covid vaccination.

Addressing new priorities - Tests 4 and 5

Test 4 Public health burden of pandemic response

Test 5 Staff and carer wellbeing

Mental Health

The NHS and our partners have long been committed to improving the quality of services and outcomes related to mental health and well-being for all our

communities across the capital. Most recently, we have focused our combined efforts on delivering this improvement through the priorities in the Long Term Plan and the London Vision.

During the first wave of the epidemic in London, we have seen some remarkable successes in supporting mental health service users and their carers. These include: the rapid roll out of digital services such as Good Thinking with increased investment that is being funded by the London partnerships ; Trusts providing services by video and telephone; and greater cross-sector working to support people in crisis and with co-morbidities. There has been rapid development of new crisis pathways through Mental Health Emergency Departments and we have managed growth in demand for services such as Substance Misuse and Support. We have also provided psychological support to NHS Staff in these unprecedented times.

We know that the impact on mental health and wellbeing will continue to be felt long after the Covid-19 pandemic. We are now planning how we can meet those needs. Priorities identified include: a focus on reducing health inequalities, particularly on Black, Asian and minority ethnic (BAME) and vulnerable groups; standardising the urgent care offer; and supporting people with enduring mental ill-health to remain in the community. We will also continue to focus on prevention and early intervention and developing and improving children and young people's mental health services.

Staff and carer well being

Ensuring staff wellbeing is a critical area of work for the London health and care system. As part of the wider Workforce Programme for London led by Ben Morrin, Director of Workforce at UCLH, we have a specific focus on caring for and celebrating our staff.

The impact of COVID-19 on the mental health of staff across the system has been recognised, and we are developing a comprehensive package of support to ensure timely access to appropriate interventions through a range of access points. We are taking a holistic approach to support recovery. The ambition for staff wellbeing shared in the People Plan will shape our response and all organisations are invited to participate as we build our plans for the health of our workforce. All activity is undertaken with the acknowledgement of the experience of our BAME communities as both colleagues and citizens. We are paying particular attention to respond to any specific issues raised. We are looking at childcare and financial wellbeing as part of the programme and a suite of digital resources has been promoted across London.

Methods of recognition and celebration for staff delivering care throughout the Covid-19 response are being explored through a series of 'Big Conversations', with the aspiration for a series of culturally-sensitive activities to continue into 2021 and beyond.

Reset to a better health and care system - tests 6, 7 and 8

Test 6 Innovation

Test 7 Equity

Test 8 The new health and care landscape

Innovation

During the early phase of the pandemic, there were several interventions to address emergent population needs in response to the increasing rate of Covid-19 infection. We need to rapidly evaluate and modify these responses. This work is being led by Dr Nnenna Osuji, Medical Director/Deputy Chief Executive of Croydon Health Services NHS Trust, supported by Malti Varshney, Director of Clinical Networks and Clinical Senate for NHSE/I. The work will be carried out through a partnership between NHSE/I, London AHSNs, AHSCs and ARCs.

The initial areas chosen for evaluation are: remote consultations with a focus on inequalities; digital tools for self-management; and integrated palliative care teams. The next areas for evaluation are likely to include primary care triage and Covid-19 survivorship.

Equity

The London Health Board agreed to prioritise addressing the deep-seated health inequalities exposed by the first wave of the Covid-19 pandemic and the disproportionate impact it has had on Londoners from Black, Asian and Minority Ethnic Groups and those experiencing the greatest inequalities. Given the prospect of a further outbreaks or a second wave of Covid-19 infections there is a need for partners to come together early to mobilise and support action to ensure that our communities are resilient, and we do all that we can to avoid further harm to those most at risk. As such, Public Health England is working with us, the Mayor and with London Councils to establish a London Health Equity Group co-chaired by Kevin Fenton the Regional Director of Public Health and Will Tuckley – Chief Executive of Tower Hamlets council with membership across the capital. Local action is the bedrock from where we start, with borough ICS/STP leadership key to London's collective success. Action is already being taken locally so the group will need effective mechanisms to engage with local leaders to provide the support they need to take effective action. Its role is to support and enable action at scale and pace:

Our work within the NHS is being led by Dr Vin Diwakar with clinical leadership provided by Dr Malti Varshney. The London Clinical Advisory Group has worked with clinicians in our ICSs and our AHSNs to develop tools which can be used to proactively identify those who are most at risk of COVID-19 in order that multidisciplinary teams can reach out and work with them to improve management of their long term conditions such as diabetes and hypertension.

As well as providing healthcare services, the NHS directs approximately 10% of the nation's economic activity, is the country's largest employer. The NHS therefore has significant influence over the wider determinants of health. NHS organisations are already adjusting how we employ staff, purchase goods, manage estates and

engage with local communities, alongside local partner to proactively improve local socio-economic conditions and tackle the underlying drivers of poor health and health inequalities. However, we don't have an agreed definition of what being a "good" anchor institution or anchor system involves. As such, we are setting up a London wide network of anchor institutions to develop a compelling vision of what we might achieve, to spread good practice, learn from international exemplars, and remove some of the barriers to progress.

The new health and care landscape

The health and care landscape has been evolving rapidly in London, with CCG mergers going live in SEL, SWL and NCL in April 2020, and NEL and NWL currently working towards CCG merger in April 2021. SWL and SEL have now been approved by NHSE/I as formal Integrated Care Systems. We have a new provider acute collaborative in SEL.

Primary care networks (PCNs) are now up and running in all areas of London and have developed rapidly over the past six months. These networks have played an important role in managing the Covid-19 surge. We will continue to support the development of PCNS, working with partnership with community services, local authorities, and the voluntary and community sector.

We are currently working with the Kings Fund and ICS chairs to explore thinking and plans for ICS governance and whether there would be benefit to a single London model, with variants for local circumstances. We will keep you updated on this work. There is work at a national level on ICS governance and this is currently focusing on commissioning, the financial framework, provider collaboration and leadership and governance. We are expecting national guidance on ICS governance in the autumn.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 3 September 2020

PUBLIC SESSION

AGENDA ITEM NO.	2.2/Sep/20
REPORT NAME	Trust Recovery Plan update
AUTHOR	Robert Hodgkiss, Deputy Chief Executive / Chief Operating Officer
LEAD	Robert Hodgkiss, Deputy Chief Executive / Chief Operating Officer
PURPOSE	To update the Board of Directors on the progress with elective recovery programme.
SUMMARY OF REPORT	As enclosed.
KEY RISKS ASSOCIATED	As noted in the paper.
FINANCIAL IMPLICATIONS	As noted in the paper.
QUALITY IMPLICATIONS	As noted in the paper.
EQUALITY & DIVERSITY IMPLICATIONS	As noted in the paper.
LINK TO OBJECTIVES	• Deliver high quality patient centred care • Be the employer of choice • Delivering better care at lower cost
DECISION/ ACTION	For information and discussion.

The North West London
health and care partnership

NW London
Elective Care Programme Overview

SRO – Rob Hodgkiss
Programme Director – Janet Cree
Head of programme – Xiao Cai

August 2020

Ambitions outlined in the NHSE Phase 3 letter

1. In September at least 80% of their last year's activity for both **overnight electives and for outpatient/day case procedures**, rising to **90% in October** (while aiming for 70% in August);

2. This means that systems need to very swiftly return to at least 90% of their last year's levels of **MRI/CT and endoscopy procedures**, with an ambition to reach **100% by October**.

3. **100%** of their last year's activity **for first outpatient attendances and follow-ups** (face to face or virtually) from September through the balance of the year (and aiming for 90% in August).

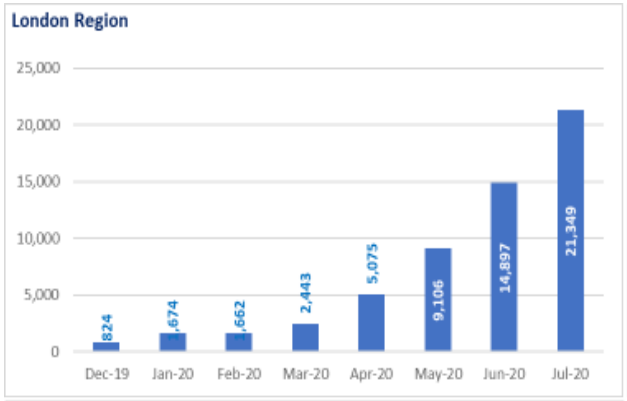
In addition, ICS are expected to establish Fast Track Surgical Hubs for 6 specialties by 1 September 2020. Key indicators include:

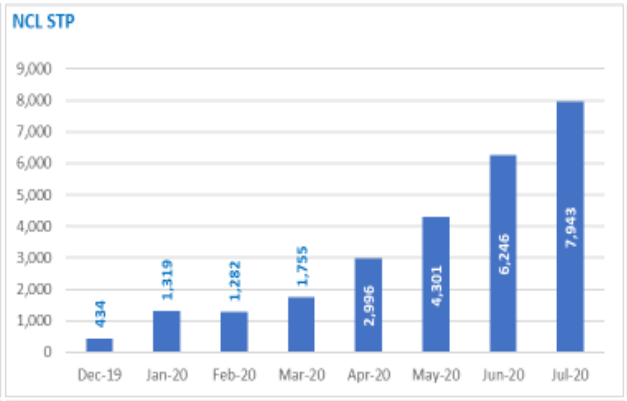
a) Length of waiting list by clinical priority, by speciality and ICS
b) 52 week waiting position by speciality and ICS
c) Improved efficiency compared with other surgical hubs around the country

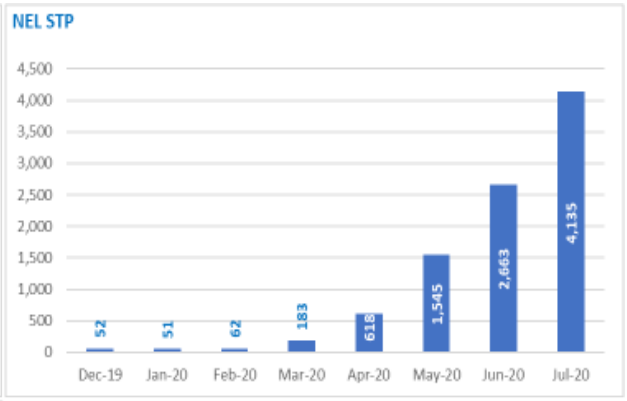
London Region 52+ Overview

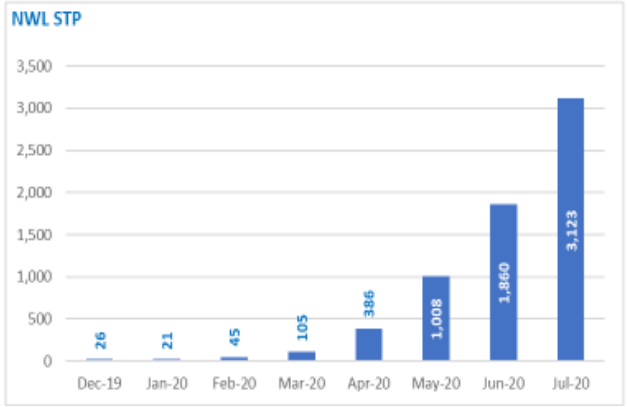
Headlines

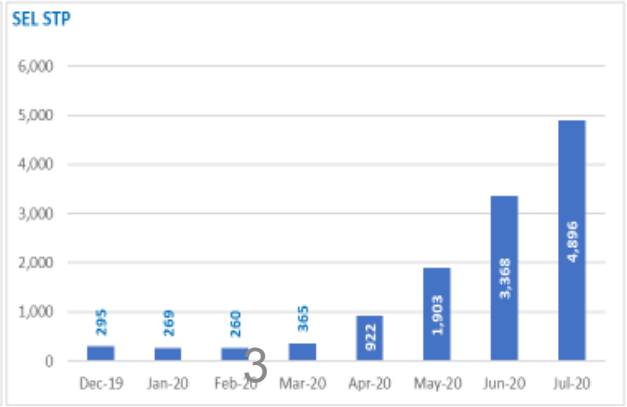
- London's 52+ week wait position has increased by 6,452 from June, moving to a total of 21,349 patients waiting longer than 52 weeks for treatment in London
- London's 52 week waits backlog is predominantly comprised of patients waiting at five organisations; Royal Free (6,371) Barts (2,890), Kings (2,492), GSTT (1,420)), & BHRUT (1,245)
- 68% of patients waiting longer than 52 weeks for treatment are within these five most challenged organisations
- The monthly data shows that there are 5,419 pathways waiting longer than 52ww that are without a DTA (note that this split os not available for Royal Free)
- London's most challenged services continue to be Trauma & Orthopaedics (2,113), General Surgery (1,700), ENT (1,599), Gynaecology (1,900), Ophthalmology (1,082) and Other (4,531)) comprising of highly specialised services, Paediatrics & Paediatric Dentistry etc.
- **Forward Look:** London's latest weekly position shows that there are currently 15,215 patients moving beyond 46 weeks, and 5,223 patients currently waiting between 50-52 weeks for treatment.

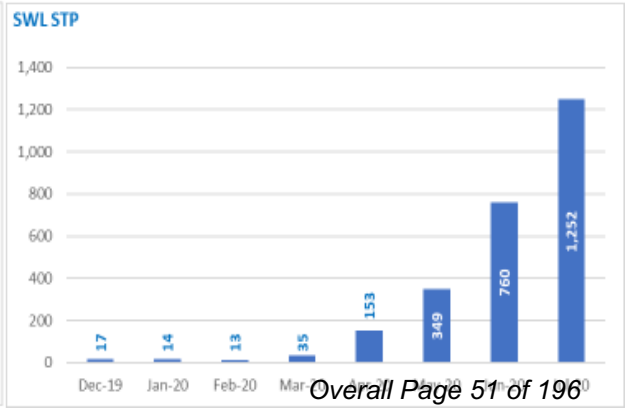












PTL by provider – all specialties

Latest 'live Unvalidated' position WE 16th August 2020
All specialties

Provider	Pathway	0-18wks	19-40wks	41-52wks	>52wks	Total
CW	**Total**	**17,922**	**14,738**	**1,538**	**332**	**34,530**
	Admitted	1,490	2,501	529	122	4,642
	Non-admitted	16,432	12,237	1,009	210	29,888
ICHT	**Total**	**30,802**	**20,070**	**3,157**	**1,013**	**55,042**
	Admitted	2,151	3,924	1,452	697	8,224
	Non-admitted	28,651	16,146	1,705	316	46,818
LNW	**Total**	**16,400**	**13,438**	**2,344**	**830**	**33,012**
	Admitted	1,079	3,474	1,321	661	6,535
	Non-admitted	15,321	9,964	1,023	169	26,477
THH	**Total**	**4,817**	**8,372**	**2,643**	**1,189**	**17,021**
	Admitted	402	1,804	991	724	3,921
	Non-admitted	4,415	6,568	1,652	465	13,100
NWL	**Total**	**69,941**	**56,618**	**9,682**	**3,364**	**139,605**
	Admitted	5,122	11,703	4,293	2,204	23,322
	Non-admitted	64,819	44,915	5,389	1,160	116,283

Map of NW London theatres

As of 07th Aug 2020

Mount Vernon Hospital

4 theatres (3 laminar flow)
- 4 elective **(4 OPEN)**
- 0 non-elective

Central Middlesex Hospital

7 theatres **(-2)** (3 laminar flow)
- 7 elective **(-2) (5 OPEN)**
- 0 non-elective

Northwick Park Hospital

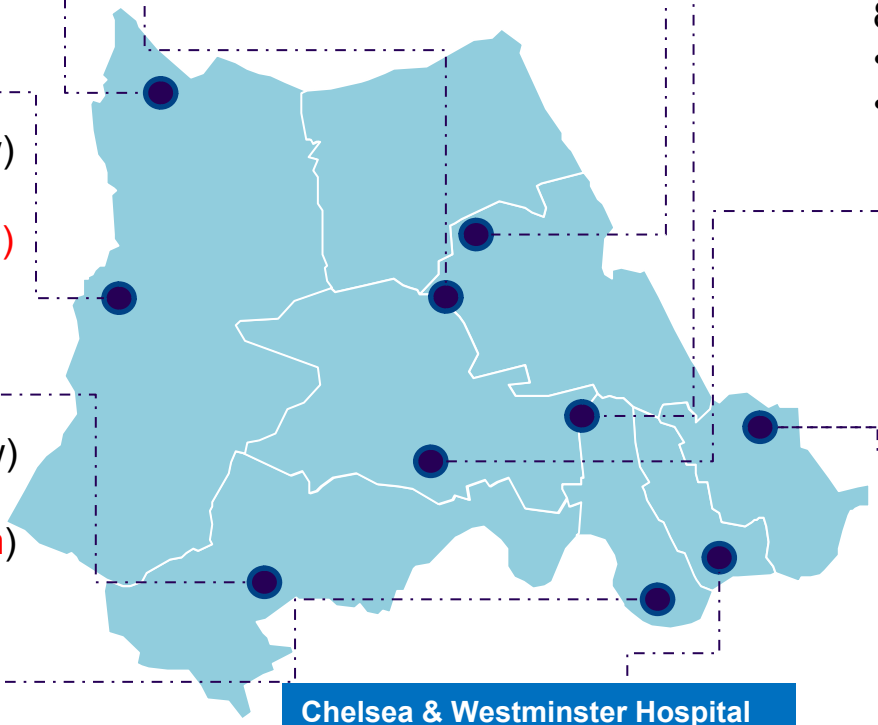
9 theatres **(-3)** (2 laminar flow)
- 7 elective **(-3) (4 OPEN)**
- 2 non-elective (2 open)

Hammersmith Hospital

8 theatres (0 laminar flow)
- 7 elective **(5 OPEN)**
- 1 non-elective (1 open)

Hillingdon Hospital

7 theatres (2 laminar flow)
- 5 elective **(2 OPEN)**
- 2 non-elective (2 open)



Ealing Hospital

5 theatres (1 laminar flow)
- 4 elective **(1 OPEN)**
- 1 non-elective (1 open)

West Middlesex Hospital

8 theatres (2 laminar flow)
- 6 elective **(5 OPEN)**
- 2 non-elective (3 open)

St Mary's Hospital

13 theatres (2 laminar flow)
- 6 elective **(5 OPEN)**
- 7 non-elective (8 open)

Charing Cross Hospital

14 theatres (3 laminar flow)
- 13 elective **(9 OPEN)**
- 1 non-elective (1 open)

Chelsea & Westminster Hospital

17 theatres (4 laminar flow, 4 paeds)
- 10 elective **(9 OPEN)**
- 3 non-elective (4 open)

Western Eye Hospital

2 elective **(2 OPEN)**

NWL baseline 94 theatres (21 of which are laminar flow)
NWL baseline 75 Elective (excludes maternity)
AS of 7th Aug 51 elective theatres are OPEN

Independent Sector
338 beds
28 theatres

The North West London health and care partnership

Clear plans are in place to ensure our as many of our theatres open as possible

In **August 55 out of 75 (73%) of our pre-COVID theatres** are open

By **October 10.5 additional elective theatres will open** (87% open)

- CXH +2 theatres
- HH + 2.5 theatres
- EH +2 theatres
- CMH +2 theatres
- THH + 2 theatres
- 4.5 theatres re-purposed for non-elective activity

Plans for October

Provider	Site	Pre-COVID Elective theatres	OPEN Elective	% elective theatres open	Pre-COVID Non-elective theatres	OPEN Non-elective theatres	Trust % EL open	Trust % NEL open
CWHFT	CWH	14	13	93%	3	4	90%	140%
CWHFT	WMUH	6	5	83%	2	3		
ICHT	CXH	13	11	85%	1	2		
ICHT	SMH	6	4	67%	7	9	88%	128%
ICHT	HH	7	7.5	107%	1	0.5		
ICHT	WEH	2	2	100%	0	0		
LNWUHT	EH	4	3	75%	1	1		
LNWUHT	NPH	7	5	71%	2	2	83%	100%
LNWUHT	CMH	7	7	100%	0	0		
THHFT	THH	5	4	80%	2	2	89%	100%
THHFT	MVH	4	4	100%	2	2		
Grand total		**75**	**65.5**	**87%**	**21**	**25.5**		

Recovery challenge – NHS activity in numbers

W/E 23/08/2020

NHS activity / capacity

1174 elective patients received surgery in NHS theatres **last week**

	W/E	05/07/2020	12/07/2020	19/07/2020	26/07/2020	02/08/2020	09/08/2020	16/08/2020	23/08/2020
Trust	Site	Week 27	Week 28	Week 29	Week 30	Week 31	Week 32	Week 33	Week 34
CWHFT	PLANNED activity	100	180	280	280	280	340	340	340
CWHFT	ACTUAL activity	94	146	232	237	269	341	351	347
ICHT	PLANNED activity	230	230	302	303	348	348	387	387
ICHT	ACTUAL activity	218	266	235	269	286	316	328	355
LNWUHT	PLANNED activity	49	51	51	78	142	222	297	330
LNWUHT	ACTUAL activity	46	55	61	80	137	273	328	354
THHFT	PLANNED activity	40	47	97	68	79	89	69	68
THHFT	ACTUAL activity	35	49	96	68	86	106	101	118
TOTAL	PLANNED activity	419	508	730	729	849	999	1093	1125
	ACTUAL activity	393	516	624	654	778	1036	1108	1174
	% utilisation	94%	102%	85%	90%	92%	104%	101%	104%

Note: Limitations with using “cases” as a measure of D&C and activity. Does not reflect casemix.

The North West London health and care partnership

Elective surgery done in theatres –
where are we now compared to pre-COVID?
W/E 23/08/2020

	Cases			
	Pre	Now (NHS)	Now (ISP)	% of BAU
CWHFT	480	347	117	**97%**
ICHT	650	355	67	**65%**
LNWUHT	630	354	95	**71%**
THHFT	217	118	13	**60%**
NW London	1,977	1,174	292	**74%**

1. Infection control, operational and estates restrictions now means pre-COVID activity levels is not indicative of future recovery
2. "Pre" figures based on July averages and include additional sessions run above baseline activity plans (i.e. waiting list initiatives)

Outpatients: Now versus pre Covid

London figures from **W/E 23rdAUG**

	OPFA					OPFU					TOTAL		
	Pre	F2F	Virtual	Total	% VS BAU	Pre	F2F	Virtual	Total	% VS BAU	Pre	Now (NHS)	Change
CWHFT	4,500	2,707	745	3,452	76%	To be confirmed based upon Ph3 submission	5,999	1,685	7,684	To be confirmed based upon Ph3 submission	To be confirmed based upon Ph3 submission	11,136	
ICHT	4,419	2,468	2,060	4,528	102%		6,164	4,526	10,690			15,218	
LNWUHT	3,736	1,772	454	2,226	59%		3,005	1,128	4,133			6,359	
THHFT	1,660	646	101	747	45%		1,700	417	2,117			2,864	
RBHT		31	100	131			299	834	1,133			1,264	
NWL TOTAL				**11,084**	**77%**				**25,757**			**36,841**	

Notes: W/E 23/8/20

Weekly activity data taken from NHSE data return as this will be the data that is used to measure Phase 3 performance against.

Proportion of F2F and Virtual patients is incorrect in all cases – virtual activity is being scheduled in F2F slots as templates have not been updated.

Pre-Covid data is an estimate based upon 1/52 of annual OPFA activity since historic data is recorded monthly.
OPFU total activity – pre-Covid activity will be set to match Phase 3 submission

Endoscopy: Now versus pre Covid

Figures from **W/E 9th AUG**

	Cases per week			
	Pre	Now (NHS)	Now (ISP)	% VS BAU
CWHFT	286	259	0	90%
ICHT	403	176	0	43%
LNWUHT	438	214	68	64%
THHFT	173	126	0	73%
Ind. Sect.	Unknown			
NW London	**1300**	**775**	**68**	**65%**

1. ICHT data includes ISP activity
2. LNWHT – ISP activity for week ending 31st July.
3. NHSE definitions not yet agreed for points per list. There is a clinical working group this afternoon where that was being discussed.

Diagnostics: Now versus pre Covid

Figures from **W/E 9th AUG**

	MR (Exams)				CT (Exams)				U/sound(Exams)			
	Pre	Now (NHS)	Now (ISP)	% VS BAU	Pre	Now (NHS)	Now (ISP)	% VS BAU	Pre	Now (NHS)	Now (ISP)	% VS BAU
CWHFT	577	424	93	**90%**	1,100	1,146	67	**110%**	2,882	1,824	32	**64%**
ICHT	985	685	10	**71%**	820	680		**83%**	TBC	1,411		
LNWUHT	624	550	4	**89%**	553	382	25	**74%**	1,696	1,292	5	**76%**
THHFT	135	158	20	**132%**	404	189	-	**47%**	450	597	-	**133%**
NW London	2,321	1,817	127	**84%**	2,877	2,397	92	**87%**	5,028	3,713	37	**75%**

CWHFT CT- Use of additional mobile capacity
ICHT is down 2 MR scanners due to NHSE Wave 1 replacement programme
THHFT MR - increased extended hours and weekend Wlis; CT -capacity reduced post Covid 1CT for emergency /inpatient, I CT for GP/OP. U/S - increased from 5rooms pre covid, to 6 U/S post covid

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 3 September 2020

PUBLIC SESSION

AGENDA ITEM NO.	2.3/Sep/20
REPORT NAME	Integrated Performance Report – July 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 July 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 July 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 **Regulatory performance** **A&E** Performance in July was consistent with June with the validated position being reported as 94.59% which is an increase 0.54% from June. **Cancer** Cancer 62 day performance has improved in June with a validated position of 74.16%. While there is an improvement, challenges continue while the COVID related backlog is cleared over the coming weeks and months especially as we make inroads into the Diagnostic backlogs. 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 decline as a result of a suspension of routine elective activity. The current Patient Tracking List stands at 34,469 which is an increase of c.1, 000 reflective of the increasing trend in referrals across all services. Validation continues as well as DQ Management to ensure long waiters are accurately reflected and managed within the Directorates. Recovery plans are in place as well as clinical reviews to establish prioritisation of patients waiting to be seen. As indicated the Trust has started to see an increase in referrals in the past month as Primary Care restarts its routine referrals. **DM01** Validated Indicator not available at this time of the month

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	All.
DECISION / ACTION	The Board of Directors is asked to review and note the performance for July 2020.

TRUST PERFORMANCE & QUALITY REPORT

July 2020

NHSI Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	May-20	Jun-20	Jul-20	2020-2021	May-20	Jun-20	Jul-20	2020-2021	May-20	Jun-20	Jul-20	2020-2021 Q2	2020-2021	Trend charts	
A&E	A&E waiting times - Types 1 & 3 Depts (Target: >95%)	94.18%	93.85%	93.64%	92.68%	94.59%	94.21%	95.35%	94.07%	94.41%	94.05%	94.59%	94.59%	93.45%		!
RTT	18 weeks RTT - Incomplete (Target: >92%)	71.50%	57.31%	48.87%	64.37%	68.91%	59.30%	54.28%	65.43%	70.55%	58.02%	50.81%	50.81%	64.76%		!
Cancer	2 weeks from referral to first appointment all urgent referrals (Target: >93%)	96.94%	97.68%	96.07%	97.38%	95.45%	95.99%	96.70%	94.83%	96.08%	96.70%	96.44%	n/a	95.74%		-
(Please note that all Cancer indicators show interim, unvalidated positions for the latest month (Jul-20) in this report	2 weeks from referral to first appointment all Breast symptomatic referrals (Target: >93%)	n/a	n/a	n/a	n/a	100%	100%	100%	100%	100%	100%	100%	n/a	100%		-
	31 days diagnosis to first treatment (Target: >96%)	85.19%	90.91%	97.50%	88.33%	94.12%	100%	98.04%	96.90%	90.16%	95.89%	97.80%	n/a	94.18%		-
	31 days subsequent cancer treatment - Drug (Target: >98%)	n/a	n/a	n/a	100%	n/a	100%	n/a	100%	n/a	100%	n/a	n/a	100%		-
	31 days subsequent cancer treatment - Surgery (Target: >94%)	n/a	n/a	n/a	n/a	100%	100%	100%	100%	100%	100%	100%	n/a	100%		-
	62 days GP referral to first treatment (Target: >85%)	40.91%	72.41%	37.78%	62.79%	63.41%	75.00%	82.86%	68.89%	55.56%	74.16%	65.22%	n/a	66.92%		!
	62 days NHS screening service referral to first treatment (Target: >90%)	n/a	n/a	n/a	n/a	50.00%	0.00%	n/a	60.00%	50.00%	0.00%	n/a	n/a	60.00%		-
Patient Safety	Clostridium difficile infections (Year End Target: 26)	1	1	3	6	0	1	3	5	1	2	6	6	11		!
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 indicators not applicable (eg Radiotherapy) or indicators where there is no available data. Such months will not appear in the trend graphs.
		RTT Admitted & Non-Admitted are no longer Monitor Compliance Indicators ! Either Site or Trust overall performance red in each of the past three months
		Note that all Cancer indicators show interim, unvalidated positions for the latest month (Jul-20) and are not included in quarterly or yearly totals

A&E
Performance in July was consistent with June with the validated position being reported as 94.59% which is an increase 0.54% from June.

Cancer
Cancer 62 day performance has improved in June with a validated position of 74.16%. While there is an improvement challenges continue while the COVID related backlog is cleared in the coming conths.

As recovery continues and the backlog of diagnosis due to the cessation of key diagnostic tests is underway it is expected that this will continue to pose a challenge.

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.

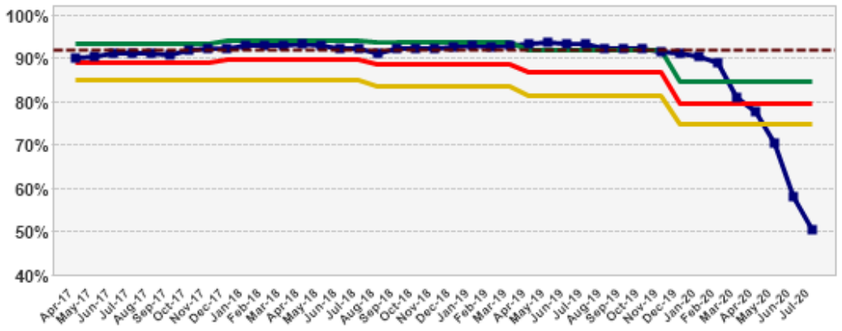
RTT
Performance has continued to decline as a result of a suspension of routine elective activity. Current Patient Tracking List stands at 34,469 which is an increase of c1,000 reflective of the increasing trend in referrals across all services. Validation continues as well as DQ Management to ensure long waiters are accurately reflected and managed within the Directorates. Recovery plans are in place as well as clinical reviews to establish prioritisation of patients waiting to be seen. As indicated the Trust has started to see an increase in referrals in the past month as Primary Care restarts its routine referrals.

SELECTED BOARD REPORT NHSI INDICATORS

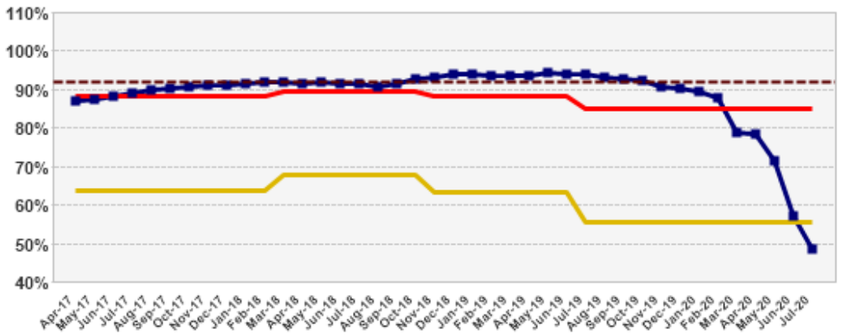
Statistical Process Control Charts for the 37 months April 2017 to July 2020

RTT Incomplete pathways

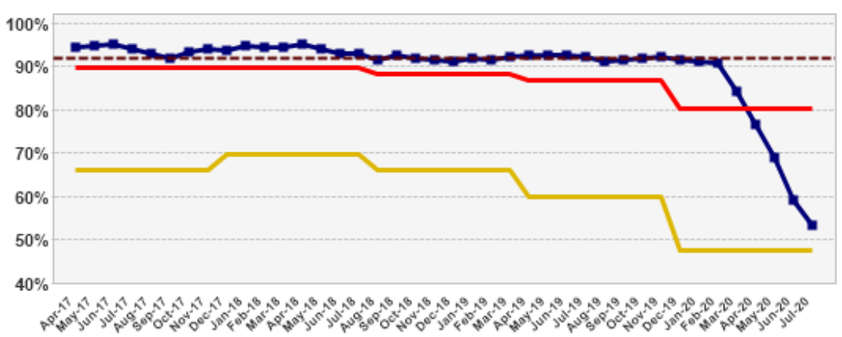
Trust Total



Chelsea and Westminster

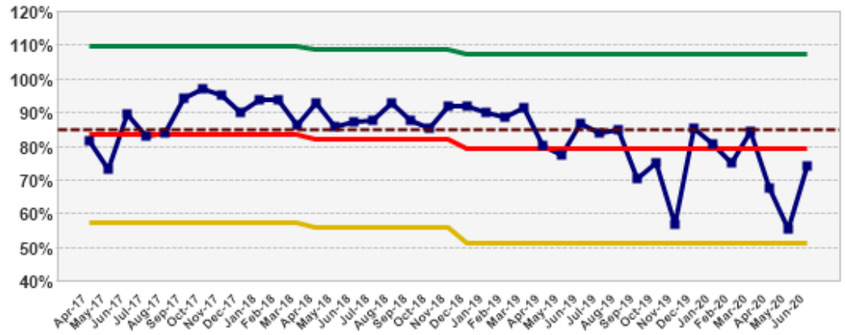


West Middlesex

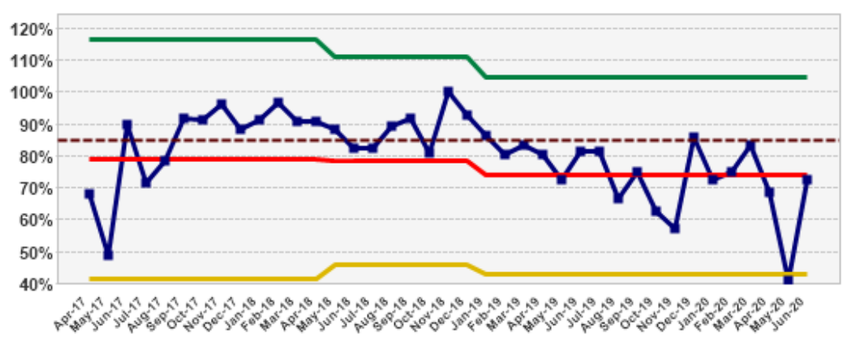


Cancer: 62 day standard

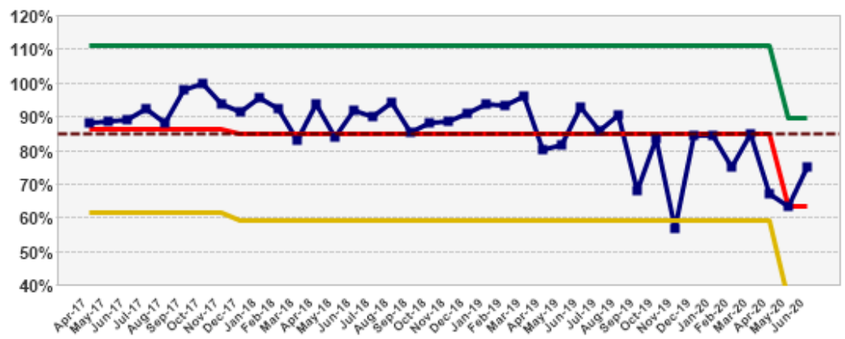
Trust Total



Chelsea and Westminster



West Middlesex



Safety Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		May-20	Jun-20	Jul-20	2020-2021	May-20	Jun-20	Jul-20	2020-2021	May-20	Jun-20	Jul-20	2020-2021 Q2	2020-2021	Trend charts	
Hospital-acquired infections	MRSA Bacteraemia (Target: 0)	0	0	0	0	0	0	0	0	0	0	0	0	0		-
	Hand hygiene compliance (Target: >90%)		81.9%	98.7%	90.6%		91.9%	85.1%	88.6%		86.9%	92.4%	92.4%	89.6%		-
Incidents	Number of serious incidents	6	2	8	21	2	3	3	9	8	5	11	11	30		-
	Incident reporting rate per 100 admissions (Target: >8.5)	13.3	15.2	14.0	14.1	15.0	13.7	11.5	13.4	14.2	14.4	12.6	12.6	13.7		-
	Rate of patient safety incidents resulting in severe harm or death per 100 admissions (Target: 0)	0.04	0.03	0.14	0.06	0.03	0.03	0.02	0.03	0.03	0.03	0.07	0.07	0.06		!
	Medication-related (NRLS reportable) safety incidents per 1,000 FCE bed days (Target: >=4.2)	7.38	6.24	6.81	6.41	5.09	5.33	3.88	3.97	6.30	5.77	5.33	5.33	5.20		-
	Medication-related (NRLS reportable) safety incidents % with moderate harm & above (Target: <=2%)	0.0%	0.0%	2.9%	1.3%	2.6%	2.0%	0.0%	1.4%	1.0%	0.9%	1.8%	1.8%	1.4%		-
Harm	Never Events (Target: 0)	0	0	0	0	0	1	0	1	0	1	0	0	1		-
	Incidence of newly acquired category 3 & 4 pressure ulcers (Target: <3.6)	0	0	0	0	0	0	0	0	0	0	0	0	0		-
	NEWS compliance %															-
	Safeguarding adults - number of referrals	24	26	28	97	26	28	16	83	50	54	44	44	180		-
	Safeguarding children - number of referrals	24	22	49	113	65	114	101	309	89	136	150	150	422		-
	Summary Hospital Mortality Indicator (SHMI) (Target: <100)	0.76	0.77	0.77	0.77	0.76	0.77	0.77	0.77	0.76	0.77	0.77	0.77	0.77		-
Mortality	Number of hospital deaths - Adult	29	27	16	165	47	48	43	311	76	75	59	59	476		-
	Number of hospital deaths - Paediatric	0	0	1	3	0	0	0	0	0	0	1	1	3		-
	Number of hospital deaths - Neonatal	2	1	2	7	1	0	1	3	3	1	3	3	10		-
	Number of deaths in A&E - Adult	1	0	4	7	5	6	8	27	6	6	12	12	34		-
	Number of deaths in A&E - Paediatric	0	0	0	0	0	1	0	2	0	1	0	0	2		-
	Number of deaths in A&E - Neonatal	0	0	0	0	0	0	0	0	0	0	0	0	0		-

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

Medication-related safety incidents

A total of 131 medication-related incidents were reported in July 2020. CW site reported 78 incidents, WM site reported 49 incidents and there were 4 incidents reported in community. There has been an increase in the number of reported medication–related incidents at CW site, and a decrease in the number of reported medication-related incidents at WM site. A summary of the recent trends in medication-related incidents will be shared at the next ward managers meeting cross-site.

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

The Trust position of medication-related incidents involving patients (NRLS reportable) was above target in July 2020 with 5.25 per 1,000 FCE bed days.

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

Commentary for the integrated performance report in relation to medication-related incidents resulting in harm to patients has been aligned to mirror all other safety metrics, reporting moderate harm or above. The Trust had 1.9% of medication-related safety incidents with moderate harm or above in July 2020 which is below the Trust target of 2%. This accounts for 2 moderate harm incidents at CW site involving possible contamination of parenteral nutrition bags and profound hypotension in a patient who had been prescribed a combination of bisoprolol, diltiazem and digoxin.

Harm Indicators

In July 2020, there were six incidents reported that potentially caused severe harm to patients; all of which related to patient falls. Five of these events have been declared as external serious incidents and one has been declared as an internal Serious Incident. There was also an unexpected death declared following a cardiac arrest in theatres; the degree of harm is currently recorded as a death and an External Serious Incident declared. The degree of harm for all incidents will be confirmed following completion of the SI investigations.

Patient Experience Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	May-20	Jun-20	Jul-20	2020-2021	May-20	Jun-20	Jul-20	2020-2021	May-20	Jun-20	Jul-20	2020-2021 Q2	2020-2021	Trend charts	
Complaints	FFT: Inpatient recommend % (Target: >90%)		94.8%	94.8%	94.8%		93.5%	97.5%	96.8%		94.3%	96.3%	96.3%	95.8%		-
	FFT: Inpatient not recommend % (Target: <10%)		1.6%	1.6%	1.6%		0.9%	0.6%	0.6%		1.3%	1.0%	1.0%	1.1%		-
	FFT: Inpatient response rate (Target: >30%)		9.8%	18.5%	14.3%		5.0%	22.7%	14.1%		7.3%	20.7%	20.7%	14.2%		-
	FFT: A&E recommend % (Target: >90%)		93.9%	89.4%	91.7%			93.7%	93.7%		93.9%	90.9%	90.9%	92.1%		-
	FFT: A&E not recommend % (Target: <10%)		3.4%	6.1%	4.7%			4.0%	4.0%		3.4%	5.3%	5.3%	4.6%		-
	FFT: A&E response rate (Target: >30%)		26.5%	20.9%	23.4%			26.6%	26.6%		26.5%	22.7%	22.7%	24.0%		-
	FFT: Maternity recommend % (Target: >90%)			86.3%	86.3%		88.2%	87.5%	88.0%		88.2%	86.4%	86.4%	86.7%		-
	FFT: Maternity not recommend % (Target: <10%)			6.9%	6.9%		8.8%	12.5%	10.0%		8.8%	7.3%	7.3%	7.6%		-
	FFT: Maternity response rate (Target: >30%)			17.8%	17.8%		9.0%	3.0%	5.5%		9.0%	12.6%	12.6%	11.9%		-
Experience	Breach of same sex accommodation (Target: 0)	0	0	0	0	0	0	0	0	0	0	0	0	0		-
Complaints	Complaints (informal) through PALS	15	29	53	68	10	12	19	51	18	33	45	45	119		-
	Complaints formal: Number of complaints received	8	21	26	45	6	11	9	30	11	26	24	24	75		-
	Complaints formal: Number responded to < 25 days	5	15	15	132	34	46	34	157	49	75	87	87	289		-
	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	1	1	0	0	1	1	1		-

Please note the following	blank cell	An empty cell denotes those indicators currently under development	Either Site or Trust overall performance red in each of the past three months
Regarding Friends and Family Tests:	These metrics are currently suspended and will be re-instated it this report when brought back on line		

Complaints
The number of complaints received continued to be low during May. Our performance with responding to complaints within the 25 day KPI continues to exceed the Trust target at 95%.
95% of PALS concerns were resolved within 5 working days, 71% of these being instantly resolved by the team at the time they were raised by the patient or member of the public.
We have four complaints with the PHSO – two of these have been re-opened after initially being closed by the PHSO. Three are for EIC and one is for WCH Division. The Trust await the outcomes of all cases.

FFT
The Trust restarted fata collection for FFT in June after the process being paused by NHSE / I during the pandemic. Recommendation scores continue to be high however there is more work required in increasing the response rates in all areas.

Same Sex Accommodation
There have been no same sex accommodation breaches

Efficiency & Productivity Dashboard

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	May-20	Jun-20	Jul-20	2020-2021	May-20	Jun-20	Jul-20	2020-2021	May-20	Jun-20	Jul-20	2020-2021 Q2	2020-2021	Trend charts	
Admitted Patient Care	Average length of stay - elective (Target: <2.9)	5.79	1.61	3.37	3.17	8.00	1.50	2.00	2.41	5.82	1.60	3.32	3.32	3.14		-
	Average length of stay - non-elective (Target: <3.95)	3.40	3.67	3.73	3.79	2.70	3.04	3.18	3.15	3.02	3.31	3.43	3.43	3.44		-
	Emergency care pathway - average LoS (Target: <4.5)	3.88	3.71	4.24	4.39	3.16	3.49	3.50	3.73	3.44	3.57	3.77	3.77	3.98		-
	Emergency care pathway - discharges	144	172	190	615	233	304	326	1035	377	476	516	516	1650		-
	Emergency re-admissions within 30 days of discharge (Target: <7.6%)	7.47%	7.74%	7.26%	7.60%	11.13%	13.35%	11.61%	12.21%	9.46%	10.88%	9.73%	9.73%	10.16%		!
	Non-elective long-stayers	261	334	316	1116	185	285	240	814	446	619	556	556	1930		-
Theatres	Daycase rate (basket of 25 procedures) (Target: >85%)	100.0%	90.5%	87.4%	88.5%	100.0%	100.0%	97.6%	98.4%	100.0%	94.7%	90.9%	90.9%	92.4%		-
	Operations canc on the day for non-clinical reasons: actuals	0	0	0	0	0	0	6	6	0	0	6	6	6		-
	Operations canc on the day for non-clinical reasons: % of total elective admissions (Target: <0.8%)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.88%	0.59%	0.00%	0.00%	0.36%	0.36%	0.17%		-
	Operations cancelled the same day and not rebooked within 28 days (Target: 0)	0	0	0	0	0	0	0	0	0	0	0	0	0		-
	Theatre Utilisation (Target >85%)	33.1%	42.4%	53.5%	48.6%		36.9%	54.7%	54.1%	33.1%	41.8%	53.9%	53.9%	49.9%		!
Outpatients	First to follow-up ratio (Target: <1.5)	2.45	2.64	2.41	2.57	2.55	2.25	2.22	2.38	2.50	2.47	2.33	2.33	2.48		!
	Average wait to first outpatient attendance (Target: <6 wks)	10.3	10.2	9.4	9.9	10.2	10.5	10.2	10.1	10.2	10.3	9.8	9.8	10.0		!
	DNA rate: first appointment	7.1%	7.1%	6.9%	7.4%	4.9%	5.1%	5.6%	5.4%	6.1%	6.2%	6.3%	6.3%	6.5%		-
	DNA rate: follow-up appointment	7.5%	6.6%	7.3%	7.4%	4.0%	5.4%	6.2%	5.2%	5.9%	6.1%	6.8%	6.8%	6.5%		-

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

Theatre Metrics
These indicators would have been impacted by the cessation of activity over the period and are not comparable with recent months however there is an increase in Theatre usage and Utilisation from 41.8% in June 2020 to 53.9% in July 2020 as elective restart plans are enacted.

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

		Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
Domain	Indicator	May-20	Jun-20	Jul-20	2020-2021	May-20	Jun-20	Jul-20	2020-2021	May-20	Jun-20	Jul-20	2020-2021 Q2	2020-2021	Trend charts	
Best Practice	Dementia screening case finding (Target: >90%)	97.5%	97.1%	97.3%	72.9%	93.9%	41.9%	44.3%	58.1%	95.8%	63.9%	64.4%	64.4%	65.0%		-
	#NoF Time to Theatre <36hrs for medically fit patients (Target: 100%)	91.7%	90.0%	80.0%	90.0%	100.0%	100.0%	81.0%	91.3%	97.5%	96.2%	80.6%	80.6%	90.8%		!
	Stroke care: time spent on dedicated Stroke Unit (Target: >80%)	94.1%	100.0%	94.4%	94.9%	70.0%	92.9%	81.8%	84.8%	85.2%	96.3%	89.7%	89.7%	90.5%		-
VTE	VTE: Hospital acquired	0	0	0	0	1	3	0	4	1	3	0	0	4		-
	VTE risk assessment (Target: >95%)	52.0%	73.9%	83.7%	66.9%	74.3%	64.8%	92.8%	77.7%	63.2%	69.3%	88.9%	88.9%	72.6%		!
TB Care	TB: Number of active cases identified and notified	2	3	1	8	6	5	4	22	8	8	5	5	30		-

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

Dementia Screening

Chelsea and Westminster continue to achieve above target of 90%. West Middlesex achieved below target at 44%, there continues to be on-going education for junior doctors and wider conversations with the MDT to share the workload. Ward staff are being familiarised with the nursing dashboard, this will enable prompts at board rounds for a member of the MDT complete.

VTE

VTE Performance improving month on month with the full adoption of Cerner workflows across divisions. This is being supported by the development of live dashboards to highlight gaps in compliance

Access Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		May-20	Jun-20	Jul-20	2020-2021	May-20	Jun-20	Jul-20	2020-2021	May-20	Jun-20	Jul-20	2020-2021 Q2	2020-2021	Trend charts	
RTT waits	RTT Incompletes 52 week Patients at month end	24	66	175	272	6	26	87	119	30	92	262	262	391		!
	Diagnostic waiting times <6 weeks: % (Target: >99%)	46.88%	43.14%	56.7%	46.35%	42.46%	30.48%	55.9%	38.22%	44.21%	36.91%	56.2%	53.2%	41.83%		-
	Diagnostic waiting times >6 weeks: breach actuals	2608	4138	0	8591	4337	4891	0	12376	6945	9029	0	0	20967		-
A&E and LAS	A&E unplanned re-attendances (Target: <5%)	9.8%	10.1%	9.0%	9.6%	8.2%	8.8%	7.9%	8.3%	9.2%	9.6%	8.6%	8.6%	9.1%		!
	A&E time to treatment - Median (Target: <60')	00:37	00:38	00:35	00:38	00:40	00:47	00:48	00:44	00:39	00:44	00:44	00:44	00:42		-
	London Ambulance Service - patient handover 30' breaches	11	5	7	36	18	34	25	123	29	39	32	32	159		-
	London Ambulance Service - patient handover 60' breaches	0	0	0	0	0	0	0	0	0	0	0	0	0		-

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

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. The Waiting list across modalities is reducing following the increase of in-house, use of temporary capacity and accessing the Independent sector.

Following deployment of the new imaging system across the Trust work continues to align the reporting post migration. This has improved significantly during July. June data will be resubmitted to NHSE following on-going rectification of issues.

Maternity Dashboard

Domain	Indicator	Chelsea & Westminster Hospital Site				West Middlesex University Hospital Site				Combined Trust Performance					Trust data 13 months	
		May-20	Jun-20	Jul-20	2020-2021	May-20	Jun-20	Jul-20	2020-2021	May-20	Jun-20	Jul-20	2020-2021 Q2	2020-2021	Trend charts	
Birth indicators	Total number of NHS births	465	451	488	1838	413	381	370	1529	878	832	858	858	3367		-
	Total caesarean section rate (C&W Target: <27%; WM Target: <29%)	36.4%	36.3%	37.4%	37.3%	29.9%	32.7%	36.2%	32.8%	33.4%	34.6%	36.9%	36.9%	35.2%		!
	Midwife to birth ratio (Target: 1:30)	1:29.5	1:29.5	1:29.5	1:29.5	1:29	1:29	1:29	1:29	1:29.25	1:29.25	1:29.25	1:29.25	1:29.06		-
	Maternity 1:1 care in established labour (Target: >95%)	93.6%	92.3%	89.6%	92.7%	97.4%	98.8%	99.0%	98.1%	94.8%	95.3%	93.2%	93.2%	94.8%		!
Safety	Admissions of full-term babies to NICU	14	20	11	54	n/a	n/a	n/a	n/a	14	20	11	11	54		-

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

Maternity West Middlesex
Attrition is fluctuating between 17-21% (previously planned at 17%, however births remain on plan. One to one care in labour achieved at WM site, through redeployment of staff on a daily basis and use of escalation policy (utilising specialist midwives and matrons for clinical areas)

Caesarean Births
WM – increasing cs rate, specifically the emergency cs rate in july (21.3% (78 women), increase of 2% from june)
The elective CS rate was 15% (55 women (10 women from CW)

Maternity Chelsea
The caesarean section rate is 37.4% which is the same as the YTD figure. There is no change to report here from previous months. This will remain static as we have had no change in process or guidance. We have a high proportion of women having caesareans for previous caesarean section. We have a dedicated service to counsel these women for vaginal birth and continue to work on encourage them to attempt a vaginal birth. This must be weighted with the perceived risk and maternal choice.
Emergency caesarean section in labour is also in keeping with the previous trends.

1:1 care in labour:
There were 6 cases in total where this care was not achieved, these were all women who birthed at home without a midwife. All cases have been reviewed to establish whether earlier access to the hospital could have been achieved, no concerns were identified.

Maternity VTE
New CRS VTE form implemented in July. Report now available for both sites. Daily monitoring via Qliksense, by matrons and admin is being implemented to increase compliance.

62 day Cancer referrals by tumour site Dashboard

Target of 85%

		Chelsea & Westminster Hospital Site					West Middlesex University Hospital Site					Combined Trust Performance						Trust data 13 months	
Domain	Tumour site	May-20	Jun-20	Jul-20	2020-2021	YTD breaches	May-20	Jun-20	Jul-20	2020-2021	YTD breaches	May-20	Jun-20	Jul-20	2020-2021 Q2	2020-2021	YTD breaches	Trend charts	
62 day Cancer referrals by site of tumour	Breast	n/a	n/a	n/a	n/a		50.0%	85.7%	83.3%	69.4%	13	50.0%	85.7%	83.3%	n/a	69.4%	13		-
	Colorectal / Lower GI	83.3%	33.3%	30.0%	64.3%	6	33.3%	60.0%	57.1%	76.0%	4.5	66.7%	50.0%	41.2%	n/a	71.8%	10.5		!
	Gynaecological	n/a	n/a	n/a	n/a		33.3%	84.6%	100%	70.3%	5.5	33.3%	84.6%	100%	n/a	70.3%	5.5		-
	Haematological	25.0%	100%	50.0%	44.4%	3.5	50.0%	100%	100%	85.7%	0.5	33.3%	100%	71.4%	n/a	62.5%	4		-
	Head and neck	n/a	n/a	n/a	n/a		33.3%	n/a	100%	20.0%	4	33.3%	n/a	100%	n/a	20.0%	4		-
	Lung	100%	0.0%	100%	33.3%	2	100%	0.0%	100%	66.7%	1	100%	0.0%	100%	n/a	50.0%	3		-
	Sarcoma	n/a	n/a	n/a	n/a		n/a	0.0%	n/a	0.0%	1.5	n/a	0.0%	n/a	n/a	0.0%	1.5		-
	Skin	100%	94.1%	70.0%	96.2%	2.5	100%	100%	70.0%	100%	1.5	100%	95.7%	70.0%	n/a	97.5%	4		-
	Upper gastrointestinal	0.0%	0.0%	n/a	40.0%	3	60.0%	100%	100%	71.4%	1	42.9%	33.3%	100%	n/a	52.9%	4		-
	Urological	0.0%	20.0%	11.1%	13.0%	18	66.7%	22.2%	85.7%	40.4%	15	36.4%	21.4%	43.8%	n/a	31.4%	33		!
	Urological (Testicular)	n/a	n/a	n/a	n/a		n/a	100%	n/a	100%	0	n/a	100%	n/a	n/a	100%	0		-
	Site not stated	n/a	n/a	n/a	n/a		n/a	128.6%	n/a	122.2%	-1	n/a	128.6%	n/a	n/a	122.2%	-1		-

Please note the following	n/a	Refers to those indicators where there is no data to report. Such months will not appear in the trend graphs	! Either Site or Trust overall performance red in each of the past three months
		Please note that all indicators show interim, unvalidated positions for the latest month (Jul-20) and are not included in quarterly or yearly totals	

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Safe Staffing & Patient Quality Indicator Report – Chelsea Site

July 2020

Month	Day		Night		CHPPD	CHPPD	CHPPD	National Benchmark		July 20 Vacancy Rate	July 20 Voluntary Turnover		Inpatient fall with harm				Trust acquired pressure ulcer 3,4,unstageable		Medication incidents		FFT June 2020/21
	Average fill rate - registered	Average fill rate - care staff	Average fill rate - registered	Average fill rate - care staff	Reg	HCA	Total				Qualified	Un-qualified	Moderate		Severe						
													Month	YTD	Month	YTD	Month	YTD	Month	YTD	
Maternity	95.40%	64.30%	96.80%	60.00%	11.6	5.5	17.1	15.3		7.30%	9.45%	12.66%								30	
Annie Zunz	-	-	-	-				7.8		9.10%	38.81%	0%	1	1					1	7	100%
Apollo	84.20%	87.50%	84.50%	-	24.9	2	27.7	10.9		17.80%	26.31%	34.35%								3	100%
Jupiter	-	-	-	-				10.9		25.80%	22.96%	50%							1	1	100%
Mercury	101.60%	158.70%	98.70%	-	7.1	1	8.2	9.3		13.10%	8.35%	174.22%							9	18	94.10%
Neptune	95.60%	132.30%	90.40%	-	9.2	1.8	11	10.9		8.10%	24.60%	50%								5	100%
NICU	88.70%	73.60%	91.30%	87.10%	12.7	1.2	13.9	26		15.10%	10.12%	22.83%							5	24	100%
AAU	100.00%	80.30%	94.90%	74.70%	8.6	2.5	11.2	7.8		13.70%	6.25%	53.94%	6	17	1	1			8	22	
Nell Gwynne	-	-	-	-	-	-	-	7.3		-1.30%	4.52%	11.23%									
David Erskine	51.90%	89.10%	49.70%	93.30%	8.5	6.6	15.2	7		13.80%	20.72%	27.21%									88.90%
Edgar Horne	94.20%	80.20%	98.90%	103.40%	4.1	3.3	7.8	6.9		12.50%	11.90%	15.40%							1	1	83.40%
Lord Wigram	98.70%	87.40%	103.20%	93.50%	5.2	3	8.3	7		12.10%	8.40%	5.13%	2	10					4	10	93.90%
St Mary Abbots	84.50%	63.10%	86.50%	107.50%	5.4	2.4	8	7.2		15.90%	22.59%	9.49%									91.30%
David Evans	91.40%	76.20%	78.30%	113.30%	16.7	5.6	23	7.2		4.40%	5.71%	0%	3	4					1	1	100%
Chelsea Wing	-	-	-	-	-	-	-	7.2		17.20%	12.12%	13.48%									
Burns Unit	101.00%	100.00%	101.20%	100.00%	36.9	5.5	42.4	N/A		5.90%	19.70%	14.34%	1	1					2	8	100%
Ron Johnson	73.10%	82.30%	73.10%	82.30%	7.9	4.7	12.6	7.4		12.70%	17.61%	21.23%									93.50%
ICU	99.50%	-	105.80%	-	22.6	0	22.9	26		7.80%	23.24%	200%	1	2					1	11	
Rainsford Mowlem	119.60%	86.50%	126.60%	79.40%	3.7	3.4	7.2	7.3		3.80%	13.62%	2.83%	5	34	1	1			7	23	82.30%
Nightingale	126.80%	84.50%	98.00%	86.20%	3.2	2.8	6.2	7.3		N/A			6	21	2	3			4	4	100%

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Safe Staffing & Patient Quality Indicator Report – West Middlesex Site

July 2020

Ward	Day		Night		CHPPD	CHPPD	Total	National Benchmark		Vacancy Rate	July 20 Voluntary Turnover		Inpatient fall with harm				Trust acquired pressure ulcer 3,4,unstageable		Medication incidents		FFT June 2020/21
	Average fill rate - registered	Average fill rate - care staff	Average fill rate - registered	Average fill rate - care staff	Reg	HCA					Qualified	Un-Qualified	Moderate		Severe						
													Month	YTD	Month	YTD	Month	YTD	Month	YTD	
Lampton	101.90%	110.70%	120.40%	145.20%	3.3	2.8	6.3	7.3		10.90%	0%	13.29%	4	16					2	2	100%
Richmond	-	-	-	-	-	-	-	7.2		41.40%	20.13%	0%									
Syon 1 cardiology	107.20%	84.60%	98.40%	96.80%	5.9	2.4	8.3	8		7.50%	0%	0%	6	25						12	
Syon 2	106.10%	101.20%	101.60%	119.40%	3.5	3.7	7.4	7.3		19.30%	11.63%	13.51%		13					4	10	100%
Starlight	95.30%	-	97.40%	-	10.6	0	10.6	10.9		14.30%	20.39%	0%							4	10	90.90%
Kew	-	-	-	-	-	-	-	6.9		9%	18.60%	14.32%	7	12					3	8	100%
Crane	92.30%	80.60%	92.50%	64.90%	5	4.6	9.6	6.9		5.90%	0%	6.99%	1	17					4	4	
Osterley 1	103.90%	69.00%	93.00%	96.50%	4.2	2.6	7.1	7		4.30%	10.66%	7.83%	3	16					2	10	100%
Osterley 2	108.80%	67.80%	111.10%	77.90%	4.7	2.4	7.1	7.2		-40.50%	6.79%	9.24%	1	21					1	6	90.90%
MAU	124.70%	168.30%	124.40%	139.80%	8.6	3.4	12.3	7.8		16.30%	11.97%	34.37%	5	38					13	26	93.30%
Maternity	101.70%	94.30%	106.40%	88.10%	7.7	2.5	10.2	15.3		-3.30%	5.75%	1.67%		1					3	9	
Special Care Baby Unit	107.90%	100.00%	90.40%	100.00%	6.2	1.4	7.5	10.9		11.60%	4.05%	0%								4	100%
Marble Hill 1	94.10%	77.60%	85.40%	92.40%	5.3	3.8	9.1	7.3		28.60%	14.01%	7.63%	2	9					3	9	33.30%
Marble Hill 2	101.00%	104.70%	120.40%	116.10%	3.6	2.6	6.4	6.5		6%	7.55%	7.03%	5	34					4	10	93.80%
ITU	99.00%	-	94.30%	-	31.4	0	31.4	26		-2.10%	14.73%	0%		2						7	

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Safe Staffing & Patient Quality Indicator Report

July 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 same month. Overall key concerns are areas where the staffing fill rate has fallen below 80% and to understand the impact this may have on patient outcomes and experience. Please note that CHPPD scores are inclusive of Apprentice Nursing Associates which are now required to be reported separately to NHSI.

A number of staff remained shielding in July and a number of wards were closed. To minimise risk and temporary staffing spend, staff were deployed across wards and the sites when necessary to minimise risk on a shift by shift basis, but this was not always correctly entered into the health roster system so some inaccuracies will exist and show low fill rates when this was not the case. Wards at the Chelsea Site such as Ron Johnson, David Erskine, Edgar Horne, David Evans, St Marys Abbots are referred to by their roster name rather than their present physical location. Annie Zunz staff and patients continued to remain on AAU.

AMU on the West Mid site have increased their bed capacity from 47 to 64 and increased their enhanced care beds from 6 to 10 beds hence require additional staff. The staffing template will be adjusted accordingly once funding is in place.

As the designated Covid 19 ward on the Chelsea site, David Erskine, along with Crane at West Mid, had low admission rates hence low fill rates and staff were deployed elsewhere. Not all shifts were filled on these wards due to low patient numbers.

The figures for Rainsford Mowlem reflect that they are hosting Nell Gwynne ward and staffing was combined for the report but not all shifts from both staffing templates needed filling. However, in practice some Nell Gwynne staff were moved to assist Edgar Horne staffing (temporarily situated on David Erskine). Lampton had high fill rates for unqualified staff at night time due to change of speciality and subsequent patient dependency. An extra HCA will be funded in September to reflect this change. Ron Johnson shows high CHHPD as they are on a smaller bed base on Annie Zunz.

Chelsea wing and Richmond remained closed for the month and Kew closed for much of the month due to refurbishment. Burns treated the majority of their patients as day cases and therefore have a high CHPPD rate as the midnight census does not take account of these patients. Jupiter ward was closed and Neptune hosted their staff and all paediatric patients on admission until COVID screening results came back. The staffing resource for Neptune & Jupiter has thus been combined. Apollo has a high CHHPPD due to the low number of admissions throughout July and one patient requiring 1:1 nursing care.

St Mary Abbots is based on David Evans and admits non-elective surgical patients which have been low in numbers. David Evans moved to Edgar Horne mid-month and admits elective surgery. There are low staffing fill rates on David Evans & St Marys Abbots at the Chelsea Site due to low patient numbers.

There were five falls with moderate harm at the Chelsea site in July, two on AAU, one on Rainsford Mowlem and two on Nightingale.

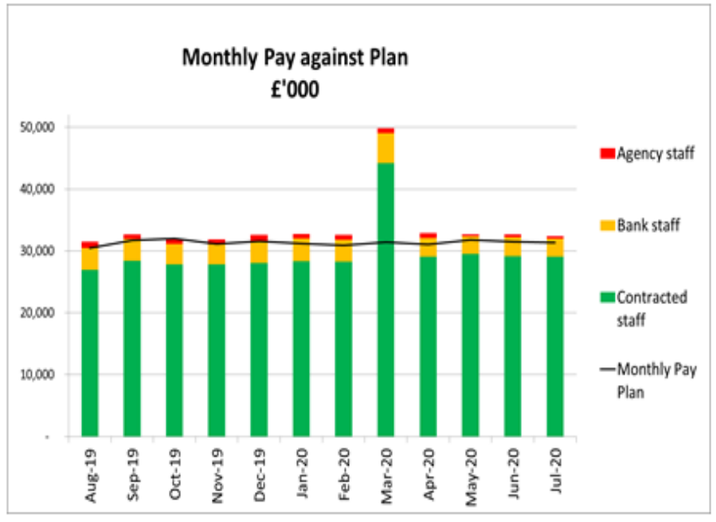
The numbers of admissions due to COVID 19 were neglible in the month of July. Occupancy in ICU was lower than normal at WM and the high CHHPD relates to staff external staff undertaking shifts on the unit to maintain their clinical skills to prepare for an anticipated second COVID wave. Family & Friends scores was recorded for July with eleven wards scoring 100%, however completion rates remain generally low.

Finance Dashboard M4 2020/21

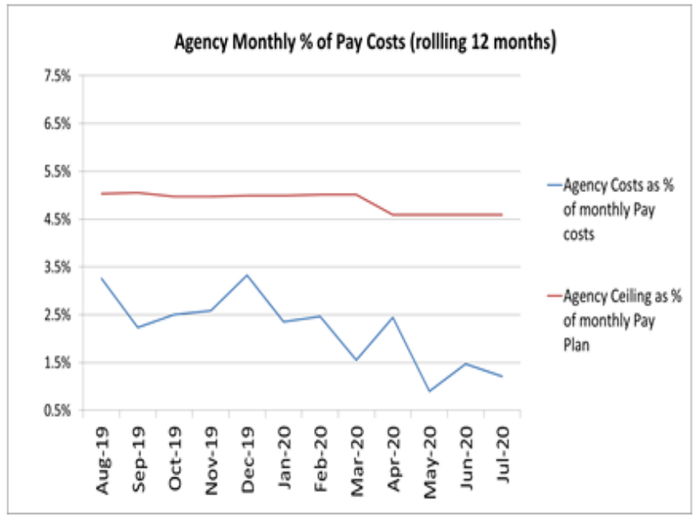
£'000	Combined Trust		
	Plan to Date	Actual to Date	Variance to Date
Income	225,420	236,849	11,429
Expenditure			
Pay	(125,701)	(130,586)	(4,885)
Non-Pay	(87,015)	(93,401)	(6,387)
EBITDA	12,704	12,862	157
EBITDA %	5.64%	5.43%	-0.2%
Depreciation	(6,933)	(6,933)	0
Non-Operational Exp-Inc	(5,627)	(5,785)	(157)
Surplus/Deficit	144	144	(0)
Adjust for - Donated asset, Impairment & Other	(144)	(144)	
Adjusted Surplus/Deficit	0	0	

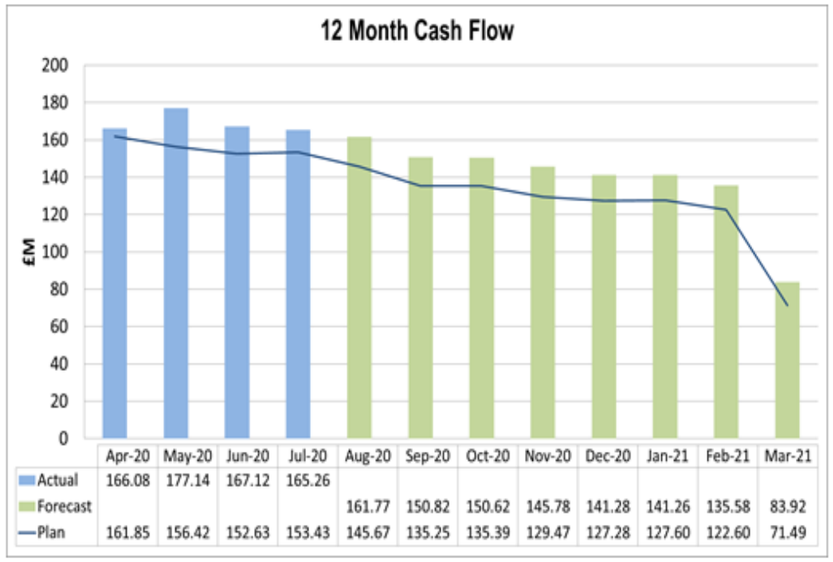
Comment : The Trust is reporting a breakeven position when adjusted for the financial impact of donated assets and income. The position includes an accrual for income of £13.1m to address shortfalls in our funding model and expenditure related to our COVID-19 response

Income: Contractual income from CCG, NHS England and Local Authorities is on a block through M4, any shortfalls in non-contracted activity income is reported as COVID-19 loss of income. Activity continues to steadily increased in M4, especially in outpatients and elective .



The pay cost spike in March includes two exceptional items of £14.6m full year notional charge for 6.3% employer Pension contributions and £2m COVID-19 costs.

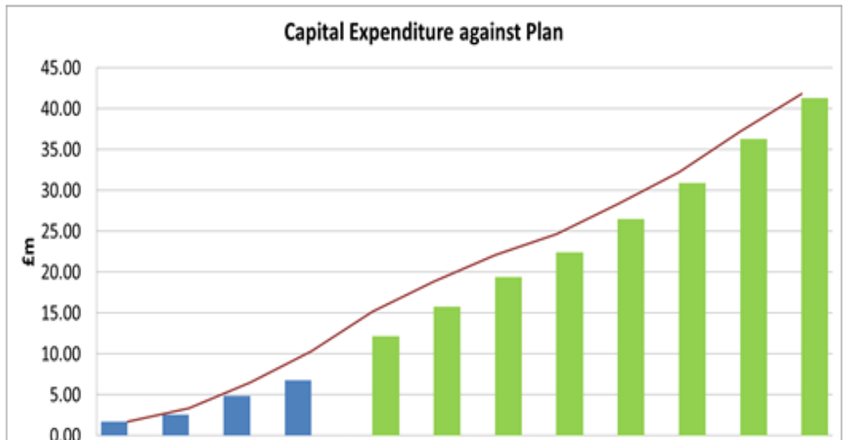




	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Actual	166.08	177.14	167.12	165.26								
Forecast					161.77	150.82	150.62	145.78	141.28	141.26	135.58	83.92
Plan	161.85	156.42	152.63	153.43	145.67	135.25	135.39	129.47	127.28	127.60	122.60	71.49

Comment:

The favourable cash variance to plan in M4 of £11.8m is a favourable cash variance b/fwd from M3 of £14.5m; lower cash receipts to plan of -£4.6m (Extra NHS England Income + Covid Top Up (2.5m) +1.37m CCG debt + £0.5m Extra Covid PDC, offset by lower FT Income -£3.1m + lower Health Education -£4.18m , lower Local Authority Income -£1.4m and lower PP Income -£0.7m); offset by lower cash outflows to plan £1.97m (lower creditor payments and higher VAT).



	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Actual	1.73	2.53	4.87	6.75								
Forecast					12.14	15.77	19.39	22.37	26.47	30.84	36.27	41.27
Plan	1.73	3.34	6.50	10.31	15.21	18.84	22.06	24.64	28.34	32.21	37.24	41.84

Comment

The Trust has spent £1.88m in period 4 compared to the planned forecast of £3.80m, resulting in an underspend of £1.92m. The underspend is mainly associated with the impact of the Covid-19 outbreak which has resulted in a number of projects being delayed. It is expected that this underspend will be spent later in the year as it relates to timing differences between the timing of the planned spend and when the actual costs have been incurred. The plan for 2020/21 will be revised in M05 following the deferral of a number of schemes to 2021/22 in order to accomodate the critical care surge capacity at the Richmond and St Mary's Abbot wards.

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.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 3 September 2020

PUBLIC SESSION

AGENDA ITEM NO.	2.3/Sep/20
REPORT NAME	Winter preparedness
AUTHOR	Robert Hodgkiss, Deputy Chief Executive / Chief Operating Officer
LEAD	Robert Hodgkiss, Deputy Chief Executive / Chief Operating Officer
PURPOSE	To share with the Board of Directors the Trust's arrangements for ensuring service delivery throughout winter 2020/21.
SUMMARY OF REPORT	As enclosed.
KEY RISKS ASSOCIATED	That winter planning schemes do not adequately mitigate demand.
FINANCIAL IMPLICATIONS	As noted in the paper.
QUALITY IMPLICATIONS	As noted in the paper.
EQUALITY & DIVERSITY IMPLICATIONS	As noted in the paper.
LINK TO OBJECTIVES	• Deliver high quality patient centred care • Be the employer of choice • Delivering better care at lower cost
DECISION/ ACTION	For information.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Winter Planning 2020

Winter Plan 2020 – Key Initiatives

Managing Non Elective Demand

Front Door Schemes:

- '**Think 111' ED pilot** – encouraging patient use of 111 to schedule care in the most appropriate setting
- **Implementing SDEC at Pace** – expansion of surgical pathways and supporting earlier discharges
- **ED Full Capacity Triggers –** improved escalation and action during activity surges

Inpatient Flow:

- **Discharge within 12 hrs of Medically Fit** – (maintaining discharge hubs & improving discharge lounges)
- **24/7 Hospital inc Control Centre** - (improved 7 day working and review of support to site operations)
- **Managing Escalation Beds –** ensuring dedicated clinical teams to staff escalation areas, and managing bed pressures around:
- **Phasing of Elective Activity** – ensuring elective recovery programme is maintained
- **Transport** – supporting timely discharge and planning for IPC restrictions
- **System Mutual Aid** – supporting the wider acute system with repats & inpatient transfers

Winter Plan 2020 – Key Initiatives

Infection Prevention & Control:

- **Flu Planning** – including flu vaccinations and delivery of rapid flu testing
- **COVID** - Plans for zoning and escalation of covid beds
- **Side Room Availability** – clear prioritisation for usage and management of capacity

COVID-19 Surge Planning:

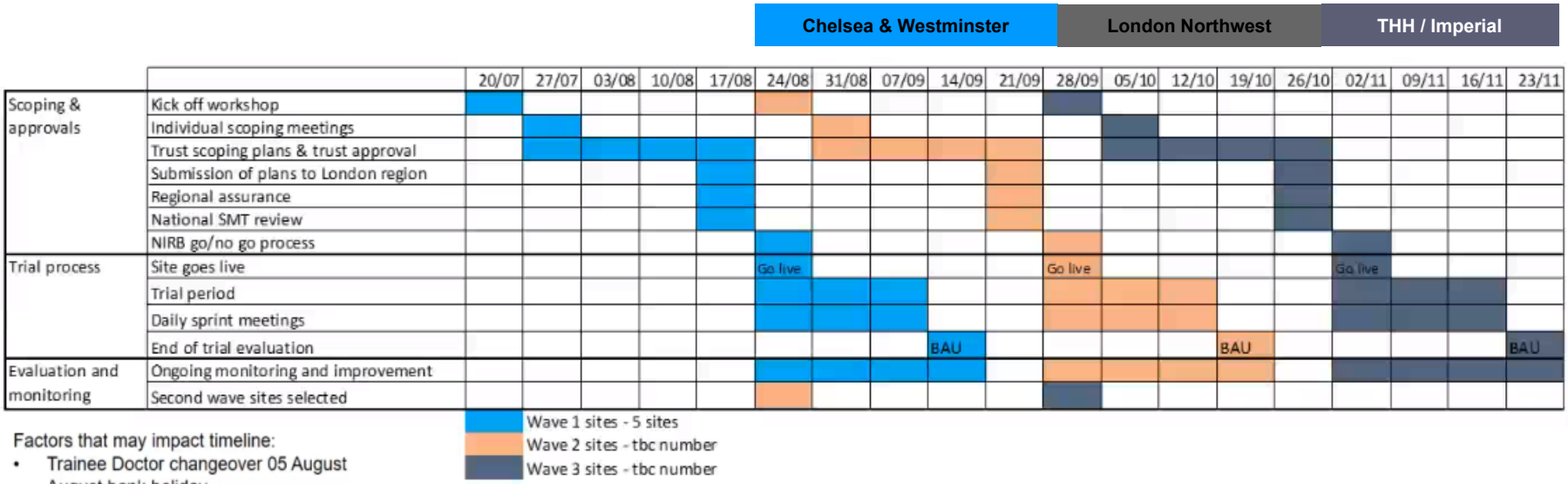
- **ITU surge plan**
- **NIV surge plan**

Think NHS 111 first: ED pathways priority to implement

- ED pathways for heralded and unheralded patients are a priority to implement before December
- UEC proof of concept models to roll out before December this year
- Chelsea & Westminster Trust is the NWL pilot with a suggestion that London Northwest is in phase 2 and Hillingdon and Imperial in phase 3
- Chelsea & Westminster proposal is to focus on heralded patients in the first instance
- NHS 111 aware of the pilot but not started developing 111 pathways/ solutions at this point

Proof of concept time line

If roll out in 3 waves, all sites will be live and evaluated prior to 1 December 2020
Assumes national team will need to approve each group of sites in advance of roll out



Factors that may impact timeline:
- Trainee Doctor changeover 05 August
- August bank holiday
- Increase in annual leave during annual leave

UEC Funding: A&E and SDEC capacity

No	**Scheme Title** *(A broad and unique title of the proposed scheme. Use the same scheme title if appearing across various sheets)*	**Site** *(to be entered manually)*	**Narrative** *(Qualitative information to briefly set out the need and how each scheme will meet that need)*	**Estimated capital cost** *(£,000)*
1	SDEC waiting room and 'Hot Clinic' capacity	West Middlesex	To increase the provision of SDEC services through both increasing clinical consulting space, as well as waiting room space to facilitate social distancing. This scheme will be achieved through repurposing 7 clinic rooms and waiting area from an adjacent outpatient space and will allow a clean pathway through the unit with designated entrance.	£170,000
2	Expansion of SDEC capacity to facilitate surgical pathways	Chelsea	To increase the SDEC footrpint through creation of additional treatment bays and 3 treatment rooms inb order to facilitate surgical SDEC pathways.	£216,000
3	SDEC POCT capability	Both sites	To invest in BNP & Troponin POCT testing machines to allow cardiac patients to be mananged through SDEC rather than ED/AMU	£60,000
4	Increased flexible Majors capacity - WM	West Middlesex	The department currently contains a 6 bedded Observation Bay. It is proposed to convert this into individual cubicle spaces, creating a flexbile space to be used for either suspected covid positive majors patients or short stay admissions with appropriate social distancing and IPC compliance	£80,000
5	Increased flexible Majors capacity - CW	Chelsea	The department currently contains2 x 3 bedded Observation Bays. It is proposed to convert these into individual cubicle spaces, creating a flexbile space to be used for either suspected covid positive majors patients or short stay admissions with appropriate social distancing and IPC compliance	£82,000
6	Increased waiting room capacity - UTC/ED CW	Chelsea	The need to social distance has significantly reduced waiting capacity. It is not possible to repurpose any capacity colocated to the Emergency Department for additional waiting room capacity, and so a modular build outside is proposed (x2 buildings with capacity for 25 patients).	£100,000
7	Increased waiting room capacity - UTC WM	West Middlesex	The need to social distance has significantly reduced waiting capacity. It is not possible to repurpose any capacity colocated to the Emergency Department for additional waiting room capacity, and so a modular build outside is proposed (x2 buildings with capacity for 25 patients). This can be used flexibly between ED/UTC/Paeds	£150,000
8	Increased Resus Capacity	West Middlesex	There are currently 4 resuscitation spaces within the Emergency Department, which is not sufficient for the departments activity (77,000 type 1 attends 19/20). This is recorded as a high risk on the Trust risk register. Increasing to 5 cubicles will provide a 20% increase in resus capacity. This will be provided through reconfiguration of existing space within the department. 2 month build	£700,000
9	IPC compliant paeds ED cubicle space	West Middlesex	To put doors on the treatment cubicle in paediatric majors to allow it to be used as a flexible space to isolate suspected or confirmed covid patients	£8,000

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 3 September 2020

PUBLIC SESSION

AGENDA ITEM NO.	2.4/Sep/20
REPORT NAME	Annual Infection Prevention and Control update
AUTHOR	Dr Berge Azadian, Consultant Microbiologist, Director of Infection Prevention and Control (DIPC)
LEAD	Pippa Nightingale, Chief Nursing Officer
PURPOSE	To share the Infection Prevention and Control Team (IPCT) Annual Report 2019/20 with the Trust's Board of Directors.
SUMMARY OF REPORT	The provision of an annual report on infection prevention and control is the duty of the Director of Infection Prevention and Control (DIPC). The IPCT implements the annual programme and policies; makes clinical decisions on the prevention and control of infection and advises staff. The IPCT ensures that there are processes to manage risks associated with IPC by demonstrating compliance with the Code of Practice for the prevention and control of infection and associated guidance (2015) the Care Quality Commission core standards. This paper outlines the assurance measures related to infection prevention and control, performance against these and set the strategy plan for the year ahead. This paper reflects the year preceding the COVID-19 pandemic. However, the IPC team and Executive teams began preparing the Trust response and strategy from February 2020.

KEY RISKS ASSOCIATED	Key risks include :
	• The continuing rise of antimicrobial resistance and resistant organisms
	• Recognised IPC risks are included on the Trust risk register.
	  ○ Live risks
	  ▪ *E.coli* bloodstream infections
	  ▪ Viral haemorrhagic fever preparedness
	  ▪ Increase in multi-drug resistant infections
	  ▪ *Legionella* in water outlets
	  ▪ *Pseudomonas aeruginosa* in water outlets
	  ▪ MRSA trajectory
	  ▪ COVID-19 pandemic
	  ○ Accepted risks
	  ▪ High coliform counts in the hydrotherapy pool
	  ▪ Lack of compliance with IPC policies
	  ▪ *Clostridium difficile* trajectory

FINANCIAL IMPLICATIONS	No financial implications
QUALITY IMPLICATIONS	Nil
EQUALITY & DIVERSITY IMPLICATIONS	No known equality & diversity implications.
LINK TO OBJECTIVES	• Deliver high quality patient centred care
DECISION/ ACTION	For information.

1.0 Introduction

This is the report of the Director of Infection Prevention and Control (DIPC) and summarises the work undertaken in Chelsea and Westminster Hospital NHS Foundation Trust (CWFT) for the period 1 April 2019 to 31 March 2020.

The report summarises the measures taken to protect patients and staff against infections, and provides assurance in relation to the Trust's compliance with the requirements of the Health Act 2008 and the Code of Practice on the prevention and control of infection and related guidance (2015).

The paper outlines the developments undertaken by the Infection Prevention and Control Team (IPCT) and summarises the following:

- Mandatory surveillance reporting and progress against targets
- Decontamination and cleaning
- Hand hygiene and infection prevention audit programme
- Education and training
- Antibiotic stewardship
- Body fluid exposure
- The IPCT annual programme.

2.0 Executive summary

2.1 There was 1 case of Trust apportioned MRSA bacteraemia against a trajectory of 0.

2.2 There were 39 cases of Trust apportioned *Clostridium difficile* infection (CDI) during this period against a trajectory of 26.

2.3 There were 43 Trust apportioned *E.coli* bacteraemias were reported during 2019 – 20 and 277 non-apportioned *E.coli* bacteraemias. The Trust has made a 33% reduction in Trust apportioned E.coli bacteraemias when compared with the previous year.

2.4 The average hand hygiene compliance score was 91% and overall completion of reporting was 94%.

2.5 Surveillance of surgical site infection (SSI) was undertaken for all quarters on each site as required by the Department of Health. Two surveillance officer posts continue to develop and expand the SSI surveillance programme.

2.6 Enhanced monitoring for *Pseudomonas aeruginosa* in water outlets continues in augmented care units. Mitigations on positive outlets are agreed by the DIPC, the Infection Prevention and Control Team and the hard FM providers in conjunction with Estates and Facilities. The Water Safety Group continues to meet monthly.

2.7 One outbreak of hospital acquired influenza was identified at Chelsea and Westminster Hospital and 2 at West Middlesex Hospital and a cluster on Osterley 1 and 2.

2.8 Cleaning audits conducted across the Trust exceeded the minimum targets set out in the National Specification of Cleanliness.

2.9 The Antimicrobial Stewardship (AMS) team across both sites has led the AMS Commissioning for Quality and Innovation (CQUIN) for 2019/20 and has helped the Trust meet 46% of its intended AMS CQUIN (worth approximately £300,000 for the Trust). The CQUIN was postponed from March 2020 due to COVID-19.

2.10 The Trust's centralised Sterile Services Department and Endoscope Decontamination Unit both successfully passed an annual audit by the Notified Body in August 2019 and are compliant with the requirements of the Medical Devices Directive 93/42EEC and ISO EN 13485.

2.11 NHS England set a CQUIN of 75% of frontline healthcare workers to receive influenza immunisation which was achieved by the Trust. 81% of frontline staff were vaccinated.

2.12 Between October 3rd 2019 and March 5th 2020, 575 in-patients were confirmed to have influenza.

2.13 97% of Trust staff were compliant with mandatory infection prevention and control training.

2.14 The Infection Prevention and Control Team supported the Trust in preparing for and during the planned inspection by the Care Quality Commission.

2.15 The Infection Prevention and Control Team supported the Trust in their response to the COVID-19 pandemic.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 3 September 2020

PUBLIC SESSION

AGENDA ITEM NO.	2.5/Sep/20
REPORT NAME	Annual Safe Staffing Report
AUTHOR	Cathy Hill, Deputy Director of Nursing
LEAD	Pippa Nightingale, Chief Nursing Officer / Roger Chinn, Medical Director (Acting)
PURPOSE	The purpose of the paper is to provide assurance to the Board of the Trust's compliance in providing safe staffing across the clinical professions and demonstrating a benchmark against the national safe staffing guidance along with a declaration from the Chief Nursing Officer and Medical Director (Acting) providing assurance that safe staffing is currently in place across the organisation.
SUMMARY OF REPORT	This report sets out the Trust's compliance against national standards in relation to recommended staffing levels for nursing, midwifery, medical staffing and allied health professionals across a number of specialities in compliance with Developing Workforce Safeguards guidance. From a nursing perspective it includes the bi-annual staffing report and considers benchmarked staffing metrics against quality outcomes and patient experience. The report also suggests priorities for 2021 in terms of further improving compliance with some of the national guidance where the Trust is currently partially complaint.
KEY RISKS ASSOCIATED	Not demonstrating compliance with the national plan resulting in unsafe clinical care provision.
FINANCIAL IMPLICATIONS	Financial implications are demonstrating in the Trust's annual workforce submission
QUALITY IMPLICATIONS	Inability to provide a safe clinical workforce
EQUALITY & DIVERSITY IMPLICATIONS	E&D implications are considered in the E&D plan which supports the workforce plan in recruitment of staff.
LINK TO OBJECTIVES	• Deliver high quality patient centred care • Be the employer of choice • Delivering better care at lower cost
DECISION/ ACTION	For information.

Executive Summary

This paper provides the statutory annual assurance that of the Trust's compliance against the national safe staffing guidance. The in-depth review evidences detailed audits of staffing numbers compared to clinical outcomes for each inpatient area of the organisation. It also provides benchmarks against the national safe staffing standards such as the medical 7 day services standard, AHP seven day standard and the national safe nursing acuity standards. Assurance against these standards have been assessed at:

- Assurance is provided in full in the Trust meeting the National quality board guidance.
- Assurance is partially achieved in meeting the Lord Carter GIRFT staffing standards which are fully met in nursing, Partially met in AHP, pharmacy and medical workforces as acuity audits are not fully utilised and electronic rostering not fully in place for allied health professionals (AHPs), pharmacy and medical rotas.
- Compliance against the professional national safe staffing standards are mostly fully met apart from:
    - Critical care – partial compliance as OT and dietician support not provided 7 days a week, and the consultant rota has a high attendance rate;
    - Pharmacy as a pharmacy inpatient service is only offered 6 days a week at WM not 7;
    - Partially met in obstetrics as CW site does not fully meet the expected 98 consultant hour presence rate; and
    - Partially met in surgery as compliance with the seven day standard ensuring all patients have a consultant review within 14 hours of admission is 68% but compliant in other disciplines.

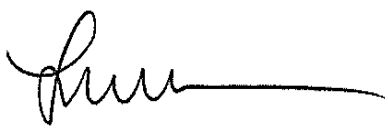
Safe Staffing Statement

Following a review of safe staffing levels within the Trust for Nursing and Midwifery, Therapies, Pharmacy and Medicine the Chief Nursing Officer and Medical Director (Acting) conclude the following:

"As Chief Nursing Officer and Medical Director (Acting) for the Trust we confirm that we are satisfied that we currently meet safe staffing standards and compliance with the National Workforce Safeguards Standards 2018. We recognise we currently have partial compliance with elements of the medical and therapy standards. The Trust's focus in 2021 will be:

- Improving compliance with the Seven Day Standards for Consultants from the Planned Care Division reviewing patients within 14 hours of admission.
- Reviewing compliance in Critical Care in light of national standards and learning from COVID across medical staffing, nursing and AHPs.
- Undertake a workforce review in maternity to ensure improved compliance with standards.
- Reviewing pharmacy compliance at the weekend at the West Middlesex site''.

Signed: **Signed:**



Pippa Nightingale
Chief Nursing Officer

Roger Chinn
Medical Director (Acting)

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 3 September 2020

PUBLIC SESSION

AGENDA ITEM NO.	2.6/Sep/20
REPORT NAME	Patient and Public Engagement and Experience Strategy 2019-24 Update
AUTHOR	Nathan Askew, Director of Nursing, CW
LEAD	Pippa Nightingale, Chief Nursing Officer
PURPOSE	This paper provides an update for the Quality Committee against the Trust Patient and Public Engagement and Experience Strategy 2019-24
SUMMARY OF REPORT	The Patient and Public Engagement and Experience Strategy was developed in 2019 and sets out the 5 year journey for improvement in all areas of public engagement and experience. This report is the first update against that strategy. There has been progress against all objectives with specific improvements in the following areas: **Research and development** - successfully launched a patient experience group, with good patient engagement and actively contributing to the design of studies. **Digital transformation** – COVID19 had pushed the digital agenda forward at pace with many more patients being able to access virtual consultations and the increased benefits of the EPR are being seen in practice. **Use of surveys and other feedback** – strong action plan in response to the recent national inpatient survey, with in year real time data to allow for local quality improvement. **Foundation Trust membership engagement plan** – a strong and robust plan to move forward engagement with members and the role of the governors in this process. **Four patient experience priorities** for the year have been selected and improvement plans designed. There has been a pause due to COVID 19 in most areas but work is now restarting to demonstrate on-going improvement. Progress will be reported through the Improvement Board and Quality Committee.
KEY RISKS ASSOCIATED	Reputational risk associated with poor patient experience.
FINANCIAL IMPLICATIONS	None.

QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	None.
LINK TO OBJECTIVES	• Deliver high quality patient centred care
DECISION/ ACTION	For information.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Patient and Public Engagement and Experience Strategy

Implementation plan and progress report

2020/21

Patient Experience Priorities 2020-21

Improve the Experience of our services

Workstream 3 Discharge

Priority 1
Improving the experience of discharge process for all patients
Aim: **To reduce negative experience of the discharge process for all patients every time Including:**

- **The experience of the DC lounge**
- **The process of discharge and information giving**
- **Increased use of DC lounge**
- **Reduction of delays to discharge**

KPIs*:*

- TBC

Project plan: ✓in development
Leads**: Richard Jackson**
Working group**:** Chair – Dom Conlin
Reports to: PEIP

Actively seek and listen to feedback from our patients

Workstream 4 FFT

Priority 2
Deploy the new FFT across the organisation and improve performance against the relevant targets
Aim: **The organisation will comply with the changes to the national FFT and will see an increase in performance in all areas of the recommendation score**
KPIs:

- **>94% recommendation score**
- **>30 response rate for all departments**
- **Retender of the FFT contract**
- **FFT used at ward level in improvement plans**

Leads: Thomas Theakston
Reports to: PEIP

Address Inequality in the experience of our services

Workstream 9 Information Access

Priority 3
Improve access to information leaflets for all patients and members of the public
Aim: **To ensure that all information leaflets are available on line with the options to access ReciteMe software to increase accessibility for all patients.**
KPIs*:*

- % of leaflets available on line
- Increase patients satisfaction with the online approach
- % of departments with all information online

Project plan: ✓in development
Leads**: Thomas Theakston**
Reports to: PEIP

Resolve issues and learn from poor expereince

Workstream 11 PALS

Priority 10:
Development of a proactive early resolution PALS service
Aim: **To ensure that the PALS service is visible and acts to resolve issues immediately where ever possible**
KPIs**:**

- Increase in PALS issues addressed on the day
- Increase in pals issues resolved in 5 days
- Decrease in number of pals issues logged

Lead: **Tracey Pettit**
Project plan:✓in development
Reports to**: PEIP**

The Aims of the Strategy

1. Individual care and treatment

Patients will feel supported by the full range of Trust services. Services will involve patients and carers in decisions about their care at all stages of the patient journey, whether in our hospitals or services and facilities in the community and patients' homes. The Trust will actively encourage feedback on how all services perform.

2. Research

NIHR funded research taking place at Chelsea and Westminster NHS Foundation Trust will be designed, carried out and disseminated with a patient and public centred focus – patients will be involved at all stages including the design of studies to improve patient experience and to help disseminate results in a patient friendly way.

3. Service delivery, development and transformation

The Trust will actively seek the views and involvement of patients, their carers and our Foundation Trust members. Their views will play a central role in monitoring and driving improvements in the quality, safety and efficiency of our services.

4. Strategy

Patients, our Governors, Foundation Trust members, the local community and our stakeholders will have a greater opportunity to inform the development of Trust planning and strategic development.

5. Assurance

The Trust Board of Directors and our Council of Governors will actively seek demonstrable evidence that Trust services are listening to, learning from and acting upon the views of patients, carers and stakeholders regarding the design, quality, safety and efficiency of the care and services we provide.

6. Meeting our statutory and regulatory obligations

The Trust will continue to meet its statutory and regulatory obligations in respect to:-

- the involvement of patients and the public, under section 242 (duty to involve) of the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012);
- Healthwatch and;
- Local authorities' health overview and scrutiny committees

Patient and Public Engagement and Experience Strategy
The next 5 years

This implementation plan and progress report should be read in conjunction with the 2019-24 Trust Patient and Public Engagement and Experience strategy, summarised below:

Deliver High Quality Patient-centred Care

Engagement

- The patient voice will be at the centre of service design projects and Quality improvement
- Engagement plans will be central to the Trusts digital transformation agenda
- Patient and public engagement will be embedded in the Trust approach to service improvement

Experience

- Patient surveys and feedback will influence service improvement
- Staff will access resources to enable them to apply effective patient and public engagement
- NIHR funded research will involve patients in all aspects of their work

Wider System & Partnership

- Implementation of the Foundation Trust membership engagement plan
- Work with strategic partners to maximise opportunity for patient and public engagement

Engagement

Patient voice at the centre of service design and quality improvement projects

Engagement	SRO	Lead
Objective 1 – Patient voice in service design and improvement projects	Pippa Nightingale	Victoria Lyon

Baseline

Where we are doing well	Where we could do better
✓ Patients involved in the development of new buildings such as ITU and NICU	× No standard process that requires the involvement of patient or the public in the design of services
✓ Some good examples of patient voice in services such as paediatrics and maternity	× Increasing the contribution of patients to service improvement projects and having better feedback following the improvement projects
✓ Active engagement of patient representatives in the on going PLACE audits	× Increase the number of opportunities to gather feedback from patients and service users

Progress

Progress	Next steps
Refresh of improvement board re launching on 29 July to include patient voice case study/ story per programme QI project and governance process in re development to streamline with research/ audit. New template includes detail on coproduction and more visibility from quality board Quarterly engagement meetings with local borough, healthwatch and other stakeholders set up – meeting end of February, meeting 2 cancelled due to Covid and being rescheduled.	• Mapping of improvement programme and which projects have patient rep • Develop patient voice/ engagement checklist for QI project leads • Work with research to expand research forum to include review of other projects

Engagement

Increased patient and public engagement in the digital transformation agenda

Capability and method	SRO	Improvement Leads
Objective 2 – Engagement to support the digital transformation agenda	Robert Hodgkiss	Bruno Botelho -Sharon Webb – Roger Chinn

Baseline

Where we are doing well	Where we could do better
✓ Development & roll out of patient knows best platform which gives more transparency to the patient by viewing and interacting with their results & appointments and it allows the patient to keep a diary, a symptom tracker, record medications and a number of health measurements.	× Further adoption of the patient knows best system
✓ Doctor Doctor, has been used as an integral solution for correspondence with regards to OPD appointments	× Further opportunities to increase digital communication with patients, and increase efficiency of Trust communication
✓ Outpatient Appointments the majority are virtual appointment by video and or telephone, saving the pt visiting hospital	× Links to the whole of patient records across a single system in NWL
✓ The roll out of a single EPR across the Trust and the links to ICHT of joint records	

Progress update

- Cerner EPR successfully rolled out to the Chelsea site Nov 19
- Cerner: Clinical documentation, electronic prescribing successfully rolled out to the West Middx site June 2020 to add to their already PAS, ED, Theatre and OPD solution
- Patient knows best has been promoted and disseminated to over 90,000 patients on the organisations system
- Update to Doctor Doctor has allowed more efficient digital usage of the outpatient letter and visibility of outpatient appointments
- The more recent use of Real Time Dashboards via a system called Qlik Sense has helped clinicians visualise areas that may need development, training or lessons learned from what is working well around Sepsis, VTE and nursing risk assessments.
- Covid-19 has increased the demand for clinical digital solutions and this has been evidenced in reprogramming digital training programmes, virtual outpatient clinics, support staff working from home where possible and the increased need and efficiency of virtual meetings

Engagement

Embed patient and public engagement in service improvement activities

Capability and method	SRO	Improvement Lead
Objective 3 – embed patient and public engagement in service improvement activities	Pippa Nightingale	Victoria Lyon

Baseline

Where we are doing well	Where we could do better
✓ We have an active service user group for sexual health which has been instrumental in the development of novel services which meet specific needs ✓ Active patient representatives on the PPEEG who assist in the development of patient experience work plans ✓ Use of volunteers to actively engage patient views on a range of service areas	× Develop systems that gather wider views of patients and the public on areas of service improvement × Increase the opportunity to involve patients and the public at a department and service level with less emphasis on the current centralised model × Improve the triangulation of feedback systems to better understand the views of service users

Progress update

Progress	Next steps
Refresh of training curriculum in progress; updating to include broader focus on innovation research and coproduction – due to re launch September Full update of Improvement Hub in progress - due September	Update QI project registration to include patient and public engagement and coproduction Enable clinician access to patient experience data through FFT and local surveys

*March figures based on training scheduled

Experience

Use of surveys and other feedback for service improvement and patient experience priorities

Culture and mindset	SRO	Lead
Objective 4 – use surveys and other feedback to identify service improvements and patient experience priorities	Nathan Askew	Richard Jackson

Where we are doing well	Where we could do better
✓ The Trust utilises national surveys to gain the views and feedback of a range of services	× National surveys have not led to systemic change in the experience of our patients
✓ Feedback systems such as FFT are well embedded in the organisation and used at service level	× We have limited the regular monitoring and tracking of patient experience to FFT and complaints processes, an improvement approach could be utilised for the patient experience priorities
✓ There are some services that utilise local survey feedback in the design and improvement of their services	× The Patient & Public Engagement and Experience Group could take a more active approach in driving change

Progress update

- The national inpatient survey published this year shows that some areas for improvement from previous surveys are still to be addressed. A new approach is planned for Q2 which will have three parts:

Quality Rounds
Quarterly quality rounds will focus on the Trust wide issues flagged in the survey, will be conducted across all areas and will highlight issues which need further local attention

Patient Reported Experience Measures (PREMs)
Each inpatient ward will have a local survey which will focus on the site specific areas of improvement at a local level, these will run continuously and will be reported against monthly

Discharge improvement programme
Will focus on identifying and addressing issues with discharge across all areas, seeks to identify and share good practice and improve the experience of discharge for all patients.

- The above model will be mirrored for the other national surveys. Local surveys will be initiated in departments which do not fall under a national survey

- Triangulation

A process will be developed that pulls together feedback from PALS, Complaints, local surveys and national surveys to allow local development of improvement programs to address areas of concerns locally in relation to patient experience

Experience

Development of training resources that enable staff to undertake effective engagement

Culture and mindset	SRO	Lead
Objective 5 – development of training resources to enable staff to undertake effective engagement	Nathan Askew	Richard Jackson

Baseline

Where we are doing well	Where we could do better
✓ Development of an innovation and improvement hub which centralises information for staff	× Opportunity to develop standardised training resources, which are easy to access for all staff
✓ QI embedded as part of the Trust leadership programmes	× There is an opportunity to triangulate and share the experiences of staff who have utilised public and patient engagement as part of their improvement programme
✓ Qi is embedded in clinical areas through the use of QI boards and is central to the ward and department accreditation programme	× An opportunity to embed a culture of patient and public engagement beyond QI programmes

Progress update

Progress	Next steps
The Improvement Hub does have training resources for effective engagement	• Add more training resources to the Improvement Hub • Add more case studies to the Improvement Hub • Develop patient voice/engagement checklist for QI project leads • Work with the information analysts to have a monthly push of local metrics that will include patient feedback

Experience

NIHR & commercially funded research projects will use best practice to involve patients and public

Culture and mindset	SRO	Lead
Objective 6 – NIHR & commercially funded research projects will use best practice to involve patients and the public	Lee Watson	Christine Adamson

Baseline

Where we are doing well	Where we could do better
✓ Patient forum initiated for research projects within the organisation ✓ High visibility of the R&D team in the recruitment of patients to research studies ✓ Maximise the outcomes and feedback from research activity through events such as the RIQI	× Increase staff awareness of research involvement opportunities available to patients and how this may enhance their care. × The patient experience forum could be more active and increase its membership to represent the wide diversity of our patient population × Maximise opportunities to communicate patient's research experience during and after study participation.

Progress update

- During the pandemic, Research PPI Forum members have contributed digitally to two non-research trust initiatives on patient leaflets about COVID-19 discharges and patient videos about alcohol awareness.

- Options for a specific research PPI forum for users of maternity services are currently being explored, based on a successful model used by a neighbouring Trust.

- The Covid -19 pandemic has raised awareness of the importance of clinical research. Since March 2020, this Trust has contributed to Covid -19 related research, including ISARIC (which gathers the data crucial for making national policy decisions), RECOVERY, which has focussed on the most effective treatment for infected patients (already finding, for example, that Dexamthasone is effective) and PIONEER, a Trust led study of novel early medication to prevent infected patients from becoming seriously ill. All of these activities have engaged the multi-disciplinary team in an unprecedented way.

- Invitations to join the Research PPI forum were send out via the Trust Members Newsletter, Trust Social Media (Twitter) and extended to the trust council of governors, slowly increasing membership. An intended initiative to invite membership via the local HealthWatch teams have been paused due to the pandemic.

Wider system and partnership

Implementation of the Foundation Trust membership and development plan

Wider system and partnership	SRO	Lead
Objective 7 – work with the governors to implement the foundation trust membership and engagement plan	Pippa Nightingale	Serena Stirling

Baseline

This is a 2019 – 2021 plan, and the year-end 2019/20 review is detailed below. It should be noted that the Membership Strategy action plan was reviewed by the Council of Governors Membership and engagement sub-committee in June 2020, and agreed a revised approach in light of the emergence of Covid-19. The majority of membership recruitment activities are face to face, which is no longer realistic given the current government restrictions. Delivery of this plan is in partnership with the Communications Team.

Where we are doing well (2019/20)	Where we could do better (2020/21)
✓ An engaged and active group of governors who lead on the engagement plan ✓ Members received newsletter updates and invitations to events such as meet a governor and open days. ✓ Increased diversity within the governor body more representative of our patient population	• Further increase the opportunities for engagement with the membership • Recruitment of members from the London Borough of Ealing, London Borough of Hounslow & London Borough of Richmond Upon Thames . • Increase membership amongst 16-21 year olds

Objective 1: Maintain and build membership numbers whilst ensuring the membership is representative of the population the Trust serves

	Action No.	Action	Target date	Success Criteria
202/21	1	Conduct targeted recruitment campaigns in public constituencies: London Borough of Ealing, London Borough of Hounslow & London Borough of Richmond Upon Thames	31.03.2021	Increase number of new members and measure the diversity of new recruits
	2	Recruit new members via Meet a Governor sessions - Via Zoom	31.03.2021	Recruit new members and continue to monitor the number of members recruited through this method
	3	Recruit new members via volunteers	31.03.2021	Recruit new members and improve working relationship with volunteer manager
	4	Design and deliver targeted recruitment information and campaigns for young people to increase membership amongst 16-21 year olds via: • volunteers • local schools / colleges • youth community centres/young peoples' charities	31.03.2021	Increase number of young people members
	5	Work through existing networks to promote our membership, such as: • Healthwatch • Patient participation groups in GP surgeries • Local Councils • Patients and families when they use Trust's services	31.03.2021	Increase number of new members

Wider system and partnership

Work with health and social care partners to identify strategic approaches to engagement

Wider system and partnership	SRO	Lead
Objective 8 – work with health and social care partners to develop a strategic approach to patient and public engagement	Dom Conlin / Mark Titcomb	James Porter

Baseline

Where we are doing well	Where we could do better
✓ Long established good working relationship with borough based Healthwatch and the chair of the health oversight and scrutiny committees ✓ Good relationships with social care partners especially around the complex discharge pathway ✓ An extensive network of third sector partnerships led by our charity CW+	× Maximise the opportunity to utilise these partnerships to gain feedback from patients on a whole system approach × Leverage local care networks & ICPs to build momentum within the NWL sector wide recovery plan × Build on the remarkable collaborative engagement during covid, to be adaptive and focussed on solving problems and improving resident/patient and public engagement

Progress update

- Borough councils are developing recovery plans, and the CCGs, local acutes, community and mental health providers are working with Northwest London to develop a sector wide recovery plans.

- Key work streams (discharge, access, comms, mental health) have assigned senior leaders/sponsors within ICP work areas.

- Specialty programmes developing under NWL Elective Programme. This will include quality specs to improve consistency of services, single PTL to improve equity of access and experience

- Specific workstreams on communication and engagement to build trust and better engagement from all sectors of Borough's diverse populations.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 3 September 2020

PUBLIC SESSION

AGENDA ITEM NO.	2.7/Sep/20
REPORT NAME	Emergency Preparedness Resilience and Response (EPRR) Annual NHSE Core Standards Feedback
AUTHOR	Catherine Sands, Head of EPRR and Business Continuity
LEAD	Robert Hodgkiss, Chief Operating Officer and Accountable Emergency Officer for EPRR
PURPOSE	To inform the Board of the 2019 NHSE (London) EPRR Assurance Report following submission of evidence, onsite inspection and interviews.
SUMMARY OF REPORT	NHSE(London) NWL EPRR team have rated Chelsea and Westminster NHS Foundation Trust as 'Fully Compliant' against this year's NHSE EPRR Core Standards.
KEY RISKS ASSOCIATED	Sustaining this top position for a third year.
FINANCIAL IMPLICATIONS	None known.
QUALITY IMPLICATIONS	None known.
EQUALITY & DIVERSITY IMPLICATIONS	None known.
LINK TO OBJECTIVES	• Deliver high quality patient centred care • Be the employer of choice • Delivering better care at lower cost
DECISION/ ACTION	To note the current position with EPRR Core Standards.

1. **Background to NHSE EPRR Core Standards**

The 2019-20 EPRR assurance process is used by Regional offices for NHS England and NHS Improvement in order to be assured that NHS organisations in London are prepared to respond to an emergency and have the resilience in place to continue to provide safe patient care during a major incident or business continuity event. Following the submission of the self-assessment tool in August 2019, assurance review meetings were held in October with the attendees below, including a walkthrough of the Emergency Department Chemical, Biological, Radiological, Nuclear and Explosives training, equipment and response capabilities for both sites and a sit down review of all 69 Core Standards.

The staff listed below inputted into the full days assurance visit in October.

Full days attendance	
Catherine Sands	Head of Emergency Preparedness Resilience and Response
Steve Waspe	NHSE NWL EPRR Network Manager
Hannah Evetts	NHS NWL EPRR Engagement Officer
Katy John	NHS NWL EPRR Engagement Officer
CBRNE / HAZMAT ED walk through	
Shaun Rock	LAS CBRN/HAZMAT Specialist Advisor
Matt Rigg	C&W ED Charge Nurse CBRNE HAZMAT Trainer - lead
Shadya Naam	WMUH ED Charge Nurse CBRNE HAZMAT Trainer – lead
Nikki Williams	WMUH ED Charge Nurse CBRNE HAZMAT Trainer
Tash Awan and colleagues	C&W ED Receptionists
Harry Ratclffe	WMUH ED Receptionist
Main Assurance meeting – full day's attendance list and...	
Colin McDonnell	Peer Reviewer - Emergency Planning Manager and Senior Clinical Site Practitioner, LNWH NHS Trust
Mark Haggerty	Emergency Planning, NHS North West London Clinical Commissioning Groups
Final Feedback to Exec Lead	
Mark Titcomb	Hospital Director WMUH
Apologies	
Rob Hodgkiss	AEO / Deputy Chief Exec / COO
Tara Argent	Divisional Director Clinical Support Services
Sarah Hayes Mooney	Resilience Admin Officer

2. **Progress since 2018 review**

The acquisition with West Middlesex Hospital (WMUH) in 2015 resulted in a full suite of new Incident Response Plans (IRP) for WMUH and the dovetailing of C&W plans; this also required a tight schedule of training and exercising to embed all IRP. The 2019 assurance required the 3year cycle review of the majority of IRPs and the launch of a new Trust framework for Business Continuity in Nov 2018. Using EU Exit as leverage saw a definite progress with completion of Service Impact Analysis.

3. **Assurance Final Report**

See attached report from the NHSE EPRR NWL team and comment below.
*The panel agreed 100% green compliance for all 69 EPRR 2019-20 core standards, resulting in the Trust rating as **'Fully Compliant'** for the second year running. We are really pleased with this rating as it recognises the consistently high level priority that EPRR has had within the organisation over many years but more importantly identifies the on-going support and input from wider Trust colleagues of all grades to embed EPRR into their specialities, as this high standard is not possible by one small EPRR team.*

4. Update since Assurance Visit

a. CBRNE/HAZMAT Assurance Review

Hazardous Area Response Team Leader (HART) verbally expressed to all the trainers and ED colleagues that he was impressed to see tidy, clean and easily accessible storage areas and all trainers had in depth specialist knowledge and passion for the subject. He noted that staff were different to those interviewed last year demonstrating a number of expert staff across the two sites.

- C&W and WMUH ED reception – it was pleasing to see positive training feedback from the reception staff that they feel confident to ensure suspected contaminated patients are noted and pathways to manage them
- Medics – it was noted the lack of medics that attend the WMUH course and a panel comment to review numbers in the 2020 assurance submission
- WMUH UCC - it was raised that the co-location of UCC (HRCH), no process of training is in place at time of audit
    - There has been a recent change of UCC service manager, Christina Griffiths was previously the service manager at WMUH and actively supported attendance, since Oct assurance visit she has attended the Nov ED reception training and is sending staff on the 2020 dates. She is meeting with EPRR lead for HRCH to discuss training for clinicians. NHSE NWL team advised Greenbrook sit outside their assurance remit

b. Deep Dive – Severe Weather Response

Panel were assured that the Adverse Weather Plans are sufficient and processes are in place to mitigate the effects of severe weather. For the deep dive on long term adaption standards, the Trust's Sustainability Manager is working with Head of EPRR to review the ambers and work towards a longer term mitigation plan.

- DD2 – Overheating – arrangements in place to ensure overheated areas can be cooled within reasonable levels.
    - Heatwave Plan captures hot areas, 2019 saw an increase in areas requesting cooling units to which some areas cannot use the hose system and alternative sources reviewed including green alternatives. NICU rebuild should see a significant reduction in heat to this area (end of 2020)
- DD13 – Supply Chain – documented process of assurance from suppliers that services can be maintained during extreme weathers
    - Since submission significant focus on ensuring receipt and sign off of the top 100 suppliers BC plans – DD13 now rated green
- DD15 – ICT BC – Robust testing of access and remote services
    - Amber due to current Cerner implementation plan, November meeting with Imperial to ensure a robust downtime plan is devised and tested. Cross site Cyber Attack exercise planned for Fri 18th September 2020
- DD16 – Risk Assess – evidence of entry detailing climate change risk and mitigation actions, DD17 – Overheating risk – green, DD18 – Building adaptions – adaption plan that includes suggested building modifications changes in the future, DD19 – Flooding – areas identified in the organisation adaption plans that might benefit drainage surfaces or new hard standing for SUDS and DD20 – New build
    - Further work with Sustainability Manager and Thames Water booked to visit both to review site for water efficiency and flooding risks

5. Training and Exercises 2019/2020

The Trust succeeds the Civil Contingences Act requirement of three yearly live exercises, annual table top exercises and six monthly communication exercises. The assurance visit acknowledged the collaborative planning and exercising with partners also acknowledging but didn't document that all the Trust exercises stress test plans above and beyond the normal exercises seen.

a. Summer 2019 - live unannounced Exercise Chaos, involving Royal Brompton Hospital, emergency services (LAS, HART, LFB and Met Police) and PHE Radiation Department Oxford. Exercise was to test a chemical and radiation incident involving patients attending unannounced along the Fulham Road. Testing C&W ED reception and the pathway before entering the department. In addition, the management of decontamination and use of radiation scanning and testing. Met Police tested their Major Incident portal for the first time using patient groups, local EPRR partners and students nursing and medical colleagues

- Following this live exercise – guidance for use of Ramgene scanners and role within large scale incidents is being reviewing with support from PHE Chilcot Senior Advisor as exercise highlighted the difference in practice across hospitals as current guidance is not suited for a large scale event. Working towards a national robust action card and paperwork that is fit for an emergency situation

b. Summer 2019 - Live WMUH Exercise Phuma - evacuation of the paediatric day surgery at WMUH. Area was kitted out as a ward, working with Heston and Isleworth London Fire Brigade (LFB) normal response times and capabilities a live exercise with children. This exercise tested the Evacuation Plan, highlighted the need for a review of evacuation requirements in East Wing which has limited ability to horizontal evacuate due to few areas to go and subsequent fewer fire doors. Need to confirm role of Clinical Site Managers and ISS staff and communication with ward staff - information given to LFB, when to vertically evacuate and roll call of evacuees when in a place of safety.
   - Ski sheets trial in in its infancy, ISS training has taken place, working with Fire Officers to review current training to dovetail for all evacuation e.g. fire, suspect package

c. Live C&W Theatre Major Incident exercise took place last week, led by Lisa Newell Lead ODP. Over 100 players running major incident traumatic scenarios and testing command and control. Staff were enthusiastic and took the whole exercise seriously, debrief was led by an external facilitator

d. Trust Pandemic Flu Plan expires this year, a multi-agency exercise has been arranged (repeating one of 3years ago) to include Excess Death Plan booked for Tues 12th May 0930-1200 at WMUH, Dr Chloe Sellwood National Flu Lead has agreed to attend to support the strategic and technical aspects

e. Cyber Attack Plan expires this year, a multi-agency exercise has been arranged for Friday 18th September 1300-1600 at C&W

f. Following a review of on call training dedicated Strategic and Tactical training commenced this year

g. Introduction of E-Learning for basic EPRR, CBRNE and Business Continuity training to ensure all staff have access to the basic knowledge and to raise awareness with a supportive culture so CS can ensure that bespoke training is pitched at the correct level

6. Conclusion

The report reported that the Trust remains in a good position and has sustained its fully compliant rating, priority is to sustain the highest level of compliance. EPRR team have benefitted and appreciated the level of support from senior directors and the Accountable Emergency Officer in embedding EPRR into the organisation.

2019 EPRR Assurance Report

Chelsea and Westminster NHS Foundation Trust

Version number: 1.0

First published: November 2019

Prepared by: NWL EPRR team

Classification: OFFICIAL

NHS England and NHS Improvement

Contents

1 2019-20 Assurance review summary

Following last year's assurance process, the Trust remains in a good position and has sustained its fully compliant rating.

2 Assurance review process

The assurance process for Chelsea and Westminster NHS Foundation Trust was conducted as follows,

Assurance Meeting	Date of Visit	Assurance Review attendance
Main Assurance Meeting	17th October 2019	Mark Titcomb – Hospital Director WMUH Catherine Sands – Head of EP Steve Waspe NHS England and NHS Improvement (London) - Chair Hannah Evetts NHS England and NHS Improvement (London) Katy John NHS England and NHS Improvement (London)
CBRNe/ HAZMAT assurance and site visit	17th October 2019	Catherine Sands – Head of EP Shaun Rock (LAS) CBRN/HAZMAT Specialist Advisor Steve Waspe - NHS England and NHS Improvement (London) – Chair Hannah Evetts - NHS England and NHS Improvement (London) Katy John -NHS England and NHS Improvement (London)

3 Overall level of compliance

In accordance with the requirements laid out in the EPRR 2019-20 Assurance Process Letter (9th July 2019), the overall level of compliance is based on the total percentage of amber and red ratings.

In respect of Chelsea and Westminster NHS Foundation Trust for Core Standards 1 – 69, the following RAG ratings were agreed at the review meeting:

Red ratings	Amber ratings
0	0

Total number of red / amber ratings	0

This means Chelsea and Westminster NHS Foundation Trust has an assessed level of FULLY COMPLIANT.

4 Assurance review outcomes

4.1 Main Assurance Visit Outcomes

The Trust has demonstrated an on-going high standard and commitment to emergency preparedness, resilience and response (EPRR). Since the 2018 assurance review, the Trust has maintained its full level of compliance against the core standards for EPRR.

Amber ratings were received for the following core standards:

- Nil

Red ratings were received for the following core standards:

- Nil

Full details of the assurance review meeting agreed RAG ratings and discussion points can be found in appendix A.

4.1.2 Deep dive outcomes – Severe Weather Response

The panel were assured that the Trust has sufficient plans and processes in place to mitigate the effects of severe weather. However, further work is required around the long-term adaptation standards.

Amber ratings were received for the following core standards:

- DD2 Overheating
- DD13 Supply Chain
- DD15 ICT BC
- DD16 Risk Assess
- DD17 Overheating Risk
- DD18 Building Adaptation
- DD19 Flooding
- DD20 New Build

Red ratings were received for the following core standards:

- Nil

4.2 CBRNe/ HAZMAT Assurance Visit Outcomes

The Trust's arrangements for CBRNe/HAZMAT response arrangements are fully compliant. The panel noted the extensive amount of training staff on the West Middlesex site have undertaken in the last couple of years in relation to CBRN.

Amber ratings were received for the following core standards:

- Nil

Red ratings were received for the following core standards:

- Nil

Full details of the assurance review meeting agreed RAG ratings and discussion points can be found in appendix A.

4.2.1 CBRNe/HAZMAT equipment list outcomes

All equipment shown to the panel was in good order and met the required standards.

4.3 Assurance review meeting agreed actions

NHS England and NHS Improvement (London) EPRR / Panel-agreed actions as follows:

- Trust to review attendees for the Hampton Water Debrief
- Review Panel to check if which CCG's are invited to the Hampton Water debrief
- Trust to amend and realign the Trauma Network diagram
- Trust Pan Flu plan to be exercised again 2020/21
- Trust to share debrief and lessons identified with the network
- Panel to get clarity around CBRN telephony advice numbers, which organisation and number should be used, also clarity on what they do.
- Panel to provide the Trust with the PHE on-call for London
- LAS to share Pictorial Toxic Triage with Panel to pass onto acutes
- Trust to increase numbers of trained trainers in 2020/21

4.4 Identified areas of good practice

- Collaborative planning with partners – The Trust demonstrated strong working relationships with multiagency partners in developing and undertaking a joint CBRNe exercise with Royal Brompton NHS Foundation Trust.
- The Trust has also established a partnership EPRR planning group which looks at issues affecting both CWFT and its tenants.

5 Next Steps: Action Plans and Governance

Chelsea and Westminster NHS Foundation Trust is required to submit, within two weeks of the date of this report the following documentation to england.london-assurance@nhs.net:

- The organisation's final EPRR RAG scores, as agreed at the review meeting using the self-assessment tool
- A resulting action/work plan providing clear actions, timescales and leads on areas where the organisation scored Red or Amber using the self-assessment tool
- A declaration of the overall level of compliance achieved from the AEO

5.1 Identified key priorities

The key priorities as identified at the assurance review meeting for the next twelve months include:

- Maintain the necessary activity to sustain the current level of compliance
- Consider revision to all EPRR plans and procedures, including the content of training packages, in light of the developing changes to commissioning groups and integrated care systems
- When responding to internal events and incidents consider the wider impact on the system and ensure both upward and outward communications processes are more readily triggered.
- Consider forward planning for any internal changes to the Trust management systems and estate

6 Conclusion

Following last year's assurance process, the Trust remains in a good position and has sustained its fully compliant rating.

The panel would like to record their thanks to Rob Hodgkiss, Tara Argent, Mark Titcomb, Catherine Sands, Sarah Hayes-Mooney and CBRN trainers at both Trust sites for their support of the process and their continued efforts in maintaining the Trust's overall level of preparedness.

Appendix A - assurance review meeting agreed RAG ratings and discussion points.

EPRR Core Standards					
CS Ref	**Standard**	**Detail**	**Self-assessment RAG rating**	**Agreed 2019 RAG rating**	**RAG rating rationale and review meeting comments**
Governance					
1	**Appointed AEO**	The organisation has appointed an Accountable Emergency Officer (AEO) responsible for Emergency Preparedness Resilience and Response (EPRR). This individual should be a board level director, and have the appropriate authority, resources and budget to direct the EPRR portfolio. A non-executive board member, or suitable alternative, should be identified to support them in this role.	**Fully Compliant**	**Fully Compliant**	• The EPRR Review Panel were assured that the Trust has met this standard and noted that Virginia Massaro is the new NED.TO NOTE: This is an error. .
2	**EPRR Policy Statement**	The organisation has an overarching EPRR policy statement. This should take into account the organisation's: • Business objectives and processes • Key suppliers and contractual arrangements • Risk assessment(s) • Functions and / or organisation, structural and staff changes. The policy should: • Have a review schedule and version control • Use unambiguous terminology • Identify those responsible for making sure the policies and arrangements are updated, distributed and regularly tested • Include references to other sources of information and supporting documentation.	**Fully Compliant**	**Fully Compliant**	• The EPRR Review Panel were assured that the Trust has met this standard. • The panel noted that this has vastly improved and commended the use of the weekly dashboard. • Some minor feedback from the panel: - Aims section – 2nd paragraph, 2013 guidance has been used and needs changing to the 2015 guidance - Page 16: debrief section needs to clarify hot debriefs are also conducted at the end of a shift - Pg 18: Escalation/de-escalation – Paragraph 5, change NHS01 to NHS GOLD
3	**EPRR board reports**	The Chief Executive Officer / Clinical Commissioning Group Accountable Officer ensures that the Accountable Emergency Officer discharges their responsibilities to provide EPRR reports to the Board / Governing Body, no less frequently than annually. These reports should be taken to a public board, and as a minimum, include an overview on: • training and exercises undertaken by the organisation • business continuity, critical incidents and major incidents • the organisation's position in relation to the NHS England EPRR assurance process.	**Fully Compliant**	**Fully Compliant**	• The EPRR Review Panel were assured that the Trust has met this standard.
4	**EPRR work programme**	The organisation has an annual EPRR work programme, informed by lessons identified from:	**Fully Compliant**	**Fully Compliant**	• The EPRR Review Panel were assured that the Trust has met this standard.

		• incidents and exercises • identified risks • outcomes from assurance processes.			
5	**EPRR Resource**	The Board / Governing Body is satisfied that the organisation has sufficient and appropriate resource, proportionate to its size, to ensure it can fully discharge its EPRR duties.	**Fully Compliant**	**Fully Compliant**	• The EPRR Review Panel were assured that the Trust has met this standard. • The Trust advised that the current resource is acceptable and that the current training and admin role is on the waiting list for the DipHEP.
6	**Continuous improvement process**	The organisation has clearly defined processes for capturing learning from incidents and exercises to inform the development of future EPRR arrangements.	**Fully Compliant**	**Fully Compliant**	• The EPRR Review Panel were assured that the Trust has met this standard.
Duty to risk assess					
7	**Risk assessment**	The organisation has a process in place to regularly assess the risks to the population it serves. This process should consider community and national risk registers.	**Fully Compliant**	**Fully Compliant**	• The EPRR Review Panel were assured that the Trust has met this standard. • The Trust advised that risks are tabled at every EPRR working group. For example, internal radios have been signed off to trial in the PRPS suits following learning form the live exercise in 2019 and staff feeling claustrophobic.
8	**Risk Management**	The organisation has a robust method of reporting, recording, monitoring and escalating EPRR risks.	**Fully Compliant**	**Fully Compliant**	• The EPRR Review Panel were happy that the Trust has met this standard.
Duty to maintain plans					
9	**Collaborative planning**	**Plans have been developed in collaboration with partners and service providers to ensure the whole patient pathway is considered.**	**Fully Compliant**	**Fully Compliant**	• The EPRR Review Panel were assured that the Trust has met this standard. • Planning with tenants- Other agencies attend the CWFT EPRR working group. The Trust advised that they also have an MOU with West London NHS Trust and will test how that works in exercises and in anger before rolling more MOU's out. If it is successful, the Trust are looking at having a further MOU with imperial's renal service**.** **ACTION: Trust to review attendees for the Hampton Water Debrief** **ACTION: Review Panel to check if which CCG's are invited to the Hampton Water debrief**
11	**Critical incident**	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to a critical incident (as per the EPRR Framework).	**Fully Compliant**	**Fully Compliant**	• The EPRR Review Panel were assured that the Trust has met this standard
12	**Major incident**	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to a major incident (as per the EPRR Framework).	**Fully Compliant**	**Fully Compliant**	• The EPRR Review Panel were assured that the Trust has met this standard. • The panel suggested that the Trauma Network diagram on pg 23 could be clearer and to look at London North West University Healthcare NHS Trust to use theirs. • Trust fed back that the original one doesn't work for the Trust especially post Grenfell after receiving 3 x P1's in a row. **ACTION: Trust to amend and realign the Trauma Network diagram**
13	**Heatwave**	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to the impacts of heat wave on the population the organisation serves and its staff.	**Fully Compliant**	**Fully Compliant**	• The EPRR Review Panel were assured that the Trust has met this standard and noted that the pans can be used outside of the dates defined in the plan

14	**Cold weather**	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to the impacts of snow and cold weather (not internal business continuity) on the population the organisation serves.	**Fully Compliant**	**Fully Compliant**	• The EPRR Review Panel were assured that the Trust has met this standard.
15	**Pandemic influenza**	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to pandemic influenza as described in the National Risk Register.	**Fully Compliant**	**Fully Compliant**	• The EPRR Review Panel were assured that the Trust has met this standard and noted that the plan was last exercised 3 years ago **ACTION: Trust Pan Flu plan to be exercised again 2020/21**
16	**Infectious disease**	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to an infectious disease outbreak within the organisation or the community it serves, covering a range of diseases including Viral Haemorrhagic Fever. These arrangements should be made in conjunction with Infection Control teams; including supply of adequate FFP3.	**Fully Compliant**	**Fully Compliant**	• The EPRR Review Panel were assured that the Trust has met this standard and noted that the Trust's IPC team lead on the plan.
17	**Mass Countermeasures**	In line with current guidance and legislation, the organisation has effective arrangements in place to distribute Mass Countermeasures - including the arrangement for administration, reception and distribution, eg mass prophylaxis or mass vaccination. There may be a requirement for Specialist providers, Community Service Providers, Mental Health and Primary Care services to develop Mass Countermeasure distribution arrangements. These will be dependent on the incident, and as such requested at the time. CCGs may be required to commission new services dependant on the incident.	**Fully Compliant**	**Fully Compliant**	• The EPRR Review Panel were assured that the Trust has met this standard. • The Trust has amended the plan and have had wider input from the chief pharmacist who raised the issue about PGD not being assigned to the pack, it's assigned to Mass Casualties.
18	**Mass Casualty - surge**	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to mass casualties. For an acute receiving hospital this should incorporate arrangements to increase capacity by 10% in 6 hours and 20% in 12 hours.	**Fully Compliant**	**Fully Compliant**	• The EPRR Review Panel were assured that the Trust has met this standard. • The Trust advised that they have a dedicated Trust Mass Casualty Plan which was tabled topped in July 2018 during Exercise Falcon (Emergo) to test 209 trauma patients. Paul Sutton, Director EPRR, PHE report is available.
19	**Mass Casualty - patient identification**	The organisation has arrangements to ensure a safe identification system for unidentified patients in emergency/mass casualty incident. Ideally this system should be suitable and appropriate for blood transfusion, using a non-sequential unique patient identification number and capture patient sex.	**Fully Compliant**	**Fully Compliant**	• The EPRR Review Panel were assured that the Trust has met this standard.

20	**Shelter and evacuation**	In line with current guidance and legislation, the organisation has effective arrangements in place to place to shelter and / or evacuate patients, staff and visitors. This should include arrangements to perform a whole site shelter and / or evacuation.	**Fully Compliant**	**Fully Compliant**	• The EPRR Review Panel were assured that the Trust has met this standard. • Exercise Phuma was completed in 2019 – evacuation of a children's ward. Debrief was held on the 16th October 2019 with lots of learning to be shared once the report has been written **ACTION: Trust to share debrief and lessons identified with the network**
21	**Lockdown**	In line with current guidance and legislation, the organisation has effective arrangements in place safely manage site access and egress of patients, staff and visitors to and from the organisation's facilities. This may be a progressive restriction of access / egress that focuses on the 'protection' of critical areas.	**Fully Compliant**	**Fully Compliant**	• The EPRR Review Panel were assured that the Trust has met this standard and noted that lockdown exercises are completed 10 times a year
22	**Protected individuals**	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to manage 'protected individuals'; including VIPs, high profile patients and visitors to the site.	**Fully Compliant**	**Fully Compliant**	• The EPRR Review Panel were assured that the Trust has met this standard.
23	**Excess death planning**	Organisation has contributed to and understands its role in the multiagency planning arrangements for excess deaths, including mortuary arrangements.	**Fully Compliant**	**Fully Compliant**	• The EPRR Review Panel were assured that the Trust has met this standard.
Command & Control					
24	**On call mechanism**	A resilient and dedicated EPRR on call mechanism in place 24 / 7 to receive notifications relating to business continuity incidents, critical incidents and major incidents. This should provide the facility to respond or escalate notifications to an executive level.	**Fully Compliant**	**Fully Compliant**	• The EPRR Review Panel were assured that the Trust has met this standard.
25	**Trained on call staff**	On-call staff are trained and competent to perform their role and are in a position of delegated authority on behalf of the Chief Executive Officer / Clinical Commissioning Group Accountable Officer. The identified individual: • Should be trained according to the NHS England EPRR competencies (National Occupational Standards) • Can determine whether a critical, major or business continuity incident has occurred • Has a specific process to adopt during the decision making • Is aware who should be consulted and informed during decision making • Should ensure appropriate records are maintained throughout.	**Fully Compliant**	**Fully Compliant**	• The EPRR Review Panel were assured that the Trust has met this standard.
Training & exercising					

26	**EPRR Training**	The organisation carries out training in line with a training needs analysis to ensure staff are competent in their role; training records are kept demonstrating this.	**Fully Compliant**	**Fully Compliant**	• The EPRR Review Panel were assured that the Trust has met this standard.
27	**EPRR exercising and testing programme**	The organisation has an exercising and testing programme to safely test major incident, critical incident and business continuity response arrangements. Organisations should meet the following exercising and testing requirements: • a six-monthly communications test • annual table top exercise • live exercise at least once every three years • command post exercise every three years. The exercising programme must: • identify exercises relevant to local risks • meet the needs of the organisation type and stakeholders • ensure warning and informing arrangements are effective. Lessons identified must be captured, recorded and acted upon as part of continuous improvement.	**Fully Compliant**	**Fully Compliant**	• The EPRR Review Panel were assured that the Trust has met this standard.
28	**Strategic and tactical responder training**	Strategic and tactical responders must maintain a continuous personal development portfolio demonstrating training in accordance with the National Occupational Standards, and / or incident / exercise participation	**Fully Compliant**	**Fully Compliant**	• The EPRR Review Panel were assured that the Trust has met this standard. • AEO leads on this and is on-going, NOS is given every year and training plan informed by the outcome of these. Staff are required to be 8D and above to be on the on-call rota • Panel advised that new SLC training is coming out in the near future.
Response					
30	**Incident Co-ordination Centre (ICC)**	The organisation has a pre-identified an Incident Co-ordination Centre (ICC) and alternative fall-back location. Both locations should be tested and exercised to ensure they are fit for purpose and supported with documentation for its activation and operation.	**Fully Compliant**	**Fully Compliant**	• The EPRR Review Panel were assured that the Trust has met this standard and noted that the Trust have 2 ICC's with 2 back-up rooms on each site. These have been tested recently and the main ICC's run in parallel all the time
31	**Access to planning arrangements**	Version controlled, hard copies of all response arrangements are available to staff at all times. Staff should be aware of where they are stored; they should be easily accessible.	**Fully Compliant**	**Fully Compliant**	• The EPRR Review Panel were assured that the Trust has met this standard.
32	**Management of business continuity incidents**	The organisations incident response arrangements encompass the management of business continuity incidents.	**Fully Compliant**	**Fully Compliant**	• The EPRR Review Panel were assured that the Trust has met this standard.
33	**Loggist**	The organisation has 24-hour access to a trained loggist(s) to ensure decisions are recorded during business continuity incidents, critical incidents and major incidents.	**Fully Compliant**	**Fully Compliant**	• The EPRR Review Panel were assured that the Trust has met this standard. • Currently the Trust has 48 trained loggists and a further 6 training sessions are booked for 2020.

34	**Situation Reports**	The organisation has processes in place for receiving, completing, authorising and submitting situation reports (SitReps) and briefings during the response to business continuity incidents, critical incidents and major incidents.	**Fully Compliant**	**Fully Compliant**	• The EPRR Review Panel were assured that the Trust has met this standard.
35	**Access to 'Clinical Guidance for Major Incidents'**	Emergency Department staff have access to the NHSE 'Clinical Guidance for Major Incidents' handbook.	**Fully Compliant**	**Fully Compliant**	• The EPRR Review Panel were assured that the Trust has met this standard.
36	**Access to 'CBRN incident: Clinical Management and health protection'**	Clinical staff have access to the PHE 'CBRN incident: Clinical Management and health protection' guidance.	**Fully Compliant**	**Fully Compliant**	• The EPRR Review Panel were assured that the Trust has met this standard.
Warning & Informing					
37	**Communication with partners and stakeholders**	The organisation has arrangements to communicate with partners and stakeholder organisations during and after a major incident, critical incident or business continuity incident.	**Fully Compliant**	**Fully Compliant**	• The EPRR Review Panel were assured that the Trust has met this standard.
38	**Warning and informing**	The organisation has processes for warning and informing the public and staff during major incidents, critical incidents or business continuity incidents.	**Fully Compliant**	**Fully Compliant**	• The EPRR Review Panel were assured that the Trust has met this standard.
39	**Media strategy**	The organisation has a media strategy to enable communication with the public. This includes identification of and access to trained media spokespeople able to represent the organisation to the media at all times.	**Fully Compliant**	**Fully Compliant**	• The EPRR Review Panel were assured that the Trust has met this standard.
Cooperation					
40	**LRHP attendance**	The Accountable Emergency Officer, or an appropriate director, attends (no less than 75%) of Local Health Resilience Partnership (LHRP) meetings per annum.	**Fully Compliant**	**Fully Compliant**	• The EPRR Review Panel were assured that the Trust has met this standard.
41	**LRF / BRF attendance**	The organisation participates in, contributes to or is adequately represented at Local Resilience Forum (LRF) or Borough Resilience Forum (BRF), demonstrating engagement and co-operation with other responders.	**Fully Compliant**	**Fully Compliant**	• The EPRR Review Panel were assured that the Trust has met this standard.
42	**Mutual aid arrangements**	The organisation has agreed mutual aid arrangements in place outlining the process for requesting, co-ordinating and maintaining resource e.g. staff, equipment, services and supplies. These arrangements may be formal and should include the process for requesting Military Aid to Civil Authorities (MACA).	**Fully Compliant**	**Fully Compliant**	• The EPRR Review Panel were assured that the Trust has met this standard.

46	**Information sharing**	The organisation has an agreed protocol(s) for sharing appropriate information with stakeholders.	**Fully Compliant**	**Fully Compliant**	• The EPRR Review Panel were assured that the Trust has met this standard.
Business Continuity					
47	**BC policy statement**	The organisation has in place a policy statement of intent to undertake Business Continuity Management System (BCMS).	**Fully Compliant**	**Fully Compliant**	• The EPRR Review Panel were assured that the Trust has met this standard.
48	**BCMS scope and objectives**	The organisation has established the scope and objectives of the BCMS, specifying the risk management process and how this will be documented.	**Fully Compliant**	**Fully Compliant**	• The EPRR Review Panel were assured that the Trust has met this standard.
49	**Business Impact Assessment**	The organisation annually assesses and documents the impact of disruption to its services through Business Impact Analysis(s).	**Fully Compliant**	**Fully Compliant**	• The EPRR Review Panel were assured that the Trust has met this standard.
50	**Data Protection and Security Toolkit**	Organisation's IT department certify that they are compliant with the Data Protection and Security Toolkit on an annual basis.	**Fully Compliant**	**Fully Compliant**	• The EPRR Review Panel were assured that the Trust has met this standard.
51	**Business Continuity Plans**	The organisation has established business continuity plans for the management of incidents. Detailing how it will respond, recover and manage its services during disruptions to: • people • information and data • premises • suppliers and contractors • IT and infrastructure These plans will be updated regularly (at a minimum annually), or following organisational change.	**Fully Compliant**	**Fully Compliant**	• The EPRR Review Panel were assured that the Trust has met this standard.
52	**BCMS monitoring and evaluation**	The organisation's BCMS is monitored, measured and evaluated against the Key Performance Indicators. Reports on these and the outcome of any exercises, and status of any corrective action are annually reported to the board.	**Fully Compliant**	**Fully Compliant**	• The EPRR Review Panel were assured that the Trust has met this standard.
53	**BC audit**	The organisation has a process for internal audit, and outcomes are included in the report to the board.	**Fully Compliant**	**Fully Compliant**	• The EPRR Review Panel were assured that the Trust has met this standard.
54	**BCMS continuous improvement process**	There is a process in place to assess and take corrective action to ensure continual improvement to the BCMS.	**Fully Compliant**	**Fully Compliant**	• The EPRR Review Panel were assured that the Trust has met this standard.
55	**Assurance of commissioned providers / suppliers BCPs**	The organisation has in place a system to assess the business continuity plans of commissioned providers or suppliers; and are assured that these providers arrangements work with their own.	**Fully Compliant**	**Fully Compliant**	• The EPRR Review Panel were assured that the Trust has met this standard.
CBRN					

56	**Telephony advice for CBRN exposure**	Staff have access to telephone advice for managing patients involved in CBRN exposure incidents.	**Fully Compliant**	**Fully Compliant**	• The EPRR panel are assured that the Trust has met this standard and noted that sign posting is up in ED. • The Trust raised and issue around ECOSA and CRCE and the National guidance as to whether Trust can use the ECOSA contacts or not. • The Panel advised that National Poisons should still be used and CRCE rather than ECOSA **ACTION: Panel to get clarity around CBRN telephony advice numbers, which organisation and number should be used, also clarity on what they do.** **ACTION: Panel to provide the Trust with the PHE on-call for London**
57	**HAZMAT / CBRN planning arrangement**	There are organisation specific HAZMAT/ CBRN planning arrangements (or dedicated annex).	**Fully Compliant**	**Fully Compliant**	• The Trust provided sufficient evidence for the panel to be assured that they have met this standard LAS feedback: • Suggested that the Trust look at MI5 threat levels and terminology • Timings of the patients – may help with resilience to have the decon time for the operatives • Pictorial Toxic Triage – NARU have primary toxic triage, links to ECG monitoring now (discussed for interest) **ACTION: LAS to share with Panel to pass onto acutes**
58	**HAZMAT / CBRN risk assessments**	HAZMAT/ CBRN decontamination risk assessments are in place appropriate to the organisation. This includes: • Documented systems of work • List of required competencies • Arrangements for the management of hazardous waste.	**Fully Compliant**	**Fully Compliant**	• The Trust provided sufficient evidence for the panel to be assured that they have met this standard
59	**Decontamination capability availability 24/7**	The organisation has adequate and appropriate decontamination capability to manage self-presenting patients (minimum four per hour), 24 hours a day, 7 days a week.	**Fully Compliant**	**Fully Compliant**	• The Trust provided sufficient evidence for the panel to be assured that they have met this standard
60	**Equipment and supplies**	The organisation holds appropriate equipment to ensure safe decontamination of patients and protection of staff. There is an accurate inventory of equipment required for decontaminating patients.	**Fully Compliant**	**Fully Compliant**	• The Trust provided sufficient evidence for the panel to be assured that they have met this standard
61	**PRPS availability**	The organisation has the expected number of PRPS (sealed and in date) available for immediate deployment. There is a plan and finance in place to revalidate (extend) or replace suits that are reaching their expiration date.	**Fully Compliant**	**Fully Compliant**	• The Trust provided sufficient evidence for the panel to be assured that they have met this standard
62	**Equipment checks**	There are routine checks carried out on the decontamination equipment including: • Suits • Tents • Pump • RAM GENE (radiation monitor) • Other decontamination equipment.	**Fully Compliant**	**Fully Compliant**	• The Trust provided sufficient evidence for the panel to be assured that they have met this standard

		There is a named individual responsible for completing these checks			
63	**Equipment PPM**	There is a preventative programme of maintenance (PPM) in place for the maintenance, repair, calibration and replacement of out of date decontamination equipment for: • Suits • Tents • Pump • RAMGENE (radiation monitor) • Other equipment	**Fully Compliant**	**Fully Compliant**	• The Trust provided sufficient evidence for the panel to be assured that they have met this standard
64	**PPE disposal arrangements**	There are effective disposal arrangements in place for PPE no longer required, as indicated by manufacturer / supplier guidance.	**Fully Compliant**	**Fully Compliant**	• The Trust provided sufficient evidence for the panel to be assured that they have met this standard
65	**HAZMAT / CBRN training lead**	The current HAZMAT / CBRN Decontamination training lead is appropriately trained to deliver HAZMAT / CBRN training	**Fully Compliant**	**Fully Compliant**	• The Trust provided sufficient evidence for the panel to be assured that they have met this standard and advised the Trust that numbers need to be increased **ACTION: Trust to increase numbers of trained trainers in 2020/21**
66	**Training programme**	Internal training is based upon current good practice and uses material that has been supplied as appropriate. Training programme should include training for PPE and decontamination.	**Fully Compliant**	**Fully Compliant**	• The Trust provided sufficient evidence for the panel to be assured that they have met this standard and noted monthly training still taking place
67	**HAZMAT / CBRN trained trainers**	The organisation has a sufficient number of trained decontamination trainers to fully support its staff HAZMAT/ CBRN training programme.	**Fully Compliant**	**Fully Compliant**	• The Trust provided sufficient evidence for the panel to be assured that they have met this standard
68	**Staff training - decontamination**	Staff who are most likely to come into contact with a patient requiring decontamination understand the requirement to isolate the patient to stop the spread of the contaminant.	**Fully Compliant**	**Fully Compliant**	• The Trust provided sufficient evidence for the panel to be assured that they have met this standard
69	**FFP3 access**	Organisations must ensure staff who may come into contact with confirmed infectious respiratory viruses have access to FFP3 mask protection (or equivalent) 24 / 7.	**Fully Compliant**	**Fully Compliant**	• The Trust provided sufficient evidence for the panel to be assured that they have met this standard and noted that FFP3 fit testing now sits under the nursing team with a pan to continue the programme

Deep dive					
CS Ref	**Standard**	**Detail**	**Self-assessment RAG**	**Agreed 2019 RAG rating**	**Assurance review meeting comments**
Severe Weather Response					
1	**Overheating**	The monitoring processes is explicitly identified in the organisational heatwave plan. This includes staff areas as well as inpatient areas. This process clearly identifies relevant temperature triggers and subsequent actions.	**Fully compliant**	**Fully compliant**	• The EPRR Review Panel were assured that the Trust has met this standard and the panel noted that the design of the building adds to the overheating, regardless of mitigation put in place

2	**Overheating**	Arrangements are in place to ensure that areas that have been identified as overheating can be cooled to within reasonable temperature ranges, this may include use of cooling units or other methods identified in national heatwave plan.	**Partially compliant**	**Partially compliant**	• The panel supported the Trust's decision to self-assess as Partially Compliant on the basis that the infrastructure of the Trust may not allow for this standard to be met.
3	**Staffing**	The organisations arrangements outline: - What staff should do if they cannot attend work - Arrangements to maintain services, including how staff may be brought to site during disruption - Arrangements for placing staff into accommodation should they be unable to return home	**Partially compliant**	**Fully compliant**	• The panel agreed to change this core standard to 'Fully Compliant' on the basis that a BC is in place to mitigate this risk
4	**Service provision**	The organisations arrangements identify how staff will prioritise patients during periods of severe weather, and alternative delivery methods to ensure continued patient care	**Fully compliant**	**Fully compliant**	• The EPRR Review Panel were assured that the Trust has met this standard
5	**Discharge**	The organisations arrangements include how to deal with discharges or transfers of care into non-health settings. Organisation can demonstrate information sharing regarding vulnerability to cold or heat with other supporting agencies at discharge	**Partially compliant**	**Fully compliant**	• The panel agreed to change the core standard to 'Fully Compliant' on the basis that a BC is in place to mitigate this risk
6	**Access**	The organisation arrangements have a clear trigger for the pre-emptive placement of grit on key roadways and pavements within the organisation's boundaries. When snow / ice occurs, there are clear triggers and actions to clear priority roadways and pavements. Arrangements may include the use of a third-party gritting or snow clearance service.	**Fully compliant**	**Fully compliant**	• The EPRR Review Panel were assured that the Trust has met this standard
7	**Assessment**	The organisations arrangements are clear in how it will assess all weather warnings. These arrangements should identify the role(s) responsible for undertaking these assessments and the predefined triggers and action as a result.	**Fully compliant**	**Fully compliant**	• The EPRR Review Panel were assured that the Trust has met this standard
8	**Flood prevention**	The organisation has clearly demonstratable Planned Preventative Maintenance programmes for its assets. Where third party owns the drainage system there is a clear mechanism to alert the responsible owner to ensure drainage is cleared and managed in a timely manner	**Fully compliant**	**Fully compliant**	• The EPRR Review Panel were assured that the Trust has met this standard
9	**Flood response**	The organisation has reference to its role and responsibilities in the Multi Agency Flood Plan in its arrangements. Key on-call/response staff are clear how to obtain a copy of the Multi Agency Flood Plan	**Fully compliant**	**Fully compliant**	• The EPRR Review Panel were assured that the Trust has met this standard and noted that the Trust has a flood plan which covers all types of flooding not just internal.
10	**Warning and informing**	The organisation has within is arrangements documented roles for its communications teams in the event of Severe Weather alerts and or response. This includes the ability for the organisation to issue appropriate messaging 24/7.	**Fully compliant**	**Fully compliant**	• The EPRR Review Panel were assured that the Trust has met this standard

		Communications plans are clear in what the organisations will issue in terms of severe weather and when.			
11	**Flood response**	The organisation has evidence that it regularly risk assesses its sites against flood risk (pluvial, fluvial and coastal flooding). It has clear site-specific arrangements for flood response, for known key high-risk areas. On-site flood plans are in place for at risk areas of the organisations site(s).	**Fully compliant**	**Fully compliant**	• The EPRR Review Panel were assured that the Trust has met this standard
12	**Risk assess**	The organisation has documented the severe weather risks on its risk register and has appropriate plans to address these.	**Fully compliant**	**Fully compliant**	• The EPRR Review Panel were assured that the Trust has met this standard
13	**Supply chain**	The organisation has a documented process of seeking risk-based assurance from suppliers that services can be maintained during extreme weather events. Where these services can't be maintained the organisation has alternative documented mitigating arrangements in place.	**Partially compliant**	**Partially compliant**	• The EPRR Review Panel supported the self-assessment of 'Partially Compliant' on the basis that the Trust, at the time of the review meeting, has the top 100 suppliers BCP, but the panel left as amber as this was not in place at the time of submission
14	**Exercising**	The organisation can demonstrate that its arrangements have been tested in the past 12 months and learning has resulted in changes to its response arrangements.	**Fully compliant**	**Fully compliant**	• The EPRR Review Panel were assured that the Trust has met this standard
15	**ICT BC**	The organisations arrangements include the robust testing of access services and remote services to ensure the total number of concurrent users meets the number that may work remotely to maintain identified critical services	**Partially compliant**	**Partially compliant**	• The EPRR Review Panel supported the self-assessment of 'Partially Compliant' on the basis that the Trust has an ICT BC, however, with the merger with Imperial's IT system taking place in the near future, these plans have not yet been tested
Long Term Adaptation Planning					
16	**Risk assess**	Evidence that the there is an entry in the organisations risk register detailing climate change risk and any mitigating actions	**Partially compliant**	**Partially compliant**	• The EPRR Review Panel supported the self-assessment of 'Partially Compliant' as further work is required
17	**Overheating risk**	The organisation has records that identifies areas exceeding 27 degrees and risk register entries for these areas with action to reduce risk	**Partially compliant**	**Partially compliant**	• The EPRR Review Panel supported the self-assessment of 'Partially Compliant' as further work is required
18	**Building adaptations**	The organisation has an adaptation plan that includes suggested building modifications or infrastructure changes in future	**Partially compliant**	**Partially compliant**	• The EPRR Review Panel supported the self-assessment of 'Partially Compliant' as further work is required • Thames Water are coming in following their talk at the AEO/EPO network meeting to do a scan and audit of the Trust
19	**Flooding**	Areas are identified in the organisation's adaptation plans that might benefit drainage surfaces, or evidence that new hard standing areas considered for SUDS	**Partially compliant**	**Partially compliant**	• The EPRR Review Panel supported the self-assessment of 'Partially Compliant' as further work is required
20	**New build**	The organisation has relevant documentation that it is including adaptation plans for all new builds	**Partially compliant**	**Partially compliant**	• The EPRR Review Panel supported the self-assessment of 'Partially Compliant' as further work is required

7 Appendix B Walk around site responses

68. Staff who are most likely to come into contact with a patient requiring decontamination understand the requirement to isolate the patient to stop the spread of the contaminant.

Hospital: - As below

Date: - Thursday 17th October 2019 Participant 1

Location:- Chelsea and Westminster **Staff Type:- Reception Staff** **RRR Posters in situ? YES**

Scenario Posed: They are approached by a distressed patient with a white powdered substance splashed over them. They state that during the course of their work and accident had happened covering the patients body, face and hands with powder. The exposed skin is red and looks burnt. The patient is in a lot of pain. What are your immediate actions?

Answer:-

An appropriate response to the scenario given.

Complimentary of support and feedback from wider medical team when situation arises.

Shaun Rock

Water source identified Y **Improvised wet decon described? Y**

RRR Poster / Procedure Referenced? Y **Previous Training? Y**

Participant Employed by Trust? Y

If NO, Employed by who?

Participant 2

Location:- Chelsea and Westminster **Staff Type:- Reception Staff** **RRR Posters in situ? YES**

Scenario Posed: They are approached by a distressed patient with a white powdered substance splashed over them. They state that during the course of their work and accident had happened covering the patients body, face and hands with powder. The exposed skin is red and looks burnt. The patient is in a lot of pain. What are your immediate actions?

Answer:-

An appropriate response to the scenario given.

Feels confident based on “great training” to ensure patients and staff are protected.

Shaun Rock

Water source identified Y **Improvised wet decon described? Y**
RRR Poster / Procedure Referenced? Y **Previous Training? Y**
Participant Employed by Trust? Y

Participant 3
Location:- :- Chelsea and Westminster **Staff Type:- Reception Staff** **RRR Posters in situ? Y**
Scenario Posed: They are approached by a distressed patient with a white powdered substance splashed over them. They state that during the course of their work and accident had happened covering the patients body, face and hands with powder. The exposed skin is red and looks burnt. The patient is in a lot of pain. What are your immediate actions?
Answer:
An appropriate response to the scenario given.
Very complimentary of training lead and this allowed for good guidance and answers to questions.
Shaun Rock
Water source identified Y **Improvised wet decon described? Y**
RRR Poster / Procedure Referenced? Y **Previous Training? Y**
Participant Employed by Trust? Y
If NO, Employed by who?

Participant 4
Location:- West Middlesex **Staff Type:- Reception Staff** **RRR Posters in situ? Y**
Scenario Posed: They are approached by a distressed patient with a white powdered substance splashed over them. They state that during the course of their work and accident had happened covering the patients body, face and hands with powder. The exposed skin is red and looks burnt. The patient is in a lot of pain. What are your immediate actions?

Answer:- A difficult circumstance due to a new member of staff waiting full training. They were aware of the process that is on the wall by their work station. When further questioned the member of staff was able to clearly articulate the correct process. Very calm and professional with an inspectorate arriving in their area of work. The calm approach should be commended based on the new member of staff being the only person available to discuss this process. I would suggest further review by commissioners is considered based on the co-location of Urgent Care Areas (different provider) including Triage where no process is in place.
The access to a mega phone by Nursing Teams is very positive based on getting control / compliance of patients when their need is greatest.
Shaun Rock

Water source identified Y
Improvised wet decon described? Y
RRR Poster / Procedure Referenced? Y
Previous Training? Y
Participant Employed by Trust? Y
If NO, Employed by who?

8 Appendix C – Equipment Check

Decontamination equipment checklist - for use by Acute providers
Site: Chelsea and Westminster
Date of inspection – Thursday 17th October 2019
LAS Manager – Shaun Rock, CBRN e Operations Officer

Equipment	Equipment model / generation / details etc	**Self Assessment** Yes - have equipment No - do not have equipment
EITHER: Inflatable mobile structure		
E1	Inflatable frame	N/A
E1.1	Liner	N/A
E1.2	Air inflator pump	N/A
E1.3	Repair kit	N/A
E1.2	Tethering equipment	N/A
OR: Rigid / cantilever structure		
E2	Tent shell	3 PART TENT
OR: Built structure		
E3	Decontamination unit or room	N/A
AND:		
E4	Lights (or way of illuminating decontamination area if dark)	YES
E5	Shower heads	YES
E6	Hose connectors	YES
E7	Flooring appropriate to tent in use (with decontamination basin if needed)	YES
E8	Waste water pump and pipe	YES
E9	Waste water bladder	YES
Conveyor System	YES	
Patient Boards for Conveyor	YES	
PPE for chemical, and biological incidents		

E10	The organisation has the expected number of PRPS suits (sealed and in date) available for immediate deployment should they be required.	27 Live suits Discussion continues about suit replacement and sizes
E11	Providers to ensure that they hold enough (appropriately labelled) training suits in order to facilitate their local training programme	18 Training Suits Recycled from live as live suits come to end of shelf life
Ancillary		
E12	A facility to provide privacy and dignity to patients	Screens from Ed
E13	Buckets, sponges, cloths and blue roll	YES
E14	Decontamination liquid (COSHH compliant)	YES
E15	Entry control board (including clock)	YES
E16	A means to prevent contamination of the water supply	Bladder Bag
E17	Poly boom (if required by local Fire and Rescue Service)	Not Req
E18	Minimum of 20 x Disrobe packs or suitable equivalent (combination of sizes)	YES
E19	Minimum of 20 x re-robe packs or suitable alternative (combination of sizes)	YES

Decontamination equipment checklist - for use by Acute providers
Site: West Middlesex
Date of inspection – Thursday 17th October 2019
LAS Manager – Shaun Rock CBRNe Operations Officer

Equipment	Equipment model / generation / details etc	**Self Assessment** Yes - have equipment No - do not have equipment
EITHER: Inflatable mobile structure		
E1	Inflatable frame	N/A
E1.1	Liner	N/A
E1.2	Air inflator pump	N/A
E1.3	Repair kit	N/A
E1.2	Tethering equipment	N/A
OR: Rigid / cantilever structure		
E2	Tent shell	YES
OR: Built structure		
E3	Decontamination unit or room	YES
AND:		
E4	Lights (or way of illuminating decontamination area if dark)	YES
E5	Shower heads	YES
E6	Hose connectors	YES
E7	Flooring appropriate to tent in use (with decontamination basin if needed)	YES
E8	Waste water pump and pipe	YES
E9	Waste water bladder	YES
Conveyor System	YES	
Patient Boards for Conveyor	Ortho Stretcher	
PPE for chemical, and biological incidents		
E10	The organisation has the expected number of PRPS suits (sealed and in date) available for immediate deployment should they be required.	20 Live suits seen.

E11	Providers to ensure that they hold enough (appropriately labelled) training suits in order to facilitate their local training programme	Training Suits in basement
Ancillary		
E12	A facility to provide privacy and dignity to patients	From Ed / Also has Gazebo
E13	Buckets, sponges, cloths and blue roll	YES
E14	Decontamination liquid (COSHH compliant)	YES
E15	Entry control board (including clock)	YES (Very Nice)
E16	A means to prevent contamination of the water supply	Bladder Bag
E17	Poly boom (if required by local Fire and Rescue Service)	Not Req
E18	Minimum of 20 x Disrobe packs or suitable equivalent (combination of sizes)	YES
E19	Minimum of 20 x re-robe packs or suitable alternative (combination of sizes)	YES

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 3 September 2020

PUBLIC SESSION

AGENDA ITEM NO.	3.1/Sep/20
REPORT NAME	Guardian of Safe Working Report Q1 2020/21
AUTHOR	Dr Rashmi Kaushal
LEAD	Dr Roger Chinn, Medical Director (Acting)
PURPOSE	To provide feedback on implementation of the New Junior Doctor Contract
SUMMARY OF REPORT	Junior Doctor Working During COVID19 Pandemic
KEY RISKS ASSOCIATED	Patient safety
FINANCIAL IMPLICATIONS	Where working conditions are breached and doctors work extra hours, they will be remunerated either as a payment, time off in lieu. Where there is failure of the Educational/Clinical supervisor to respond to exception reports submitted to them, fines shall be levied and collected from the relevant department and division. Rota Gaps need to be filled and this will have financial implications on the divisions affected.
QUALITY IMPLICATIONS	Safe working, clinical supervision and on- going education are all an integral part of a doctors training and patient safety.
EQUALITY & DIVERSITY IMPLICATIONS	Ensuring all junior doctor rotas are managed equitably.
LINK TO OBJECTIVES	Being an employer of choice for Junior Doctors is supported by the oversight provided by the Guardian of Safe Working.
DECISION/ ACTION	For noting.

Guardian of Safe Working Report Quarter 1 2020/21

Executive Summary

This quarter has covered the rapidly evolving COVID-19 pandemic and the challenges it has presented to the NHS. Chelsea Westminster Hospital NHS Foundation Trust like all other London Trusts has operated in Major Incident mode during this time.

The Trust adopted a 24/7 working commencing on March 19th 2020, 3 weeks in advance of the observed COVID19 peak.

All specialities pulled together to work as Mega-firms ensuring that clinical areas were fully staffed with senior nursing staff and consultants at the frontline of leading patient care. This enabled 24/7 junior doctor support and direct clinical supervision.

Changes to working practice, to promote maximum staffing numbers were commenced on March 19th and completed by March 23rd. New rota templates were created that were complaint with safe working.

New Terms and conditions rules were temporarily suspended by the British Medical Association (BMA). The Trust has continued to maintain compliance in all but 1:3 weekend frequency rotas.

The junior doctor body acquired 60 newly qualified doctors from Imperial College in addition to 18 qualified doctors who were deployed from Planned Care and Psychiatry. With the addition of Trust Fellows, the junior doctor expansion approximated 100 additional doctors.

Re-deployment of 18 junior doctors back to planned care and psychiatry from designated COVID19 areas commenced at the end of May and was completed by the second week of June.

The GOSW has worked with divisional management and clinical supervisors to ensure that all junior doctors have completed outstanding annual leave that could not be taken during this time.

The Trust has actively engaged in performing COVID19 Risk assessments for all junior doctors.

Mandatory training and CPD is a contractual requirement of all training posts. This has now been formerly incorporated into all FY1 and FY2 posts from August 2020. The Medical Workforce, Foundation Leads and DMEs have worked hard to ensure that the Trust is compliant from the outset.

This report focuses on what junior doctors felt was done well during this time, what could be improved and what changes they would like to see moving forwards.

No exception reports submitted during this quarter.

There are no Amber or Red Flag areas to report on.

The Board is asked to receive and note the report.

1. Changes to working patterns

The Trust moved to a 24/7 working pattern on March 19th 2020.
This saw at least one lead consultant present on each ward from 9am to 9pm 7 days a week.
Most specialities worked on a 4 on 4 off roster to enable sufficient time for rest and recuperation.

Nearly all junior doctors were in favour of a 24/7 working pattern which saw consultant presence on each ward 7 days a week. This approach enabled rapid out of hours and speciality review of patients and was particularly useful for cardiac, gastrointestinal, neurology, diabetes & metabolic medicine and frailty.
Juniors on AMU units on both sites observed that there was a significant improvement of ward referrals enabling early treatment and discharge negating the need to step patient down to other medical wards.
Juniors have fed back that this pattern of work needs to be explored as a long term provision.
Many felt no need to exception report as consultant presence allowed for timely clinical intervention with early escalation for sub speciality review.
Consultant presence also enabled more efficient working enabling rest breaks and juniors finishing work on time.
It is clear that much of this success was enabled by deployment of staff from planned care divisions.
The juniors have fed back that staff expansion in EIC would negate deployment of staff for a second surge of infection.
There are clearly funding issues that need to be considered alongside willingness of the consultant body to change working patterns.

Juniors fed back that they felt reassured handing over to incoming teams that had rested and were ready to face the challenges of the working day.
They reported an improved work life balance stating that 4 days off enabled them to rest, catch up with on line education and recover mentally from the challenging environment of working during the pandemic.

It has been suggested that much could be learned from nursing rosters which have shown efficiency in adopting 24/7 cover but this would require expansion in junior doctor numbers.

2. Ward Based Mega Firm Structure

Juniors have fed back that being stationed on one single ward enabled better productivity and working relationships with nursing and therapies staff.
This has already been observed in specialties like Obs and Gynae where juniors are accustomed to working in mega teams with 24/7 consultant supervision. Juniors in these specialities have consistently fed back that working conditions are good and this is reflected in the less than 10 exception reports being submitted across site over 3 years.
The Trust has made some changes to ward based practice since the pandemic with Gastroenterology moving to MH1 at WMUH site.
Many teams already operate this way but have many outliers which result in juniors providing care in several different wards which can be challenging. This has been communicated to the Clinical Directors.

3. Changes to Working Practice to promote maximum staffing numbers:

Deployment of 18 junior staff to ITU, A&E, AMU and designated COVID19 wards was essential to during the pandemic. All doctors have now returned to pre pandemic placements.
Over 60 newly qualified medical students from Imperial joined the workforce providing ward based assistance on both sites from March 23rd. All of these doctors have now left the Trust to allow for a much needed holiday prior to starting their Foundation Posts.
With emergency guidance from HEE, all junior doctor rotations were paused from April 1st. The Medical Workforce Team coordinated with the DMEs to ensure timely communications which enabled implementation to occur seamlessly and on time. The DMEs ensured that each trainee had a named clinical supervisor and that appropriate induction had been completed prior to starting posts.

Further clinical resource was mobilised from Trust pool of Academic, Educational and Strategy Fellows.

Recruitment to training posts was suspended Pan London and it was recognised that 1:3 weekend rota changes

required by the revised terms and conditions of the New Contract would not be achieved during this time.

All study leave and annual leave requests were suspended to sustain staffing levels. Trainees were encouraged to utilise study leave funding for on-line/distance learning resources provided by Royal Colleges or other reputable providers.

All face to face educational events and conferences were postponed or converted to virtual sessions.

Some regional training days took place in the month of June in the form of Skype and Zoom meetings

4. Annual Leave

As with major incidents, all junior doctor annual leave was suspended from March 23rd to May 11th. It is well recognised that many junior doctors would have found working through the pandemic over whelming and exhausting. All junior doctors were actively encouraged to take annual leave from the second week of May. This was primarily to enable a much needed rest.
It was felt that carrying leave into Autumn posts would result in operational issues for receiving specialities.
All junior doctors have now been able to take their leave prior to the end of July with no carry over to future posts.

5. Mandatory Training and CPD

All doctors new to the Trust have robust induction programmes and these are particularly important for FY1 and FY2 grades who are the most junior members of the medical teams.
In recent years, there has been a surge of Exception Reports nationally claiming for time taken to complete mandatory training, e-portfolio and CPD outside of the allocated study leave.
The Foundation School have recognised this and have made changes to the Work Schedules for these grades so that time is allocated within working hours.
From August 2020, work schedules will include:
1 hour per week (or 1 day every 2 months) for FY1 grades
2 hours per week (or 1 day every months) for FY2 grades

6. Junior Doctor Forum

Due to social distancing practices, there have been no Junior Doctor Forums during this time.

The GOSW met with junior doctor representatives from both sites on a weekly basis to ensure that communications from senior leadership were reaching the entire junior doctor body.
Provision was also made for junior doctors to have one to one confidential discussions with the GOSW and a total of 176 meetings took place during this quarter. These meetings covered issues such as

- Shielding
- Anxiety
- Junior doctor sickness
- Accommodation
- Transport
- Access to PPE

The GOSW has asked each doctor to feedback on what they thought went well during this time as well as what didn't go well and what could be improved.
There are formal surveys taking place within the education centres but at the time of writing, the results were not available.

7. Rest Facilities

There was an abundance of investment in improving rest facilities for the entire Trust; much of this was used by the junior doctor body. Staff well- being centres were established on both sites by March 27th with the provision of meals, snacks, refreshments, magazines and sleeping pods. Shower facilities were expanded with the provision of clean towels. Outdoor picnic areas and a Chelsea Garden were amongst the highlights during this challenging time.

8. What went well during Q1

The peak was accurately predicted. The Junior Doctor Body had been well informed and prepared to ensure that patient and staff safety have been of paramount importance.

There was a daily message from the deputy CEO which juniors fed back as having a “Hand Held” approach to an unprecedented situation

Having a consultant on each ward from 9am to 9pm, 7 days a week ensuring timely senior clinical decisions and also taking care of sensitive discussions with families who were not able to visit loved ones at this time.

Excellent leadership from Respiratory Teams and Acute areas on both sites.

Having access to End of Life services and daily support from Palliative Care teams.

Early introduction of visiting restrictions to protect family and friends of patients admitted to the Trust.

Having fully staffed wards to enable doctors to have real breaks to rest and eat.

Direct Access to GOSW on every shift.

The generosity shown by local businesses who donated an abundance of free meals throughout the day and night. This was particularly useful as many juniors were unable to access the supermarkets.

Staff Wellbeing centres were fully established on both sites by the March 27th to ensure that juniors could make the most of the rest facilities from the outset.

The generosity shown by the senior leadership team to ensure that all junior doctors had free parking, hotel accommodation when needed and taxis to avoid very early or late commutes.

The feeling that the entire hospital was working together at all times.

Ability to get involved with COVID19 National research (RECOVERY Trial)

The setting up of wellness areas offering refreshments, games areas, hair dressers as well as breakfasts, lunches and suppers for all members of staff.

The provision of clean scrubs that were delivered to the wards daily and laundered by the Trust.

Topping up of PPE several times a day in A&E and AMU.

Access to appropriate PPE at all times

The additional cleaning of shared offices and work areas

Lots of volunteers delivering food and refreshments to wards

The Chelsea Garden

Outdoor picnic area at WM site

Sleep Pods for relaxation

Phone charging stations

Free breakfast and lunch provided in the hospital canteens

Improved shower facilities at C&W site with provision of clean towels on Neptune ward, doctors Mess and Doughty ward. Additional shower facilities provided at WMUH site.

The additional supply of computers to wards to make more efficient use of working time.

Access to school and nursery provision for children of trainees

Clap for carers

9. What caused concern during Q1

Safety concerns with a few mugging attempts for NHS ID cards

Access to testing with test centres very far from hospital site in the initial stages

Very poor access to occupational health

Poor communication between occupational health and line managers

Fear of spreading asymptomatic infection to patients

Feeling of being under pressure and urged to come to work even when they did not feel well

Rules of self-isolation did not seem to apply to hospital staff

Conclusion

This quarterly report represents a snapshot of the impact of the Trust response to a global pandemic on the junior medical staff. It reflects that the staff felt well supported and that there were effective lines of communication within the teams.
The junior doctor forums provided a useful channel of communication with this staff group and allowed us to identify and respond to themes in a timely fashion.
The absence of exception reports reflects extremely positively in the context of the above.

Guardian of Safe Working Report Q1 2020/21

- The Trust adopted a 24/7 working pattern commencing on March 19th 2020
- Senior nursing and medical staff were always at the frontline, leading patient care
- This enabled 24/7 junior doctor support and direct clinical supervision
  - They felt well supported with effective lines of communication within the teams
- New Terms and conditions rules were temporarily suspended by the BMA
  - However Trust rotas remained compliant to safe working
- The junior doctor body was expanded by 100
  - 60 newly qualified doctors from Imperial College
  - 18 qualified doctors who were deployed from Planned Care and Psychiatry.
  - 22 Trust Fellows and JCFs

Guardian of Safe Working Report Q1 2020/21

- The Guardian of Safe Working Framework provides oversight and scrutiny of junior medical staff working patterns
  - This provides statutory quarterly reports to Trust Board
- Re Deployment of 18 junior doctors back to planned care and psychiatry from designated COVID19 areas commenced at the end of May and was completed by the second week of June
- The Trust has actively engaged in performing COVID19 Risk assessments for all junior doctors
- All junior doctors have subsequently completed outstanding annual leave that could not be taken during the peak response
- No exception reports submitted during this quarter
- There are no Amber or Red Flag areas to report

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 3 September 2020

PUBLIC SESSION

AGENDA ITEM NO.	3.2/Sep/20
REPORT NAME	Improvement Programme Update
AUTHOR	Victoria Lyon, Head of Improvement
LEAD	Pippa Nightingale, Chief Nursing Officer
PURPOSE	To report on the progress of the Improvement Programme
SUMMARY OF REPORT	This report provides an update on the progress of the Improvement Programme: • Quality priorities for 2020/21 • Patient experience • Culture of improvement and innovation • Continuous improvement; CQC improvement plan, GIRFT • Deep dives: quality priority – impact of volunteers
KEY RISKS ASSOCIATED	• Failure to continue to deliver high quality patient care
FINANCIAL IMPLICATIONS	As above
QUALITY IMPLICATIONS	Equality and Diversity implications have been considered as part of the embedded Quality Impact Assessment process of the Improvement Programme, which is led by the Chief Nursing officer and Medical Director (Acting).
EQUALITY & DIVERSITY IMPLICATIONS	These are considered as part of the embedded Quality Impact Assessment process of the Improvement Programme, which is led by the Chief Nursing Officer and Medical Director (Acting).
LINK TO OBJECTIVES	• Deliver high-quality patient-centred care • Deliver better care at lower cost
DECISION/ ACTION	For assurance.

1. Quality priorities 2020/21

The quality priorities for 2020/21 are:

1. Improving dementia care
2. Improving cancer care
3. Improving sepsis care
4. Improving impact of volunteers

A summary of baseline position and progress for Q1 is outlined in Table 1 below.

During the end of March, April and May clinical teams have been redeployed to support the Covid-19 response. This has impacted progress in Q1 overall.

Priority	Key Indicator	Baseline	EOY target	Progress	Next Steps / Commentary
1. Improving dementia care	No of patients >75 years screened at admission	81%	90%	June 97% CW and 42% WM	Alignment and agreement of screening process across sites following implementation of Cerner at West Middlesex. Dementia tier 2 training – All teaching was stopped for the duration of Covid. Training is re starting in June – the preceptorship, excellence in care and palliative care study day which contain dementia modules.
2. Improving cancer care	% of newly diagnosed patients with a HNA appointment and personal care plan	61%	70%	June - 48% for HNA and 44% for Care plans	During the Covid19 response North West London set up the Royal Marsden as the cancer hub for the sector, in order for the acute Trusts to prioritise Covid patients as a temporary measure. The Trust is re-establishing cancer pathways as priority. Cancer working group are focused on improving % newly diagnosed patients with HNA/ personal care plan in Q2.
3. Improving sepsis care	% of patients screened for sepsis	81%*	90%	June data being validated in Cerner dashboard – due end of July	Clinically-led changes to Cerner interface to improve access and of completing screening and reviewing deteriorating patients – approved by PASID, awaiting implementation by end of July. Full update – see deep dive
	% of patient receiving IV antibiotics within 1hr	72%*	90%		
4. Improve the impact of volunteers	Number of volunteers April>March	600	900	784	184 active volunteers in June, who contributed 3464 hours of volunteering across both hospital sites.
	Volunteer recruit to commence time	101 days	56 days	20 days	
	Number of bleep volunteer bleeps, calculated in clinical hours saved	188h CW 10 h WM	400hours per month	3464 hr June	

2. Improving patient experience

The patient experience priority projects agreed for 2020-21 are:

1. FFT improvement
2. PALS improvement program
3. Patient information leaflets
4. Discharge Project

A summary of baseline position and progress for Q1 is outlined in Table 1 below.

Priority	Key Indicator	Baseline	EOY target	YTD progress	Next Steps / Commentary
1 FFT Improvement	All departments achieving a response rate and satisfaction scores above the national average	Satisfaction Score ED - 88 GUM- 95 Maternity - 91 Inpatients - 94 Paeds - 91 OPD - 92	Satisfaction Score ED - 90 GUM- 96 Maternity - 97 Inpatients - 96 Paeds - 96 OPD - 94	N.a	NHS England suspended FFT reporting during the COVID pandemic. However the Trust has restarted data collection in June 2020 ahead of NHSE reporting schedule. The FFT requirements have changed nationally and the team have implemented all changes at the Trust. The FFT contract has been retendered and the current supplier was reappointed to the contract.
2 PALS improvement program	To achieve a 100% 5 day response rate for all PALS concerns	67%	100%	94%	PALS have been rebranded and piloted alternative ways of working during COVID19. The service has been consistently poor as achieving resolution for patients within 5 working days. Changes in the service provision have increased 5 day response rates to 94% and in addition demonstrated that 71% of PALS work is completed through immediate resolution.
3 Patient information leaflets	100% of departments to have all patient information leaflets available digitally through the Trust website	0%	100%	12%	Patient information website page created and 12% of all wards and departments have engaged with the migration process to move current paper information to electronic versions. New Patient information policy produced and approval group being set up this month.
4 Discharge projects	Improve experience of discharge process to be better than the national average	Not delayed 56% Home situation considered 74% Who to contact 70% Additional equipment 68%	Not delayed 60% Home situation considered 82% Who to contact 76% Additional equipment 79%	See comments	The discharge improvement project has been difficult to start due to the staff involved being committed to supporting covid19. However there is now an SRO for the work, an initial discovery phase has commenced to identify areas for improvement in the process The programme will be monitored lo call throughout the year and updates against the KPI's are taken directly from the national survey

3. Building a culture of innovation and improvement

Our Covid19 response has accelerated our appetite for innovation and improvement. The post-Covid all staff survey highlighted that staff felt empowered to make rapid changes in line with patient needs. Large numbers of staff said our 'agile approach' and ability to make 'positive changes at pace' were key things that had worked well during our Covid19 response, and that they wanted to sustain going forwards.

In line with the Trust quality strategy, our aim is to create an organisational culture, supported by internal structures, which allow opportunities for our staff to grow and exchange ideas and to cross fertilise innovation across divisions and boundaries.

To continue growing, we are building on the work of 2019/20 and have set out an in-year plan to develop our culture of innovation and improvement.

Roadmap	Why?	Action plan 2020/21
Leadership and structure; practice 'innovation parenting'	Use the Trust leadership to set a philosophy and tone of innovation, from recruitment onwards. We will provide a structure to ground our innovators in accountability for the organisations objectives, key focus areas and provide capability development. Then we will give them broad discretion and support to conduct their work in those parameters.	Refresh of QI L&D programme to include more innovation focus Refresh of Improvement Programme
Social development and sharing learning, ideas and success	Social development – we will create opportunities for people with interest to interact with each other, share learning and ideas - this will in turn build innovation energy.	Formalise a community of innovators Determined to develop event – showcasing R&D, innovation, QI CW Advisory board – launch mentoring programme Monthly #determined to develop newsletter
Balance of ideas/ projects	We now have many channels for staff to share and for us to gather ideas. We will continue to encourage bottom up ideas and have a healthy pipeline of opportunities and projects. However we will ensure we do not have a surfeit of projects with inadequate staffing – as this spreads the teams too thin, hinders delivery and creates frustration. We will prioritise projects aligned to our Trust strategy and improvement goals.	Expanding divisional 'research' remit / appointing clinical leads to include QI/ innovation Divisions conduct QIA and review/sign off projects at quality board
Cultivate partnerships	Work with CW+ to build relationships that extend beyond the boundaries of our organisation. This will enable greater collaboration, co-innovation and joint developments, as well as opportunities to commercialise.	CW Innovation Advisory board Expand R&D PPI forum to include innovation/ improvement Create 'horizon scanning; function, with pipeline of opportunities sent to innovation community Launch CW innovation social media

Roadmap	Why?	Action plan 2020/21
Applied innovation; Gamify and reward innovation and improvement	Provide shared goals/ direction then make the ideas generation process a competition where people can win recognition for great ideas – reinforcing the innovation culture	NOVA Innovation call CW+ Nurses, Midwives, AHPs call
Hire, retain and develop great people	To be the employer of choice; we must hire a diverse workforce with ambidextrous thinkers who want to innovate and solve problems. We must also retain our innovators and visionaries by providing them with an environment where they can flourish.	Work with HR to make creative thinking an important part of candidate assessment. Re launch corporate induction to share innovation vision Create PROUD behaviours framework – highlighting #determined to develop and the constant seeking of improvements

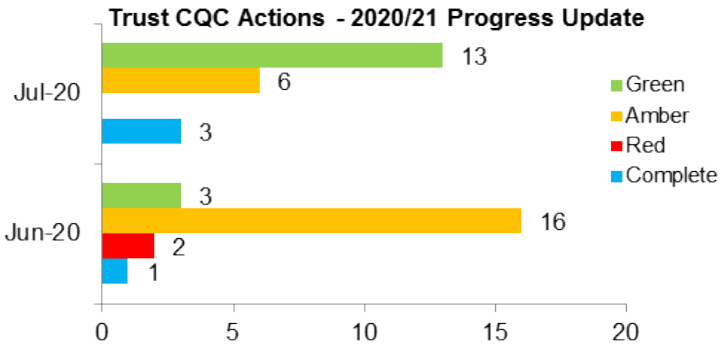
4. CQC Improvement Plan

The Trust received a rating of 'Good' overall, with 'Outstanding' in 'Use of Resources' and 'Well-Led' in the November 2019 CQC inspection. The CQC report recommended 22 actions to improve care, 18 of these were 'should do' actions. There were no 'must do' actions.

The CQC action plan is monitored through Improvement Board, and assured through Quality Committee.

In June/July, two actions have moved from red to amber status, ten amber actions have moved to green status and two green actions have moved to complete status. The overall RAG position of the CQC actions are tabled below:

Actions Summary	Red	Amber	Green	Complete
Jun 2020	2	16	3	1
Jul 2020	- ↓	6 ↓	13 ↑	3 ↑



5. Deep dives – quality priority and patient experience

I. Improving Sepsis Care

Overview

Vision statement
To provide high quality and patient-centred care for patients presenting or deteriorating with sepsis.

Case for change
Timely identification and appropriate antimicrobial therapy has been shown to be effective in reducing transition to septic shock and therefore reducing mortality.

Specific aims
To achieve that we will:

- Screen 90% of patients for sepsis (baseline 81%)
- Medically review 90% of patients screened for sepsis
- Treat 90% of patients with IV antibiotics within 1 hour (baseline 72%)

Measures for Improvement

- Process measures: screening, clinical review and antibiotic
- Clinical measures: length of stay, bed days

Progress update

Digital optimisation
In quarter 1 the sepsis working group have been predominately focused on Cerner optimisation. This has involved clinically-led changes to the Cerner interface to improve access and clinician uptake of completing sepsis screening and review of deteriorating patients.

A new sepsis reporting dashboard has been developed, with automated live clinical data using information from Cerner on the key quality metrics. This has been approved by PASID and is awaiting implementation by the end of July. This change will make significant progress in the way clinicians and the spies can lead can track and monitor sepsis data in real-time.

People and culture
The working group continue to focus on staff education & development. Since the last update, the team have launched nursing deteriorating patient champions, held a quality round on early identification and management of deteriorating patients, as well as planned an induction programme for new junior doctors (joining in August).

Next steps
The focus for the next quarter will be the launch of the Cerner dashboard and optimisation within clinical teams. The team will then focus on specific quality improvement, research and innovation initiatives with a data-driven approach, with updates delivered to the sepsis working group (see table)

Improving Sepsis Care		
Research	**Innovation**	**QI/audit**
Researching the use of wearable sensors to early identify a deteriorating patient, research lead is Dr Sadia Khan.	The development of dashboards that use technology to measure practice into data information.	Exploring opportunity to piloting new pathway in Emergency Department with administration of antibiotics after red flag sepsis

Risks and challenges

- Early adoption of Cerner – targeted training for healthcare professional on improving understanding of toolkit.

- Limited Chelsea and Westminster Hospital sepsis performance data since Cerner implementation – reporting dashboard will back-date information.

- Clinical project management – handover period as new clinical fellow joins, ensure continued improvement resource to clinically-drive project and expansion of consultants within project team.

II. PALS improvement programme

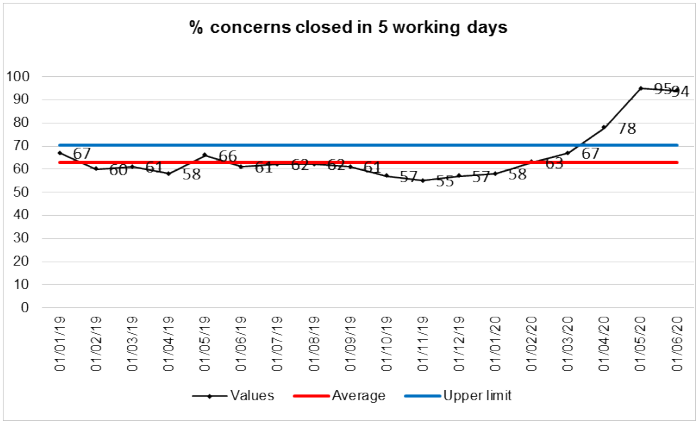
Overview

The PALS service at CWFT has struggled to achieve their KPI of resolving 100% of concerns raised within 5 working days. The service has consistently sat at around 66% in relation to this performance metric.

Progress Update

The service has piloted new ways of working, with a strong emphasis on instant resolution for patients wherever possible, and building stronger relationships with clinical and operational teams to seek a swift resolution for all patients.

During COVID19 the number of concerns logged fell drastically and enabled the trailing of the new process. The service has rebranded itself and is in the process of formalising an SOP for the new model and well as updating the intranet and internet web pages.



The new model has led to an increase in 5 day resolution to 94%. In addition as shown below 71% of the work of the service has been focussed on instant resolution of concerns raised by patients and their families, with only 3% of concerns escalating to formal complaints.

CONCERNS:	WCH	PC	EIC	CSS	Corp	TOTAL	%
Concerns received and resolved	12	17	33	6	1	69	26
Concerns not logged and instantly resolved	33	52	30	74	0	189	71
Concerns escalated to complaints	3	2	0	2	0	7	3
TOTAL	48	71	63	82	1	265	100

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 3 September 2020

PUBLIC SESSION

AGENDA ITEM NO.	3.3/Sep/20
REPORT NAME	Learning from Serious Incidents – Incidents reported/investigated – June 2020
AUTHOR	Stacey Humphries, Quality and Clinical Governance Assurance Manager Alex Bolton, Head of Health Safety and Risk
LEAD	Pippa Nightingale, Chief Nursing Officer
PURPOSE	This paper provides an update on the process compliance, key metrics and learning opportunities arising from Serious Incident investigations.
SUMMARY OF REPORT	During the 12 month period to June 2020 the Trust declared 159 serious incidents (89 internal SIs and 70 external SIs); of these 78 were associated with Chelsea and Westminster Hospital and 81 with West Middlesex University Hospital. During June 2020, 15 SIs were declared; of these 10 were internal and 5 were external SIs: • 5 x Maternal, fetal, neonatal • 3 x Patient falls • 1 x Provision of care / treatment (Never Event) • 2 x Medication • 1 x Diagnosis/Observations • 1 x Assault, abuse and aggression • 1 x Patient injuries A Never Event was reported on the 8th June 2020. The unintentional connection of a patient requiring oxygen to an air flowmeter occurred on Osterley 1 Ward, WestMid site (StEIS reference 2020/10575). Three Serious Incidents declared in June 2020 potentially caused severe harm to the patient: • External SI INC64767 WestMid – Patient fall • External SI INC65444 ChelWest - Patient fall • Internal SI INC64820 WestMid - Delayed cancer treatment There were 3 SI reports approved by the Chief Nurse/Medical Director and submitted to the NWL Collaborative (Commissioners): • 1 x Maternity/Obstetric incident: baby only • 2 x Maternity/Obstetric incident: mother only Root and contributory causes are identified as part of the serious incident investigation process. The following primary themes were identified during this reporting period: • Complication of pregnancy/child birth Activity impacting resource availability

KEY RISKS ASSOCIATED	Reputational risk associated with Never Events. Delayed delivery of action plans associated with serious incident investigations reduces risk reduction assurance offered by the SI investigation process.
FINANCIAL IMPLICATIONS	Penalties and potential cost of litigation relating to serious incidents and never events.
QUALITY IMPLICATIONS	Serious Incident investigation provides clinical teams with a structured approach to care and service delivery evaluation and supports the identification of learning opportunities designed to reduce the risk of harm to patients, staff and the public.
EQUALITY & DIVERSITY IMPLICATIONS	N/A
LINK TO OBJECTIVES	• Delivering high quality patient centred care
DECISION/ ACTION	For noting.

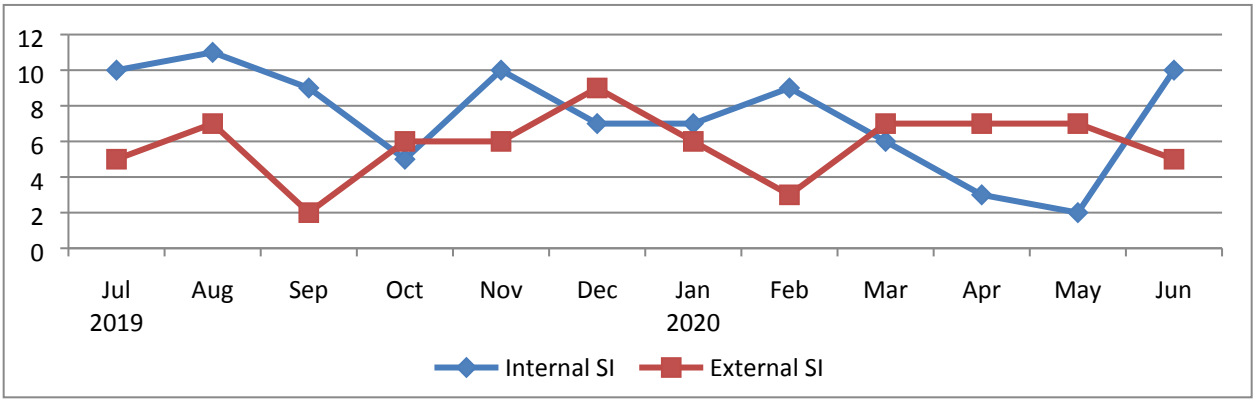
1. Introduction

This report provides the Trust Board with an update on Serious Incidents (SIs), including Never Events, reported by Chelsea and Westminster Hospital NHS Foundation Trust (CWFT).

2. Serious Incident activity – 12 month period

2.1. Incident level comparison

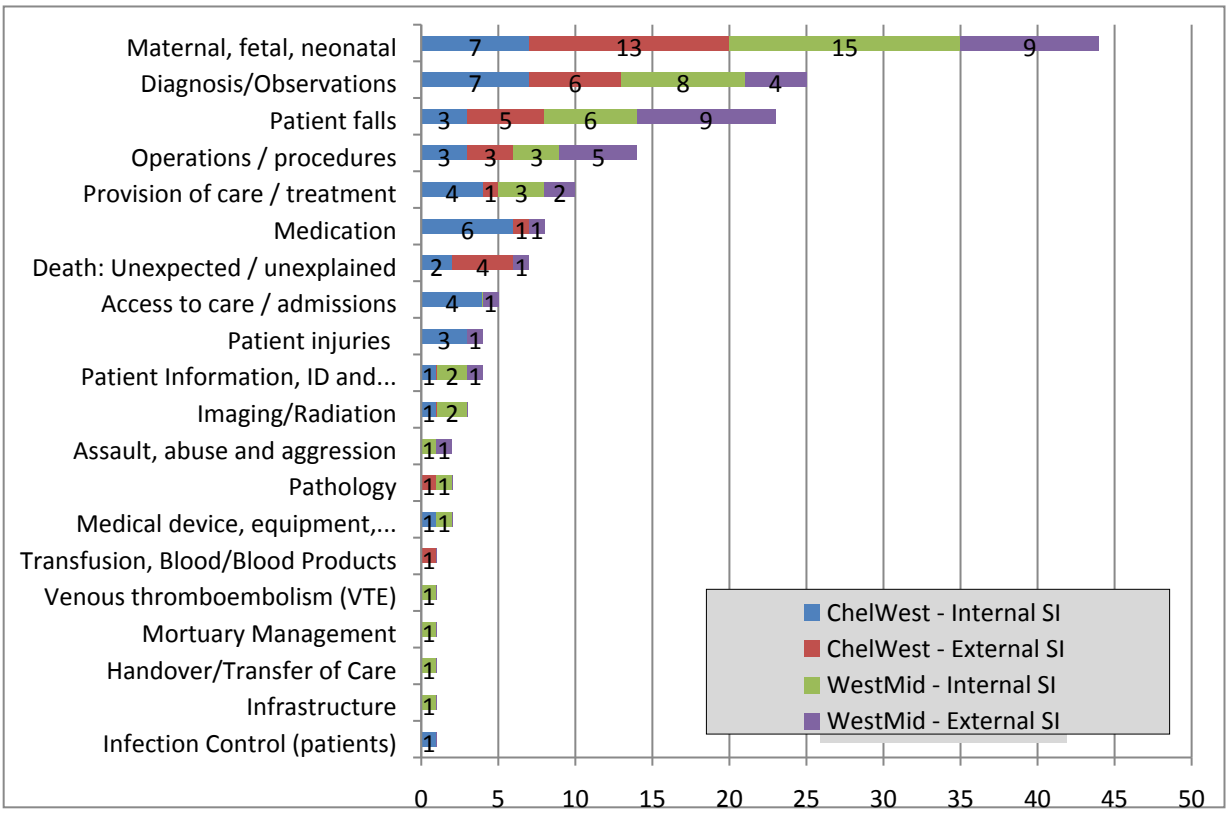
During the 12 month period to June 2020 the Trust declared 159 serious incidents (89 internal SIs and 70 external SIs); of these 78 were associated with Chelsea and Westminster Hospital (CW) and 81 with West Middlesex University Hospital (WM).



Graph 1: Internal and External SIs declared by level and month declared, July 2019 – June 2020

2.2. Categorisation

The bar chart below highlights the categories and investigation level of incidents reported by each site in the last 12 months (July 2019 – June 2020). Both sites most reported incidents relate to maternal, fetal, neonatal events, diagnosis/observations events and patent falls.



Graph 4: Internal and External SIs declared by site and category, July 2019 – June 2020

2.3. Never Events

'Never Events' are defined as '*serious largely preventable patient safety incidents that should not occur if the*

available preventative measures have been implemented by healthcare providers'. A Never Event was reported on the 8th June 2020. The unintentional connection of a patient requiring oxygen to an air flowmeter occurred. (StEIS reference 2020/10575). Whilst the patient was being reviewed for chest physiotherapy it was observed that patient was on nasal cannulae, however these were attached to the medical airport rather than the oxygen port. The patient was not harmed as a result of this error.

3. Serious Incidents declared in June 2020

During June 2020, 15 SIs were declared; of these 10 were internal and 5 were external SIs.

Site/Category	Internal SI	External SI	Total
Chelsea and Westminster Hospital	4	2	6
Maternal, fetal, neonatal	1	1	2
Medication	2		2
Patient injuries	1		1
Patient falls		1	1
West Middlesex University Hospital	6	3	9
Maternal, fetal, neonatal	3		3
Provision of care / treatment	1	1 (Never Event)	2
Patient falls	1	1	2
Diagnosis/Observations	1		1
Assault, abuse and aggression		1	1
Total	**10**	**5**	**15**

Table 1: No. of Internal/External SIs declared in June 2020 by category and site

3.1. Degree of harm pre SI investigation – SIs declared June 2020

The table below notes the degree of harm potentially caused to the patient. Degrees of harm will be confirmed on completion of the SI investigations.

Category	No harm	Low harm	Moderate harm	Severe harm	Total
Maternal, fetal, neonatal		1	4		5
Patient falls			1	2	3
Provision of care / treatment	1 (Never Event)		1		2
Medication	1		1		2
Diagnosis/Observations				1	1
Assault, abuse and aggression			1		1
Patient injuries			1		1
Total	**2**	**1**	**9**	**3**	**15**

Table 2: Degree of harm of Internal/External SIs declared in June 2020

There are 3 incidents currently graded as severe harm:

1. External SI INC64767 WestMid – Patient fall resulting in a hip fracture
2. External SI INC65444 ChelWest - Patient had 2 falls; following this later became unrousable, was intubated and transferred to St Mary's. Patient has since passed way (Patient RIP 2 days post fall)
3. Internal SI INC64820 – Delayed cancer treatment. Joint investigation with Royal Marsden Hospital (RMH). Patients results downgraded by Royal Marsden Hospital (RMH), however, patient represented to West Middlesex Hospital with Metastatic Melanoma Deposits.

4. Serious Incident Learning Action Plans

Serious Incident action plans are recorded within the Datix incident reporting system. This increases visibility of the actions arising from incidents and offers assurance that improvement actions are being delivered to reduce the risk of recurrence.

At the time of writing this report, there are 11 SI actions that have passed their expected due date as outlined within the SI investigation. Non-delivery or lack of documentation / evidence of delivery of SI action limits the assurance offered by the serious incident investigation process.

	No. of Internal SI actions overdue	No. of External SI actions overdue	Total
Clinical Support Services	2	2	**6**
Emergency and Integrated Care	0	1	**1**
Planned Care	4	1	**3**
Womens, Childrens, HIV, GUM and Dermatology	0	1	**1**
Total	6	5	**11**

Table 4: Overdue serious incidents actions by owning division and SI level

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 3 September 2020

PUBLIC SESSION

AGENDA ITEM NO.	3.4/Sep/20
REPORT NAME	Mortality Surveillance Report Q1 2020/21
AUTHOR	Alex Bolton, Head of Health Safety and Risk
LEAD	Roger Chinn, Medical Director (Acting)
PURPOSE	This paper updates the Board on key metric relating to the Trust's learning from death approach.
SUMMARY OF REPORT	The Trust wide HSMR relative risk of mortality between April 2019 and March 2020 demonstrates that both sites have outcomes significantly below the expected range; the CWH site has an HSMR of 68 (95% CI: 60.60 – 75.20), The WMUH site 81 (95% CI: 74.9 – 87.7). Overall the Trust HSMR is 76 (95% CI: 71.1 – 80.7). Mortality case review was undertaken following all in-hospital deaths (adult, child, neonatal, stillbirth, late fetal loss). In response to increasing clinical demand and impact on staffing as a result of the covid-19 pandemic the organisations mortality review process was paused in April 2020. A step change in the relative risk of mortality has been experienced since March 2017 and has continued within Q1 2020/21; this is an indicator of improving outcomes and safety. The outcome of mortality review has provided a rich source of learning; the resumption of the Trust wide review process during Q3 will support the organisations improvement objectives and improve assurance reporting to the Quality Committee.
KEY RISKS ASSOCIATED	The paused mortality review process impacting the recognition and response to learning from death.
FINANCIAL IMPLICATIONS	Limited direct costs but financial implication associated with the allocation of time to undertake reviews, manage governance process, and provide training.
QUALITY IMPLICATIONS	Mortality case review following in-hospital death provides clinical teams with the opportunity to review expectations, outcomes and learning in an open manner. Effective use of mortality learning from internal and external sources provides enhanced opportunities to reduce in-hospital mortality and improve clinical outcomes / service delivery.
EQUALITY & DIVERSITY IMPLICATIONS	N/A
LINK TO OBJECTIVES	• Deliver high quality patient centred care
DECISION/ ACTION	For noting.

Mortality Surveillance – Q1 2020/21

1. Background

In response to increasing clinical demand and impact on staffing as a result of the covid-19 pandemic the organisations mortality review process was paused in April 2020. The following interim arrangements were introduced:

- All in-hospital deaths to be logged to the mortality module by the Medical Examiner's Officers
- Medical Examiners to commissioned to scrutinise 80% of in-hospital deaths
- Where ME scrutiny identifies the potential for Trust learning specialty case review or clinical governance input to be sought
- Potential learning opportunities identified via Medical Examiner scrutiny to be reported to the Mortality Surveillance Group

2. Relative risk of mortality

The Hospital Standardised Mortality Ratio (HSMR) and Standardised Hospital-level Mortality Indicator (SHMI) are used by the Mortality Surveillance Group to compare relative mortality risk.

The Trust wide HSMR relative risk of mortality between April 2019 and March 2020 demonstrates that both sites have outcomes significantly below the expected range; the CWH site has an HSMR of 68 (95% CI: 60.60 – 75.20), the WMUH site 74.9 (95% CI: 74.9 – 87.7). Overall the Trust HSMR is 76 (95% CI: 71.1 – 80.7).

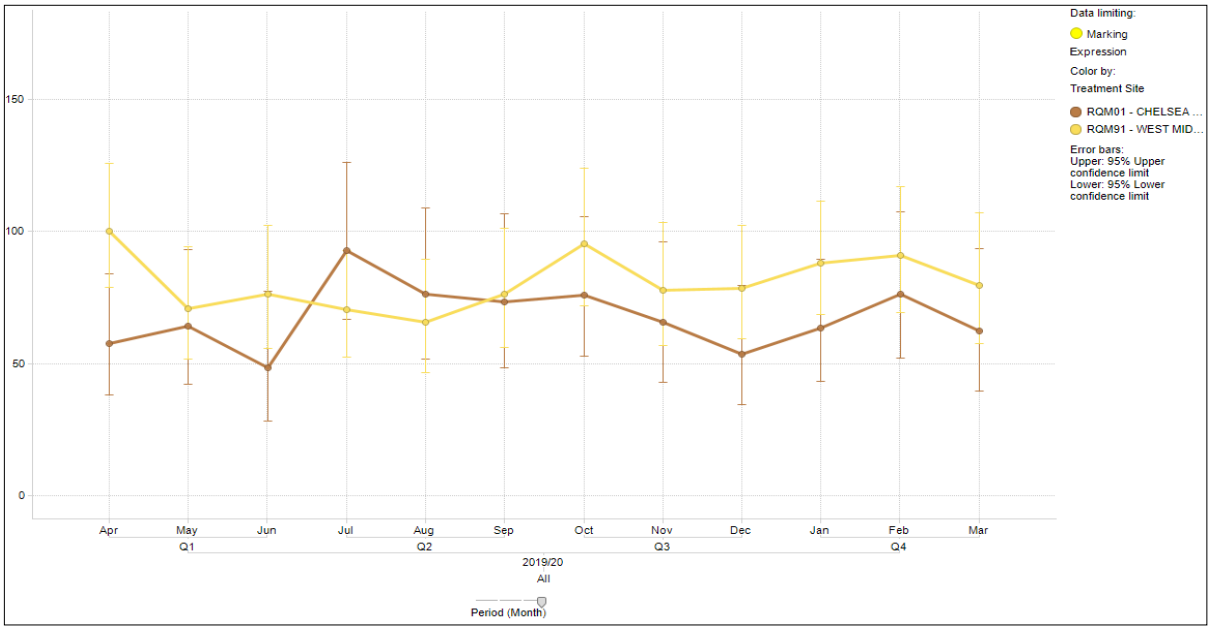


Fig 1: Trust HSMR 24-month trend by site

Improving relative risk of mortality has been experienced across both sites since March 2017; both sites continue to perform below the expected range and overall the Trust compares favourably to peer organisations.

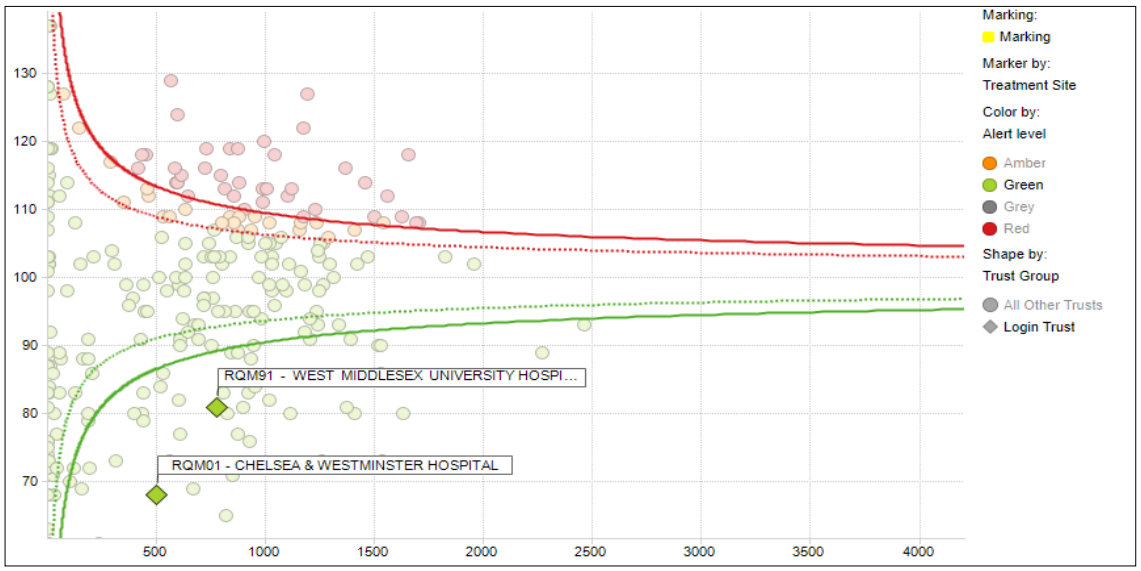


Fig 2 – Relative Risk, regional acute provider comparison

3. Alarms

The overall relative risk of mortality on both sites is within the expected range, however, the Mortality Surveillance Group seeks further assurance by examining increases in relative risk associated with procedure and diagnostics groups. Where higher than expected relative risk linked to a diagnostic or procedure group is identified a clinical coding review is undertaken and where indicated comment from clinical team is sought. Reporting of 'alarms' from these groups has been suspended since April 2020; learning from alarms will re-commence in September 2020.

4. Audits

The Mortality Surveillance Group will oversee audits associated with mortality learning. During this financial year it is proposed that emergency readmission rates of patients who subsequently die within hospital are considered to identify potential internal and external learning (10% of patients who die within the Trust have had four or more previous admissions within the last 12 months of life).

5. Crude rate

463 adult, child and neonatal deaths were identified during Q2 2020/21.

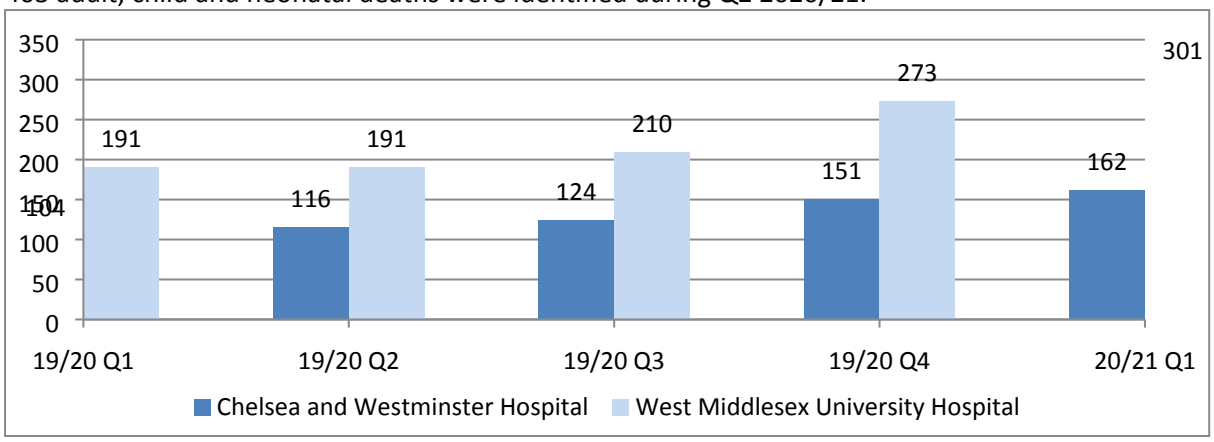


Fig 3: Total mortality cases logged to Datix by site and financial quarter

Crude mortality is the total number of deaths during a given time interval; a crude mortality rate can be calculated by dividing the number of deaths by the total number of patients within the hospital, the outcome is multiplied by 1000 to give the number of deaths per thousand patients.

Neither the total number of deaths nor the crude mortality rate for a hospital site can be used to compare the risk of mortality between sites or Trusts. This is because they are influenced by differences in population demographics, services provided and intermediate / community care in the surrounding areas. Therefore no two sites can be accurately compared using these metrics and instead the Hospital Standardised Mortality Ratio (HSMR) and Standardised Hospital-level Mortality Indicator (SHMI) are used to make comparisons of relative risk of mortality. Crude rates did however provide useful feedback during the initial COVID-19 epidemic between March and June 2020.

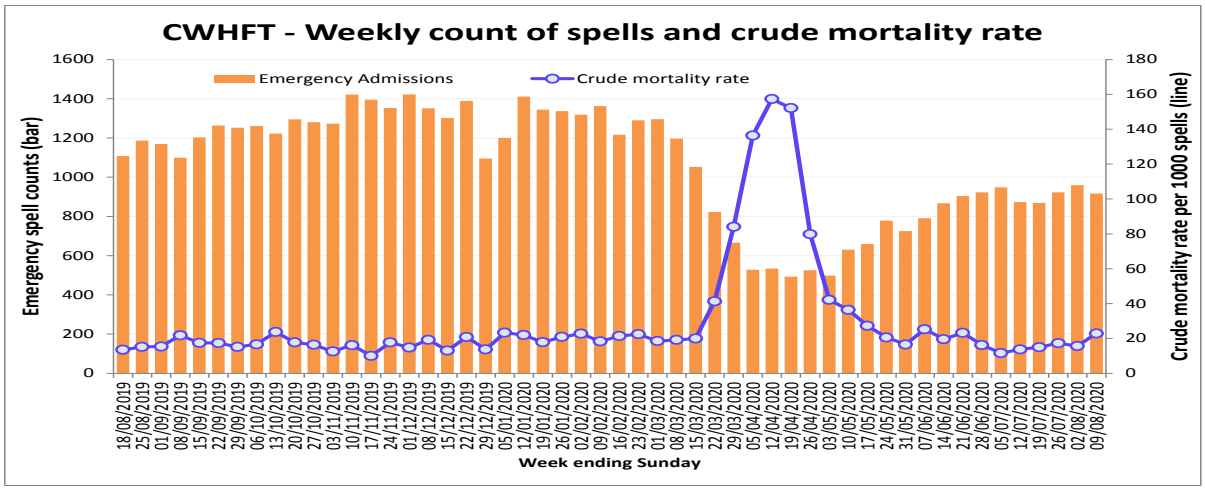


Fig 4: Crude Mortality– Trust Level. Period WE 18/08/2019 to WE 09/08/2020

Admitted patient numbers remain lower than normal, with activity falling dramatically from March, stabilizing at about 900 spells a week from late June. The weekly crude mortality rate appears within the normal, pre COVID-19 levels of variation.

The number of patient mortalities appears within the normal range when compared to the 5 year average (see Fig. 8). The number of deaths associated with COVID-19 is also now very low.

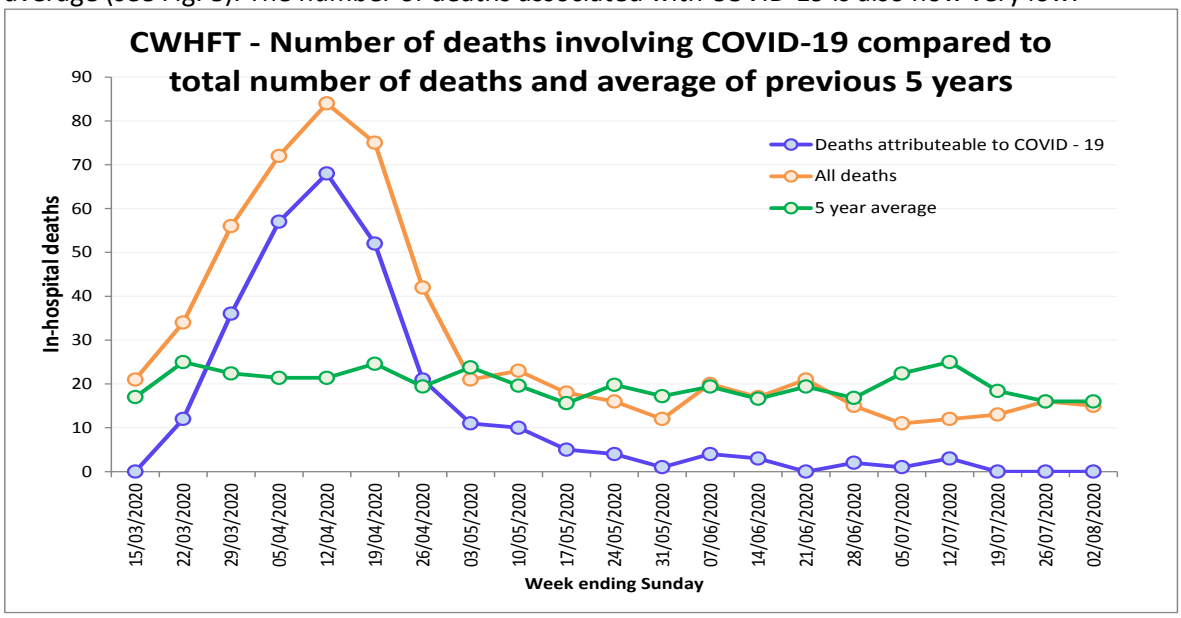
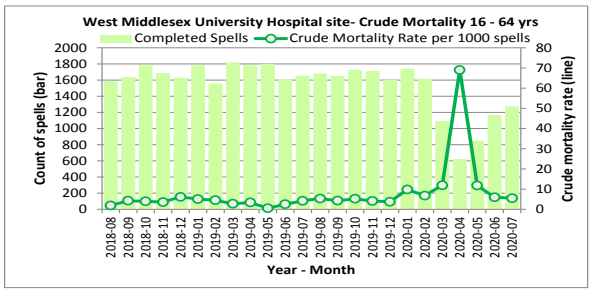
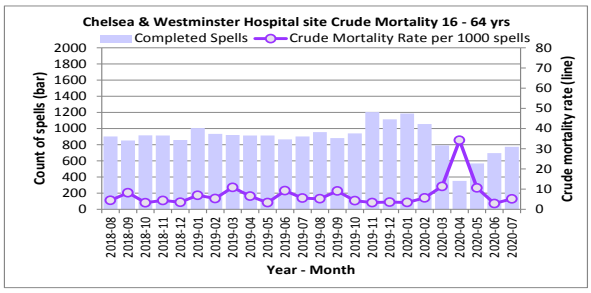


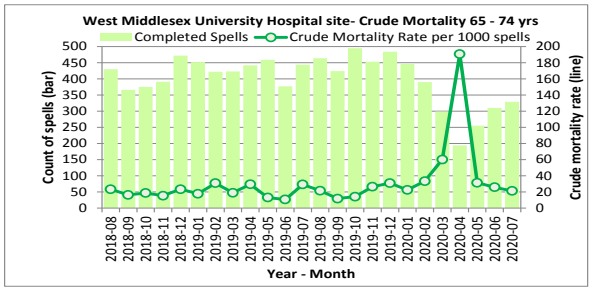
Fig 5: Weekly mortality compared to five year average. Period WE 18/08/2019 to WE 09/08/2020

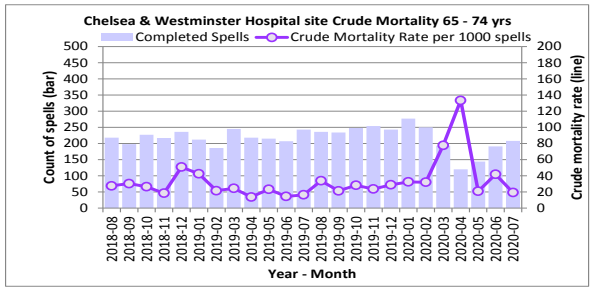
The crude mortality rates (e.g. number of deaths vs. number of patients) between the two sites show great variance; this is primarily due to the difference in the number of elective and emergency admissions between the two hospitals.

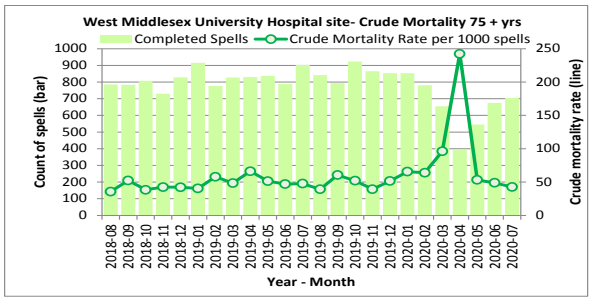
When the crude mortality rates are compared using only adult emergency admissions the bias between the two sites appears to be reduced. The charts below shows the crude mortality rate at each site is similar (the line) but the number of completed hospital spells (the bars) are significantly higher at the West Middlesex site.

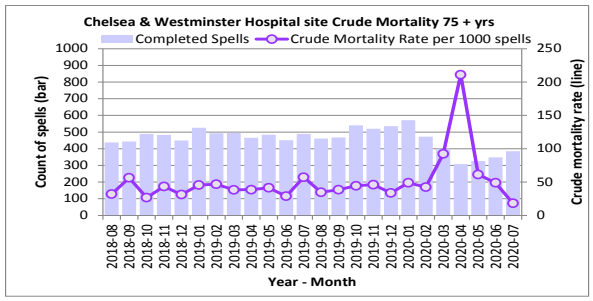












Improving relative risk of mortality has been experienced across both sites since March 2017. Within the London region there are only 3 acute Trusts with lower relative risk. The HSMR provides an indicator of improving outcomes and safety that is evidenced at both sites; this position is monitored by the Mortality Surveillance Group.

6. Conclusion

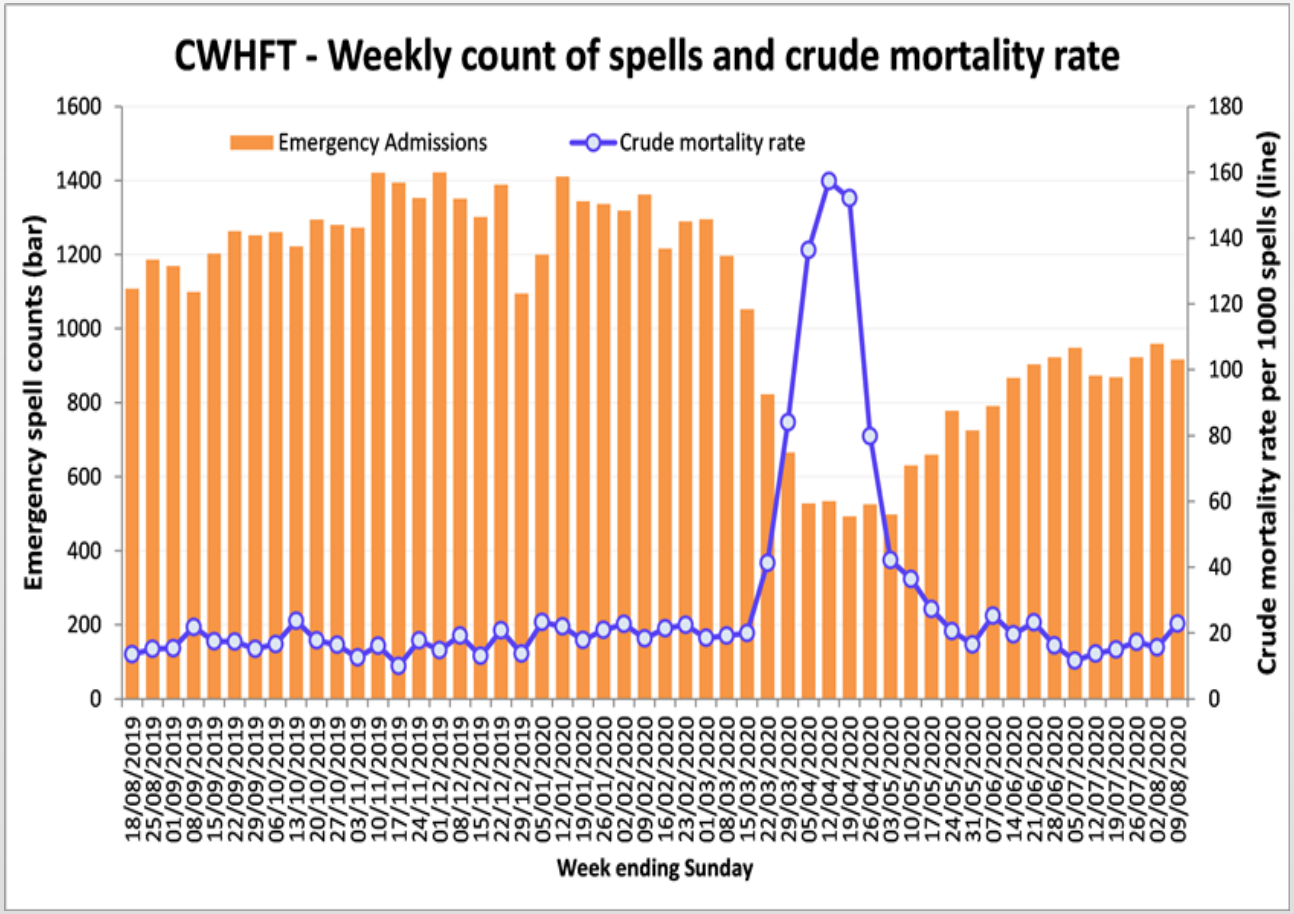
A step change in the relative risk of mortality has been experienced since March 2017 and has continued within Q1 2020/21; this is an indicator of improving outcomes and safety.

The outcome of mortality review has provided a rich source of learning; the resumption of the Trust wide review process during Q3 will support the organisations improvement objectives and improve assurance reporting to the Quality Committee.

Mortality Surveillance (Q1)

Roger Chinn, Medical Director (Acting)

Crude Mortality

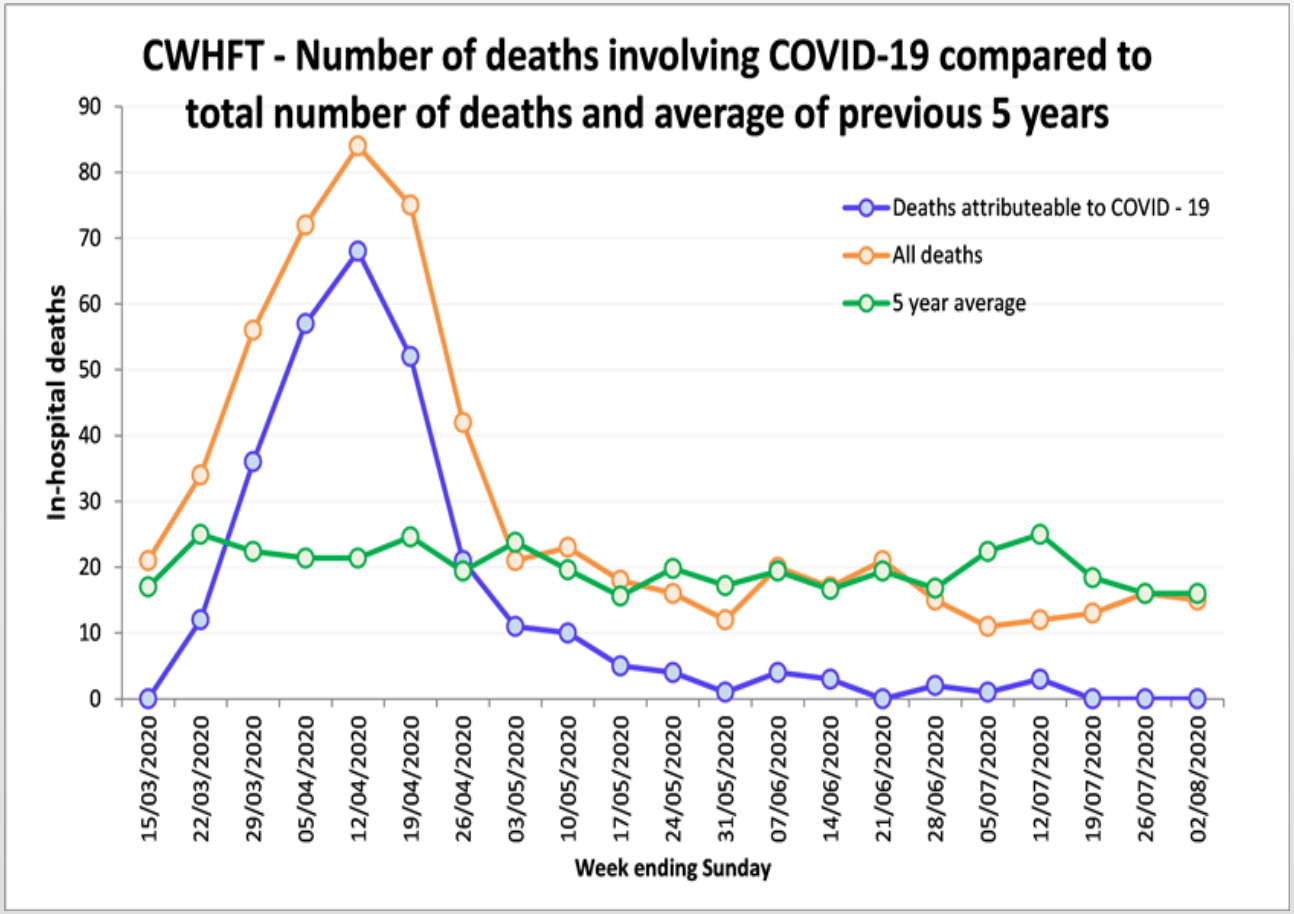


Significant drop in emergency admissions in March

Admission stabilised in late June to approx. 900 spells per week

Crude mortality returning to pre covid-19 levels

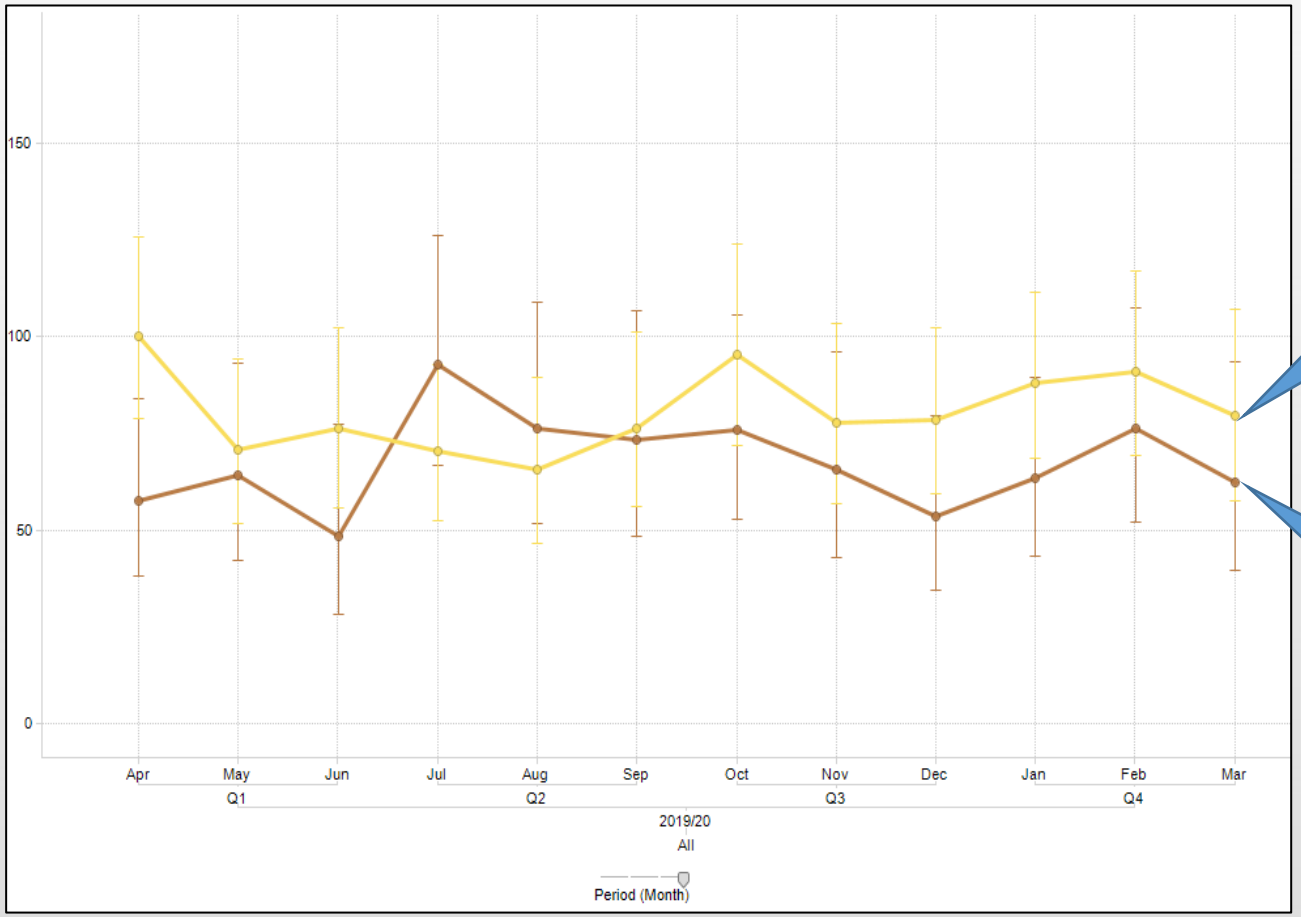
Covid-19 crude mortality



Deaths returning to normal range compared to 5 year average

Deaths associated with Covid-19 now very low

Risk of mortality – below expected range



HSMR at WestMid over the 12 month period is 81

HSMR at ChelWest over the 12 month period is 76

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 3 September 2020

PUBLIC SESSION

AGENDA ITEM NO.	3.5/Sep/20
REPORT NAME	People and OD Committee KPI Dashboard
AUTHOR	Karen Adewoyin, Deputy Director of People and OD
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 It also includes an update on the key workstreams for Workforce and progress made during the month of July 2020. Key Highlights and achievements are: • Voluntary and Gross turnover – first time under 13% target in 2 years • Sickness rate – under ceiling and better than this time last year • Risk assessments 100% - best in London • Reciprocal mentoring launched • Listening events held and extended The Workforce Report has been shared with the People and Organisational Development Committee via e-governance and reviewed in the Workforce Development Committee.
KEY RISKS ASSOCIATED	The majority of KPI's have started to return to pre-COVID-19 levels
FINANCIAL IMPLICATIONS	Costs associated with turnover and sickness and the impact on staff of COVID-19

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	• Deliver high quality patient centred care • Be the employer of choice • Delivering better care at lower cost
DECISION/ ACTION	For noting.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Workforce Performance Report
to the People and Organisational Development Committee

Month 04 – July 2020

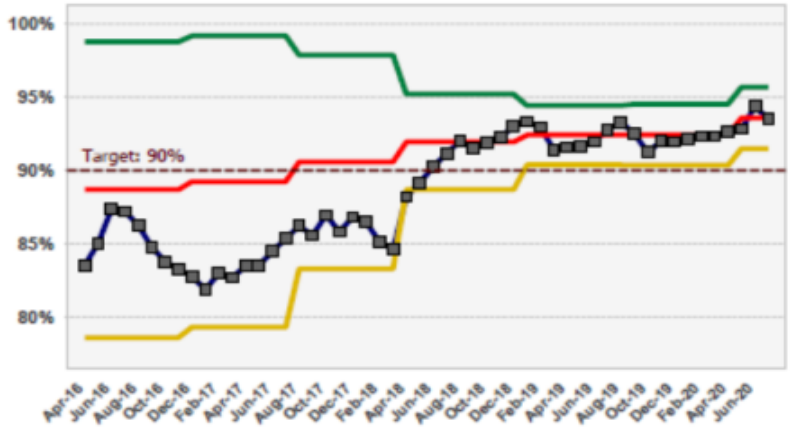
Statistical Process Control – April 2016 to July 2020

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

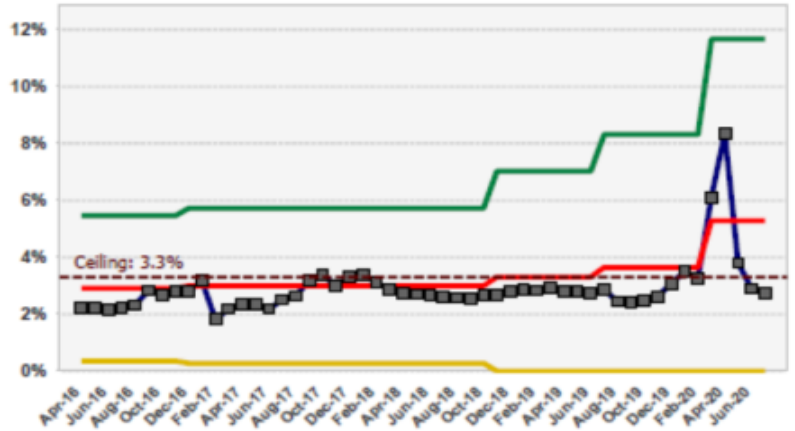
WORKFORCE INDICATORS

Statistical Process Control Charts for the 52 months April 2016 to July 2020

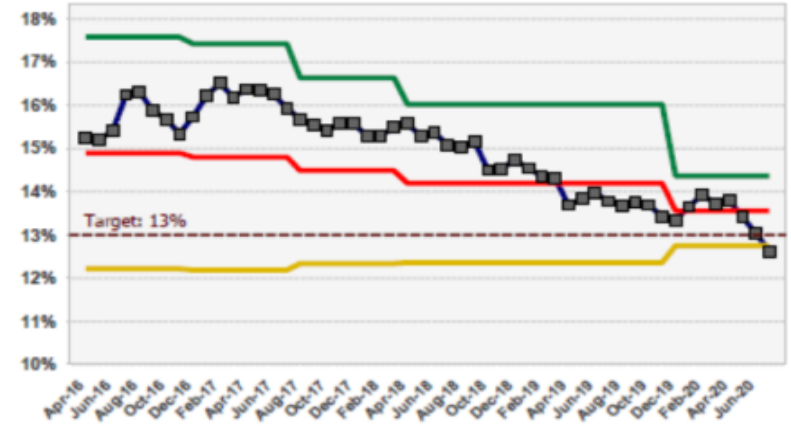
Mandatory Training compliance



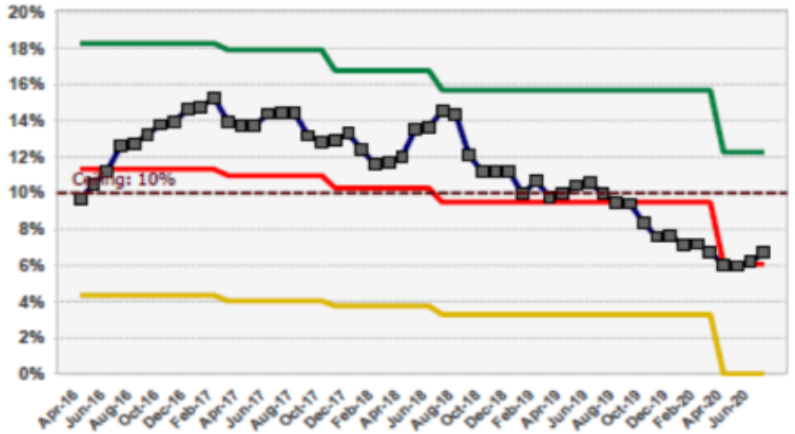
Sickness absence



Staff voluntary turnover rate



Vacancy rate



People and Organisational Development Workforce Performance Report July 2020
Key Performance Indicators

Chelsea and Westminster Hospital NHS Foundation Trust

Item	Units	This Month Last Year	Last Month	This Month	Target / Ceiling	RAG Status			Trend
						Red	Amber	Green	
1. Workforce Information									
1.1 Establishment	No.	6349.18	6,402.24	6,399.52					↓
1.2 Whole time equivalent	No.	5716.64	6005.34	5971.07					↓
1.3 Headcount	No.	6158	6491	6458					↓
1.5 Overpayments (Number)	No.	47	39	18					↓
1.4 Overpayments (Costs)	£	83,810.75	97,065.53	39,048.08					↓
2. HR Indicators									
2.1 Sickness absence	%	2.86%	2.89%	2.74%	<3.3%				↓
2.2 Long Term Sickness absence	%	1.41%	1.57%	1.49%					↓
2.3 Short Term Sickness absence	%	1.45%	1.32%	1.25%					↓
2.4 Gross Turnover	%	18.11%	17.17%	17.00%	<17%				↓
2.5 Voluntary Turnover	%	13.78%	13.03%	12.62%	<13%				↓
3. Employee Relations									
3.1 Live Employment Relations Cases	No.	161	122	95					↓
3.2 Formal Warnings	No.	1	3	0					↓
3.3 Dismissals	No.	2	1	0					↓
4. Temporary Staffing Usage									
4.1 Total Temporary Staff Shifts Filled	No.	14809	10390	11396					↑
4.2 Bank Shifts Filled	No.	12858	9902	10560					↑
4.3 Agency Shifts Filled	No.	1951	488	836					↑
5. Vacancy									
5.1 Trust Vacancy Rate	%	9.96%	6.20%	6.70%	<10%				↑
5.2 Corporate	%	4.86%	-19.98%	-21.05%	<10%				↓
5.3 Clinical Support Services	%	10.62%	9.91%	9.97%	<10%				↑
5.4 Emergency & Integrated Care	%	9.44%	9.32%	10.10%	<10%				↑
5.5 Planned Care	%	9.00%	9.81%	10.05%	<10%				↑
5.6 Women's, Children and Sexual Health	%	96.00%	7.58%	8.55%	<10%				↑
12.44									
6.1 Offers Made	No.	152	97	133					↑
6.2 Pre-employment checks (days)	No.	18	14.6	18.7	<20				↑
6.3 Time to recruit (weeks)	No.	8.58	8.96	7.66	<9				↓
7. PDRs Undertaken (AfC Staff over 12 months)									
7.1 Trust PDRs Rate (AfC Staff)	%	79.90%	94.33%	93.96%	≥90%				↓
7.2 Corporate	%	71.11%	92.00%	89.98%	≥90%				↓
7.3 Clinical Support Services	%	83.19%	94.16%	94.52%	≥90%				↑
7.4 Emergency & Integrated Care	%	81.07%	95.46%	95.28%	≥90%				↓
7.5 Planned Care	%	81.13%	95.82%	93.79%	≥90%				↓
7.6 Women's, Children and Sexual Health	%	78.29%	93.58%	94.08%	≥90%				↑

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

People and Organisational Development Workforce Performance Report July 2020
Key Performance Indicators

Chelsea and Westminster Hospital NHS Foundation Trust

July 2020 SICKNESS

Division	Sickness Abs.	RAG Status Ceiling <3.30%	Available WTE hours	Absence WTE hours	Episodes	Long Term (WTE Lost)	% Long Term	Prev. Month	% +/-
Corporate	1.17%		22359.29	260.65	50	123.60	0.55%	1.31%	-0.14%
Clinical Support	3.21%		29620.16	949.41	156	475.74	1.61%	3.25%	-0.04%
Emergency & Integrated Care	2.81%		49543.84	1390.54	220	859.47	1.73%	2.72%	0.09%
Planned Care	2.12%		31626.64	670.14	115	345.88	1.09%	2.60%	-0.48%
Women's, Children and Sexual Health	3.47%		51899.10	1802.33	237	949.46	1.83%	3.70%	-0.23%
Trust	**2.74%**		**185049.03**	**5073.07**	**778**	**2754.15**	**1.49%**	**2.89%**	**-0.15%**

July 20 Core Training

Course	Last Month	This Month	Target	RAG Status	Trend
Core Training Compliance Overall	94%	94%	<90%		↔
Theory Adult BLS	90%	89%	<90%		↓
Practical Adult BLS	87%	86%	<90%		↓
Conflict Resolution	96%	97%	<90%		↑
Equality, Diversity and Human Rights	96%	96%	<90%		↔
Fire	94%	91%	<90%		↓
Health & Safety	96%	96%	<90%		↔
Infection Control (Hand Hygiene)	97%	95%	<90%		↓
Infection Control - Level 2	93%	94%	<95%		↑
Information Governance	96%	93%	<95%		↓
Moving & Handling - Inanimate Loads	94%	94%	<90%		↔
Moving & Handling - Patient Handling	91%	91%	<90%		↔
Safeguarding Adults Level 1	96%	96%	<90%		↔
Safeguarding Adults Level 2	94%	94%	<90%		↔
Safeguarding Adults Level 3	85%	83%	<90%		↓
Safeguarding Children Level 1	97%	97%	<90%		↔
Safeguarding Children Level 2	95%	95%	<90%		↔
Safeguarding Children Level 3	91%	88%	<90%		↓

July 20 Employee Relations

Category	Metric	Number / %
No of Disciplinary cases opened in month	Number	2
No of current, live disciplinary cases	Number	8
Length of Disciplinary cases	Days <60	64
Total Disciplinary cases in year (from April 2	Number	4
% BAME Disciplinary Cases in year	%	75%
% BAME Disciplinary Cases in month	%	100%
Exclusions - No. of live in month	Number	3
Grievance - No. of live cases in month	Number	10
Grievance – Average length of case	Days	52
B&H cases - included in grievance numbers	Number	4
Sickness - No. of cases in month	Number	60
Long Term - sickness cases in month	Number	40
Short Team - sickness cases in month	Number	20
No. of Employment Tribunals (ET)	Number	7
Managers having ER training (from April 20)	Number	0
No. of informal queries (disciplinary process	Number	5

July 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	602.52	729.34	-126.82	23.49	9.25	744.58	-142.06	
Clinical Support	1065.23	959.04	106.19	106.40	0.00	1042.70	22.53	
Emergency & Integrated Care	1770.47	1591.62	178.85	203.10	9.28	1763.38	7.09	
Planned Care	1130.09	1016.47	113.62	60.44	24.69	1075.62	54.47	
Women's, Children and Sexual Health	1831.21	1674.59	156.62	115.72	14.51	1734.06	97.15	
TRUST	**6399.52**	**5971.07**	**428.45**	**509.15**	**57.73**	**6360.33**	**39.19**	

July 20 Voluntary Turnover

Division	Turnover	Prev Month	% + / -
Corporate	12.36%	13.03%	-0.67%
Clinical Support	14.09%	15.01%	-0.92%
Emergency & Integrated Care	14.42%	14.73%	-0.31%
Planned Care	11.13%	10.79%	0.35%
Women's, Children and Sexual Health	11.06%	11.56%	-0.51%
TRUST	**12.62%**	**13.03%**	**-0.41%**

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
July 2020

Establishment, Staff in Post and Vacancies:

The Trust currently employs 6458 people working a whole time equivalent of 5971 which is 34.27 WTE lower than June. This equates to 258 wte more permanent members of staff than this time last year. There has been a increase in the vacancy rate for July, 6.70% 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 7.00% and remains one of the lowest in the country with a national median of 12.75%. The medical vacancy rate has increased to 5.60% including staff recruited for COVID-19 and 8.01% not including additional recruits, which is quartile 2 in Model Hospital and national median of 7.43%. AHP (9.72%) S&T (7.94%) 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, and the reason for the corporate vacancy rate being over established is due to the COVID-19 additional staff sitting in this cost centre.

Temporary Staffing:

Temporary staffing demand increased for the second month in succession, and overall was up 9.9% compared to June, albeit we remain 25% down year on year. Our agency fill increased 2.3% in July, but is 5% lower than last year. Medical temporary staffing requests increased significantly in July, up 46% with increases across all divisions, but predominantly in EIC which saw a 64.4% increase. The new process for Consultant additional list pay went live in July. The result of this is that the average hourly cost of medical bank shifts continues to decrease and we now pay an average of £6 less per hour than the same month last year. Following proactive work to reduce retrospective bookings, we saw a 5% reduction and overall the lowest number of bookings recorded retrospectively.

Core Training Compliance :

Overall compliance has remained at 94% this month against the Trust target of 90% (with IG dropping slightly to 93% against a national target of 95%).

It is anticipated that compliance will continue to fluctuate over the next few months as the social distancing requirements continue to impact the number of staff who can attend practical training. In addition, the previous 6-month compliance extension comes to an end and more staff will now be due to lapse. Individual reminders continue to be sent to managers and staff to try and minimise the impact of this.

Sickness Absence:

The Trust's sickness rate has reduced to 2.74%, which is lower compared to last month and this time last years despite COVID19 related challenges. Our sickness target of 3.3% has been breached three times during the last 24 months peaking in April '20 due to Covid-19 . This compares favorably with peers and the Trust remains in the lower quartile on Model Hospital. The three most common reasons for sickness were Anxiety/depression/other and Cold, Chest & respiratory problems which include Covid-19 related absence, Cough, Flu – Influenza. The top sickness reason for the number of days lost has now returned from chest and respiratory due to COVID back to anxiety, depression and is the highest reason for both number of episodes and days lost. Anxiety/depression over the last year has resulted in 17,000 days lost and a cost of £1.5 million and is the reason why there is a significant focus on healthy mind as part of the health and wellbeing 3 year plan. Women's, Children & Sexual Health have the highest reported rates. The ER team have agreed a targeted approach with the division to review this and plan accordingly.

Staff Turnover Rate: Voluntary

Voluntary turnover has decreased to 12.60% and is below the Trust target for the first time and lowest it's been in recent years. The third highest reason for which action can be taken on is work/life balance and the health and well-being business case which has been approved has a key focus on work-life balance issues such as flexible working and establishing a relationship with Timewise to become an accredited flexible working employer, offering a back up care service for staff who have children or care for elderly or vulnerable adults as well as a Nursery partnership to enable staff to afford childcare in London.

PDRs

The PDR process has been updated for April 2020, with the new PDR process moving away from the window based system to staff pay step PDR system. The PDR rate for July was 93.96%, decreased by 0.37% from the previous month. The clinical divisions all have rates higher than 93%.

All managers have been sent details of when staff PDR's are due and the new process. This does mean for reporting purposes for this year as staff's PDR dates are re-aligned to the month prior to their pay step that some PDR dates will be elongated if their original PDR date was prior to the date which has improved compliance figures in month. All those with pay steps in August will need to have managers confirmation of performance before they can go through their pay step. All other staff will remain automatic until next April 2021.

People and Organisation Development Workforce Performance Report

July 2020

Race Equality Plan & Inclusion :

Key highlights in the last month include the pairing of our 16 participants in the reciprocal mentoring programme, training for both is scheduled in August. The listening events have been expanded to 7 dates for all Executive Board members to listen to staff's experiences relating to recruitment promotion and career progression and have been taking place during July and August. The Women's Network and the BAME Network also collaboratively ran a further session on being a BAME women in the Trust and agreed the terms of reference for the network. The Trust in partnership with Stonewall has developed its Year 1 objectives as part of the Trust's commitment to being an LGBTQ+ inclusive employer which includes a policy review to ensure our language is inclusive, developing a transitioning at work policy, incorporating being a member of Stonewall into Trust advertising to ensure recruitment is inclusive, supporting the growth and development of the LQBTQ+ network. The outputs from the staff risk assessments, where staff declared whether they had a disability has enabled work to identify staff across the Trust who have a disability to increase reporting and develop a staff network. The Chair of the BAME Network is also being supported to become a WRES expert and has been nominated for the national training programme. The terms of reference of the Workforce Development Committee have also been reviewed and to ensure engagement with networks and staff side, all Chairs of our staff networks and joint chairs of staff side are now members of the committee. 25 Diversity and Inclusion Champions are now involved in all recruitment Band 8a above with monthly training sessions to increase the numbers of champions to ensure 100% compliance.

Leadership and Development:

Eleven people are commencing the Top Leaders programme in September and Seventeen will be commencing the Senior leaders. Ten people will commence the Top Leaders in January and a further twenty three will commence the Senior Leaders programme in the same month. The Leadership and management fundamentals programmes will be resuming in the Autumn.

Apprenticeships:

Clinical and Non-Clinical Apprenticeships are continuing and as well as the leadership apprenticeships we are also advertising for degree nurse apprenticeships to start in the Autumn of 2020. We currently have 112 Apprentices on programme and 3 have completed their level 5 qualification this month LSBU.

Health and Wellbeing:

The 3 year business case has been approved for health and wellbeing and the team are now mobilising the various elements of the programme and agreeing the staff engagement and communications plan to launch to all staff within the Trust. Overall 1986 staff have registered with Vivup the Trust's staff benefits platform which represents 35% of the workforce and is increasing by approximately 100 employees per month due to on-going communications and staff engagement about current health and well-being and staff benefits. The Trust also completed 100% of individual risk assessments and was the only London Trust to do so within the target timeline. The Occupational Health team have undertaken 1071 in depth risk assessments as a result of the individual risk assessment completion and the outcomes of the risk assessments are currently being recorded and reported on. The team are currently evaluating the on-going demand and assessing sustainability of the current arrangements.

The Trust now has a wealth of information about the health of the workforce which we are seeking to enable targeted wellbeing interventions, for example related to diabetes or obesity. There is continued focus on the healthy mind work programme and access to EAP and counselling services remains higher than normal. Up to end July 318 individuals had made contact with psychology CHAT services which led to 70 referrals and 165 of staff who had facilitated group discussions to talk about their experiences. The health and wellbeing business case also puts in place increased counseling provision which will be offered through VIVUP who offer counselors from various back grounds to enable staff a diverse offer and establishing the psychology service to be able to continue the support that has been in place during COVID-19. Over 80 members of staff have signed up to become mental health first aiders and training will commence in September 2020 to be able to sign post staff to the support available. The well-being team are also re-launching the health and well-being champion role and setting up regular quarterly meetings to develop and train champions in the workplace.

People and Organisation Development Workforce Performance Report

July 2020

Transactional Plan:

The recruitment team have further reduced time to hire from 8.9 weeks in June to 7.6 weeks in July. In addition, the recruitment & selection policy is currently being reviewed with a focus on equality, diversity and inclusion, mandating the requirement for diversity champions, increased visibility and a consistent process for internal opportunities (including acting up and secondments). There is also work on-going to enable seamless NHS to NHS staff transfers on a temporary basis which is supported by work across the NWL sector. The ER Team have continued to see an increase in activity, in particular with the number of grievance cases received in month. The analysis of those grievances has not identified specific areas or themes although the team continue to triangulate with FTSU concerns on a monthly basis. Where applicable, the team are employing a proactive, resolution focused approach with the management of these cases and have substantially increased the use of mediation this month as a means to resolve conflict. Thus the ER team are introducing a programme to train in house mediators soon. The project on introducing the Resolution Framework has started and working groups with the operational teams will start in September. Phase Two of the E-rostering project is on a positive trajectory to deliver the stage 1 of this phase (Consultant leave and others staff groups). 221 Consultants now live across EIC and PCD, a total of 480 by the end of September. Therapies services are going live on E-roster in October and Junior/Training grade implementations will start 1st October.

Volunteers:

There were 113 active volunteers in July, who contributed 2847 hours of volunteering across both hospital sites. There continues to be a downward trend both in terms of the number of active volunteers week to week and the number of hours. Many volunteers have requested a break during the summer. This is also due to the fact that activities associated with immediate crisis response have subsided whilst the 'regular' volunteering tasks associated with the Trust running business as usual have yet to pick up. Ward helpers continue to be deployed across wards as they open up. The service is assisting other departments to restart their volunteering services; this includes the infant feeding teams on both sites, and the Macmillan service and Friends. The team have started welcoming back volunteers over 70 and they can be deployed following risk assessments and Occupational Health clearance.

Organisational Change

The HR team continue to support an increasing number of organisational change programmes, 9 at present within the Trust including some complex TUPE transfers, organisational restructures, new ways of working resulting from changes to services. This currently includes activity within IT, Therapies, Sexual Health, Imperial Healthcare Partners. There are also some significant changes to core services where a NWL approach will be taken including payroll provision and core Occupational Health. Across the NWL HR work-streams there is currently work underway to agree a NWL change protocol.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 3 September 2020

PUBLIC SESSION

AGENDA ITEM NO.	3.6/Sep/20
REPORT NAME	Digital Programme Update
AUTHOR	Bruno Botelho – Director of Digital Operations
LEAD	Rob Hodgkiss – Deputy Chief Executive Kevin Jarrold – Chief Information Officer
PURPOSE	The purpose of the paper is to provide the Trust Board with an update on the Cerner Electronic Patient Programme and other digital programmes.
SUMMARY OF REPORT	As attached.
KEY RISKS ASSOCIATED	The main risks associated with the implementation of a complex EPR solution have been addressed or mitigated.
FINANCIAL IMPLICATIONS	
QUALITY IMPLICATIONS	N/A
EQUALITY & DIVERSITY IMPLICATIONS	N/A
LINK TO OBJECTIVES	• Deliver high quality patient centred care • Be the employer of choice • Delivering better care at lower cost
DECISION/ ACTION	For noting.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Trust Board Update

Digital Programme Update

Digital Update (RH/KJ)

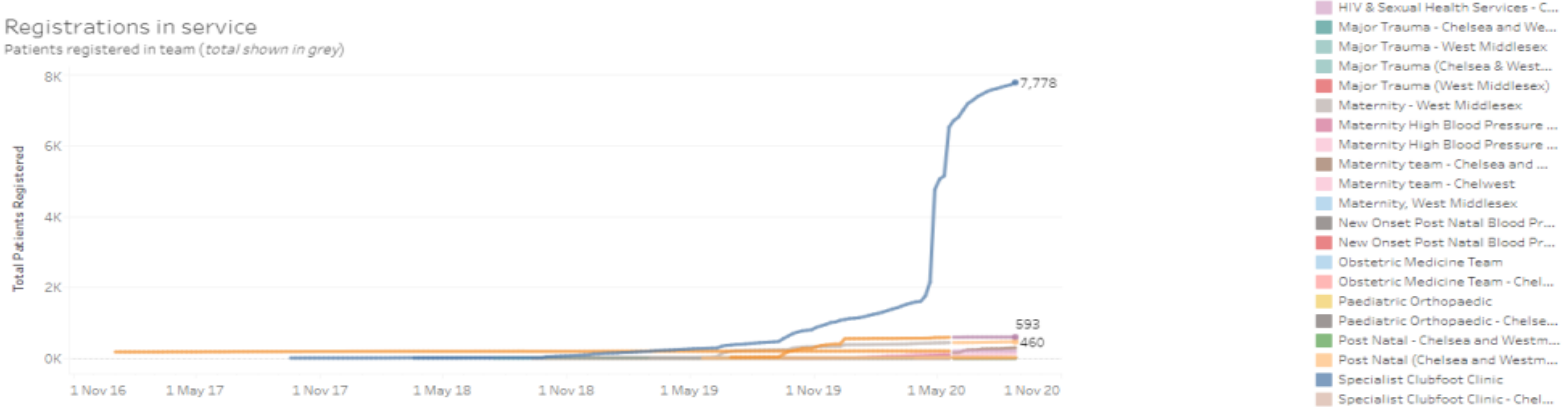
- **Cerner Programme**
  - Clinical Functionalities In-Scope **Complete**
  - Cerner planned maintenance scheduled for 24th and 25th July (postponed from 10th July 2020) **- Complete**
  - **No significant issues or risks** requiring escalation
  - **Good** user adoption with on-going optimization of clinical functionalities

Next Steps

- **Agree Cerner EPR Shared Domain optimisation** between CWFT and ICHT - next 18 months projects are being discussed and prioritised
- Clinical Functionalities Out of Scope needing prioritisation:
  - Order Comms at WM – waiting for dates and potential impact from Cerner Code upgrade planned **for November 2020**

Digital Update (RH/KJ)

- **Other Digital Projects**
  - **All patient appointment correspondence is now offered electronically – c.70% uptake** from patients (up 5% from previous month)
  - Care Information Exchange can now be **accessed directly through Cerner 'Blue Button' enabling trust staff to access patient care plans**
  - **Over 10,000 Trust patients now registered in the Care Information Exchange/ Patient Knows Best Portal**- Discharge Teams at CWFT are exploring options to use the platform to manage care plans when discharged across North West London
  - We continue to work on improving usability of the technology and increase adoption rates. A number of Clinical Teams are registered and using the portal:



Digital Update (RH/KJ)

- **Other Digital Projects**
  - Radiology Information System upgrade planned for June and July 2020- **Complete**

Next Steps

- **Support Recovery and Restore** of NHS Services and support Third Phase of NHS response to COVID19
- **Deliver Radiology Share + :** This is a new application developed to support Radiology Information Systems data-share across NWL - **planning for November 2020**
- **Workshop scheduled for 3rd September 2020** to **align** Digital Innovation and Quality Improvement initiatives, Divisional priorities and how this positively impacts on Research and Development.
- **Support remote working** and on-going workforce challenges as a result of pandemic

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 3 September 2020

PUBLIC SESSION

AGENDA ITEM NO.	3.7/Sep/20
REPORT NAME	Board Assurance Framework (BAF)
AUTHOR	Serena Stirling, Director of Corporate Governance and Compliance
LEAD	Serena Stirling, Director of Corporate Governance and Compliance
PURPOSE	To present the latest iteration of the Board Assurance Framework (BAF) for review and discussion.
SUMMARY OF REPORT	The Board Assurance Framework (BAF) provides a structure and process which enables the organisation to focus on those risks which might compromise achieving the strategic objectives. The BAF identifies the key controls which are in place to manage and mitigate those risks, and also enable the Board to gain assurance about the effectiveness of these controls. The BAF is monitored through the Board sub-committees on a quarterly basis, and the full Board on a bi-annual basis. This report outlines the summary of the BAF at the end of Q2.
KEY RISKS ASSOCIATED	The document sets out the key strategic risks facing the organisation including the financial and quality implications.
FINANCIAL IMPLICATIONS	
QUALITY IMPLICATIONS	
EQUALITY & DIVERSITY IMPLICATIONS	
LINK TO OBJECTIVES	• Deliver high quality patient centred care • Be the employer of choice • Delivering better care at lower cost
DECISION/ ACTION	For noting.

Board Assurance Framework – Q2

Summary

The Board Assurance Framework (BAF) provides a structure and process which enables the organisation to focus on those risks which might compromise achieving the strategic objectives. The BAF identifies the key controls which are in place to manage and mitigate those risks, and also enable the Board to gain assurance about the effectiveness of these controls. The BAF is monitored through the Board sub-committees on a quarterly basis, and the full Board on a bi-annual basis.

Since the Board 2019/20 year-end review of the BAF and Board discussions on strategic risks post-Covid, the BAF has been reviewed and updated by the Executive Risk Owners, reviewed by Executive Management Board and the Board sub-committees. All of the individual risks and controls, means of assurance and any actions required have been reviewed to address any gaps in the controls, aimed at ensuring a consistent approach to the articulation of risks, controls and lines of assurance. Actions due for completion in September 2020 will be reviewed at month-end following Board discussion, and the agreed updates from the sub-committees completed.

The BAF comprises of seven risks which are set out at two levels of increasing detail in the following sections of the report:

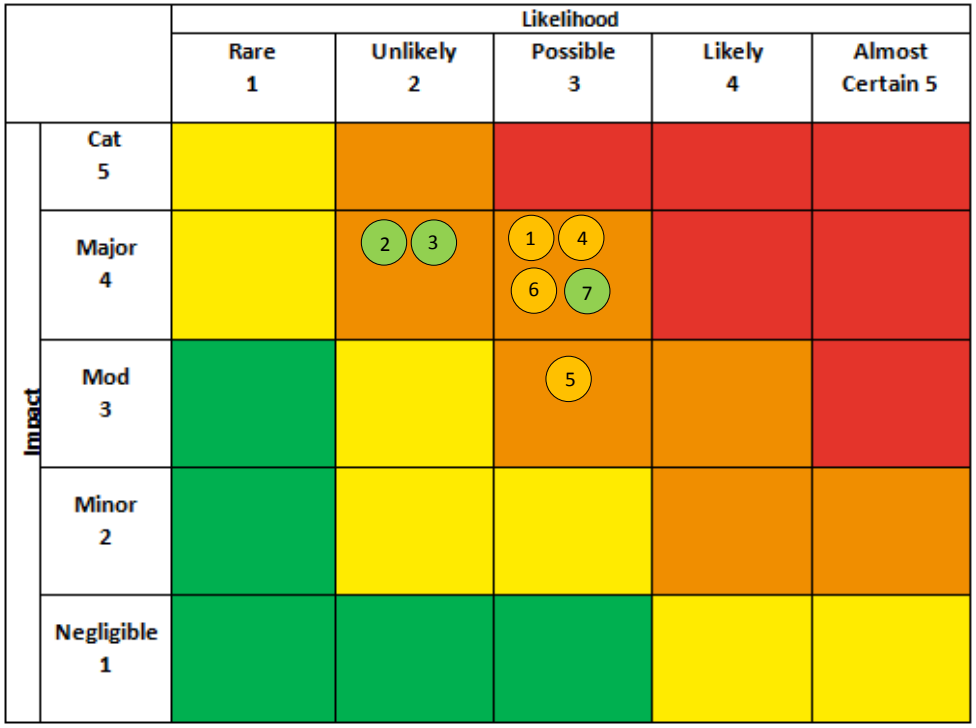
- *Section 1* sets out the summary matrix of all seven BAF risks, providing a single page overview; and

- *Section 2* provides a one page overview of each risk including the individual controls, sources of assurance and any actions required to address gaps in the controls.

The Audit and Risk Committee approved the Q2 BAF subject to discussion and amendment of detailed content by relevant sub committees, and ultimate approval by the Board.

The Board is asked to review and discuss the content of the paper and consider whether it aligns to current and emerging risks, informing the next iteration BAF and future Board agendas.

1. Board Assurance Framework – Summary Matrix (Q2 2020)



Key Risks

No.	Title	Assurance
1	Sustainability	Amber
2	Quality	Green
3	Culture Values and Leadership	Green
4	Use of Resources	Amber
5	Innovation & Improvement	Amber
6	Estates & Environment	Amber
7	EPR & Digital Programme	Green

Key: Control Assurance levels

- Green - Controls are effective, no additional assurance required
- Amber - Controls are partially effective, further monitoring by management is required
- Red - Controls are ineffective, may require immediate action to remediate

2. Board Assurance Framework – Controls and Assurance (Q2 2020)

BAF Risk 1: Failure to deliver the NWL Health & Care Partnership (HCP) System Recovery Plan and build a sustainable portfolio of outstanding acute and specialised services; consolidated across NWL (and beyond); leading to improved care and patient experience. **Cause(s):** • **No/partial delivery in NWL Provider Board back office support programmes** • **No/partial delivery in NWL Provider Board clinical standardisation programmes** • **Insufficient progress with ICHT Joint Transformation Programme** • **Failure of CCG consolidation and fragmentation of Commissioning Intentions** • **The system does not have appropriate management or governance arrangements in place to support the delivery of joined up, effective and efficient services across NWL.** **Impacting on:** • **The Trust's ability to support growth in activity, with the impact on performance and quality of care** • **The Trust's ability to implement new models of care and the resulting impact on the availability and quality of services** • **The Trust's freedom to make investment and other decisions within the relevant regulatory frameworks, policies and guidance** ***NB Extreme risk on Trust Risk Register is the continued growth in Non Elective activity impacting quality, safety and performance.***			**Executive Owner:** **Chief Executive**
Risk Domain	**Gross risk score**	**Net (Current) risk score:**	**Target risk score (risk appetite)**
Quality and Use of Resources	4 x 4 = 16 (Extreme)	3x4 = 12 (High)	2x3 = 6 (Moderate)
Strategic objective	**CQC Domain**	**Assurance Committee**	**Date of last review by Committee:**
Deliver better care at lower cost	Well-Led	Trust Board / Finance & Investment Committee	Board - 29/01/20 Finance and Investment Committee – 30/07/20

Current controls and assurance	Actions to further enhance risk management			
Key controls in place to address risks	Means of assurance	Action required to close any gaps in controls and assurances	Action owner	Action review date
1.1 A NWL STP Chair has been appointed. Delivery against NWL System Recovery Plan is overseen by NWL System Recovery Board. Progress is also monitored through the NWL Provider Board. Both are chaired by the CWFT CEO as the SRO for the NWL ICS. The CWFT Deputy CEO and CNO are members of the ICS Executive Team	Programme Reports Deep Dive Reports NWL ICS System Recovery programmes 1) Programme of Care 2) Contract and Operating Plan		CEO	Oct 2020
1.2 Revised ICS Governance Structure now in place to support delivery of the key the NWL Health & Care Partnership programmes and strategy. CW Directors have lead operational and relational roles for many of these programmes.	NWL Clinical and Care Strategy Programme Reports Deep Dive Reports	Ensure resources deployed to support CW Executive Directors leadership on major work programmes and aligned with Divisional business plans	CEO	Oct 2020
1.3 Joint programme of work with Imperial College Healthcare Trust in place underpinned by Memorandum of Understanding and overseen by Joint Executive Board.	Joint Service Transformation Plan (high level) Joint Programme update reports NWL Clinical Reference Groups	Ensure trust recovery plans build on NWL CRG Leadership Ensure ICHT and CWFT lead on deploying full capacity to support NWL recovery	CEO	Oct 2020

BAF Risk 2: Failure to ensure systems are in place to effectively plan, deliver and monitor service delivery in order to support high quality care and consistent achievement of all relevant national and local quality, performance and regulatory standards **Cause(s):** • Governance structures not in place or ineffective • Lack of alignment on priorities and plans across the organisation • Poor adherence to policies and guidelines • Quality of information does not support effective decision making • Cerner EPR not implemented effectively (see Risk 7) • Emergence of Covid-19 pandemic **Impacting on:** • The ability to deliver the best patient experience and clinical outcomes • The Trust is subject to regulatory action and possible fines because it is not able to demonstrate compliance with relevant standards e.g. CQC, Health & Safety, GDPR • The Trust is unable to demonstrate compliance with Single Operating Framework and falls below the standards set by our commissioners, regulators and those we set for ourselves including 4h A&E access, 18w RTT and Cancer standards • The Trust does not make the most effective use of its resources • The loss of reputation as a result of the above • The ability to deliver safe elective and non-elective care due to Covid-19 virus			**Executive Owner:** **Deputy Chief Executive / Chief Nurse**
Risk Domain	**Gross risk score**	**Net (Current) risk score:**	**Target risk score (risk appetite)**
Quality	3 x 5 = 15 (Extreme)	2x4= 8 (Moderate)	1x4 = 4 (Moderate)
Strategic objective	**CQC Domain**	**Assurance Committee**	**Date of last review by Committee:**
Deliver high quality patient centred care	Well-Led	Quality Committee / Audit & Risk Committee	Audit & Risk Committee – 24/07/20 Quality Committee – 01/09/20

Current controls and assurance	Actions to further enhance risk management			
Key controls in place to address risks	Means of assurance	Action required to close any gaps in controls and assurances	Action owner	Action review date
2.1 Establish Covid-19 Risk Register which includes infection control, PPE and FIT testing	Covid-19 Risk Register Report to Quality Committee and Trust Board		Chief Nurse	September 2020
2.2 Embedded top down and bottom up annual business planning process ensures alignment across strategic objectives and quality, financial and operational plans. Plans are signed off through Executive Management Board, the relevant Board Committee and Trust Board.	Annual Quality Priorities and Plans Annual Operating and Financial Plans	2020/21 business planning process due to complete in Q4 2019/20, however, due to emergence of Covid-19 pandemic and modifications to national financial management, this has been paused and will be established for 2021/22	Chief Financial Officer	January 2021
2.3 Maintain Quality Impact Assessment (QIA) process to ensure any quality risks associated with proposed service changes and financial improvement plans are effectively mitigated	Risk matrix and mitigation output	QIA process applied to all Improvement opportunities	Chief Nurse/Medical Director	March 2021
Maintain and monitor medical staff appraisal and revalidation process	Annual Medical revalidation report	Quarterly meeting with GMC Liaison officer and quarterly GMC returns made.	Deputy Medical Director	March 2021
2.4	Assurance report to Quality Committee and Trust		Chief Nurse	Compete – July

Completion of CQC Board Assurance Framework for Covid-19 Infection Control	Board			2020
2.5 Established Recovery Board for the Trust, and lead and engage with NWL Recovery Groups to ensure partnership working	Monthly Recovery Board reports to Executive Management Board, sub committees and Trust Board. NWL Recovery reports to Trust Board		Deputy CEO	Complete - March 2020
2.6 Established Board Governance structures and processed in place to monitor all relevant national and local quality, performance and regulatory standards including: • Integrated Quality &Performance report incorporating national quality, performance and financial standards monitored through Quality Committee and Trust Board • CQC registration requirements monitored through Clinical Effectiveness Committee. CQC action plan monitored through Quality Committee • Legal function, compliance and outcomes monitored at Executive Management Board and reported to Quality Committee including evidence of learning • Annual internal audit programme agreed and monitored through Audit and Risk Committee	Patient experience, serious Incident , complaints and mortality surveillance reports Integrated Quality &Performance report National survey reports and action plans Annual legal report Clinical audit reports Internal and external audit reports NHSE/I Provider Oversight Meetings CQC self-assessment and Inspection reports Embedded quality assurance system Ward accreditation Deep Dives Benchmarking information	CQC inspection due in Q3 2019/20 Annual self-evaluation of Board Committee effectiveness	Chief Nurse Company Secretary	Complete - February 2020 Complete – January 2020
2.7 Divisional oversight and governance structures in place to monitor all relevant national and local quality, performance and regulatory standards reporting to the Trust's Executive Management Board (EMB)	Divisional Update Reports to EMB Divisional Performance and Improvement Reports Divisional Finance Reports	Ensure Integrated Performance report is kept relevant and aligned to internal and national reporting requirements	Deputy CEO	Complete - March 2020
2.8 Mandatory training programme in place and compliance monitored through Divisional Performance & Improvement meetings, Executive Management Board, People & OD Committee and Quality Committee and Workforce Development Committee	Divisional Performance Reports Integrated Quality & Performance Report Workforce Report	Process in place	Director of Human Resources & Organisational Development	Complete – January 2020

BAF Risk 3: Failure to continue to build on the culture and values we have developed, meaning that we do not become the 'Employer of choice' in a competitive labour market. **Cause(s):** • **Requirement to re-deploy large numbers of staff at pace to expand key service provisions. e.g. ICU during Covid-19 pandemic** • **Failure to manage and mitigate the impact of COVID virus on our workforce and specific 'at risk' groups** • **Psychological impact of dealing with the COVID incident across our key services** • **Communication with our workforce may not sufficient to ensure understanding and commitment to our future outcomes** • **Failure to respond to the staff survey (and other indicators)** • **Failure to build an engaged, responsive, and inclusive workforce** • **Staff do not feel valued, listened to and supported** **Impacting on:** • **The health and wellbeing of our people. e.g. absence rates** • **Expectations of staff around the 'give and get' between staff and the trust** • **Retention of 'hard to recruit' staff across key services** • **The approach to training our staff to increase their versatility to be deployed** • **Where staff will work, the way in which they deliver care to our patients and in some cases the role they undertake** • **experience** • **The extension of our culture and values outside of the organization and for the benefit of the wider population** • **The Trust's reputation with partners, commissioners, regulators, the NHS and the public**	**Executive Owner: Director of Human Resources and Organisation Development**

Risk Domain	**Gross risk score**	**Net (Current) risk score:**	**Target risk score (risk appetite)**
Human Resources	4 x 4 = 16 (Extreme)	2x4= 8 (High)	2 x 3 = 6 (Moderate)
Strategic objective	**CQC Domain**	**Assurance Committee**	**Date of last review by Committee:**
Be the employer of choice	Well-Led	People & OD Committee	31/07/20

Current controls and assurance	Actions to further enhance risk management			
Key controls in place to address risks	Means of assurance	Action required to close any gaps in controls and assurances	Action owner	Action review date
3.1 People programme in place and delivery monitored through Workforce Development Committee and People and OD committee	People programme Staff survey report HR KPI dashboard (incl. voluntary turnover rate) People reset and recovery programme	Establishment of Retention Steering Group to consolidate plans and identify further actions. People reset and recovery programme actions (including education recovery plan)	Director of Human Resources & Organisational Development	August 2020
3.2 EDI plan in place and delivery monitored through Workforce Development Committee and People & OD Committee	EDI action plan report Staff survey report	No further actions identified over and above current EDI plans Increased frequency and engagement with staff networks Establishment of NWL BAME network to tackle cross sector issues Undertake analysis of bullying and harassment issues	Director of Human Resources & Organisational Development	August 2020 Complete – June 2020 August 2020

		and develop specific plan to address.		
3.3 Health and Wellbeing plan in place and delivery monitored through Workforce Development Committee, People & OD Committee and Health and Wellbeing Steering Committee	Health and Wellbeing action plan report – 12-18 mths Health and Wellbeing business case and associated 2 year work programme Staff survey report	Consolidation of OH services with alternative provider to give greater stability and service breath. Interim arrangements with Imperial to cover clinical management elements of Occupational Health service. Workplace risk assessment across the Trust to identify changes to the physical space and working arrangements for staff Individual risk assessments for staff in vulnerable groups to make appropriate and personalized plans Increase OH and clinical support to oversee risk assessments of staff Increase in the level and breadth of psychological support packages. e.g. counseling, Schwartz Rounds, team de-briefs Welfare checking model in place to ensure engagement with absent or shielding staff and planning to return staff safely to work Extensive staff testing programme to protect staff and patients	Deputy Director of Human Resources & Organisational Development	August 2020
3.4 Systems in place to listen to and respond to staff feedback including listening events, staff networks, team brief, senior link leads and perfect day	Trust and Divisional Staff Survey Action Plans Senior link survey report Hotspot reporting New Starter 3 monthly drop in sessions Daily briefing to staff Talk to HR webinars Welfare calls to staff	Review starter and leaver survey process to ensure action is taken on feedback. Review onboarding process to ensure optimum experience Increased engagement with staff via online communication channels and re-promotion of existing channels such as FTSU	Deputy Director of Human Resources & Organisational Development	August2020
3.5 External systems in place for staff feedback monitored through Divisional Boards, Executive Management Board and People & OD Committee	National staff survey report GMC survey Staff Friends and Family test Freedom to Speak Up report Senior Link Partner Programme Perfect Day	No further actions identified over and above current plans	Director of Human Resources & Organisational Development	August 2020
3.6 Systems in place to monitor key workforce metrics including Divisional Boards, Executive Management Board, Workforce Development Committee and the People & OD Committee	Workforce KPI dashboard (incl. voluntary turnover rate) HR Transactional Services KPI dashboard	Workforce information improvement plan to develop reporting arrangements New dashboard and MI built to focus specifically on	Director of Human Resources & Organisational	September 2020

		absence - in place	Development	
3.7 Partnership Forum and LNC reviews formal and informal staff feedback	Internal and National staff survey scores Quarterly FFT scores Leaver surveys Union feedback	No further actions identified over and above current plans Weekly briefing with unions leaders related to COVID Bi-weekly briefings of all union representatives	Director of Human Resources & Organisational Development	August 2021

BAF Risk 4: Failure to maintain the financial sustainability of the Trust and the services it provides **Cause(s):** • NWL Sector affordability impacting on income (including reduction in MFF) and commissioner demand management schemes • Uncertainty over NHS financial arrangements during 2020/21 and beyond due to covid-19 • Impact of inflationary costs and price changes, including CNST premium costs • Loss of transaction funding not fully mitigated • Lack of robust financial management across operational and corporate teams to ensure the cumulative impact of all decisions is understood • Non-Delivery of financial efficiency targets and impact of reduced efficiency due to infection control requirements during covid-19 and back-log of elective patients • Pathway changes and service redesign across the sector • Digital and other innovations are not fully exploited **Impacting on:** • Capacity to support growth in activity, with the impact on performance • Ability to continue to invest in the workforce and infrastructure required to maintain and improve the quality of services • Loss of freedom to make investment and other decisions within the relevant regulatory frameworks, policies and guidance			**Executive Owner:** **Chief Financial Officer**
Risk Domain	**Gross risk score**	**Net (Current) risk score:**	**Target risk score (risk appetite)**
Use of Resources	4 x 5 = 20 (Extreme)	3x4 = 12 (High)	2x3 = 6 (Moderate)
Strategic objective	**CQC Domain**	**Assurance Committee**	**Date of last review by Committee:**
Deliver better care at lower cost	Well-Led	Finance and Investment Committee	30/07/20

Current controls and assurance	Actions to further enhance risk management			
Key controls in place to address risks	Means of assurance	Action required to close any gaps in controls and assurances	Action owner	Action review date
4.1 Long term financial strategy and position is reviewed quarterly by the Finance and Investment Committee	LTFM report	Detailed planning and budget setting underway for the 2020/21 financial plan.	Chief Financial Officer	August 2020
4.2 Delivery against the Trust's financial improvement plan (CIP) is monitored through Divisional Finance Review meetings, the Improvement Board, and Finance and Investment Committee	Improvement Programme Reports Monthly CIP Delivery Report Divisional and Financial Performance Reports	Divisional CIP plans for 2020/21 are in development.	Chief Financial Officer	August 2020
4.3 The effectiveness of the Trust's financial control systems are monitored through the Audit and Risk Committee as part of the internal audit programme	Internal Audit Reports	Recommendations from the 2019/20 financial controls internal audit to be implemented.	Chief Financial Officer	August 2020
4.4 Capital plans are reviewed regularly and monitored through Capital Programme Board, Executive Management Board and Finance & Investment Committee. Large capital projects (e.g. NICU/ICU, EPR) have separate programme boards where progress is monitored and reported through to Capital Programme Board and Finance & Investment Committee	Capital programme report NICU/ICU programme update report EPR programme update report	Ongoing process in place	Chief Financial Officer	March 2021
4.5 NWL sector financial recovery plan and financial governance for sector decisions are reviewed and monitored through the NWL CFO group, then to NWL CEOs & Partnership Group.	NWL CFOs group NWL Partnership group	Ongoing process in place	Chief Financial Officer	March 2021

4.6 Changes in commissioner contract terms are reviewed and signed off by the Executive Management Board, Finance and Investment Committee and Trust Board. Performance against the contract is monitored as part of the delivery against the Trust's overall financial plan.	Annual Financial Plan Divisional and Trust level monthly Financial Performance Reports	Process in place	Chief Financial Officer	Complete - January 2020
4.7 Annual financial plan signed off through Executive Management Board, Finance and Investment Committee and Trust Board	Annual Financial Plan	Process in place	Chief Financial Officer	Complete - January 2020
4.8 Annual financial improvement plan (CIP) signed off through Improvement Board, Executive Management Board and Finance and Investment Committee	Cost Improvement Plan Improvement Programme Plans Project Initiation Documents	Process in place	Chief Financial Officer	Complete - January 2020
4.9 Delivery against the Trust's overall financial plan is monitored on a monthly basis through Divisional Finance Review meetings, the Executive Management Board, Finance and Investment Committee and Trust Board	Divisional and Trust level monthly Financial Performance Reports	Process in place	Chief Financial Officer	Complete - January 2020
4.10 The effective use of resources is monitored against external benchmarks through the Improvement Board and individual programme boards (e.g. theatre productivity, bed productivity, outpatient transformation, diagnostic demand management), as well as external visits and assessments (GIRFT, NHSI)	Programme Board Reports Reference Costs & Model Hospital GIRFT Reports Use or Resources Assessment	Process in place	Chief Financial Officer	Complete - January 2020

BAF Risk 6: Failure to develop our estate in a sustainable way to support the delivery of high quality, effective and efficient care	Executive Owner: Deputy Chief Executive

BAF Risk 5: Failure to embed innovation and improvement in our culture and deliver innovative, patient centered services at scale

Executive Owner:
Chief Nurse/Deputy CEO

Cause(s):

- **Staff not encouraged and enabled to drive innovation and improvement**
- **Lack of capability and capacity to support idea generation, testing and scaling**
- **Failure to build partnerships to access innovative ideas and technology**
- **Failure to spread innovative practice**
- **Lack of funding to support innovation programme**

Impacting on:

- **Transformative models of care, required to deliver wide ranging service improvement, are not adopted**
- **Research & Development agenda fails to grow and deliver**
- **Lost revenue opportunities from failure to commercialise innovations**
- **Ability to deliver world class care aspiration**
- **Profile and reputation for innovation is negatively impacted**

Risk Domain	Gross risk score	Net (Current) risk score:	Target risk score (risk appetite)
Innovation	4 x 4 = 12 (Extreme)	3x3 = 9 (High)	2x3 = 6 (Moderate)
Strategic objective	**CQC Domain**	**Assurance Committee**	**Date of last review by Committee:**
Deliver high quality patient centered care	Well-Led	Finance & Investment Committee	30/07/20

Current controls and assurance	Actions to further enhance risk management			
Key controls in place to address risks	Means of assurance	Action required to close any gaps in controls and assurances	Action owner	Action review date
5.1 Innovation Strategy Group in place to oversee the implementation of the Trust's Innovation Strategy	Innovation strategy Research Strategy Improvement and Innovation Framework Innovation Project tracker Media footprint for innovation Staff survey results	Formalise approach to and oversight of commercialisation and partnership agenda. Consider opportunities for an NWL approach	Deputy CEO	Sept 2020
5.2 Improvement and Innovation Framework in place setting out clear approach to developing the Trust's improvement and innovation culture, and building the Trust's capability and capacity to support this		Innovation and Improvement Champions in place across all departments. Support with case studies inc ROI Build capacity in business intelligence to support digital maturity	Deputy CEO	Sept 2020
5.3 CW Innovation Programme in place as vehicle for attracting new partners and funding. • Overseen by an Innovation Advisory Board that brings together a broad set of third party skill sets and experience to provide guidance, challenge and support • Supported by dedicated Innovation Business Partners	Feedback from Advisory Board members Innovation project tracker Innovation fund growth Media footprint for innovation	Explore the creation of an innovation fund with corporate funders and partners	Deputy CEO	Sept 2020
5.4 Innovation Operations Group in place to oversee delivery of Trust's portfolio of innovation projects and support diffusion of innovative practice	Innovation Project tracker Projects plan and update reports against agreed project milestones and KPIs.	Incorporate innovation in to Improvement Board monitoring and reporting structure	Deputy CEO	Complete – January 2020
5.5 Strict alignment of innovation grant awards with Trust strategy supported through Improvement and Innovation Team and overseen by Executive Management Board and CW Grants Committee	Innovation Project tracker Grant applications CW+ Impact Report	New process supported by Improvement and Innovation team will support improved capture and tracking of the full end to end process	Deputy CEO	Complete – January 2020

Cause(s):

- **Commercial and cost improvement plans not delivered**
- **Capital development programme not delivered (including ITU/NICU development)**
- **Long term development plan for WMUH is not realised**

Impacting on:

- **Capacity to support growth in activity, with the impact on performance**
- **Ability to transform models of care and improve the quality of services**
- **Environmental impact of how we deliver services**

Risk Domain	**Gross risk score**	**Net (Current) risk score:**	**Target risk score (risk appetite)**	
Estate & Environment	4 x 4 = 16 (Extreme)	3x4 =12 (High)	2x3 = 6 (Moderate)	
Strategic objective	**CQC Domain**	**Assurance Committee**	**Date of last review by Committee:**	
Deliver high quality patient centered care	Well-Led	Finance & Investment Committee	30/07/20	
Current controls and assurance	Actions to further enhance risk management			
Key controls in place to address risks	Means of assurance	Action required to close any gaps in controls and assurances	Action owner	Action review date
6.1 Capital Development Programme, aligned to Estates Strategy, signed off and regularly reviewed through Capital Programme Board, Finance and Investment Committee and Trust Board	Capital Development Programme Report ERIC report Targeted Deep Dive – Estates Capital Strategy Senior Link Partner Programme Ward Accreditation	Establish rolling ward refurbishment programme led by the Hospital Directors Consider impact of London ICP guidelines and establish 'Silver Site' status and COVID-19 protected pathways to support all priority services	Deputy Chief Executive	Sept 2020
6.2 Annual Operating Plan and budgets aligned with Capital Development Programme with clear scheme of delegation with regular updates to Executive Management Board	Estates and Facilities Monthly Report	Review Capital requirements in light of NWL ICS development programmes; Critical Care expansion, Endoscopy, SDEC	Deputy Chief Executive	Sept 2020
6.3 ITU/NICU development overseen by dedicated Programme Board reporting to Finance and Investment Committee	ITU/NICU Programme Report Internal Audit	Apply learning from the NICU/ICU project and ensure that the contingency for unknown risks in future major developments is adequate	Deputy Chief Executive	Sept 2020
6.4 Estates Strategy approved by Trust Board and reviewed through Finance and Investment Committee and Trust Board Strategy sessions	Estates Strategy WMUH Site Master Plan	Site Master Plan for WMUH and supporting arrangements in development. Procurement process to be established.	Deputy Chief Executive	Complete – January 2020
6.5 Rolling maintenance programme in place aligned to Annual Operating Plan	Estates and Facilities Monthly Report Targeted Deep Dive – Estates Capital Strategy	Establish a sub-group to regularly review capital expenditure on each site	Deputy Chief Executive	Complete - February 2020

BAF Risk 7: Short Term: Risk that the EPR programme will not be delivered on time or within budget and that any associated risks, including business continuity, are not effectively managed and mitigated **Cause(s):** • Capability/ resource risks • Clinician, Executive and other staff engagement (including training) • Risks associated with multiple clinical systems and legacy impact • The data migration issues or operation of system causes data quality issues post go live impacting on reporting and quality of care • Change management does not ensure adoption of best practice and / or benefits realization **Impacting on:** The running of the hospitals. The Trust is unable to deliver normal services and contractual responsibilities during periods of significant disruption. Key risks include: • Cyber security • EPR migration or operational systems • Other Major Incidents **Medium to Long Term: Failure to maximize the benefits from the EPR programme and develop and implement a wider Digital Strategy to support:** • Modern workforce and requirements of future care • Innovation & improvement programmes • Needs and convenience of patients and population • Wider requirements of London and NWL Strategies			**Executive Owner:** **Deputy Chief Executive**
Risk Domain	**Gross risk score**	**Net (Current) risk score:**	**Target risk score (risk appetite)**
EPR and Digital Programme	4 x 4 = 16 (Extreme)	3x4 = 12(High)	2x3 = 6 (Moderate)
Strategic objective	**CQC Domain**	**Assurance Committee**	**Date of last review by Committee:**
Deliver better care at lower cost	Well-Led	Finance and Investment Committee	30/07/20

Current controls and assurance	Actions to further enhance risk management			
Current key controls to manage risks	Means of assurance	Action required to close any gaps in controls and assurances	Action owner	Action review date
7.1 Joint EPR change board governance process with Imperial College Healthcare Trust in place	Monthly EPR Board Report	Continued monthly EPR/Digital Steering Group	Deputy Chief Executive	January 2021
7.2 Development of Digital Strategy in concert with NWL partners	EPR Board Report		Chief Information Officer	January 2021
7.3 Significant investment programme to address known cyber security weaknesses.	Cyber Security updates to Audit and Risk Committee		Chief Information Officer	Complete - May 2020
7.4 Established series of external Gateway Reviews for Key Stages Go/No Go decisions. External audit assurance and actions monitored at EPR Board and Finance and Investment Committee.	Monthly EPR Programme Report External Audit gateway reports	Final gateway report due to be reviewed at Finance and Investment Committee ahead of final go live decision	Deputy Chief Executive	Complete – January 2020
7.5 Data cleaning and optimization embedded process in place to ensure data correction and preparedness for EPR migration. Monitored at EPR board and	Monthly EPR Programme Report External Audit gateway reports	N/A	Deputy Chief Executive	Complete for Phase 2 – November 2019

by external auditor				
7.6 SOP's in place and refreshed for all IT down time processes	EPR annual audit	N/A	Deputy Chief Executive	Complete – October 2019
7.6 Establishment of Director of Digital Operations post to align operational with technical programme	Monthly EPR Programme Report External Audit gateway reports Established 1:1 meetings with Deputy CEO and Director of Digital Operations	N/A	Deputy Chief Executive	Complete – 2018/19