



**North West London  
Acute Provider Collaborative**

NORTH WEST LONDON ACUTE  
PROVIDER COLLABORATIVE BOARD IN  
COMMON - PUBLIC



# NORTH WEST LONDON ACUTE PROVIDER COLLABORATIVE BOARD IN COMMON - PUBLIC

 16 January 2024

 09:00 GMT Europe/London

 The Storey Club, 4 Kingdom Street, London W2 6BD



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## 0. AGENDA

### REFERENCES

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0. AGENDA Board in Common Public .pdf

**North West London Acute Provider Collaborative  
Board in Common - Public  
Tuesday 16 January 2024, 9.00am – 12:00noon  
The Storey Club, 4 Kingdom Street, London W2 6BD**

Members of the public are welcome to join this meeting in person or by Microsoft Teams, via the following link: [Click here to join the meeting](#) (please do not join on any previous meeting teams links) The Chair will invite questions at the end of the meeting. It would help us to provide a full answer if you could forward your questions in advance to [imperial.trustcommittees@nhs.net](mailto:imperial.trustcommittees@nhs.net) but this is not a requirement, you can ask new questions on the day. Any questions that are submitted in writing but due to time are not addressed in the meeting will be answered in writing on the Acute Provider Collaborative website.

**A G E N D A**

Time	Item No.	Title of Agenda Item	Lead	Enc
09:00	1.0	Welcome and Apologies for Absence	Chair in Common Matthew Swindells	Verbal
	1.1	Declarations of Interest	Matthew Swindells	Verbal
	1.2	Minutes of the previous NWL Acute Provider Collaborative Board Meeting held on 17 October 2023	Matthew Swindells	1.2
	1.3	Matters Arising and Action Log	Matthew Swindells	1.3
09:05	1.4	Patient Story – Elective Orthopaedic Centre <i>To note the patient story</i>	Ian Sinha (consultant ICHT)	1.4
<b>2. Report from the Chair in Common</b>				
09:20	2.1	Report from the Chair in Common <i>To note the report</i>	Matthew Swindells	2.1
	2.2	Board in Common Cabinet Summary <i>To note any items discussed at the Board in Common Cabinet meetings</i>	Matthew Swindells	2.2
<b>3. Integrated Quality and Performance Report</b>				
09:30	3.1	Integrated Quality, Workforce, Performance and Finance Report <i>To receive the integrated performance report</i>	Patricia Wright Pippa Nightingale Lesley Watts	3.1
<b>4. Quality</b>				
09:40	4.1	Collaborative Quality Committee Chair Report <i>To note the report</i>	Steve Gill	4.1
09:45	4.2	Safeguarding Annual Report <i>To note the report</i>	Janice Sigsworth	4.2

09.50	4.3	Infection Prevention & Control annual report <i>To note the report</i>	Robert Bleasdale	4.3
09.55	4.4	Learning from deaths report <i>To note the report</i>	Jon Baker	4.4
10:05	4.5	Maternity incentive scheme - plan for submission <i>To note the report</i>	Robert Bleasdale	4.5
<b>5. Workforce</b>				
10.15	5.1	Collaborative People Committee Chair Report <i>To note the report</i>	Janet Rubin	5.1
<b>6. Data and Digital</b>				
10.20	6.1	Collaborative Data and Digital Committee Report <i>To note the report</i>	Steve Gill	6.1
10.25	6.2	Cerner 'go live' update <i>To receive a progress update</i>	Simon Crawford and Jason Seez	6.2
<b>7. Estates and Sustainability</b>				
10.35	7.1	Collaborative Estates and Sustainability Committee Report <i>To note the report</i>	Bob Alexander	7.1
10.40	7.2	Elective Orthopaedic Centre update <i>To receive a progress update</i>	Pippa Nightingale	7.2
<b>8. Finance and Performance</b>				
10.50	8.1	Collaborative Finance and Performance Committee Chair Report <i>To note the report</i>	Catherine Jarvis	8.1
10.55	8.2	Financial performance report <i>To receive the financial performance report</i>	Jonathan Reid	8.2
<b>9. Audit</b>				
11.10	9.1	Reports from Trust Audit Committees <i>To note the reports</i> <ul style="list-style-type: none"> <li>• The Hillingdon Hospitals NHS Foundation Trust</li> <li>• Chelsea and Westminster Hospital NHS Foundation Trust</li> <li>• Imperial College Healthcare NHS Trust</li> <li>• London North West University Healthcare NHS Trust</li> </ul>	Neville Manuel Aman Dalvi, Nick Gash Baljit Ubhey	9.1
	9.2	Proposed response to the review of collaborative governance arrangements <i>To accept the findings of the report and agree the actions proposed in the response</i>	Peter Jenkinson	9.2
<b>10. Chief Executive Officers</b>				

11.25	10.1	Executive Management Board (EMB) Summary <i>To note any items discussed at the EMB meetings</i>	Tim Orchard	10.1
	10.2	Reports from the Chief Executive Officers <i>To note the reports</i> <ul style="list-style-type: none"> <li>• London North West University Healthcare NHS Trust</li> <li>• Chelsea and Westminster Hospital NHS Foundation Trust</li> <li>• Imperial College Healthcare NHS Trust</li> <li>• The Hillingdon Hospitals NHS Foundation Trust</li> </ul>	Pippa Nightingale Lesley Watts Tim Orchard Patricia Wright	10.2
<b>11. Reports for Information Only</b>				
<b>Any Other Business</b>				
11.45	11.1	Nil Advised		
<b>12. Questions from Members of the Public</b>				
11:50	12.1	The Chair will initially take one question per person and come back to people who have more than one question when everyone has had a chance, if time allows.	Matthew Swindells	Verbal
<b>Close of the Meeting</b>				
<b>Date and Time of the Next Meeting</b>				
16 April 2024				
Venue to be confirmed				
Representatives of the press and other members of the public will be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest (section (2) Public Bodies (Admissions to Meetings) Act 1960)				

1.0 WELCOME AND APOLOGIES FOR ABSENCE - CHAIR IN COMMON,  
MATTHEW SWINDELLS

## 1.1 DECLARATIONS OF INTEREST - MATTHEW SWINDELLS

1.2 MINUTES OF THE PREVIOUS NWL ACUTE PROVIDER COLLABORATIVE  
BOARD MEETING HELD ON 17 OCTOBER 2023 - MATTHEW SWINDELLS

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REFERENCES

Only PDFs are attached

 1.2 Final Draft Minutes NWL APC BIC Public Meeting - 17.10.2023.pdf

**North West London Acute Provider Collaborative Board in Common  
Meeting in Public**

**Tuesday 17 October 2023, 9.00am – 12noon**

**Chelsea Old Town Hall, Kings Road, London SW3 5EE**

**Members Present**

Mr Matthew Swindells	Chair in Common
Mr Robert Alexander	Vice Chair (ICHT) & Non-Executive Director (LNWH)
Mr Stephen Gill	Vice Chair (CWFT) & Non-Executive Director (THHFT)
Ms Catherine Jervis	Vice Chair (THHFT) & Non-Executive Director (CWFT)
Ms Janet Rubin	Vice Chair (LNWH) & Non-Executive Director (ICHT)
Ms Linda Burke	Non-Executive Director (THHFT & ICHT)
Mr Aman Dalvi	Non-Executive Director (CWFT & ICHT)
Mrs Carolyn Downs	Non-Executive Director (ICHT & CWFT)
Ms Patricia Gallan	Non- Executive Director (CWFT & THHFT)
Mr Nick Gash	Non-Executive Director (ICHT & THHFT)
Mr Martin Lupton	Non-Executive Director (LNWH & THHFT)
Mr Neville Manuel	Non-Executive Director (THHFT & CWFT)
Professor Neena Modi	Non-Executive Director (ICHT & CWFT)
Dr Syed Mohinuddin	Non-Executive Director (LNWH & CWFT)
Mr Simon Morris	Non-Executive Director (THHFT & LNWH)
Mr David Moss	Non-Executive Director (LNWH & ICHT)
Ms Baljit Ubhey	Non-Executive Director (LNWH & THHFT)
Ms Pippa Nightingale	Chief Executive Officer (LNWH)
Professor Tim Orchard	Chief Executive Officer (ICHT)
Ms Lesley Watts	Chief Executive Officer (CWFT)
Ms Patricia Wright	Chief Executive Officer (THHFT)
Mr Simon Crawford	Deputy Chief Executive (LNWH)
Mr Robert Hodgkiss	Deputy CEO and Chief Operating Officer (CWFT)
Mr Jason Seez	Deputy Chief Executive Officer/Director of Strategy (THHFT)
Ms Claire Hook	Chief Operating Officer (ICHT)
Mr James Walters	Chief Operating Officer (LNWH)
Mr Jon Bell	Chief Financial Officer (THHFT)
Ms Virginia Massaro	Chief Financial Officer (CWFT)
Mr Jonathan Reid	Chief Financial Officer (LNWH)
Ms Jazz Thind	Chief Financial Officer (ICHT)
Dr Jon Baker	Chief Medical Officer (LNWH)
Dr Roger Chinn	Chief Medical Officer (CWFT)
Dr Alan McGlennan	Chief Medical Officer (THHFT)
Professor Julian Redhead	Chief Medical Officer (ICHT)
Mr Robert Bleasdale	Chief Nursing Officer (CWFT)
Ms Sarah Burton	Chief Nursing Officer (THHFT)
Ms Lisa Knight	Chief Nursing Officer (LNWH)
Professor Janice Sigsworth	Chief Nursing Officer (ICHT)

**In Attendance**

Ms Tracey Beck	Head of Communication (LNWH)
Ms Dawn Clift	Director of Corporate Governance (LNWH)
Mr Kevin Croft	Chief People Officer (ICHT)
Ms Jo Fanning	Interim Chief People Office (THHFT)

Mr Peter Jenkinson  
Ms Lindsey Stafford-Scott

Director of Corporate Governance (ICHT & CWFT)  
Interim Chief People Officer (CWFT)

### Apologies for Absence

Mr Ajay Mehta  
Ms Sim Scavazza  
Ms Tina Benson  
Ms Tracey Connage

Non-Executive Director (CWFT & LNWH)  
Non-Executive Director (ICHT & LNWH)  
Chief Operating Officer (THHFT)  
Chief People Officer (LNWH)

Minute Ref		Action
<b>1.0</b>	<b>Welcome and Apologies for Absence</b>	
1.0.1	Mr Swindells, Chair in Common (the Chair) welcomed everyone to the public Board in Common.	
1.0.2	Apologies were noted from Sim Scavazza, Ajay Mehta, Tina Benson and Tracey Connage.	
<b>1.1</b>	<b>Declarations of Interest</b>	
1.1.1	There were no new declarations of interest.	
<b>1.2</b>	<b>Minutes of the Meeting held on 18 July 2023</b>	
1.2.1	The Board in Common <b>approved</b> the minutes of the Board in Common meeting held on 18 July 2023.	
<b>1.3</b>	<b>Matters Arising and Action Log</b>	
1.3.1	Nil	
<b>1.4</b>	<b>Patient Story</b>	
1.4.1	Ms Watts, Chief Executive (CWFT), introduced the patient story video which related to the journey of a patient diagnosed with breast cancer; from her initial diagnosis at St George's Hospital, through various NHS providers within the North West London (NWL) region. Whilst the patient was making a good recovery following her treatment, and thanked the staff who had looked after her, there were a number of areas for improvement particularly around treatment of Lymphodema. Unfortunately the patient had not received literature about her Lymphodema procedure or an expected appointment from the Ealing clinic for this treatment. This resulted in the patient paying to see a specialist to demonstrate massage techniques to help her condition.	
1.4.2	The Board agreed the patient story had been helpful to show areas for improvement. Ms Watts confirmed the key messages would be reinforced to services / staff particularly around written confirmation and checking ensuring patients understood the information they were given.  <b>The Board in Common noted the patient story.</b>	
<b>2.0</b>	<b>Delivery and Assurance</b>	
<b>2.1</b>	<b>Report from the Chair in Common</b>	
2.1.1	The Chair presented his report and highlighted the following: <ul style="list-style-type: none"> <li>The October meeting was the first anniversary from the establishment of the NWL Acute Provider Collaborative.</li> <li>The Chair welcomed Ms Burton (chief nursing officer – THHFT) and Mrs Downs, Prof Modi and Mr Lupton (non-executive directors) to their first BiC meeting.</li> </ul>	

	<ul style="list-style-type: none"> <li>• In February 2024, Ms Rubin, Vice Chair (LNWH) would step down from her role at the end of her term. Mr Moss had been appointed to the role and would take up his appointment in February.</li> <li>• A new NED recruitment campaign had commenced for two upcoming NED vacancies in early 2024.</li> <li>• The Hillingdon Hospitals NHS FT (THHFT) had moved from level 4 to level 3 of the Recovery Support Programme, National Oversight Framework (NOF).</li> <li>• The planning application for the new Hillingdon Hospital and a multi-storey car park had been approved by the London Borough of Hillingdon.</li> </ul> <p><b>The Board in Common noted the report.</b></p>	
<b>2.2</b>	<b>Reports from the Chief Executive Officers</b>	
2.2.1	<p><b><u>London North West University Healthcare NHS Trust (LNWH)</u></b></p> <p>Ms Nightingale highlighted the following key issues:</p> <ul style="list-style-type: none"> <li>• The new electronic patient record (EPR) system at the Trust was now live, with outstanding issues being addressed as they arose.</li> <li>• The Trust had seen a significant improvement in the CQC inpatient annual survey.</li> <li>• Good progress was being made on the building / refurbishment at Central Middlesex to develop the new Endoscopy and Elective Orthopaedic facilities. Work continued on the implementation of the Community Diagnostic Centre at Ealing and on the Acute Medical Unit at Northwick Park Hospital.</li> <li>• A number of staff events had taken place over the last few months to celebrate Equality, Diversity and Inclusion, including South Asian Heritage and Black History month.</li> <li>• The LNWH Charity had committed funding of £1m to support new strategic initiatives.</li> </ul> <p><b><u>The Hillingdon Hospitals NHS Foundation Trust (THHFT)</u></b></p> <p>Ms Wright highlighted the following key issues:</p> <ul style="list-style-type: none"> <li>• The 2018 NHS Improvement Enforcement Undertakings had been removed and the Trust were looking forward to building towards an outstanding hospital, which was the main theme at the Annual Members' Meeting held on 26 September.</li> <li>• Following the success of the Frailty Unit pilot, the Trust had agreed this would now become a permanent service.</li> <li>• The implementation of the electronic patient record (via Cerner) was planned on 3 November.</li> <li>• Dr Alan McGlennan, Chief Medical Officer and Cynthia Oji, new EDI Lead were welcomed to the Trust.</li> <li>• A number of events had taken place to celebrate Black History Month.</li> </ul> <p><b><u>Chelsea and Westminster NHS Foundation Trust (CWFT)</u></b></p> <p>Ms Watts highlighted the following key issues:</p> <ul style="list-style-type: none"> <li>• Services were challenged across the country – driven by demand and as a result of industrial action. The continued hard work of staff was recognised.</li> <li>• New non-executive directors (NEDs) to the CWFT Board were welcomed.</li> <li>• The Trust had been shortlisted for the HSJ Trust of the Year award.</li> </ul>	
2.2.3		

	<ul style="list-style-type: none"> <li>• The eighth anniversary since the merger between Chelsea and Westminster Hospital and West Middlesex Hospital was being celebrated, with good learning between the two organisations.</li> <li>• The Trust had recognised challenges in infection control and work was underway to understand the cause and focus on reinforcing behaviours around infection control.</li> <li>• The Trust celebrated a month of Equality, Diversity and Inclusion activities including the ENRICH network.</li> <li>• The new discharge unit at West Middlesex site had opened. The unit was integral to ensure elderly patients were being well looked after and medically fit, by keeping them active and ready for discharge.</li> </ul>	
2.2.4	<p><b><u>Imperial College Healthcare NHS Trust (ICHT)</u></b>  Prof Orchard highlighted the following key issues:</p> <ul style="list-style-type: none"> <li>• Prof Modi and Ms Downs were welcomed as new non-executive directors.</li> <li>• Operationally the Trust had met the Emergency Department targets for the months of July, August and September. The hard work of everyone involved was acknowledged however the impact of industrial action on the Trust's elective care position was noted.</li> <li>• The risk in infections were also acknowledged and work was also underway to understand the reason for the increase in infections across the hospitals.</li> <li>• Trust maternity services maintained their outstanding CQC rating with the Queen Charlotte and Chelsea Hospital remaining 'outstanding' as a hospital.</li> <li>• An extensive programme around anti-racism had commenced including an anti-discrimination statement ensuring staff understood what this meant.</li> <li>• It was disappointing to note that the proposed redevelopment of St Mary's, Charing Cross and Hammersmith sites had been pushed back and would not be completed by the original timescale of 2030.</li> <li>• Funded by Imperial Health Charity, the space at the Great Western Ward had been transformed into a new children's playroom on the St Mary's site.</li> <li>• Capacity at the Endoscopy unit at Charing Cross had increased to deliver diagnostic standards using state of the art facilities.</li> <li>• In terms of research and innovation, good progress had been made for the MELODY Study (which identified people with compromised immune systems who were less likely to have Covid-19 antibodies), and it was reported that one of the Trust's gynaecologists was part of a team in Oxford to carry out the first womb transplant in the UK.</li> <li>• Professor Orchard added his congratulations to staff and honorary staff who received academic promotions from Imperial College London this year.</li> </ul>	
2.2.5	<p>A brief discussion took place around EPR (Cerner) implementation at THHFT and LNWH. It was recognised the 'go live' at LNWH had gone well; however, a number of operational issues had been identified and resources had been re-prioritised to help resolve these. Stabilisation and timescales were queried and it was confirmed two implementation programmes, with clear gateways for achievement, were in place for each Trust and it was reported Cerner had responded quickly to resolve technical problems and were increasing stabilisation support for the THHFT 'go live'.</p>	

2.2.6	Members raised a number of queries around industrial action and the impact on staff. CEOs were raising these issues at a number of forums, and it was agreed to share a letter jointly written by the Shelford Group CEOs, and the response received from the Secretary of State. CEOs reiterated the rights of staff to take industrial action. The resultant operational challenges needed to be managed accordingly.	
2.2.7	A brief discussion took place around the management of medical student placements across the region. It was acknowledged this was a good opportunity to review and update the training model and to have a joined up approach with discussions across the wider region.	
<b>The Board in Common noted the updates.</b>		
<b>2.3</b>	<b>Review of governance processes and systems - patient safety</b>	
2.3.1	Ms Nightingale presented the report which was in response to a letter received from NHS England by all Trusts on 18 August 2023, following the events at the Countess of Chester Hospital. Trusts were asked to provide assurance that processes and governance were in place to ensure that staff, patients and families could report and escalate any issues. A response had been submitted on behalf of the acute provider collaborative, detailing the clinical governance reviews that had been carried out and of the process for raising concerns. Good assurance had been gained for governance processes, benchmarking and monitoring.	
2.3.2	Mortality data was being reviewed on a monthly basis to identify any areas of concern and governance processes were reviewed for staff raising concerns. It was confirmed each Trust had a Freedom to Speak Up process in place to further support staff who wished to raise concerns.	
2.3.3	The Boards agreed that data could be better used across the region to triangulate information and to give the collaborative a better feel of particular themes from complaints, legal and human resources matters including Freedom to Speak Up.	
2.3.4	A number of queries were raised which included how patients/family concerns were being addressed and which committee would be reviewing this data. It was confirmed that the People and Workforce Collaborative Committee would track culture and raising concerns through its agenda. Quality data would be monitored by the Quality Committee with a report submitted to the Board in Common. It was also noted as a collaborative, the sector had the best Summary Hospital-level Mortality Indicator (SHMI) performance in the country.	
2.3.5	In respect to the culture, further recommendations were anticipated from NHS England around responding to staff concerns and each CEO would need to provide assurance around a safe culture locally.	
2.3.6	It was felt in terms of learning from the Countess of Chester Hospital, whilst staff had raised concerns early on, the inquiry would consider whether those concerns had been followed up properly through the Board. It was therefore important that data was scrutinised at the respective Trust Quality Committees before being triangulated at Board in Common level. The chairs of the committees were able to ask questions of their executive leads and to escalate serious matters to the Board. Discussions should be open and transparent to demonstrate a culture and resolve issues.	

2.3.7	<p>The Board discussed the monitoring of research activity to provide evidence relating to reducing patient safety risk. Whilst this information was captured at local Trust level, it was felt more could be done with this information collaboratively. Mr Croft added that the annual staff survey was currently being conducted, which asks staff questions around raising concerns and how these concerns were responded to by the organisation. Once the results were published, these would be shared with this Board and would give the collaborative a baseline to work from.</p>	
2.3.8	<p>Ms Watts added that whilst each Trust had its own values, it was down to each organisation to put mechanisms in place to ensure staff were comfortable raising concerns and then finding the best way to act and respond whilst embedding a culture of trust at each Trust.</p>	
2.3.9	<p>The Board noted the importance of triangulating data which would be further supported by having one EPR system across the region. In bringing the research platform to the forefront, together with our expertise, this could enable the sector to move forward and use data to predict and intervene before issues or concerns became a significant problem.</p>	
<p><b>The Board in Common noted these updates.</b></p>		
<b>3.0</b>	<b>Decision Making and Approvals</b>	
<b>3.1</b>	<b>Equality, Diversity and Inclusion Action Plan</b>	
3.1.1	<p>Ms Nightingale presented the report around delivering the Equality, Diversity and Inclusion (EDI) improvement plan. Current data highlighted that the region had the highest proportion of Black, Asian and Minority Ethnic (BAME) groups of staff, but they were less likely to be shortlisted for jobs and were more likely to enter into the formal disciplinary process. The proportion of BAME staff in lower grades was higher than that of BAME staff in higher graded positions.</p>	
3.1.2	<p>As part of the action plan, each sub-committee of the Board would have agreed EDI objectives that would be closely monitored. A task and finish sub-group of the Board would be established to oversee the delivery of actions, including the publication of an EDI board improvement plan, with progress tracked through the Board in Common.</p>	
3.1.3	<p>In response to a query raised by Ms Downs around measuring outcomes for patients and also for women who had adverse maternity-related outcomes, it was reported the primary focus would be to use available data to understand the health of the local population, including variations in health outcomes across different characteristics. The Board agreed that the impact assessment from the Patient Safety Incident Response Framework (PSIRF) might be used to provide a more integrated approach. Ms Rubin asked the Audit chairs to also think about EDI in terms of Trusts' audit plans.</p>	
3.1.4	<p>The Board noted concerns regarding the lack of ethnicity data in maternity deaths and also agreed that further data was needed around the disproportionate treatment of staff from BAME backgrounds and disciplinary processes, including data regarding respective grades.</p>	
3.1.5	<p>Prof Orchard noted work around data sources would improve the data and give the collaborative a greater understanding of the ethnicity of the population and would enable the Trusts to address issues in relation to the</p>	

3.1.6	<p>percentage of patients who come from a deprived background and missed first outpatient appointment.</p> <p>Ms Nightingale confirmed similar work was being undertaken within the ICS around inequalities, which would enable the collaborative to look at changing and improving the model of care. As an example, LNWH would run antenatal clinics near one of the biggest temples in Brent to enable better engagement from the community. Ms Nightingale added that LNWH had lowered the rate of BAME staff entering formal disciplinary process through simple systemic steps which had begun to show positive results; this change could be extended across the Collaborative.</p>	
3.1.7	<p>The Board agreed its commitment to EDI and acknowledged there was further work to do, particularly around data and data sources, and all committees would continue to focus on this agenda through the implementation of the Board EDI improvement plan.</p> <p><b>The Board in Common noted the updates.</b></p>	
<b>3.2</b>	<b>Acute Provider Collaborative - Scheme of Delegation</b>	
3.2.1	<p>Mr Jenkinson presented the paper. The four Trust Boards noted the amendments to the scheme of delegation approved during the year and approved the continued delegation of authority to enable the collaborative governance arrangements to continue, including the continuation of the Collaborative Board in Common.</p>	
3.2.2	<p>The Trust Boards also approved the delegation of authority to Trust level Quality Committees to oversee compliance with all requirements of the Maternity Incentive Scheme including approval of the Board Declaration Form.</p> <p><b>The Board in Common approved its continued commitment to the Collaborative and the continued delegation as set out in the Scheme of Delegation.</b></p>	
<b>4.0</b>	<b>Integrated Quality, Workforce, Performance and Finance</b>	
<b>4.1</b>	<b>Business Plan Progress Report Months 1-6</b>	
4.1.1	<p>Mr Reid presented the half-year report on the delivery of the NWL APC Business Plan, noting the adverse impact of industrial action but good progress had been made, with 16 of the 26 deliverables rated 'amber', five schemes rated 'green' and two 'red'. The final three schemes were at discovery stage.</p>	
4.1.2	<p>Planning for 2024/25 priorities had commenced and these would include EDI priorities. Progress would continue to be monitored through the collaborative Executive Management Board (EMB), with reports through the Board sub Committees and on to the Board in Common.</p>	
4.1.3	<p>The Board noted an update on the governance arrangements in place around the collaborative strategy development. Prof Orchard reported that a sub-group was being established, including the strategy directors, to oversee the development of a strategy for the Collaborative. This group would report to the collaborative EMB in November 2023.</p>	

4.1.4	<p>The Board acknowledged differences in culture across the four trusts, and noted the importance of engaging with staff across the trusts to agree a way of bringing this together. A further discussion on this would take place at the Board development session; however, there was a need for the collaborative to have a clear and common strategy.</p> <p><b>The Board in Common noted the report.</b></p>	
<b>4.2</b>	<b>Integrated Quality, Workforce, Performance and Finance Report</b>	
4.2.1	<p>Ms Wright introduced the integrated performance report relating to month 5 and noted, despite ongoing industrial action, strong performance remained across the majority of the metrics. It was noted the implementation of Cerner at LNWH and THHFT had impacted on activity and therefore the financial positions, as baseline positions had not been adjusted to the national operating plan. Staff grades and ethnicity was reported in the workforce section of the report.</p>	
4.2.2	<p>Dr Baker presented the quality domain and noted that focus had increased on Infection and Prevention Control, and Venous Thromboembolism (VTE) targets had been met. It was reported a piece of work was underway, as a collaborative, to understand the increase in infections, including E.coli, and implementation measures.</p>	
4.2.3	<p>The Board noted the low 'Friends and Family' response rate at LNWH. Dr Baker reported this was due to a new reporting mechanism together with data quality issue following the introduction of Cerner.</p>	
4.2.4	<p>Mr Bleasdale reported that there was a pause, nationally, on the reporting and expansion of percentage of women on the continuity of carer pathway. However, Trusts would continue to report on this metric with a focus on having the workforce in place to deliver the service safely. In addition, Mr Bleasdale highlighted there was a national shortage of midwives, resulting from an increase of substantive posts within individual maternity units following the implementation of birth rate plus recommendations. The collaborative intended to capture the demographics and highlight those high risk women on the pathways, which would be included in the report.</p>	
4.2.5	<p>Following the previously reported high number of stillbirths at THHFT, Mr Bleasdale reported this had reduced following work with communities and identifying at-risk women early on to provide additional support. In response to a query from Mr Moss, the Board were assured that all maternal deaths were subject to serious investigations locally, which were reviewed collaboratively and reported nationally.</p>	
4.2.6	<p>Mr Hodgkiss presented the operational performance data, noting that data related to August performance, with the exception of cancer which was July data. Mr Hodgkiss highlighted that there had been 36 days of industrial action, of which 13 had taken place between July and August, which had led to significant operational pressures and lost activity.</p>	
4.2.7	<p>A&amp;E performance was just behind the national standard, and as a sector the ICS ranked second best in the country in respect to diagnostic standards. All Trusts met the 28 day Faster Diagnostic Standards (FDS) for the fifth consecutive month, and as a collaborative, Trusts were doing well in</p>	

	reducing the backlog of patients waiting for 62 days for Cancer treatment. Planning for the LNWH Cerner implementation ahead of the 'go live' at THHFT would consider if there was any mutual aid that could be given to support the productivity metrics.	
4.2.8	In response to a query regarding the high number of patients waiting for access to diagnostics at THHFT, this related to non-obstetric ultrasound; however, it was reported patients were reluctant to move to another provider (within the collaborative), who could provide treatment quicker. This was being followed up.	
4.2.9	Following a query around the tracking of patient initiated follow up, it was reported this was being reviewed with clinicians, to see how this could be addressed.	
4.2.10	In response to a query from Mr Gill, Mr Hodgkiss reported that good progress was being made to move vascular patients across the system. However there were long standing problems in respect of neurology, due to the lack of ENT, which was being partly outsourced. Other measures were being reviewed within primary and community care.	
4.2.11	The Board noted that the Urgent Treatment Centre (UTC) had been brought in-house under St Mary's, and despite initial challenges, benefits were now being seen and good practice was being shared across the collaborative.	
4.2.12	Ms Watts advised that data on people medically fit for discharge was not in the pack due to data quality following the implementation of the Cerner rollout; however, she assured the Board that discussions were taking place with all partners, and that national best practice had been shared with the boroughs including actions to take. Furthermore, the ICB had allocated money to bridge the gap between long term placements and care for patients in their own homes. A report would be made available shortly.	
4.2.13	Mr Croft presented the workforce data, noting that the vacancy rate was below 10%, turnover had reduced and absence was on target. A key focus was to reduce agency staffing to under 2%, below the national average. The Board noted the EDI work underway to redress the imbalance and under representation at senior levels. The Board noted that staffing levels were higher than the operating plan and this was partly due to bringing Urgent Treatment Centres (UTCs) in-house, the ongoing industrial action and the need for more specialists to deal with mental health challenges.	
4.2.14	Mr Reid presented a summary of financial performance, noting that the Elective Recovery Fund (ERF) remained above baseline and noting the impact of industrial action. A key challenge was the CIP metric for cost weighted activity. Overall the four Trusts were delivering at just above the 2019/20 contracted levels and whilst there was much more work to do, the collaborative remained one of the stronger performers across the London region.  <b>The Board in Common noted the Integrated Quality, Workforce, Performance and Finance report.</b>	
<b>4.3</b>	<b>Finance Performance Report</b>	
4.3.1	Mr Reid presented the month 5 financial performance report, highlighting a deficit against plan year to date, due in part to the impact of industrial action	

4.3.2	<p>and excess inflation. Some additional funding had been received from the ICB to mitigate against the inflation costs and the additional costs of managing industrial action.</p> <p>Mr Reid confirmed work was being undertaken to deliver the collaborative forecasts and updates would be presented to the APC Finance and Performance Committee (FPC) as well as individual Trust Finance and Performance Committees. A financial plan for winter had been agreed with the ICB.</p> <p><b>The Board in Common noted the Finance Performance report.</b></p>	
<b>4.4</b>	<b>Winter planning, including elective capacity plans</b>	
4.4.1	Mr Hodgkiss provided a summary of winter plans developed by each Trust, in conjunction with the NWL ICS preparations, which largely focused on creating additional bed capacity. It was reported £14.5m of the £35m winter scheme funding was for additional acute beds.	
4.4.2	In respect to ‘patients not meeting the criteria to reside’, Mr Hodgkiss informed the Board the data was being reviewed weekly via the NW London ‘Gold’ system call, which included representation from acute, mental health and community Trusts in the region. This information was broken down by borough and category.	
4.4.3	Currently, Trusts were dealing with more patients than planned for; however, a detailed bridging scheme would be in place from 1 November 2023, with the aim that each borough would take 30 patients per week onto this scheme which would support the NWL ICS winter funding plan.	
4.4.4	<p>Mr Hodgkiss confirmed that the four Trusts had increased their critical care capacity and had been asked by the NWL Critical Care Network that, in the event of a surge, to increase by 10%. Ms Watts confirmed in order to do this, the Trust would move patients around the region; CWFT and LNWH would be able to accommodate these extra patients on their wards.</p> <p><b>The Board in Common noted Winter planning and Elective Capacity plans.</b></p>	
<b>4.5</b>	<b>Reports from Collaborative Committees</b>	
4.5.1	<p><u>Finance and Performance Committee (FPC)</u></p> <p>Ms Jervis commended the success of the Trusts during these operationally challenged times. She referred to the business plans, which following the day’s discussions, would need amending to show the direction and strategy the collaborative was taking to ensure resource was being best utilised.</p>	
4.5.2	Ms Jervis reflected on the committee discussions regarding EDI and advised that data and an evidence base would help to understand next steps. The core focus of the committee remained on patients and communities accessing and receiving the appropriate care.	
4.5.3	<p><u>Quality Committee</u></p> <p>Mr Gill presented a summary of discussions at the APC Quality Committee and noted the annual Complaints and Learning from Death reports had both been reviewed at their respective local Quality Committees. Mr Gill advised that the three quality risks for escalation were: industrial action, infection control and the increasing need to treat mental health patients appropriately</p>	

	and in the right place across the wider NWL system. Mr Gill confirmed a workstream had been set up to look at this.	
4.5.4	Mr Gill further confirmed that workstream leads were incorporating EDI into their workstreams.	
4.5.5	<u>People Committee</u> Ms Rubin presented a summary of discussions at the APC People and Workforce Committee. The Committee had asked for assurance in respect to the 4.5% over-establishment, with a more detailed report to be brought back to the next committee meeting. She also highlighted that THHFT was the only Trust in the collaborative that did not have any current issues with BAME disciplinary action, and that the other three Trusts were not meeting their internal investigations target of 60 days.	
4.5.6	Ms Rubin asked the Trusts to follow through on delivering the flu and Covid vaccination programme to reduce staff absences, and finally she confirmed that there were sufficient staff numbers to open the Elective Orthopaedic Centre in November/December.	
4.5.7	<u>Digital and Data Committee</u> Mr Gill reported from the inaugural meeting, which had focused on the risks relating to Cerner going live between LNWH and THHFT and making sure the workforce, with the right capabilities, were in place.	
4.5.8	The Committee also asked for a review of the data strategy in the context of the national federated data platform contract, and to prepare a paper on digital and data priorities in respect to business planning for 2024/25.	
4.5.9	<u>Estates and Sustainability Committee</u> Mr Alexander presented a summary of discussions at the APC Strategic Estates and Sustainability Committee, highlighting progress in the Trusts' green plans and the completion of an estates stocktake as a first part in the development of an estates strategy. In respect to the Reinforced Autoclaved Aerated Concrete (RAAC) existence in our buildings, the Board were assured that reviews had been conducted and assurance provided that none had been found.	
4.5.10	The Chair noted the need to agree on how best to include discussion around education and research in the committee structure.	
	<b>The Board in Common noted the reports from Collaborative Committees</b>	
<b>4.6</b>	<b>Collaborative Complaints Annual Report</b>	
4.6.1	Mr Bleasdale presented the report which provided assurance that each local Trust Quality Committee had scrutinised their Annual Complaints Report and confirmed they were compliant with the national complaints standards. Each Trust had an executive lead for complaints with an established governance structure in place for oversight / monitoring.	
4.6.2	The next step would be to establish standardised reporting across the collaborative and carry out a thematic review of the learnings from complaints, and to include demographic and deprivation data which would add a richness to future reports.	

4.6.3	<p>Ms Downs noted that LNWH upheld fewer complaints than the other Trusts, to which Ms Nightingale responded by saying that standardising this approach would ensure more consistent judgement was being used across the four Trusts.</p> <p><b>The Board in Common noted the report.</b></p>	
4.7 4.7.1	<p><b>Learning from Deaths Report</b></p> <p>Mr Baker presented the report and confirmed that datasets had been standardised, and work continued around the scrutiny of deaths and thematic reviews. All four Trusts were investigating variations between observed and expected deaths, reviews of which would be presented to the next APC Mortality Surveillance Group.</p> <p><b>The Board in Common noted the report.</b></p>	
<b>5.0</b>	<b>Governance and Risk</b>	
5.1 5.1.1	<p><b>Reports from Trust Audit Committees</b></p> <p>The reports from the Trust Audit Committee Chairs were received and noted by the Board in Common.</p>	
5.2 5.2.1	<p><b>Report on items discussed at the Board in Common Cabinet meeting held in September</b></p> <p>The Chair presented a summary of business discussed at the Board in Common Cabinet, noting that due to urgency, two business cases for CWFT had been approved at the September cabinet meeting.</p> <p><b>The Board in Common noted and received this report.</b></p>	
<b>6.0</b>	<b>Any Other Business</b>	
6.0.1	There was no other business discussed.	
<b>7.0</b>	<b>Questions from members of the Public</b>	
7.0.1	<i>(The Board in Common noted that no questions were received in advance of the meeting.)</i>	
7.0.2	Mr Sharp, a member of the public, asked with the rise in Covid infections across the region, why were precautionary measures (such as mask wearing and social distancing) not being introduced? Ms Nightingale acknowledged whilst there was a rise in infections, the increase was small and a rise in hospital admission had not been seen. Precautions were in place for anyone attending, who felt symptomatic, to be tested and if necessary to be isolated immediately. Ms Knight confirmed that the number of patients with Covid was small, however Trusts continued to monitor the situation carefully. Prof Redhead took the opportunity to remind people to get vaccinated.	
7.0.3	Ms Lloyd, a member of the public and a physiotherapy patient at LNWH, commented that since September both physios and staff members complained about the new system and wait times to book an appointment. Ms Lloyd queried what was being done to ensure that overseas patients accessing our services were charged appropriately, as she could not see anything in the reports about bad debt relating to these overseas patients. Ms Nightingale acknowledged there had been issues following the implementation of Cerner; however, staff were now beginning to understand	

<p>7.0.4</p> <p>7.0.5</p>	<p>the process and familiarise themselves with the system. An increase in the number of phone calls had been seen and the Trust were working on additional support to answer calls. In terms of overseas patients, assurance was given that that this was being monitored and the Trust followed national guidelines.</p> <p>Mr Adhuhulow asked about the amount of time he had to wait for prosthetic service at Charing Cross Hospital, which had gone up from 2 days wait to 42 days wait as a result of outsourcing limb fitting activities. He asked how much the cost would be to bring this service back in-house. Prof Orchard acknowledged the wait times were not where the Trust would like them to be. When the contract ends with the supplier, this could be reviewed to see if this was something that could be serviced in-house.</p> <p>Mr Adhuhulow also asked how patient data was being used to build a healthy hospital and having an in-house diagnostic centre as opposed to outsourcing. Ms Nightingale confirmed that a brand new community diagnostics centre was opening shortly in Ealing, and this was as a result of gaining feedback and being able to get patients on treatment pathways quicker. The data available would be reviewed to establish how to improve productivity and effectiveness and evaluate outcomes through patient safety.</p>	
<p><b>8.0</b></p>	<p>The Chair drew the meeting to a close and thanked the Board and members of public for joining the meeting.</p> <p>The meeting ended at 12:12hrs</p>	



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REFERENCES

Only PDFs are attached

 1.4 Patient Story.pdf

NWL Acute Provider Collaborative Board in Common (Public)

16/01/2024

Item number: 1.4

This report is: Public

## Patient Story – Elective Orthopaedic Centre

Author: Michelle Dixon  
Job title: Director of experience and engagement (ICHT)

Accountable director: Pippa Nightingale  
Job title: Chief executive (LNWH)

### Purpose of report

Purpose: Information or for noting only

This paper introduces our patient story, to be told by David Wootton, the first patient to be treated at the North West London Elective Orthopaedic Centre at Central Middlesex Hospital, and one of his surgeons on the day, Ian Sinha, a consultant from Imperial College Healthcare NHS Trust.

### Report history

Outline committees or meetings where this item has been considered before being presented to this meeting.

Quality Committee (ICHT)	Committee name	Committee name
11/01/2024	Click or tap to enter a date.	Click or tap to enter a date.
Noted	What was the outcome?	What was the outcome?

### Executive summary and key messages

2.1. The North West London Elective Orthopaedic Centre opened on 4 December 2023, following more than two years of co-design and planning, including a formal public consultation, and a £9.4 million investment in new facilities.

2.2. The specialist centre forms a key part of an improved care pathway for adults who need routine, planned orthopaedic procedures, such as knee and hip replacements. There are around 4,000 such operations in North West London each year. Evidence built over many years shows that when this type of surgery is done frequently, in a systematic way, there is an improvement in both quality and efficiency.

2.3. The development of the new centre was one of the first joint projects undertaken by the North West London Acute Provider Collaborative. It responds particularly to the need to reduce the long orthopaedic waiting lists built up during the pandemic and to bring all care provided by all hospitals in the collaborative up to consistently high-quality standards.

2.4. Each patient's care is overseen by consultants from their local hospital, who join them at the centre to undertake the surgery on the day. The rest of their care – before and after surgery – continues to take place at their local hospital, in their community or online at home. The centre, and its permanent theatre and administration team, are managed by London North West University Healthcare NHS Trust (LNWH).

2.5. The centre has an initial capacity of three operating theatres, increasing to five later this spring. As of 4 December 2023, some patients under the care of Imperial College Healthcare NHS Trust, Chelsea and Westminster Hospital NHS FT and LNWH are able to have their surgery at the centre. Many more patients, also including those from The Hillingdon Hospitals NHS FT, will be able to have their surgery there once the additional theatres are open. The phased start is allowing the new patient pathways to be closely monitored and any issues to be resolved quickly.

2.6. Care pathways for patients with complex health needs and day-case patients are unchanged and surgery will be provided, as now, at a range of North West London hospitals. These patients will also benefit from shorter waiting times, as moving low-complexity, inpatient surgery to the new centre frees up capacity at these other hospitals.

2.7. David Wootton is a 72-year old retired teacher living in Acton. He was referred for a partial knee replacement at Charing Cross Hospital. At his initial outpatient appointment in November 2023, he was offered the opportunity to have his surgery at the new elective orthopaedic centre the following month.

2.8. The operation went well and Mr Wootton was back home the same day. He has kindly joined the meeting and will share his experiences of the new pathway, highlighting what worked well for him as well as where we could do better.

## Strategic priorities

Tick all that apply

- Achieve recovery of our elective care, emergency care, and diagnostic capacity
- Support the ICS's mission to address health inequalities
- Attract, retain, develop the best staff in the NHS
- Continuous improvement in quality, efficiency and outcomes including proactively addressing unwarranted variation
- Achieve a more rapid spread of innovation, research, and transformation

Click to describe impact

## Impact assessment

Tick all that apply

- Equity
- Quality
- People (workforce, patients, families or careers)
- Operational performance
- Finance
- Communications and engagement
- Council of governors

Click to describe impact

## Reason for private submission

Tick all that apply

- Commercial confidence
- Patient confidentiality
- Staff confidentiality
- Other exceptional circumstances

If other, explain why

## 2.1 REPORT FROM THE CHAIR IN COMMON - MATTHEW SWINDELLS

### REFERENCES

Only PDFs are attached



2.1 Chairs Report to the Board in Common 16 January 2024 Final .pdf

NWL Acute Provider Collaborative Board in Common (Public)

16/01/2024

Item number: 2.1

This report is: Public

## NWL Acute Collaborative Chairs Report

Author: Matthew Swindells

Job title: Chair in Common

Accountable director: Matthew Swindells

Job title: Chair in Common

### Purpose of report

Purpose: Information or for noting only

The Board in Common is asked to note the report.

### Report history

Outline committees or meetings where this item has been considered before being presented to this meeting.

N/A

Committee name  
Click or tap to enter a date.  
What was the outcome?

Committee name  
Click or tap to enter a date.  
What was the outcome?

Committee name  
Click or tap to enter a date.  
What was the outcome?

### Executive summary and key messages

This report provides an update from the Chair in Common across the North West London Acute Provider Collaborative (APC).

### Strategic priorities

Tick all that apply

- Achieve recovery of our elective care, emergency care, and diagnostic capacity
- Support the ICS's mission to address health inequalities
- Attract, retain, develop the best staff in the NHS

- Continuous improvement in quality, efficiency and outcomes including proactively addressing unwarranted variation
- Achieve a more rapid spread of innovation, research, and transformation

Click to describe impact

## Impact assessment

Tick all that apply

- Equity
- Quality
- People (workforce, patients, families or careers)
- Operational performance
- Finance
- Communications and engagement
- Council of governors

Click to describe impact

## Reason for private submission

Tick all that apply

- Commercial confidence
- Patient confidentiality
- Staff confidentiality
- Other exceptional circumstances

If other, explain why

## **1. The Acute Provider Collaborative**

- 1.1 In support of the ongoing development of the Acute Provider Collaborative (APC) and the governance model, the four Trust Boards commissioned the internal auditors of the four Trusts to conduct a review of the effectiveness of the current governance model. The purpose of the review was to provide an opinion on the following questions:
- Can the Trusts discharge their duty appropriately?
  - Are the Collaborative governance arrangements robust?
  - Are there any risks to address in the current governance model?
- 1.2 The findings, recommendations and proposed response are included in a paper on today's agenda, but in summary:
- i. The governance model is operating appropriately overall to enable the individual Trust Boards to fulfil their required duties, although there are some areas for improvement.
  - ii. Board in Common (BiC) meetings are largely sufficient for the individual Trust responsibility and in the main there is adequate public transparency on required Trust Board matters.
  - iii. The governance model has been a good mechanism for encouraging and strengthening collaborative working between the four Trusts, in particular allowing Trusts to focus on standardising and improving working practices for the benefit of patient outcomes.
  - iv. At a collaborative level, the governance model is operating largely effectively given the nascent period of its operation. The clarity of Board members' roles and responsibilities in the APC and the collaborative meetings have and continue to develop which should enhance both the efficiency and effectiveness of these forums.
- 1.3 However, we also recognise that risks in the governance model were identified, with recommended actions included to further mitigate those risks. The key areas for improvement can be categorised into three areas, development of a strategic direction and enabling strategies, Trust level engagement and oversight, including Non-Executive Director (NED) visits and Executive governance structures and operating model. The work to develop the APC strategy has commenced and the other matters are being discussed by the Executives and NEDs with a view to bringing recommendations to the next Board meeting

## **2. Elective Orthopaedic centre (EOC)**

- 2.1 The North West London Elective Orthopaedic Centre (EOC) opened on 4 December 2023 in a phased approach bringing together surgeons from London North West University Healthcare NHS Trust (LNWH), Imperial College Healthcare NHS Trust (ICHT) and Chelsea and Westminster Hospital NHS Foundation Trust (CWFT) with LNWH theatre and ward teams at Central Middlesex Hospital in a new improvement for patient care. The centre will help us treat more orthopaedic patients more fairly and more swiftly than ever before. The first patient to be treated at the EOC underwent a partial knee replacement in the morning and was on their way home to Acton later the same day.
- 2.2 The EOC is a positive demonstration so far, of what we can do when we align and work in partnership with our neighbours across North West London.

## **3. Industrial Action**

- 3.1 We recognise that this time of year is challenging for teams across all the North West London hospitals as we are in the depths of winter, and industrial action both before and after the festive bank holiday period will undoubtedly have increased this pressure. I would

therefore like to extend our particular gratitude to all our people who have gone to such lengths to keep these essential services running for our communities. We were very glad to welcome our junior doctors back after each strike, and it is important that we note how much we value and respect their work.

#### **4. Redevelopment**

- 4.1 On 13 October 2023, The New Hillingdon Hospital programme passed a major milestone when the London Borough of Hillingdon confirmed full planning approval for the new hospital build and multi-storey car park and outline permission for the residual site (housing and public realm).
- 4.2 To mark the awarding of full planning approval, the Redevelopment team have since released a new video, which gives a feel for what the new Hillingdon Hospital will look like to visit and walk around, both inside and out:  
[https://youtu.be/K9XXUS8hoog?si=utAwPcdHn6wQha\\_g](https://youtu.be/K9XXUS8hoog?si=utAwPcdHn6wQha_g).
- 4.3 Gifts were also delivered to the various departmental teams at the Trust who gave their time and expertise feeding back on the plans to support the planning application.
- 4.4 The THHFT team continue working closely with our local communities in the development of our plans, with recent engagement focused in Uxbridge at the local library and football club. The Trust also welcomed Steve Tuckwell MP to the Trust on 1 December 2023 to brief him on the redevelopment plans and update him on the implementation of the new Cerner electronic patient record. THHFT is continuing to work closely with the New Hospital Programme (NHP) to agree the next steps for the business case for the redevelopment of Hillingdon Hospital, to maintain momentum in to 2024.
- 4.5 As Tim explains in his Chief Executive report for ICHT, the Trust continues to progress the redevelopment plans for a rebuild of St Mary's Hospital and a mix of new build and refurbishment at Charing Cross and Hammersmith Hospitals. Since the announcement in spring 2023 that the NHP hadn't committed to fund St Mary's to complete the redevelopment before 2030, the Trust continues to work with NHP and Ministers exploring a range of practical funding, planning and design options to ensure a full re- build of St Mary's Hospital and a start on the major refurbishment and expansion schemes at Charing Cross and Hammersmith hospitals as close as possible to the original timescale of 2030.

#### **5. Appointments and Recruitment**

- 5.1 This will be Janet Rubin's last BiC as she ends her term as Vice Chair at LNWH and NED at ICHT in February. Personally it has been a delight working with Janet and utilising her extensive HR expertise especially as we formed the APC last year. I would like to thank her for her contribution to the NHS across North West London over the last 8 years.
- 5.2 We recently ran a recruitment campaign to appoint two Non-Executive Directors on to the BiC, as well as Janet, Neville Manuel will be leaving at the end of his term at the end of April. We are currently going through the necessary on-boarding checks but hope to announce the two successful candidates shortly. The roles are:
  - Board member for London North West University Healthcare NHS Trust, where they will chair the Finance and Performance Committee, and Imperial College Healthcare NHS Trust, where they will be a member of the People Committee and the Audit Committee.
  - Board member for The Hillingdon Hospitals NHS Foundation Trust, where they will chair the Audit Committee, and Chelsea and Westminster Hospital NHS Foundation Trust, where they will be a member of the Quality and

## Safety Committee and the Finance and Performance Committee.

5.3 Two Executive colleagues who have also moved onto new roles, Jo Fanning, Interim Chief People Officer at THHFT has left the Trust to become the Chief People Officer at Ashford and St. Peter's Hospitals NHS Foundation Trust and Robert Hodgkiss, Deputy Chief Executive and Chief Operating Officer at CWFT has moved to East Kent Hospitals University NHS Foundation Trust to be Chief Operating Officer. On behalf of the Board in Common I want to thank Jo and Rob for their hard work and dedication to both THHFT, CWFT and the wider NWL APC.

### **6. Health Service Journal (HSJ) awards**

- 6.1 In November the Health Service Journal (HSJ) held their annual awards ceremony and I was delighted to see how many people, projects and initiatives were represented from across North West London. Professor Jonathan Valabhji, now a Professor of Medicine at Imperial College London based at CWFT won Clinician of the Year for his work at NHS England as National Clinical Director for Diabetes and Obesity.
- 6.2 The highest rated of the Acute Trusts that had been nominated, CWFT was highly commended in the Trust of the Year category, recognising the outstanding care which staff provide on a daily basis and how the Trust is at the forefront of healthcare research and innovation, CWFT is consistently ranked in the top five in many areas for quality and performance, making it one of the top performing Trusts in the country.
- 6.3 North West London Integrated Care System (ICS), South East London ICS, Imperial College Health Partners and Vizify were highly commended in the Data-Driven Transformation Award for the London Asthma Decision Support Tool (LADS) which is a NHS data tool that brings together air pollution, demographic and social deprivation data with routinely collected NHS data which allows clinical teams to intervene much earlier in the patient pathway and improve outcomes, but also focus on identifying and investigating areas of health inequity across the capital.
- 6.4 Across NWL several projects were nominated for awards, ICHT in the Towards Net Zero Award category for the Green Shoots: Empowering Staff To Make Carbon And Cost Savings In Challenging Financial Times project which looks at innovative approaches from staff to reduce the Trust's carbon footprint, which has seen ICHT NHS carbon footprint fall by 13% from 2019/20 levels.
- 6.5 In the Driving Efficiency Through Technology category the NWL APC was nominated for The Care Coordination Solution (CCS) which creates a pathway management solution with a single point of access which is helping Trusts to treat patients faster and in the right order. It supports staff in areas such as outpatients, diagnostics, theatre management and discharge. CCS has been rolled out extensively across many Trusts in England and is part of the NHS's national Federated Data Platform (FDP) programme.
- 6.6 There were two other nominations in our sector, Central and North West London FT: North West London Young Adult Mental Health And Wellbeing Partnership were nominated in the Reducing Healthcare Inequalities for Children and Young People Award and finally in the NHS Communications Initiative of the Year category West London Trust, Imperial College London and InnerEye Productions were nominated for their [Nexus](#) project which is a film aimed at raising awareness among medical staff and the wider public of the impact of lockdown on young people's mental health.

## **7. Acute Provider Collaborative Visits**

- 7.1 On Wednesday 18 October, I joined some of the theatres team at Ealing to visit the newly refurbished operating theatre. It was good to see the new facilities and hear from the team the difference the refurbished setting is making to their ability to operate on more patients at Ealing and improve theatre productivity.
- 7.2 On Wednesday 1 November I went back to the Urology Centre at Northwick Park for their official opening, we were joined by Barry Gardiner MP, Gareth Thomas MP and Brent Councillor Ketan Sheth. It was a great event with Giles Hellowell, Urology Clinical lead and Lead Consultant Urological Surgeon and Viv Sathainathan, Division Director for Surgery talking through the benefits of having all urology services at LNWH now all in one place.
- 7.3 I joined a CWFT event hosted by CW+ on 'Stimulating a Thriving Life Sciences Sector' on Thursday 2 October, it was a chance for key stakeholders to get together to discuss life sciences and how we can use research to drive progress and growth across the sector. I chaired a very interesting panel session with some leading figures from across the life sciences sector to discuss how we can work together to make a thriving UK life sciences industry and how North West London can be at the forefront in this area.
- 7.4 On Wednesday 15 November myself and a small group of NEDs from across the APC joined a visit to the Maxillofacial and Ear, Nose and Throat department at Northwick Park. We had a tour of the services and had the chance to meet a selection of staff from across the department who shared with us their plans for the department and showed us some of the innovative work they are doing with 3D printing to support patients with complex needs.

## 2.2 BOARD IN COMMON CABINET SUMMARY - MATTHEW SWINDELLS

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### REFERENCES

Only PDFs are attached



2.2 BiC Cabinet Committee Summary 15 Nov and 12 Dec final.pdf

NWL Acute Provider Collaborative Board in Common (Public)

16/01/2024

Item number: 2.2

This report is: Public

# Board in Common Cabinet – Committee

## Summary

Author and Job Title: Philippa Healy, Business Manager

Accountable director: Matthew Swindells  
Job title: Chair in Common

### Purpose of report

Purpose: Information or for noting only

This paper provides an update on items discussed at the Board in Common Cabinet held on 15 November. The Board in Common Cabinet on 12 December 2023 was stood down and one business case was circulated and agreed via e-governance.

### Report history

Outline committees or meetings where this item has been considered before being presented to this meeting.

**Board in Common Cabinet**

15/11/2023

What was the outcome?

**Board in Common Cabinet (e-governance)**

12/12/2023

What was the outcome?

Committee name

Click or tap to enter a date.

What was the outcome?

## Decisions made by the Board in Common Cabinet on behalf of the Board in Common

The Board in Common are asked to note the following decisions made by the Board in Common Cabinet.

### 1. Scheme of Delegation – Charitable Annual Reports and Accounts

1.1 The Cabinet approved an urgent amendment to the scheme of delegated authorities to allow the Audit Committees of London North West University Healthcare NHS Trust (LNWH) and The Hillingdon Hospitals NHS Foundation Trust (THHFT) to sign off their respective charitable annual reports and accounts.

## **2. St. Mary's Hospital Additional Bed Capacity Project Strategic Outline Case (SOC) (Imperial College Healthcare NHS Trust)**

- The Cabinet members representing Imperial College Healthcare NHS Trust (ICHT) approved the strategic outline business case for the St Mary's Hospital additional bed capacity project, via e-governance.
- The business case addresses the urgent need for increased inpatient bed capacity on the hospital site.
- The business case had been approved by ICHT's Executive Management Board and Finance, Improvement and Operations Committee.

## **Executive summary and key messages**

In line with the reporting responsibilities of the Board in Common Cabinet, as detailed in its Terms of Reference, a summary of the items discussed since the last meeting of the Board in Common is provided in this report.

The key items to note from the Board in Common Cabinet meeting held on 15 November 2023 were:

### **3. CEO Update on significant issues including the performance report by exception**

3.1 Chief Executives gave an update on significant areas/issues within their respective Trusts. This included:

- ICHT: Praed Street, Paddington, had been closed for a number of hours this week as a member of the public (not a Trust patient) had gained access to a roof of one of the hospital buildings. The member of the public had successfully been talked down by a police negotiator.
- CWFT: The Secretary of State for Health and Social Care had visited the Trust on 14 November.

### **4. Performance report**

4.1 Members were advised of action being taken to address data quality issues following the Cerner 'go live'. The Board in Common Cabinet requested, given likely anomalies over the next few months, a caveat be included for affected performance reports.

### **5. Financial recovery update**

5.1 The Cabinet discussed a recent letter from NHS England regarding the release of additional central funding to mitigate the financial impact of industrial action, and implications for the Elective Recovery Fund and over-performance on elective activity. The Cabinet noted improved forecast year-end positions for individual Trusts, following the funding for affected industrial action. Members noted concern around various elements of risk in the financial recovery and under-delivery of the cost improvement programme (CIPs) remained an issue. Noting the short submission deadline of 22 November for Trusts to submit their forecast year-end positions to the NWL Integrated Care Board, it was agreed individual Trusts would call an extraordinary Board meeting to be held on Monday 20 November or the morning of 21 November.

### **6. Internal Audit review of the Acute Provider Collaborative governance arrangements**

6.1 The Cabinet noted the final Internal Audit report on the Acute Provider Collaborative (APC) governance arrangements was anticipated in the next few weeks. Following the publication of the final report, work around the appropriate management response to the findings and recommended actions to strengthen governance arrangements would commence, with a number of options for consideration. The management response would be presented to the next Board in Common meeting. The first draft of the report noted the

need for an APC strategy; however, this was a deliberate decision not to develop a strategy in the first year of the Collaborative given the evolving nature of the APC. The APC strategy was due to be discussed at the Board in Common development session on 23 November 2023.

## 7. Winter Preparations

7.1 The Cabinet received a brief update on winter preparations.

### Strategic priorities

Tick all that apply

- Achieve recovery of our elective care, emergency care, and diagnostic capacity
- Support the ICS's mission to address health inequalities
- Attract, retain, develop the best staff in the NHS
- Continuous improvement in quality, efficiency and outcomes including proactively addressing unwarranted variation
- Achieve a more rapid spread of innovation, research, and transformation

Click to describe impact

### Impact assessment

Tick all that apply

- Equity
- Quality
- People (workforce, patients, families or careers)
- Operational performance
- Finance
- Communications and engagement
- Council of governors

Click to describe impact

### Reason for private submission

Tick all that apply

- Commercial confidence
- Patient confidentiality
- Staff confidentiality
- Other exceptional circumstances

If other, explain why

## 3.1 INTEGRATED QUALITY, WORKFORCE, PERFORMANCE AND FINANCE

REPORT - PATRICIA WRIGHT, PIPPA NIGHTINGALE, LESLEY WATTS

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### REFERENCES

Only PDFs are attached

-  3.1 IQPR cover sheet.pdf
-  3.1a updated BIC Performance Report - November 23 (M8) final.pdf

NWL Acute Provider Collaborative Board in Common (Public)

16 January 2024

Item number: 3.1

This report is: Public

## Integrated Performance Report

Author: Pippa Nightingale, Tim Orchard, Lesley Watts, Patricia Wright

Job title: Chief Executive Officers

Accountable director: Pippa Nightingale, Tim Orchard, Lesley Watts, Patricia Wright

Job title: Chief Executive Officers

### Purpose of report

Purpose: To provide assurance that performance across the quality, workforce, core operational standards and financial metrics are being monitored and that appropriate action is being taken to assess variance from agreed standards.

The Board in Common is asked to note the report.

### Executive summary and key messages

This report provides the Board in Common with an overview of the performance of all four Trusts against key quality, workforce, core operational standard and financial metrics.

The aim is to produce a consolidated integrated performance report for the acute collaborative that provides assurance that the individual trusts and the acute collaborative are providing high quality, safe and effective care, and that in doing so due consideration has been given to the experience of its workforce and population served and to the use of resources.

The information in this report brings together the information covering a range of indicators that have been drawn from the Trust integrated performance reports and agreed by the lead Chief Executive for each area of performance and highlights areas of good practice and areas of concern. Financial performance is also now included in the pack as well as in separate reports.

This report reflects performance data at Collaborative level for month 8 (month 7 for some metrics). Trust level performance data is available on each of the four trust's website:

ICHT: [Imperial College Healthcare NHS Trust | Publications and policies](#)

LNWH: [London North West University Healthcare NHS Trust | Quality and performance](#)

CWFT: [Chelsea and Westminster Hospital NHS Foundation Trust | Quality and performance](#)

THH: <https://thh.nhs.uk/performance>

## Strategic priorities

Tick all that apply

- Achieve recovery of our elective care, emergency care, and diagnostic capacity
- Support the ICS's mission to address health inequalities
- Attract, retain, develop the best staff in the NHS
- Continuous improvement in quality, efficiency and outcomes including proactively addressing unwarranted variation
- Achieve a more rapid spread of innovation, research, and transformation

## Impact assessment

Tick all that apply

- Equity
- Quality
- People (workforce, patients, families or careers)
- Operational performance
- Finance
- Communications and engagement
- Council of governors

## Reason for private submission

Tick all that apply

- Commercial confidence
- Patient confidentiality
- Staff confidentiality
- Other exceptional circumstances

N/A

# Integrated Performance Report

November 2023 data

(Cancer, Maternity & Op Plan Performance = October 2023)

received by BIC January 2024

# Integrated Performance Report - Summary

## Introduction:

This report provides an overview of performance across the APC for month 8 with some lag indicators reporting at month 7. Over the months, the SMEs have refined the indicators, to provide assurance to the Executive and Board in the four areas of quality, workforce, performance and finance and further refinement will occur in Q4 to determine the shape and content of the report in 2024-25.

## Performance:

Overall, performance is improving across the majority of the 'scorecard' at APC level, although there is still some variation at individual trust level. Plans are in place to improve trajectories and work is underway, where relevant, to explore further what is driving variability.

Two areas of concern are flagging at this stage in the year:

- **Use of resources**, where performance is adverse to plan. This is, in part, driven by IA and inflationary pressures. However, CIP performance is below expected and WTE variation from plan is driving excess costs.
- **Urgent and emergency care**, where performance continues to be below the national standard despite concerted effort to improve performance against local and national standards.

## Escalation:

The Board is asked to note the impact of ongoing industrial action combined with winter pressures on performance which is negatively impacting patient access and experience and is adding additional stress to staff.

# Layout of the KPI slides

## TREND

This quadrant shows time series data for an agreed sentinel indicator with the data amalgamated at **collaborative level**

Where there is a clear national or local performance target, run charts are used and, where possible, comparative performance at London and National level will be included on the chart

## NARRATIVE

The narrative includes commentary on Performance; the Recovery Plan to tackle any shortfall; Improvements made since the last report and a forecast view on risk to delivery

## CURRENT PERFORMANCE

This quadrant shows the **current month data by trust** for a range of related metrics, presented as a table with 'off track' performance highlighted

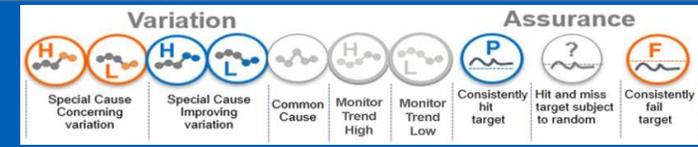
## STRATIFICATION

This section provides more granular detail under the specific metric/metrics. This section is under development.

## GOVERNANCE

The governance section notes the Senior Responsible Owner for performance, the committee responsible for managing delivery and the data assurance processes in place to confirm the reported performance is accurate

# Balanced Scorecard (NOTE: Maternity metrics are reported separately currently)



Quality	Expected	Actual	Trend	Assurance
Reporting rate of patient safety incidents per 1000 bed days	≥54.9	57.99		
Serious Incidents	n/a	0.17		
Patient safety incidents with severe/major harm	<0.26%	0.15%		
Patient safety incidents with extreme harm/death	<0.14%	0.09%		
Healthcare Associated c. Difficile Infections	n/a	21		
Healthcare Associated E. coli blood stream Infections	n/a	32		
Healthcare Associated MRSA blood stream Infections	0	2		
Formal complaints received per 1000 staff	n/a	9.07		
Good experience reported by inpatients	≥94%	94.9%		
Good experience reported for maternity services	≥90%	87.6%		
Good experience reported for emergency depts.	≥74%	84.2%		
VTE Risk Assessments Completed	≥95%	95.3%		

Workforce	Expected	Actual	Trend	Assurance
Vacancy Rate	≤10%	8.7%		
Voluntary Turnover Rate	≤12%	10.9%		
Sickness Absence Rate	≤4%	4.1%		
Agency spend	≤2%	3.6%		
Non-medical appraisals	≥95%	90.3%		
Core skills compliance	≥90%	91.3%		

Performance	Expected	Actual	Trend	Assurance
Ambulance handover waits	≥95%	82.5%		
Waits in urgent and emergency care > 4 hours	≥76%	71.7%		
Waits in urgent and emergency care > 12 hours	≤2%	5.5%		
Referral to treatment waits > 52 weeks	≤2%	3.8%		
Access to diagnostics > 6 Weeks	≤5.0%	13.8%		
Access to cancer specialist < 14 days	≥93%	76.6%		
Access to Cancer Care (Faster Diagnosis) < 28 days	≥75%	71.9%		
Cancer First Treatment from Diagnosis < 31 days	≥96%	95.1%		
Referral to Cancer Treatment Pathways < 62 days	≤85%	71.6%		
Theatre Utilisations (Hrs)	≤85%	81.3%		
Outpatient Transformation - PIFU	≤5%	4.2%		
Critical Care – Unoccupied Beds	≤85%	95.7%		

Finance	Expected YTD £m	Actual YTD £m	Variance YTD £m	Annual Plan £m	Forecast Outturn £m	Forecast Variance £m		
Financial Delivery (I&E)	(16.3)	(52.3)	(36)	0	0	0		
Financial Delivery (CIP)	77.8	52.3	(25.6)	119.5	119.5	0		
YTD Capital Spend - £m	129.3	151.6	22.3	262.5	253.4	9		
Elective Over/Under Performance £m YTD	0	18.5	18.5	0	n/a	n/a		
CWA (Cost weighted Activity) YTD	100%	97%	-3%	100%	n/a	n/a		

# Quality/Clinical Performance

# Safety Summary

**Introduction:** The quality metrics and reporting methodology were agreed following review of the trust board scorecards, national guidance and CQC insight reports. This data pack contains charts showing the trend over time at acute provider collaborative (APC) level for each metric, with in-month and rolling 12-month data for each trust. National and regional benchmarks have been added, where available, to aid comparison. The maternity dashboard is reported separately.

**Performance:** performance at APC level is similar to previous months except in the following areas:

- Incident reporting: Performance at APC level was above standard in November for the first time, which is positive. This is being primarily driven by an increase at ICHT due to changes in how blood traceability incidents are reported. Actions are underway to support clinical teams to return the traceability tags promptly. Once this embeds the number should reduce. No harm has been identified.
- Inpatient and maternity FFT: there was a slight reduction in the percentage of inpatients and maternity patients reporting a positive experience across the APC in November. This is likely to be linked to increasing workforce and operational pressures, with THH impacted most.
- VTE risk assessment: the percentage of inpatients with a completed VTE risk assessment has been steadily increasing and the standard was met in November. Two out of the three Trusts which report data for this metric met the standard (ICHT, and CWFT for the first time following improvements made within the planned care division). Cerner implementation at LNW and THH is expected to lead to further improvements and these Trusts will begin to report data from Cerner during Q4 once data validation has occurred.

Areas where we are consistently adverse to target include:

- IPC: annual thresholds are in place, with infection rates above trajectory. The APC priority work stream is considering challenges and opportunities for learning within the acute setting, with the current focus on C. difficile and prevention and management of winter infections. A deep dive was presented to APC Quality Committee in December setting out plans.

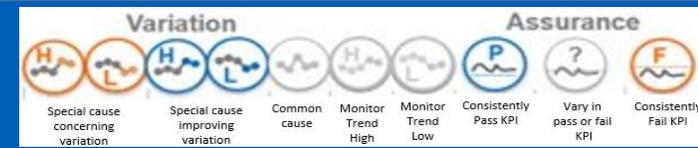
**Key Actions:** All areas of variance in the data are being managed with action plans in place to support improvement. There are examples where areas of variance align to the agreed quality priority work streams and where the actions planned will drive further improvement across the APC. Current actions include:

- Work to transition to PSIRF in line with national timeframes is progressing well. All trusts have their initial stakeholder sign off meetings with the ICB during Dec/Jan which will be followed by full implementation in April 2024.
- Continued focus on the implementation of 'Learn from patient safety events' (LFPSE), which replaces the NRLS and will provide opportunity for improvements, including training and communications. Implementation of the new incident management system once the procurement process has been completed will support standardisation of processes and ensure the system is as user-friendly as possible. Staff regularly feedback that current systems are barriers to reporting.
- Monthly workshop sessions are in place with complaints leads to review and harmonise metrics and identify areas for joint work. Work is continuing to consider options for a joint re-tendering of FFT survey platforms which will include wider thinking on capturing patient feedback. Linked to this, work is continuing to explore the potential for rolling out Imperial College natural language analysis tool for FFT which will provide greater granularity of feedback and enable better targeting of improvements.
- All Trusts are investigating variations between observed and expected deaths by diagnostic group and also where there is variance between HSMR and SHMI (above 100 and where statistically significant). Reviews will be presented to the next APC mortality surveillance group which will discuss themes and trends identified and agree actions to be taken forward including linking the data to peer reviews.
- Although we remain below national average, a review of all severe and extreme harm cases over the last 12 months is underway to consider additional opportunities for learning. Initial review shows the themes are consistent with the trusts Patient Safety Incident Response Plans (PSIRPs), which align in most cases to the APC quality priorities. The full review will report to APC EMB in February 2024 with any recommendations reported to APCQC in March.

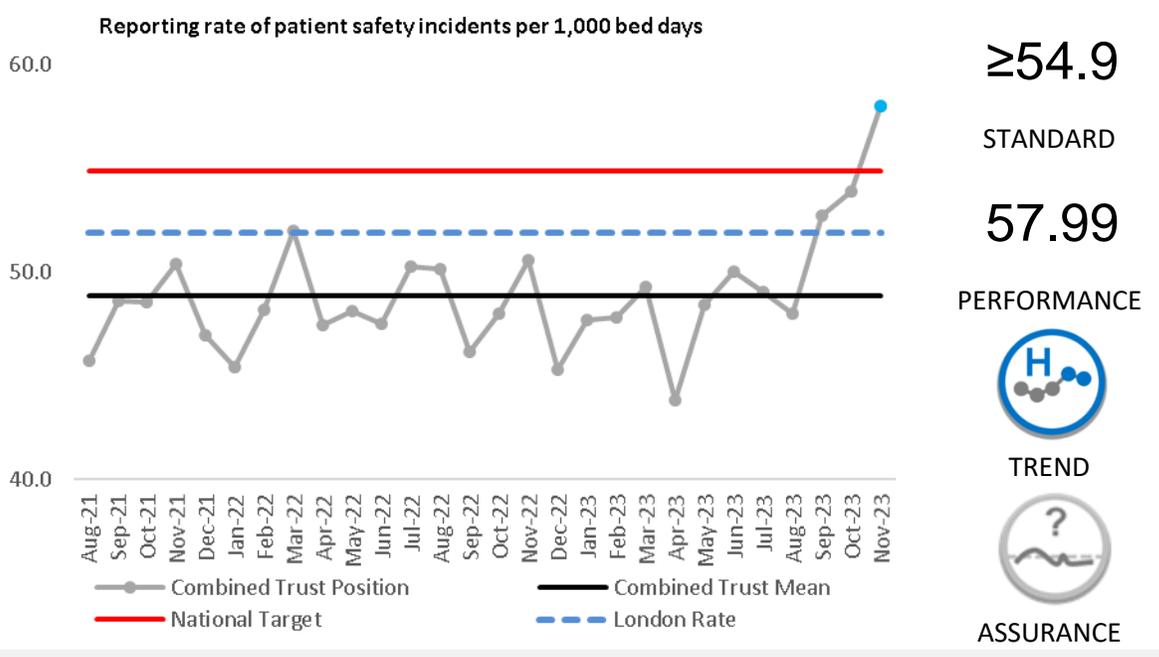
**Escalations by Theme:** Additional workforce and operational pressures as we move into winter may result in an increase in incidents causing harm to patients, including those waiting for treatment, and as a result of winter infections, and have a negative impact on patient experience. Trusts have robust plans in place to manage winter pressures.

# Patient Focus

# (Patient) Patient Safety Incidents



## TREND



## NARRATIVE

**Performance:** Performance at APC level was above the standard in November, with SPC showing special cause improving variation. ICHT is the only Trust to consistently meet the standard. As well as a general increase in reporting across the Trust, the rise in November was partly driven by a high number of blood traceability incidents reported by laboratory staff following the recent MHRA inspection where reporting process was highlighted as an area requiring some changes. The number is inflated due to retrospective reporting of cases. Actions are underway to support clinical teams to return the traceability tags promptly. Once this embeds the number should reduce. No harm has been identified.

LNW saw an increase in the number of incidents reported in month, this has been attributed to seasonal variation, with the number being similar to the same period last year.

**Recovery Plan:** Trusts are currently focused on the implementation of LFPSE, which replaces the National Reporting and Learning System (NRLS), which is providing opportunity for training and communications to encourage reporting. There have been delays to the required Datix upgrade to allow transition, now planned in early 2024.

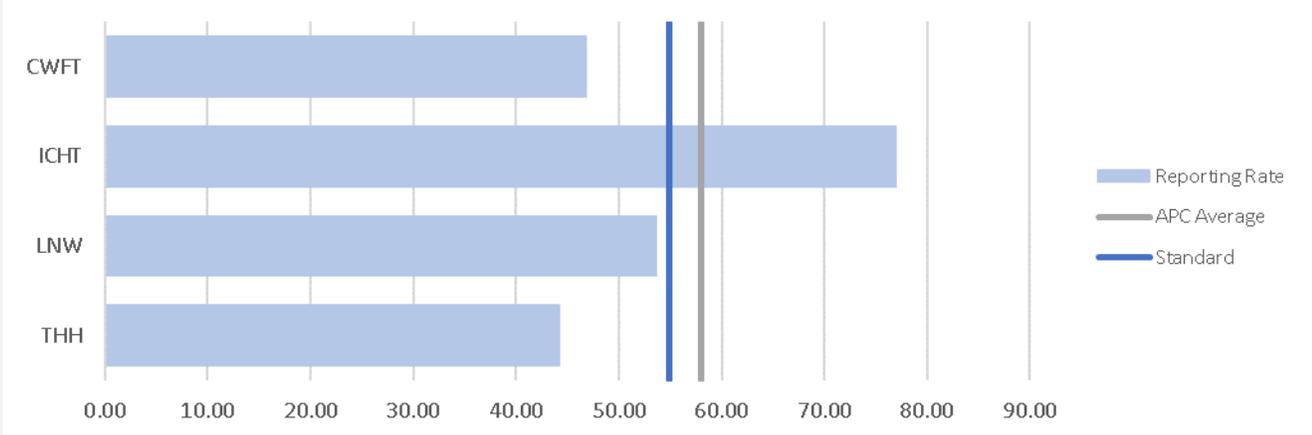
**Improvements:** The tender process for the new incident reporting management scheme is due to launch imminently. As well as supporting standardisation of processes and allowing us to meet the requirements of LFPSE together, this should also ensure the system is as user-friendly as possible (staff regularly feedback that current systems are barriers to reporting). Once this is procured and in use incidents will be able to pull directly from Cerner however this is a longer-term action.

Forecast Risks: N/A.

## CURRENT PERFORMANCE

	Total bed days	Reporting Rate	Difference from Standard	Patient Safety Incidents	12 Month Rolling Reporting Rate
CWFT	23,381	46.75	-8.15	1,093	42.45
ICHT	29,210	76.92		2,247	62.64
LNW	29,071	53.59	-1.31	1,558	44.27
THH	11,745	44.19	-10.71	519	44.05
<b>APC</b>	<b>93,407</b>	<b>57.99</b>		<b>5,417</b>	<b>49.45</b>

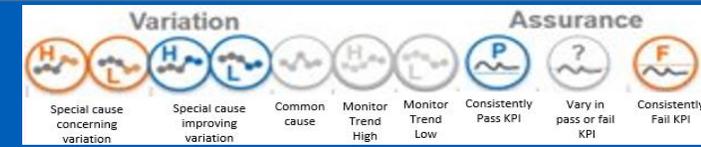
## STRATIFICATION



## GOVERNANCE

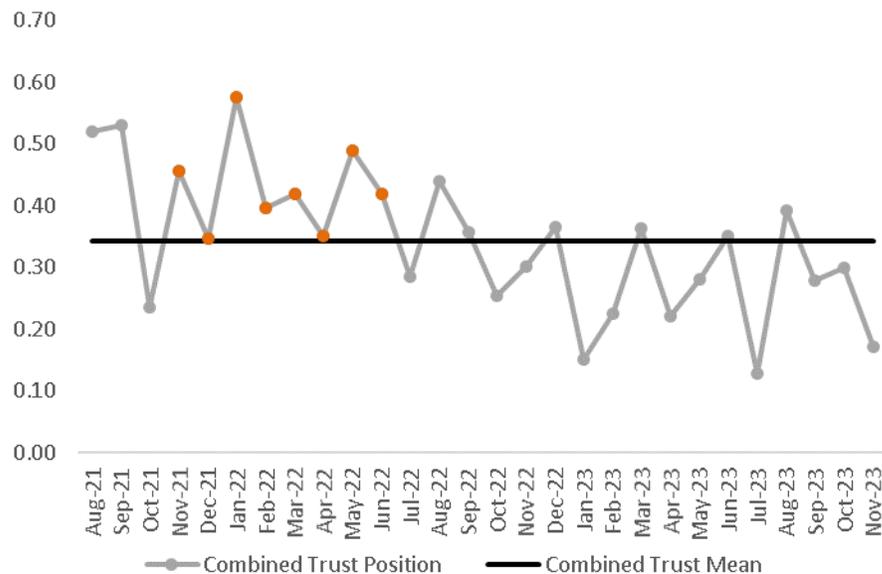
**Senior Responsible Owner:** Pippa Nightingale, CEO, LNW  
**Committee:** Acute provider collaborative executive management board  
**Data Assurance:** Data is supplied by each trust individually and quality assured through their internal processes.

# (Patient) Serious Incidents



## TREND

Rate of SIs declared per 1,000 bed days



n/a

STANDARD

0.17

PERFORMANCE



TREND

ASSURANCE

## NARRATIVE

**Performance:** There is no standard for this metric. A reporting rate per 1,000 bed days has been calculated, and a rolling 12-month rate included, to allow more meaningful comparison. At APC level, the trend shows common cause variation with an overall reduction since August 2022. In November, there were 16 SIs declared. There were no never events declared in month.

**Recovery Plan:** Never events will be shared when they occur at the APC quality meeting so learning and actions can be discussed and implemented collectively where appropriate. A review of cases over the last 12 months is underway to inform any learning to share and any recommended actions will be reported in the next report.

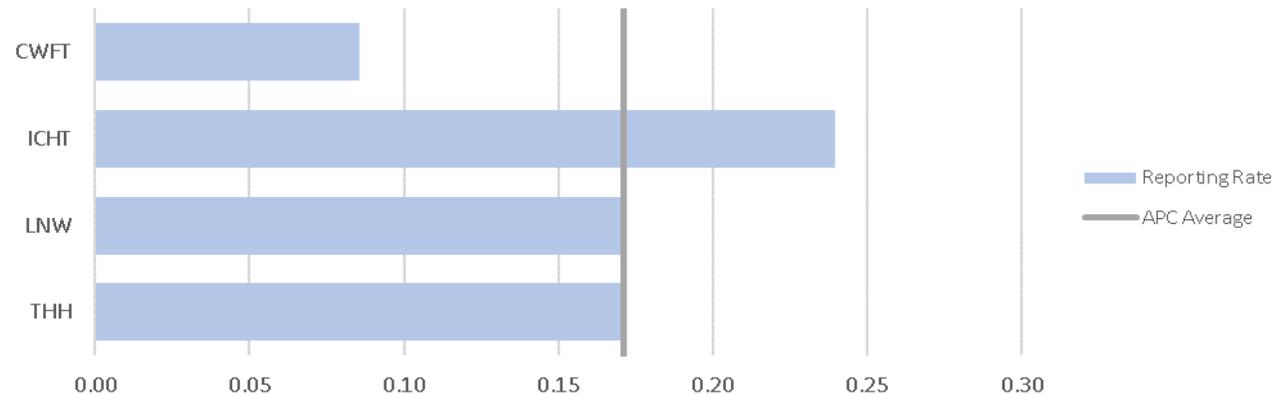
**Improvements:** Transitioning to PSIRF is progressing well with regular updates provided to APC EMB and APCQC. Metrics have been agreed and will start to report in Q4 as we transition. This slide will therefore be changed to reflect this.

**Forecast Risks:** Risks related to resource and training required to successfully implement PSIRF remain. These are being managed by individual Trusts, and through the task and finish group where collective action is needed.

## CURRENT PERFORMANCE

	Total bed days	Reporting Rate	Serious Incidents	12 Month Rolling Reporting Rate
CWFT	23,381	0.09	2	0.16
ICHT	29,210	0.24	7	0.40
LNW	29,071	0.17	5	0.15
THH	11,745	0.17	2	0.46
<b>APC</b>	<b>93,407</b>	<b>0.17</b>	<b>16</b>	<b>0.27</b>

## STRATIFICATION



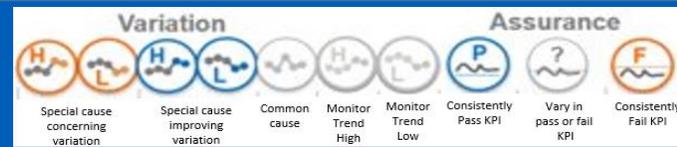
## GOVERNANCE

**Senior Responsible Owner:** Pippa Nightingale, CEO, LNW

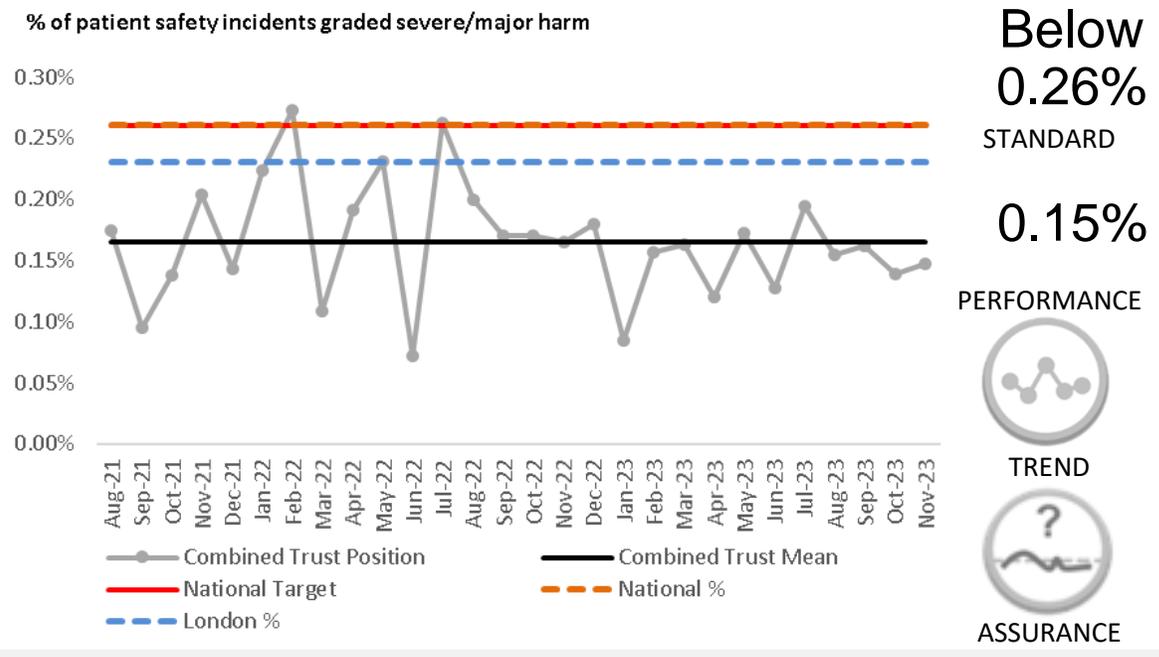
**Committee:** Acute provider collaborative executive management board

**Data Assurance:** Data is supplied by each trust individually and quality assured through their internal processes.

# (Patient) Patient Safety Incidents with Severe/Major Harms



## TREND



## NARRATIVE

**Performance:** At APC and trust level we remain below national average on rolling 12-month data. In month THH are marginally above. The cases reported in November are under investigation and include:

- ICHT: 3 incidents reported – two have been downgraded following initial investigation. The remaining incident is a case where a blood film was incorrectly reported and a diagnosis of TPP (thrombocytopenic purpura ) was excluded before the error was noted the next day by which time the patient had died.
- LNW: 2 incidents reported - delayed diagnosis of cancer and a delayed diagnosis of necrotising soft-tissue infection.
- THH: 3 incidents reported - a fall with a fractured neck of femur injury, an incident related to a faulty medical device resulting in surgical cancellations and a bowel perforation during laparoscopic appendectomy which was identified via a claim.

**Recovery Plan:** Robust processes are in place to identify and investigate incidents and implement actions in response

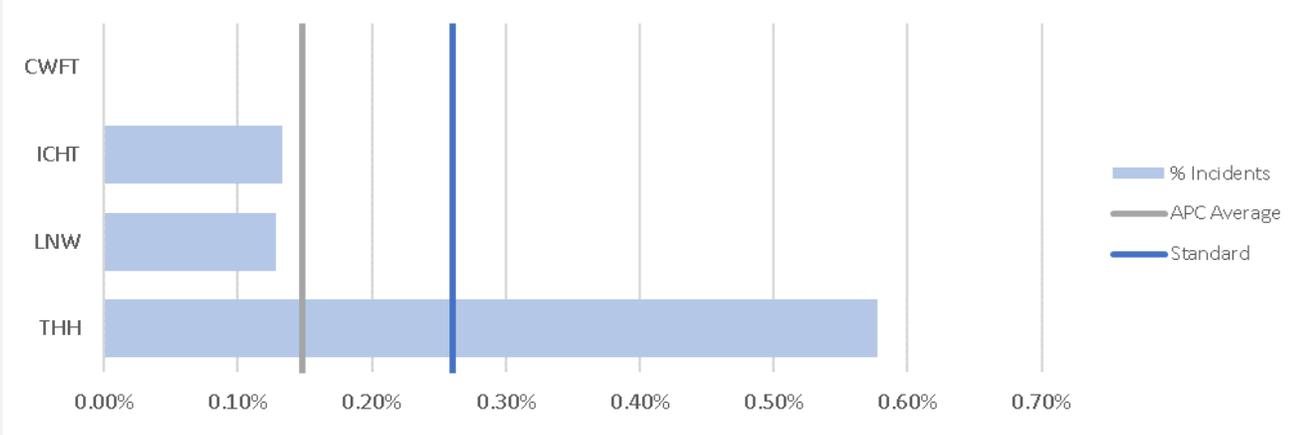
**Improvements:** A review of all cases over the last 12 months is underway to consider additional opportunities for learning. The themes are consistent with the PSIRPs, which align in most cases to the APC quality priorities. The full review will report to APC EMB in February 2024 with any recommendations reported to APCQC in March.

**Forecast Risks:** Operational pressures as we move into winter may result in an increased risk of harm for patients, particularly those waiting for treatment. Trusts have robust processes in place to manage and prioritise patients and winter plans are in place to support keeping patients safe.

## CURRENT PERFORMANCE

	Patient Safety Incidents	% Incidents	Difference from Standard	Severe/ Major Harm	12 Month Rolling % Incidents
CWFT	1093	0.00%		0	0.15%
ICHT	2247	0.13%		3	0.13%
LNW	1558	0.13%		2	0.15%
THH	519	0.58%	0.32%	3	0.23%
<b>APC</b>	<b>5,417</b>	<b>0.15%</b>		<b>8</b>	<b>0.15%</b>

## STRATIFICATION



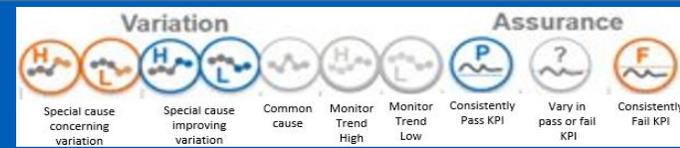
## GOVERNANCE

**Senior Responsible Owner:** Pippa Nightingale, CEO, LNW

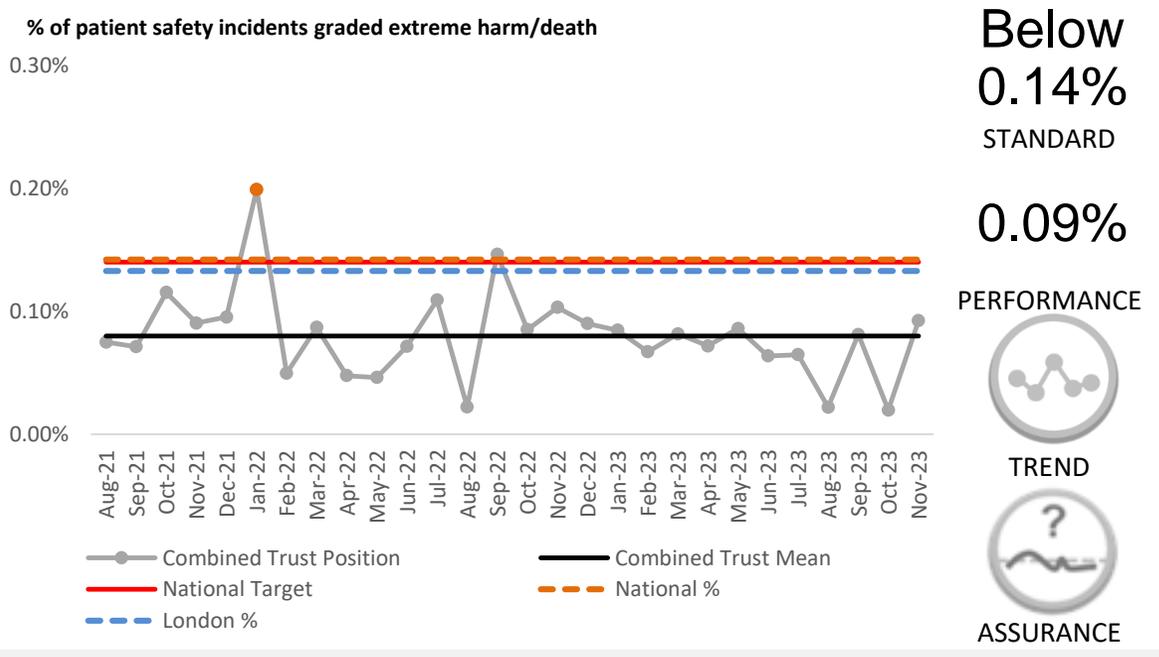
**Committee:** Acute provider collaborative executive management board

**Data Assurance:** Data is supplied by each trust individually and quality assured through their internal processes.

# (Patient) Patient Safety Incidents with Extreme Harms/Death



## TREND



## NARRATIVE

**Performance:** In November, the percentage of extreme harm incidents remained below the standard at APC level and within all Trusts except THH, which is slightly above. Rolling 12-month data shows all trusts are below national average. The cases reported in November are under investigation as follows:

- CWFT: 1 incident concerning an unexpected patient death overnight with potential issues with the initiation of CPR.
- ICHT: 1 incident downgraded following initial investigation, 1 where a patient died following a dislodged tracheostomy tube.
- LNW: 1 incident relating to management of hypoglycaemia within the emergency department.
- THH: 1 incident involving a delay in investigations and initiating treatment.

**Recovery Plan:** N/A

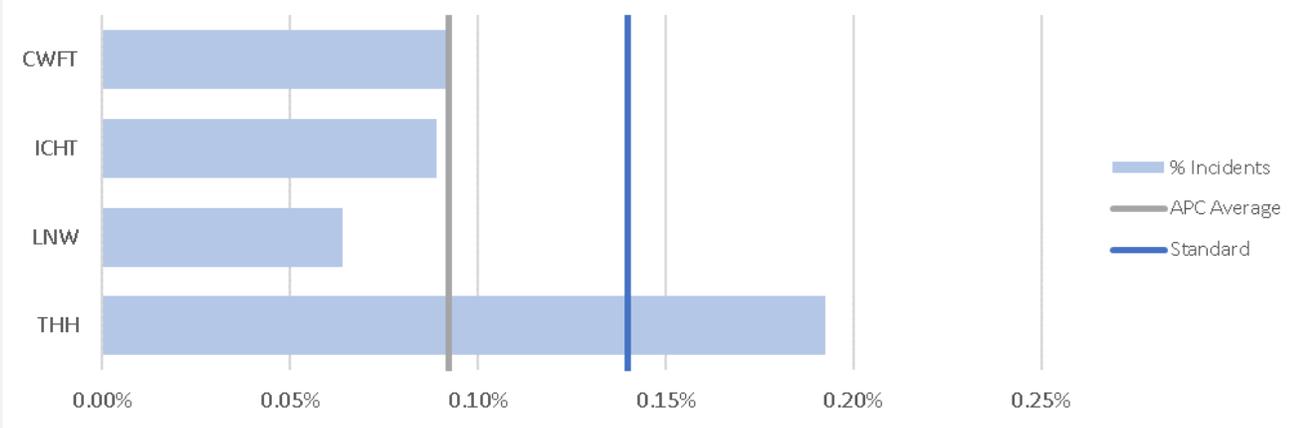
**Improvements:** A review of all cases over the last 12 months is underway to consider additional opportunities for learning. The themes are consistent with the PSIRPs, which align in most cases to the APC quality priorities. The full review will report to APC EMB in February 2024 with any recommendations reported to APCQC in March. Individual cases which are identified through the learning from deaths process as sub-optimal care that might have made a difference to the patient's outcome are reported in the quarterly LFD reports to APCQC and Board-in-common, alongside any themes identified. Cross-cutting themes previously across the APC are end of life care and care of the deteriorating patient both of which are APC quality priority workstreams with action plans in place.

**Forecast Risks:** We do not anticipate any risks as the numbers are consistently low; however this is continuously monitored.

## CURRENT PERFORMANCE

	Patient Safety Incidents	% Incidents	Difference from Standard	Extreme Harm/Death	12 Month Rolling % Incidents
CWFT	1093	0.09%		1	0.06%
ICHT	2247	0.09%		2	0.05%
LNW	1558	0.06%		1	0.11%
THH	519	0.19%	0.05%	1	0.05%
<b>APC</b>	<b>5,417</b>	<b>0.09%</b>		<b>5</b>	<b>0.07%</b>

## STRATIFICATION



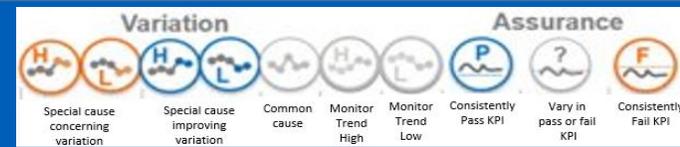
## GOVERNANCE

**Senior Responsible Owner:** Pippa Nightingale, CEO, LNW

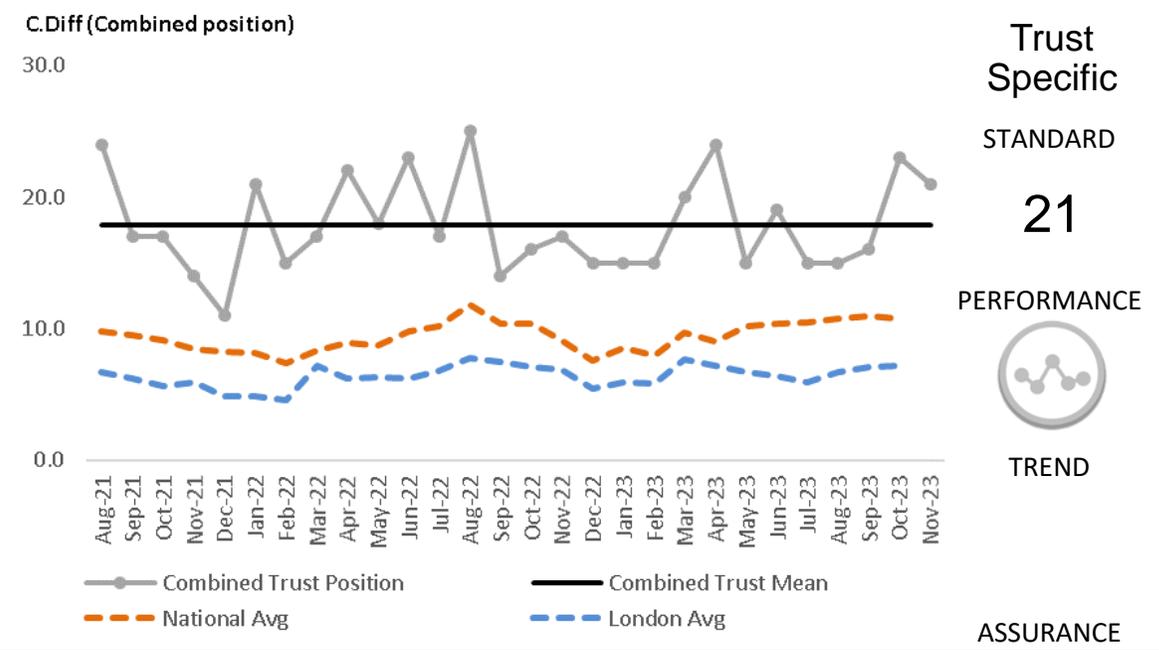
**Committee:** Acute provider collaborative executive management board

**Data Assurance:** Data is supplied by each trust individually and quality assured through their internal processes.

# (Patient) Healthcare Associated C. Difficile Infections



## TREND



## NARRATIVE

**Performance:** Healthcare associated cases of C. difficile figures across the APC remain similar to the previous month with 21 reported in November. ICHT, LNW and CWFT are exceeding their trajectories for this point in the financial year. Increases are being seen nationally.

**Recovery Plan:** Each Trust has robust processes for managing and investigating cases, with on-going improvement work in place to reduce infection rates, with a focus on improving routine IPC practice. A review of the challenges, themes and learning from C. Diff cases has been undertaken through the APC priority workstream. This has identified two main issues – delayed or inappropriate sampling and delays in isolating unwell patients, primarily due to capacity issues. The NWL ICS has requested that GPs/ primary care review patients aged ≥ 65 years on oral Proton Pump Inhibitors for more than one year. Across the APC we have agreed to monitor time to testing and time to isolation to support identification of further improvements. A review of prescribing of laxatives and completion of stool charts will also be undertaken.

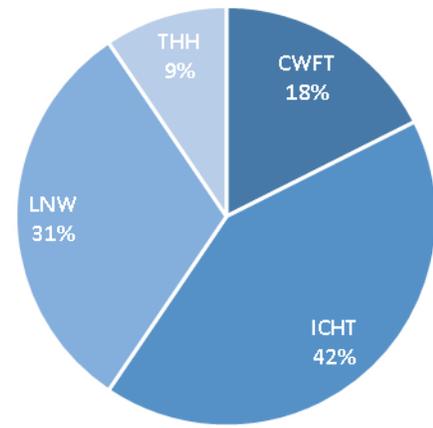
**Improvements:** An APC priority work stream is now in place to consider challenges and opportunities for learning. The initial focus is on C. diff as outlined above, and on preparing for winter.

**Forecast Risks:** There is likely to be an increase in winter infections. A review of our approach to testing, management of outbreaks and precautions in place e.g. masks, isolation, has been undertaken and actions e.g. alignment of inter-hospital transfer forms and isolation guidance where appropriate, are being taken forward.

## CURRENT PERFORMANCE

	Count of c. Diff cases in month	Count of c. Diff cases in year (FY 23/24)	Trust Threshold (FY 23/24)	Difference from Threshold
CWFT	4	26	25	-1.0
ICHT	10	62	65	
LNW	6	46	63	
THH	1	14	23	
<b>APC</b>	<b>21</b>	<b>148</b>	<b>176</b>	

## STRATIFICATION

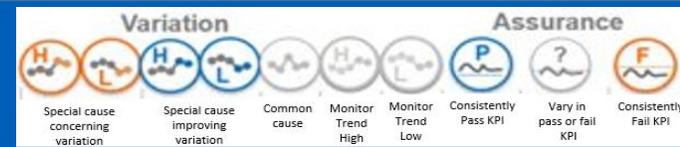


Trust share of APC count of infections in year

## GOVERNANCE

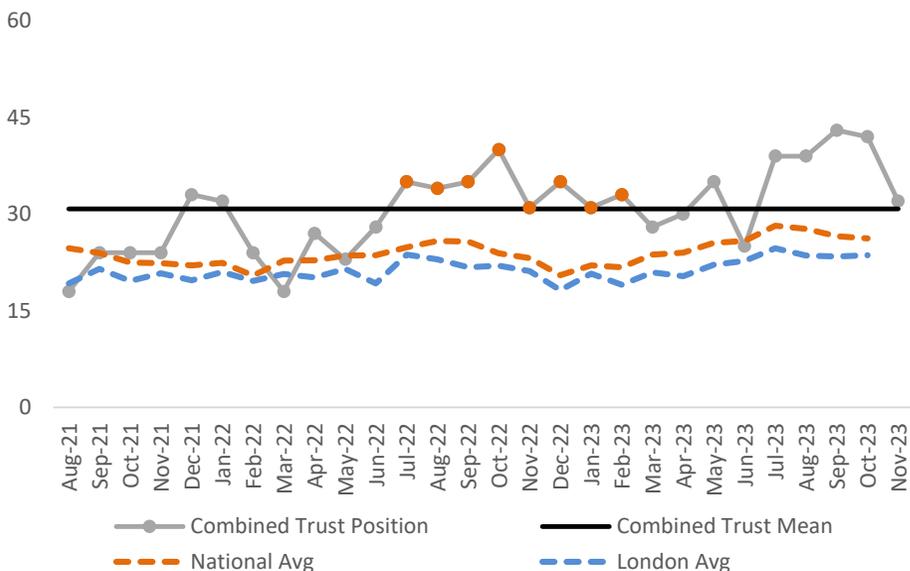
**Senior Responsible Owner:** Pippa Nightingale, CEO, LNW  
**Committee:** Acute provider collaborative executive management board  
**Data Assurance:** Data is supplied by each trust individually and quality assured through their internal processes.

# (Patient) Healthcare Associated E. coli Infections



## TREND

E.coli blood stream infection (Combined position)



Trust Specific

STANDARD

32

PERFORMANCE



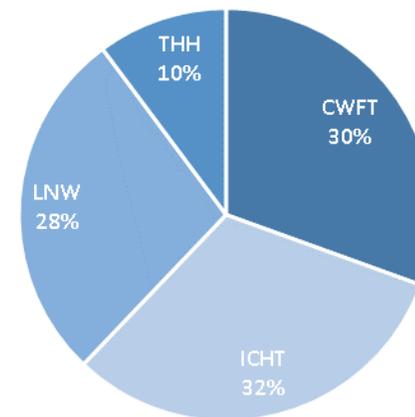
TREND

ASSURANCE

## CURRENT PERFORMANCE

	Count of E.Coli BSIs in month	Count of E.Coli BSIs in year (FY 23/24)	Trust Threshold (FY 23/24)	Difference from Threshold
CWFT	12	87	70	-17.0
ICHT	6	90	90	
LNW	11	79	87	
THH	3	29	27	-2.0
<b>APC</b>	<b>32</b>	<b>285</b>	<b>274</b>	<b>-11.0</b>

## STRATIFICATION



Trust share of APC count of infections in year

## NARRATIVE

**Performance:** There was a slight decrease in E. Coli blood stream infections (BSIs) reported across the APC in November 2023; however all trusts are exceeding their trajectories for this point in the year.

**Recovery Plan:** The ICS is focused on reduction of E.coli blood stream infections in line with the NHS Long Term Plan (50% reduction by 2024/25). A regular ICS led meeting is in place to drive improvement as approximately three-quarters of these BSIs occur before people are admitted to hospital and half are caused by urinary tract infection. Reduction, therefore, requires a whole health economy approach. The main action undertaken has been implementation of an updated catheter passport to help prevent catheter associated urinary tract infections, with Trust teams involved in the development.

Robust processes for managing and investigating cases, and on-going improvement work is in place in all four Trusts, with a focus on improving routine IPC practice.

**Improvements:** Impact of actions taken through ICS reduction plan are monitored in each trust.

**Forecast Risks:** There is likely to be an increase in winter infections. A review of our approach to testing, management of outbreaks and precautions in place e.g. masks, isolation, has been undertaken and actions e.g. alignment of inter-hospital transfer forms and isolation guidance where appropriate, are being taken forward.

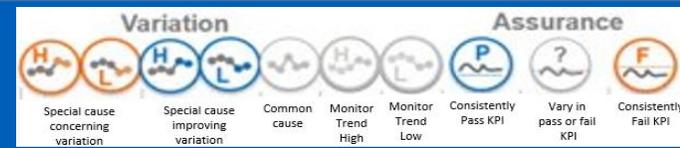
## GOVERNANCE

**Senior Responsible Owner:** Pippa Nightingale, CEO, LNW

**Committee:** Acute provider collaborative executive management board

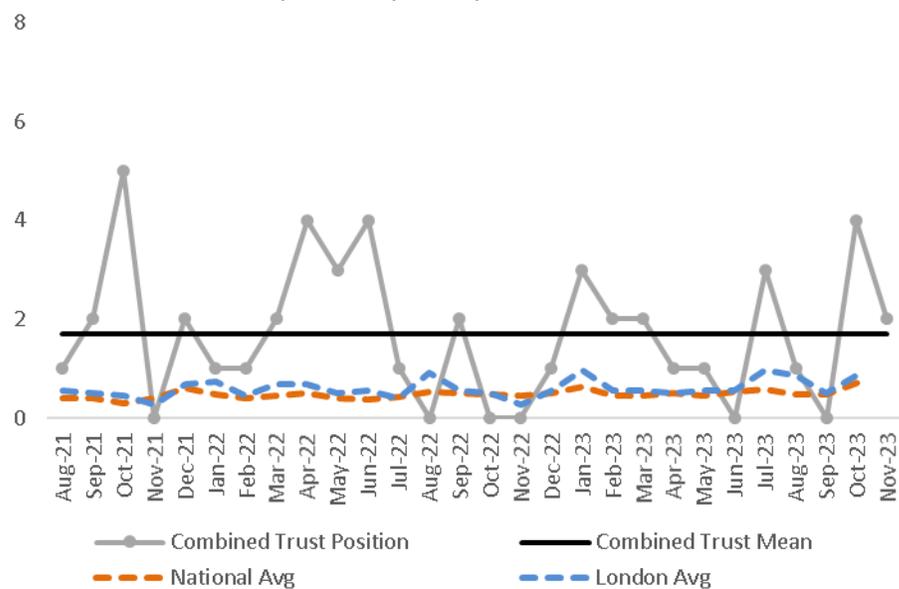
**Data Assurance:** Data is supplied by each trust individually and quality assured through their internal processes.

# (Patient) Healthcare Associated MRSA Infections



## TREND

MRSA Bacteraemia - Trust (Combined position)



0  
STANDARD

2  
PERFORMANCE

TREND

ASSURANCE

## NARRATIVE

**Performance:** There were two MRSA BSIs reported in November 2023, one occurring in CWFT and one in LNW. A total of 12 cases of MRSA BSI have been reported so far this financial year: 3 at CWFT, 4 at ICHT, 5 at LNW and none at THH.

**Recovery Plan:** Robust processes for managing and investigating cases, and on-going improvement work is in place, with a focus on improving routine IPC practice. All cases which occurred in month are being reviewed to identify any lapses in care or learning opportunities.

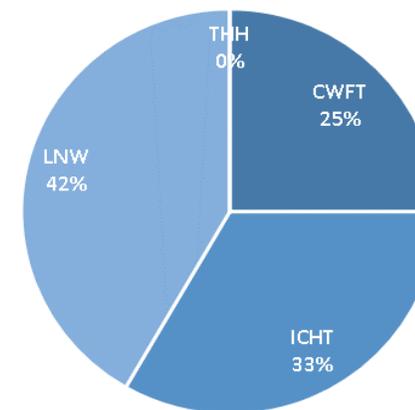
**Improvements:** A review of these cases will feed into the APC priority workstream to support identification of collective action or learning. Each trust has improvement work in place in response to these infections, the outcomes of which will report into the APC work stream and any shared learning planned accordingly.

**Forecast Risks:** There is likely to be an increase in winter infections. A review of our approach to testing, management of outbreaks and precautions in place e.g. masks, isolation, has been undertaken and actions e.g. alignment of inter-hospital transfer forms and isolation guidance where appropriate, are being taken forward.

## CURRENT PERFORMANCE

	Count of MRSA BSIs in month	Count of MRSA BSIs in year (FY 23/24)	Trust Threshold (FY 23/24)	Difference from Threshold
CWFT	1	3	0	-3.0
ICTH	0	4	0	-4.0
LNW	1	5	0	-5.0
THH	0	0	0	
<b>APC</b>	<b>2</b>	<b>12</b>	<b>0</b>	<b>-12.0</b>

## STRATIFICATION



Trust share of APC count of infections in year

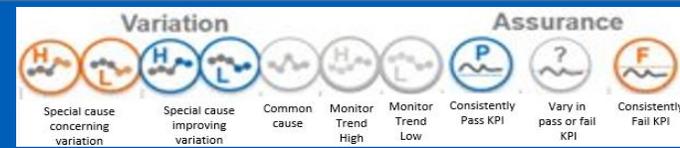
## GOVERNANCE

**Senior Responsible Owner:** Pippa Nightingale, CEO, LNW

**Committee:** Acute provider collaborative executive management board

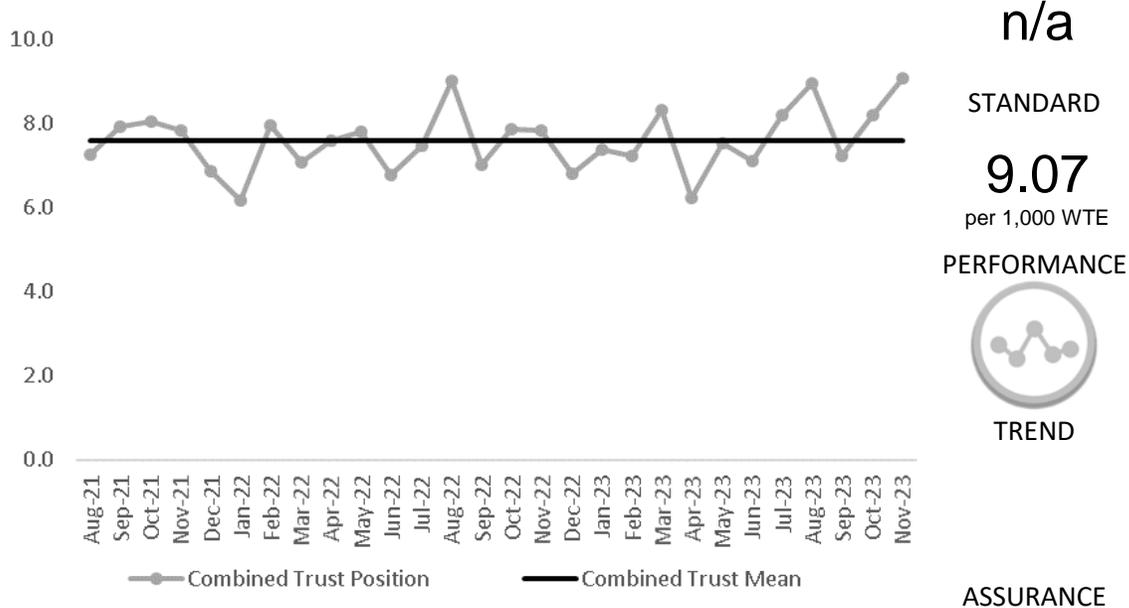
**Data Assurance:** Data is supplied by each trust individually and quality assured through their internal processes.

# (Patient) Formal Complaints



## TREND

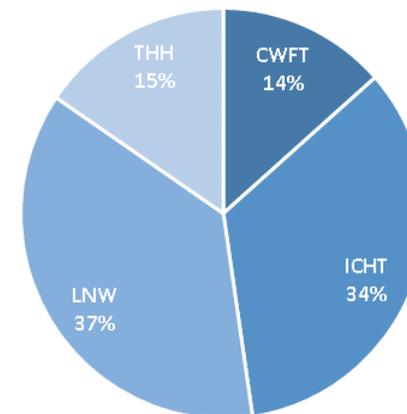
Rate of formal complaints received per 1,000 staff (WTEs)



## CURRENT PERFORMANCE

	Total WTE Staff	Rate per 1,000 WTE	Count of Patient Complaints	12 Month Rolling Rate per 1,000 WTE
CWFT	6,951	5.90	41	6.08
ICHT	13,350	7.79	104	6.92
LNW	9,518	11.77	112	10.15
THH	3,688	12.74	47	7.68
<b>APC</b>	<b>33,507</b>	<b>9.07</b>	<b>304</b>	<b>7.70</b>

## STRATIFICATION



## NARRATIVE

**Performance:** There is currently no agreed standard for the rate of formal complaints per 1,000 WTE, and no benchmarking data available. The trend graph shows small amounts of variation across the last 18 months, with a recent increase. The rate in November was 9.07, above the mean. Rates vary at trust level, with THH having the highest rate in month and LNW across the last 12 months. LNW has seen a recent increase due to the Trust assuming management for the UTCs on each site with work in place to manage the issues being reported. The in-month increase at THH does not appear to be focussed on one service or theme and the Trust is continuing to monitor complaint performance and activity.

**Recovery Plan:** N/A

**Improvements:** The 'User insight and focus' improvement workstream is identifying and prioritising opportunities for shared learning and common approaches to understanding, measuring and improving responsiveness to the needs and views of our patients and local communities across the APC. Monthly workshop sessions are in place with complaints leads to review and harmonise metrics and identify potential areas for joint work. The first workshop took place on 10th November.

**Forecast Risks:** None.

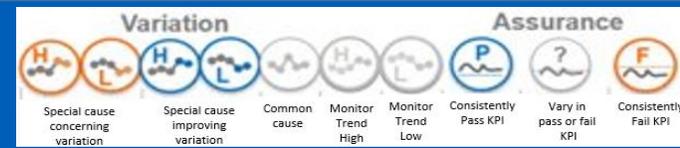
## GOVERNANCE

**Senior Responsible Owner:** Pippa Nightingale, CEO, LNW

**Committee:** Acute provider collaborative executive management board

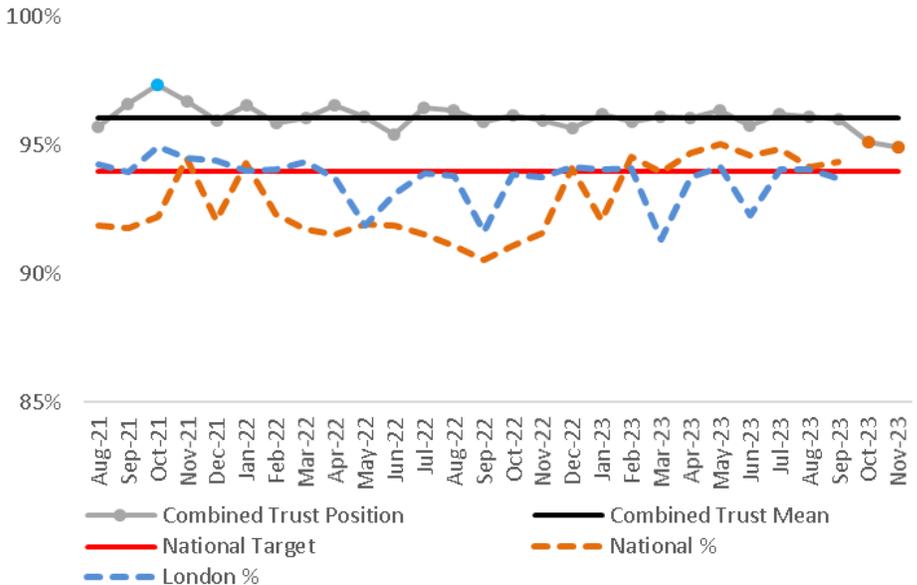
**Data Assurance:** Data is supplied by each trust individually and quality assured through their internal processes.

# (Patient) Inpatient Friends & Family Test



## TREND

### % good experience - Inpatients



94%

STANDARD

94.9%

PERFORMANCE



TREND



ASSURANCE

## NARRATIVE

**Performance:** At APC level, the percentage of inpatients reporting a good experience is consistently above target and above national and London average (N.B. national data from August 2023 onwards is not currently available), however there has been a reduction below the mean over the last two months. All trusts except THH met the target in month. November was a particularly pressured month for the organisation with Cerner EPR go-live, heightened operational pressure and significant temporary staffing use. The trust continues to monitor the FFT response rates and will respond accordingly if this becomes a trend.

**Recovery Plan:** N/A

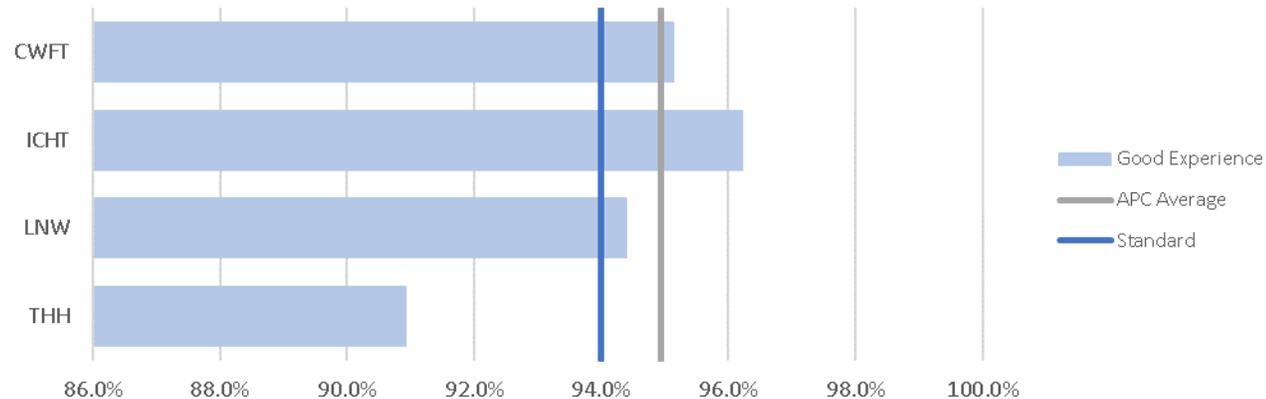
**Improvements:** Work is continuing to consider options for a joint re-tendering of FFT survey platforms in partnership with North West London Procurement. It is taking longer to establish requirements, reflecting wider thinking underway on capturing patient feedback. Linked to this, work is continuing to explore potential for rolling out Imperial College natural language analysis tool for FFT.

**Forecast Risks:** Increasing workforce and operational pressures as we move into winter may have a detrimental impact on patient experience.

## CURRENT PERFORMANCE

	Responses Received	Good Experience	Difference from Target	Recommended Care	12 Month Rolling Good Experience
CWFT	781	95.1%		743	95.7%
ICHT	2,614	96.2%		2,515	96.2%
LNW	2,637	94.4%		2,489	96.1%
THH	495	90.9%	-3.1%	450	94.9%
<b>APC</b>	<b>6,527</b>	<b>94.9%</b>		<b>6,197</b>	<b>95.9%</b>

## STRATIFICATION



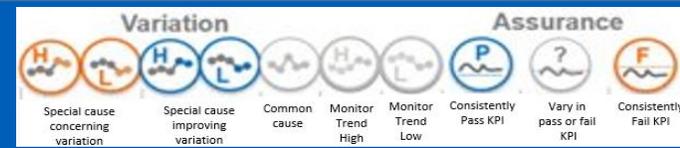
## GOVERNANCE

**Senior Responsible Owner:** Pippa Nightingale, CEO, LNW

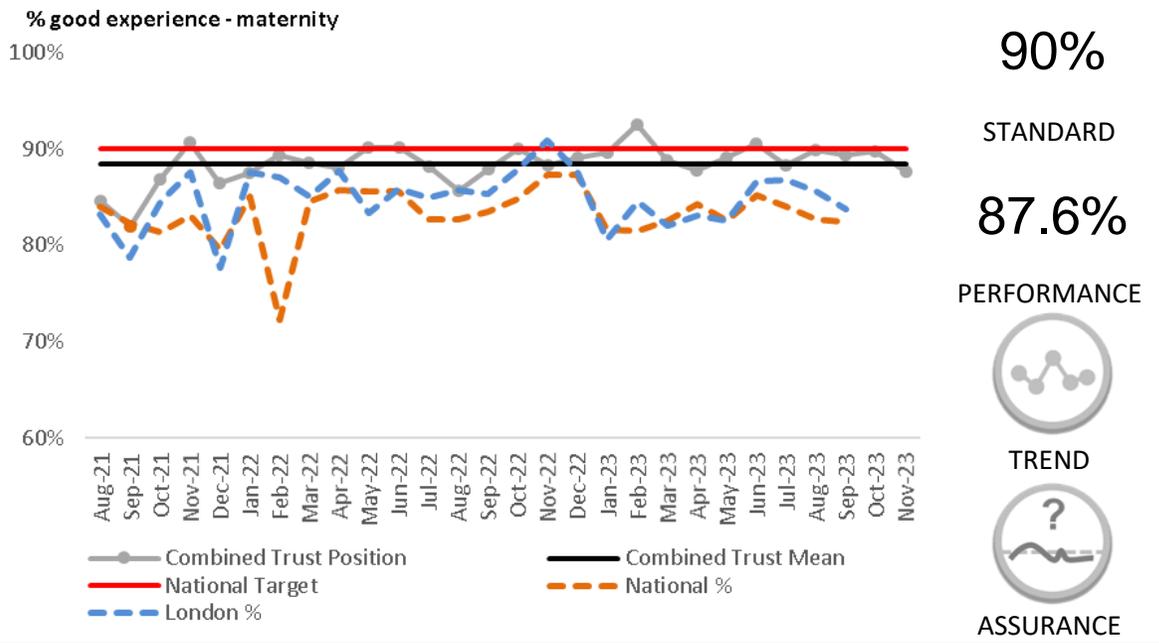
**Committee:** Acute provider collaborative executive management board

**Data Assurance:** Data is supplied by each trust individually and quality assured through their internal processes.

# (Patient) Maternity Friends & Family Test



## TREND



## NARRATIVE

**Performance:** At APC level, the monthly percentage of patients who report a good experience varies, although there has been a noted improvement since September 2021. Performance at APC level is just below the standard in November and across all Trusts.

**Recovery Plan:** There is a significant amount of work being undertaken within each trust and across the APC to improve maternity care in response to national reviews and statutory requirements.

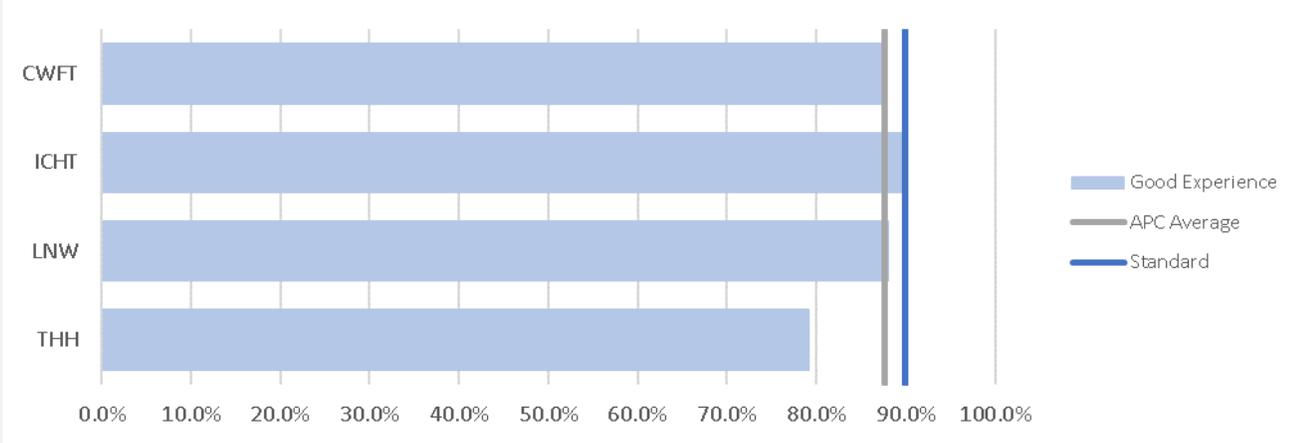
**Improvements:** The CQC's survey of maternity patients has recently been published; this will be reviewed within individual Trusts and at APC level to support identification of further improvements which can be made locally and collectively.

**Forecast Risks:** Maternity staffing continues to be a risk for all four Trusts, with mitigating actions in place in response. This is likely to have an on-going impact on patient experience.

## CURRENT PERFORMANCE

	Responses Received	Good Experience	Difference from Target	Recommended Care	12 Month Rolling Good Experience
CWFT	207	87.4%	-2.6%	181	89.9%
ICHT	327	89.9%	-0.1%	294	89.5%
LNW	25	88.0%	-2.0%	22	87.6%
THH	86	79.1%	-10.9%	68	88.7%
<b>APC</b>	<b>645</b>	<b>87.6%</b>	<b>-2.4%</b>	<b>565</b>	<b>89.4%</b>

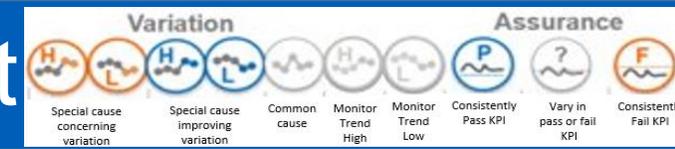
## STRATIFICATION



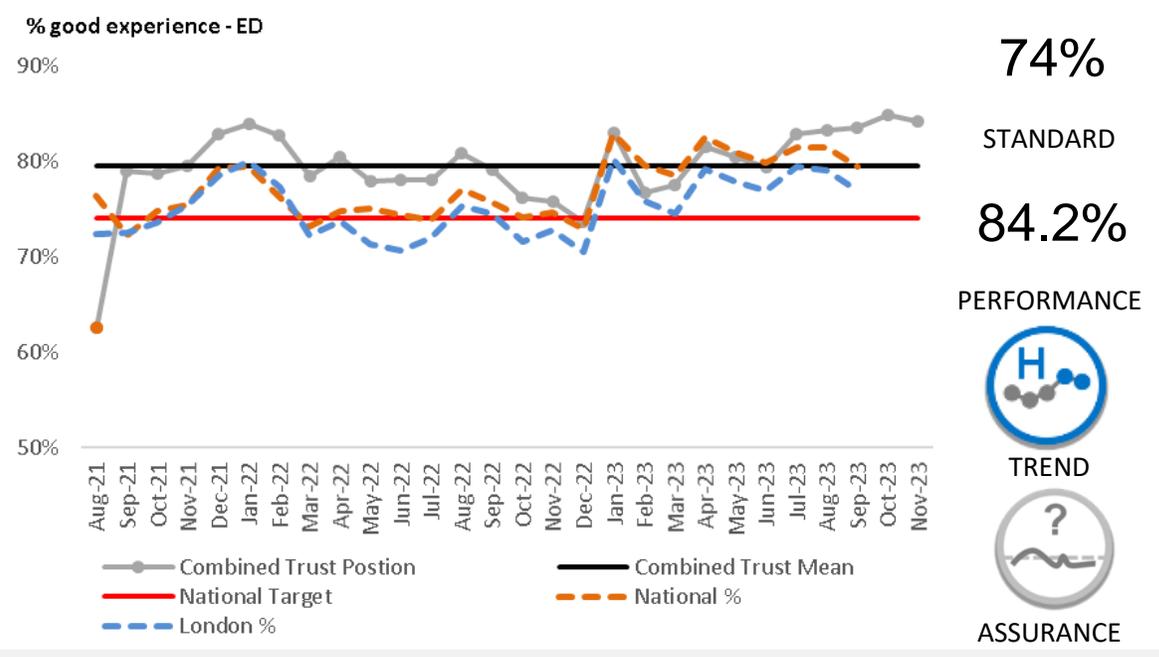
## GOVERNANCE

**Senior Responsible Owner:** Pippa Nightingale, CEO, LNW  
**Committee:** Acute provider collaborative executive management board  
**Data Assurance:** Data is supplied by each trust individually and quality assured through their internal processes.

# (Patient) Emergency Dept Friends & Family Test



## TREND



## NARRATIVE

**Performance:** At APC level, the percentage of patients accessing our emergency departments who report a good experience has been consistently above standard since January 2023. All trusts except THH met the target in November, whose performance was impacted by operational and staffing issues and disruptions due to the Cerner transition. The 12-month rolling figure shows that we are above the 74% standard at APC level, and in all Trusts.

**Recovery Plan:** Not applicable.

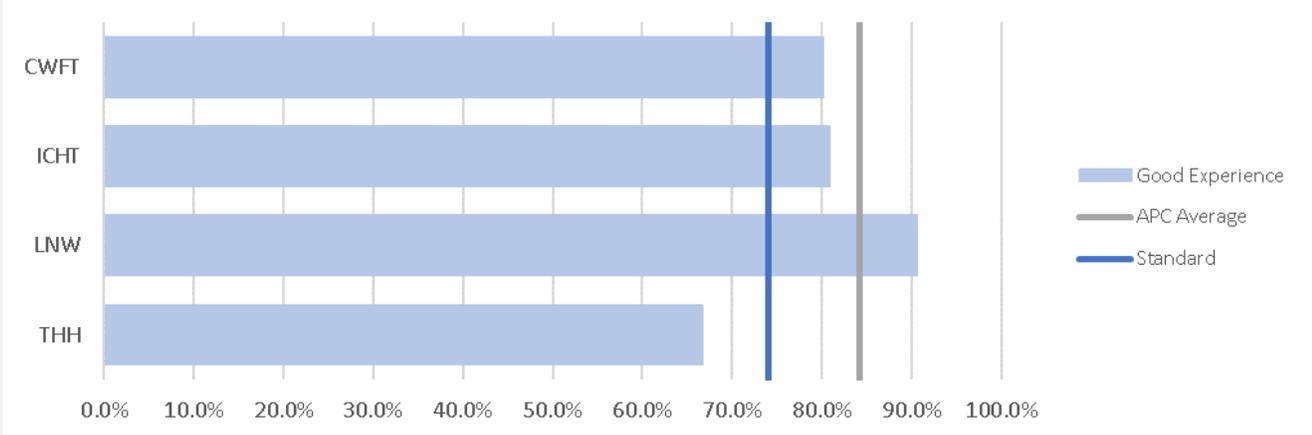
**Improvements:** The ICB team is collating a composite action list from the peer reviews undertaken over the last year, including those in ED, to ensure that these can be appropriately monitored. These actions should improve experience and outcomes for patients once implemented.

**Forecast Risks:** Increasing workforce and operational pressures as we move into winter may have a detrimental impact on patient experience.

## CURRENT PERFORMANCE

	Responses Received	Good Experience	Difference from Target	Recommended Care	12 Month Rolling Good Experience
CWFT	3,666	80.1%		2,935	81.3%
ICHT	1,266	80.9%		1,024	84.6%
LNW	4,699	90.6%		4,256	82.0%
THH	607	66.7%	-7.3%	405	75.9%
<b>APC</b>	<b>10,238</b>	<b>84.2%</b>		<b>8,620</b>	<b>81.4%</b>

## STRATIFICATION

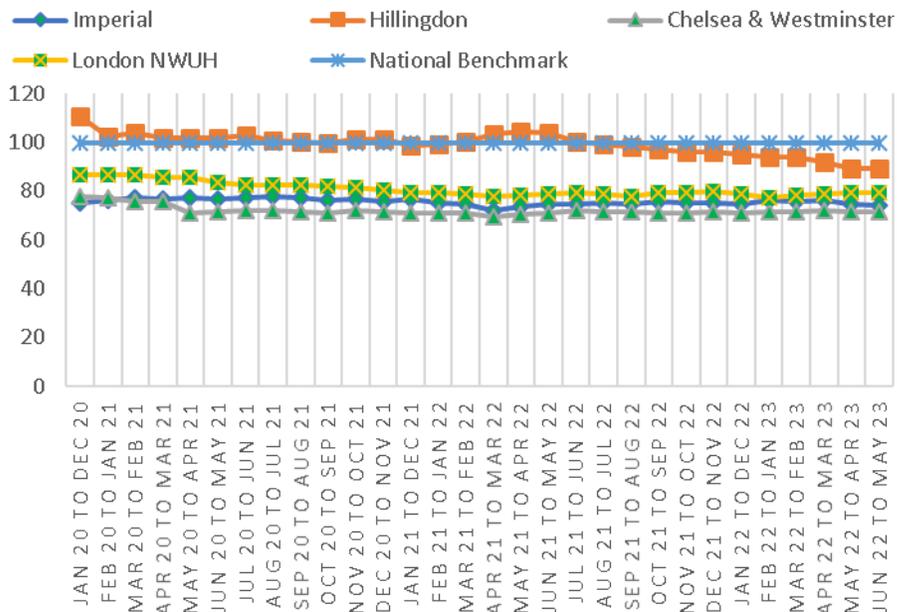


## GOVERNANCE

**Senior Responsible Owner:** Pippa Nightingale, CEO, LNW  
**Committee:** Acute provider collaborative executive management board  
**Data Assurance:** Data is supplied by each trust individually and quality assured through their internal processes.

# (Patient) Summary Hospital-level Mortality Index

## TREND



100  
England Average  
STANDARD  
n/a  
PERFORMANCE  
n/a  
TREND  
n/a  
ASSURANCE

## CURRENT PERFORMANCE

Summary Hospital-level Mortality Index (SHMI) Year to May 2023

	Provider Spells	SHMI	SHMI- relative risk ranking
CWFT	77720	71.55	Lower than expected
ICHT	97000	74.28	Lower than expected
LNW	102235	79.41	Lower than expected
THH	36545	89.27	as expected

## STRATIFICATION

- The value and banding of the Summary Hospital-level Mortality Indicator ('SHMI') for the trust for the reporting period.
- The SHMI is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there.
- It covers patients admitted to non-specialist acute trusts in England who died either while in hospital or within 30 days of discharge.
- SHMI values for each trust are published along with bandings indicating whether a trust's SHMI is '1 - higher than expected', '2 - as expected' or '3 - lower than expected'.

## NARRATIVE

**Performance:** For three of the four trusts (CWFT, LNW and ICHT), the rolling-12 month SHMI remains lower than expected with the most recent data available (June 2022– May 2023) demonstrating similar figures to previous reporting periods. THH's rate is consistently 'as expected', but has reduced from over 100 in May 2022 to 89.27.

**Recovery Plan:** None

**Improvements:** All Trusts are investigating variations between observed and expected deaths by diagnostic group and also where there is variance between HSMR and SHMI (above 100 and where statistically significant). Reviews will be presented to the next APC mortality surveillance group which will discuss themes and trends identified and agree actions to be taken forward including linking the data to peer reviews.

**Forecast Risks:** N/A

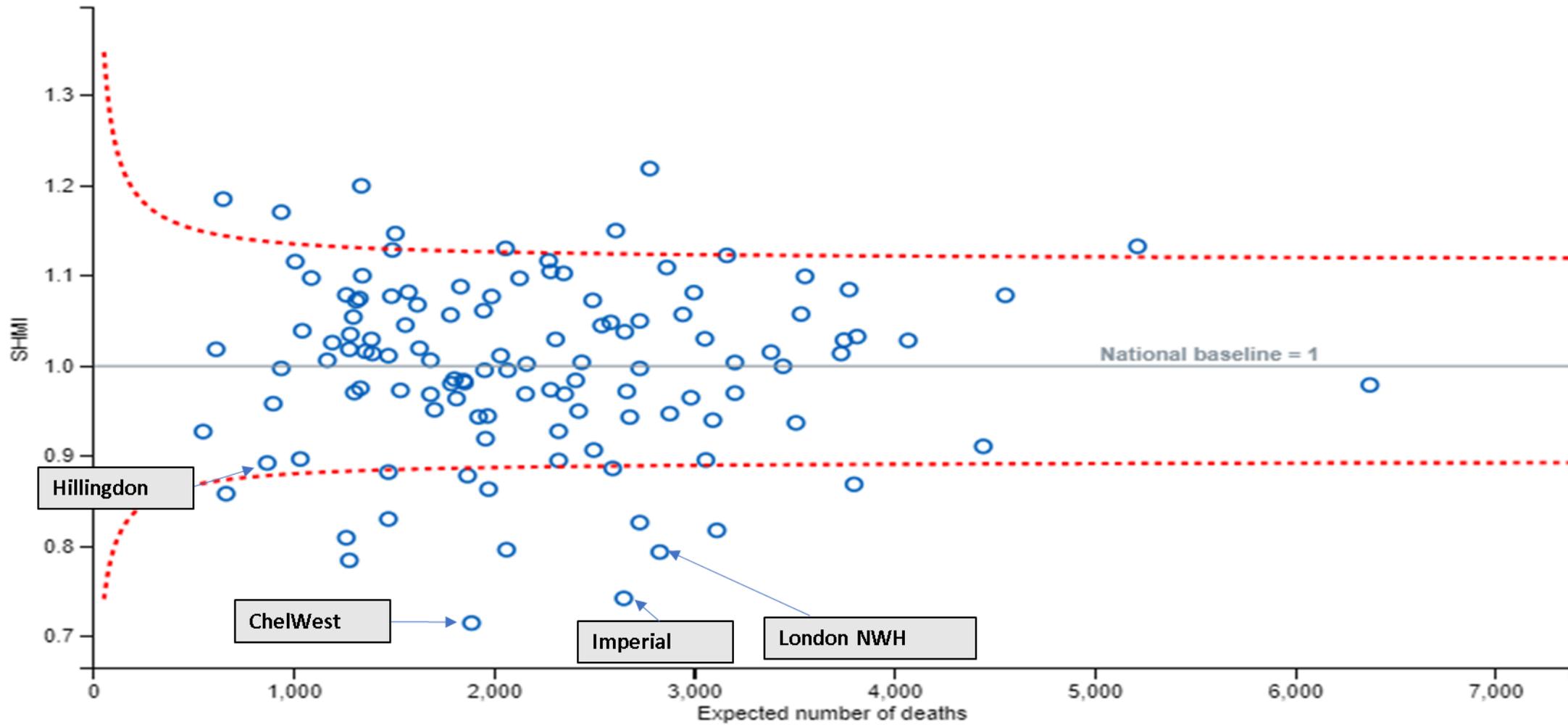
## GOVERNANCE

**Senior Responsible Owner:** Pippa Nightingale, CEO, LNW

**Committee:** Acute provider collaborative executive management board

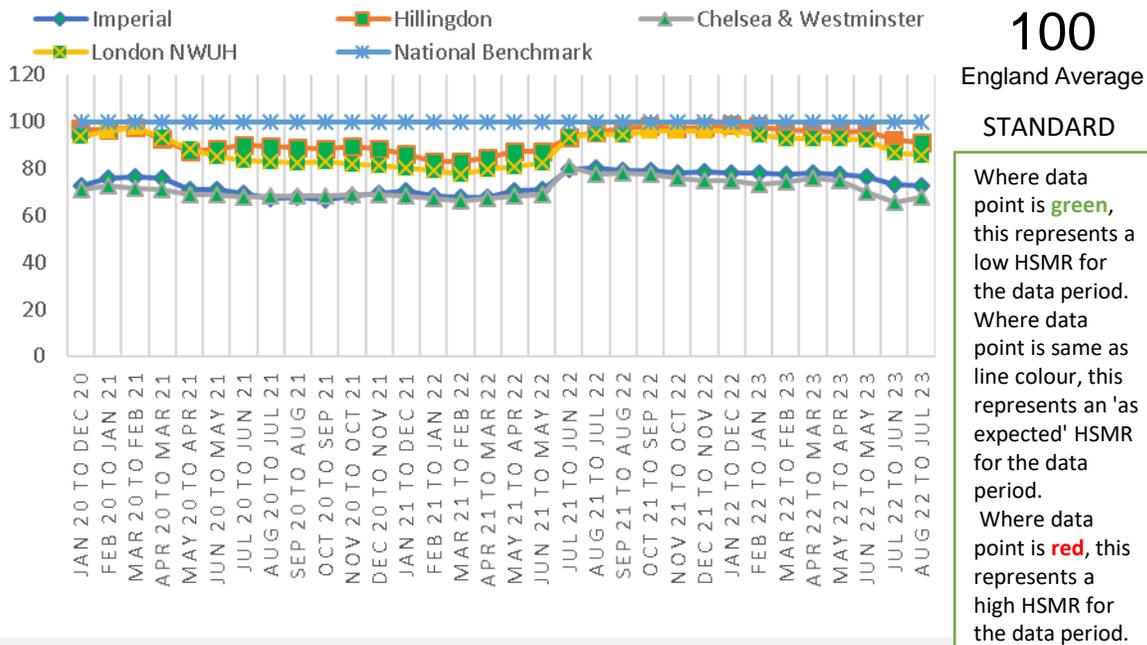
**Data Assurance:** Data is supplied and quality assured by Telstra Health

# (Patient) Summary Hospital-level Mortality Index



# (Patient) Hospital Standardised Mortality Ratio

## TREND



## NARRATIVE

**Performance:** The most recent data (for the year June 2022–July 2023) shows that each trust has a rolling 12-month ratio below the national benchmark. THH's rate has been steadily reducing and is now lower than expected.

**Recovery Plan:** N/A

**Improvements:** All Trusts are reviewing variations between observed and expected deaths by diagnostic group and also where there is variance between HSMR and SHMI (above 100 and where statistically significant). Reviews will be presented to the next APC mortality surveillance group which will discuss themes and trends identified and agree actions to be taken forward including linking the data to peer reviews.

**Forecast Risks:** N/A

## CURRENT PERFORMANCE

Hospital Standardised Mortality Ratio (HSMR): Year to Jul 2023

	Provider Spells	HSMR	HSMR - relative risk ranking
CWFT	33072	67.5	Lower than expected
ICHT	68430	72.5	Lower than expected
LNW	60297	85.6	Lower than expected
THH	16139	91.0	Lower than expected

## STRATIFICATION

- HSMR is a summary mortality indicator. It is based on a subset of 56 diagnosis groups that give rise to approximately 85% of in hospital deaths.
- It is adjusted for case mix, taking into account factors such as age, gender, comorbidities, palliative care coding, deprivation, month of admission, method of admission, admission source, number of previous emergency admissions, discharge year.
- Each patient has a 'risk' of death based on these factors. Risks are aggregated to give an expected number of deaths.
- The HSMR is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die on the basis of average England figures and taking into account the adjustments outlined above.

## GOVERNANCE

**Senior Responsible Owner:** Pippa Nightingale, CEO, LNW

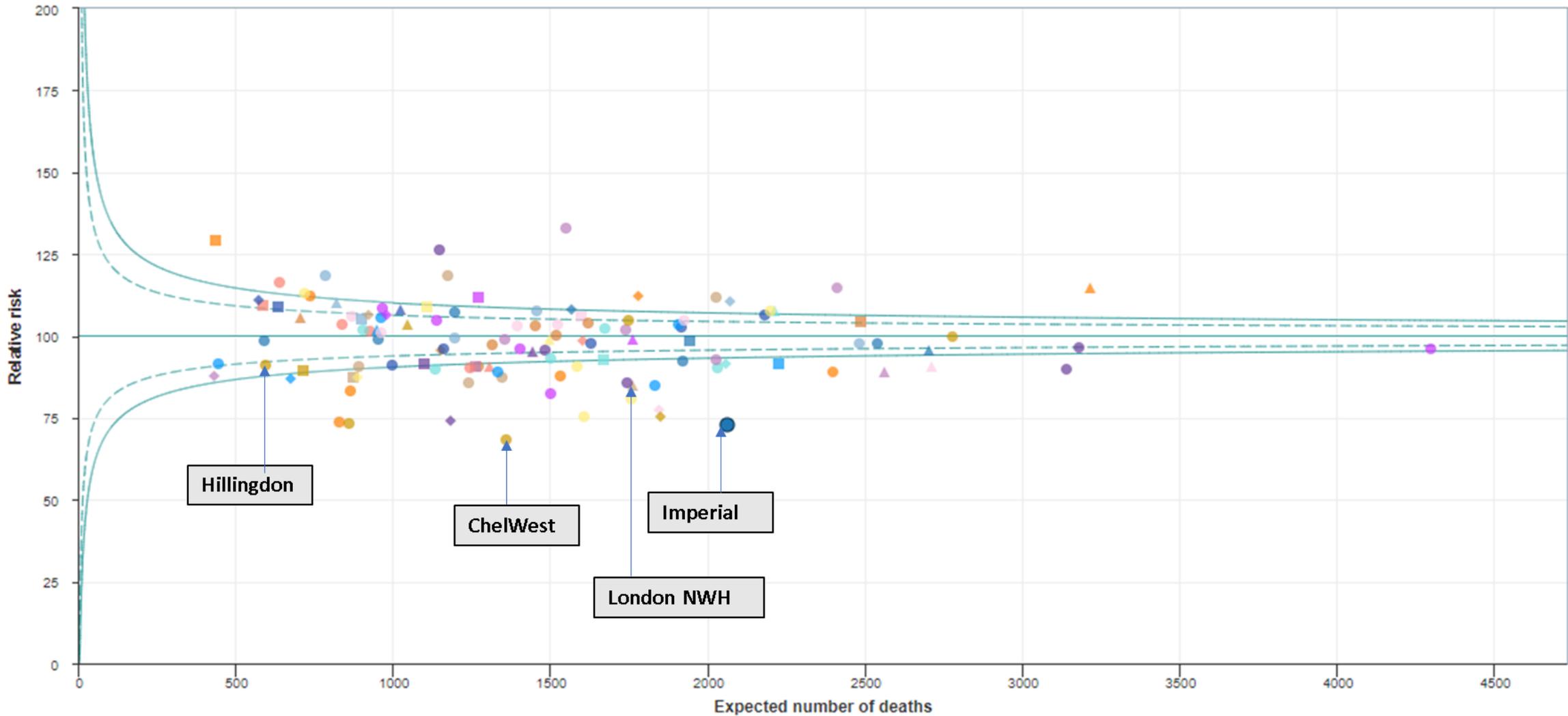
**Committee:** Acute provider collaborative executive management board

**Data Assurance:** Data is supplied and quality assured by Telstra Health

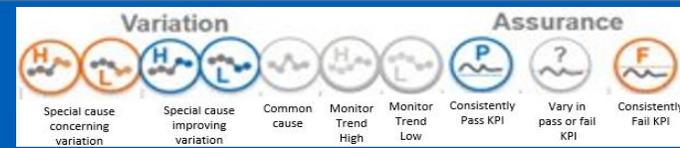
# (Patient) Hospital Standardised Mortality Ratio

Diagnoses - HSMR | Mortality (in-hospital) | Aug-22 to Jul-23 | ALL (acute, non-specialist)

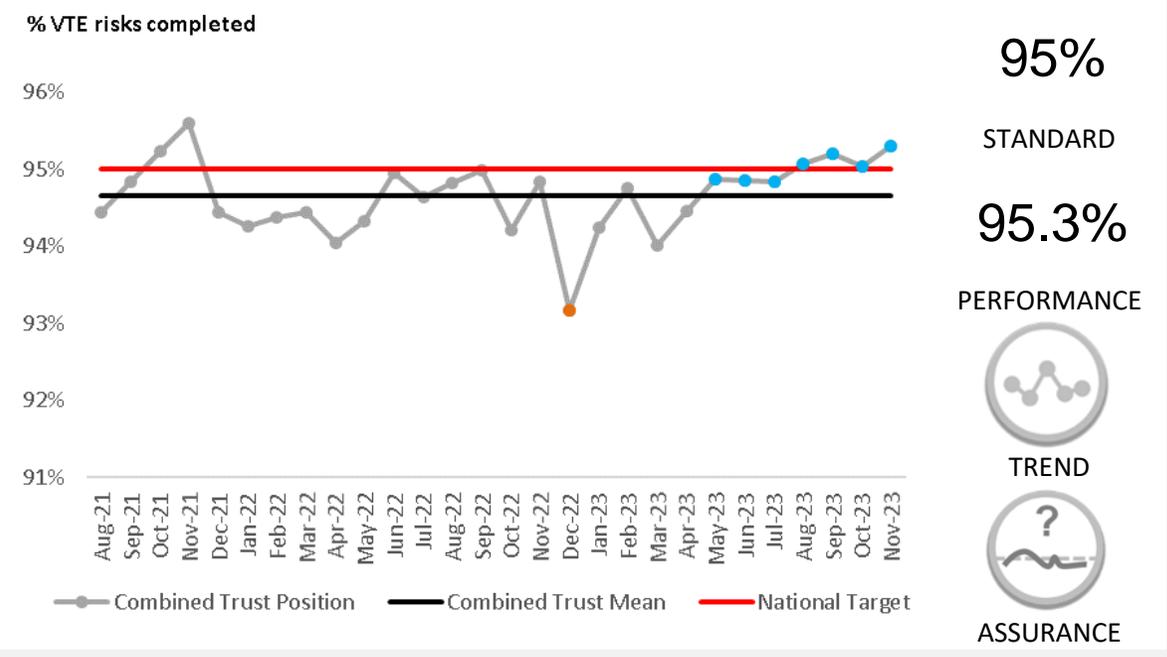
Peers  Measure  Benchmarks  Group by  Show



# (Patient) VTE Risk Assessments Completed



## TREND



## NARRATIVE

**Performance:** Benchmarking data is not available for this metric as national reporting was paused in response to the pandemic in 2020. The trend chart shows special cause improving variation. In November the target was met at APC level and by two of the three trusts who report data for this metric (ICHT and CWFT). The recent improvement at CWFT has been due to changes implemented within the planned care division including check points for VTE risk assessment within the theatre workflow and improved documentation of VTE management plans for day cases and inpatients.

LNW and THH will begin to report data from Cerner during Q4 once data validation has occurred.

**Recovery Plan:** N/A

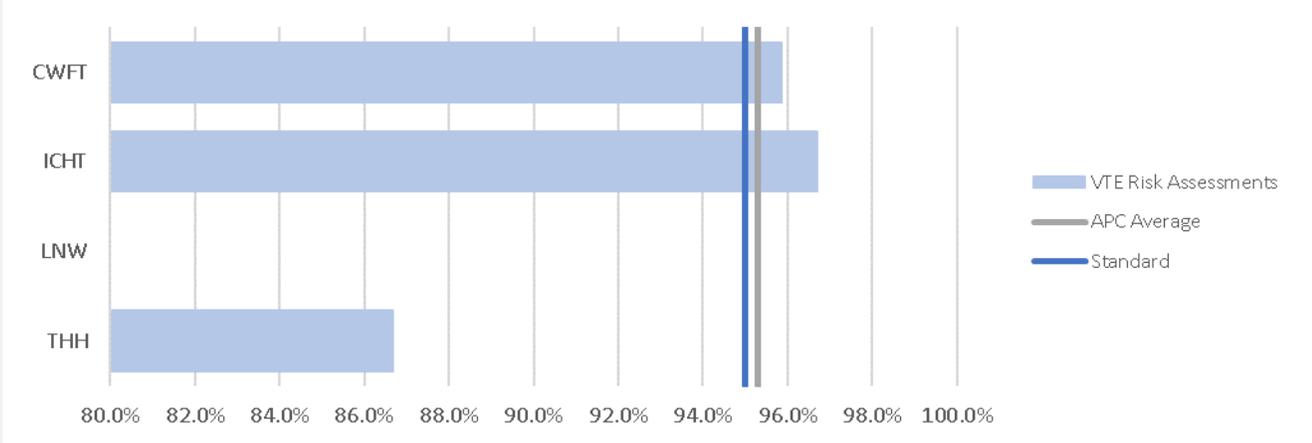
**Improvements:** LNW has established a VTE Task and finish group which will review systems and oversight for data, coding and practice. One of their confirmed quality priorities for 2023/24 is focused on improving the VTE process, with the aim of ensuring that they are meeting the target for this metric by March 2024. Local VTE audits are continuing. THH has improvement work underway, including a mandatory e-learning module with positive uptake; further improvements are expected as a result of Cerner implementation.

**Forecast Risks:** None.

## CURRENT PERFORMANCE

	Total Inpatient Admissions	VTE Risk Assessments	Difference from Target	Count of Inpatients With Completed Risk Assessments	12 Month Rolling VTE Risk Assessments
CWFT	7,721	95.9%		7,401	93.7%
ICHT	15,756	96.7%		15,235	97.0%
LNW					
THH	3,045	86.7%	-8.3%	2,639	87.9%
<b>APC</b>	<b>26,522</b>	<b>95.3%</b>		<b>25,275</b>	<b>94.7%</b>

## STRATIFICATION



## GOVERNANCE

**Senior Responsible Owner:** Pippa Nightingale, CEO, LNW

**Committee:** Acute provider collaborative executive management board

**Data Assurance:** Data is supplied by each trust individually and quality assured through their internal processes.

# Neonatal and Maternity Report

# Scorecard October 2023

Maternity	Expected	Actual	Trend	Assurance
Crude still birth rate (per 1000 birth rate)	3.3	1.07		
Number of neonatal intrapartum brain injuries as escalated to HSIB	Downward Trend	6		
% of babies delivered in appropriate care setting for gestation (in a care setting within an NICU for singletons <27+0 weeks or <800gms, or all multiples <28+0 weeks)	>85%	91.7%		
Term Admissions in Neonates; proportion of babies >=37 weeks GA admitted to neonatal care for 24 hours or more	<6%	4.4%		
Pre-Term Births	<8%	8.3%		
BAME Maternity Continuity of Care (MCoC)	Upward Trend	11.4%		
Neonatal Crude Deaths (per 1000 birth rate)	0.94	2.67		
Maternal Deaths	0	1		

Trend	
Common Cause	
Concern High	
Concern Low	
Improvement High	
Improvement Low	
Monitor Trend High	
Monitor Trend Low	

Assurance	
Fail	
Pass	
Flip Flop	

# Introduction

## Introduction:

The four acute hospital Trusts deliver maternity and neonatal services in NW London, located across the system with provision of a total of six maternity units. The number of births at each unit varies between 3,000 and 5,700 per year. All units provide pregnant women and birthing people with the options of obstetric or midwifery led birth. There are two level three neonatal units, providing neonatal intensive care for all gestations of newborns. Three level two neonatal units providing critical and intensive care to babies >28 weeks' gestation and one special care baby unit providing care to babies born >32 weeks' gestation.

Acute provider trust	Maternity unit	Annual number of live births (2022/23)	Neonatal care provision
Chelsea & Westminster Hospital Foundation Trust (CWFT)	Chelsea and Westminster Hospital	5,287	Level 3
	West Middlesex Hospital	4,444	Special care baby unit
Imperial College Healthcare NHS Trust (ICHT)	Queen Charlotte's and Chelsea Hospital	5,388	Level 3
	St Mary's Hospital	2,997	Level 2
London North West Hospitals NHS Trust (LNW)	Northwick Park Hospital	3,832	Level 2
The Hillingdon Hospitals NHS Foundation Trust (THH)	Hillingdon Hospital	4,026	Level 2
Total live births		25,974	

# Metric definition

## Metric definitions:

1. Crude still birth rate (per 1000 birth rate) - babies born showing no signs of life at 24 weeks or more gestation
2. Number of suspected neonatal intrapartum brain injuries as escalated to HSIB - Number of births reported to NHS resolution as meeting Each Baby Counts criteria. Potential severe brain injury diagnosed in the first seven days of life, when the baby:
  - Was diagnosed with moderate or severe (grade III) hypoxic ischaemic encephalopathy (HIE). This is brain injury caused by the baby's brain not getting enough oxygen.
  - Was therapeutically cooled (active cooling only). This is where the baby's body temperature was lowered using a cooling mattress or cap, with the aim of reducing the impact of HIE.
  - Had decreased central tone (was floppy) and was comatose and had seizures of any kind.
3. % of babies born in an appropriate care setting for gestation –An appropriate care setting for singletons <27+0 weeks or <800gms, or all multiples <28+0 weeks is one that has NICU provision. Chelsea and Westminster Hospital and Queen Charlotte's and Chelsea Hospital both have level 3 neonatal units and would therefore be an appropriate care setting.
4. Term Admissions in Neonates - proportion of babies  $\geq 37$  weeks Gestational Age admitted to neonatal care within first 28 days of life, for 24 hours or more. The ATTAIN programme focuses on four key areas relating to term admissions – hypoglycaemia, jaundice, respiratory conditions and asphyxia (hypoxic–ischaemic encephalopathy) – and the factors leading to these admissions. These represent some of the most frequently recorded reasons for admission according to neonatal hospital admissions data. Pre-term births – Total Number of live Births before 37 weeks
5. Maternity continuity of care – Proportion of Black and Asian birthing women and people receiving CoC at 29 weeks of pregnancy. Continuity of Care is defined as the care delivered is offered by the same known care provider or care provider team across two or more parts in the care continuum–antenatal, intrapartum, postnatal and neonatal periods.
6. Crude neonatal death rate - Neonatal mortality rate p/1000 live births - adjusted to remove <24wks and those not born in NWL
7. Maternal deaths – Number of maternal deaths

The data in this dashboard is for month 7 (October 2023). Work is underway to improve the timeliness of the data for these metrics.

No data was submitted for THHFT for the month of October. This will be corrected in the Month 9 pack.

When reviewing the reported increasing cases of neonatal deaths, suspected cases of intrapartum brain injury and neonatal intensive care admissions at ICHT discrepancies have been identified in the data when compared to local data. A full review of the patient level details, data definitions and data feeds across the APC has commenced led by the Chief Nurse from CWFT, the SRO for the APC maternity work stream with trust leads, the ICB and LMNS. The outcome of this review and the confirmed data will be reported in February 2024. No obvious additional clinical risk has been identified at ICHT however data on the referring trusts for babies transferred for care is being reviewed across the APC to identify any emerging issues.

# (Maternity) Crude still birth rate (per 1000 birth rate)

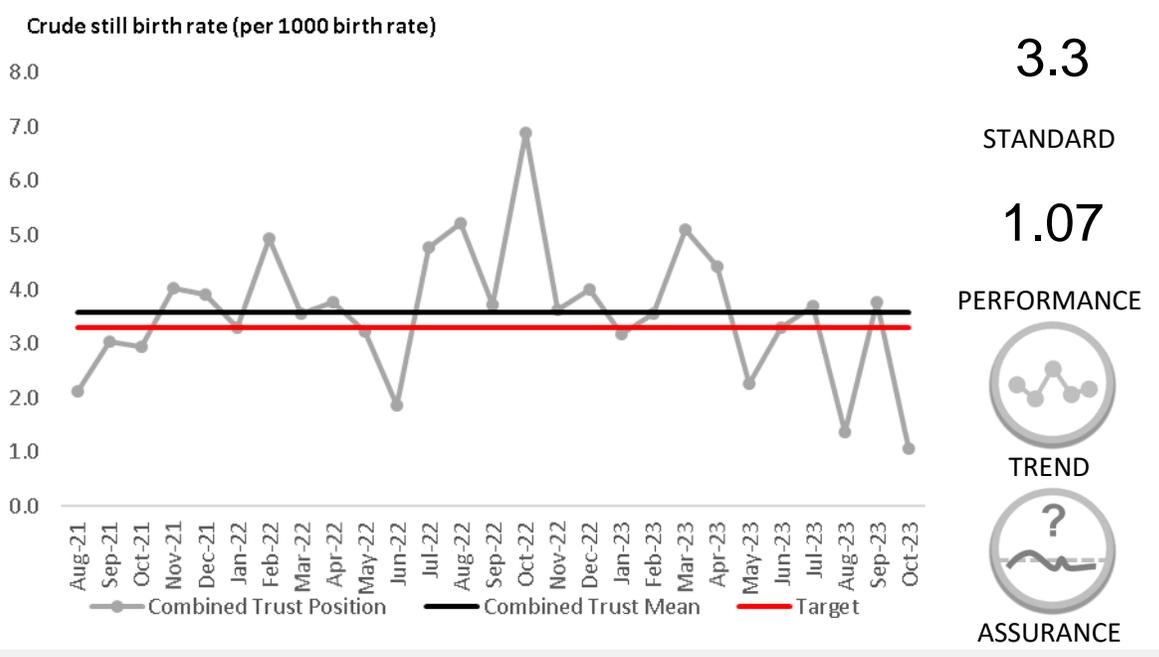
**Variation**

- Special Cause Concerning variation (H)
- Special Cause Improving variation (L)
- Common Cause
- Monitor Trend High
- Monitor Trend Low

**Assurance**

- Consistently hit target (P)
- Hit and miss target subject to random (?)
- Consistently fail target (F)

## TREND



## NARRATIVE

**Performance:** The NWL APC stillbirth rate is below target in month and year to date.

**Recovery Plan:** N/A

**Improvements:** The complex needs midwifery team at THH are expanding their capacity and working with different organisations (local authorities and hotels) to identify pregnant birthing women and people in this high-risk groups and to encourage earlier access to the maternity services and antenatal care. In addition to Trusts focusing on continuity of carer teams to those at greatest risk, there is increased focus to provide personalised care and support plans, and the provision of smoke free pregnancy services are directed at reducing perinatal mortality rates. ICHT continue to work in collaboration with the Neonatal Teams to improve counselling to all birthing women and people booked and transferred in-utero for level 3 neonatal services with an increased focus on clearly documented personalised care and support plans and risk assessments. CWFT are working towards optimising antenatal continuity and are in the process of extending the length of appointments.

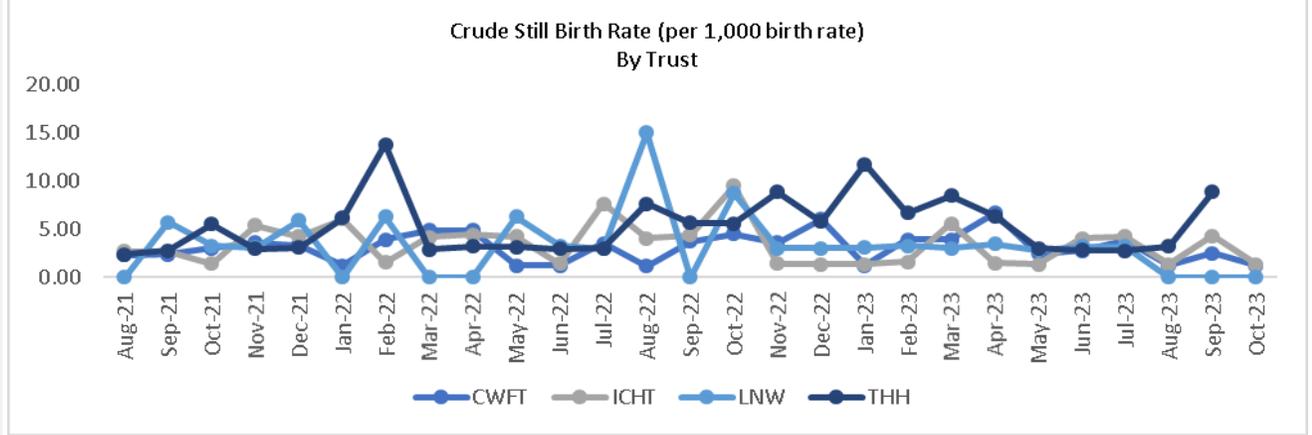
**Forecast Risks:** As per 2019 'halve it ambition' trajectories for 23/24 reduce from 3.3 to 3.1. 22/23 year-end performance was at 4.11. Therefore there is a risk that the ambition will not be realised. LMNS board to review monthly as priority via Pillar1.

\*No data was submitted for THHFT for the month of October

## CURRENT PERFORMANCE

	Total Births	Total Still Births	Crude Still Birth Rate	Crude Still Birth Rate YTD	Difference from Standard
CWFT	827	1	1.2	2.89	
ICHT	743	1	1.3	2.59	
LNW	305	0	0.0	1.85	
THH	-	-	-	-	
<b>APC</b>	<b>1875</b>	<b>2</b>	<b>1.1</b>	<b>2.85</b>	

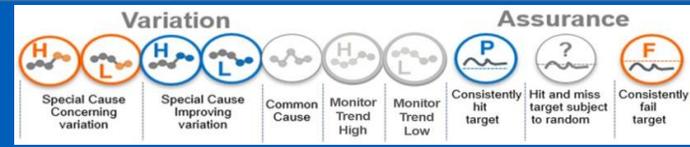
## STRATIFICATION



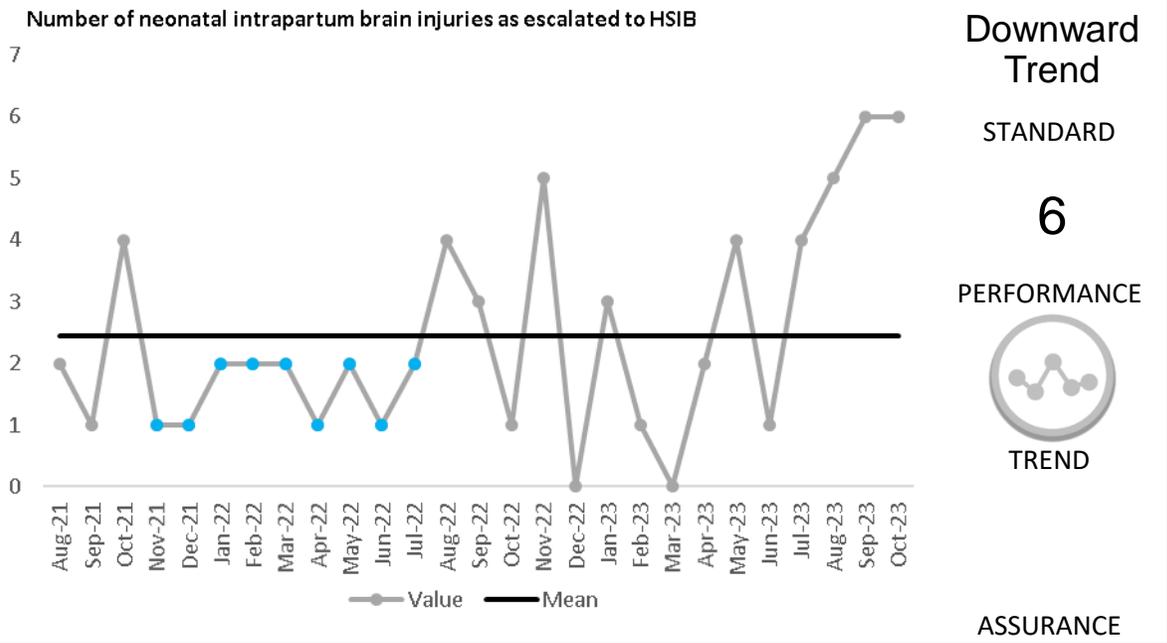
## GOVERNANCE

**Senior Responsible Owner:** Pippa Nightingale, CEO, LNW  
**Committee:** Acute provider collaborative executive management board

# (Maternity) Neonatal intrapartum brain injuries (suspected)



## TREND



## NARRATIVE

**Performance:** Six cases of suspected intrapartum brain injury were reported in NWL in October, five of these from ICHT. As a cooling centre babies are transferred to ICHT for this treatment. A review of the referring trust data is underway to consider any trends across the APC. We have noted discrepancies in the data when compared to internal reports at ICHT, a review of patient level data and data definitions across the APC has commenced led by the chief nurse from CWFT as the APC maternity work stream SRO with trust leads, the ICB and LMNS.

Each case is referred to the Maternity and Newborns Safety investigations (MNSI which has replaced HSIB) for investigation with learning and themes shared in each Trust and across the LMNS.

**Recovery Plan:** A full review of all cases has commenced as part of the data review described above. This will confirm data definitions, move to align these across the ICB, LMNS, APC and all internal trust reports. The birthplace for babies will be mapped as part of this and reporting to identify this will be considered as part of the review. THH have noted an increase in the cases they have sent for cooling and have started a thematic review which will feed into the APC review.

**Improvements:** Improvements will be confirmed as part of this report in February 2024 where required.

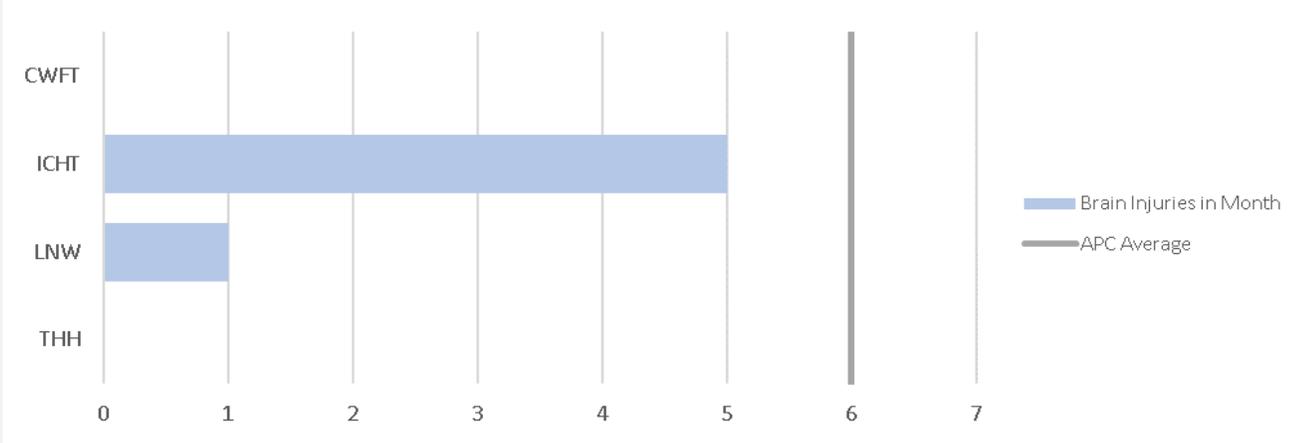
**Forecast Risks:** Data discrepancies require review to ensure consistent reporting and allow identification of trends and themes.

\*No data was submitted for THHFT for the month of October

## CURRENT PERFORMANCE

	Total Births	Brain Injuries in Month	Brain Injuries YTD
CWFT	827	0	4
ICHT	743	5	17
LNW	305	1	1
THH	-	-	6
<b>APC</b>	<b>1875</b>	<b>6</b>	<b>28</b>

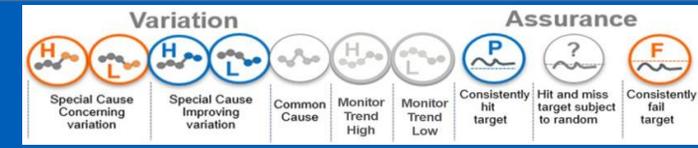
## STRATIFICATION



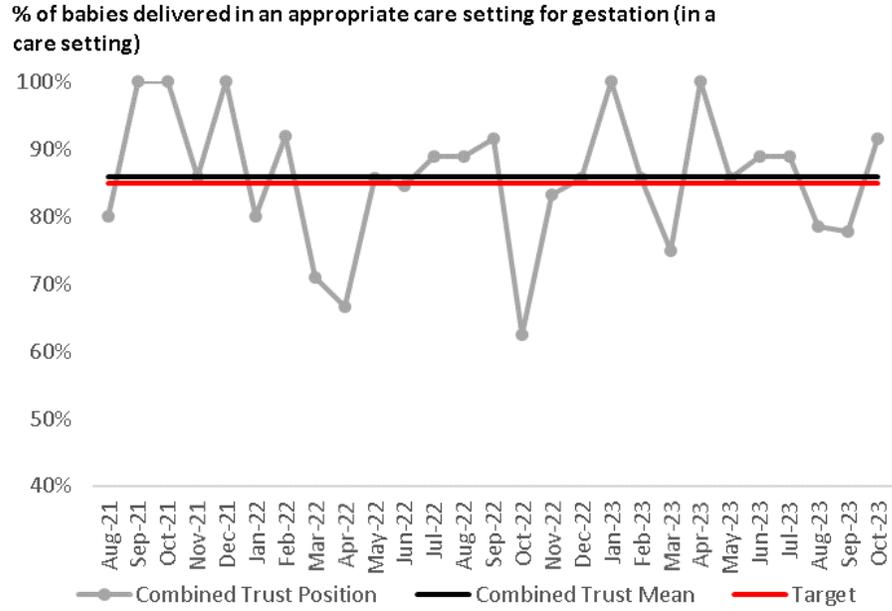
## GOVERNANCE

**Senior Responsible Owner:** Pippa Nightingale, CEO, LNW  
**Committee:** Acute provider collaborative executive management board

# (Maternity) % of babies delivered in an appropriate care setting for gestation



## TREND



>85%  
STANDARD

91.7%  
PERFORMANCE

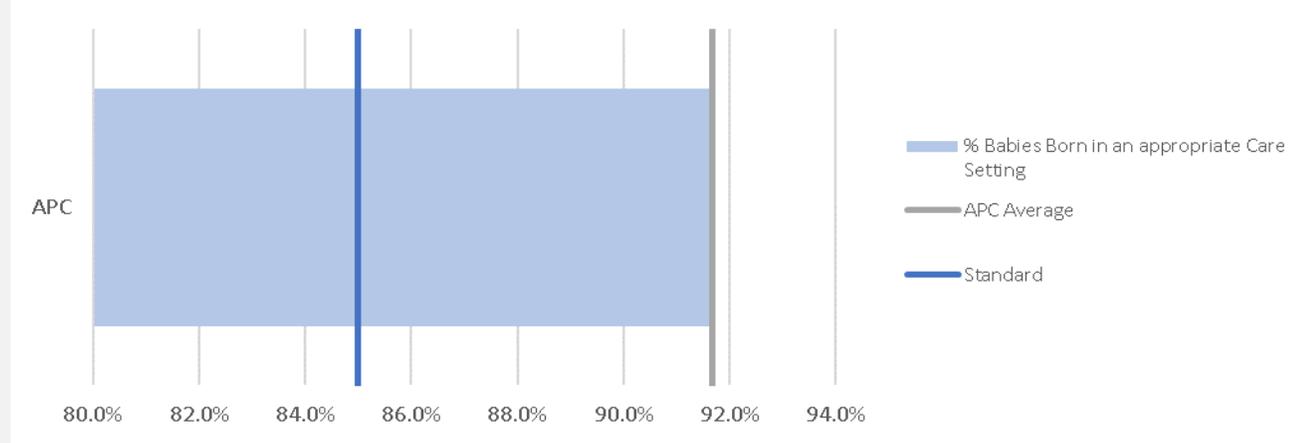
TREND

ASSURANCE

## CURRENT PERFORMANCE

	% Babies Born in an appropriate Care Setting	Number of Babies Born in an Inappropriate Care Setting / Number of Babies of that Gestation In Month	Babies Born in an Inappropriate Care Setting / Number of Babies of that Gestation YTD
CWFT	100%	0 / 2	3 / 19
ICHT	100%	0 / 9	1 / 52
LNW	0%	1 / 1	2 / 2
THH	-	0 / 0	4 / 4
<b>APC</b>	<b>91.7%</b>	<b>1 / 12</b>	<b>10 / 77</b>

## STRATIFICATION



## NARRATIVE

**Performance:** The APC met the target for this metric in October 2023.

**Recovery Plan:** There was one baby born in an inappropriate care setting at LNW. 25+3 weeks presented to Triage at night in threatened preterm labour. IUT request via IBM unsuccessful overnight as no tertiary beds, pressure in the system. Labour progressed with SR0M and cervical dilation hence no longer stable for transfer out. Woman counselled and decision to birth at LNW agreed. Steroids and MgSO4 doses completed. Timely Ex-Utero transfer to Chelwest achieved post birth. Initial outcome at transfer showed a likely good prognosis.

**Improvements:** Pan London IUT guidelines launched in October 2023. There are challenges in ensuring all aspects of the new policy are being implemented and this is being worked through in each unit and across the APC.

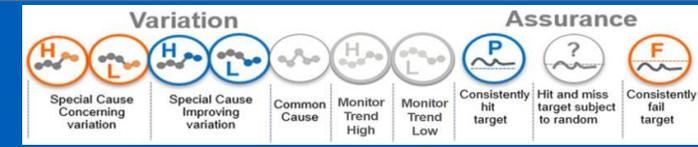
**Forecast Risks:** Vacancy rates are dropping however workforce across maternity and neonatal services continues to be of concern in regards to being able to meet this target.

\*No data was submitted for THHFT for the month of October

## GOVERNANCE

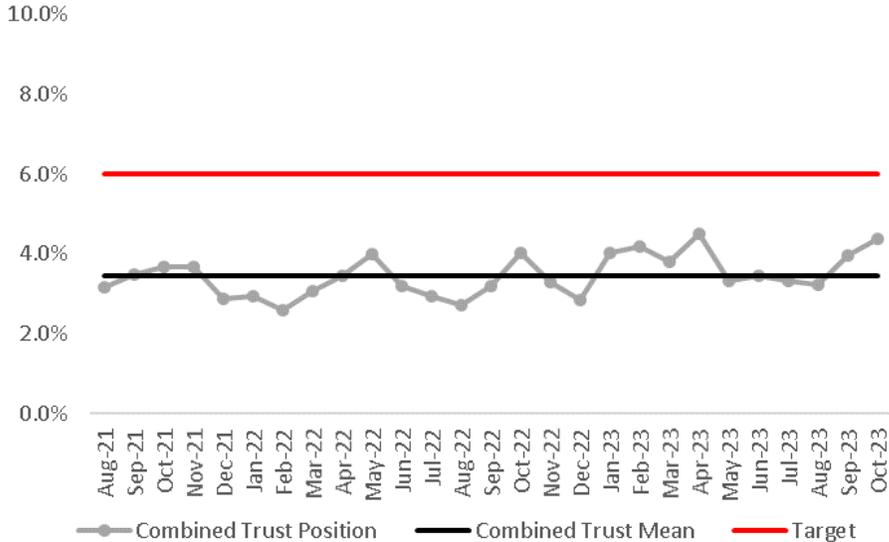
**Senior Responsible Owner:** Pippa Nightingale, CEO, LNW  
**Committee:** Acute provider collaborative executive management board

# (Maternity) Term Admissions in Neonates



## TREND

Term Admissions in Neonates; proportion of babies >=37 weeks GA admitted to neonatal care for 24 hours or more



<6%

STANDARD

4.4%

PERFORMANCE



TREND



ASSURANCE

## NARRATIVE

**Performance:** The title of this metric has been amended to reflect the data, which shows the number of term admissions to neonatal units. In October, NWL had 4.4% term admissions to neonatal units (ATAIN) which is below the 6% national target. All APC maternity units have transitional care units and ongoing quality improvement projects to maintain best practice. Discrepancies have been noted when comparing the internal data at ICHT. A review of the data definitions and patient level information is now being led across the APC by the Chief nurse at CWFT with all trusts, the ICB and LMNS. The outcome of this, confirmed data and improvement plans will be reported in February 2024.

Each term admission is reviewed for learning and to determine if it was 'avoidable'. Data on avoidable admissions will be reported quarterly and in arrears in this report to allow for the review process to be completed:

- CWFT: In Q2 14 admissions at WM and 5 at CW were avoidable and the service has on-going improvement actions from the learning identified.
- ICHT: In Q2 there were three avoidable admissions (2 at QCCH and 1 at SMH).
- LNW: In Q2 there were no avoidable admissions to the neonatal unit.
- THH: In Q2 there were no avoidable admissions, however there has been an increase in admissions since the last quarter. An audit of admission is underway including those <24hours. Thematic review of PPHN is in progress due to an increase in respiratory admissions. Weekly MDT and term admission review of all cases is in place to identify issues and share learning/themes. Cases will be presented to the LMNS once complete.

**Recovery Plan:** N/A

**Improvements:** Neonatal units co-producing standardised ATAIN and Transitional care audits to facilitate benchmarking and trend analysis across the sector to reduce separation of mother and baby. Findings reported to and discussed in LMNS board quarterly.

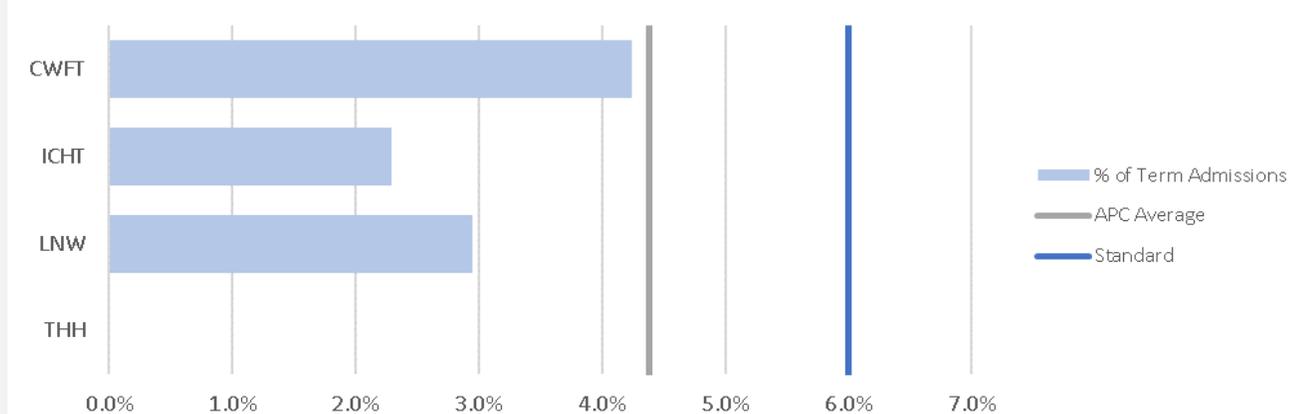
**Forecast Risks:** None identified

\*No data was submitted for THHFT for the month of October

## CURRENT PERFORMANCE

	Number of Term Admissions	Number of Term Admissions YTD	% of Term Admissions	Difference from Threshold
CWFT	35	201	4.2%	
ICHT	17	147	2.3%	
LNW	9	75	3.0%	
THH	-	-		
<b>APC</b>	<b>82</b>	<b>543</b>	<b>4.4%</b>	

## STRATIFICATION

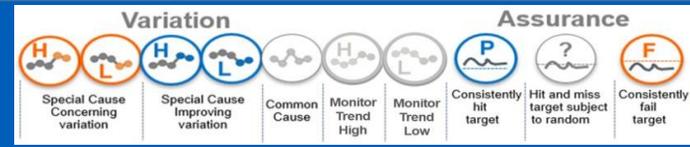


## GOVERNANCE

**Senior Responsible Owner:** Pippa Nightingale, CEO, LNW

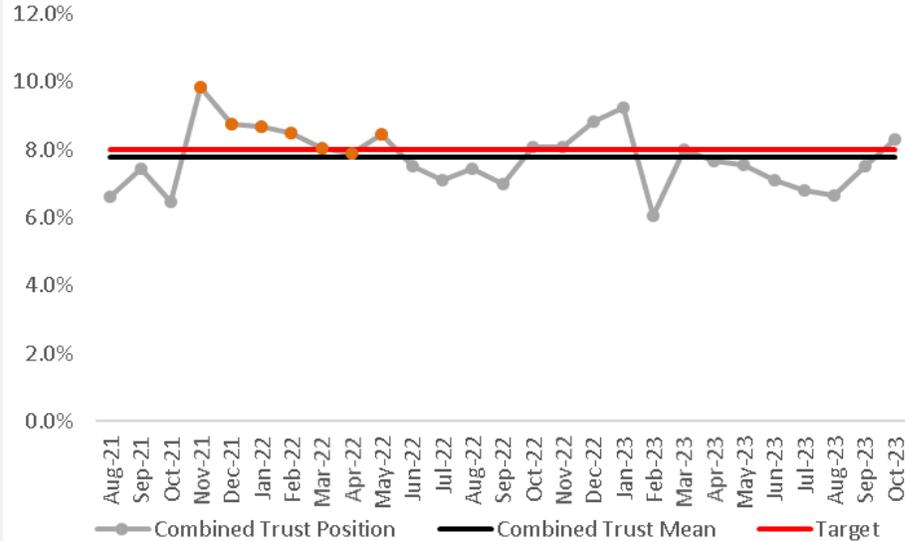
**Committee:** Acute provider collaborative executive management board

# (Maternity) Preterm Births



## TREND

Pre-term Birth Rate



8%

STANDARD

8.3%

PERFORMANCE



TREND



ASSURANCE

## NARRATIVE

**Performance:** In October, NWL had a pre-term birth rate of 8.3% which is just above the target. CWFT and LNW are above target.

**Recovery Plan:** N/A

**Improvements:** LNW is setting up a preterm birth working group with the aim of focusing on their local data/audit/guidelines and some wider QI initiatives to review rates. The APC is undertaking a review of all preterm births and IUT across both sites at CWFT as part of the business case development to support service redesign of the level 2 NICU as well as the preterm birth antenatal service at WM site.

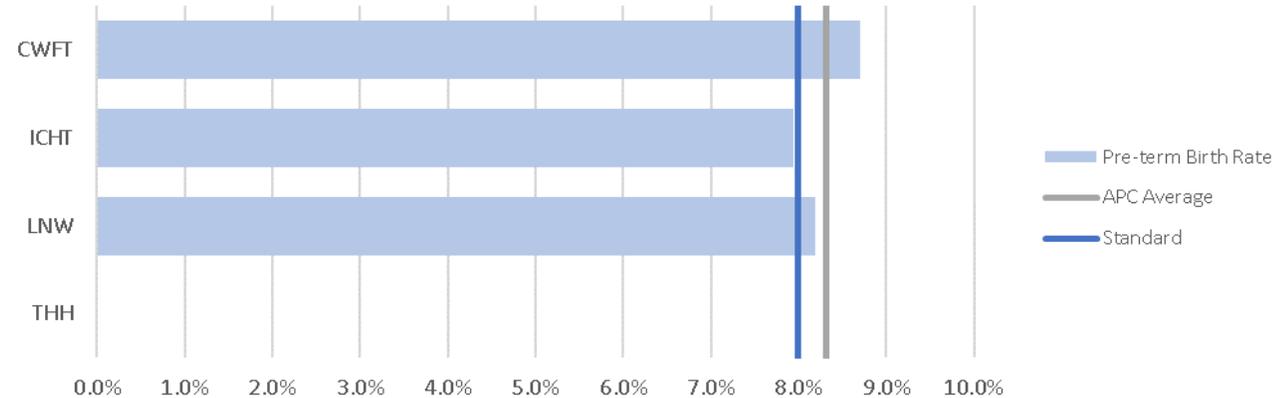
**Forecast Risks:** No risks identified.

\*No data was submitted for THHFT for the month of October

## CURRENT PERFORMANCE

	Number of Pre-Term Births	Total Births	Pre-term Birth Rate	Difference from Threshold
CWFT	72	827	8.7%	0.71%
ICHT	59	743	7.9%	
LNW	25	305	8.2%	0.20%
THH	-	-	-	-
<b>APC</b>	<b>156</b>	<b>1875</b>	<b>8.3%</b>	<b>0.32%</b>

## STRATIFICATION

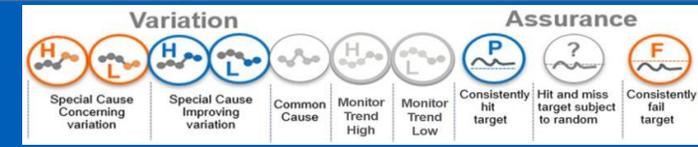


## GOVERNANCE

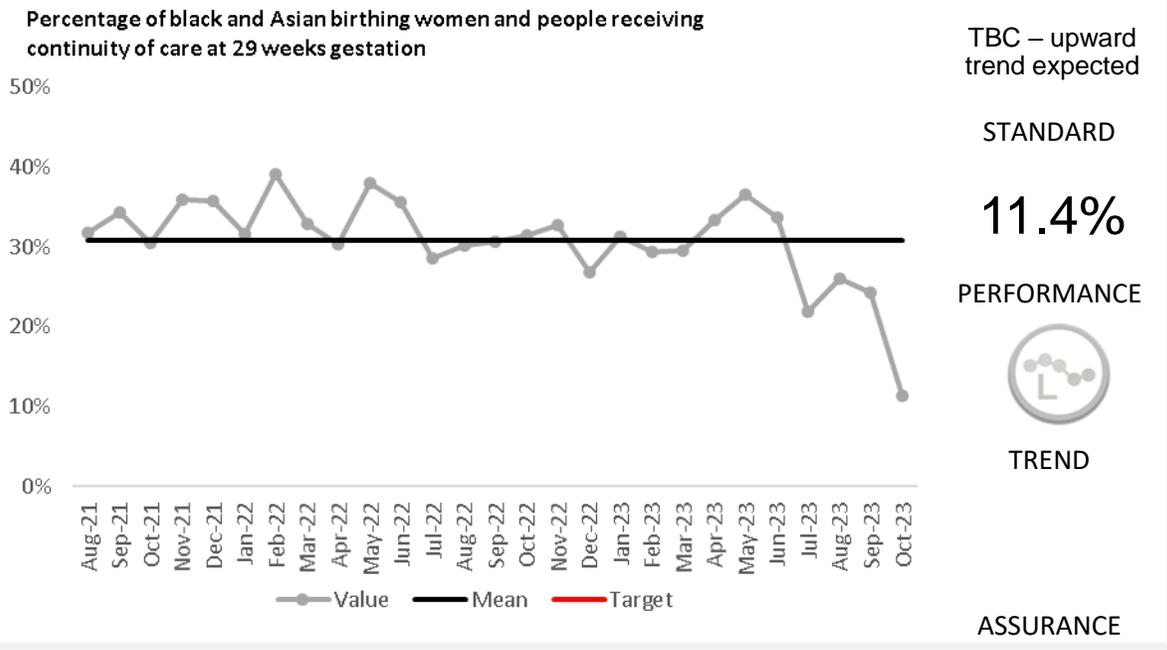
**Senior Responsible Owner:** Pippa Nightingale, CEO, LNW

**Committee:** Acute provider collaborative executive management board

# (Maternity) BAME Maternity Continuity of Care (MCoC)



## TREND



## NARRATIVE

**Performance:** Only one Trust (CWFT) is reporting data for this metric in October. The percentage of BAME birthing women and people receiving continuity of care at 29 weeks' gestation was 11.4%. Data is not available for LNW – CoC pathways remain suspended at LNW due to the vacancy position and need to prioritise safe staffing in clinical areas. Plans to introduce further MCoC team will not be re-visited until the first building block of safer staffing is in place - likely September 2024. Data is not available at ICHT which is being reviewed by the local team.

**Recovery Plan:** All services are working to improve their vacancy rates through local and international recruitment ( this is the first building block before further MCoC teams can be implemented). Once achieved the next step will be to engage with the workforce (second building block).

**Improvements:** In addition to local recruitment and the yearly pipeline of NQM's, NWL maternity providers are working with Capital Midwife to plan bespoke international recruitment.

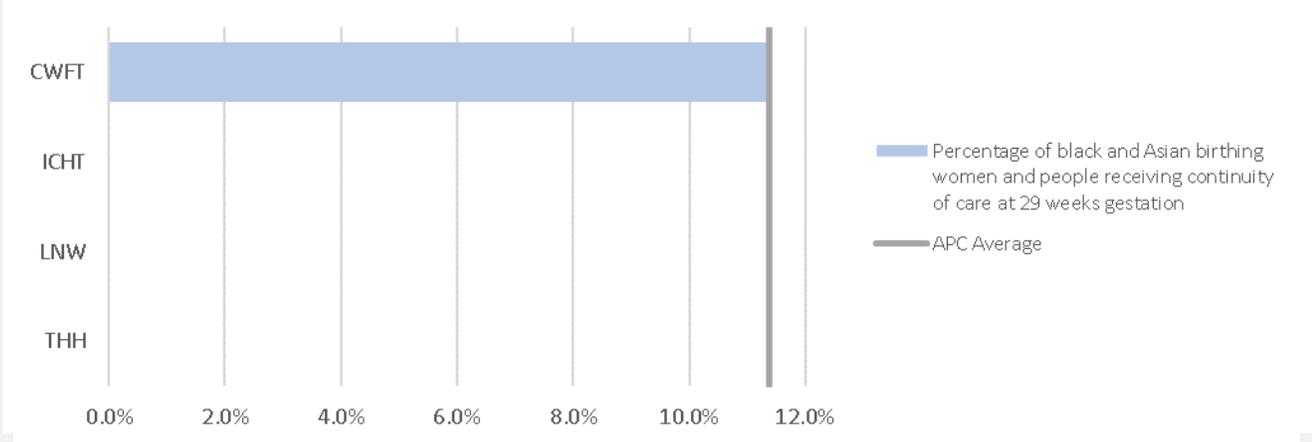
**Forecast Risks:** There is a risk that maternity services in NWL will take a significant period of time to reach a vacancy rate that support implementation of further teams and a further risk that midwives may not want to work in MCoC models

\*No data was submitted for THHFT for the month of October

## CURRENT PERFORMANCE

	Number of birthing women and people marked as being on a CoC pathway and have a named lead midwife as part of care plan	Total number of birthing women and people who reach 29 weeks gestation	Percentage of black and Asian birthing women and people receiving continuity of care at 29 weeks gestation
CWFT	47	413	11.4%
ICHT	-	-	-
LNW	-	-	-
THH	-	-	-
<b>APC</b>	<b>47</b>	<b>413</b>	<b>11.4%</b>

## STRATIFICATION



## GOVERNANCE

**Senior Responsible Owner:** Pippa Nightingale, CEO, LNW  
**Committee:** Acute provider collaborative executive management board

# (Maternity) Neonatal Crude Deaths

**Variation**

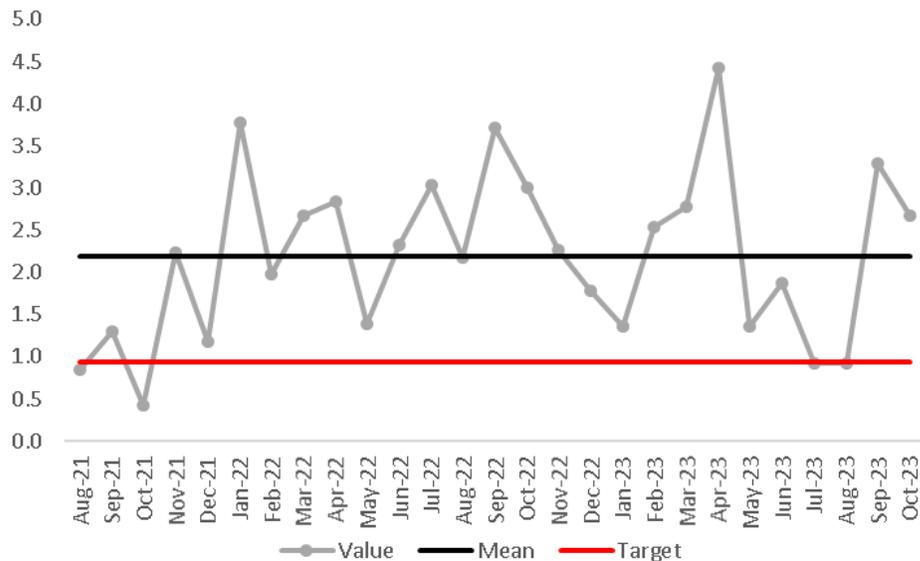
Special Cause Concerning variation (H, L)  
 Special Cause Improving variation (H, L)  
 Common Cause  
 Monitor Trend High  
 Monitor Trend Low

**Assurance**

Consistently hit target (P)  
 Hit and miss target subject to random (?)  
 Consistently fail target (F)

## TREND

Crude neonatal death rate (per 1000 birth rate)



0.94

STANDARD

2.67

PERFORMANCE



TREND



ASSURANCE

## NARRATIVE

**Performance:** The crude neonatal death rate at APC level was above target in October. There were 5 neonatal deaths, two at CWFT and three at ICHT. All cases are being investigated. Discrepancies have been noted when comparing the internal data at ICHT. A review of the data definitions and patient level information is now being led across the APC by the Chief nurse at CWFT with all trusts, the ICB and LMNS. The outcome of this, confirmed data and improvement plans will be reported in February 2024.

**Recovery Plan:** N/A

**Improvements:** The Neonatal CRG and the Trust teams will continue to monitor any new cases.

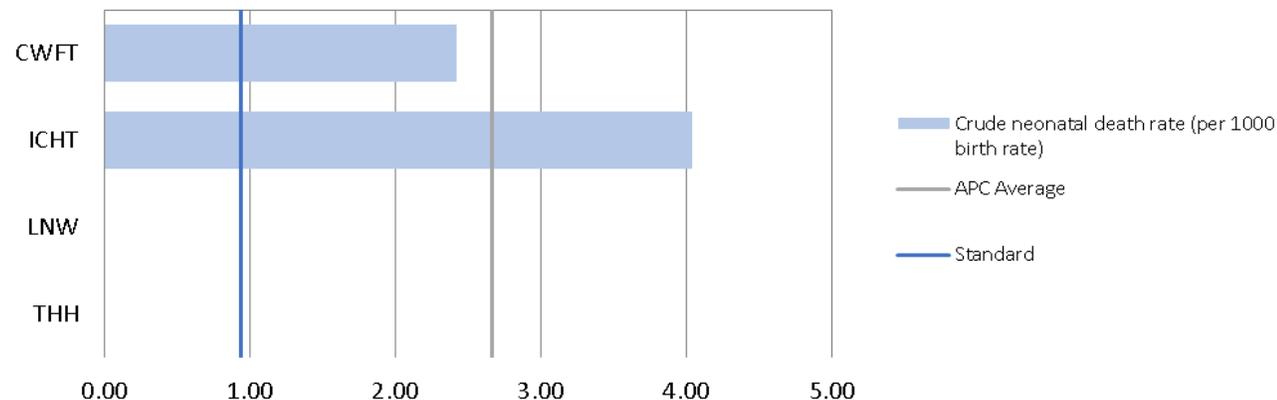
**Forecast Risks:** Risks will be considered as part of the data review described above.

\*No data was submitted for THHT for the month of October

## CURRENT PERFORMANCE

	Number of Neonatal Deaths	Total Births	Crude neonatal death rate (per 1000 birth rate)	Difference from Threshold
CWFT	2	827	2.42	1.48
ICHT	3	743	4.04	3.10
LNW	0	305	0.00	
THH	-	-	-	-
<b>APC</b>	<b>5</b>	<b>1875</b>	<b>2.67</b>	<b>1.73</b>

## STRATIFICATION

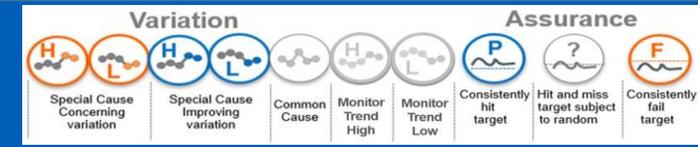


## GOVERNANCE

**Senior Responsible Owner:** Pippa Nightingale, CEO, LNW

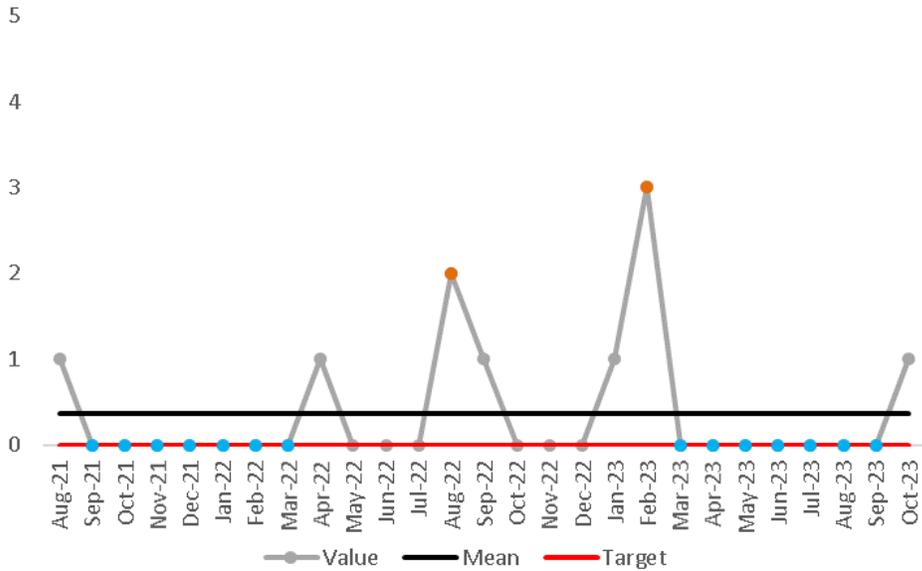
**Committee:** Acute provider collaborative executive management board

# (Maternity) Maternal Deaths



## TREND

### Maternal Deaths



0

STANDARD

1

PERFORMANCE



TREND



ASSURANCE

## NARRATIVE

**Performance:** In October 2023, there was one maternal death. This was a patient who was booked and delivered at home (under the care of THH) then required transfer to ICU at St Mary's Hospital where they died. This is being investigated by THH and will be attributed accordingly going forward.

**Recovery Plan:** N/A

**Improvements:** N/A

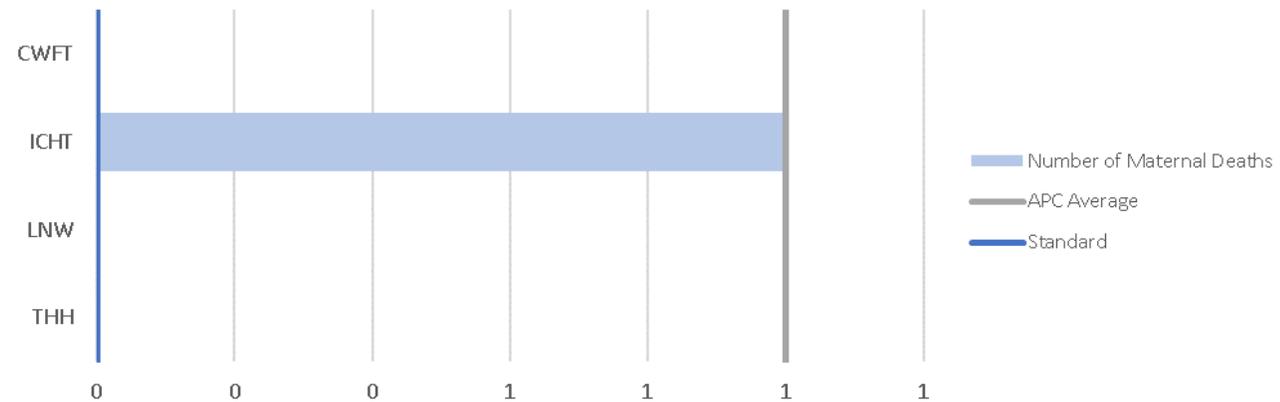
**Forecast Risks:** No current risks.

\*No data was submitted for THHFT for the month of October

## CURRENT PERFORMANCE

	Number of Maternal Deaths	Total Births	Difference from Threshold
CWFT	0	827	
ICHT	1	743	1.00
LNW	0	305	
THH	-	-	
APC	1	1875	1.00

## STRATIFICATION



## GOVERNANCE

**Senior Responsible Owner:** Pippa Nightingale, CEO, LNW

**Committee:** Acute provider collaborative executive management board

# Operational Performance

**Introduction:**

A range of operational performance indicators are monitored to ensure that the APC is on target to deliver the level of performance set out in the Operating Plan 2023-24, with associated risks, and that locally agreed targets are met. All Trusts continued with areas of improved performance.

**Performance:**

The UEC pathways has seen further increases of pressure especially at LNW and THH with high ambulance conveyancing and increases in non-elective admissions and patients not meeting the criteria to reside. This is circa 700 patients across the 4 trusts who no longer require acute care. This has resulted in a deterioration in all metrics in the UEC domain. As a result there has been increased engagement in recent weeks with the ICB regarding discharge capacity and ambulance conveyances with ongoing work to develop a sustainable response to increasing demands on care.

Long waiting patients have increased marginally whilst activity overall is achieving or exceeding plan. NWL remains a high performer both within London and Nationally. There is significant risk with current strike action that the long waiting patients will increase as clinical priority and cancer patients will have a higher clinical priority. All Trusts are looking at options to sustain and increase elective activity in quarter 4.

Diagnostics is statistically stable, additional capacity is coming into fruition through the community diagnostics hubs over the next 2 quarters.

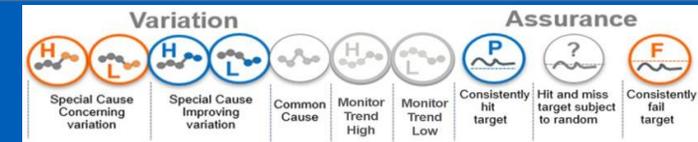
**Key Actions:**

Continued focused work on Discharge and ongoing UEC action during the winter  
Discharge metrics to be added to the pack post Cerner go-lives.

**Escalations:**

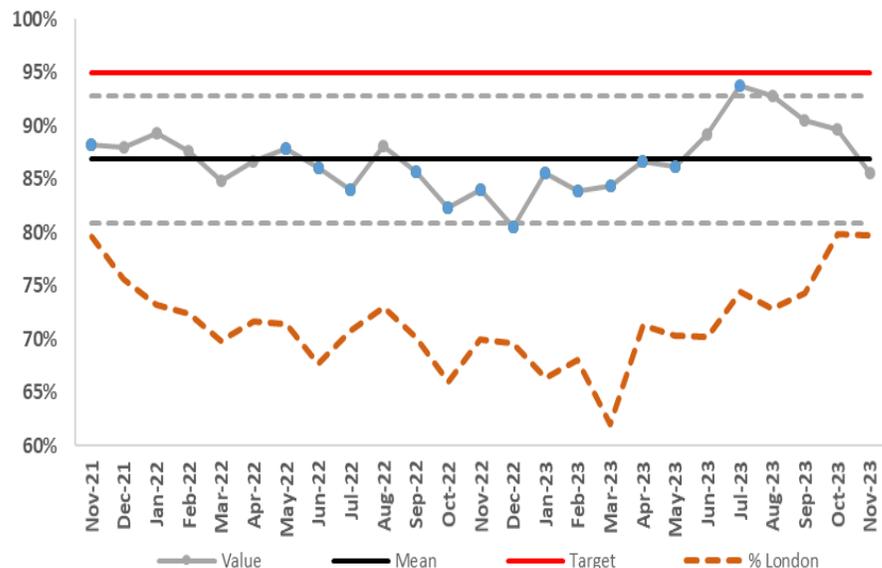
High levels of pressure on the UEC pathway with high number of patients requiring mental health and social care support.  
Ongoing strike action is a risk to most standards.

# Operations Ambulance Handover Waits



## TREND

30 mins Breach Performance (LAS)



95%  
STANDARD

82.5%  
PERFORMANCE

TREND

ASSURANCE

## NARRATIVE

**Performance:** NWL continues to have the best handover performance across London. NWL also achieved the lowest average number of handovers over 30 and 60 minutes, despite receiving the highest number of conveyances. The number of conveyances to EDs in NWL is increasing.

**Recovery plan:** All sites have a focus on minimising handover delays. Collectively we are participating in transformation work with LAS and the ICB to maximise the use of alternatives to ED and to expand the use of direct referral routes and direct booking. LNW cohorts as required with appropriate staff monitoring the patients. THH receives the most ambulances per cubicle in NWL with the lowest conversion rate to admission and is currently undertaking a joint audit with LAS.

**Improvements:** The acute collaborative was the first in London to pilot and implement the new LAS standard operating procedure for immediate handover at 45 minutes. The process is now embedded in business as usual.

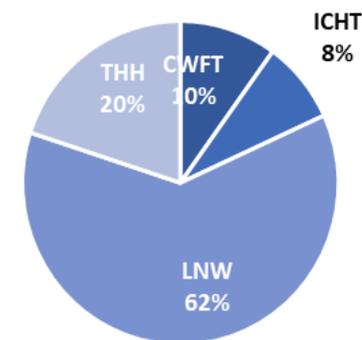
**Forecast risks:** Continued increases in the number of conveyances.

## CURRENT PERFORMANCE

LAS Handover Waits within the thirty minute standard Nov-23

	Total Handover	30 mins Performance	Difference from target	30 min + delays	Of w hich		Impacts on LAS time lost (hours)
					60 min + delays	15 min + delays	
CWFT	3182	93.9%	-1.1%	193	5	1585	215
ICHT	2659	94.0%	-1.0%	160	8	1015	142
LNW	3595	66.6%	-28.4%	1202	66	2286	1397
THH	1665	76.7%	-18.3%	388	7	983	229
<b>APC</b>	<b>11101</b>	<b>82.5%</b>	<b>-12.5%</b>	<b>1943</b>	<b>86</b>	<b>5869</b>	<b>1982</b>

## STRATIFICATION



Trust share of APC waits longer than standard

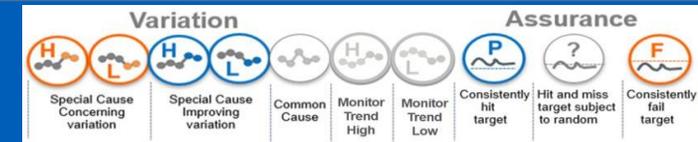
## GOVERNANCE

**Senior Responsible Owner:** Claire Hook, Chief Operating Officer, ICHT

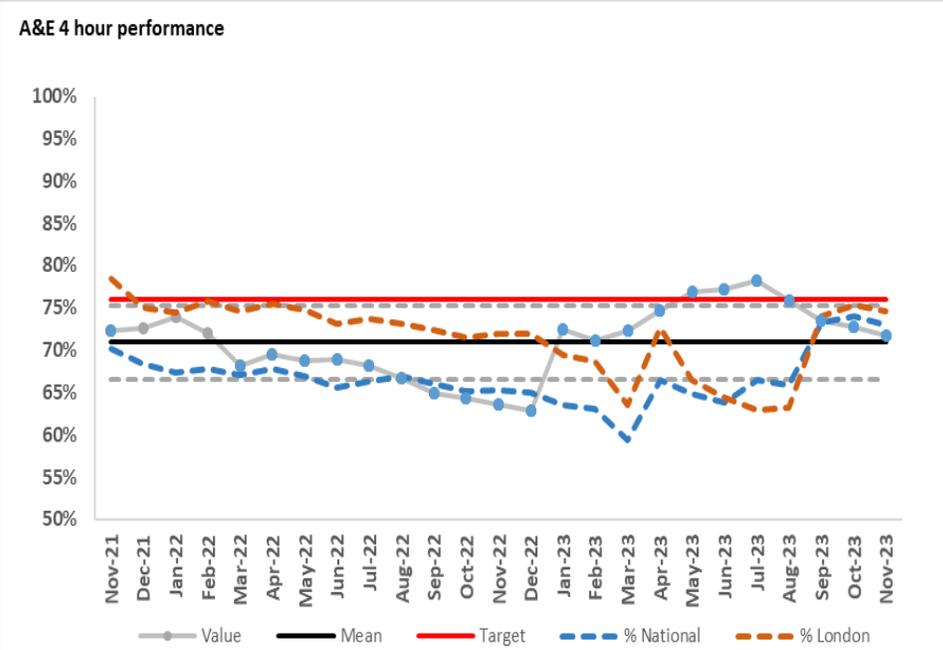
**Committee:** NWL Acute Care Board (Chair: Tim Orchard); NWL UEC Board (Chair: Claire Hook)

**Data Assurance:** These figures are provided by LAS

# Operations Urgent & Emergency Department Waits



## TREND



**76%**  
STANDARD

**71.7%**  
PERFORMANCE

TREND

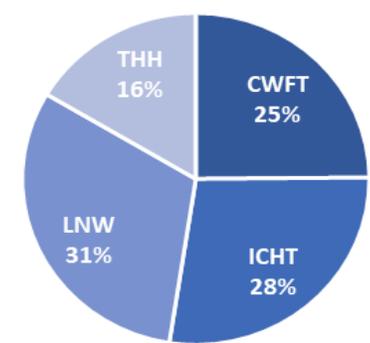
ASSURANCE

## CURRENT PERFORMANCE

Time spend in Emergency Department: 4-Hour Standard Nov-23

	Total attendances (All Types)	4 hour Performance	Difference from target	4 hour + delays (All Types)	Of w hich (Number and Performance)			Impacted by Referrals to SDEC	
					Type 1 / 2 breaches	Type 3 breaches			
CWFT	25814	76.4%		6093	5648	71.8%	445	92.3%	1430
ICTH	22500	69.9%	-6.1%	6762	6036	62.2%	726	88.9%	4628
LNW	26850	71.6%	-4.4%	7614	7365	41.8%	249	98.2%	1029
THH	11328	64.4%	-11.6%	4037	3873	29.6%	164	97.2%	1606
<b>APC</b>	<b>86492</b>	<b>71.7%</b>	<b>-4.3%</b>	<b>24506</b>	<b>22922</b>	<b>57.7%</b>	<b>1584</b>	<b>95.1%</b>	<b>8693</b>

## STRATIFICATION



Trust share of APC waits longer than standard

## NARRATIVE

**Performance:** Performance against the 4-hour standard has decreased, with only CWFT meeting the target for November, although performance at each site remains in line with other London Trusts.

**Recovery plan:** A range of measures have been identified at each site to recover performance and maintain safe levels of care. Improvement plans were presented to the Collaborative Finance and Performance Committee in December 2023.

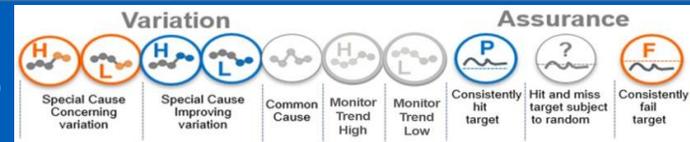
**Improvements:** The improvement plans are built on the recommended actions arising from the patient first and FOCUSED self-assessments, missed opportunity audits, peer reviews for adult ED, paediatric ED and discharge, and maturity assessments against the NHSE ten recommended high impact interventions.

**Forecast risks:** Increases in demand, continued delays with discharge for medically optimised patients.

## GOVERNANCE

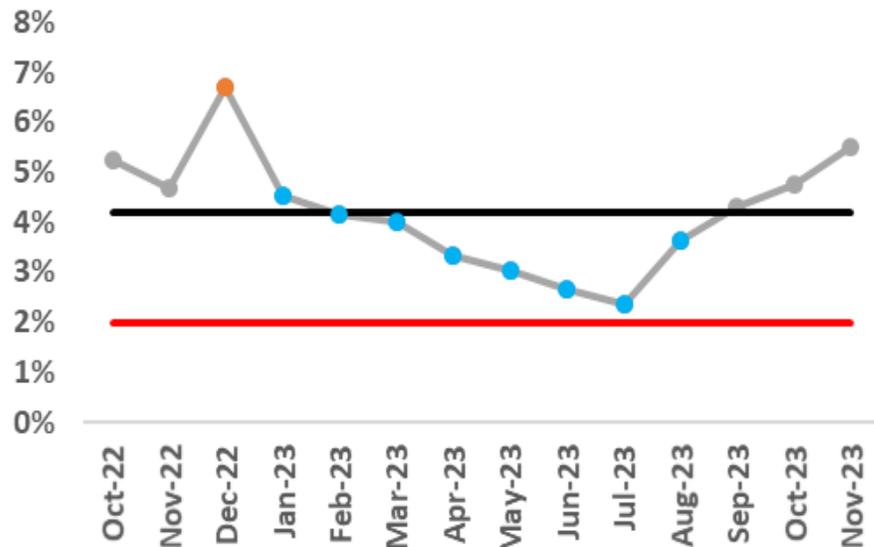
**Senior Responsible Owner:** Claire Hook, Chief Operating Officer, ICTH  
**Committee:** NWL Acute Care Board (Chair: Tim Orchard); NWL UEC Board (Chair: Claire Hook );  
**Data Assurance:** These figures are validated ahead of a monthly performance return and the performance data is published by NHSE

# Operations Urgent & Emergency Department Long Waits



## TREND

### % of Patients > 12 Hours



2.0%

ALLOWANCE

5.5%

PERFORMANCE



TREND



ASSURANCE

## NARRATIVE

**Performance:** Long waits in the ED are linked to flow through the hospital as well as those waiting for beds outside the hospital. Although performance improved over the summer, waits have since increased and are a particular challenge at LNW and THH. All sites have confirmed the availability of the additional winter capacity and this is being utilised to support flow.

**Recovery plan:** As with 4-hour performance, each site has identified a range of actions to recover performance and maintain safe levels of care.

**Improvements:** Work continues to deliver the NWL UEC work programme, which comprises 12 work streams with the aim of reducing demand for emergency services where appropriate, reducing the number of admissions and reducing waits at every point in the pathway.

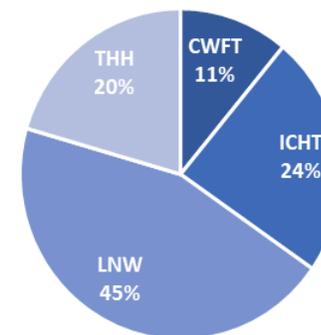
**Forecast risks:** Increases in demand, continued delays with discharge for medically optimised patients, continued delays for patients waiting for admission to mental health beds.

## CURRENT PERFORMANCE

### Unacceptable Waits for Treatment: 12-Hour waits Nov-23

	Total attendances (All Types)	12 hour Performance	Difference from target	12 hour + delays	Of which		Impacted by
					Type 1 / 2 breaches	Type 3 breaches	12 hour DTA waits
CWFT	25813	2.0%	0.0%	524	524	0	27
ICHT	22500	5.0%	-3.0%	1124	1124	1	104
LNW	26850	7.9%	-5.9%	2131	2131	0	572
THH	11328	8.6%	-6.6%	976	976	0	5
<b>APC</b>	<b>86491</b>	<b>5.5%</b>	<b>-3.5%</b>	<b>4755</b>	<b>4755</b>	<b>1</b>	<b>708</b>

## STRATIFICATION



Trust share of APC waits longer than standard

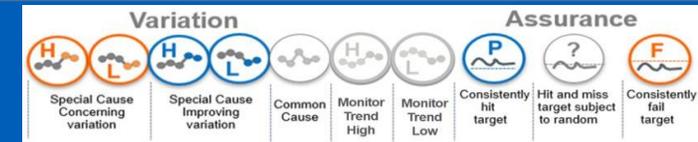
## GOVERNANCE

**Senior Responsible Owner:** Claire Hook, Chief Operating Officer, ICHT

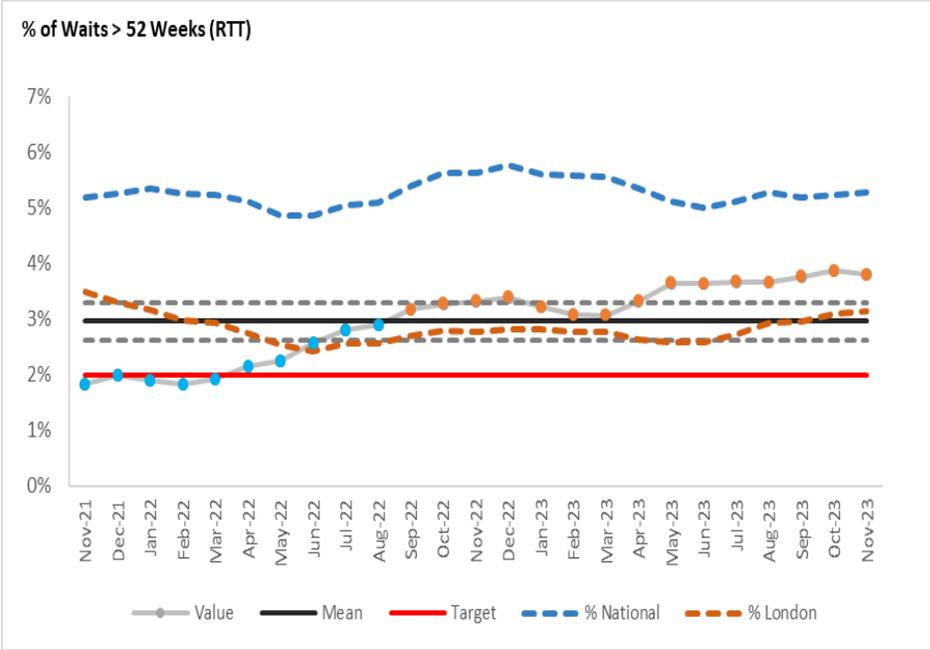
**Committee:** NWL Acute Care Board (Chair: Tim Orchard); NWL UEC Board (Chair: Claire Hook);

**Data Assurance:** These figures are validated ahead of a monthly performance return and the performance data is published by NHSE (except 12hr+ waits from arrival)

# Operations Referral to Treatment Waits



## TREND



**2.0%**  
ALLOWANCE

**3.8%**  
PERFORMANCE

**TREND**

**ASSURANCE**

## NARRATIVE

**Performance:** The total RTT waitlist, 52-week waits and 78-week waits increased post Cerner implementation at LNW and THH due to activity reductions. ICHT and CWFT showed a decrease in 52 weeks, which has kept the APC position relatively stable.

**Recovery:** Trusts are looking at additional insourcing to supplement some of the lost activity in recent months. NWL's most challenged specialities remain Trauma & Orthopaedics (CWFT), ENT (ICHT), ENT (THH) and Gynaecology (LNW).

**Improvement:** ICHT's Allergy Service has achieved and sustained a significant backlog reduction since early 2023.

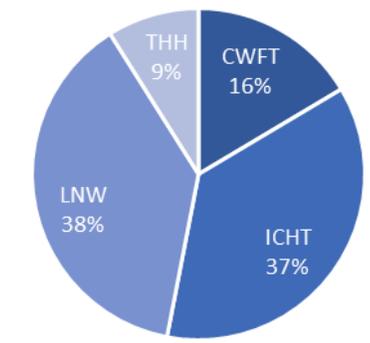
**Forecast risks:** There is a probable risk of increases in long waiters overall especially in December and January due to holiday periods flanked by junior doctor IA with the necessary cancellations for safety.

## CURRENT PERFORMANCE

**Unacceptable Waits for Treatment: 18-Week Standard Nov-23**

	Total Waiting List	Waits > 52 w weeks	Difference from target	52 + w weeks	Of which		Impacted by OTDCs not booked < 28 days	Impacts on Average wait (w weeks)
					78 + w weeks	104 + w weeks		
CWFT	59822	2.9%	-0.9%	1730	124	0	3	17.26
ICHT	100528	3.8%	-1.8%	3853	60	0	13	19.33
LNW	89809	4.5%	-2.5%	4003	129	0	0	20.19
THH	27521	3.4%	-1.4%	940	0	0	0	19.58
<b>APC</b>	<b>277680</b>	<b>3.8%</b>	<b>-1.8%</b>	<b>10526</b>	<b>313</b>	<b>0</b>	<b>16</b>	<b>19.19</b>

## STRATIFICATION



**Trust share of APC waits longer than standard**

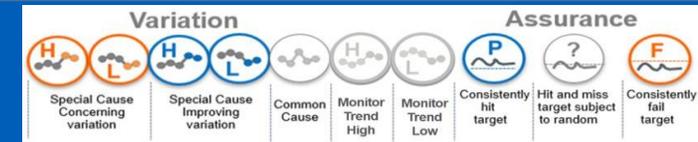
## GOVERNANCE

**Senior Responsible Owner:** Tina Benson, Chief Operating Officer, THH

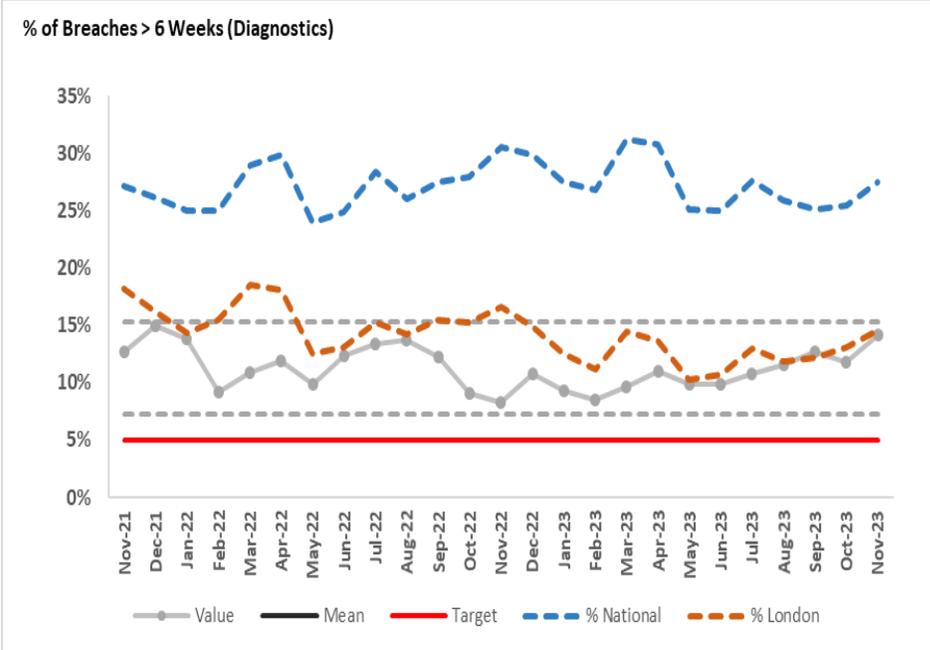
**Committee:** NWL Acute Care Board (Chair: Tim Orchard); NWL Elective Care Board (Chair: Roger Chinn);

**Data Assurance:** These figures are validated ahead of a monthly performance return and the performance data is published by NHSE

# Operations Access to Diagnostics



## TREND



## CURRENT PERFORMANCE

**Waits for Diagnostic Tests: 6-Week Standard Nov-23**

	Total Waiting List	Waits > 6 w weeks	Difference from target	6 + w weeks	Of w hich 13 + w weeks
CWFT	11629	3.2%		376	18
ICHT	14593	8.7%	-3.7%	1269	229
LNW	12921	20.8%	-15.8%	2691	1398
THH	6916	29.0%	-24.0%	2004	818
<b>APC</b>	<b>46059</b>	<b>13.8%</b>	<b>-8.8%</b>	<b>6340</b>	<b>2463</b>

## NARRATIVE

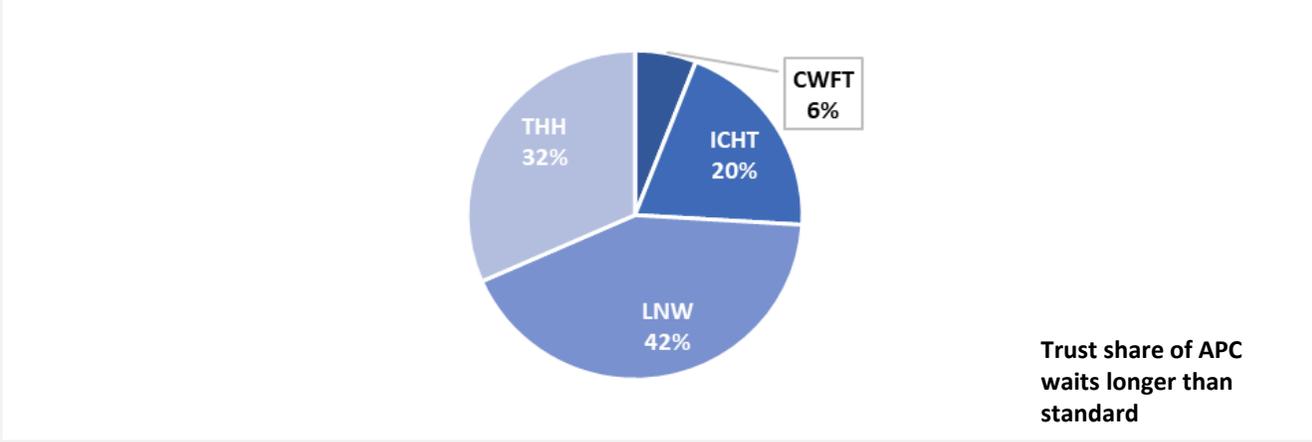
**Performance:** The performance remains stable, with the only Trust consistently meeting the target being CWFT, THH remains challenged.

**Recovery Plan:** Capacity at all sites continues to be increased where possible. Particular focus remains on non-obstetrics ultrasound at THH and Audiology at LNW. Overall, the longest waits are seen at THH. Waits overall are expected to reduce over the coming 2 quarters as the additional CDC capacity starts. THH has insourcing in place for Endoscopy and a recovery plan for Echo expecting to deliver by March 2024.

**Improvements:** Improvement in Endoscopy at ICHT

**Forecast Risks:** Likely significant industrial action.

## STRATIFICATION



## GOVERNANCE

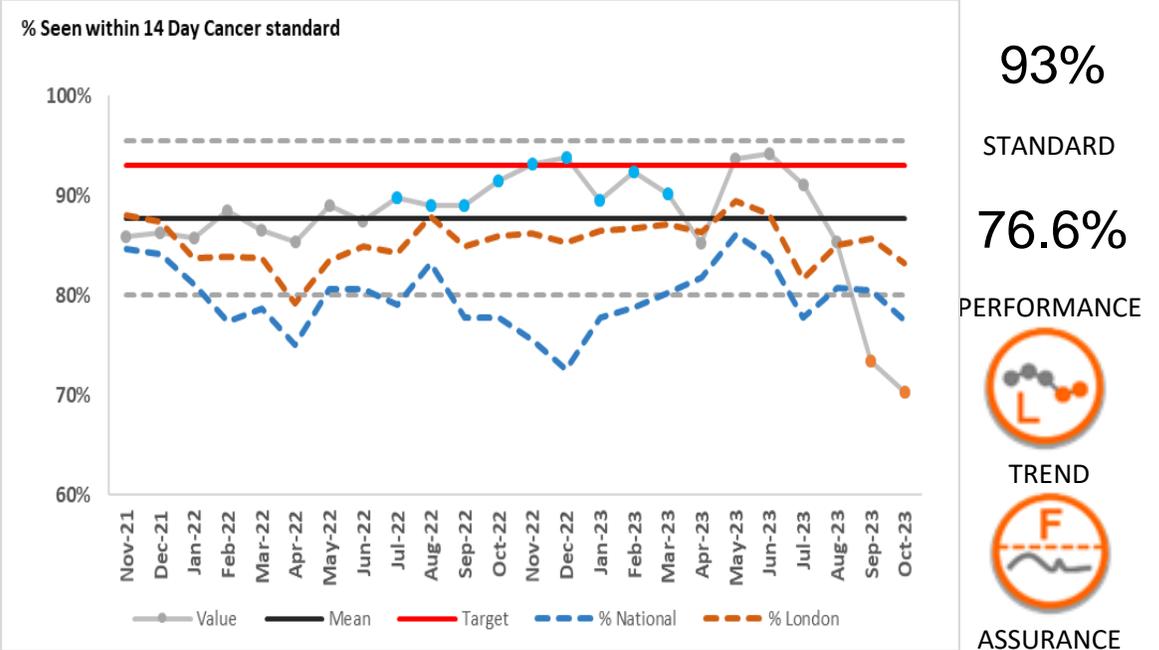
**Senior Responsible Owner:** Tina Benson, Chief Operating Officer, THH  
**Committee:** NWL Acute Care Board (Chair: Tim Orchard); NWL Elective Care Board (Chair: Roger Chinn);  
**Data Assurance:** These figures are validated ahead of a monthly performance return and the performance data is published by NHSE

# Operations Access to Cancer Specialist

**Variation**

**Assurance**

## TREND



## CURRENT PERFORMANCE

**Wait to be Seen by a Cancer Specialist following an urgent GP Referral: Two Week Wait Standard Oct-23**

	Total Seen	Two-week wait performance	Difference from target	14 + days	Of which	
					28 + days	Breast referrals
CWFT	2848	95.3%		134	16	72
ICHT	2699	94.0%		162	0	114
LNW	3349	44.5%	-47.5%	1858	536	0
THH	1212	82.8%	-9.2%	209	15	103
<b>APC</b>	<b>10108</b>	<b>76.6%</b>	<b>-15.4%</b>	<b>2363</b>	<b>567</b>	<b>289</b>

## NARRATIVE

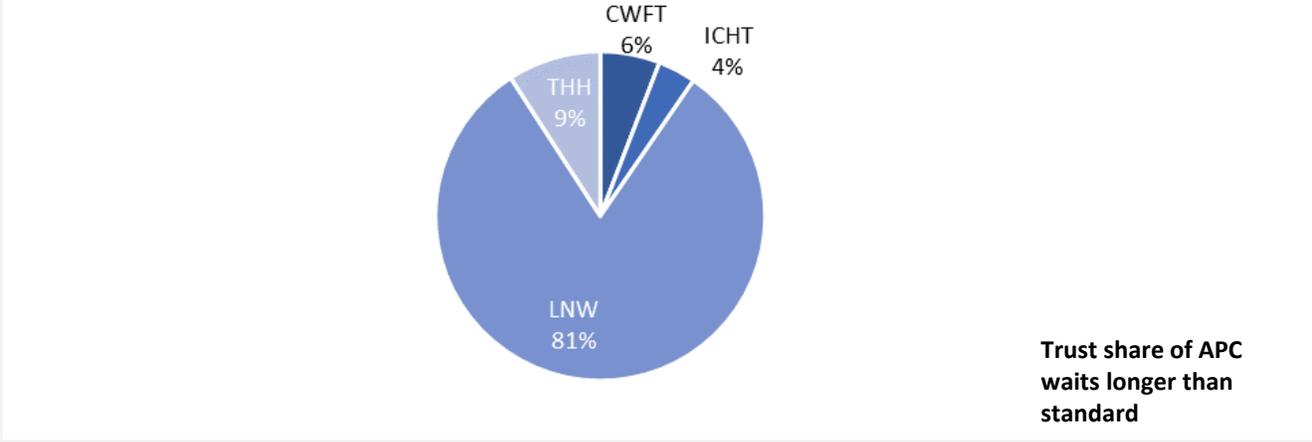
**Performance:** 2WW performance standard is challenged with NWL not meeting the 93% standard; mainly due to high demand in large volume specialties such as Dermatology, Breast and Gynaecology. The Cerner implementation has further challenged capacity at LNW.

**Recovery Plan:** Actions towards reducing waiting times for diagnostic tests, such as imaging scans, biopsies and Straight to Test continue.

**Improvements:** Improving scheduling processes, expanding capacity through additional sessions, and monitoring timed pathways are the key areas of focus across the Trusts.

**Forecast Risks:** Ongoing planning remains crucial to mitigate risks and potential capacity loss resulting from Industrial Action, which could lead to workforce challenges. Cerner remains an issue for LNW as the system bedding in and fall out during August & September & October is shown here. Additional risk is the implementation of Cerner planned at THH which could impact capacity. Position likely to deteriorate in November and December.

## STRATIFICATION



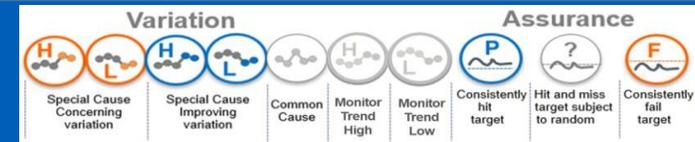
## GOVERNANCE

**Senior Responsible Owner:** James Walters, Chief Operating Officer, LNW

**Committee:** NWL Acute Care Board (Chair: Tim Orchard); NWL Elective Care Board (Chair: Roger Chinn);

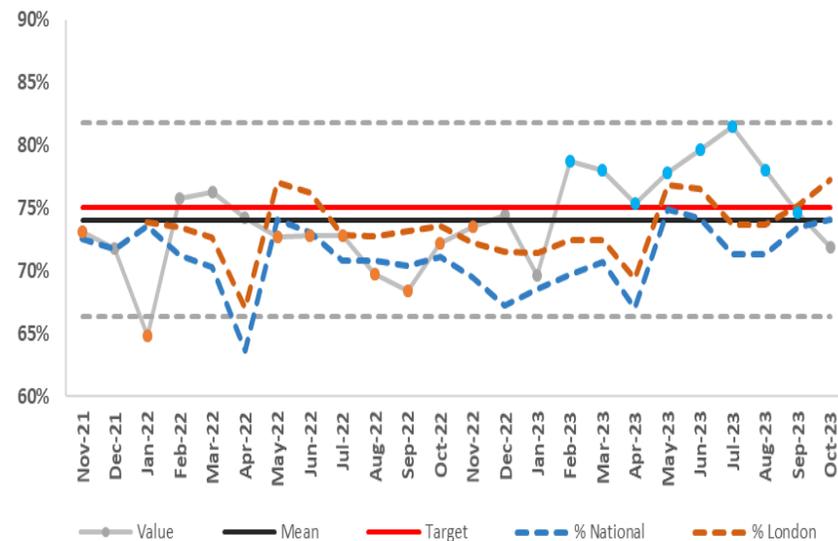
**Data Assurance:** These figures are validated ahead of a monthly performance return and the performance data is published by NHSE

# Operations Access to Cancer Care (Faster Diagnosis)



## TREND

% Contacted within FDS Cancer standard



75%

STANDARD

71.9%

PERFORMANCE



TREND



ASSURANCE

## NARRATIVE

**Performance:** NWL has not met the FDS cancer standard for two months consecutively, this is due to a very challenged month operationally due to strike action and Cerner go-live at LNW (THH went live in November).

**Recovery Plan:** Working with THH and LNW to recover cancer pathways.

**Improvements:** Providers and RMP are collaborating to ensure a continuous and dedicated delivery of FDS, with a primary focus on building resilience within the diagnostic pathways and ensuring strict adherence to best practice timed pathways.

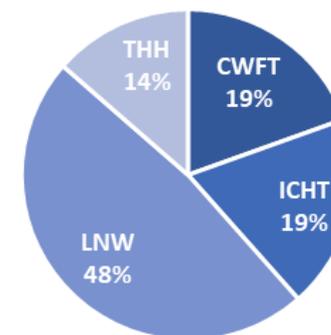
**Forecast Risks:** Continued planning of capacity for scheduled industrial action to protect cancer pathways as much as possible. Cerner implementation is a risk for tracking patients in a timely and proactive way through the diagnostic pathways. Due to Cerner implementation at LNW and THH November and December position is likely to be impacted.

## CURRENT PERFORMANCE

### Access to Cancer Care (Faster Diagnosis) Oct-23

	Total Contacts	Faster Diagnosis performance	Difference from target	28 + days	Of w hich 62 + days
CWFT	2683	78.7%		571	75
ICHT	2820	80.3%		555	0
LNW	3622	61.2%	-13.8%	1404	351
THH	1291	69.2%	-5.8%	397	79
<b>APC</b>	<b>10416</b>	<b>71.9%</b>	<b>-3.1%</b>	<b>2927</b>	<b>505</b>

## STRATIFICATION



Trust share of APC waits longer than standard

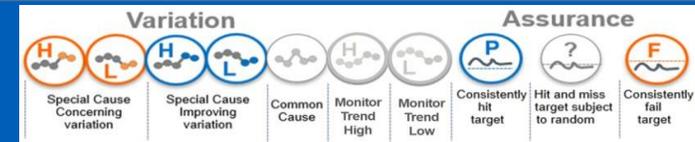
## GOVERNANCE

**Senior Responsible Owner:** James Walters, Chief Operating Officer, LNW

**Committee:** NWL Acute Care Board (Chair: Tim Orchard); NWL Elective Care Board (Chair: Roger Chinn);

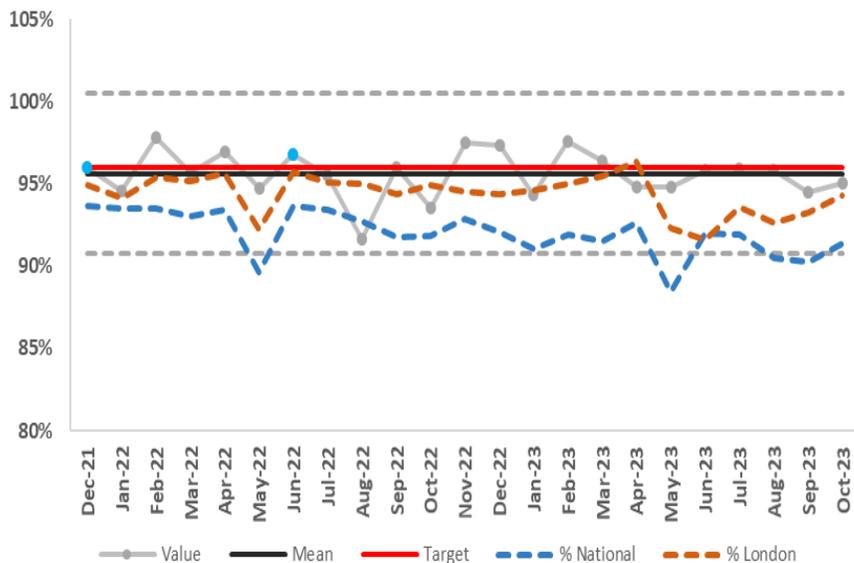
**Data Assurance:** These figures are validated ahead of a monthly performance return and the performance data is published by NHSE

# Operations Cancer 31 day Decision to treatment Combined Standard



## TREND

% Treated within 31 Day Cancer standard



96%

STANDARD

95.1%

PERFORMANCE



TREND



ASSURANCE

## NARRATIVE

**Performance:** The rise in referral rates has resulted in a notable increase in cancer treatments. However, the planned capacity to meet this heightened demand has been affected by industrial action and now Cerner implementation with planned reduced capacity, leading to a reduction in available appointments. The impact of these IA challenges has been particularly noticeable at ICHT.

**Recovery Plan:** The Trusts are actively collaborating with RM Partners to conduct audits and create tumour-specific targeted action plans. These plans are designed with the necessary governance and resources to ensure effective delivery of the initiatives.

**Improvements:** Maintaining oversight and planning ahead of time for treatment pathways.

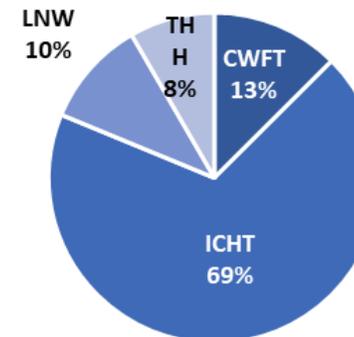
**Forecast Risks:** As referral rates continue to rise, there is a growing risk of a significant gap between demand and capacity due to workforce challenges. The potential for further industrial action could exacerbate this situation, making it even more difficult to meet the increasing demand for services. The planned reduction in capacity to support Cerner Go Live at LNW and THH will also impact on the available treatment capacity.

## CURRENT PERFORMANCE

### Cancer 31-day decision to treatment combined standard Oct-23

	Total Treated	31 day performance	Difference from target	31 + days	Of which 62 + days
CWFT	152	96.1%		6	2
ICHT	577	94.3%	-1.7%	33	0
LNW	163	96.9%		5	0
THH	78	94.9%	-1.1%	4	0
<b>APC</b>	<b>970</b>	<b>95.1%</b>	<b>-0.9%</b>	<b>48</b>	<b>2</b>

## STRATIFICATION



Trust share of APC waits longer than standard

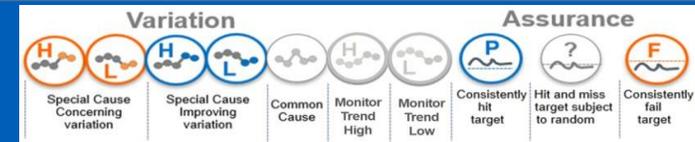
## GOVERNANCE

**Senior Responsible Owner:** James Walters, Chief Operating Officer, LNW

**Committee:** NWL Acute Care Board (Chair: Tim Orchard); NWL Elective Care Board (Chair: Roger Chinn);

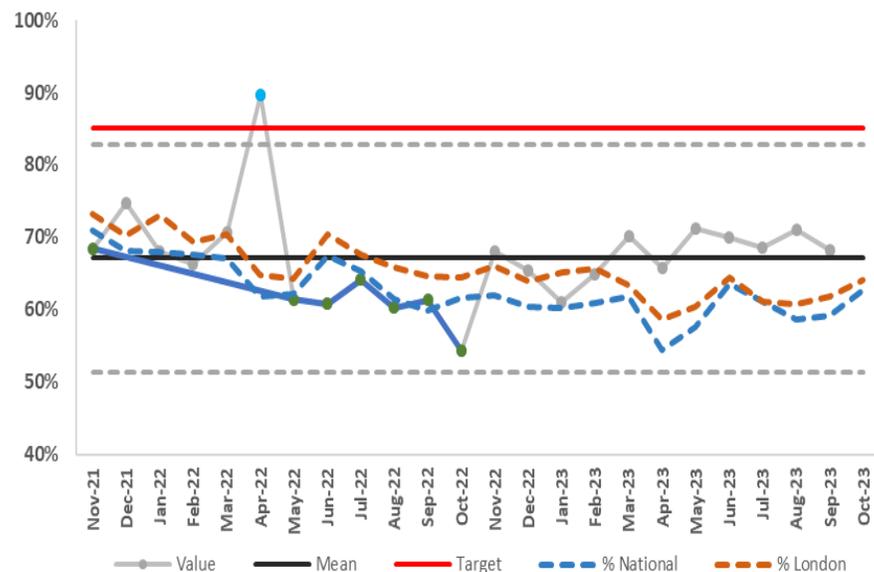
**Data Assurance:** These figures are validated ahead of a monthly performance return and the performance data is published by NHSE

# Operations Referral to Cancer Treatment Pathways



## TREND

% Treated within 62 Day Cancer standard



**85%**  
STANDARD

**71.6%**  
PERFORMANCE

TREND

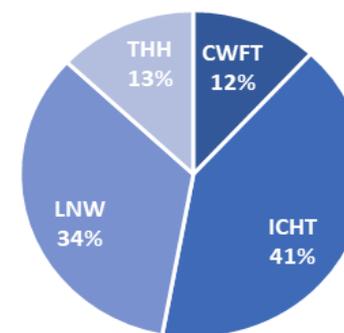
ASSURANCE

## CURRENT PERFORMANCE

Unacceptable Waits for the Treatment of Cancer: 62-day Combined Standard Oct-23

	Total Treated	62 day performance	Difference from target	62 + days	Of w hich 104 + days	Impacts on Backlog 104 + days
CWFT	149	86.2%		20.5	12	13
ICTH	215.5	67.1%	-17.9%	71	0	52
LNW	163	63.8%	-21.2%	59	14	89
THH	81.5	72.4%	-12.6%	22.5	5	6
<b>APC</b>	<b>609</b>	<b>71.6%</b>	<b>-13.4%</b>	<b>173</b>	<b>31</b>	<b>160</b>

## STRATIFICATION



Trust share of APC waits longer than standard

## NARRATIVE

**Performance:** Performance against the 62-day standard remains challenged across NWL. There are system wide pressures that are contributing to this including delays in inter-trust transfers and capacity constraints for treatment pathways due to strikes and holidays. However NWL is the best performing ICB in London regarding 62 day performance comparatively.

**Recovery Plan:** Actions to focus on inter-trust transfers, earlier onward referral and maximising surgical capacity are being worked on.

**Improvements:** Strengthening the coordination and communication between multidisciplinary teams involved in cancer treatment to help avoid unnecessary delays and ensure timely initiation of treatment.

**Forecast Risks:** Workforce pressures and the potential for continued periods of Industrial action. Cerner implementation has disrupted capacity at LNW (particularly for November into December). Recovery actions are underway.

## GOVERNANCE

**Senior Responsible Owner:** James Walters, Chief Operating Officer, LNW

**Committee:** NWL Acute Care Board (Chair: Tim Orchard); NWL Elective Care Board (Chair: Rob Hodgkiss);

**Data Assurance:** These figures are validated ahead of a monthly performance return and the performance data is published by NHSE

# Discharge Update

November 2023 data

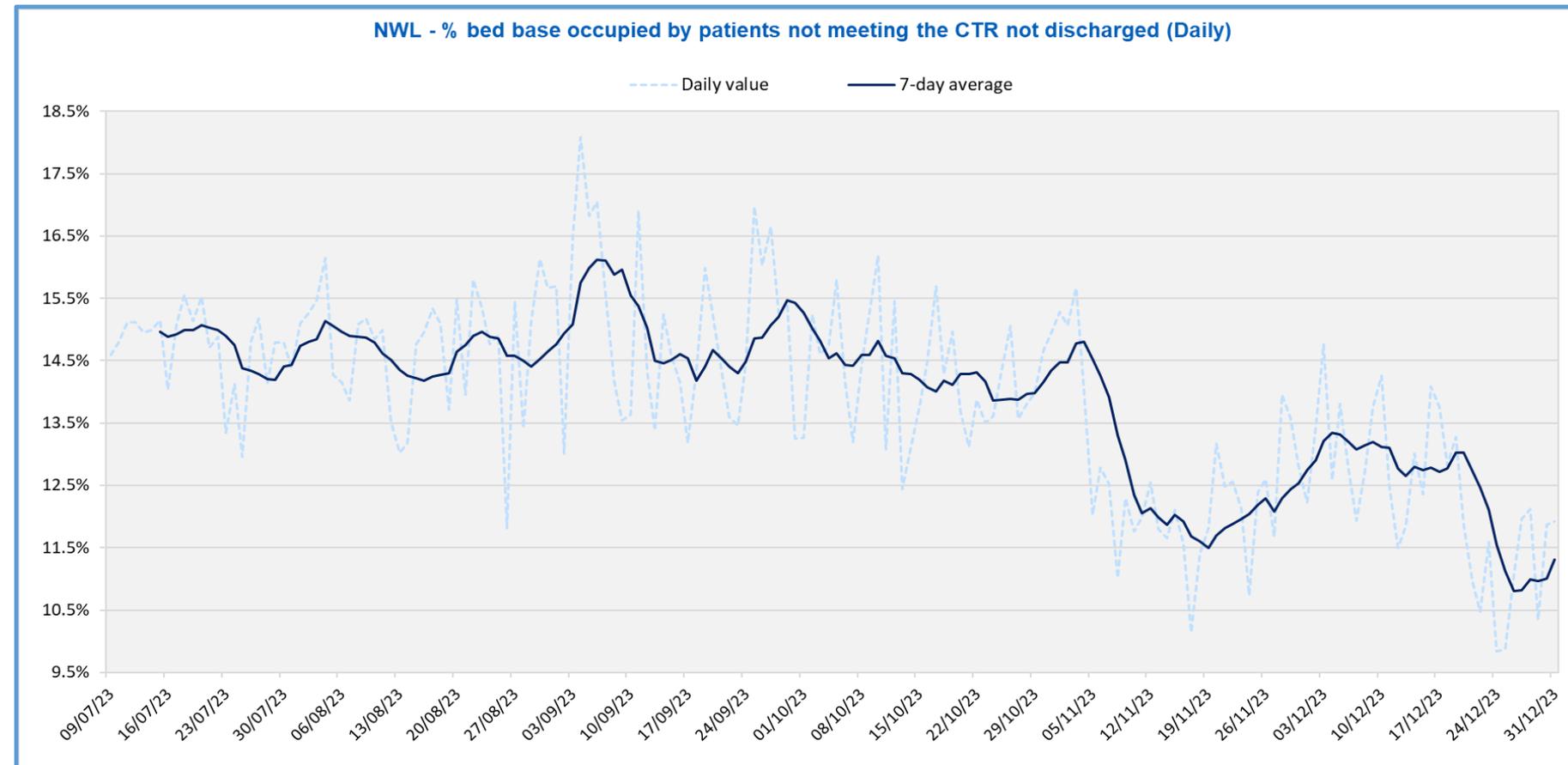
# The NHSE data is showing us that there has been maintained progress in NWL discharge position (notably the percentage bed base occupied by non-CTR patients)

## Performance highlights

- A decline in bed occupancy by patients not meeting CTR reflects strides in discharge processes.
- With an average of over 14% in summer, from end October there is a statistical change which has been maintained to ~12-13% but further work is required.
- The 7-day average indicates a sustained move towards improved bed management, despite the complexities revealed by daily fluctuations.

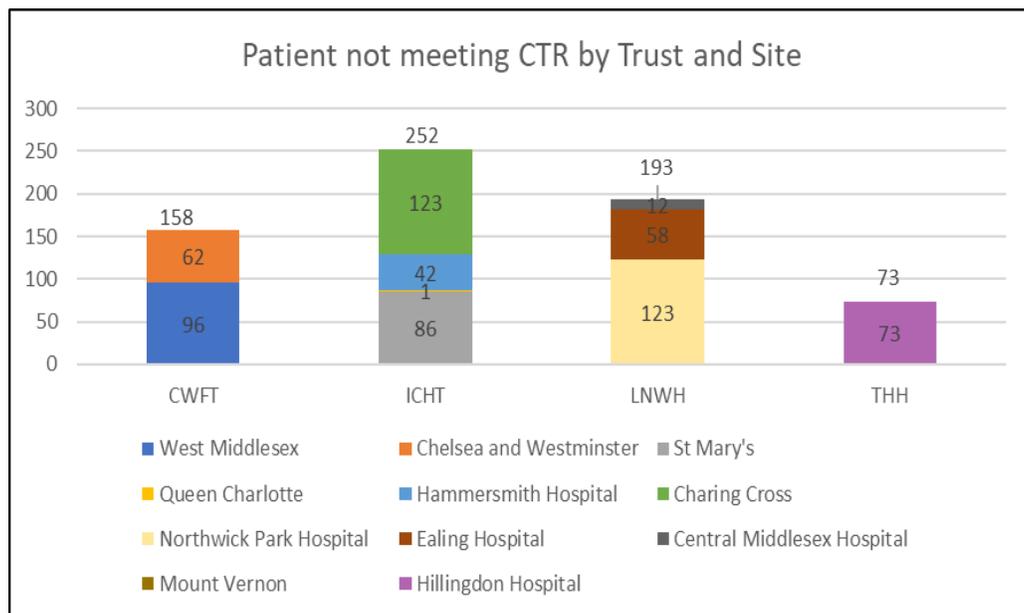
## Challenges & Focus Areas:

- With 12.2% bed occupancy for CTR non-compliant patients as of early Jan, we are seeing a continued reduction, however 2 of our 4 Trusts are in the highest quartile in London (ICHT/CWFT).
- Care home placements and P3 discharges are a challenge area



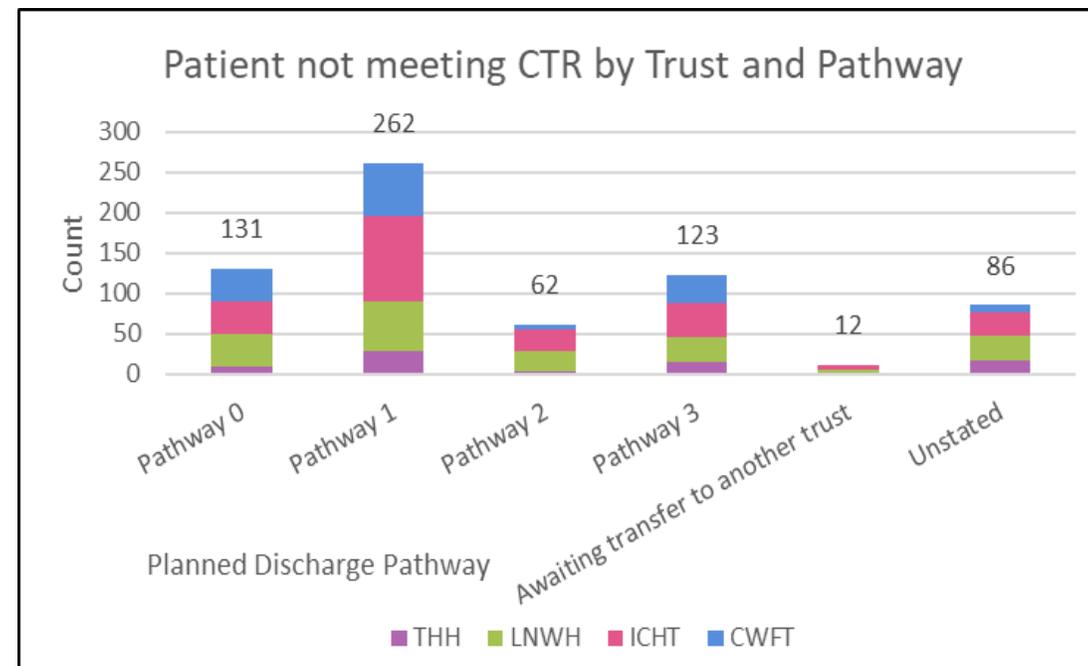
# Patients not meeting CTR and not discharged by Acute trust and site

There has been an increase in the number of patients not meeting CTR from 570 last week to 676. The number of patients on unstated pathway remains around 13% of patients not meeting CTR and not discharged (86 patients).



## Notes

1. Data was taken at End of day on 9th of January – this is a snapshot view of a point in time
2. Discharge Leads at acute trusts have reviewed the data but it has not been validated by Local Authorities
3. Percentage of bed base NMCTR THHFT 21%/ CWFT 24%/ ICHT 35%/LNWUH 21%



## Simplified pathway definitions:

P0 –no care needs once discharged/ P1 –minimum care needs such as therapy of package of care/ P2 – rehabilitation needs not at home/ P3 – placement in a different place of residence.

Local Authority	CWFT	ICHT	LNW	THH	Total	GP List Size	Rater per 10,00
Brent	2	32	38		72	438,574	1.64
Ealing	7	36	58	8	109	425,331	2.56
H&F	10	41	1		52	300,686	1.73
Harrow		7	59	3	69	258,617	2.67
Hillingdon		2	19	54	75	319,816	2.35
Hounslow	64	22	3	2	91	335,954	2.71
Kensington & Chelsea	19	24			43	268,535	1.60
Westminster	5	47	1		53	255,610	2.07
Out of area	51	41	14	6	112		
<b>Total</b>	<b>158</b>	<b>252</b>	<b>193</b>	<b>73</b>	<b>676</b>		

# Our focus and next steps now needs to be on maintaining the impact of work underway and beginning work on P3 and non CHC delays

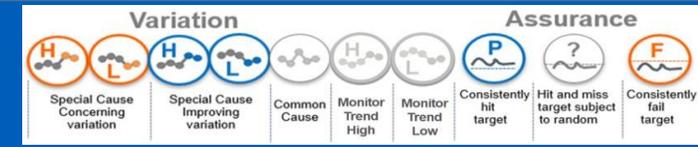
The initial winter plans were focussed on pathway 0/1 as the areas that have highest volume for impact. Bridging services are now live across all boroughs which helps avoid patients deteriorating in hospital, having complications and becoming pathway 3 patients needing complex care in care home settings later down the line, however we need more data to be able to track success/impact for these services.

There is continued focus to maintain work underway, including:

- Optica: roll out to LAs by April 2024
- P1 bridging services: ensuring a consistent core offer
- Discharge Hubs: ensuring a consistent core offer, future model decisions and options appraisal.

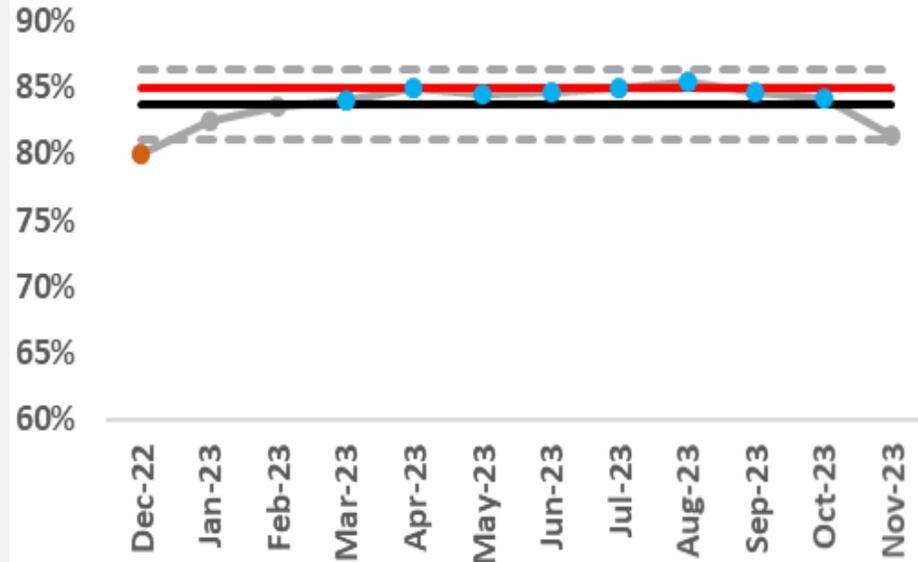
# Demand and Capacity Measures

# Operations Theatre Utilisation (Uncapped)



## TREND

### Theatre Utilisation



85%

STANDARD

81.3%

PERFORMANCE



TREND



ASSURANCE

## NARRATIVE

**Performance:** Theatre utilisation rates have shown a drop due to the reduced activity for Cerner with the major change being at THH for November.

**Recovery plan:** THH expected to recover as Cerner activity returns to pre-implementation levels. CWFT focussing on improving utilisation in both the Treatment centre and paediatric theatres. LNW are still running below pre-Cerner productivity levels. This is expected to improve in the next quarter.

**Improvement:** ICHT's local programme has delivered improvements over the last 3 months.

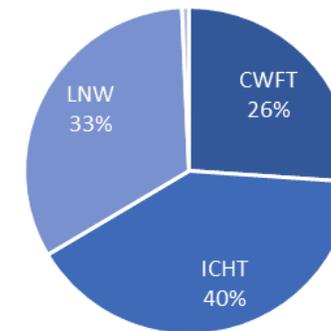
**Future risk:** Shortages in critical staffing groups, further industrial action and winter pressures.

## CURRENT PERFORMANCE

### Theatre Utilisation Nov-23

	Planned operating time (hours)	Theatre utilisation	Difference from target	Unused time (hours)
CWFT	3144	82.4%	-2.6%	554
ICHT	5417	84.4%	-0.6%	844
LNW	3273	79.0%	-6.0%	687
THH	1112	70.1%	-14.9%	332
<b>APC</b>	<b>12946</b>	<b>81.3%</b>	<b>-3.7%</b>	<b>2417</b>

## STRATIFICATION



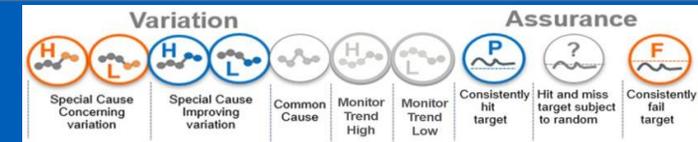
## GOVERNANCE

**Senior Responsible Owner:** Tina Benson, Chief Operating Officer, THH

**Committee:** NWL Acute Care Board (Chair: Tim Orchard); NWL Elective Care Board (Chair: Roger Chinn)

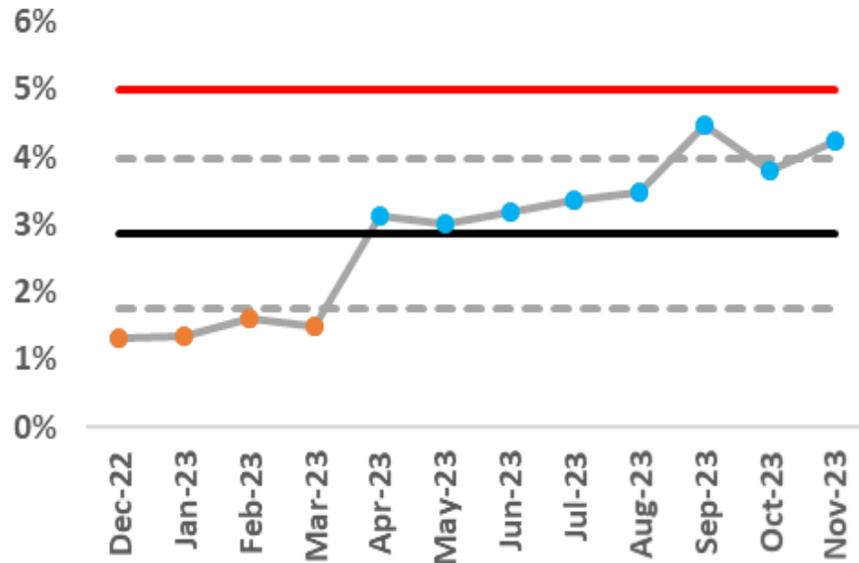
**Data Assurance:** tbc

# Operations Outpatient Transformation



## TREND

### Discharged to PIFU



## NARRATIVE

**Performance:** Pathways discharged to PIFU have continued to grow since April and are still increasing. All sites are working with clinical teams to ensure suitable patients are added to PIFU.

**Recovery plan:** Operational planning and improvement plans also support PIFU capacity increases into 2023/24. Learning from CWFT will be shared across the APC.

**Improvement:** CWFT has seen continuous improvement in PIFU uptake in HIV - Gastro, Rheumatology, Gynaecology and Trauma & Orthopaedics since April.

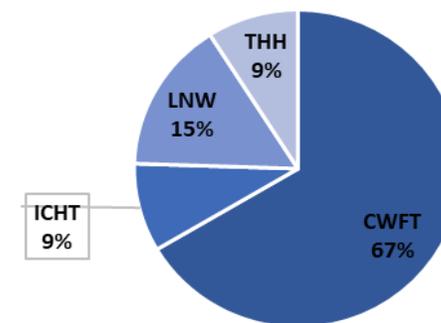
**Future risks:** Implementation of digital infrastructure, roll-out during winter and any future industrial action.

## CURRENT PERFORMANCE

### Outpatient Transformation Nov-23

	Total OP contacts	Discharged to PIFU	Difference from target	Moved / Discharged to PIFU	Impacts on		
					OPFA DNAs	OPFU DNAs	Virtual contacts
CWFT	71918	8.0%		5740	11.1%	9.4%	8477
ICHT	54343	1.4%	-3.6%	775	12.0%	10.1%	20374
LNW	52923	2.5%	-2.5%	1333	12.9%	11.8%	10244
THH	25209	3.1%	-1.9%	780	10.2%	12.3%	2346
<b>APC</b>	<b>204393</b>	<b>4.2%</b>	<b>-0.8%</b>	<b>8628</b>	<b>11.8%</b>	<b>10.6%</b>	<b>41441</b>

## STRATIFICATION



Trust share of APC discharges lower than standard

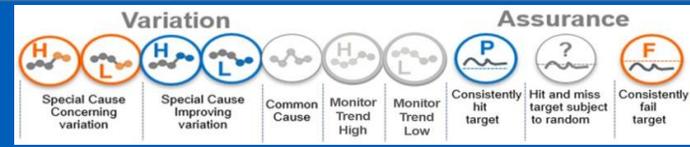
## GOVERNANCE

**Senior Responsible Owner:** Tina Benson, Chief Operating Officer, THH

**Committee:** NWL Acute Care Board (Chair: Tim Orchard); NWL Elective Care Board (Chair: Roger Chinn);

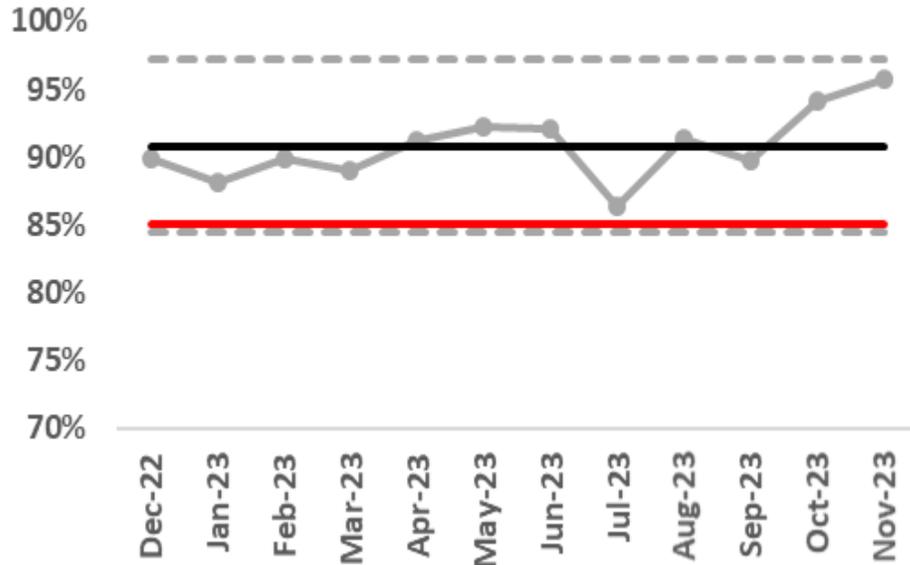
**Data Assurance:** tbc

# Operations Critical Care



## TREND

### Critical Care Bed Occupancy



<85%

STANDARD

95.7%

PERFORMANCE



TREND



ASSURANCE

## NARRATIVE

**Performance:** Bed occupancy remains high and has increased as expected as respiratory illnesses have increased.

**Recovery Plan:** There is a revised mutual aid policy being developed to ensure that any required aid can be provided in a timely way, alongside a surge plan if additional occupancy should be required across the APC.

**Improvements:** Not required at this time.

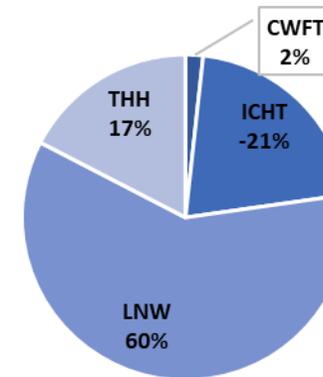
**Forecast Risks:** None.

## CURRENT PERFORMANCE

### Critical Care Nov-23

	Available critical care beds	Bed occupancy	Difference from target	Unoccupied critical care beds
CWFT	20	98.8%	13.8%	0.2
ICHT	94	103.0%	18.0%	-2.8
LNW	56	85.7%	0.7%	8.0
THH	13	81.4%		2.3
<b>APC</b>	<b>183</b>	<b>95.7%</b>	<b>10.7%</b>	<b>7.8</b>

## STRATIFICATION



## GOVERNANCE

**Senior Responsible Owner:** Tina Benson, Chief Operating Officer, THH

**Committee:** NWL Acute Care Board (Chair: Tim Orchard); NWL Critical Care Board (Chair: Julian Redhead)

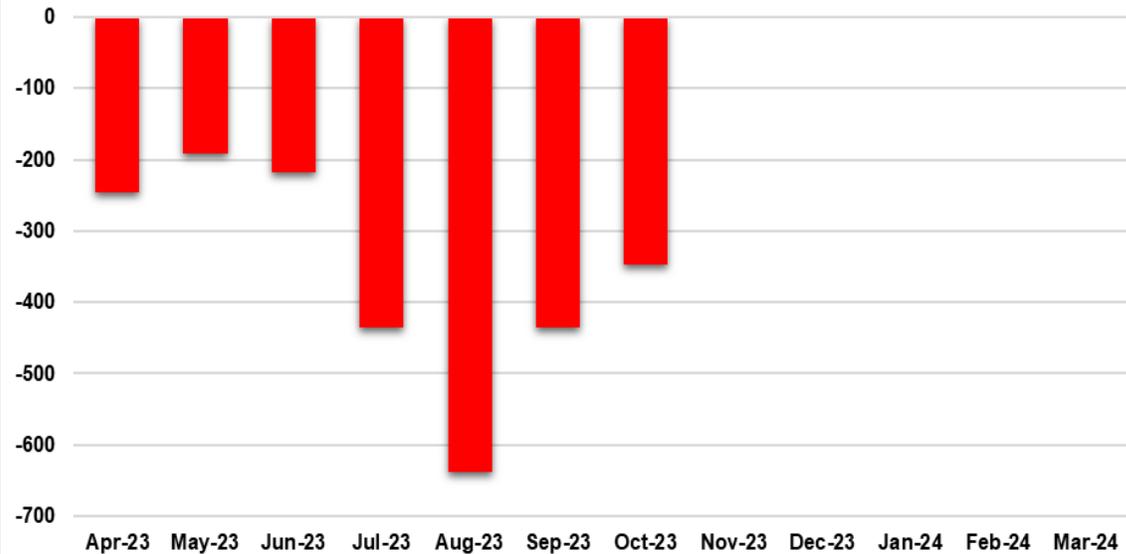
**Data Assurance:** tbc

# Operating Plan Performance

# Operating Plan Performance: Elective Inpatient

## TREND

Elective Inpatients variance from Plan



## NARRATIVE

**Performance:** Elective activity is better in October than September. LNW remain at reduced activity levels post Cerner implementation.

**Recovery Plan:** Additional insourcing being sourced for quarter 4 and into next year providing this is below tariff and elective funding remains available.

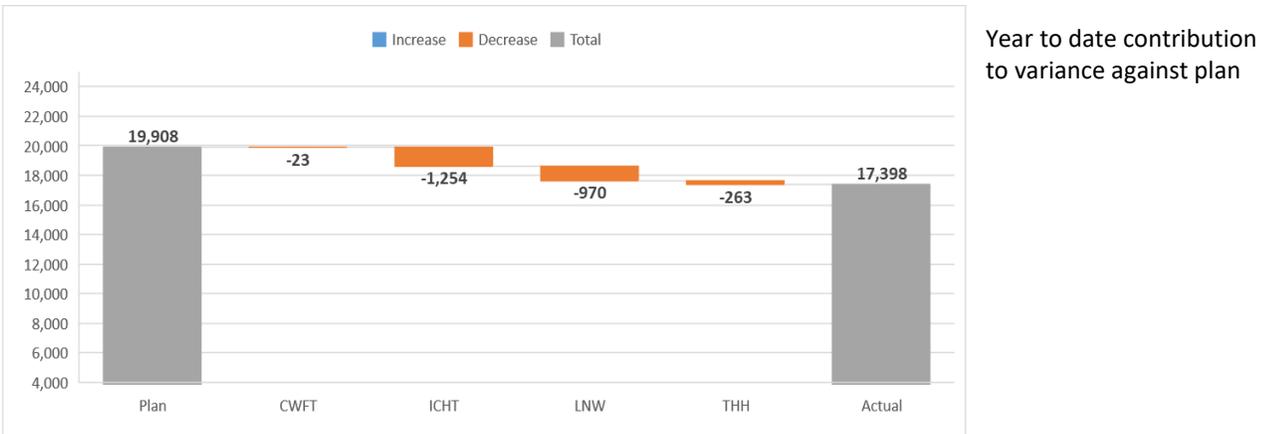
**Improvements:** THH has improved overall.

**Forecast Risks:** Key risks to delivery include THH Cerner implementation and planned industrial action.

## CURRENT PERFORMANCE

	Current Month - Oct-23				Quarter to Date				Year to Date			
	Plan	Actual	Var	% Var	Plan	Actual	Var	% Var	Plan	Actual	Var	% Var
CWFT	561	572	11	1.9%	561	572	11	1.9%	3,661	3,638	-23	-0.6%
ICHT	1,443	1,212	-231	-16.0%	1,443	1,212	-231	-16.0%	9,419	8,165	-1,254	-13.3%
LNW	789	662	-127	-16.1%	789	662	-127	-16.1%	5,262	4,292	-970	-18.4%
THH	193	194	1	0.5%	193	194	1	0.5%	1,566	1,303	-263	-16.8%
<b>APC</b>	<b>2,986</b>	<b>2,640</b>	<b>-346</b>	<b>-11.6%</b>	<b>2,986</b>	<b>2,640</b>	<b>-346</b>	<b>-11.6%</b>	<b>19,908</b>	<b>17,398</b>	<b>-2,510</b>	<b>-12.6%</b>

## STRATIFICATION



## GOVERNANCE

**Senior Responsible Owner:** Tina Benson, COO, THH

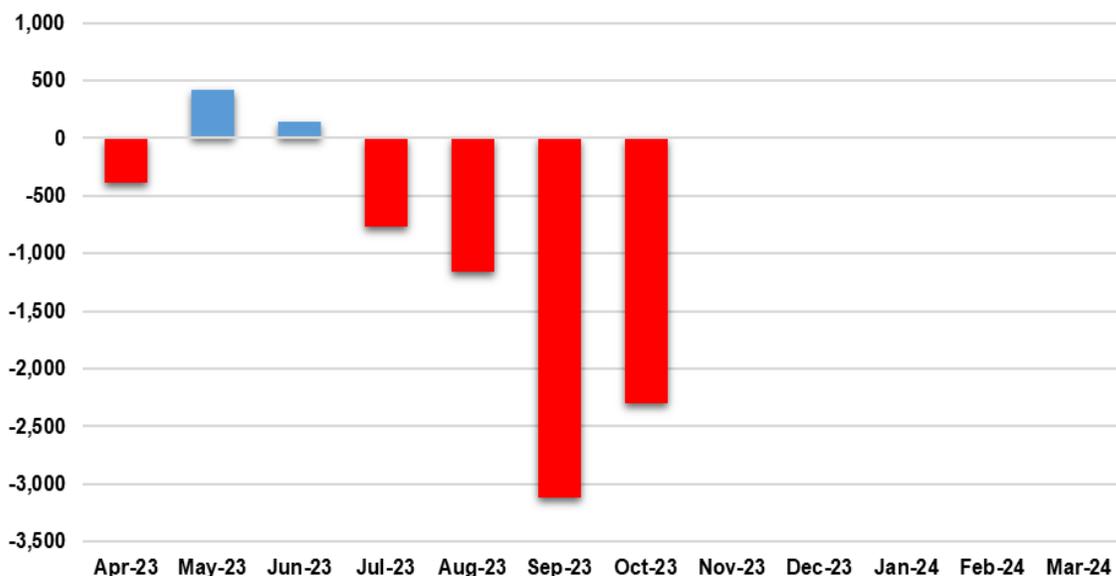
**Committee:** NWL Acute Care Board (Chair: Tim Orchard); NWL Elective Care Board (Chair: Roger Chin);

**Data Assurance:** tbc

# Operating Plan Performance: Day Case

## TREND

Elective Daycase variance from Plan



## NARRATIVE

**Performance:** Day case activity is showing variation across Trusts. CWFT are above plan whilst ICHT, LNW and THH are below plan.

**Recovery Plan:** Insourcing for endoscopy at THH has commenced.

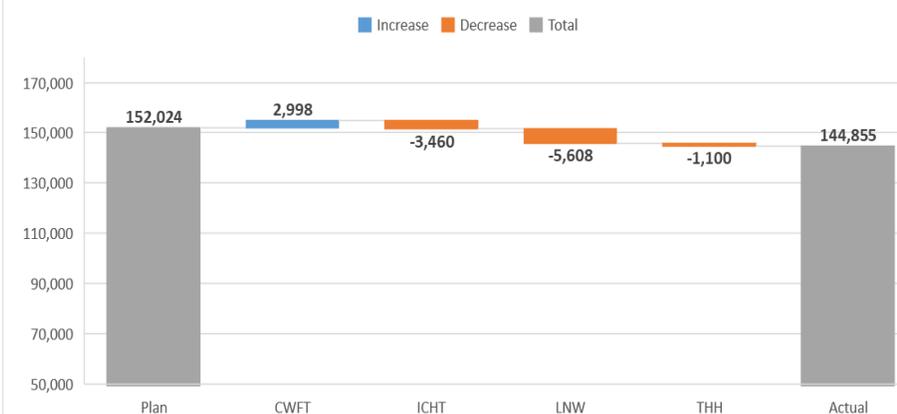
**Improvements:** THH whilst under plan has improved from previous months.

**Forecast Risks:** Key risks to delivery include THH Cerner implementation and planned industrial action.

## CURRENT PERFORMANCE

	Current Month - Oct-23				Quarter to Date				Year to Date			
	Plan	Actual	Var	% Var	Plan	Actual	Var	% Var	Plan	Actual	Var	% Var
CWFT	5,067	5,632	565	11.1%	5,067	5,632	565	11.1%	34,188	37,186	2,998	8.8%
ICHT	9,431	8,628	-803	-8.5%	9,431	8,628	-803	-8.5%	61,476	58,016	-3,460	-5.6%
LNW	5,794	3,774	-2,020	-34.9%	5,794	3,774	-2,020	-34.9%	41,664	36,056	-5,608	-13.5%
THH	2,146	2,101	-45	-2.1%	2,146	2,101	-45	-2.1%	14,697	13,597	-1,100	-7.5%
<b>APC</b>	<b>22,438</b>	<b>20,135</b>	<b>-2,303</b>	<b>-10.3%</b>	<b>22,438</b>	<b>20,135</b>	<b>-2,303</b>	<b>-10.3%</b>	<b>152,024</b>	<b>144,855</b>	<b>-7,169</b>	<b>-4.7%</b>

## STRATIFICATION



Year to date contribution to variance against plan

## GOVERNANCE

**Senior Responsible Owner:** Tina Benson, COO, THH

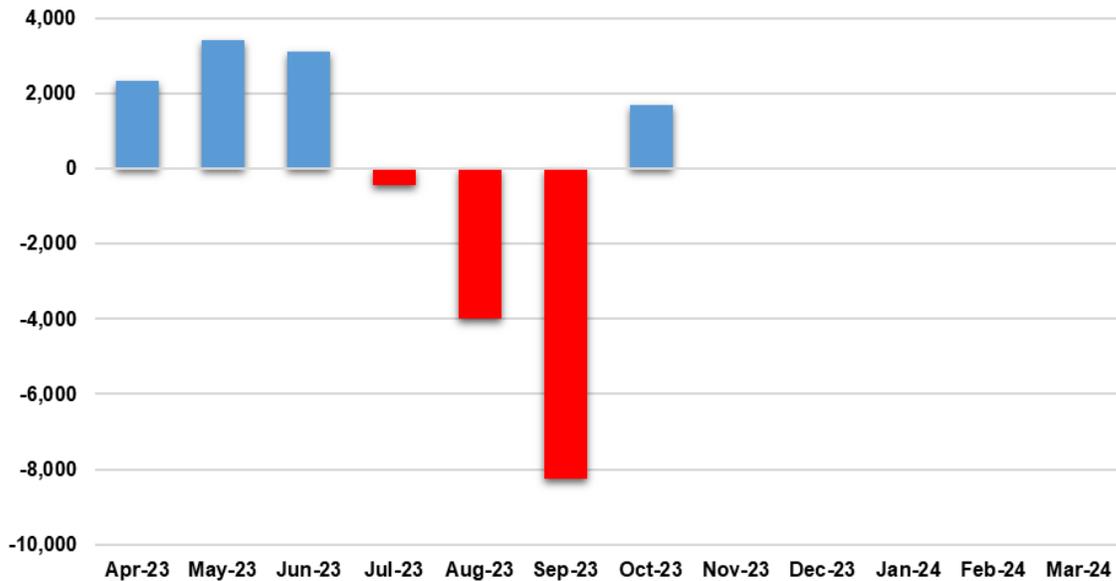
**Committee:** NWL Acute Care Board (Chair: Tim Orchard); NWL Elective Care Board (Chair: Roger Chin);

**Data Assurance:** tbc

# Operating Plan Performance: Outpatient New

## TREND

Outpatient New variance from Plan



## NARRATIVE

**Performance:** Outpatient New activity across the sector is significantly above plan.

**Recovery Plan:** The hardest element of activity to recover post Cerner EPR go-live is outpatients activity as the system requires a significant change in the way the clinicians document the patients journey. LNW activity is slowly increasing post go live, with a compete focus on patient safety and productivity recovery. As the process to manage a patient does take longer the overbooking which was possible prior to Cerner go-live is now not possible.

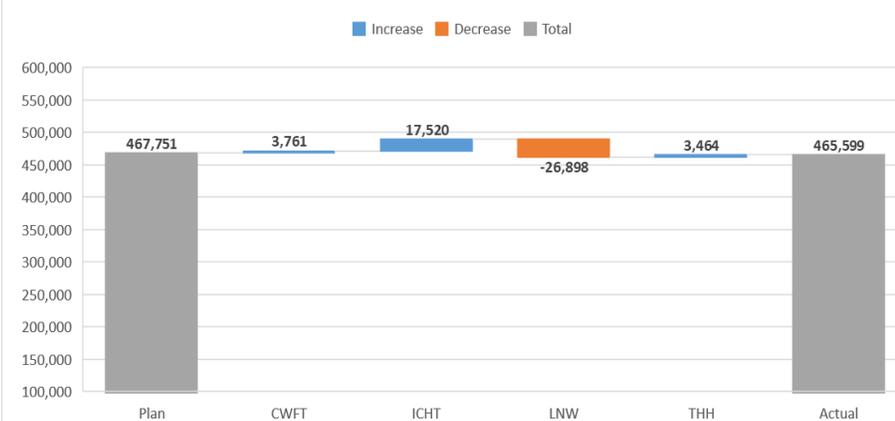
**Improvements:** All other sites have seen significant improvement in month, bringing the APC marginally under the YTD target.

**Forecast Risks:** Key risks to delivery include THH Cerner implementation and planned industrial action.

## CURRENT PERFORMANCE

	Current Month - Oct-23				Quarter to Date				Year to Date			
	Plan	Actual	Var	% Var	Plan	Actual	Var	% Var	Plan	Actual	Var	% Var
CWFT	17,382	19,723	2,341	13.5%	17,382	19,723	2,341	13.5%	118,544	122,305	3,761	3.2%
ICTH	19,044	23,077	4,033	21.2%	19,044	23,077	4,033	21.2%	124,181	141,701	17,520	14.1%
LNW	24,508	18,359	-6,149	-25.1%	24,508	18,359	-6,149	-25.1%	167,342	140,444	-26,898	-16.1%
THH	8,539	9,991	1,452	17.0%	8,539	9,991	1,452	17.0%	57,685	61,149	3,464	6.0%
<b>APC</b>	<b>69,473</b>	<b>71,150</b>	<b>1,677</b>	<b>2.4%</b>	<b>69,473</b>	<b>71,150</b>	<b>1,677</b>	<b>2.4%</b>	<b>467,751</b>	<b>465,599</b>	<b>-2,152</b>	<b>-0.5%</b>

## STRATIFICATION



Year to date contribution to variance against plan

## GOVERNANCE

**Senior Responsible Owner:** Tina Benson, COO, THH

**Committee:** NWL Acute Care Board (Chair: Tim Orchard); NWL Elective Care Board (Chair: Roger Chin);

**Data Assurance:** tbc

# Workforce Performance

# Workforce Executive Summary

An overview of performance against all indicators, is shown in the balanced scorecard, using statistical process control variation assurance. In summary, there are four key workforce metrics currently performing as special cause improving variation with a further three performing as common cause variation. Within the workforce metrics, three (vacancy, turnover & core skills) are meeting the Acute Provider Collaborate agreed targets.

Collectively we are reporting a total staffing position (substantive, bank & agency) of 2,243 WTE above the 2023/24 **operating plan** (6.5%) in November 2023. Each of the Trusts are right-sizing staffing numbers to match the level of activity and income they are going to achieve.

**Vacancy rates** at collaborative level are a special cause improving variation and are below the collaborative target of 10%. Over the past year the collaborative vacancy level has been steadily reducing, reaching its lowest point now in November 2023 at 8.7%. This reduction in vacancies is the result of targeted recruitment campaigns, both at home and abroad, with a continuing focus to drive further improvement. Collaborative action is focussed on the hard to fill vacancies, which remain a cause for concern for those service areas.

**Voluntary turnover** continues as a special cause improving variation as, over the past year, there has been a steady reduction from 13.2% to the current position of 10.9% which is below the APC target of 12.0%. All Trusts have active retention projects and / or programmes and are part of a retention programme, supported by national resource, being initiated across the NWL ICS. The main Collaborative initiative on retention is the creation of a careers hub and a proposal for a common careers platform.

After a year of high **sickness** rates, the past twelve months have seen a steady decrease to the current rolling sickness absence rate of 4.1% which is a special cause improving variation. All Trusts have plans in place to manage absence, particularly long-term absence. Current absence levels are within the expected seasonal range. Trusts continue to work locally to re-deploy staff and mitigate safe staffing risks as required, which can result in a higher reliance on temporary staff with increased numbers of bank and agency shifts being requested and filled to mitigate staffing gaps due to sickness absence.

**Agency spend**, as a proportion of overall pay bill, is our productivity measure with a collective target set at 2%. Current performance for November 2023 was 3.6% and is a common cause variation. Reliance on agency workers is key for the delivery of some services, particularly where there is a national skills shortage such as for sonography and cardiac physiology and Trusts are working towards collective solutions in these areas. Continued collaborative work on temporary staffing remains the focus for reducing agency expenditure overall.

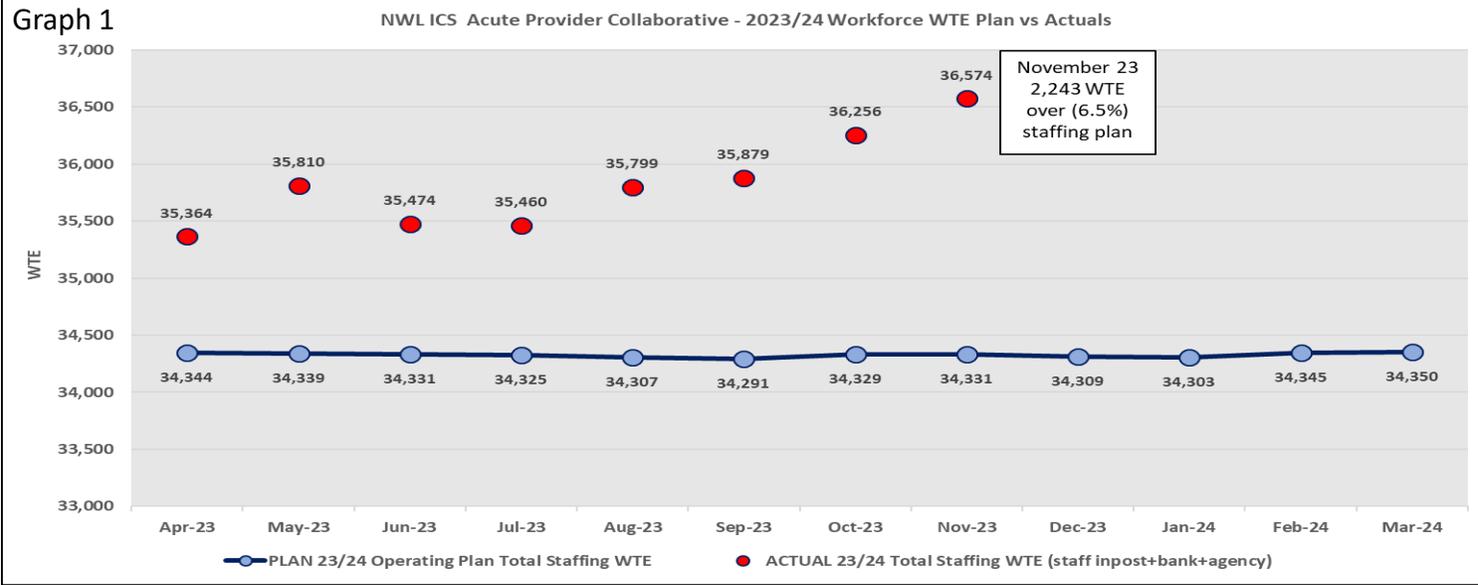
Completion rates for **non-medical Performance Development Reviews** (PDR), is an area of focus, albeit we have seen an improvement over the past eight months with the metric continuing as a special cause improving variation. With the exception of non-medical appraisals at Imperial (which have a set window for completion) all Trusts operate a rolling programme for PDRs and are working towards the common target of 95% to drive improvement.

It has been agreed that for **Equality, Diversity and Inclusion** there will be a quarterly update on progress towards the Model Employer Goals (MEG). At Acute Collaborative Provider (ACP) Level BAME employees represent 61% of total workforce. To enable the ACP to achieve its 2025 ME Goals, each senior pay band needs to reflect 61% of BAME staff within each pay band. Included in this report is the latest quarterly update.

## Escalations by Theme:

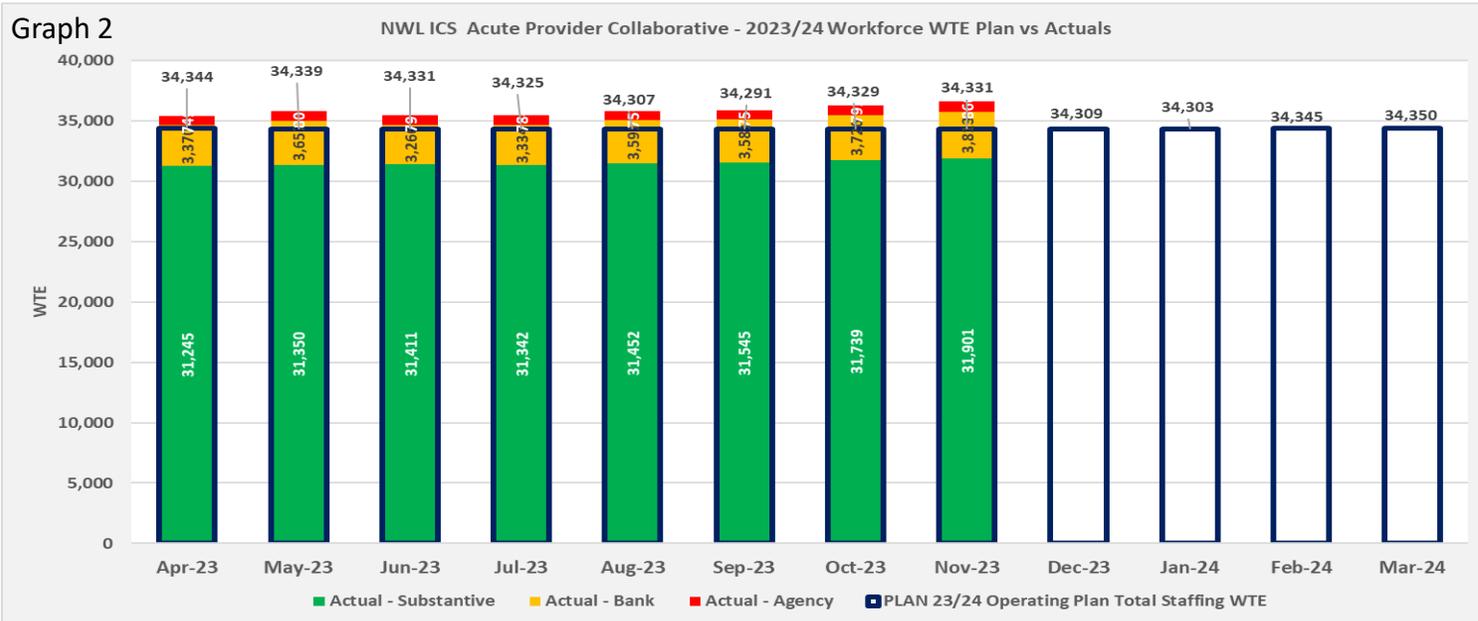
- Over-staffing against operating plan.
- EDI positive actions to address under-representation at senior levels.
- Winter staffing and Industrial action planning and preparedness.

# Workforce 2023/24 Workforce Plan – Actual v Plan(WTE)



Graph 1 opposite shows the current overall workforce WTE (substantive + bank + agency) performance against the 2023/24 Workforce Plan for the Acute Provider Trusts (2023/24 Trust Operating Plans)

In November 2023, we planned to use a total of 34,331 WTE staff across, the four Acute Trusts, to deliver services and patient care. The actual reported staffing WTE was 36,574 WTE; 6.5% above plan (2,243 WTE).

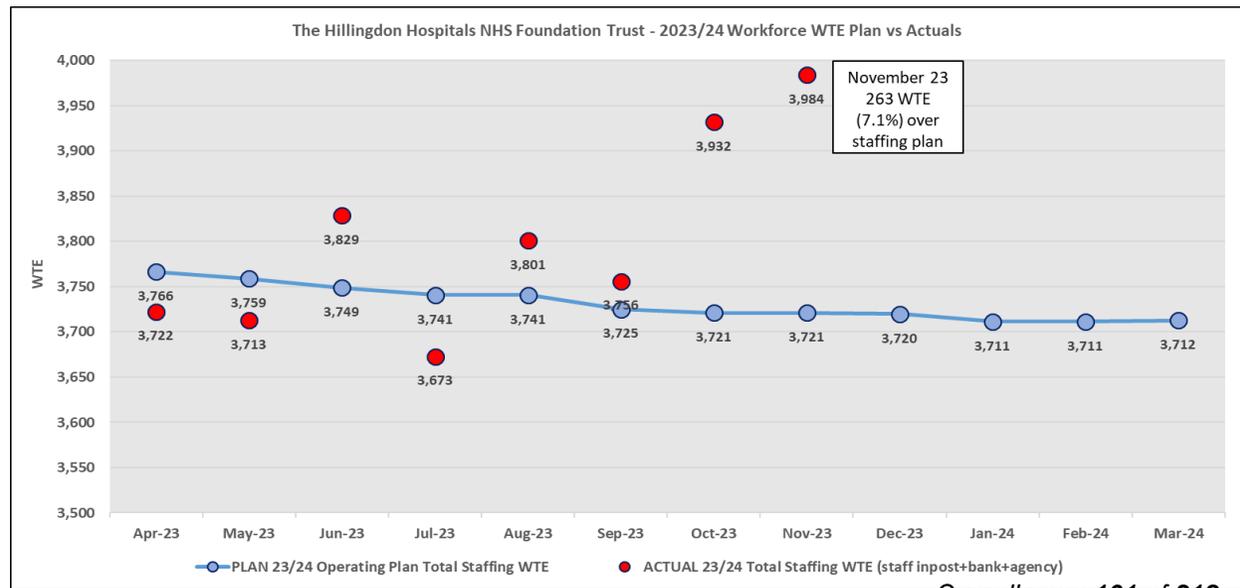
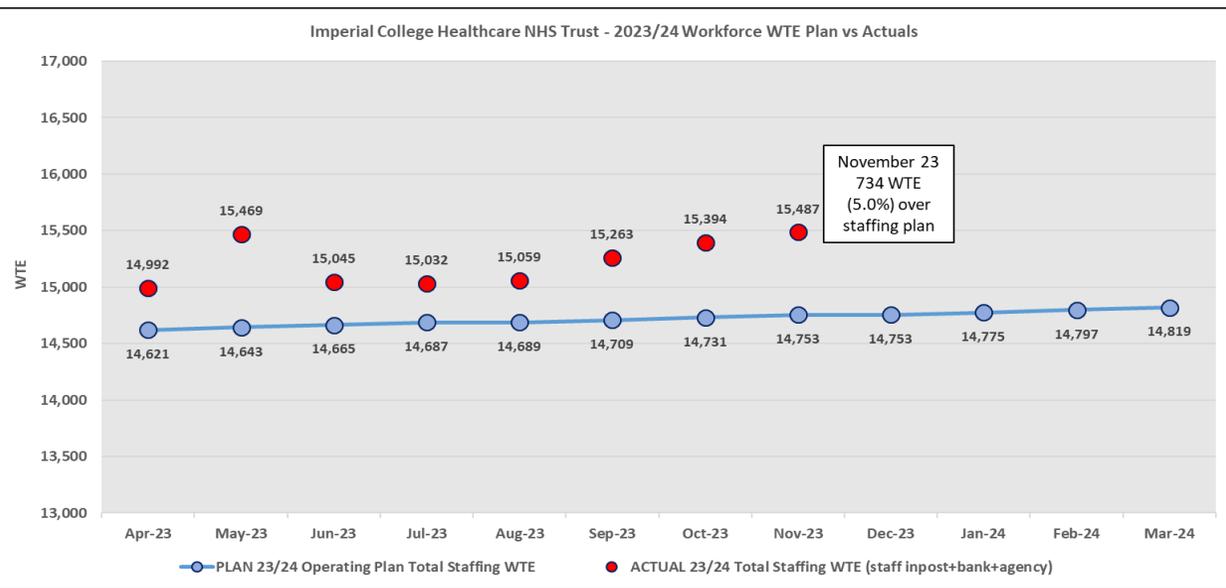
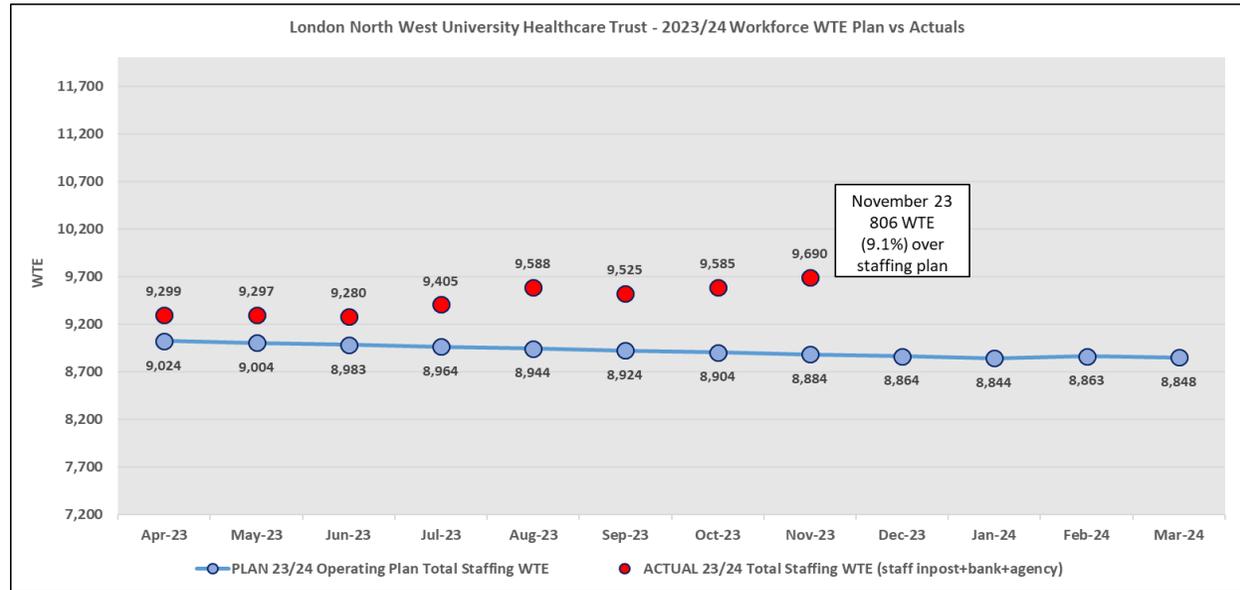
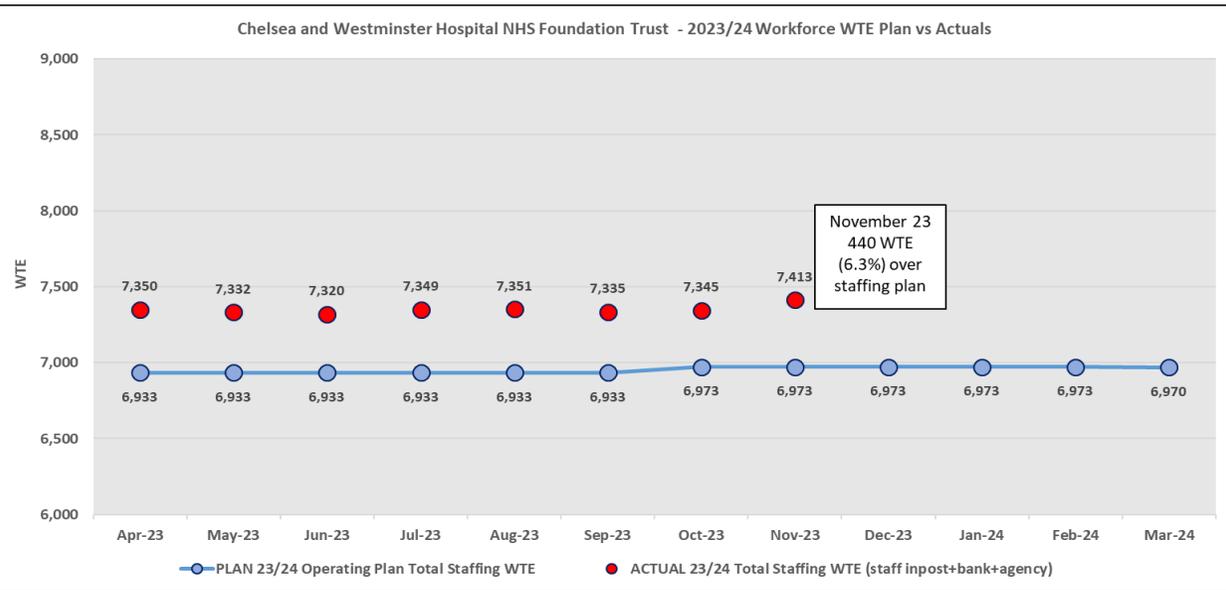


Graph 2 shows the staffing WTEs against plan by staffing type; substantive, bank or agency.

Understanding of the key drivers, for this over-plan position, have been identified at organisation level; unidentified CIP, specialising & RMNs, UTC services and Cerner implementation support.

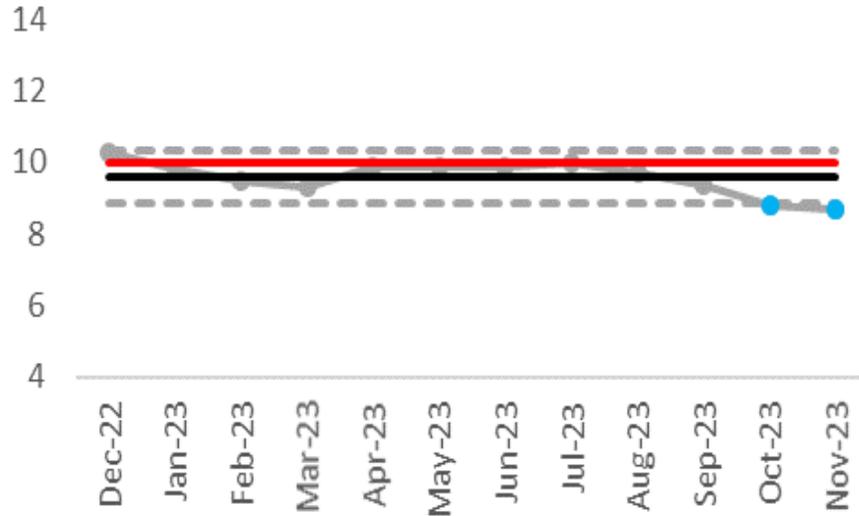
Each of the Trusts are right-sizing staffing numbers to match the level of activity and income they are going to achieve.

# 2023/24 Workforce Plan – Actual v Plan(WTE)



## TREND

### Acute Collaborative - Vacancy Rate %



= / < 10%

STANDARD

8.7%

PERFORMANCE



TREND



ASSURANCE

## NARRATIVE

**Performance:** Vacancy rates at collaborative level are consistently hitting target, are a special cause improving variation and are below the collaborative target of 10%. Over the past year the collaborative vacancy level has been steadily reducing reaching its lowest point now in November 2023 at 8.7%. This reduction in vacancies is the result of targeted recruitment campaigns, both at home and abroad, with a continuing focus to drive further improvement.

Collaborative action is focussed on the hard to fill vacancies. Our top areas of concern are those hard to recruit roles due to a national shortage of qualified staff; Operating Department Practitioners, Sonographers, Occupational Therapists, Middle Grades for Emergency Medicine and Mental Health Nurses. With a continuing reliance on agency staffing and locums to fill the vacancy gaps and support service delivery, both local and collaborative work continues to improve this position.

**Recovery Plan / Improvements:** Hard to recruit roles continue to receive focus with planned international recruitment campaigns, rolling recruitment and targeted recruitment campaigns to reduce vacancies.

We continue to see increasing numbers of internationally appointed nurses, and this is having a positive impact on general nursing vacancies and we have a strong pipeline over the coming months. Also of continued focus is the recruitment of midwives and maternity staff, with appointments to preceptorship roles, new obstetric nurse roles and scrub/theatre nurses.

Focus and resource is also being directed to support hard to recruit Consultant roles including those in Elderly Medicine and Anaesthetics.

**Forecast Risks:** High levels of vacancies puts additional pressure on bank staffing demand at a time of increased activity (elective recovery), industrial action and winter planning.

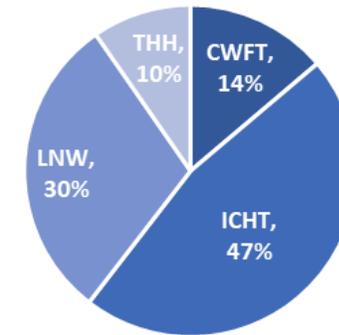
## CURRENT PERFORMANCE

### Vacancies

	Target %	Month 08 Vacancy Rate %	Variance to Target %	Vacancy WTE
CWFT	10%	5.9%	4.1%	423
ICHT	10%	9.5%	0.5%	1,429
LNW	10%	9.9%	0.1%	916
THH	10%	8.2%	1.8%	296
<b>APC</b>	<b>10%</b>	<b>8.7%</b>	<b>1.3%</b>	<b>3,064</b>

## STRATIFICATION

Trust proportion of vacant WTE across the APC Month 08



## GOVERNANCE

**Senior Responsible Owner:** Pippa Nightingale

**Committee:** APC People Committee

**Data Assurance:** tbc

# Workforce Vacancies by Staff Group

Acute Trusts Staffing Group Vacancies - September 2023	Post WTE	Staff Inpost WTE	Vacant WTE	Vacancy Rate %
Admin & Clerical (bands 1/2/3/4/5/6)	4,841	4,396	445	9.5%
Allied Health Professional (Qualified bands 5+)	1,967	1,824	143	8.0%
Allied Health Professional (Unqualified bands 2/3/4)	339	282	57	17.3%
Ancillary	1,586	1,316	270	17.0%
Doctor (Career Grade)	255	215	40	16.7%
Doctor (Consultant)	2,221	2,136	85	4.5%
Doctor (Training & Trust Grade)	3,415	3,288	127	1.6%
Nursing & Midwifery (Qualified bands 5+)	11,814	10,673	1,141	10.4%
Nursing & Midwifery (Unqualified bands 2/3/4)	3,705	3,342	362	8.7%
Pharmacist	461	492	-31	-7.4%
Physician Associate	50	48	2	1.6%
Scientific & Technical (Qualified bands 5+)	1,471	1,343	128	8.3%
Scientific & Technical (Unqualified bands 2/3/4)	842	768	74	8.1%
Senior Manager (non-clinical bands 7/8/9/VSM)	2,116	1,894	222	10.5%
Other Staff	5	5	0	0.0%
<b>Totals</b>	<b>35,086</b>	<b>32,022</b>	<b>3,064</b>	<b>8.7%</b>

The table opposite shows current number of vacancies (WTE) and vacancy rates, for the Acute Provider Collaborative (APC), by staffing group.

The overall vacancy rate is 8.7% which has reduced by 1.6 percentage points over the past twelve months. In November 2022 the collective vacancy rate was 10.3%.

Qualified nursing and midwifery roles have a 10.4% vacancy rate representative of 1,141 WTE vacancies. Within this staff group are mental health nursing roles which are one of our top recruitment priorities; temporary staff cover for these vacancies often attract high agency premia.

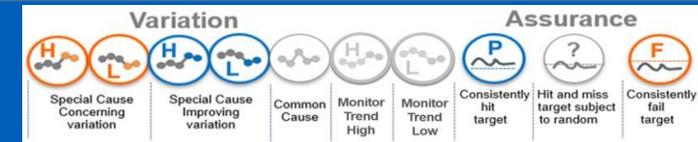
Just over 26.2% of current vacancies are non-clinical roles below band 7; 445 WTE admin & clerical and 270 WTE ancillary roles.

Qualified scientific, therapeutic (128 WTE) account for 8.3% of the APC vacancies.

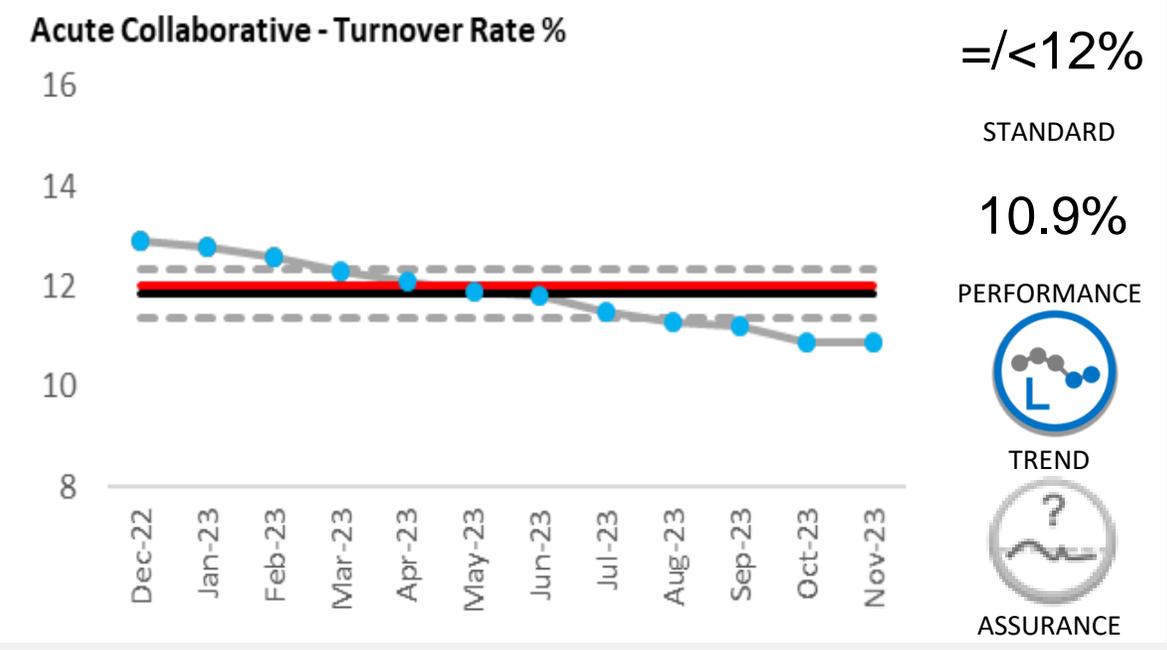
Clinical support roles at bands 2, 3 & 4 total 419 WTE / 26.6% of current vacancies.

Medical vacancies totalled 252 WTE at the end of November 2023.

# Workforce Voluntary Turnover



## TREND

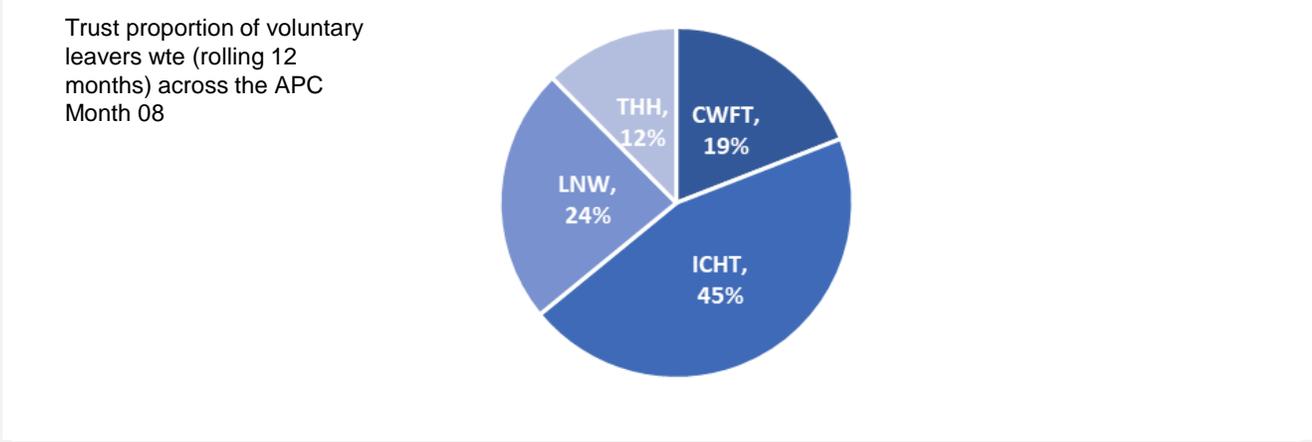


## CURRENT PERFORMANCE

### Voluntary Turnover

	Target %	Month 08 Turnover Rate %	Variance to Target %	Voluntary Leavers WTE (rolling 12 months)
CWFT	12%	12.3%	-0.3%	684
ICHT	12%	10.3%	1.7%	1,615
LNW	12%	10.4%	1.6%	845
THH	12%	12.1%	-0.1%	445
<b>APC</b>	<b>12%</b>	<b>10.9%</b>	<b>1.1%</b>	<b>3,589</b>

## STRATIFICATION



## NARRATIVE

**Performance:** Voluntary turnover continues as a special cause improving variation as, over the past year, there has been a steady reduction from 13.2% to the current position of 10.9% which is below the APC target of 12.0%.

With the exception of C&W and THH, all Trusts are currently tracking below the 12.0% target. All Trusts have active retention projects and are part of a retention programme, supported by national resource, initiated across the NWL ICS. Acute Collaborative CPOs have shared details of existing retention initiatives to inform planning for future local or collaborative action.

Exit interviews and Stay Conversations continue with a particular focus on hotspot areas such as ICU, Midwifery and AHP staff. Feedback and insight is being fed back into Trust retention plans and actions.

**Recovery Plan / Improvements:** Staff wellbeing is a key enabler in improving retention and each Trust has a well-established package of wellbeing support, which has been shared and improved upon through the Collaborative platform, for all members of staff.

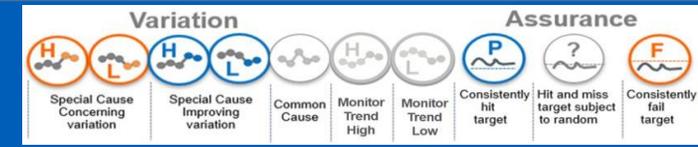
A prominent reason for leaving is cited as 'relocation' which is not something we can directly influence. In terms of reducing the number of leavers, but hindering analysis and interventions to reduce turnover, is the use of 'other/not known' as a leaving reason and we are working to improve the capture and recording of this data to inform retention plans. A careers hub is proposed as one of the top priorities for 2023/24.

**Forecast Risks:** The current cost of living issue is one which we are taking seriously and our CEOs have agreed a common package of measures to support staff.

## GOVERNANCE

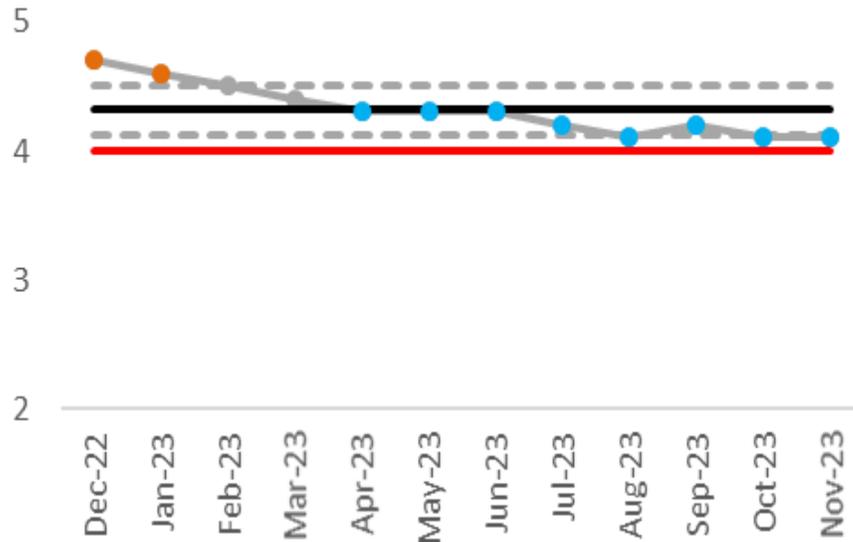
**Senior Responsible Owner:** Pippa Nightingale  
**Committee:** APC People Committee  
**Data Assurance:** tbc

# Workforce Sickness Absence



## TREND

### Acute Collaborative - Rolling Sickness Rate %



= / < 4%

STANDARD

4.1%

PERFORMANCE



TREND



ASSURANCE

## NARRATIVE

**Performance:** After a long period of high sickness levels, the past twelve months have seen a steady decrease to the current rolling sickness absence rate of 4.1% which is a special cause improving variation. Sickness absence continues to be impacted by Covid-19 resurgences as well as seasonal illness and all Trusts have plans in place to manage absence, particularly long-term absence. Current absence levels are now within the expected seasonal range.

Trusts continue to work locally to re-deploy staff and mitigate safe staffing risks as required, which can result in a higher reliance on temporary staff with increased numbers of bank and agency shifts being requested and filled to mitigate staffing gaps due to sickness absence.

**Recovery Plan / Improvements:** Access to staff psychology and health and wellbeing services are in place and supported across all Trusts with a wide-range of other staff support services in place with the cost of living for staff a continued focus for all Trusts.

Sickness levels are centrally captured and monitored daily for change with escalation to North West London Gold (NWL Gold) as required. Within this we monitor the levels of COVID absence to alert for increasing numbers to inform planning for both staffing and patient pathways.

**Forecast Risks:** Sickness absence levels which could be impacted by further Covid illness waves and winter illnesses.

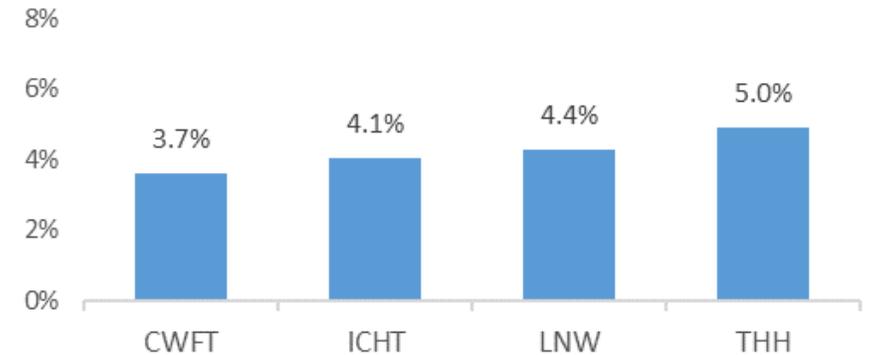
## CURRENT PERFORMANCE

### Rolling Sickness Absence

	Target %	Month 08 12 Month Rolling Sickness Absence Rate %	Variance to Target %	Month 08 In-Month Sickness Absence Rate %
CWFT	4%	3.7%	0.3%	4.4%
ICHT	4%	4.1%	-0.1%	4.4%
LNW	4%	4.4%	-0.4%	4.8%
THH	4%	5.0%	-1.0%	4.8%
<b>APC</b>	<b>4%</b>	<b>4.1%</b>	<b>-0.1%</b>	<b>4.4%</b>

## STRATIFICATION

12 Month Rolling Sickness Absence Rate % across the ACC Month 08



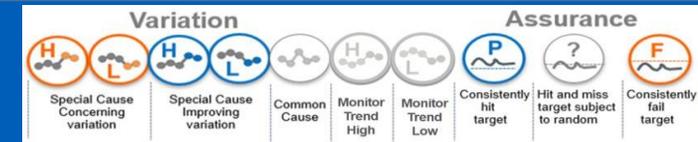
## GOVERNANCE

**Senior Responsible Owner:** Pippa Nightingale

**Committee:** APC People Committee

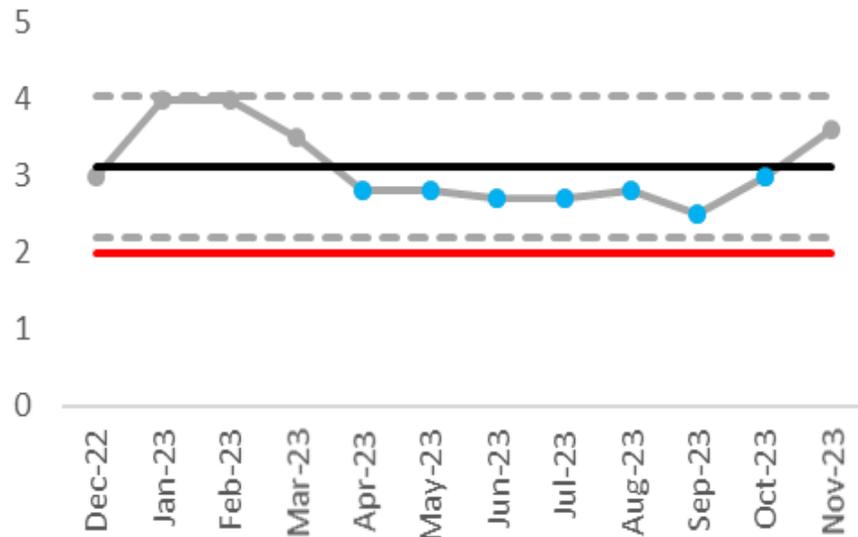
**Data Assurance:** tbc

# Workforce Productivity - Agency Spend



## TREND

### Acute Collaborative - Agency Spend % of Paybill



= / < 2%

STANDARD

3.6%

PERFORMANCE



TREND



ASSURANCE

## NARRATIVE

**Performance:** Agency spend, as a proportion of overall pay bill, is our productivity measure with a collective target set at 2%. Current performance for November 2023 was 3.6% and is a common cause variation changing from the special cause improvement position of the seven previous months.

Reliance on agency workers is key for the delivery of some services, particularly where there is a national skills shortage such as for sonography, mental health nursing and cardiac physiology and Trusts are working towards collective solutions in these areas. Continued collaborative work on temporary staffing remains the focus for reducing agency expenditure overall.

Harmonised and uplifted bank rates for AfC staff are in place across all four Trusts to attract more staff to work on the bank.

**Recovery Plan / Improvements:** Increased demand on both agency and bank workers continues in response to seasonal sickness levels and higher acuity and dependency of patients; requiring the continued focus on recruitment to minimise the underlying vacancy position and associated temporary staffing fill.

Agency workers, whilst costing more than bank or substantive staffing, are essential for the delivery of some services where staff vacancies are nationally hard to recruit such as sonography, cardiac physiologists and pathology.

**Forecast Risks:** High levels of vacancies, puts additional pressure on bank staffing demand at a time of increased activity, industrial action and winter pressures.

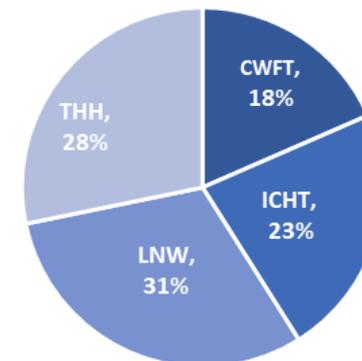
## CURRENT PERFORMANCE

### Productivity - Agency Spend (as % of Total Month Paybill)

	Target %	Month 08 Agency Spend Rate %	Variance to Target %	Agency Spend £ (in Month)
CWFT	2%	3.0%	-1.0%	1,130,131
ICHT	2%	2.0%	0.0%	1,631,033
LNW	2%	4.3%	-2.3%	2,214,953
THH	2%	7.3%	-5.3%	2,036,647
<b>APC</b>	<b>2%</b>	<b>3.6%</b>	<b>-1.6%</b>	<b>7,212,764</b>

## STRATIFICATION

Proportion of agency spend (£) by Trust across the APC For Month 08



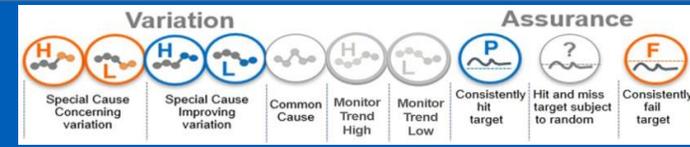
## GOVERNANCE

**Senior Responsible Owner:** Pippa Nightingale

**Committee:** APC People Committee

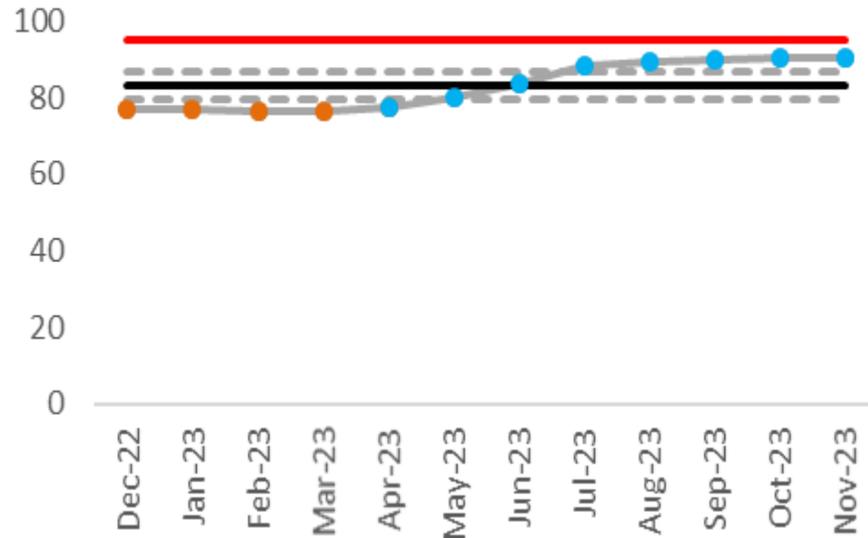
**Data Assurance:** tbc

# Workforce Non-Medical PDR



## TREND

### Acute Collaborative - PDR Completion Rate %



=/ $<95\%$

STANDARD

90.3%

PERFORMANCE



TREND



ASSURANCE

## NARRATIVE

**Performance:** Completion rates for non-medical **Performance Development Reviews** (PDR), is an area of focus, albeit we have seen an improvement on the performance of this metric over the past eight months with the metric currently reporting a special cause improving variation.

With the exception of non-medical appraisals at Imperial (which have a set window for completion) all Trusts operate a rolling programme for PDRs and are working towards the common target of 95% to drive improvement.

**Recovery Plan / Improvements:** Continued Executive monitoring and engagement with line managers and supervisors is in place to complete all reviews to ensure that all staff have this essential conversation with their manager.

**Forecast Risks:** Operational pressures continue to contribute to the challenge of conducting and completing the appraisal and PDR conversations as we go through a period of heightened elective recovery activity, industrial action and winter pressures.

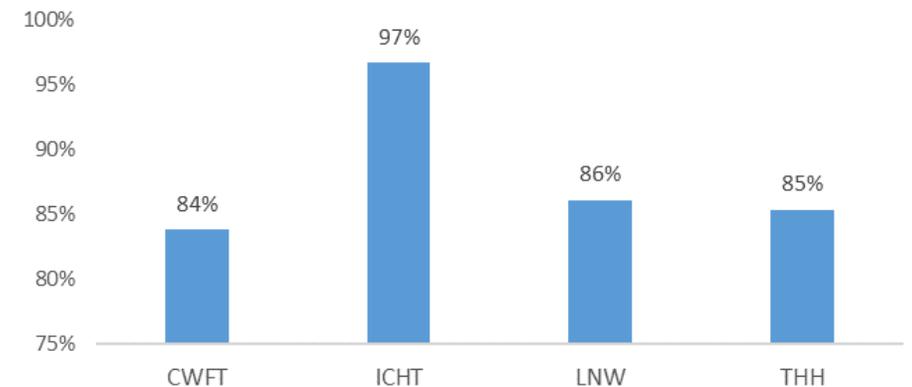
## CURRENT PERFORMANCE

### Non Medical PDR

	Target %	Month 08 PDR / Appraisal Rate %	Variance to Target %
CWFT	95%	83.8%	11.2%
ICHT	95%	96.7%	1.7%
LNW	95%	86.1%	8.9%
THH	95%	85.4%	9.6%
<b>APC</b>	<b>95%</b>	<b>90.3%</b>	<b>4.7%</b>

## STRATIFICATION

Month 08 Non-Medical PDR Rate % by Trust across the APC



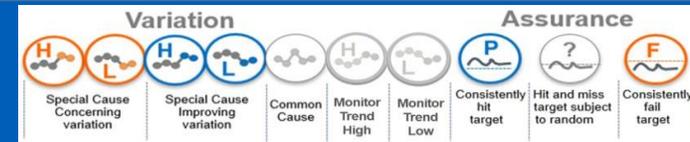
## GOVERNANCE

**Senior Responsible Owner:** Pippa Nightingale

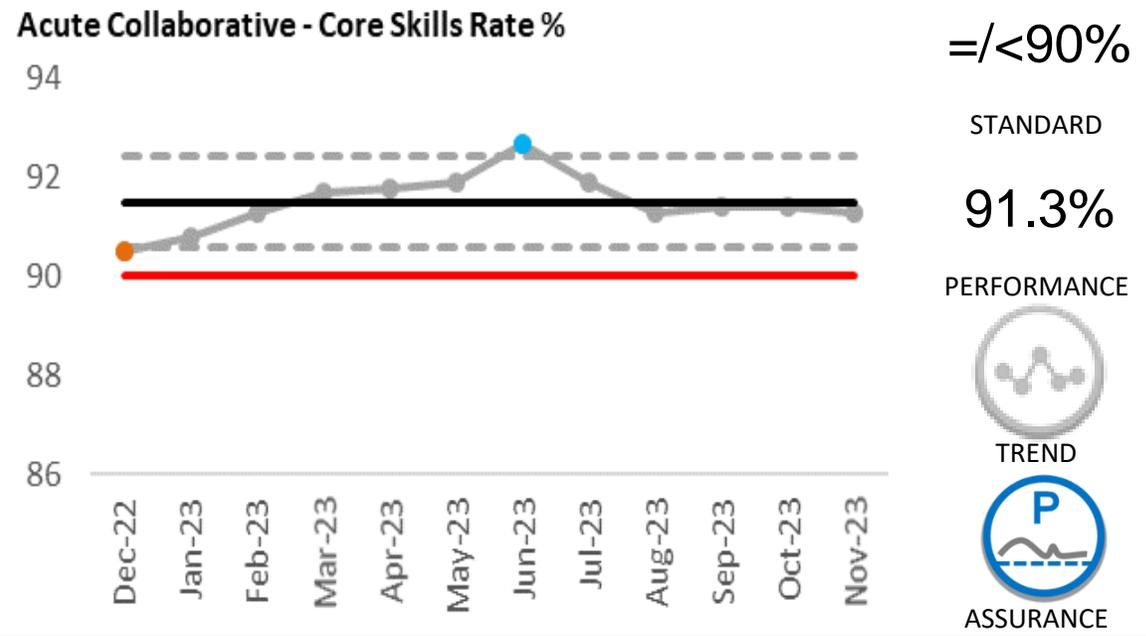
**Committee:** APC People Committee

**Data Assurance:** tbc

# Workforce Core Skills Compliance



## TREND



## NARRATIVE

**Performance:** Core Skills (statutory & mandatory training) compliance is essential in the delivery of safe patient care as well as supporting the safety of staff at work and their ability to carry out their roles and responsibilities in an informed, competent and safe way. Apart from very temporary marginal reductions, all Trusts across the collaborative continue to perform well against the target for Core Skills compliance and it is not an area of concern at collaborative level.

**Recovery Plan / Improvements:** Topic level performance monitoring and reporting is key to driving continual improvement with current areas for focus.

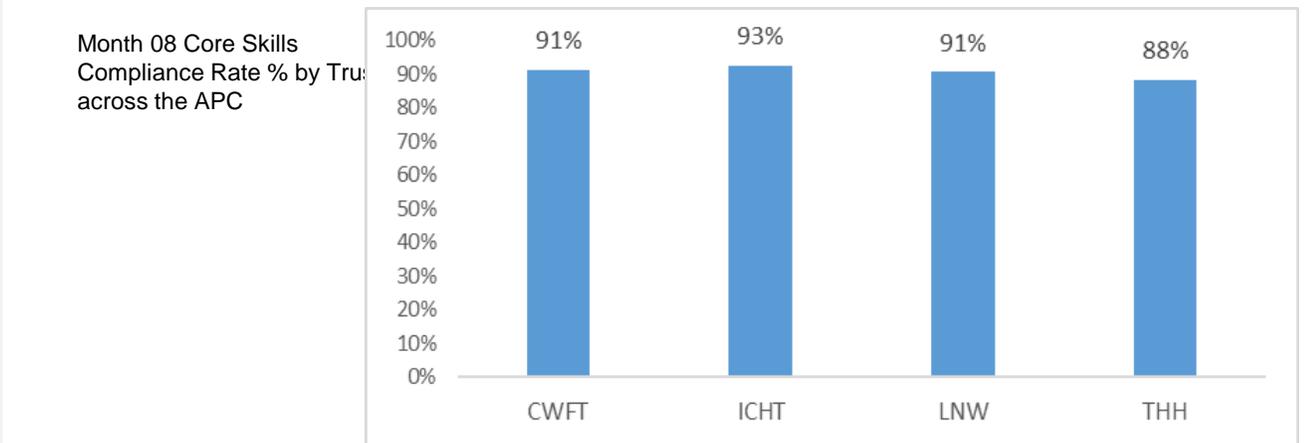
The induction programmes for doctors in training includes time for them to complete the online elements of their core skills training, which is essential during high rotation activity including September and February. Where possible, auto-reminders are in place for both employees and their line managers to prompt renewal of core skills training as are individual online compliance reports as well as previous mandatory training accredited for new starters and doctors on rotation to support compliance.

**Forecast Risks:** None

## CURRENT PERFORMANCE

	Target %	Month 08 Core Skills Compliance Rate %	Variance to Target %
CWFT	90%	91.5%	1.5%
ICHT	90%	92.7%	2.7%
LNW	90%	90.9%	0.9%
THH	90%	88.4%	-1.6%
<b>APC</b>	<b>90%</b>	<b>91.3%</b>	<b>1.3%</b>

## STRATIFICATION

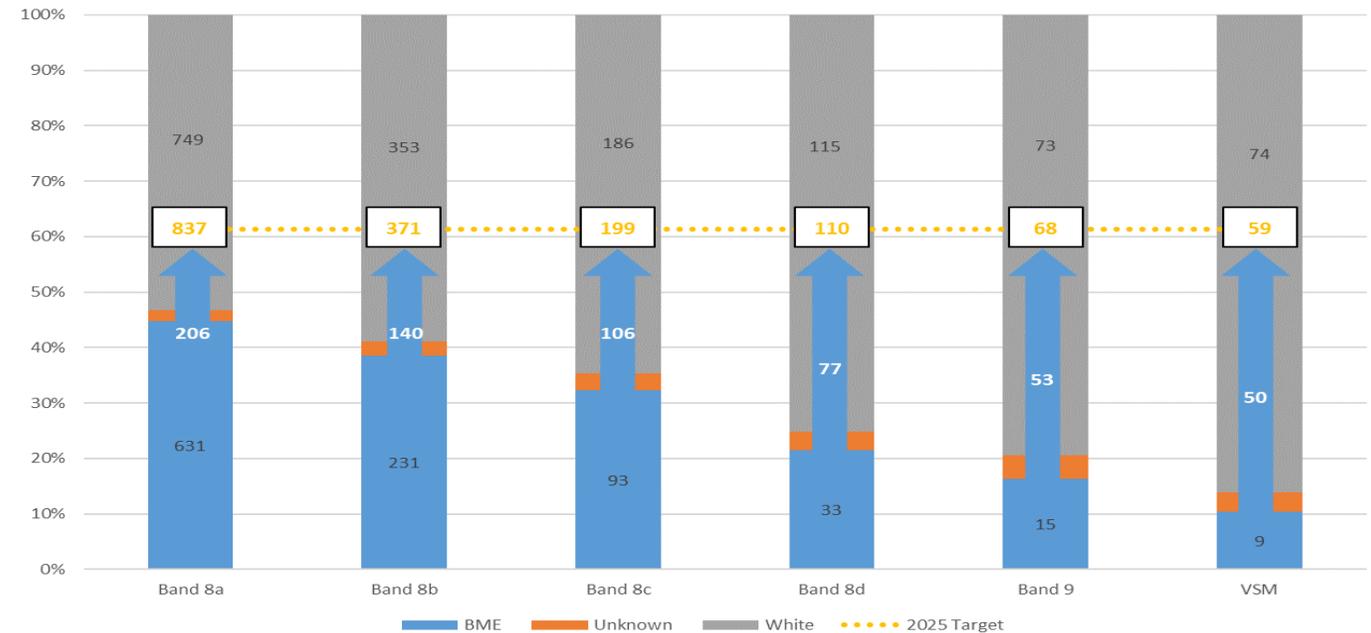


## GOVERNANCE

**Senior Responsible Owner:** Pippa Nightingale  
**Committee:** APC People Committee  
**Data Assurance:** tbc

# Workforce Model Employer Goals - Overview

- Model Employer Goals (MEG) look at the level of recruitment required to achieve equity and representation of Black, Asian and minority ethnic people within the senior workforce (bands 8a to VSM)
- Model Employer Goals also assess the trajectory of recruitment required to reach equity by March 2025.
- The calculation which underpins MEG uses the difference between the proportion of known ethnicities of an organisation against existing proportion of known ethnicities within each band.
- Additional recruitment of staff from Black, Asian and minority ethnic groups is required for all bands in order for equity to be reached by March 2025.
- While the increase in numbers required to achieve equity varies across the AC all Trusts require improvements in all 8+ grades.
- Active analysis of recruitment and career progression to these grades is necessary to determine potential barriers and enablers to increase diversity e.g. inclusive recruitment training, diverse shortlisting and stakeholder panels and future leader programmes.
- There will be some interdependence between efforts to increase diversity at bands 6 and 7 and band 8 as workforce diversity begins significant decline at these grades also.
- Increasing diversity at band 9 and VSM grades is more challenging due to more limited experienced talent pool and may require focus on external recruitment and internal progression routes including secondment opportunities to gain exposure and leadership trials.

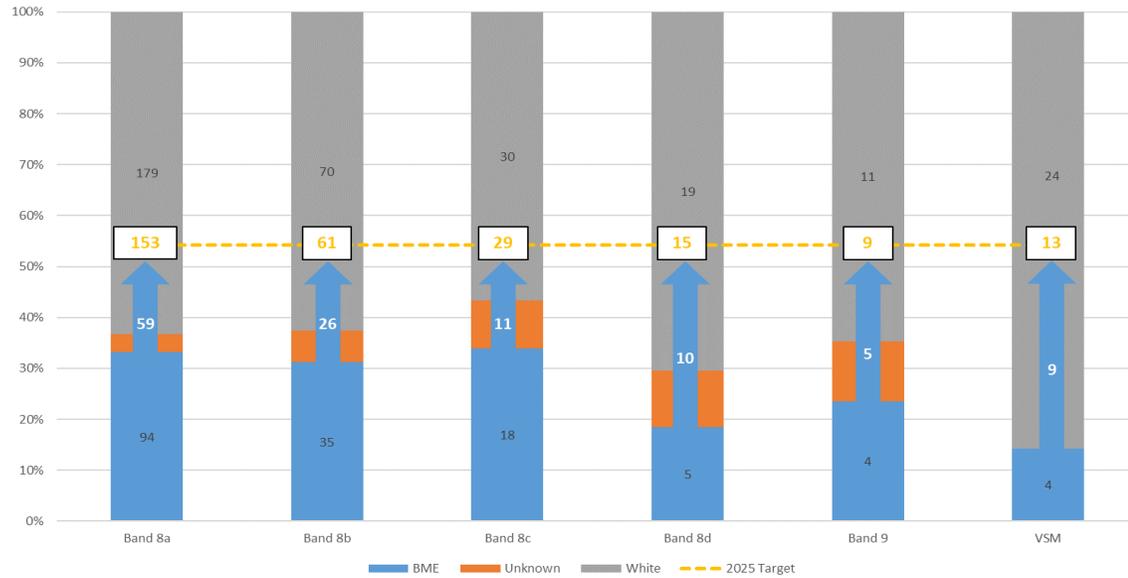


Actions being taken and developed to support ME goals across the ACP at trust level are as follows (but not limited to);

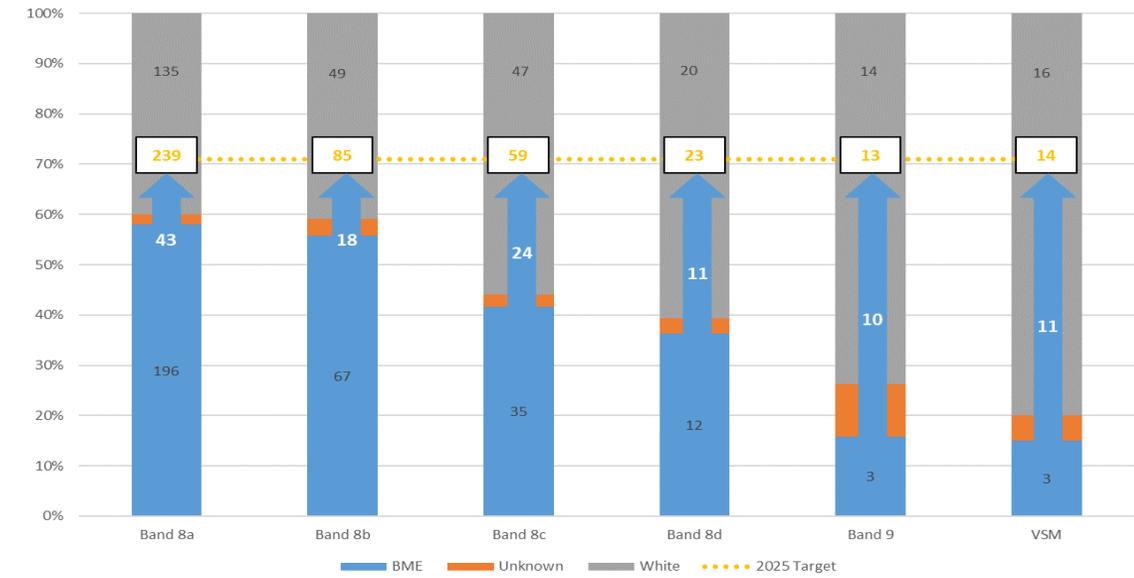
- Inclusive talent management strategies
- Succession planning to enable identification, support and promotion of talent
- Inclusive recruitment means panels are gender-diverse and ethnically inclusive
- Diverse recruitment panels for all roles above band 7
- Regular monitoring and reporting on MEG targets

# Workforce Model Employer Goals - Provider

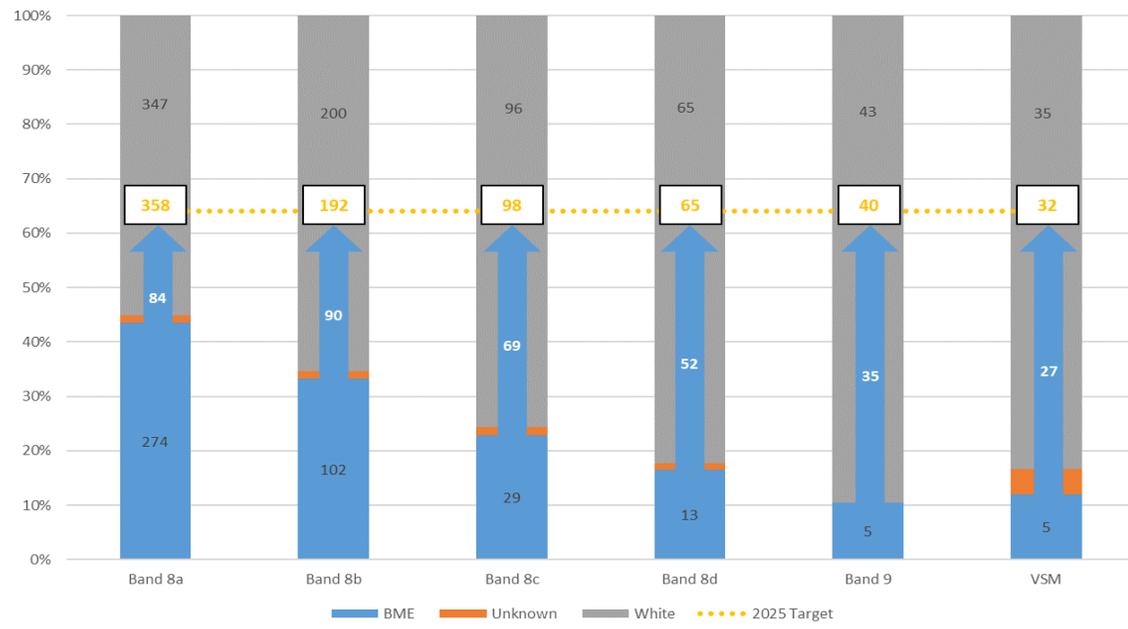
CWFT



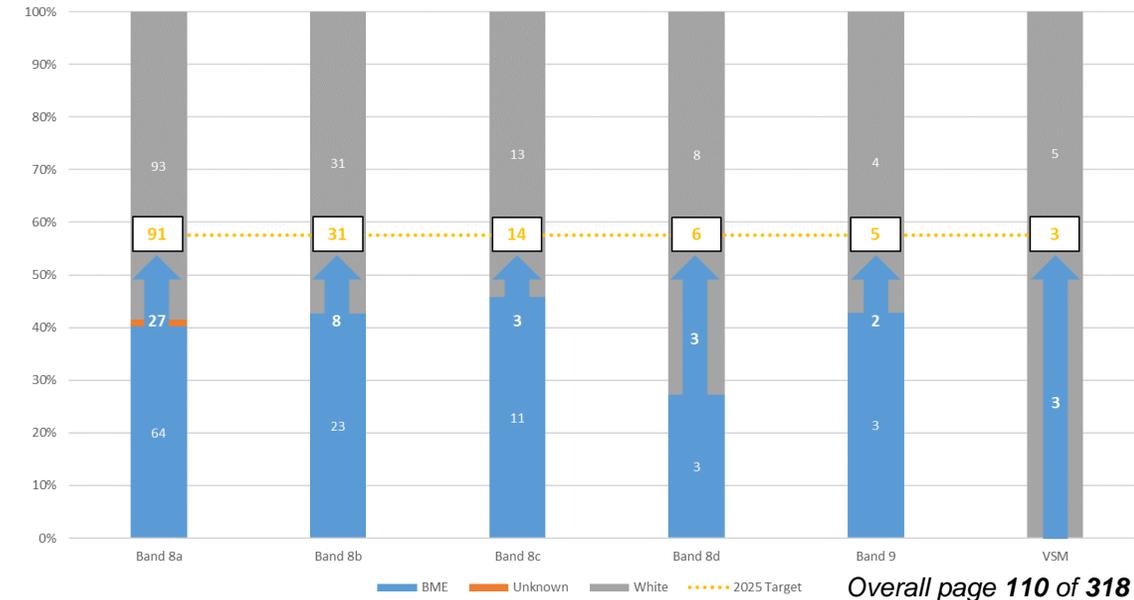
LNW



ICHT



THH



# Finance

## **Introduction:**

The detailed Finance Report for the APC (Acute Provider Collaborative) is a separate report included in F&P Committee and Board in Common papers. This has been reviewed by the Acute CFO Group and covers the reporting period to Month 8 (Nov).

## **Performance:**

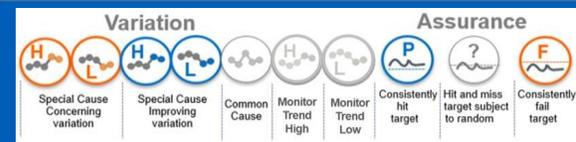
At Month 8, the APC reports a year-to-date deficit of £52.3m against a planned deficit of £16.3m, thus reporting a £36m adverse variance to plan. The YTD deficit has improved significantly (c£19m) in month 8 due to the accounting for additional income received to cover the impact of the YTD industrial action (to end of Oct). Main drivers of the YTD variance are :

1. CIP programme is under delivered by £26m.
2. Junior Doctors and Consultants' industrial action impact has been partially mitigated to date by additional funding. The costs (£16.6m) is fully covered up to month 8. In addition, there is a further 2% reduction to the ERF baseline which returns £11.6m to the APC. To date £6.2m has been accrued. Note CWFT has not accounted for this additional income in month 8 in line with the agreed H2 recovery plan.
3. Inflation over funded levels caused a pressure of c£6.5m to date (includes additional income from the ICB).
4. Variable Patient Care Income (ERF and other variable income) to month 8 is an overperformance £41m, of which £18.5m relates to ERF.
5. Operational overspends in clinical areas caused a further pressure on the budgets; in part mitigated by some non-recurrent benefits. This includes c£8.6m over budget on expenditure to support patients with mental health needs in our acute trusts.
6. Junior doctors pay award – the back dated pay award of 6% was paid in month 5. The tariff in contract income has been uplifted to fund the award; however, there is a shortfall in income over costs of c£5m to date.

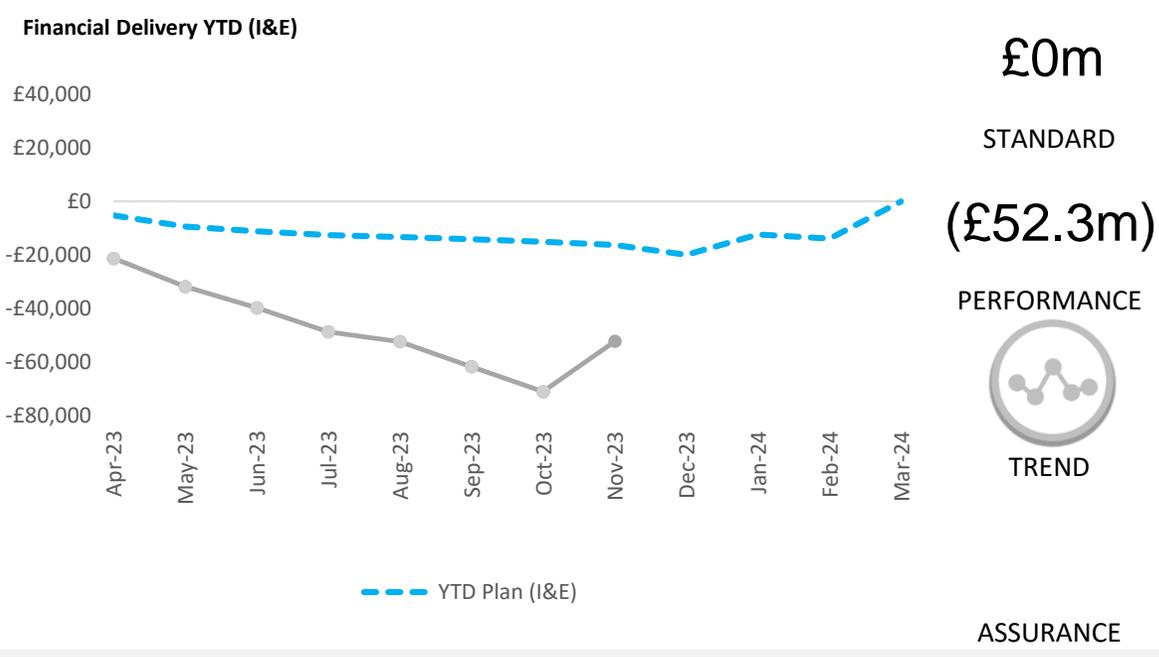
## **Escalations:**

- To note the new financial performance management framework for 2023/24.
- A detailed forecast and recovery plan was prepared (at month 5) and has been refreshed at month 8 to account for additional income to mitigate the impact of industrial action and an update of the risk position. The revised forecast for the APC is breakeven.
- The month 8 position was highlighted to the December F&P CIC. A CFO Peer Review session is scheduled for January 24 to review the forecast and reaffirm the financial control measures in Q4.

# (Finance) Financial Delivery (I&E)



## TREND



## NARRATIVE

**Performance:** YTD deficit of £52.3m, against a YTD plan of £16.3m deficit; hence reporting a £35.9 adverse variance to plan.

**Recovery Plan:** 2023/24 performance management escalation process, including forensic review of performance via Peer Review CFO meetings. Next Peer Review in Jan 24. Revised forecast (breakeven) reported to Nov F&P Committees factoring in additional income to account for IA impact..

**Improvements:** Improvement in ERF over performance in month 8 (to £18.5m from £10m in Month 7) .

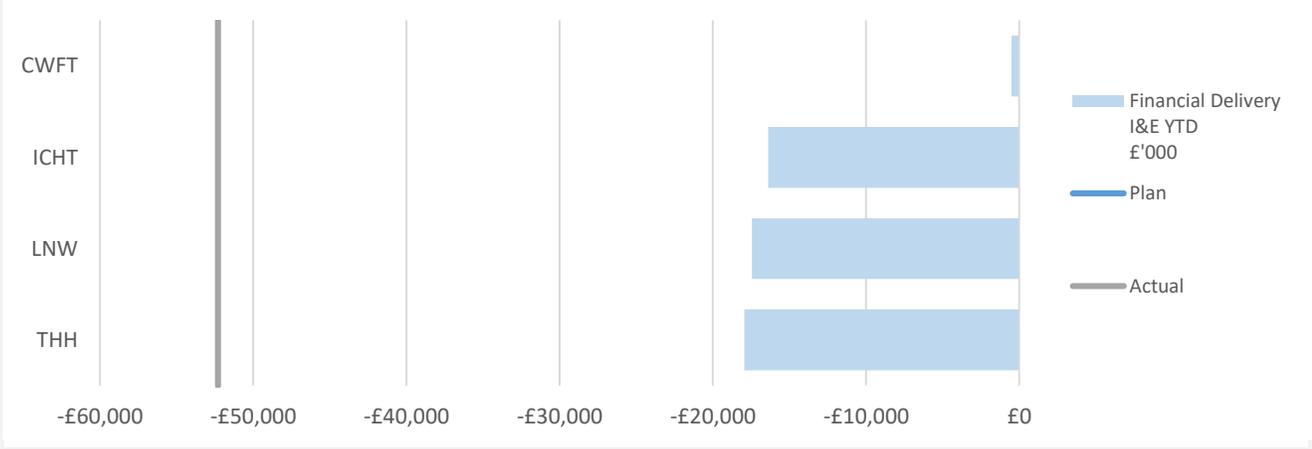
**Forecast Risks:** Detailed forecast and recovery has been prepared at month 5 and revised at month 8. Main risks are excess inflation, CIP delivery, run rate challenges incl RMNs and junior doctors pay award funding shortfall. Peer Review meeting scheduled in Jan to review forecast, risks, financial control measures.

## CURRENT PERFORMANCE

Financial Delivery (I&E)

	Financial Delivery I&E YTD £'000	Variance from target YTD £'000	FOT £'000
CWFT	(514)	(623)	0
ICHT	(16389)	(16389)	0
LNW	(17451)	(13712)	0
THH	(17946)	(5258)	0
<b>APC</b>	<b>(52300)</b>	<b>(35982)</b>	<b>0</b>

## STRATIFICATION



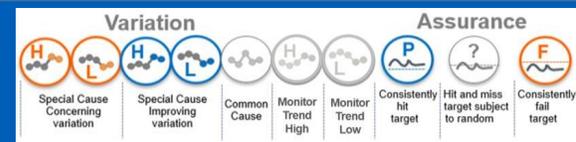
## GOVERNANCE

**Senior Responsible Owner:** Jonathan Reid, Chief Financial Officer, LNW

**Committee:** NWL Collaborative Finance and Performance Committee

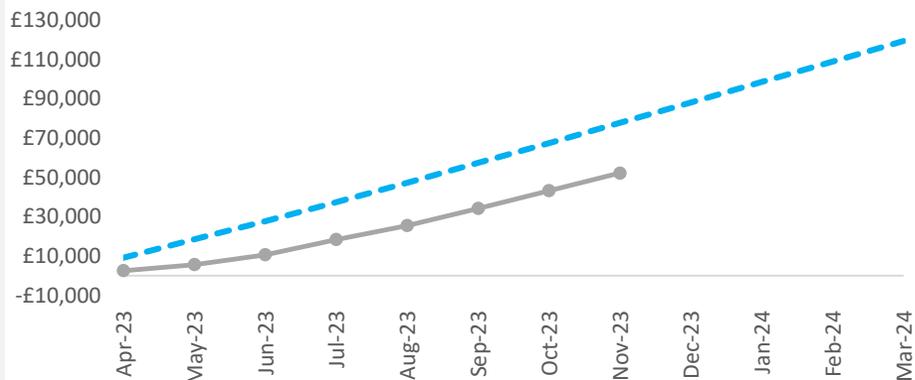
**Data Assurance:** Trust's Monthly Financial Monitoring Returns to ICB and NHSE. Overall page 113 of 318

# (Finance) Financial Delivery (CIP)



## TREND

Financial Delivery YTD (CIP)



£119.5m

STANDARD

£52.2m

PERFORMANCE



TREND

ASSURANCE

## NARRATIVE

**Performance:** CIP delivery is £52.2m against a YTD plan of £77.8m, thus reporting a YTD adverse variance of £25.6m.

**Recovery Plan:** the 23/24 APC financial performance management process has been enacted. Peer to Peer review meetings have taken place to review CIP programmes. Recovery plans and forecasts have been developed and revised in month 7.

**Improvements:** Monthly CIP delivery has improved month on month from an average of £6.1m in for m1-m7 to £9m in m8..

**Forecast Risks:** Forecasts include risks against CIP delivery. About half of the forecast delivery is via non- recurrent means which impacts on the underlying position.

## CURRENT PERFORMANCE

Financial Delivery (CIP)

	CIP YTD £'000	CIP Variance YTD £'000	FOT £'000
CWFT	15796	116	23520
ICHT	13888	(21725)	53421
LNW	17599	(3601)	31800
THH	4952	(382)	10757
<b>APC</b>	<b>52234</b>	<b>(25593)</b>	<b>119498</b>

## STRATIFICATION



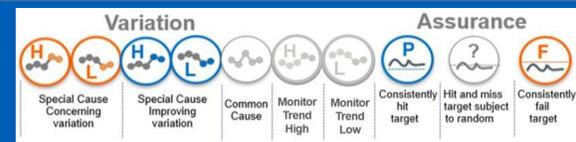
## GOVERNANCE

**Senior Responsible Owner:** Jonathan Reid, Chief Financial Officer, LNW

**Committee:** NWL Collaborative Finance and Performance Committee

**Data Assurance:** Trust's Monthly Financial Monitoring Returns to ICB and NHSE.

# (Finance) Capital Spend



## TREND

### Capital Spend YTD



£253m

STANDARD

£129m

PERFORMANCE



TREND

ASSURANCE

## NARRATIVE

### Performance:

Capital spend is £129.3m YTD against a YTD plan of £151.6m, therefore a £22.3m underspend reported.

### Recovery Plan:

Trusts' capital spend is expected to ramp up in the second half of the year. Capital plans include nationally funded schemes under the national capital programme (£91.4m) and the Targeted Investment funds (20.1m). In addition, LNW was granted additional funding to build a 32 bedded modular ward in June 2023.

### Forecast Risks:

THH forecast revised down in M8 due to a reprofile of the New Hospital Programme.

## CURRENT PERFORMANCE

### Capital Spend

	YTD Spend £'000	YTD Variance £'000	Forecast Spend £'000
CWFT	17493	11038	44796
ICHT	44838	3892	87471
LNW	46889	(2095)	85950
THH	20123	9468	35234
<b>APC</b>	<b>129343</b>	<b>22303</b>	<b>253451</b>

## STRATIFICATION



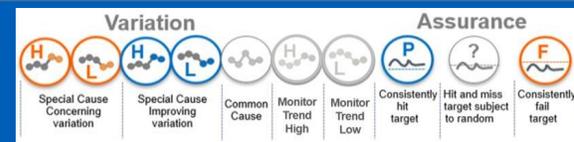
## GOVERNANCE

**Senior Responsible Owner:** Jonathan Reid, Chief Financial Officer, LNW

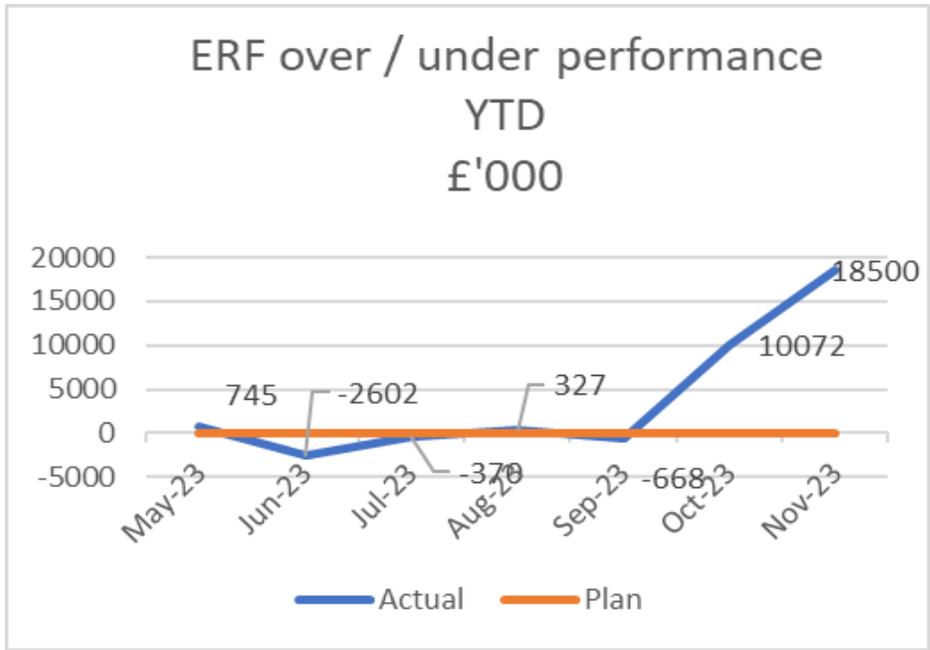
**Committee:** NWL Collaborative Finance and Performance Committee

**Data Assurance:** Trust's Monthly Financial Monitoring Returns to ICB and NHSE. Overall page 115 of 318

# (Finance) Elective Recovery Fund (All Commissioners)



## TREND



£0  
STANDARD

£18.5k  
PERFORMANCE

TREND

ASSURANCE

## NARRATIVE

**Performance:**  
ERF performance to the end of month 8 is a £18.5m overperformance. This is against all commissioners. There is a marked improvement in ERF overperformance in month 8, due to a further reduction to the ERF baseline by 2% , to mitigate the impact of IA. Values are agreed between the APC and ICB by the APC ERF Working Group..

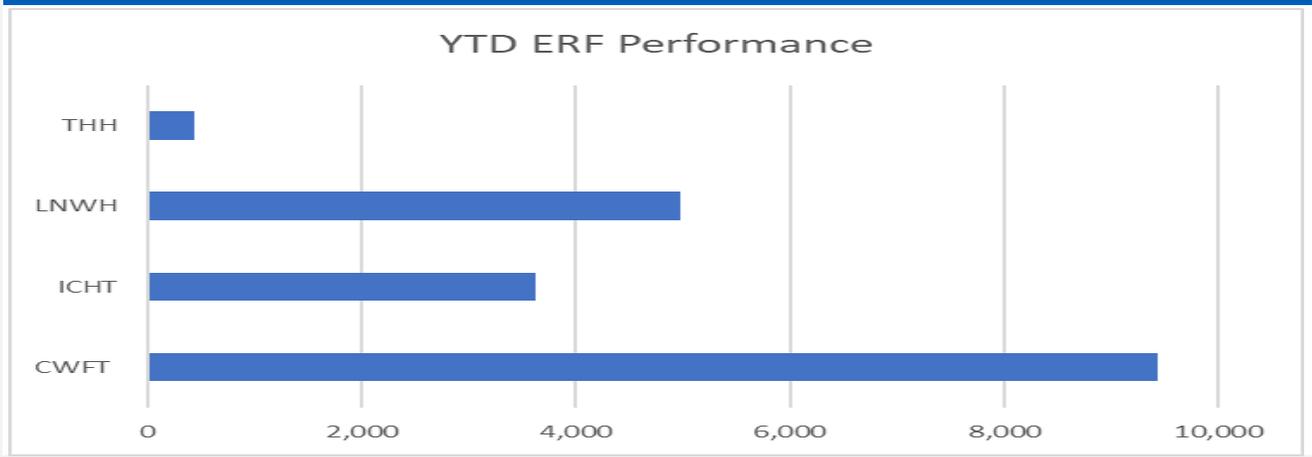
The target elective VWA for 2023/24 has been reduced by 4% (two tranches of 2%) to mitigate the impact of industrial action. This will return £23.2m additional income into the position FYE.

## CURRENT PERFORMANCE

Elective Recovery Performance (All Commissioners)

	ERF Performance YTD Actual £'000	ERF Performance (Movement from Month 7) £'000
CWFT	9446	2270
ICHT	3627	2964
LNW	4985	3413
THH	446	(219)
<b>APC</b>	<b>18500</b>	<b>8428</b>

## STRATIFICATION



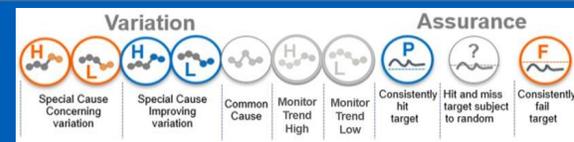
## GOVERNANCE

**Senior Responsible Owner:** Jonathan Reid, Chief Financial Officer, LNW

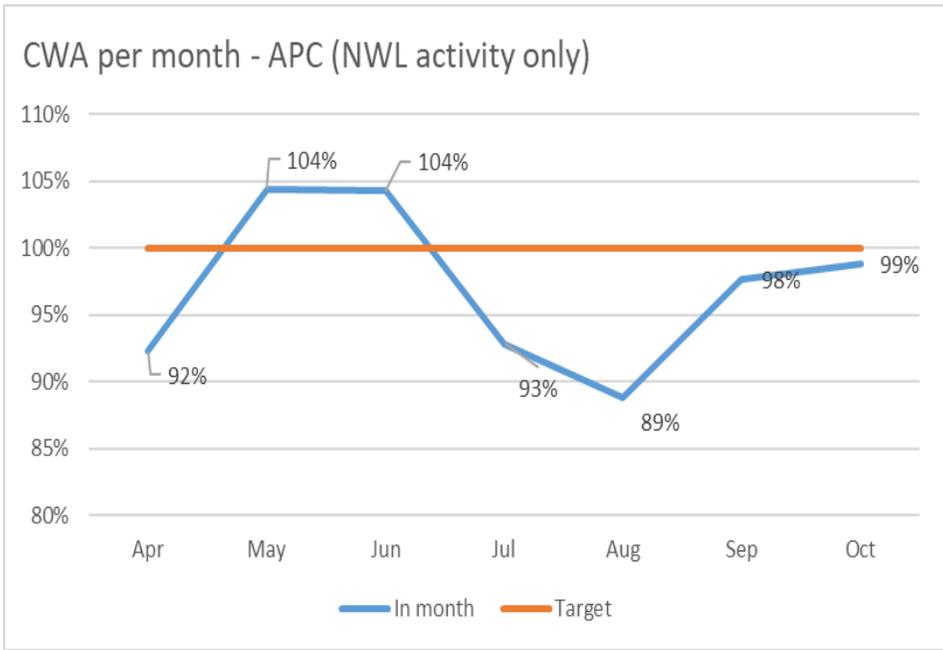
**Committee:** NWL Collaborative Finance and Performance Committee

**Data Assurance:** ICB & Trust Income Teams

# (Finance) Cost Weighted Activity @ M7 (NWL Only)



## TREND



**100%**  
STANDARD

**97%**  
PERFORMANCE

TREND

ASSURANCE

## NARRATIVE

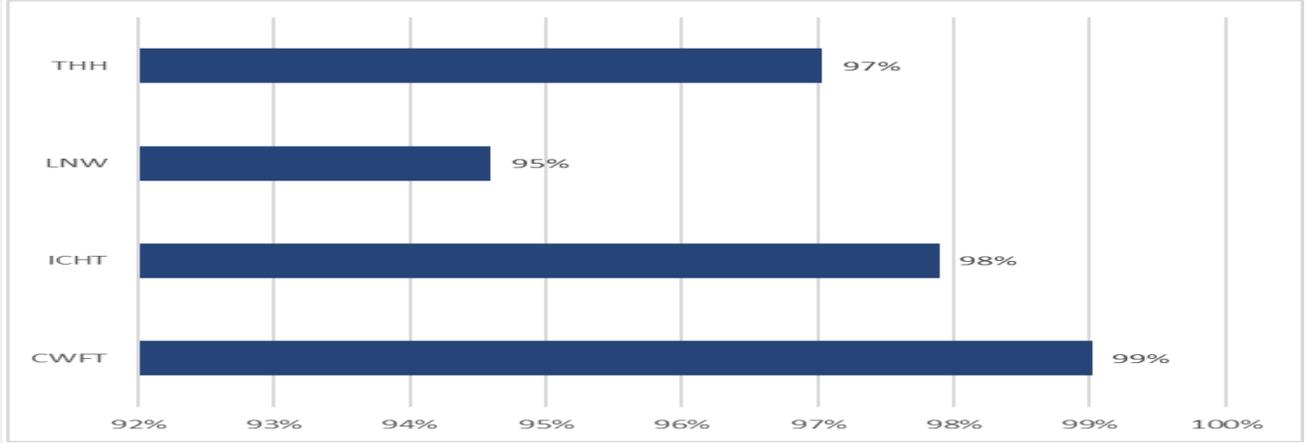
**Performance:**  
 Cost Weighted Activity – values for Month 7. the value of activity in 2023/24 compared to the same period in 2019/20 (adjusted for inflation) is 97%, or 3% lower than 2019/20 (up to end of Oct).  
 This is an improvement since Month 6 (95% YTD).  
 This is for NWL commissioned activity only (excluding specialised commissioning and non NWL ICBs).

## CURRENT PERFORMANCE

Cost Weighted Activity YTD (NWL only)

	CWA Performance Actual YTD	CWA Performance Expected YTD	Difference from Target
CWFT	99%	100%	-1%
ICHT	98%	100%	-2%
LNW	95%	100%	-5%
THH	97%	100%	-3%
<b>APC</b>	<b>97%</b>	<b>100%</b>	<b>-3%</b>

## STRATIFICATION



## GOVERNANCE

**Senior Responsible Owner:** Jonathan Reid, Chief Financial Officer, LNW  
**Committee:** NWL Collaborative Finance and Performance Committee  
**Data Assurance:** Trust SLAM data reports.

---

REFERENCES

Only PDFs are attached

-  4.1 Collaborative Quality Committee Chair's report .pdf

NWL Acute Provider Collaborative Board in Common (Public)

16/01/2024

Item number: 4.1

This report is: Public

# Quality Collaborative Committee Chair's Highlight Report

Author: Dawn Clift  
Job title: Director of Corporate Affairs LNWH

Accountable director: Steve Gill  
Job title: Chair of the Collaborative Quality Committee

## Purpose of report

Purpose: Assurance

The Board in Common is requested to receive assurance that the Quality Collaborative Committee met on 12 December 2023. The Chair of the Quality Collaborative Committee is invited to highlight any pertinent points from the meeting.

## Report history

Outline committees or meetings where this item has been considered before being presented to this meeting.

N/A

## Executive summary and key messages

The Quality Collaborative Committee met on 12 December 2023, there was a deep dive on Infection Prevention and Control (IPC). The Committee were updated on the current priorities of the IPC workstream and the collaborative work which is taking place in this area. The Committee received summary reports setting out progress with the priority workstreams which are detailed in this highlight report.

## Strategic priorities

Tick all that apply

- Achieve recovery of our elective care, emergency care, and diagnostic capacity
- Support the ICS's mission to address health inequalities

- Attract, retain, develop the best staff in the NHS
- Continuous improvement in quality, efficiency and outcomes including proactively addressing unwarranted variation
- Achieve a more rapid spread of innovation, research, and transformation

Click to describe impact

## Impact assessment

Tick all that apply

- Equity
- Quality
- People (workforce, patients, families or careers)
- Operational performance
- Finance
- Communications and engagement
- Council of governors

Click to describe impact

## Reason for private submission

Tick all that apply

- Commercial confidence
- Patient confidentiality
- Staff confidentiality
- Other exceptional circumstances

If other, explain why

**North West London Acute Provider Collaborative (NWL APC)  
Quality Collaborative Committee Chair's Highlight Report to the NWL APC  
Board in Common (BiC) – for discussion  
December 2023**

## **Highlight Report**

### **1.0 Purpose and Introduction**

1.1 The role of the NWL APC Quality Collaborative Committee is:-

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

### **2.0 Key highlights**

#### **2.1. Deep Dive – Infection Prevention and Control**

2.1.1. The Committee undertook a deep dive into Infection Prevention and Control (IPC).

2.1.2. The priorities of the IPC workstream are to standardise winter planning and outbreak management; to improve management of Hospital Acquired Infections (HAIs) through shared learning; to standardise the surveillance systems for early detection and monitoring of HAIs and Antimicrobial Stewardship (AMS) metrics; and to take forward the penicillin de-labelling programme to improve better access to antimicrobials, reduce reliance on unnecessary broad-spectrum antimicrobials and reduce health inequity and antimicrobial resistance.

2.1.3. The NWL APC is performing the best in London for C.Difficile and MRSA, however all four trusts have exceeded the threshold for all HAIs with the exception of pseudomoas for CWFT and LNWH, and C.Difficile and MRSA for THHFT. The Committee received assurance that work will be done to identify the issues at Collaborative level and execution and oversight will take place locally. The local trust Quality Committee Chairs will also meet with Trust Executives to discuss the early warning signs and the point of escalation.

2.1.4. The Committee noted the national increase in HAIs and consideration will be given to how the NWL APC can influence the wider health and social care environment, in particular community care. Horizon scanning for new HAIs continues to take place.

#### **2.2. Review of Acute Provider Collaborative Quality Priority workstreams**

2.2.1 The Committee received summary reports setting out progress with the priority workstreams from the executive leads. Key developments discussed by the Committee are highlighted below.

2.2.2 **End of Life Care:** The Committee noted that the work stream will focus on the work to

increase the use of the Universal Care Plan through Cerner so patients can choose where they wish to die well before the event. Work is being done to establish Key Performance Indicators and to identify the rates of patients who died in their preferred place of death.

2.2.3 **Deteriorating Patients:** The Committee noted that three of the four NWL APC trusts have adopted the deteriorating patient CQUIN and achieved their target for Q1. The workstream group has established a standing subgroup to focus on the areas relevant to children and young people. All four APC NWL trusts have reviewed the guidance from the Patient Safety Commissioner with respect to the proposal for Martha's Rule and each trust is proposing projects or pilots to address this.

2.2.4 **Maternity Standards:** The Committee noted the self-assessment against the Maternity Incentive Scheme (MIS) year 5 requirements for Q2. All trusts are flagging a risk against Safety Action 4 relating to workforce and Safety Action 8 relating to training and compliance, which has largely been impacted by ongoing industrial action. LNWH have also flagged a potential risk around compliance to Safety Action 5: 1:1 labour care and supernumerary status of labour ward coordinator. The Committee noted the self-certification submission date as 1 February 2024 and to support compliance by the deadline an assurance meeting will be held with the ICS in January 2024. The Committee received assurance on the delivery of Saving Babies Lives v3. All four NWL APC trusts quarterly quality and workforce reports have been reviewed in detail at the local trust quality committees.

2.2.5 **Clinical Harm Reviews and Inequality:** The Committee noted that the workstream has undertaken a review of the current process which has identified variation in the frequency and the point at which clinical harm reviews are carried out across all four NWL APC trusts. There is also variation by specialty and in the management and reporting of the reviews. An analysis will be undertaken on the actual harm, which is extraordinarily low, and on the size of the waiting list to identify any themes plus mitigations. Next steps will be to agree how and when clinical harm reviews should take place and recommendations will also be made on whether the clinical harm reviews remain the most appropriate action or whether to move towards an outcome-based approach.

## 2.3 **National Inpatient Experience Survey 2022**

2.3.1 The results of the 2022 national adult inpatient survey were published by the Care Quality Commission (CQC) in September 2023. The results have remained generally consistent to the 2021 scores, with the exception of LNWH which showed significant improvement from 2021. The other three trusts have seen a deterioration since the 2020 and 2021 scores. The common themes of improvement for the NWL APC will focus on improved information provided to patients before a procedure and at discharge, along with effective communication about hospital appointments. Each Trust has also developed their own patient experience improvement plan that will be tracked at local quality committees.

## 2.4. **National Patient Safety Strategy and Quality System Standardisation**

2.4.1. The Committee received a progress update on the implementation of the NHS patient safety strategy across the NWL APC. Each trust's Patient Safety Incident Response Framework (PSIRF) policies and plans have been agreed and submitted to the ICB. A soft launch has been undertaken and full implementation is expected by April 2024. Learning response and incident review templates continue to be piloted and plans are

in place to ensure compliance with the nationally mandated training by April. Initial metrics have been agreed and will report into local performance data and from there into the Board in Common outcomes dashboard. Given the significance of the change it is required that all Trust Quality Committee NEDS and proposed that all NWL APC NEDs should participate in the basic PSIRF training.

## **2.5. Quality Equality, Diversity & Inclusion (EDI) Metrics**

2.5.1. This Committee will focus on understanding the mortality data in relation to the ethnicity and diversity of patients that died in hospitals and understanding the ethnicity of patients who make a formal complaint. Work is being done to finalise how this will be measured. It is planned that a first report of the data will be presented at the March meeting.

## **2.6. Learning from Deaths quarterly report**

2.6.1. The Committee reviewed the combined NWL APC Q2 report incorporating all four trusts which outlines the key themes and outcomes from the learning from deaths processes.

2.6.2. The Committee noted that the report provides assurance regarding each Trust's processes to ensure scrutiny of, and learning from, deaths was in line with national guidance, with actions in place where the need to improve these further had been identified.

## **2.7. Safeguarding Adults and Children Annual Report 2022-23**

2.7.1. The Committee received the combined collaborative safeguarding annual report incorporating all four Trusts of the NWL APC, which outlines the work undertaken by the Trusts in 2022/23.

2.7.2. The Committee received assurance that each Local Trust is compliant with the national safeguarding standard and the individual reports will be published on the respective Trust website by end of January 2024.

2.7.3. The report is provided to the NWL APC Board-in-common (BiC) for approval.

## **2.8. Trust Quality – Function Reports**

2.8.1. The Committee received quality performance reports from each Trust, noting exceptions against key performance indicators and measures being taken to address areas of variance against target.

2.8.2. The Committee received assurance that key risks raised by each Trust were being managed appropriately and noted some common themes highlighted across all four reports including infection prevention and control.

2.8.3. The Committee were assured of the function and efficacy of each of the Trusts' quality committees.

## **2.9. Infection Prevention and Control Annual Report 2022-23**

2.9.1. The Committee received the combined collaborative Infection Prevention and Control annual report incorporating all four Trusts of the NWL APC, which outlines the work undertaken by the Trusts in 2022/23.

2.9.2. The individual Trust annual infection prevention and control reports had been reviewed in detail and approved by the Trust's local Quality Committee(s). All Trusts have provided assurance against the Health and Social Care Act 2008 and the Code of

Practice on the Prevention and Control of Infection and related guidance (2015).

2.9.3. The Committee noted that further assurance is provided by all Trusts regularly reviewing their IPC board assurance framework (BAF) at the local Trust Quality Committees and requested clarification re the requirement for delegation of authority from the NWL APC BiC. Learning from incidents should also be demonstrated at Board level and assurances on water and ventilation should be provided in each Trust annual report.

2.9.4. The report is provided to the NWL APC Board-in-common (BiC) for approval.

## **2.10. Acute Collaborative Quality Performance Report**

2.10.1. The Committee received the collaborative quality performance reports and discussed the still birth rates across the NWL APC. A formal review has been instigated into the still birth rate at THHFT which has increased to 8.8 per 1,000. ICHT have breached the threshold for neonatal intrapartum brain injuries and the Local Maternity and Neonatal Systems (LMNS) will review the number of babies being transferred into the Trust and those born on site, and the number of babies sent for cooling under national guidance as well as the number being sent proactively.

## **3.0 Positive assurances received**

3.1 Assurance was received that any local risks and emerging issues were being managed within each Trust with improvement plans in place being monitored through the local quality committees.

3.2 Other key positive assurances received include:

- Good progress is being made with the agreed quality priorities for the NWL APC, with a focus on aligning reporting and processes to enable improvements in quality of patient care.
- The in-patient Friends and Family test scores in A&E have seen improvement. This is a credit to staff that are effectively managing the current pressures.
- Mortality rates continue to be lower than, or as expected, when compared nationally, with regular review of these occurring both internally and through the APC quality committee.

## **4.0 Key risks / topics to escalate to the NWL APC BiC**

4.1 Increased Stillbirth rate at THH with a formal themed analysis of the cases being undertaken, which will report back to the APC Quality committee.

4.2 There was one never event declared in October at LNWH, due to wrong site dental surgery resulting in low harm to the patient affected. There was a never event in November at CWFT, in relation to a retained guide wire in a central line. Work is being undertaken to review the robustness of the LocSSIP. Never events will be shared when they occur at the APC Quality meeting to ensure learning and actions can be discussed and implemented collectively where appropriate. A review of cases over the last 12 months is underway to inform any learning to share and any recommended actions will be reported in the next report.

4.3 Increased infection rates with all four trusts breaching targets but the committee were assured robust local and APC controls and learning was in place.

- 4.4 All four Trusts transitioning to PSIRF, a soft launch is underway with full implementation planned for April 2024. Given the significance of the change basic PSIRF training is required for all Trust Quality Committee NEDs and recommended for all NWL APC NEDs.
- 4.5 All four Trusts are on trajectory with identified risks and mitigation plans for self-certification of Maternity Incentive Scheme (MIS) year 5 by the deadline of 1 February 2024, an assurance review with the ICS is being set up in January.
- 4.6 The recently announced industrial action in December and January plus the high volumes of patients presenting at EDs will exacerbate the ongoing Winter Pressures.

## 5.0 Concerns outstanding

- 5.1 There are no significant additional concerns outstanding which require escalation to the Board.

## 6.0 Key actions commissioned

- 6.1 Following a review of the mortality data, a number of patients that were not coded to palliative care have been identified and this will become a key metric for the End of Life Care workstream.

## 7.0 Decisions made

- 7.1 The Committee considered the approval of the forward plans to align the business of local quality committees across the Collaborative. It was agreed to defer the decision until further discussion takes place with the four Trust Quality Chairs.
- 7.2 It was agreed that a subgroup would be set up to engage with the Digital Committee to agree what developments we need in the coming year in data capture and reporting to improve the real-time monitoring of quality and provide information to clinical leaders.

## 8.0 Summary Agenda

No.	Agenda Item	Purpose	No.	Agenda Item	Purpose
1.	Deep Dive – Infection Prevention and Control including IPC Annual Report and Themes	To discuss	8.	Governing Quality of Care from Local to Collaborative Level	To approve
2.	Acute Collaborative Quality Performance Report	To discuss	9.	Learning from deaths quarterly reports – Quarter one 2023/24	To discuss
3.	Workstream PIDS and Project Updates	To discuss	10.	Safeguarding Annual Report Acute Collaborative Themes and Actions	To discuss
4.	National Inpatient Survey	To discuss	11.	Maternity CNST Quarterly Report Acute Collaborative Themes and Actions including compliance with Saving Babies Lives	To discuss
5.	National Patient Safety Strategy and Quality System Standardisation	To discuss	12.	Any Other Business	To discuss
6.	Quality EDI metrics and Action Plan	To discuss	13.	Committee forward planner	To note
7.	Trust Quality Committee – Function reports	To discuss			

## 9.0 Attendance

Members	December attendance
Steve Gill, Vice chair (CWFT), NED (THHT) (Chair)	Y
Syed Mohinuddin, Non-executive director (LNWH/CWFT)	Y
Linda Burke, Non-executive director (THHT/ICHT)	Y
Carolyn Downs, Non-executive director (ICHT/CWFT)	Y
Pippa Nightingale, Chief executive (LNWH)	Y
Julian Redhead, Medical director (ICHT)	Y
Raymond Anakwe, Medical director (ICHT)	Y
Roger Chinn, Medical director (CWFT)	Y
Alan McGlennan, Chief Medical Officer (THHT)	Y
Jon Baker, Medical director (LNWH)	Y
Sarah Burton, Chief nurse (THHT)	N
Robert Bleasdale, Chief nurse (CWFT)	Y
Janice Sigsworth, Chief nurse (ICHT)	Y
Lisa Knight, Chief nurse (LNWH)	Y

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REFERENCES

Only PDFs are attached

 4.2 APC Safeguarding Annual Report.pdf

NWL Acute Provider Collaborative Board in Common (Public)

16/01/2024

Item number: 4.2

This report is: Public

## Collaborative Safeguarding Annual Report 2022-23

Author: Jessica Hargreaves  
Job title: Deputy Director of Corporate Governance, ICHT

Accountable director: Chief Nursing Officers

### Purpose of report

Purpose: Assurance

The Board in Common is asked to:

-Note this summary of the Safeguarding Annual Reports (both Adult and Children) for each Trust in the Collaborative covering the period 1 April 2022 to 31 March 2023.

-Receive assurance that each local Trust Quality Committee has scrutinised the detailed Safeguarding Annual Report for its respective Trust.

-Note that each local Trust has published their detailed Safeguarding Annual Report/s on their website.

### Report history

Outline committees or meetings where this item has been considered before being presented to this meeting.

Collaborative Quality Committee	Committee name	Committee name
12/12/2023	Click or tap to enter a date.	Click or tap to enter a date.
Endorsed	What was the outcome?	What was the outcome?

### Executive summary and key messages

This paper summarises the key findings of the statutory safeguarding reports for the period 1 April 2022 to 31 March 2023 for the four Trusts comprising the North West London Acute Provider Collaborative. The four Trusts (in alphabetical order) are:

- Chelsea and Westminster Hospital NHS Foundation Trust
- Imperial College Healthcare NHS Trust
- London North West University Healthcare NHS Trust (LNWH)
- The Hillingdon Hospitals NHS Foundation Trust

All four Trusts within the Acute Provider Collaborative have published their annual safeguarding reports for 2022/23; these provide assurance that their safeguarding frameworks and practices are compliant with the national statutory duties and mandatory requirements required to safeguard adults and children. Each Trusts report has been reviewed at its Board Quality Committee who have scrutinised the content and associated learning.

## Strategic priorities

Tick all that apply

- Achieve recovery of our elective care, emergency care, and diagnostic capacity
- Support the ICS's mission to address health inequalities
- Attract, retain, develop the best staff in the NHS
- Continuous improvement in quality, efficiency and outcomes including proactively addressing unwarranted variation
- Achieve a more rapid spread of innovation, research, and transformation

Click to describe impact

## Impact assessment

Tick all that apply

- Equity
- Quality
- People (workforce, patients, families or careers)
- Operational performance
- Finance
- Communications and engagement
- Council of governors

## Reason for private submission

Tick all that apply

- Commercial confidence
- Patient confidentiality
- Staff confidentiality
- Other exceptional circumstances

## Main report

### North West London (NWL) Acute Provider Collaborative (APC) Safeguarding Annual Report 2022-23

#### 1. Introduction

- 1.1 Each Trust within the NWL APC is committed to the requirements under statute and regulation to have effective arrangements in place to safeguard and promote the welfare of children and adults at risk of harm and abuse in every service that they deliver. This responsibility is also made clear in CQC Regulation 13: Safeguarding service users from abuse and improper treatment. The NHS Safeguarding Contract is annually updated on 31 March and specifies certain conditions that providers need to abide by; all Trusts within the Acute Provider Collaborative are compliant in all areas.
- 1.2 Each Trust produces an Annual Report for both Children and Adult safeguarding (some are combined) and highlights the work undertaken by the Trust in respect to its commitment and responsibilities in maintaining the safety and protection of children and adults at risk of abuse and neglect.

#### 2. The Governance of Safeguarding across the Collaborative

- 2.1 The NHSE Safeguarding Children, Young People and Adults at Risk Accountability and Assurance Framework (2022), sets out the safeguarding roles, duties, and responsibilities of all organisations in the NHS.
- 2.2 Working Together to Safeguard Children (2018) requires that each organisation has a named nurse for children, a named midwife and a named doctor. The NHS Standard Contract states that there must be leads in Child sexual abuse/exploitation; mental capacity and LPS, plus a Prevent Lead.
- 2.3 Each of the four Trusts within the Collaborative can provide assurance that:
  - They have a Safeguarding Policy (for both adults and children) that is in date and reflects national legislation and regulatory requirements
  - They have a dedicated and established safeguarding service
  - They have a named Executive Director responsible for the Safeguarding function and process – this is the Chief Nurse at each Trust.
  - Partnership working is a statutory requirement of The Children Act (2004) and Care Act (2014). Each Trust works collaboratively with all local authorities (and beyond) in which each organisations sits and the Integrated Care Board (ICB) to safeguard our patients and staff. The joint Children and Adults Integrated Safeguarding Board (ISB) meets quarterly with Trust and Integrated Care Board (ICB) representatives. The ISB provides assurance to the Trust Board from the strategic objectives and the North West London ICB Safeguarding Health Outcomes Framework (SHOF) to ensure the Trust is meeting its statutory safeguarding functions.
  - Each Trust also provides safeguarding assurance to the Care Quality Commission (CQC), and the Brent, Ealing and Harrow North West London (NWL) Integrated Care Board (ICB).
  - Each Trust has a named nurse, named doctor and named midwife for safeguarding children and young people.
- 2.4 Each Trust has a local safeguarding committee which oversees the provision of safeguarding services across its Trust and seeks assurance that these services are in

place and effective. Membership includes Trust named professionals, designated professionals from the Integrated Care Board (ICB), local authority safeguarding representatives and senior nurses from the clinical divisions. These committees focus on assurance, key decision-making, professional challenge and transferring knowledge and learning back to frontline staff. Each Trust provides regular updates throughout the year as well as the annual reports, to its local Trust Quality Committee.

### **3 Key priorities**

- 3.1 NHS England key safeguarding work streams for 2022 -23 relevant to the Trusts within the Acute Provider Collaborative were identified as:
- Mental Capacity (Amendment) Act 2019
  - Domestic Abuse Act 2021 and Serious Violence Duty 2022
  - Sexual Abuse in sports
  - Female genital mutilation information system
- 3.2 A key area of focus for each Trust is the continued delivery of enhanced safeguarding families training at level 3 for children, adults and maternity.
- 3.3 Each Trust will work towards standardising the formats of the safeguarding reports and the data that is available. This will take into consideration equality and diversity aspects in partnership with the ICB.

### **4 Training**

- 4.1 The Intercollegiate Document Guidance underpins safeguarding training for both adults for Safeguarding Adults, NHS England (2018). The documents describe roles and responsibilities, and details the level of training required. Each level of training requires that staff need to complete a minimum number of hours training over a three-year period and that these training hours can be met by undertaking a variety of different training interventions.
- 4.2 Each Trust achieved over 85% training compliance for level 1 & level 2 safeguarding training for both adults and children.

### **5 Domestic Abuse**

- 5.1 The recognition of domestic abuse is a high priority for the safeguarding teams at each Trust. It is included in the safeguarding adult and children training. Staff are also encouraged to complete the eLearning specifically for domestic abuse.

### **6 Learning Disabilities**

- 6.1 Learning disabilities and autism remain a priority of the NHS Long Term Plan. Each Trust has a processes in place to ensure patients accessing one of our hospitals have timely and equitable care, and reasonable adjustments are made. There is also collaborative working with the multi-disciplinary teams in relation to assessing, planning, implementing, and evaluating care from admission to discharge.
- 6.2 Training remains a priority, to improve staff knowledge and skills, which will increase on-site expertise to provide person centred care. Learning disability awareness training is included in the safeguarding level 3 training.
- 6.3 The Oliver McGowan training has now been approved by Parliament and learning disability and autism awareness training is now mandatory for all NHS and social care staff. This is now being rolled out across all Trusts within the Collaborative.

## **7 Mental capacity and Deprivation of Liberty**

- 7.1 The Mental Capacity Act 2005 provides a legal framework for acting and making best interest decisions on behalf of people aged 16 and over who lack the capacity to make a particular decision at a specific time. The Deprivation of Liberty Safeguards (DoLS) is an amendment to the Mental Capacity Act 2005. DoLS is a legal framework for individuals aged 18 and over who lack the capacity to consent. To deprive a person of their liberty, hospitals can apply urgent authorisation and apply for standard authorisation from the person's local authority.
- 7.2 Each Trust has an MCA policy, training, and the Safeguarding Team and Legal Team provide supervision and guidance for staff. The safeguarding teams continue to raise MCA and DoLS awareness through training, supervision and visibility on the wards to support staff to embed MCA and DoLS in practice.
- 7.3 In April 2022, the Mental Capacity (Amendment) Act (2019) was expected to come into effect to replace Deprivation of Liberty Safeguards (DoLS) with Liberty Protection Safeguards (LPS). However, this has been delayed due to the Covid pandemic and the government plans to engage in further consultation prior to releasing the final Code of Practice. It is anticipated LPS will provide a more streamlined response by including persons aged 16 and over, transferring responsibility for authorising deprivations from local authorities to NHS bodies in certain cases; and reducing the number of cases in which specialist assessors are required. People who might have an LPS authorisation include those with dementia, autism and learning disabilities who lack the relevant capacity.

## **8 PREVENT**

- 8.1 Prevent forms part of the Counter Terrorism and Security Act 2015. It is concerned with preventing children and vulnerable adults becoming radicalised into terrorism. NHS Trusts are required to train staff to have knowledge of Prevent and radicalisation and to spot vulnerabilities that may lead to a person being radicalised. The purpose of Prevent is for staff to identify and report concerns of whom they believe may be vulnerable to radicalisation or exploitation.
- 8.2 At each Trust, Prevent Basic awareness training is covered by safeguarding adult level 1 training and the level 3 workshop to raise awareness of Prevent (WRAP) is covered within safeguarding children level 3. More comprehensive Prevent Level 3 training is available online. The safeguarding teams all complete the full Prevent level 3 training.
- 8.3 Any referrals to Prevent are via the safeguarding children/adult processes and discussed with the safeguarding lead and/or the Prevent Trust Lead.

## **9. Data**

- 9.1 Each Trust has published its safeguarding data within its annual report/s. Due to the differing size of each Trust it is not possible to draw comparisons across the collaborative in terms of the number of referrals each Trust has received.

## **10. Conclusion**

- 10.1 All four Trusts within the Acute Provider Collaborative have published their annual safeguarding reports for 2022/23; these provide assurance that their safeguarding frameworks and practices are compliant with the national statutory duties and mandatory requirements required to safeguard adults and children.

10.2 The annual reports for 2022/23 are available to view on the individual Trust websites:

- Chelsea and Westminster Hospital NHS Foundation Trust [Children's Safeguarding report](#) & [Adult's safeguarding report](#)
- [Imperial College Healthcare NHS Trust Safeguarding report](#)
- [London North West Hospital NHS Trust Safeguarding report](#)
- [The Hillingdon Hospital NHS Foundation Trust Safeguarding report](#)

## 4.3 INFECTION PREVENTION & CONTROL ANNUAL REPORT - ROBERT

BLEASDALE

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### REFERENCES

Only PDFs are attached



4.3 Infection prevention and control annual report.pdf

NWL Acute Provider Collaborative Board in Common (Public)

16/01/2024

Item number: 4.3

This report is: Public

# Collaborative Infection Prevention and Control

## Annual Report 2022-23

Author: Robert Bleasdale Marie Price  
Job title: Chief Nursing Officer Deputy Director of Corporate Governance  
Chelsea and Westminster NHS FT

Accountable director: Robert Bleasdale  
Job title: Chief Nursing Officer, Chelsea and Westminster NHS FT

### Purpose of report

Purpose: Decision or approval

The Board in Common is requested to:

Approve this summary of the Infection Prevention and Control (IPC) Annual Reports for each Trust in the Collaborative covering the period 1 April 2022 to 31 March 2023.

Receive assurance that in addition to each local Trust Quality Committee scrutinising and approving the detailed IPC Annual Report for its respective Trust, that the Collaborative Quality Committee has reviewed this summary report and recommends approval by the BiC.

Note that each local Trust has published their detailed IPC Annual Reports on their websites.

### Report history

Outline committees or meetings where this item has been considered before being presented to this meeting.

#### Trust Quality Committees

Each Trust Quality Committee received, reviewed and approved their respective Infection Prevention and Control Annual Reports for 2022/23 during Q1/Q2 of 2023/24

#### Collaborative Quality Committee

12/12/2023  
Recommended for approval to BiC, subject to assurance that the IPC Board Assurance Framework (BAF) will be considered at collaborative level and that water/ventilation reports included in IPC annual report.

## Executive summary and key messages

This paper summarises the key findings from the statutory annual IPC reports for the period 1 April 2022 to 31 March 2023 for the four Trusts within the North West London Acute Provider Collaborative. The four Trusts (in alphabetical order) are:

- Chelsea and Westminster Hospital NHS Foundation Trust
- Imperial College Healthcare NHS Trust
- London North West University Healthcare NHS Trust (LNWH)
- The Hillingdon Hospitals NHS Foundation Trust

Each individual Trust has submitted its own annual IPC report to its Board Quality Committee which has scrutinised the content and approved the respective reports. All four Trusts within the Acute Provider Collaborative have published their annual IPC reports for 2022/23; these provide assurance that their IPC governance and practice is compliant with the national statutory and mandatory requirements required to reduce healthcare associated infections.

The Collaborative Quality Committee recommended this summary report for approval by the BiC, subject to assurance that the specific IPC Board Assurance Framework (BAF) (a nationally mandated separate BAF) would be considered at a collaborative level. This is being actioned in early 2024 following review of all four IPC BAFs. The Committee also asked for assurance that there were water and ventilation reports in each IPC annual report. It is confirmed following review that this is included in each.

## Strategic priorities

Tick all that apply

- Achieve recovery of our elective care, emergency care, and diagnostic capacity
- Support the ICS's mission to address health inequalities
- Attract, retain, develop the best staff in the NHS
- Continuous improvement in quality, efficiency and outcomes including proactively addressing unwarranted variation
- Achieve a more rapid spread of innovation, research, and transformation

Click to describe impact

## Impact assessment

Tick all that apply

- Equity
- Quality
- People (workforce, patients, families or careers)

- Operational performance
- Finance
- Communications and engagement
- Council of governors

Click to describe impact

## Reason for private submission

Tick all that apply

- Commercial confidence
- Patient confidentiality
- Staff confidentiality
- Other exceptional circumstances

If other, explain why

# North West London Acute Provider Collaborative Infection Prevention Control Annual Report 2022-23

## 1. Introduction

- 1.1. This report provides assurance that during 2022/23, each of the North West London (NWL) Acute Provider Collaborative (APC) Trusts has met their statutory requirements as set out in the Health and Social Care Act 2008, Code of Practice on the Prevention and Control of Infection and related guidance (2015).
- 1.2. The publication of the Infection Prevention and Control (IPC) Annual Report is a requirement for all NHS Trusts. All four reports can be found on each Trust website.
- 1.3. This report outlines the governance arrangements for IPC, the 2022/23 mandatory surveillance reporting of healthcare associated infections (HCAs) performance summary, surgical site infections, anti-microbial stewardship, compliance with hygiene standards, education and training and local audits.
- 1.4. The report concludes with a summary of the work underway across the APC to ensure the highest standards of IPC for our local patients and population.

## 2. The Governance of IPC across the Collaborative

- 2.1. All NHS Trusts must establish a clear and transparent governance and reporting structure for IPC within their organisations. Each of the four Trusts within the Collaborative can provide assurance that:
  - They have a dedicated executive lead, with corporate responsibility for IPC within their Trust. This lead is the designated 'Director of Infection Prevention and Control' (DIPC).
  - They have a Trust Infection Control Committee chaired by the executive lead
  - Regular reports on IPC performance are received and scrutinised first through each Trust's executive leadership management board/team and then through to the Quality Committee
  - Further reporting takes place through the APC Quality Committee and is reported through to the four Trusts' Board in Common (BiC)
  - They have a dedicated and established IPC team, reporting to the executive lead, to ensure the implementation and monitoring of the required standards
  - Learning with regard to IPC forms part of the duties of each Trust and the APC Quality Committee, with IPC being mandatory training for staff
  - Risks in relation to IPC are recorded and reviewed on a monthly basis through the IPC team and wider divisional team meetings, and in turn reported to the executive management leadership board/team meeting and Quality Committee

- Any risks relating to IPC that sit on the Board Assurance Framework are considered at the Trust's Quality Committee and the Audit and Risk Committee.

### 3. Reporting requirements

#### 3.1. Mandatory surveillance reporting of Health Care Associated Infections (HCAIs)

**3.1.1.** All NHS Trusts are required to nationally report on specific categories of HCAIs. This reporting is coordinated by the UK Health Security Agency (UKHSA) on behalf of the Department of Health and Social Care (DHSC) using a data capture system (DCS). In doing this, national trends can be identified and progress monitored.

**3.1.2.** Mandatory surveillance reporting is required for:

- *Clostridioides difficile* infection (CDI)
- MRSA BSI
- Escherichia coli BSI
- Pseudomonas aeruginosa BSI
- Klebsiella BSI
- MSSA (Methicillin sensitive staphylococcus aureus) BSI

**3.1.3** The classification of healthcare associated infections is as below:

- **Hospital onset healthcare associated (HOHA):** Specimen date is  $\geq 3$  days after the current admission date (where day of admission is day 1)
- **Community onset healthcare associated (COHA):** Is not categorised HOHA and the patient was most recently discharged from the same reporting trust in the 28 days prior to the specimen date (where day 1 is the specimen date)
- **Each acute Trust thresholds comprises of both HOHA and COHA cases.** All thresholds for 2022/23 were derived from a baseline of the 12 months ending November 2021. The UKHSA used this as it is the most recent available data.

**3.1.4** The following table shows the position for each Trust during the period 1 April 2022 to 31 March 2023. As demonstrated below all Trusts exceeded the threshold set for MRSA, MSSA, E.Coli and C.Difficile (with the exception of the Hillingdon). Whilst cases of C.Difficile and MRSA undergo an RCA investigation with improvement work taking place, there is an opportunity to share practice and work collaboratively as providers and with the ICS. Therefore a separate improvement group has been established across the APC.

Thresholds have been set for each organisation and these are monitored through the governance processes within Trusts. The position for the APC is one mirrored nationally, with increasing numbers of infections. It is important that whilst conducting individual case reviews, the narrative flags those patients who presented with infection on admission but are classified as HAI due to timing of the blood culture or an unrelated previous admission in the last 28 days. Each organisation continues to review how they can improve modifiable risk factors in

order to prevent infections, as well as identifying patients at the earliest opportunity for interventions to improve patient management and care.

		E. coli	Klebsiella spp	Pseudomonas aeruginosa	C. difficile	MRSA	MSSA
North West London ICS	Recorded infections	1377	456	209	335	33	363
	Threshold (YTD)	1,155	436	204	354	0	294
Chelsea & Westminster Hospital	Recorded infections	102	44	23	27	7	35
	Threshold (YTD)	73	39	23	25	0	29
Imperial College Healthcare	Recorded infections	115	60	38	90	5	46
	Threshold (YTD)	95	78	44	67	0	38
London North West University Healthcare	Recorded infections	156	70	45	79	6	50
	Threshold (YTD)	92	69	41	64	0	31
The Hillingdon Hospitals	Recorded infections	39	18	4	26	5	13
	Threshold (YTD)	29	11	8	31	0	10
APC Total	Recorded infections	412	192	110	222	23	144
	Threshold (YTD)	289	197	183	187	0	108

**Notes:**

**NWL ICS** – includes all cases (Community and Acute Trusts)

**Acute Trusts:** Includes Hospital-onset and Healthcare-associated (HOHA) & Community-onset Healthcare-associated (COHA) cases

It should be noted that up to two thirds of patients with infections, depending on the nature/type, come into hospital with the infection.

### 3.2. Surgical site infection (SSI)

**3.2.1.** SSIs are a significant cause of HCAI and can result in poor clinical outcomes, negatively affecting wound healing and rehabilitation. Coordinated surveillance and action can support a reduction in rates of SSI. Each Annual Report provides assurance on the work underway in each trust to minimise SSIs.

**3.2.2.** Each Trust is required to carry out Total Hip replacement (THR) and Total Knee replacement (TKR) surveillance continuously through the year using criteria set by the UKHSA. The IPC Annual Reports do not record any significant areas of concern in relation to this and are broadly lower or in line with the national average of 0.3%.

### 3.3. Antimicrobial stewardship

**3.3.1.** Good antimicrobial stewardship (AMS) can optimise safe, appropriate and economic use of antimicrobial agents to improve patient outcomes from infection while minimising negative consequences such as HCIA's and the development of antimicrobial resistance, which is a rising global concern.

**3.3.2.** Each IPC Annual Report sets out arrangements and progress within each Trust on antimicrobial stewardship over the reporting period including the positive work in aligning antimicrobial guidance across the NWL sector.

## 4. Education and Training

**4.1.** Core training on IPC is required within each organisation and is well embedded in each of the NWL APC Trusts.

4.2. A national IPC education framework was released in March 2023 which provides a basis for enhanced IPC training across trusts, and providers are working through this.

4.3. All trusts demonstrated over 90% compliance rates with mandated training overall during the reporting period.

## 5. Auditing and Monitoring

5.1. Each trust has robust processes in place for auditing and monitoring staff compliance with IPC standards. This includes use of catheters, cleaning standards, personal protective equipment (PPE) and hand hygiene. To support compliance each trust ran a series of internal campaigns, and communications activity throughout the year, raising awareness with staff at all levels.

## 6. Plans for the year ahead

6.1. As part of the Acute Collaborative Quality group, an IPC improvement group has been established to share best practice and agree approaches across the four trusts in addition to working with the ICS. The group have agreed to focus on the following key areas and will report through the acute provider collaborative quality committee.

- Standardise winter planning and outbreak management
- Improvement to management of HAI through shared learning
- Standardise surveillance systems for early detection and monitoring of HAI and AMS metrics
- Penicillin de-labelling programme to improve better access to antimicrobials, reduce reliance on unnecessary broad spectrum antimicrobials and reduce health inequity and antimicrobial resistance

## 7. Conclusion

7.1. All four Trusts within the Acute Provider Collaborative have published their annual IPC reports for 2022/23; these provide assurance that their IPC governance and practice is compliant with the national statutory and mandatory requirements required to reduce healthcare associated infections.

7.2. The annual reports for 2022/23 are available to view on the individual Trust websites. Please see the links below:

- [Chelsea and Westminster NHS Foundation Trust Annual Report on Infection Prevention and Control](#)
- [Imperial College NHS Trust Annual Report on Infection Prevention and Control](#)
- [London North West Annual Report on Infection Prevention and Control](#)
- [Hillingdon NHS Hospitals Foundation Trust Infection Prevention and Control Annual Report](#)

## 4.4 LEARNING FROM DEATHS REPORT - JON BAKER

### REFERENCES

Only PDFs are attached

 4.4 Learning from deaths report .pdf

NWL Acute Provider Collaborative Board in Common (Public)

16/01/2024

Item number: 4.4

This report is: Public

# Collaborative Learning from Deaths Quarter two 2023/24 summary report

Author: Shona Maxwell  
Job title: Chief of staff, Imperial College Healthcare NHS Trust

Accountable directors: Jon Baker, Alan McGlennan, Roger Chinn, Raymond Anakwe & Julian Redhead  
Job title: Chief medical officers / Medical directors

## Purpose of report

Purpose: Information or for noting only

Trusts are required to report data to their board on the outcomes from their learning from deaths process. This is achieved through a detailed quarterly report to individual Trust quality committee, with this overarching summary paper drawing out key themes and learning from the four acute provider collaborative (APC) trusts. This report is presented to the APC quality committee and the Board-in-common with individual reports in the reading room.

## Report history

### Trust Quality Committees

Various  
Individual trust reports were reviewed at each quality committee and approved for onward submission.

### Acute Provider Collaborative mortality surveillance meeting

27/11/2023  
Trust reports were reviewed and the contents of this paper discussed and agreed.

### Acute Provider Collaborative Quality Committee

12/12/2023  
This report was discussed, the on-going actions endorsed and the report approved for onward submission to the Board-in-common.

## Executive summary and key messages

- 1.1. In line with national guidance each Trust provides a quarterly report to their quality committee on mortality surveillance and other learning from deaths processes. This report provides a summary of the quarter two 2023/24 reports. Individual trust reports are provided in the reading room.
- 1.2. A standardised report template is now in place. Trusts continue to transition to using it and to populate the performance scorecard. Work is underway to include data for outstanding metrics in the quarter three reports.
- 1.3. The existing reports provide assurance that deaths are being scrutinised in line with requirements and learning shared and acted upon through Trust governance processes.
- 1.4. Our mortality rates continue to be lower than, or as expected, when compared nationally, with regular review of these occurring both internally and through the APC quality committee. The Hillingdon Hospitals NHS Foundation Trust (THHFT) have an “as expected” hospital standardised mortality ratio (HSMR) and standardised hospital mortality indicator (SHMI), although both are reducing and are below the national benchmark of 100, with all others remaining “lower than expected”.
- 1.5. There continue to be low numbers of cases where clinical concerns are identified through Level 2 reviews. This aligns with consistently good mortality rates and small numbers of incidents reported overall where the harm to patients is confirmed as severe or extreme/death.
- 1.6. There were no new improvement themes identified this quarter. Work to improve care at the end of life, a consistent theme across most quarters, continues with local actions in place and joint work through the APC quality priority workstream.
- 1.7. All Trusts are investigating variations between observed and expected deaths by diagnostic group. Reviews undertaken in quarter two were presented to the APC mortality surveillance group in November. No new themes or trends were identified. The reviews are continuing and will be reported in each Trust’s quarterly reports once complete.
- 1.8. Changes have been made to standardise mortality review triggers and the Level 2 death review grading system used which were implemented to support improved comparison of outcomes and identification of cross-trust learning. Further work is now progressing to review how each Trust screens, refers, and completes these reviews. This will complete in January 2024, with recommendations reporting to the executive APC quality meeting and the APC mortality surveillance group.
- 1.9. Work undertaken to review palliative care coding has demonstrated variation. This may be due to a number of factors, including palliative care service provision or different processes in place to record when specialist palliative case has been provided. Improvement recommendations will be identified once the full review is completed.

## Strategic priorities

Tick all that apply

- Achieve recovery of our elective care, emergency care, and diagnostic capacity
- Support the ICS’s mission to address health inequalities
- Attract, retain, develop the best staff in the NHS

- Continuous improvement in quality, efficiency and outcomes including proactively addressing unwarranted variation
- Achieve a more rapid spread of innovation, research, and transformation

Improving how we learn from deaths which occur in our care will support identification of improvements to quality and patient outcomes.

## Impact assessment

Tick all that apply

- Equity
- Quality
- People (workforce, patients, families or careers)
- Operational performance
- Finance
- Communications and engagement
- Council of governors

Mortality case review following in-hospital death provides clinical teams with the opportunity to review 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 and experience for patients and their families.

## Main report

### 2. Learning and Improvements

- 2.1. Each Trust has processes in place to ensure learning from deaths happens after all in-hospital deaths and that this is shared and actions implemented where required.
- 2.2. There are no issues for escalation to this committee.
- 2.3. The key theme for improvement from reviews undertaken in this quarter relates to care at the end of life, including recognition and timely referral to palliative care, agreement and documentation of advanced care planning/treatment escalation plans and the involvement of patients and families in these processes. This theme is consistent with previous quarters with local trust work in place as well as an APC wide priority work stream, progress with which is reported separately to this committee.
- 2.4. Other themes/actions for improvement identified by individual Trusts are set out below:
  - **CWFT:** communication between clinical teams, particularly at handover, and end of life care, both of which are quality priorities for the Trust.
  - **ICHT:** evidence of sustained improvements in communication and team working. Falls management remains an area of risk which correlates with incident data. A trust wide safety improvement programme is in place.
  - **LNWH:** processes have been developed to enhance the observation of infants in the postnatal ward to address sudden and unexpected collapse.
  - **THHFT:** reviews completed in this quarter identified good MDT communication and early identification of patient deterioration.

### 3. Thematic Review

3.1. A shared core data set has been created for use in all learning from death reports but there have been challenges around the collection and reporting of some data items. Trusts are reporting the data that they have available and work continues to include outstanding data in the Q3 reports. The APC mortality surveillance group will continue to monitor the roll out of this shared data set.

#### 3.2. Mortality rates and numbers of deaths

3.2.1 HSMR and SHMI data shows that each Trust continues to have a rolling-12 month HSMR below the national benchmark of 100. CWFT, ICHT and LNWH are 'lower than expected'. THHFT remains 'as expected', but both measures are on a downward trajectory.

3.2.2 Trend and funnel plot visualisations of HSMR and SHMI mortality rates at Trust and APC level are included in the board in common clinical outcomes performance report and can be found in the appendix of this report.

3.2.3 HSMR and SHMI diagnostic group data has been reviewed by the APC mortality surveillance group, with variation noted. Trusts have agreed to review HSMR diagnostic groups with a score above 100 to understand the differences. These include:

- **CWFT:** Residual codes – unclassified (this is a coding issue rather than a clinical indicator).
- **ICHT:** Non-Hodgkin's lymphoma, Intracranial injury.
- **LNWH:** Cancer of liver and intrahepatic bile duct, Cardiac arrest and ventricular fibrillation, other psychoses, Residual codes, unclassified, Short gestation, low birth weight, and fetal growth reduction.
- **THHFT:** Other Perinatal Conditions, Open wounds of head, neck and trunk and Pancreatic disorders (not diabetes).

3.2.4 Reviews of the SHMI diagnostic group data will be taken forward once the outputs of the HSMR reviews have been analysed.

3.2.5 The outputs of local reviews are included in individual Trust learning from death reports and summarised below:

- **CWFT:** No diagnostic groups requiring further learning and review were identified.
- **ICHT:** In addition to the diagnostic group review, specialty level reviews are undertaken (as that is how care is delivered). No clinical concerns reported following review in critical care, anaesthetics and cardiology, neurosciences review will report in Q4.
- **LNWH:** Initial review of patients in five diagnostic groups did not identify any issues or emerging risks. Final outcomes of these reviews will be included in the quarter three report.
- **THHFT:** Reviews are underway and will be reported in quarter three report.

3.2.6 Site level HSMR data has been provided by Telstra Health UK and was discussed at the APC mortality surveillance group. The table below shows most recent data available. All reported sites are below 100 and have a low relative risk.

Provider Rolling 12 month HSMR	May 22 to Apr 23
CWFT (CheWest)	68.6
CWFT (West Middx)	83.6

<b>Provider Rolling 12 month HSMR</b>	<b>May 22 to Apr 23</b>
ICTH (St Mary's)	72.4
ICTH (Charing Cross)	70.6
ICTH (Hammersmith)	68.7
LNWH (Northwick)	92.2
LNWH (Ealing)	82.7
THHFT (Hillingdon)	92.7

3.2.7 Three sites have been removed from reporting as the numbers of deaths are very low which causes too much variation for the data to be used effectively. These sites are Queen Charlotte's and Chelsea Hospital (ICTH), Mount Vernon (THHFT) and St Marks (LNWH).

### 3.3. **Medical examiner reviews**

3.3.1 All Trusts have a medical examiner service in place who scrutinise in-hospital deaths.

3.3.2 ICTH is reporting an emerging theme related to delays in issuing of medical certificates of cause of death which is being caused by delays in receiving summary of death certificates (SoDCs) from medical colleagues which has been exacerbated by industrial action. An improvement plan is being developed and trajectories for improvement will now be set.

3.3.3 Trusts continue to work collaboratively to expand medical examiner scrutiny to all non-coronial deaths occurring in NWL boroughs. The original date for the community pathway becoming a statutory requirement was April 2023 and the new NWL pathway went live ahead of this date to ensure readiness across the sector. However, the legislation was delayed and the Department of Health and Social Care have now confirmed that it will pass in April 2024.

3.3.4 A task and finish group continues to meet to embed the pathway and encourage primary care to refer deaths ahead of the statute date. In the meantime, the ME services continue to scrutinise deaths when these are referred from primary care however numbers remain low.

3.3.5 All four Trusts have started to provide weekend ME scrutiny, prioritising urgent cases i.e. faith deaths requiring urgent body release and neonatal and paediatric deaths. Learning from each Trust will feed into collaborative work that aims to establish a shared weekend medical examiner service ahead of statutory implementation.

### 3.4. **Level 2 reviews**

3.4.1 Deaths where there are concerns, or which meet certain agreed criteria, are referred on by the medical examiner for a case note 'Level 2' review. The percentage of deaths referred for a Level 2 review during quarter two varies across each Trust, from 6% at LNWH, 9% at THHFT, 17% at ICTH and 43% at CWFT.

3.4.2 A shared set of 'triggers' for these reviews was implemented at the end of quarter one to allow consistent reporting on themes. CWFT have retained a local trigger where potential learning was identified at initial screening by consultants (33% of cases), this explains the higher percentage referral data.

- 3.4.3 Analysis of the data shows that 'Unexpected deaths' was the most frequently used trigger at ICHT (56% of referrals) and LNWH (60% of referrals). The end of life and palliative care lead at ICHT is reviewing all unexpected deaths as this is the first quarter this has been a Level 2 trigger in the Trust. Findings will be presented in the next report. Referrals made by the Medical Examiner is the most frequently used trigger at THHFT (50% of cases referred).
- 3.4.4 Given the variation in screening, review methodology and reporting, the APC mortality surveillance group agreed to review this further, making recommendations to the executive led APC quality meeting. This will take place in January 2024.
- 3.4.5 All trusts have implemented the CESDI scoring system to identify whether a death was avoidable in order to produce standard outputs from Level 2 reviews. Out of 151 completed in this quarter, four possibly avoidable deaths were identified (2.65%, one at LNWH and three at ICHT) and one probably avoidable death occurred at ICHT (0.66%).
- 3.4.6 Outcomes show low numbers of cases where definite issues are confirmed through level 2 review which is reassuring. For quarter one:
- **CWFT:** Sixty-seven completed with no cases of sub-optimal care that might have made a difference to the patient's outcome.
  - **ICHT:** Sixty-six completed with three cases of sub-optimal care that might have made a difference to the patient's outcome (5%) and one case where the sub-optimal care would reasonably be expected to have made a difference (2%). These cases have been referred for further investigation through the incident management process and will be discussed at the Trust death review panel once all investigations have completed.
  - **LNWH:** Four completed with one case of sub-optimal care identified that might have made a difference to the patient's outcome (25%). The Trust reported a decrease in reviews completed due to the impact of industrial action on the capacity of clinical teams.
  - **THHFT:** Fourteen completed with no cases identified where different care may have affected the patient outcome. The Trust reported similar issues around the impact of industrial action on case completion rates.

### 3.5. Other mortality reviews

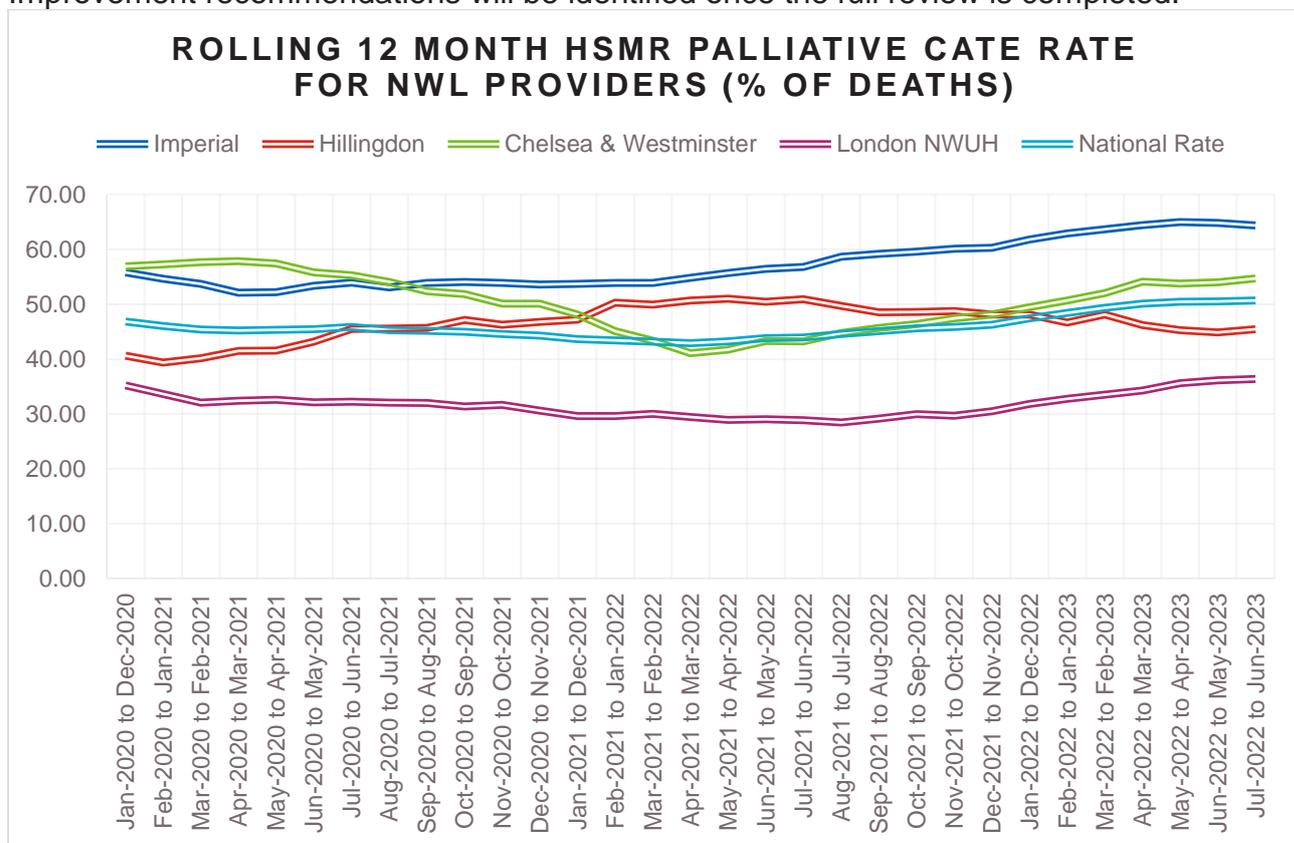
- 3.5.1 A number of other national processes are in place for review of deaths for specific cohorts of patients. These include the Perinatal mortality review tool (PMRT), Learning disability mortality review (LeDeR) and Child death overview panels (CDOP), which are described in the glossary below. Work has continued to align reporting of cases and outcomes from these process in each Trust and data is now being presented in scorecards.
- 3.5.2 ICHT have aligned PMRT reviews with adult death review processes for cases where sub-optimal care that could have affected the patient outcome has been identified. Work is underway to ensure recording and sharing learning from LeDeR reviews is more robust.
- 3.5.3 LNWH have made improvements in their monitoring of PMRT outcomes with monthly monitoring processes now in place. Reviews are underway for their internal processes for capturing, monitoring and learning from CDOP and LeDeR reviews.

## 4. Areas of focus

- 4.1. The APC mortality surveillance group is undertaking a review of palliative care clinical coding processes. The chart below shows the 12 month rolling HSMR palliative care rates

and demonstrates variation, with LNWH and THHFT having rates that are lower than the other two Trusts and below national average. This may be due to a number of factors, including palliative care service provision or because of the different processes in place to record when specialist palliative case has been provided.

4.2. Improvement recommendations will be identified once the full review is completed.



4.3. Local areas of focus include:

- ICHT have agreed a set of standards for specialty M&M meetings with divisional implementation plans now being developed. Progress will be reported through the quarterly LFD reports with compliance monitored accordingly.
- THHFT have also identified Specialty M&M meetings as an area for standardisation and improvement in their Trust. Work also continues with Medicine and Surgery divisions to recruit mortality leads for those divisions.
- LNWH neonatal team have made several changes over the quarter, including reviewing their mortality data system, for greater assurance and accountability.

## 5. Conclusion

5.1. The individual Trust reports provide assurance regarding each Trust's processes to ensure scrutiny of, and learning from, deaths in line with national guidance, with actions in place where the need to improve these further has been identified.

5.2. There continue to be low numbers of cases where clinical concerns are identified through Level 2 reviews. This aligns with mortality rates which are consistently good and small numbers of incidents reported overall where the harm to patients is confirmed as severe or extreme/death.

5.3. Agreed changes to processes for recording and reporting outcomes were implemented in this quarter and will over time improve how the collaborative uses data to identify and

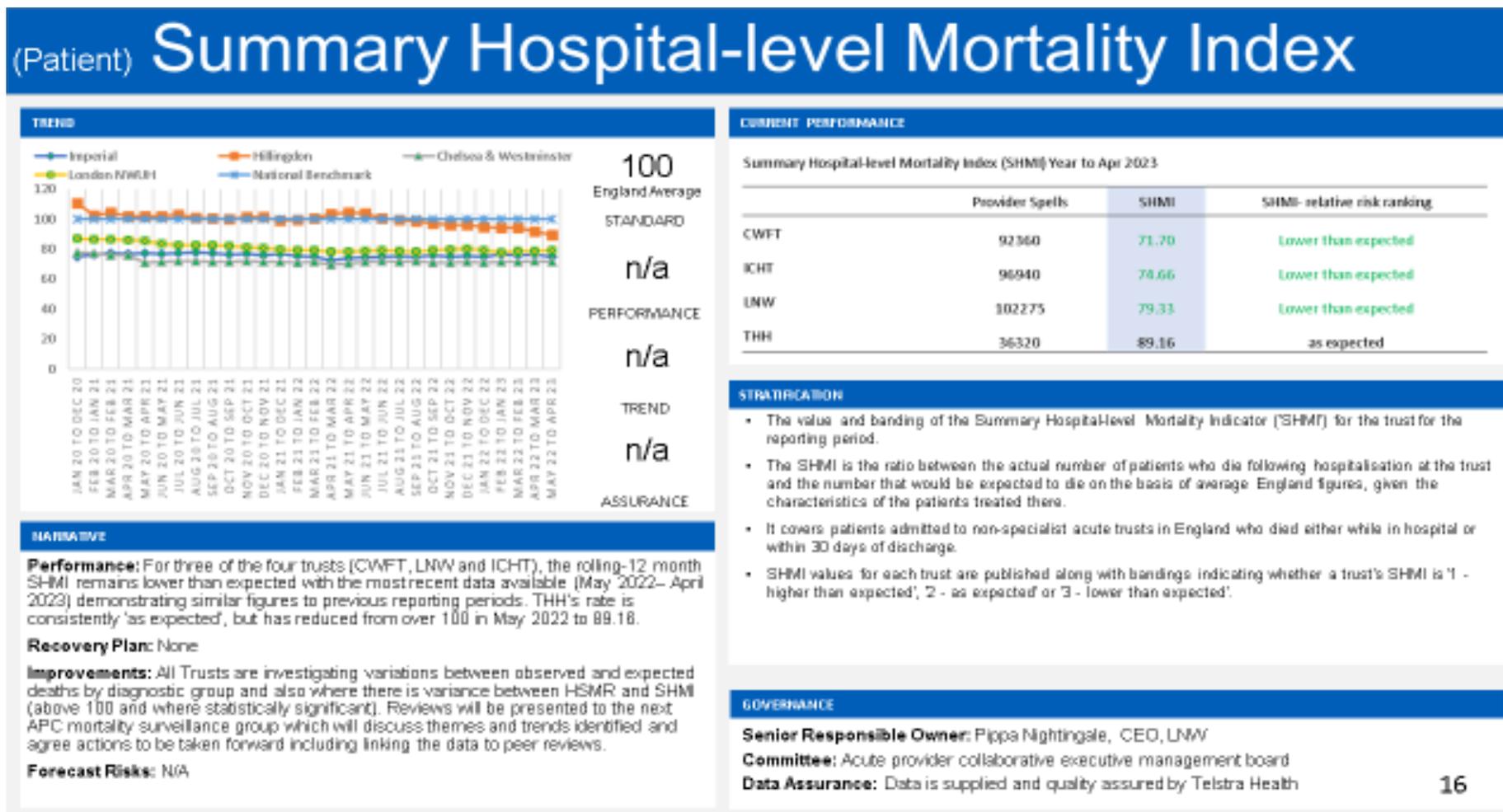
share learning from deaths. Implementation of these has initially highlighted the variation which still exists in our processes. This is under review and recommendations will be agreed with the executives and then at the next APC mortality surveillance group.

- 5.4. Local reviews into HSMR and SHMI diagnostic groups will be overseen through the APC mortality surveillance group and reported in this report going forward.

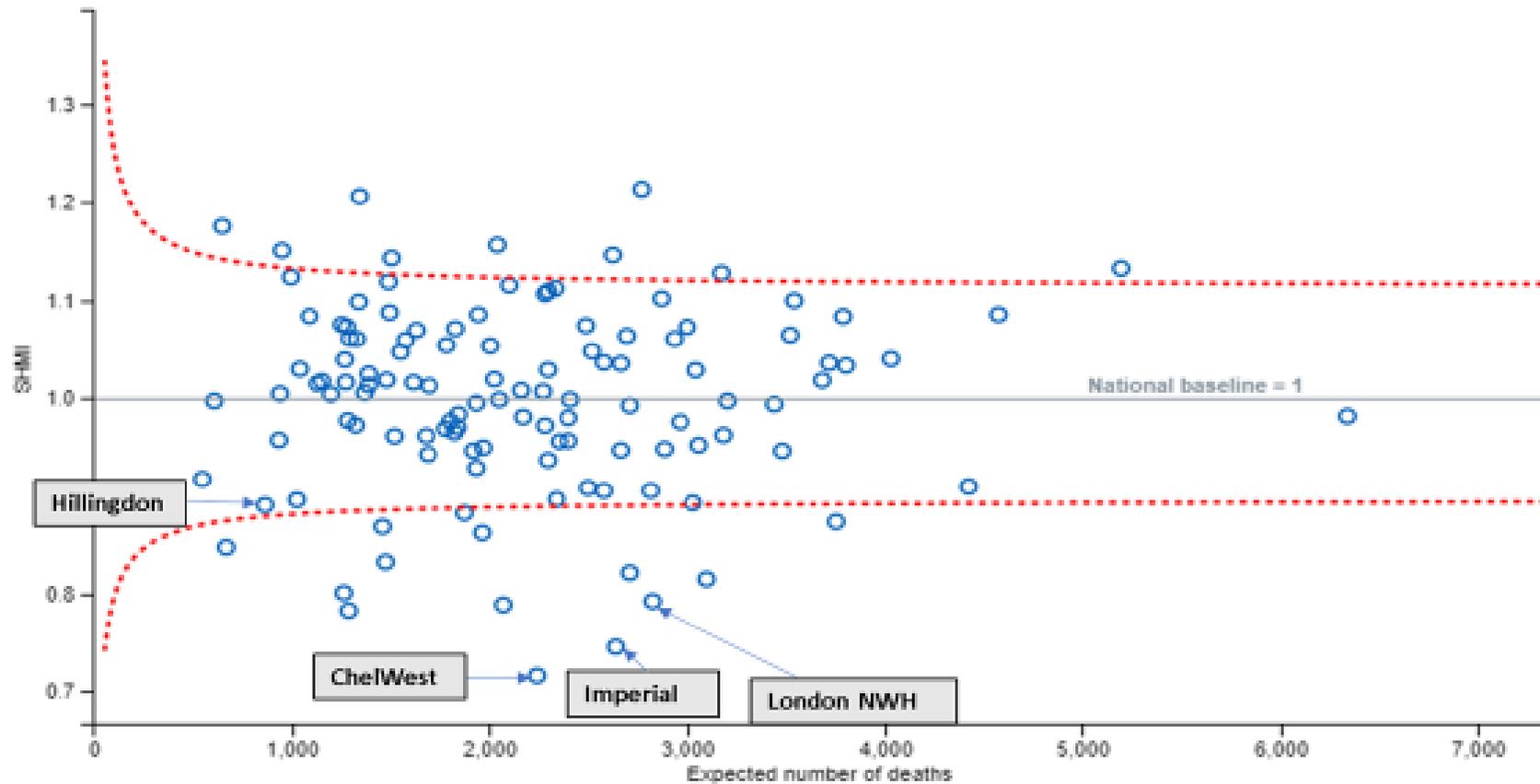
## 6. Glossary

- 6.1. **Medical Examiners** are responsible for reviewing every inpatient death before the medical certificate cause of death (MCCD) is issued, or before referral to the coroner in the event that the cause of death is not known or the criteria for referral has been met. The Medical Examiner will request a Structured Judgement Review if required or if necessary refer a case for further review and possible investigation through our incident reporting process via the quality and safety team. The ME will also discuss the proposed cause of death including any concerns about the care delivered with bereaved relatives.
- 6.2. **Level 2 reviews** are additional clinical judgement reviews carried out on cases that meet standard criteria and which provide a score on the quality of care received by the patient during their admission.
- 6.3. **Specialty M&M** reviews are objective and multidisciplinary reviews conducted by specialties for cases where there is an opportunity for reflection and learning. All cases where ME review has identified issues of concern must be reviewed at specialty based multi-disciplinary Mortality & Morbidity (M&M) reviews.
- 6.4. **Child Death Overview Panel (CDOP)** is an independent review process managed by Local integrated care boards (ICBs) aimed at preventing further child deaths. All child deaths are reported to and reviewed through Child Death Overview Panel (CDOP) process.
- 6.5. **Perinatal Mortality Review Tool (PMRT)** is a review of all stillbirths and neonatal deaths. Neonatal deaths are also reviewed through the Child Death Overview Panel (CDOP) process. Maternal deaths (during pregnancy and up to 12 month post-delivery unless suicide) are reviewed by Healthcare Safety Investigation Branch and action plans to address issues identified are developed and implemented through the maternity governance processes.
- 6.6. **Learning Disabilities Mortality Review (LeDeR)** is a review of all deaths of patients with a learning disability. The Trust reports these deaths to NHSE who are responsible for carrying out LeDeR reviews. SJRs for patients with learning disabilities are undertaken within the Trust and will be reported through the Trust governance processes.

Clinical outcomes performance report mortality data

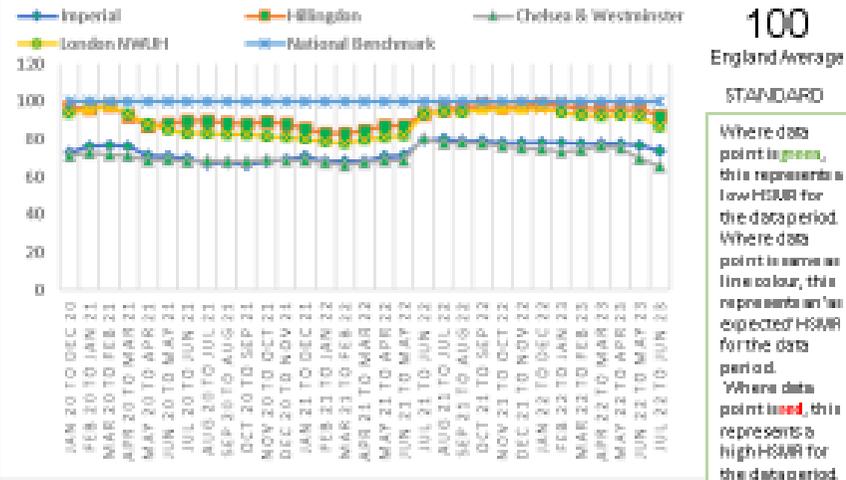


# (Patient) Summary Hospital-level Mortality Index



# (Patient) Hospital Standardised Mortality Ratio

## TREND



## NARRATIVE

**Performance:** The most recent data (for the year July 2022–June 2023) shows that each trust has a rolling 12-month ratio below the national benchmark. THH's rate remains as expected but is reducing.

**Recovery Plan:** N/A

**Improvements:** All Trusts are investigating variations between observed and expected deaths by diagnostic group and also where there is variance between HSMD and SHMI (above 100 and where statistically significant). Reviews will be presented to the next APC mortality surveillance group which will discuss themes and trends identified and agree actions to be taken forward including linking the data to peer reviews.

**Forecast Risks:** N/A

## CURRENT PERFORMANCE

Hospital Standardised Mortality Ratio (HSMD): Year to Jun 2023

	Provider Spalls	HSMD	HSMD - relative risk ranking
OWPT	44570	65.7	Lower than expected
ICHT	68570	73.4	Lower than expected
LNW	59970	66.7	Lower than expected
THH	14132	93.1	as expected

## STRATIFICATION

- HSMD is a summary mortality indicator. It is based on a subset of 55 diagnosis groups that give rise to approximately 85% of in hospital deaths.
- It is adjusted for case mix, taking into account factors such as age, gender, comorbidities, palliative care coding, deprivation, month of admission, method of admission, admission source, number of previous emergency admissions, discharge year.
- Each patient has a 'risk' of death based on these factors. Risks are aggregated to give an expected number of deaths.
- The HSMD is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die on the basis of average England figures and taking into account the adjustments outlined above.

## GOVERNANCE

**Senior Responsible Owner:** Pippa Nightingale, CEO, LNW

**Committee:** Acute provider collaborative executive management board

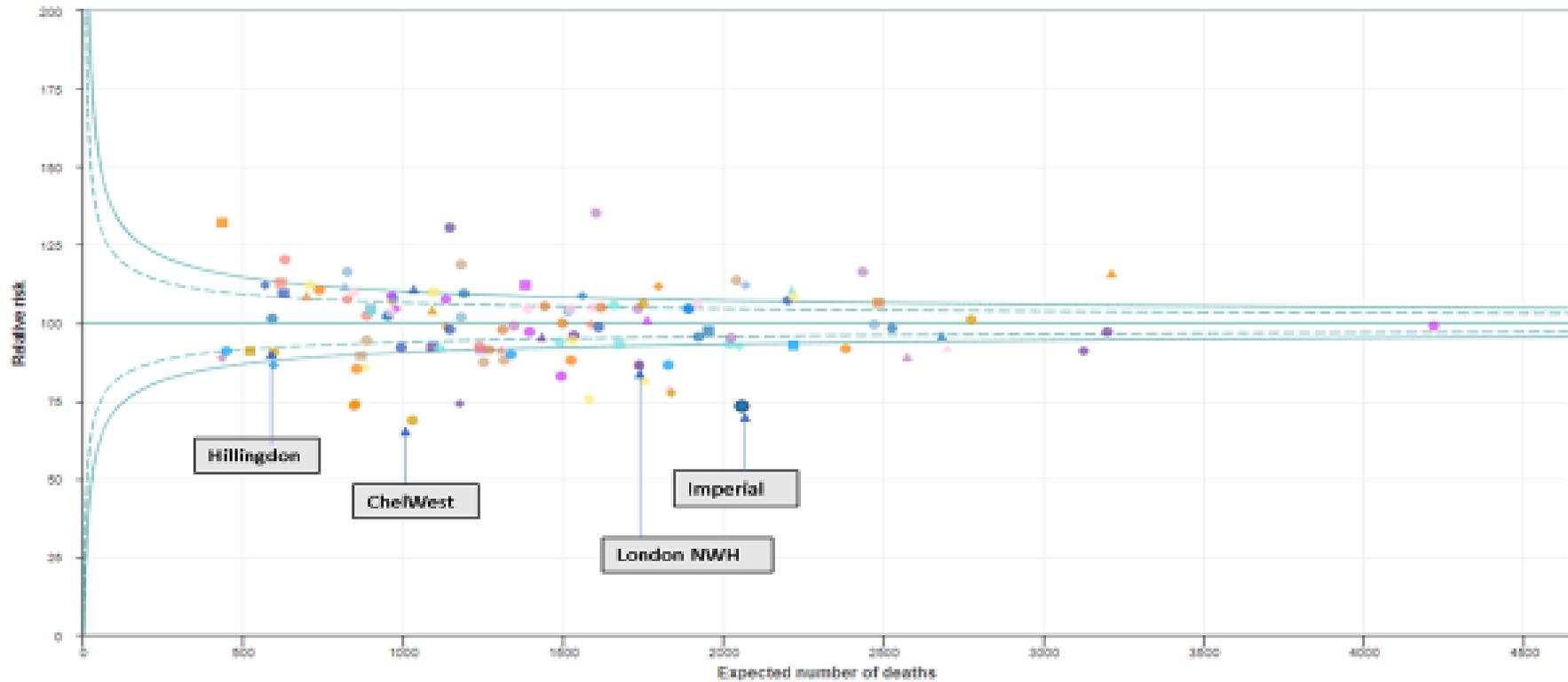
**Data Assurance:** Data is supplied and quality assured by Telstra Health

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# (Patient) Hospital Standardised Mortality Ratio

Diagnoses - HSMR | Mortality (in-hospital) | Jul-22 to Jun-23 | ALL (acute, non-specialist)

Pears # ALL (acute, non-specialist) Measure Relative risk Benchmark Model Group by Region (of provider) Show All



19

## 4.5 MATERNITY INCENTIVE SCHEME - PLAN FOR SUBMISSION - ROBERT

BLEASDALE

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### REFERENCES

Only PDFs are attached

 4.5 Maternity Incentive Scheme yr 5 end of year final.pdf

NWL Acute Provider Collaborative Board in Common (Public)

16/01/2024

Item number: 4.5

This report is: Public

# Maternity Incentive Scheme-Year 5 (End of year position)

Author: Robert Bleasdale  
Job title: Chief Nursing Officer – Chelsea and Westminster Hospital NHS FT

Accountable director: Robert Bleasdale  
Job title: Chief Nursing Officer – Chelsea and Westminster Hospital NHS FT

## Purpose of report

Purpose: Assurance

This report summarises the individual Trust position against the Safety Actions for year 5 of the Maternity Incentive Scheme (MIS) at the end of December 2023 and any areas of risk for delivery prior to the submission of the Board declaration to NHS Resolution on 1st February 2024. The report also provides further detail and assurance on the delivery of Saving Babies Lives v3 care bundle following its launch in July 2023.

## Report history

Outline committees or meetings where this item has been considered before being presented to this meeting.

**Acute Collaborative Executive Quality Meeting**  
Click or tap to enter a date.

Committee name  
Click or tap to enter a date.  
What was the outcome?

Committee name  
Click or tap to enter a date.  
What was the outcome?

## Executive summary

The Maternity Incentive Scheme (MIS) aims to support Maternity Services to deliver safer maternity care through recovery of an incentive element built into the Clinical Negligence Scheme for Trusts (CNST) contributions, where trusts can evidence compliance with all ten safety actions.

Year 5 of the Maternity Incentive Scheme (MIS) launched on 31<sup>st</sup> May 2022 with updated Technical Guidance and timescales to report compliance. The technical guidance supports Trusts in the requirements to deliver each element of the 10 safety actions. Some of the key additional requirements in year 5 are:

- SA3 additional requirements in regarding Transitional Care
- SA4 requirement to evidence skills of short and long term locums, including the provision of compensatory rest for the obstetric medical staff
- SA6 updated version of Saving Babies Lives (version 3) which has an additional element and process indicators for compliance
- SA8 updated version of the core competency framework with additional stretch targets for compliance
- SA9 strengthened elements regarding board oversight for maternity

In year 4 of the incentive scheme all 4 Trusts in the acute provider collaborative were complainant with all 10 elements of the safety scheme for year 4.

Each Trust is required to complete a quarterly review against the standards, and this should be considered by the Trust Board. This responsibility has been delegated to individual Trust Quality Committees and the Acute Provider Collaborative Quality Committee.

All Trusts have been working to achieve compliance with the incentive scheme, through established internal governance processes prior to the submission of the Trust Board declaration form to NHS Resolution on the 1<sup>st</sup> February 2024.

The below table shows the compliance position for each provider through the year, where the following RAG is used:

- Green – Compliant with Safety Action and evidence collated, on track to maintain compliance
- Amber - Compliance with Safety Action in progress, further evidence or action required to achieve compliance by year end
- Red - Compliance with Safety Action at risk of delivery or non-compliant

	Chelsea and Westminster				Hillingdon				London North West				Imperial			
	Q 1	Q 2	Q 3	Yr end	Q 1	Q 2	Q3	Yr end	Q 1	Q 2	Q3	Yr end	Q 1	Q 2	Q3	Yr end
<b>Total Green</b>	5	6	9	10	2	4	9	9	5	5	8	10	1	5	9	10
<b>Total Amber</b>	5	4	1	0	8	6	0	0	4	4	1	0	9	4	1	0
<b>Total Red</b>	0	0	0	0	0	0	1	1	1	1	1	0	0	0	0	0

Providers have completed an internal review of the evidence against each standard following the data reporting period closing in December 2023. In addition a peer review of compliance and evidence will be completed on the 27<sup>th</sup> January 2024 to ensure consistency of standards across the Acute Provider Collaborative and facilitate the sharing of practice for future years. Following this review provider CEO's will be asked to sign and submit the individual Trust declaration form ahead of the 1<sup>st</sup> February 2024. Individual Trust final positions will be discussed at the next Quality Committee.

## Recommendations

The committee is asked to note the individual Trust positions and the process for validation of evidence across the acute provider collaborative prior to the submission on 1<sup>st</sup> February 2024.

## Strategic priorities

Tick all that apply

- Achieve recovery of our elective care, emergency care, and diagnostic capacity
- Support the ICS's mission to address health inequalities
- Attract, retain, develop the best staff in the NHS
- Continuous improvement in quality, efficiency and outcomes including proactively addressing unwarranted variation
- Achieve a more rapid spread of innovation, research, and transformation

## Impact assessment

Tick all that apply

- Equity
- Quality
- People (workforce, patients, families or careers)
- Operational performance
- Finance
- Communications and engagement
- Council of governors

# [Main Report](#)

## 1. Background

The Maternity Incentive Scheme (MIS) aims to support Maternity Services to deliver safer maternity care through recovery of an incentive element built into the Clinical Negligence Scheme for Trusts (CNST) contributions, where trusts can evidence compliance with all ten safety actions. Trusts that cannot evidence that they have met all ten safety actions may be eligible for a small discretionary payment to assist them to make progress towards full compliance. Successful achievement of all 10 safety actions in year 4 of the incentive scheme resulted in a 10% reduction in the CNST premium.

On the 31<sup>st</sup> May 2023, NHS Resolution launched the fifth year of the CNST MIS with updated Technical Guidance including a range of additional requirements that needed to be met in order to be eligible to recover the incentive element of the scheme contributions.

The technical guidance supports Trusts in the requirements to deliver each element of the 10 safety actions. Some of the key additional requirements in year 5 are:

- SA3 additional requirements in regarding Transitional Care
- SA4 requirement to evidence skills of short and long term locums, including the provision of compensatory rest for the obstetric medical staff
- SA6 updated version of Saving Babies Lives (version 3) which has an additional element and process indicators for compliance
- SA8 updated version of the core competency framework with additional stretch targets for compliance
- SA9 strengthened elements regarding board oversight for maternity

In year 4 of the incentive scheme all 4 Trusts in the acute provider collaborative were complainant with all 10 elements of the safety scheme for year 4.

## 2. Reporting process

Individual Trusts are required to submit the board declaration form of compliance to NHS Resolution by 12 noon on 1<sup>st</sup> February 2024.

The Trust Board declaration form must be signed and dated by the Trust's Chief Executive Officer (CEO) to confirm that:

- The Trust Board are satisfied that the evidence provided to demonstrate achievement of the ten maternity safety actions meets the required safety actions' sub-

requirements as set out in the safety actions and technical guidance document included in this document.

- There are no reports covering either year 2022/23 or 2023/24 that relate to the provision of maternity services that may subsequently provide conflicting information to the declaration (e.g. Care Quality Commission (CQC) inspection report, Healthcare Safety Investigation Branch (HSIB) investigation reports etc.). All such reports should be brought to the MIS team's attention before 1 February 2024.

In line with the technical guidance Trust boards are required to receive and discuss the compliance position against MIS on a quarterly basis, including the individual Trusts final position prior to submission to NHS Resolution. In addition a number of safety actions stipulate oversight from the board. This oversight can be delegated to providers individual Board Quality Committees, and should be clearly articulated in the terms of reference and Trust scheme of delegation.

This delegation was approved at the Board in Common, with the scheme of delegation being updated to reflect that:

*‘The Quality Committee has the delegated authority of the Trust Board to govern compliance with all requirements of the Maternity Incentive Scheme including approval of the Board Declaration Form’.*

### **3. Trust position**

Each Trust has undertaken a quarterly self-assessment of compliance against each of the 10 Safety Actions. Trusts are required to collate evidence of compliance against each of the Safety Actions, and the self-assessment process includes a review of the evidence collated and its robustness.

The following colour ratings have been used for this process:

- Green – Compliant with Safety Action and evidence collated, on track to maintain compliance
- Amber – Compliance with Safety Action in progress, further evidence or action required to achieve compliance by year end
- Red – Compliance with Safety Action at risk of delivery or non-compliant

The below table demonstrates individual Trust positions at the end of December 2023, and provides the narrative of the action required to ensure compliance against the safety action or reason for non-compliance ahead of the submission in February 2024.

In order to ensure consistency of standards and robustness of evidence, there will be a peer review of evidence against each of the standards completed on 26<sup>th</sup> January 2024, which will have representation from each provider, ICS leadership team and colleagues from the LMNS.

Therefore it should be noted that the below compliance position has been completed prior to this. Where individual Trusts are collating further evidence or compliance is outstanding this has been reflected in the table below, with any actions outstanding.

### Self-assessment against the safety standards at the end of quarter 3

Safety Action	Chelsea and Westminster	Hillingdon	London North West	Imperial
<b>Safety Action 1:</b> Are you using the National Perinatal Mortality Review Tool to review and report perinatal deaths to the required standard?	Green	Green	Green	Green
<b>Safety Action 2:</b> Are you submitting data to the Maternity Services Data Set to the required standard?	Green	Green	Green	Green
<b>Safety Action 3:</b> Can you demonstrate that you have transitional care services to support the Avoiding Term Admissions into Neonatal units Programme?	Green	Green	Green	Green
<b>Safety Action 4:</b> Can you demonstrate an effective system of clinical workforce planning to the required standard?	Green	Green	Green	Green
<b>Safety Action 5:</b> Can you demonstrate an effective system of midwifery workforce planning to the required standard?	Green	Green	Amber  Compliant with 4 out of the 5 standards  Supernumerary status of coordinator is at risk, reviewing position for yearend compliance	Amber  Data under review to confirm compliance level with supernumerary status of the co-ordinator only. Executive review underway.
<b>Safety Action 6:</b> Can you demonstrate compliance with all five elements of the Saving Babies' Lives V3?	Amber  Action plans in place for element 1 (smoking), element 4 (fetal monitoring), element 5 (Preterm birth).	Green	Amber  Working through data extraction following move to Cerner to evidence full compliance.	Green

	Service forecasting 86% compliance year end and are finalising evidence for submission to improve compliance			
<b>Safety Action 7:</b> Can you demonstrate that you have a patient feedback mechanism for maternity services and that you regularly act on feedback?	Green	Green	Green	Green
<b>Safety Action 8:</b> Can you evidence that the maternity unit staff groups have attended as a minimum half day 'in-house' multi-professional maternity emergencies training session, which can be provided digitally or remotely, since the launch of MIS year three in December 2019?	Green	Red Based on the data for November the service will not meet the required training position of 90% across all staff groups.  A revised compliance rate was implemented of 80% for year 5 by NHSR due to the impact of industrial action.  The service is reviewing the December position and evidence of training completed by staff at other Trusts prior to starting at THH.	Green	Green
<b>Safety Action 9:</b> Can you demonstrate that the Trust safety champions (obstetric, midwifery and neonatal) are meeting bi-monthly with Board level champions to escalate locally identified issues?	Green	Green	Green	Green
<b>Safety Action 10:</b> Have you reported 100% of qualifying incidents under NHS Resolution's Early Notification scheme?	Green	Green	Green	Green
<b>Total Green</b>	<b>9</b>	<b>9</b>	<b>8</b>	<b>9</b>
<b>Total Amber</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>1</b>
<b>Total Red</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>

#### 4. Saving Babies Lives Care Bundle Version 3

The Saving Babies' Lives Care Bundle' (SBLCB) provides evidence-based best practice, for providers of maternity care across England to reduce perinatal mortality.

Building on the achievements of previous iterations, Version 3 includes a refresh of all existing elements, drawing on national guidance such as from the National Institute for Health and Care Excellence (NICE) or the Royal College of Obstetricians and Gynaecologists (RCOG) green top guidelines, and frontline learning to reduce unwarranted variation where the evidence is insufficient for NICE and RCOG to provide guidance. It also includes a new, additional element on the management of pre-existing diabetes in pregnancy based upon data from The National Pregnancy in Diabetes (NPID) audit. There are now 6 elements of care which providers should work to deliver:

### ***Element 1: reducing smoking in pregnancy***

Element 1 focuses on reducing smoking in pregnancy by implementing NHS-funded tobacco dependence treatment services within maternity settings, in line with the [NHS Long Term Plan](#) and [NICE guidance](#). This includes carbon monoxide testing and asking women about their smoking status at the antenatal booking appointment, as appropriate, throughout pregnancy. Women who smoke should receive an opt-out referral for in-house support from a trained tobacco dependence adviser who will offer a personalised care plan and support throughout pregnancy.

### ***Element 2: Fetal growth***

Element 2 covers fetal growth: risk assessment, surveillance, and management. Building on the widespread adoption of mid-trimester uterine artery Doppler screening for early onset fetal growth restriction (FGR) and placental dysfunction, Element 2 seeks to further improve FGR risk assessment by mandating the use of digital blood pressure measurement. It recommends a more nuanced approach to late FGR management to improve the assessment and care of mothers at risk of FGR, and lower rates of iatrogenic late preterm birth.

### ***Element 3: Raising awareness of reduced fetal movement***

Element 3 is focused on raising awareness of reduced fetal movement (RFM). This updated element encourages awareness amongst pregnant women of the importance of detecting and reporting RFM, and ensuring providers have protocols in place, based on best available evidence, to manage care for women who report RFM. Induction of labour prior to 39 weeks gestation is only recommended where there is evidence of fetal compromise or other concerns in addition to the history of RFM.

### ***Element 4: Effective fetal monitoring***

Element 4 promotes effective fetal monitoring during labour through ensuring all staff responsible for monitoring the fetus are competent in the techniques they use (IA and/or CTG) in relation to the clinical situation, use the buddy system, and escalate accordingly when concerns arise, or risks develop. This includes staff that are brought in to support a busy service from other clinical areas, as well as locum, agency or bank staff.

### ***Element 5: Reducing preterm birth***

Element 5 on reducing preterm birth recommends three intervention areas to reduce adverse fetal and neonatal outcomes: improving the prediction and prevention of preterm birth and optimising perinatal care when preterm birth cannot be prevented. All providers are encouraged to draw upon the learning from the existing [BAPM toolkits](#) and the wide

range of resources from other successful regional programmes (e.g. PERIPrem resources, MCQIC).

**Element 6: Management of pre-existing diabetes**

The new Element 6 covers the management of pre-existing diabetes in pregnancy for women with Type 1 or Type 2 diabetes, as the most significant modifiable risk factor for poor pregnancy outcomes. It recommends multidisciplinary team pathways and an intensified focus on glucose management within maternity settings, in line with the NHS Long Term Plan and [NICE guidance](#). It includes clear documentation of assessing glucose control digitally; using HbA1c to risk stratify and provide additional support/surveillance ([National Diabetes Audit data](#)); and offering consistent access to evidence based Continuous Glucose Monitoring (CGM) technology to improve glucose control (NICE and NHS plan).

In addition to the provision of safe and personalised care, achieving equity and reducing health inequalities is a key aim for all maternity and neonatal services and is essential to achieving the National Safety Ambition. Each element in SBLCB v3 has been reviewed to include actions to improve equity, including for babies from Black, Asian and mixed ethnic groups and for those born to mothers living in the most deprived areas, in accordance with the NHS [equity and equality guidance](#).

As part of the [Three year delivery plan for maternity and neonatal services](#), NHS trusts are responsible for implementing SBLCBv3 by March 2024 and integrated care boards (ICBs) are responsible for agreeing a local improvement trajectory with providers, along with overseeing, supporting, and challenging local delivery.

Individual provider compliance against each element is shown below. For the MIS year 5, 70% compliance is required overall by the end of the scheme, with a minimum 50% compliance in each of the domains. Where domains are below 70% an action plan should be in place to achieve compliance.

Red <49%                      Amber 50% - 69%                      Green 70% and above

	Chelsea & Westminster			The Hillingdon Hospital			London North West University			Imperial Hospital		
	Q 1	Q 2	Q 3	Q 1	Q 2	Q3	Q 1	Q 2	Q3	Q 1	Q 2	Q3
Element 1	Not available as recommendations published in May 2023	40%	70%	Not available as recommendations published in May 2023	14.8%	52%	Not available as recommendations published in May 2023	60%	60%	Not available as recommendations published in May 2023	80%	90%
Element 2		55%	55%		46.9%	83%		70%	75%		80%	95%
Element 3		100%	100%		62.5%	100%		100%	100%		100%	100%
Element 4		20%	40%		66.9%	69%		40%	60%		60%	80%
Element 5		14%	44%		40.6%	56%		70%	67%		59.3%	85.2%
Element 6		100%	100%		64%	83%		100%	100%		66.7%	83.3%

## **5. Summary**

- 5.1 All Trusts have established internal mechanisms in place to monitor and provide assurance against the Maternity Incentive Scheme year 5.
- 5.2 Chelsea and Westminster Hospital NHS Foundation Trust, Imperial College Healthcare NHS Trust and London Northwest NHS are forecasting full compliance against the 10 safety standards, subject to submission of further evidence and successful peer review process.
- 5.3 The Hillingdon Hospital NHS Foundation Trust are forecasting a non-compliant position at year end. The Hillingdon is currently unable to meet the requirements of Safety Action 8, which requires 80% of staff across all professional groups to be compliant with training, and an action plan in place to achieve 90%. The service is currently completing a review of compliance for December and ensuring they have evidence of staff training prior to starting in the Trust, but there is a risk of non-compliance in this standard.
- 5.4 Trusts will complete a peer review process which will include colleagues from NWL ICS on the 27<sup>th</sup> January 2024, prior to the submission of the declaration form on the 1<sup>st</sup> February 2024.
- 5.5 Following submission of Trust declaration forms the year end position will be discussed at provider Quality Committees. NHS Resolution will then review the position across the country and may ask to review provider evidence before making a decision on any reduction in premium or redistribution of monies to support compliance.

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REFERENCES

Only PDFs are attached



5.1 People Collaborative Committee Chair's Highlight Report final.pdf

NWL Acute Provider Collaborative Board in Common (Public)

16/01/2024

Item number: 5.1

This report is: Public

## People Collaborative Committee Chair's Highlight Report

Author: Dawn Clift  
Job title: Director of Corporate Affairs LNWH

Accountable director: Janet Rubin  
Job title: Chair of the Collaborative People Committee

### Purpose of report

Purpose: Assurance

The Board in Common is requested to receive assurance that the People Collaborative Committee met on 19 December 2023. The Chair of the People Collaborative Committee is invited to highlight any pertinent points from the meeting.

### Report history

Outline committees or meetings where this item has been considered before being presented to this meeting.

N/A

### Executive summary and key messages

The People Collaborative Committee met on 19 December 2023, the Committee received summary reports setting out progress with the priority workstreams which are detailed in this highlight report.

### Strategic priorities

Tick all that apply

- Achieve recovery of our elective care, emergency care, and diagnostic capacity
- Support the ICS's mission to address health inequalities
- Attract, retain, develop the best staff in the NHS

- Continuous improvement in quality, efficiency and outcomes including proactively addressing unwarranted variation
- Achieve a more rapid spread of innovation, research, and transformation

Click to describe impact

## Impact assessment

Tick all that apply

- Equity
- Quality
- People (workforce, patients, families or careers)
- Operational performance
- Finance
- Communications and engagement
- Council of governors

Click to describe impact

## Reason for private submission

Tick all that apply

- Commercial confidence
- Patient confidentiality
- Staff confidentiality
- Other exceptional circumstances

If other, explain why

# North West London Acute Provider Collaborative People Collaborative Committee Chair's Highlight Report to the NWL APC Board in Common (BiC) – for discussion December 2023

## Highlight Report

### 1.0 Purpose and Introduction

- 1.1 The role of the People Collaborative Committee is:-
- To oversee and receive assurance that the Trust level People Committees are functioning properly and identify areas of risk where collaborative-wide interventions would speed and improve the response.
  - To oversee and receive assurance relating to the implementation of collaborative-wide interventions for short- and medium-term improvements.
  - To identify, prioritise, oversee and assure strategic change programmes to drive collaborative-wide and ICS integrated improvements.
  - To draw to the Board in Common's attention matters they need to agree or note.

### 2.0 Key Highlights

- 2.1 The Committee received some assurance on the activity being undertaken across the North West London (NWL) Acute Provider Collaborative (APC) to increase Covid19 and Flu vaccination uptake for Health Care Workers. All four NWL APC Trusts have actively engaged with their workforce to encourage take up of both Covid19 and Flu vaccinations. Currently, the Flu and Covid19 vaccine take up is at 33.6% and 25.8% respectively; this is broadly comparative with the NWL ICS average, above the London average but below the national average. Take up across the NWL APC is lower than this time last year for both Covid19 and Flu. The Committee noted that both nationally and locally vaccine take up is lower this year. The Committee have requested that intelligence is gathered on the impact of the high number of unvaccinated staff e.g. in A&E, noted the fact that the CQUIN money will not be earned and that the trend of reducing sickness is likely to be reversed. Work will also be done to understand why a large proportion of staff have chosen not to be vaccinated and to learn from other Trusts such as Great Ormond Street Hospital who have achieved a good vaccine uptake. In future, consideration will be given to undertaking a single campaign across the NWL APC. The Committee requested that a more impactful campaign is run next year.
- 2.2 The Committee received the Acute Collaborative Dashboard, and the following key highlights were noted and discussed:
- Collectively we are reporting a total staffing position (substantive, bank & agency) of 1,927 WTE above the 2023/24 operating plan (5.6%) in October 2023, of which 40% (i.e. £22m) is due to unrealised cost improvement plans. Each of the Trusts are right-sizing staffing numbers to match the level of activity and income they are going to achieve.
  - Vacancy rates at collaborative level are a special cause improving variation and are below the collaborative target of 10%. Over the past year the collaborative vacancy level has been steadily reducing, reaching its lowest point now in October 2023 at 8.8%. This reduction in vacancies is the result of targeted recruitment campaigns, both at home and abroad, with a continuing focus to drive further improvement. Collaborative action is focussed on the hard to fill vacancies, which remain a cause for concern for those service areas.

- Voluntary turnover continues as a special cause improving variation as, over the last twelve months, there has been a steady reduction from 13.2% to the current position of 10.9% which is below the APC target of 12.0%. All Trusts have active retention projects and / or programmes and are part of a retention programme, supported by national resource, being initiated across the NWL ICS. The main Collaborative initiative on retention is the creation of a careers hub, a proposal for a common careers platform and a NWL APC staff transfer scheme.
- After a year of high sickness rates, the past eleven months have seen a steady decrease to the current rolling sickness absence rate of 4.1% which is a special cause improving variation. All Trusts have plans in place to manage absence, particularly long-term absence linked to Covid. Current absence levels are now within the expected seasonal range. Trusts continue to work locally to re-deploy staff and mitigate safe staffing risks as required, which can result in a higher reliance on temporary staff with increased numbers of bank and agency shifts being requested and filled to mitigate staffing gaps due to sickness absence.
- Agency spend, as a proportion of overall pay bill, is our productivity measure with a collective target set at 2%. Current performance for October 2023 was 3.0% and is a special cause improving variation. Reliance on agency workers is key for the delivery of some services, particularly where there is a national skills shortage such as for sonography and cardiac physiology and Trusts are working towards collective solutions in these areas. Continued collaborative work on temporary staffing remains the focus for reducing agency expenditure overall.
- Completion rates for non-medical Performance Development Reviews (PDR), is an area of focus, albeit we have seen an improvement over the past seven months with the metric continuing at a special cause improving variation. With the exception of non-medical appraisals at Imperial (which have a set window for completion) all Trusts operate a rolling programme for PDRs and are working towards the common target of 95% to drive improvement, which it is hoped will be met by the end of the year.
- It has been agreed that for Equality, Diversity and Inclusion there will be a quarterly update on progress towards the Model Employer Goals. At Acute Collaborative Provider (ACP) Level Black, Asian and minority ethnic employees represent 61% of total workforce. To enable the ACP to achieve its 2025 MEG goals, each senior pay band needs to reflect 61% of Black, Asian and minority ethnic staff within each pay band. The Committee will receive trend data going forward as to the recruitment of Black, Asian and minority ethnic people to address the current underrepresentation at Bands 8a to VSM.

2.3 The Committee received the workforce priority objectives:

- Reduce premium rate temporary staffing
- Elective Orthopaedic Centre workforce transition
- Recruitment hub for hard to fill vacancies
- Careers hub and staff transfer scheme
- Increase apprenticeship levy uptake
- Reduce violence, aggression, bullying and discrimination
- Scaling up project

2.4 The Committee received the Q3 update and there has been a continuing focus on developing the workstreams and progressing initiatives identified in Q1 and Q2. Risks have been identified across the majority of programmes with mitigations, whilst leads continue to update the position as the programmes develop. The Committee discussed in particular:

- 1) The reduction in Agency spend and the continued work to reduce Agency pay rates and the number of escalated shifts from doctors. There is evidence to show an increase in bank fill rates following the implementation of the new AFC rates.
- 2) The significant cost of the Agency Registered Mental Health Nurses (RMNs) and the work being done by Pippa Nightingale and Claire Murdoch (National Mental Health Director, NHS England) to look at the different staffing models of mental healthcare in the acute setting.
- 3) Work with Capital Consortium to recruit 50 international midwives for the four NWL APC Trusts.
- 4) Withdrawal of the NHS England funding of the apprenticeship levy and the work being done to meet the interim target of 50% by the end of the financial year, currently at 44% YTD utilisation.
- 5) Areas for learning in relation to reducing violence, aggression, bullying and discrimination include inclusive recruitment and a single EDI provider. A scheme of mentoring for Black and Minority Ethnic staff.

2.5 The Committee received a report on the actual Whole Time Equivalents (WTEs) vs Operating Plan for 2023/24. In September 2023, the actual reported staffing is 35,879 WTE, which is 4.6% (1,587 WTE) above the 2023/24 operating plan. Each Trust has reviewed their M6 staffing actuals against plan and quantified the WTE impacts by theme. The main themes that account for the total over-plan position is unrealised/unidentified CIPs, the use of RMNs and Specialising accounts, and industrial action. All Trusts are working to right size their workforce to meet the activity, income and financial envelopes for 2023/24. Focussing on both substantive staff changes as well as reducing bank and agency usage. Trust level actions are also in place. The analysis has been presented and accepted by the NWL APC Executive Management Board, and it was agreed that each Trust should focus on delivering their activity and Cost Improvement Plans. Work will also be done to improve the forecasting process. The Chief People Officers are key players to an achievable, efficient and balanced workforce plan, and a more detailed plan is required for successful delivery in 2024/25. This will require definitive plans to reduce the headcount which needs to be conveyed to managers and reflected in departmental budgets. This will enable a sustainable run rate going into the new financial year and affordable workforce plans.

2.6 The Committee received an update report on the Anchor Institution. The Acute Provider Collaborative collectively employs over 34,000 employees and therefore is an Anchor Institute within the NWL ICS. In Q2, 3,527 people were brought into meaningful employment or education and 1,697 were brought into employment, apprenticeships or paid work placements; over 1,200 of these people are from an underrepresented group. The Committee noted that 3,527 is the highest number recorded across London, which is very positive. Key programmes include Volunteer to Career, Care Leavers Covenant and International Recruitment.

2.7 Given that over 26% of the NWL APC vacancies are non-clinical roles below Band 7, the apprenticeship scheme and the Anchor Institution work are key to filling these posts.

2.8 The Committee received and noted the Local Trust People Committee reports.

### **3 Positive Assurances Received**

3.1 The Committee received positive assurance in the following areas:

- Vacancy rates
- Voluntary turnover
- Sickness absence
- Anchor Institution
- The Freedom to Speak Up recommendations arising from the planning and reflection tool.

## 4 Key Risks to Escalate

- 4.1 The risk and challenges surrounding the low vaccine uptake.
- 4.2 The need for a sustainable and affordable workforce plan and the work to be done to achieve a sustainable run-rate.
- 4.3 The work being done on temporary staffing; the consolidation of the bank rates and the increase in the nursing fill rates.

## 5. Concerns Outstanding

- 5.1 None.

## 6. Key Actions Commissioned

- 6.1 A formal and regular report of the NWL APC Freedom to Speak Up function to the Board in Common. This should include the overarching collaborative view and Trust-level analysis.
- 6.2 The Committee requested that evidence is gathered on the impact of low vaccination rates among Health Care Workers and that a more impactful campaign is run next year.
- 6.3 The Committee requested that work is done to formalise a staff transfer scheme across the NWL APC, as better staff retention is seen as a key strategic outcome of the NWL APC given the current loss of staff to other Trusts to do similar roles.

## 7. Decisions Made

- 7.1 There were no items for approval presented to the committee this month, so no decisions made.

## 8. Summary Agenda

No.	Agenda Item	Purpose	No.	Agenda Item	Purpose
1.	Staff vaccination update	Discussion	5.	Anchor Institution update	Discussion
2.	Acute Collaborative Dashboard	Discussion	6.	Local Trust People Committee reports Actions and Escalations	Noting
3.	Workforce Priority Objectives	Discussion	7.	Committee Forward Thinking	Discussion
4.	Over establishment of posts	Discussion			

## 9. Attendance

Members:	September attendance
Janet Rubin, Non-Executive Director, LNWH (Chair)	Y
Sim Scavazza, Non-Executive Director, ICHT	N
Simon Morris, Non-Executive Director, THHFT	Y
Ajay Mehta, Non-Executive Director, CWFT	Y
Pippa Nightingale, Chief Executive (LNWH) and Collaborative Lead for People and Workforce	Y
Attendees:	
Matthew Swindells, Chair in Common	Y
Dawn Clift, Director of Corporate Affairs (LNWH)	Y
Lindsey Stafford-Scott, Interim Chief People Officer (CWFT)	Y
Jo Fanning, Interim Chief People Officer (THHFT)	N
Tracey Connage, Chief People Officer, (LNWH)	Y
Kevin Croft, Chief People Officer (ICHT)	Y
Alexia Pipe, Chief of Staff to Chair in Common	Y

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REFERENCES

Only PDFs are attached



6.1 Digital and Data Collaborative Committee Chair's Highlight Report final.pdf

NWL Acute Provider Collaborative Board in Common (Public)

16/01/2024

Item number: 6.1

This report is: Public

# Digital and Data Collaborative Committee Chair's Highlight Report

Author: Vikas Sharma  
Job title: Trust Secretary THHFT

Accountable director: Steve Gill  
Job title: Chair of the Collaborative Digital and Data Committee

## Purpose of report

Purpose: Assurance

The Board in Common is requested to receive assurance that the Digital and Data Collaborative Committee met on 13 December 2023. The Chair of the Digital and Data Collaborative Committee is invited to highlight any pertinent points from the meeting.

## Report history

Outline committees or meetings where this item has been considered before being presented to this meeting.

N/A

## Executive summary and key messages

The Digital and Data Collaborative Committee met on 13 December 2023, the Committee received summary reports setting out progress with the priority workstreams which are detailed in this highlight report.

## Strategic priorities

Tick all that apply

- Achieve recovery of our elective care, emergency care, and diagnostic capacity
- Support the ICS's mission to address health inequalities

- Attract, retain, develop the best staff in the NHS
- Continuous improvement in quality, efficiency and outcomes including proactively addressing unwarranted variation
- Achieve a more rapid spread of innovation, research, and transformation

[Click to describe impact](#)

## Impact assessment

Tick all that apply

- Equity
- Quality
- People (workforce, patients, families or careers)
- Operational performance
- Finance
- Communications and engagement
- Council of governors

[Click to describe impact](#)

## Reason for private submission

Tick all that apply

- Commercial confidence
- Patient confidentiality
- Staff confidentiality
- Other exceptional circumstances

If other, explain why

# North West London Acute Provider Collaborative (NWL APC) Digital and Data (D&D) Collaborative Committee Chair's Highlight Report to the Board in Common (BiC) – for discussion December 2023

## Highlight Report

### 1.0 Purpose and Introduction

- 1.1 The role of the NWL APC Digital and Data (D&D) Collaborative Committee is:-
- To oversee and receive assurance that the Trust level processes governing Digital and Data are functioning properly and identify areas of risk where collaborative-wide interventions would speed and improve the response.
  - To oversee and receive assurance relating to the implementation of collaborative-wide interventions for short and medium term improvements.
  - To prioritise, oversee and assure strategic change programmes to drive collaborative wide and ICS integrated improvements in the management of digital/data infrastructure.
  - To draw to the NWL APC Board in Common's attention matters they need to agree or note.

### 2.0 Key Highlights

#### 2.1 Feedback from the D&D Workshop

- 2.1.1 The committee received an overview of the outcomes from the D&D Workshop held in October 2023. The purpose of the workshop was to confirm the draft 2024/25 priorities for D&D and these were tested against the expected benefits, dependencies, and sources of funding. The draft 2024/25 D&D priorities will be presented to the NWL APC Executive Management Board (EMB) in January for review / approval.

#### 2.2 D&D Priorities

- 2.2.1 The NWL APC D&D priorities for 2024/5 are still evolving as the NWL APC finalises the business plan and broader priorities for the year ahead and is by no means the full quantum of work being undertaken within the digital and data space.

- 2.2.2 The priority programmes are: -

- Information & Communication Technology (ICT) Infrastructure – Long Term Investment Plan
- Oracle Cerner Electronic Patient Record (EPR) and associated ecosystem
- Patient Empowerment
- Federated Data Platform (FDP) and Care co-ordination – Managing patient flow
- NWL APC D&D Strategy

#### 2.3 ICT Capital Programme 2024/25

- 2.3.1 The committee received the status of the ICT capital programme in each of the four NWL APC Trusts which highlighted some significant funding gaps (particularly at ICHT). The process of finalising the overall capital programme for 2024/5 has not yet been completed and a further update will be provided once the capital programmes are approved.

## **2.4 Plan for the adoption of the NHS Federated Data Platform**

2.4.1 The committee were provided with an update on the NHS Federated Data Platform (FDP). The contract to provide the software (FDP-AS) has now been awarded to a group led by Palantir Technologies UK, with support from Accenture, PwC, NECS and Carnall Farrar. IQVIA has been announced as the winning bidder for the NHS Privacy Enhancing Technology contract.

2.4.2 Given the delay in the planned award of the FDP by NHSE the workshop to review the FDP implementation plan for the NWL APC has been postponed but will be planned as soon as possible to fully explore the range of opportunities.

## **2.5 Plan for on-going Optimisation of Cerner**

2.5.1 The committee were provided with the emerging plans for the ongoing optimisation of Cerner.

## **2.6 Equality, Diversity & Inclusion (EDI) Update**

2.6.1 The three areas agreed as the D&D Committee EDI priorities are:

- Increase the % of patients where there is a complete record of their EDI characteristics recorded in their care record.
- Increase the % of staff where there is a record of their EDI characteristics recorded in the staff record (ESR)
- Ensure that the process for procurement of hardware and software considers patient and staff accessibility

2.6.2 Actions and owners have been identified and work will start in January 2024.

## **2.7 ICT Risk Register**

2.7.1 The committee received a high-level risk register collating common risks and those that arise as a result of the collaboration across the NWL APC. Further work will be undertaken to refine and clarify controls, mitigations, target scores, and risk appetite.

## **3.0 Positive Assurances Received**

### **3.1 Update on the Cerner Implementation at LNWH & THHT**

3.1.1 The committee received an assurance that the Cerner EPR deployment at both LNWH and THHT had gone well, and both are now in the stabilisation phase. Plans are in place for decommissioning of the main programme team from the end of December 2023 with stabilisation resources in place until the 31<sup>st</sup> March 2024. The £2.5m additional cost of stabilisation (11%) over the original plan has been built into the forecasts for LNWH and THHT. The D&D committee were also asked to recognise the support given to THHT and LNWH from NWL APC colleagues.

## **4.0 Key Risks to Escalate**

4.1 Potentially insufficient ICT Infrastructure funding.

## **5.0 Concerns Outstanding**

5.1 None

## **6.0 Key Actions Commissioned**

- 6.1 A final list of the D&D priorities for 2024/25 with the funding and resources (including ICT Infrastructure) associated with each priority will be provided at the next D&D Committee meeting in March 2024 following review / approval at the January NWL APC EMB.
- 6.2 A progress report on the EDI priorities along with a progress tracker will be provided to the D&D Committee quarterly.
- 6.3 NWL APC D&D Risk Register to be updated. The paper presented was at a high-level and requires refining to provide clarity around the controls and mitigations, the target risk scores, and risk appetite.
- 6.4 Further work will be undertaken to ensure the forward plan reflects the work required.

## 7.0 Decisions Made

- 7.1 None

## 8.0 Summary Agenda

No.	Agenda Item	Purpose	No.	Agenda Item	Purpose
1.	Feedback from the 26 October D&D Workshop	For Information	6.	Plan for the on-going optimisation of Cerner	Paper for Discussion
2.	Update on Cerner EPR implementation at LNWH and THHT	For Information	7.	Update on ICT governance arrangements	Verbal Update
3.	Draft D&D priorities for 2024/5	For Discussion	8.	Update on EDI	For Information
4.	Current ICT Capital Programme 2024/25	For Information	9.	ICT Risk Register	For Information
5.	Plan for the adoption of the NHS Federated Data Platform (FDP)	For Discussion	10.	Forward Plan 2023/24	For noting

## 9.0 Attendance

Members	December attendance
Steve Gill (D&D Chair; Vice Chair CWFT/NED THHT)	Y
Nick Gash (NED - ICHT/THHT)	Y
Neena Modi (NED – ICHT/CWFT)	Y
Syed Mohinuddin (NED – LNWH/CWFT)	Y
Simon Morris (NED – THHT/LNWH)	N
Janet Campbell (Associate NED THHT)	N
Patricia Wright (Lead CEO - THHT)	Y
Simon Crawford (Director of Strategy – LNWH & Senior Information Risk Owner (SIRO) Representative)	Y
Kevin Jarrold (Joint Chief Information Officer – ICHT/CWFT)	Y
Robbie Cline (Joint Chief Information Officer – LNWH/THHT)	Y
Sanjay Gautama (Consultant anaesthetist & Chief Clinical Information Officer (CCIO) Representative)	Y
Bruno Botelho (NWL APC Programme Director & Operations Representative)	Y
Mathew Towers (Business Intelligence (BI) Representative)	N
<b>In Attendance</b>	
Matthew Swindells (NWL APC Chair in Common)	Y
Alexia Pipe (Chief of Staff to the Chair in Common)	Y
Peter Jenkinson (Director of Corporate Governance)	Y
Leigh Franklin (Assistant Trust Secretary - THHT (minutes))	Y

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REFERENCES

Only PDFs are attached



6.2 OracleCerner Report.pdf

NWL Acute Provider Collaborative Board in Common (Public)

16/01/2024

Item number: 6.2

This report is: Public

## LNWH / THHFT OracleCerner EPR Report

Author: Robbie Cline  
Job title: Chief Information Officer LNWH/THHFT

Accountable director: Simon Craford and Jason Seez  
Job title: Deputy CEO's LNWH \ THHFT

### Purpose of report

Purpose: Assurance

To provide an update on the deployment of the OracleCerner Electronic Patient Record (EPR) at London North West University Healthcare NHS Trust (LNWH) and The Hillingdon Hospitals NHS Foundation Trust (THHFT) and progress with stabilisation and adoption.

### Report history

Outline committees or meetings where this item has been considered before being presented to this meeting.

Committee name Click or tap to enter a date. What was the outcome?	Committee name Click or tap to enter a date. What was the outcome?	Committee name Click or tap to enter a date. What was the outcome?

### Executive summary and key messages

This paper provides an update on the OracleCerner Electronic Patient Record (EPR) deployment at London North West University Healthcare NHS Trust (LNWH) and The Hillingdon Hospitals NHS Foundation Trust (THHFT). It is important to note the recognition of the fantastic support given to both LNWH and THHFT from Acute Provider Collaborative colleagues during the respective implementations.

Both Trusts are now fully live on the Shared Oracle Cerner Domain. There are inevitably some post go live challenges following the deployment and these are set out in this paper along with the arrangements that have been put in place to address these challenges.

The two Trusts are going through a stabilisation period between now and the 31<sup>st</sup> March 2024 with the aim of returning to steady state in terms of activity and then formally closing the programme and transitioning to business as usual.

The technical, operational, and clinical challenges that remain have been set out in this paper and these are being formally managed through the programme stabilisation governance structure that has been established.

The Board are asked to note the residual issues that are being addressed, the progress to date and ongoing steps for the programme.

## Strategic priorities

Tick all that apply

- Achieve recovery of our elective care, emergency care, and diagnostic capacity
- Support the ICS's mission to address health inequalities
- Attract, retain, develop the best staff in the NHS
- Continuous improvement in quality, efficiency and outcomes including proactively addressing unwarranted variation
- Achieve a more rapid spread of innovation, research, and transformation

[Click to describe impact](#)

## Impact assessment

Tick all that apply

- Equity
- Quality
- People (workforce, patients, families or careers)
- Operational performance
- Finance
- Communications and engagement
- Council of governors

[Click to describe impact](#)

## Reason for private submission

Tick all that apply

- Commercial confidence
- Patient confidentiality
- Staff confidentiality
- Other exceptional circumstances

If other, explain why

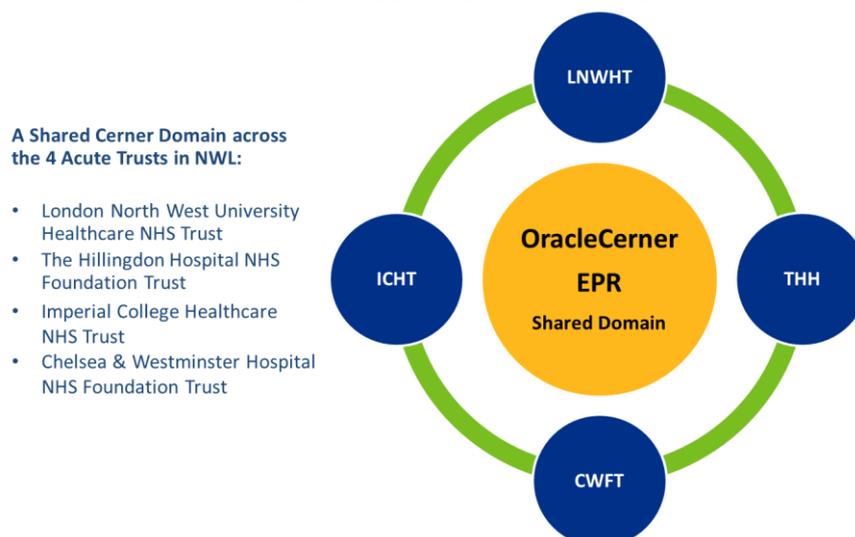
## **1. Introduction**

- 1.1 Both LNWH and THHFT have now completed the successful go live on the OracleCerner EPR shared domain. This means that all 12 hospitals of the four acute trusts in NWL use the same EPR solution which delivers significant benefits for both patients and staff across the sector.
- LNWH implemented the OracleCerner EPR over the weekend of the 18th of August with a phased deployment and go live across the Trust during the following weeks.
  - THHFT implemented the OracleCerner EPR over the weekend of the 3rd of November with a phased deployment and go live across the Trust during the following weeks.
- 1.2 The Trusts are now working through a period of stabilisation and adoption to maximise the benefits from the new EPR solution and to resolve any residual issues from the go live. This deployment represents a massive organisational change for the Trusts and whilst it will deliver significant benefits for patients and staff in the medium to long term, there has inevitably been some initial disruption as everyone becomes familiar with the configuration of the system and new ways of working. There is now a period of stabilisation up to the end of March 2024 to resolve any residual issues or challenges with the new system.
- 1.3 The deployment began back in June 2021 following an extensive business case approval process and a procurement exercise that resulted in the selection of OracleCerner as the preferred EPR solution. The deployment has taken place over a 2-year period leading up to the go lives at LNWH and THHFT. This included focused workstreams on key areas such as clinical workflow, systems integration, data migration, testing, training and stakeholder engagement in readiness for the go live. As a result of the detailed preparation and pre-go-live testing the implementation at both Trusts has been a success.

## **2. Summary of EPR Deployment**

- 2.1 The deployments at LNWH and THHFT now results in a single integrated EPR across the four acute trusts in NWL as they now share the same EPR solution based on a single “domain”. This means that clinicians at all four trusts have access to a shared patient record, which delivers significant benefits for patients treated at the different hospitals; in particular in the emergency pathway where rapid access is given to the patient’s clinical record including attendances at the other sites.
- 2.2 A good example of benefits to patients is drug allergies and alerts. If a patient has been seen at any one of our hospitals and an allergy has been recorded, then this will be alerted to other appropriate clinicians in the sector prescribing treatment or drugs for the patient.
- 2.3 Clinicians will have access to details of previous medications, pathology and radiology results and important clinical documentation for the patient.
- 2.4 Another example of immediate benefits relates to the recent Elective Orthopaedic Centre (EOC) which treats patients across the sector and the single shared EPR has been a key enabler for this new service.

## OracleCerner Shared Domain



- 2.5 Prior to this both LNWH and THHFT had fragmented systems and a low level of digital maturity. Systems were fragmented between emergency departments, inpatient and outpatient care, theatres, and other support services. There was a heavy reliance on paper process and document scanning which is now fully digital. The NWL sector now has an acute patient shared record with largely seamless clinical workflow to support the Integrated Care System.
- 2.6 The solutions deployed at LNWH and THHFT alongside those already in place at Imperial College Healthcare NHS Trust (ICHT) and Chelsea and Westminster Hospital NHS Foundation Trust (CWFT) include the following:
- Patient Administration (Inpatients, outpatients, day cases)
  - Emergency Department (A&E)
  - Clinical Documentation
  - Clinical Correspondence
  - Order Communications (Pathology and Radiology request and results)
  - Theatres & Anaesthesia
  - Bedside Medical Device Integration (BMDI)
  - Vital Signs Integration
  - Electronic Prescribing & Medicine Administration (EPMA)
  - Critical Care
  - Maternity
  - Sepsis \ Acute Kidney Injury (AKI) Alerts
- 2.7 These are now integrated on a single shared domain providing a single patient record rather than fragmented across multiple systems. This has the potential to deliver very real benefits to patients whose clinical information will be available, where appropriate to clinicians delivering care.
- 2.8 The four Trusts are looking at the potential for further benefits to patients and staff from the shared domain, this will include efficiency savings from a joined up shared approach to key support services such as.
- Shared back-office IT functions
  - Consolidation of patient administration functions
  - Joint clinical support services
  - Sector elective hubs (e.g. Elective Orthopaedic Hub)

- Combined specialty services (e.g. Infection Control, Safeguarding)

### 3. **Challenges with the New System**

- 3.1 Whilst there are significant benefits from this new integrated EPR solution, it is to be expected that such a massive organisational change will encounter some challenges and teething problems. Whilst overall the implementation can be judged a success there are a number of specific issues that may impact the patient experience and are being addressed as part of the stabilisation phase of the programme.
- 3.2 Both Trusts have put in place formal stabilisation arrangements to capture, track and resolve any issues raised related to the new system. A number of dedicated task and finish groups have been setup with a Stabilisation Programme Board overseeing progress. This will continue until full transition to Business as Usual. The objective is to formally close the programme by the 31st of March 2024.
- 3.3 A single issues log is collated to capture all risks and issues in one place, to enable tracking and resolution.
- 3.4 These are reviewed and updated at the weekly Working Group and fortnightly Stabilisation Programme Board meetings. The Stabilisation Programme Board is chaired by the Senior Responsible Officers (SROs) with membership including Senior Operational and Clinical leads including the respective Chief Clinical Information Officers (CCIOs) and Chief Nursing Information Officers (CNIOs). Dedicated resources which include the retention of experienced and skilled staff from the existing implementation team have been agreed to support the Stabilisation process at both Trusts through to the end of March 2024.
- 3.5 Whilst a range of issues exist, it is important to emphasise that in many areas the system operating effectively. Emergency and In-Patient care have adapted well to the new system and there is positive feedback. The key area of challenge is in Out-Patients and Diagnostic bookings and attendances with the high activity levels and turnover presenting additional problems for staff coming to terms with the new system, exacerbated by the doctor strikes that have resulted in the need for short term cancellations of appointments and the re-booking of those promptly in clinical and waiting time priority order.

### 4. **Key areas of challenge that are being addressed by both Trusts are:**

- **System Workflow, Operational Usage and Training support** - As part of the stabilisation process additional resources have been agreed to provide training and floorwalking support up to the end of March 2024. The floorwalking support is focused on those areas facing the biggest challenges and to identify any other issues impacting the optimal use of the system.
- **Clinical Correspondence**  
There have been issues with Clinical Correspondence in particular patient letters and patient addresses. There have been cases where patient letters have been sent to an old address. This is being investigated to identify if the correct process is being followed for NHS Spine Synchronisation. There are a cohort of patients that may need to be synchronised to ensure that the latest address details are held as per the spine.

There is also evidence of a correspondence backlog related to discharge summaries

and clinic letters. This is primarily training related and is being addressed through the additional training and floorwalking support.

- **Configuration and System Setup**

There have been a number of issues post go live related to system configuration. These have included clinic build and workflow issues relevant to individual services at individual sites. Some of these came about as a result of changes in clinic location, different naming conventions in Cerner set up prior to go-live and familiarisation of correct way to book patients.

- **Medical Device Integration**

There were some significant challenges at LNWH with Medical Device integration in the run up to go live and in the early post go live period. Good progress has now been made to resolve all of these issues. The Vital Signs device issues that were identified at go live were resolved during the THFT go live, this also resolved legacy issues experienced previously by Imperial and Chelsea & Westminster NHS Trusts.

There have been specific issues with Theatres & Anaesthesia, particularly at LNWH but changes to the physical equipment setup and the clinical parameters mapping that have seen significant improvements in this area.

- **Infrastructure & Device Connectivity**

Whilst there were some infrastructure challenges during the immediate go live periods with issues related to printing and Wi-Fi connectivity, this has now largely been resolved and call levels are returning to business as usual.

There are some connectivity issues with Workstations on Wheels (WOWs) in Theatres specifically at LNWH and these are being explored to determine if fixed Workstations would be more appropriate in these areas. There remain some intermittent issues with the 724 Business Continuity devices – a system which holds a copy of patients' records for use in downtime. This is currently being tracked and escalated with OracleCerner.

- **Business Intelligence (BI) Reporting, Data Quality and Data completeness**

There is focused attention on BI Reporting to ensure that data quality and data completeness is being maintained. This helps inform those areas that may require greater attention to ensure correct use of the system such as recording of out-patient attendance and outcoming and tracking of "Did Not Attends" (DNAs) There is also a focus on Maternity reporting to ensure validation of maternity data sets for submission.

The BI workstream also supports the accurate reporting of activity recovery. A broad range of activity reports have been produced to compare specialty activity levels with pre-go-live which are used to target resources at missing or incorrect data capture and/or coding of activity. It is also highlighting where planned activity is not back to pre-Cerner levels so support can be given to clinical teams as well as where there has been a rise in patient DNA's.

- **Key Performance Indicators (KPIs) Activity Recovery**

During the cutover and go live period at each Trust there was an agreed plan for activity reduction in outpatient clinics to enable staff to become familiar with the new system and new ways of working. The Trusts are working hard to ensure that activity

levels return to normal as soon as possible. The deployment has taken place against a challenging backdrop including the industrial action and where there is already a focus on recovery to reduce overall Waiting Lists.

Activity is not yet back to steady state, but the Programme Stabilisation Board is focused on implementing the changes necessary to address this by the end of March 2024. This includes the additional support around training and floorwalking, the clinic builds reconfigurations and the resolution of any residual technical issues. In addition at LNWH there are particular issues in the use of the system in OPs with less overbooking in clinics. There is a targeted focus on this area with additional resources to support the administrative teams and clinicians in place to end of March 2024.

- **Other Potential Risk or Issues**

The formal governance established for Stabilisation will continue to identify, track and resolve any risks or issues identified as the system settles in. This includes revising Topdesk reports, Datix and any issues raised by clinical and operational leads.

## **5. Sector Wide Challenges and Priorities for the Next 12 months**

- 5.1 During the implementation of Cerner at LNWH and THHFT there were limitations on the types of changes that could be made to the system to maintain the integrity of the many testing cycles that were carried out. This had an impact on ICHT and CWFT, as some of the developments they would have liked to have done have had to be postponed. Now that all four Trusts are live, a further change freeze is needed whilst the system is upgraded during the next Cerner Innovation Release.
- 5.2 A new Innovation release is now scheduled for May 2024. This will require further change freezes for all four Trusts but will bring the Shared Domain up to the latest release from OracleCerner. This is necessary to keep up to date with the latest version of the product to ensure ongoing support as part of the OracleCerner contract.
- 5.3 There is an Active APC Acute Change Board in place that includes clinical representation from all four trusts with a focus on improving system usability for all staff. The Change Board oversees the priority enhancements and developments that will improve the system for staff with the aim off improving the workflows and making the system more streamlined and efficient in line with frontline clinical priorities.

## **6. Conclusion**

- 6.1 LNWH and THHFT Trusts will continue to work through a period of stabilisation and adoption to maximise the benefits from the new EPR solution and to resolve any residual issues from the go live. There will also continue to be close collaboration across all four Trusts to maximise the benefits of the shared domain.
- 6.2 Stabilisation and adoption will continue through to the 31st March 2024 when the formal programme closes and then from 1st April 2024 move to business as usual management of the EPR with an ongoing focus on benefits realisation and continual optimisation.
- 6.3 This deployment has involved a massive organisational change for the Trusts and whilst it will deliver significant benefits for patients and staff in the medium to long term, it is right to acknowledge there has been disruption for staff and patients as the roll-out of the system progressed and staff became familiar with the new ways of working and any residual technical issues were resolved. Significant progress has been made and will continue over the next 3 months so that by the end of March we will be capable of delivering pre-Cerner levels of in-patient, elective, outpatient, and diagnostic capacity.

## 7.1 COLLABORATIVE ESTATES AND SUSTAINABILITY COMMITTEE REPORT -

BOB ALEXANDER

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### REFERENCES

Only PDFs are attached



7.1 Estates and Sustainability Collaborative Committee Chair's Highlight Report final.pdf

NWL Acute Provider Collaborative Board in Common (Public)

16/01/2024

Item number: 7.1

This report is: Public

# Estates and Sustainability Collaborative Committee Chair's Highlight Report

Author: Philippa Healy  
Job title: Business Manager ICHT

Accountable director: Bob Alexander  
Job title: Chair of the Collaborative Estates and Sustainability Committee

## Purpose of report

Purpose: Assurance

The Board in Common is requested to receive assurance that the Estates and Sustainability Collaborative Committee met on 13 December 2023. The Chair of the Estates and Sustainability Collaborative Committee is invited to highlight any pertinent points from the meeting.

## Report history

Outline committees or meetings where this item has been considered before being presented to this meeting.

N/A

## Executive summary and key messages

The Estates and Sustainability Collaborative Committee met on 13 December 2023, the Committee received summary reports setting out progress with the priority workstreams which are detailed in this highlight report.

## Strategic priorities

Tick all that apply

- Achieve recovery of our elective care, emergency care, and diagnostic capacity
- Support the ICS's mission to address health inequalities
- Attract, retain, develop the best staff in the NHS

- Continuous improvement in quality, efficiency and outcomes including proactively addressing unwarranted variation
- Achieve a more rapid spread of innovation, research, and transformation

Click to describe impact

## Impact assessment

Tick all that apply

- Equity
- Quality
- People (workforce, patients, families or careers)
- Operational performance
- Finance
- Communications and engagement
- Council of governors

Click to describe impact

## Reason for private submission

Tick all that apply

- Commercial confidence
- Patient confidentiality
- Staff confidentiality
- Other exceptional circumstances

If other, explain why

# North West London Acute Provider Collaborative (NWL APC) Strategic Estates and Sustainability Collaborative Committee Chair's Highlight Report to the NWL APC Board in Common (BiC) – for discussion December 2023

## Highlight Report

### 1.0 Purpose and Introduction

- 1.1 The role of the Collaborative Strategic Estates and sustainability Committee is:-
- To oversee and receive assurance that the Trust level processes governing estates are functioning properly and identify areas of risk where collaborative-wide interventions would speed and improve the response.
  - To oversee and receive assurance relating to the implementation of collaborative-wide interventions for short and medium term improvements in estates optimisation and usage, and sustainability.
  - To receive assurance regarding capital planning and prioritisation across the collaborative.
  - To oversee and assure strategic change programmes to drive collaborative-wide and to oversee the development of the strategic direction of estates across the collaborative, including site optimisation and redevelopment.
  - To oversee the strategic consideration of opportunities across the collaborative in relation to soft facilities management contracts.
  - Ensuring equity is considered in all strategic estates development.

### 2.0 Key highlights

#### 2.1 Terms of Reference

- 2.1.1 Following discussion at the last meeting, the Terms of Reference had been amended, in particular to add the Committee's duty to ensure that equity was included in all considerations. Following a discussion it was agreed the Terms of Reference would include oversight of soft facilities management and estates optimisation / delivery including management structures. The Committee agreed the Terms of Reference subject to these additions.

#### 2.2 Update on green plan and sustainability plans

- 2.2.1 The Committee received a quarterly update on the work to deliver the interim target of 80% reduction in collaborative carbon emissions by 2028-2032. Key achievements included travel plans and cycle schemes for some sites; the delivery of anaesthetic gas desflurane reduction targets; waste reduction programmes underway across all Trusts and; infrastructure work being undertaken around the decarbonisation agenda, including boiler replacements, solar panels, LED lighting replacement programmes and PC power-off programme.
- 2.2.2 It was planned to roll out a similar methodology, to the other three Trusts, to that used by ICHT around carbon reduction trajectory to give a baseline plan across the collaborative.
- 2.2.3 In terms of procurement, new tenders needed to build in sustainability and the importance of supply chain green plans were noted.
- 2.2.4 The Committee received the update.

- 2.3 Acute Provider Collaborative (APC) estates strategy – estates stocktake**
- 2.3.1 The Committee received an update on progress of the APC estates stocktake. Data was being gathered to compare and contrast against Trust / sites. The next stage would be to combine into an easily comparable format.
- 2.3.2 The stocktake provided a starting point to develop an estates strategy, which would be developed as an enabling strategy for the APC strategy, noting the need for alignment between the clinical and estates strategies.
- 2.3.3 The Committee noted the report.
- 2.4 Capital prioritisation and allocations**
- 2.4.1 The report was a first iteration of a working document to be regularly considered by the Executive Strategic Capital and Estates Group for onward submission to the Committee, to give insight into the key elements of the current capital programme.
- 2.4.2 The level of backlog maintenance was a key challenge for all Trusts; however, for Imperial College Healthcare NHS Trust in particular, it was one of the largest in the country - echoed in the critical estate risk. The Committee discussed principles of prioritisation applied in justification of business cases going through the appropriate governance route. The Committee commissioned some work to develop a pipeline of capital projects and to confirm the approval process for business cases, to allow the Committee to have input into collaborative business cases.
- 2.4.3 The Committee received the report.
- 2.5 Update on redevelopment plans**
- 2.5.1 The Committee received a confidential briefing on the redevelopment plans for The Hillingdon Hospitals NHS Foundation Trust and Imperial College Healthcare NHS Trust.
- 3.0 Positive assurances received**
- 3.1 The Committee noted the positive update on the Green / Sustainability Plans and anticipated a collaborative baseline plan would be available for the next meeting.
- 3.2 The Committee noted the good work undertaken to date on the estates stocktake and the expectation this work would dovetail with the wider APC strategy work.
- 4.0 Key risks to escalate**
- 4.1 The Committee noted as part of the stocktake, that the condition of the estate across the Collaborative was a significant risk. The stocktake will include a review of the parts of the estate that is at the highest risk of failure and the contingency plans to maintain services.
- 5.0 Key actions commissioned**
- 5.1 The Committee agreed a capital prioritisation principle was needed around business cases to take into account the view of this Committee in the context of strategic developments. This would be considered at the March meeting and anticipated, subject to approval, it would be brought to a future Board in Common.
- 6.0 Decisions made**
- 6.1 The Committee Terms of Reference were approved subject to the addition of soft facilities management and points around optimisation and delivery including management structures.

## 7.0 Summary Agenda

No.	Agenda Item	Purpose	No.	Agenda Item	Purpose
1.	Terms of Reference	To approve	5.	Capital prioritisation and allocations	To receive
2.	Update on green plan and sustainability plans	To receive	6.	Update on redevelopment programmes - THHFT - ICHT	To receive
3.	APC estates strategy – estates stocktake	To note	7.	Committee forward planner	To note

## 8.0 Attendance Matrix

Members:	September Meeting
Bob Alexander, Vice Chair (ICHT) (Chair)	Y
Aman Dalvi, NED (CWFT/ICHT)	Y
Neville Manual, NED (THHFT/CWFT)	Y
David Moss, NED (LNWH/ICHT)	Y
Tim Orchard, Chief Executive (ICHT)	Y
Bob Klaber, Director of Strategy, Research and Innovation (ICHT)	Y
Virginia Massaro, CFO (CWFT)	Y
Jonathan Reid, CFO (LNWH)	Y
Jason Seez, Deputy CEO (THHFT)	Y
Janice Sigsworth, Chief Nurse (ICHT)	Y
Steve Wedgwood, Director of Estates (THHFT)	Y
In attendance:	
Huda As'ad, Associate NED (LNWH)	Y
Rachel Benton, Redevelopment Programme Director (THHFT)	Y
Peter Jenkinson, Director of Corporate Governance (ICHT and CWFT)	Y
Alexia Pipe, Chief of Staff – Chair's office	Y
Matt Tulley, Redevelopment Director (ICHT)	Y
Iona Twaddell, Senior Advisor to the CEO	Y
Gary Munn, Interim Director of Estates (LNWH)	Y
Eric Munro, Director of Estates and Facilities (ICHT)	Y

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REFERENCES

Only PDFs are attached

 7.2 EOC update.pdf

 7.2a NWL Elective Orthopaedic Centre- BiC report - January 24.pdf

NWL Acute Provider Collaborative Board in Common (Public)

16/01/2024

Item number: 7.2

This report is: Public

## NWL Elective Orthopaedic Centre update

Author: Mark Titcomb  
Job title: Managing Director EOC, CMH and Ealing Hospital

Accountable director: Jonathan Reid  
Job title: Chief Finance Officer

### Purpose of report

Purpose: Information or for noting only

The Board in Common is requested to note the update.

### Report history

Outline committees or meetings where this item has been considered before being presented to this meeting.

APC EMB	LNWH Exec Meeting	Committee name
09/01/2024	08/01/2024	Click or tap to enter a date.
Noted	Noted	What was the outcome?

### Executive summary and key messages

The NWL Elective Orthopaedic Centre (EOC) programme has completed the initial implementation phase and opened with 3 theatres on Monday 4 December 2023. The EOC Partnership Board continues to meet monthly to oversee workstream progress and the transition to full capability.

The current period from December 2023 to February 2024 is being used to prove pathways, gain partner confidence, resolve teething issues and to complete all activities required for the shift to full capability (five theatres) from March 2024 onwards.

The attached report includes:

- Headlines from the opening and first patients in December 2023

- The significant programme developments - from full business case to opening
- High level route map showing current status to full capability
- A transport plan update

## Strategic priorities

Tick all that apply

- Achieve recovery of our elective care, emergency care, and diagnostic capacity
- Support the ICS's mission to address health inequalities
- Attract, retain, develop the best staff in the NHS
- Continuous improvement in quality, efficiency and outcomes including proactively addressing unwarranted variation
- Achieve a more rapid spread of innovation, research, and transformation

Click to describe impact

## Impact assessment

Tick all that apply

- Equity
- Quality
- People (workforce, patients, families or careers)
- Operational performance
- Finance
- Communications and engagement
- Council of governors

Click to describe impact

## Reason for private submission

Tick all that apply

- Commercial confidence
- Patient confidentiality
- Staff confidentiality
- Other exceptional circumstances

If other, explain why

## **NWL Elective Orthopaedic Centre (NWL EOC) – update report**

### **1. Overview**

- 1.1 The NWL EOC programme opened as scheduled on 4 December 2023 with an initial operating capability of three orthopaedic theatres.
- 1.2 The EOC programme is the key part of an improved inpatient pathway for adults who need routine, planned orthopaedic procedures, such as a hip or knee replacement, who are otherwise generally well. When fully opened, the centre will deliver improved patient outcomes derived with the following benefits:
  - faster and fairer access to surgery
  - reduced cancellation/postponement of surgery
  - improved consistency and higher quality of surgery with reduced length of stay
  - development of best practice underpinned by research
  - improved efficiency and productivity, enabling more patients to be treated at a lower cost per operation
  - improved staff experience and retention underpinned by increased opportunities to develop skills and experience
- 1.3 The remaining implementation is on track to complete in March 2024 at which point the centre will have its full operational capability; this comprises two additional operating theatres (making a total of five), a new 10 bedded patient recovery area and additional ward space, bringing the overall ring-fenced EOC ward base to 42 beds.
- 1.4 The phased opening period from December 2023 to March 2024 is being used to prove the new patient pathways, gain partner confidence for those surgeons and teams new to CMH, resolve emergent teething issues and to complete the remaining construction work.

### **2. Early EOC highlights**

- 2.1 David Wootton, an Acton resident, became the first patient to be treated at the new centre at CMH on 4 December 2023. He underwent a partial knee replacement in the morning and was on his way home later the same day. A surgical team from ICHT worked alongside a CMH based theatre team, with further post-op support from the EOC nursing and therapy staff.
- 2.2 During December 2023, 120 patients had their surgery at the EOC from the three initial participating Trusts; ICHT, CWFT and LNWH. THH will join the EOC when capacity expands to full 5 theatre capability in Spring 2024.
- 2.3 Of those 120 patients, 68 were inpatients, with an average length of stay of 2.3 days; this has provided an early indication that the newly designed processes, standard operating processes and the therapies-led discharge pathway, will be able to meet the best practice modelled length of stay, which is 2.3 days for elective inpatients.

- 2.4 The waiting list time for patients treated so far has ranged between 12 and 74 weeks. Patients are being selected for the EOC by their surgeon in accordance with the requirements of the NWL elective access policy.
- 2.5 There has been an early introduction of six-day working at the EOC, with Saturday lists running throughout December.

### 3. Key programme deliverables

- 3.1 The programme has been implemented with a full collaborative partnership approach with representation from all the four provider Trusts involved in each element of the programme design and delivery. An overview of the significant developments is shown here:

Significant and novel developments required for the EOC	EOC workstream	EOC Gateway approval date
Establish and agree safe and effective governance processes, including a partnership agreement, partnership board and safe clinical SOPs	Corporate & comms	October 2023
Create and deliver a comprehensive transport plan for the EOC, designed alongside residents, partners and councillors	Corporate & comms	October 2023
Develop and produce an agreed pre-operative, inpatient and post-op EOC pathway - that is consistent across partners	Clinical & digital	November 2023
Planning and delivery of surgeon induction programme for all partners	Clinical & digital	November 2023
Recruit an EOC leadership team, implementation team, and 100+ EOC staff	Workforce	November 2023
Establish an 'end to end' digital workflow aligned with the clinical models of care and pathways for the EOC that is consistent across the ICS	Clinical & digital	December 2023
Agreed theatre scheduling & job planning complete with partners	Clinical & digital	ongoing - but with 3 theatre scheduling completed in September 23
Plan, build and open 2 x additional theatres, ward & recovery space at CMH	Estates	expected March 2024

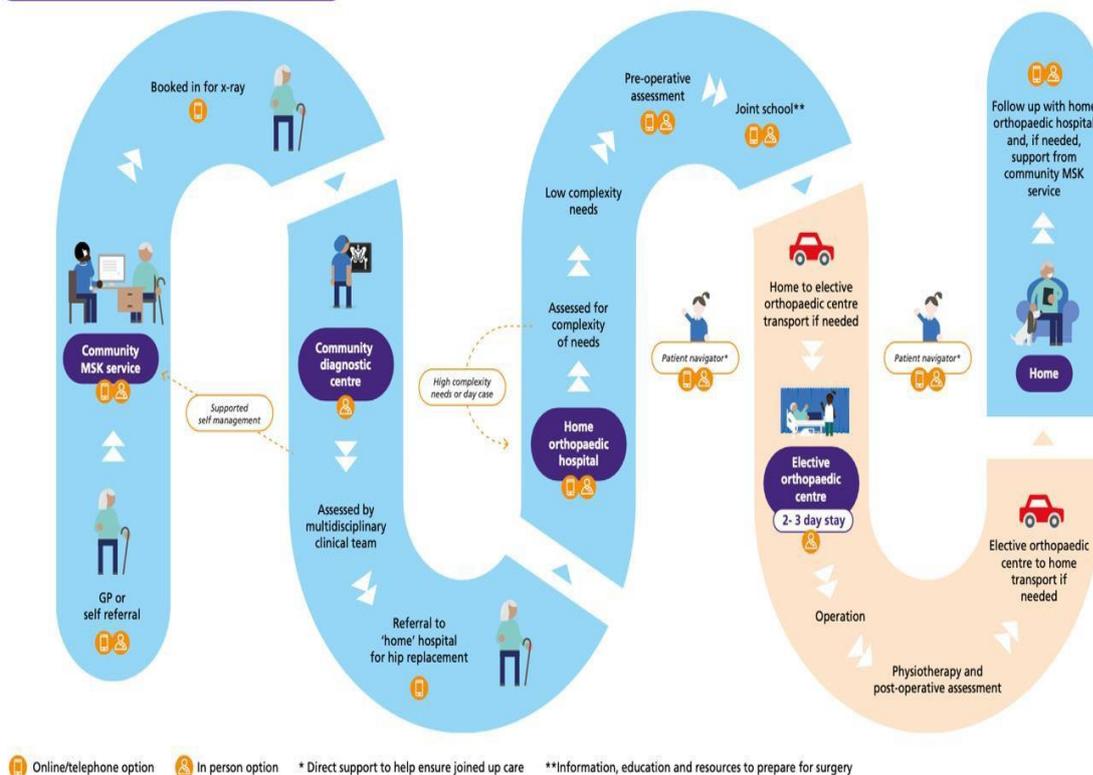
### 4. Governance

- 4.1 Formal responsibility for the EOC service is via the Partnership Board, chaired by the EOC medical director and membership from across the partner organisations, external stakeholders and a lay member. It will maintain oversight over the strategic and operational direction of the EOC and reports to the NWL Acute Provider Collaborative Executive Management Board.
- 4.2 A partnership agreement and a financial Service Level Agreement are the key framework documents which provides the agreements between the EOC partners of the principles to be adopted for the operation of the EOC, the financial arrangements and the associated activity reporting.

### 5. Clinical Pathways

- 5.1 Better patient experience and outcomes has been at the centre of the pathway design from the outset. Bringing patients to CMH only for their surgery, with the pre-op and post-op activities taking place at their home trust or in the community, has required a flexibility of approach from all stakeholders. This has brought together teams (surgical, therapies, nursing and operational) to design and agree shared, single pathways:

Cast study: Samira, 70, growing hip pain and stiffness



5.2 Underpinning the clinical pathway has been the development of a bespoke digital workflow to enable seamless data integrity and flow around patient pathways. The pathway is designed to ensure the patient only needs to attend the EOC at CMH on their day of surgery, exactly as described in the public consultation. Any other pre-surgery visits, such as pre-operative diagnostic tests or 'joint school,' are either undertaken locally, at their 'home' trust, or virtually, where appropriate.

## 6. Transport planning and arrangements

6.1 EOC transport arrangements have been co-designed with residents to provide the following:

- Provision of detailed travel information and advice to patients through a variety of literature formats and advice channels
- A dedicated EOC patient transport team based at CMH, with advisors able to guide and advise patients, families and friends via telephone, SMS, MS Teams, and face to face. This service is available seven days per week from 7.30am to 7.30pm (adjusted at weekends), with EOC ward staff also assisting with out of hours enquiries.
- The provision of free patient transport service for those patients and carers with costly, complex or lengthy journeys to and from the EOC. This includes supporting early morning, late departures or weekend transfers.

6.2 An ambulance or car ambulance are the default vehicles, and these are ring-fenced at CMH for EOC patients, such that the centre will not be impacted by surges in demand across other areas of the hospital. When taking patients to the centre the transport staff will ensure they reach the theatre admissions waiting area and are left comfortable. On the return journey from hospital, they

will assist patients into their home as necessary, and will ensure that patients are safe, secure and comfortable before leaving.

- 6.3 For those arriving by car there is ample parking capacity at CMH to accommodate the additional patients coming to the EOC. The site has 514 spaces with 10% marked as disabled spaces. There is also a signposted patient drop off point located adjacent to the EOC admissions area.
- 6.4 For those travelling by public transport there are several Overground and Underground stations within two kilometres of Central Middlesex Hospital and onward transfer to the EOC can be arranged. Regular buses also run from the stations to CMH with a journey time of around seven minutes and a live digital information board with bus updates is being installed inside CMH main entrance. There is also a covered walkway from the main entrance to the bus stops.
- 6.5 This transport plan was fully tested against the requirements of the public consultation, scrutiny committee and the full business case, to check it met the required previous commitments as shown below:

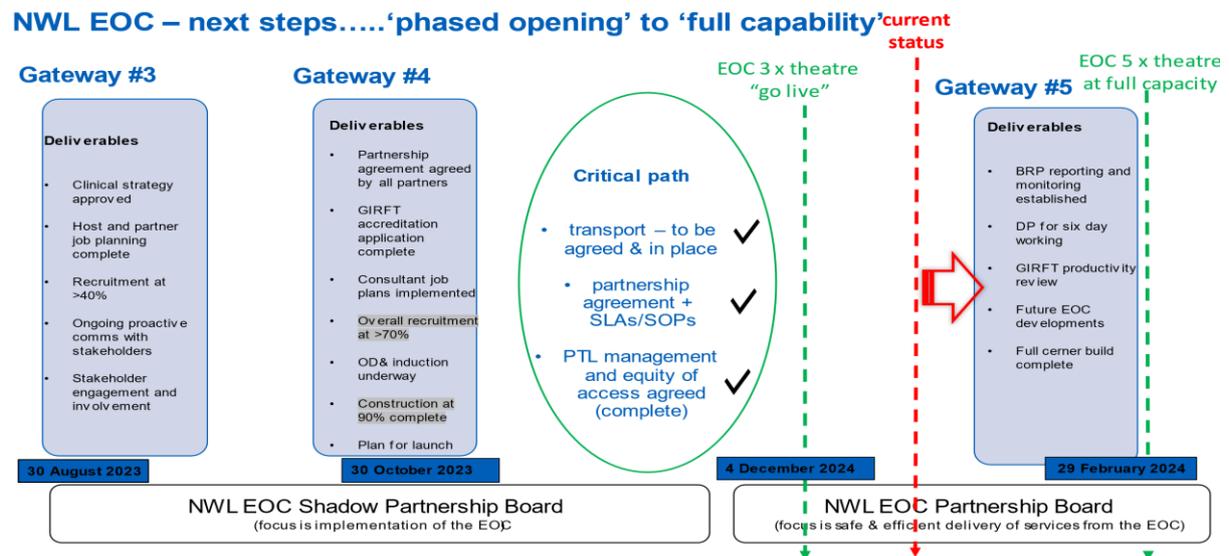
Transport plan - test/questions	Yes/No	Comment
Does the plan meet the business case stated requirements?	Yes	Business case transport requirements fully met
Does the plan address the feedback from JHOSC (Joint Health Oversight Scrutiny Committee)?	Yes	Yes - JHOSC received a transport update in September 2023 and again at their December 2023 meeting.
Has the resident working group co-designed the transport plan?	Yes	Regular resident working group meetings (June - November 23) to ensure co-design.
Does the plan fit within the EOC financial allocation for transport?	Yes	Modelling of planned activity fits within financial envelope
Will the transport plan be regularly reviewed and when?	Yes	Using the phased opening period to check plan is working as designed. Review in March 23 and six-monthly.
Is the plan sufficient to meet expected demand?	Yes	Yes – plan includes and caters for modelled growth in demand
Does the plan match or exceed the 'standard' NEPTS (non emergency patient transport service) provision for other services?	Yes	It exceeds the standard NEPTS provision

## 7. Staffing

- 7.1 The EOC staffing establishment includes existing LNWH clinical and admin staff who are already based at Central Middlesex Hospital, as well as new posts that are being recruited.
- 7.2 A full recruitment campaign was launched earlier this year and LNWH, as the employing organisation, continue to recruit for a variety of roles at the EOC. In total approximately 140 new staff are required to support the centre at full capacity. Recruitment has progressed well and will continue over the winter to ensure full staffing will be in place for March 2024.
- 7.3 Surgeons performing operations at the EOC will come from all four partner trusts. All other staff based at the EOC will be employed by LNWH and this includes ward medical cover and anaesthetic cover. An operating theatre scheduling rota has been developed to provide sufficient sessions for surgeons from all partner trusts.

## 8. Next Steps

8.1 This diagram below shows the current status of the EOC programme as it moves towards Gateway 5 and full operating capability:



8.2 EOC operational reporting (activity levels, length of stay, theatre utilisation and other benefits, will be initially reviewed at the first partnership board post-opening on 26 January 2023. Once fully open the EOC provides the opportunity for quality improvement, better patient outcomes and for future EOC service developments. These are expected to include:

- GIRFT (Getting it right first time) accreditation and standards
- standardisation of equipment where it is safe and appropriate
- refining the pre-operative assessment process
- greater flexibility across patient waiting lists – intra/inter pooling
- peer to peer learning, training and research opportunities
- regular review of the overall scope of EOC activity

## 8.1 COLLABORATIVE FINANCE AND PERFORMANCE COMMITTEE CHAIR

### REPORT - CATHERINE JERVIS

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#### REFERENCES

Only PDFs are attached

-  8.1 Finance and Performance Collaborative Committee Chair's Highlight Report final.pdf

NWL Acute Provider Collaborative Board in Common (Public)

16/01/2024

Item number: 8.1

This report is: Public

# Finance and Performance Collaborative Committee Chair's Highlight Report

Author: Marie Price  
Job title: Deputy Director of Governance CWFT

Accountable director: Catherine Jervis  
Job title: Chair of the Collaborative Finance and Performance Committee

## Purpose of report

Purpose: Assurance

The Board in Common is requested to receive assurance that the Finance and Performance Collaborative Committee met on 21 December 2023. The Chair of the Finance and Performance Collaborative Committee is invited to highlight any pertinent points from the meeting.

## Report history

Outline committees or meetings where this item has been considered before being presented to this meeting.

N/A

## Executive summary and key messages

The Finance and Performance Collaborative Committee met on 21 December 2023, the committee considered month 7 finance and performance. The Committee received summary reports setting out progress with the priority workstreams which are detailed in this highlight report.

## Strategic priorities

Tick all that apply

- Achieve recovery of our elective care, emergency care, and diagnostic capacity
- Support the ICS's mission to address health inequalities
- Attract, retain, develop the best staff in the NHS
- Continuous improvement in quality, efficiency and outcomes including proactively addressing unwarranted variation
- Achieve a more rapid spread of innovation, research, and transformation

Click to describe impact

## Impact assessment

Tick all that apply

- Equity
- Quality
- People (workforce, patients, families or careers)
- Operational performance
- Finance
- Communications and engagement
- Council of governors

Click to describe impact

## Reason for private submission

Tick all that apply

- Commercial confidence
- Patient confidentiality
- Staff confidentiality
- Other exceptional circumstances

If other, explain why

# North West London Acute Provider Collaborative

## Collaborative Finance and Performance Committee Chair's Highlight Report to the Board in Common – for discussion

December 2023

### Highlight Report

#### 1.0 Purpose and Introduction

- 1.1 The purpose of this report is to provide the Board in Common (BiC) with assurance of the work undertaken by the Collaborative Finance and Performance Committee (FPC) at its last meeting held on 21 December 2023. The report is intended to provide any feedback to the BiC and request if further work within the Committee's remit is required.
- 1.2 The role of the Collaborative Committee is:
  - To oversee and receive assurance that the Trust level Finance and Performance Committees are functioning properly and identify areas of risk where collaborative-wide interventions would speed and improve the response.
  - To oversee and receive assurance relating to the implementation of collaborative-wide interventions for short and medium-term improvements.
  - To identify, prioritise, oversee and assure strategic change programmes to drive collaborative-wide and integrated care system (ICS) improvements.
  - To draw to the BiC's attention to matters they need to agree or note.

#### 2.0 Key Highlights

##### 2.1 Operational performance

The Committee considered month seven performance and heard that overall the North West London (NWL) Acute Provider Collaborative (APC) was performing strongly relative to other systems, with good achievement against most of the constitutional standards. Urgent and emergency care (UEC) is a key focus for all given system pressures, including an increase in London Ambulance Service (LAS) conveyances and walk-in patients. The impact of industrial action was noted, particularly given the winter period, with thanks given to the Chief Operating Officers (COOs) and wider teams for all their planning and hard work. The degree of support and collaboration across the COOs and their respective teams was welcomed.

- 2.1.1 **Diagnostics:** the rise in demand driven by the UEC pathway and elective recovery was highlighted. Plans are in place with insourcing and outsourcing of capacity wherever possible, noting that once the community diagnostics centre capacity is fully on stream there will be a positive impact. All trusts are currently outsourcing ultrasound. Given Integrated Care Board (ICB) funding for this is due to stop at the end of March, discussions are taking place re future plans as part of business planning for next year. APC trusts are benchmarking usage of diagnostics to assess whether there is consistency in terms of practice. Findings to date suggest overall this looks to be in line for elective related activity but not for UEC related activity.
- 2.1.2 **UEC:** all trusts nationally are challenged in delivering the standard and locally NWL trusts were off track in October, with a deteriorating position in November except for Chelsea

and Westminster (CWT). In terms of ambulance handovers, NWL is the top performer in London, however London North West (LNW) is challenged, with longer off-load times, impacted by the volume of patients. Work is underway to explore the increased conveyances, particularly given the limited conversion to admissions. Walk-ins were noted as the main driver of demand in emergency departments (EDs). The COOs have developed a comprehensive plan, which brings together all the elements of each trust's own UEC plan. Through comparison, the overall plan has captured best practice to ensure greater consistency across NWL. The positive impact of the urgent treatment centres (UTCs) was noted in terms of providing additional capacity and flexibility.

- 2.1.3 **Elective care:** the Committee were advised that elective performance across the collaborative was broadly in line with expectations given the current pressures on the NHS. Following the increase in the patient tracking list (PTL) during September and October the overall PTL during November has stabilised. The position on long waiters remains challenging. All trusts aim to have no 78-week breaches by the end of March. The overall position will however be further impacted by industrial action planned for December and January. The COOs will explore the percentage increase in activity required to bring down the waiting lists – this will be segmented by specialty and with a strong focus on productivity measures.
- 2.1.4 **Cancer:** there was a drop in two-week wait performance at LNW given the implementation of Cerner and impact of industrial action. This has since improved and is now on an upward trajectory. All providers were challenged by the impact of industrial action in relation to the 62-day standard, again with LNW impacted by Cerner adoption, but seeing a subsequent recovery. The faster diagnosis standard fell just short of the 75% target at 74.6% but it was noted that the target moves to 80%, which will be challenging to achieve. The staging data standard of 80% was met for the first time. The Committee also heard about some of the improvements underway including on referrals and workforce, with a pack produced by RM Partners (the west London Cancer Alliance). It was noted that the West London Cancer Alliance is the top performer nationally.
- 2.1.5 **Equity, Diversity and Inclusion (EDI):** following discussion about the Committee's focus on this, the work with RM Partners was highlighted. This will look in more detail at data in relation to a range of factors and relationship to GP referrals including age, ethnicity and deprivation. This will be brought back to the Committee in March along with plans on what is being done to address any identified issues. The segmented data on elective waits in the performance report was also noted. The Committee requested further analysis as to the implications of the data and detail on what is/will be done in response to the findings where inequity is identified.
- 2.1.6 **Cerner:** the Committee discussed the impact of the Cerner implementation, noting that while initially there was a productivity impact at LNW, through the sharing of experience by the LNW leads with Hillingdon, the transition there had been smoother. Feedback was also provided on the benefits clinical colleagues were identifying through usage of the system, with more joined up information about patients. It was agreed that it was important to 'bed-in' the system and focus on improving productivity before exploring further innovation which could follow once the initial issues were settled. A piece of work focused on articulating the benefits in the same way as the elective orthopaedic centre (EOC) benefits realisation project has been produced will be completed by the COOs and digital leads, and brought back to the Committee for consideration.

## **2.2 Financial performance and recovery**

- 2.2.1 The Committee noted the month 7 report which was included in the agenda pack for the meeting, and which had been discussed as part of the extraordinary Board meeting in November. Given month 8 data was available, the Committee considered the latest position which was highlighted as challenging, with under-delivery against the recovery plan which was £7.9m off target in month.
- 2.2.2 Each trust's position was considered noting that while CWT's position was challenging, the plan at this point was identified as deliverable. The other trusts were in a more challenged position, impacted by a range of factors, including Cerner for LNW. Imperial added that £2m was down to phasing which would be rectified by end of financial year.
- 2.2.3 The Committee members discussed their concerns about the deterioration in the overall position given the plans submitted last month, and how the position needed to be pulled back with strong mitigations put in place quickly. The Committee also discussed what the underlying factors were - for example the working time equivalent (WTE) headcount increase (5%) over time and whether this had received the appropriate level of scrutiny. CFOs advised on the additional 'grip and control' (G&C) measures put in where appropriate and how they are reconvening in January to assess the position. CFOs will assess what has changed, what is deliverable and what discussions may need to take place with the ICB.
- 2.2.4 Overall the Committee agreed that there needed to be a step change in run-rate for the future – reducing spend and/or increasing income – with overall structural shifts needed and a move from a reactive to more proactive approach. Local committees will further assess the position in terms of month 9 data and whether the mitigations put in place are having the right impact. Given this the Committee Chair requested an extraordinary meeting for late January/early February to look at the forecast end of year position plus the underlying position and impact for 2024/25.

## **2.3 North West London Procurement Update**

- 2.3.1 The Committee received a report summarising the work of the work of the NWL Procurement Shared Service over its first year. While it was noted that there have been some successes and overall benefit to the new service, there have also been operational challenges through the transition year, with the validated cost improvement programme (CIP) delivery for 2023/24 behind plan. The issues have been discussed through the Shared Services Board and work is underway on 2024/25 CIP programmes – noting that the trust wider teams need to identify these and the procurement opportunities. The Committee heard about the lessons learned report, requested by the APC, which will support learning in advance of developing other shared services across the APC. This report will come to the next Committee meeting. Overall, the view was that the customer focus of the procurement service needs to improve.

## **2.4 Collaborative Business Plan**

- 2.4.1 The Committee was updated on the delivery against the 2023/24 Collaborative Business Plan, which showed steady progress with the programmes now that all workstream groups are all fully established. The 2024/25 Business Plan will align to the emerging Collaborative Strategy. With the exception of the finance and performance workstream, which requires a significant refresh, most of the other key projects and programmes will remain unchanged, but will have more clearly identified deliverables for 24/25 and be more explicitly linked to the strategy. The review and refresh will be reported to the BiC

and reflect the requirements of the NHS England Operating and Financial Plan guidance, which is due imminently. The CFOs advised on the work to review the resourcing requirements against each of the workstreams to ensure the right capacity is in place – noting that resources are constrained across the collaborative.

### **3.0 Positive Assurances Received**

3.1 The Committee sought further assurance re financial recovery and delivery against plan. A discussion regarding risk and development of a collaborative board assurance framework (BAF) was discussed, with the intention of producing a draft for March to align with development of the business plan.

### **4.0 Key Risks to Escalate**

4.1 The key risks noted were the continued impact of industrial impact in terms of performance and the financial position, for which an extraordinary Finance and Performance Committee meeting was requested to take place in January/early February.

### **5.0 Concerns Outstanding**

5.1 The key concern is the overall financial position, however issues with UEC performance were also noted.

### **6.0 Key Actions Commissioned**

6.1 An extraordinary meeting of the committee in January/early February to focus on the financial position.

6.2 Follow up discussion with ICB re ultrasound funding and contract

6.3 Benefits realisation on Cerner/digital projects – COOs and digital leads

6.4 Cancer – segmented data re referrals with actions proposed should any inequities be identified. The same is required re elective waits.

6.5 Elective recovery – identify what would be needed to fully reduce waiting lists

6.6 Business plan 23/24 update for m9/quarter three to the next meeting.

6.7 Business plan 24/25 - a governance timeline to ensure timely scrutiny and sign-off of the plan and to convene an additional FPC should the timeline not be aligned.

### **7.0 Decisions Made**

7.1 None specifically in terms of strategy or business cases, but to note the actions agreed by the Committee as above.

## 8.0 Summary Agenda

No.	Agenda Item	Purpose	No.	Agenda Item	Purpose
1.	Integrated Performance Report and operational performance updates on UEC, diagnostics, elective care, cancer	To note	5.	NWL Procurement Update	To note
2.	Finance Report and cost improvement programme (CIP) recovery	To note	6.	Collaborative Business Plan – progress report and planning for 2024/25	To note
3.	Financial Recovery Report	To note	7.	Trust Level Committee Assurance Reports	To note
4.	2024/25 Financial Plans	To note	8.	Draft Forward Agenda Planner	To note

## 9.0 Attendance

Members:	December attendance
Catherine Jervis, Non- executive director (NED) - (Chair)	Y
Patricia Gallan, NED, Chair of CWT F&PC	Y
Bob Alexander, NED, Chair of Imperial F&PC	Y
David Moss, NED, Chair of LNW F&PC	Y
Lesley Watts, CEO, Chelsea and Westminster NHS FT and Collaborative Lead for Finance and Performance	Y
Attendees:	
Matthew Swindells, Chair of NWL Board in Common and Collaborative	Y
Jon Bell, Chief Financial Officer - Hillingdon	Y
Tina Benson, Chief Operating Officer – Hillingdon	Y
Peter Chapman, Director of Finance - Chelwest	Y
Claire Hook, Chief Operating Officer - Imperial	Y
Jazz Thind, Chief Financial Officer - Imperial	Y
Virginia Massaro, Chief Finance Officer - CWT	N
James Walters, Chief Operating Officer - LNW	Y
Jonathan Reid, Chief Financial Officer - LNW	Y
Jennifer Howells, Director of Strategic Finance and Operational Partnerships	Y
Peter Jenkinson, Director of Corporate Governance	Y
Marie Price, Deputy Director Corporate Governance	Y
Alexia Pipe, Chief of Staff to the Chair	Y

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REFERENCES

Only PDFs are attached



8.2 NWL APC M8 2324 financial performance cover sheet.pdf



8.2a Financial performance.pdf

NWL Acute Provider Collaborative Board in Common (Public)

16/01/2024

Item number: 8.2

This report is: Public

## 2023/24 NWL APC Month 8 Finance Report

Author: Helen Berry, Associate Director of Finance, NWL APC

Job title: Associate Director of Finance, NWL APC

Accountable director: Jonathan Reid

Job title: Chief Financial Officer, LNWHT – on behalf of the Acute CFOs

### Purpose of report

Purpose: Assurance

This report sets out the financial position of the Collaborative at Month 8 (Nov 2023).

The report sets out the combined income and expenditure position across the four Trusts and brings to the attention of the Board any material variances and risks, and updates on the capital and cash position.

### Report history

The Collaborative Finance Report is produced by Helen Berry on behalf of the CFOs, and reviewed through the Acute CFO Group. It is shared with the Executive Management Group. The report is aligned with the internal reporting at each of the four Trusts.

NWL Acute CFOs

15/12/2023

Agreed

EMB

09/01/2024

Agreed

FPC

21/12/2023

Briefing (Headlines)

### Executive summary and key messages

At the end of month 8 the APC has a deficit of £52.3m against a year-to-date deficit plan of £16.3m, thus reporting a £36m adverse variance to plan. The in-month surplus is £18.8m against a plan of £1.2m deficit, a £20.1m favourable variance to plan. The in-month surplus is due to additional income received to mitigate against the impact of industrial action. £33.6m additional income is expected in H2 of which £22.8m was accounted for to month 8.

The APC Financial Recovery plan forecast (including the additional H2 income) was an in-month surplus of £26.7m. The actual surplus reported as £18.8m, therefore a variance to the FRP of £7.9m in the month. This was reported to the F&P Committee in Common in December in a separate paper, highlighting the main reasons and the revised risk profile for the rest of 2023/24

As a result, the F&P asked for a CFO Peer Review meeting to be convened for early January to undertake a forensic review of the impact of enhanced financial recovery measures in the last quarter of the year, together with an update on the risks and the forecast. This would then report back to the Chief Executives and to a special meeting of the F&P in January. The paper describes the overall I&E performance to month 8, the main drivers and an update on the capital and cash position of the APC.

## Strategic priorities

Tick all that apply

- Achieve recovery of our elective care, emergency care, and diagnostic capacity
- Support the ICS's mission to address health inequalities
- Attract, retain, develop the best staff in the NHS
- Continuous improvement in quality, efficiency and outcomes including proactively addressing unwarranted variation
- Achieve a more rapid spread of innovation, research, and transformation

Click to describe impact

## Impact assessment

Tick all that apply

- Equity
- Quality
- People (workforce, patients, families or careers)
- Operational performance
- Finance
- Communications and engagement
- Council of governors

Click to describe impact

## Reason for private submission

N/A



Chelsea and Westminster  
Hospital NHS Foundation Trust



The Hillingdon Hospitals NHS  
Foundation Trust



Imperial College Healthcare  
NHS Trust



London North West University  
Healthcare NHS Trust

# NWL APC

## 2023/24 Month 8 (November 2023)

### Financial Performance

Helen Berry, Associate Director of Finance.

22nd December 2023

# Executive Summary

## **Financial Performance**

At the end of month 8 the APC reports a deficit of £52.3m against a year-to-date deficit plan of £16.3m, thus reporting a £36m adverse variance to plan. The in-month surplus is £18.8m against a plan of £1.2m deficit, an £20.1m favourable variance to plan.

The reason for in the in-month surplus is due to additional income received to mitigate against the impact of YTD doctors' industrial action. £33.6m additional income is expected in H2 of which £22.8m was accounted for to month 8.

The APC Financial Recovery plan forecast (including the additional H2 income) was in-month surplus of £26.7m. The actual surplus reported as £18.8m, therefore a variance to the FRP of £7.9m in the month. This was reported to the F&P Committee in Common in December in a separate paper, highlighting the main reasons and the revised risk profile for the rest of 2023/24

A CFO Peer Review meeting will be convened in early January to undertake a forensic review of the impact of enhanced financial recovery measures in the last quarter of the year, together with an update on the risks and the forecast.

This paper describes the overall I&E performance to month 8, the main drivers and an update on the capital and cash position of the APC.

The main drivers of the £36m adverse YTD variance to plan are:

**Cost Improvement Programmes (CIP):** The APC continues to report under delivery of its CIP plan to date, however, to note in recent months CIP delivery has improved. To month 8, there is an adverse variance of £26m. The year-to-date plan is £77.8m, actual delivery is £52.2m of which £23m is delivered non recurrently. The rate of CIP delivery has continued to improve month on month, at £9m in the month compared to the YTD average delivery (to month 7) of £6.2m. Overall, the forecast CIP delivery is to meet the annual target in full although there will be a significant degree of non-recurrent support to manage this position. Trusts monitor CIP delivery both by local governance processes within their respective organisations and by the APC via the monthly APC Business Plan updates to the Executive Management Board and Peer Review meetings..

**Doctors' Industrial Action:** The YTD-date impact of Industrial action is £38.8m, comprising £16.6m cost, £20.3m elective income and £1.8m other variable income. In November, additional income was agreed to cover the cost impact (£16.6m) and a further reduction of 2% to the ERF baseline (£11.2m). Taking these two values with the first 2% reduction to the ERF baseline (agreed in August, of £11.2m) means the impact of industrial action (to the end of Oct) is fully mitigated. To note, to month 8, income to cover the full cost is accounted for; and the year-to-date proportion of the (now) 4% ERF adjustment.

# Executive Summary - continued

**Inflation:** Excess inflation (over funded values) is estimated to contribute £6.5m YTD to the adverse variance and £10.8m full year impact.

**Operational Pressures/ run rate overspends:** Expenditure on operational pressures have caused overspends against budgets, across a range of clinical services including theatres, ICU, clinical supplies and drugs.

**NHS Contract Income Performance :** To month 8, the APC has reported a favourable variance of £44.1m across the contracts, comprising £18.5m ERF and £22.6m under the “non ERF” part of the contract, which is primarily pass through drugs and devices (thus an equal and opposite cost response). This overperformance value includes the additional income accounted for in response to the 4% elective activity value target adjustment. Excluding the impact of industrial action (the income reduction and the additional mitigation), the position across the variable income contacts would be a £47m overperformance to date.

**Junior doctors pay award:** the pay award of 6% was paid in August (backdated to April). Tariff income has been adjusted to reflect the additional cost, however for all trusts there is shortfall of income over cost. To month 8 this is estimated as £5m for the APC, with an estimated full year impact of c£7.5m, which contributes to the overall deficit.

**Expenditure on supporting patients with additional mental health needs.** During Q2, spend on RMNs and HCAs to support patients in our hospitals with mental health needs has emerged as a key driver of the adverse variance to plan, estimated as contributing £8.6m to the overall adverse variance to the end of month 8.

## **2023/24 Financial Performance Management Process.**

The NWL Acute CFO Group has implemented a financial performance management framework for 2023/24 comprising identification of a risk pool and additional measures to support the Collaborative in ensuring the financial plan is met. This includes escalation of performance management should the financial position and CIP delivery be materially adverse to plan.

Peer to Peer CFO meetings have taken place throughout the financial year. The next one is scheduled in Jan 24 to focus on the year end forecast and the impact in Q4 of the financial control measures in the financial recovery plan.

# APC Financial Performance at Month 8

## NWL Acute Collaborative (Month 8 Financial Performance)

2023/24	In Month Plan £000	In Month Actuals £000	In Month variance £000	Year to date Plan £000	Year to date Actual £000	Year to date Var £000	YTD variance %	Annual Plan £000	Annual Forecast £000	Forecast Variance £000
Income	303,436	355,041	51,606	2,415,985	2,547,277	131,292	5.4%	3,626,316	3,737,111	110,794
Pay	(183,686)	(199,395)	(15,709)	(1,469,130)	(1,573,290)	(104,160)	-7.1%	(2,204,650)	(2,309,642)	(104,991)
Non-Pay	(116,905)	(133,934)	(17,029)	(930,778)	(998,851)	(68,073)	-7.3%	(1,398,883)	(1,407,562)	(8,679)
Non Operating Items	(4,061)	(2,919)	1,142	(32,395)	(27,436)	4,959	15.3%	(22,783)	(19,907)	2,876
<b>Total</b>	<b>(1,216)</b>	<b>18,794</b>	<b>20,010</b>	<b>(16,318)</b>	<b>(52,300)</b>	<b>(35,983)</b>		<b>(0)</b>	<b>0</b>	<b>0</b>

The table shows the month 8 financial performance of the APC, by I&E category, a £36m YTD adverse variance to plan and an adverse in month variance of £8.3m.

The main drivers of the variance to plan are:

- Income – The favourable in month variance is due to additional income received to mitigate against the impact of YTD industrial action. Elsewhere there are favourable variances in income on the UCCs at LNWH and THH (with corresponding costs in pay and non-pay) ; income to account for the higher cost of the AfC and junior doctors pay settlement (over tariff funded levels); and income overperformance on ERF and non-ERF patient care contracts (net of industrial action funding).
- Expenditure (Pay and Non pay) – the cost of doctors’ industrial action (in month 8 funding received under Income), CIP under delivery, operational pressures and inflation, RMN overspend, incremental cost of the AfC pay award and medical pay award (over tariff funded level) and UCC expenditure (compensated by income as above) and excess inflation, particularly in utilities and FM contracts.
- To note, for the junior doctors pay award, paid in August and backdated to April, there is a shortfall of income over costs which contributes to the deficit, this is c £5m to date.

# APC Financial Performance at Month 8 by Trust

**NWL Acute Collaborative (Month 8 Financial Performance by Trust)**

2023/24	In Month Plan	In Month Actuals	In Month variance	Year to date Plan	Year to date Actual	Year to date Var	Year to date (deficit) / surplus as a % of YTD income	Annual Plan	Annual Forecast	Forecast Variance
	£000	£000	£000	£000	£000	£000	%	£000	£000	£000
CWFT	(41)	130	171	109	(514)	(623)	0%	0	0	0
ICHT	0	9,588	9,588	0	(16,389)	(16,389)	-2%	0	0	0
LNWH	(133)	6,673	6,806	(3,739)	(17,451)	(13,712)	-3%	0	0	0
THH	(1,042)	2,404	3,446	(12,688)	(17,946)	(5,258)	-8%	(0)	0	0
<b>Total</b>	<b>(1,216)</b>	<b>18,794</b>	<b>20,010</b>	<b>(16,318)</b>	<b>(52,300)</b>	<b>(35,983)</b>	<b>-2%</b>	<b>(0)</b>	<b>0</b>	<b>0</b>

The table shows the month 8 financial performance by Trust. All trusts report adverse variances to plan YTD. In month 8, three trusts report significant favourable monthly variances due to accounting for additional income to mitigate the costs and income reductions arising from industrial action. Note in line with the H2 recovery plan, CWFT will not receive this additional income, hence the lower favourable variance here.

As a percentage of the year-to-date turnover, the deficit is 2% (improved from 3% at month 7). Narrative highlighting the main reasons for the organisation's material variances is reported on slide 15.

**Forecast :** The forecast is to meet the overall financial plan (breakeven) in line with the financial recovery plan which has been refreshed to account for the additional income agreed in month 8. The revised financial recovery plan was signed off through organisations' Finance and Performance committees In November. Trusts will continue to monitor performance against this updated recovery plan going forward, starting with a CFO Peer Review meeting in early January.

# APC Financial Performance – Doctors’ Industrial Action

## 1. Summary - net impact of Doctor's industrial action with additional income (Full year)

2023/24	Cost	Elective (ERF) Income	Other variable Income	Total	Add'l ERF (1st 2% target)	Add'l ERF (2nd 2% target)	Funding to cover IA cost to M7	Net impact of IA in I&E
	£000	£000	£000	£000	£000	£000	£000	£000
CWFT	(3,948)	(3,703)	(915)	(8,566)	2,494	2,380	3,948	256
ICHT	(6,287)	(8,786)	(1,140)	(16,214)	4,700	4,883	6,287	(344)
LNWH	(4,308)	(6,046)	0	(10,354)	3,173	3,122	4,308	249
THH	(2,051)	(1,800)	227	(3,624)	1,258	1,242	2,051	926
<b>Total</b>	<b>(16,594)</b>	<b>(20,335)</b>	<b>(1,828)</b>	<b>(38,757)</b>	<b>11,625</b>	<b>11,626</b>	<b>16,594</b>	<b>1,087</b>

## 2. Month 8 YTD - net impact of Doctor's industrial action

2023/24 M8	Cost	Elective (ERF) Income	Other variable Income	Total	Add'l ERF to M8 (1st 2%)	Add'l ERF to M8 (2nd 2%)	Funding to cover IA cost to M7	Net impact of IA in I&E
	£000	£000	£000	£000	£000	£000	£000	£000
CWFT	(3,948)	(3,703)	(915)	(8,566)	1,676	0	0	(6,890)
ICHT	(6,287)	(8,786)	(1,140)	(16,214)	3,158	3,281	6,287	(3,487)
LNWH	(4,308)	(6,046)	0	(10,354)	2,132	2,098	4,308	(1,816)
THH	(2,051)	(1,800)	227	(3,624)	845	834	2,051	106
<b>Total</b>	<b>(16,594)</b>	<b>(20,335)</b>	<b>(1,828)</b>	<b>(38,757)</b>	<b>7,812</b>	<b>6,214</b>	<b>12,646</b>	<b>(12,086)</b>

- The impact on the cost base is £16.6m to date and on income, a reduction of £20.4m elective income and £1.8m other variable income (private patient and other non-ERF variable income).
- Table 1 : The total cost and income impact of £38.8m is mitigated by tranches 1 and 2 of the 2% reductions to the ERF baseline and income to mitigate against the costs. Therefore IA (up to the end of Nov) is fully mitigated.
- Table 2 : to month 8, income to account for the full costs of IA is accounted for. For the 2% ERF adjustments the year-to-date proportion is accounted for.
- In line with the H2 Financial Recovery Plan, CWFT will not receive any additional IA income and therefore is not included in the month 8 position.
- Table 2 notes the I&E impact to month 8, showing a £12.1m adverse variance caused by IA, but this will be fully mitigated by year end.
- None of the above factor in any impact of Industrial Action post month 8 (Dec and Jan strikes).

# APC Financial Performance Month 8 – Excess inflation

Estimate of YTD excess inflation						
Inflation over funded levels	YTD M8	YTD M8 funding	Net excess inflation pressure M8	FY forecast estimate	FY Inflation funding (Option 3)	Net excess inflation pressure FY
	£000	£000	£000	£000	£000	£000
CWFT	(1,857)	656	(1,201)	(2,940)	984	(1,956)
ICHT	(3,631)	1,789	(1,842)	(5,446)	2,683	(2,763)
LNWH	(3,932)	1,316	(2,616)	(5,898)	1,974	(3,924)
THH	(1,579)	714	(865)	(3,200)	1,071	(2,129)
<b>Total</b>	<b>(10,998)</b>	<b>4,475</b>	<b>(6,524)</b>	<b>(17,484)</b>	<b>6,712</b>	<b>(10,772)</b>

Excess inflation is the cost pressure caused by higher prices for services in excess of the amount funded in the national tariff (income). Tariffs were uplifted by 5.5% to account for inflationary pressures, which have fallen short of actual inflation for many goods and services, most notably soft and hard FM contracts, utilities, rates and rental.

The table notes the year-to-date estimate of net excess inflation, contributing to the adverse variance to plan. This is estimated at c£6.5m, which includes £4.5m of additional excess inflation funding to date.

# APC run rate Month 8

## Monthly actual run rate movement (stripping out industrial action impact & inflation)

2023/24	Month 1 run rate £000	less IA & excess inflation £000	Month 1 (net) £000	Month 2 run rate (No IA) £000	less excess inflation £000	Month 2 (net) £000	Month 3 run rate £000	less IA & excess inflation £000	Month 3 (net) £000	Month 4 run rate £000	less IA & excess inflation £000	Month 4 (net) £000
CWFT	(1,616)	1,897	<b>281</b>	<b>(24)</b>	150	<b>126</b>	(1,210)	1,263	<b>53</b>	(1,565)	1,944	<b>378</b>
ICHT	(10,481)	2,856	<b>(7,625)</b>	<b>(4,304)</b>	230	<b>(4,074)</b>	(1,555)	1,720	<b>165</b>	(574)	3,435	<b>2,861</b>
LNWH	(6,418)	1,965	<b>(4,452)</b>	<b>(3,331)</b>	327	<b>(3,004)</b>	(1,820)	1,990	<b>170</b>	(3,331)	2,584	<b>(747)</b>
THH	(2,790)	869	<b>(1,921)</b>	<b>(2,848)</b>	108	<b>(2,740)</b>	(3,392)	537	<b>(2,855)</b>	(3,484)	864	<b>(2,620)</b>
<b>Total</b>	<b>(21,305)</b>	<b>7,587</b>	<b>(13,717)</b>	<b>(10,507)</b>	<b>815</b>	<b>(9,691)</b>	<b>(7,977)</b>	<b>5,510</b>	<b>(2,467)</b>	<b>(8,954)</b>	<b>8,826</b>	<b>(128)</b>

	Month 5 run rate £000	* less IA & excess inflation £000	Month 5 (net) £000	Month 6 run rate £000	less IA & excess inflation £000	Month 6 (net) £000	Month 7 run rate £000	less IA & excess inflation £000	Month 7 (net) £000	Month 8 run rate £000	** less IA & excess inflation £000	Month 8 (net) £000
CWFT	485	571	<b>1,056</b>	3,014	1,082	<b>4,096</b>	272	1,255	<b>1,527</b>	130	(69)	<b>61</b>
ICHT	(1,232)	2,331	<b>1,099</b>	(3,658)	2,621	<b>(1,037)</b>	(4,173)	1,887	<b>(2,286)</b>	9,588	(9,751)	<b>(164)</b>
LNWH	(1,492)	879	<b>(613)</b>	(4,870)	1,578	<b>(3,291)</b>	(2,864)	1,467	<b>(1,397)</b>	6,673	(8,358)	<b>(1,685)</b>
THH	(1,428)	80	<b>(1,348)</b>	(3,892)	595	<b>(3,297)</b>	(2,516)	593	<b>(1,923)</b>	2,404	(4,880)	<b>(2,477)</b>
<b>Total</b>	<b>(3,666)</b>	<b>3,861</b>	<b>195</b>	<b>(9,406)</b>	<b>5,877</b>	<b>(3,529)</b>	<b>(9,280)</b>	<b>5,201</b>	<b>(4,079)</b>	<b>18,794</b>	<b>(23,059)</b>	<b>(4,265)</b>

\* also nets off YTD additional ERF income received (2% reduction in target)

\*\* nets off addtl income for YTD IA costs and 2nd tranche of 2% ERF adj

2023/24	M8 YTD Actual £000	M8 YTD IA&Infl £000	M8 YTD Actual Net of IA/IA 4%/ Infl £000	M8 YTD plan £000	M8 YTD variance exl; IA/ERF 4%/Infl impact £000
CWFT	<b>(514)</b>	<b>8,091</b>	<b>7,577</b>	<b>109</b>	<b>7,468</b>
ICHT	<b>(16,389)</b>	<b>5,329</b>	<b>(11,060)</b>	<b>0</b>	<b>(11,060)</b>
LNWH	<b>(17,451)</b>	<b>2,432</b>	<b>(15,020)</b>	<b>(3,739)</b>	<b>(11,281)</b>
THH	<b>(17,946)</b>	<b>(1,234)</b>	<b>(19,180)</b>	<b>(12,688)</b>	<b>(6,492)</b>
<b>Total</b>	<b>(52,300)</b>	<b>14,618</b>	<b>(37,682)</b>	<b>(16,318)</b>	<b>(21,365)</b>

- The table notes the reported and “underlying” run rate. Only the impact of IA (costs and associated funding) and excess inflation is removed in arriving at the underlying position.
- The overall underlying position for month 8 is on a par with month 7 (£4.3m deficit compared to £4.1m deficit) , although there are movements between the four trusts.
- Removing the impact of IA and excess inflation the APC is £21.4m adverse to the YTD plan.

# APC Month 8 Elective Income – 4% baseline adjustment

In 2023/24 elective activity is paid for on a cost and volume (variable) basis. The elective activity plan includes “ERF” PODs - day case, elective, outpatient firsts and outpatient procedures. These are subject to national VWA targets and national pricing.

In addition, NHS patient care contracts includes other planned care PODs which are for local agreement, and paid for on a variable basis, these are outpatient & diagnostics unbundled; pass through drugs and excluded devices.

For the ERF PODs the original 2023/24 target VWA %'s, against the (repriced) 19/20 baseline are:

2023/24 VWA % targets (ERF PODS)	LNWH	CWFT	ICHT	THH	NWL ICB
	%	%	%	%	%
NWL activity	108	115	104	106	109
ALL ICS activity	109	113	104	105	

The annual VWA targets were reduced by 2%, (at month 5) and a further 2% reduction was announced in November. From month 8, ERF is calculated using these new baselines (4% lower than the original targets above).

## Elective 4% target adjustment impact

	Impact of 4% ERF baseline adjust	YTD impact (based on working days)	YTD accrued for in M8 accounts
Trust	£000	£000	£000
CWFT	4,874	3,275	1,676
ICHT	9,583	6,440	6,440
LNWH	6,295	4,230	4,230
THH	2,500	1,680	1,680
<b>Total APC</b>	<b>23,251</b>	<b>15,624</b>	<b>14,025</b>

The elective target VWA for 2023/24 has been reduced by 4% (2% announced in August and a further 2% announced in November), to mitigate the impact of doctors' industrial action (to the end of October).

The table above notes that the impact over the whole year is additional ERF income of £23.2m. To month 8, a proportion of this has been included – based on the number of working days / calendar days to the end of Sept, at £14m.

To note, in line with the H2 Financial Recovery plan, CWFT have not yet recognised the second tranche of 2% baseline adjustment income to month 8.

# APC Month 8 NHS Income Contract – Performance

## NHS Contract Income under/overperformance to end of Month 8

Trust	NWL ICB ERF	Spec Comm ERF	Non NWL ICB ERF	Total ERF	NWL Other variable	Spec Comm Other	Non NWL Other variable	Total Other Variable	Total	Forecast ERF	Forecast Other Variable	Total Forecast
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
CWFT	8,086	(820)	2,178	<b>9,443</b>	1,246	4,211	1,177	<b>6,634</b>	<b>16,077</b>	<b>14,164</b>	<b>9,951</b>	<b>24,115</b>
ICHT	4,759	(278)	(854)	<b>3,627</b>	4,128	5,820	1,680	<b>11,629</b>	<b>15,255</b>	<b>5,405</b>	<b>17,686</b>	<b>23,091</b>
LNWH	5,655	(1,393)	722	<b>4,985</b>	266	1,910	(120)	<b>2,056</b>	<b>7,041</b>	<b>13,558</b>	<b>3,085</b>	<b>16,642</b>
THH	1,786	(94)	(1,246)	<b>446</b>	1,269	969	3	<b>2,240</b>	<b>2,687</b>	<b>(114)</b>	<b>3,360</b>	<b>3,246</b>
<b>Total APC</b>	<b>20,286</b>	<b>(2,585)</b>	<b>800</b>	<b>18,500</b>	<b>6,909</b>	<b>12,910</b>	<b>2,740</b>	<b>22,559</b>	<b>41,060</b>	<b>33,013</b>	<b>34,082</b>	<b>67,095</b>

## NHS Contract Income performance net of IA impact

	NHSI Income over/under perf	Add IA impact on variable income	Less IA addtl (4%)	Elective perf before IA impact
	£000	£000	£000	£000
CWFT	16,077	3,703	(1,676)	18,104
ICHT	15,255	8,786	(6,440)	17,602
LNWH	7,041	6,046	(4,230)	8,857
THH	2,687	1,800	(1,680)	2,807
<b>Total</b>	<b>41,060</b>	<b>20,335</b>	<b>(14,025)</b>	<b>47,370</b>

The table shows NHS Contract income performance net of the impact of industrial action (which is a reduction of £20.4m contract income mitigated by the additional £14m to date for the 4% target reduction).

£47m overperformance would be reported without industrial action, (to note includes all commissioners and includes ERF and locally agreed PODS (“Other Variable”)).

The APC reports a £41.1m favourable impact caused by variable NHS contract income performance to month 7. This comprises £18.5m over performance of ERF and £22.6m over performance on the locally agreed PODs. To note the majority of overperformance assigned to the variable PODs is from pass through drugs where there will be a compensating cost response.

There has been an improvement in ERF performance in month 8 of c£8m, due to the further 2% adjustment to the ERF baseline announced (in November).

Performance on the Other variable (non-ERF) PODs has not changed month on month.

# APC Month 8 CIP Summary

Efficiency Month 8	YTD plan			YTD actuals			YTD Var	Annual Plan			Annual Forecast			Fcast Variance
	R £000	NR £000	Total £000	R £000	NR £000	Total £000	£000	R £000	NR £000	Total £000	R £000	NR £000	Total £000	Total £000
CWFT	15,680	0	15,680	9,400	6,396	15,796	116	23,520	0	23,520	15,006	8,514	23,520	0
ICHT	35,613	0	35,613	6,792	7,096	13,888	(21,725)	53,421	0	53,421	10,333	43,088	53,421	(0)
LNWH	21,200	0	21,200	8,065	9,533	17,599	(3,601)	31,800	0	31,800	17,630	14,170	31,800	0
THH	5,334	0	5,334	4,952	0	4,952	(382)	10,757	0	10,757	10,757	0	10,757	0
<b>Total</b>	<b>77,827</b>	<b>0</b>	<b>77,827</b>	<b>29,209</b>	<b>23,025</b>	<b>52,234</b>	<b>(25,593)</b>	<b>119,498</b>	<b>0</b>	<b>119,498</b>	<b>53,726</b>	<b>65,772</b>	<b>119,498</b>	<b>0</b>
<b>% delivery of plan</b>				<b>38%</b>	<b>30%</b>	<b>67%</b>					<b>45%</b>	<b>55%</b>	<b>100%</b>	

- The CIP plan for the APC in 2023/24 is £119.5m or 3.2% of income. The CIP plan is profiled in equal 12ths at three trusts; THH has an increasing profile throughout the year.
- At Month 8 the APC is £25.6m under delivered at £43.3m against a year-to-date plan of £77.8m. £23m has been classed as non-recurrent CIP. CWFT has met it's CIP plan to date, the other three are under delivering.
- To date 67% of the year-to-date plan is delivered. Month on month there is a step up in delivery at £9m in month 8 compared to £6.1m per month up to month 7.
- At month 8, the forecast expectation is to meet the annual CIP plan in full, noting risks in the forecast, including the use of non-recurrent support.

## Actions to address CIP identification and delivery:

- Enhanced financial, grip and control measures in place in Q3, the impact to be discussed during January '24 Peer Review session.
- APC Business plan CIP delivery workstream with CFO SROs.
- Collaborative and joint working throughout the APC by the Acute Collaborative Productivity & Efficiency group – sharing knowledge on schemes, identification, reporting and governance.
- A common methodology in place for measuring CIP across the collaborative in 2023/24 to ensure consistency of reporting.
- Financial Performance escalation in place in 2023/24.

# APC Financial Performance Month 8 – variance breakdown

## Month 8 - high level variance breakdown

2023/24 Month 8	YTD variance  £000	Outside Trust's Control				Within Trust's Control			YTD variance  £000
		YTD Drs IA impact (cost net of funding)  £000	YTD Drs IA impact (Income)  £000	YTD Add'l Income (4% target adj & H2 NR)  £000	Inflation > funded level (est)  £000	CIP variance  £000	NHS contract income under/ov er net of IA & 4% adj  £000	Other  £000	
CWFT	<b>(623)</b>	(3,948)	(4,618)	1,676	(1,201)	116	18,104	(10,752)	<b>(624)</b>
ICHT	<b>(16,389)</b>	(0)	(9,926)	6,440	(1,842)	(21,725)	17,602	(6,937)	<b>(16,389)</b>
LNWH	<b>(13,712)</b>	0	(6,046)	6,230	(2,616)	(3,601)	8,857	(16,537)	<b>(13,713)</b>
THH	<b>(5,258)</b>	(0)	(1,573)	3,672	(865)	(382)	2,807	(8,917)	<b>(5,258)</b>
<b>Total</b>	<b>(35,983)</b>	(3,948)	(22,163)	18,017	(6,524)	(25,593)	47,370	(43,143)	<b>(35,984)</b>
Total outside control					(14,618)	Total within control			(21,366)

The table shows the breakdown of the £36m YTD variance, split into reasons deemed outside the control of Trusts (£14.6m) and within their control (£21.4m) :

- Net doctors' industrial action – net YTD impact £8m, although this is due to the profiling of income, at year end the IA (up to Oct) is fully mitigated.
- Excess inflation £6.5m
- CIP under delivery of £25.6m
- NHS Contract income over performance (net of IA impact), £47.4m.
- Other - £43.1m adverse, comprising run rate pressures and operational overspends, junior doctors pay award shortfall, RMN pressure etc which are mitigated by non-recurrent benefits in some areas.

# APC Month 8 Capital Summary

The APC Capital Plan for 2023/24 is £262.5m, comprising schemes funded from trust capital and national funding.

To note expenditure on capital might exceed the CRL (capital resource limit) where projects are funded from other sources such as additional grants and donations.

The national schemes are funded from the DHSC national capital programme and the Targeted Investment Fund, noted in the table below:

<b>National Programme</b>	£000
Community Diagnostic Centres	31,679
Diagnostic Digital Capability Programme	387
Endoscopy - Increasing Capacity	6,247
Front Line Digitisation	972
New Hospital Programme (THH)	26,200
UEC Capacity	26,000
<b>Total</b>	<b>91,485</b>
<b>Targeted Investment Fund</b>	£000
Elective Recovery	20,141
<b>Total</b>	<b>20,141</b>
<b>Total - DHSC programmes</b>	<b>111,626</b>

Capital	M8 2023/24			Annual 2023/24		
	Plan	Actual	Variance	Plan	Forecast	Variance
	£'000	£'000	£'000	£'000	£'000	£'000
CWFT	28,531	17,493	11,038	82,200	44,796	37,404
ICHT	48,730	44,838	3,892	76,448	87,471	(11,023)
LNWHT	44,794	46,889	(2,095)	55,404	85,950	(30,546)
THH	29,591	20,123	9,468	48,427	35,234	13,193
<b>Total</b>	<b>151,646</b>	<b>129,343</b>	<b>22,303</b>	<b>262,479</b>	<b>253,451</b>	<b>9,028</b>

At Month 8, the APC has spent £129.3m on capital, against the year-to-date plan of £151.6m, a £22.3m underspend. The forecast variance to plan, is £9m underspent at month 8, although likely capital funds will be spent. The overspend at LNWH is due to additional capital funding granted for a new 32 bed modular ward at LNWH and additional front line digital funding. reflect this. The underspend at CWFT reflects NWL ICS reserves held by the Trust at planning stage, now allocated out to relevant organisations. For ICHT the current forecast overspend is a timing issue and all things being equal, the CRL is expected to be updated to include: cash backed PDC funding not yet reflected, disposal proceeds due and anticipated capital cover for the impact of IFRS16.

# APC Month 8 Cash

The APC cash balance stood at £319.1m at the end of Nov, a reduction of £11.7m during the month. Since the end of the previous financial year the balance has fallen by £101.5m per the table. All four trusts report a reduction in cash held, although this is marginal at CWFT.

Decreases are primarily driven by the I&E deficit position including unrealised efficiencies, the use of NR benefits, movements in working capital (debtors increase), and capital spend.

The cash position will be supported in Q3 by the receipt of additional funding to support the adverse impact of IA.

All trust are reviewing their working capital arrangements including recovering debt.

NWL APC Cash Balance			
Trust	31-Mar-23	30-Nov-23	Movement
	£m	£m	£m
CWFT	160.2	157.8	(2.4)
ICHT	179.2	123.6	(55.6)
LNWH	50.1	16.2	(33.9)
THH	19.4	9.8	(9.6)
<b>Total</b>	<b>408.9</b>	<b>307.4</b>	<b>(101.5)</b>

# APC Trust Summary Narrative

## THH:

At M8, the Trust is reporting a YTD deficit of £17.9m, an adverse variance to plan of £5.4m. The Trust has received significant support in Month 8 for the costs of industrial action (£2.0m), as part of the £800m national funding, along with a redistribution of C&W surplus (£2.0m). In addition, there has been a further adjustment to the ERF target resulting in a gain of £0.8m in M8. This has fully mitigated the IA costs and income loss to date of £3.6m. The Trust has calculated an estimate of the income loss due to Cerner and this is a loss of £1.7m in the month. This is partly offset by a catch up on coding for previous months of £1.4m. A provision of £1.0m no longer required was released into income in M8.

The main drivers of the remaining YTD variance include RMN costs (£2.2m adv), excess inflation on utilities (£0.5m adv) although this has reduced due to backdated price reductions; winter wards remaining open during the summer (£0.8m adv) and in-tariff drugs costs (£1.0m adv). Clinical consumables are overspent by £3.3m in part due to inflation (above planned 5.5%) and over-performance on the pathology contract (£1.3m) driven by a combination of price and volume increases. The Litmus temporary staffing contract has cost £0.5m YTD which is offset by improved agency rates but there has also been an increase in fill rates resulting in higher agency spend overall

## LNWH:

The Income & Expenditure (I&E) position to November is a deficit of £17.5m which is a variance to plan of £13.7m. The YTD variance is driven by a number of factors including estimated Cerner implementation income loss £6.5m, our assessment of unfunded excess inflationary pressures of £2.5m and CIP shortfall of £3.6m.

ERF overperformance to date is estimated at £4.9m compared with £1.6m at M7. This now includes the additional 2% reduction in target related to industrial action.

The YTD position assumes that all UTC related costs, (identified c. £10.8m YTD) are fully recovered..

Included in the YTD variance is c£10.0m (above plan) non-recurring financial flexibilities that support the overall position.

CIP delivery YTD is £17.6m against a plan of £21.2m, delivery to date includes £9.5m of non-recurrent efficiencies.

## CWFT:

At month 8 the Trust is reporting an in-month surplus of £0.13m and a year-to-date deficit of £0.51m when adjusted for the financial impact of donated assets. This is £0.62m adverse against the YTD plan. The YTD adverse variance is driven by; Consultant and Junior Doctors industrial action of £7.1m pressure, which is a combination of cost (£3.9m), income loss (£4.6m), partially offset by 2% ERF baseline adjustment gain (£1.5m); non-pay inflation above the funded levels, such as utilities, PFI and Hard FM (£1.2m), which is net of new inflation funding received; non-recurrent benefits of £5.0m, including CNST Maternity bonus £1.7m and balance sheet items £0.9m; ERF over-performance of £8.2m, offset by associated costs of £6.8m, net benefit of £1.4m; and other benefits of £1.3m.

A further 2% adjustment to the ERF baseline was announced in Nov and funding to support the costs of industrial action. For month 8, this funding has not been recognised in the Trust financial position.

## ICHT:

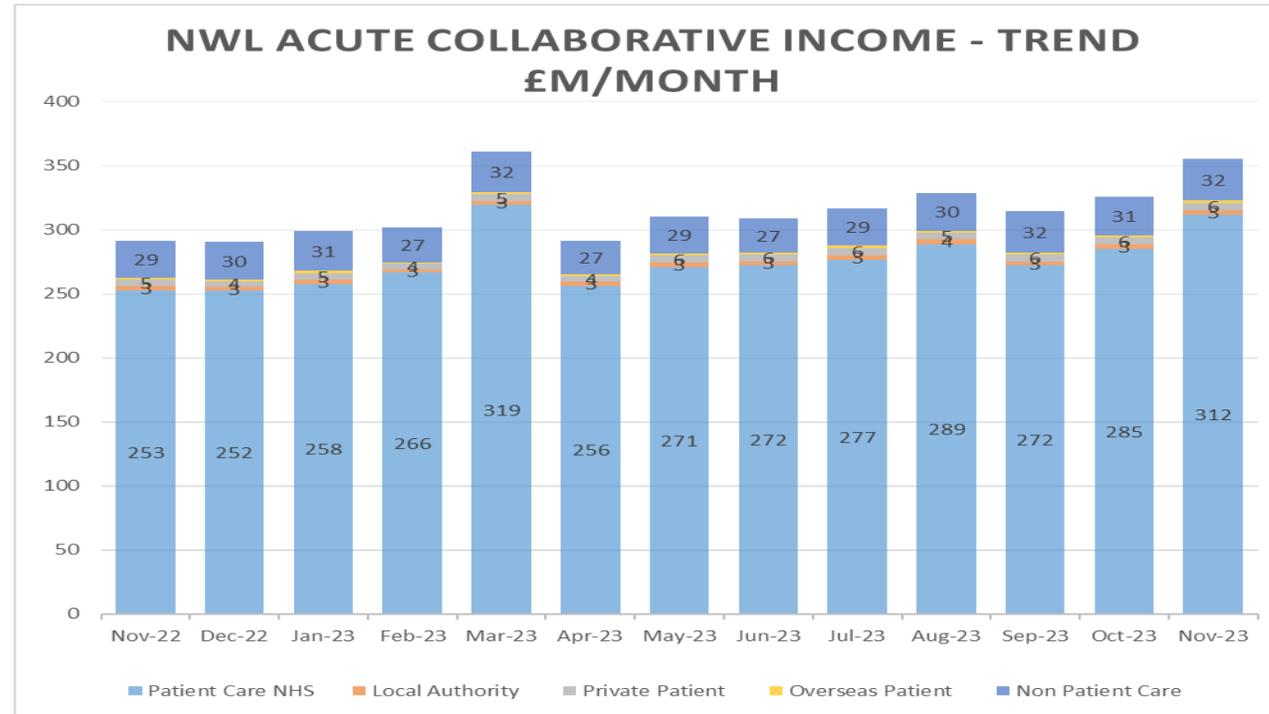
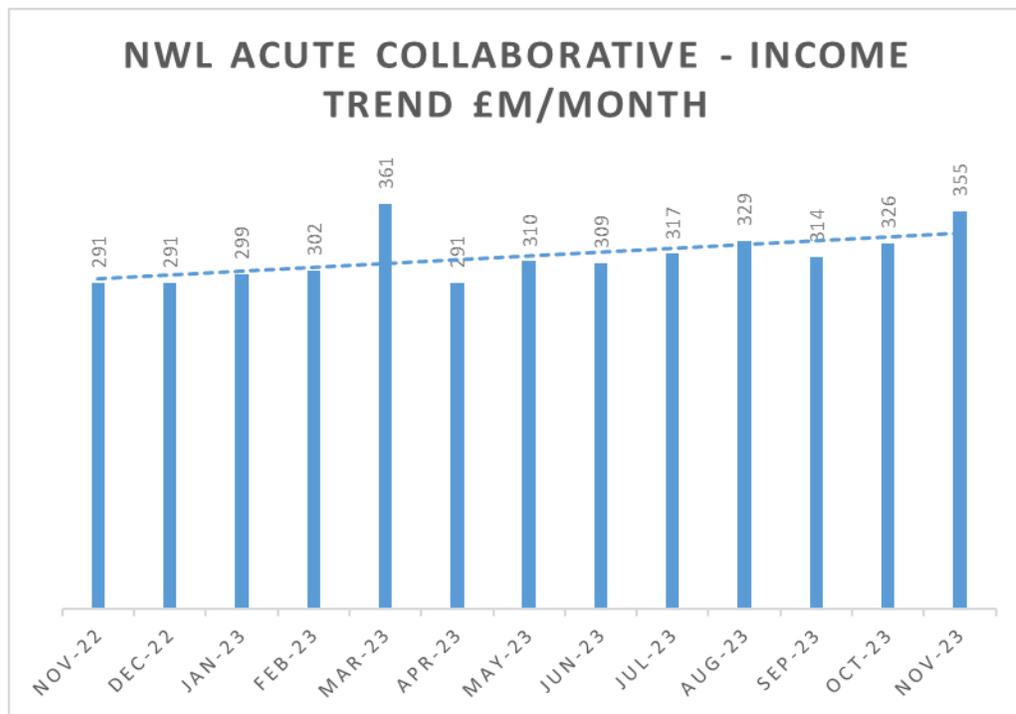
At Month 8, the Trust is reporting a YTD deficit £16.4m against a breakeven plan. This £5.5m worse than the revised forecast, after taking account of the additional adjustments/funding made available on the back of the national announcements related to the management of industrial action during November 23. The YTD position includes VWA performance of 105.3% (an improvement on month 7 but behind the internal Trust plan of 107.1%) and the internal estimate of risk associated with the NHSE VWA ERF target.

Overall YTD income is favourable to plan by £43.8m - driven mainly by R&D income and pass through drugs and devices (£24m, offset by costs), IA funding (£10.3m); excess inflation and pay award funding and other adjustments to block income. Cost related pressures remain - under-delivery of efficiencies across pay and non-pay (£23.0m); continued impact of industrial action; specialing of patients (£8.8m) with £5.4m of this linked to RMN usage; R&D pay costs and pass through drugs & devices (offset by income), pay award cost pressure (£3.2m); excess non-pay inflation (£3m), partially offset by underspends in non-clinical directorates.

# Appendix 1

## NWL APC Income & Expenditure Trends at Month 8

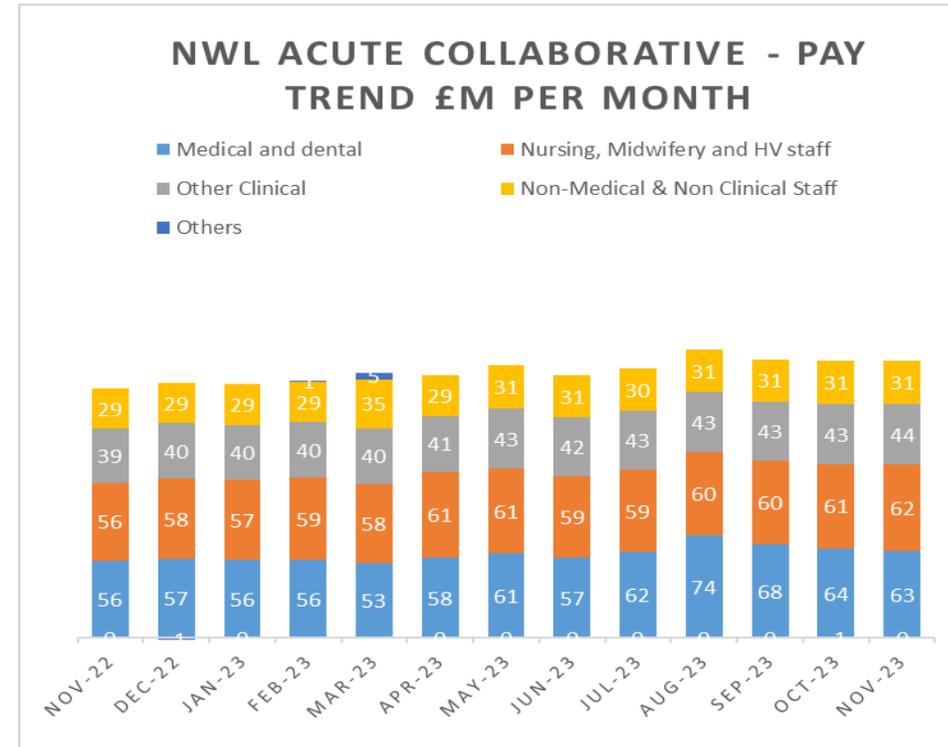
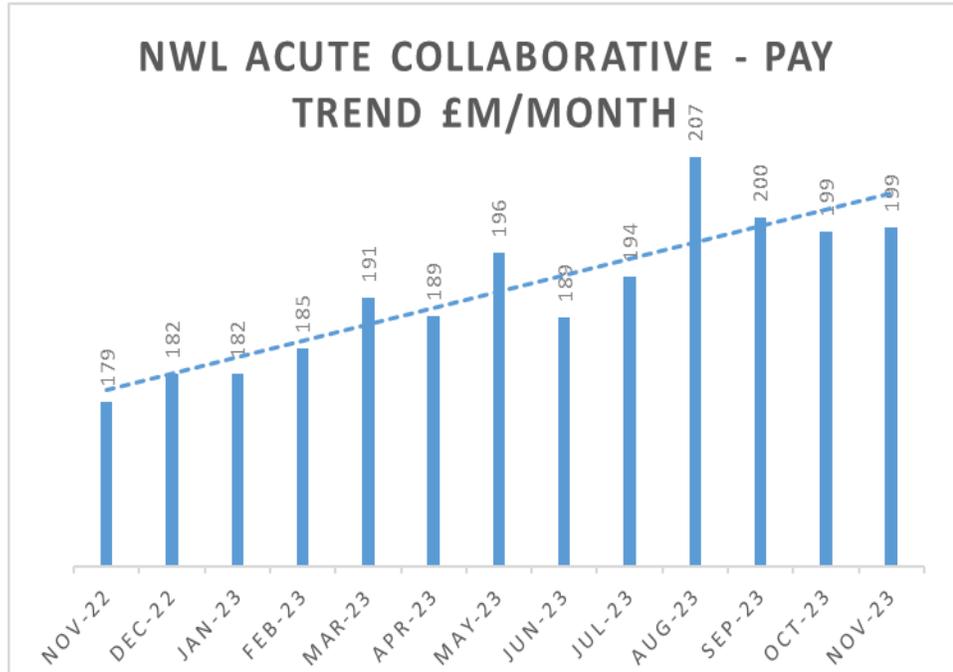
# NWL APC Income Trend



The graphs show the monthly income trend for the APC. Figures are absolute; however, March 23 value has been adjusted to remove material one off income: income received for the non-consolidated AfC pay award and additional employers pension charges. The residual March 23 spike accounts for non-recurrent income received at the end of the year and other year-end adjustments made.

In Aug 2023/24, the medical pay award was paid (backdated from April), the corresponding YTD funding causes an increase in income in the month. In Nov 23, additional funding is accounted for to cover IA costs and income reduction, hence the increase here. Overall monthly income has increased by **6%** on average, over 2022/23.

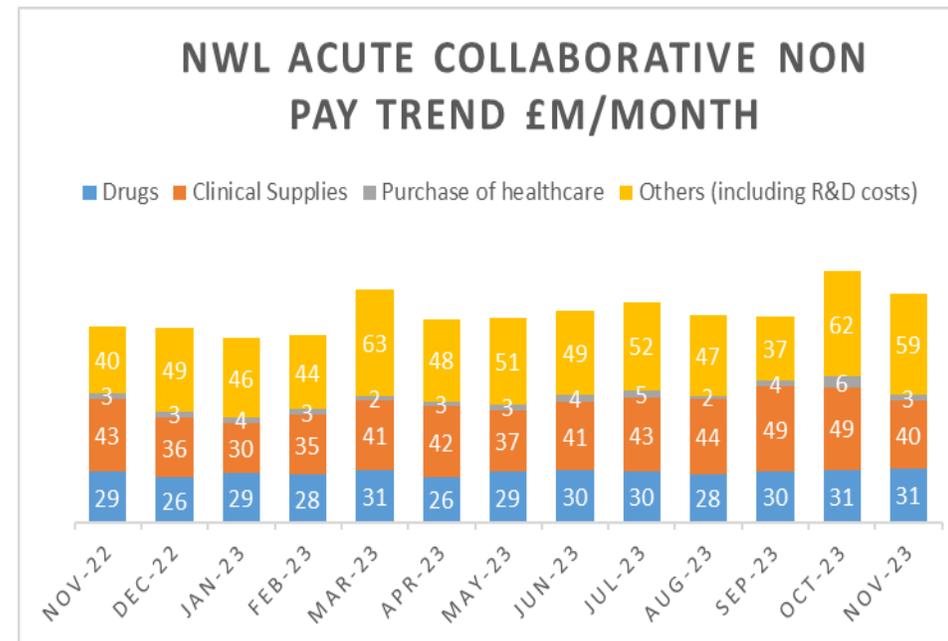
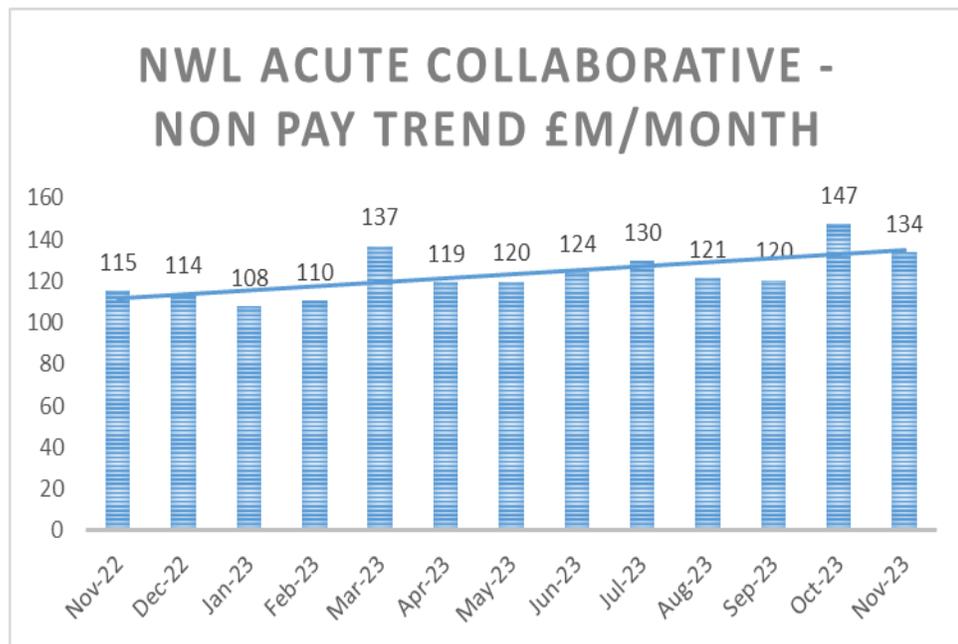
# NWL APC Pay Trend



The graphs shows the pay trend of the APC. Figures are absolute; however March 2023 has been adjusted for material items: the non-consolidated AfC pay award and the additional employers pension charges.

Pay has increased by an average of **9.2%**. To note AfC pay award of 5%, junior doctors pay award of 6.5% and pay costs of the THH and LNWH UCCs are new in 2023/24 contributing to the increase. In addition, pay pressure associated with industrial action, also contributes. There is no movement in pay costs M7 compared to month 8. In August, the junior doctors pay award was paid (backdated to April) which causes the spike here.

# NWL APC – Non Pay Trend



The graphs show the non-pay trend of the APC.

Non pay has increased by 11.9% in 2023/24 compared to 2022/23 , a major factor is the continuing increases to inflation across utilities, rates, facilities management contracts (increase here is c8%), and drugs and clinical supplies have also increased (by 9% and 15%).

## 9.1 REPORTS FROM TRUST AUDIT COMMITTEES - NEVILLE MANUEL, AMAN

DALVI, NICK GASH, BALJIT UBHEY

To note the reports:

- The Hillingdon Hospitals NHS Foundation Trust
- Chelsea and Westminster Hospital NHS Foundation Trust
- Imperial College Healthcare NHS Trust
- London North West University Healthcare NHS Trust

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### REFERENCES

Only PDFs are attached

-  9.0 Reports from Trust Audit Committees cover sheet.pdf
-  9.1a ARC Chairs Report THHFT - Nov 2023 FINAL.pdf
-  9.1bARC Chairs Report CWFT.pdf
-  9.1c ARC Chairs Report ICHT - BiC Jan 2024.pdf
-  9.1d ARC Chair's Report LNWH December FINAL.pdf

NWL Acute Provider Collaborative Board in Common (Public)

16/01/2024

Item number: 9.1

This report is: Public

## Audit and Risk Committee Chairs' Report

Accountable director: Neville Manuel, Non-Executive Director and Audit Committee Chair – The Hillingdon Hospitals NHS Foundation Trust  
Aman Dalvi, Non-Executive Director and Audit Committee Chair – Chelsea and Westminster NHS Foundation Trust  
Nick Gash, Non-Executive Director and Audit Committee Chair - Imperial College Healthcare NHS Trust  
Baljit Ubhey, Non-Executive Director and Audit Committee Chair – London North West University Healthcare NHS Trust

### Purpose of report

Purpose: Information or for noting only

The Board in Common is asked to note the reports.

### Report history

Outline committees or meetings where this item has been considered before being presented to this meeting.

Chelsea and Westminster  
NHS Foundation Trust  
Audit and Risk Committee  
2 November 2023

The Hillingdon Hospitals  
NHS Foundation Trust  
Audit and Risk Committee  
20 November 2023

Imperial College  
Healthcare NHS Trust  
Audit, Risk and  
Governance Committee  
13 December 2023

London North  
West University  
Healthcare NHS  
Trust Audit and  
Risk Committee  
13 October 2023  
& 1 December 2023

### Executive summary and key messages

Attached are the highlight reports from the Audit and Risk Committee meetings:

- The Hillingdon Hospitals NHS Foundation Trust (20 November 2023)
- Chelsea and Westminster NHS Foundation Trust (2 November 2023)

- Imperial College Healthcare NHS Trust (13 December 2023)
- London North West University Healthcare NHS Trust (13 October 2023 & 1 December 2023)

The Board in Common is asked to note the key findings in each of the reports and items escalated to the Board in Common from the individual Audit and Risk Committees.

## Strategic priorities

Tick all that apply

- Achieve recovery of our elective care, emergency care, and diagnostic capacity
- Support the ICS's mission to address health inequalities
- Attract, retain, develop the best staff in the NHS
- Continuous improvement in quality, efficiency and outcomes including proactively addressing unwarranted variation
- Achieve a more rapid spread of innovation, research, and transformation

[Click to describe impact](#)

## Impact assessment

Tick all that apply

- Equity
- Quality
- People (workforce, patients, families or careers)
- Operational performance
- Finance
- Communications and engagement
- Council of governors

[Click to describe impact](#)

## Reason for private submission

Tick all that apply

- Commercial confidence
- Patient confidentiality
- Staff confidentiality
- Other exceptional circumstances

If other, explain why

# North West London Acute Provider Collaborative The Hillingdon Hospitals NHS FT – Audit and Risk Committee Chair’s Highlight Report to the Board in Common

## Highlight Report of the meeting held on 20 November 2023

### 1. Key Highlights

#### 1.1 Internal Audit

- 1.1.1 There were no final Internal Audit reports for the committee to review at the November meeting.
- 1.1.2 The committee noted that:
- Fieldwork for the cross health economy (acute provider collaborative) review has been completed and a draft report will be issued shortly.
  - Fieldwork has commenced for the Planned and reactive maintenance, and Key financial systems – payroll audits.
  - The internal audit plan for 2023/24 was on track.
- 1.1.2 The committee has triangulated these reports to relevant committees of the Board.
- 1.1.3 The committee noted of the seven recommendations due for follow-up in November 2023:
- One was completed and six were overdue.
  - The committee noted the reasons for the slippage in completion of these recommendations and sought assurance that they will be completed by the revised completion dates.
- 1.1.4 The committee also received and noted the NHS Integrated Care Systems Changing NHS landscape and impact on organisations - One year on (BDO) and the BDO Global Risk Landscape Report.

#### 1.2 Counter Fraud Progress Report

- 1.2.1 The committee received and noted the Counter Fraud progress report covering activity between September – 10<sup>th</sup> November 2023. In this period the team has received one new referral and three cases have been closed. There are 2 open cases under active investigation by the Local Counter Fraud Service (LCFS) and a further two being led by another NHS body.
- 1.2.2 The committee noted ongoing proactive work being undertaken by the LCFS.
- 1.2.3 The committee noted the NHS Counter Fraud Authority quarter 2 Strategic Threat Assessment which provides strategic intelligence on current, or emerging TVEs, (threats, vulnerabilities, and enablers), key areas highlighted include staff, patient exemption fraud, fraudulent access, data manipulation and reciprocal healthcare.
- 1.2.4 The committee considered the draft Counter Fraud Policy presented for approval. Upon discussion the committee asked that the policy is triangulated across the Acute Provider Collaborative to ensure consistency, and standardisation and for a revised version to be brought back to a future committee for approval.

### **1.3 Finance**

1.3.1 The committee noted:

1.3.2 **Review of losses and special payments:** No write offs were requested in quarter 2 of 2023-24 (July to Sept 2023), nor the approval of any special payments.

1.3.2 **Review of non-compliance with SFIs:** Waiver usage continues to reduce with no new waivers signed off in last quarter. Procurement record, track and report any non-compliance monthly to the finance team.

1.3.3 **Debtors and creditors:** Significant progress made in managing creditors has plateaued due to cash constraints. Aged debtor balances have grown throughout the year to date, reflecting resource issues within the Finance team. The Finance team has put in place some additional resource to manage the issues arising and return the Trust where it is chasing and collecting debts efficiently.

1.3.4 Aged debtor balances are £3.2m higher than the level at the last year end, and have increased steadily during the year. After increases during the current year, NHS organisations account for 35% of the over 60 day total debt, overseas visitors 46% and non-NHS organisations approximately 19%. The Trust still has high levels of bad and doubtful debt provision in place against all of these debts, particularly against overseas visitors' debt.

1.3.5 Reductions in creditor balances have continued for the majority of this financial year, and Better Payment Practice Code performance has remained high, with 92% of all invoices (by value) being paid within 30 days.

### **1.4 Progress against External Audit Recommendations**

1.4.1 The committee received and noted actions and progress to the external audit recommendations following the 2022/23 audit. The committee will continue to closely monitor progress ahead of the 2023/24 audit.

### **1.5 Estates and Facilities**

1.5.1 The committee received and noted and update on the work of the Estates & Facilities Division which summarises recent changes and developments to improve compliance and delivery of the estates and facilities services and support to the Trust, including:

- the restructure of Estates into separate maintenance and compliance teams;
- national ERIC, PAM and PLACE assessments have been completed and submitted;
- a recent survey has established that there is no RAAC across the Trust sites;
- the outcome of the fire safety audit is Substantial Assurance;
- there is a concern over the number of low use flushing returns provided by wards and a remedial action plan is in place;
- cleaning and catering compliance and patient satisfaction is high;
- there have been a number of successful digitisation projects completed

### **1.6 Green Plan Progress Report**

1.6.1 The committee received and noted the mid-year progress update on the Trust's Green Plan. The committee noted the Trust has accomplished 4 of the 7 foundations that were outlined in How to produce a Green Plan guidance developed by NHSEI. The other three are part of the NWL/ ICS wide plans.

1.6.2 The committee noted key achievements in the areas:

- Energy Carbon Savings
- Waste Reduction and Recycling

- Sustainable Transport and Travel
- Culture Change
- Financial Savings and Grants

1.6.3 The committee noted and commended the team on a number of awards and achievements including:

- **Winner** HEFMA Efficiency & Improvement Award 2023 for Estates
- **Winner** METSA Sustainability Awards 2023 - Carbon Reducer of the Year
- **Winner** Big Sustainability Awards 2023 - Net Zero Journey
- **Finalists** Big Sustainability Awards 2023 – Sustainable Transport of the Year

1.6.4 The committee noted the next steps for the green and sustainability agenda, key challenges, and initiatives for the remainder of 2023/24.

## 1.7 Business Plan Q2 Report

1.7.1 The committee received and noted the Business Plan progress report for quarter 2 2023/24.

## 1.8 Health and Safety Report

1.8.1 The committee received a summary of the work of the Health, Safety and Environment Committees (HSEC). The committee noted work progressing to implement a Health and Safety assurance dashboard, the committee noted an outline assurance rating against a range of Health and Safety indicators which form the assurance dashboard.

## 1.9 Board Assurance Framework

1.9.1 The committee received and noted the Board Assurance Framework and Corporate risks scoring 12 and above for quarter 2 2023/24.

## 1.10 Report from the Risk Management Group

1.10.1 The Committee received assurance and noted:

- The Trust's Risk Management KPIs.
- The Trust's Risk Management Training arrangements.
- Progress against the recommendations from the KPMG Strategic Risk Governance Review, noting all actions have been completed.
- A Summary of work undertaken by the Trust Risk Management Group.

## 2. Positive Assurances Received

2.1.1 The Internal Audit plan for 2023/24 is on track.

2.1.2 Good progress continues to be made in delivering the green and sustainability plan.

## 3. Key Risks to Escalate

3.1 None

## 4. Concerns Outstanding

4.1 None

## 5. Key Actions Commissioned

### 5.1 Review and Learning from the Annual External Audit process 2022/23

5.1.1 The committee will continue to closely and regularly monitor the action plan and seek assurance that these have been addressed ahead of the 2023/24 audit.

5.1.2 Harmonising the Counter Fraud Policy in line with best practice and looking across the Acute Provider Collaborative.

## 6. Decisions Made

6.1.1 **Charity Annual Report and Accounts 2022/23** – The Committee approved the charity accounts for 2022/23 on behalf of the Trust Board as per the delegated authority.

## 7. Summary Agenda

No.	Agenda Item	Purpose	No.	Agenda Item	Purpose
1.	Internal Audit Reports	Assurance	7.	Estates Report	Assurance
2.	Counter Fraud Report	Assurance	8.	Green Plan Progress Reporting	Assurance
3.	Finance Report	Assurance	9.	Business Plan Q2 Report	Assurance
4.	Progress against External Audit Recommendations	Assurance	9.	Health and Safety Report	Assurance
5.	Appointment of the Trust External Auditors	Approve	10.	Board Assurance Framework	Assurance
6.	Charity Annual Report and Accounts 2022/23	Approve	11.	Report from the Risk Management Group	Assurance

## 8. Attendance

Members	November attendance
Neville Manuel – Chair	Y
Nick Gash – NED	Y
Patricia Gallan - NED	Y
Attendees	
Patricia Wright (CEO)	Y
Jon Bell (CFO)	Y
Gavin Newby (Deputy CFO)	Y
Janine Combrinck (Internal Audit)	Y
Simon Lane (Counter Fraud)	Y
Vikas Sharma (Trust Secretary)	Y

# North West London Acute Provider Collaborative Chelsea and Westminster NHS Foundation Trust - Audit and Risk Committee Chair's Highlight Report to the Board in Common

## Highlight Report of the meeting held on 2 November 2023

### 1.0 Purpose and Introduction

1.1 The purpose of this report is to update the Board in Common (BiC) about the meeting of the Trust's Audit and Risk Committee held on 2 November 2023.

### 2.0 Key Highlights

#### 2.1 Local Counter Fraud Service (LCFS) Update

2.1.1 The Committee was updated on the non-emergency patient transport review, confirming that there were only minor concerns, which were being addressed internally.

2.1.2 The Committee was advised on overpayments, noting there has been an improvement on previous years, with good practice being further embedded. Overpayments have halved with the key issue still relating to late submission of staff leaver forms, an issue which finance and HR are continuing to address with divisions to bring the rate down further.

#### 2.2 Internal Audit

2.2.1 The Committee was updated on the action underway to close down actions from formal internal audits, with 11 still overdue and some relating to 2020/21. The Committee sought further assurance on the work underway to close these down along with confirmation that the actions are assigned to the right people and have realistic deadlines.

2.2.2 The Committee was advised on the moderate opinion in relation to capital project management design and operational effectiveness. The strong governance was noted with some improvement required given some incomplete business case forms, post project evaluation reports not always completed and lack of consistent maintenance of monthly project forecasts. This audit resulted in four medium and two low level recommendations.

2.2.3 The discharge and ambulance handover process received a substantial assurance opinion noting that policies and procedures were adequate with good practices being followed and overall the Trust performing better than the regional average in respect of ambulance handovers. Three low level recommendations were made.

#### 2.3 External Audit

2.3.1 The Committee received a brief report, noting that this was a 'quiet' quarter with nothing of note to report, and was advised regarding the progress reports due to come to the January Committee meeting.

#### 2.4 Cyber Security

2.4.1 A detailed update on this was provided confirming that the Trust had received the Cyber Essentials Certificate of Assurance (a government backed scheme). Concern was raised regarding the increase in cyber attacks at a national level with the health sector receiving over 2000 incidents. The Committee heard that all four Trusts in the collaborative are now using Socura Cyber Security Operations Centre which is a 24/7 service detecting and supporting the frontline against any threats. The Committee also

heard about the recent exercise on cyber security which all collaborative trusts had participated in with other providers across London. Following questions about overall business continuity, the committee was assured on current plans with the trust compliant in 61 out of 62 areas for Emergency Preparedness Resilience and Response (EPPR), with the one outstanding rated amber. A further detailed plan specifically in relation to cyber security is being developed for early 2024 and will be shared with the Committee.

## 2.5 Information Governance Update

2.5.1 The Committee received a report on current performance against IG standards, noting the good rate of mandatory training compliance at 94% but Freedom of Information (FOI) compliance at 84%, in part due to a 15% increase in requests and staffing gaps. The drop in Subject Access Request compliance at 33% was noted, with a plan in place to address the backlog and a recent reported improvement in trajectory. A further update on this was requested for six months' time.

## 2.6 Losses and special payments, including write-offs

2.6.1 The Committee heard that overall the position showed an improvement relative to last year, however there are overall total debts of £1.6m going back over one year, which are being followed up.

## 2.7 Waiver of Standing Financial Instructions (SFIs)

2.7.1 The Committee was updated on the one waiver in relation to remedial works to damaged pipes required at the Chelsea site.

## 3.0 Positive Assurances Received

3.1 The Committee received assurance on capital project management, noting the improvements requested and the discharge and ambulance handover processes across the trust, which was rated as providing 'substantial' assurance.

## 4.0 Key Risks to Escalate

4.1 No specific risks to escalate.

## 5.0 Concerns Outstanding

5.1 None.

## 6.0 Key Actions Commissioned

6.1 Further report on overpayments and progress, specifically regarding leavers.

6.2 Further report on progress in recovering the backlog for SARs.

## 7.0 Decisions Made

7.1 None.

## 8.0 Summary Agenda

No.	Agenda Item	Purpose	No.	Agenda Item	Purpose
1.	Counter Fraud Progress Report	Noting	7.	Cyber Security Report	Noting
2.	Internal Audit (IA) <ul style="list-style-type: none"> <li>2023/24 Progress Report</li> <li>Recommendations and implantation</li> </ul>	Noting	8.	Information Governance Update	Noting

No.	Agenda Item	Purpose	No.	Agenda Item	Purpose
	IA reports on capital project management and discharge and ambulance handover processes				
3.	Global Risk Landscape Report	Noting	9.	Clinical Audit Update	Noting
4.	Changing NHS Landscape and impact on organisations	Noting	10.	Losses and Special Payments including Write Offs	Noting
5.	Debtors and Creditors report	Noting	11.	Waiver of SFIs	Noting
6.	External Audit Plan 2023/24 Progress Report	Noting	12.	Audit Committee Forward plan	Noting

## 9.0 2023 / 24 Attendance Matrix

	November attendance
<b>Members</b>	
Aman Dalvi, Non-executive director (NED) and Committee Chair	Y
Catherine Jervis, NED	Y
Syed Mohinuddin, NED	Y
<b>Attended</b>	
Virginia Massaro, Chief Financial Officer - Chelwest	Y
Lesley Watts, Chief Executive Officer	N
Rob Hodgkiss, Chief Operating Officer	Y
Robert Bleasdale, Chief Nursing Officer	Y
Peter Jenkinson, Director of Corporate Governance	Y
Marie Price, Deputy Director Corporate Governance	N
Paulino Buttaci, Corporate Governance Manager	Y
Peter Chapman Deputy Director of Finance	Y
Kathy Lanceley Director of IT	Y
Janine Combrinck, BDO	Y
Shrey Choudhary, BDO	Y
Matthew Wilson, RSM	Y
Natalie Nelson, RSM	N
Laura Rogers, Deloitte	Y
Craig Wisdom, BDO	N

# North West London Acute Provider Collaborative Imperial College Healthcare NHS Trust – Audit, Risk and Governance Committee Chair’s Highlight Report to the Board in Common

## Highlight Report of the meeting held on 13 December 2023

### 1. Key Highlights

#### 1.1 External Audit

1.1.1 The Committee received an update to the audit plan for the year ending 31st March 2024.

1.1.2 The Committee noted the significant audit risks faced by the Trust, which remained the same as last year: Property valuation; Capital expenditure; Existence of plant & machinery, information technology and fixtures & fittings; Management override of controls.

1.1.3 The Committee noted the action plan to address the recommendations with a project style approach, including the set-up of a management working group to monitor progress and manage any issues.

#### 1.2 2023/24 Audit Fee Proposal

1.2.1 The Committee received and approved the proposed fee for the audit of the 2023/24 accounts.

#### 1.3 Internal audit progress report

1.3.1 The Committee received the finalised internal audit reports on Data Quality: Patient Experience and the joint internal audit and counter fraud review on Core Financial Controls, noting that all three audits had received a rating of ‘Significant assurance with minor improvement opportunities.

1.3.2 The Committee received the report for the review of the North West London Acute Provider Collaborative Governance, noting that this was a joint review undertaken by two sets of auditors on behalf of the four trusts. The committee noted that the findings and recommendations had been finalised and a draft response to those findings and recommendations would be to the Board in Common in January 2024 for agreement by the four trust boards.

#### 1.4 Counter Fraud Progress Report

1.4.1 The Committee received the report providing an update on the progress against the 2023/24 annual plan.

1.4.2 The Committee noted that the fraud focus group had been completed, and findings from this would feed into awareness planning for 2024/25. The Committee also noted that the Board Assurance Framework had been established to capture strategic risks at Trust level.

1.4.3 The Committee also noted 5 new referrals had been received, of which 3 had been closed, leaving a total of 3 referrals in progress.

#### 1.5 Risk and Assurance Report

1.5.1 The Committee received the report providing an update on the corporate risk register, the corporate risk profile and board assurance framework process.

1.5.2 The Committee noted that the monthly Executive Risk Committee had been established since October 2023 and continued to focus on reviewing the extreme operational risks on

the corporate risk register. This focus had had seen the number of extreme risks decrease from 110 to 52.

- 1.5.3 The Committee noted that there remains a continued focus on risk management performance management and embedding the process at divisional and directorate level. There had been a slight decline in the timely review of risks the last month; however, there was an overall trend of improvement.
- 1.5.4 The Committee were assured that the focus would now be on the development of the Board Assurance Framework (BAF) which would focus on strategic risks and the updated, revised version of this would be presented to the next committee in March 2024, and would form the basis of discussions with the Trust Board in the board development session in February 2024.

## **1.6 Freedom of Information Act Annual Report**

- 1.6.1 The Committee received the report providing a summary of the Trust's compliance with the Freedom of Information (FOI) Act 2000 during the financial year 2022/23.
- 1.6.2 The Committee noted that the Trust responded to 86 per cent of the 801 received requests within 20 working days in 2022/23. This was a two per cent decrease compared to 2021/22, when 661 requests were received. It was highlighted that the decrease in response rate within 20 working days could be attributed to the 21 per cent increase in the number of requests received, compared to 2021/22.
- 1.6.3 The Committee also noted that the Trust was audited by the Information Commissioner's Office (ICO) in 2022/23. Their initial audit found a 'reasonable level of assurance' that processes and procedures were in place to ensure compliance with FOI legislation. The ICO's follow-up assessment in July 2023, following the implementation of recommendations from their initial audit, noted an improvement in our documentation of FOI and Environmental Information Regulations (EIR) processes.

## **1.7 Code of Governance and Fit and Proper Persons**

- 1.7.1 The Committee received the report providing an update on the Trust's compliance with the NHS Code of Governance and the revised Fit and Proper Persons requirements.
- 1.7.2 The Committee noted that a self-assessment of Trust compliance with the Code had been completed, and was also repeated at Acute Provider Collaborative Level enabling all Trusts in the Collaborative to understand their position of compliance. ICHT were assessed as being compliant with 56 points of inquiry and partial compliance with 8 areas, and an action plan had been drafted that would be integrated into the Trust's approach to 'Well-Led' assessment.
- 1.7.3 The Committee also noted that in August 2023 NHS England published updated requirements for the application and content of the Fit and Proper Persons Test. The Committee were assured that the Trust were compliant with the new September 2023 requirements and that privacy notices have been issued to all Board members to advise on the information to be held on their ESR record. Work is ongoing with colleagues in HR to ensure that we comply with all requirements that must be met in readiness for the March 2024 deadline and there are no known risks to anticipated compliance at this stage.

## **1.8 Losses and Compensation report (Quarter 2)**

- 1.8.1 The Committee noted the report outlining losses and special payments approved throughout Quarter 2 of the 2023/24 financial year which totalled £78k

## 1.9 **Tender Waiver Report (June – Nov)**

1.9.1 The Committee noted the report setting out the number and value of tender waivers authorised during 9th June 2023 – November 2023 of the financial year 2023/2024.

## 2. **Positive Assurances Received**

### 2.1 **Internal audit progress report**

2.1.2 The Committee received the finalised internal audit reviews on Data Quality: Patient Experience and the joint internal audit and counter fraud review on Core Financial Controls, noting that both audits had received a rating of 'Significant assurance with minor improvement opportunities.

### 2.2 **Reports from Board sub-committees re risk and assurance deep dives and key risks**

2.2.1 The Committee received the sub-committee Board summary reports from the People Committee, Finance, Investment and Operations Committee, and the Quality Committee.

### 2.3 **People Committee Annual Report / Deep Dive**

2.3.1 The Committee received the report to provide assurance on the effectiveness of the People Committee and to ensure that the Committee are sighted on key risks for the Trust.

2.3.2 The Committee noted that key highlights of the People Committee were:

- The final version of the Trust people priorities were approved by the Committee in May 2023 and regularly received updates on the priority objectives.
- The People Committee received regular P&OD assurance reports on nursing and midwifery, and allied health professionals (AHP) recruitment and retention, Pathway to Excellence, winter wellbeing, NW London workforce priorities, productivity and efficiency project overview, and productivity and efficiency project overview.
- The Committee received staff stories as part of the Equality, Inclusion and Diversity updates; over the past year staff stories were given by members of staff from a wide range of services across the Trust.
- The Committee received updates on the Freedom to Speak Up service and received assurance relating to the management of the service including newly recruited guardians, and recently reviewed the National Guardian's Office FTSU reflection and planning tool and the updated 'speaking up' policy which was now on the nationally mandated template.
- It was highlighted that the Committee were working on having a FTSU report going through to the Board in Common, and would be working with the NED champions to find a way to ensure feedback is escalated to the Board.

### 2.4 **Data Quality Review Update**

2.4.1 The Committee received the report providing a progress update on the Outpatient Data Quality Improvement Programme.

2.4.2 The Committee noted that since the findings of the initial review were taken to Executive Management Board (EMB) and Executive Transformation Session in April 2023, the Trust has also commissioned a significant improvement programme looking at outpatients as a whole, including everything from Clinical pathways through to patient experience, reporting, systems and workflows.

2.4.3 It had been acknowledged that there are a number of interdependencies between the Outpatient Specialty Advice Service (SAS) Delivery Group and the Data Quality Improvement (DQI) Programme. It has also been recognised that many of the Outpatient SAS actions cannot be commenced until the data quality recommendations are in place.

2.4.4 The Committee noted that after considering how the SAS and DQI programmes align, it was agreed at EMB and the SAS Board in July 23 that the DQI programme although integrated would be a standalone programme with its own project documentation and governance structure which incorporates the SAS Steering Group, Delivery Board, EMB and ARG. A phased to this approach had been agreed.

2.4.5 The Committee were assured that there was now a firm grip on this and this was being monitored appropriately.

## **2.5 Cyber Security Dashboard**

2.5.1 The Committee received the report providing an update on the ongoing steps being taken by the Trust to mitigate and manage cyber security related risks and incidents and an overview of the core activities currently being undertaken to manage cyber risks, which are predominately focused on infrastructure and application remediation.

2.5.2 The Committee noted that there had been an increase in the number of attacks on Healthcare organisations during the reporting period, and the Trust has introduced a new password management solution that protects and enhances active directory accounts within the Trust. The solution would prevent the use of weak passwords and securing user authentication. It was also highlighted that NHS Mail Multi-Factor Authentication (MFA) had been implemented for new NHS Mail accounts and was in the process of being implemented for existing accounts. MFA is an additional form of authentication designed to prevent threats actors compromising NHS Mail account.

2.5.3 The Trust recently carried out a phishing simulation campaign. The programme devised by NHS England, sent a phishing email to over 600 NHS Mail user accounts. The results for the Trust showed that the percentage of Trust staff clicking on the link contained within the phishing email, as well as entering their personal account details was higher than national average, therefore plans are in place to increase the awareness of staff on how to detect and report phishing emails within the Trust.

2.5.4 The Committee were assured that the Trust continues to prioritise the upgrade/decommission of out-of-date operating systems. The Trust has approximately 243 servers running Microsoft Server 2012 and SQL 2012 which reached end of supported life in October 2023. The trust will be applying extended support patches for these servers so that they will continue to be patched with security updates until they are upgraded.

## **3. Key Risks to Escalate**

3.1 None

## **4. Concerns Outstanding**

4.1 None

## **5. Key Actions Commissioned**

5.1 None

## **6. Decisions Made**

6.1 None

## 7. Summary Agenda

No.	Agenda Item	Strategic Risk Mapping		Purpose	No.	Agenda Item	Strategic Risk Mapping		Purpose
		No.	Risk				No.	Risk	
1.	External Audit Report - audit plan 2023/24			To note	8.	Data Quality Review Update			Assurance
2.	Internal Audit progress report			To note	9.	Cyber Security Dashboard			To note
3.	Management response to collaborative governance internal audit			To note	10.	Freedom of Information Act Annual Update			To note
4.	Counter Fraud progress			To note	11.	Code of Governance and Fit and Proper Persons			To note
5.	People Committee Annual Report / Deep Dive			Assurance	12.	Losses and Compensation Report			To note
6.	Reports from Board sub-committees re risk and assurance deep dives and key risks (Reading Room)			To note	13.	Tender Waiver Report			To note
7.	Risk and Assurance report			To note	14.	Committee Forward Planner			To note

## 8.0 2023 / 24 Attendance Matrix

	December attendance
<b>Members</b>	
Nick Gash, Non-Executive Director and Committee Chair	Y
Bob Alexander, Non-Executive Director	N
Linda Burke, Non-Executive Director	Y
David Moss, Non-Executive Director	Y
Tim Orchard, Chief Executive Officer	N
Julian Redhead, Medical Director	Y
Jazz Thind, Chief Finance Officer	Y
Janice Sigsworth	Y
<b>Attended</b>	
Peter Jenkinson, Director of Corporate Governance	Y
Jessica Hargreaves, Deputy Director of Corporate Governance	Y
Alistair Cullen, Associate director of finance	Y
Pushpak Nayak, Associate Director of ICT Operations	Y
Kevin Croft, Chief People Officer	Y
Sim Scavazza, Non-executive director	Y
Claire Hook, Chief Operating Officer	Y
Michelle Dixon, Director Of Engagement And Experience	Y
Debbie Arney, Corporate Governance Officer (minutes)	Y
Jonathan Gooding, Deloitte	Y
Nicholas Jepps, Deloitte	Y
Neil Thomas, KPMG	Y
Jack Crouch, KPMG	Y
Charles Medley, KPMG	Y
Baljit Ubhey, Audit Chair LNW (Observing)	Y

**North West London Acute Provider Collaborative**  
**London North West University Healthcare NHS Trust - Audit and Risk**  
**Committee**  
**Chair's Highlight Report to the Board in Common**

**Highlight Report of the meeting held on 13 October 2023 and 1 December 2023**

**1. Key Highlights**

**1.1 Internal Audit Report**

1.1.1 Three audits were completed: Cancer Data Set, Transformation Projects and Patient Transport Services. The Equality, Diversity and Inclusion and the Cross Health Economy audits have been drafted and management responses have been sought. Two audits are in progress: Mental Health Act Compliance and Facilities and Estates Management.

1.1.2 The Committee received assurance that the internal audit plan is on track and will be delivered on time.

**1.2 External Audit Report**

1.2.1 The initial risk assessment for the 2023-24 external audit is underway. Significant risks were noted as expenditure recognition due to budgetary pressures in 2024, the valuation of land and buildings, and the management override of controls.

**1.3 External Audit Recommendations Tracker**

1.3.1 The Committee received a tracker detailing the progress being made on the ISA260 recommendations. Of the total outstanding recommendations, ten have been implemented and eight are in progress.

**1.4 Counter Fraud Report**

1.4.1 The Committee received a summary of work that has taken place since the last meeting.

**1.5 Board Assurance Framework**

1.5.1 The Committee noted that the Executive Team will undertake a detailed review of the Board Assurance Framework to ensure it is reflective of the current environment. This will be considered at the LNWH Board Development session in February 2024.

**1.6 Risk Report**

1.6.1 The Committee noted the new high-level risk relating to a lack of access to onsite interventional radiology.

1.6.2 Work is being done to streamline the risk register so long-standing risks can be distinguished from the active risks.

**1.7 Policy Tracker**

1.7.1 The Committee noted the continued increase in reporting on in-date policies. Work is underway to identify the regulatory bodies for each of the policies to ensure consistent compliance with them.

**1.8 Fit and Proper Person Test**

1.8.1 The Committee noted that Trust is compliant with the requirement to issue privacy notices to all Board Members and Regulation 5 Directors by 30 September 2023. The Trust is required to hold the additional information by 31 March 2024 and the teams are working with the CPOs across the Acute Collaborative to ensure that the systems and processes are in place.

## **1.9 Managing Conflicts of Interest – Annual Assurance Report**

- 1.9.1 The Committee received the annual assurance report covering the last two years. Board members are compliant with the Declarations of Interest policy but there is only partial compliance for other decision-making staff. Work is underway to publicise the policy and to make the process of declaring clearer and easier for staff.

## **2. Positive Assurances Received**

### **2.1 Internal Audit Recommendations Tracker**

- 2.1.1 The introduction of the tracker will strengthen local governance to ensure the internal audit recommendations have regular oversight and are addressed in a timely manner. The tracker is regularly presented to the LWNH Risk and Compliance Group.

### **2.2 NHS Code of Governance**

- 2.2.1 The Trust is largely compliant with the new NHS Code of Governance, with just six areas of partial compliance. Plans are in place to achieve full compliance by the end of the financial year.

### **2.3 Internal Audit: Transformation Projects**

- 2.3.1 The Transformation Projects audit received substantial assurance on design and moderate assurance on effectiveness of controls. This is a significant improvement in the overall rating when compared to the audit undertaken in 2022-23.

### **2.4 Policy Tracker**

- 2.4.1 Since the last report, there has been an increase from 70% to 83% of policies that are in date. Plans to ratify the remaining out of date policies are currently in progress.

### **2.5 Better Payments Practice Code**

- 2.5.1 The Trust has consistently achieved the 95% target to pay all invoices *by value* within 30 days for the last two and a half years. Performance *by volume* has been lower than 95% and work is being done to address this.

## **3 Key Risks to Escalate**

- 3.1 None

## **4 Concerns Outstanding**

- 4.1 None

## **5 Key Actions Commissioned**

### **5.1 Internal Audit Report**

- 5.1.1 The Committee agreed to consider the addition of the Green Plan in the future internal audit plan.

### **5.2 Board Assurance Framework**

- 5.2.1 The Chair will consider how Committee Chairs can periodically report on their strategic risks to the Committee.

### **5.3 Managing Conflicts of Interest – Annual Assurance Report**

- 5.3.1 A further assurance report on compliance to the Managing Conflicts of Interest Policy will be presented to the Committee in Q1 2024/25.

## 5.4 Single Tender Waivers Report

- 5.4.1 The senior leadership team from NWL Procurement will be invited to attend a future meeting if they remain unable to provide their regular reporting, including the tender waivers report.

## 5.5 Cross Health Economy Acute Provider Collaborative Internal Audit

- 5.5.1 Following the discussion of the audit by each Audit Committee, the Chair will contact Peter Jenkinson (Joint Director of Corporate Governance) for a meeting with all Audit Chairs to agree a unified way forward.

## 5.6 Review of Debtors and Creditors

- 5.6.1 The Committee agreed that future reports will be submitted to the Finance and Performance Committee.

## 6 Decisions Made

### 6.1 External Audit – Re-appointment of KPMG

- 6.1.1 The Committee approved the extension of the external audit contract with KPMG for one year, with a further option to extend for a second year, at the newly agreed fee.

### 6.2 LNWH Charitable Fund Annual Accounts and Report 2022 23

- 6.2.1 The Committee approved the 2022/23 LNWH Charitable Fund annual accounts and Trustee report and the draft 2022/23 KPMG ISA260 Audit Findings Report.

## 7 Summary Agenda

### 13 October 2023

No.	Agenda Item	Purpose	No.	Agenda Item	Purpose
1.	Internal Audit Report	Assurance	7.	Policy Tracker	Assurance
2.	External Audit Report	Assurance	8.	Governance Reports	Assurance
3.	External Audit Recommendations Tracker	Assurance	9.	RAAC Assurance	Assurance
4.	Counter Fraud Report	Assurance	10.	Single Tender Waiver Report	Assurance
5.	Board Assurance Framework	Assurance	11.	Losses and Compensation Report	Assurance
6.	Risk Report	Assurance	12.	Review of Debtors and Creditors	Assurance

### 1 December 2023

No.	Agenda Item	Purpose	No.	Agenda Item	Purpose
1.	LNWH Charitable Fund Annual Accounts and Report 2022 23	Approval	8.	Policy Tracker	Assurance
2.	Internal Audit Report	Assurance	9.	Managing Conflicts of Interest – Annual Assurance Report	Assurance
3.	External Audit Report	Assurance	10.	Better Payments Practice	Assurance
4.	External Audit Recommendations Tracker	Assurance	11.	Single Tender Waiver Report	Assurance
5.	Counter Fraud Report	Assurance	12.	Losses and Compensation Report	Assurance
6.	Board Assurance Framework	Assurance	13.	Modern Slavery Statement	Assurance
7.	Risk Report	Assurance			

## 8. Attendance

Members:	October attendance
Bob Alexander, NED (Chaired meeting)	Y
Ajay Mehta, NED	Y
Baljit Ubhey, NED (Chair from Oct)	Y
Attendees	
Pippa Nightingale, Chief Executive Officer	N
Simon Crawford, Deputy Chief Executive Officer	Y
Jonathan Reid, Chief Financial Officer	Y
Jon Baker, Chief Medical Officer	Y
James Walters, Chief Operating Officer	Y
Dawn Clift, Director of Corporate Affairs	Y
Dominic Sharp, Associate Director of Finance – Financial Control	Y
Fleur Nieboer, External Audit Partner (KPMG)	Y
Rachit Babbar, External Audit Manager (KPMG)	Y
Janine Combrink, Internal Audit Director (BDO)	Y
Shrey Choudhary, Internal Audit Assistant Manager (BDO)	Y
James Shortall, Counter Fraud Manager (BDO)	Y
Kofo Abayomi, Head of Corporate Governance	Y
Nikki Walcott, Corporate Governance Manager	Y

Members:	December attendance
Baljit Ubhey, NED (Chair)	Y
Bob Alexander, NED	Y
Ajay Mehta, NED	N
Attendees	
Pippa Nightingale, Chief Executive Officer	Y
Jonathan Reid, Chief Financial Officer	Y
Jon Baker, Chief Medical Officer	Y
Dawn Clift, Director of Corporate Affairs	N
Dominic Sharp, Associate Director of Finance – Financial Control	Y
Rachit Babbar, External Audit Manager (KPMG)	Y
Janine Combrink, Internal Audit Director (BDO)	Y
Shrey Choudhary, Internal Audit Assistant Manager (BDO)	Y
James Shortall, Counter Fraud Manager (BDO)	Y
James Biggin-Lamming, Director of Strategy and Transformation	Y
Alex Bolton, Head of Patient Safety, Improvement and Learning	Y
Kofo Abayomi, Head of Corporate Governance	Y
Nikki Walcott, Corporate Governance Manager	Y

## 9.2 PROPOSED RESPONSE TO THE REVIEW OF COLLABORATIVE GOVERNANCE ARRANGEMENTS - PETER JENKINSON

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### REFERENCES

Only PDFs are attached

-  9.2 Proposed response to the review of collaborative governance arrangements.docx.pdf
-  9.2a BiC - January 2024 - governance review response - Appendix 1.docx.pdf
-  9.2b Proposed response to the collaborative governance review.pdf

NWL Acute Provider Collaborative Board in Common (Public)

16/01/2024

Item number: 9.2

This report is: Public

# Proposed response to the review of collaborative governance arrangements

Author and Job Title: Peter Jenkinson, Director of corporate governance

Accountable director: Peter Jenkinson  
Job title: Director of corporate governance

## Purpose of report

Purpose: Decision or approval

This paper sets out the proposed response to the findings and recommendations arising from the internal audit review of the governance arrangements for the NWL acute provider collaborative, for the Board in Common to approve.

The Trust Boards are asked to

- Accept the findings of the report
- Agree the actions proposed in response

## Report history

Outline committees or meetings where this item has been considered before being presented to this meeting.

**APC Executive management board**  
09/01/2024  
What was the outcome?

**Board in Common Cabinet (e-governance)**  
12/12/2023  
What was the outcome?

Committee name  
Click or tap to enter a date.  
What was the outcome?

## Executive summary and key messages

### Background

- 1.1 Recognising the context for the development of the acute provider collaborative and the governance model, the four Trust Boards commissioned the internal auditors of the four trusts to conduct a review of the effectiveness of the current governance model.
- 1.2 The purpose of the review was to provide an opinion on the following questions:

- Can the trusts discharge their duty appropriately?
- Are the collaborative governance arrangements robust?
- Are there any risks to address in the current governance model?

1.3 The review was completed during September and October 2023, including observation of collaborative level meetings and interviews with members of the Board in Common. The draft report was shared with the chair, chief executive officers, vice chairs and audit chairs, for comment. The report has now been finalised and will be shared with audit committees. The overall conclusion of the report is included in Appendix 1 to this report.

## **Internal audit findings**

2.1 A summary of the findings are listed below:

- The governance model is operating appropriately overall to enable the individual Trust Boards to fulfil their required duties, although there are some areas for improvement.
- Board in Common meetings are largely sufficient for the individual Trust responsibility and in the main there is adequate public transparency on required Trust Board matters.
- The governance model has been a good mechanism for encouraging and strengthening collaborative working between the Trusts, in particular allowing Trusts to focus on standardising and improving working practices for the benefit of patient outcomes.
- At a collaborative level, the governance model is operating largely effectively given the nascent period of its operation. The clarity of Board members' roles and responsibilities in the collaborative and the collaborative meetings have and continue to develop which should enhance both the efficiency and effectiveness of these forums.

2.2 However, some risks in the governance model were identified, with recommended actions included to further mitigate those risks. The findings / recommended areas for improvement can be categorised into the following areas:

- development of a strategic direction and enabling strategies
- Trust level engagement and oversight, including non-executive director visits
- Executive governance structures, including decision-making and a strategic view of the Collaborative operating model
- improving reporting, including use of data and annual reports, and risk management at collaborative level
- workload and capacity for Board members
- clarifying the role of collaborative and board level committees – strategic role of the collaborative sub-committees and the assurance role of the local Trust sub-committees.

2.3 The audit findings, recommendations and proposed response are detailed in Appendix 1.

## **Proposed response to internal audit recommendations**

3.1 Most actions were already in progress when the audit review was completed and they will continue to be progressed – including the development of the strategy for the Collaborative, implementation of a risk management approach at Collaborative level,

development of the performance data and its presentation, and the implementation of a structured programme of non-executive director (NED) visits.

- 3.2 Other actions will be addressed as part of the ongoing development of the governance model, either through reinforcement of existing structures and mechanisms or through a board development programme at Trust and Collaborative level. One of the key risks identified through the audit is the effectiveness of the executive governance structures and decision-making, including development of the strategic direction of the operating model. The Collaborative executive management board continues to develop its effectiveness and the CEOs will lead work, as part of the development of the Collaborative strategy, to set out a direction for the operating model across the four Trusts within which future strategic decisions can be made.
- 3.3 Another of the key risks identified in the review is insufficient Trust level engagement and oversight. We have attempted to mitigate this risk previously through the introduction of regular NED triangulation meetings – structured meetings of the NEDs, attended by the CEO, which give an opportunity for NEDs to receive updates from Board level committees that they are not members of. However, these triangulation meetings have been implemented with local variation and with varied effectiveness. We will therefore consider how to further mitigate the risk of insufficient Trust level engagement and oversight, and to ensure that all members of a particular Trust Board receive assurances from each of the Board committees. Proposals will be brought to the next meeting of the Board in Common for approval.

## Recommendation

- 4.1 The Trust Boards are asked to:
- Accept the findings of the report
  - Agree the actions proposed in response

## Strategic priorities

Tick all that apply

- Achieve recovery of our elective care, emergency care, and diagnostic capacity
- Support the ICS's mission to address health inequalities
- Attract, retain, develop the best staff in the NHS
- Continuous improvement in quality, efficiency and outcomes including proactively addressing unwarranted variation
- Achieve a more rapid spread of innovation, research, and transformation

[Click to describe impact](#)

## Impact assessment

Tick all that apply

- Equity
- Quality
- People (workforce, patients, families or careers)
- Operational performance
- Finance
- Communications and engagement
- Council of governors

[Click to describe impact](#)

## Reason for private submission

Tick all that apply

- Commercial confidence
- Patient confidentiality
- Staff confidentiality
- Other exceptional circumstances

If other, explain why

## **APPENDIX 1**

### **Internal audit review of the North West London Acute Provider Collaborative governance model – Conclusion (KPMG & BDO)**

**December 2023**

#### **Acute Provider Collaborative (APC) Internal Audit**

##### **CONCLUSION**

Based on the work performed, we have concluded that the governance model is operating appropriately overall to enable the individual Trust Boards to fulfil their required duties, although there are some areas for improvement. Board in Common meetings are largely sufficient for the individual Trust responsibility and in the main there is adequate public transparency on required Trust Board matters, which are sometimes dependent on the experience of Board members to raise them rather than being seamlessly sequenced by the governance process.

The governance model has been a good mechanism for encouraging and strengthening collaborative working between the Trusts, in particular allowing Trusts to focus on standardising and improving working practices for the benefit of patient outcomes. Feedback from interviews with key stakeholders has largely been positive with respect to the collaborative's achievements towards strengthening partnership working across the Trusts.

At a collaborative level, the governance model is currently operating effectively overall given the nascent period of its operation. The clarity of Board members' roles and responsibilities in the collaborative and the collaborative meetings have and continue to develop which should enhance both the efficiency and effectiveness of these forums.

The design and operation of the collaborative fulfils the regulatory requirements for the individual Trusts with good work in progress to ensure this continues. There are Board sessions planned in Q4 of 2023-24 to ensure that there is clarity over the collaborative's achievements and progress aligned to the CQC's well-led framework.

However, inevitably some aspects require further development, such as ensuring individual Trust issues are discussed adequately, improving reporting and risk management and dealing with the significant increase in workload and time spent in meetings by Board members. There is also a need for the collaborative to formally set its strategic direction and more clearly define the strategic role of the collaborative sub-committees and the assurance role of the local Trust sub-committees. If these issues are not addressed, there is a risk that the relationships between the Chair and the Chief Executives, and the roles of other Executive Directors and the NEDs, in these forums may be compromised, which may undermine the effectiveness of both the local Trust Boards and the collaborative.

The implementation of these actions will also facilitate a focus on the Chair's responsibility for the effectiveness of the Board and the Chief Executives' (as Accountable Officers) responsibility for the effectiveness of the operations of their individual Trusts. The division of these roles is critical as the collaborative model is necessarily operating without a Chief Executive, which increases the risk of the Chair operating in an Executive Chair capacity.

##### **CONTEXT FOR WORK**

We have undertaken our audit work through interviews with key collaborative stakeholders, review of documentation, and observation of collaborative meetings. The desire to create a single binding decision making forum which brought all Trusts together was the founding principle which has been achieved. This has been combined with a stated view that the Trusts are not merging, so collaboration must be effective.

As the collaborative formed, decisions were taken around the focus of activities, for example annual work plans were prioritised and have been achieved. The delivery of specific projects, such as the Elective Orthopaedic Centre and Community Diagnostic Centres have been completed. Given the scale of the agenda as the individual Trusts emerged from the COVID pandemic and dealt with the operational pressures, other activities such as longer-term strategic planning were consciously deferred. This review therefore identifies where those matters can now be returned to.

Our findings have been collated and presented with an acknowledgement of this background as well as the circumstances in which the collaborative was set up, the inherent difficulties and complexity the collaborative arrangement presents and the necessary trade-offs made, compared to an individual Trust governance structure, to reap all of the benefits available through the collaborative.

### **AREAS OF GOOD PRACTICE**

The collaborative was developed and implemented with an aim to provide improved decision-making in partnerships across the four individual Trusts. This has broadly been achieved, with an acknowledgement from key stakeholders across the collaborative that the benefits achieved from a collaborative structure would inherently lead to changes from the way in which individual Trusts traditionally operate governance structures.

From the outset, there has been clarity from the collaborative Chair, Vice Chairs, and individual Trust CEOs around both the structure and the parameters within which the collaborative would operate. The design of the structure as well as the tone from the top throughout collaborative meetings provides a clarity that the structure is to allow for collaborative decision making that is binding, rather than a formal merger of Trusts into a group.

Collaborative working was implemented from the inception of the structure, with the CEO workstreams in place to provide assurance across quality, workforce, finance, and core operational standards that there is appropriate monitoring and reporting through to the Board in Common through the integrated performance reports covering the workstreams.

The design of the collaborative ensures that there is clarity around the roles and responsibilities for each of the Vice Chairs appointed. This includes the early implementation of the collaborative subcommittees; each being led by one of the Vice Chairs in partnership with one of the Trust CEOs.

One of the key benefits of the collaborative to date, as recognised by the Board members we met with, is the way in which it has served to strengthen relationships between Executive Directors across the trusts and enhance the opportunities for sharing and learning.

### **SUGGESTED ACTIONS**

We have set out the findings and proposed actions from our work below, split between advisory and audit recommendations.

We recognise that implementing our recommendations will require further efforts from Board members and staff in the short term, but we believe that a more streamlined structure that operates more effectively and efficiently going forward will outweigh this additional time. It will also allow

the Boards to ensure they reflect on their operations with reference to the well led framework which will be applied to them at both a system and Trust (rather than collaborative) level.

#### **ASSURANCE RATING**

The overall conclusion for this review is aligned to the second highest level of assurance provided by BDO (described as Moderate) and KPMG (described as significant assurance with improvements required). Assurance is provided on a four point scale.

## APPENDIX 2

### Internal audit review of the North West London Acute Provider Collaborative governance model – recommendations and response

December 2023

#### ADVISORY

These advisory findings signal areas where governance arrangements should be developed to mitigate risks which are present within the operation of the collaborative and Trusts. These risks if left unmanaged may more consistently compromise governance.

Advisory finding(s)	Advisory recommendation(s)	Response
<p><b>1. Local Trust Board relationships (MEDIUM PRIORITY)</b></p> <p>Since the move to Board in Common meetings under the approved governance model for the collaborative, local Trust Boards no longer meet together in full to discuss only Trust-specific matters. This is also not achieved through the sub-committees as they do not include all Trust Board members.</p> <p>On the Executive side, there are regular local executive management meetings and therefore they have full oversight of all local issues. For the NEDs, a number of mitigations have been put in place to try to provide them with greater oversight over all local Trust matters, including triangulation and informal dialogue meetings. However, these mitigations have added significant additional time commitments but still do not bring all Trust Board members together in a local forum.</p> <p>From our discussions with voting EDs and NEDs, there is a sense that relationships and the feeling of team-</p>	<p>Given the importance of knowing each other and engendering trust within local Trust Boards, we encourage the Trusts to consider ways in which each Trust Board may be periodically brought together in full.</p> <p>The structure as it stands already needs to be streamlined (covered by our audit points 4 and 5 below) and consideration may want to be given to removing some of the Trust Board Cabinet meetings, triangulation meetings and informal dialogue sessions.</p>	<p>Agendas are managed to allow each Trust Board to focus on local trust-specific matters and timings planned accordingly. However, with the Board in Common there is a risk with the agenda and the size of the meeting that we don't satisfy the need for appropriate engagement and oversight at Trust level. We currently have various mitigations in place to address the risk of local Trust Board engagement and oversight, including NED Triangulation meetings.</p> <p>We recognise the need to strengthen the existing mitigations and will consider options to do that, including reviewing the purpose of existing meetings.</p> <p>We will also consider how we support the Trust level engagement and understanding through local Trust Board development, to allow a focus on Trust strategic priorities, risks and challenges, and assurances, and thereby</p>

Advisory finding(s)	Advisory recommendation(s)	Response
<p>working between local EDs and NEDs are not as strong as they used to be when there were local Trust Board meetings. This is largely due to the large membership of the Board in Common meetings and Board development sessions, which do not easily facilitate detailed local discussions.</p> <p>If this matter is not addressed there is a risk that local relationships will deteriorate at the expense of the collaborative working, impacting both the overall strength of the unitary Trust Boards and their ability to support collaborative working.</p>		<p>ensure compliance with the ‘well-led’ standards. The NED visit programmes will also enable Board members to learn more about their own organisations.</p> <p>Recognising the findings and recommendations regarding capacity and the risk of increased time commitment for board members (cf. audit finding 4), we will also review the meeting structure to reduce time commitment where possible.</p> <p><b>Action:</b>  <b>Consider appropriate amendment to the governance model to further mitigate the risk of insufficient Trust level engagement and oversight, for Board approval (April 2024)</b></p>
<p><b>2. Executive Governance Structures (MEDIUM PRIORITY)</b></p> <p>Typically, Executive Structures would mirror those seen within the Unitary Board setting and be supplemented by more tactical and operational sub-committees. This promotes an alignment of accountability, responsibility and authority. It is not clear that this has been achieved within the current governance structure and further changes may be required as a result of our recommendations.</p> <p>The Executive structures must align both within an individual Trust and to ensure that where collaborative forums exist, they do not extend or</p>	<p>The Executive structures at both individual Trust and collaborative level should be reviewed with a view to ensuring alignment with the Collaborative arrangements once our recommendations have been implemented, in particular the finalisation of the strategy and any amendments made to the committee structure.</p> <p>These structures must also ensure that they do not result in a conflict between a collaborative and Accountable Officer or Executive role where these are held by different individuals.</p>	<p>All four trusts have similar executive level governance structures that are aligned with a unitary board structure, including an Executive Management Board. Since July 2023, there has also been an APC Executive Management Board, with membership from across the four executive teams.</p> <p>As part of the development of the APC strategy, we will consider the organisational form to deliver the strategy, including any direction of travel regarding executive management structure and any potential structural impacts for leadership positions relating to identified</p>

Advisory finding(s)	Advisory recommendation(s)	Response
<p>undermine the ability of the accountable officer to discharge their Trust based responsibilities.</p> <p>Conversely where prominence of a single view to reach a decision cannot be achieved a mechanism needs to be found which prevents the need for the Trusts' Chair to step into an Executive decision-making role. With the formation of the Collaborative Executive Management Board, this may also present difficulties should the Chair of that be held to account for operations at a Trust where they are not accountable officer.</p> <p>There is a risk that these challenges will increase as the work of the collaborative gains further momentum.</p>	<p>A collaborative accountable officer should be appointed or identified to avoid the risk that the collaborative Chair performs the duties of a Trust or collaborative Executive / accountable officer.</p>	<p>back office, corporate and clinical functions that could more closely collaborate or merge across each Trust.</p> <p>The risk to effective decision-making and accountability from having four accountable officers, and the potential impact on the role of the Chair in Common, is recognised and has been partially mitigated through the appointment of one of the CEOs as chair of the APC EMB.</p> <p><b>Action:</b>  <b>CEOs to review the existing executive operating model for the Collaborative as part of the development of the APC strategy, including alignment with Trust-level governance arrangements. (June 2024)</b></p>
<p><b>3. Board in Common meetings (MEDIUM PRIORTY)</b></p> <p>From our observations of the Board in Common meetings and discussion with Board members, the CEOs tend to cover the majority of the updates and the fielding of questions from the NEDs and members of the public.</p> <p>For the most recent Board in Common meeting in October, the number of people physically in the room was reduced by having some of the Executives join remotely. This helped to achieve a better balance of discussion from the people around the table.</p>	<p>The collaborative Chair and governance teams should consider ways in which a better balance may be achieved in the Board in Common meetings, to allow greater participation by the full Trust Boards. This should be considered in both the setting of the agendas and in how questions are directed to the responsible Executive Directors.</p>	<p>As per the audit findings, we have been continually developing the approach to the Board in Common to improve its effectiveness. This includes the change made in October to reduce the number of people physically present in the room. The APC EMB executive members will be in the room, representing the functional groups of executives. Other Trust executives remain as members of the Board in Common and are therefore encouraged to contribute from a Trust perspective.</p>

Advisory finding(s)	Advisory recommendation(s)	Response
<p>However, in our view the balance of discussion still needs to be improved and there is a risk that the effectiveness of the meetings is undermined if the whole Executive team are not held to account in their areas of specialism.</p>		<p>We will continue to work with the Chair to develop the current approach to management of the Board in Common meetings, to ensure that appropriate executive directors contribute and are held to account at Trust and Collaborative level.</p>

## AUDIT

Audit finding(s)	Audit recommendation(s)	Response
<p><b>1. Defining strategy (MEDIUM PRIORITY)</b></p> <p>The strategy for the collaborative was not defined and documented at the outset of the collaborative. The intention for the form of the collaboration was defined by stating what will not be done (ie. merger). We are informed that the absence of a formal strategy was a conscious decision to enable focus on the formation of the governance structure.</p> <p>Since then, the strategic aims have been defined through the creation of forums, projects or programmes, and the development of a short term (annual) business plan in April 2023.</p> <p>The business plan originally set out 22 key deliverables for the collaborative. As the collaborative has continued to evolve, this has increased to 26 key deliverables reporting to the relevant Committees, with a further two programmes being led by the collaborative EMB (Corporate Programme and Pathways Programme), and two key projects overseen by the collaborative EMB (the Elective Orthopaedic Centre and the Ophthalmology projects). Work is progressing on these deliverables as set out in the Business Plan update for quarters 1 and 2 presented to the Board in Common in October 2023.</p> <p>However, through our discussions with key stakeholders, including NEDs, Trust CEOs, voting</p>	<ul style="list-style-type: none"> <li>• A strategy which identifies the aims of the collaborative (as distinct from the component Trusts), including medium term direction, should be created.</li> <li>• The forums in the collaborative structure, such as Board development sessions, should be used to ensure that all relevant senior stakeholders are feeding into the strategy-setting process.</li> <li>• An engagement plan for wider stakeholder groups both through strategy formation and implementation should be created.</li> <li>• The individual Trust strategies should be reviewed, and revised where necessary, to allow synchronisation with the collaborative strategy.</li> <li>• The linkages with the ICS should be considered when developing the collaborative strategy.</li> </ul>	<p>When the Collaborative was first established, in July 2022, a Statement of Intent was agreed between the four Trusts which set out the high level aims of the Collaborative and the principles that would govern how the Collaborative should operate. We agreed that this would provide a sufficient framework for the Collaborative to develop and that we would focus on implementing and embedding the governance model. The Board in Common agreed some strategic priorities as part of the Collaborative business plan for 2023/24, and the APC EMB oversees the delivery of those priorities.</p> <p>We recognise that we are now in a position where we can more definitively articulate the strategy for the Collaborative over the next three years.</p> <p>The development of an APC strategy has therefore commenced, with the establishment of a collaborative strategy steering group reporting to the APC EMB. The Joint Executive Leadership Group and the Board in Common development sessions have been used, and will continue to be used, to ensure full Board involvement in the development of the strategy.</p> <p>The programme of work to develop the strategy will also include an engagement plan for wider stakeholder groups, internally and externally.</p>

Audit finding(s)	Audit recommendation(s)	Response
<p>Executives, collaborative Chair and Vice Chairs, we found that there is no consistent view on the intended strategic direction for the collaborative.</p> <p>It is currently not always clear what is collaborative and what remains local/outside of the collaborative.</p> <p>The linkages with the ICS are also not entirely clear where the APC and the ICS both exercise an oversight role.</p> <p>If a medium term (at least three years) strategy for the collaborative is not developed as a matter of priority, there is a risk of confusion about what to prioritise when carrying out the upcoming business planning process for 2024/25, resulting in a poor use of resources and time management.</p>		<p>The APC strategy will not be an aggregation of the four trust strategies but we will ensure alignment between the trust and APC strategies, as well as alignment of the APC strategy with the ICS strategy.</p> <p>As part of the strategy development we will also need to include a review of the organisational form and operating model to deliver the strategy.</p> <p>Timescales for the development of the strategy have been agreed, aiming for completion c. June 2024, to coincide with development of the APC business plan for 2024/25.</p> <p>Terms of reference for the local board committees and collaborative committees to be reviewed again, to ensure clarity of role and to minimise duplication of assurance.</p> <p><b>Action:</b>  <b>Complete the development of the Collaborative strategy, including engagement with staff and stakeholder groups and aligning with the ICS strategy where appropriate. (July 2024)</b></p>
<p><b>2. Collaborative enabling strategy (MEDIUM PRIORITY)</b></p> <p>Once a collaborative strategy is completed, this should connect to enabling strategies owned by the collaborative subcommittees covering a limited number of key areas where the collaborative has responsibility for generating improvement. These</p>	<ul style="list-style-type: none"> <li>• The collaborative should ensure that a set of enabling strategies are developed.</li> <li>• The effect of both the collaborative and enabling strategies should be considered on the future governance structure, including clarifying the roles</li> </ul>	<p>As part of the programme to develop the APC strategy, work will be done to develop enabling strategies, including clinical / quality, estates, finance &amp; performance, people and digital / data.</p> <p>These will be developed by the appropriate lead-CEO and executive groups, and agreed by the respective</p>

Audit finding(s)	Audit recommendation(s)	Response
<p>should complement individual Trust strategies and the collaborative Business Plan.</p> <p>Developing the collaborative strategy and underlying enabling strategies may help to bring greater clarity around the strategic role of the collaborative sub-committees and the assurance role of the local Trust sub-committees (in addition to their operational roles in particular areas).</p> <p>There is a risk that the current strategies underpinning each workstream may not effectively support the strategic direction of the collaborative overall.</p>	<p>of the collaborative sub-committees and the local Trust sub-committees in setting strategic direction, monitoring and providing assurance.</p>	<p>collaborative committee, whose role will be to develop and oversee implementation of the APC strategy.</p>
<p><b>3. Board Coverage of local Trust Matters (MEDIUM PRIORITY)</b></p> <p>Reports presented to the Board in Common meeting tend to amalgamate the issues from the local Trust reports and present a summary of Trust specific issues and the collaborative positions. An inevitable consequence of this is that certain nationally required reports, such as the annual Complaints report, are not presented in full to the local Trust Boards. Instead, they are reviewed in detail by the relevant local Trust Committees, but directors do not have capacity to attend all relevant committees. Some Board members we met with indicated concerns about the absence of a full local Trust Board discussion on these reports. National guidance on these specific topics, which also include Safeguarding and Infection control, seek to embed Board accountability through the</p>	<ul style="list-style-type: none"> <li>• The collaborative needs to ensure it has defined how it will achieve oversight for both Executives and the Collaborative Board (representing a Trust Board) on matters which are required for assurance but not included in full on the agenda (such as annual reports for Complaints, Safeguarding and Infection Control).</li> <li>• Include prompts for consideration of Trust specific legal and regulatory implications, and links to Trust CQC well-led domains, in the standard cover sheet template for Board in Common and collaborative sub-committee papers.</li> <li>• Include the Board Assurance Frameworks for each Trust in the Board in Common meeting papers, with the</li> </ul>	<ul style="list-style-type: none"> <li>• We have identified the annual reports that should be presented to the Trust Boards: <ul style="list-style-type: none"> <li>a) Annual complaints report</li> <li>b) Annual infection control report</li> <li>c) Annual safeguarding report</li> <li>d) Annual report on Seven Day Services</li> <li>e) Annual learning from deaths report</li> </ul> These reports will be presented in full to the Board in Common (i.e. four separate reports, presented at the same meeting) </li> <li>• We have also mapped the Trust and Collaborative committee forward plans for quality to ensure the appropriate report and level of detail is provided to the right committee. This will be repeated for other committees.</li> <li>• Other reports will be presented as aggregated reports to the Board in Common, with the detailed report being presented to the</li> </ul>

Audit finding(s)	Audit recommendation(s)	Response
<p>need to seek assurance from a nominated lead on a periodic basis on both issues of concern and effective operation of controls. Broadly, different Trusts across the NHS take different approaches to fulfilling these requirements.</p> <p>Report cover sheet do not include a prompt for consideration of legal and regulatory considerations, or link to CQC well-lead domains.</p> <p>The Board in Common does not receive the individual Trust Board Assurance Frameworks. These are reviewed by the Audit and Risk Committees and individual risks by the local sub-committees. Therefore, the full reports are not seen by all the NEDs for each Trust and the Board is not publicly being held to account on how well it is managing its risks. In addition, the multiplication effect of different risks may be missed.</p> <p>A number of Board members indicated concerns about the amount of time spent in Board meetings (whether it be in the public or private parts of the meeting) to discuss significant local Trust-specific matters, such as high value local capital business cases (as the sub-committees where they are covered in more detail do not include the full Trust Board). The concerns expressed were more prevalent in the trusts that have had large local business cases to approve (eg Chelsea and Westminster) and this issue did not emerge as a consistent theme across all four trusts. However, the principle is applicable to all four trusts, in that</p>	<p>cover sheet drawing out any extreme risks for each Trust and how they are being managed.</p> <ul style="list-style-type: none"> <li>• In the absence of local Trust Board meetings, the Board in Common should ensure that adequate time is allowed for discussion on significant Trust-specific business cases and other local matters or consider alternative ways in which this may be achieved (this also links to our advisory point 1).</li> </ul>	<p>appropriate Trust Board committee. Those committees have the delegated responsibility to seek appropriate assurance on behalf of the Trust Board, with summary via the Board Triangulation meeting.</p>

Audit finding(s)	Audit recommendation(s)	Response
<p>if there is a significant local issue to discuss, it needs to be given adequate attention by the Trust Board.</p> <p>We recognise that the governance model for the collaborative is still evolving. However, if these matters are not addressed as part of that journey, there is a risk that Board members may not feel that they are adequately fulfilling their responsibilities as unitary boards, or may not be perceived as doing so by regulators or external stakeholders.</p>		
<p><b>4. Capacity to attend and service meetings (MEDIUM PRIORITY)</b></p> <p>The additional governance arrangements as a result of the collaborative structure have increased the volume of forums and meetings and Trust Executives are therefore restricted in terms of their ability to attend and service all of the Trust and collaborative level meetings and fulfil dual role of functional responsibility and executive.</p> <p>A similar pressure is emerging for the Non-Executive Community.</p> <p>Review of agendas, papers and meeting minutes, observation of collaborative subcommittee meetings and through interviews with both NEDs and Trust Executives shows that there is a constraint on Board members' time due to the increased number of meetings.</p>	<ul style="list-style-type: none"> <li>• Undertake a formal review of the meeting structure and agendas for collaborative level subcommittees and other underlying informal working groups to determine if there is scope for streamlining and removing duplication.</li> <li>• The potential for the Collaborative Cabinet to become a place holder meeting (only used if necessary business is identified) should be considered.</li> </ul>	<p>As part of the development of the APC strategy, we will review the structure required to oversee the delivery the strategy, including the purpose of the collaborative-level committees. This will include:</p> <ul style="list-style-type: none"> <li>• a review of the meeting structure and agendas for collaborative level subcommittees and other underlying informal working groups to determine if there is scope for streamlining and removing duplication.</li> <li>• the potential for the Collaborative Cabinet and other meetings to become 'by exception' meetings (only used if necessary business is identified).</li> <li>• Ensuring that any duplication between Trust and Collaborative level committees is minimised and ensuring that meetings are appropriately focused.</li> </ul> <p><b>Action:</b> <b>Review the governance structure, including the</b></p>

Audit finding(s)	Audit recommendation(s)	Response
<p>We have also noted that there is a high level of duplication of reporting between the local Committees, collaborative committees and the Board in Common. There is an incorrect perception by some that the local Committees report into the collaborative committees which report into the Board in Common. The collaborative committees should focus on the collaborative matters and the local Committees should have a direct line of reporting into the Trust Board where necessary. Removing some of this duplication may assist in reducing the length of meetings.</p> <p>If the number and length of meetings in the governance structure are not streamlined, there is a risk that existing arrangements may become increasingly unsustainable.</p>		<p><b>purpose of the Trust and Collaborative level committees, to ensure clarity of purpose and to minimise duplication. (April 2024)</b></p> <p><b>Identify ways to streamline the meeting structure to minimise the time commitment of executive and non-executive Board members. (April 2024)</b></p>
<p><b>5. NEDs – roles across collaborative and two Trusts (MEDIUM PRIORITY)</b></p> <p>Feedback and learning should be gathered from NEDs regarding their experience to date with being able to provide value to their two assigned Trusts and to the collaborative. NEDs are expected to fulfil multiple roles – a dual role specific to two Trusts (through membership and chairing of Trust level subcommittees) and across the collaborative (through membership, chairing and attending collaborative subcommittees and Board in Common).</p> <p>In the current structure, the NEDs are reliant on the other Trust NEDs to ensure adequate scrutiny</p>	<ul style="list-style-type: none"> <li>• A Board Development session should be scheduled to gather feedback from NEDs regarding their experiences to date of being able to deliver value and achieve what is expected of their role as part of the collaborative and aligned to individual Trusts.</li> <li>• The session should clarify the lines of assurance and how NEDs should work together in the collaborative structure.</li> <li>• Review the specified time allocations for NED joint roles in the collaborative to ensure that they better reflect what is required in practice.</li> </ul>	<p>As per response to advisory recommendation 1.</p> <p>As part of our development of the board development programme, we will ensure that we receive regular feedback from the Board members re the effectiveness of the governance model.</p> <p>NEDs also have regular informal meetings (NED dialogue sessions, fortnightly NED meetings etc) where they can feed back on their roles, as well as formal mechanisms such as annual appraisal discussions.</p> <p>The proposed action to strengthen the role of NEDs at local Trust level is outlined in response to the advisory recommendation 1, above.</p>

Audit finding(s)	Audit recommendation(s)	Response
<p>in the sub-committees they do not attend. From our discussions with the NEDs, some of them are less understanding and comfortable with this approach than others.</p> <p>A number of meetings have been added to the governance structure to try to mitigate the risks of the NEDs not having adequate oversight over all local Trust matters in the absence of local Trust Board meetings. These include triangulation and informal dialogue meetings. While our discussions with NEDs indicate that they generally find these meetings useful, they come with significant additional time commitments and some NEDs have continuing concerns about their level of oversight across all local Trust matters.</p> <p>There is a risk that NEDs are unable to take a holistic view of whole Trust performance given the pattern of Committee attendance and time commitment pressures.</p>		
<p><b>6. Collaborative risks (MEDIUM PRIORITY)</b></p> <p>While delivery risks associated with collaborative projects form part of the discussions on specific items at the Board in Common meetings and collaborative sub-committees, there is no overall risk register for collaborative working.</p> <p>In conjunction with the development of a collaborative strategy, a collaborative level Board in Common Assurance Framework should be</p>	<ul style="list-style-type: none"> <li>• Develop a collaborative risk management strategy and policy that defines the risk appetite and tolerance thresholds at a collaborative level.</li> <li>• Implement a Board in Common Assurance Framework setting out the collaborative (not cumulative) risks to the collaborative’s strategic objectives, for monitoring by the Board in Common.</li> </ul>	<p>Work is ongoing to develop an approach to risk management at APC level, including defining the risk appetite for the APC and policy / processes for risk management at APC level.</p> <p>It has been agreed that there will be an APC Board Assurance Framework (BAF), built around the APC strategic objectives (once the strategy is developed). The four trust BAFs will remain, but are being standardised in format and approach, so risks at trust level can be appropriately compared. The APC BAF</p>

Audit finding(s)	Audit recommendation(s)	Response
<p>implemented that focuses on risks specific to the collaborative.</p> <p>The collaborative needs to align its management of strategic and project risk to the frameworks currently used in the Trusts. For strategic risks that is a Board Assurance Framework and for project risks that is local risk registers.</p> <p>In the absence of formal risk management arrangements for collaborative-specific working, risks may not be adequately identified, monitored and managed/mitigated.</p>	<ul style="list-style-type: none"> <li>• Implement collaborative project risk registers for monitoring and updating at collaborative sub-committee meetings.</li> <li>• Include prompts for risk considerations in standard cover sheet template for collaborative meetings, separately setting out collaborative and local Trust risk implications.</li> </ul>	<p>will be managed by the APC EMB and presented to the Board in Common.</p> <ul style="list-style-type: none"> <li>• Risks to the projects included in the APC business plan are already included in the highlight reporting to the APC EMB, but will consider developing a risk register at APC level.</li> <li>• Standard cover sheets for all APC / Trust level meetings are being reviewed with a view to standardising across all meetings. These will include EQIA assessment and risks.</li> </ul> <p><b>Action:</b>  <b>Implement the APC risk management approach, including the development of Board Assurance Framework aligned with the Collaborative strategy. Risks to be assigned to appropriate collaborative level committees to monitor. (April 2024)</b></p>
<p><b>7. Ward to Board and NED walkarounds (LOW PRIORITY)</b></p> <p>There is no formal structure or schedule to ensure an effective approach to NED walkarounds in every Trust. The collaborative NED information / specification pack issued alongside NED job adverts in 2023 does highlight the roles and responsibilities of NEDs, including relationships with staff and patients, however there is no mention of the requirement for walkarounds, and in-person contact time with staff and patients outside of formal meetings.</p>	<ul style="list-style-type: none"> <li>• Set out minimum requirements for NEDs to ensure there is clarity on how much time should be spent in person engaging with staff and patients. This should be tailored to the committee roles aligned to each NED.</li> <li>• An agenda item should be built into relevant collaborative meetings to ensure that any feedback NEDs receive during walkaround sessions is discussed and actioned where appropriate.</li> </ul>	<p>A programme of NED visits / walkabouts is being established across all four trusts, including local implementation within a framework of minimum expectations and feedback mechanism. These programmes will be established in January 2024.</p>

Audit finding(s)	Audit recommendation(s)	Response
<p>This issue has not arisen as a result of the collaborative, however it has become more important in the collaborative structure given the risks around NEDs not having adequate oversight over their local Trusts.</p>		
<p><b>8. Measuring benefits – collaborative performance data (LOW PRIORITY)</b></p> <p>While many papers and interviewees could articulate the current and future benefits for the Collaborative, the collaborative does not consistently use performance data across all Trusts to measure benefits or show progress against the collaborative business plan. Collaborative subcommittee and Board in Common meetings include agenda items that are supported by data across each Trust, often formatted to show comparative information across all 4 Trusts. However, this reporting does not always clearly indicate how it supports the original business plan and strategic objectives of the collaborative.</p> <p>There is a risk that the benefits that are being realised are not being adequately recognised and reported.</p>	<ul style="list-style-type: none"> <li>• All performance data reporting at the collaborative level should be required to include detail of how the reporting shows Trust / collaborative progress against meeting defined collaborative strategic objectives and business plan priorities, to better facilitate the overall measurement and articulation of collaborative benefits.</li> </ul>	<p>Work is ongoing to improve the quality of papers and the use of performance data, including:</p> <ul style="list-style-type: none"> <li>• Collective objectives to be agreed with targets defined in a way that ensures they can be prioritised and measured against performance data.</li> <li>• All performance data reporting at the collaborative level to include detail of how the reporting shows Trust / collaborative progress against meeting defined collaborative strategic objectives and measures benefits.</li> <li>• A clearer approach to authoring and presentation of data and reporting to the collaborative board to be developed to promote an understanding of whether reports relate to: <ul style="list-style-type: none"> <li>a) Hospital level performance;</li> <li>b) Cross trust performance; and/or</li> <li>c) Collaborative performance.</li> </ul> </li> <li>• Additional guidance is being developed for authors of papers, including good practice examples, to improve the Board in Common report cover sheets, to better highlight key issues (collaborative and local).</li> </ul>

Audit finding(s)	Audit recommendation(s)	Response
<p><b>9. Defining how data is presented to the collaborative board (LOW PRIORITY)</b></p> <p>The Collaborative Board can receive both data and analysis which is required to show individual trust performance but be additive through showing comparison across the Trusts or between hospitals within the Trusts. The balance of analysis is important to allow the Board community to be able to gain assurance on individual Trusts alongside contributing to collaborative learning.</p> <p>On occasion the comparative analysis will be completed by central governance teams rather than subject matter specialists.</p> <p>Our review of the Board in Common meeting papers found that the usefulness of the report cover sheets is not consistent.</p> <p>There is a risk that comparison across the four Trusts may be done at the expense of considering what the national standards or best in class targets are.</p>	<ul style="list-style-type: none"> <li>• A clearer approach to authoring and presentation of data and reporting to the collaborative board should be developed to promote an understanding of whether reports relate to:               <ol style="list-style-type: none"> <li>a) Hospital level performance;</li> <li>b) Cross trust performance; and/or</li> <li>c) Collaborative performance.</li> </ol> <p>In completing that analysis, it should be clear whether data and improvement is being measured against national standards or local variation.</p> </li> <li>• Provide guidance and share good practice examples to improve the Board in Common report cover sheets, to better highlight key issues (collaborative and local).</li> </ul>	<p>As above.</p>
<p><b>10. Impact of collaborative evolution on future leadership structures (LOW PRIORITY)</b></p> <p>The ability to plan future leadership structures and succession for critical posts will be improved once a collaborative and enabling strategies are in place. There have been examples of where some expected opportunities to appoint individuals to</p>	<ul style="list-style-type: none"> <li>• Each CEO and Executive Director should put together a formal plan and schedule setting out the potential structural impacts for leadership positions relating to identified back office, corporate and clinical functions that could more closely collaborate across each Trust.</li> </ul>	<p>As part of the development of the APC strategy, the CEOs will review the current executive operating model and governance structure, to ensure it is effective for delivering the strategy and the APC priorities.</p> <p>The first workshop to start this review is scheduled for January 2024.</p>

Audit finding(s)	Audit recommendation(s)	Response
<p>collaborative wide roles have not been achieved as one or more Trusts did not agree.</p> <p>The recent formation of the Collaborative Executive Management Board may help to facilitate these discussions across the trusts, although NED input is also required. The Collaborative Appointments and Remuneration Committee also have a role to play in this area.</p> <p>In the absence of a pre-agreed plan for certain joint posts, opportunities to further enhance collaborative working may be missed.</p>		
<p><b>11. Escalation routes for required expenditure (LOW PRIORITY)</b></p> <p>In addition to the individual Trusts' schemes of delegation, there is an approved scheme of delegation in place for the collaborative that sets out:</p> <ul style="list-style-type: none"> <li>• Decisions reserved for the Trust Board</li> <li>• Decisions delegated to the Trust Board Committee in Common (to be discharged via the Board in Common)</li> <li>• Decisions / duties delegated to Trust level committees</li> <li>• Decisions / duties delegated to Collaborative level committees</li> <li>• Decisions delegated to Board in Common Cabinet.</li> </ul> <p>The collaborative scheme of delegation was initially approved in October 2022 and since then</p>	<ul style="list-style-type: none"> <li>• The subcommittees and Board in Common should define the parameters of collaborative expenditure – where required expenditure applies to the collaborative and not just individual Trusts and is not specified in the collaborative Scheme of Delegation.</li> <li>• The collaborative should ensure that the financial thresholds for approval limits for collaborative expenditure are adequately defined in the collaborative Scheme of Delegation.</li> <li>• Remind or provide clarification to Board members on the approval authority for each part of the governance structure.</li> </ul>	<p>The Collaborative scheme of delegated authority was initially approved at the inaugural meeting of the Board in Common in October 2022. Several amendments have been made to the scheme over the 12 months, agreed by the Board in Common.</p> <p>The scheme of delegated authority includes the financial thresholds for approval limits.</p> <p>However, subject to the approval of amendments to the governance model proposed above, and to reflect discussions in collaborative committees regarding the management of capital business cases, the scheme will be amended and re-published to ensure clarity of approval authority.</p> <p><b>Action:</b>  <b>Revise the Collaborative scheme of delegated authority and reflect amendments agreed by the Board in Common and proposed by the collaborative</b></p>

Audit finding(s)	Audit recommendation(s)	Response
<p>has had a few amendments approved as the governance model has continued to evolve.</p> <p>Despite this, from our discussions with Board members, there appears to still be a lack of clarity for the governance routes required for escalating approvals for collaborative related expenditure. This is particularly the case for medium-level expenditure.</p> <p>There is a risk that expenditure may not be appropriately approved if there remains confusion about escalation routes.</p>		<p><b>strategic estates committee, and present to the Board in Common for approval. (April 2024)</b></p>
<p><b>12. Board development sessions (LOW PRIORITY)</b></p> <p>Our discussions with Board members have indicated that there is scope to improve the Board development sessions. The sessions to date have understandably largely focused on the governance aspects of the collaborative. A training and development gap analysis needs to be carried out and future sessions planned accordingly.</p> <p>The sessions could be used to set the strategic direction for the collaborative, carry out deep dive workshops into particular collaborative initiatives and train Board members on particular aspects of Board life and working together.</p> <p>We are pleased to hear that local Trust Board sessions are planned to be held in quarter 4 to focus on the well-led framework, as this links in with our recommendation under advisory point 1.</p>	<ul style="list-style-type: none"> <li>Executive team and Vice Chairs to carry out a training and development gap analysis for Board members to shape the development of the programme going forward.</li> </ul>	<p>As per the response to advisory recommendations 1 and audit recommendation 1, the Board in Common development programme has largely focused on the development of the strategic priorities for the Collaborative, and will now focus for the next six months on the development of the Collaborative strategy.</p> <p>We are also introducing Trust-level board development sessions to ensure a level of understanding of Trust priorities, risks and assurance, to ensure compliance with the well-led framework.</p> <p>The mandatory training requirements for Board members have been agreed and we are in the process of identifying the other board development needs for Board members and the best way of delivering that training. For example, risk management training will be delivered through Trust board development</p>

Audit finding(s)	Audit recommendation(s)	Response
<p>If Board development sessions are not appropriately tailored to the Board's needs, the effectiveness of the Board in fulfilling its duties may be impacted.</p>		<p>programmes, and cyber security is being delivered to all Board members via bespoke training sessions.</p> <p>Training needs analysis will also be completed at an individual level via annual appraisals.</p> <p><b>Action:</b>  <b>Complete the training needs analysis and board development, identify the best method of delivery for each topic. Build into the Board in Common or Trust Board development programme as appropriate.</b></p>

## 10.1 EXECUTIVE MANAGEMENT BOARD (EMB) SUMMARY - TIM ORCHARD

### REFERENCES

Only PDFs are attached

 10.1 EMB Chairs report .pdf

NWL Acute Provider Collaborative Board in Common (Public)

16/01/2024

Item number: 10.1

This report is: Public

## NWL Acute Provider Collaborative Executive Management Board Chair's Highlight Report

Author: Iona Twaddell  
Job title: Senior Advisor to the CEO (ICHT)

Accountable director: Prof Tim Orchard  
Job title: CEO (ICHT) and Chair of EMB

### Purpose of report

Purpose: Assurance

The Board in Common is requested to receive assurance from the North West London Acute Provider Collaborative Executive Management Board.

### Report history

Outline committees or meetings where this item has been considered before being presented to this meeting.

N/A

## Executive summary and key messages

The role of the North West London Acute Provider Collaborative Executive Management Board is:

- To oversee the delivery of the Collaborative strategy and business plan, including financial and operational plan.
- To be the executive decision-making body of the Collaborative, commissioning and approving Collaborative programmes and associated resources, ensuring that the various programmes are aligned in their objectives and delivering against agreed milestones.
- To draw to the NWL APC Board in Common attention matters they need to agree or note.

Key discussion items are summarised below.

## Strategic priorities

Tick all that apply

- Achieve recovery of our elective care, emergency care, and diagnostic capacity
- Support the ICS's mission to address health inequalities
- Attract, retain, develop the best staff in the NHS
- Continuous improvement in quality, efficiency and outcomes including proactively addressing unwarranted variation
- Achieve a more rapid spread of innovation, research, and transformation

Click to describe impact

## Impact assessment

Tick all that apply

- Equity
- Quality
- People (workforce, patients, families or careers)
- Operational performance
- Finance
- Communications and engagement
- Council of governors

Click to describe impact

## Reason for private submission

Tick all that apply

- Commercial confidence
- Patient confidentiality
- Staff confidentiality
- Other exceptional circumstances

If other, explain why

# North West London Acute Provider Collaborative (NWL APC) Executive Management Board (EMB) Highlight Report to the NWL APC Board in Common (BiC) – for discussion

January 2024

## Highlight Report

### 1. Purpose and Introduction

The role of the NWL APC Executive Management Board (EMB) is:

- To oversee the delivery of the Collaborative strategy and business plan, including the financial and operational plan.
- To be the executive decision-making body for the Collaborative, commissioning and approving Collaborative programmes and associated resources, ensuring that the various programmes are aligned in their objectives and delivering against agreed milestones.
- To draw to the NWL APC Board in Common's (BiC's) attention matters they need to agree or note.

### 2. Key highlights

The APC EMB met on 14 November 2023, 4 December 2023 and 9 January 2024. Key discussion items are summarised below.

#### 2.1. Performance reporting

2.1.1. At each meeting, APC EMB reviewed quality, workforce, operational and finance performance across the Trusts, receiving assurance on outliers and activity ongoing to address variation. In particular, the APC EMB noted the financial situation and the financial performance management framework implemented to achieve the collaborative position. APC EMB also scrutinised performance against the four hour waiting time standard in A&Es and asked for assurance that work was ongoing to improve UEC performance.

2.1.2. **Over staffing:** APC EMB investigated the reasons for increased staffing compared to plan. Two main themes accounted for 60 per cent of the over-plan position at month 6, which included unrealised/unidentified CIPs (631 WTE, or 40 per cent of the staffing variance to plan). A granular bridge was produced for each Trust to analyse increases by post. The increase in staffing will be considered in planning for the next year to ensure each Trust addresses any additional staff costs.

#### 2.2. Business planning

2.2.1. APC EMB discussed the 2024/25 business planning process and highlighted the need to consider assumptions, for example around specialised commissioning and the importance of a single way to view CIPs across the collaborative.

### 2.3. Collaborative governance review

2.3.1. APC EMB noted the draft response to the collaborative governance review ahead of the discussion at the Board in Common in January.

### 2.4. Updates and assurance on collaborative projects

2.4.1. APC EMB receives monthly updates on progress in developing and implementing the Collaborative business plan and strategic priorities. These include the projects within the quality, workforce, finance and performance and digital transformation workstreams.

2.4.2. The APC EMB also received monthly updates and assurance on the corporate programme board and clinical pathways board. APC EMB asked to understand further the benefits of one stop shops in gynae. APC EMB were also provided with assurance and decisions on key collaborative projects. This included:

- **Elective orthopaedic centre (EOC):** APC EMB received assurance ahead of the opening of the EOC that the centre was operationally ready and any issues had been resolved. APC EMB requested more detailed plans on how the theatre space that is freed up in the Trusts because of the opening of the EOC would be used.
- **Winter planning:** APC EMB received an update and assurance on winter planning approaches
- **Cerner implementation:** APC EMB were updated on implementation of Cerner at Hillingdon and assurance that the risks had been mitigated sufficiently.
- **Digital strategy:** APC EMB supported proposals to implement and APC digital and data strategy board and refresh the governance on APC digital and data priorities.
- **EDI action plan:** APC EMB received updates on progress with the EDI action plan.
- **APC Strategy:** APC EMB initiated work to develop an APC strategy, considered outputs from the Board Development day and reviewed the proposed approach to developing the strategy.
- **Ophthalmology:** APC EMB received regular updates on ophthalmology in NWL, including development of ophthalmology diagnostic hubs in Willesden and Health@Stowe, and plans for a third.
- **Patient Safety Incident Response Framework (PSIRF):** APC EMB received assurance on the implementation of PSIRF.

## 3. Attendance of members

The APC EMB is attended by all 4 CEOs and a representative of each 'functional group' of executive roles. The executive representatives will rotate every six months, but rotations are staggered to maintain continuity and avoid a completely new Board every six months.

The current membership is:

- **CEOs** – Tim Orchard, ICHT (Chair), Lesley Watts, CWFT, Pippa Nightingale, LNWH,

Patricia Wright, THHFT

- **Chief Financial Officer** representative – Jonathan Reid, LNWH
- **Chief Operating Officer** representative – Rob Hodgkiss, CWFT (Nov/Dec), Claire Hook, ICHT (Jan)
- **Medical Director** representative – Jon Baker, LNWH (Nov/Dec), Alan McGlennan, THHFT (Jan)
- **Chief Nurse** representative – Sarah Burton, THHFT
- **Chief People Officer** representative – Kevin Croft, ICHT
- **Strategy lead** representative – Jason Seez, THHFT (Nov/Dec), Simon Crawford, LNWH (Jan)
- **Chief Information Officer** representative – Kevin Jarrold, ICHT, CWFT
- **Collaborative Director of Corporate Governance** – Peter Jenkinson, Collaborative
- **Communications** representative – Michelle Dixon, ICHT

## 10.2 REPORTS FROM THE CHIEF EXECUTIVE OFFICERS - PIPPA

NIGHTINGALE, LESLEY WATTS, TIM ORCHARD, PATRICIA WRIGHT

To note the reports:

- Chelsea and Westminster Hospital NHS Foundation Trust
- Imperial College Healthcare NHS Trust
- London North West University Healthcare NHS Trust
- The Hillingdon Hospitals NHS Foundation Trust

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### REFERENCES

Only PDFs are attached

-  10.2 CEO reports cover sheet.pdf
-  10.2a LNWH Board in Common CEO Public Report January 2024.pdf
-  10.2b CWFT CEO Report.pdf
-  10.2c ICHT CEO Public Report.pdf
-  10.2d THHFT CEO report.pdf

NWL Acute Provider Collaborative Board in Common (Public)

16/01/2024

Item number: 10.2

This report is: Public

## Chief Executive Officer Reports

Accountable directors: Pippa Nightingale, CEO (LNWH)  
Lesley Watts, CEO (CWFT)  
Prof Tim Orchard, CEO (ICHT)  
Patricia Wright, CEO (THHFT)

### Purpose of report

Purpose: Information or for noting only

The Board in Common is asked to note the reports.

### Report history

Outline committees or meetings where this item has been considered before being presented to this meeting.

N/A

### Executive summary and key messages

The Board in Common is asked to note the key findings in each of the reports and items escalated to the Board in Common from the individual CEOs for the Trusts of:

- London North West Hospitals NHS Trust
- Chelsea and Westminster Hospital NHS Foundation Trust
- Imperial College Healthcare NHS Trust
- The Hillingdon Hospitals NHS Foundation Trust.

### Strategic priorities

Tick all that apply

- Achieve recovery of our elective care, emergency care, and diagnostic capacity
- Support the ICS's mission to address health inequalities
- Attract, retain, develop the best staff in the NHS

- Continuous improvement in quality, efficiency and outcomes including proactively addressing unwarranted variation
- Achieve a more rapid spread of innovation, research, and transformation

Click to describe impact

## Impact assessment

Tick all that apply

- Equity
- Quality
- People (workforce, patients, families or careers)
- Operational performance
- Finance
- Communications and engagement
- Council of governors

Click to describe impact

## Reason for private submission

Tick all that apply

- Commercial confidence
- Patient confidentiality
- Staff confidentiality
- Other exceptional circumstances

If other, explain why

# Chief Executive Officer's Report – London North West University Healthcare NHS Trust (LNWH)

Accountable director: Pippa Nightingale  
Job title: Chief Executive Officer

## Executive summary and key messages

### 1. Key messages

- 1.1 The junior doctors' strike (from Wednesday 20 December to Saturday 23 December, and Wednesday 3 January to Tuesday 9 January 2024) affected all inpatient and outpatients' services at Central Middlesex Hospital, Ealing Hospital, Northwick Park Hospital, and St. Mark's Hospital.

Unfortunately we had to cancel many appointments and planned procedures. We have contacted all patients affected and are arranging new appointment dates for as soon as possible.

As with previous industrial action, extensive communications work on social media, with local media outlets, and local partners has highlighted the anticipated impact of each strike to local people.

Careful planning and huge support from our clinical teams has allowed us to continue running emergency care safely during these periods, while also demonstrating our respect for our colleagues' right to strike.

Our maternity services remained open as usual. Gold Command was run throughout both periods of industrial action so that staff could rapidly escalate urgent issues.

- 1.2 The North West London Elective Orthopaedic Centre (EOC) successfully opened on the 4 December 2023. This is a phased opening, with an initial operating capacity of three theatres, increasing to five theatres in late March 2024.

The first patient received knee surgery and was back at home the same day. Surgeons from Imperial College Healthcare NHS Trust, Chelsea and Westminster NHS Foundation Trust and London North West University Healthcare NHS Trust treated 46 patients in the centre's first week.

Despite industrial action, 120 patients were treated at the EOC in December. Surgeons from the Hillingdon Hospitals NHS Foundation Trust will join next March when the EOC moves to full capacity.

Early feedback from our patient experience team is good, with positive comments regarding the overall service, ward staff, therapy provision and the discharge experience, including transport home. Daily EOC evening 'wash up' calls have provided a rapid

feedback loop for staff and this is working well.

- 1.3 The North West London Urology Centre at Northwick Park Hospital opened in November. The new centre will treat more than 1,500 patients a year for routine procedures, with onward referral of radical cancer patients to the hub at Imperial. The service had previously been spread across three hospital sites and had to share areas with other clinical teams.

The service will be expanded to provide more minor surgical procedures outside theatre to improve capacity as well as patient experience and outcome.

The service will still offer a weekly clinic at Ealing Hospital and elective operating theatres at Central Middlesex Hospital. However, the bulk of the outpatient activities will take place at Northwick Park enabling the team to work far more effectively and make further inroads into waiting lists.

## 2. Quality and safety

- 2.1 The successful rollout of Cerner EPR took place in August. With a change of this scale there is inevitably some things we needed to change and refine. Our digital team is therefore working with clinical and administrative colleagues across the Trust to understand the issues staff are experiencing, investigate their causes, and find solutions.
- 2.2 The Trust Patient Safety Incident Response Framework (PSIRF) policy and plan was approved by the ICB stakeholder panel in December; our approach to PSIRF has been soft launched across our services and full implementation is expected by April 2024. Targeted training on systems approaches to safety, patient and staff involvement, and effective safety oversight is being provided to leads across the trust but all staff are being supported to better understand how they can best support patient safety by undertaking the patient safety essentials training programme. At the time of writing, 85% of all staff have completed level 1 training.
- 2.3 As part of our commitment to quality and development of our staff the Trust launched its leadership development course that focusses on culture, forming, developing and sustaining relationships, and building inclusive cultures that help colleagues thrive. By supporting excellence in leadership we also support excellence in our ability to provide high quality care and ensure our staff are empowered to drive change and grow their careers.

## 3. Operational performance

- 3.1 [Emergency department performance](#): reported 71.3% for Oct 2023. This is the seventh highest performance in London for the 18 acute trusts reporting against this standard. Some 93% of patients were treated within 12 hours against the 98% standard.

As reported at the October Board meeting, during the summer the trust implemented a staffing rota to improve ambulance handover times in line with the London Ambulance Service pilot for the 45-minute offload standard operating procedure. The additional staff has significantly improved ambulance handover times but has created an increase in demand to the hospital sites.

We continue with a range of initiatives to support the emergency pathway:

- 4-hour performance remains challenged following the introduction of the 45-minute London wide handover process and the introduction of the Cerner system. Mitigation plans are in place across all aspects of site flow to monitor and improve performance.
- The Trust winter plan has been mobilised to increase staffing and bedded capacity across October 2023 through to March 2024. The new 32 bed acute medical unit at Northwick Park is planned to open in March 2024 subject to any build delays.
- The LNWHT Flow Model is now part of the Trusts operating procedures to assist daily patient flow alongside daily patient allocation to ambulatory care and increased use of the discharge lounge.
- The Emergency Department has increased ambulatory care capacity.
- Daily discharge planning continues with community health and social care partners, expediting assessments and transfers in conjunction with Mental Health Trusts and Social Care continues.
- Daily pathways remain in place facilitating hospital transfers for stroke, specialty, and trauma cases.

**3.2 Cancer waiting times:** We continue to focus on cancer recovery following the repeated national industrial action and the recent Cerner EPR implementation to recover waiting lists and meet our planned trajectories. We are actively working on the recovery of the timed pathways to return to the national expectations.

The final position for September 2023 (reporting a month in arrears) was:

- 2-week wait for suspected cancer: reported 34.9% against the 93% standard
- 28-day faster diagnosis: reported 69.7% against the 75% standard
- 62-day wait for treatment following GP referral: reported 62.6% against the 85% national standard

The key next steps are underway to maximise capacity as we progress through the continued industrial action dates and recovery periods in addition to tracking next steps daily to progress to diagnosis and treatment.

**3.3 18 weeks referral to treatment:** We continue to focus on elective recovery despite the on-going impact of national industrial action campaigns, which is impacting the 52-week waiter position. Despite this, the Trust is working toward the national standard to reduce the long waiter position by the end of the financial year.

The final position for October 2023 reported 54.0%, with 4,049 patients waiting 52 weeks, of which 88 were waiting over 78 weeks. There are no patients waiting over 104 weeks.

- The increase in 52-week waiters is mostly due to strike actions and a decline in activity and data quality issues related to the Cerner system rollout.
- To address these issues, the Trust continues with recovery plans that include internal capacity improvements and scheduling changes, as well as efforts to seek and expand external capacity solutions such as outsourcing. Post Cerner there has been a significant increase in Data quality issue which the Trust is focussing on clearing.
- The Trust is taking a proactive approach to improving patient care by improving text message communication, implementing virtual appointments, integrating digital technologies to streamline the patient journey, and scaling theatre capacity in accordance with staffing levels.
- A validation initiative that took place in October 2023 across 9,000 pathways showed a 40% data quality related clock stops compared to 19% data quality clock stops pre-Cerner. Further initiatives will be planned.

#### **4. Finance and estates**

4.1 **Finance:** The financial position continues to be challenging, although the continued hard work of colleagues across the organisation is very much recognised. In advance of the announcement of further industrial action in early November, additional funding was provided to the Trust, the Collaborative and to NHS North West London to address the costs of industrial action for the first part of the financial year. This funding, coupled with a pragmatic and sensible agreement with the ICB on funding cost pressures associated with industrial action, as well as the development of the Trust Financial Recovery Plan, has supported the submission of a forecast for full delivery of the Trust Financial Plan at the end of November.

However, since that point there has continued to be significant pressures on the delivery of this financial recovery plan. First, the recovery of activity delivery and recording (and hence, receipt of Elective Recovery Funding) after the Cerner implementation in August and September is slower than planned, despite outstanding work by operational and clinical leaders across the organisation. The full year forecast for ERF income is being refreshed in January, but it is likely that there will be shortfall against the anticipated plans and the Trust will work with the local system to look at options to manage and mitigate this pressure.

Second, further industrial action has been announced – and by the time of the Board meeting – will have taken place. This has a further negative impact on the financial position of the Trust, but it is anticipated that there will be an appropriate funding

settlement to Trusts. It remains to be seen how far this further industrial action will impact the delivery of the financial recovery plan.

Third, and finally, the Trust continues to look at all options to strengthen Grip and Control across all areas of spend, as there are some areas of expenditure where we have seen increases higher than we anticipated in our financial recovery plan. Our existing Grip and Control programme has worked well, but we reviewed this in December, alongside the other Trusts in the Collaborative, and will agree a refreshed approach in January to put us in the strongest possible position for 2024/25.

It is also important to pick out some positives in our financial position. We are delivering on our capital plans, and have received significant additional capital funding, so colleagues will see extensive building and development work taking place on all our sites. After a slow start, we have continued to deliver our cost improvement plan consistently each month, helping to shore up the financial position. We have also made a good start on financial planning for 2024/25, with Divisional and Specialty Leadership teams meeting with Finance and Transformation colleagues to review options to strengthen productivity and efficiency.

- 4.2 **Estates:** The Estates and Facilities teams continue to provide support to teams across the Trust, and to respond with additional support over the winter period, Christmas and New Year holidays, and into the latest period of industrial action.

The teams have also been responding to the challenges of increased rainfall and colder weather on each of our sites, supporting staff with issues including water ingress. In parallel, the teams continue to work to deliver our significant programme of site investment and improvement across all three hospitals. This includes the major capital schemes, where we have continued to progress the Elective Orthopaedic Centre, the Community Diagnostics Centre, and the Endoscopy Developments. This is in addition to a raft of significant and planned capital schemes, including important rescoping and modification work on the maternity unit at the Northwick Park site, and a maintenance backlog on all our sites.

Planning is in hand for the capital budgets in 2024/25, and our initial plan recognises that we have focused on strategic investment this year. We need to look closely at infrastructure and backlog investment over the coming year, to ensure we have got the balance right.

## 5. People

- 5.1 Welcome to Paul Joynson-Robbins who joined our trust in October as director of nursing for Ealing Hospital and corporate nursing. Paul joins us from Manchester University Foundation Trust, where he was deputy director of nursing at Manchester Royal Infirmary.

- 5.2 I am also pleased to welcome Tracy Havas who has joined the Trust as our new Independent Domestic Violence Advocate for Northwick Park Hospital. In addition to supporting victims of domestic abuse, Tracy will be delivering training to staff.
- 5.3 Like other trusts across the collaborative, we provided a range of wellbeing offers to our employees throughout this period. This included pop-up wellbeing lounges and members of the executive team and I accompanied our wellbeing team on their rounds to provide festive treats across our hospital sites. We also put in place various means to support colleagues, including free parking, free meals and a shuttle bus between our hospitals on Christmas day.
- 5.4 David Moss is to take on the role of Vice Chair of our Board of Directors from the end of February 2024, taking over from Janet Rubin who reaches the end of her term of office. I would like to thank Janet for her enormous contribution to the Trust over the last 8 years.

## **6. Equity, diversity and inclusion**

- 6.1 For the first time, we've celebrated equity, diversity and inclusion with a dedicated EDI festival during the autumn. The festival began with national inclusion week, followed by Black History Month throughout October. With thanks to our BME network for organising a number of activities, our hospitals hosted cultural markets, food stalls, and a Windrush display. We've also hosted a number of online events and we were pleased to welcome the Mayor of Brent, Cllr Orleen Hylton to our Black History Month launch event.
- 6.2. In November we held three weeks of EDI activities, with each week focussed on a theme, developing you, identity and compassion and kindness. Events ranged from career and leadership development sessions to the re-launch of our Rainbow network. We hosted a series of online events with guest external speakers including Shereen Daniel, author of 'The anti-racist organisation'.
- 6.3 Our EDI festival concluded in December, celebrating Disability History Month with events and activities led by our disability inclusion network. Speakers included 7/7 survivor and disability advocate Martine Wright as well as the Chief Nursing Officer for England, Dame Ruth May. My thanks to all our staff networks and our EDI team for the huge effort into putting together such an extensive programme, to protect patients and colleagues as much as possible while celebrating our extraordinary diversity at LNWH.

## **7. LNWH updates**

- 7.1 As I reported at the October Board, LNWH Charity has generously committed £1 million towards big strategic initiatives to help us improve the quality and equity of our care, our quality as an employer, and our support to the health of our communities.

We received more than 1,300 suggestions which were shortlisted down to twelve and during December our colleagues voted for their preferred projects. I'm pleased to announce that the projects that have been awarded the funding are:

- A programme to transform LNWH's gardens
- Translation devices
- In-theatre breast cancer border verification system

- Post discharge medication support pilot

We now look forward to seeing these projects being put into action and I would like to express my thanks once again to LNWH Charity, without which none of this exciting work would be possible.

- 7.2 A new financial advice service for people affected by cancer has opened at Northwick Park Hospital. Staff can advise cancer patients and their families on applying for benefits and grants and give advice on what support is available to help pay bills.
- 7.3 This month our new aseptic pharmacy will open at Northwick Park Hospital, specialising in the production of parenteral nutrition and chemotherapy drugs, as well as other sterile products, which will help thousands of patients a year.
- 7.4 To celebrate the dedication of LNWH employees to our organisation and the NHS, we will host our first long service awards ceremony on 23 January 2024 to recognise colleagues who have had continuous service of more than 25 years.

## **8. Research and innovation**

- 8.1 Our Occupational Health team are piloting a new care pathway aimed at helping the long-term sick back into work. The pilot is hoping to attract government support and is already establishing itself in primary care and with musculoskeletal hubs in secondary care.
- 8.2 The Trust has made a significant contribution to a study into how best to protect babies against life-threatening Group B Streptococcus bacteria (GBS). Testing is underway of a new vaccine in mothers that is hoped will prevent all cases of GBS infections in the babies. GBS are the most common cause of life-threatening infection in babies in the UK.
- 8.3 A new initiative at Northwick Park Hospital is helping to better identify patients' carers and signpost them to appropriate support services. The aim is to identify ways in which the hospital can best support carers whilst also benefiting from the wealth of knowledge and experience that carers have about patients.
- 8.4 LNWH is one of six trusts partnering with the London Business School Healthcare Society. Students are working with colleagues on projects as diverse as AI, hybrid working, day case surgery pathways, and integrated care models for community and mental health. LNWH is also coordinating an MBA summer internship programme.

## **9. Stakeholder engagement**

- 9.1 Harrow Councillors and public health commissioners visited the Caryl Thomas Clinic in Wealdstone in October to meet with our sexual and reproductive health service teams.

- 9.2 Gareth Thomas MP for Harrow West was amongst the dignitaries who attended the official opening of the new North West London Urology Centre at Northwick Park Hospital in November.
- 9.3 We have continued to keep key stakeholders regularly engaged and informed in advance of the phased opening of the North West London Elective Orthopaedic Centre (EOC). In addition, I attended the North West London Joint Health and Overview Scrutiny Committee with Mark Titcomb, Managing Director for the EOC, to provide an update to the JHOSC on the implementation work and the centre's first day of operating on 5 December 2023.
- 9.4 Members of Ealing's Health and Adult Social Services Scrutiny Panel visited Ealing Hospital on the 6 October. The panel met with contractors working on the new Community Diagnostic Centre due to open in early 2024.

The councillors also visited Meadow House Hospice, also based on the Ealing site, to gain a deeper understanding of the excellent work being done to improve healthcare in the local community.

The tour was completed with a visit to the hospital's busy emergency department, where they also learnt about Same Day Emergency Care and efforts to ensure patients choose the right place to receive care.

## **10. Recognition and celebrating success.**

- 10.1 Dr Shriti Pattani, Clinical Director for our Occupational Health Service, has been recognised in the New Years Honours List with an OBE for services to occupational health.
- 10.2 Ementa Ngo, general assistant supervisor at Central Middlesex Hospital, is this year's recipient of Compass Group UK's 'Be a Star 'Legend' Award'. Ementa stayed with an injured hospital worker, helping control bleeding and offering reassurance, during a major incident last year.
- 10.3 The LNWH Gwen Richardson award for midwifery has been awarded to Jacqui Martin. Jacqui specialises in substance abuse and liaises with social services and other organisations to ensure mother and child get the appropriate support.
- 10.4 Rejosh George has won the regional radiographer of the Year Award. Rejosh works as an MRI superintendent at Northwick Park Hospital.
- 10.5 Justa Garcia, Northwick Park's longest-serving member of staff, recently celebrated her 50th work anniversary as a healthcare assistant. Justa began working at the hospital in 1973 as an orderly.
- 10.6 Madhoor Ramdeen, lead clinical nurse specialist for our inflammatory bowel disease unit at St Mark's Hospital, recently completed the Dame Elizabeth Anionwu Fellowship Programme for inclusivity and midwifery. Madhoor is one of the first nurses in the country to complete this brand-new fellowship to champion equality, diversity and inclusion at work.

- 10.7 Lead Nurse for Pouch and Stoma Care at St Marks Hospital, Petya Marinova, has won the 'New Talent' category at the Healthcare Honours Awards, presented at the Houses of Parliament. Petya and colleague Zarah Perry-Woodford were also highly commended in the Improving Outcomes: Management Team category.

# Chief Executive Officer's Report – Chelsea and Westminster Hospital NHS Foundation Trust (CWFT)

Accountable director: Lesley Watts  
Job title: Chief Executive Officer

## Executive summary and key messages

### 1. Key messages

- 1.1 Winter months have seen an increase in demand and pressure on our organisation and for the wider NHS, as we see respiratory conditions on the increase in the capital. We launched our Winter Plan with key initiatives in place to support the Trust meet an increase in non-elective demand over the winter period, as well as service specific plans for each of the affected service areas.
- 1.2 Key initiatives are aimed at reducing demand on front door services, and supporting hospital flow through either admission avoidance or earlier discharge. These include urgent treatment centre (UTC)/emergency department (ED) demand management and flow, front door frailty service, admission avoidance and earlier discharge (same day emergency care (SDEC), virtual wards). Use of digital tools to support flow and discharge, seven day working, phasing of elective demand. New initiatives for 23/24 include the implementation of the front door frailty service, Discharge Ready Unit and the provision of an additional ward at the West Middlesex Hospital site.
- 1.3 In collaboration with the UK Health Security Agency, we led [the PrEP Impact Trial](#), the largest ever real-world study of its kind, with over 157 sexual health clinics across the country. The results, which confirm the efficacy of PrEP in reducing the chances of getting HIV by 86% are now published in the Lancet, and has attracted International news coverage including BBC News and Evening Standard. It is fantastic to see our ground-breaking research at the forefront of sexual health care.
- 1.4 Staff engagement and wellbeing remains one of our top priorities. This year we held our first ever Great Big Thank You Week, celebrating the incredible dedication of our people. As we look back at the past year, there have been many special moments and phenomenal achievements. We have continued our performance as one of the leading Trusts in the country, received 'Good' and 'Outstanding' CQC ratings for maternity, seen the commissioning of TransPlus, celebrated NHS75 with Amanda Pritchard, innovated through technology, and continue to be the Trust with the lowest mortality rates in England.
- 1.5 We were delighted to be awarded a high commendation in the Trust of the Year category at this year's HSJ Awards 2023, which recognises outstanding contributions to health and patient care. This national recognition is true testament to the dedication and commitment from our workforce, and the exceptional care that is provided day in day out at the Trust.

- 1.6 Our focus on innovation continues, we have launched a pilot in the Ophthalmology Department to contact patients on the cataract surgery pathway using an AI-powered solution called Dora delivered by Ufonia. Patients will receive a telephone call from Dora and can have an informed conversation about their cataract surgery. This pilot study emphasises safety and serves as a concept test rather than a full-fledged service. We are implementing strict gateways to ensure acceptance and closely monitoring the implementation of Dora to prioritise patient well-being and responsible use of AI technology.
- 1.7 Chelsea and Westminster marked 35 years of HIV care at the Trust and celebrated the 35th anniversary of the Kobler clinic. The clinic was first opened on 13 September 1988 by Diana, Princess of Wales, and became the first NHS service designed specifically for HIV patients. It is now one of the largest specialist HIV units in Europe, seeing approximately 5,000 patients. The Kobler Clinic has contributed to leading research, innovation and care, highlighting the pioneering work led by Chelsea and Westminster NHS Foundation Trust.
- 2. Quality and safety**
- 2.1 **Infection Control - Clostridium Difficile (CDI):** There were four cases of C.difficile in month bringing the total to 18 against a threshold of 25. Although no lapse in care were identified, two cases did not fit with C.difficile clinical infection and a number of issues have been picked up through a lessons learnt process.
- 2.2 **Complaints** –91% of complaints were responded to within the 25 day KPI (target 95%) during September. Four were not responded to within the timeframe, due to delays in receiving the investigation outcome in order to draft a response in the timeframe. Compliance with responding to PALS concerns within five working days was 97% (KPI 90%).
- 2.3 **Patient experience** – some reduction in satisfaction ratings through the Friends and Family Test (FFT) have been identified in relation to emergency care and maternity. Improvement action plans are being developed in relation to this. The Trust has recently received the CQC maternity 2023 survey results, so an analysis of these findings in conjunction with FFT and other feedback data will commence in October to help identify the main areas of focus going forward.
- 2.4 **Patient Safety Incident- supporting PSIRF (Patient Safety Incident Response Framework)** - our implementation and planning for PSIRF has been driven through a Trust level task and finish group chaired, which also formed part of the Acute Provider Collaborative Quality workstream to ensure consistency and cross organisational support was embedded. Focus on uptake of the training, now in place across the Trust, is a key priority.
- 2.5 **In-patient survey** - following the drop in some of the core elements of the national survey a detailed action plan and focussed work is in place to address this. A task and finish group has been established to monitor the progress of this through the Executive Management Board, with the Quality Committee receiving regular updates.
- 2.6 **Vaccination campaign continues** - work to ensure vaccination uptake from staff is continuing in line with the Flu and Covid Vaccination plan. Staff vaccination clinics have been in place across our sites, complimented by staff peer vaccinators and vaccination at key events such as the Health Care Support Workers development day. We have

focussed on areas with low uptake through peer vaccinators and dedicated educational sessions.

### 3. Operational performance

- 3.1 A&E 4-hour performance was 78.8% which was the second highest position in London and sixth nationally. Our Trust achieved NHS England targets for Cancer 2-Week Wait Referrals, 31-Days Diagnosis to Treatment and Cancer Faster Diagnostic Standard (FDS). The Trust remains a top performer nationally for cancer treatment waiting times and 6-Week Diagnostic standards. Elective RTT 18-week wait performance remained challenged at 59.9%.
- 3.2 Elective activity was strong despite industrial action. Admitted activity exceeded operational plans by ~4% and non-admitted outpatient activity met plans. The total PTL increased to 60,093 (+1,467), 52ww decreased to 1,837 (-18), 65 weeks increased to 562 (+76) and 78ww increased to 85 (+9). Enhanced oversight and targeted interventions remain in place for at-risk specialities: Trauma and Orthopaedics, Colorectal Surgery, Plastic Surgery, Vascular and General Surgery.
- 3.3 In terms of A&E, there was a reduction in performance for this measure with significant flow challenges on both sites during the first two weeks of September. Recovery has been hampered by taking on the UTC contract, the embedding of new staff, implementation of new IT systems (Cerner) and new processes. Improvements are anticipated as the West Middlesex UTC performance has stabilised during the first weeks of October.

### 4. Finance and estates

- 4.1 **Finance:** At month 7 the Trust is reporting an in-month surplus of £0.27m and a year to date (YTD) deficit of £0.64m when adjusted for the financial impact of donated assets. This is £0.79m adverse against the YTD plan. The YTD adverse variance is largely driven by: Consultant and junior doctors' industrial action has created a £7.1m pressure, which is a combination of cost (£3.9m), income loss (£4.6m), partially offset by 2% ERF baseline adjustment gain (£1.5m); non-pay inflation above the funded levels, which is relating to a number of specific items such as utilities, PFI and Hard facilities management (FM) (£1.1m), which is net of new inflation funding received from NWL Integrated Care Board (ICB), however still causing a cost pressure; non-recurrent benefits of £5.0m, including CNST Maternity Incentive Scheme Bonus £1.7m and balance sheet items £0.9m; ERF over-performance of £6.1m, offset by associated costs of £5.0m, net benefit of £1.1m; and other benefits of £1.5m.
- 4.2 Due to the year to date position across the Acute Provider Collaborative (APC), the APC risk and escalation process and financial grip and control measures have been implemented and a 2023/24 recovery plan has been developed across the four Trusts.
- 4.3 The Trust's forecast was a £835k deficit (primarily driven by the industrial action) compared to the break-even plan. Additional funding to support the industrial action was announced in November and the Trust's allocation of this funding has not been reflected in the month 7 position or forecast.
- 4.4 **Estates:** Estates and Facilities continues to focus on the procurement strategy for the next 12-18 months. This will affect all four main contracts, as follows: NEPTS Cross site; Soft FM Contract at CW; Hard FM Contract at CW and satellite sites; and Soft FM benchmarking at WM.

- 4.5 The department have also been pivotal to the recent success of the Great Big Thank You Week working with the Communications Team in planning and arranging multiple events across all Trust locations. ISS has been very supportive in the preparation of the events.
- 4.6 The annual PLACE audit was carried out on 24-26 October. Initial feedback from the patient representatives across both sites was excellent. The scores have been uploaded and official results are due to be published early 2024.
- 4.7 **Treatment Centre at Chelsea and Westminster:** The redevelopment of the treatment centre, which will help to address issues with patient flow and allow for an increase in the volume and complexity of activity, is on track. The project now moves from stage two to stage three procurement and RIBA design. An amended and full business case is due to be approved by 2024 with the expectation that the project is delivered on time and within costs by March 2025.
- 4.8 **Ambulatory Diagnostic Centre (ADC) at West Middlesex:** Positive progress with the development of the ADC continues. The new centre, which is at the centre of the 10 year strategic masterplan for the West Middlesex site, will include elective ambulatory imaging, medical oncology and haematology treatments, renal dialysis and training/education. The outcome of the recent procurement exercise was considered by the Finance and Performance Committee in December and subject to Board approval, the contract will be awarded in early 2024. Planning permission has been granted and the project is on track for delivery with works expected to commence in February 2024.

## 5.0 People

- 5.1 In terms of the key metrics, we have seen some positive progress, with the voluntary turnover and vacancy rate reduced. PDR compliance remains a key area of focus with each division developing revised trajectories for end of year. Core skills training is just short of the required compliance rate, but improved in month seven. Trust average sickness rates are steady at 3.64%, just above the 3.3% target.
- 5.2 A detailed piece of work has been undertaken to reconcile the HR establishment with the financial system – electronic staff record and general ledger. The work has progressed well with new rigour introduced in terms of establishment control in future.
- 5.3 Equity, diversity and inclusion (EDI) remains a key focus for the organisation (as summarised in the following section). The Workforce Race and Disability Equality Schemes have detailed action plans and were considered by the People and Workforce Committee, noting some positive progress in terms of increased access to development opportunities for BAME staff and lack of disabled staff entering capability processes. Further issues remain and the action plans seek to address these issues. The staff networks continue to grow, with additional funding, training and protected time for staff network chairs now agreed.

## 6.0 Equity, diversity and inclusion

- 6.1 In November, our staff hosted a Diwali fundraiser musical to raise funds to support with tackling health inequalities for women of South Asian heritage within Hounslow. The sold-out performance was attended by Mayor of Hounslow, Cllr Afzaal Kiani, Kelly O'Neil, Director of Public Health and colleagues from across the Trust. Thank you to everyone who showed their support. The fundraiser was able to raise over £6,000 for CW+

- 6.2 Trans awareness week- each year in November, the week before Transgender Day of Remembrance on 20 November, we unite to mark Transgender Awareness Week to help raise visibility about transgender people and address some of the issues members of the community face. Voices from across the Trust and beyond, showcased the Trust's pioneering work in Trans Healthcare.
- 6.3 As mentioned above, we published our WRES, WDES (National publication deadlines 31st October 2023) and Gender Pay Gap (National publication deadlines 31 March 2023) reports, each showing our progress against the indicators. Each report details our action plan and has been published on our website and additionally, our Gender Pay Gap report was uploaded on the government portal.
- 6.4 We have continued to lead on the NWL ICB wide Civility and Respect project, this is a joint project with our partners Kinn. This immersive learning uses virtual reality to allow experiences and perspectives that are impossible to generate or replicate in other forms of training. We are coming to the evaluation stage of this project which will be the focus for Q4.
- 6.5 We have celebrated and marked events of celebration, South Asian Heritage Month, Black History Month, Diwali and Hanukkah to name a few over the last couple of months and are now working with our chaplaincy, EDI and communications team to agree our commitments for 2024 in supporting and celebrating diversity as our strength.

## **7. Chelsea and Westminster NHS Trust updates**

- 7.1 It was fantastic to see the opening of a new surgical simulation centre at West Middlesex. The new centre will support training opportunities for our junior doctors. Thank you to Anna Kamocka, Emma O'Hagan and James Brewer for supporting and for striving to help staff develop at the Trust.
- 7.2 Our outstanding maternity unit at West Middlesex has featured in a special photography issue of The Lancet. Photographer James Clifford Kent, spent a week shadowing Consultant Obstetrician and Labour Ward Lead, Ossie Osakwe, who supported the project and was part of the team who cared for James' wife and new-born daughter back in 2020 at West Middlesex Hospital. The series documents the dedication, compassion and high-quality maternity care delivered by our teams and is a really powerful visual depiction of the brilliant work done every single day.
- 7.3 A new NWL community-based service for young people with an eating disorder opened in November. The Arc Day Programme for young people aged between 13 and 17 with an eating disorder, is now open in a new bespoke space on the Fulham Road. 'Best For You' and the North West London Child and Adolescent Mental Health Services Provider Collaborative worked together to launch this innovative new programme, which is clinically and operationally managed by CNWL.
- 7.4 I am excited to announce the launch of our Proud Podcast at the Trust, with the first episodes launched over the last two months. Being unfailingly kind is one of our key Trust values – treating patients, families, and each other with the kindness that we would show to our own loved ones. So, what better way to kick off this series by speaking about our Trust Kindness campaign, and why it is so important.

## **8. Research and innovation**

- 8.1 In collaboration with the UK Health Security Agency, led the PrEP Impact Trial, the largest ever real-world study of its kind, with over 157 sexual health clinics across the country. The results, which confirm the efficacy of PrEP in reducing the chances of getting HIV by 86% are now published in the Lancet, also picked up by other news outlets including BBC News and the Evening Standard. It is fantastic to see our ground-breaking research at the forefront of sexual health care.
- 8.2 Alongside CW+, we were proud to host a special life sciences event at our Chelsea site which brought together researchers, life science and commercial partners, donors and academics. Speakers, including Lord James O'Shaughnessy and our Chair Matthew Swindells, explored how a robust and prosperous life sciences industry can be cultivated in the UK. The event was a fantastic opportunity to highlight the Trust's proven track record in clinical research, innovation and analytics.

## **9. Stakeholder engagement**

- 9.1 Our Burns unit have been involved in the London Fire Brigade's #ChargeSafe campaign - raising awareness of the increase in fires and injuries from the incorrect storage and charging of e-bikes and e-scooters. As part of the campaign, BBC Breakfast interviewed Nicole Lee, Burns Matron and Isabel Jones, Burns and Plastic Surgery Consultant, as part of a feature which was broadcast this week.

## **10. Recognition and celebrating success.**

- 10.1 Professor Jonathan Valabhji OBE, Professor of Medicine based at the Trust was recognised as Clinical Leader of the Year at the HSJ Awards. As former NHSE National Clinical Director for Diabetes and Obesity, Jonathan recently joined the Trust, bringing a wealth of experience and expertise.
- 10.2 Beth Davies recently received a national award by the Royal College of Physicians for her presentation on the adult syncope pathway. The pathway aims to improve care and reduce admissions for those presenting with syncope in emergency departments. The adult syncope pathway has run successfully for the past two years, resulting in the reduction of admission rates.
- 10.3 Miss Claudine Domoney, Consultant Obstetrician and Gynaecologist was awarded the London College Tutor of the Year. Obstetrics and gynaecology trainees were asked by Health Education England and the Royal College of Obstetricians and Gynaecologists to nominate doctors who have gone above and beyond to teach, supervise and advise or who have taken crucial pastoral roles in their journey as a trainee.
- 10.4 Dr Atika Sabharwal has been awarded the Association of Anaesthetists' Evelyn Baker Medal. This is one of the association's most prestigious awards which recognises the unsung heroes of anaesthesia.
- 10.5 We were delighted to announce that the Trust, in partnership with Patients Know Best, has been shortlisted in the HSJ Partnership Awards 2024 in the 'HealthTech Partnership of the Year' category. The nomination is in recognition of the digital first approach taken to support patients living with heart failure. Congratulations to everyone who has helped achieve this nomination. Winners will be announced on 21 March 2024.

- 10.6 The Trust marked Health Care Support Worker Day in November with a conference that celebrated the fantastic contributions and impact our support workers make every day in caring for our patients. It was great to see our support workers in attendance at the Trust's third Health Care Support Workers conference. We also marked Maternity Support Workers Day in December.
- 10.7 James Brewer (Consultant Upper GI Surgeon) has been nominated at the ASiT Silver Scalpel awards. This is awarded by the Association of Surgeons in Training (ASiT) to recognise the best surgical trainer in the UK. It is great to see James work in helping to train and improve the skills of future surgeons being recognised on a national level.

# Chief Executive Officer's Report – Imperial College Healthcare NHS Trust (ICHT)

Accountable director: Professor Tim Orchard  
Job title: Chief Executive Officer

## 1 Key messages

- 1.1 We are continuing to progress the redevelopment of our three main estates as part of the New Hospital Programme – a full rebuild of St Mary's and extensive refurbishment and some new build at Charing Cross and Hammersmith hospitals. Following the decision in May to delay the main capital funding for our schemes, we have been working with the New Hospital Programme to explore ways to keep our redevelopments on track, particularly St Mary's where the need is so urgent. We are now hopeful of securing funding to enable us to embark on detailed design and planning for St Mary's in the coming months, with a view to then bridging the gap to our main capital funding through the sale of land that will become surplus to requirement. We have been working closely with key staff, lay partners and external stakeholders, including Westminster City Council, to help make sure our plans are focused on the needs of our patients and local communities from the very start. While we are still some distance from any formal public consultation, we are about to launch a public engagement programme to widen input and help shape more detailed planning. The engagement programme will also help us align with Westminster City Council's planned Regulation 19 public consultation which will incorporate an updated site allocation for the St Mary's campus. Meanwhile, for Charing Cross and Hammersmith hospitals, we are finalising our strategic outline cases and will share summaries and widen engagement over the next few months.
- 1.2 In the autumn statement the Chancellor announced £5m of seed funding to support the creation of the Fleming Centre. The Trust, Imperial College and the Imperial Charity are working together to fundraise for this project, chaired by Lord Darzi and with HRH the Prince of Wales as a patron. The purpose of the Fleming Centre is to engage the public and policy makers on the global issue of anti-microbial resistance.
- 1.3 The first patients had their surgery at the North West London Elective Orthopaedic Centre at Central Middlesex on 4 December. Imperial College Healthcare surgeons worked alongside the London North West University Healthcare theatre team to treat patients on the new acute provider collaborative pathway to improve and expand routine inpatient orthopaedic surgery. The centre has an initial capacity of three operating theatres, increasing to five theatres in late March. The phased approach to opening will allow new patient pathways to be closely monitored and any issues to be quickly resolved.
- 1.4 I was very pleased with our response rate to the latest NHS staff survey that closed on 24 November 2023. We achieved a response rate of 61 per cent (8,486 responses), even better than our previous high of 56 per cent in 2022. I look forward to analysing and responding to the results as soon as they become available in February.
- 1.5 Operationally, winter continues to be a challenging time, with the added pressure of industrial action. Our staff have done a huge amount to prepare for the challenges, including opening 28 additional beds. Despite the pressures, our emergency departments consistently deliver some of the shortest ambulance handover times within London, with

96 and 94 per cent of handovers taking place within 30 minutes in October and November respectively. However, we did not meet the standard to see and admit or treat and discharge 76 per cent of patients arriving at an urgent treatment centre or emergency department within 4 hours in October or November, having previously done so since July.

- 1.6 Financially, at the end of month eight, the Trust reported an in-month surplus of £9.6m and year to date deficit £16.3m. These results are £5.5m behind the revised forecast. However around half of the shortfall is due to phasing of improvement schemes and we are working to recover our position. We still expect to deliver a break even plan at the end of the year.
- 1.7 Two research highlights of particular note are the conclusion of our biomedical research centre's ORBITA trial that found that patients with chest pain may benefit from having a stent implanted rather than starting chest pain medication. The results of this trial, building on an earlier one, are likely to lead to updated guidelines for the treatment of coronary artery disease across the world as well as immediate improvements for our patients. Another international trial we led in the UK resulted, in November, in the world-first approval of a novel gene-editing treatment for sickle cell disease and beta thalassaemia developed by Vertex Pharmaceuticals and CRISPR Therapeutics.

## **2 Quality and safety**

- 2.1 We continue to maintain good performance against key quality measures. Mortality rates are consistently amongst the lowest in the NHS, incident reporting rates are increasing overall which is positive, and harm levels are well below national averages. Following a small increase in incidents causing harm in the summer, we saw a decrease in September and October. We continue to monitor this closely through the medical directors' weekly panel and weekly reports to the executive team.
- 2.2 Performance against the nationally-mandated infection prevention and control (IPC) targets remains challenged. In addition to the Trust-wide improvement work already underway, a quality review meeting process was conducted in September to provide more support with the basics of IPC practice. The initial focus is on hand hygiene and patient facing equipment cleaning, with a new audit tool launched.
- 2.3 We continue to progress well with implementation of the patient safety incident response framework (PSIRF) and are on track to transition fully in April 2024 in line with national timeframes. We are ensuring staff are appropriately trained with weekly compliance reporting. Our six patient safety partners have been instrumental in developing our process for ensuring compassionate engagement and involvement of patients, families and carers.

## **3 Operational performance**

- 3.1 Our emergency departments continue to consistently deliver some of the shortest ambulance handover times within London, with 96 and 94 per cent of handovers taking place within 30 minutes in October and November respectively. We did not meet the standard to see and admit or treat and discharge 76 per cent of patients arriving at an urgent treatment centre or emergency department within 4 hours in October or November, having previously done so since July. We have developed a plan to both improve performance and to respond to anticipated pressures on our services during the winter period, which included opening 28 additional beds at the beginning of December.
- 3.2 Following a formal procurement process, responsibility for the management of the Urgent Care Centre at St Mary's Hospital transferred to us from Totally on 18 October 2023. Although the transition has been smooth overall, there were some initial challenges with

staffing levels that resulted in increased waiting times. This was a contributing factor to the decline in our performance against the 4 hour standard. We have mitigations in place, including a good pipeline of Emergency Practitioners undertaking training who will qualify throughout the winter, and are confident that patients who use the service receive the same high quality care as they would when presenting at our other Urgent and Emergency Care environments. In the medium term we believe the greater flexibility allowed by controlling our front door will deliver benefits for patients.

- 3.3 We continue to focus on reducing waiting times for planned care, ensuring that those waiting are prioritised according to clinical need and that we minimise the risk of patients being impacted by industrial action on multiple occasions. Industrial action has put additional pressure on our services, resulting in a number of cancellations and increased waits, which has meant that we are behind our original plan to reduce waiting times to less than 65 weeks by the end of March 2024. We are developing further plans to get back on track, including making sure that all of our longest waiting patients have had or have booked their first outpatient appointment and running extra weekend theatre lists between January and March 2024. Theatre utilisation has improved, increasing the number of patients we treat on a monthly basis.
- 3.4 The number of patients on a cancer pathway for more than 62 days remains lower than planned although waits in some tumour groups are longer than we would like. We remain committed to treating as many cancer patients within 62 days as possible and have detailed plans in place to improve our performance. We have continued to meet the faster diagnostic standard, which requires that 75 per cent of patients be diagnosed or have cancer ruled out within 28 days of referral. Our performance for November was 80.6 per cent, and this was the seventh consecutive month in which we met this standard. Waiting times for non-urgent diagnostic tests continue to improve, with 93.2 per cent of patients seen within 6 weeks in October.

#### **4 Financial performance**

- 4.1 In March/April 2023, the Board approved the submission of an Operating and Financial Plan which was subsequently supplemented by a Financial Recovery Plan and a Winter Plan in October 2023. In line with the NWL Acute Provider Collaborative and NWL Integrated Care Board (ICB), our position has been that we will deliver our plans if sufficient funding is made available to reflect the consequences of industrial action.
- 4.2 New funding has been made available in two ways: directly to Trusts via a further 2 per cent amendment to the Elective Recovery Fund activity requirements and to systems via the allocation of a share of the £800m announced nationally. In November 2023, all systems were asked to confirm their intention to deliver on the operational and winter delivery plans and achieve financial balance. The Trust Board confirmed its commitment to these on 20 November 2023 to support the ICB submission.
- 4.3 At the end of month eight, the Trust reported an in-month surplus of £9.6m and year to date deficit £16.3m. These results are £5.5m behind the revised forecast and include around 50 per cent of phasing assumptions that will be corrected in the balance of the year and a number of in-month clinical run rate pressures which are not expected to impact the delivery of the year end break even position. To seek ongoing assurance, a series of weekly meetings are now in place to prospectively assess expenditure run rate, planned activity levels and take the necessary mitigating actions. The key drivers of the year to date deficit include: under-delivery against an equally-phased cost improvement plan, additional inflationary costs above funded levels and run rate pressures in pay and non-pay.

- 4.4 The 2023-24 gross capital programme at the end of November 2023 stands at £92.8m, of which £87.5m scores against the Trust's estimated Capital Resource Limit (the amount we can spend on our capital programme excluding grants and donations). The Capital Resource Limit is funded by £64.4m of internally generated cash and £23.1m of national funding. At the end of November, the Trust had invested £44.8m – 88 per cent of the year to date capital plan.
- 4.5 The cash balance at month eight stands at £123.6m; a reduction of £55.6m from the start of the year.

## **5 Workforce update**

- 5.1 The NHS national staff survey closed on Friday 24 November. We made huge efforts to ensure we had as large a response rate as possible, with prize draws, extensive communications and senior management focus. We achieved a response rate of 61 per cent (8,486 responses) even higher than our 56 per cent in 2022. We also ran a survey for bank and honorary staff which had nearly 500 additional responses. Results will be available in February 2024.
- 5.2 We have an improved vacancy rate (9.7 per cent) in month 7. This is a special cause variation improvement and is now below the Trust target (10 per cent) for the first time since May 2020. The Trust turnover rate (10.3 per cent) for month 7 is also special cause variation improvement and below the Trust target. Our staff in post (WTE) has grown from 13,043 to 13,648 over the last 12 months.
- 5.3 We ran a successful Long Service awards event for over 100 staff who achieved 20 years' service and are currently about to launch a digital new thank you boards as part of our overall refresh of our recognition channels.

### Wellbeing

- 5.4 We have a range of winter wellbeing offers. Breakroom supplies are being delivered to wards and departments over winter. These include treats, tea and coffee, provided by Imperial Health Charity. In November we announced the next round of Staff Spaces improvements which includes there additional 'rest nests', improvements to staff rooms as well as a refurbishment of our QEQM coffee shop and staff rest areas at St Mary's Hospital. In November we also launched a major new programme of training for staff who experience violence and aggression as part of the role, with new training on topics such as conflict resolution, and mental health awareness.

### Senior management changes

- 5.5 Eric Munro joined as our new Director of Estates and Facilities in November 2023. Eric has over 25 years' experience across the NHS, government and education sectors, most recently as director of capital, estates and facilities at King's College Hospital NHS Foundation Trust. I'd like to thank Andrew Murray for his great work as acting as interim director while recruitment was ongoing.
- 5.6 Trish Longdon, Chair of our Strategic Lay Forum has stepped down after four years as chair and a previous six as a lay partner. I'd like to thank Trish for all her hard work in helping and challenging us to embed the patient perspective in everything we do. Her energy, determination and focus will be greatly missed but she leaves behind a strong and effective strategic lay forum. Ed Lowther and Shanaka Dias (previous deputy chairs of the forum) have taken over as co-Chairs.

5.7 Sue Burgis, Deputy chief nurse, retired in November 2023. Sue first trained at Charing Cross over 40 years ago in 1978 and she worked for many years as a senior nurse in the intensive care unit and in patient safety and governance before moving into corporate nursing almost a decade ago. I thank her for all her work at Imperial, most recently in driving our journey towards Pathway to Excellence accreditation at Charing Cross.

#### Industrial action

5.8 We have detailed planned in place to help manage industrial action by junior doctors 20-23 December and 3-9 January, with the focus, as ever on ensuring everyone's safety.

#### Equality, diversity and inclusion (EDI)

5.9 In December, we officially launched our engaging for equity and inclusion programme, which will help us to establish a shared understanding of what it means for us to be a truly fair and inclusive organisation. We have had over 100 facilitators volunteer to help run sessions and the programme will include a series of engagement sessions with employees, patients, and lay partners. We have appointed a new Head of Equality, Diversity, and inclusion who starts in January. We have also appointed a new EDI administrator and EDI manager, who joined in October.

5.10 From October to December, our staff networks led events to celebrate Black History, Breast Cancer Awareness, and Disability History Months. This included a 'walk the hospitals charity fundraiser' by our race equality networks, which raised over £2,500 for grassroot charities; Lupus UK, Black Minds Matter and Gift of Living Donation (GOLD).

5.11 Our healthcare fellowship programme has successfully recruited 6 cohorts (74 members of staff in total). These are clinical staff from Black, Asian and minority ethnic background who will be doing stretch projects as part of the programme but stay in their existing roles. They will be supported by executive members of staff who volunteered to become mentors and career coaches to provide 1:1 bespoke coaching.

5.12 In December we signed up to the new NHS Sexual Safety Charter which shows our public commitment to achieving a zero-tolerance approach to sexual harassment in the workplace, and we are working on a range of improvements to support our commitment.

#### Staff vaccination campaign

5.13 The 2023/24 seasonal Covid-19 and flu booster vaccination campaign was launched on 9 October 2023. We had a comprehensive plan to encourage vaccination including easy access to appointments in our vaccine centres, with extended access overnight and roaming vaccinators. As of 6 December 2023, 33.5 per cent of staff in post received their flu vaccinations this campaign and 28.3 per cent of staff received their Covid-19 booster vaccinations. Trust vaccinations rates are above the healthcare worker uptake rates across London but lower than we wanted. Covid and flu vaccinations continue to be available through peer vaccinators, though with very low uptake. We will continue to offer access to vaccination in to January in line with national guidance.

## **6 Regulatory compliance Care Quality Commission (CQC) Update**

6.1 The CQC's new methodology for regulating NHS Trusts will start on 8 January 2024 for London Trusts, after which the CQC will return to routine activity for the first time since the pandemic. Inspection scheduling will continue to be primarily risk-based; during the Trust's recent engagement meetings the CQC has indicated that Imperial College Healthcare NHS Trust is not considered high risk and is not flagging for any service.

6.2 During the first 12 months of the new inspection regime, the focus will be on services that have never been inspected and rated. For the Trust this includes the Western Eye Hospital and our seven renal satellite units. Due to changes in how the CQC arranges its 'core services', this could also include gynaecology, cancer services, and diagnostic and screening services. They will also be inspecting services with 'aged' ratings (five years or older). For the Trust this includes all services except maternity, neonatal, CYP, critical care and the Trust's GP practice. We are carrying out our usual preparations for CQC inspections to standardise local approaches and drive improvement.

## **7 Research and innovation**

7.1 A number of NIHR and DHSC staff visited the BRC and CRF on 30 November to find out more about the research work we are doing, our major research initiatives, and to see how we are aligning with their own priorities. We received some excellent feedback.

7.2 Over the summer, we launched a number of new internal procedures to increase the speed at which we set up clinical research studies, which is particularly important for commercial sponsors. It is still quite early to be able to see the sustained impact, but initial data on timelines are encouraging. We have had a number of UK and global 'first patients recruited' which are important measures of success to attracting future studies to the Trust.

7.3 We have received ethical approval for the Imperial Healthcare Knowledge Bank (IHKB), a major BRC-funded initiative which will consent Trust patients to be contacted for suitable research studies in future, to use their clinical data in a secure way, and to provide an additional blood sample for analysis and storage for future research. This will be formally launched in the first half of 2024.

7.4 Launched six months ago, Paddington Life Sciences Partners, an influential partnership group made up of NHS, industry, community and academic organisations continues to grow. [Healthcare Central London](#), a federation of 33 general practices in Westminster, joined Paddington Life Sciences Partners in November. The Partners are working specifically on initiatives to increase access to healthcare and clinical research, skills and job creation, digital inclusion, improving care through data analytics and creating new space for life sciences businesses in Paddington.

7.5 Recent research highlights include:

7.5.1 [Regulatory approval of the first gene-editing therapy](#) for sickle cell disease and thalassemia, in which Dr Josu de la Fuente was the UK lead for the trials.

7.5.2 Research showing that [focal therapy](#) for prostate is cost-effective and may improve patient outcomes from Professor Hashim Ahmed

7.5.3 [Cardiology practice-defining ORBITA](#) research from Dr Rasha Al-Lamee and colleagues, showing that some patients experiencing angina may benefit from having a stent implanted instead of starting chest pain medication.

## **8 Estates and redevelopment update**

8.1 I was delighted to formally open our refurbished endoscopy unit at Charing Cross Hospital on 13 October 2023. We have refurbished our endoscopy suite and created two additional procedure rooms to use, doubling our capacity. We have further plans to increase our overall capacity. The feedback we've received so far from patients and staff has been very positive about the new space and increased capacity.

### Redevelopment

8.2 We are continuing to progress the redevelopment of our three main estates in the New Hospital Programme – a full rebuild of St Mary's and extensive refurbishment and some

new build at Charing Cross and Hammersmith hospitals. Following the decision in May to delay the main capital funding for our schemes, we have been working with the New Hospital Programme to explore ways to keep our redevelopments on track, particularly St Mary's where the need is so urgent. We are now hopeful of securing funding to enable us to embark on detailed design and planning for St Mary's in the coming months, with a view to then bridging the gap to our main capital funding through the sale of land that will become surplus to requirement. We have been working closely with key staff, lay partners and external stakeholders, including Westminster City Council, to help make sure our plans are focused on the needs of our patients and local communities from the very start. While we are still some distance from any formal public consultation, we are about to launch a public engagement programme to widen input and help shape more detailed planning. The engagement programme will also help us align with Westminster City Council's planned Regulation 19 public consultation which will incorporate an updated site allocation for the St Mary's campus. Meanwhile, for Charing Cross and Hammersmith hospitals, we are finalising our strategic outline cases and will share summaries and widen engagement over the next few months.

## **9 Stakeholder engagement and visits**

9.1 Below is a summary of significant meetings I have had with stakeholders:

- Cllr Stephen Cowan and Cllr Ben Coleman, London Borough of Hammersmith and Fulham, 4 October 2023
- Cllr Ketan Sheth, London Borough of Brent, 4 October, 13 November, 6 December 2023 and 3 January 2024
- Cllr Neil Nerva, London Borough of Brent, 18 October 2023
- Andy Slaughter MP and Karen Buck MP, 1 November 2023
- Cllr Natalia Perez, London Borough of Hammersmith and Fulham, 15 November 2023
- Hammersmith and Fulham Save our NHS and Brent and Ealing Save our NHS groups, 4 December 2023
- Nickie Aiken MP, 11 December 2023
- Lord Markham, Nickie Aiken MP & Felicity Buchan MP, 11 December 2023
- Cllr Nafsika Butler-Thalassis and Cllr Concia Albert, City of Westminster, 13 December 2023

9.2 We have also hosted several visits to the Trust, including

- On 23 October 2023 the Secretary of State for Health and Social Care, the Rt Hon Steve Barclay, and Rt Hon Greg Hands, MP for Chelsea and Fulham visited Charing Cross Hospital. They learned about our stroke pathway and visited theatres for a demonstration of a da Vinci surgical robot. We also discussed redevelopment plans.
- On 2 November 2023, we welcomed members of the London Assembly's Health Committee to St Mary's for a tour of our emergency department and to hear about youth work charity, Redthread, and their youth intervention programme and young women's service. The visit will support the committee's inquiry into preventing violence impacting children and young people in the capital.
- On 15 November, Cllr Natalia Perez, Chair of the Health and Adult Social Care Policy and Accountability Committee at Hammersmith and Fulham Council visited Charing Cross Hospital to hear about our plans for redevelopment and preparations for winter.
- On 19 December, the Rt Hon Andrew Stephenson MP visited St Mary's Hospital to learn more about our fracture liaison service. The Royal Osteoporosis Society co-hosted the visit with our clinical team.

## **10 Recognition and celebrating success**

- 10.1 Nine nurses from across the Trust have been recognised for their outstanding patient care through a Daisy Award ceremony held at Charing Cross Hospital. Nominated directly by patients, the Daisy Awards recognise nursing excellence and provide an opportunity for patients and their families to say thank you for the care and kindness their nurses provided during their stay. Congratulations to Daisy Award winners Rapha di Mampova, Alexandra Donkin, Deena Paul, Marilou Delos Santos, Khristyne Paniza, Sushma Paudel, Anu Cherian, Christine Frank and Flora Webster.
- 10.2 Congratulations to Leo Andrew Almerol and Marlon Simbajon who have won Rising Star Awards, run by the Royal College of Nursing to recognise nurses and healthcare support workers from London's Black, Asian, and minority ethnic nursing community.
- 10.3 I'm delighted that Charing Cross's 6 North Ward won Healthcare Support Worker Team of the Year and Joe Maslen, who works at Charing Cross and St Mary's hospitals, won Apprentice of the Year at the London Healthcare Support Worker Awards in October 2023.
- 10.4 Congratulations to Dr Christina Fotopoulou, who has won the Award for Outstanding Achievement in Gynaecologic Surgery from the International Gynaecologic Cancer Society.
- 10.5 Congratulations to Professor Dame Averil Mansfield CBE who has won the Lifetime Achievement Award at the Daily Mirror's Pride of Britain Awards. Averil worked at St Mary's Hospital as a vascular surgeon and became the first female professor of surgery in the UK.
- 10.6 I'm delighted that Sim Scavazza, non-executive director at the Trust, has been recognised in GEMS: Hidden in Plain Sight (75@75) - a new leadership list curated by the Seacole Group and Colourful Healthcare to recognise 75 health and social care professionals from Black, Asian and other minoritised backgrounds. I'm grateful for all the work Sim has done in driving improvements in equality, diversity and inclusion and more generally in the Trust.
- 10.7 Congratulations to Dr Benjamin Ellis, a consultant rheumatologist and clinical director for outpatients who was awarded an MBE in the New Year's Honours list for services to healthcare, to equality, and to the Jewish community.
- 10.8 We had several nominations at the HSJ Awards on 16 November. Congratulations to Professor Jonathan Valabhji OBE, honorary consultant diabetologist at the Trust, who was awarded HSJ Clinical Leader of the Year for his work as national clinical director for diabetes and obesity. Other Trust-related projects that were recognised include:
- Data-Driven Transformation, highly commended: for the London Asthma Decision Support Tool (LADS) by partners including NHS North West London and Imperial College Health Partners.
  - Towards Net Zero, finalist: for efforts to reduce our environmental impact led by our green team and including a range of local projects.
  - Driving Efficiency Through Technology, two finalists: for the Universal Care Plan Programme, on behalf of NHS South West London - Katherine Buxton, palliative care consultant at the Trust, is the programme's clinical lead. And the North West London Acute Provider Collaborative for the Care Coordination Solution, which uses technology to address elective recovery.

# Chief Executive Officer's Report – The Hillingdon Hospitals NHS Foundation Trust

Accountable director: Patricia Wright  
Job title: Chief Executive Officer

## Executive summary and key messages

### 1. Key messages

- 1.1 Our CernerEPR (Electronic Patient Record System) launched successfully on Friday 3 November 2023. This means that all four trusts in the Acute Provider Collaborative are now able to share information easily for patients who need care at more than one Trust, while also helping GPs and hospitals to share test results far more quickly than before. Although there are still elements to work through, and it will take time for the system to be fully embedded in the organisation, this is a significant milestone in our journey to digitising systems across the Trust. We would like to acknowledge the incredibly hard work that has enabled us to get us to this point.
- 1.2 Following a rigorous inspection from NHSE on October 12, 2023, Mount Vernon surgical hub gained accreditation demonstrating 'the highest standards in clinical and operational practice'.
- 1.3 The Trust launched the NHS Staff Survey on Thursday 14 September with it closing ten weeks later on Friday 24 November. Forty eight percent of staff responded to the survey (8% more than in 2022). Bank uptake was 19% which was above average for the sector.
- 1.4 A huge thank you to staff, at the end of another challenging year. The Trust has made some real progress in 2023, with lots of achievements and things to be proud of. There is more to do and, with the continued support and dedication from our staff, I am confident we can continue to improve.

### 2. Quality and Safety

- 2.1 The Trust remains on track with the Patient Safety Incident Response Framework (PSIRF) implementation programme. A meeting with the ICB and external stakeholders is planned for January 2024 (date to be confirmed) to sign off the policy and procedure for an initial six-month period. The new after-action review (AAR) investigation process has been launched and is providing insight and learning in real time.
- 2.2 The Trust continues to have a low mortality rate, when benchmarked using NHS Digital/ Telstra Health information supplied by Dr Foster.
- 2.3 The Trust now has two providers for language translation services which can provide translations in a number of ways which include face-to-face, video, telephone, written and BSL. The services are available 24/7.

### **3. Operational performance**

- 3.1 UEC: A&E All Types performance was 64.5% in November 2023 against a target of 76%. The Trust continues to focus on attaining sustained improvement to A&E performance especially in Type 1 performance which remains below target levels.
- 3.2 Elective activity: The Trust attained 79.5% activity with Advice & Guidance (A&G) (unvalidated) in November 2023 against a planned target of 64.8%. Total elective activity with Advice and Guidance continues to outperform operating plan targets despite Cerner deployment.
- 3.3 The Trust achieved the best performance in the Acute Provider Collaborative for Referral to Treatment (RTT) 78w reduction. By 30 November the Trust had provided first definitive treatment to all patients on Patient Treatment List (PTL) waiting 78 weeks and over for elective care except for 1 patient. Benchmarked the Trust has achieved the lowest end of month 78 week position in the acute collaborate March – November. RTT 78w and 65w waiting patients remain a special cause improvement for the Trust.
- 3.4 Winter Planning: The Trust continues to work with the Integrated Care System to refine and deploy winter plans to accommodate current and anticipated pressures.

### **4. Finance performance**

- 4.1 Overall, the Trust is £5.4m adverse to plan for the year to 30 November 2023, with the main reasons being the unfunded inflation costs and the cost of Registered Mental Health Nurses (RMNs). The year to date impact of strike action has now been fully mitigated by additional income. The Trusts position has also improved in month due to benefits from the national reduction in the Elective Recovery Fund (ERF) target.
- 4.2 The efficiency plan has delivered £10.2m worth of cost savings in the first half of the year, compared to planned savings of £10.5m. Which represents 55% of the total annual savings target.
- 4.3 Due to a revised timeline for the New Hospital Programme (NHP), capital expenditure is currently 32% behind the £29.6m annual plan expected to be delivered as at Month 8. When adjusted for the NHP, the Trust is delivering 94% of its year to date plan, plus as additional £4.1m of new schemes which are funded from a variety of sources.

### **5. People**

- 5.1 Jo Fanning, our interim chief people officer, is leaving to join Ashford and St Peter's Hospitals NHS Foundation Trust as their chief people officer. The process of recruiting her replacement is underway.
- 5.2 The Trust held a CARES Week from Monday 9 October to Friday 13 October, dedicating a week to reinvigorating our Trust's CARES values. Teams visited as many departments as possible across both sites and talked to a variety of staff to understand their experiences and opinions. There were also stands in both Choices and Oak Tree restaurants throughout the week and multiple opportunities for staff to submit their views

on our CARES values. The feedback will help inform a larger programme of work focusing on organisational culture.

- 5.3 To mark the festive period, staff across the Trust decorated the doors to their department in the most creative way possible. We saw some wonderful creative ideas for bringing the doors to life.
- 5.4 To show our appreciation, recognition and value of our staff, our executive team hand delivered 'bags of love' to all wards and departments across the Trust. Staff also received a meal voucher for use in any of our outlets at either site.

## **6. Equality, Diversity and Inclusion (EDI) update**

- 6.1 The Trust celebrated Black History Month in October – a chance to recognise and celebrate the invaluable contributions of black people to society and the NHS. As part of our celebrations we: published profiles highlighting the experiences and achievements of black female colleagues; ran 'I am remarkable' workshops to help empower more people to champion and celebrate their own achievements; and held a Black History Month event on the final day of the month featuring a guest DJ, a dynamic photobooth, and the chance to sample African and Caribbean cuisine.
- 6.2 Disability history month takes between 16 November and 16 December each year. As part of the 2023 celebrations, the network leads from a number of London Trusts worked together to plan a programme of free, online events exploring accessibility within the NHS and how we can create more inclusive cultures.
- 6.3 The Trust's Disability Network has been relaunched as 'Able 4 All'. The aim of the network is for anyone with an interest in disability and who is keen to play a part in driving forward cultural change at the Trust, to develop and explore different skills, and to meet and network with people outside of their day-to-day role but have a shared interest in tackling inequalities for staff and patients.

## **7. Hillingdon Hospital Redevelopment**

- 7.1 The new Hillingdon Hospital received full planning permission on 13 October 2023 as the project passed another major milestone. Hillingdon Council's sign off was the latest major step for the project as earlier this year the government confirmed funding for the project, with both the main political parties confirmed they would build the new hospital by 2030.
- 7.2 MP, Steve Tuckwell visited Hillingdon Hospital on Friday 1 December to provide him with an update on the plans for the new hospital and to showcase of our new Cerner electronic patient record system and its successful roll out across the Trust.
- 7.3 A virtual tour of the inside and outside of a model of the new hospital has been produced which explains some of the benefits to expect from the new hospital such as more MRI and CT scanners and a multi-story car park.

## **8. Updates from the Council of Governors (CoG)**

- 8.1 The Trust held an induction session for its new incoming governors in October 2023 which was well received.

- 8.2 The CoG met formally on 21<sup>st</sup> November 2023 and approved the appointment of the new Trust external auditors, Azets Audit Services as recommended by the Audit and Risk Committee.
- 8.3 An extraordinary meeting of the CoG was held on 11<sup>th</sup> December to consider the appointment of a Non-Executive Director (NED). The CoG supported the recommendation from its Nominations and Remuneration committee to appoint a NED Board member for the Trust, where they will chair the Trust Audit and Risk Committee. The appointment will also cover Chelsea and Westminster Hospital NHS Foundation Trust, where they will be a member of the Quality and Safety Committee and the Finance and Performance Committee. We are in the process of finalising appointment checks and hope to announce the name of the successful candidate soon.

## 9. Research and innovation

- 9.1 Two of our research midwives, Nerea Rodal-Prieto and Komal Lal, have been labelled 'star recruiters' for their work on a University of Nottingham study into helping women stop smoking during pregnancy. They have been consistently praised by the University for their role in finding women willing to partake in the study and the pair recently received special recognition in the form of certificates and chocolates for their contribution to the trial. The SNAP3 (Smoking, Nicotine and Pregnancy) Trial is investigating whether three ways of using Nicotine Replacement Therapy (NRT) in pregnancy can help women stop smoking, when compared to usual care.

## 10. Stakeholder engagement

- 10.1 The Trust's Stroke Forum held a very successful 'away day' at Brunel University for stroke sufferers, their families, clinicians, therapists, nurses and academics, exploring the topic '**Understanding the patient experience using simulation and AI**'.

## 11. Recognition and celebrating success

- 11.1 Borraiza Bermudez, a senior staff nurse in the emergency department (ED), attended Buckingham Palace for a Royal reception on Tuesday 14 November hosted by HM King Charles for internationally recruited nurses and midwives working in the NHS.
- 11.2 The Surgical Assessment Unit staff at Hillingdon Hospital were surprised and delighted when Jane Clegg, Chief nurse for the London region of the NHS, presented the team with a gold ward accreditation for their improvement efforts. This is the highest of the accreditation standards the Trust bestows on wards and clinical areas.
- 11.3 The Trust's hard work towards achieving 'net zero' and greater sustainability was recognised with another prestigious award - the **Net Zero Journey of the Year Award** at a ceremony on Thursday 26 October for the Big Sustainability Awards. The team also clinched runner-up spot in the **sustainable transport** category.
- 11.4 Mariam Anwar was announced as the Health Care Assistant of the year at the London Healthcare Support Worker Awards held at Kensington Town Hall. The awards are dedicated to honouring the remarkable contributions, dedication and professionalism exhibited by healthcare support workers, teams, and trusts in London as they play a pivotal role in the delivery of exceptional patient care.

## 11. REPORTS FOR INFORMATION ONLY

11.1 ANY OTHER BUSINESS - NIL ADVISED



12.1 THE CHAIR WILL INITIALLY TAKE ONE QUESTION PER PERSON AND COME BACK TO PEOPLE WHO HAVE MORE THAN ONE QUESTION WHEN EVERYONE HAS HAD A CHANCE, IF TIME ALLOWS - MATTHEW SWINDELLS

## DATE AND TIME OF NEXT MEETING

16 April 2024

Venue to be confirmed