



**North West London
Acute Provider Collaborative**

NWL APC BOARD IN COMMON
(PUBLIC)



NWL APC BOARD IN COMMON (PUBLIC)

 20 January 2026

 11:00 GMT Europe/London

 The Oak Suite, W12 Conference Centre, Hammersmith Hospital



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0. AGENDA

REFERENCES

Only PDFs are attached

 00.0 Agenda Board in Common Jan 2026 Public final.pdf

**North West London Acute Provider Collaborative
Board in Common - Public
Tuesday 20 January 2026, 11:00 – 13:30
The Oak Suite, W12 Conference Centre, Hammersmith Hospital**

Members of the public are welcome to join this meeting in person or by Microsoft Teams, via the following link: [Join the meeting now](#) (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 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
11.00	1.0	Welcome and Apologies for Absence - Lisa Knight	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 21 October 2025 Matters Arising and Action Log	Matthew Swindells	1.2
	1.3	Staff Story: London Ambulance Service Triage Initiative – System Working <i>To note the staff story</i>	Barbara Cleaver	1.3
2. Report from the Chair in Common				
11.20	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
3. Decision Making and Approvals				
11.30	3.1	Developing the governance arrangements for the NWL Acute Provider Group <i>To approve revised Scheme of Delegation, Memorandum of Understanding and Terms of Reference for committee structure</i>	Peter Jenkinson	3.1
4. Integrated Quality and Performance Report				
	4.0	Integrated Quality, Workforce, Performance and Finance Report <i>To note the revised integrated performance report</i>		4.0

4.1 Quality				
11.45	4.1.1	Quality – Integrated Quality and Performance Report (anything by exception)	Pippa Nightingale	4.0
	4.1.2	NWL Elective Orthopaedic Centre (EOC) Year 2 Update and Future Developments <i>To note the report</i>	Mark Titcomb	4.1.2
	4.1.3	Learning from Deaths Quarter 2 Report <i>To note the report</i> <i>For BiC members, individual Trust reports can be found in the TeamEngine Reading Room. For members of the public these can found in the appendix document on the NWL APC website</i>	Jon Baker	4.1.3
	4.1.4	Safeguarding Annual Report 2024/25 <i>To note the report</i>	Janice Sigsworth	4.1.4
	4.1.5	Infection Prevention Control (IPC) Annual Report 2024/25 <i>To note the report</i>	Julian Redhead	4.1.5
	4.1.6	Maternity Incentive Scheme <i>To note the report</i>	Rob Bleasdale	4.1.6
	4.1.7	APC Health and Safety Annual Report <i>To note the report</i>	Kevin Croft	4.1.7
	4.1.8	Collaborative Quality Committee Chair Report <i>To note the report</i>	Pat Gallan	4.1.8
4.2 People				
12.05	4.2.1	People – Integrated Quality and Performance Report (anything by exception) <i>To receive the report</i>	Pippa Nightingale	4.0
	4.2.2	Collaborative People Committee Chair Report <i>To note the report</i>	David Moss	4.2.2
4.3 Finance and Performance				
12.15	4.3.1	Finance and Performance – Integrated Quality and Performance Report (anything by exception) <ul style="list-style-type: none"> • Emergency 4.3.2a • Elective 4.3.2b • Cancer 4.3.2c • Diagnostics 4.3.2d 	Lesley Watts	4.0
	4.3.2	Financial Performance Report <i>To receive the financial performance report</i>	Bimal Patel	4.3.2

	4.3.3	APC Planning 2026/27 – 2028/29 <i>To note the latest on the operational, workforce and financial plans</i>	Bimal Patel James Walters Kevin Croft	4.3.3
5. Data and Digital				
12.35	5.1	Collaborative Data and Digital Committee Report <i>To note the report</i>	Matthew Swindells	5.1
6. Estates and Sustainability				
12.40	6.1	Collaborative Strategic Estates, Infrastructure and Sustainability Committee Report <i>To note the report</i>	Bob Alexander	6.1
7. Chief Executive Officers				
12.45	7.1	Acute Provider Collaborative Executive Management Board (EMB) Summary <i>To note any items discussed at the APC EMB meetings</i>	Tim Orchard	7.1
	7.2	Reports from the Chief Executive Officers and Trust Standing Committees <i>To note the reports</i> <ul style="list-style-type: none"> • London North West University Healthcare NHS Trust • The Hillingdon Hospitals NHS Foundation Trust • Imperial College Healthcare NHS Trust • Chelsea and Westminster Hospital NHS Foundation Trust 	Pippa Nightingale Lesley Watts Tim Orchard	7.2
8. Reports for Information Only				
	8.1	None		
9. Any Other Business				
13.05	9.1	Nil Advised		
10. Questions from Members of the Public				
13.10	10.1	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
Close of the Meeting				
Date and Time of the Next Meeting				
28 April 2026 (time and venue tbc)				
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. WELCOME AND APOLOGIES FOR ABSENCE: LISA KNIGHT (MATTHEW SWINDELLS)

1.1 DECLARATIONS OF INTEREST (MATTHEW SWINDELLS)

1.2 MINUTES AND MATTERS ARISING OF THE PREVIOUS NWL APC BOARD IN COMMON MEETING HELD ON 21 OCTOBER 2025 (MATTHEW SWINDELLS)

REFERENCES

Only PDFs are attached

-  1.2a BiC PUBLIC Minutes 21 October 2025 DRAFT v2.pdf
-  1.2b BiC - Action Log Public.pdf

North West London Acute Provider Collaborative Board in Common

Meeting in Public

Tuesday 21 October 2025, 11:00-13:30

The Oak Suite, W12 Conferences Centre, Hammersmith Hospital

Members Present

Mr Matthew Swindells	Chair in Common
Mrs Carolyn Downs CB	Vice Chair (THHFT) and Non-Executive Director (CWFT)
Mr David Moss	Vice Chair (LNWH) & Non-Executive Director (ICHT)
Mr Nick Gash	Non-Executive Director (ICHT & THHFT)
Ms Sim Scavazza	Non-Executive Director (ICHT & LNWH)
Mr Mike O'Donnell	Non-Executive Director (CWFT & THHFT)
Dame Helen Stephenson	Non-Executive Director (CWFT & ICHT)
Mr Loy Lobo	Non-Executive Director (LNWH & ICHT)
Mr Martin Lupton	Non-Executive Director (LNWH & THHFT)
Ms Linda Burke	Non-Executive Director (THHFT & ICHT)
Professor Tim Orchard	Chief Executive Officer (ICHT)
Ms Pippa Nightingale	Chief Executive Officer (LNWH)
Ms Lesley Watts CBE	Chief Executive Officer (CWFT & THHFT)
Dr Roger Chinn	Chief Medical Officer (CWFT)
Professor Janice Sigsworth	Chief Nursing Officer (ICHT)
Mr Bimal Patel	Chief Financial Officer (LNWH)
Mr James Walters	Chief Operating Officer (LNWH)

Members present via Teams

Ms Patricia Gallan	Vice Chair (CWFT) & Non-Executive Director (THHFT)
Mr Ajay Mehta	Non-Executive Director (CWFT & LNWH)
Ms Baljit Ubhey	Non-Executive Director (LNWH & THHFT)
Ms Sarah Burton	Chief Nursing Officer (THHFT)
Mr Robert Bleasdale	Chief Nursing Officer (CWFT)
Ms Lisa Knight	Chief Nursing Officer (LNWH)
Professor Julian Redhead	Chief Medical Officer (ICHT)
Mr Raymond Anakwe	Medical Director (ICHT)
Dr Alan McGlennan	Managing Director / Chief Medical Officer (THHFT)
Dr Jon Baker	Chief Medical Officer (LNWH)
Mr Simon Crawford	Deputy Chief Executive (LNWH)
Ms Virginia Massaro	Chief Financial Officer (CWFT & THHFT)
Ms Jazz Thind	Chief Financial Officer (ICHT)
Mr Jason Seez	Chief Infrastructure & Redevelopment Officer (THHFT & CWFT)

In Attendance

Mr Kevin Croft	Chief People Officer (ICHT, CWFT & THHFT)
Mr Peter Jenkinson	Director of Corporate Governance (ICHT, CWFT and THHFT)
Ms Michelle Dixon	Director of Engagement and Experience (ICHT)
Ms Alexia Pipe	Chief of Staff to the Chair (APC)
Ms Tracey Beck	Director of Communications (LNWH)

Present via Teams

Ms Tracey Connage
Mrs Dawn Clift
Mr Mark Titcomb

Mr Osian Powell
Ms Emer Delaney
Ms Laura Bewick
Ms Lorraine Brown

Mrs Nikki Walcott

Chief People Officer (LNWH)
Director of Corporate Affairs (LNWH)
Managing Director NWL EOC, CMH, EH & LNWH
Executive lead for Estates & Facilities
Executive Director of Transformation (CWFT)
Director of Communications (CWFT)
Managing Director (CWFT)
Interpreting improvement programme manager and
Head of PALS (ICHT)
Head of Corporate Governance/Assistant Trust
Secretary (LNWH) (minutes)

Apologies for Absence

Mr Robert Alexander
Mr Aman Dalvi
Ms Vineeta Manchanda
Dr Syed Mohinuddin
Mr Simon Morris
Ms Catherine Williamson
Mr Ian Bateman
Mr James Biggin-Lamming

Vice Chair (ICHT) & Non-Executive Director (LNWH)
Non-Executive Director (CWFT & ICHT)
Non-Executive Director (CWFT & THHFT)
Non-Executive Director (LNWH & CWFT)
Non-Executive Director (THHFT & LNWH)
Non-Executive Director (ICHT & CWFT)
Chief Operating Officer (ICHT)
Director of Strategy and Transformation (LNWH)

Minute Ref		Action
1.0	Welcome and Apologies for Absence	
1.0.1	Matthew Swindells (MS), the Chair, welcomed everyone to the meeting and advised the meeting was being recorded and would be published online.	
1.0.2	The Chair noted the apologies as above.	
1.1	Declarations of Interest	
1.1.1	There were no declarations of interest in addition to those published on the NWL APC website.	
1.2	Minutes of the Meeting held on 15 July 2025.	
1.2.1	The minutes from the meeting held on 15 July 2025 were approved as an accurate record.	
1.3	Matters Arising and Action Log	
1.3.1	The updates to the action log were noted.	
1.4	Patient Story: Interpreting Services	
1.4.1	The Board viewed a film on the interpreting services, showcasing staff experiences and one patient partner's journey at Imperial College Healthcare NHS Trust (ICHT). A pilot programme has introduced interpreter-on-wheels devices, which have proven simple, effective, and cost-efficient. These tools support staff and patients, especially those with limited English proficiency.	
1.4.2	In response to a question on how AI is used within translation services, Michelle Dixon (MD) explained that a blended approach is being adopted, using AI for low-risk communication while retaining human interpreters for	

	complex or consent-related interactions. She confirmed pilots are underway in maternity and emergency departments.	
1.4.3	In response to a question about tracking the impact of language barriers on areas such as medication errors, DNAs, and readmissions, MD confirmed that work is underway to improve data capture and analysis, though language data is not yet systematically recorded.	
1.4.4	The Board acknowledged the importance of this work in addressing health inequalities, particularly for patients whose first language is not English, and thanked the team for their efforts.	
2.	Report from the Chair in Common	
2.1	Report from the Chair in Common	
2.1.1	MS presented his report to the Board in Common (BiC), highlighting the growing concerns about intimidation and discrimination affecting patients and staff. He emphasised that the NHS depends on its culturally diverse workforce, and any behaviour that undermines this will be taken seriously by leadership.	
2.1.2	Mike Bell was welcomed as the new Chair of the merged North Central London and North West London ICB, and Frances O'Callaghan as the new Chief Executive.	
2.1.3	It was noted that this meeting marks the final board meeting for Helen Stevenson, and thanks were extended for her contributions.	
2.1.4	The Board in Common noted the report.	
2.2	Board in Common Cabinet Summary	
2.2.1	The Chair provided a summary of discussions held at the BiC Cabinet meeting held on 11 September 2025. The Cabinet discussed planning for the next financial year; while formal planning guidance has not yet been received, the framework for developing five-year plans is in place and work is underway.	
2.2.2	The Board in Common noted the report.	
3.	Decision Making and Approvals	
3.1	Provider Capability Assessments	
3.1.1	Peter Jenkinson (PJ) presented the report, explaining that the Provider Capability Assessments are part of the newly introduced National Oversight Framework (NOF). Each Trust Board is required to complete an annual self-assessment against a set of standards related to board capability, which feed into both the regional and national oversight processes.	
3.1.2	Each Trust has completed its own assessment, which has been scrutinised at local Standing Committee meetings. All four Trusts are proposing to submit a position of confirmed compliance across all statements, and each Trust Board is asked to approve its respective submission. It was noted that final submissions will be sent to NHS England.	

3.1.3	Each Trust Board (Imperial, Chelsea and Westminster, Hillingdon, and London North West) approved their own Provider Capability self-assessment.	
4.0	Discussions Items	
4.1	National Oversight Framework	
4.1.1	PJ presented the report, outlining the structure of the National Oversight Framework (NOF). Board Members noted that the framework places strong emphasis on financial performance, with trusts automatically placed in Category 3 if they are not currently meeting budget targets.	
4.1.2	The Board reviewed how individual trusts were positioned: <ul style="list-style-type: none"> • Chelsea and Westminster Hospital NHS Foundation Trust (CWFT) is expected to deliver a break-even plan this year, but its Q1 performance fell short, affecting its national ranking and being placed in Category 3. • The Hillingdon Hospitals NHS Foundation Trust (THHFT) took a more cautious approach to financial planning, focusing on monthly sustainability rather than year-end break-even. THHFT was placed in Category 4 which is disappointing, but recent improvements in performance, patient safety, and financial resilience were noted. • Imperial College Healthcare NHS Trust (ICHT) was placed in Category 1 but it was recognised that there is a need to maintain delivery confidence, especially as NHS England begins assessing the risk of non-delivery alongside financial metrics. • London North West University Healthcare NHS Trust (LNWH) has seen significant progress and placed in Category 2. Improvements were noted in the Patient Experience Survey, and work is ongoing on the infection control metrics. 	
4.1.3	Concerns were raised about public misinterpretation of the ratings, which could negatively affect patient choice and staff morale. The Board agreed on the importance of clear communication, focusing on progress and context rather than rankings alone.	
4.1.4	MS praised the analytical work led by James Biggin-Lamming, which has helped to clarify these complex metrics.	
4.1.5	The Board in Common noted the report.	
5.	Integrated Quality, Workforce, Performance and Finance Report	
5.0	Integrated Quality, Workforce, Performance and Finance Report	
5.0.1	MS introduced the updated IQPR report, highlighting the addition of the NOF, which shows organisational positioning and required changes for improvement.	
5.0.2	Updates on the sections within the report were provided under the relative agenda items (see below).	

5.1	Quality	
5.1.1	Quality – Integrated Quality and Performance Report (anything by exception)	
5.1.1.1	Pippa Nightingale (PN) presented the quality section, highlighting that the maternity and neonatal metrics show a lower than expected stillbirth, neonatal death, and preterm birth rates. There is strong performance in the VTE Risk Assessment, supported by the deployment of the Electronic Patient Record.	
5.1.1.2	The Board in Common noted the update.	
5.1.2	Learning from Deaths Quarter 1 Report	
5.1.2.1	Jon Baker (JB) presented the Quarter 1 report, highlighting that the new HSMR reporting period includes expanded diagnostic groups. This has slightly impacted THHFT with an increase in HSMR, but it remains within the expected statistical range. Monthly Mortality Surveillance Group meetings continue across all trusts and the Level 2 mortality reviews show consistently low numbers of suboptimal care.	
5.1.2.2	The Board noted that three trusts are producing outstanding results nationally, and the aim is to bring THHFT to that level. In response to a suggestion that THHFT increases the number of Level 2 mortality investigations to support improvement, Alan McGlennan (AG) confirmed that THHFT is reviewing its mortality review structure with its new Associate Medical Director for Quality and Safety.	
5.1.2.3	The Board in Common noted the report.	
5.1.3	Collaborative Quality Committee Chair Report	
5.1.3.1	MS presented the report, highlighting the discussions around system-wide solutions for mental health patients in emergency departments, especially ahead of winter. Future reporting was requested on mental health patient trends in A&E and progress year-on-year.	
5.1.3.2	The Board in Common noted the report.	
5.2	People	
5.2.1	People – Integrated Quality and Performance Report (anything by exception)	
5.2.1.1	PN presented the report, noting that staff appraisal completion rates require further improvement. Appraisal windows across the APC will be standardised to a three-month period from the next financial year, improving consistency in reporting. The single learning platform and appraisal module are now in place at LNWH and THHFT, which will support better data capture.	
5.2.1.2	There has been a 3.7% improvement in Model Employer Goals over the last 18 months, driven primarily by progress at LNWH and ICHT. All trusts can now clearly see the gap they need to close to achieve a reflective senior leadership profile.	
5.2.1.3	Kevin Croft (KC) highlighted efforts to reduce pay spend and bank/agency usage. National targets are being met, with a 20% reduction achieved toward a 60% reduction goal.	

5.2.1.4	The Board in Common noted the update.	
5.2.2	Collaborative People Committee Chair Report	
5.2.2.1	David Moss (DM) presented the report, noting the need for better data to assess and address institutional discrimination. He acknowledged that while progress has been made, more work is needed to demonstrate improvement.	
5.2.2.2	The Board in Common noted the report.	
5.3	Finance and Performance	
5.3.1	Finance and Performance – Integrated Quality and Performance Report (anything by exception)	
5.3.1.1	The Board noted continued progress across key areas of performance:	
5.3.1.2	<ul style="list-style-type: none"> • Elective: Laura Bewick (LBe) reported that the August RTT performance was 59%, a 2% improvement since the start of the year. The target is minimum 60% across the APC by year-end, with stretch targets (e.g. CWFT at 67.8%). 52-week waiters remain stable; the aim is to reduce to <1% by year-end. There is a national directive to treat 65+ week waiters by December and mutual aid may be used. The ERF cap is limiting activity and contributing to waiting list growth. Focus areas include increasing productivity via clinic template optimisation; expanding Patient Initiated Follow-Up (PIFU) pathways; and enhancing GP advice and guidance to reduce referrals. • Diagnostics: Mark Titcomb (MT) reported that August performance was 24.4% against a 5% allowance, consistent over four months, which is in-line with national and Pan-London benchmarks. Challenges include ageing equipment and staffing shortages in some modalities for which mitigation plans are in place. Demand management efforts include the use of decision support tools in primary and secondary care and optimising use of Community Diagnostic Centres (CDCs) for GP direct access. • Cancer: James Walters (JW) reported that the Faster Diagnosis Standard compliance is at 79.7%, exceeding the London-wide target of 75%. The target remains at 85%; THHFT needs a 3% improvement, particularly in lower GI and urology. The 62-day standard performance is 76.1%, above national and London averages but below the 80% target. Increased focus through stepped-up RMP meetings, site/trust-level engagement via Cancer Boards; and winter planning to protect cancer and elective care activity. • Urgent and Emergency Care: Sheena Basnayake (SB) reported that the four-hour performance in August was 77%, just below the 78% national target. THHFT exceeded the target. Challenges include increased front-door demand; delayed discharges impacting flow; 12-hour waits increased to 4.1% (from 3.7%); mental health pressures continuing to affect ED flow. Collaboration with acute psychiatry and mental health teams are ongoing to ensure patient safety. Ambulance handovers: 49.6% were completed within 15 minutes (target: 65%) and 83.3% were completed within 30 minutes (target: 90%). 	

5.3.1.3	JW explained that new metrics have been added to the report, including equity-guided measures to support monitoring and reduction of health inequalities.	
5.3.1.4	Concerns were raised about patient understanding of Patient Initiated Follow-Up (PIFU) and the consistency of trust-level structures to support it. TO explained that trusts may be underreporting PIFU usage due to legacy practices but acknowledged variation across the APC and the need for standardisation.	
5.3.1.5	In response to a question around the confidence levels meeting activity targets in the second half of the year, LBe explained that each organisation has tailored plans based on their current position and stretch targets. She emphasised the need for flexibility and support to meet year-end expectations.	
5.3.1.6	Concerns were raised about diagnostic performance. In response to a question about opportunities to share facilities and improve performance across trusts, TO explained that a strategic replacement plan was submitted to the ICB but faced challenges in approval. Remote scanning models are being explored and the CDCs trialling extended scanning hours have been successful and may offer scalable solutions.	
5.3.1.7	MS congratulated THHFT for its significant improvement in Urgent and Emergency Care (UEC) performance, now ranking among the highest nationally. He commended Alan McGlennan, Sarah Burton and the whole team for their exceptional turnaround efforts.	
5.3.1.8	The Board in Common noted the report and that operational improvements were occurring despite the challenges discussed.	
5.3.2	Financial Performance Report	
5.3.2.1	Bimal Patel (BP) introduced the item reporting a year-to-date deficit of £11.5m. The in-month deficit is £76k which is close to break-even. The delivery is £14.5m, showing improvement and ramp-up across the APC. The year-to-date efficiency delivery is £1m adverse to plan. Two trusts have accrued £1.2m ERF income year-to-date. ERF supports RTT performance but may not meet contractual levels without additional funding. The workforce has reduced by 2.1%, mainly due to lower use of bank and agency staff. The forecast remains to meet the break-even plan by year-end.	
5.3.2.2	In relation to the cash position, three trusts have >20 days of cash; LNWH has only £5m, raising concern. There are options available from NHS England which include a one-time top-up if cash falls below 4 days, however, a longer-term cash solution needed in collaboration with NHS England and the ICB. Capital spend is £6m year-to-date, which is below plan due to delays in national schemes. It was noted that the monthly spend rate is increasing.	
5.3.2.3	The Board in Common noted the report.	

5.3.3	Winter Plans	
5.3.3.1	JW presented the report, noting that each trust has submitted detailed plans outlining demand and capacity management, key risks, mitigations, and governance structures. Plans have undergone thorough scrutiny via Trust and APC committees and a system-wide stress testing events.	
5.3.3.2	The Board discussed concerns about the system's ability to respond effectively during winter pressures. JW explained that this year's scenario planning and stress testing has been more robust and inclusive. Real-time testing of escalation processes over the summer has increased confidence in system readiness with an emphasis on safe discharge, exit strategies from ED, and collaborative working to manage pressure.	
5.3.3.3	The Board in Common noted the report.	
5.3.4	Collaborative Finance and Performance Committee Chair Report	
5.3.4.1	The Board in Common noted the report.	
6.	Data and Digital	
6.1	Collaborative Digital and Data Committee Report	
6.1.1	MS presented the Digital and Data Committee report, highlighting that a pilot was conducted to test AI-powered ambient scribing, aimed at reducing time spent on documentation by clinicians. The first phase was successful, and a full evaluation is underway to assess quality, risks, and necessary processes. A business case is being developed, with early signs pointing toward future investment.	
6.1.2	The Board in Common noted the report.	
7.	Estates and Sustainability	
7.1	Collaborative Strategic Estates, Infrastructure and Sustainability Committee Report	
7.1.1	DM presented the report, noting that all trusts refreshed their Green Plans in July 2025, and teams continue to progress sustainability work. Trusts have agreed to engage independent specialists to challenge business rate valuations, and the aim is to reduce future financial liabilities through professional review. A minor fire incident at one trust prompted a review of compliance across all four trusts. The Committee has initiated a programme to assess and maintain health and safety standards.	
7.1.2	The Board in Common noted the report.	
8.	Chief Executive Officers	
8.1	Acute Provider Collaborative Executive Management Board (EMB) Summary	
8.1.1	TO provided an update on recent EMB activities, noting the focus this year is on ensuring that clinical pathway changes are embedded effectively and developed from a bottom-up approach. Patient experience at the Elective Orthopaedic Centre (EOC) is reported as excellent and work is ongoing to ensure consistent implementation of EOC forms across the APC.	

8.1.2	Regional Director Caroline Clarke (NHS England) is advocating for a Single Point of Access for ophthalmology and collaboration is underway with Moorfields Eye Hospital. Considerations include ensuring North West London providers are fully integrated into the referral triage processes.	
8.1.3	The Board in Common noted the report.	
8.2 8.2.1	<p>Reports from the Chief Executive Officers and Trust Standing Committees</p> <p><u>London North West University Healthcare NHS Trust (LNWH)</u> <i>Presenter: PN</i></p> <ul style="list-style-type: none"> • Completion of 9 staff consultations, including a major organisational redesign from 6 to 3 divisions. This resulted in some compulsory redundancies at senior levels. • A Mutually Agreed Resignation Scheme saw 55 applicants, with 29 accepted, contributing to headcount reduction. • Acknowledged staff anxiety due to global unrest; a unity listening event is scheduled to support staff wellbeing. • Closure of some services (e.g. hydrotherapy pool) due to funding constraints. • CQC unannounced inspection of emergency pathways took place on 15 July; awaiting report, no urgent issues flagged. • Notable recognitions: <ul style="list-style-type: none"> ○ Beryl Carr, aged 103, entered the Guinness Book of Records as the world's oldest female volunteer. ○ Tissue Viability Team won the HSJ Patient Safety Award for their skin tone assessment tool. ○ Trust received accolades for peer-to-peer support and Menopause Friendly Employer of the Year. <p>8.2.2 Standing Committee Update: The Board in Common noted the report. <u>The Hillingdon Hospitals NHS Foundation Trust (THHFT)</u> <i>Presenter: Lesley Watts (LW)</i></p> <ul style="list-style-type: none"> • Increased efforts to celebrate staff achievements. Recognition through team briefs, webinars, and award schemes (e.g. Cheer Awards). • Celebrations of Diwali and Black History Month have been well received. Emphasis on creating space for staff to share experiences and feel valued. <p>Standing Committee Update: The Board noted that Hillingdon Health and Care Partnership (HHCP) Transformation is a standing item on the agenda. Carolyn Downs (CD) suggested a future board-level discussion on performance data and investment impact and highlighted the need for cross-APC strategic alignment. MS agreed to engage partners and consider bringing the topic to a future board meeting. The Board in Common noted the report.</p> <p>8.2.3 <u>Chelsea and Westminster Hospital NHS Foundation Trust (CWFT)</u> <i>Presenter: LW</i></p> <ul style="list-style-type: none"> • Increased efforts to celebrate staff achievements, e.g. Great Big Cheer Awards. 	Action PJ

8.2.4	<p>Standing Committee Update: The Board in Common noted the report.</p> <p>Imperial College Healthcare NHS Trust (ICHT) Presenter: TO</p> <ul style="list-style-type: none"> • A busier-than-expected summer with ED attendances up 4% on 2022/23 and 3% on 2023/24. • Full programme of diversity festivals including Asian Heritage Month and Black History Month. The Faith and Belief Network was launched. • Secured £50k from NHS Charities Together to roll out Cultural Intelligence Training. • Updates on St Mary’s redevelopment: <ul style="list-style-type: none"> ○ Simon Blanchflower CBE appointed as independent chair of the taskforce with Westminster City Council and MPs. ○ Exploring alternative funding models to avoid delays until 2040. <p>Standing Committee Update: Opportunities were highlighted for strategic development in children and young people’s services. The Board in Common noted the report.</p>	
8.	Reports for Information Only	
8.1	None	
9.	Any Other Business	
9.1	There was none.	
10.	Questions from Members of the Public	
10.1	<p>Question Summary: Robin Sharp asked for clarification on the new role of the Integrated Care Boards, particularly in light of significant staff reductions (around 50%) and the shift toward a strategic commissioning function. He expressed concern about the lack of explanation regarding what strategic commissioning means in practice and how it will affect hospital trusts and the Collaborative. Additionally, he highlighted a discrepancy in per capita resource allocation between North West London and North Central, and asked how this issue is being addressed.</p> <p>Response Summary: LW explained that the role of the Integrated Care Partnership (ICP) is still evolving, with a focus on population health and strategic commissioning of services both within and outside hospital settings. Work is ongoing with the ICB leadership to interpret and implement the national operating plan locally. Regarding funding disparities, the Chief Executive of North West London has written to both London regional and national NHS teams seeking clarification. It is acknowledged that North West London is underfunded, while North Central is overfunded under the current allocation formula. The NHS Chief Executive has expressed support for accelerating a move toward fairer funding allocations, and discussions are underway to ensure equitable resources for North West London residents.</p>	
10.2	<p>Question Summary: Armelle Thomas highlighted the good news stories about THHFT and asked why this has not been published in newsletters. She noted the areas of deprivation in Hillingdon, which lack GP services and pharmacies. She referenced high A&E attendance figures as evidence of the unmet need. She also asked whether the new ICB structure would result in more hospital support for the area. Finally, she suggested that dedicated members of the public who regularly attend meetings should be formally recognised on the attendance list of the minutes.</p>	

	<p>Response Summary: LW apologised for the lack of newsletter updates, and a commitment was made to improve communication and ensure the public are kept informed. Regarding general practice and emergency department pressures, it was noted that Hillingdon HealthCare Partners, in collaboration with the ICB and the local authority Health and Wellbeing Board, are actively working to improve out-of-hospital services. This is both to enhance patient care and to ensure the new hospital build is appropriately sized. PJ clarified that this is a public meeting of the boards, and from a governance perspective, only board members are formally recorded as attendees. While members of the public are not listed in attendance records, their contributions are acknowledged through the Q&A process, where names and questions are documented.</p>	
10.3	<p>Question Summary: Robin Sharp asked on behalf of Gaynor Lloyd what the Collaborative can do to advocate for better funding and provision for mental health services, ensuring patients receive appropriate care and that mental health pressures do not negatively impact routine hospital operations.</p> <p>Response Summary: PN responded that whilst the mental health trust is accountable for its own services, the acute trusts work closely with mental health CEOs, the ICB, and the local authority to address pressures, particularly in A&E departments. Although there have been bed closures in North West London, several preventative initiatives have been launched, including placing mental health practitioners in schools and communities to reduce crisis admissions. A new mental health crisis service is also set to open in December at Lakeside (West Middlesex site), which will support emergency care provision.</p>	
10.4	<p>Question Summary: Robin Sharp raised concerns about the Patient Initiated Follow-Up (PIFU) process, noting that while it was discussed earlier in the meeting, there are still issues—particularly around GPs not receiving relevant communication about patients on PIFU pathways. He referenced a Guardian report highlighting that 14,000 maternity patients nationally had to return to hospital for further care after giving birth, with some experiencing poor outcomes. A request was made for the Collaborative to provide local data from each maternity trust on these postnatal readmissions, as the figures were not included in the maternity report. He suggested this be addressed at a future meeting.</p> <p>Response Summary: PN explained that while the national figure of 14,000 postnatal readmissions may seem high, it represents a 3.1% readmission rate, and in North West London, the rate is lower at 2.6%. She emphasised that readmissions can often be positive and supportive, such as for feeding support or care for the baby, not just the mother. All readmissions are logged through the Datix clinical incident system, and themes and trends are regularly reviewed. At present, North West London does not consider this a concern, and it is not flagged as a priority issue in the region.</p> <p>Additional written questions from the public were acknowledged, with a commitment to provide written responses and post them with the meeting minutes.</p>	
	<p>The Chair drew the meeting to a close and thanked the Board in Common and members of public for joining.</p>	

North West London Acute Provider Collaborative

Board in Common (public) Action Log

Matters Arising and Action Log

Status: For noting

Meeting Date: 21 October 2025

Lead Responsibility and Paper Author: Matthew Swindells

Purpose

1. This paper provides the North West London Acute Provider Collaborative Board in Common (public) with the progress made on actions from the last meeting along with any other actions which are outstanding from previous meetings. This paper also identifies those actions which have been completed and closed since we last met.

Part 1: Actions from Previous Meetings Remaining Open

	Subject Matter	Action	Lead	Progress Updates, Notes	Expected Completion Date
8.2.2 (21/10/25)	THHFT Standing Committee update	Future board-level discussion on performance data and investment impact and the need for cross-APC strategic alignment.	Peter Jenkinson	To be included in the Board in Common development programme for 2026/27. Date to be confirmed	April 2026
4.1.3.4 (15/07/25)	Clinical Pathways Programme Update	To present the terms of reference for Phase 2 of the Clinical Pathways Programme to the Board in Common meeting in October 2025 for approval.	Peter Jenkinson / James Biggin-Lamming	Phase 2 of the clinical pathways programme is to be determined, but is likely to be a blended approach including continuation of pathways	Oct 2025 Jan 2026

	Subject Matter	Action	Lead	Progress Updates, Notes	Expected Completion Date
				<p>selected by joint specialties and services selected by the APC as being services strategically important to delivery of improved care for the population.</p> <p>To inform this, the medical directors, chief nurses and chief operating officers at each Trust have agreed a long-list of specialties and pathways to consider. These will be collated and considered by APC EMB, as part of the consideration of design of the next phase.</p>	
5.2.3 (21/01/25)	Collaborative Safeguarding Annual Report 2023/24	To standardise the safeguarding reports across all four Trusts.	Janice Sigworth	<p>Annual reports have been aligned in the summary report to the Board in Common.</p> <p>The ICB outcome has yet to report and this will feedback into the APC Quality Committee.</p> <p>The outcome of the national training board review of</p>	Closed

	Subject Matter	Action	Lead	Progress Updates, Notes	Expected Completion Date
				safeguarding training is awaited. In the meantime we are reviewing how we align our training approach starting with adult safeguarding.	

Part 2: Actions previously outstanding but now completed

	Subject Matter	Action	Lead	Progress Updates, Notes	Date of Completion

1.3 STAFF STORY: LONDON AMBULANCE SERVICE TRIAGE INITIATIVE - SYSTEM WORKING (DR BARBARA CLEAVER)

REFERENCES

Only PDFs are attached

 1.3 Staff story (care coordination hub) January 2026.pdf

NWL Acute Provider Collaborative Board in Common (Public)

20/01/2026

Item number: 1.3

This report is: Public

Staff story: London Ambulance Service Triage Initiative – System Working

Author: Dr Barbara Cleaver
Job title: Emergency medicine consultant, Imperial College Healthcare

Accountable director: Michelle Dixon
Job title: Director of engagement and experience

Purpose of report

Purpose: Information or for noting only

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

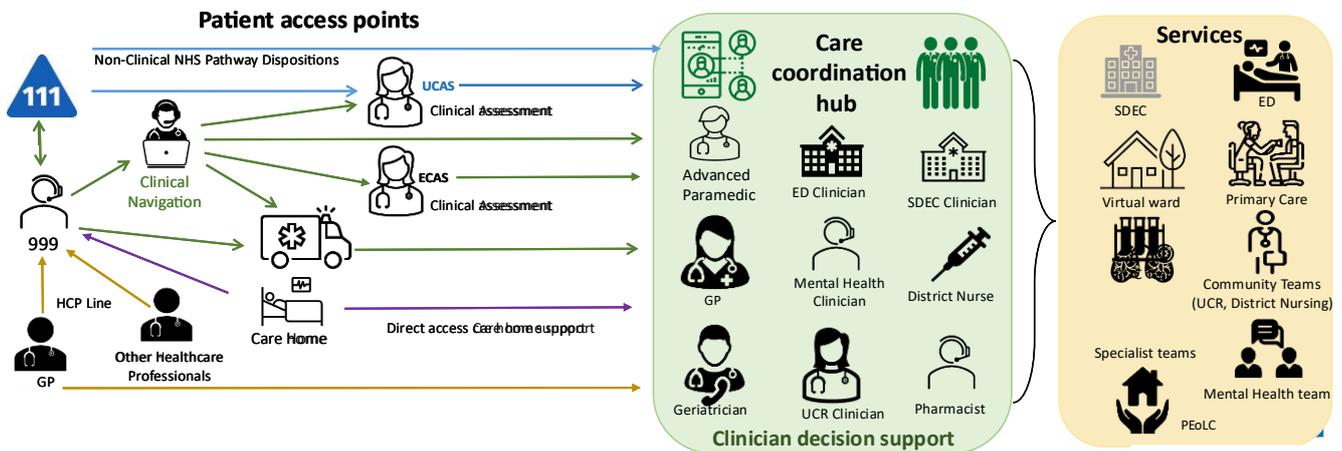
This year is proving to be one of the busiest years on record for hospitals across the APC – driven by high numbers of patients attending A&E or waiting for planned care. Patients are often also sicker and frailer than in previous years, which means they may need extra support to leave hospital as well as when they are here.

Collaboration is increasingly a core aspect of our response to these pressures, not only within the APC but with partners across the rest of the north west London health system too. This is illustrated well by a new integrated care board-led, system-wide initiative, the North West London Integrated Care Coordination hub. It draws on the expertise of a wide range of professionals – including emergency medicine consultants from across the APC - to help people get the care they need without unnecessary A&E attendances and ambulance conveyances.

It is based on a nationally developed care coordination model:

Care coordination model

- A single hub operating at system level, working across boundaries to co-ordinate urgent and emergency care.
- Tailored to the population and geography of an area and adapted to meet local workforce models, access points and required level of coordination.
- It includes: a multi-disciplinary team of senior clinical decision makers from across the system, access and integration of electronic patient records, and technical infrastructure to enable direct access to alternative care pathways.



Several APC emergency medicine consultants act as senior clinical decision makers, helping London Ambulance Service staff triage calls before dispatch as well as advising and guiding ambulance teams directly.

The service launched on 1 October, with pre-dispatch triage starting in mid November. There will be a full evaluation of its impact but so far at least 46 ambulance dispatches have been saved and over 1,000 A&E attendances.

Dr Barbara Cleaver, emergency medicine consultant at Imperial College Healthcare NHS Trust, is one of the APC consultants supporting the integrated care hub. This is an example of a recent case she supported as part of a team that included another emergency medicine consultant from London North West University Healthcare and two London Ambulance Service staff.

Case study

- 999 call at 12:17
- 84-year-old patient with "difficulty breathing, chest infection for over a week, has been taking antibiotics".
- London Ambulance Service clinicians on scene called the hub and spoke with the senior clinical decision maker.
- Senior clinical decision maker discussed with Ealing medical registrar and agreed appointment in same day emergency care (SDEC) unit.
- Senior clinical decision maker advised family to take the patient to their booked appointment later that day.
- Patient received an x-ray, bloods and a further course of antibiotics.

Dr Cleaver will attend the Board in Common to give a brief summary of why she became involved in the hub, how it is supporting more joined up working and care as well as emerging opportunities for the hub to achieve even more – and to answer any questions.

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. REPORT FROM THE CHAIR IN COMMON

2.1 REPORT FROM THE CHAIR IN COMMON (MATTHEW SWINDELLS)

REFERENCES

Only PDFs are attached



2.1. Chairs Report NWL APC Public BiC 20 January 2026 final.pdf

NWL Acute Provider Collaborative Board in Common

(Public) 20/01/2026

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

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](#)

Chair's Report

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

Main Report

Thank you to staff

I would like to start by thanking all staff across our four Trusts who worked over the festive period. Your dedication ensured safe and effective care for patients during a time of increased demand and operational pressure. Staff across all roles from clinical teams to support services demonstrated commitment and resilience, and their efforts are deeply appreciated by the Board and the communities we serve.

Thank you to our departing NEDs

Four of the current APC NEDs will be leaving on 31 March when they reach the end of their maximum terms of offices.

- Aman Dalvi (CWFT/ICHT),
- Ajay Metha (CWFT/LNWH),
- Linda Burke (THHFT/ICHT)
- Simon Morris (THHFT/LNWH).

I would like to place on record the Board's sincere thanks to all four of them as this is their last Public Board meeting.

They have all been outstanding NEDs who have provided great leadership through the change and improvement journeys in our hospitals. Their commitment, professionalism and integrity have made a significant contribution to our Trusts and the wider APC. They have brought challenge and support in equal measure, always with a clear focus on improving care for our patients and the wellbeing of our staff. The stability, scrutiny and stewardship they have provided have helped guide us through a period of considerable change and increasing operational pressure.

Chair's Report

We wish you every success in the future.

New Group model

The Board in Common (BiC) in July 2025 approved the formation of the North West London Acute Provider Group (APG), the new Group will be led by a single Group Chief Executive, Tim Orchard who was appointed in October through a formal internal process.

We have been developing a new governance model over the past weeks, and there is a Board paper today (item 3.1) explaining the new arrangements. From April 2026, the BiC will continue as the central forum for strategic decision-making, supported by streamlined Trust and Group committees.

The number of NEDs will be reduced on the BiC from 18 to 14 plus the Chair in Common, with seven NEDs plus the Chair in Common for each Trust. NEDs will continue to hold a position on two Trust Boards within the APG. This enables cross-Trust coordination and reduces duplication. NEDs will be allocated specific lead roles across Group committees, ensuring clear accountability and expertise.

To enable a move to this structure, there needs to be a reallocation of a small number of NEDs between Trusts to support the new committee structure. It is proposed these moves will take effect from 1 April, when the Group model starts, this will be subject to Council of Governors and NHS England approvals. The key moves are listed below:

NED	Current Trusts	New Trusts
Baljit Ubhey	LNWH/THHFT	CWFT/LNWH
Bob Alexander	ICHT/LNWH	ICHT/CWFT
Carolyn Downs	THHFT/CWFT	THHFT/LNWH
David Moss	LNWH/ICHT	LNWH/THHFT
Pat Gallan	CWFT/THHFT	CWFT/ICHT
Vacant post (due to Helen Stephenson standing down)	ICHT/CWFT	THHFT/ICHT
Vineeta Manchanda *	THHFT/CWFT	ICHT/CWFT

* Proposed Vineeta will move into Bob’s NED role when he steps down from the Group in August 2026.

With the new arrangements there are two NED positions that need to be recruited in the first half of 2026. One is a result of the resignation of Helen Stephenson, who left us to join the board of the new football regulator, the other is in preparation for Bob Alexander reaching the end of his maximum term of office at the end of August. An external recruitment campaign will shortly be run to fill both these posts, one starting on 1 April 26 and the other commencing on 1 September 2026. The two roles are:

- Board member for The Hillingdon Hospitals NHS Foundation Trust and Imperial College Healthcare NHS Trust, they will be a member of the Group Finance and Performance Committee, a member of the Audit Committee at THHFT and the Group Digital and Data

Committee.

- Board member for The Hillingdon Hospitals NHS Foundation Trust and Chelsea and Westminster Hospital NHS Foundation Trust, they will be a member of the Group Strategy Committee, Group People Committee and will Chair the Audit Committee at THHFT.

One final Board change is Bob Alexander has stepped down as Vice Chair at ICHT, though I am pleased to say is staying on as a NED till later in the year. Bob's experience and expertise has been invaluable to ICHT and the wider APC. I am pleased to confirm the appointment of Sim Scavazza as Vice Chair at ICHT.

National Oversight Framework (NOF)

NHS England published segmentation and league table figures for Q2 2025/26 under the revised National Oversight Framework. The NOF assesses providers on key measures including financial sustainability, operational performance and quality of care.

CWFT and ICHT have both achieved the highest ratings and are in level 1, continuing to be some of the top-performing acute Trust in the country. LNWH are in level 3, they have ranked 36th out of more than 130 Trusts, the Trust missed their financial plan in Quarter 2 which ranked them in level 3, though they have seen improvements in performance in a number of areas and are intending to deliver their financial plan this year. THHFT has improved and moved from level 4 to level 3, as Lesley writes in her CEO report the two specific areas that have seen improvements are 'Access to Services' and 'Patient Safety' which is a tremendous achievement and shows the improvement journey the Trust is on.

London Local Authority Funding Allocations – Impact on North West London (NWL)

The recent changes to central government funding, following the "Fair Funding Review", have had a significant and uneven impact across London's boroughs. The intention was to reallocate money towards more deprived areas, but the outcome has created a clear divide between inner and outer London.

The eight local authorities in North West London are: Brent, Ealing, Hammersmith & Fulham, Harrow, Hillingdon, Hounslow, Kensington & Chelsea, and Westminster.

According to the latest analysis, most outer London boroughs in NWL such as Hillingdon, Hounslow, Ealing, Harrow, and Brent are among the biggest winners, seeing real terms increases in central government funding over the next three years. In contrast, inner London boroughs in NWL specifically Hammersmith & Fulham, Westminster, and Kensington & Chelsea in our patch are facing some of the largest real-terms reductions in funding. This means that while some NWL councils will have more resources to support local services, others will potentially need to make further spending cuts which will have an impact on health and social care budgets.

Hillingdon Hospital Redevelopment

Following the Government's announcement in January 2025 confirming the redevelopment of Hillingdon Hospital as a wave 1 scheme within the New Hospital Programme, the Trust has maintained momentum in progressing plans for a new state-of-the-art hospital for our community. In line with the New Hospital Programme's mandated standardised national design and delivery framework (Hospital 2.0), the Trust has been working closely with the New Hospital Programme team to update the design for the new Hillingdon Hospital and to complete stage one of the design process. This stage establishes the overall vision for the new hospital, including the configuration of departments and the organisation of clinical services. Stage two of the design process, which will focus on detailed planning across all hospital areas, is expected to commence in the coming weeks, involving extensive clinical engagement.

In parallel, there continues to be good progress on the development of the Outline Business Case (OBC) for the redevelopment of Hillingdon Hospital. The OBC represents the second of three formal stages in the NHS business case process for major capital schemes. The team are working towards submission of the OBC by the end of this year, alongside which we will be progressing the development of an updated planning application for the revised scheme.

As part of the New Hospital Programme's national delivery approach, they are in the process of appointing construction contractors to a framework for the wave 1 schemes. The Trust will engage fully in the structured process to match contractors to individual schemes, ensuring that the appointed contractor is well aligned with the specific requirements of the new Hillingdon Hospital. Subject to this process, we currently expect to have a confirmed contractor in place by summer 2026, representing a further significant milestone in the delivery of the programme. Alongside this THHFT are continuing to progress the programme to clear the site for the new Hillingdon Hospital and expect to have a fully cleared site in spring 2028 ahead of construction.

2.2 BOARD IN COMMON CABINET SUMMARY (MATTHEW SWINDELLS)

REFERENCES

Only PDFs are attached



2.2 BiC Cabinet Committee Summary 13 November and 10 December 2025 Draft.pdf

NWL Acute Provider Collaborative Board in Common (Public)

20/01/2026

Item number: 2.2

This report is: Public

BiC Cabinet Committee Summary

Author: Alexia Pipe
Job title: Chief of Staff to the Chair

Accountable director: Matthew Swindells
Job title: Chair in Common

Purpose of report

Purpose: Information or noting only

This paper provides an update on items discussed at the Board in Common Cabinets held on 13 November 2025 and 10 December 2025.

Report history

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

Board in Common Cabinet	Board in Common Cabinet	Committee name
13/11/2025	10/12/2025	Click or tap to enter a date.
What was the outcome?	What was the outcome?	What was the outcome?

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 13 November 2025 and 10 December 2025 were:

- 1. November Board in Common Development Session**
The Cabinet discussed the plans for the Board in Common Development Session on 18 November. The agenda comprised two principal items: the Group Committee Structure and Medium-Term Financial Planning. The Board were due to discuss the governance arrangements for the new Group model, following approval of the Group Chief Executive.

The latter part of the session was dedicated to the NHS five-year planning framework; however, the Cabinet noted the absence of published planning guidance from NHS England at that time was noted as a potential limitation to the depth of discussion.

2. Business Plans

The December Cabinet discussed the first draft of the Trusts' Business Plans, the deadline for submission was the week after and it was acknowledged that the development of these plans was constrained by the lack of confirmed financial allocations. The Cabinet agreed to ensure the plans accurately reflected the current position of each Trust and to clearly identify any gaps. The draft plans were scheduled for presentation at an Extraordinary Board in Common meeting on 17 December. The Cabinet discussed that in 2026/27 the likelihood the Trusts would need to continue with a grip and control approach and emphasised the importance of developing significant transformational programmes for the Group in future years to achieve savings and meet productivity requirements.

3. Acute Provider Collaborative Executive Management Board Update

The Cabinet received a brief update on the Acute Provider Collaborative Executive Management Board and noted the items discussed.

4. CEO Update

The Chief Executives briefed the Cabinet on significant areas and issues within their respective Trusts. This briefing included:

- The Cabinet noted the recent the publication of the list of trusts in the first tranche for becoming an Advanced Foundation Trust, Imperial College Healthcare NHS Trust was not in this first tranche but was aiming to be in the next tranche in April.
- The Cabinet discussed the impact of industrial action and associated costs. It was noted that NHS England is not currently covering these costs, although discussions are ongoing, particularly in light of potential future industrial action. Trusts have endeavoured to maintain elective activity during periods of industrial action.

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. DECISION MAKING AND APPROVALS

3.1 DEVELOPING THE GOVERNANCE ARRANGEMENTS FOR THE NWL

ACUTE PROVIDER GROUP (PETER JENKINSON)

REFERENCES

Only PDFs are attached

-  3.1 Developing the group governance - final.pdf
-  3.1a Group Scheme of Delegated Authority Jan 26 - final draft.pdf
-  3.1b NWL Acute Provider Group MOU - April 2026 v2.pdf
-  3.1c Group Estates and Sus Committee ToRs Jan 26 final draft.pdf
-  3.1d Group Digital and Data Committee ToRs Jan 26 final draft.pdf
-  3.1e Group F&P ToR Jan 26.pdf
-  3.1f Group Quality Committee ToRs Jan 26 final draft.pdf
-  3.1g Group People Committee ToRs Jan 26 final draft.pdf
-  3.1h Appointments and Remuneration Committee ToRs Jan 26 final draft.pdf

NWL Acute Provider Collaborative Board in Common
20 January 2026
Item number: 3.1
This report is: Public

Developing the governance arrangements for the NW London Acute Provider Group

Author: Peter Jenkinson and Dawn Clift
Job title: Director of Corporate Governance ICHT, THHT, CWFT, Director of Corporate Affairs LNWUH
Accountable director: Tim Orchard, Group Chief Executive Officer (designate)
Matthew Swindells, Chair in Common

Purpose of report

Purpose: Decision or approval

The purpose of this paper is to set out the proposed board-level governance model for the four Trusts within the North West London Acute Provider Group and to seek approval to:

- Board Composition
- Group Scheme of Delegated Authority
- Group and Local Committee Terms of Reference
- Group Memorandum of Understanding

The paper also sets out the next steps in process for appointing the group level executive director roles.

Report history

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

**APC Joint Executive
Group January 2026**

**APC Vice Chairs Meeting
January 2026**

Executive summary and key messages

At its meeting in October 2025, the Board in Common agreed the first step in the development of the governance arrangements for the four acute trusts of NW London, and the evolution from an Acute Provider Collaborative to an Acute Provider Group ('the Group'), with the appointment of Prof Tim Orchard as Group CEO.

Approval was also given to the high-level Board level Committee structure at this meeting, with an agreement that a Scheme of Delegated Authority and Terms of Reference for all Committees (Group and Local) would be developed, consulted upon and presented for approval at the Board in Common meeting on 20 January 2026. In addition, we agreed to confirm the executive and non-executive director composition of the Boards.

This work has been overseen by the Group Transition Project Group and has been socialised with executive and non-executive directors prior to being presented for approval today.

These arrangements will provide a governance structure to develop and deliver the strategic priorities for the Group, while providing the governance structure to enable individual Trust Boards to receive assurance regarding delivery of their Trust business plans and management of Trust risks and issues.

These arrangements will be kept under review and evaluated again, as part of the annual review of effectiveness of board governance.

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

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

- Council of governors (where applicable)

[Click to describe impact](#)

Main Report

1. Background / purpose

- 1.1 At its meeting in July 2025, the Board in Common approved proposals to develop the Collaborative into the NW London Acute Provider Group.
- 1.2 The Board in Common also agreed the appointment of Prof Tim Orchard as Group CEO, together with the outline governance arrangements within which the Group would operate.
- 1.3 We have now further developed the governance model for the Group, including the board-level governance arrangements to take effect from April 2026. This includes the board-level committee structure and the executive and non-executive director composition of the boards.
- 1.4 The purpose of this paper is to seek approval to:
- The Board Executive and Non-executive Director composition
 - The Group Scheme of Delegated Authority
 - The Group and Local Committee Terms of Reference
 - The Group Memorandum of Understanding

2. Board composition

Executive directors

- 2.1 In developing the proposed board composition, we have taken into account some key principles:
- The Accountable Officer for all four trusts is the Group CEO.
 - At the Board in Common meeting in October 2025, we agreed that the group model would include a Trust-level CEO role for each Trust, reporting to the Group CEO and accountable officer, who will have responsibility for the day-to-day operational running of each Trust.
 - There are statutory requirements for the executive composition of an NHS Trust, as set out in the Trust Establishment Order which restricts the number of voting executive Director roles to a maximum of five positions. For the foundation trusts, there is more flexibility as the Boards and Councils of Governors can approve amendments to the Constitution to define board composition, although non-executive director composition will need to remain in the majority.
- 2.2 There are also statutory requirements in the NHS Act which state that a Trust Board must have a Chief Executive Officer, Chief Nursing Officer, Chief Medical Officer and Chief Financial Officer as voting positions on the Board. As such the following Executive Director positions will carry voting status on the Board:

- Group Chief Executive Officer
- Trust-level Chief Executive Officer
- Chief Nursing Officer (one of the four Chief Nursing Officers will be appointed on a fixed term basis as the group 'lead')
- Chief Medical Officer (one of the four Chief Medical Officers will be appointed on a fixed term basis as the group 'lead')
- Group Chief Financial Officer – this position will be a Joint Director role and therefore carry a shared vote with existing Trust Chief Financial Officers.

2.3 We will also establish a Group Chief Delivery Officer role, who will be treated as a full member of the board.

2.4 The proposal is to review and introduce changes in a phased way as outlined below.

i. New Board Level roles – Group Chief Delivery Officer and Group Chief Finance Officer

Rationale / summary: As outlined in the previous Board paper there needs to be more consistency and integration across the group at the same time as strong local leadership and engagement. These two new Group roles will not impact significantly on the existing Trust executive-level roles and responsibilities but will maximise the benefits and opportunities of operating as a group.

Process and timeline: As existing executive roles are not significantly changed, the plan is to initiate an open recruitment process as soon as the job descriptions and recruitment process has been approved by the four Remuneration Committees at the end of January.

ii. Clinical lead roles - Lead Chief Nursing Officer and Lead Chief Medical Officer

Rationale/summary: To achieve more consistency, collaboration and co-ordination across clinical services and clinical roles, one of the existing Chief Nurses and one of the existing Chief Medical Officers will be appointed as 'Lead' for the Group. It is proposed that this is for a period of 2 years to give enough time to influence change at the same time as recognising the Group will evolve and other approaches may be required as this happens.

Process and timeline: The role profiles for the lead roles are currently being created and, once agreed, each of the existing CNOs and CMOs will be asked to express interest in the role and a selection process undertaken. These roles will be in place from 1 April 2026.

iii. Corporate consolidation - Group Chief People Officer and Group Director of Governance

Rationale/summary: We have two executive roles in corporate services where there is a single role across three out of the four Trusts. In these two areas it is proposed that a single executive role is created to enable a more integrated approach across the Group that will speed up the pace of consolidation and maximise quality improvement opportunities.

Process and timeline: The job descriptions for these roles are currently being created but could have the potential for significantly affecting the existing roles. Once draft job descriptions have been created (January) a decision will be made on the process required to transition to the new model. It is expected that the new arrangements will be in place from 1 April 2026.

The process for the appointment to each of the roles and the associated Role Descriptions in phases i, ii and iii will be considered by the Nominations and Remuneration Committees of the four Trusts in the Group by no later than the end of January 2026 to enable the relevant recruitment process to commence.

iv. Other roles

Rationale/summary: Further work is required to understand where the biggest opportunities and benefits may be in the functions not covered by the roles outlined above. Engagement with the executives in these areas will continue to identify opportunities for the Group and how changes to roles and responsibilities will enable the delivery of group benefits at the same time as providing the local leadership required.

Process and timeline: Discussions will continue in the coming months to identify a list of priorities for any further role changes. The process for any changes will be dependent on the impact on existing roles and will be managed in line with the change management policies.

Non-executive directors (NEDS)

- 2.5 The number of NEDs within the Group will be reduced from 18 to 14, with seven NEDs in total for each Trust plus the Chair in Common. NEDs will continue to hold a position on two Trust Boards within the Group. This enables cross-Trust coverage and reduces duplication. NEDs have been allocated specific lead roles across Group committees, ensuring clear accountability and expertise.
- 2.6 We will retain the vice chair role for each trust and have appointed non-executive 'champions' within each board for functional areas such as finance, quality and people. The responsibility of these champion roles is to develop and retain a relationship with the respective executive director between formal meetings, to provide non-executive support and oversight, and to provide assurance to the Trust Standing Committee and Board regarding the effectiveness of each function and performance against business plan priorities. These champion roles are in

addition to the established NED Champions, required to be established by Boards – maternity board champion, wellbeing guardian, FTSU champion, doctors’ disciplinary, and security management.

3. The Group Scheme of Delegated Authority

- 3.1 At the core of the committee structure, is the Board in Common – the four Trust Boards meeting together following the same agenda, with the dual purpose of a) as Trust Board of each statutory trust, making decisions as a unitary Trust Board for that organisation and b) setting the strategy for the Group, leveraging the contribution from each of the four trusts to develop and deliver a strategy that delivers better care for the patients in north west London and beyond, and delivers those services in the most efficient and effective way.
- 3.2 To support the Board in Common in the discharge of its duties, we have established a Scheme of Delegated Authority for the Group. This details those matters reserved for the Board in Common and those duties and responsibilities that are delegated from the Board to Group and local Trust level Committees. The Scheme of Delegation is attached at Appendix 1 to this report.

4. Committee Terms of Reference

- 4.1 Terms of Reference for each of the Committees have been developed reflecting the delegated duties and responsibilities detailed in the Group Scheme of Delegated Authority. Terms of reference are at Appendix 2 to this report and cover:-

- Group Strategic Estates, Infrastructure & Sustainability Committee
- Group Digital & Data Committee
- Group Finance and Performance Committee
- Group Quality Committee
- Group People Committee
- Trust Board Appointment and Nomination Committee
- Trust Standing Committee

Strategy Committee

- 4.2 It is proposed that a new group-level committee be established, with the responsibility for developing a medium-term clinical, service and financial strategy for the group, to be approved by the Board in Common. The Board in Common will also oversee the delivery of that strategy. This will be established as a task and finish sub-group of the Board in Common, reporting to the Board in Common.

BiC Cabinet

- 4.3 The BiC Cabinet currently provides for an exceptional meeting of the Chair, Vice Chairs and CEOs, to enable any urgent decisions to be taken, or any urgent issues to be discussed, outside of the normal Board in Common or Trust Standing Committee meetings.

4.4 This provision will continue, with revised membership to reflect the changes to Group CEO and Trust-level CEOs; however, the provision will only be used on an exceptional basis for urgent business.

Additional provisions

- 4.5 Per existing provisions in our governance model, we will need to provide for some local flexibility in governance arrangements. For example:
- Individual Trusts will continue to have the need for local Trust committees – ICHT and THHT will continue to have a Redevelopment Committee, and LNWH and THHT will continue to have a Charitable Trust Funds Committee.
 - Two of the four trusts are foundation trusts and will therefore, pending national guidance and changes to legislation, retain their Councils of Governors
 - While there is a standard frequency of Trust and Group level committees, Trusts will continue to have the provision to determine variation in frequency to accommodate local needs.
 - Trust Boards will continue to have the provision to establish Trust or Group level task and finish sub-groups, reporting to either the Standing Committee or Board in Common as appropriate.

5. Overall structure

5.1 Bringing these proposals together regarding the Board in Common, Trust Standing Committees and other meetings, we will have a committee structure as in diagram 1 below:

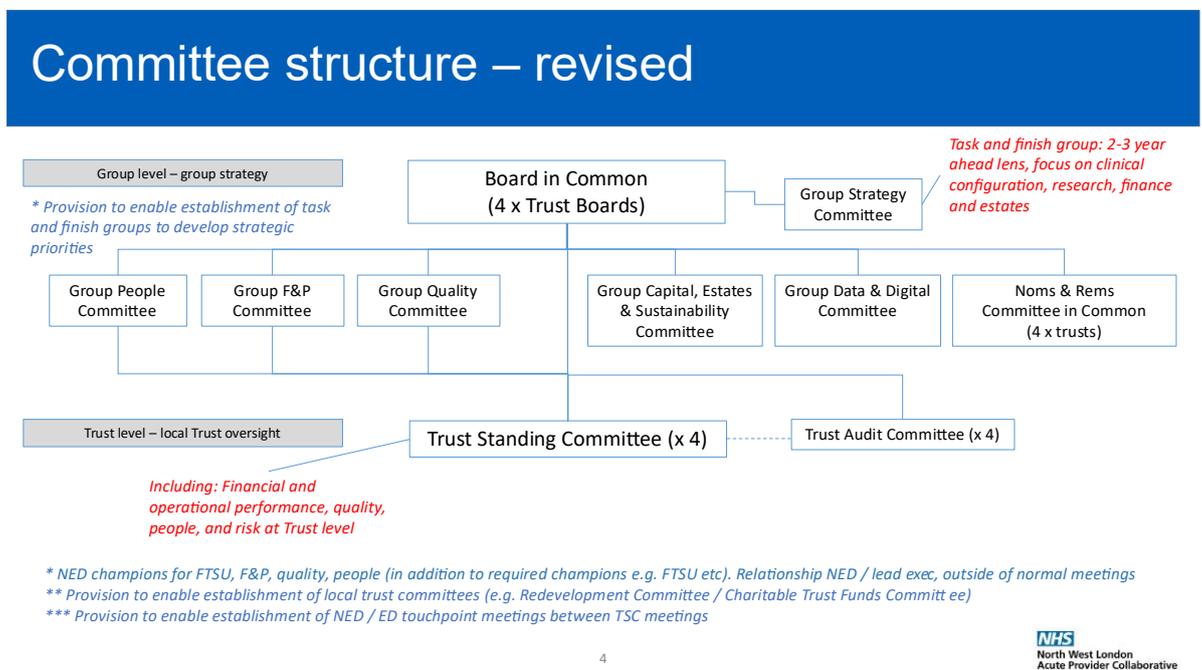


Diagram 1 – Committee structure for NW London Acute Provider Group

6. Group Memorandum of understanding

6.1 All four sovereign Trusts forming the North West London Acute Provider Group have agreed to work together to act in concert to bring further improvements to care in their combined areas of operation. Building on the Memorandum of Understanding agreed for the Collaborative, the revised Memorandum of Understanding attached at Appendix 3 to this report sets out the basis on which we will collaborate with each other as a Group in our day to day business. This Agreement shall not be legally binding but describes how we intend to honour our obligations to each other.

7. Conclusion and recommendations

7.1 The proposed changes outlined in this paper aim to preserve local Trust governance and performance whilst also strengthening that of the broader Group enabling enhanced shared learning, shared resources and increased opportunity for productivity and efficiency.

7.2 Recommendation:

- Board in Common approval to the Board Composition
- Board in Common approval to the Group Scheme of Delegation
- Board in Common approval to the Group and Local Trust Committee Terms of Reference
- Board in Common approval to the Group Memorandum of Understanding
- Board in Common note the Board composition and the process for appointments to the executive director roles.

Purpose

The purpose of this document is to identify those powers which will be reserved to the Trust Board and those which shall be delegated by the Trust Board to a committee-in-common to be discharged as part of the north west London acute provider group Board in Common, a trust level committee or a group level committee, or to the Chair or a director or an officer of the Trust.

The individual Trust Board statutorily remains ultimately accountable for all of the functions of the Trust, even those delegated by the Chair, individual directors or officers and therefore expects to receive information about the exercise of delegated functions on an annual basis, to enable it to maintain an appropriate overall monitoring role, or on an exceptional basis if required.

This scheme will be reviewed and approved by the four trust boards on an annual basis.

Scheme of Delegated Financial Authorities

The financial value of delegated authorities is described in the Scheme of Delegated Financial Authorities, aligned with, but separate from this document.

Contents

The Scheme of reserved and delegated powers is in four sections:

Section 1 – Decisions reserved for the Trust Board

Section 2 – Decisions delegated to the Trust Board Committee in Common (to be discharged via the Board in Common)

Section 3 – Decisions / duties delegated to Trust level committees

Section 4 – Decisions / duties delegated to Group level committees

Section 5 – Decisions delegated to Board in Common Cabinet

SECTION 1 – DECISIONS RESERVED TO THE TRUST BOARD

DECISIONS RESERVED TO THE TRUST BOARD

General Enabling Provision

The Board may determine any matter, for which it has delegated or statutory authority, in full session.

Decisions reserved for the Trust Board are delegated to the Committee in Common of the Trust Board (the ‘Board in Common’), detailed below.

SECTION 2 – DECISIONS DELEGATED TO THE COMMITTEE IN COMMON OF THE TRUST BOARD (BOARD IN COMMON)

The Trust Board may determine that certain of its powers shall be exercised by Committee in Common of the Trust Board, that meets and operates as part of the north west London acute provider group Board in Common. The terms of reference of this committee and the Board in Common shall be that determined by the Trust Board, including the reporting requirements in respect of these committees.

DECISIONS RESERVED TO THE TRUST BOARD COMMITTEE IN COMMON

General Enabling Provision

The Board may determine any matter, for which it has delegated or statutory authority, in full session.

Regulations and Control

- Ratify any urgent decisions taken by the Chair and Group Chief Executive Officer / Accountable Officer (CEO).
- Ratify any urgent decisions taken by the Trust Board in Common Cabinet.
- Initial approval of a scheme of delegation of powers from the acute provider Trust Boards to Group Committees and local Trust Committees, then two-yearly review or earlier as required.
- Require and receive the declaration of Board members’ interests that may conflict with those of the board in common, and determine the extent to which that member may remain involved with the matter under consideration.
- Receive reports from committees including those that the Trust is required to produce by the Secretary of State or other regulation to establish and to take appropriate action on.
- Confirm the recommendations of the Trust’s committees where the committees do not have executive powers.
- Establish terms of reference and reporting arrangements of all committees and sub-committees that are established by the Trust Board Committee in Common.
- Ratify use of the use of the seal, receiving an annual report of its use.
- Initial approval of Standing Orders (SOs), a schedule of matters reserved to the Board and Standing Financial Instructions for the regulation of its proceedings and business, then two-yearly review by Audit, Risk and Governance Committee on behalf of the Trust Board or earlier, as required.
- Suspend or vary Standing Orders on recommendation by Audit and Risk Committee.
- Adopt the organisation structures, processes and procedures to facilitate the discharge of business by the Trusts within the Group and to agree modifications thereto.
- Approve arrangements relating to the discharge of the Trust’s responsibilities as a bailee for patients’ property across the Group.

DECISIONS RESERVED TO THE TRUST BOARD COMMITTEE IN COMMON

- Ratify or otherwise instances of failure to comply with Standing Orders brought to the Chief Executive Officer's attention, on recommendation by the Audit and Risk Committee.
- Discipline members of the Trust board who are in breach of statutory requirements or Standing Orders.

Appointments / Dismissal

- Appoint and dismiss committees that are directly accountable to the Trust Board in Common.
- Appoint the Group Chief Executive Officer
- Ratify the appointment, and dismissal of executive directors within the Group.

Strategy, Plans and Budgets

- Define the strategic aims and objectives of the Trust and the north west London acute provider group
- Approve proposals for ensuring quality and developing clinical governance in services provided by the Trusts within the Group, having regard to any guidance issued by the Secretary of State.
- Approve business cases for investment with a value in excess of £5M where the business case is specific to one Trust within the Group.
- Approve Business Cases for Investment over £5m, where the business case affects more than one of the Trusts within the Group.
- Approve Private Finance Initiative (PFI) proposals.
- Approve proposals to award contracts (other than as part of the annual NHS commissioning round) of a capital or revenue nature amounting to, or likely to amount to, over £5m.
- Approve annually Trust's business / operational plans within the Group.
- Ratify proposals for acquisition, disposal or change of use of land and/or buildings.
- Approve the opening of bank accounts across the Group.
- Approve proposals in individual cases for the write-off of losses or making of special payments above the limits of delegation to the Chief Executive Officer and Chief Financial Officer (for losses and special payments) previously approved by the Boards within the Group.
- Approve individual compensation payments (where permissible by Secretary of State).
- Approve proposals for action on litigation against or on behalf of the Trust within the Group.

Monitoring

1. Receive such reports as the Trust Board sees fit from committees in respect of their exercise of powers delegated.
2. Continuous appraisal of the affairs of the Trust by means of the provision of reports as may be required from directors, committees, and officers of the Trust. All monitoring returns required by the Department of Health and Social Care (DHSC) shall be reported, at least in summary, to the Trust Board.
3. Receive reports from CFO on financial performance against budget and Annual Operating Plan, and on actual and forecast income.

Direct Operational Decisions

- The introduction or discontinuance of any significant activity or operation. An activity or operation shall be regarded as significant if it has a gross annual income or expenditure (that is before any set off) in excess of £5M or where there is potential for significant media interest.
- Approval of individual contracts (other than as part of the annual NHS commissioning round) of a capital or revenue nature amounting to, or likely to amount to over £5M (capital) or £5M per annum (where total exceeds £10M).

DECISIONS RESERVED TO THE TRUST BOARD COMMITTEE IN COMMON

Financial and Performance Reporting Arrangements

- Continuous appraisal of the affairs of the Trust by means of the receipt of reports as it sees fit from directors and committees. All monitoring returns required by NHS England, shall be reported at least in summary, to the Trust Board.

Audit

- Ratify the appointment (and where necessary dismissal) of External Auditors within the Group (by the Audit and Risk Committee acting as the Audit Panel).

SECTION 3 – DECISIONS / DUTIES DELEGATED BY THE TRUST BOARD TO TRUST COMMITTEES

The Trust Board may determine that certain of its powers shall be exercised by a Committee of the Trust Board. The composition and terms of reference of such committees shall be that determined by the Trust Board from time to time taking into account where necessary the requirements of the Secretary of State (including the need to appoint an Audit and Risk Committee and a Remuneration and Appointments Committee). The Trust Board shall determine the reporting requirements in respect of these committees. Committees may not delegate such powers to sub-committees unless expressly authorised by the Trust Board.

In addition to these committees of the Trust Board, the Trust Board may determine the need for additional 'local' committees. The duties and authority delegated to those committees will be documented in the respective terms of reference.

TRUST STANDING COMMITTEE	<p>The Committee will:</p> <ol style="list-style-type: none"> 1. Oversee the delivery of the Trust strategy and strategic priorities, and the achievement of constitutional and regulatory standards, and to provide assurance to the Trust Board that Trust risks and issues relating to this are being managed. 2. Approve business cases for investment with a value between £1M and £5M where the business case is specific to one Trust within the Group. 3. Receive and provide assurance to the Trust Board on the following areas: <ul style="list-style-type: none"> • Integrated Quality and Performance Reports (Operational performance, Finance, Quality and Workforce) • Board Committee chairs' reports • Board Assurance Framework • High Level/Corporate Risk Register • Essential assurance / reporting requirements, including the following annual reports: <ol style="list-style-type: none"> a. Infection Prevention & Control b. Safeguarding Adults & Children c. 7 Day services d. Learning from Deaths e. Complaints f. Health & Safety g. Freedom to Speak Up 4. Approve terms of reference and reporting arrangements of all committees and sub-committees established by the Board. 5. Receive the Trust's annual report.
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6. Receive such reports as the Committee sees fit from other Board committees in respect of the exercise of powers delegated.

Financial Governance:-

- Advise the Trust board on financial policies.
- Recommend to the Trust board, the Trust's medium and long term financial strategy (capital and revenue) including the underlying assumptions and methodology used, ahead of review and approval by the Group Finance and Performance Committee and Trust Board.
- Review the Business Plan including the annual revenue and capital budget prior to submission to the Trust Board for approval.
- Review the Trust's financial performance and forecasts (including performance against Cost Improvement Programmes) and identify the key issues and risks requiring discussion or decision by the Trust Board.
- Review compliance with the self-assessment quality checklist for the annual national cost collection or other equivalent submission.
- Review, at the request of the Trust Board and/or the Group Finance and Performance Committee, specific aspects of financial performance where the Trust Board requires additional scrutiny and assurance.
- Review the Trust's projected and actual cash and working capital.
- Approve and keep under review, on behalf of the Trust Board, the Trust's investment and borrowing strategies and policies.
- Ensure the Trust operates a comprehensive budgetary control and reporting framework (but acknowledging that the Audit, Risk & Governance committee is responsible for systems of financial control).
- Review operational and strategic level financial risks.
- Establish the overall methodology, processes and controls which govern the Trust's investments.
- Evaluate, scrutinise and monitor costs and funding relating to investments (such as Redevelopment and any major pandemic or other incident requiring additional scrutiny of costs), including regular review of the capital programme ensuring value for money.
- Review, and recommend to Trust Board, the Trust's treasury management and working capital and estates strategies.
- Review and recommend to Trust Board, the Trust's estates strategies including its Green Strategy/Plan and ensure the associated funding arrangements are in place.
- Review post project evaluations for capital and revenue projects (above £5M) approximately 12 months after go live of project to review whether anticipated outcomes/savings had been achieved.
- Review and make recommendations to the Group Finance and Performance Committee on all business cases with a value above £5M where the business case affects at least 2 acute Trusts within the Group.
- Consider quality implications for all financial cases and escalate to the Group Quality Committee as appropriate.
- Review operational planning and performance for the Trust, including activity, capacity and winter planning, identifying the key issues and risks requiring discussion or decision by the Trust board where these issues and risks impact on financial performance and planning.
- Review performance against such plans and identify the key issues and risks requiring discussion or decision by the Trust Board where these issues and risks impact on financial performance and planning.
- Review the Transformation programme and receive progress reports on key projects within that programme.
- Refer other matters to other Committees as appropriate.
- To receive updates and understand emerging system level risks and the strategic and financial impacts on the Trust and consider how collaboration with the ICS can help in managing specific financial risks.

	<p>People Governance:-</p> <ol style="list-style-type: none"> 1. Review the development and delivery of the Trust's People strategy. 2. Provide assurance that the Trust's People strategy and policies effectively respond to national and regional people strategies and policies. 3. Review strategic intelligence and research evidence on people and work, and distil their relevance to the Trust's strategic priorities. 4. Oversee the development and delivery of the programme of work related to culture including inclusivity, including oversight of the measures of culture, including sources of staff feedback. 5. Oversee the coherence and comprehensiveness of the ways in which the Trust engages with staff and with staff voices, including the staff survey, WRES, WDES and gender pay gap and report on the intelligence gathered, and its implications to the Board. This includes raising concerns and freedom to speak up reports. 6. Oversee the development and delivery of the Trust's strategy and improvement programmes on Equality, Diversity and Inclusion ensuring full compliance with statutory duties in this area. 7. Assess the workforce strategies and plans to support transformational change, service redesign and pathways of care that make best use of new technologies, the use of apprenticeships, introduction of new roles and innovative working across traditional professional and organisational boundaries. 8. Review plans for ensuring the development of leadership and management capability, including the Trust's approach to succession planning and talent management. 9. Review the Trust's strategy and performance as a provider and enabler of health and care education. 10. Review the Trust's current and future educational and training needs to ensure they support the strategic objectives of the organisation in the context of the wider health and care system, including risk training. 11. Review the Trust's strategic contribution to the development of the health and care workforce. 12. Secure the necessary assurances about the Trust's compliance with the practice requirements of professional and regulatory bodies for all staff. 13. Establish a succinct set of key performance and progress measures relating to the full purpose and function of the workforce. 14. Review progress against these measures and seek assurance around any performance issues identified, including proposed corrective actions. 15. Receive and review reports on significant concerns or adverse findings highlighted by regulators, peer review exercises, surveys and other external bodies in relation to areas under the remit of the Committee, seeking assurance that appropriate action is being taken to address these. <p>Quality and Safety Governance:-</p> <ol style="list-style-type: none"> 1. Obtain assurance that the Trust has effective mechanisms for managing clinical risk, including clinical risk associated with clinical trials and improving service user safety, learning from incidents and taking action to reduce risks and improve clinical quality. 2. Receive and review a thematic summary of the lessons learned from serious adverse incidents; individual 'never' events; coroners' post-mortem reports; medico-legal cases and trend analysis of clinical incidents and be assured that actions are being taken to address issues and share learning. 4. Obtain assurance that robust safeguarding structures, systems and processes are in place to safeguard children and young people and vulnerable adults. 5. Obtain assurance that the Trust is compliant with the Mental Health Act and its associated Code of Practice and the Mental Capacity Act.
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	<ol style="list-style-type: none"> 6. Review quality-related risks and identify emerging quality risks. 7. Receive assurance that all cost improvement programmes (CIPs) have been quality impact assessed and measures taken to mitigate risk and protect quality of care. 8. Establish and oversee the Quality strategy and priorities underpinned by the Trust's strategic goals. 9. Approve and assure delivery of the annual programme of Trust-wide clinical audits. 10. Obtain assurance that NICE Guidelines and Technology Appraisals are implemented. 11. Obtain assurance that all requirements as set by NHS Resolution regarding CNST are achieved. 12. Obtain assurance that there are robust systems for undertaking nationally mandated audits, receive summary results and monitor the implementation of recommendations. 13. Oversee the Trust's work to meet the Care Quality Commission's (CQC) quality standards. 14. Work with partners to agree a consistent approach to defining and measuring quality, collecting information from providers, and delivering a single vision of high-quality care. 15. Determine whether the Trust is maintaining and improving the quality of patient care and health outcomes within the context of delivering the NHS 10 Year Plan. 16. Obtain assurance that robust quality governance structures, systems, and processes, including those for clinical risk management and service user safety, are in place across all services, and developed in line with national, regional and commissioning requirements. 17. Nurture a quality improvement culture across the Trust and celebrate achievement in quality improvement. 18. Ensure that Board Assurance Framework reflects the assurances for which the Committee has oversight, and that risks highlighted are appropriately reflected on the risk registers. 19. Approve and assure delivery of the Trust's patient and public engagement plans, and the patient experience plans/strategy, and obtain assurance that these plans are a key element of the work of quality and clinical governance teams across the Trust. 20. Receive and review a thematic summary of patient experience and feedback including Friends and Family Test, formal complaints and Patient & Advice and Liaison concerns. 21. To be assured that lessons are learned and that actions/improvements are implemented to ensure that patients' experience of care is improved. 22. Obtain assurance that patient access targets are being delivered. 23. Obtain assurance that effective channels are in operation for communicating and managing issues of clinical governance to relevant managers, staff and external stakeholders. 24. Obtain assurance that clinical recommendations resulting from complaints including those investigated by the Parliamentary and Health Service Ombudsman have been implemented. 25. Review the aggregated analysis of adverse events, complaints, claims and litigation to identify common themes or trends to take forward as improvement projects, as sponsored by the Committee. 26. Review and approve the annual Quality Account. 27. Seek assurance on the Trust's process for Learning from Deaths and the associated HSMR and SHMI outcomes. 28. Approve the Health and Safety Policy for the Trust. 29. Obtain assurance relating to Maternity provision and quality standards of care pertinent to MIS/CNST on behalf of the Board. 30. Implementation of any other duties delegated by the Trust Board.
AUDIT AND RISK COMMITTEE	The Committee will:

	<ol style="list-style-type: none"> 1. Monitor the integrity of the financial statements of the Trust, including its annual report and any formal announcements relating to the Trust's financial performance and review and report to the Board on significant financial reporting issues and judgements which those statements contain having regard to matters communicated to it by the auditor. 2. Review the annual report and financial statements before approving them on behalf of the Trust Board. In particular, the Committee shall review and challenge where necessary. 3. Ensure that the systems for financial reporting to the board of directors, including those of budgetary control, are subject to review as to completeness, integrity and accuracy of the information provided to the Trust Board. 4. Review any other statements requiring Board approval which contain financial information first, where to carry out a review prior to Board approval would be practicable and consistent with any prompt reporting requirements under any law or regulation including the Listing Rules, Prospectus Rules and Disclosure Guidance and Transparency Rules sourcebook. 5. Where the Committee is not satisfied with any aspect of the proposed financial reporting by the Trust, it shall report its views to the Board. 6. Review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical), that supports the achievement of the Trust's goals. 7. Seek assurance that the Trust Board's oversight and management of the delivery of the strategic objectives and in managing strategic, financial and operational risks, is effective, via implementation of the Board Assurance Framework. 8. Approve the Risk Management Policy of the Trust. 9. Seek assurance that the monitoring of due diligence on any integration or partnership arrangement is appropriate. 10. Seek assurance on behalf of the Trust Board that the design and application of the control environment in core financial processes are fit for purpose and reflect both public and commercial sector best practice. 11. Utilise the work of internal audit, external audit and other assurance functions, but will not be limited to these audit functions. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the over-arching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness. This will be evidenced through the Committee's use of an effective assurance framework to guide its work and that of the audit and assurance functions that report to it. 12. Ensure that there is an effective internal audit function established by management, which meets mandatory Public Sector Internal Audit Standards and provides appropriate independent assurance to the Chief Executive and board of directors. 13. Review the work and findings of the external auditor and consider the implications and management's responses to their work. 14. Review any proposal considered for commissioning work outside the annual audit plan (in its role as the Audit Panel) prior to approval. 15. NHS Trusts are required to appoint their own external auditors and directly manage the resulting contract and the relationship; Trusts are required to have an auditor panel to advise on the selection, appointment and removal of external auditors and on maintaining an independent relationship with them. The Trust has nominated the Committee as the Auditor Panel for the Trust. 16. The Auditor Panel will advise the Trust Board on the selection and appointment of the external auditor. The Trust Board must consult and take account of the Auditor Panel's advice on the selection and appointment of the Trust Board on the appointment of external auditors, and publish a notice on the website within 28 days of appointing the auditor providing details of appointment, and noting auditor panel advice. 17. Request and review reports and positive assurances from directors and managers on the overall arrangements for governance, risk management and internal control. 18. Request specific reports from individual functions within the organisation (e.g. clinical audit) as they may be appropriate to the overall arrangements. 19. Where requested by the Board, the Committee should review the content of the annual report and accounts and advise the Board on whether, taken as a whole, it is fair, balanced and understandable and provides the information necessary for stakeholder to assess
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	<p>the Trust's performance, business model and strategy and whether it informs the Board's statement in the annual report on these matters that is required under the Code.</p> <ol style="list-style-type: none"> 20. Review the possible wrongdoing in financial reporting or other matters or any other matters of concern including patient care, safety, staff and bullying (including the Freedom to Speak up Guardian). 21. Review on behalf of the Trust Board any proposed changes to the Standing Orders and Standing Financial Instructions. 22. Examine the circumstances of any departure from the requirements of Standing Orders and Standing Financial Instructions. 23. Monitor the Declarations of Interest & Hospitality policy with reference to the codes of conduct and accountability thereby providing assurance to the board of probity in the conduct of business. 24. Review schedules of losses and compensations annually. 25. Ensure that other board committees receive findings of other significant assurance functions as appropriate, both internal and external to the organisation, including the implications to the governance of the organisation. These will include, but will not be limited to, any reviews by Department of Health Arm's Length Bodies or Regulators/Inspectors, and professional bodies with responsibility for the performance of staff or functions (for example Royal Colleges and accreditation bodies). 26. Work and liaise as necessary with all other board committees ensuring interaction between committees and with the board is reviewed regularly, taking particular account of the impact of risk management and internal controls being delegated to different committees. 27. Review single tender waivers. 28. Review schedules of debtor/creditor balances over 6 months old and over £50,000 and explanations/action plans. 29. Ensure the Trust learns from national reviews by organisations such as the Care Quality Commission improvement reviews and implements all necessary recommendations to improve the safety and quality of care. 30. The Committee will work and liaise as necessary with all other board committees ensuring interaction between committees and with the Board is reviewed regularly, taking particular account of the impact of risk management and internal controls being delegated to different committees. 31. Maintain oversight of the effectiveness of Information Governance, including annual submission of the DSPT Toolkit. 32. Review the effectiveness of other board committees in ensuring that risk and assurance mechanisms are maintained, issues are identified and action and assurance requested on performance outside expected parameters. <p>Annual Reports and Accounts</p> <ol style="list-style-type: none"> 33. Receive and approve the Trust's Annual Report, Annual Governance Statement and Annual Accounts. 34. Receive and approve the Charitable funds – annual accounts and report (annual) (where applicable) 35. Receive the annual management letter from external auditor (annual) 36. Receive the Head of Internal Audit Opinion (annual)
<p style="text-align: center;">APPOINTMENTS AND REMUNERATION COMMITTEE</p>	<p>The Committee will:</p> <ol style="list-style-type: none"> 1. Trust Board composition: <ul style="list-style-type: none"> • Regularly review the structure, size and composition (including the skills, knowledge and experience) required of the Trust Board and make recommendations to the Trust Board with regard to any changes. • Give full consideration to, and make plans for, succession planning for the Chief Executive Officer and other executive directors taking into account the challenges and opportunities facing the Trust and the skills and expertise needed, in particular on the Board in future. • Be responsible for identifying and nominating for appointment candidates to fill posts within its remit as and when they arise. • Be responsible for identifying and nominating a candidate, for approval by the Trust Board, to fill the position of Group Chief Executive Officer.

	<ul style="list-style-type: none"> • Before an appointment is made, evaluate the balance of skills, knowledge and experience on the Trust Board, and, in the light of this evaluation, prepare a description of the role and capabilities required for a particular appointment. In identifying suitable candidates, the Committee will use open advertising or the services of external advisers to facilitate the search; consider candidates from a wide range of backgrounds; consider candidates on merit against objective criteria. <p>2. Appointment of executive directors</p> <ul style="list-style-type: none"> • Nominate one or more members to be actively involved with the Group Chief Executive Officer in the appointment of executive director and executive team member posts, and in the design of the selection process on behalf of the Committee. • Ensure that the selection process is based on: an agreed role and person specification; the use or other involvement of any third party recruitment professionals; an interview panel to include the Group Chief Executive Officer, an agreed non-executive director or directors, an external assessor representing NHS England or successor bodies and such other persons as may be agreed to be helpful. • Ensure that posts are openly advertised and that the appointment procedure at all times complies with the Trust's policies, standards and general procedures on recruitment and selection. This will include the Trust's inclusive recruitment standards and ensuring compliance with fit and proper person (FPP) regulations. • Keep the Trust Board informed of the process, procedures and timetable to which it is working, as appropriate. • Seek ratification of the appointment of Group Executive Directors via the Trust Board <p>3. Remuneration of executive directors</p> <ul style="list-style-type: none"> • Agree on behalf of the Trust Board the remuneration and terms of service of the executive directors and that the executive directors are fairly rewarded for their contribution to the Trust, having proper regard to its circumstances and performance, and to the provision of any national arrangements or directives for such staff where relevant. Approve the remuneration policy for executive directors and executive team members, including approving the performance criteria for bonuses where appropriate and agreed. For the Chief Executive, the Committee will advise the Chair regarding the framework for bonuses, in accordance with contract of employment. • Agree and review annually the remuneration policy framework for very senior managers (VSM) not on national contracts, including executive directors. Determination of the salaries of VSMs, other than executive directors, is delegated to the chief executive officer or relevant executive director, advised by the Group Chief People Officer and working within the agreed policy framework. The committee will review annually the earnings of such managers including senior clinicians and clinical managers. • Establish the parameters for the remuneration and terms of service for the appointment of executive directors, with delegated authority of the chief executive officer to agree starting salaries within the agreed parameters. • Agree the termination of contract of executive directors and the payment of any redundancy or severance packages in line with prevailing national guidance. <p>4. Performance and Succession Planning</p> <ul style="list-style-type: none"> • Receive assurance that appropriate annual appraisals have been completed by the Chief executive for executive directors and that development plans are agreed with individuals. • Ensure the capability of potential or nominated deputies for executive directors to effectively deputise during periods of extended absence on the part of the Executive directors.
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	<ul style="list-style-type: none"> Oversee an assessment of the capability and succession potential of the Trust leaders in order to identify any strategic gaps requiring appropriate intervention and to receive assurance regarding the succession plans for directors and talent management; including assurance regarding equality in the succession planning. <p>5. Fit and Proper Persons Regulation</p> <ul style="list-style-type: none"> Receive assurance that all members of the Board are compliant with the Fit and Proper Persons Test (FPPT) and approve the annual submission of compliance.
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SECTION 4 – DECISIONS / DUTIES DELEGATED BY THE TRUST BOARDS TO GROUP COMMITTEES

As part of the governance model for the north west London acute provider group, the trust boards of the four acute provider trusts have agreed to establish some group level committees. The purpose of these committees is to support the Board in Common (the four Trust committees in common) to exercise their powers by taking a group view of risk and assurance, identifying and addressing key themes across the four trusts.

The composition and terms of reference of such committees shall be that determined by the Board in Common from time to time, taking into account where necessary the requirements of the Secretary of State. The Board in Common shall determine the reporting requirements in respect of these committees. Group committees may not delegate such powers to sub-committees unless expressly authorised by the Board in Common.

<p>GROUP FINANCE AND PERFORMANCE COMMITTEE</p>	<p>The Committee will:</p> <ul style="list-style-type: none"> Advise and recommend to the Board in Common on group financial and commercial policies. Recommend to the Board in Common, the Group medium and long term financial strategy (capital and revenue) including the underlying assumptions and methodology used. Review the annual business plans proposed by Trusts, including the annual revenue and capital budgets, to provide a group view. Review the group’s financial performance and forecasts (including performance against Cost Improvement Programmes) and identify the key issues and risks requiring discussion or decision by the Board in Common. Review the group’s compliance with the self-assessment quality checklist for the annual national cost collection or other equivalent submission, and agree group level recommendations. Review the financial risks escalated by trust committees and agree mitigations at group level. Consider costs and funding relating to investments at group level. Approve all business cases with a value between £1M and £5M where the business case impacts on more than one of the acute providers in the group, taking advice from the Group Estates and Sustainability Committee and Group Digital and Data Committee where that business case applies to estate and digital infrastructure. Review and make recommendations to the Board in Common, taking advice from the Group Estates and Sustainability Committee and Group Digital and Data Committee where that business case applies to estate and digital infrastructure, on all business cases with a value in excess of £5M. Review operational planning and performance across the group, including activity, capacity and winter planning, identifying the key issues and risks requiring discussion or decision by the Board in Common.
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	<ul style="list-style-type: none"> • Review performance against such plans and identify the key issues and risks requiring discussion or decision by the Board in Common. • Oversee the development and delivery of Group strategies and improvement programmes on Equality, Diversity and Inclusion in relation to operational activity in order to attain the Group priority of reducing health inequalities across North West London. • Refer other matters to other Committees as appropriate. • To receive updates and understand emerging system level risks and the strategic and financial impacts on the Group, and consider how collaboration with the ICS can help in managing group level financial risks.
<p style="text-align: center;">GROUP PEOPLE COMMITTEE</p>	<p>The Committee will:</p> <ul style="list-style-type: none"> • Oversee the development, delivery and impact of the Group People Strategy and priorities. • Review strategic intelligence and research evidence on people and work, and distil their relevance to the people related strategic priorities. • Oversee the development and delivery of the programme of work related to culture, including oversight of the measures of culture, including sources of staff feedback. • Oversee the development and delivery of the Group strategies and improvement programmes on Equality, Diversity and Inclusion ensuring full compliance with statutory duties in this area. • Review plans for ensuring the development of leadership and management capability, including the Group approach to succession planning and talent management. • Review the Group strategy and performance as a provider and enabler of health and care education. • Review the accessibility and impact of health and well-being strategies and improvement programmes across the Group, in particular, for staff with protected characteristics. • Review progress against workforce performance metrics and seek assurance around any performance issues identified, including proposed corrective actions. • Receive and review reports on significant concerns or adverse findings highlighted by regulators, peer review exercises, surveys and other external bodies in relation to areas under the remit of the Committee, seeking assurance that appropriate action is being taken to address these. • Ensure the credibility of sources of evidence and data used for planning and progress reporting to the Committee.
<p style="text-align: center;">GROUP QUALITY COMMITTEE</p>	<p>The Committee will:</p> <ul style="list-style-type: none"> • Establish and oversee the delivery of a Group quality strategy and priorities, informed by the trusts' quality priorities. • Consider any Group actions to ensure robust quality governance structures, systems, and processes, including those for clinical risk management and service user safety, are in place across all services in the Group, and developed in line with national, regional and commissioning requirements. • Consider any risks to trusts maintaining effective mechanisms for managing clinical risk, including improving service user safety, learning from incidents and taking action to reduce risks and improve clinical quality; • Develop Group level patient and public engagement plans, and the patient experience plans/strategy, and obtain assurance that these plans are a key element of the work of quality and clinical governance teams across trusts. • Ensure that lessons are learned across the Group from serious adverse incidents, including 'never' events, coroners' post-mortem reports, medico-legal cases and trend analysis of clinical incidents and be assured that actions are being taken to address issues and share learning across the Group. • Review quality related performance metrics across the Group and agree group level actions where appropriate.

	<ul style="list-style-type: none"> • Identify common themes, and agree Group level improvement actions regarding compliance with statutory and mandatory quality related requirements, including: <ul style="list-style-type: none"> ○ Safeguarding children and young people and vulnerable adults; ○ Compliance with the Mental Health Act and its associated Code of Practice and the Mental Capacity Act; ○ NHS Resolution requirements regarding CNST; ○ CQC fundamental standards of care; ○ Infection control ○ Learning from deaths ○ Complaints & patient experience • Consider Group level quality-related risks and identify emerging quality risks. • Oversee the development and delivery of Group strategies and improvement programmes on Equality, Diversity and Inclusion in relation to quality. • Nurture a quality improvement culture across the Group and celebrate achievement in quality improvement.
<p style="text-align: center;">GROUP STRATEGIC ESTATES, INFRASTRUCTURE AND SUSTAINABILITY COMMITTEE</p>	<p>The Committee will</p> <ul style="list-style-type: none"> • Provide assurance on the development and implementation of estate and sustainability strategies across the Group within defined and prioritised capital funding resources. • Identify areas of risk where group-wide interventions would speed and improve the response. • Oversee and receive assurance relating to the implementation of group-wide interventions for short and medium term estate and improvements. • Prioritise, oversee and assure strategic change programmes to drive group-wide and ICS integrated improvements in the management of estate. • Provide assurance on the development and implementation of the Sustainability Strategy at Group level. • Provide assurance on the development and implementation of the Estate Strategy at Group level. • Provide advice to the Finance and Performance Group Committee on draft business cases. • Oversee the development and delivery of Group strategies and improvement programmes on Equality, Diversity and Inclusion in relation to estates and sustainability. • Draw to the Board in Common's attention matters they need to agree or note.
<p style="text-align: center;">GROUP DIGITAL AND DATA COMMITTEE</p>	<p>The Committee will</p> <ul style="list-style-type: none"> • Provide assurance on the development and implementation of digital infrastructure strategies across the Group within defined and prioritised capital funding resources. • Identify areas of risk where group-wide interventions would speed and improve the response. • Oversee and receive assurance relating to the implementation of group-wide interventions for short and medium term digital infrastructure improvements. • Prioritise, oversee and assure strategic change programmes to drive group-wide and ICS integrated improvements in the management of digital infrastructure. • Provide assurance on the development and implementation of the Information and IT Strategy at Group level.

	<ul style="list-style-type: none"> • Provide advice to the Finance and Performance Group Committee on any digital infrastructure business cases that come to that committee. • Oversee the development and delivery of Group strategies and improvement programmes on Equality, Diversity and Inclusion in relation to use of digital and data. • Draw to the Board in Common's attention matters they need to agree or note.
GROUP STRATEGY COMMITTEE	<p>The Committee will</p> <ul style="list-style-type: none"> • Oversee the development of the Group's strategies and plans for approval by the Trust Board. • Regularly review whether the Group is developing a strategic approach, which provides it with the greatest opportunity to fulfil its statutory duties and responsibilities. • Review the arrangements and contents of key strategic plans to ensure alignment with the Group's strategic goals and objectives, including those of system partners. • Consider the strategic implications for the Group from the findings arising from national developments, review, audit and/or inspection, and monitor the successful implementation of any actions required resulting from these findings.

SECTION 5 – DECISIONS /DUTIES DELEGATED BY THE TRUST BOARDS TO THE BOARD IN COMMON CABINET

To ensure agility in decision making and to maintain oversight, the Board in Common will delegate some specific responsibilities to a Board in Common Cabinet, comprising the chair, vice chairs and chief executives, meeting in the months when the board in common is not meeting. The Board in Common Cabinet will report on any action it has taken to the next meeting of the Board in Common. Delegated responsibilities include:-

- Discussing operational planning and performance across the group, including activity, capacity, finance, quality and workforce related issues, identifying the key issues and risks.
- Review performance against such plans and identify the key issues and risks requiring discussion or decision by the Board in Common.
- Refer other matters to other Committees as appropriate.

DATE

2026

- 1. CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST**
- 2. IMPERIAL COLLEGE HEALTHCARE NHS TRUST**
- 3. LONDON NORTH WEST UNIVERSITY HEALTHCARE NHS TRUST**
- 4. THE HILLINGDON HOSPITALS NHS FOUNDATION TRUST**

COLLABORATION AGREEMENT

FOR THE NORTH WEST LONDON ACUTE PROVIDER GROUP

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INTRODUCTION

On April 1, 2022 the first Chair in Common for the four acute trusts across north west London was appointed and during July 2022 the trust boards of Chelsea & Westminster Hospital NHS Foundation Trust (CWFT), The Hillingdon Hospitals NHS Foundation Trust (THHT), Imperial College Healthcare NHS Trust (ICHT) and London North West University Healthcare NHS Trust (LNWH) (“the Trusts”), formally agreed the establishment of the north west London Acute Provider Collaborative (“the Collaborative”), with a collaborative governance model which established a Board in Common, collaborative committees and local trust board level committees, and the sharing of non-executive directors (NEDs) between trusts.

On 1 April 2026, the Collaborative adopted a Group model with the appointment of a Single Accountable Officer (Group Chief Executive) as the statutorily accountable officer for the four sovereign Trusts identified above.

The Group continues to be formed of four statutory organisations, the Trusts, each have a Trust board that is responsible for setting strategy and delivering statutory and regulatory requirements for each Trust. While each Trust board remains responsible for the delivery of their respective Trust duties, this Group Agreement sets out the agreed key principles regarding how the Trusts work together within the Group framework. This Agreement is based on a memorandum of understanding approach, and provides an overarching, non-legally binding, framework for collaboration between the Trusts.

The Agreement sets out the current purpose and objectives of the Group. It also sets out the governance structure for the Trusts to come together to make aligned decisions in specific areas and escalate significant concerns within the Group.

The format of the Agreement is designed to work alongside existing services contracts held by the Trusts such as the NHS Standard Contract (the Services Contract), and does not affect or override any of the current Services Contracts in any way.

The Trusts are all part of the North West London Integrated Care System (NWL ICS) and committed to supporting improvements in the health and wellbeing for our population and reducing inequalities in outcomes, access, and experience. The North West London Integrated Care Board (NWL ICB) and other partners have supported the establishment of the Group and the associated governance model as set out in this Agreement.

Date:

This **Collaboration Agreement** (“**Agreement**”) is made between:

1. **Chelsea and Westminster Hospital NHS Foundation Trust** of 369 Fulham Road, London SW10 9NH;
2. **Imperial College Healthcare NHS Trust** of The Bays South Wharf Road St Mary's Hospital, Praed Street, London W2 1NY;
3. **London North West University Healthcare NHS Trust** of Northwick Park Hospital, Watford Road, Harrow, Middlesex, HA1 3UJ;

4. **The Hillingdon Hospitals NHS Foundation Trust** of Hillingdon Hospital, Pield Heath Road, Uxbridge UB8 3NN ;

together referred to in this Agreement as the “**Trusts**” and each individually as the “**Trust**”.

OPERATIVE PROVISIONS

1. DEFINITIONS AND INTERPRETATION

- 1.1 In this Agreement, unless the context otherwise requires, capitalised words and expressions shall have the meanings given to them in Schedule 1.
- 1.2 In this Agreement, unless the context requires otherwise, the following rules of construction shall apply:
 - 1.2.1 a person includes a natural person, corporate or unincorporated body (whether or not having separate legal personality);
 - 1.2.2 a reference to a “**Trust**” includes its personal representatives, successors or permitted assigns;
 - 1.2.3 a reference to a statute or statutory provision is a reference to such statute or provision as amended or re-enacted. A reference to a statute or statutory provision includes any subordinate legislation made under that statute or statutory provision, as amended or re-enacted;
 - 1.2.4 any phrase introduced by the terms “**including**”, “**include**”, “**in particular**” or any similar expression shall be construed as illustrative and shall not limit the sense of the words preceding those terms; and
 - 1.2.5 a reference to writing or written includes e-mails.

2. PURPOSE AND EFFECT OF THE AGREEMENT

- 2.1 The Trusts have agreed to work together to act in concert to bring further improvements to care in their combined areas of operation. The Trusts wish to record the basis on which they will collaborate with each other in this Agreement and intend to act in accordance with its terms.
- 2.2 This Agreement sets out the agreed purpose, strategic objectives and principles of the Group.
- 2.3 The Trusts agree that, notwithstanding the good faith consideration that each Trust has afforded the terms set out in this Agreement, this Agreement shall not be legally binding. The Trusts enter into this Agreement intending to honour all their obligations to each other.

3. ACTIONS TAKEN PRIOR TO AND POST THE COMMENCEMENT DATE

- 3.1 Each of the Trusts acknowledges and confirms that as at the date of this Agreement it has obtained all necessary authorisations to enter into this Agreement.

4. DURATION

- 4.1 This Agreement shall commence on the Commencement Date and will continue for the Initial Term, unless and until terminated in accordance with its terms.
- 4.2 On the expiry of the Initial Term this Agreement will expire automatically without notice unless, no later than 6 months before the end of the Initial Term, the Trusts agree in writing that the term of the Agreement will be extended for a further term to be agreed between the Trusts ("**Extended Term**") and subject to any variations to the terms of this Agreement as are agreed between the Trusts.
- 4.3 The Trusts will review progress made by the Group against the terms of this Agreement no later than 12 months following the Commencement Date and at such intervals thereafter as the Trusts may agree, but at least annually. The Trusts may agree to vary the Agreement to reflect developments as appropriate in accordance with Clause 16 (*Variations*).

5. THE GROUP PURPOSE AND OBJECTIVES

- 5.1 The Trusts have agreed that the common purpose for the Group is to bring together the Trusts in order to:
- 5.1.1 leverage the benefits of the collective resource of four trusts working together to improve the health and wellbeing of the north west London population, with particular focus on improving health inequalities that exist within the ICS;
 - 5.1.2 optimise the delivery, quality and efficiency of local health and care services provided by the Trusts;
 - 5.1.3 work in partnership with local health care, local government, academic, voluntary sector and commercial partners to improve the health of the people of north west London; and
 - 5.1.4 support the Trusts by taking the necessary collaborative, or where possible, collective, action, including mutual aid and support.

(the "**Group Purpose**").

- 5.2 The Trusts have agreed to work together to perform their obligations under this Agreement in order to achieve the Group Purpose, and more specifically, have agreed the following aims for the Group:
- 5.2.1 reducing unwarranted variation in outcomes and access to services, and in health inequalities;
 - 5.2.2 taking advantage of efficiencies and economies of scale by joining up services where appropriate and/or leveraging joint purchasing power in procurement;

- 5.2.3 developing greater resilience across systems; including mutual aid, better management of system-wide capacity and alleviation of immediate workforce pressures; and
- 5.2.4 improving recruitment, retention, development of staff and leadership talent by enabling providers to collectively support national and local people plans.

(the “**Objectives**”).

- 5.3 The Trusts agreed a strategy for collaborative working for the period 2024-2027 in pursuit of the Objectives, as set out in Schedule 4. The Group will adopt this strategy and will review and refresh the Key Delivery Priorities in 2026/2027, thereafter launching a Group Strategy for the period 2027-2030
- 5.4 The work of the Group will be in the context of the Integrated Care System, in close partnership with the ICB, and will be conducted in line with statutory and legislative requirements, such as the guidance on service change in the NHS¹.

6. THE GROUP PRINCIPLES

- 6.1 The aim of this Clause 6 is to identify the high-level Group principles which underpin how the Trusts will work together for the delivery of the Objectives and Key Delivery Priorities under this Agreement and to set out key factors for the success of the Group.
- 6.2 In developing the Group and subsequently working in partnership as part of the Group, the Trusts will adhere to the following principles:
 - 6.2.1 To work together to make a step change to improve quality, financial and operational performance in order to deliver optimum recovery across north west London, both in the services provided and supporting, where appropriate, services delivered by others;
 - 6.2.2 To improve access, experience and outcomes, and address inequalities by ensuring that patients are treated equitably;
 - 6.2.3 To make the sum greater than the parts by maximum use of our collective resource to deliver once what only needs to be delivered once, by providing mutual aid to one another, and by coordinating activities and programmes;
 - 6.2.4 To make decisions together where this enhances equality, recovery and/or improved use of resources. Decisions will be based on a collective view of risks across the Group and will be taken for the greater good of the patients and communities served;

¹ *Planning, assuring and delivering service change for patients* (NHS England, as amended May 2022)

- 6.2.5 To share data, including financial, operational and quality information, transparently amongst members of the Group;
- 6.2.6 To challenge and hold each other to account through agreed systems, processes and ways of working;
- 6.2.4 To act collaboratively and in good faith with each other in accordance with Guidance, the Law and Good Practice to achieve national priorities and the Objectives having at all times regard to the welfare of the population of the north west London;
- 6.2.5 While the Trusts are committed to work together for the benefit of the patients and communities we serve, they will operate within a governance framework which respects the current statutory roles of the respective trust boards and councils of governors (in the case of foundation trusts).

together these are the “**Group Principles**”.

7. DISPUTE RESOLUTION AND ESCALATION

- 7.1 The Trusts agree to adopt a systematic approach to problem resolution between them on matters which relate to the Group, which recognises the Group Principles and the Objectives (set out in Clauses 5 and 6).
- 7.2 If a problem, issue, concern or complaint arises in respect of a Trust, in relation to the Objectives or any matter within the scope of this Agreement, such Trust shall notify the other Trusts and the Trusts each acknowledge and confirm that they shall then seek to resolve the issue by a process of discussion between the Trusts.
- 7.3 Save as otherwise specifically provided for in this Agreement, any dispute arising between the Trusts out of this process of discussion, or in connection with this Agreement, will be resolved in accordance with Schedule 2 (*Dispute Resolution*).
- 7.4 Any significant issues that cannot be managed through the normal governance processes, or that poses a significant risk to the overall performance of the Group, will be escalated in accordance with Schedule 3 (*Escalation of Issues*)
- 7.5 If any Trust receives any formal inquiry, complaint, claim or threat of action from a third party (including, but not limited to, claims made by a supplier) in relation to work of the Group, the Trust will liaise with the Board in Common as to the contents of any response before a response is issued.

8. OBLIGATIONS AND ROLES OF THE TRUSTS

- 8.1 Each Trust acknowledges and confirms that:
 - 8.1.1 it remains responsible for performing its obligations and functions for delivery of services to the Commissioners in accordance with its Services Contract(s);

- 8.1.2 it will be separately and solely liable to the Commissioners for the provision of services under its own Services Contract; and
- 8.1.3 the intention of the Trusts is to work together with each other, and with the Commissioners, to achieve better use of resources and better outcomes for the population of north west London and to create a collaborative culture in, and between, their organisations.
- 8.2 Each Trust undertakes to co-operate in good faith with the others to facilitate the proper performance of this Agreement and in particular will:
- 8.2.1 use all reasonable endeavours to avoid unnecessary disputes and claims against any other Trust;
- 8.2.2 not interfere with the rights of any other Trust and its servants, agents, representatives, contractors or sub-contractors (of any tier) on its behalf in performing its obligations under this Agreement nor in any other way hinder or prevent such other Trust or its servants, agents, representatives, or sub-contractors (of any tier) on its behalf from performing those obligations; and
- 8.2.3 (subject to Clause 8.3) assist the other Trusts (and their servants, agents, representatives, or sub-contractors (of any tier)) in performing those obligations so far as is reasonably practicable.
- 8.3 Nothing in Clause 8.2 shall:
- 8.3.1 interfere with the right of each of the Trusts to arrange its affairs in whatever manner it considers fit in order to perform its obligations under this Agreement in the manner in which it considers to be the most effective and efficient; or
- 8.3.2 oblige any Trust to incur any additional cost or expense or suffer any loss in excess of that required by its proper performance of its obligations under this Agreement.
- 8.4 Each of the Trusts severally undertakes that it shall:
- 8.4.1 subject to the provisions of this Agreement, comply with all Laws applicable to it which relate to the Objectives; and
- 8.4.2 inform the Board in Common as soon as reasonably practicable if at any time it becomes unable to meet any of its obligations and in such case inform, and keep the Provider Leadership Executive Management Board informed, of any course of action to remedy the situation recommended or required by NHS England, the Secretary of State for Health and Social Care or other competent authority,

provided that, to avoid doubt, nothing in this Clause shall in any way fetter the discretion of the Trusts in fulfilling their statutory functions.

- 8.5 The Trusts have not agreed to share risk or reward between them under this Agreement and any future introduction of such provisions will require additional legally binding provisions to be agreed between the relevant Trusts.

9. REPORTING REQUIREMENTS

- 9.1 Each of the Trusts will during the Term promptly provide such co-operation and access as the Board in Common or any other Trust may reasonably require from time to time in line with the Group Principles, provided that if the provision of such information, co-operation or access amounts to a change to this Agreement then it will need to be proposed as such to the Board in Common and the variation procedure set out in Clause 16 will apply. This is limited to the extent that such action does not cause a Trust to be in breach of any Law, its obligations under Clause 12 (*Information Sharing and Conflicts of Interest*) Clause 17 (*Confidentiality*) or any legally binding confidentiality obligations owed to a third party.

10. GOVERNANCE

- 10.1 The Trusts have established a Board in Common (“**BIC**”), consisting of the Trust Boards of the Trusts. The BIC is the group responsible for leading and overseeing the Trusts’ collaborative approach to the Group Objectives and working in accordance with the Group Principles.
- 10.2 The Trusts have also established a Group Executive Management Board chaired by the Single Accountable Officer (Group Chief Executive) with membership including the Executive Directors of each sovereign Trust.. The aim of the Executive Management Board is to strengthen Group decision-making at executive level, and to ensure focus on delivery of the Group priorities, while ensuring engagement with the executive teams of the four trusts to work collaboratively to deliver both Trust and Group priorities.

As a Group, the Single Accountable Officer (Group Chief Executive) is the overall officer who is statutorily accountable for the individual performance of the Trusts and the collective performance of the Group.

- 10.3 The Trusts will communicate with each other clearly, directly and in a timely manner to ensure that the members of the Executive Management Board are able to make effective and timely decisions.
- 10.4 The Trusts will ensure appropriate attendance from their respective organisations at all meetings of the Executive Management Board and that their representatives act in accordance with the Group Principles.

9. INFORMATION SHARING AND CONFLICTS OF INTEREST

- 9.1 The Trusts will provide to each other all information that is reasonably required in order to achieve the Objectives.
- 9.2 The Trusts have obligations to comply with competition law. The Trusts will therefore make sure that they share information, and in particular Competition Sensitive

Information, in such a way that is compliant with competition law and, accordingly, the Executive Management Board will ensure that the exchange of Competition Sensitive Information will be restricted to circumstances where:

- 9.2.1 it is essential;
- 9.2.2 it is not exchanged more widely than necessary;
- 9.2.3 it is subject to suitable non-disclosure or confidentiality agreements which include a requirement for the recipient to destroy or return it on request or on termination or expiry of the Agreement; and
- 9.2.4 it may not be used other than to achieve the Collaborative Purpose and Objectives under this Agreement in accordance with the Collaborative Principles.

9.3 The Trusts acknowledge that it is for each Trust to decide whether information is Competition Sensitive Information but recognise that it is normally considered to include any internal commercial information which, if it is shared between Trusts who are providers, would allow them to forecast or co-ordinate commercial strategy or behaviour in any market.

9.4 The Trusts agree to establish appropriate non-disclosure or confidentiality agreements between and within the Trusts so as to ensure that Competition Sensitive Information and Confidential Information are only available to those Trusts who need to see it for the purposes of the better delivery of the Objectives and for no other purpose whatsoever so that they do not breach competition law.

9.5 It is accepted that the involvement of the Trusts in this Agreement may give rise to situations where information will be generated and made available to the Trusts, which could give them an unfair advantage in competitions or which may be capable of distorting such competitions (for example, disclosure of pricing information or approach to risk may provide one Trust with a commercial advantage over a separate Trust). The Trusts therefore recognise the need to manage the information referred to in this Clause 9.5 in a way which maximises their opportunity to take part in competitions operated by the Commissioners by putting in place appropriate procedures, such as appropriate non-disclosure or confidentiality agreements in advance of the disclosure of information.

9.6 Where there are any Patient Safety Incidents or Information Governance Breaches relating to the work of the Group, for example, the Trusts shall ensure that they each comply with their individual Services Contract and work collectively and share all relevant information for the purposes of any investigations and/or remedial plans to be put in place, as well as for the purposes of learning lessons in order to avoid such Patient Safety Incident or Information Governance Breach in the future.

9.7 The Trusts will:

- 9.7.1 disclose to each other the full particulars of any real or apparent conflict of interest which arises or may arise in connection with this Agreement,

immediately upon becoming aware of the conflict of interest whether that conflict concerns the Trust or any person employed or retained by them for or in connection with the delivery of the Objectives;

9.7.2 not allow themselves to be placed in a position of conflict of interest or duty in regard to any of their rights or obligations under this Agreement (without the prior consent of the other Trusts) before they participate in any decision in respect of that matter; and

9.7.3 use best endeavours to ensure that their representatives on the BIC, Executive Management Board and other Group governance groups also comply with the requirements of this Clause 11 when acting in connection with this Agreement.

9.8 The Trusts shall comply with their obligations under the Data Protection Legislation.

10. TERMINATION, EXCLUSION AND WITHDRAWAL

10.1 The Trusts may resolve to terminate this Agreement in whole where:

10.1.1 a Dispute cannot be resolved pursuant to the Dispute Resolution Procedure;

10.1.2 automatically and immediately where there exists just one Trust that remains party to this Agreement; or

10.1.3 where the Trusts agree for this Agreement to be replaced by a formal legally binding agreement between them.

Exclusion

10.2 A Trust may be excluded from this Agreement on written notice from all of the remaining Trusts in the event of a material or a persistent breach of the terms of this Agreement by the relevant Trust which has not been rectified within 30 calendar days of notification issued by the remaining Trusts or which is not reasonably capable of remedy. In such circumstances this Agreement shall be partially terminated in respect of the excluded Trust.

Voluntary withdrawal of a Trust

10.3 Any Trust may withdraw from this Agreement by giving at least 60 calendar days' notice in writing to the other Trusts.

Consequences of termination / exclusion / withdrawal

10.4 Where a Trust is excluded from this Agreement, or withdraws from it, the excluded Trust shall procure that all data and other material belonging to any other Trust shall be delivered back to the relevant Trust, deleted or destroyed as soon as reasonably practicable and confirm to the remaining Trusts when this has been completed.

11. INTRODUCING NEW PROVIDERS

11.1 Additional providers may become parties to this Agreement on such terms as the Trusts will jointly agree, acting at all times in accordance with the Collaborative Principles. Any new provider will be required to agree to the terms of this Agreement before admission.

12. CHARGES AND LIABILITIES

12.1 Except as otherwise provided, the Trusts shall each bear their own costs and expenses incurred in complying with their obligations under this Agreement, including in respect of any losses or liabilities incurred due to their own or their employees' actions.

12.2 Except as otherwise provided, no Trust intends that any other Trust shall be liable for any loss it suffers as a result of this Agreement.

13. VARIATIONS

13.1 The provisions of this Agreement may be varied at any time by a Notice of Variation signed by the Trusts in accordance with this Clause 15.

13.2 If a Trust wishes to propose a variation to this Agreement ("**Variation**"), that Trust must submit a draft notice setting out their proposals in accordance with Clause 15.3 (a "**Notice of Variation**") to the other Trusts and the Chair of the BIC to be considered at the next meeting (or when otherwise determined by the Trusts) of the BIC.

13.3 A draft Notice of Variation must set out:

13.3.1 the Variation proposed and details of the consequential amendments to be made to the provisions of this Agreement;

13.3.2 the date on which the Variation is proposed to take effect;

13.3.3 the impact of the Variation on the achievement of the Objectives; and

13.3.4 any impact of the Variation on any Services Contracts.

13.4 The BIC will consider the draft Notice of Variation and either:

13.4.1 accept the draft Notice of Variation (all Trusts consenting), in which case all Trusts will sign the Notice of Variation;

13.4.2 amend the draft Notice of Variation, such that it is agreeable to all Trusts, in which case all Trusts will sign the amended Notice of Variation; or

13.4.3 not accept the draft Notice of Variation, in which case the minutes of the relevant BIC shall set out the grounds for non-acceptance.

13.5 Any Notice of Variation of this Agreement will not be binding unless set out in writing and signed by or on behalf of each of the Trusts.

14. CONFIDENTIAL INFORMATION

- 14.1 Each Trust shall keep in strict confidence all Confidential Information it receives from another Trust except to the extent that such Confidential Information is required by Law to be disclosed or is already in the public domain or comes into the public domain otherwise than through an unauthorised disclosure by a Trust. Each Trust shall use any Confidential Information received from another Trust solely for the purpose of complying with its obligations under this Agreement in accordance with the Collaborative Principles and for no other purpose. No Trust shall use any Confidential Information received under this Agreement for any other purpose including use for their own commercial gain in services outside of complying with its obligations under this Agreement or to inform any competitive bid for any elements of the Key Delivery Priorities without the express written permission of the disclosing Trust.
- 14.2 To the extent that any Confidential Information is covered or protected by legal privilege, then disclosing such Confidential Information to any Trust or otherwise permitting disclosure of such Confidential Information does not constitute a waiver of privilege or of any other rights which a Trust may have in respect of such Confidential Information.
- 14.3 The Parties agree to procure, as far as is reasonably practicable, that the terms of this Clause 16 (*Confidential Information*) are observed by any of their respective successors, assigns or transferees of respective businesses or interests or any part thereof as if they had been party to this Agreement.
- 14.4 Nothing in this Clause 16 (*Confidential Information*) will affect any of the Trusts' regulatory or statutory obligations, including but not limited to competition law.

15. INTELLECTUAL PROPERTY

- 15.1 In order to meet the Group Purpose and Objectives each Trust grants to each of the other Trusts a fully paid up non-exclusive licence to use its existing Intellectual Property provided under this Agreement insofar as is reasonably required for the sole purpose of the fulfilment of that Trusts' respective obligations under this Agreement.
- 15.2 If any Trust creates any new Intellectual Property through the operation of the Group, the Trust which creates the new Intellectual Property will grant to the other Trusts a fully paid up non-exclusive licence to use the new Intellectual Property for the sole purpose of the fulfilment of that Trusts' obligations under this Agreement.

16. FREEDOM OF INFORMATION

- 16.1 If any Trust receives a request for information relating to this Agreement or the Integrated Services under the Freedom of Information Act 2000 or the Environmental Information Regulations 2004, it shall consult with the other Trusts before responding to such request and, in particular, shall have due regard to any claim by any other Trust to this Agreement that the exemptions relating to commercial confidence and/or confidentiality apply to the information sought.

17. NOTICES

17.1 Any notice or other communication given to a Trust under or in connection with this Agreement shall be in writing addressed to that Trust at its principal place of business or such other address as that Trust may have specified to the other Trust in writing in accordance with this Clause, and shall be delivered personally, or sent by pre-paid first class post, recorded delivery or commercial courier.

17.2 A notice or other communication shall be deemed to have been received: if delivered personally, when left at the address of any of the hospital sites for the respective Trust; if sent by pre-paid first class post or recorded delivery, at 9.00 am on the second Operational Day after posting; or, if delivered by commercial courier, on the date and at the time that the courier's delivery receipt is signed.

18. NO PARTNERSHIP

18.1 Nothing in this Agreement is intended to, or shall be deemed to, establish any partnership between any of the Trusts, constitute any Trust the agent of another Trust, nor authorise any Trust to make or enter into any commitments for or on behalf of any other Trust except as expressly provided in this Agreement.

19. COUNTERPARTS

19.1 This Agreement may be executed in any number of counterparts, each of which when executed and delivered shall constitute an original of this Agreement, but all the counterparts shall together constitute the same agreement. The expression "counterpart" shall include any executed copy of this Agreement scanned into printable PDF, JPEG, or other agreed digital format and transmitted as an e-mail attachment. No counterpart shall be effective until each Trust has executed at least one counterpart.

20. GOVERNING LAW AND JURISDICTION

20.1 This Agreement, and any dispute or claim arising out of or in connection with it or its subject matter or formation (including non-contractual disputes or claims), shall be governed by, and construed in accordance with, English law, and, subject to Clause 6, the Trusts irrevocably submit to the exclusive jurisdiction of the courts of England.

Signed by

.....

for and on behalf of **CHELSEA AND WESTMINSTER NHS FOUNDATION TRUST**

[]

Signed by

.....

for and on behalf of **IMPERIAL COLLEGE HEALTHCARE NHS TRUST**

[]

Signed by

.....

for and on behalf of **LONDON NORTH WEST UNIVERSITY HEALTHCARE NHS FOUNDATION TRUST**

[]

Signed by

.....

for and on behalf of **THE HILLINGDON HOSPITALS NHS FOUNDATION TRUST**

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SCHEDULE 1

Definitions and Interpretation

1 The following words and phrases have the following meanings in this Agreement:

Agreement	this collaboration agreement incorporating the Schedules
Group	the provider Group formed by the Trusts and as detailed pursuant to this Agreement
Principles	the collaborative Group principles for the Group as set out in Clause 6.2
Group Purpose	the common purpose for the Group as set out in Clause 5.1
Commencement Date	[Date TBC] 1 April 2026
Commissioners	The ICB and NHS England
Competition Sensitive Information	Confidential Information which is owned, produced and marked as Competition Sensitive Information by one of the Trusts and which that Trust properly considers is of such a nature that it cannot be exchanged with the other Trusts without a breach or potential breach of competition law. Competition Sensitive Information may include, by way of illustration, trade secrets, confidential financial information and confidential commercial information, including without limitation, information relating to the terms of actual or proposed contracts or sub-contract arrangements (including bids received under competitive tendering), future pricing, business strategy and costs data, as may be utilised, produced or recorded by any Trust, the publication of which an organisation in the same business would reasonably be able to expect to protect by virtue of business confidentiality provisions.

Confidential Information	All information which is secret or otherwise not publicly available (in both cases in its entirety or in part) including commercial, financial, marketing or technical information, know-how, trade secrets or business methods, in all cases whether disclosed orally or in writing before or after the date of this Agreement, including Commercially Sensitive Information and Competition Sensitive Information;
Data Protection Legislation	All applicable Laws relating to data protection and privacy including without limitation the UK GDPR; the Data Protection Act 2018; the Privacy and Electronic Communications Regulations 2003 (SI 2003/2426); the common law duty of confidentiality and the guidance and codes of practice issued by the Information Commissioner, relevant Government department or regulatory in relation to such applicable Laws
Dispute	any dispute arising between two or more of the Trusts in connection with this Agreement or their respective rights and obligations under it
Dispute Resolution Procedure	the procedure set out in Schedule 2 (<i>Dispute Resolution Procedure</i>) to this Agreement
Extended Term	has the meaning set out in Clause 4.2
Executive Management Board	the main executive decision-making body for the Group
Good Practice	has the meaning set out in the Services Contracts
Guidance	any applicable health or social care guidance, guidelines, direction or determination, framework, code of practice, standard or requirement to which the Trusts have a duty to have regard (and whether specifically mentioned in this Agreement or not), to the extent that the same are published and publicly available or the existence or contents of them have been notified to the Trust by a Commissioner and/or any relevant regulatory body
ICB	NHS north west London Integrated Care Board
IG Guidance for Serious Incidents	NHS Digital's Checklist Guidance for Information Governance Serious Incidents Requiring Investigation June 2013, available at Data Security and Protection Toolkit - NHS Digital

Information Governance Breach	An information governance serious incident requiring investigation, as defined in the IG Guidance for Serious Incidents
Initial Term	3 years from the Commencement Date
Intellectual Property	patents, rights to inventions, copyright and related rights, trade marks, business names and domain names, goodwill, rights in designs, rights in computer software, database rights, rights to use, and protect the confidentiality of, Confidential Information and all other intellectual property rights, in each case whether registered or unregistered and including all applications and rights to apply for and be granted, renewals or extensions of, and rights to claim priority from, such rights and all similar or equivalent rights or forms of protection which subsist or will subsist now or in the future in any part of the world
Law	<p>(a) any applicable statute or proclamation or any delegated or subordinate legislation or regulation;</p> <p>(b) any enforceable EU right within the meaning of section 2(1) European Communities Act 1972;</p> <p>(c) any applicable judgment of a relevant court of law which is a binding precedent in England;</p> <p>(d) Guidance; and</p> <p>(e) any applicable code</p> <p>in each case in force in England and Wales, and “Laws” shall be construed accordingly</p>
Single Accountable Officer/Group Chief Executive Officer	The Chief Executive Officer that is appointed as the statutory responsible and accountable officer for all 4 sovereign Trusts in the Groupmanagement Board
NHS Standard Contract	the NHS Standard Contract as published by NHS England from time to time
Notice of Variation	has the meaning set out in Clause 16.2
Objectives	the objectives for the Collaborative as set out in Clause 5.2, as may be amended from time to time

Operational Days	a day other than a Saturday, Sunday or bank holiday in England
Patient Safety Incident	any unintended or unexpected incident that occurs in respect of a Service User, during and as a result of the provision of the Services, that could have led, or did lead to, harm to that Service User
Programme Management Office or PMO	the programme management office for the Group
Operating Model	Document that describes how the Collaborative will work summarised in in Schedule 4 (<i>Operating Model</i>)
Board in Common or BIC	the Board of Directors of each of the 4 sovereign Trusts in the Group
Owner or SRO	
Services	the services provided, or to be provided, by a Trust to a Commissioner pursuant to its respective Services Contract which may include services which are the subject of one or more Key Delivery Priorities for the Collaborative
Services Contract	a contract entered into by one of the Commissioners and a Trust for the provision of Services, and references to a Services Contract include all or any one of those contracts as the context requires
Service User	a patient or service user for whom a Commissioner has statutory responsibility and who receives Services under any Services Contract
Term	the Initial Term of this Agreement plus any Extended Term(s) agreed in accordance with the terms of this Agreement
UK GDPR	has the meaning given to it in section 3(1) (as supplemented by section 205(4) of the Data Protection Act 2018
Variation	a proposed variation to this Agreement, effected in accordance with Clause 16

SCHEDULE 2

Dispute Resolution Procedure

1 Avoiding and Solving Disputes

- 1.1. The Trusts commit to working co-operatively to identify and resolve issues to mutual satisfaction so as to avoid so far as possible dispute or conflict in performing their obligations under this Agreement. Accordingly, the Trusts shall collaborate and resolve differences between them in accordance with Clause 7 (*Problem Resolution and Escalation*) of the Agreement prior to commencing this procedure.
- 1.2. The Trusts believe that:
 - 1.2.1. by focusing on the Group Principles;
 - 1.2.2. being collectively responsible for all risks; and
 - 1.2.3. fairly sharing risk and rewards,they will reinforce their commitment to avoiding disputes and conflicts arising out of or in connection with the Key Delivery Priorities.
- 1.3. The Trusts shall promptly notify each other of any dispute or claim or any potential dispute or claim in relation to this Agreement, including where the subject matter is specific to one of the Trusts, (a "**Dispute**") when it arises.
- 1.4. The Executive Management Board shall seek to resolve any Dispute to the mutual satisfaction of each of the Trusts involved in the Dispute.
- 1.5. The Executive Management Board shall deal proactively with any Dispute in accordance with the Group Principles and this Agreement so as to seek to reach a unanimous decision. If the Executive Management Board reaches a decision that resolves, or otherwise concludes a Dispute within 30 days, it will advise the Trusts involved in the Dispute of its decision by written notice.
- 1.6. The Trusts agree that the Executive Management Board may determine whatever action it believes is necessary including the following:
 - 1.6.1. If the Executive Management Board cannot resolve a Dispute within 30 days by consensus, it may choose to convene a Resolution Committee, whose purpose will be to consider the Dispute and make a recommendation on resolution to the Board in Common. The Group CEO will determine the terms of reference and membership for the Resolution Committee.
 - 1.6.2. The Executive Management Board will come to a majority decision, with input from the Resolution Committee if relevant, and will advise the Trusts of its decision in writing. A majority decision will be reached by a majority of eligible Trusts participating in the meeting who are not affected by the

subject matter of the Dispute determined by the scope of the applicable issues, applying the Group Principles and the Objectives.

- 1.6.3 If the Trusts do not accept the decision of the Executive Management Board or the Executive Management Board cannot come to a decision (even if by a majority) which resolves the Dispute, it will be referred to the Board in Common for determination

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SCHEDULE 3

Escalation of Issues within the Group

1. Identifying and raising issues for escalation

- 1.1. The Trusts have established a Group Executive Management Board, with membership including the executive voting Directors of the four sovereign Trusts and additional representatives of Trusts as appropriate.
- 1.2. The aim of the Executive Management Board is to strengthen Group decision-making at executive level, and to ensure focus on delivery of the Group priorities, while ensuring engagement with the executive teams of the four trusts to work collaboratively to deliver both Trust and Group priorities.
- 1.3.
- 1.4. The Trusts believe that by focusing on the Group Principles, being collectively responsible for all risks; and fairly sharing risk and rewards, they will reinforce their commitment to addressing issues within the Group that affect the achievement of the Key Delivery Priorities.
- 1.3. There will, however, be instances when issues arise across the Group that cannot be managed through the normal governance processes, or that poses a significant risk to the overall performance of the Group (an "**Issue for Escalation**").
- 1.4. The Trusts shall promptly notify each other of any Issue for Escalation that might affect the achievement of the Key Delivery Priorities, including where the subject matter is specific to one of the Trusts, when it arises. This will be via the Group CEO and Group Executive Management Board.

2. Agreeing action to address Issues for Escalation

- 2.1 The Group CEO shall be the Chair of the Executive Management Board. The Group CEO shall lead the Executive of the Group in taking responsibility for delivery of the Objectives in accordance with the Group Purpose and Principles;
 - 2.2 Issues for Escalation will be raised with the Group CEO and via the Group Executive Management Board. The Group CEO will lead the Executive Management Board in agreeing a response to any Issues for Escalation in accordance with the Group Principles and this Agreement so as to seek to reach a unanimous decision on action to be taken. The Executive Management Board will agree the mechanism by which the issue will be reported and recovery tracked.
- 2.2 If a unanimous decision cannot be reached, the Group CEO will agree appropriate action, or further escalation, via the Group Executive Management Board and will agree the mechanism by which the issue will be reported and recovery tracked.

3. Reporting on issues raised

3.1 Any Issues for Escalation escalated via the Group Executive Management Board will be reported via the appropriate Group committee to track recovery and provide assurance to the Board in Common.

4. Further escalation of issues

4.1 If the Group CEO agrees that the Issue for Escalation requires further escalation and intervention, they will agree the further escalation from Group Executive Management Board to the Chair in Common.

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SCHEDULE 4
STRATEGY FOR THE COLLABORATIVE 2024-2027

[apc-strategy-2024.pdf \(nwl-acute-provider-collaborative.nhs.uk\)](https://www.nwl-acute-provider-collaborative.nhs.uk/apc-strategy-2024.pdf)

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**North West London Acute Provider Group
Strategic Estates, Infrastructure and Sustainability Committee
Terms of Reference**

1. Overarching Purpose

- 1.1 The Strategic Estates and Sustainability Collaborative Committee is a non-statutory standing sub-committee of the North West London Acute Provider Group Board in Common and is established to provide assurance to the Board in Common (BiC) on the development and implementation of estate and sustainability strategies across the North West London Acute Provider Group (the 'Group') within defined and prioritised capital funding resources.
- 1.2 The Strategic Estates, Infrastructure and Sustainability Group Committee carries overarching responsibilities for:
- 1.3 Strategic Development of the Group Estates and Sustainability Portfolio:
- Overseeing the development of an estates strategy across the Group, including site optimisation and redevelopment, and to inform the design of the human resource required to deliver the strategy.
 - Considering, advising and governing the overarching estate strategy for the Group, in the context of the ICS estates strategy, ensuring the alignment of estate priorities across the Group and the identification of estate related dependencies arising from changes to service/system operating models.
 - Overseeing and assuring the development of a sustainability strategy for the Group, including the delivery of Net Zero.
 - Overseeing the strategic consideration of opportunities across the Group in relation to soft facilities management contracts.
 - Overseeing the strategic consideration of investment in major equipment across the Group.
 - Providing the BiC with assurance and oversight of the planning and delivery of major infrastructure programmes across the Group, including investment in major equipment and estates development projects, reviewing business cases for onward recommendation to the Group Finance & Performance Committee. Assurance and oversight of planning and delivery of digital / IT remain under the remit of the Digital and Data Group Committee.
 - Considering and contributing to the development of a capital prioritisation framework for the Group.
 - Ensuring equity is considered in all strategic estates and sustainability development.
- 1.4 To oversee and receive assurance relating to the implementation of group-wide interventions for short and medium term improvements in estates optimisation and usage, and sustainability.
- Ensure that the Group is meeting the Estates and Sustainability related statutory and regulatory reporting standards and requirements
 - Receive assurance regarding Group level estates and sustainability performance and Trust-level contribution towards that collective performance, providing assurance to the Board in Common on performance of each Trust and the Group
 - identify areas of estates and sustainability performance unwarranted variation and risk where group-wide interventions would speed and improve the response and agree these as strategic priorities for the Group.
 - To oversee and receive assurance that the Trust level processes governing estates maintenance and development are functioning properly and identify areas of risk where group-wide interventions would accelerate and improve the response.

1.5 To receive assurance regarding capital planning and prioritisation across the Group, and to consider the relationship between capital and productivity.

2. Specific Duties and Responsibilities

2.1 The Strategic Estates and Sustainability Group Committee shall oversee and provide assurance to the Board in Common on the following areas:

- To prioritise, oversee and assure strategic change programmes to drive group-wide and ICS integrated improvements.
 - The development and delivery of an overarching Estate strategy for the Group ensuring alignment with individual local plans including redevelopment proposals, and consideration of the relationship between capital development and productivity.
 - The development and delivery of the overarching Sustainability Plan for the Group.
- To oversee the strategic consideration of opportunities across the Group in relation to:
 - Facilities management (soft FM) contracts - to have sight of significant facilities management (soft FM) contracts (such as cleaning, laundry and catering services) and the tendering process for each, with a view to considering the value / benefit of a group approach to such contracts.
 - Estates / capital related business cases – to have sight of, and comment on, any significant business case prior to approval by the Group Finance & Performance Committee, to ensure alignment with the Group estates strategy
 - Informing the design and implementation of human resource required to deliver the estates function across the Group, including delivery of the strategy - to have sight of significant changes with a view to considering the value / benefit of a group approach to human resource.
- To oversee and assure group-wide programmes of work that aim to provide short and medium term improvements.
 - Ensuring necessary engagement in the development of capital prioritisation framework for the Group
 - Ensuring appropriate investment in major equipment (excluding digital / IT) across the Group.
- To ensure equity of access is considered in all strategic estates development, including completion of appropriate equality impact assessments for estates developments and that any developments support the achievement of the Group aims relating to equality, diversity and inclusion.
- To oversee and provide assurance that the Trust level processes governing estates are functioning properly and identify areas of risk where group-wide interventions would speed and improve the response.
 - The consideration of estate impacts resulting from proposed service changes and/or developments including involvement in relevant business case review.
 - The effectiveness of contingency planning across the Group to address estate failure and risk.

3. Composition

3.1 Membership

3.1.1 The members of the Committee are appointed by the Trust Boards that form the North West London Acute Provider Group Board in Common and will be made up of:

- A Vice Chair of one of the Trusts, appointed as the Chair of this Committee
- One non-executive director from each of the remaining three sovereign Trusts
- Lead Group Executive for Estates and Sustainability
- Group Chief Financial Officer, to represent the Group on capital matters
- Group Chief Delivery Officer, to represent the Group on aligning operational issues with capital matters

3.1.2 The Group CEO and Chair will be ex-officio members. Should they attend meetings they will be considered members of the Committee and have a vote.

3.1.3 Others executive directors will be expected to attend on a regular basis to provide subject expert input, including:

- Directors of estates, one from each of the four Trusts
- Leads for sustainability, one from each of the four Trusts, SROs for the Redevelopment Programme / Directors of Redevelopment (THHFT and ICHT)
- Directors of Strategy, or equivalent

Others may be invited to attend depending on the focus of the discussions at the discretion of the Chair. In the event that the Group Chief Executive attends the meeting he/she will carry voting rights.

3.2 The quorum for meetings is half of the membership, including

- At least 3 Non-executive Directors
- At least 2 Executive Directors

3.3 Secretariat support will be sourced from the North West London Acute Provider Group Corporate Governance team.

4. Meeting Arrangements

4.1 Attendance

4.1.1 Members of the Committee are expected to attend meetings wherever possible. In exceptional circumstances and subject to prior approval from the Chair of the Committee, a deputy can attend.

4.1.2 The Group Chair in Common is entitled to attend any meeting of the Committee.

4.1.3 Any Non-Executive Director who is not a member of the Committee is entitled to attend Committee meetings. At the invitation of the Committee Chair, others may also attend the Committee meetings.

4.1.4 The Committee Chair may ask any person in attendance who is not a member of the Committee to withdraw from a meeting to facilitate open and frank discussion of a particular matter.

4.2 Meetings

- 4.2.1 The Group Committee will meet (including by virtual means) at least four times a year, or as determined by the Committee Chair. Any member of the Committee can ask for a meeting to be convened in person, by virtual means, or for a matter to be considered in correspondence/e governance.
- 4.2.2 Unless otherwise agreed, notice of each meeting confirming the venue, time and date together with an agenda of items to be discussed shall be circulated to each member of the Committee and any other person required to attend, no later than five working days before the date of the meeting. Supporting papers shall be sent to Committee members, and to other attendees as appropriate no later than five working days before the date of the meeting.
- 4.2.3 The secretary will minute the proceedings and decisions of all meetings of the Committee, including recording the names of those present and in attendance.
- 4.2.4 Draft minutes shall be sent to the Committee Chair within five business days of the meeting and submitted for formal agreement at the next meeting.

5. Declaration of Interest

- 5.1 All members and attendees of the Committee must declare any relevant personal, non-personal, pecuniary or potential interests at the commencement of any meeting. The Chair of the Committee will determine if there is a conflict of interest such that the member and/or attendee will be required to not participate in a discussion or otherwise limit their involvement in the meeting.

6. Reporting responsibilities

- 6.1 The Committee's Chair shall report formally to the Board in Common on its proceedings after each meeting.
- 6.2 The Committee will make whatever recommendations to the Board in Common it deems appropriate in any area within its remit where action or improvement is needed.

7. Other matters

- 7.1 The Committee will:
- Have access to sufficient resources to carry out its duties.
 - Consider any other matters where requested to do so by the Board in Common and Local Provider Boards within the NWL Acute Provider Group.
 - Review on an annual basis its own performance and terms of reference to ensure that it is operating effectively as part of the Board's effectiveness review.

8. Authority

- 8.1 The Committee is authorised:
- To seek any information it requires, or request attendance at a meeting, from any employee or any other person in order to perform its duties;
 - To obtain, legal or other professional advice on any matter within its terms of reference, subject to Board in Common approval.

Revised: January 2026

Approved:

Review date:

North West London Acute Provider Group Digital and Data Committee Terms of Reference

1. Overarching Purpose

1.1 The Group Digital and Data Committee is a non-statutory standing sub-committee of the North West London Acute Group Board in Common and is established to provide assurance to the Board in Common (BiC) on the development and implementation of digital and data strategies across the Group within defined and prioritised capital funding resources.

1.2 The overarching role of the Group Digital and Data Committee is:

- To develop and oversee the delivery of the Group Digital and Data Strategy and its associated strategic priorities
- To oversee and receive assurance relating to the implementation of Group-wide interventions for short and medium term digital and data improvements.
- To prioritise, oversee and assure strategic change programmes to drive Group-wide and ICS integrated improvements in the management of digital/data infrastructure.
- To oversee and receive assurance that the Trust level processes governing Digital and data are functioning properly and identify areas of risk/unwarranted variation where Group-wide interventions would speed and improve the response.

1.3 The Group Digital and Data Committee carries overarching responsibilities to:

- Oversee and receive assurance on the development of an information and IT strategy for the Group that is aligned with ICS, regional and national strategy, and incorporates the delivery of robust digital and data infrastructure.
- Oversee and receive assurance on the development and deployment of a standard approach to digital and data, to ensure the alignment of priorities across the Group.
- Identify digital and data related dependencies arising from changes to service/system operating models.
- Provide the BiC with assurance and oversight of the planning and delivery of major digital and data programmes across the Group, including involvement in the approval of relevant business cases.
- Provide the BiC with expertise in the development, deployment and ongoing assurance around the use of Artificial Intelligence across the Group
- Oversee and support the ICS strategy and clinical and operational deliverables through digitally enabled and data driven transformation.

2. Specific Duties and Responsibilities

2.1 The Group Digital and Data Committee shall oversee and provide assurance to the BiC on the following areas:

- The development and delivery of a Group level Digital and Data Strategy designed to meet the needs of the NHS 10 year plan and associated needs of the acute NHS Trusts operating across the North West London Acute Provider Group
- To oversee and assure Group-wide programmes of work that aim to provide short and medium term improvements.

- The implementation of shared patient record, moving towards common use and

- reporting, prioritising developments and to optimise user experience, and overseeing any application approach and decisions to deviate from that.
 - The development and deployment of a standard operations management, reporting and command centre solution across the Group.
 - Ensuring necessary engagement in the development of capital prioritisation framework for the Group.
- To prioritise, oversee and assure strategic change programmes to drive Group- wide and ICS integrated improvements
 - The development of a Group-wide Information and IT Strategy.
 - The development and implementation of a digital patient engagement strategy that addresses all connectivity needs with patients outside our hospitals.
- To oversee and provide assurance that the Trust level processes governing digital and data are functioning properly and identify areas of risk or unwarranted variation where Group-wide interventions would speed and improve the response.
 - The consideration of impact on digital and data infrastructure resulting from proposed service changes and/or developments including involvement in relevant business case review.
 - The commonality and rational variation in local digital and data investments to support the simplification of technology for staff across the Group.
 - The robustness of the digital and data infrastructure across the Group, including networks, data centres, digital security and arrangements for information governance.
- To ensure equity of access is considered in all strategic digital development, including completion of appropriate equality impact assessments for digital developments and that any developments support the achievement of the Group aims relating to equality, diversity and inclusion.

3. Composition

Membership

3.1 The members of the Committee are appointed by the Boards and will be made up of:

- A non-executive member of the Board in Common who will act as the Committee Chair
- One non-executive director from each of the other three Trusts within the Group
- Group Chief Information Officer or their nominated deputy
- Group Chief Delivery Officer or their nominated deputy

3.2 The Group CEO will be an ex-officio member. Should they attend meetings they will be considered a member of the Committee and have a vote.

3.3 In addition, Trust level CEOs, and Digital/Data Transformation leads from each of the four acute provider Trusts along with the Group Director of Governance will be regular attendees. Other attendees may be invited to attend any meeting of the Group Committee at the request of the Chair.

3.4 Secretariat support will be sourced from the North West London Acute Provider Group Corporate Governance Team

4. Meeting Arrangements

Attendance

4.1 Members of the Committee are expected to attend meetings wherever possible. In exceptional circumstances and subject to prior approval from the Chair of the Committee, a deputy can attend.

4.2 The Committee Chair may ask any person in attendance who is not a member of the Committee to withdraw from a meeting to facilitate open and frank discussion of a particular matter.

Meetings

4.3 The Group Committee will meet (including by virtual means) at least four times a year, or more frequently as determined by the Committee Chair. Any member of the Committee can ask the Committee Chair for a meeting to be convened in person, or by virtual means, or for a matter to be considered in correspondence/e governance.

4.4 The quorum for meetings is 5 members, of which non-executive members must form the majority including

- At least 3 Non-executive Directors, one of which will Chair the meeting
- Two Executive Directors

Meetings

4.1 The Group Committee will meet (including by virtual means) at least four times a year, or as determined by the Committee Chair. Any member of the Committee can ask for a meeting to be convened in person, or virtually, or for a matter to be considered in correspondence/e-governance.

4.2 Unless otherwise agreed, notice of each meeting confirming the venue, time and date together with an agenda of items to be discussed shall be circulated to each member of the Committee and any other person required to attend, no later than five working days before the date of the meeting. Supporting papers shall be sent to Committee members, and to other attendees as appropriate, no later than five working days before the date of the meeting.

4.3 The secretary will minute the proceedings and decisions of all meetings of the Committee, including recording the names of those present and in attendance.

4.4 Draft minutes shall be sent to the Committee Chair within five business days of the meeting and submitted for formal agreement at the next meeting.

5. Declaration of Interest

5.1 All members and attendees of the Committee must declare any relevant personal, non-personal, pecuniary or potential interests at the commencement of any meeting. The Chair of the Committee will determine if there is a conflict of interest such that the member and/or attendee will be required to not participate in a discussion or otherwise limit their involvement in the meeting.

6. Reporting responsibilities

- 6.1 The Committee's Chair shall report formally to the Board in Common on its proceedings after each meeting.
- 6.2 The Committee will make whatever recommendations to the Board in Common it deems appropriate in any area within its remit where action or improvement is needed.
- 6.3 The Committee will receive escalation reports from local providers and executive level programmes as appropriate

7. Other matters

The Committee will:

- 7.1 have access to sufficient resources to carry out its duties,
- 7.2 consider any other matters where requested to do so by the Board in Common and Local Trust Standing Committees within the NWL Acute Provider Group
- 7.3 review on an annual basis its own performance and terms of reference to ensure that it is operating effectively as part of the Board's effectiveness review.

8. Authority

The Committee is authorised:

- 8.1 to seek any information it requires, or request attendance at a meeting, from any employee or any other person in order to perform its duties;
- 8.2 to obtain, legal or other professional advice on any matter within its terms of reference, subject to Board in Common approval.

January 2026

**North West London Acute Provider Group
Group Finance and Performance Committee
Terms of Reference**

1. Overarching Purpose

- 1.1 The Finance and Performance Group Committee is a non-statutory standing sub-committee of the North West London Acute Provider Group Board in Common and is established to provide advice and assurance to the Board in Common (BiC) on the effectiveness of the financial strategy and planning, on the operational performance of the Group and on the commercial strategy, in-year capital investments and development of the Group operational infrastructure.
- 1.2 The overarching role of the Group Finance and Performance Committee is to:
- oversee the development of medium-term business plans and strategic change programmes to drive group-wide financial and operational performance improvements, inputting into the Group strategy
 - oversee and receive assurance relating to the implementation of strategic priorities for financial and operational performance short and medium-term improvements, ensuring effective and efficient use of resources
 - oversee and receive assurance regarding Group level financial and operational performance and Trust-level contribution towards that collective performance, providing assurance to the Board in Common on performance of each Trust and the Group
 - ensuring that the Group is meeting financial and operational statutory and regulatory reporting standards and requirements, including constitutional standards.
 - identify areas of variation and risk within trust-level financial and operational performance where group-wide interventions would speed and improve the response and agree these as strategic priorities for the Group.
- 1.3 The Finance and Performance Group Committee is responsible for:
- Considering, advising and governing the Group's medium-term financial strategy, in relation to both revenue and capital
 - Providing the BiC with assurance/oversight of the in-year financial performance of the Group
 - Gaining assurance on the effective operational performance of the Group, with a focus the constitutional standards
 - Effective and efficient use of resources and assets
 - Ensuring that the Group is meeting statutory and regulatory reporting standards and requirements, including constitutional standards
 - Identifying areas of variation and risk within trust-level financial and operational performance where group-wide interventions would speed and improve the response and agree these as strategic priorities for the Group.

2. Specific Duties and Responsibilities

2.1 The Finance and Performance Group Committee shall oversee and provide assurance to the BiC on the following areas:

- To oversee and assure Group-wide interventions for short and medium-term improvements
 - Considering, advising and governing the Group's medium-term financial strategy, in relation to both revenue and capital
 - supporting the Group's mission to address the health inequalities that exist in our population and eliminate inequity in access to our services;
 - Reviewing financial planning, assumptions and forecasting in relation to budgets, balance sheet, capital, savings and transformation improvement plans across the Group, ensuring these are efficiently and effectively managed.
 - Providing advice and support on significant financial and commercial policies prior to recommendation at the Board for approval (where required). This includes policies related to costings, revenue, capital, working capital, treasury management, investments and benefits realisation.
 - Standardising operational management around identified best practice
 - Optimising back-office functions to improve quality and value for money
 - Standardising recording processes to create accurate and comparable data sets
- To identify, prioritise, oversee and assure strategic change programmes to drive Group-wide and ICS integrated improvements
 - Seeking opportunities to improve quality and value for money by integrated service delivery
 - Reviewing relevant areas of the Board Assurance Framework gaining assurance around controls, mitigation and action plans in place to address significant risks.
- To oversee and provide assurance on the financial and operational performance of Trusts operating within the North West London Acute Provider Group, and their contribution towards Group level performance, including
 - Gaining assurance on the effective operational performance of sovereign Trusts and the wider Group, with a focus the constitutional standards
 - Recovery of elective care, emergency care and diagnostic capacity, to deliver sustainable reductions in waiting and treatment times in accordance with the NHS 10 year plan;
 - Reviewing the Integrated Performance Dashboard for the Group and querying any variation in provider outcomes to seek assurance or to give advice on remedial actions that can be taken to improve performance. Escalate any risks/concerns and successes to local Trust Standing Committees and/or the Board in Common as appropriate.
 - Providing the BiC with assurance/oversight of the in-year financial performance of the sovereign Trusts and the wider Group
 - Reviewing the financial performance of the Group and querying any variation in provider outcomes to seek assurance or to give advice on remedial actions that can be taken to improve performance. Escalate any risks/concerns and successes to the Board in Common as appropriate.
 - Monitoring the effectiveness of the Group's financial and operational performance reporting systems, and KPIs
 - Ensuring the effective and efficient use of resources and assets.

- Ensuring that the Group is meeting statutory and regulatory reporting standards and requirements; including constitutional standards.

3. Composition

Membership

3.1 The members of the Committee are appointed by the North West London Acute Provider Group Board in Common and will be made up of:

- A non-executive member of the Board in Common, appointed as the Group Committee Chair
- A non-executive Director from each of the other three sovereign Trusts in the North West London Acute Provider Group
- Group Chief Finance Officer, or nominated deputy
- Group Chief Delivery Officer, or nominated deputy

3.2 The Group CEO and Chair will be ex-officio members. Should they attend meetings they will be considered members of the Committee and have a vote.

3.3 In addition, Trust level CEOs, Chief Financial Officers and Chief Operating Officers from each of the four acute provider Trusts will be regular attendees. Other attendees may be invited to attend any meeting of the Group Committee.

3.4 Secretariat support will be sourced from the North West London Acute Provider Group Corporate Governance Team.

4. Meeting arrangements

Attendance

4.1 Members of the Committee are expected to attend meetings wherever possible. In exceptional circumstances and subject to prior approval from the Chair of the Committee, a deputy can attend.

4.2 The Committee Chair may ask any person in attendance who is not a member of the Committee to withdraw from a meeting to facilitate open and frank discussion of a particular matter.

Meetings

4.3 The Group Committee will meet (including by telephone or video conferencing) at least four times a year, or as determined by the Committee Chair. Any member of the Committee can ask for a meeting to be convened in person, by video conference or by telephone, or for a matter to be considered in correspondence/e governance.

4.6 The quorum for meetings is 3 members, including

- At least 3 Non-executive Directors
- Group Chief Finance Officer (or nominated executive deputy)

- Group Chief Delivery Officer (or nominated executive deputy)

4.7 Unless otherwise agreed, notice of each meeting confirming the venue, time and date together with an agenda of items to be discussed shall be circulated to each member of the Committee and any other person required to attend, no later than five working days before the date of the meeting. Supporting papers shall be sent to Committee members, and to other attendees as appropriate, no later than five working days before the date of the meeting.

4.8 The secretary will minute the proceedings and decisions of all meetings of the Committee, including recording the names of those present and in attendance.

4.9 Draft minutes shall be sent to the Committee Chair within five business days of the meeting and submitted for formal agreement at the next meeting.

5. Declarations of Interest

5.1 All members and attendees of the Committee must declare any relevant personal, non-personal, pecuniary or potential interests at the commencement of any meeting. The Chair of the Committee will determine if there is a conflict of interest such that the member and/or attendee will be required to not participate in a discussion or otherwise limit their involvement in the meeting.

6. Reporting Responsibilities

6.1 The Committee's Chair shall report formally to the Board in Common on its proceedings after each meeting.

6.2 The Committee will make whatever recommendations to the Board it deems appropriate in any area within its remit where action or improvement is needed.

6.3 The Committee will make whatever recommendation to local Trust Standing Committees it deems appropriate in any areas within its remit where action or improvement is needed

7. Other Matters

The Committee will:

7.1 have access to sufficient resources to carry out its duties,

7.2 consider any other matters where requested to do so by the Board in Common and Local Provider Trust Standing Committees within the NWL Acute Provider Group

7.3 review on an annual basis its own performance and terms of reference to ensure that it is operating effectively as part of the Board's effectiveness review.

8. Authority

The Committee is authorised:

8.1 to seek any information it requires, or request attendance at a meeting, from any employee or any other person in order to perform its duties;

8.2 to obtain, legal or other professional advice on any matter within its terms of reference, subject to Board in Common approval.

January 2026

NWL Group Finance and Performance Committee ToR Dec 25

**North West London Acute Provider Group
Group Quality Committee
Terms of Reference**

1. Overarching Purpose

- 1.1 The Group Quality Committee is a non-statutory standing sub-committee of the North West London Acute Provider Group Board in Common. It is established to provide advice and assurance to the Board in Common (BiC) to support the discharge of each Board's respective duties and powers and their combined responsibilities by securing continuous improvement in the quality of services and outcomes in relation to the safety of services, effectiveness of services and the quality of the experience received by patients across the North West London Acute Provider Group.
- 1.2 The overarching role of the Group Quality Committee in Common is to:
- oversee the development and delivery of a Group level Quality Strategy and associated strategic priorities
 - oversee and receive assurance relating to the implementation of strategic quality priorities for short and medium-term improvements, ensuring effective and efficient use of resources
 - oversee the development of strategic quality change programmes to drive group-wide improvements, inputting into the Group strategy
 - Ensure that the Group is meeting the quality related statutory and regulatory reporting standards and requirements, including constitutional standards covering patient safety, patient experience and clinical effectiveness.
 - Receive assurance regarding Group level quality performance and Trust-level contribution towards that collective performance, providing assurance to the Board in Common on performance of each Trust and the Group
 - identify areas of quality performance variation and risk where group-wide interventions would speed and improve the response and agree these as strategic priorities for the Group.
- 1.3 The Group Quality Committee oversees and receives assurance regarding to:-
- The identification and management of risks associated with the delivery of group level quality strategic priorities
 - Identification and management of quality related risks apparent from local variation in outcomes that would benefit from a Group-wide approach.
 - Development and application of quality metrics that facilitate the removal of unwarranted variation, levelling up of quality across the Group and indicate the existence or emergence of quality issues anywhere within the Group.
 - Driving the Group towards evidence based best practice through Group-wide projects and the application of data and models of care from GIRFT, Model Hospital, Rightcare and other reliable sources.

- Oversight and assurance on the development of joint models of care that optimise the patient pathway across the Group
- Oversight and assurance on the development of improved patient and community engagement across the Group

2. Specific Duties and Responsibilities

To develop and oversee the implementation and effectiveness of a Group level Quality Strategy to deliver group level strategic quality priorities

To oversee and receive assurance relating to the implementation of strategic quality priorities for short and medium-term improvements, ensuring effective and efficient use of resources

To identify, prioritise, oversee and assure strategic change programmes to drive Group-wide and ICS integrated improvements so that the Group are continually meeting the needs of patients accessing services and determine whether the Group is improving the quality of patient care and health outcomes within the context of delivering the NHS Long Term Plan.

To oversee and receive assurance regarding Group level quality performance and Trust-level contribution towards that collective performance, and identify areas of risk where Group-wide interventions would speed and improve the response.

- Review the Integrated Quality Dashboard for the Group and query any unwarranted variation in provider outcomes to seek assurance or to give advice on remedial actions that can be taken to improve performance. Escalate any risks/concerns and successes to the Board in Common as appropriate.
- Receive regular updates on Group performance against National Patient Safety Improvement Programmes and, where appropriate, provide advice on how issues identified should be addressed.
- Receive updates/assurance reports from each local provider on issues identified through the Patient Safety Incident Response Framework and seek assurance on how serious patient safety incidents are being addressed through this framework.
- Review major patient safety incidents from local providers to identify any similarities, trends or areas for focussed and/or Group wide learning.
- Review national inquiries for major safety concerns in the NHS to ensure learning is adopted and adhered to across the Group including the Ockenden report.
- Promote within the Group a just culture of open and honest reporting of any situation that may threaten the quality of patient care
- Identify and review the relevant quality related risks within the Group Board Assurance Framework/Strategic Risk Register and report into the Board in Common on levels of assurance of mitigation
- To oversee and assure Group-wide interventions for short and medium term improvements
 - Nurture a quality improvement culture across the Group by overseeing existing quality improvement programmes and expanding the use of effective quality improvement programmes more widely.
 - Oversee the approach to 'lessons learnt' across the Group so that best practice can be shared and implemented

- Consider themes and trends emerging from patient feedback across the Group and oversee any actions to address any concerns that require a Group response/steer.
- Consider themes and trends emerging from clinical audit, R&I and quality standards such as GIRFT across the Group and oversee any actions to address any concerns that require a Group response/steer.
- Ensure that the quality of care provided to patients is improving and developing to eradicate health inequalities across North West London.

3. Composition

Membership

3.1 The members of the Committee are appointed by the Boards and will be made up of:

- A non-executive member of the Board in Common, appointed as the Group Committee Chair
- A Non-executive Director from each of the other three sovereign Trusts in the Acute Provider Group
- Lead Chief Nursing Officer for the Group or executive deputy
- Lead Chief Medical Officer for the Group or executive deputy

3.2 The Group CEO and Chair will be ex-officio members. Should they attend meetings they will be considered members of the Committee and have a vote.

3.3 In addition, Trust level CEOs, Chief Nursing Officers and Chief Medical Officers from each of the four acute provider Trusts along with the Group Director of Governance will be regular attendees. Other attendees may be invited to attend any meeting of the Group Committee at the request of the Chair.

3.4 Secretariat support will be sourced from the North West London Acute Provider Group Corporate Governance Team

4. Meeting arrangements

Attendance

4.1 Members of the Committee are expected to attend meetings wherever possible. In exceptional circumstances and subject to prior approval from the Chair of the Committee, a deputy can attend.

4.2 The Committee Chair may ask any person in attendance who is not a member of the Committee to withdraw from a meeting to facilitate open and frank discussion of a particular matter.

Meetings

4.3 The Group Committee will meet (including by virtual means) at least four times a year, or more frequently as determined by the Committee Chair. Any member of the Committee can ask the Committee Chair for a meeting to be convened in person, or by virtual means, or for a matter to be considered in correspondence/e governance.

4.4 The quorum for meetings is 5 members, of which Non-executive members must form the majority including

- At least 3 Non-executive Directors, one of which will Chair the meeting
- Lead Chief Nursing Officer for the Group or Executive deputy agreed by the Chair
- Lead Chief Medical Officer for the Group or Executive Deputy agreed by the Chair

4.5 Unless otherwise agreed, notice of each meeting confirming the venue, time and date together with an agenda of items to be discussed shall be circulated to each member of the Committee and any other person required to attend, no later than four working days before the date of the meeting. Supporting papers (including a rolling 12-month forward plan) shall be sent to Committee members, and to other attendees as appropriate, no later than four working days before the date of the meeting.

4.6 The secretary will minute the proceedings and decisions of all meetings of the Committee, including recording the names of those present and in attendance.

4.7 Draft minutes shall be sent to the Committee Chair within 5 working days of the meeting and submitted for formal agreement at the next meeting.

5. Declarations of Interest

5.1 All members and attendees of the Committee must declare any relevant personal, non-personal, pecuniary or potential interests where there is a conflict with an agenda item or matter under discussion, at the start of the meeting, or where there is a change to their published declaration of interests. The Chair of the Committee will determine if there is a conflict of interest such that the member and/or attendee will be required not to participate in a discussion or otherwise limit their involvement in the meeting.

6. Reporting Responsibilities

6.1 The Committee's Chair shall report formally to the Board in Common on its proceedings after each meeting.

6.2 The Committee will make whatever recommendations to the Board and local Trust Standing Committees it deems appropriate in any area within its remit where action or improvement is needed.

7. Other Matters

The Committee will:

7.1 have access to sufficient resources to carry out its duties

7.2 consider any other matters where requested to do so by the Board in Common and the 4 acute Provider Trust Standing Committees within the NWL Acute Provider Group

7.3 review on an annual basis its own performance and terms of reference to ensure that it is operating effectively as part of the Board's effectiveness review.

8.Authority

The Committee is authorised:

8.1 to seek any information it requires, or request attendance at a meeting, from any employee or any other person in order to perform its duties

8.2 to obtain legal or other professional advice on any matter within its terms of reference, subject to Board in Common approval.

January 2026

DRAFT

**North West London Acute Provider Group
Group People Committee
Terms of Reference**

1. Overarching Purpose

1.1 The North West London Acute Provider Group has established a Group People Committee (the Committee) as a non-statutory committee of the Board in Common to support the exercise of the respective duties and powers of the Boards of the 4 acute provider Trusts in their responsibilities.

1.2 The overarching role of the Group People Committee in Common is to:-

- oversee the development of strategic people change programmes to drive group-wide improvements, inputting into the Group strategy
- oversee and receive assurance relating to the implementation of strategic people priorities for short and medium-term improvements, ensuring effective and efficient use of resources
- oversee and receive assurance regarding Group level people performance and Trust-level contribution towards that collective performance, providing assurance to the Board in Common on performance of each Trust and the Group ensuring that the Group is meeting the people related statutory and regulatory reporting standards and requirements, including constitutional standards.
- identify areas of people performance variation and risk where group-wide interventions would speed and improve the response and agree these as strategic priorities for the Group.

1.3 The overarching responsibilities of the Committee include:-

- Ensuring a People Strategy for the Group is developed and aligned between the 4 organisations and meets the needs of the NHS People Plan
- Providing the Board in Common with assurance and oversight of all aspects of strategic people management and organisational development that is relevant for the Group
- Provide the Board in Common with assurance of the implementation and delivery of the commitments detailed in the Trust's organisational People Strategies including the Group's progress in:
 - Creating an excellent environment that attracts, retains and develops the best staff in the NHS, recognising and supporting the exceptional effort and dedication of our people, and provide resilience to workforce pressures across North West London;
 - Monitoring and supporting a compassionate and inclusive culture which tackles the discrimination some staff face, thereby reducing inequalities
 - Monitoring and supporting a positive and inclusive culture of staff engagement which ensures that staff feel involved, engaged, listened to and respected
 - Ensuring a sustainable workforce is in place to support the Group and issues are shared and mutual support offered and that workforce transformation takes place where relevant
 - Seeking assurance that Trust plans are in place to look after and investing in the physical and mental health and wellbeing of the Group workforce and where relevant develop a Group strategy

2. Specific Duties and Responsibilities

- To identify, prioritise, oversee and assure strategic change programmes to drive Group-wide and ICS integrated improvements
 - ensure that the People Strategy and EDI Strategy is continually meeting the needs of its workforce and the patients we serve.
 - Ensure that the Group has oversight of the Education, Skills and Capability agenda at Trust level and that this is shaped to meet the needs of the changing workforce. Ensure that acute issues are escalated as appropriate through the Integrated Care System to help influence change.
 - Seek assurance as to the strategic development of the workforce including Group approaches to :-
 - National and international recruitment
 - Approaches to improve retention
 - Approaches to improve staff satisfaction
 - Unified approaches to bank and agency management
 - Optimising back-office functions to improve quality and value for money

- To oversee and assure Group-wide interventions for short and medium term improvements
 - Ensure that the Group has a comprehensive Senior Leadership Development and Talent Management Programme in place designed to reinforce the culture the Group is seeking to achieve, enable effective succession planning at senior levels and evaluate the effectiveness of the programme to inform further improvements.
 - Development of a staff passport and associated technologies that simplify how staff work across our sites and move employment between our hospitals - moving towards a life-time employment model within NW London that meets people's needs at different times in their life

- To oversee and provide assurance of Trust level people performance and identify areas of risk where Group-wide interventions would speed and improve the response.
 - Assist the Board in Common in ensuring that the capacity, capability and experience of people working across the Group to provide care to patients is improving and developing to eradicate health inequalities across North West London.
 - Review the People Dashboard for the Group and query any special cause variation in provider outcomes to seek assurance or to give advice on remedial actions that can be taken to improve performance. Escalate any risks/concerns and successes to the Board in Common as appropriate or refer back to Local Trust Standing Committees as appropriate.
 - Promote within the Group a culture of open and honest reporting of any situation that may adversely affect the experience of staff working in the Group
 - Seek assurance that effective mechanisms are in place to allow staff to raise concerns
 - Ensure the Group's and Trust's activities are systematically and effectively promoting health and wellbeing, and psychological safety of the workforce.
 - Review, assess and gain assurance on compliance with Health and Safety matters impacting on staff and patient wellbeing including the management of violence and aggression and sexual safety

- Seek assurance from the triangulation of feedback from staff surveys, exit interviews, Freedom to Speak Up Guardians, Health and Wellbeing Guardians and other sources.
- Ensure engagement and consultation processes with staff, stakeholders and communities reflect the ambition and values of the Group and also meet statutory requirements
- Review the Group's position against the gender pay gap and ethnicity pay gap and ensure that the Group is seeking to reduce this over time by gaining assurance from the four Trusts that they have developed appropriate policies and actions
- Review the Group's progress via the Trusts with the Workforce Race Equality Standard and Workforce Disability Equality Standard, aiming to have fair and adequate workforce representation at all levels across the Group
- Review the Trusts and Groups progress in delivering the resident doctor 10 point improvement plan
- Review, assess and gain assurance on the effectiveness of mitigations and action plans as set out in the Group's Board Assurance Framework specific to the Committee's purpose and function.

3. Composition

Membership

3.1 The members of the Committee are appointed by the Board in Common and will be made up of:

- A non-executive member of the Board in Common, appointed as the Group Committee Chair
- A non-executive Director from the three other sovereign Trusts within the North West London Acute Provider Group
- Group Chief People Officer, or nominated deputy
- Lead Group Chief Nursing Officer, or nominated deputy

3.2 The Group CEO and Chair will be ex-officio members. Should they attend meetings they will be considered members of the Committee and have a vote.

3.3 In addition, Trust level CEOs, Chief Financial Officers and Chief Operating Officers from each of the four acute provider Trusts will be regular attendees. Other attendees may be invited to attend any meeting of the Group Committee.

3.4 Secretariat support will be sourced from the North West London Acute Provider Group Corporate Governance Team.

4. Meeting arrangements

4.1 Members of the Committee are expected to attend meetings wherever possible. At the invitation of the Committee Chair, others may also attend Committee meetings.

4.2 The Committee Chair may ask any person in attendance who is not a member of the Committee to withdraw from a meeting to facilitate open and frank discussion of a particular matter.

4.3 The Committee will meet in common (including by telephone or video conferencing) at least four times a year or as determined by the Committee Chair. Any member of the Committee can ask for a meeting to be convened in person, by video-conference or by telephone, or for a matter to be considered in correspondence.

4.4 The quorum for meetings is three members including:

- 3 non-executive Directors and
- the Group Chief People Officer or nominated deputy.

A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Committee. Non-executive Directors must form the majority to be quorate.

4.5 Unless otherwise agreed, notice of each meeting confirming the venue, time and date together with an agenda and supporting papers shall be circulated to each member of the Committee and where relevant, any other person required to attend, no later than five working days before the date of the meeting.

4.6 The secretary will minute the proceedings and decisions of all meetings of the Committee, including recording the names of those present and in attendance.

4.7 Draft minutes will be sent to the Committee Chair within five business days of the meeting and submitted for formal approval at the next meeting.

5. Declarations of Interest

5.1 All members and attendees of the Committee must declare any relevant personal, non-personal, pecuniary or potential interests at the commencement of any meeting. The Chair of the Committee will determine if there is a conflict of interest such that the member and/or attendee will be required not to participate in a discussion.

5.2 Any member at any time is entitled to ask the Chair whether an item of business should be discussed outside of a meeting in common, as it conflicts with a power or duty of an individual organisation.

6. Other duties

6.1 The Committee will discuss any matter which any member of the Committee believes to be of such importance that it should be brought to the attention of the Committee.

6.2 Where the Committee considers an item of its business may give rise to a potential conflict by meeting in common, the Committee may refer that business to the local provider Trust Standing Committee.

7. Reporting responsibilities

7.1 The Committee's Chair will report formally to the Board in Common on its proceedings after each meeting.

7.2 The Committee will make whatever recommendations to the Board in Common that it deems appropriate in any area within its remit where action or improvement is required.

7.3 The Committee make whatever recommendations to the local Trust Standing Committees that it deems appropriate in any area within its remit where action or improvement is required.

8. Other matters

The Committee will:

- 8.1 have access to sufficient resources to carry out its duties, including access to the Directors of Corporate Governance/Corporate Affairs for assistance as required;
- 8.2 consider any other matters where requested to do so by the Board in Common and Local Trust Standing Committees within the NWL Acute Provider Group; and
- 8.3 review on an annual basis its own performance and terms of reference to ensure that it is operating effectively as part of the Board's effectiveness review.

9. Authority

The Committee is authorised:

- 9.1 to seek any information it requires, or request attendance at a meeting, from any employee within the Group to perform its duties;
- 9.2 to obtain, at the Group's expense, outside legal or other professional advice on any matter within its terms of reference (subject to budgets agreed by the Board).

Version 1.0 Dec 25

DRAFT

Appointments and Remuneration Committee

Terms of Reference

1. Constitution

The Board of Directors' Appointments and Remuneration Committee (the Committee) is established as a statutory sub-committee of the Board as required by the NHS Act 2006 (amended by the Health and Social Care Act 2012).

The Committee will review these Terms of Reference on an annual basis as part of a self-assessment of its own effectiveness. Any recommended changes brought about as a result of the yearly review, including changes to the Terms of Reference, will require approval of the Board.

The membership is drawn from the sovereign Trust's governing body. It is, however, possible and permissible for the committee to adopt the 'Committees in Common' approach which is suitable where sovereign Trusts are working extremely closely, such that agendas could be aligned. This approach is supported within the North West London Acute Provider Group and as such authorised within these Terms of Reference.

2. Authority

2.1 The Committee is directly accountable to the Board.

3. Overarching Purpose

3.1 The Committee has the delegated power to act on behalf of the Board in making decisions in relation to the remuneration and terms of service for the Group Chief Executive and other Executive Directors¹. These decisions will cover all aspects of salary, including the approval of arrangements for termination of employment and other major contractual terms. The Committee will operate in accordance with principles outlined in the NHS Code of Governance.

3.2 The Committee will give full consideration to, and make plans for succession planning, for the Group Chief Executive and other Executive Directors, taking into account the challenges and opportunities facing the Trust and the skills and expertise needed on the Board in future. The Committee will be responsible for identifying and nominating a candidate, to fill the position of Group Chief Executive. The Committee will also advise upon and oversee the contractual arrangements of the Group Chief Executive and other Executive Board Directors.

3.3 The Committee will also have a role in overseeing the Group Chief Executive's plans and proposals regarding "very senior manager" ("VSM") appointments² (including non-voting Directors, but excluding Non-Executive Directors) and remuneration and, having regard to national guidance (for example from NHS Employers, NHS England and/or their successors), and in particular, will:

- Review any 'on payroll' appointment or salary change that attracts or results in a remuneration at or above £150,000; including where this does not relate to the appointment of an Executive Director, but excluding Non-Executive Directors;

¹ Defined for these purposes as 'voting Directors' of the Board.

² Defined in accordance with NHS England guidance

- Review any 'off payroll' arrangement which, when annualised, remunerates the contractor in excess of £100,000 per annum;
- Keep under review the Trust's Policy on Executive and Senior Management Remuneration.

4. Specific Duties and Responsibilities

4.1 The Appointments and Remuneration Committee will:

- Promote the Trust's objectives and values in its work;
- Semi-annually review the structure, size and composition (including the skills, knowledge, experience and diversity) required of the Executive Directors of the Board as a whole and make recommendations to the Board as appropriate;
- Be responsible for identifying and nominating a candidate to fill the position of Group Chief Executive; to the Board in Common and where relevant Councils of Governors
- Before an Executive Director appointment (excluding Non-Executive Directors) is made, the Group Chief Executive must evaluate the balance of skills, knowledge, experience and diversity across the team, and, in the light of this evaluation, prepare a description of the role and capabilities required for a particular appointment. The Committee will seek to ensure that this has been completed and input where necessary.
- In identifying suitable candidates the Committee shall use open advertising or the services of external advisers to facilitate the search; consider candidates from a wide range of backgrounds, the Trust's commitment to equality, diversity and inclusion and that the recruitment process will consider candidates on merit against objective criteria; as well as meeting the 'fit and proper' persons test described in the Provider Licence;
- Monitor and evaluate the performance of individual Executive Directors and consider any matter relating to the continuation in office of any Executive Director at any time including the suspension or termination of service of an individual as an employee of the Trust. Where such matters are discussed, the Group Chief Executive will be present. The Group Chief Executive will not be present when the committee is dealing with matters concerning his/her own appointment or removal;
- Ensure a formal and transparent procedure for developing policy on Executive remuneration and contractual terms of individual directors. Ensure levels of remuneration are sufficient to attract, retain and motivate Executive Directors of the required quality, whilst adhering to all relevant laws, regulations, Trust policy and remaining cost effective;
- Make decisions as to Executive Director remuneration in accordance with the North West London Acute Provider Group's Policy on Executive and Senior Management Remuneration;
- Consider the exit arrangements which need to put in place to address poor performance of any Executive Director;

- Consider all non-contractual severance payments and redundancy payments in excess of £100,000.

5. Composition

- 5.1 The Chair of the Trust is the Chair of the Committee plus an additional 2 Non-executive Directors of the sovereign Trust. In the absence of the Committee Chairman and/or an appointed deputy, the remaining members present shall elect one of themselves to chair the meeting. ,
- 5.2 The Group Chief Executive, Group Chief People Officer and Group Director of Governance or agreed deputy, will also attend Committee meetings, unless considered inappropriate.

6. Meeting arrangements

Attendance

- 6.1 Members of the Committee are expected to attend meetings wherever possible. In exceptional circumstances and subject to prior approval from the Chair of the Committee, a deputy can attend.
- 6.2 The Committee Chair may ask any person in attendance who is not a member of the Committee to withdraw from a meeting to facilitate open and frank discussion of a particular matter.

Meetings

- 6.3 The Committee will meet (including by virtual means) at least twice a year, or more frequently as determined by the Committee Chair. Any member of the Committee can ask the Committee Chair for a meeting to be convened in person, or by virtual means, or for a matter to be considered in correspondence/e governance.
- 6.4 The quorum for meetings is 3 members
- At least 2 Non-executive Directors, one of which will Chair the meeting
 - Group Chief Executive or Group Chief People Officer
- 6.5 Unless otherwise agreed, notice of each meeting confirming the venue, time and date together with an agenda of items to be discussed shall be circulated to each member of the Committee and any other person required to attend, no later than four working days before the date of the meeting. Supporting papers (including a rolling 12-month forward plan) shall be sent to Committee members, and to other attendees as appropriate, no later than four working days before the date of the meeting.
- 6.6 The secretary will minute the proceedings and decisions of all meetings of the Committee, including recording the names of those present and in attendance.
- 6.7 Draft minutes shall be sent to the Committee Chair within 5 working days of the meeting and submitted for formal agreement at the next meeting.

- 6.8 The Appointments and Remuneration Committee agenda, papers and minutes are considered to be confidential.
- 6.9 Meetings may be held 'in common' with other Appointment and Remuneration Committees across the North West London Acute Provider Group.

7. Declarations of Interest

- 7.1 All members and attendees of the Committee must declare any relevant personal, non-personal, pecuniary or potential interests where there is a conflict with an agenda item or matter under discussion, at the start of the meeting, or where there is a change to their published declaration of interests. The Chair of the Committee will determine if there is a conflict of interest such that the member and/or attendee will be required not to participate in a discussion or otherwise limit their involvement in the meeting.

8. Other Matters

The Committee will:

- 8.1 have access to sufficient resources to carry out its duties
- 8.2 consider any other matters where requested to do so by the Board in Common and the 4 acute Provider Trust Standing Committees within the NWL Acute Provider Group
- 8.3 review on an annual basis its own performance and terms of reference to ensure that it is operating effectively as part of the Board's effectiveness review.

9 .Authority

The Committee is authorised:

- 9.1 to seek any information it requires, or request attendance at a meeting, from any employee or any other person in order to perform its duties
- 9.2 to obtain legal or other professional advice on any matter within its terms of reference, subject to Board in Common approval.

January 2026

4. INTEGRATED QUALITY AND PERFORMANCE REPORT

REFERENCES

Only PDFs are attached



4.0 Integrated Performance Report - Jan-26.pdf



4.0a BIC Performance Report - November 2025 v2.pdf

NWL Acute Provider Collaborative Board in Common (Public)

20/01/2026

Item number: 4

This report is: Public

Integrated Performance Report

Author: Mathew Towers
Job title: Deputy Chief Information Officer – Business Intelligence, London North West University Healthcare NHS Trust and The Hillingdon Hospitals NHS Foundation Trust

Accountable director: Professor Tim Orchard
Job title: Chief Executive Officer, Imperial College Healthcare NHS Trust

Purpose of report (for decision, discussion or noting)

Purpose: **Assurance**

The Integrated Performance Report has been reviewed in line with the NHS Operating Plan for 2025/26 and APC priorities with feedback from Board members to ensure the scope of the report remains relevant and focused.

Report history

NWL APC Executive Management Board
12/01/2026
Reviewed

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 scope of KPIs for reporting to the Board in Common was finalised at BIC Cabinet on 11 June 2025 and work is ongoing to add further indicators requested as definitions and data collection arrangements are being finalised.

This month's report re-introduces the Decision to Cancer Treatment wait, also known as the Cancer 31-day standard, which will be part of the Operating Plan for 2026/27. All Trusts are reporting better performance than the national target.

As set out last month, the Urgent and Emergency Department long waits KPI has been amended to align with the National Oversight Framework. The count of breaches of this standard remains unchanged but the denominator and target have been adjusted to reflect Type 1 Department activity only. NWL APC performance is reported at 8%, which is better than the current London average of 11.4% and the national median of 8.6%.

Impact assessment

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

Strategic priorities

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

Main Report

Follows this cover sheet.

Integrated Performance Report

November 2025 data
(Cancer and Maternity October 2025)
received by EMB January 2026

Performance Summary

Link to Slide	Section KPI	Expected	Actual	Improvement Trend	Assurance
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Section 1a: Performance - Elective Care

Referral to treatment waits < 18 weeks	≥60%	60.7%	▲	○
Referral to treatment waits > 52 weeks	</=1%	1.6%	▲	!
Inequity in Longest Waits for Treatment	95-105	110	○	○
Access to diagnostics > 6 Weeks	</=5%	21.7%	○	!
Access to Cancer Care (Faster Diagnosis) < 28 days	≥75%	79.5%	○	✓
Decision to Cancer Treatment < 31 days	≥96%	97.0%	▲	✓
Referral to Cancer Treatment Pathways < 62 days	≥85%	77.9%	▲	!

Section 1b: Performance - Emergency Care

Waits in urgent and emergency care < 4 hours	≥78%	76.9%	▲	!
Waits in urgent and emergency care > 12 hours	</=8.6%	8.0%	▲	○
Good experience reported for emergency depts.	≥74%	79.4%	○	✓
ED Patients with Mental Health conditions > 12 hours	<24%	32.6%	○	!

Section 1c: Performance - Maternity and Neonatal Care

Neonatal Crude Deaths (per 1,000 births)	<0.94	1.4	○	○
Crude still birth rate (per 1,000 births)	<3.3	3.2	○	○
Pre-Term births (per 1,000 births)	<8	8.2	○	○
Rate of suspected neonatal intrapartum brain injuries	<1.8	0	○	○
Good experience reported for maternity services	≥90%	89.5%	○	○

Section 2a: Finance

Financial Performance	£3.7M	-£4.4M	○	○
Temporary Staffing Expenditure	£22.9M	£22.7M	○	○

▲ ▼	Statistically significant improvement or deterioration in monitored trend
✓ !	Statistically likely or very unlikely to meets the desired level of performance

Link to Slide	Section KPI	Expected	Actual	Improvement Trend	Assurance
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Section 2b: Productivity and Flow

Ambulance handover waits < 15 minutes	≥65%	45.1%	○	!
Emergency Readmission Rate	TBC	TBC	○	○
Inequity in DNA Rates	95-105	134	○	○
Patient Initiated Follow Up	≥5%	3.7%	○	!
Theatre Utilisation (Hrs)	≥85%	87.9%	○	○
Long Length of Stay for Emergency Patients	<78.4%	79.0%	○	○
Discharge Performance (no Criteria to Reside)	n/a	500	○	○

Section 3: Workforce

Sickness Absence Rate	≤4%	4.5%	▼	!
Voluntary Turnover Rate	≤12%	7.2%	▲	✓
Vacancy Rate	≤10%	7.6%	▲	✓
Non-medical appraisals	≥95%	90.6%	○	!
Core skills compliance	≥90%	92.1%	○	✓
Model Employer Goals	≥61%	41.2%	▼	!

Section 4: Statutory and Safety Reports

Healthcare associated c. Diff Infections (per 100,000 bed days)	n/a	18.4	○	○
Healthcare associated E. coli BSIs (per 100,000 bed days)	n/a	31.7	○	○
Healthcare associated MRSA BSI (per 100,000 bed days)	0	2.0	○	○
Pressure ulcers (per 1,000 bed days)		0.04	○	○
Inpatient falls (per 1,000 bed days)		0.16	○	○
VTE Risk Assessments Completed	≥95%	96.7%	○	✓
SHMI (as expected or better)	<100	4 / 4	○	○
Good experience reported by inpatients	≥94%	94.7%	○	✓

Section 1a: Performance Elective Care

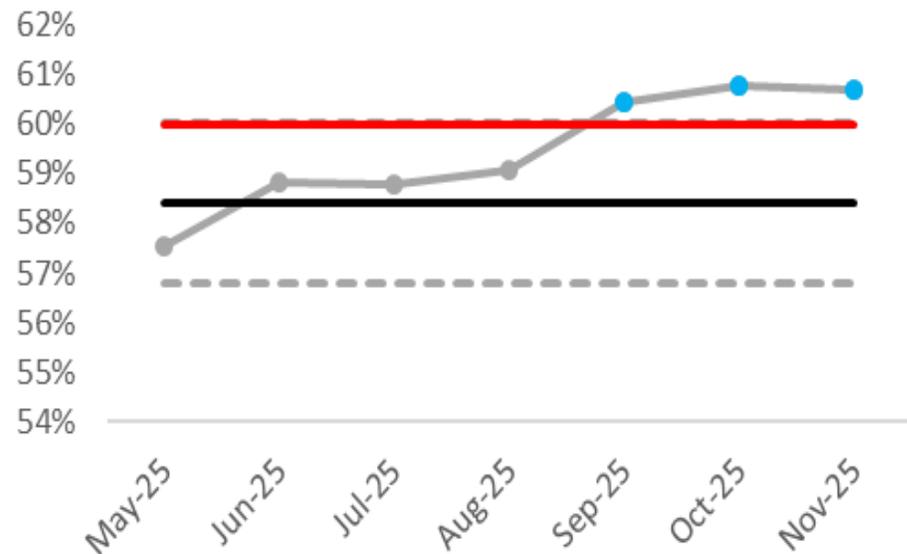
November 2025, except Cancer service metrics October 2025

Referral to Treatment Waits



TREND

Wait for treatment: % < 18 week standard



60%

STANDARD

60.7%

PERFORMANCE



TREND



ASSURANCE

NARRATIVE

Performance: Performance against the 18-week target remained stable in M8 (0.1% reduction on previous month). Compliance against RTT standards is being monitored through at sector level and Trusts continue to address factors impacting long waits for patients. THHT remains the lowest performing trust in the sector and has robust improvement plans.

Recovery plan: Each Trust has a comprehensive action plan to improve RTT performance and maintain safe levels of care.

Improvements: There has been a gradual improvement in performance.

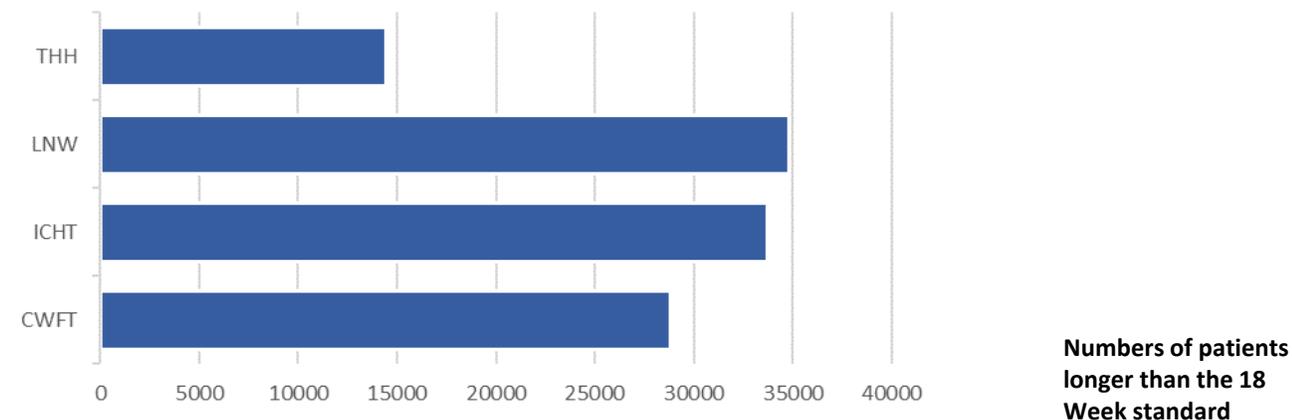
Forecast risks: Risks to RTT reduction include overall capacity shortfalls, reduction in ERF, reduction in investment of additional activity, industrial action

CURRENT PERFORMANCE

Wait for Treatment: 18 Week standard Nov-25

	Total Waiting List	Waits < 18 weeks	Difference from target	Waits < 18 weeks	Wait for first Appointments Total	PWFA < 18 weeks
CWFT	74721	61.4%		45916	52971	61.0%
ICHT	90297	62.6%		56547	60388	68.9%
LNW	84374	58.8%	-1.2%	49581	51861	59.0%
THH	35062	58.8%	-1.2%	20620	21920	62.0%
APC	284454	60.7%		172664	187140	63.1%

STRATIFICATION



GOVERNANCE

Senior Responsible Owner: Laura Bewick, Managing Director, Chelsea and Westminster
Committee: APC Executive Management Board (Chair: Tim Orchard)

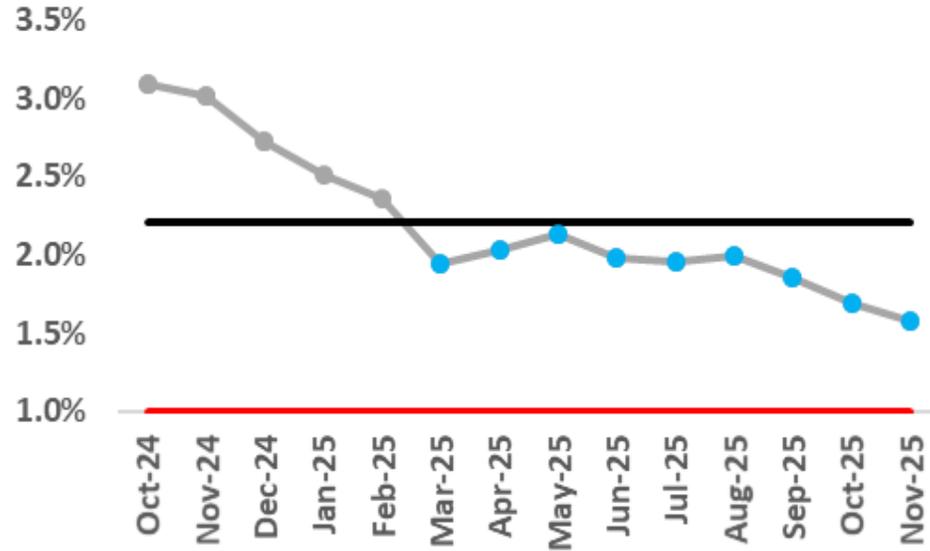
Data Assurance: Delivery through Planned Care Board. These figures are validated ahead of a monthly performance return before publication by NHSE.

Referral to Treatment Long Waits



TREND

% of Waits > 52 Weeks



1.0%

ALLOWANCE

1.6%

PERFORMANCE



TREND



ASSURANCE

NARRATIVE

Performance: Sector wide, all Trusts are committed to the operating plan targets and have internal trajectories to meet the requirement by March 2026. 52-week performance has improved again in M8 for the sector. For the first time there were zero patients waiting over 78 weeks in November compared to one the previous month.

Recovery: Trusts are focusing on improving productivity and efficiency as the majority of additional clinical activity (insourcing and waiting list initiatives) have ceased. Improvements in validation through the NHSE Validation Sprints are also supporting RTT.

Improvement: There has been a sustained reduction in long-waiting patients.

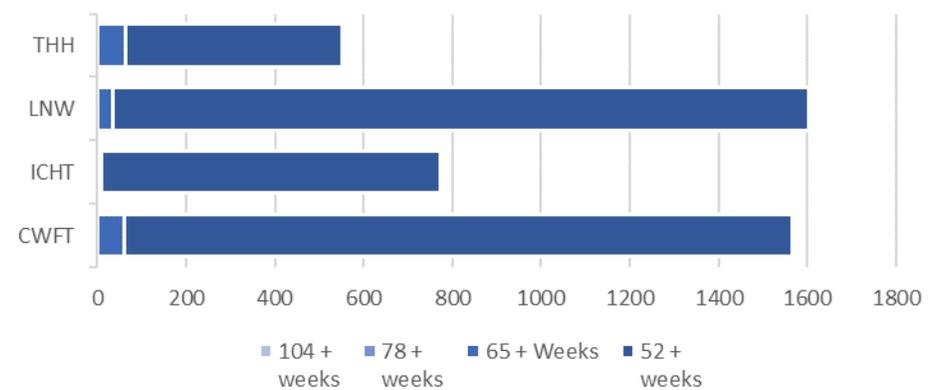
Forecast Risks: Risks to RTT reduction include overall capacity shortfalls, anaesthetic staffing shortages, reduction in ERF, high volumes of trauma and priority 2 patients.

CURRENT PERFORMANCE

Unacceptable Waits for Treatment: 18-Week Standard Nov-25

	Total Waiting List	Waits > 52 weeks	Difference from target	52 + weeks	Of which		Impacted by	Impacts on	
					65 + Weeks	78 + weeks	104 + weeks	OTDCs not booked < 28 days	PWFA <18 Weeks
CWFT	74721	2.1%	-1.1%	1565	60	0	0	0	61.0%
ICHT	90297	0.9%		772	9	0	0	16	68.9%
LNW	84374	1.9%	-0.9%	1603	35	0	0	0	59.0%
THH	35062	1.6%	-0.6%	552	63	0	0	0	62.0%
APC	284454	1.6%	-0.6%	4492	167	0	0	16	63.1%

STRATIFICATION



Trust share of APC waits longer than standard

GOVERNANCE

Senior Responsible Owner: Laura Bewick, Managing Director, Chelsea and Westminster

Committee: APC Executive Management Board (Chair: Tim Orchard)

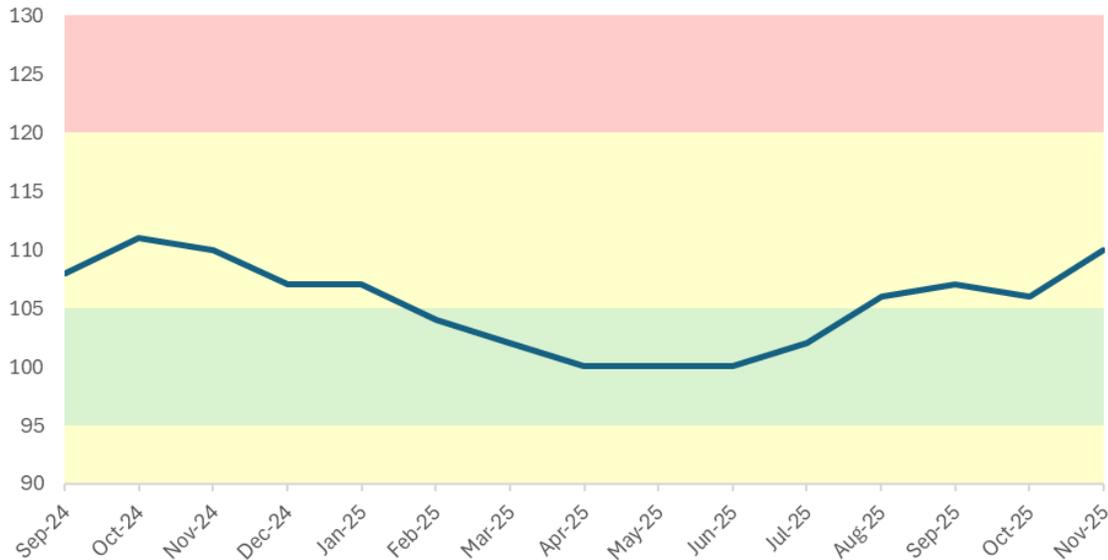
Data Assurance: Delivery through Planned Care Board. These figures are validated ahead of a monthly performance return before publication by NHSE.

Inequity in Longest Waits for Treatment



TREND

Inequalities in RTT Waiting Times (IMDQ1 vs IMDQ2-5)



NARRATIVE

Performance: This analysis compares the waiting experience of the most deprived 20% of society (IMDQ1) with the experience of the other 80%. A number greater than 100 means they are waiting longer for treatment for the same condition. This chart shows that except for Imperial, at the other 3 hospitals the most deprived people are more likely to be waiting longer.

Recovery: Managed by the APC Quality Committee

Improvement: Performance data is provisional and supplied for review against its intended purpose and for alignment on definition. Further investigation is being carried out on CWFT waiting lists.

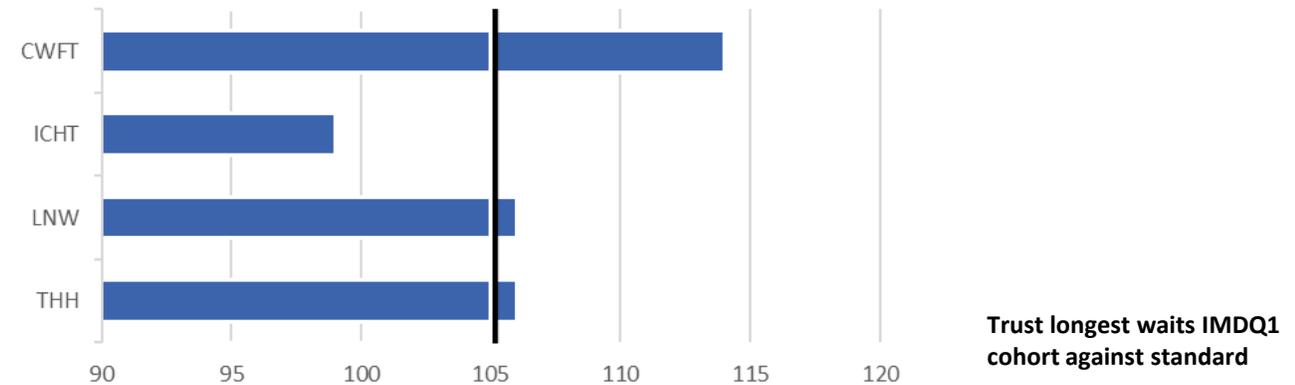
Forecast Risks: To be confirmed

CURRENT PERFORMANCE

Inequity in Longest Waits for Treatment: Nov-25

	Total Waiting List	Standardised Performance	% of Longest Waits		Waits > 40 Weeks		Total Waiting	
			IMDQ1	IMDQ2-5	IMDQ1	IMDQ2-5	IMDQ1	IMDQ2-5
CWFT	73,602	114	9.7%	8.5%	814	5,527	8,405	65,197
ICHT	89,884	99	6.3%	6.4%	540	5,167	8,619	81,265
LNW	77,442	106	9.9%	9.3%	993	6,301	10,041	67,401
THH	33,905	106	7.5%	7.1%	152	2,248	2,028	31,877
APC	274,833	110	8.6%	7.8%	2,499	19,243	29,093	245,740

STRATIFICATION



Trust longest waits IMDQ1 cohort against standard

GOVERNANCE

Senior Responsible Owner: Pippa Nightingale, CEO, LNW

Committee: APC Executive Management Board (Chair: Tim Orchard)

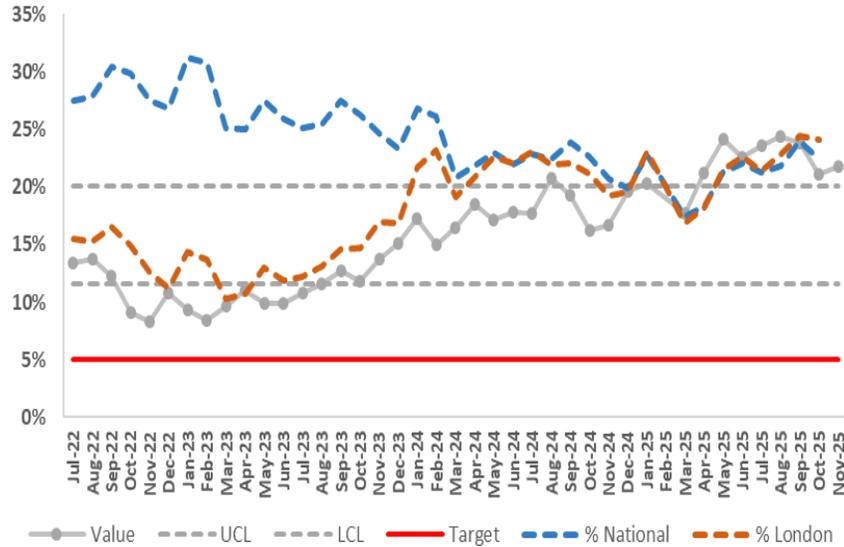
Data Assurance: Provisional figures provided for review and comment.

Access to Diagnostics



TREND

% of Breaches > 6 Weeks (Diagnostics)



5.0%

ALLOWANCE

21.7%

PERFORMANCE



TREND



ASSURANCE

NARRATIVE

Performance: Overall delivery remains below target with a slight deterioration in month (0.6%). Significant improvement in month at THH, but deterioration at LNW and CWFT. Sector performance showing improving trend and is now in line with National performance and better than London performance

Recovery Plan: Recovery plans in place. Additional capacity offered by CDCs has not delivered. Alternatives to be explored.

Improvements: Demand review required to ensure limited capacity is being used to best effect.

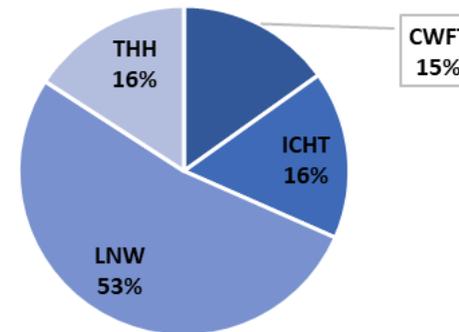
Forecast Risks: MRI capacity continues to be a risk across the sector. Other challenged modalities include Endoscopy, Audiology, Neurophysiology, Echocardiography and Ultrasound which face capacity challenges due to staffing shortages and ageing equipment.

CURRENT PERFORMANCE

Waits for Diagnostic Tests: 6-Week Standard Nov-25

	Total Waiting List	Waits > 6 weeks	Difference from target	6 + weeks	Of which 13 + weeks
CWFT	12596	16.6%	-11.6%	2086	493
ICHT	17114	13.3%	-8.3%	2275	841
LNW	25278	28.7%	-23.7%	7249	2416
THH	8460	25.9%	-20.9%	2187	795
APC	63448	21.7%	-16.7%	13797	4545

STRATIFICATION



Trust share of APC waits longer than standard

GOVERNANCE

Senior Responsible Owner: Ian Bateman, Chief Operating Officer ICHT

Committee: APC Executive Management Board (Chair: Tim Orchard)

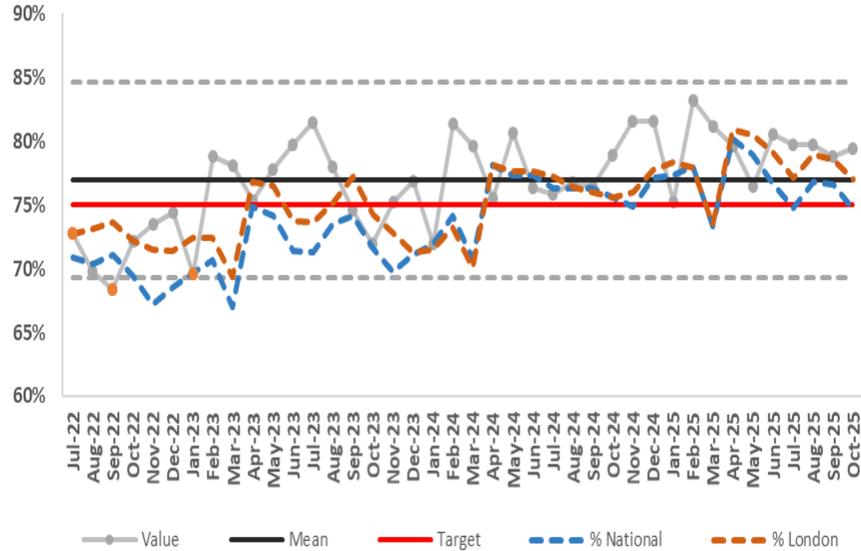
Data Assurance: Delivery through Planned Care Board. These figures are validated ahead of a monthly performance return before publication by NHSE.

Access to Cancer Care (Faster Diagnosis)



TREND

% Contacted within FDS Cancer standard



75%

STANDARD

78.8%

PERFORMANCE



TREND



ASSURANCE

NARRATIVE

Performance: NWL overall were compliant with the FDS standard in Oct-25 with a whole provider position being posted of 79.5% against the 75% target. All providers also met the individual standard in-month.

Recovery Plan: Continued collaboration with all Trusts to enhance the delivery of cancer pathways in line with the standard with recovery plans drafted to address most challenged and high impact pathways including Urology, Head & Neck and FDS for patients with a confirmed diagnosis of cancer. Weekly engagement meetings in place with each provider to discuss challenges, risks and agree mitigations and any alliance support required. Front end improvement projects are on-going for Urology at CWFT and THHT and this is reflected in October FDS performance.

Improvements: Focus remains on ensuring continued compliance with the FDS standard at a sector level and working with Hillingdon and CWFT to explore what further support is required to improve performance and sustain improvements seen in Urology. Additional breast capacity is on-going for LNWH and THHT using RMP funding. Wait to first appointments for Breast at ICHT and THHT have improved in October. Additional H&N capacity also commenced at LNWH in December.

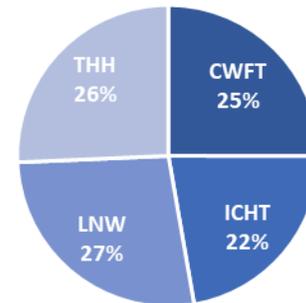
Forecast Risks: Continued planning of capacity for pinch points in pathways to protect cancer delivery as much as possible. Workforce and ability to run additional WLI's to meet demand are a key risk to performance. Diagnostic delays for radiology and Pathology TAT's also remain a risk. THHT using NHSE funding to support additional Radiology activity.

CURRENT PERFORMANCE

Access to Cancer Care (Faster Diagnosis) Oct-25

	Total Contacts	Faster Diagnosis performance	Difference from target	28 + days	Of which 62 + days
CWFT	2878	78.9%		607	104
ICHT	3049	82.3%		539	0
LNW	3328	80.3%		656	122
THH	2546	75.5%		623	65
APC	11801	79.5%		2425	291

STRATIFICATION



Trust share of APC waits longer than standard

GOVERNANCE

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

Committee: APC Executive Management Board (Chair: Tim Orchard)

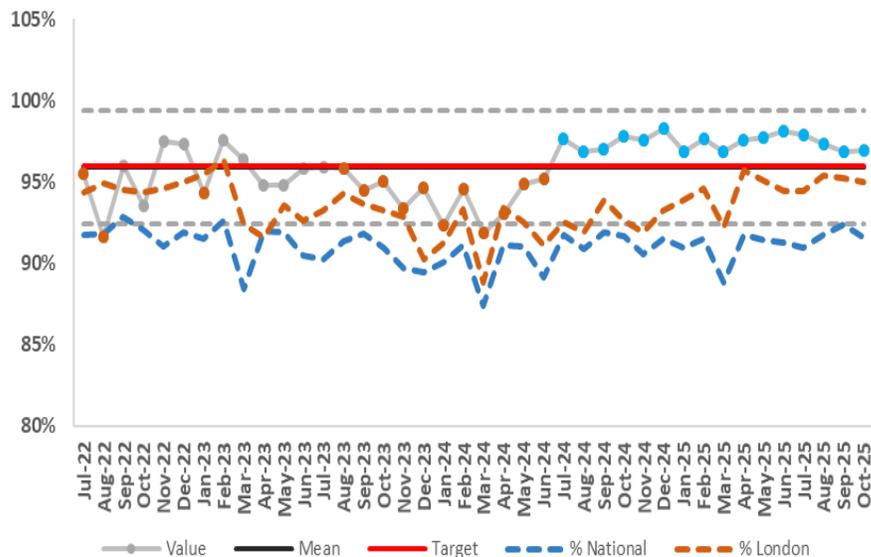
Data Assurance: Delivery through Cancer Clinical Operational Board. These figures are validated ahead of a monthly performance return before publication by NHSE

Decision to Cancer Treatment Wait



TREND

% Treated within 31 Day Cancer standard



96%

STANDARD

97.0%

PERFORMANCE



TREND



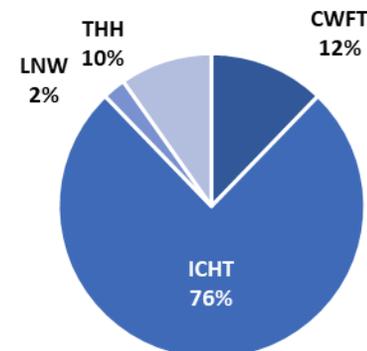
ASSURANCE

CURRENT PERFORMANCE

Cancer 31-day decision to treatment combined standard Oct-25

	Total Treated	31 day performance	Difference from target	31 + days	Of which 62 + days
CWFT	185	97.3%		5	0
ICHT	893	96.4%		32	0
LNW	179	99.4%		1	0
THH	93	96.8%		3	1
APC	1350	97.0%		41	1

STRATIFICATION



Trust share of APC waits longer than standard

NARRATIVE

Performance: 31-day standard performance in NWL and RMP remains strong. RMP and NWL remain one of the best performing against peers nationally.

Recovery Plan: Trusts continue to work closely with RM Partners to conduct audits and develop targeted, tumour-specific action plans. RMP also working with Hillingdon via trust engagement meetings to understand what further can be done to support consistent delivery with the standard.

Improvements: All trusts have been relatively consistent in terms of delivery of the 31-day standard with some exceptions.

Forecast Risks: As referral rates continue to stay high, there is a continued risk of a significant gap between demand and capacity due to workforce challenges across providers.

GOVERNANCE

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

Committee: APC Executive Management Board (Chair: Tim Orchard)

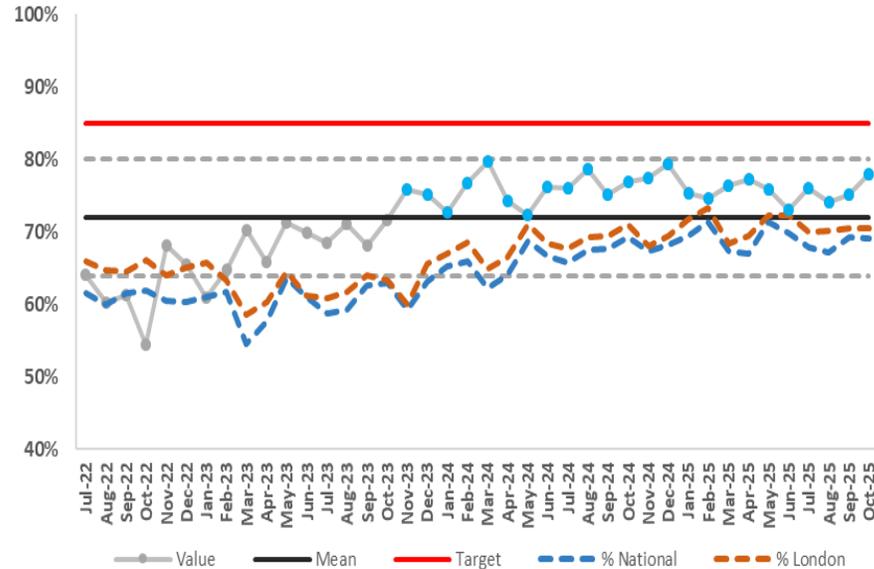
Data Assurance: Delivery through Cancer Clinical Operational Board. These figures are validated ahead of a monthly performance return before publication by NHSE

Referral to Cancer Treatment Pathways



TREND

% Treated within 62 Day Cancer standard



85%

STANDARD

77.9%

PERFORMANCE



TREND



ASSURANCE

NARRATIVE

Performance: Performance against the 62-day standard remains challenged against the 85% standard. However, the national ask of 75% was achieved in October. There are system-wide pressures that are contributing to this including delays in inter-Trust transfers. Breast, Urology and Lung are the main challenged tumour sites. However, NWL still remains one of the best performing ICBs nationally.

Recovery Plan. There are plans to address specialist diagnostic capacity for lung through EBUS, CTGB and navigational bronchoscopy. Front end improvement plans for Urology at CWFT and THHT will support with delivery of improved 62-day performance at both trusts and support with reduction in ITR delays. Additional capacity in place at LNWH and THHT will support with improved 62-day performance along with new appointments for Breast at ICHT.

Improvements: Performance continued to improve in October-25 with a focus now on achieving and sustaining performance above 80% across all providers by the end of March 2026. Performance at Imperial remains challenged. However, front end improvement projects for Urology at CWFT and THHT will in turn support with reducing ITR delays

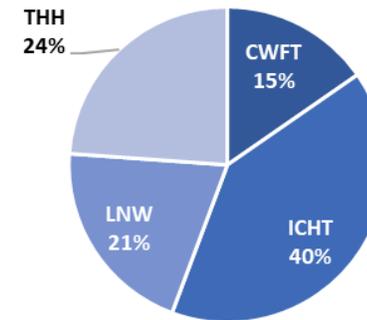
Forecast Risks: Lung diagnostics demand (particularly EBUS and navigational bronchoscopy) is likely to see additional challenges in this pathway. There are currently PET-CT tracer issues had resolved but have now resurfaced. NWL Pathology TAT's remain a risk.

CURRENT PERFORMANCE

Unacceptable Waits for the Treatment of Cancer: 62-day Combined Standard Oct-25

	Total Treated	62 day performance	Difference from target	62 + days	Of which	Impacts on
					104 + days	Backlog 104 + days
CWFT	191	80.4%	-4.6%	37.5	20	0
ICHT	249.5	72.7%	-12.3%	68	0	58
LNW	190	82.6%	-2.4%	33	12	26
THH	88	76.7%	-8.3%	20.5	4	6
APC	718.5	77.9%	-7.1%	159	36	90

STRATIFICATION



Trust share of APC waits longer than standard

GOVERNANCE

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

Committee: APC Executive Management Board (Chair: Tim Orchard)

Data Assurance: Delivery through Cancer Clinical Operational Board. These figures are validated ahead of a monthly performance return before publication by NHSE

Section 1b: Performance Emergency Care

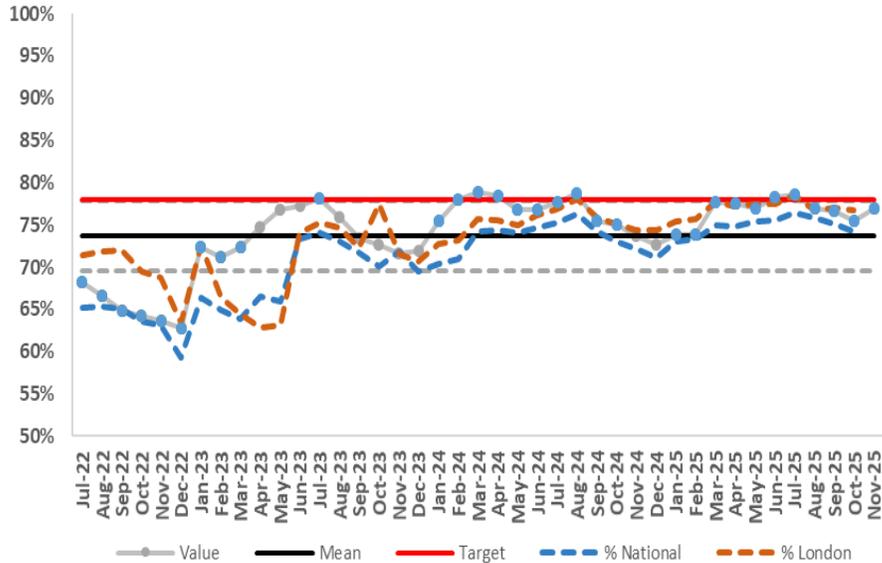
November 2025

Urgent & Emergency Department Waits



TREND

A&E 4 hour performance



78%

STANDARD

76.9%

PERFORMANCE



TREND



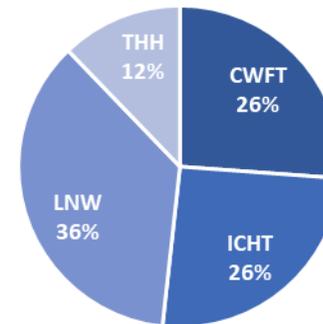
ASSURANCE

CURRENT PERFORMANCE

Time spend in Emergency Department: 4-Hour Standard Nov-25

	Total attendances (All Types)	4 hour Performance	Difference from target	4 hour + delays (All Types)	Of which (Number and Performance)			Impacted by Referrals to SDEC	
					Type 1 / 2 breaches	Type 3 breaches			
CWFT	27504	78.72%		5853	5718	73.1%	135	97.8%	1469
ICHT	23245	77.7%	-0.3%	5184	4844	69.1%	340	95.5%	5259
LNW	29679	73.7%	-4.3%	7807	6911	49.8%	896	94.4%	2440
THH	11786	79.0%		2473	2459	52.1%	14	99.8%	3775
APC	92214	76.9%		21317	19932	64.3%	1385	96.2%	12943

STRATIFICATION



Trust share of APC waits longer than standard

NARRATIVE

Performance: 76.9% of patients were admitted, transferred, or discharged within four hours (up from 75.5% in the previous month). National average = 74.1%; London average = 76.3% (unmapped). Total A&E attendances at the same level on the same month last year.

Recovery plan: Each Trust has a comprehensive action plan to improve four-hour performance and maintain safe levels of care. These plans align with the wider Northwest London UEC program, which aims to reduce demand and waits across the entire care system.

Improvements: Focused UEC recovery plans have been agreed with NHSE to meet the four-hour performance standard and there is continued collaboration across system to reduce demand and waiting times.

Forecast risks: Further increases in demand and continued delays with discharge for medically optimised patients.

GOVERNANCE

Senior Responsible Owner: Sheena Basnayake, Managing Director, Chelsea and Westminster

Committee: APC Executive Management Board (Chair: Tim Orchard)

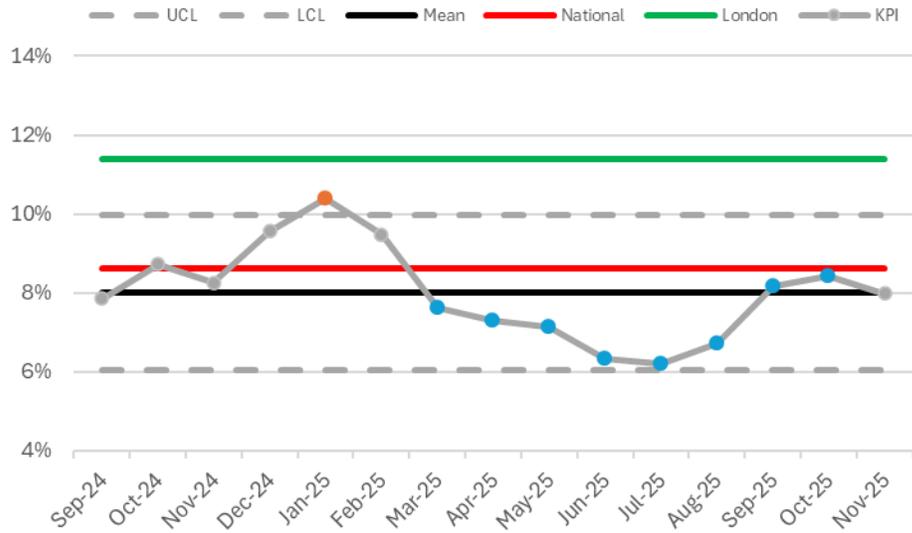
Data Assurance: Delivery through Urgent and Emergency Care Board. These figures are validated ahead of a monthly performance return before publication by NHSE.

Urgent & Emergency Department Long Waits



TREND

% Waits for Treatment in ED > 12 Hours



8.6%

ALLOWANCE

8.0%

PERFORMANCE



TREND



ASSURANCE

NARRATIVE

Performance: 12-hour delays remained at the same level (more or less): 8.0% of all Type 1 A&E attends waited over 12 hours from time of arrival (equivalent of 4,459 patients), from 8.4% in the previous month. Mental health delays remain a challenge for the sector with an overall impact flow and the length of time spent in ED – with potential for significant impacts on patient experience and care quality.

Recovery plan: All Trusts are focused on improving patient flow through a range of actions to recover performance and maintain safe levels of care, including escalation processes to minimise extended delays in ED.

Improvements: Ongoing implementation and enhancement of Trust specific UEC improvement plans and patient flow initiatives.

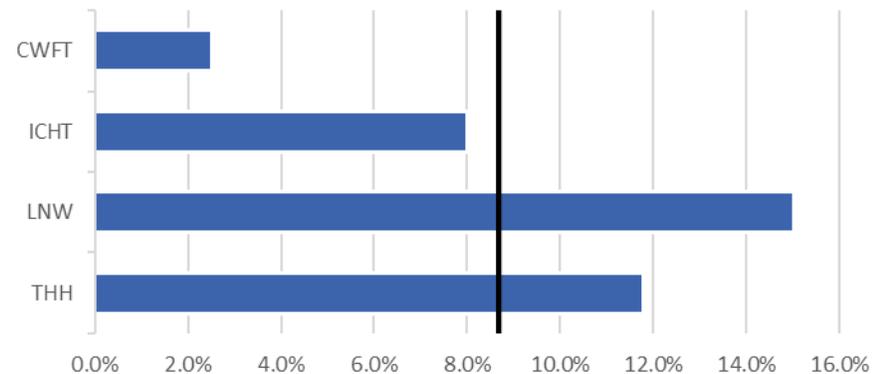
Forecast risks: Increases in demand, continued delays with discharge for medically optimised patients and continued delays for patients waiting for admission to mental health beds.

CURRENT PERFORMANCE

Unacceptable Waits for Treatment in ED: 12-Hour waits - Nov-25

	ED Type 1 Attendances	12 hour Performance	Difference from Provider Median	12 hour + delays
CWFT	21,276	2.5%		534
ICHT	15,672	8.0%		1,253
LNW	13,768	15.0%	-6.4%	2,068
THH	5,129	11.8%	-3.2%	604
APC	55,845	8.0%		4,459

STRATIFICATION



Trust share of APC waits longer than standard

GOVERNANCE

Senior Responsible Owner: Sheena Basnayake, Managing Director Chelsea and Westminster.

Committee: APC Executive Management Board (Chair: Tim Orchard)

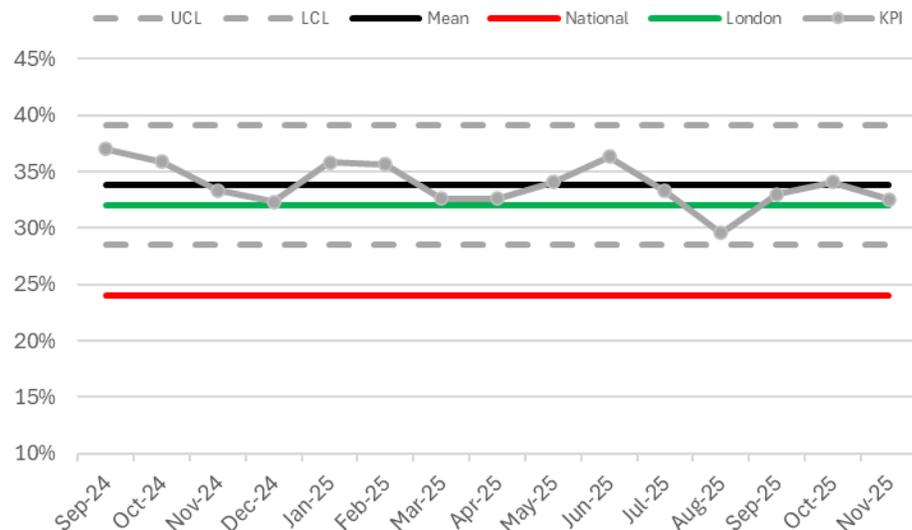
Data Assurance: Delivery through Urgent and Emergency Care Board. These figures are validated ahead of a monthly performance return before publication (except 12hr+ waits from arrival) by NHSE.

ED Patients with Mental Health conditions



TREND

% Patients with Mental Health in ED > 12 Hours



24%

ALLOWANCE

32.6%

PERFORMANCE



TREND



ASSURANCE

NARRATIVE

Performance: Mental health delays remain a challenge for the sector with an overall impact on flow and the length of time spent in ED. This metric shows the proportion of patients in ED referred to psychiatric liaison services for a consultation and potentially a bed waiting 12 hours or more.

Recovery plan: To be confirmed

Improvements: A longer wait is indicative of system pressures and can also be linked to the inability to find a mental health bed. Performance data is provisional and supplied for review against its intended purpose and for alignment on definition.

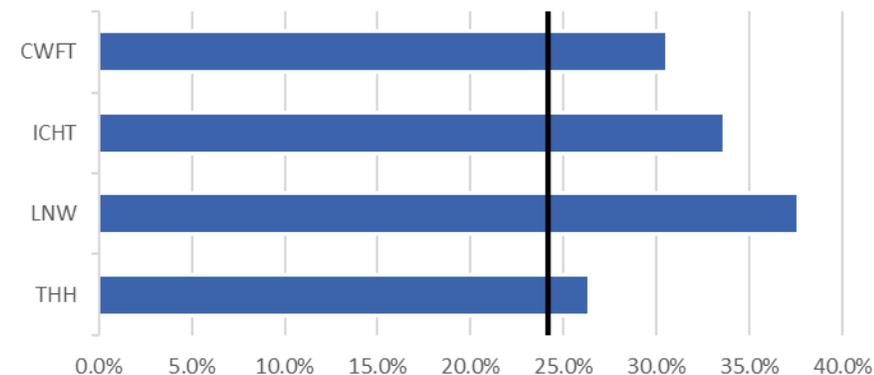
Forecast risks: To be confirmed

CURRENT PERFORMANCE

Unacceptable Waits for Mental Health patients in ED: 12-Hour waits Nov-25

	ED Type 1 Attendances	Referrals to Psychiatric Liaison	Demand for Mental Health Care	12 hour Performance	Difference from Provider Median	12 hour + delays
CWFT	21,276	353	1.7%	30.6%	-10.6%	108
ICHT	15,672	499	3.2%	33.7%	-13.7%	168
LNW	13,768	412	3.0%	37.6%	-17.6%	155
THH	5,129	311	6.1%	26.4%	-6.4%	82
APC	55,845	1,575	2.8%	32.6%	-12.6%	513

STRATIFICATION



Current Trust waits shown against the national provider median

GOVERNANCE

Senior Responsible Owner: To be confirmed

Committee: APC Executive Management Board (Chair: Tim Orchard)

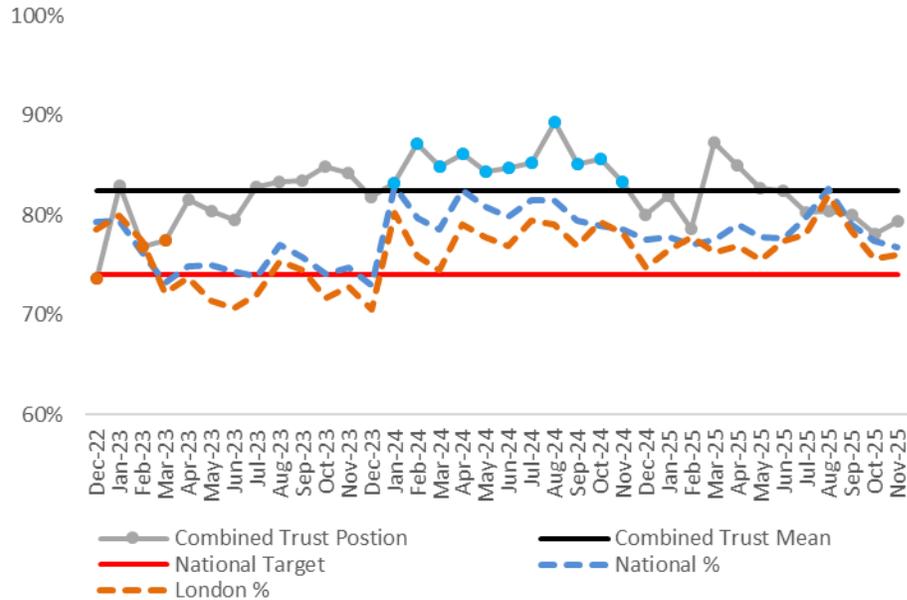
Data Assurance: Provisional figures provided for review and comment.

Emergency Dept Friends & Family Test



TREND

% good experience - ED



74%

STANDARD

79.4%

PERFORMANCE



TREND



ASSURANCE

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, although there has been a downward trend since March 2025 which is being monitored and is likely linked to ongoing operational and capacity issues. There was a small improvement in November, with all trusts above target.

Recovery Plan: Not applicable.

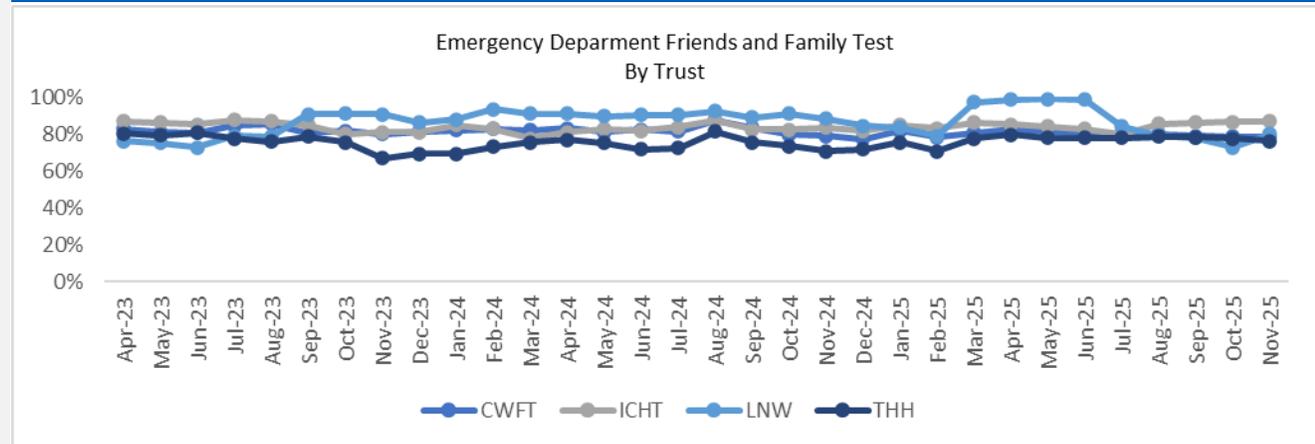
Improvements: N/A

Forecast Risks: Continued operational pressures resulting in longer waits in ED 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	1,758	78.5%		1,380	79.7%
ICHT	471	86.8%		409	84.0%
LNW	628	79.9%		502	83.9%
THH	631	76.1%		480	76.5%
APC	3,488	79.4%		2,771	81.4%

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.

Section 1c: Performance Maternity and Neonatal Care

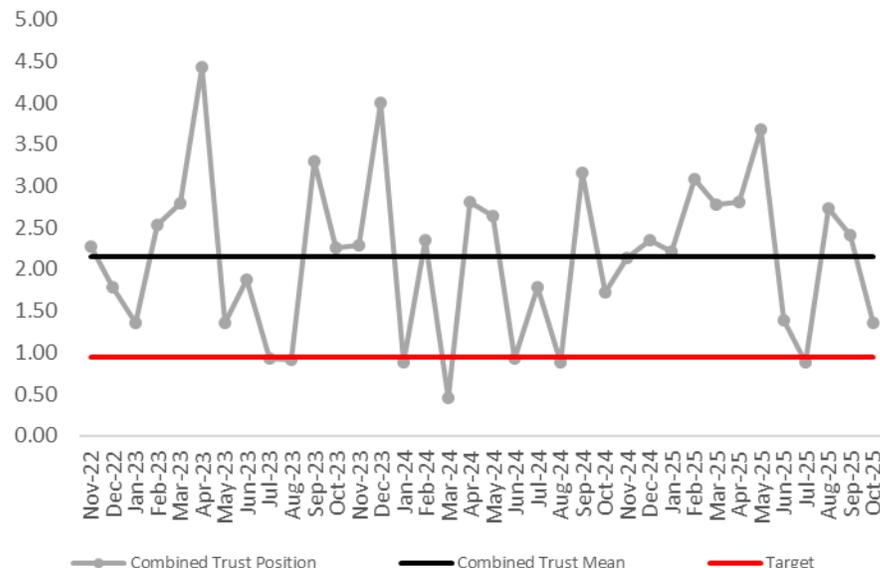
October 2025

Neonatal Crude Deaths (per 1000 births)



TREND

Crude neonatal death rate (per 1000 birth rate)



0.94

STANDARD

1.4

PERFORMANCE



TREND



ASSURANCE

NARRATIVE

Performance: The crude neonatal death rate at APC level was below the standard in October and across the last 12 months. All cases are being appropriately investigated. Review of the small recent increase at ICHT has identified an increase in the number of babies born at pre-term gestations with an antenatal diagnosis of congenital abnormalities. CWFT see Ex-utero of pre-term infants continued work to ensure all babies born in the right place.

Recovery Plan: The Perinatal Mortality Review Tool (PMRT) is used for all cases to identify local learning & actions. The Neonatal CRG and the Trust teams will continue to monitor any new cases.

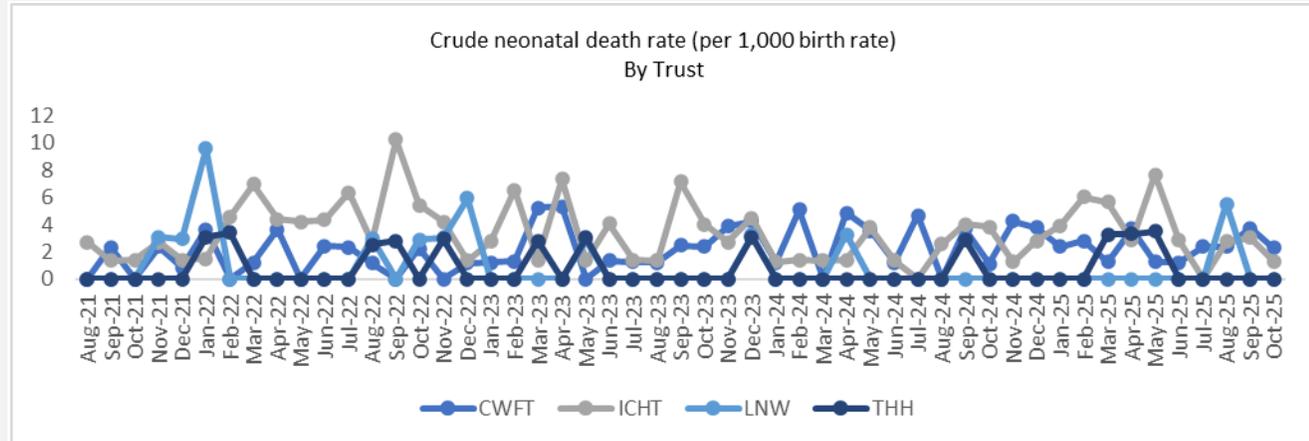
Improvements: Following a review at the maternity and neonatal safety group, the following areas of improvement are being prioritised: reducing the number of birthing people who book late (a new metric will be added to this report going forward so that this can be monitored); care of birthing people who do not speak or understand English (translation working groups in each service/implementation and embedding card medic); standardising and improving PRMT practice through creation of a NWL SOP; review of bereavement support. A review of all neonatal deaths across the APC during 24/25 is planned to be completed by Q4 to inform further improvements.

Forecast Risks: None identified.

CURRENT PERFORMANCE

	Number of Neonatal Deaths	Number of neonatal deaths (22+0-23+6 weeks)	Number of neonatal deaths (24+0 - 40+ weeks)	Total Births	Crude neonatal death rate (per 1000 birth rate)	Difference from Threshold	Crude neonatal death rate (per 1000 birth rate) 12 months rolling
CWFT	2	0	2	867	2.3	1.4	2.65
ICHT	1	0	1	761	1.3	0.4	3.34
LNW	0	0	0	326	0.0		0.50
THH	0	0	0	262	0.0		0.84
APC	3	0	3	2216	1.4	0.4	2.30

STRATIFICATION



GOVERNANCE

Senior Responsible Owner: Pippa Nightingale, CEO, LNW

Committee: APC Executive Management Board (Chair: Tim Orchard)

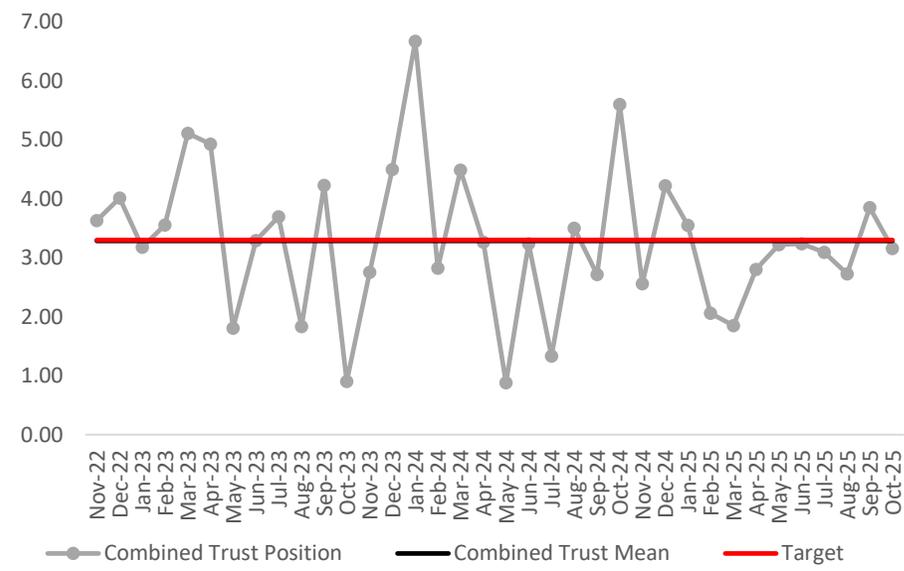
Data Assurance: Data is supplied by each trust individually and quality assured through each organisation's internal processes.

Crude Still Birth Rate (per 1000 births)



TREND

Crude still birth rate (per 1000 birth rate)



3.3

STANDARD

3.2

PERFORMANCE



TREND



ASSURANCE

NARRATIVE

Performance: The rate is based on stillbirths at 24+ weeks. Data on late fetal losses (between 22+ and 23+6 weeks) is included in the table for information and monitoring. The APC stillbirth rate is below the standard in month, and across the last 12 months.

Recovery Plan: The Perinatal Mortality Review Tool (PMRT) is used for all cases to identify local learning & actions. A joint PMRT standard operating procedure has been drafted and will now go through local trust approvals processes prior to implementation - planned for go-live Quarter 4.

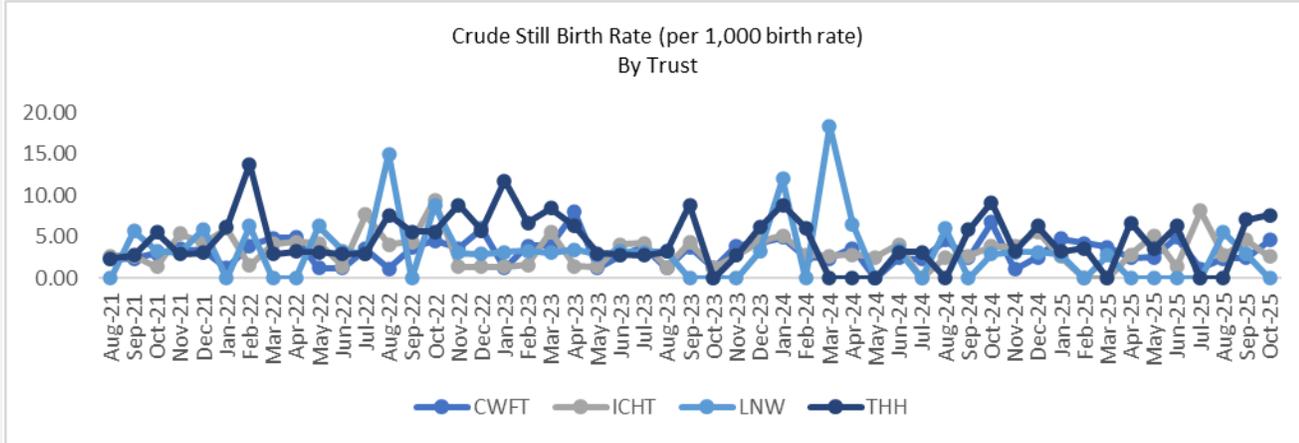
Improvements: Improvement work continues in response to key themes including review of the fetal medicine foundation tools for additional screening, review of translation tools, reviewing the dose of Aspirin to ensure consistency across providers (guidance has recently been updated). CWFT is a pilot site for the London Region to implement the Maternal reducing inequalities care bundle (MRICB). A review of all stillbirths across the APC during 24/25 is planned to be completed by December to inform further improvements. All trusts are working towards full achievement of Saving Babies' Lives Care Bundle version 3.

Forecast Risks: N/A

CURRENT PERFORMANCE

	Total Births	Total Still Births & Late Fetal Losses	Total Still Births	Total Late Fetal Losses	Crude Still Birth Rate	12 month rolling rate of Crude Still Birth Rate	Difference from Standard
CWFT	867	4	4	0	4.6	3.1	1.31
ICHT	761	2	2	0	2.6	3.3	
LNW	326	0	0	0	0.0	1.7	
THH	262	2	1	1	7.6	3.6	4.33
APC	2216	8	7	1	3.2	3.03	

STRATIFICATION



GOVERNANCE

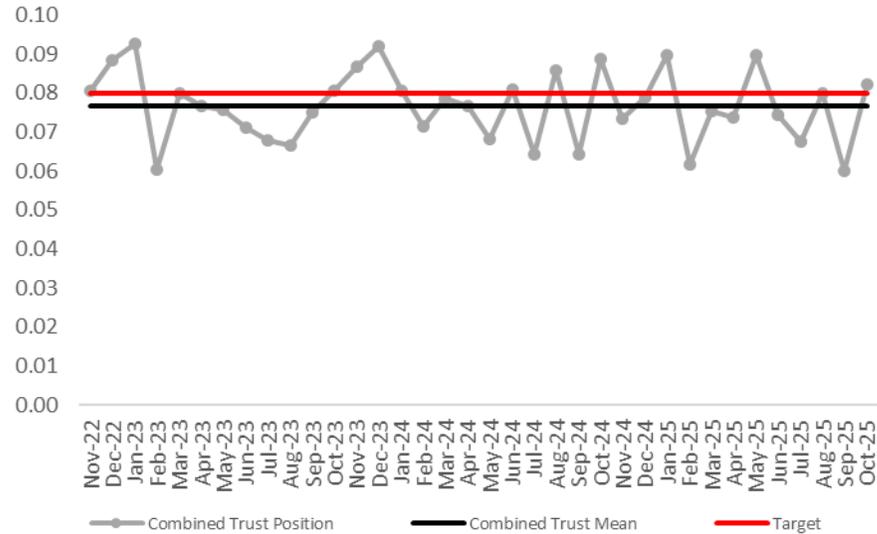
Senior Responsible Owner: Pippa Nightingale, CEO, LNW
Committee: APC Executive Management Board (Chair: Tim Orchard)
Data Assurance: Data is supplied by each trust individually and quality assured through each organisation's internal processes.

Preterm Births (per 1000 births)



TREND

Pre-term Birth Rate



8.0

STANDARD

8.2

PERFORMANCE



TREND



ASSURANCE

NARRATIVE

Performance: The rate of pre-term births was below the standard at APC level and across three of the four Trusts 12 month rolling and in month. ICHT have the highest rate of the four trusts. They are a net importer of all categories of pre-term In-Utero transfers and Ex-utero transfers due to their status as a medical level 3 NICU.

Recovery Plan: Not applicable.

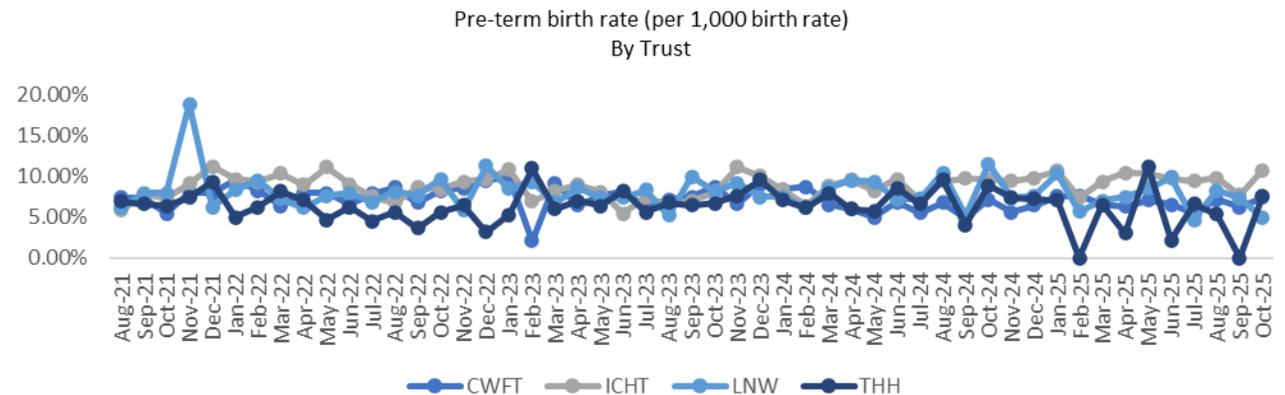
Improvements: An education programme has been rolled out at LNW with particular emphasis on personalised assessment to ensure correct maternity care pathway and referrals at booking. They are developing a digital referral to Pre-birth clinic to improve early assessment and intervention rates.

Forecast Risks: No risks identified.

CURRENT PERFORMANCE

	Number of Pre-Term Births	Early Preterm births	Late Preterm births	Total Births	Pre-term Birth Rate	Difference from Threshold	12 month rolling rate of Pre-Term Births
CWFT	64	9	55	867	7.4%		6.6%
ICHT	82	18	64	761	10.8%	2.78%	9.6%
LNW	16	3	13	326	4.9%		7.4%
THH	20	4	16	262	7.6%		5.4%
APC	182	34	148	2216	8.2%	0.21%	7.6%

STRATIFICATION



GOVERNANCE

Senior Responsible Owner: Pippa Nightingale, CEO, LNW

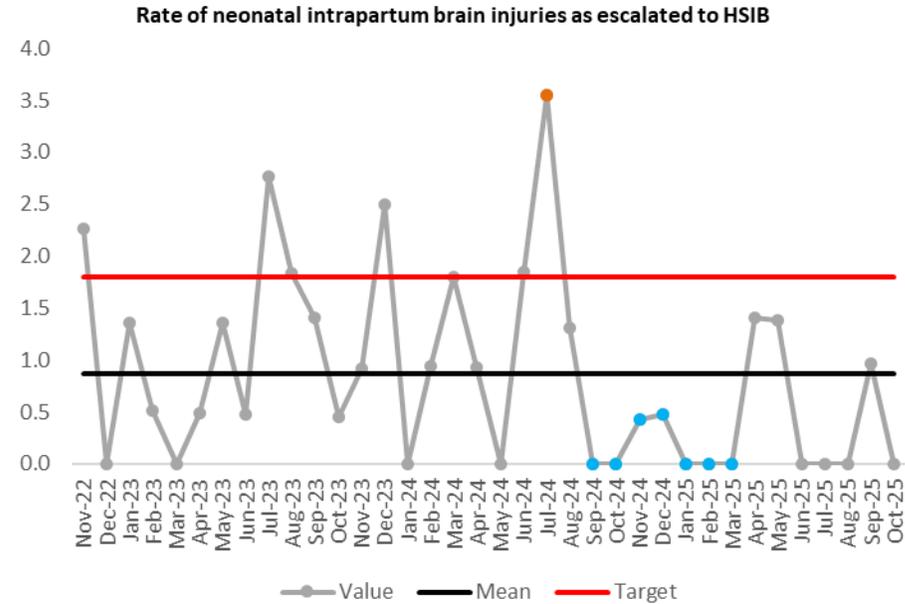
Committee: APC Executive Management Board (Chair: Tim Orchard)

Data Assurance: Data is supplied by each trust individually and quality assured through each organisation's internal processes.

Suspected neonatal Intrapartum brain injuries (per 1000 births)



TREND



1.8

STANDARD

0.0

PERFORMANCE

TREND

ASSURANCE

NARRATIVE

Performance: We were below the standard in-month and over the last 12 months.

Recovery Plan: N/A

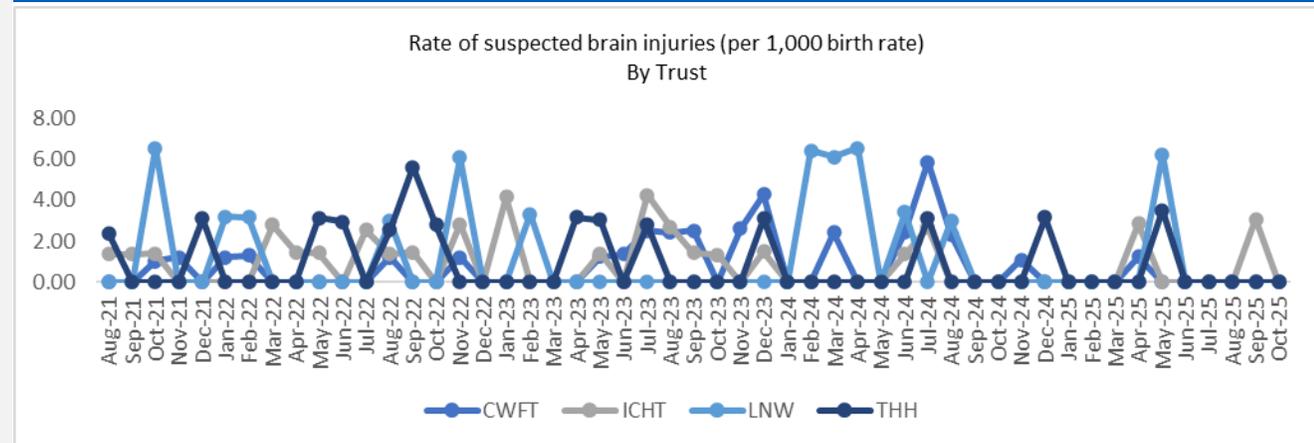
Improvements: Improvements are focused on the following key themes: clinical care and decision making, escalation / situational awareness and fetal heart monitoring and escalation. The fetal monitoring practices are being streamlined across the APC and an escalation toolkit based on the one in place in CWFT is being reviewed in each Trust with a view to rolling it out across the APC in due course. LNW, THH and ICHT are progressing with plans to implement all elements for the escalation toolkit.

Forecast Risks: N/A

CURRENT PERFORMANCE

	Total Births	Suspected Brain Injuries in Month	Rate of suspected brain injuries	12 month rolling rate of Suspected Brain Injuries
CWFT	867	0	0.00	0.20
ICHT	761	0	0.00	0.46
LNW	326	0	0.00	0.50
THH	262	0	0.00	0.56
APC	2216	0	0.00	0.38

STRATIFICATION



GOVERNANCE

Senior Responsible Owner: Pippa Nightingale, CEO, LNW

Committee: APC Executive Management Board (Chair: Tim Orchard)

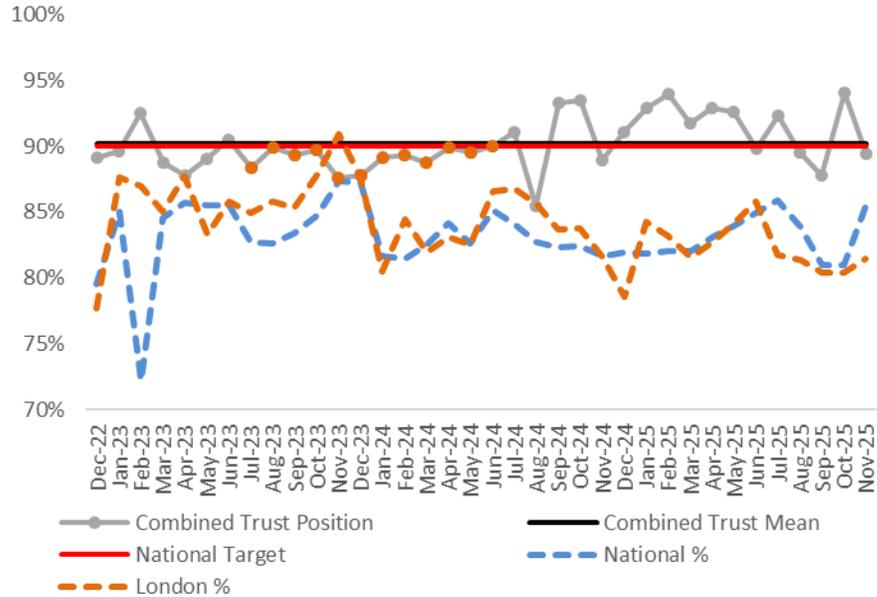
Data Assurance: Data is supplied by each trust individually and quality assured through each organisation's internal processes.

Maternity Friends & Family Test



TREND

% good experience - Maternity



90%

STANDARD

89.5%

PERFORMANCE



TREND



ASSURANCE

NARRATIVE

Performance: At APC level, the percentage of maternity patients who report a good experience is improving. We are consistently above national and London averages and are above the 90% standard across the last 12 months of data.

Recovery Plan: Actions are underway to improve the response rate at ICHT, which has recently reduced.

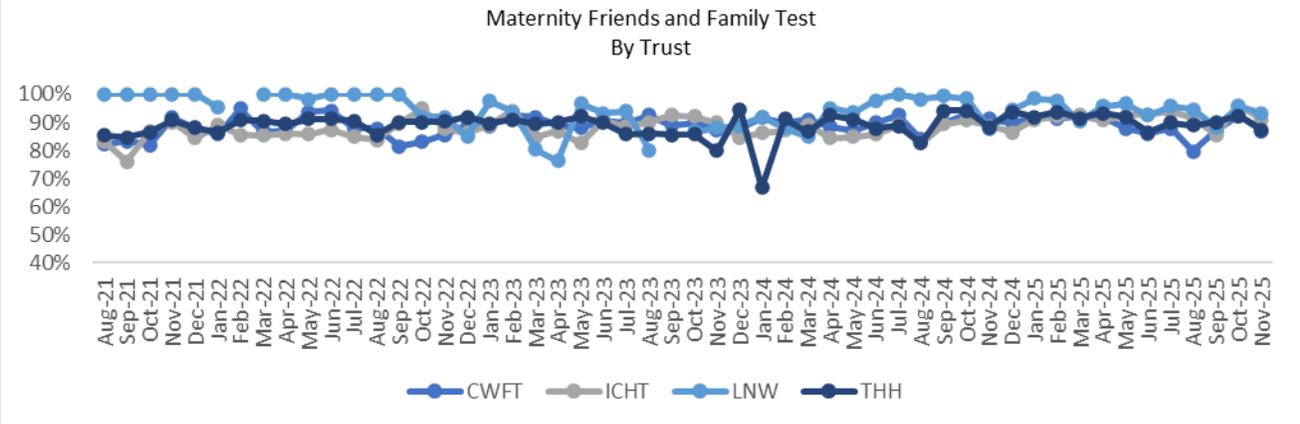
Improvements: The work to improve maternity care and patient experience within each organisation is ongoing. All services have a detailed Maternity and Neonatal Voices Partnership (MNVP) workplan in place to co-produce improvements in their services based on the results of the CQC maternity survey. They have completed their end of year report for 24/25 and have prepared their workplan for 25/26. These have been approved and will be reported on quarterly.

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	293	87.0%	-3.0%	255	88.9%
ICHT	90	91.1%		82	91.3%
LNW	206	93.2%		192	94.7%
THH	103	87.4%	-2.6%	90	91.2%
APC	692	89.5%	-0.5%	619	91.7%

STRATIFICATION



GOVERNANCE

Senior Responsible Owner: Pippa Nightingale, CEO, LNW

Committee: APC Executive Management Board (Chair: Tim Orchard)

Data Assurance: Data is supplied by each trust individually and quality assured through each organisation's internal processes.

Section 2a: Finance

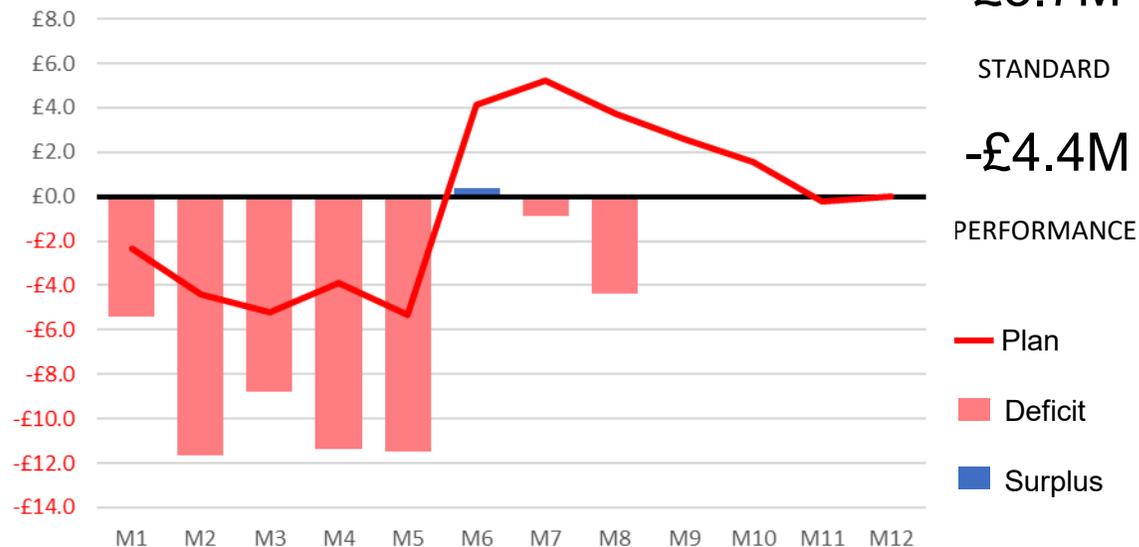
November 2025

Financial Performance



TREND

Financial Performance £M



NARRATIVE

Performance: The APC reported a deficit of £4.4M in November against a plan of £3.7M. This represents an adverse variance of £8.1M. LNW, ICH and THH are currently reporting adverse variances to plan.

Recovery Plan: A financial performance escalation process has been in place in the previous two financial years. The process has been updated and signed off by the EMB and implemented from month 3.

Improvements:

Forecast Risks: Continuing under-delivery of efficiency programmes

CURRENT PERFORMANCE

Financial Performance YTD Variance to Plan Nov-25

	Annual Income £M	I&E Plan £M	I&E Actual £M	Difference from Plan	Forecast Outturn £M
CWFT	1,024	-0.7	-0.7	0.0	0.0
ICHT	1,848	0.0	-1.6	-1.6	0.0
LNW	1,085	4.4	-1.4	-5.9	0.0
THH	408	0.0	-0.7	-0.7	0.0
APC	4,365	3.7	-4.4	-8.1	0.0

STRATIFICATION



GOVERNANCE

Senior Responsible Owner: Bimal Patel, Chief Financial Officer, LNWH

Committee: APC Finance and Performance

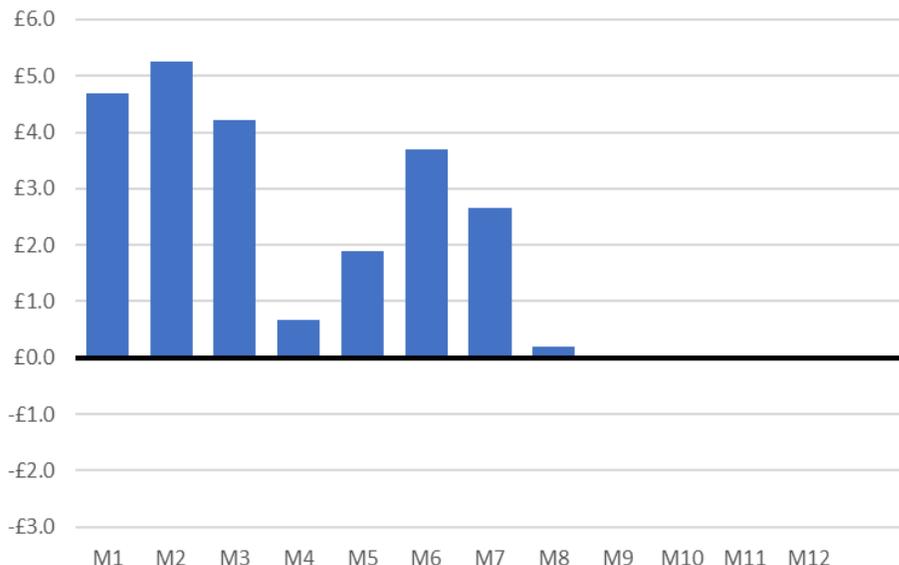
Data Assurance: Data is supplied by each trust individually and quality assured through each organisation's internal processes.

Temporary Staffing Expenditure



TREND

Temporary Staffing Cost Variance to Threshold £M



£22.9M

ALLOWANCE

£22.7M

PERFORMANCE

n/a

TREND

n/a

ASSURANCE

NARRATIVE

Performance: Agency spend, as a proportion of overall pay bill, is a productivity measure with a collective target set at 2%. 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 physiologists and Trusts are working towards collective solutions in these areas.

Bank and agency expenditure reduction is a mandatory planning requirement for 2025/26 reflected in the 'threshold limits described above.

Recovery Plan / Improvements: Grip and control measures are in place across all Trusts for temporary staffing. 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.

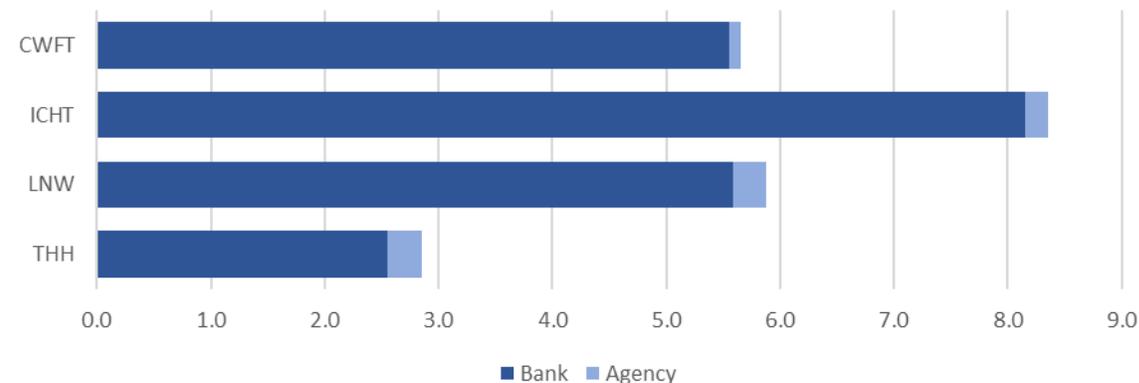
Forecast Risks: High levels of vacancies, puts additional pressure on temporary staffing demand

CURRENT PERFORMANCE

Cost of Temporary Staffing Nov-25

	Total Pay Bill £M	Temporary Staffing Threshold	Temporary Staffing Costs	Difference from Threshold	Agency Spend £M	Agency Spend %	Bank Spend £M	Bank Spend %	Substantive Staff Spend £M	Substantive Staff Spend %
CWFT	51.7	5.3	5.7	-0.3	0.1	0.2%	5.6	10.8%	46.0	89.1%
ICHT	97.9	8.0	8.4	-0.3	0.2	0.2%	8.2	8.3%	89.6	91.5%
LNW	58.6	6.6	5.9	0.7	0.3	0.5%	5.6	9.5%	52.8	90.0%
THH	22.9	3.0	2.9	0.2	0.3	1.3%	2.5	11.1%	20.1	87.5%
APC	231.1	22.9	22.7	0.2	0.9	0.4%	21.8	9.5%	208.4	90.2%

STRATIFICATION



GOVERNANCE

Senior Responsible Owner: Bimal Patel, Chief Financial Officer, LNWH

Committee: APC Finance and Performance

Data Assurance: Data is supplied by each trust individually and quality assured through each organisation's internal processes.

Section 2b: Productivity and Flow

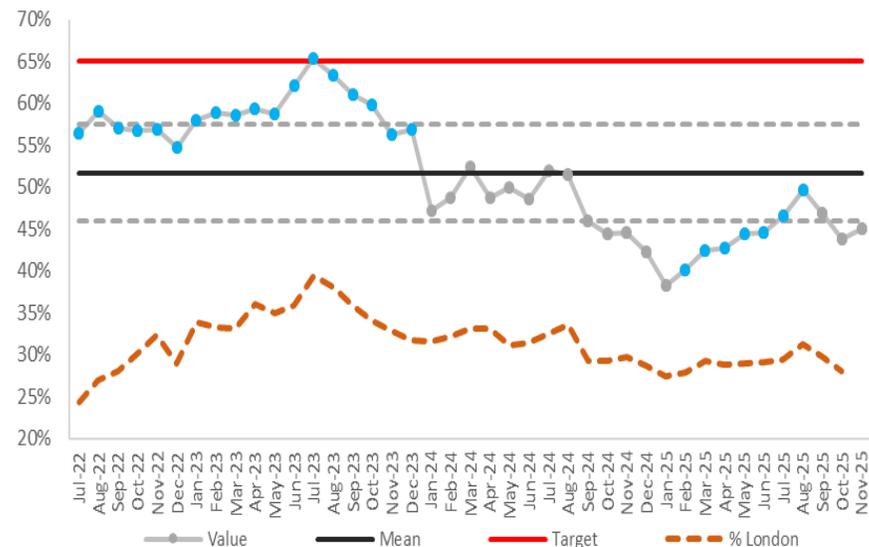
November 2025

Ambulance Handover Waits



TREND

15 mins Breach Performance (LAS)



65%
STANDARD

45.1%
PERFORMANCE

TREND

ASSURANCE

NARRATIVE

Performance: NWL maintains some of the best Ambulance handover times across London (CWFT, ICHT and THH are consistently in the top 5).

Recovery plan: The sector is working to maximize the use of alternatives to ED, avoid conveyancing, and enhance direct referral and booking routes. System escalation processes during peak pressure have been updated. All Trusts have work streams designed to improve length of stay for patients on arrival which will directly support handover times. At Northwick Park site, ongoing challenges include high attendance levels and growth in the ratio of Blue Light arrivals.

Improvements: At Hillingdon Hospital, changes to the ambulance handover process has resulted in significantly improved performance.

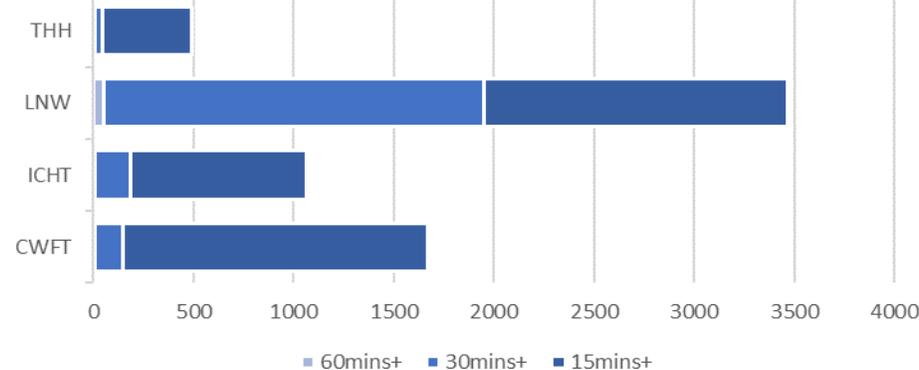
Forecast risks: Continued increases in the number of conveyances.

CURRENT PERFORMANCE

LAS Handover Waits within the fifteen minute standard Nov-25

	Total Handover	15mins Performance	Difference from target	15 min + delays	Of which		Impacts on LAS time lost (hours)
					30min + delays	60 min + delays	
CWFT	3427	51.2%	-13.8%	1673	148	2	197
ICHT	2570	58.6%	-6.4%	1065	183	6	158
LNW	4364	20.5%	-44.5%	3470	1953	54	2096
THH	1839	73.1%		494	46	2	86
APC	12200	45.1%	-19.9%	6702	2330	64	2537

STRATIFICATION



Trust share of APC waits longer than standard

GOVERNANCE

Senior Responsible Owner: Sheena Basnayake, Managing Director, Chelsea and Westminster

Committee: APC Executive Management Board (Chair: Tim Orchard)

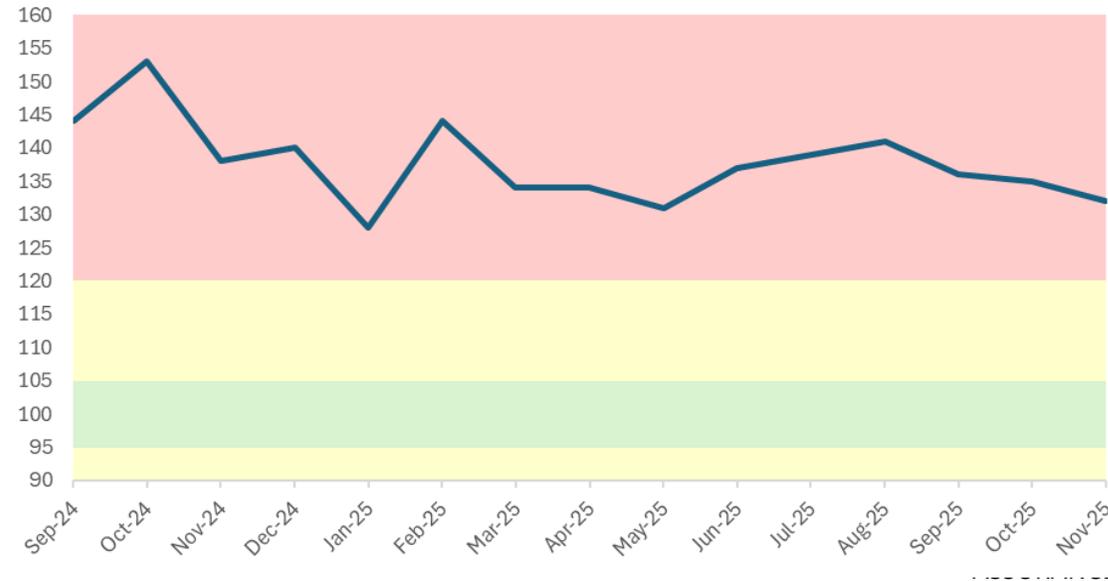
Data Assurance: Delivery through Urgent and Emergency Care Board. These figures are provided by LAS

Inequity in DNA Rates



TREND

Inequalities in DNA Rates (IMDQ1 vs IMDQ2-5)



NARRATIVE

Performance: This analysis compares the outpatient non-attendance rates of the most deprived 20% of society (IMDQ1) with the rates of the other 80%. A number greater than 100 means they are more likely to miss their booked appointment. This chart shows that at all Trusts the most deprived people are more likely to miss their appointment.

Recovery: To be confirmed

Improvement: Performance data is provisional and supplied for review against its intended purpose and for alignment on definition.

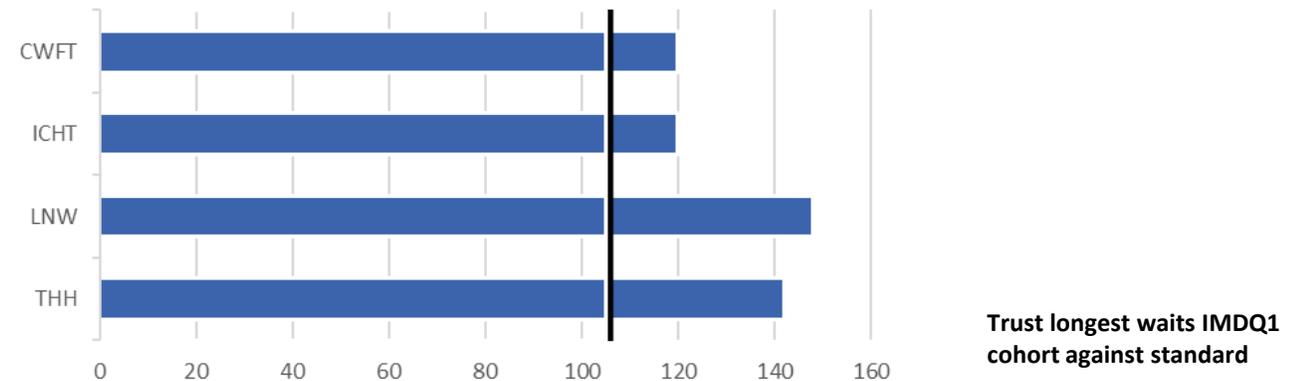
Forecast Risks: To be confirmed

CURRENT PERFORMANCE

Inequity in Outpatient DNA Rates: Nov-25

	Outpatient Bookings	Standardised Performance	DNA Rate		DNAs		Confirmed Appointments	
			IMDQ1	IMDQ2-5	IMDQ1	IMDQ2-5	IMDQ1	IMDQ2-5
CWFT	25,634	120	13.0%	10.8%	390	2,454	3,005	22,629
ICHT	16,409	120	14.1%	11.8%	209	1,756	1,486	14,923
LNW	35,587	148	14.2%	9.6%	539	3,037	3,804	31,783
THH	12,974	142	12.2%	8.5%	88	1,046	724	12,250
APC	90,604	134	13.6%	10.2%	1,226	8,293	9,019	81,585

STRATIFICATION



GOVERNANCE

Senior Responsible Owner: Pippa Nightingale, CEO, LNW

Committee: APC Executive Management Board (Chair: Tim Orchard)

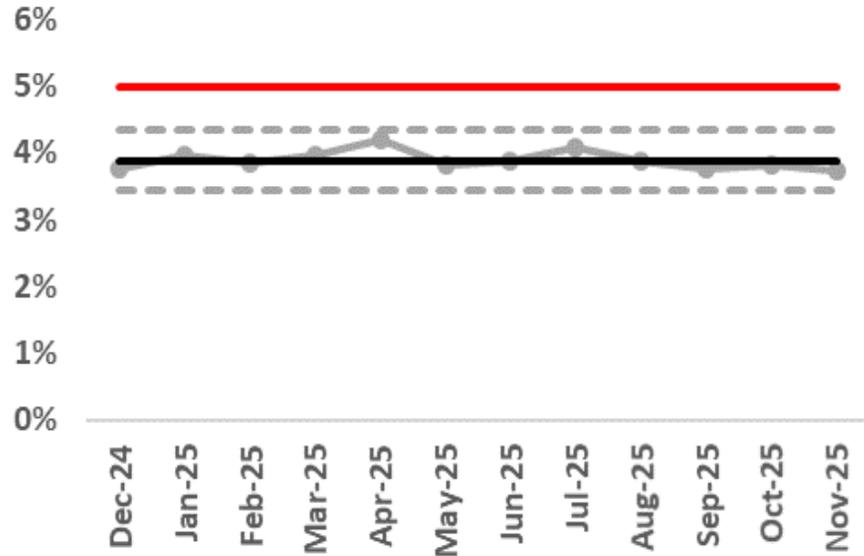
Data Assurance: Provisional figures provided for review and comment

Patient Initiated Follow Up



TREND

Discharged to PIFU



5%

STANDARD

3.7%

PERFORMANCE



TREND



ASSURANCE

NARRATIVE

Performance: Pathways discharged to PIFU remains under the 5% target, but performance is consistent.. PIFU usability on Cerner is to be improved to support clinical decisions. A clinical audit is being undertaken currently, with variation between specialities being reviewed.

Recovery plan: Outpatient improvement lead group is in place to standardise practice and increase PIFU to above the 5% target.

Improvement: The APC is above the peer average of 1.8% and is above the national average of 3.1%, however LNW remains an outlier.

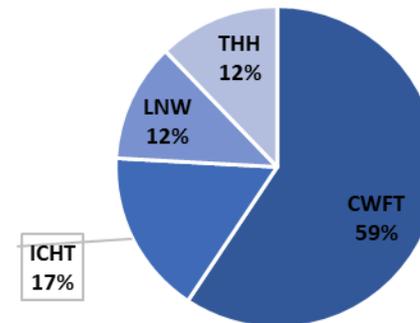
Future risks: Stability, usability and interoperability of digital infrastructure.

CURRENT PERFORMANCE

Outpatient Transformation Nov-25

	Total OP contacts	Discharged to PIFU	Difference from target	Moved / Discharged to PIFU	Impacts on		
					OPFA DNAs	OPFU DNAs	Virtual contacts
CWFT	68960	9.3%		6389	11.3%	7.4%	7792
ICHT	113903	1.6%	-3.4%	1781	10.9%	8.7%	19712
LNW	71751	1.8%	-3.2%	1286	10.7%	9.9%	13936
THH	33495	3.9%	-1.1%	1311	8.7%	8.3%	5082
APC	288109	3.7%	-1.3%	10767	10.7%	8.7%	46522

STRATIFICATION



Trust share of APC discharges lower than standard

GOVERNANCE

Senior Responsible Owner: Laura Bewick, Managing Director, Chelsea and Westminster

Committee: APC Executive Management Board (Chair: Tim Orchard)

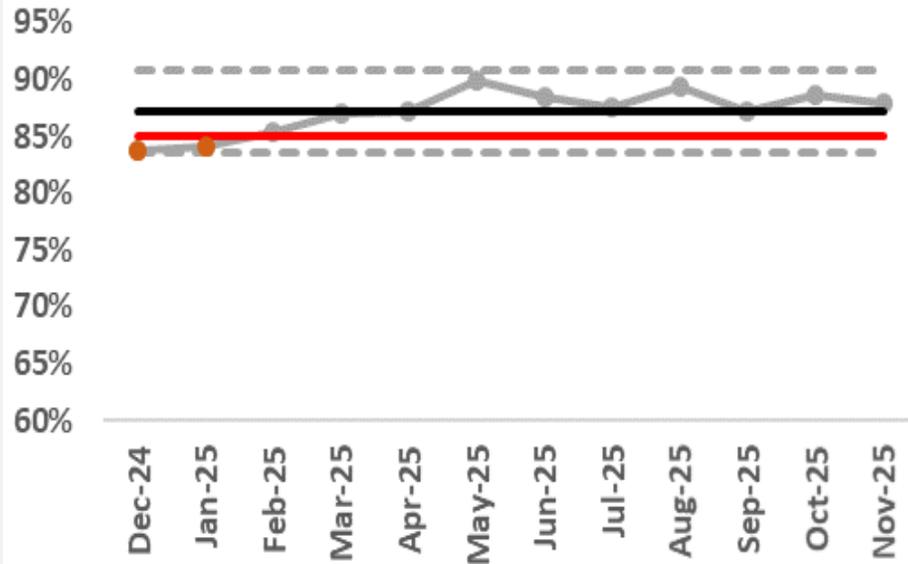
Data Assurance: Delivery through Planned Care Board. Data is supplied by each trust individually and quality assured through each organisation's internal processes.

Theatre Utilisation *(Uncapped)*



TREND

Theatre Utilisation



85%

STANDARD

87.9%

PERFORMANCE



TREND



ASSURANCE

NARRATIVE

Performance: NWL Theatre utilisation remained stable in M8 and above the 85% benchmark, however CWFT fell slightly short of at 84.9%.

Recovery plan: No recovery required. Operational delivery is above standard.

Improvement: As part of the Productivity & Efficiency planning submissions, Trusts are looking at day case rates, cases per list and elective length of stay (LOS). Work continues on the implementation of the digital preoperative assessment questionnaire.

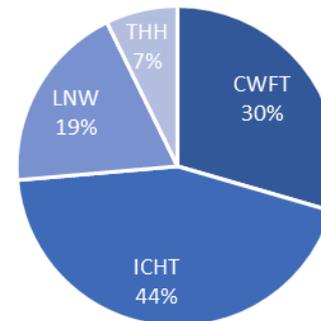
Future risk: Shortages in critical staffing groups.

CURRENT PERFORMANCE

Theatre Utilisation Nov-25

	Planned operating time (hours)	Theatre utilisation	Difference from target	Unused time (hours)
CWFT	2837	84.9%	-0.1%	428
ICHT	4899	86.9%		640
LNW	3225	91.4%		277
THH	1060	90.1%		105
APC	12021	87.9%		1450

STRATIFICATION



GOVERNANCE

Senior Responsible Owner: Alan McGlennan, Managing Director, THH

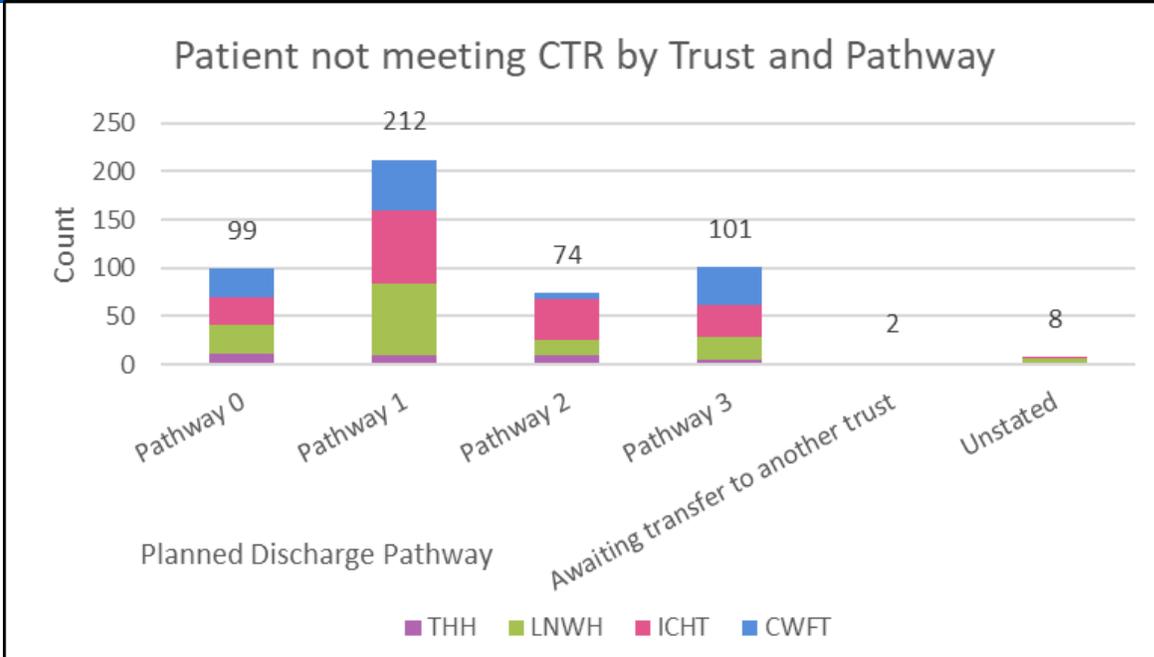
Committee: APC Executive Management Board (Chair: Tim Orchard)

Data Assurance: Delivery through Planned Care Board. Data is supplied by each trust individually and quality assured through each organisation's internal processes

Discharge Performance - no criteria to reside



TREND



NARRATIVE

Performance: System flow reports for most recent month data shows all pathways delays increasing. Patients who do not meet the criteria to reside (NCTR) are the highest at CWFT and LNWH in NWL.

Recovery: Full escalation of long waiters over 21 days to borough directors and directors of adult social care in place. Review of long waiters by teams and escalation meetings in place locally. P1 delays seen in some boroughs, ICB discharge team to review utilisation rates for bridging.

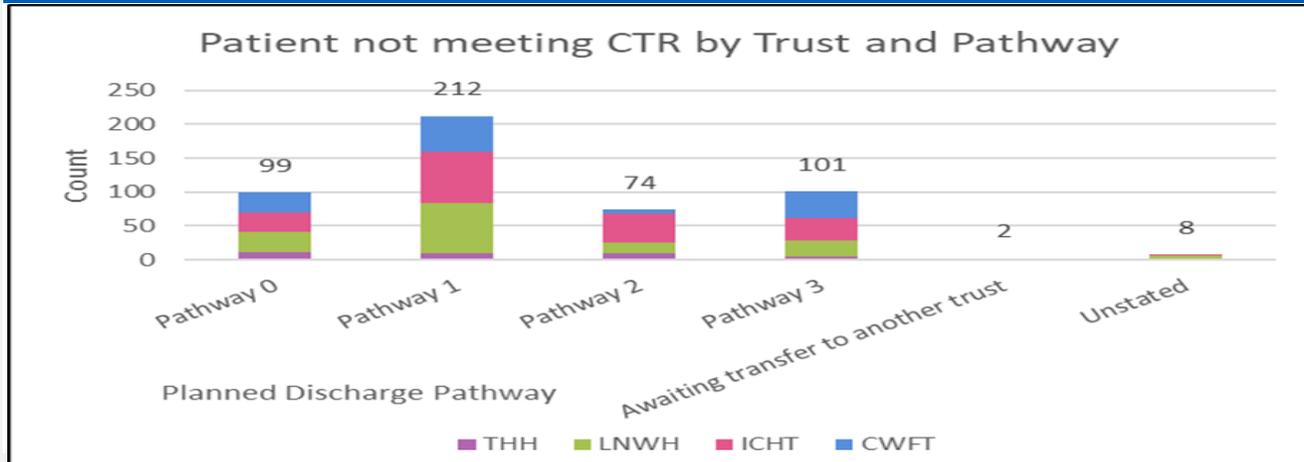
Improvement: Further opportunity for P0 and P2 rehab; exploring with providers. Optica rollout to LAS continues and will help boroughs with achieving targets proposed.

Forecast risks: Continued delays for patients waiting for admission to mental health beds. NCTR occupancy remains challenged.

CURRENT PERFORMANCE

Local Authority	CWFT	ICHT	LNW	THH	Total	List Size	Rate r per 10,000
Brent	2	34	28	0	64	388,755	2.11
Ealing	5	15	56	6	82	433,858	2.07
H&F	23	27	0	0	50	224,022	2.63
Harrow	0	3	45	2	50	256,630	1.75
Hillingdon	1	6	10	23	40	324,843	1.94
Hounslow	39	7	1	1	48	327,779	1.95
Kensington & Chelsea	15	24	0	0	39	268,576	1.38
Westminster	5	55	0	0	60	253,186	2.09
Out of area	37	14	13	3	67		
Total	127	185	153	35	500		

STRATIFICATION



GOVERNANCE

Senior Responsible Owner: Sheena Basnayake, Managing Director Chelsea and Westminster.

Committee: APC Executive Management Board (Chair: Tim Orchard)

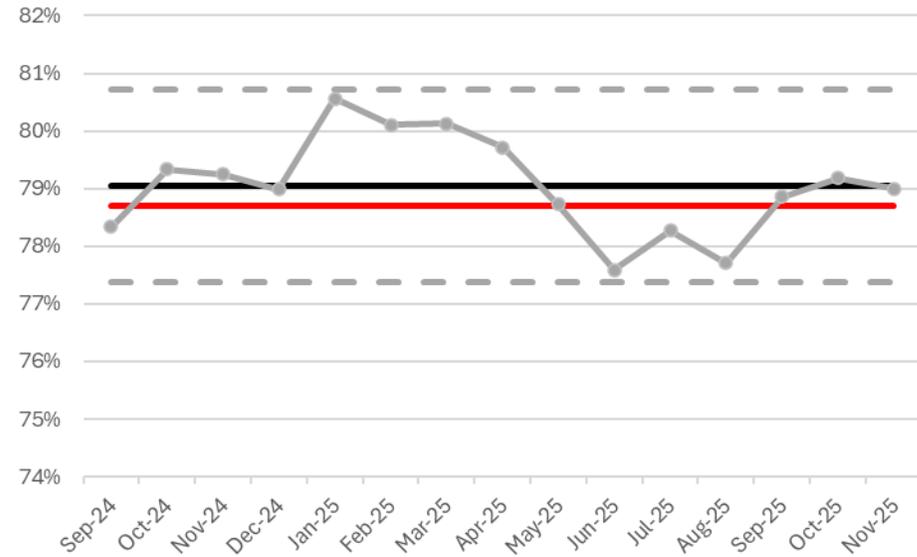
Data Assurance: Delivery through Urgent and Emergency Care Board. These figures come for the FDP via the ICB

Long Length of Stay for Emergency Patients



TREND

% Bed Days Emergency Patients > 6 days



78.4%

ALLOWANCE

79.0%

PERFORMANCE



TREND



ASSURANCE

NARRATIVE

Performance: This metric shows the proportion of bed days for emergency patients that have been attributed to emergency patients staying beyond 6 days.

Recovery plan: To be confirmed

Improvements: A high rate of bed days that are due to emergency patients staying beyond > 6 days that the organisation has a problem with stranded patients.

Performance data is provisional and supplied for review against it's intended purpose and for alignment on definition.

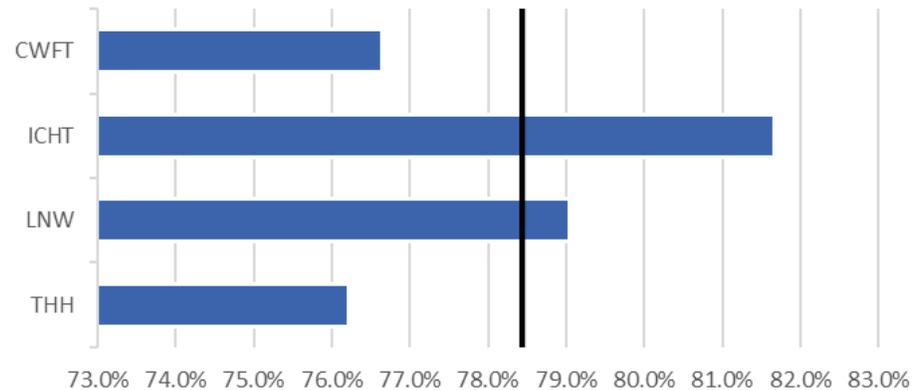
Forecast risks: To be confirmed

CURRENT PERFORMANCE

Bed days attributed to long-stay patients: Nov-25

	Total Emergency Bed Days	Long LOS Performance	Difference from Provider Median	Long LOS Emergency Bed Days
CWFT	19,355	76.6%		14,833
ICHT	27,295	81.7%	-3.3%	22,290
LNW	27,753	79.0%	-0.6%	21,936
THH	10,188	76.2%		7,764
APC	84,591	79.0%	-0.6%	66,823

STRATIFICATION



Current Trust waits shown against the national provider median

GOVERNANCE

Senior Responsible Owner: To be confirmed

Committee: APC Executive Management Board (Chair: Tim Orchard)

Data Assurance: Provisional figures provided for review and comment. CWFT data under internal review.

Section 3: Workforce

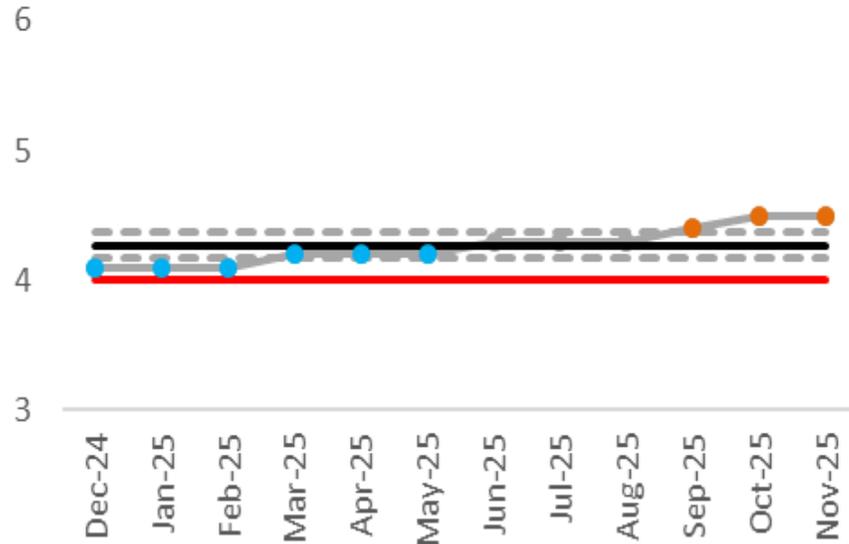
November 2025

Sickness Absence



TREND

Acute Collaborative - Rolling Sickness Rate %



=/ \leq 4%

STANDARD

4.5%

PERFORMANCE



TREND



ASSURANCE

NARRATIVE

Performance: We have seen an increase in sickness across the Trusts since March 2025 with current levels (4.5%) above the target of 4.0% and all Trusts are actively monitoring this. This metric is now flagging as a special cause for concern with significant increase over the past two months.

All Trusts have plans in place to manage absence, particularly long-term absence. For example, THH have been providing targeted training to managers on this.

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.

Forecast Risks: Sickness absence levels which could be impacted by seasonal illness waves.

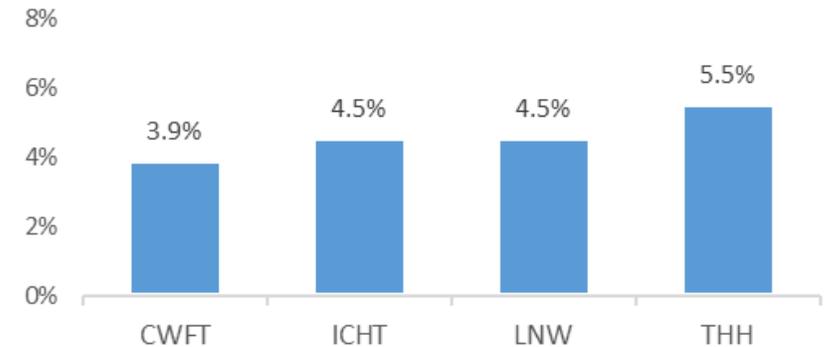
CURRENT PERFORMANCE

Rolling Sickness Absence

	Target %	Month 08 12 Month Rolling Sickness Absence Rate %	Variance to Target %	Month 08 In-Month Sickness Absence Rate %
CWFT	4%	3.9%	0.1%	4.2%
ICHT	4%	4.5%	-0.5%	5.1%
LNW	4%	4.5%	-0.5%	5.0%
THH	4%	5.5%	-1.5%	6.2%
APC	4%	4.5%	-0.5%	5.0%

STRATIFICATION

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



GOVERNANCE

Senior Responsible Owner: Pippa Nightingale, CEO, LNW

Committee: APC People Committee

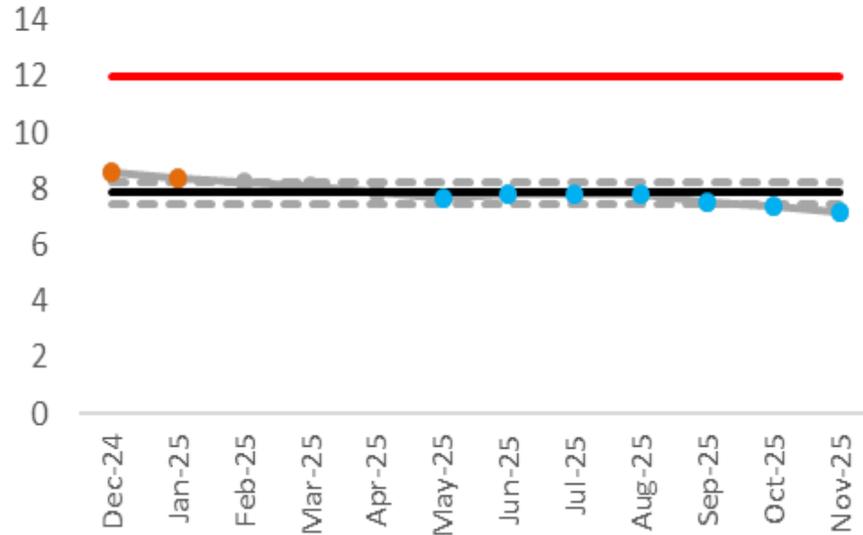
Data Assurance: Data is supplied by each trust individually and quality assured through each organisation's internal processes.

Voluntary Turnover



TREND

Acute Collaborative - Turnover Rate %



=/ < 12%

STANDARD

7.2%

PERFORMANCE



TREND



ASSURANCE

NARRATIVE

Performance: Voluntary turnover continues as a special cause improving variation as, over the past year, there has been a steady reduction from 10.6% to the current position of 7.2% which is below the APC target of 12.0% (London position 9.7% and National position 8.8%).

APC 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.

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.

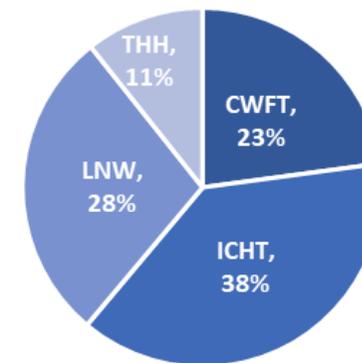
CURRENT PERFORMANCE

Voluntary Turnover

	Target %	Month 08 Turnover Rate %	Variance to Target %	Voluntary Leavers WTE (rolling 12 months)
CWFT	12%	6.9%	5.1%	497
ICHT	12%	6.8%	5.2%	832
LNW	12%	7.3%	4.7%	614
THH	12%	8.9%	3.1%	232
APC	12%	7.2%	4.8%	2,175

STRATIFICATION

Trust proportion of voluntary leavers wte (rolling 12 months) across the APC Month 08



GOVERNANCE

Senior Responsible Owner: Pippa Nightingale, CEO, LNW

Committee: APC People Committee

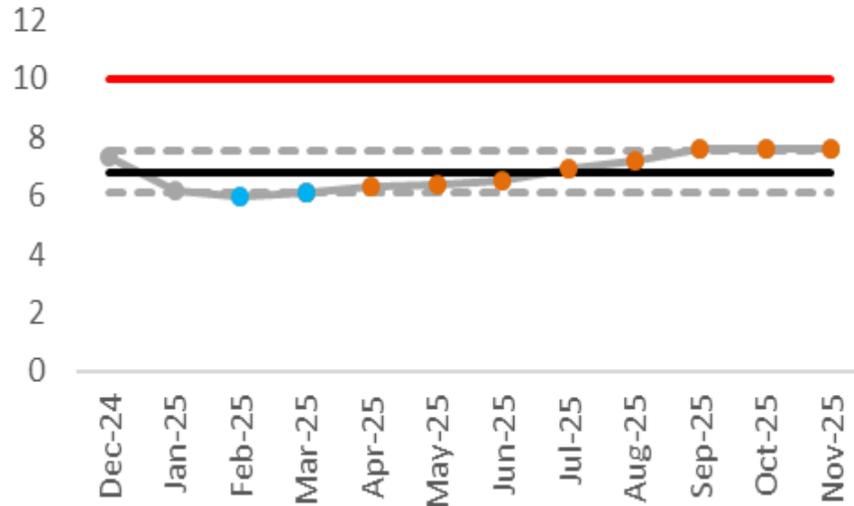
Data Assurance: Data is supplied by each trust individually and quality assured through each organisation's internal processes.

Vacancies



TREND

Acute Collaborative - Vacancy Rate %



=/ < 10%

STANDARD

7.6%

PERFORMANCE



TREND



ASSURANCE

NARRATIVE

Performance: Since January 2024, the collaborative vacancy level has maintained below the agreed target of 10.0% and in November 2025 was 7.6% (London position 7.6% and National position 7.9%).

At collaborative level, we have seen a slow rise in vacancies since the start of the year which has been influenced by agreed strategies for non-recurrent cost savings as well as enabling newly qualified nurses and midwives to be accommodated. Collaborative action remains focussed on hard to fill vacancies with our top areas of concern as: Operating Department Practitioners, Sonographers, Occupational Therapists and Mental Health Nurses. Current overall, workforce performance, for the APC, is within the 2025/26 WTE plan.

Recovery Plan / Improvements: Hard to recruit roles continue to receive focus to reduce vacancies and reduced reliance on agency resource to fill the roles. Robust governance and review of requests to recruit are managed at Trust level along with temporary staffing controls.

Forecast Risks: High levels of vacancies puts additional pressure on bank staffing demand. Particularly during winter months when acuity is higher.

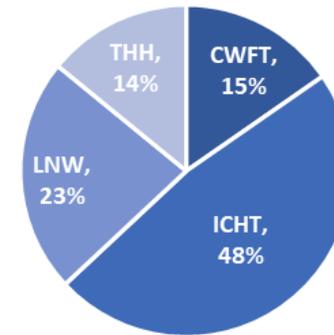
CURRENT PERFORMANCE

Vacancies

	Target %	Month 08 Vacancy Rate %	Variance to Target %	Vacancy WTE
CWFT	10%	5.6%	4.4%	429
ICHT	10%	8.4%	1.6%	1,333
LNW	0%	6.8%	3.2%	639
THH	10%	10.0%	0.0%	394
APC	10%	7.6%	2.4%	2,795

STRATIFICATION

Trust proportion of vacant WTE across the APC Month 08



GOVERNANCE

Senior Responsible Owner: Pippa Nightingale, CEO, LNW

Committee: APC People Committee

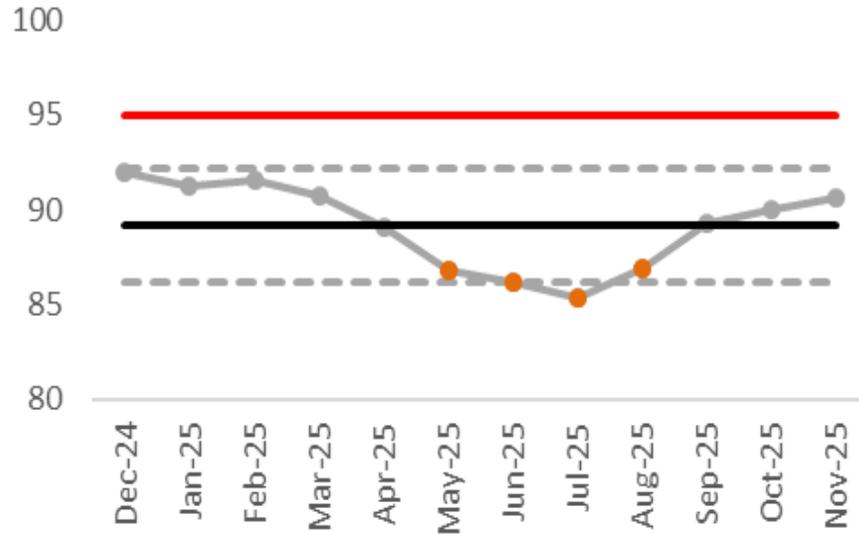
Data Assurance: Data is supplied by each trust individually and quality assured through each organisation's internal processes.

Non-Medical PDR



TREND

Acute Collaborative - PDR Completion Rate %



=/ < 90%

STANDARD

90.6%

PERFORMANCE



TREND



ASSURANCE

NARRATIVE

Performance: Completion rates for non-medical **Performance Development Reviews (PDR)**, is an area of continued focus. CWFT and ICHT have specified windows for PDR completions, and both are working in these at the moment. THH and LNWH work to a rolling programme. LNWH compliance levels are in transition due to implementation of a new online appraisal process with training for appraisers and appraisees currently being rolled out.

For Medical Appraisals, the APC at Month 08 has a rate of 91.6%, which is split as follows CWFT 83.5%; ICHT 97.0%; LNWH 90.4% & THH 91.6%.

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 into increased winter pressure activity and potential further industrial action.

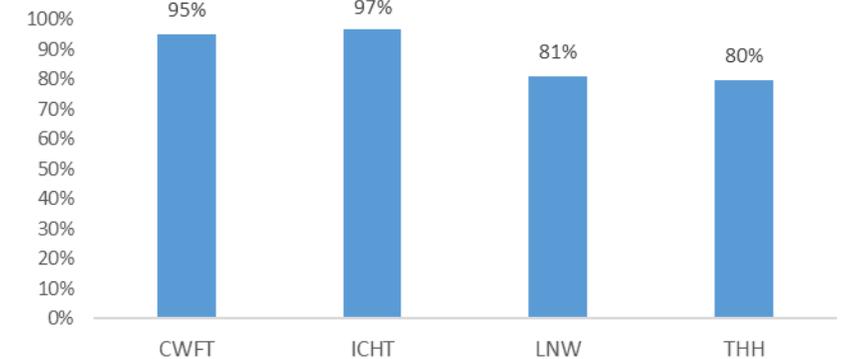
CURRENT PERFORMANCE

Non-Medical PDR

	Target %	Month 08 PDR / Appraisal Rate %	Variance to Target %
CWFT	95%	95.0%	0.0%
ICHT	95%	96.9%	1.9%
LNW	95%	80.9%	-14.1%
THH	95%	79.7%	-15.3%
APC	95%	90.6%	-4.4%

STRATIFICATION

Month 07 Non-Medical PDR Rate % by Trust across the APC



GOVERNANCE

Senior Responsible Owner: Pippa Nightingale, CEO, LNWH

Committee: APC People Committee

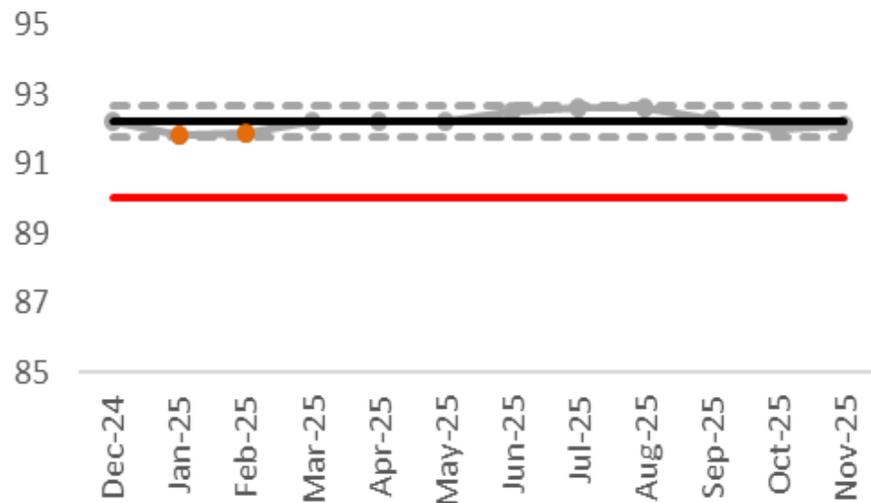
Data Assurance: Data is supplied by each trust individually and quality assured through each organisation's internal processes.

Mandatory Training Compliance



TREND

Acute Collaborative - Core Skills Rate %



=/ < 90%

STANDARD

92.1%

PERFORMANCE



TREND



ASSURANCE

NARRATIVE

Performance: 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. All Trusts across the APC continue to perform well against the target for Mandatory Training 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 Resident Doctors includes time for them to complete the online elements of their mandatory training, which is essential during high rotation activity including November 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: THH mandatory training data is in the process of comprehensive validation process following the implementation of the new learning management system.

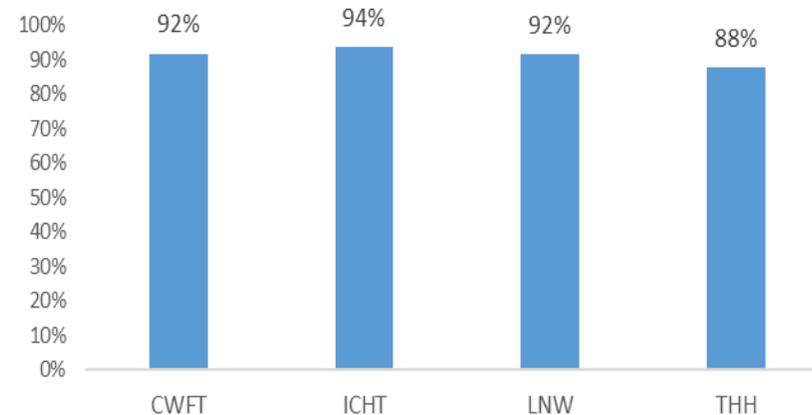
CURRENT PERFORMANCE

Mandatory Training Compliance

	Target %	Month 08 Mandatory Training Compliance Rate %	Variance to Target %
CWFT	90%	91.8%	1.8%
ICHT	90%	93.8%	3.8%
LNW	90%	91.7%	1.7%
THH*	90%	87.7%	-2.3%
APC	90%	92.1%	2.1%

STRATIFICATION

Month 07 Mandatory Training Compliance Rate % by Trust across the APC



GOVERNANCE

Senior Responsible Owner: Pippa Nightingale, CEO, LNW

Committee: APC People Committee

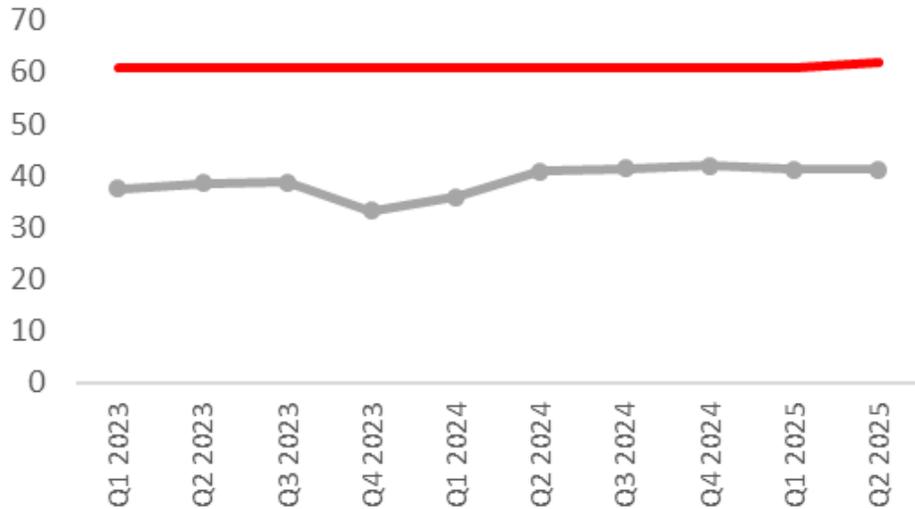
Data Assurance: Data is supplied by each trust individually and quality assured through each organisation's internal processes.

Model Employer Goals



TREND

Acute Collaborative - Model Employer Goals



=/ < 61%

STANDARD

41.2%

PERFORMANCE



TREND



ASSURANCE

NARRATIVE

Performance: 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). MEG uses the difference between the proportion of known ethnicities of an organisation against existing proportion of known ethnicities within each band.

Since November 2023(Q1), the collaborative MEG level has increased by 3.7% to 41.2% in November 2025(Q2).

Recovery Plan / Improvements: Actions being taken and developed to support MEG

Inclusive talent management strategies; Succession planning to enable identifying, 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; EQIA of planned workforce reductions to identify and minimise adverse impact on BME progression.

Forecast Risks: None

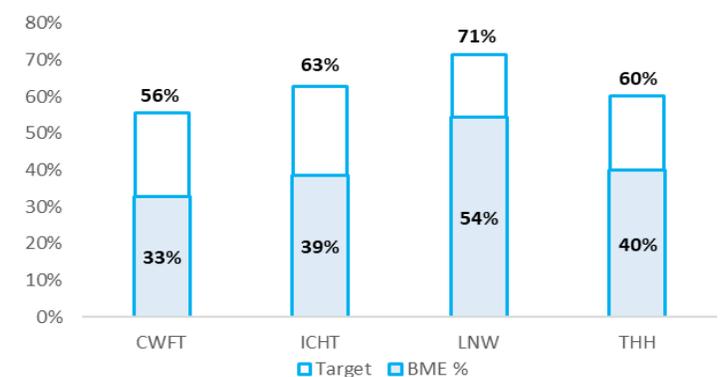
CURRENT PERFORMANCE

Model Employer Goals

	Target %	Month 08 Model Employer Goals %	Variance to Target %
CWFT	54%	32.7%	-22.8%
ICHT	60%	38.5%	-24.3%
LNW	71%	54.4%	-17.0%
THH	59%	40.1%	-20.0%
APC	61%	41.2%	-19.8%

STRATIFICATION

Month 07 Model Employer Goals % by Trust across the APC



GOVERNANCE

Senior Responsible Owner: Pippa Nightingale, CEO, LNW

Committee: APC People Committee

Data Assurance: Data is supplied by each trust individually and quality assured through each organisation's internal processes.

Section 4: Statutory and Safety Reports

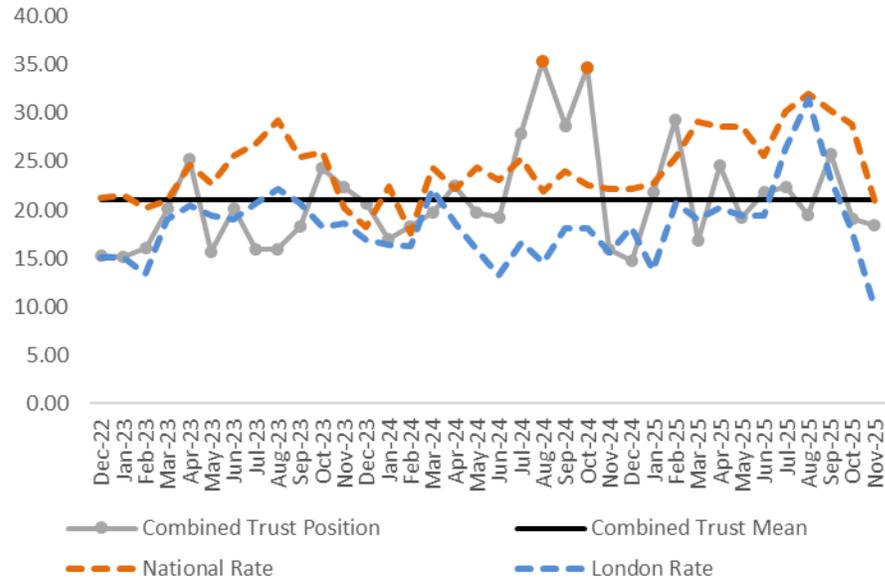
November 2025

Healthcare Associated C.Difficile Infections



TREND

Healthcare Associated c. Difficile Infections



Trust Specific
STANDARD
18.4
PERFORMANCE

TREND

ASSURANCE

NARRATIVE

Performance: In November there was a decrease in the number of cases reported (n=18). All trusts, except LNW, are exceeding trajectories based on their annual thresholds.

Recovery plan: All organisations continue to focus on C.diff as a priority. Work includes a focus on learning from the root cause analysis, clinical engagement and improving education and awareness. All organisations review every case for any lapses in care or opportunities for improvement, including peer and APC review and improvement work is underway in all Trusts.

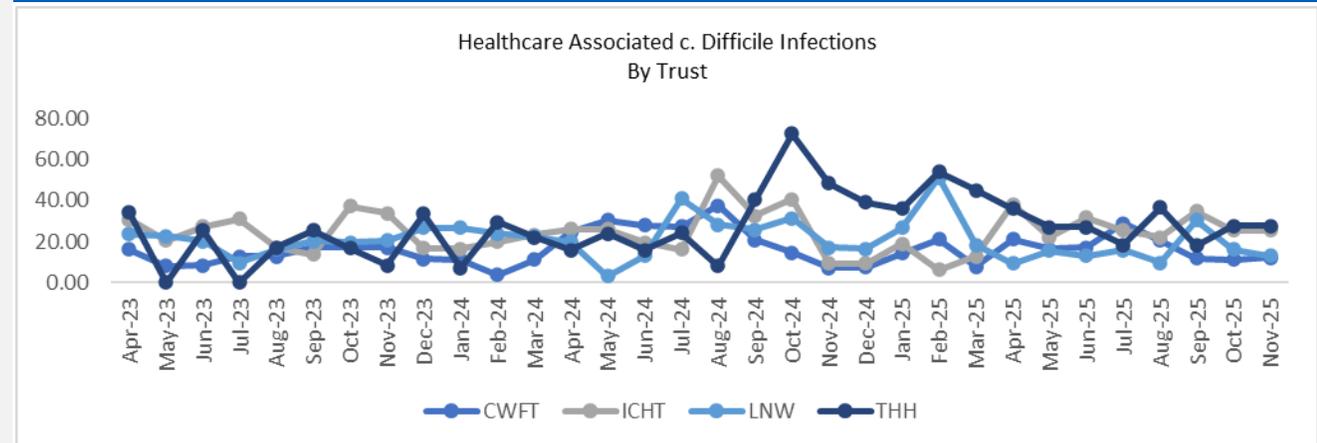
Improvements: Ongoing work with system partners continues. All organisations are working on timely sampling, stool chart completion, reduction of inappropriate sampling, laxative use and continue to review each case with the clinical teams. Trusts are aiming to improve compliance and time to isolation and sampling as well as completion of root cause analysis within 1-2 weeks to ensure learning is implemented as soon as possible.

Forecast Risks: National rates continue to rise in community and hospital acquired infections may breach thresholds given current trajectory. Each Trust is set a different threshold not necessarily reflective of the size or patient complexity of their organisation.

CURRENT PERFORMANCE

	Total bed days (in month)	Count of c.Diff cases (in month)	Rate of c. Difficile Infections per 100,000 bed days (in month)	12 Month rolling rate of c. Difficile Infections per 100,000 bed days	Count of c.Diff cases in year (FY 25/26)	Trust Threshold (FY 25/26)	Difference from Threshold
CWFT	24,878	3	12.06	15.60	34	33	-1.0
ICHT	31,486	8	25.41	22.73	71	81	
LNW	30,543	4	13.10	19.52	38	73	
THH	10,887	3	27.56	32.84	24	26	
APC	97,794	18	18.41	21.06	167	213	

STRATIFICATION



GOVERNANCE

Senior Responsible Owner: Pippa Nightingale, CEO, LNW

Committee: APC Executive Management Board (Chair: Tim Orchard)

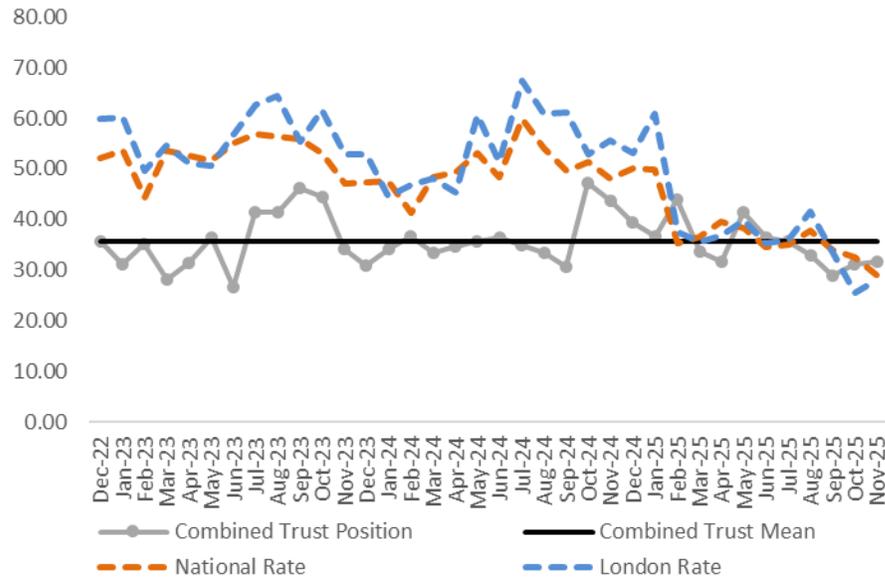
Data Assurance: Data is supplied by each trust individually and quality assured through each organisation's internal processes.

Healthcare Associated E. coli Infections



TREND

Rate of Healthcare Associated E. Coli Infections



Trust Specific

STANDARD

31.7

PERFORMANCE



TREND

ASSURANCE

NARRATIVE

Performance: 31 cases reported in month, similar to last month. Overall, numbers are declining in line with reductions nationally and within London.

Recovery Plan: Each organisation reviews cases with themes and trends presented at the IPCG. Reduction noted at THH, ICHT and CWFT and a change in the sources, with fewer urinary tract attributed infections. LNW is working to implement the shared learning but is challenged with diverse community prescribing and nursing home patient cohort.

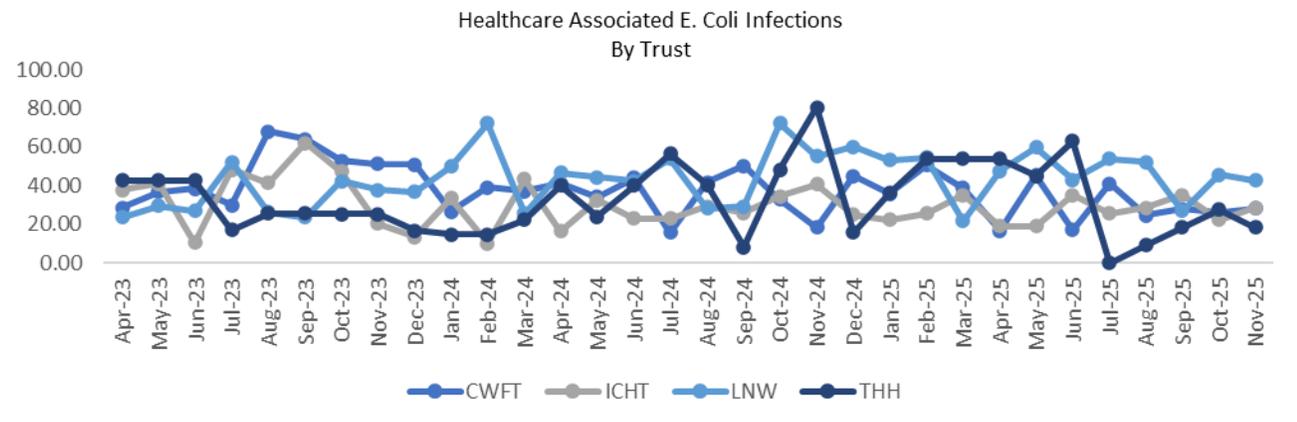
Improvements: The APC is focusing on ensuring best practice and recommendations continue to include having an MDT working Gram negative group with Micro/IPC/ID/Clinical teams including acute and community colleagues, educating nursing colleagues, highlighting care in TWOC clinics, review of bladder care and imaging. Further work includes line and device care and improving use of the catheter passport and urinary catheter audits as well as reviewing changing sources of GNBs.

Forecast Risks: N/A

CURRENT PERFORMANCE

	Total bed days (in month)	Count of E.Coli BSIs in month	Rate of E. Coli Infections per 100,000 bed days (in month)	12 Month rolling rate of E. Coli Infections per 100,000 bed days	Count of E.Coli BSIs in year (FY 25/26)	Trust Threshold (FY 25/26)	Difference from Threshold
CWFT	24,878	7	28.14	33.20	56	99	
ICHT	31,486	9	28.58	26.69	67	94	
LNW	30,543	13	42.56	46.63	115	132	
THH	10,887	2	18.37	32.84	26	39	
APC	97,794	31	31.70	35.27	264	364	

STRATIFICATION



GOVERNANCE

Senior Responsible Owner: Pippa Nightingale, CEO, LNW

Committee: APC Executive Management Board (Chair: Tim Orchard)

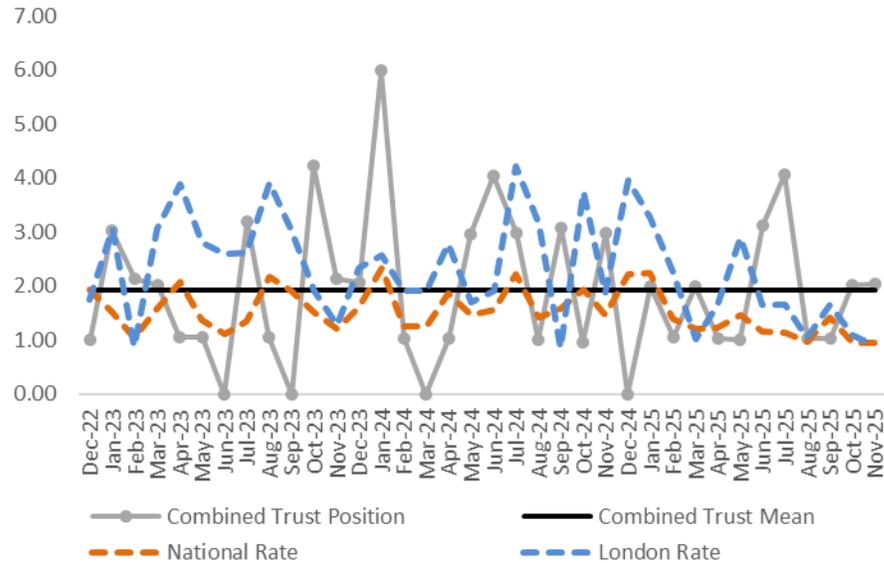
Data Assurance: Data is supplied by each trust individually and quality assured through each organisation's internal processes.

Healthcare Associated MRSA Infections



TREND

Rate of Healthcare Associated MRSA Infections



0
STANDARD

2.05
PERFORMANCE

TREND

ASSURANCE

NARRATIVE

Performance: There were 2 MRSA BSIs reported in month, both at ICHT. There have been 15 cases so far this financial year across the APC, with each Trust reporting at least one. THH has the lowest numbers.

Recovery Plan: Both ICHT cases involved patients who had cardiac surgery and were being cared for on ICU at HH. An outbreak has been declared with increased focus on hand hygiene, screening, environment, equipment, cleaning and decontamination practice. Trust wide bacteraemia reduction plan in place.

Improvements: All Trusts continue to review MRSA BSIs with robust processes for managing and investigating cases to identify any lapses in care as well as learning opportunities. The group continues to focus on improvements on screening, isolation and decolonisation and improvements to HH, ANTT and line and device care.

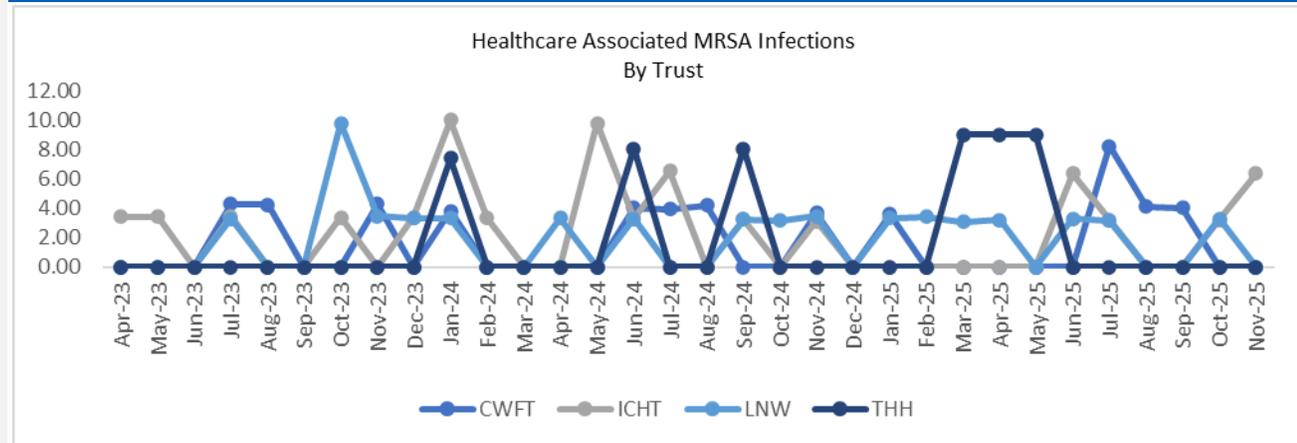
A review of all cases, and national data published by UKHSA is planned to be presented to the APC IPC workstream meeting in January. This will support identification of additional collective action or learning.

Forecast Risks: Not applicable.

CURRENT PERFORMANCE

	Total bed days (in month)	Count of MRSA BSIs in month	Rate of MRSA Infections per 100,000 bed days (in month)	12 Month rolling rate of MRSA Infections per 100,000 bed days	Count of MRSA BSIs in year (FY 25/26)	Trust Threshold (FY 25/26)	Difference from Threshold
CWFT	24,878	0	0.00	1.66	4	0	-4.0
ICTH	31,486	2	6.35	1.59	6	0	-6.0
LNW	30,543	0	0.00	1.90	4	0	-4.0
THH	10,887	0	0.00	1.49	1	0	-1.0
APC	97,794	2	2.05	1.69	15	0	-15.0

STRATIFICATION



GOVERNANCE

Senior Responsible Owner: Pippa Nightingale, CEO, LNW

Committee: APC Executive Management Board (Chair: Tim Orchard)

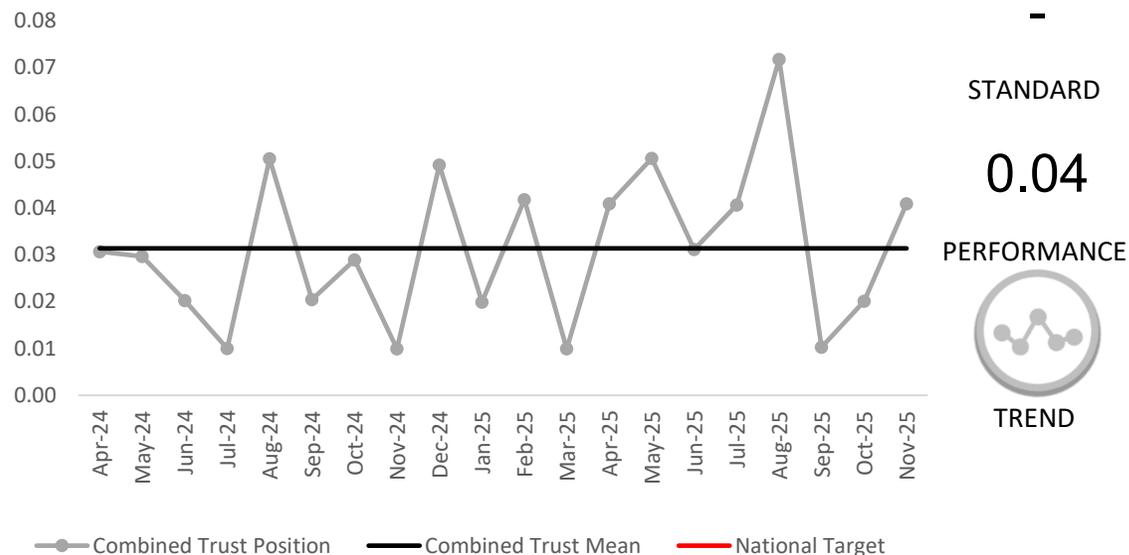
Data Assurance: Data is supplied by each trust individually and quality assured through each organisation's internal processes.

Pressure Ulcers (per 1000 bed days)



TREND

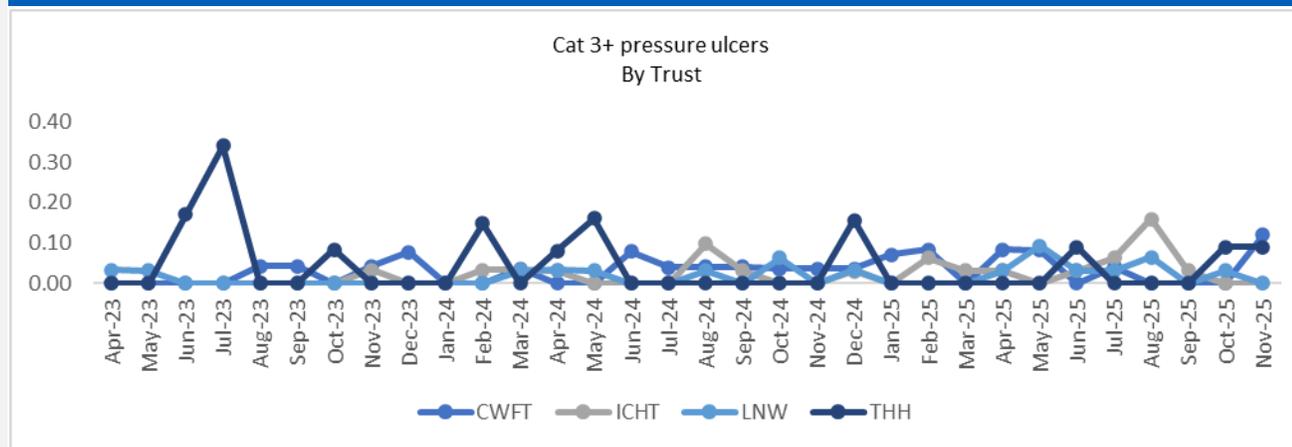
HA cat 3+ pressure ulcers per 1000 bed days



CURRENT PERFORMANCE

	Total bed days	HA cat 3+ pressure ulcers per 1000 bed days (in month)	Number of HA cat 3+ pressure ulcers (in month)	12 month rolling number of HA cat 3+ pressure ulcers	12 month rolling rate of HA cat 3+ pressure ulcers per 1000 bed days
CWFT	24,878	0.12	3	13	0.04
ICHT	31,486	0.00	0	14	0.04
LNW	30,543	0.00	0	10	0.03
THH	10,887	0.00	0	4	0.03
APC	97,794	0.03	3	41	0.03

STRATIFICATION



NARRATIVE

Performance: This metric shows the rate of hospital acquired (HA) pressure ulcers graded as category 3 and 4. The figures are based on data reported in the Trusts incident reporting system, and it is not risk adjusted. There were 3 cases in November, at CWFT which occurred in the planned care division across 2 wards.

Recovery Plan: Cases are being reviewed by each organisation to identify learning which will feed into local safety improvement programmes. AARs are underway to review the incidents at CWFT in month. An initial theme identified is lack of documentation. One of the two MDT reviews commissioned to review an increase at ICHT has been finalised, with actions identified in the ITU's including coaching on prevention and device related product selection changes. There have been no cases in ITU since these actions were implemented.

Improvements: All Trusts have improvement plans in place focused on pressure ulcer prevention.

Forecast Risks: N/A

GOVERNANCE

Senior Responsible Owner: Pippa Nightingale, CEO, LNW

Committee: APC Executive Management Board (Chair: Tim Orchard)

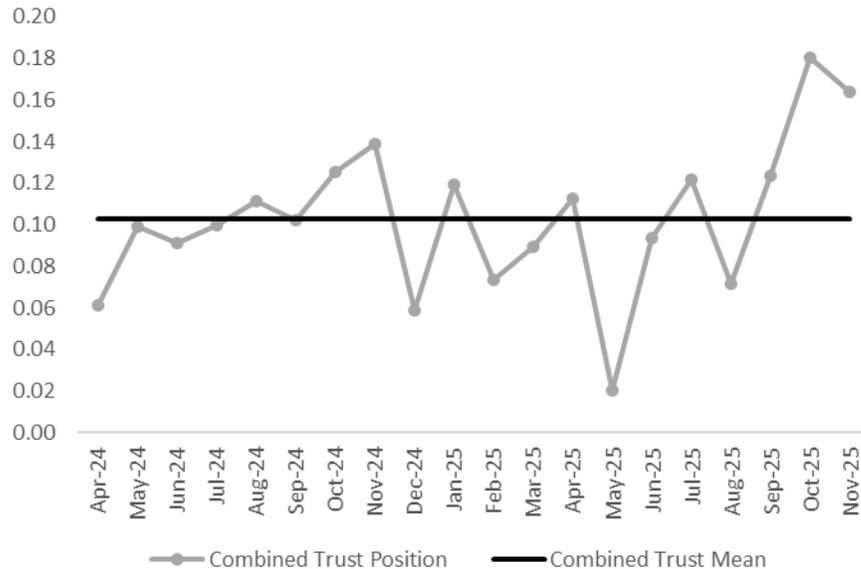
Data Assurance: Data is supplied by each trust individually and quality assured through each organisation's internal processes.

Inpatient falls (per 1000 bed days)



TREND

Inpatient fall with moderate or above harm per 1000 bed days



STANDARD

0.16

PERFORMANCE

TREND

ASSURANCE

NARRATIVE

Performance: This metric shows the rate of falls reported as causing moderate or above harm to patients per 1000 bed days. Data is not risk adjusted. National benchmarking data is not currently available. The number of falls reported remained high in November, following a significant increase in October, with 16 cases reported.

Recovery Plan: The cases are being reviewed via each organisation's PSIRP to identify learning which will feed into local safety improvement programmes. There were some potential links to capacity pressures identified in October, with 6 of the cases occurring within emergency departments across the APC. A thematic review has been commissioned of falls over the last 12 months at CWFT, with frailty included as a key component. At LNW, SWARM huddles were initiated following all cases with no common themes identified at this stage.

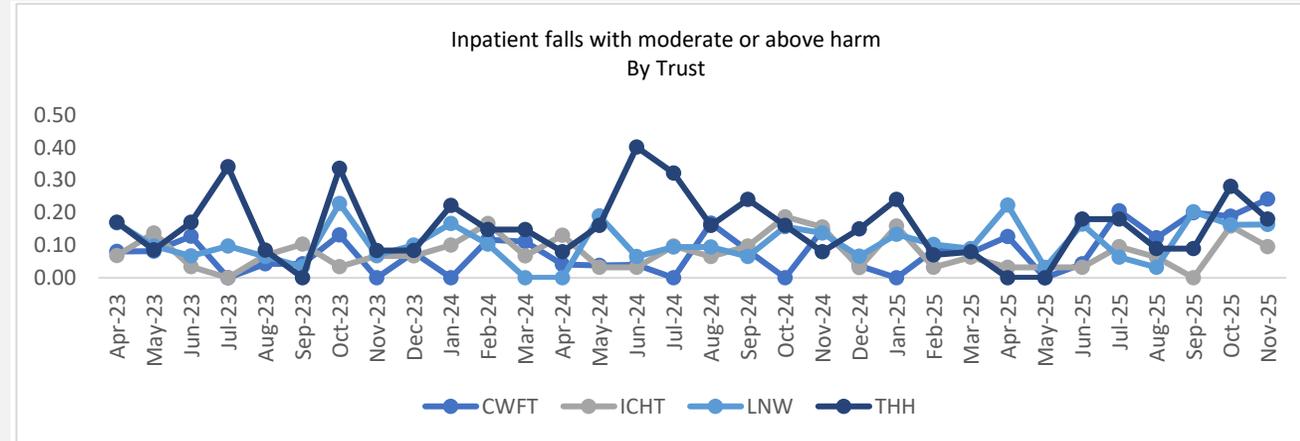
Improvements: All Trusts have safety improvement programmes in place to support prevention of falls with harm, including specific projects with high falls frequency areas, thematic reviews and improvements to risk assessments.

Forecast Risks: Not applicable.

CURRENT PERFORMANCE

	Total bed days (in month)	Inpatient falls with moderate or above harm per 1000 bed days (in month)	Number of inpatient falls with moderate or above harm (in month)	12 month rolling number of inpatient falls with moderate or above harm	12 month rolling rate of inpatient falls with moderate or above harm per 1000 bed days
CWFT	24,878	0.24	6	33	0.11
ICTH	31,486	0.10	3	25	0.07
LNW	30,543	0.16	5	44	0.12
THH	10,887	0.18	2	19	0.14
APC	97,794	0.16	16	121	0.10

STRATIFICATION



GOVERNANCE

Senior Responsible Owner: Pippa Nightingale, CEO, LNW

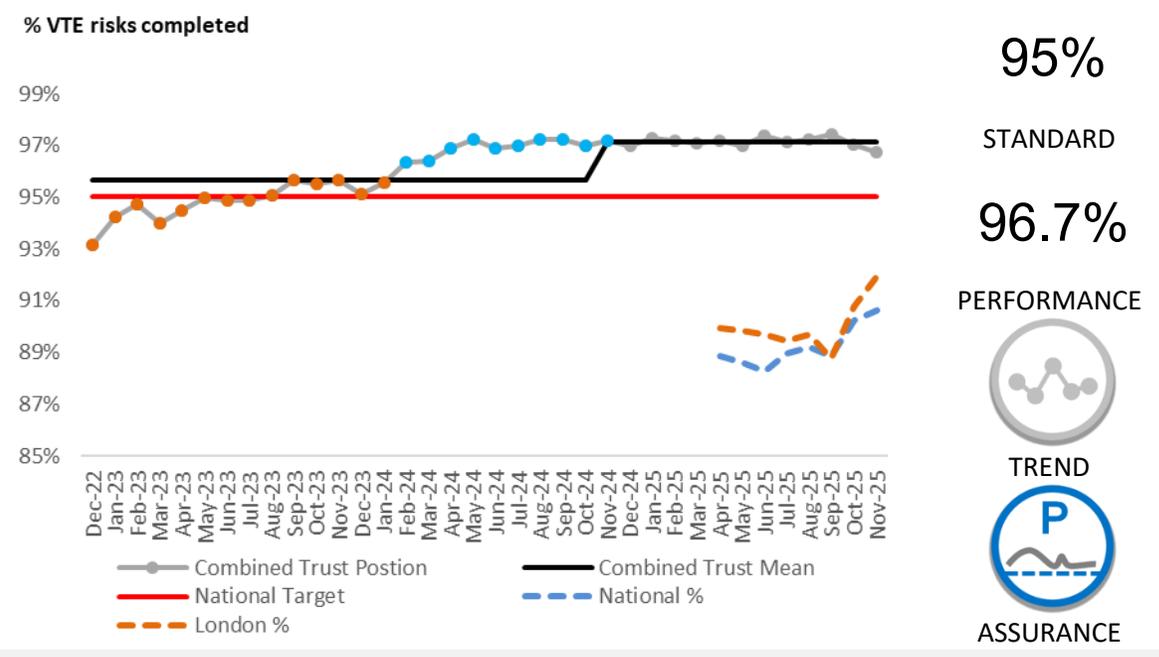
Committee: APC Executive Management Board (Chair: Tim Orchard)

Data Assurance: Data is supplied by each trust individually and quality assured through each organisation's internal processes.



VTE Risk Assessments

TREND



NARRATIVE

Performance: We continue to perform considerably better than the London and national rates. We are above the standard across the last 12 months in all Trusts. There was a slight dip below the standard in-month at THH which is being monitored.

Recovery Plan: Not applicable.

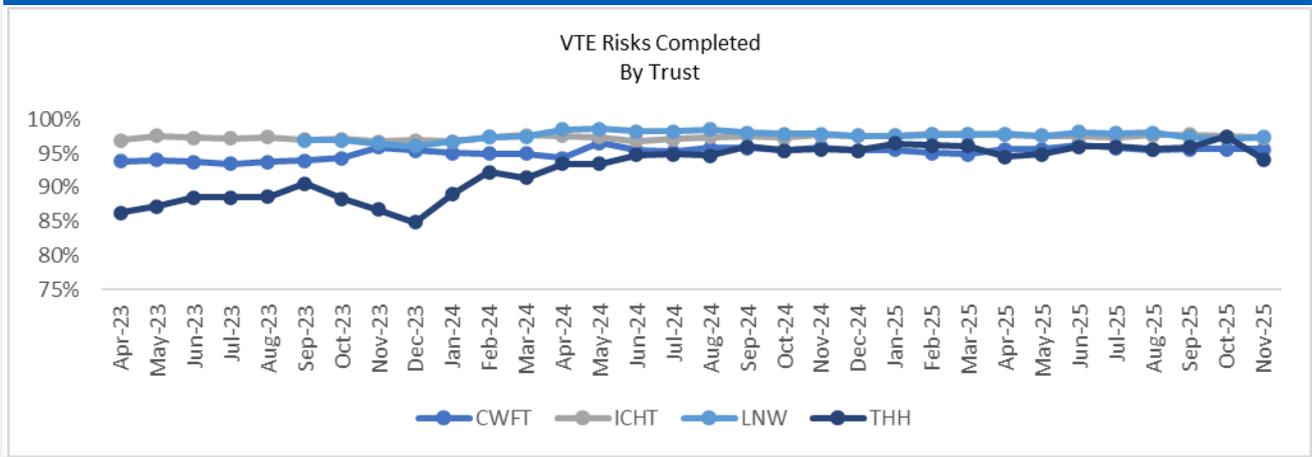
Improvements: Not applicable.

Forecast Risks: Not applicable.

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	7,392	95.6%		7,066	95.5%
ICHT	16,427	97.3%		15,986	97.6%
LNW	13,317	97.4%		12,971	97.7%
THH	3,759	94.1%	-0.93%	3,536	96.4%
APC	40,895	96.7%		39,559	97.1%

STRATIFICATION



GOVERNANCE

Senior Responsible Owner: Pippa Nightingale, CEO, LNW
Committee: APC Executive Management Board (Chair: Tim Orchard)
Data Assurance: Data is supplied by each trust individually and quality assured through each organisation's internal processes.

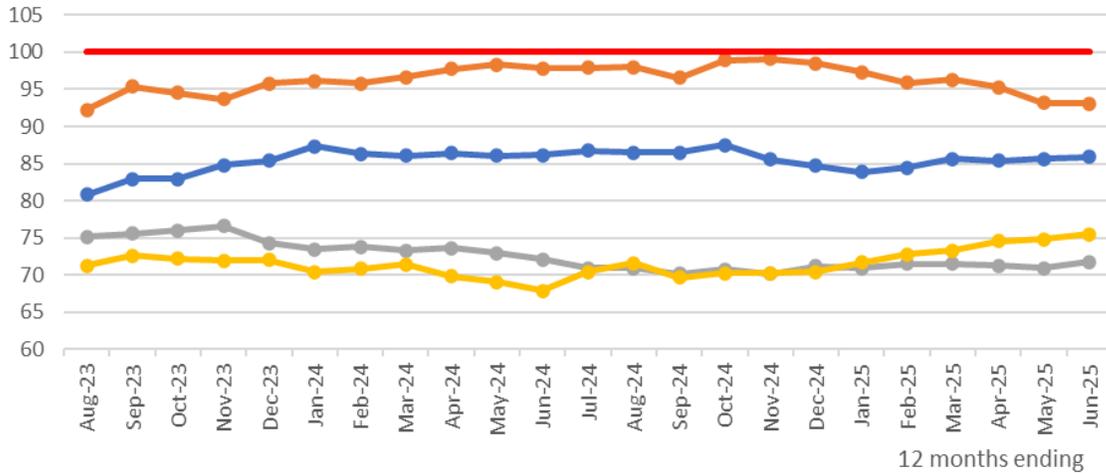
Summary Hospital-level Mortality Index



TREND

SHMI Trend

LNW THH ICHT CWFT England

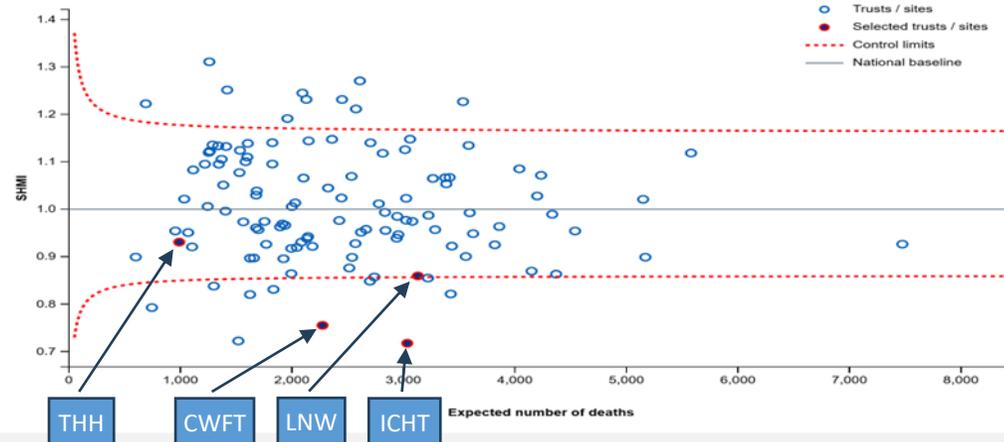


CURRENT PERFORMANCE

SHMI: 12 Months to Jun-25

	Provider Spells	SHMI	Observed Deaths	Expected Deaths	Risk Ranking
CWFT	89,540	75.5	1,720	2,275	Lower than expected
ICHT	118,365	71.7	2,180	3,035	Lower than expected
LNW	105,685	85.9	2,690	3,130	As expected
THH	48,775	93.1	920	990	As expected
APC	362,365		7,510	9,430	

STRATIFICATION



NARRATIVE

Performance: For two of the four trusts (CWFT, ICHT), the rolling 12-month SHMI remains lower than expected with the most recent data available (July 2024 to June 2025). THH's rate is consistently 'as expected'. LNW's rate has tipped over into the 'as expected' range

Recovery Plan: Not applicable.

Improvements: All Trusts investigate variations between observed and expected deaths by diagnostic group. Reviews for quarter two will be summarised in the learning from deaths report presented separately to APCQC.

Forecast Risks: Not applicable.

GOVERNANCE

Senior Responsible Owner: Pippa Nightingale, CEO, LNW

Committee: APC Executive Management Board (Chair: Tim Orchard)

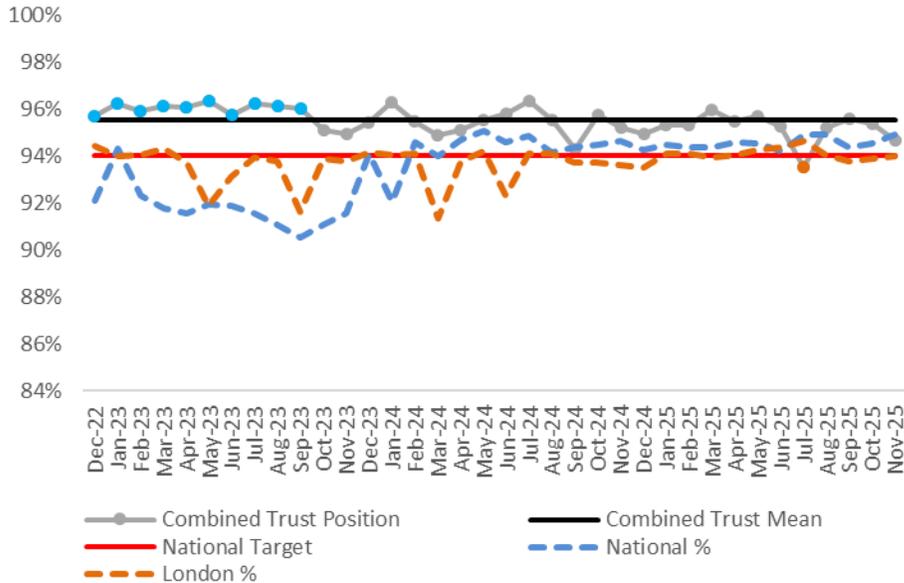
Data Assurance: Data is supplied and quality assured by Telstra Health

Inpatient Friends & Family Test



TREND

% good experience - Inpatients



94%

STANDARD

94.7%

PERFORMANCE



TREND

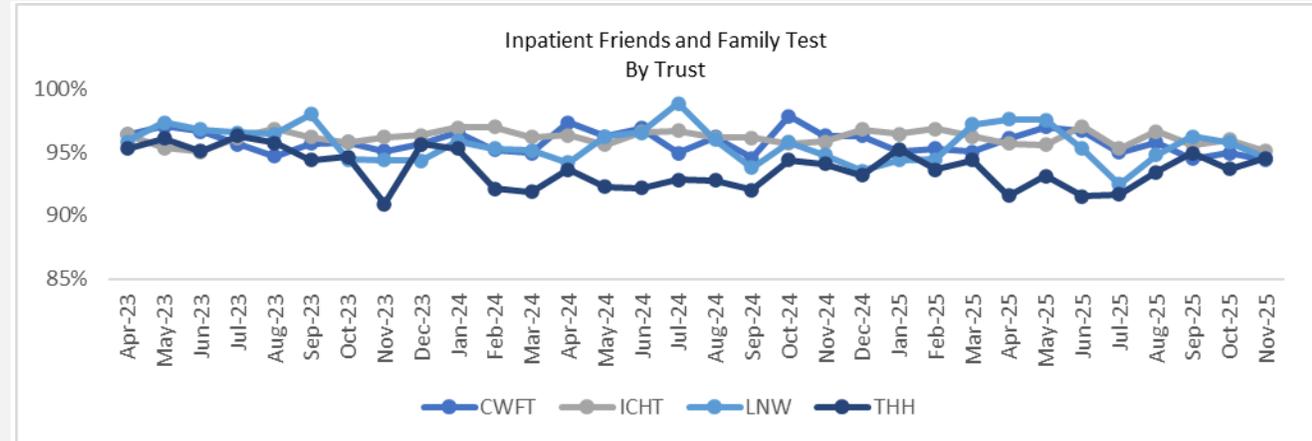


ASSURANCE

CURRENT PERFORMANCE

	Responses Received	Good Experience	Difference from Target	Recommended Care	12 Month Rolling Good Experience
CWFT	1,265	94.4%		1,194	95.4%
ICHT	2,092	95.1%		1,989	96.1%
LNW	1,806	94.5%		1,707	95.0%
THH	1,158	94.6%		1,095	93.4%
APC	6,321	94.7%		5,985	95.2%

STRATIFICATION



NARRATIVE

Performance: At APC level, the percentage of inpatients reporting a good experience remained above target in November. Although there was a reduction in 3 out of 4 Trusts in month, which is under review in each organisation, all remain above target.

Recovery Plan: Not applicable.

Improvements: A new patient survey platform was implemented in July across the APC, which will support better identification of areas for collaborative improvement once embedded. A summary of the CQC national inpatient survey is due to be presented to December's APCQC which will set out key themes and areas for improvement.

Forecast Risks: Continued workforce and operational pressures may have a detrimental impact on patient experience, particularly during winter.

GOVERNANCE

Senior Responsible Owner: Pippa Nightingale, CEO, LNW

Committee: APC Executive Management Board (Chair: Tim Orchard)

Data Assurance: Data is supplied by each trust individually and quality assured through each organisation's internal processes.

4.1.1 QUALITY - INTEGRATED QUALITY AND PERFORMANCE REPORT

(ANYTHING BY EXCEPTION) (PIPPA NIGHTINGALE)

4.1.2 NWL ELECTIVE ORTHOPAEDIC CENTRE (EOC) YEAR 2 - UPDATE AND FUTURE DEVELOPMENTS (MARK TITCOMB)

REFERENCES

Only PDFs are attached

 4.1.2 NWLEOC update - January BiC 26.pdf

NWL Acute Provider Collaborative Board in Common (Public)

20/01/2026

Item number: 4.1.2

This report is: Public

NWL Elective Orthopaedic Centre (NWL EOC) – Year 2 BiC update report

Author: Mark Titcomb
Job title: Managing Director NWLEOC, CMH and Ealing Hospitals

Accountable director: Pippa Nightingale
Job title: CEO LNWH

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.

APG EMB 12/01/2026 Noted	NWL EOC Partnership Board 16/01/2026 Noted	Committee name Click or tap to enter a date. What was the outcome?
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Executive summary and key messages

The report provides an overview of Year 2 activity at the North West London Elective Orthopaedic Centre (NWL EOC) based at Central Middlesex Hospital (CMH).

The EOC is now in its second full year of operation and continues to increase activity and improve productivity. Year 2 is on track to exceed last year’s performance, with an expected total of around 3,264 surgeries - a 7% rise. Productivity is steadily improving, with more operating lists meeting the Getting it Right First Time ‘GIRFT’ benchmark, and as intended, the centre is not impacted by winter pressures or bed shortages. Patient access to CMH and transport have generated no complaints.

The centre is helping reduce the overall orthopaedic waiting list across north-west London, which has fallen from 3,300 to 2,540 patients since April 2024. Cross-trust working, including

THH surgeons operating on LNWH long-waiters, has supported this reduction. Clinical outcomes remain strong, with serious incidents, complaints and infections all below national rates. The EOC built on its GIRFT accreditation with a very positive Year 1+ review that praised staff culture and innovation.

Planning for 2026/27 suggests activity levels will stay broadly consistent. The centre continues to refine its shared operating model, with lessons learnt around digital systems, shared ownership, external dependencies and realistic productivity expectations. These insights are being used to strengthen future delivery and support the wider development of shared services.

The paper reviews the key enablers that underpin the development of the centre of excellence, includes some key performance metrics and describes the levels of participation across the four partners. There is also an update on the clinical outcomes that are being delivered at the centre of excellence and the overall levels of activity set against the 2025/26 improvement trajectory.

The report ends by revising the key challenges associated with delivery of the plan including the lessons identified following two successful GIRFT accreditation visits.

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

Main Report

1. Overview

The NWLEOC opened on 4 December 2023 with an initial operating capability, before moving to full capability on 30 April 2024 with 5 operating theatres, recovery and ringfenced ward beds. It is now in its second full year of operation.

The centre is designed to deliver an improved inpatient pathway for adults who need routine, planned orthopaedic procedures, such as a hip or knee replacement, who are otherwise generally well, 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
- Improved efficiency and productivity, enabling more patients to be treated at a lower cost
- Improved staff experience and retention underpinned by increased opportunities to develop

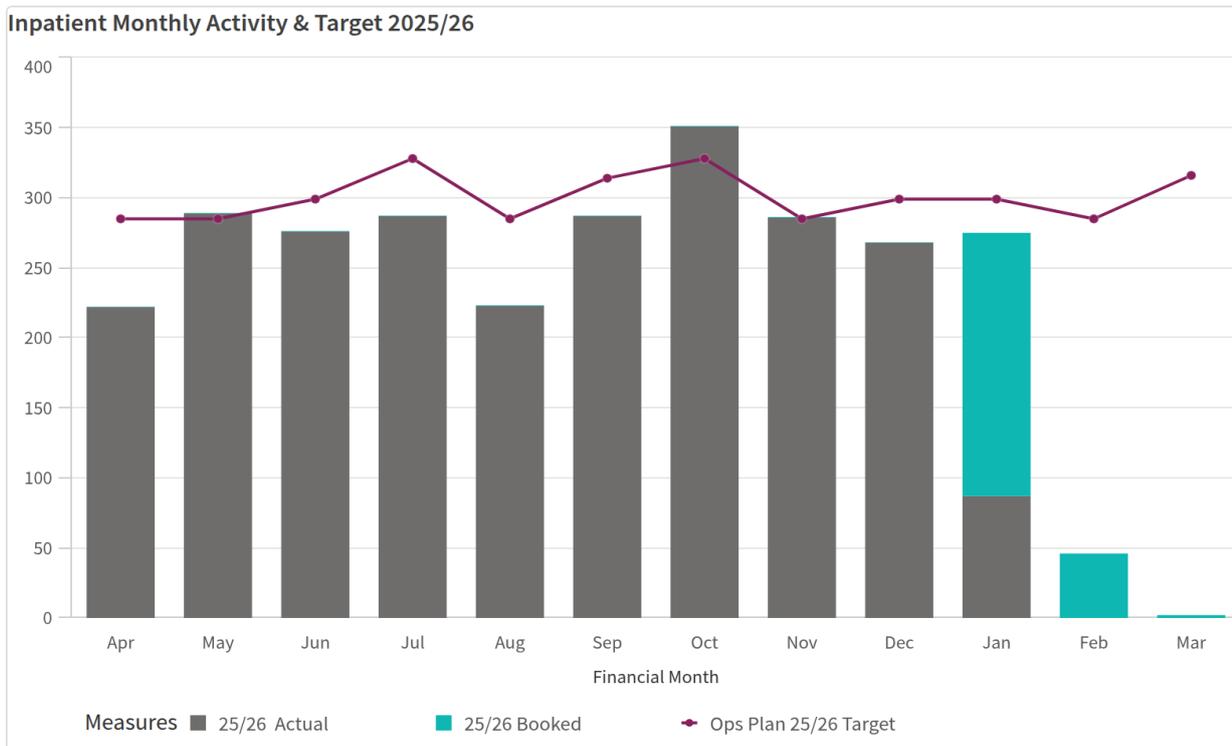
2. NWLEOC – statistics

2.1 2024/25 Year 1

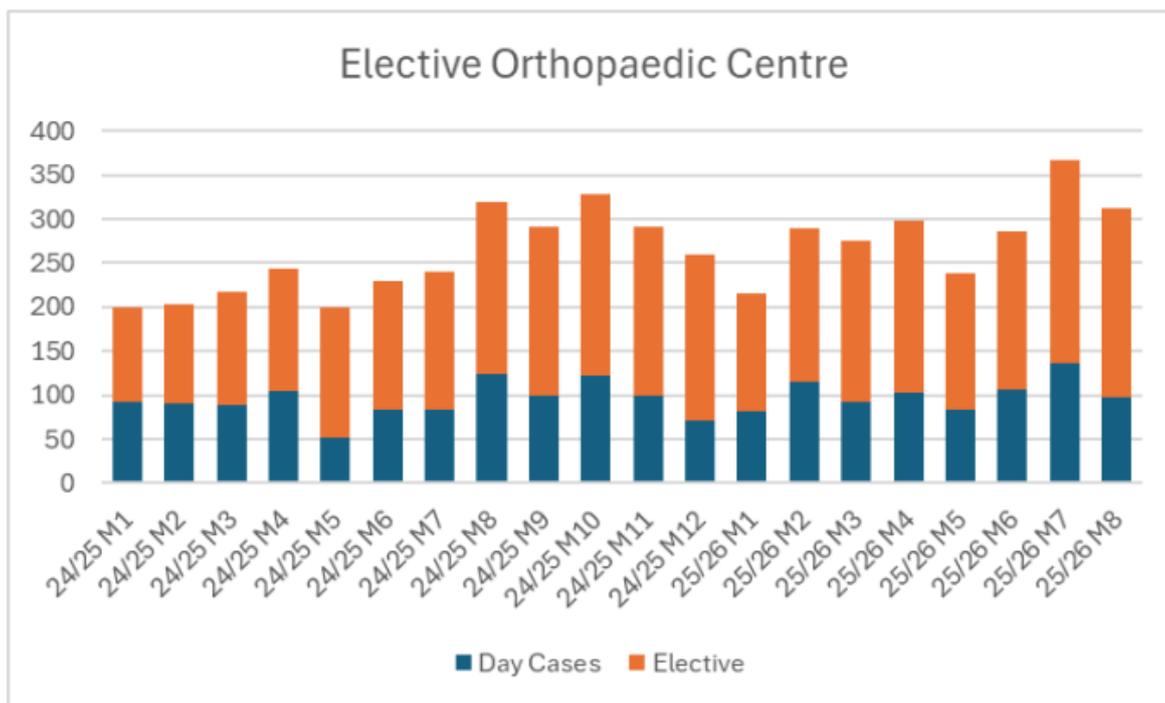
- 3063 patients had surgery at EOC during 2024/25, of which 776 were from partners (ICHT, CW and THH) and the remainder from LNWH.

2.2 2025/26 Year 2 (Apr – Jan 26)

- Activity levels are higher than in Year 1 reflecting efforts to improve access across the sector, although activity is slightly below the Year 2 operating plan.
- So far, 2764 patients have undergone surgery at EOC during 2025/26, of which 715 were from partners (ICHT, CW and THH) and the remainder from LNWH. A further 500+ patients are expected to have their surgery during February & March 2026 bringing the Year 2 total to c3,264. This is a 7% activity increase for all partners.
- Although LNWH activity is above plan and partner activity somewhat lower, the activity mix is increasingly complex, as some partner surgeons (eg: THH) operate on LNWH patients and there is increasing sharing of patients across all trusts.
- Productivity of the centre is steadily improving - an increasing number of lists are achieving GIRFT standard of four joint procedures per all day list.
- Zero patient cancellations due to winter pressures or shortage of beds.
- Zero complaints regarding transport provision or site access across all eight boroughs
- Consistently high score on family, friendly tests
- Length of stay is now within GIRFT benchmark of 2.3 days

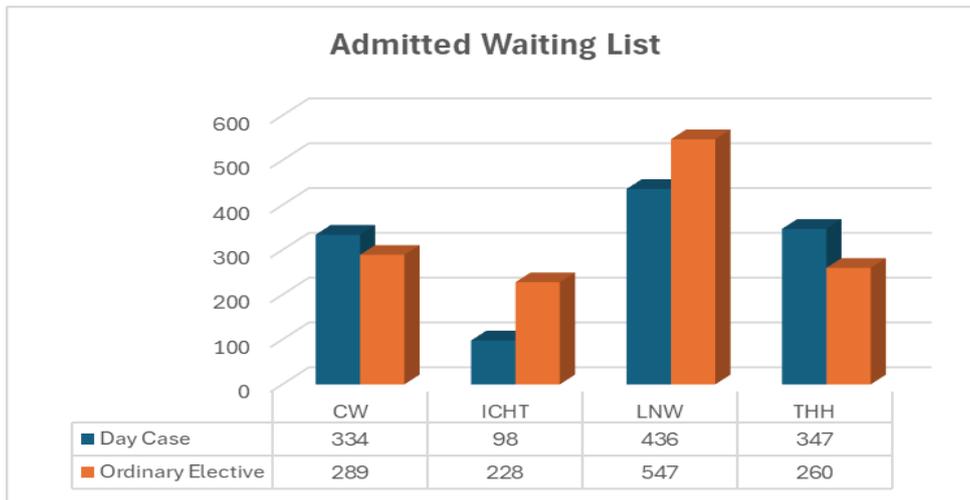


EOC -Total Activity (April 2024 – November 2025)



3. Waiting list impact, Clinical outcomes & GIRFT accreditation

The EOC benefits realisation plan identifies a number of clinical outcome measures over the 1, 2 and 5 year time scale. Monitoring and assurance is provided to the monthly partnership board within a clinical quality agenda item. Some of the key metrics for 25/26 are included further below:



Alongside the four acute Trusts, NWLEOC is contributing to an overall decrease in the north-west London orthopaedic waiting list and a reduction in the number of long-waiting patients.

In April 2024, there were 3300 patients on the NWL orthopaedic admitted waiting list and this has reduced now to a total of 2540 patients; the greatest number of these being from LNWH as shown above. To reduce this number more quickly, surgeons from THH have been operating on long waiting LNWH patients at the EOC during the winter months, and in doing so have demonstrated that sharing/pooling of patients can be safely achieved.

Clinical outcome measures since April 25 are described below, with serious incidents, complaints and surgical site infections, all below the national average for this number of cases.

KPI/metric	Outcome
Admitted (waiting list)	<ul style="list-style-type: none"> NWLEOC significant contribution to reduction in NWL T&O waiting list during Year 2 LNWH has the greatest proportion of long waiting patients – partner (THH and ICHT) support to reduce overall booking
PSSI	<ul style="list-style-type: none"> 1 incident reached a PSII threshold since opening (wrong side block – included in previous submission) Other investigations : <ul style="list-style-type: none"> Retained wire post op dealt with through MDT and appropriate governance processes Fall post knee replacement with injury to operated knee <p>Learning shared in all areas</p>
Complaints, Compliments, FFT	<ul style="list-style-type: none"> 2 formal complaints received since the start of EOC No outstanding complaints <ul style="list-style-type: none"> (feedback themes/concerns have involved scheduling queries and medication concerns) Continuous high volume compliments received on the ward Friends and Family tests, good response rate eg November 25 received 100% as good or excellent (34 responses)
Surgical Site Infections	<ul style="list-style-type: none"> Data remains below national average for EOC TKR and THR versus average since 2024

4. National Getting It Right First Time (GIRFT) accreditation

As previously reported, the national GIRFT accreditation panel sat on 13th November 2024 and formally accredited the centre as an elective surgical hub. In November 2025, the GIRFT team led by Professor Tim Briggs returned for a Year 1+ follow up review, with the centre again achieving very positive feedback and receiving full backing for the centre of excellence Year 1 optimisation plan. An extract of the GIRFT feedback is here:

The progress that the hub has made since opening is commendable and the management team at all levels are to be congratulated on the culture that they are developing within the hub. The staff are full of ideas, solutions and innovations and harnessing these will pay dividends.

The next GIRFT site visit is scheduled for 2027.

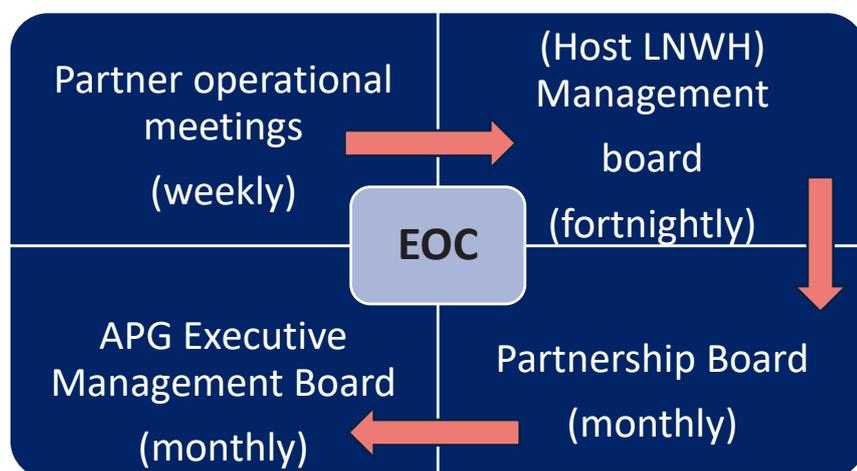
Some examples of a recent complement received is seen below:

"I have spent a lot time in hospital with my wife, and this has to be one of the best. Staff were excellent, calm and kind across the Board.

From entering the ward to leaving the ward, everyone has been very caring, helpful and explained everything about my procedure. Aftercare was amazing too".

5. NWL EOC Governance

Year 2 governance of the EOC remains as previously described with a Partnership Agreement and underpinning SLAs and SOPs. A monthly partnership board is chaired by the NWLEOC medical director, has senior clinical representation from all four partners and this reports monthly to the APG Executive Management Board. The operational battle rhythm of the centre is shown below:



6. 2026/27 NWL EOC operating Plan

The operating plan for 2026/27 is currently underway. Considering the 2026/27 operational planning guidance and changes to the elective recovery fund (ERF) cap, it is anticipated that this will remain broadly consistent with 2025/26, with a modest increase of approximately 5% across partners expected. Individual planning work is underway with each partner to ensure that surgeon job scheduling at home trusts is aligned with the 2026/27 NWLEOC delivery plan.

7. Lessons identified, NWLEOC case study and current challenges

A lessons identified paper was produced for the APC to share the learnings of the development and implementation of the EOC and to inform future shared service models.

The key findings are summarised here:

	Challenges	Take aways:
1	Digital enabling limitations	<ul style="list-style-type: none"> Expectation when moving to Cerner that accessibility and collaboration across the APC would be significantly easier than initially proved. Eg: currently only a "view only" approach is established and therefore the EOC is not able to support partners with the administrative burden of ordering and actioning tests. Patient pathway was initially set up with automated rules in FDP - resulting in the unnecessary rejection of some patients from the EOC until resolved. No 'test' environment in FDP - resulting in the EOC module needing additional testing/support to be clinically safe to use.
2	Achieving fully shared involvement and ownership	<ul style="list-style-type: none"> Surgical leads were identified very early in the development of the EOC (which made clinical decision making for complex issues less of a challenge), but anaesthetic leads were engaged much later despite the importance of the pre-op processes (resulting in difficulty implementing pathway changes). Shared partner resource for various workstreams worked well: eg: ICHT (digital), LNWH (transport/accessibility), THH (joint school) etc
3	External events may disproportionately impact progress/activity	<ul style="list-style-type: none"> Industrial action and contractor delays (April – July 24) - are the examples
4	Fully understand the implications of the chosen pathway & external best practice	<ul style="list-style-type: none"> Following the outcome of the public consultation, it was agreed that patients would only attend the EOC on the day of their surgery – a very different model to other EOCs; this then required several novel solutions to be developed EOC was planned and implemented to GIRFT recommendations – this helped achieve a rapid and successful accreditation once fully open
5	BC activity and financial assumptions & risk appetite	<ul style="list-style-type: none"> Some key BC assumptions proved highly challenging and could have been more fully tested? (eg: four joints per surgeon/per all day list from day one of opening) Constantly review the levels of optimism in the BC against the risk appetite and external where assumptions about activity levels and financial outcomes are challenged.

Matt Bartlett & Mark Titcomb
 NWL EOC Medical Director and Managing Director

4.1.3 LEARNING FROM DEATHS - QUARTER 2 REPORT (JON BAKER)

REFERENCES

Only PDFs are attached



4.1.3 APC_QC-BiC_Learning-from-deaths-report-Q2-25.26 V3.pdf

NWL Acute Provider Collaborative Board in Common (Public)

20/01/2026

Item number: 4.1.3

This report is: Public

Acute provider collaborative Learning from Deaths quarter two 2025/26 summary report

Author: Alex Bolton
Job title: Director of Quality and Patient Safety, LNWH

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 public board regarding their learning from deaths process. This is achieved through a detailed quarterly report to individual Trust quality committees; 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

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

APC Quality Committee

07/01/2026

Committee name

Click or tap to enter a date.

What was the outcome?

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 presents a summary of the findings from the quarter two reports of 2025/26.
- 1.2. Individual Trust reports are in the reading room and provide assurance that deaths are being scrutinised in line with requirements and learning shared and acted upon through Trust governance processes.

- 1.3. Our relative risk of 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. London North West University Healthcare (LNWH), Imperial College Healthcare Trust (ICHT), and Chelsea and Westminster Hospital (CWFT) have a 'lower-than-expected' Hospital Standardised Mortality Ratio (HSMR) for the period July 2024 to June 2025. The Hillingdon Hospitals (THH) has an 'as expected' HSRM for this period.
- 1.4. There continue to be low numbers of cases where clinical concerns are identified through Level 2 reviews. There were five instances of sub-optimal care where different care might have made a difference and one case where sub-optimal care would reasonably be expected to have made a difference to the outcome. No common themes were identified across these cases and further improvement opportunities are being sought via the incident management process.
- 1.5. All Trusts continue to investigate variations between observed and expected deaths by diagnostic group. Reviews undertaken in quarter four identified no clinical concerns.

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 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 effective communication with patient and their families / next of kin particularly. This theme is consistent with previous quarters with local trust work in place.
- 2.4. At individual trust level the reviews show evidence of improvements in some key areas, as well as some themes for improvement including:
 - **CWFT:** review highlighted areas for improvement around accurate and timely communication and handover, thorough documentation of clinical decisions and escalation plans, prompt escalation and senior review for deteriorating patients, clear allocation of responsibility and coordination between specialties, adherence to clinical guidelines, robust patient safety processes, early and ongoing end-of-life discussions with families.
 - **ICHT:** learning from review identified area for improvement within a very small number of cases around documentation and effective communication with patients and their families / next of kin. There has been a reduction over the last two quarters in cases involving suboptimal treatment of deteriorating patients and there has been a reduction by over 50% in moderate harm and above incidents in this category over the last year, both metrics representing positive indicators in the associated improvement programme.
 - **LNWH:** review highlighted areas for improvement regarding timely recognition and response to deterioration, effective communication with families / next of kin, and the involvement of other specialities and palliative care team.
 - **THH:** review identified some areas of improvement relating to electronic patient record discrepancies and the recording of mortality review outcomes (currently not supported by a digital solution).

3. Thematic Review

- 3.1. A shared core data set has been created for use in all learning from death reports and is included in individual Trust reports.
- 3.2. **Mortality rates and numbers of deaths**
 - 3.2.1 The APC Trusts use the Summary Hospital-level Mortality Indicator (SHMI) and Hospital Standardised Mortality Ratio (HSMR) to monitor the relative risk of mortality. Both tools are used to determine the relative risk of mortality for each patient and then compare the number of observed deaths to the number of expected deaths; this provides a relative risk of mortality ratio.
 - 3.2.2 APC provider 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. LNWH, ICHT, and CWFT have a 'lower-than-expected' Hospital Standardised Mortality Ratio (HSMR) for the period July 2024 to June 2025. THH has an

HSMR of 102.9 for this period (where 100 is the expected national benchmark); this is within the 'as expected' range.

3.2.3 Data shows that each Trust continues to have a rolling 12-month SHMI below the national benchmark; with all other Trusts 'lower than expected' for this indicator for the period July 2024 to June 2025.

3.2.4 Trend and funnel plot visualisations of HSMR and SHMI mortality rates at Trust level are monitor within individual Trust learning from death reports and reported up to the APC mortality surveillance group.

3.2.5 HSMR and SHMI diagnostic group data is reviewed by the APC mortality surveillance group, with variation noted. Providers regularly reviewing HSMR and / or SHMI diagnostic groups with a score above 100, or where risk is increasing, to understand the differences. Reviews undertaken in quarter one include:

- **LNWH:** Review into cases linked to 'cardiac arrest and ventricular fibrillation' (23 cases), and 'other psychoses' (6 cases) were completed following an increase in HSMR above the national benchmark of 100. Learning from this clinical review did not identify any elements of sub-optimal care within these groups.
- **THH:** During this reporting period reviews were undertaken for diagnostic groups 'Pneumonia' and 'Fracture of neck of femur'. No concerns with clinical care or treatment were identified. The review did identify opportunities for improvement relating to data quality, coding, and the recording of admission route (elective / non-elective) as these factors will have adversely impacting the HSMR calculation. A task and finish group has been established to lead improvement in this area.

3.2.6 There were no diagnostic groups requiring further review identified at ICHT, CWFT, during this reporting period.

3.2.7 Trust level HSMR data is provided by Telstra Health UK, SHMI data is provided by NHS England. The tables below shows the rolling HSMR between July 2024 and June 2025.

3.2.8 North West London Acute Collaborative HSMR indicators

Trust	Provider spells	Observed deaths	Expected deaths	HSMR	Lower CI	Upper CI
LNWH	201763	2,003	2075.4	96.5	92.3	100.8
THH	83790	655	636.5	102.9	95.2	111.1
ICHT	244530	1600	2129.9	75.1	71.5	78.9
CWFT	160590	1220	1547.3	78.8	74.5	83.4

HSMR (41 diagnostic groups) by APC provider, July 2024 to June 2025, Source: Telstra

3.2.9 North West London Acute Collaborative SHMI indicators

Trust	Provider spells	Observed deaths	Expected deaths	SHMI	LCL 95%CI	UCL 95%CI
LNWH	105685	2690	3130	85.92	85.65	116.76
THH	48775	920	990	93.05	84.94	117.74
ICHT	118365	2180	3035	71.73	85.64	116.77
CWFT	89,540	1720	2275	75.50	85.52	116.93

SHMI by APC provider, July 2024 to June 2025, Source: NHS Digital, published 13th November 2025

3.3. Medical examiner reviews

- 3.3.1 All Trusts have medical examiner services in place who scrutinise in-hospital deaths. All in-patient deaths were scrutinised by respective offices in quarter two.
- 3.3.2 All four Trusts continue to provide weekend ME scrutiny, prioritising urgent cases i.e. deaths requiring urgent body release. Learning from each Trust continues to feed into collaborative work with an aim to establish a shared weekend medical examiner service in the future.

3.4. Level 2 reviews

- 3.4.1 Deaths where there are concerns, or which meet agreed criteria, are referred by the medical examiner for a mortality case note 'Level 2' review. During Q2 2025/26 the percentage of deaths referred were, ICHT 16%, THH 14%, CWFT 34%, and LNWH 20%.

	Q3 24/25	Q4 24/25	Q1 25/26	Q2 25/26	Total
ICHT	48 (10%)	67 (14%)	54 (13%)	65 (16%)	234 (12%)
THH	15 (7%)	23 (11%)	11 (8%)	19 (14%)	68 (10%)
CWFT	170 (50%)	170 (45%)	125 (42%)	102 (34%)	567 (43%)
LNWH	95 (16%)	96 (14%)	104 (19%)	97 (20%)	392 (17%)

Table 2: Number and percentage of cases referred for level 2 review

- 3.4.2 The following referral triggers were implemented across the APC in Q1 2024/25.
- Potential learning identified at Medical Examiner scrutiny.
 - Significant concerns raised by the bereaved.
 - Deaths of patients with learning disability
 - Deaths of patients under a mental health section
 - Unexpected deaths
 - Maternal deaths
 - Deaths of infants, children, young people, and still births
 - Deaths within a specialty or diagnosis / treatment group where an 'alarm' has been raised (e.g. via the Summary Hospital-level Mortality Indicator or other elevated mortality alert, the CQC or another regulator)
- 3.4.3 CWFT and LNWH also retain local referral triggers to be used where potential for learning was identified at initial screening by consultants, where deaths were accepted by the Coroner for inquest, or where further review was requested from divisional mortality review groups. These additional local trigger result in higher referral rates within these Trust.
- 3.4.4 ICHT use the incident investigation framework to consider deaths that are accepted by the coroner for inquest rather than the level 2 mortality case note review process. In Q2 2025/26 8 deaths associated with inquests which were reviewed through the ICHT incident investigation process, if these were reviewed as level 2 case note reviews instead this would have increased their referral rate to 17% for this quarter, the same as LNWH. THH coordinate learning from cases being submitted to Inquest via their legal services team.
- 3.4.5 A review of the referral triggers will be undertaken by the APC mortality surveillance group to further standardise the processes across the APC.
- 3.4.6 Outcome avoidability and / or suboptimal care provision identified via level 2 mortality review is defined using the Confidential Enquiry into Stillbirths and Deaths in Infancy (CESDI)

categories. The following categorisation has been adopted across the APC when assessing deaths:

- Grade 0: No suboptimal care or failings identified, & the death was unavoidable.
- Grade 1: A level of suboptimal care identified during hospital admission, but different care or management would NOT have made a difference to the outcome & death was unavoidable.
- Grade 2: Suboptimal care identified, & different care MIGHT have made a difference to the outcome, i.e. the death was possibly avoidable.
- Grade 3: Suboptimal care identified, & different care WOULD REASONABLY BE EXPECTED to have made a difference to the outcome, i.e. the death was probably avoidable.

3.4.7 Ten cases where sub-optimal care would reasonably be expected to (CESDI 3) have or might have (CESDI 2) contributed to the patient's outcome were identified from completed reviews for deaths in this quarter which is a similar to the previous quarter.

	Q3 24/25	Q4 24/25	Q1 25/26	Q2 25/26	Total
ICHT	5	4	6	6	21 (1.11% of total deaths)
THH	1	0	0	1	2 (0.29% of total deaths)
CWFT	2	3	0	0	5 (0.38% of total deaths)
LNWH	3	1	2	3	9 (0.39% of total deaths)

Table 3: Number of CESDI grade 2 & 3 cases by Trust and financial quarter

3.4.8 The Patient Safety Incident Response Framework (PSIRF) requires deaths assessed to be, more likely than not, due to problems in care to have an enhanced / comprehensive learning response. Therefore level 2 mortality reviews identified as CESDI 2 and 3 are subject to additional scrutiny via the incident investigation framework, with a triangulation process then undertaken that takes into account the results of these more in-depth reviews and confirms the level of harm. ICHT do not retrospectively amend CESDI grading following this process, whereas the other Trusts do. In this quarter 50% of cases reviewed by ICHT concluded that the outcome could not have been changed / avoided, if the CESDI grades were amended following these investigations this would have reduced the number.

3.4.9 The full review process has been completed for 8 out of the 21 cases reported at ICHT over the last 12 months (covering quarters Q3 2024/25 - Q2 2025/26). Of these 8, six have been confirmed as low/no harm. Two were confirmed as demonstrating poor care which contributed to the patient's death, with the harm level agreed as death/extreme harm. The remaining 13 are still under investigation/awaiting final triangulation of the investigation report; outcomes will be confirmed in a future report. Overall incident harm levels at ICHT show moderate and above harm levels well within national average and no specific cause for concern and the HSMR is one of the lowest in the UK.

3.4.10 A review of the process by which harm levels identified via the incident investigation framework are triangulated with the CESDI graded reported by the mortality review process will be undertaken by the APC mortality surveillance group to further standardise the processes across the APC.

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. Oversight of these processes is considered within Trust's and reported up to the APC Mortality Surveillance Group.
- 3.5.2 There were no LeDeR or CDOP reviews completed in quarter which identified significant concerns regarding the clinical care provided.

4. Conclusion

- 4.1. The individual 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.
- 4.2. 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.
- 4.3. Local reviews into HSMR and SHMI diagnostic groups is overseen through trust governance process with themes shared at the APC mortality surveillance group and will continue to be summarised in this report going forward.
- 4.4. Further APC standardisation will be led by the APC mortality surveillance group to consider; local referral triggers and links between the mortality review process and incident investigation framework.

5. Glossary

- 5.1. **CESDI grade:** Outcome, avoidability and / or suboptimal care provision is defined using the Confidential Enquiry into Stillbirths and Deaths in Infancy (CESDI) categories that have been adopted by the APC for use when assessing deaths:
- Grade 0: No suboptimal care or failings identified, & the death was unavoidable.
 - Grade 1: A level of suboptimal care identified during hospital admission, but different care or management would NOT have made a difference to the outcome & death was unavoidable.
 - Grade 2: Suboptimal care identified, & different care MIGHT have made a difference to the outcome, i.e. the death was possibly avoidable.
 - Grade 3: Suboptimal care identified, & different care WOULD REASONABLY BE EXPECTED to have made a difference to the outcome, i.e. the death was probably avoidable.
- 5.2. **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.

- 5.3. **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.
- 5.4. **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.
- 5.5. **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.
- 5.6. **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.
- 5.7. **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.

REFERENCES

Only PDFs are attached

 4.1.4 APC Safeguarding Annual Report 2024 25 for BiC.pdf



NWL Acute Provider Collaborative Board in Common (Public)

20/01/2026

Item number: 4.1.4

This report is: Public

Acute Provider Collaborative Annual Safeguarding Report 2024-25

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 2024 to 31 March 2025.

-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 on their website.

Report history

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

Local Quality Committees

Noted

Collaborative Quality Committee

07/01/2026

Discussed and noted

Committee name

Click or tap to enter a date.

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 2024 to 31 March 2025 for the four Trusts comprising the Northwest London Acute Provider Collaborative. The four Trusts (in alphabetical order) are:

- Chelsea and Westminster Hospital NHS Foundation Trust (CWFT)
- Imperial College Healthcare NHS Trust (ICHT)
- London Northwest University Healthcare NHS Trust (LNWH)
- The Hillingdon Hospitals NHS Foundation Trust (THH)

Each individual Trust has submitted its own Annual Safeguarding Report to its Board Quality Committee who have scrutinised the content and associated learning. Each Trust has published its own Annual Report on its own website.

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

Northwest London (NWL) Acute Provider Collaborative Safeguarding Annual Report 2024-25

1. Introduction

- 1.1 All Trusts within the NWL Acute Provider Collaborative must comply with statutory and regulatory safeguarding requirements, including CQC Regulation 13: Safeguarding service users from abuse and improper treatment - all Trusts within the Acute Provider Collaborative are compliant. The NHS Safeguarding Contract is annually updated on 31 March.
- 1.2 Each Trust produces Annual Reports for both children's and adults' safeguarding and highlights the work undertaken with respect to its commitment and responsibilities in maintaining the safety and protection of 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 (2024) sets out the safeguarding roles, duties, and responsibilities of all organisations in the NHS.
- 2.2 Working Together to Safeguard Children (2023) requires that each organisation have 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 Liberty Protection Safeguards (LPS), plus a Prevent Lead.
- 2.3 All four Trusts confirm they have the following:
 - In-date adult and children safeguarding policies reflecting national legislation.
 - Dedicated safeguarding services.
 - A named Executive Director responsible for the Safeguarding function and process – this is the Chief Nurse at each Trust.
 - Partnership arrangements with local authorities, the Integrated Care Board (ICB), and multi-agency safeguarding boards such as the Joint Integrated Safeguarding Board (ISB) – in line with the statutory requirement of The Children Act (2004) and Care Act (2014). The ISB provides assurance to the Trust Board from the strategic objectives and the Northwest 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 (NWL) Integrated Care Board (ICB).
 - 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 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.
- 2.5 Safeguarding training requirements for both adults and children are underpinned by the Intercollegiate Guidance. This guidance sets out the roles and responsibilities for staff and specifies the required level of safeguarding training. Each training level requires staff to complete a minimum number of training hours over a three-year period, achievable through a range of training interventions.
- 2.6 The Key Performance Indicator (KPI) for safeguarding training is locally agreed by the Northwest London ICB and is set at 90%. In 2024/25, all four Trusts achieved over 90% compliance for Level 1 and Level 2 safeguarding training for both adults and children.

3. Key findings

- 3.1 Key findings from the four Trust annual reports are detailed below; these include themes, training compliance and variation in processes.
- All Trusts report increased safeguarding referrals for both adults and children, reflecting improved risk recognition, staff awareness, and complexity of cases.
 - Most Trusts achieved or are close to 90% compliance for Level 1 and 2 safeguarding training. Level 3 compliance remains a challenge, especially for adult safeguarding and maternity, but improvement plans are in place including modular training, targeted invitations, and increased session availability.
 - Domestic abuse remains a key concern, with increased referrals and ongoing work to embed trauma-informed approaches and improve access to Independent Domestic Violence Advisors (IDVAs).
 - Mandatory Oliver McGowan training for learning disability and autism has been rolled out, with compliance improving but further work is needed to reach targets. Reasonable adjustments and digital flags are being embedded in Electronic Patient Record (EPR) systems.
 - All Trusts have reported increased safeguarding activity related to mental health, especially among young people and parents. Dedicated mental health leads and improved pathways are in place.
 - Strong multi-agency collaboration is evident across all four Trusts, with regular attendance at safeguarding boards, Multi Agency Risk Assessment Conference (MARACs), and partnership meetings. Information sharing and joint audits are ongoing.
 - All Trusts are working to standardise safeguarding processes and referral forms within Cerner, though technical and data transfer challenges remain, particularly at

The Hillingdon Hospitals NHS Foundation Trust (THH) and Chelsea and Westminster Hospital NHS Foundation Trust (CWFT).

- Gaps in documentation of capacity assessments and restraint use were identified at CWFT, affecting decision-making. Measures are being implemented to improve oversight and staff training.
- There is limited on-site IDVA availability at Imperial College Healthcare NHS Trust (ICHT) and THH, especially out of hours. Plans are in place to review and strengthen this provision at both Trusts.
- While report formats are becoming more consistent, data collection and reporting remain variable across Trusts, especially for maternity and learning disability. Collaborative work is ongoing to address this.

4. Improvements Since 2023/24

4.1 Since the previous year, all Trusts have made improvements in regard to safeguarding training compliance and processes including:

- All Trusts have improved training compliance, especially for Level 1 and 2. Level 3 adult safeguarding training was mandated at THH in November 2023, with rapid improvement in compliance.
- Increased referrals reflect better staff awareness and improved processes. For example, ICHT saw a 57% increase in adult referrals and a 31% increase in children's referrals. London North West University Healthcare NHS Trust (LNWH) adult referrals rose by 457 year-on-year.
- All Trusts have strengthened audit programmes and safeguarding supervision, with positive feedback from staff and improved learning from serious incidents and reviews.
- Oliver McGowan training was launched across all Trusts, with compliance improving. Reasonable adjustment digital flags and pathways are being embedded.
- Dedicated mental health leads and improved pathways for patients with complex needs have been established, with increased safeguarding activity and multi-agency working.
- All Trusts have reported increased awareness, training, and referrals for domestic abuse, with campaigns such as LNWH's "How Safe Do You Feel?" and improved access to IDVA support.

5. Key priorities

5.1 Key priorities identified for 2025/26 include:

- Achieve and maintain 90% or above compliance for Level 3 safeguarding training, especially for adults and maternity. Continue to embed Oliver McGowan training and review training needs in line with updated intercollegiate guidance.
- Standardise and automate safeguarding referrals within Cerner across all Trusts, resolve data transfer issues, and improve integration with local authority portals.
- Review and strengthen IDVA support, ensuring equitable access across all sites and out of hours.
- Continue to strengthen audit programmes, safeguarding supervision, and learning from reviews. Monitor impact of new initiatives and embed learning into practice.
- Further embed reasonable adjustments, digital flags, and person-centred care for learning disability and autism. Continue the rollout of Oliver McGowan training and improve data collection.
- Continue to develop pathways and support for patients with complex mental health needs, including young people and parents.

- Continue campaigns, training, and partnership working to improve identification and support for victims and staff affected by domestic abuse.
 - Work collaboratively to standardise safeguarding data collection and reporting across the collaborative, with a focus on equality and diversity.
- 5.2 The Trusts have continued to make progress standardising the formats of the safeguarding reports; further work will focus on standardising the data where possible. This will take into consideration equality and diversity aspects in partnership with the ICB.
- 5.3 The CQC undertook an unannounced focused inspection to some of the medical wards at Charing Cross Hospital in October 2025. Following this, they have recommended that ICHT review and refresh the approach to adult safeguarding level 3 training. This will be completed and shared across the Collaborative to ensure there is standardisation across the four trusts.

6. Conclusion

- 6.1 The 2024/25 safeguarding annual reports demonstrate that all four NW London Acute Provider Collaborative Trusts have robust statutory safeguarding arrangements in place and are committed to continuous improvement.
- 6.2 There has been clear progress in staff awareness, training compliance, and partnership working, with increased referrals reflecting better recognition of risk and complexity. However, challenges remain around Level 3 training compliance, referral process integration, IDVA provision, and data standardisation.
- 6.3 The collaborative's priorities for 2025/26 are well-defined and focus on addressing these gaps, strengthening audit and supervision, and embedding learning from reviews. Continued executive oversight and collaborative working will be essential to ensure that safeguarding remains central to high-quality, person-centred care across all Trusts.
- 6.4 The annual reports for 2024/25 are available to view on the individual Trust websites.

4.1.5 INFECTION PREVENTION CONTROL (IPC) ANNUAL REPORT 2024/25

(JULIAN REDHEAD)

REFERENCES

Only PDFs are attached

 4.1.5 IPC Annual Report Summary 2024-25 v2.pdf

NWL Acute Provider Collaborative Board in Common (Public)

20/01/2026

Item number: 4.1.5

This report is: Public

North West London Acute Provider Collaborative Infection Prevention Control Annual Report 2024/25

Author: Dr Nabeela Mughal
Job title: Director of Infection Prevention and Control, Chelsea & Westminster Hospital NHS Foundation Trust

Accountable director: Professor Julian Redhead
Job title: Medical Director, Imperial College Healthcare NHS Trust

Purpose of report

Purpose: Assurance

This report provides a summary of the Infection Prevention and Control (IPC) Annual Reports for each Trust for 2024/25 and provides assurance that individual reports have been scrutinised and approved at individual Quality Committees before publication on their websites.

Report history

Trust Quality Committees

Various dates
Each Trust Quality Committee received, reviewed and approved their respective Infection Prevention and Control Annual Reports for 2024/25.

Acute Provider Collaborative Quality Committee

01/10/2025
The committee noted the report with assurance provided that individual trust reports had met the statutory requirements.

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

Executive summary and key messages

1.1. This paper summarises the key findings from the statutory annual IPC reports for 2024/25 for the four Trusts within the Northwest London Acute Provider Collaborative (APC).

- 1.2. 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. Each Trust has since published its own Annual Report on their respective Trust website.
- 1.3. There are no new risks identified in the annual reports, rather a summation of the activity, risks and improvements made over the year.
- 1.4. A deep dive was presented to the APC Quality Committee in January 2026 summarising performance since the beginning of the 2025/26 financial year and progress with the joint APC IPC workstream priorities. Following the discussions, a review of the NHS oversight framework IPC data and the current improvement plans is underway. The outputs will report to APC Executive Management Board and then Quality Committee.

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

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

Main Report

1. Introduction

- 1.1 This report provides assurance that during 2024/25, 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 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 APC

- 2.1. All NHS Trusts must establish a clear and transparent governance and reporting structure for IPC within their organisations. Each Trust 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 through each Trust's executive leadership management board/team and then through to 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 monthly 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.
 - All organisations report on incidents/outbreaks and learning, water safety, ventilation and include a Board Assurance (BAF) review.

3. Reporting requirements

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

- 3.2. 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.

3.3. Mandatory surveillance reporting is required for:

- *Clostridioides difficile* infection (CDI) (threshold differs for each Trust)
- MRSA BSI (Zero tolerance)
- *Escherichia coli* blood stream infections (threshold differs for each Trust)
- *Pseudomonas aeruginosa* blood stream infections (threshold differs for each Trust)
- *Klebsiella spp.* Blood stream infections (threshold differs for each Trust)
- MSSA (Methicillin sensitive *staphylococcus aureus*) blood stream infections (no threshold set).

3.4. The classification of healthcare associated infections is as below:

- **Hospital onset healthcare associated (HOHA):** Specimen date is ≥ 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 2024/25 were derived from a baseline of the 12 months ending November 2021. The UKHSA used this as it is the most recent available data.

- 3.5. The tables below show the position for each Trust during the period 1 April 2024 to 31 March 2025. As demonstrated below all Trusts exceeded the threshold set for *C.difficile* infections and MRSA blood stream infections (BSI). Robust processes for managing and investigating cases, and on-going improvement work are in place across all Trusts, with a

focus on improving routine IPC practice. All cases are reviewed to identify any lapses in care or learning opportunities. All organisations are focussing on improving line and device care and hand hygiene compliance.

- 3.6. The APC group have reviewed MRSA screening to understand where there are opportunities for standardisation and are improving on hand hygiene practice and audits across each Trust. The group continues to focus on improvements on screening, isolation and decolonisation and improvements to hand hygiene, aseptic non-touch technique (ANTT) and line and device care.
- 3.7. Imperial College Healthcare NHS Trust (ICHT) and Chelsea and Westminster Hospital NHS Foundation Trust (CWFT) achieved a reduction in their *E.coli* BSI, below the set threshold. The ICB remains focused on reduction of *E.coli* BSIs in line with the NHS Long Term Plan. A regular ICS-led Gram-negative blood stream infection meeting is in place to drive improvement as a significant proportion are attributed to community acquisition, it is important that there is a greater understanding of the risk factors for those attributed to acute organisations. Reduction therefore continues to require a whole health economy approach.
- 3.8. Each organisation reviews their Gram-negative blood stream infections with themes and trends presented at their local IPCG. Ongoing work is focussing on ensuring best practice for line and device care. Local reviews highlight that *E.coli* are due to Lower urinary tract, Hepatobiliary, Gastrointestinal/ Intra-abdominal collection and Genital System.
- 3.9. The tables show the position for each Trust during the period 1 April 2024 to 31 March 2025.

	Total bed days (in month)	Count of c.Diff cases (in month)	Rate of c. Difficile Infections per 100,000 bed days (in month)	12 Month rolling rate of c. Difficile Infections per 100,000 bed days	Count of c.Diff cases in year (FY 24/25)	Trust Threshold (FY 24/25)	Difference from Threshold
CWFT	25,857	2	7.73	19.79	61	33	-28.0
ICHT	30,752	4	13.01	22.77	84	81	-3.0
LNW	32,478	6	18.47	24.36	90	75	-15.0
THH	12,757	5	39.19	33.88	51	26	-25.0
APC	101,844	17	16.69	23.89	286	215	-71.0

	Total bed days (in month)	Count of E.Coli BSIs in month	Rate of E. Coli Infections per 100,000 bed days (in month)	12 Month rolling rate of E. Coli Infections per 100,000 bed days	Count of E.Coli BSIs in year (FY 24/25)	Trust Threshold (FY 24/25)	Difference from Threshold
CWFT	25,857	10	38.67	36.98	114	120	
ICHT	30,752	11	35.77	28.19	104	116	
LNW	32,478	7	21.55	46.55	172	132	-40.0
THH	12,757	6	47.03	39.86	60	39	-21.0
APC	101,844	34	33.38	37.59	450	407	-43.0

	Total bed days (in month)	Count of MRSA BSIs in month	Rate of MRSA Infections per 100,000 bed days (in month)	12 Month rolling rate of MRSA Infections per 100,000 bed days	Count of MRSA BSIs in year (FY 24/25)	Trust Threshold (FY 24/25)	Difference from Threshold
CWFT	25,857	0	0.00	1.62	5	0	-5.0
ICHT	30,752	0	0.00	2.17	8	0	-8.0
LNW	32,478	1	3.08	1.89	7	0	-7.0
THH	12,757	1	7.84	1.99	3	0	-3.0
APC	101,844	2	1.96	1.92	23	0	-23.0

4. **Surgical site infection (SSI)**

- 4.1. 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 and review orthopaedic infection rates as well as other surgical procedures dependent on specialties.
- 4.2. 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 record any significant areas of concern in relation to this and all Trusts have reported rates of SSI for hip and knee infections higher than the national average for some quarters.
- 4.3. ICHT reported an increase in SSI for patients following a CABG (Coronary Artery Bypass Graft) procedure in 2024-25. Most cases are classed as superficial incisional infections with many identified post discharge from hospital and reported by the patient. A deep dive into the cases is underway. Key improvement measures include standardisation of post-operative dressings and review of the pre-assessment processes, particularly where assessments are conducted by external Trusts due to patient locality. The improvement plan is being monitored at regular multi-disciplinary team (MDT) SSI meetings.

5. **Antimicrobial stewardship**

- 5.1. 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 healthcare associated infections (HCIs) and the development of antimicrobial resistance, which is a rising global concern.
- 5.2. 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 and utilise different IT systems. Each Trust is focussing on antimicrobial and antifungal stewardship:
 - **CWFT** has reduced broad-spectrum antimicrobial use by 25% from baseline (2019), compared to an increase (7%) average across NHS peers. Total antibacterial usage (narrow and broad-spectrum combined) has also reduced significantly (↓18%) over the last financial year from baseline 2019. Carbapenem use remain low >25% overall reduction, quinolone usage has reduced by >35%, compared to an 8% (average) reduction by NHS London peers. Annual antimicrobial budget down 14% (£200k) and 4% (£80k) from 2022/23 and 2023/24, respectively, with further £150k per annum to be saved through anti-fungal switch.
 - **ICHT** Fungal Initiatives including clinical rounds and laboratory enhancements led to savings of £144k 2024/25 with total antibacterial usage decreased by four per cent compared to 2023-24, with a six per cent reduction in the use of World Health Organisation (WHO) classified 'watch' and 'reserve' agents. Intravenous antibacterial use also decreased by six per cent, generating a cost saving of approximately £600k year on year.
 - **London North West University Healthcare NHS Trust (LNW)** has demonstrated strong AMS performance despite significant challenges. The Trust is aligned with national frameworks and continues to innovate in stewardship practices.
 - **The Hillingdon Hospitals NHS Foundation Trust (THH)** achieved a 21% reduction in Watch + Reserve DDDs per 1000 admissions, exceeding the NHS England baseline target of 10%, as reported for Q4 2023-24 to Q3 2024-25.

6. **Education and Training**

- 6.1. Core training on IPC is required within each organisation and is well embedded in each of the NWL APC Trusts.
- 6.2. 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.
- 6.3. All trusts demonstrated over 90% compliance rates with mandated training overall during the reporting period.

7. **Auditing and Monitoring**

- 7.1. 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.

8. **Plans for the year ahead**

- 8.1. As part of the Acute Collaborative Quality group, an IPC improvement group has been established to share best practice and agree an approach across the 4 trusts in addition to working with the ICS. The group have agreed to focus on the following key areas and continue work and reporting through the acute provider collaborative quality committee.
 - Standardising winter planning and outbreak management.
 - Improvement to management of healthcare associated infections (HAI) through shared learning (E.coli, C.difficile, MRSA and HAI incident management).
 - Aiming to standardise systems for early detection and monitoring of hospital acquired infections (HAI) through standardising Cerner alerts for screening organisms that require isolation (Carbapenem resistant organisms, MRSA, ESBL and Candida auris) to decrease screening and improve flow and isolation side room usage across organisations.
 - Penicillin de-labelling programme with work at each organisation through AMS teams to improve better access to antimicrobials, reduce reliance on unnecessary broad spectrum antimicrobials and reduce health inequity and antimicrobial resistance.

9. **Conclusion**

- 9.1. All four Trusts within the Acute Provider Collaborative have published their annual IPC reports for 2024/25; these provide assurance that their IPC governance and practice is compliant with the national statutory and mandatory requirements required to reduce healthcare associated infections.
- 9.2. The annual reports for 2024/25 are available to view on the individual Trust websites.
- 9.3. Following discussions at the APC Quality Committee in January 2026, a review of the NHS oversight framework IPC data and the current improvement plans is underway.

4.1.6 MATERNITY INCENTIVE SCHEME (ROB BLEASDALE)

REFERENCES

Only PDFs are attached



4.1.6 Maternity Incentive Scheme yr 7 Board in common January 2026.pdf



NWL Acute Provider Collaborative Board in Common (Public)

20/01/2026

Item number: 4.1.6

This report is: Public

Maternity Incentive Scheme Year 7 and Single Delivery Plan Report

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 provides the quarter 3 (November) position for the 4 acute Trusts in NWL for year 7 of the maternity incentive scheme given the data reporting period ends November 2025, and the quarter 2 position for the actions associated with the national Maternity and Neonatal Single Delivery Plan.

Report history

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

APC Quality Committee
07/01/2026

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.

On the 2nd April 2025, NHS Resolution launched the seventh year of the CNST MIS with updated Technical Guidance including a range of additional requirements that needed to be met to be eligible to recover the incentive element of the scheme contributions.

Each Trust is required to submit their final compliance position by 3rd March 2026.

Year 7 of the Maternity Incentive Scheme (MIS) launched on 2 April 2025 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. Each Trust was required to submit their final position to NHS Resolution ahead of the 3 March 2026.

Trusts complete a quarterly assessment of their compliance against the safety actions which is reported through provider Quality Committees. At end of November 2025 no Trusts have identified any issues for escalation to the APC Quality Committee or Board in Common, with all Trusts declaring compliance against each of the safety actions.

Trusts will complete a period of internal validation and data assurance, in addition to a peer review to ensure consistency of standards prior to the completion of the Board declaration process and submission by March 2026.

Following this review provider CEO's will be asked to sign and submit the individual Trust declaration form ahead of the 3rd March 2026. Individual Trust final positions will be discussed at the next Quality Committee.

The publication of the three year delivery plan for maternity and neonatal services on the 30th March 2023, provides the objectives for the delivery of services over the next three years, considering learning from independent reviews such as Ockenden. It aims to ensure services are safer, personalised and equitable.

All Trusts have action plans in place to deliver against the Maternity and Neonatal Single Delivery Plan by April 2026.

Recommendations

The Board is asked to note the predicted final position for each provider for MIS year 7 and the process for validation of evidence across the acute provider collaborative, in addition to approving the Trust CEO process prior to the submission on 3rd March 2026

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

Maternity Incentive Scheme - 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 5 of the incentive scheme resulted in a 10% reduction in the CNST premium.

On the 2nd April 2025, NHS Resolution launched the seventh year of the CNST MIS with updated Technical Guidance including a range of additional requirements that needed to be met to be eligible to recover the incentive element of the scheme contributions.

Last year three Trusts (CWFT, ICHT and LNWH) submitted a compliant position for year 6 of the incentive scheme, with THH declaring non-compliance with 4 standards.

Reporting process

As in previous years individual Trusts are required to submit the board declaration form of compliance to NHS Resolution by 12 noon on 3rd March 2026.

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 2024/25 or 2025/26 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, Maternity Newborn Safety Investigation (MNSI) investigation reports etc. All such reports should be brought to the MIS team's attention before 3rd March 2026.

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 this is reflected in the scheme of delegation from the Board in Common.

Trust position

Each Trust has undertake 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 table in appendix one summarises the changes for each of the 10 Safety actions for year 7 and the Trust position as June and September 2025.

At the end of November 2025, all four Trusts are forecasting compliance with all 10 safety actions for year 7 of the scheme. Each provider will now complete a period of review and assessment of evidence, in addition to external peer review to ensure consistency of standards and opportunities for shared learning prior to completion of the board declaration process by 3rd March 2026.

No issues of risk or escalation have been identified by Trusts for the APC Quality committee or Board in Common.

Maternity Single Delivery Plan

The publication of the three year delivery plan for maternity and neonatal services on the 30th March 2023, provides the objectives for the delivery of services over the next three years, considering learning from independent reviews such as Ockenden. It aims to ensure services are safer, personalised and equitable.

The plan sets out what we need to have in place and the responsibilities for each part of the NHS, asking that focus is given to 4 key themes. The below table provides details of the 4 themes and examples from the programme of work that has been developed.

In order to ensure consistency of approach, the standards for evidencing compliance have been reviewed and agreed across the 4 Trusts. This is being used by Trusts when completing their self-assessment.

Progress against each objective is monitored by Trusts as part of their reports to the Quality Committees, with full compliance to be achieved by April 2026.

Theme	Example areas of focus ...
<p>Listening to women and families with compassion which promotes safer care</p>	<p>All women will be offered personalised care and support plans, every area in NWL will have specialist care including maternal mental health services, pelvic health services, post birth contraceptive services and bereavement care when needed; and, by 2025, improved neonatal cot capacity.</p> <p>The NWL maternity equity and equality plan is published and the LMNS is held to account for implementing all identified local actions to reduce inequalities in access, experience and outcomes for our population.</p> <p>NWL MTP/ICB is committed to involve service users in the co design and development of improvements to maternity & neonatal care, keeping service users at the heart of our work.</p>
<p>Supporting our workforce To develop their skills and capacity to provide high quality care.</p>	<p>Working collaboratively across the maternity & neonatal system to;</p> <ul style="list-style-type: none"> • Support providers to meet establishment set by midwifery staffing tools and achieve fill rates by 2027/28 • Support providers to implement local evidence based retention action plans to positively impact job satisfaction and retention. • Ensure all maternity & neonatal staff have the training, supervision, and support they need to perform to the best of their ability.
<p>Developing and sustaining a culture of safety to benefit everyone</p>	<p>Implement the NHS wide “PSIRF” approach to support learning and a compassionate response to families following any incidents.</p> <p>Work with maternity and neonatal leadership teams to promote a positive culture and leadership.</p> <p>Strengthen support and oversight of services to ensure concerns are identified early and addressed.</p>
<p>Meeting and improving standards and structures that underpin our national ambition</p>	<p>Working collaboratively across the maternity & neonatal system to;</p> <ul style="list-style-type: none"> • implement best practice consistently, including the updated Saving Babies Lives Care Bundle by 2024 and new “MEWS” and “NEWTT 2” tools by 2025. • develop data and insight capabilities to better detect and act sooner on safety issues, arising from relevant data, in local services. • progress work to enable women to access their records and interact with their digital plans.

The below provides the self-assessment against the actions for the single delivery plan as of September 2025 for all Trusts. Each provider has detailed action plans in place for the achievement of the single delivery plan by the end of the 3 years.

September 2025 Position	CWFT	THH	LNWUH	ICHT
Compliant (green)	27	19	42	42
Partial compliant (Amber)	16	24	1	1
Non-compliant (Red)	0	0	0	0
Total	43	43	43	43

Conclusion

All four provider Trusts are forecasting compliance with the 10 safety standards for MIS year 7 and have plans in place to complete a process of validation and peer review of evidence, with submission of the Board declaration form ahead of 3rd March 2026.

Each provider CEO will complete the declaration process prior to the submission date, and a final position will be presented to the APC Quality Committee.

All Trusts have plans in place for delivery of the actions associated with the Maternity Single Delivery Plan ahead of April 2026.

Appendix 1 – MIS year 7 assessment June and September 2025

Safety Action	Changes to MIS year 7	CWFT		ICHT		LNWUH		THH	
		Quarter 1 (end June)	Quarter 2 (Sept)	Quarter 1 (end June)	Quarter 2 (Sept)	Quarter 1 (end June)	Quarter 2 (Sept)	Quarter 1 (end June)	Quarter 2 (Sept)
1. Are you using the National Perinatal Mortality Review Tool (PMRT) to review perinatal deaths to the required standard?	Increase to 75% all reports completed & published within 6 months of death								
	Minimum of 50% of the deaths reviewed and external member present at MDT review panel meeting & documented within PMRT	Amber	Amber	Green	Green	Green	Green	Green	Green
2. Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?	July 2025's data contained valid birthweight for at least 80% of babies born in month.	Green	Green	Green	Green	Green	Green	Green	Green
3. Can you demonstrate that you have transitional care (TC) services in place & undertaking quality improvement to minimise separation of parents and their babies?	Evidence of progress towards TC pathway submitted to Trust board & Neonatal ODN on behalf of LMNS boards.								
	Evidence of progress within first 6 months & further update end Nov 25 on project to LMNS & safety champions.	Green	Green	Green	Green	Green	Green	Green	Green
4. Can you demonstrate an effective system of clinical workforce planning to the required standard?	Obstetric medical RCOG compensatory rest not reportable but Trusts to demonstrate action plan to address this guidance and have a SOP.	Amber	Green	Green	Green	Green	Green	Amber	Amber
	Non-compliance with neonatal medical & nursing staff to be monitored via risk register.								
5. Can you demonstrate an effective system of midwifery workforce	DOM/HOM professional judgement on Birthrate+.	Green		Green	Green	Green	Green	Green	Amber

planning to the required standard?									
6. Can you demonstrate that you are on track to compliance with all elements of the Saving Babies' Lives Care Bundle Version Three?	No changes for year 7 at present.	Green	Green	Green	Green	Green	Green	Amber	Amber
7. Listen to women, parents & families using maternity & neonatal services & coproduce services with users.	If ICB commissioned MNVP services not in place, Trusts must escalate formally via PQSM.	Green							
8. Can you evidence the following 3 elements of local training plans and 'in-house', one day multi professional training?	Improved guidance not to include staff on maternity/paternity leave and long-term sickness absence.	Amber	Green	Green	Green	Green	Green	Amber	Amber
	Neonatal resuscitation for medical staff to be NLS compliant for those attending births unsupervised.								
9. Can you demonstrate that there is clear oversight in place to provide assurance to the board on maternity and neonatal, safety & quality issues?	Maternity & neonatal safety PQSM review by Boards required quarterly.	Green	Amber						
	Perinatal leadership team includes MNVP.								
10. Have you reported 100% of qualifying cases to Healthcare Safety Investigation Branch (HSIB) (known as Maternity & Newborn Safety Investigations Special Health Authority (MNSI) from October 2023) and to NHS Resolution's Early Notification (EN) scheme?	Families to receive information in a format accessible to them & SMART action plan to be shared with Board if not possible.	Green							
Total Green		7	9	10	10	10	10	7	5
Total Amber		3	1	0	0	0	0	3	5
Total Red		0	0	0	0	0	0	0	0

4.1.7 APC HEALTH AND SAFETY ANNUAL REPORT (KEVIN CROFT)

REFERENCES

Only PDFs are attached

-  4.1.7. Collaborative Health and Safety Annual Report 24-25.pdf

NWL Acute Provider Collaborative Board in Common (Public)

20/01/2026

Item number: 4.1.7

This report is: Public

Health and Safety Annual Report 2024-2025

Authors: V.Richards, M. Hall, M. Stark & J.Brind
Positions: APC Corporate Health and Safety Leads

Accountable director: Dawn Clift

Job title: Director of Corporate Affairs - LNWH

Individual Trust Reports 2024/25 Authors:

- Chelsea and Westminster Hospital NHS Foundation Trust: V. Richards - Head of Risk and Assurance
- Imperial College Healthcare NHS Trust: M. Hall – Associate Director of Health, Safety and Working Environment
- London North West University Healthcare NHS Trust: M. Stark – Associate Director Estates & Facilities (Compliance, Fire & Health & Safety)
- The Hillingdon Hospitals NHS Foundation Trust: J. Brind, Trust Head of Health and Safety

Purpose of report

Purpose: Assurance

The Board in Common is requested to approve the summary of the health and safety annual reports for the Trusts in the Collaborative covering the period 1 April 2024 to 31 March 2025 and receive assurance that each Trust has individual local robust arrangements in place to scrutinise the management of health and safety.

Report history:

Individual annual reports for each organisation have been presented to each Trust's individual sub-Board Committee. This summary report was presented to the NWL APC Quality Committee on 7 January 2026.

Executive summary and key messages

This paper summarises the health and safety reports for the period 1 April 2024 to 31 March 2025 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 (CWFT)
- Imperial College Healthcare NHS Trust (ICHT)
- London North West University Healthcare NHS Trust (LNWHT)
- The Hillingdon Hospitals NHS Foundation Trust (THHFT)

Each individual Trust has submitted its own annual health and safety report to its relevant sub-Board Committee.

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

It is a legal requirement to manage health and safety, which includes managing risks and taking practical steps to protect workers and others affected by work activities from harm.

Reason for private submission

Tick all that apply.

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

North West London Acute Provider Collaborative Annual Health and Safety Reports 2024-2025

1. The Governance of health and safety across the Collaborative

1.1 Each of the four Trusts within the Collaborative can provide assurance that:

- They have a health and safety governance framework in place, which is regularly reviewed and updated as necessary. This includes managing health and safety risks and taking practical steps to protect workers and others affected by work activities from harm, ensuring arrangements are in place to make the right plans, implement those plans, check they are working and act if they are not.
- They review in advance the management arrangements for any health and safety topics thought to be of current key interest to the Health and Safety Executive (HSE) (e.g., V&A, manual handling, sharps), identifying any areas requiring improvement and take effective corrective action.
- Health and safety risk management is an integral day-to-day part of its activities to ensure that health and safety risks are managed and are committed to carrying out their work in a way that ensures the safety and health of its staff, patients, service users and any others who might be affected by its undertaking.
- They have a named Executive Director for health and safety.
- They have a dedicated in-house health and safety service in place to support the named Executive Director, providing competent advice (in conjunction with other specialist areas in the Trust) as required by legislation.
- They currently have an on-line Incident Reporting System “Datix” in place, in 25/26 a new collective APC reporting system “Inphase” will be launched to replace Datix as the incident reporting tools.
- Effective systems are in place to provide and monitor statutory and mandatory training.
- Health and safety is considered at local level and reported at Executive and sub–Board level.
- They have a Health and Safety Policy in place that is in date and reflects legislation and regulatory requirements.

1.2 Health and Safety Committees/Group and Health and Safety Related Sub-Groups:

The role of a Health and Safety Committee/Group is to provide assurances regarding all health and safety matters arising from the Trust’s undertaking.

Each of the four Trust’s Committees/Groups are chaired by its respective named Executive Director, who has delegated responsibility for health and safety, within each Trust. The Committees/Groups are a strategic level consultative, advisory, and decision-making body for health and safety affecting, primarily, employees, patients, third party partners, contractors, visitors, and members of the public. They are responsible for consulting on, monitoring, managing, and reviewing the adequacy and effectiveness of Trust’s health and safety management arrangements. This includes reviewing the effectiveness of risk controls, and monitoring compliance and performance. Each of the four Trusts have associated health and safety related sub-groups as Appendix 1 (available in the reading room).

Trust	Committee/Group Name	Chair
CWFT	Health, Safety and Environment Risk Group	Chief Nursing Officer
ICHT	Trust Health and Safety Committee	Chief People Officer
LNWH	Corporate Health, Safety, Security & Environment Group	Director of Corporate Affairs
THHFT	Health, Safety and Environment Committee	Chief Medical Officer & Managing Director

Table 1: Health and Safety Committees/Groups

1.3 Health and Safety Key Performance Indicators and Dashboard: Each Trust has health and safety key performance indicators and/or dashboards in place to manage and monitor health and safety, and identify and manage risks, putting in place corrective actions as required. Performance and risks are overseen by each respective Trust’s Committees/Groups and corresponding governance structure.

1.4 Incident Reporting: Incident reporting is a fundamental tool of risk management in each Trust, the aim of which is to collect information about adverse incidents, including near misses, ill health, and hazards, which help to facilitate wider organisational learning. Each of the four Trusts use a digital risk management information system “Datix” which is designed to collect and manage data on adverse events. Trusts, produce information, trend analysis and lessons learnt throughout the year on reported incidents, and communicate these and share lessons learnt through their respective governance arrangements. The Trust’s will be moving to a collaborative APC system in 2025/2026.

The four Trusts have clearly defined processes and procedures to follow in the event of Patient Safety Incident Investigation (PSII’s). During the reporting period, one Trust reported a health and safety related PSII. This was fully investigated and reported on, with appropriate actions put in place and communicated in line with the Trust’s relevant policy.

Trust	PSSI Details
CWFT	On 1 st October 2024, 5-minute power outage, during which the emergency generators did not start. Investigation revealed isolation by subcontractors. No patient harm.

Table 2: Health & Safety Related PSSI Report

1.5 Health and Safety Policy: Health and safety legislation requires that a health and safety policy is in place. Each Trust’s health and safety policy follows regulatory requirements and describes the arrangements in place to enable them to comply with its obligation under the Health and Safety at Work etc. Act 1974 and the Act’s relevant statutory provisions.

1.6 Statutory and Mandatory Training: Each of the four Trusts reported on, monitored, and oversaw statutory and mandatory training related to health and safety, albeit in varying reporting formats and categories provided in their reports. Table 3 provides an overview of the common main reported training.

Trust	Training Reported	Target 90 %
CWFT	Health and Safety	97
	Fire	92
	Manual Handling Level 1 (E-Learning)	94
	Manual Handling Level 2 (Face to Face)	83
	Conflict Resolution Level 1	88
ICHT	Health and Safety	92.6
	Fire	91.2
	Manual Handling Level 1(E-learning)	93.4
	Manual Handling Level 2 (Face to Face)	95.6
	Conflict Resolution Level 1	92.6

LNWHT	Health and Safety	94
	Fire	90
	Manual Handling Level 1 (E-Learning)	93
	Manual Handling Level 2 (Face to Face)	88
	Manual Handling Level 2 (E-Learning)	85
	Conflict Resolution Level 1	93
THHFT	Health, Safety and Welfare	95.5
	Fire Safety	87.6
	Manual Handling Level 1	88.8
	Manual Handling Level 2 (Face to Face)	95.0
	Conflict Resolution Level 1	96.2
	A number of profiles were awaiting correction for the manual handling training at the time of reporting due to the implementation of the CHIL system	

Table 3: Common Main Reported Training

2 Health and Safety Regulator

2.1 Health and Safety Executive (HSE) Investigations and Enforcements: The main regulator/ enforcing authority is the HSE, (although, the CQC, fire services and other agencies also have responsibilities). There were no HSE investigations and/or enforcement actions during 2024/2025

2.2 Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) These regulations apply to the healthcare sector and requires each Trust to report deaths, 'specified injuries' to workers, over seven-day incapacitation of a worker, certain occupational diseases, and dangerous occurrences that 'arise out of or in connection with work'. The four Trusts had effective systems in place for reporting RIDDOR reportable incidents. Overall, the four Trusts combined reported a total of 139 RIDDOR incidents to the HSE.

Chart 1 details the total number of RIDDOR reportable incidents reported for each of the Trusts, reporting of which is overseen by each Trust's respective health and safety service.

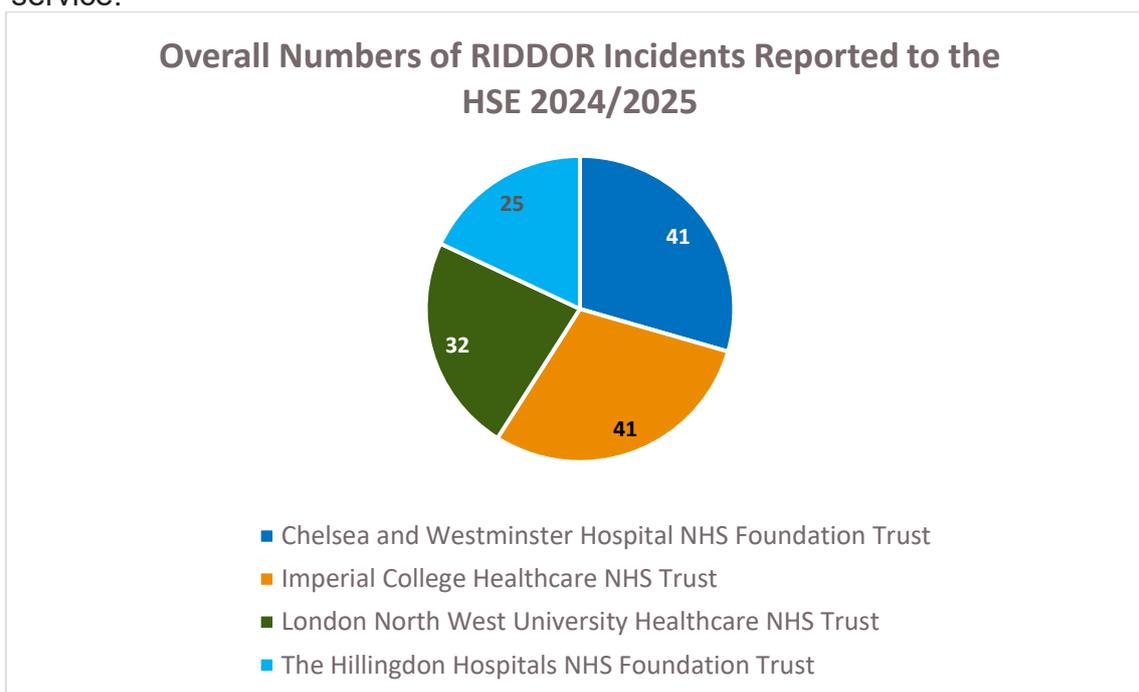


Chart 1: Total RIDDOR Reports to HSE Per Trust

Details and breakdowns of each specific RIDDOR report made to the HSE, was reported on, and overseen by each respective Trust Committees/Groups and governance structure. Table 4 details the specific RIDDOR details reported for each Trust.

CWFT	
Death of Any Person	
Death of Any Person	0
Specified Injury Reports	
Specified Injury Reports	0
Incapacitation 7+ Days	
Slip Trip and Fall	9
Physical assault	4
Manual Handling	5
Collision	3
Dangerous Occurrence	
Exposure to Biological Hazard	6
Sharps	12
Dangerous occurrence	2
Diseases	
Diseases	0
Non-Fatal Accidents to Non-Workers (e.g. Member of the public)	
Non-Fatal Accidents to Non-Workers (e.g. Member of the public)	0
Total	41
ICHT	
Death of Any Person	
Death of Any Person	0
Specified Injury Reports	
Slips Trips and Fall	1
Physical Assault	2
Incapacitation 7+ Days	
Collision	8
Contact with non-clinical sharps	1
Contact with Hot surface	1
Slip Trip and Fall	16
Manual Handling	5
Physical Assault	5
Dangerous Occurrence	
Sharps Injury	1
Exposure to Biological Hazard	1
Diseases	
Diseases	0
Non-Fatal Accidents to Non-Workers (e.g. Member of the public)	
Non-Fatal Accidents to Non-Workers (e.g. Member of the public)	
Total	41

LNWHT	
Death of Any Person	
Death of any person	0
Specified Injury Reports	
Fracture (Staff slip, trips and fall)	4
Incapacitation 7+ Days	
Physical assault	13
Moving and handling	6
Hit by object	1
Staff slip, trip and fall	6
Dangerous Occurrence	
Dangerous Occurrence	0
Diseases	
Diseases	0
Non-Fatal Accidents to Non-Workers (e.g. Member of the public)	
Non-Fatal Accidents to Non-Workers (e.g. Member of the public)	2
Total	32
THHFT	
Death of Any Person	
Death of any person	0
Specified Injury Reports	
Slip and Trip	10
Incapacitation 7+ Days	
Collisions	2
Violence and Aggression	5
Struck by Object	2
Burns	2
Chemical exposure	1
Trapping	1
Dangerous Occurrence	
Body Fluid Splash	2
Diseases	
Disease	0
Non-Fatal Accidents to Non-Workers (e.g. Member of the public)	
Non-Fatal Accidents to Non-Workers (e.g. Member of the public)	0
Total	25

Table 4: Categories Identified per Trust for each RIDDOR Report

- 3. Violence and Aggression:** Each of the four Trusts has mechanisms in place for the management of violence and aggression. High level themes that each Trust has undertaken in 2024/2025 are: -
- **CWFT:** The Trust has strengthened its staff safety workstream by adopting a multi-disciplinary team approach to support colleagues in managing incidents of violence and aggression from patients. This will remain a key priority throughout 2025/26. Leadership for this initiative sits with the Divisional Nurse for the Emergency and Integrated Care Division, reflecting the fact that most incidents occur within this area.

A comprehensive work plan is in place, reporting quarterly to the Health, Safety and Environmental Risk Group and aligned with national Violence Prevention and Reduction Standards. The implementation of the Acceptable Behaviour Standards Policy has been successfully embedded, particularly in high-impact areas such as Emergency Departments and outpatient services. This includes the application of sanctions and exclusions where appropriate, underpinned by robust governance and oversight from clinical and managerial leads. To further strengthen this priority, additional Executive support and funding have been secured, ensuring the resources required to deliver sustainable improvements in staff safety.

- **ICHT:** The Trust has a monthly violence and aggression steering group. During 2024/25 work was done to establish new training for staff, increased CCTV and body worn cameras, a mental health in house staff team supporting wards and clinical areas. This is supported by a Trust mental health steering group.
- **LNWH:** The Trust's Security Group (TSG) met regularly during the reporting period working at violence and aggression across the Trust workforce. During the reporting period the Trust Violence and Aggression policy was separated into two policies: Management of Violent and Aggressive Patients Policy and Violence and Aggression (Non-Clinical Policy). The former policy being implemented in March 2025, with the intent to directly support clinical colleagues in their engagement with challenging patients. The TSG reviewed ongoing operational issues as raised by Trust team's thereby providing a forum for wider discussion. Wider staff body cam trials were underway in our Emergency Departments in the reporting period.
- **THHFT:** The Trust has a violence and aggression steering group that reports into the Health and Safety Committee. The Trust provides face to face de-escalation training provided by the lead mental health nurse and security manager.

4. Networking and Collaborative

Whilst the individual governance requirements of each Trust must be maintained, to support the collaborative, all 4 Trusts continued meeting as part of the dedicated collaborative working group during the reporting period and looked at aligning common reporting criteria's, discussing, and sharing practices, agreeing on best practice, and looked to further improve processes collectively across the collaborative.

4.1.8 COLLABORATIVE QUALITY COMMITTEE CHAIR REPORT (PAT GALLAN)

REFERENCES

Only PDFs are attached

 4.1.8 APC Quality Committee Chair Report - January 2026.pdf

**North West London Acute Provider Collaborative (NWL APC)
Quality Committee Chair's Highlight Report to the NWL APC Board
in Common (BiC) – for discussion
7 January 2026**

Highlight Report

1. Purpose and Introduction

The role of the NWL APC Quality Committee in Common (CiC) is:

- 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. Key highlights

2.1. Deep Dive: Infection Prevention Control

2.1.1 The Committee undertook a deep dive into infection prevention and control. The priorities remain consistent: standardised winter planning, reduction of hospital-acquired infections, shared antimicrobial and IPC surveillance systems, and progression of the penicillin de-labelling programme.

2.1.2. Despite improvements, performance remains below expectations, and all four trusts rank poorly nationally for C. diff, E. coli, and MRSA. Challenges identified include increasing complexity of cases, particularly among oncology patients with multiple comorbidities, frequent hospital admissions, and repeated antimicrobial exposure. Additional issues include lack of oversight of community prescribing, incomplete stool charts leading to delays in sampling and isolation, and recurring delays in implementing isolation protocols.

2.2. Acute Collaborative Quality Performance Report

2.2.1 The Committee received the collaborative quality performance report which reported no escalations of concern and provided assurance that there were good controls in place across the domains. There have been slight increases in pressure ulcers and patient falls. The Committee agreed to continue thematic reviews, strengthen observation policies, and share learning across organisations. Positive performance was noted in VTE compliance, which remains above 95% across all trusts. Crude stillbirth rate remains below target, with zero suspected brain injuries in the month. Neonatal deaths were recorded at 1.4 in month and 2.3 on a 12-month rolling basis. Pre-term birth rates stand at 8.2 against a standard of 8, largely driven by ICHT due to its role as an importer of in-utero transfers.

2.3 Update on Quality Priorities 2025/26

2.3.1 Implement the standardised guideline for deteriorating patient and sepsis

The programme to standardise recognition and response to deteriorating patients was formally launched on 15 December, and feedback has been positive. The focus will now shift to embedding workflows into business-as-usual practice, ensuring consistent documentation and cultural adoption across clinical teams. Education and training will be prioritised to support staff mobility across sites. The group will also define key metrics for monitoring and consider developing a dedicated deterioration dashboard. The implementation of Martha's Rule continues successfully across all four trusts, with active contribution to the national programme. The Committee congratulated ICHT for winning the HSJ Award for Communication Initiative of the Year for its Martha's Rule programme.

2.3.2 Align Clinical pathways to best practice across the APC

The Committee received an update on the work underway on clinical pathways. Phase one is now complete, with 28 pathways delivered. Phase two will adopt a more intentional approach, focusing on addressing specific APC-wide problems and the final list of 28 pathways for phase two will be presented to the APC Executive Management Board.

2.3.3 The procurement and implementation of the Incident and risk management system

Significant progress has been made with the procurement and implementation of the Incident and risk management system. The design phase is nearing completion, and the supplier has commenced system build following extensive collaboration on pre-configuration documents. The launch is scheduled for April/May 2026. Whilst progress is strong, significant work remains before go-live. The focus is on finalising implementation plans, supporting system managers, and ensuring robust training and communication across all trusts.

2.4 Updates on Quality Workstreams 2025/26

2.4.1 Implementation of NatSSIPs2

It was confirmed that all trusts recognised NatSSIPs2 standards and had standardised definitions and standard operating procedures, including how to audit and present data. Further digitisation and training is paused until April 2026 to allow for local experience and governance processes to mature.

2.4.2 APC EDI Patient Equity Workstream

The Committee received an update on the three agreed metrics for monitoring patient equality, diversity, and inclusion:

- **PTL Ethnicity Analysis:**

Data included in the IQPR indicates no evidence of disadvantage for patients from different ethnic groups in relation to PTL management.

- **Maternity Referral by 9+6 Weeks:**

Initial analysis shows no inequality in booking times once referrals are made; however, women from Asian backgrounds are more likely to refer later in pregnancy, impacting compliance with the 9+6 standard. This reflects cultural and historical behaviours rather than delays caused by the service. Work is underway to address this through community engagement, including collaboration with religious groups and targeted communication to encourage

early self-referral.

- **Sickle Cell Analgesia Standard:**

Preliminary data shows that 92% of patients presenting in sickle cell crisis receive appropriate opioid analgesia within 30 minutes, meeting the national standard. Data refinement is ongoing to exclude cases where analgesia was administered pre-hospital by paramedics, ensuring accuracy of reporting.

Further work will continue to refine these datasets and develop targeted interventions, particularly for maternity referral behaviours.

2.5 **Combined Risk Escalation Report from Local Trust Quality Committees**

2.5.1 Committee members received the report which highlighted key points to note or areas of risk identified by each of the four Trust's Quality Committees where collaborative-wide interventions would speed up and improve the response.

The following additional escalations were reported by the trusts (by exception):

London North West University Healthcare NHS Trust (LNWH) reported two new Never Events: NG tube displacement and a retained swab.

Chelsea and Westminster NHS Foundation Trust (CWFT) flagged a risk in relation to a former orthopaedic surgeon, who worked at the Trust from 2014 to 2017 before moving to Great Ormond Street Hospital, where concerns were later raised regarding his clinical care of children. 2,155 cases managed by the surgeon were reviewed; two adult cases were identified where moderate or severe harm may have occurred; both patients have been contacted, supported, and duty of candour completed.

The Hillingdon Hospitals NHS Foundation Trust (THHFT) flagged a risk around seven cases of potential suboptimal scanning. Duty of candour processes are nearing completion, and all affected women and families have been informed; legal inquiries are being managed with support from the trust's legal team.

There were no additional escalations from and Imperial College Healthcare NHS Trust (ICHT).

2.6 **National inpatient survey 2024**

2.6.1 The Committee received the summary results of the Adult Inpatient Survey 2024. Overall, the results show a positive improvement across all four trusts, with a significant reduction in categories rated "worse than" the London benchmark (LNWH reduced from 44% to 14% and CWFT reduced from 16.5% to 2%). Strengths include clinical care, communication, staff compassion and respect, and confidence in doctors and nurses. Common improvement areas include nutrition and hydration.

2.7 **Maternity Incentive Scheme Quarter 3**

2.7.1 An update was presented on progress with the Maternity Incentive Scheme at Quarter 3 2025/26 and it was confirmed that all four trusts are forecasting full compliance ahead of the March submission deadline. Trusts are currently validating and collecting evidence for board declarations, which must be signed off and approved prior to submission. Regarding the Single Delivery Plan, RB

noted that some areas remain flagged as at risk but partial compliance items will transition to full compliance once actions are fully embedded, particularly those relating to health inequalities and data access.

2.8 **Safeguarding Annual Report 2024/25 Quarterly Complaints report for Q1 2025/26**

2.8.1 The Committee received the combined Safeguarding annual report incorporating all four Trusts of the NWL APC, which outlines the work undertaken by the Trusts in 2024/25. The individual Trust annual safeguarding reports had been reviewed in detail and approved by the Trust's local Quality Committee(s). The Committee noted the significant increase in safeguarding referrals: 57% rise in adult referrals and 31% rise in children.

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

2.9 **Health and Safety Annual Report 2024/25 Annual Infection Prevention Report**

2.9.1 The Committee received the combined health and safety annual report incorporating all four Trusts of the NWL APC, which outlines the work undertaken by the Trusts in 2024/25. The individual Trust annual health and safety reports had been reviewed in detail and approved by the Trust's local Quality Committee(s).

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

2.10 **Acute Provider Collaborative Learning from Deaths Quarter 2 summary report**

2.10.1 The Committee received the combined Q2 report incorporating all four Trusts of the NWL APC which outlines the key themes and outcomes from the learning from deaths processes. The Committee noted the individual Trusts Quarterly reports had been reviewed in detail at the Trust Quality Committee(s) and 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.

2.10.2 The Committee noted that THHFT remains slightly above other sites in headline figures. All trusts continue to review spikes in mortality through diagnostic group analysis, quarterly triangulation, and Level 2 reviews.

2.11 **Quarterly Complaints Report Q2**

2.11.1 The Committee noted that complaints have increased across most trusts this quarter, reflecting a national trend, with the exception of THHFT, which reported a slight decrease. Indicators such as complaint reopen rates and Parliamentary and Health Service Ombudsman (PHSO) escalations remain stable and within acceptable parameters. Each trust is reviewing complaints in detail through local governance processes to identify drivers and implement improvement actions

3 **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.

4 Key risks / topics to escalate to the NWL APC BiC

- 4.1 Agree governance arrangements for Board approval of the Maternity Incentive Scheme (MIS) submission.
- 4.2 Review governance arrangements for Freedom to Speak Up, ensuring robust oversight and clarity of reporting processes especially for clinical issues.

5 Concerns outstanding

- 5.1 There were no significant additional APC level concerns outstanding which required escalation to the Board.

6 Key actions commissioned

- 6.1 Engagement with high-performing trusts to identify best practices in infection prevention and control and to produce an improvement plan within 3 months.
- 6.2 Review governance arrangements for Freedom to Speak Up, in particular for clinical issues, ensuring robust oversight and clarity of reporting processes.

7 Decisions made

- 7.1 There were no items for approval on the agenda.

8 Attendance

Members	October 2025 attendance
Patricia Gallan, Vice Chair (CWFT), Non-Executive Director (THHT) (Chair)	Y
Syed Mohinuddin, Non-Executive Director (LNWH/CWFT)	N
Linda Burke, Non-Executive Director (THHT/ICHT)	N
Pippa Nightingale, Chief Executive (LNWH)	Y
Julian Redhead, Medical Director (ICHT)	Y
Raymond Anakwe, Medical Director (ICHT)	Y
Roger Chinn, Medical Director (CWFT)	N
Alan McGlennan, Chief Medical Officer (THHT)	Y
Jon Baker, Medical Director (LNWH)	Y
Sarah Burton, Chief Nurse (THHT)	Y
Robert Bleasdale, Chief Nurse (CWFT)	Y
Janice Sigsworth, Chief Nurse (ICHT)	Y
Lisa Knight, Chief Nurse (LNWH)	Y

4.2 PEOPLE

4.2.1 PEOPLE - INTEGRATED QUALITY AND PERFORMANCE REPORT

(ANYTHING BY EXCEPTION) (PIPPA NIGHTINGALE)

4.2.2 COLLABORATIVE PEOPLE COMMITTEE CHAIR REPORT (DAVID MOSS)

REFERENCES

Only PDFs are attached



4.2.2 Collaborative People Committee Chairs Highlight Report to the Board in Common Dec 25.pdf

North West London Acute Provider Collaborative Collaborative People Committee Chair's Highlight Report to the NWL APC Board in Common – for discussion

15 December 2025

Highlight Report

1. Purpose and Introduction

The role of the NWL APC Collaborative People 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. Key Highlights

- 2.1 Staff Experience:** A presentation was received on the lead clinical site practitioner role at Northwick Park Hospital and Ealing Hospital, established to support staff and maintain patient care during nights/weekends in response to operational pressures and workforce burnout. Positive feedback included improvements in support and financial efficiencies since role introduction. There was emphasis on clinical and psychological training, decompression support, and forecasting tools for overnight pressures. The Committee agreed to an evaluation of out-of-hours for future consideration.
- 2.2 Board Assurance Framework (BAF) – Strategic People Risks:** The report focused on workforce sustainability, EDI, and operational challenges. Risks relating to digital competency, anti-immigration sentiment, and staff transition to be added to the framework. The Committee emphasised the need for clear, measurable annual targets for model employer goals (e.g., diversity representation) and regular progress tracking.
- 2.3 Collaborative People Priority Transformation Updates (Digital Transformation Single Recruitment function):** The Committee discussed the ongoing integration of IT infrastructure, automation of HR processes, and development of staff app. Key challenges identified were achieving seamless system integration and ensuring robust cyber security. The single recruitment function project is advancing, with implementation targeted for April to June 2026. The committee reviewed hub model options and considered risks associated with shared services. Digital transformation and the recruitment function were recognised as essential enablers for establishing a unified workforce model.
- 2.4 Workforce Performance (People Key Performance Indicators/25/26 Annual Workforce Plan Delivery/Employee EDI Dashboard)**
KPIs showed stable vacancy and turnover rates, though some trusts are experiencing winter pressures and higher agency usage. Sickness management

and psychological support continue to require improvement. EDI dashboards and model employer goals are being incorporated, but there is a need for more defined targets and better tracking of progress over time.

2.5 Workforce Plan Submission 26/27: Future workforce plans will shift from a reactive approach to a strategic, target-driven model, focusing on four main strategies: operational productivity, service redesign, reconfiguration, and transformation.

2.6 APC Board Workforce EDI Plan: Progress has been made on the shared EDI dashboard using Model Health System WRES/WDES data, and the committee requested that trend and SPC views be included, with an emphasis on leading indicators for benchmarking and accountability

3. Positive Assurances received

- Out-of-hours support role positively received, with measurable improvements.
- BAF and EDI dashboard development progressing, with commitment to measurable targets.
- Workforce KPIs stable, with ongoing efforts to improve sickness management and appraisal consistency.

4. Key risks / topics to escalate to the NWL APC BiC

Key Risks:

- Operational risks involve consistent sickness management and psychological support, the effectiveness of EDI initiatives, and challenges linked to implementing shared services.
- The need for coordinated action on EDI across the group.
- Lack of clarity and agreement on the recruitment hub model and its implementation.
- Monitoring and managing the impact of workforce reductions on patient experience.
- Effectiveness and progress of EDI actions, including setting and achieving measurable targets.
- Risks associated with the implementation of shared services, particularly regarding performance and staff engagement.

Escalations:

- the need for coordinated EDI action, clarity on the recruitment hub model, and monitoring the impact of workforce reductions on patient experience.

5. Concerns Outstanding

- Concerns that the current headcount continues to exceed plan/budget.
- Need for improved integration and presentation of workforce and EDI data to support decision-making and oversight.

6. Key Actions Commissioned

- Evaluate out-of-hours support models and present findings.
- Set and track specific, measurable annual targets for EDI/model employer goals.
- Add digital competency, anti-immigration sentiment, and staff transition risks to BAF.
- Develop EDI dashboard with trend data and leading indicators.
- Update on digital transformation and recruitment function projects at next meeting.

7. Decisions Made

- BAF approved subject to amendments.
- Staff stories to remain on agenda, with future input from Freedom to Speak Up Guardians.
- Workforce plan to shift to strategic, target-driven approach.

8. Attendance

Members:	December attendance
David Moss, Non-Executive Director, LNWH (Chair)	Y
Sim Scavazza, Non-Executive Director, ICHT	N
Simon Morris, Non-Executive Director, THHFT	N
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
Tracey Connage, Chief People Officer, (LNWH)	Y
Kevin Croft, Chief People Officer (ICHT)	Y
Alexia Pipe, Chief of Staff to Chair in Common	Y
Rachael Thomas, Corporate Governance Officer	Y
Kathryn Carruthers (item 3 – staff experience item)	Y
Tristan Monponbanua (item 3 – staff experience item)	Y

4.3.1 FINANCE AND PERFORMANCE - INTEGRATED QUALITY AND
PERFORMANCE REPORT (ANYTHING BY EXCEPTION) (LESLEY WATTS)

4.3.2 FINANCIAL PERFORMANCE REPORT (BIMAL PATEL)

REFERENCES

Only PDFs are attached



4.3.2 APC M8 Finance BIC Cover.pdf



4.3.2 NWL APC M8 financial performance V2.pdf

NWL Acute Provider Collaborative Board in Common (Public)

20/01/2026

Paper 4.3.2

This report is: Public

2025/26 NWL APC Financial Performance (Month 8)

Author: Helen Berry
Job title: Associate Director of Finance, NWL APC

Accountable director: Bimal Patel
Job title: Chief Financial Officer, LNWH – on behalf of the Acute CFOs

Purpose of report

Purpose: Assurance

Report history

This paper was considered by:

NWL Acute CFOs
06/11/2025
Noted and approved.

Executive summary and key messages

The report presents the financial performance of the North West London (NWL) Acute Provider Collaborative (APC) up to the end of November (Month 8). Income and expenditure (I&E) (in month, year to date (YTD) and forecast), capital, cash and activity variances to operational plan are included.

The headlines are:

- The YTD performance is an £8.1m YTD adverse variance.
- The in- month performance is a £2m adverse variance.
- Industrial action costs (unplanned) year to date are £7.7m.
- Additional funding has been agreed to support referral to treatment (RTT) performance (£37m in total).
- Efficiency delivery is adverse to plan at £13.4m YTD.

- The I&E forecast at Month 8 is breakeven (equal to the annual plan).
- The cash balance across the APC is £284.6m. This is £23.6m higher than the end March position and £86.8m above the cash plan for November 2025.
- Capital spend is £12m underspent to date.

To note the NWL APC Finance and Performance Committee meeting in December 2025 was stood down and replaced with an extraordinary Board in Common to discuss and approve the first draft of the four Trusts financial and performance plans, ahead of the NHS England submission deadline on 17 December 2025. The papers for the APC Finance and Performance Committee were circulated to members via email.

Strategic priorities

- 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

Delivery of our financial plan is driven by – and supports - recovery of our elective, emergency and diagnostic capacity, and supports our objective of improvement in efficiency.

Impact assessment

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

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

2025/26 NWL APC Financial Performance Month 8 (November 2025)

Helen Berry, Associate Director of Finance
For NWL APC CFO Group

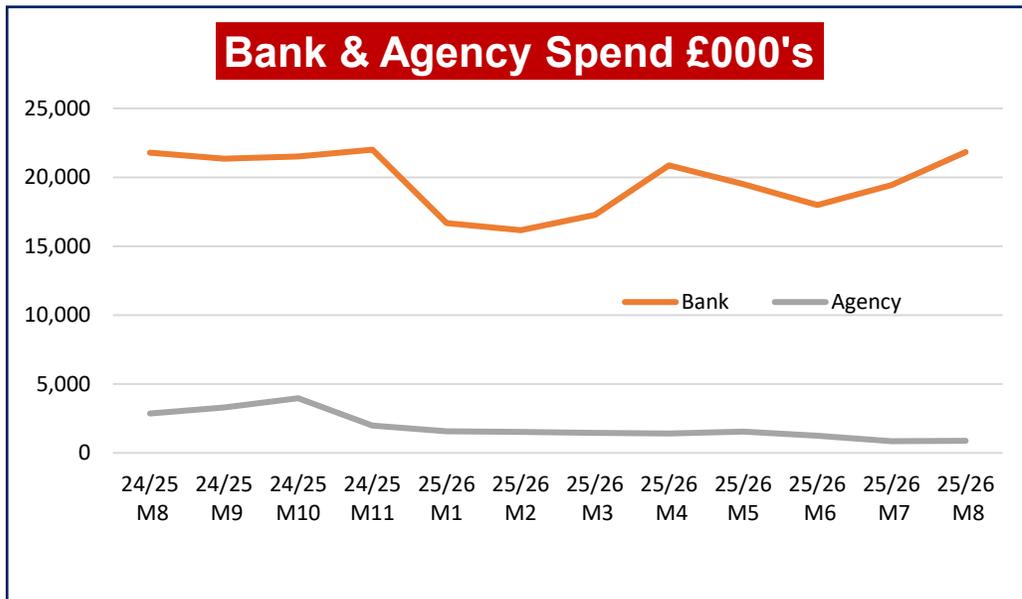
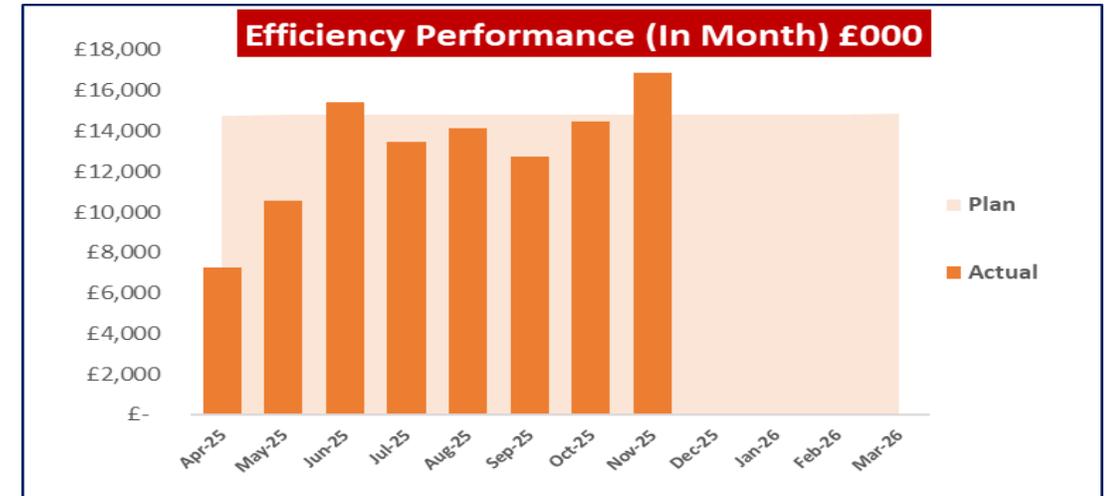
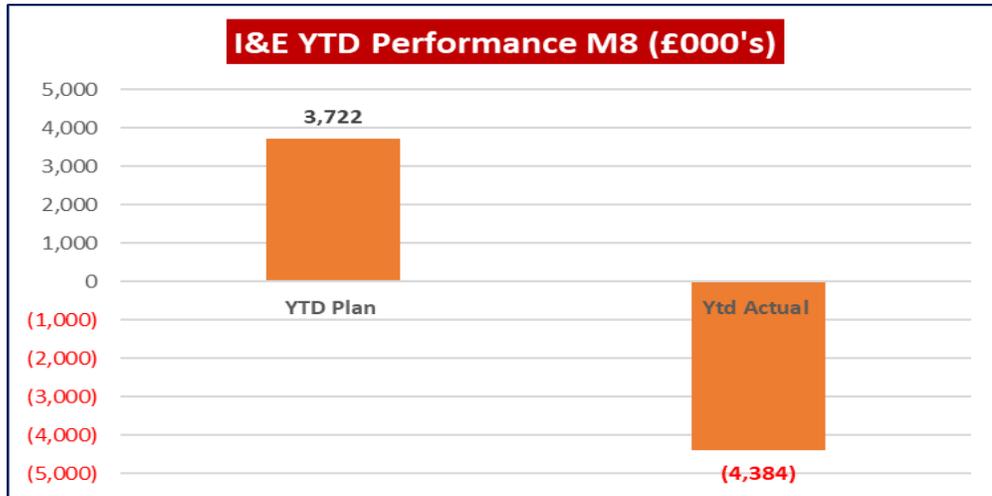
Key Messages at Month 8 (1)

- November's (month 8) actual YTD performance is a deficit of £4.4m against a YTD £3.7m surplus plan (£8.1m YTD adverse variance). In month, the position is deficit of £3.5m against an in-month plan of £1.5m deficit, reporting a £2m adverse variance.
- Three trusts (LNWH, ICHT & THH) report adverse variances to their YTD plan, with CWFT marginally favourable.
- The in-month deficit is primarily driven by unplanned costs of resident doctor's industrial action in November of £3.8m, bringing the YTD costs of industrial action to £7.7m. Industrial action also occurred in Month 9 (December) and it has been agreed that funding will cover this YTD cost pressure (this will be included in the position from Month 9).
- Efficiency delivery is adverse to plan by £13.4m year-to-date, with £16.8m delivered in month 8 (and increase compared to last month by £2.4m).
- ERF overperformance to date is £19.8m of which £7.6m has been recognised in the LNWH year-to-date reported position. Of the additional funding to support the planned care pathways (£37m in total); £16.5m has been included to date (breakdown on slide 4).
- The cash balance across the APC is £284.6m at the end of November. This is £23.6m higher than the end of March position and £86.8m above the cash plan for November, due in part to timing differences of planned capital spend vs actual. LNWH will not need to make an application for cash support due to the improvement in the cash position, this will be reassessed in March 26.

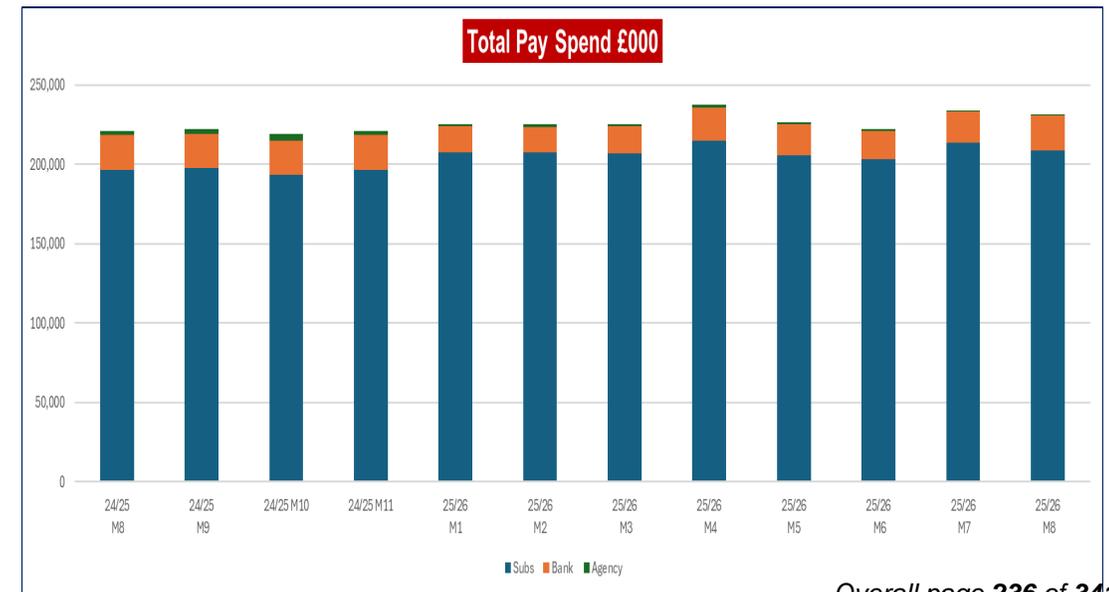
Key Messages at Month 8 (2)

- Capital spend is £12m underspent to date driven mostly by timing differences of spend vs plan, due to national capital programme. There have been MOUs agreed for additional capital under the national capital schemes at LNWH and THH, this, set against a planned underspend at THH due to timing of spend for the New Hospital Programme is returning an approved forecast overspend of £1.5m against the capital plan.
- The forecast is breakeven at month 8. A CFO Peer to Peer review session took place at the end of November where forecasts including risks and mitigations were presented.
- To note: the values in the report are as reported in the Trusts' Provider Financial Monitoring Returns (PFR) to NHSE. There might be small differences to the variances reported within income, pay, non-pay and non-operating expenses when comparing to Trusts' internal reports which are run from the respective general ledgers. The PFR uses the Trust plans as submitted in April. Trusts may have made changes to the breakdown within the expense categories after the submission, for example when confirming the makeup of finalised efficiency schemes compared to those submitted in the plan. Importantly the bottom-line financial performance and overall reasons for variances to plan and are the same in this report and trust reports.

Key I&E Highlights at Month 8



Note: M4 & M8 25/26 include the impact of Resident Doctors' industrial action @ £3.8m per month.



I&E Performance – Month 8

Performance by category	In-month			YTD			Forecast		
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Income	359,166	367,506	8,340	2,890,228	2,947,548	57,320	4,330,397	4,411,408	81,011
Pay	(223,034)	(231,121)	(8,087)	(1,784,231)	(1,823,585)	(39,355)	(2,677,513)	(2,729,657)	(52,144)
Non-Pay	(132,454)	(135,479)	(3,025)	(1,060,566)	(1,092,233)	(31,667)	(1,590,006)	(1,624,712)	(34,706)
Non Operating Items	(5,214)	(4,393)	821	(41,709)	(36,113)	5,596	(62,878)	(57,039)	5,839
Total	(1,536)	(3,487)	(1,951)	3,722	(4,384)	(8,106)	(0)	0	0

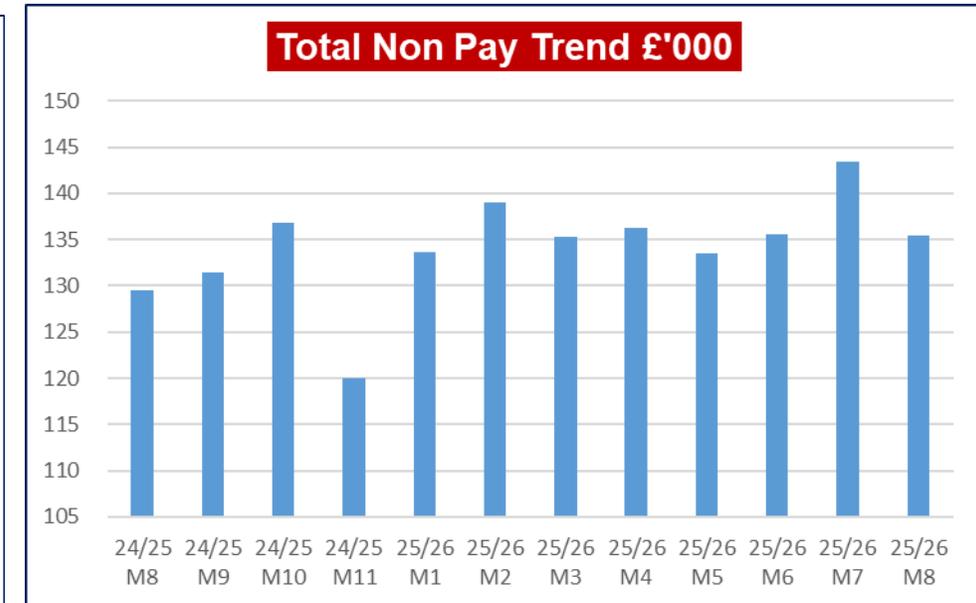
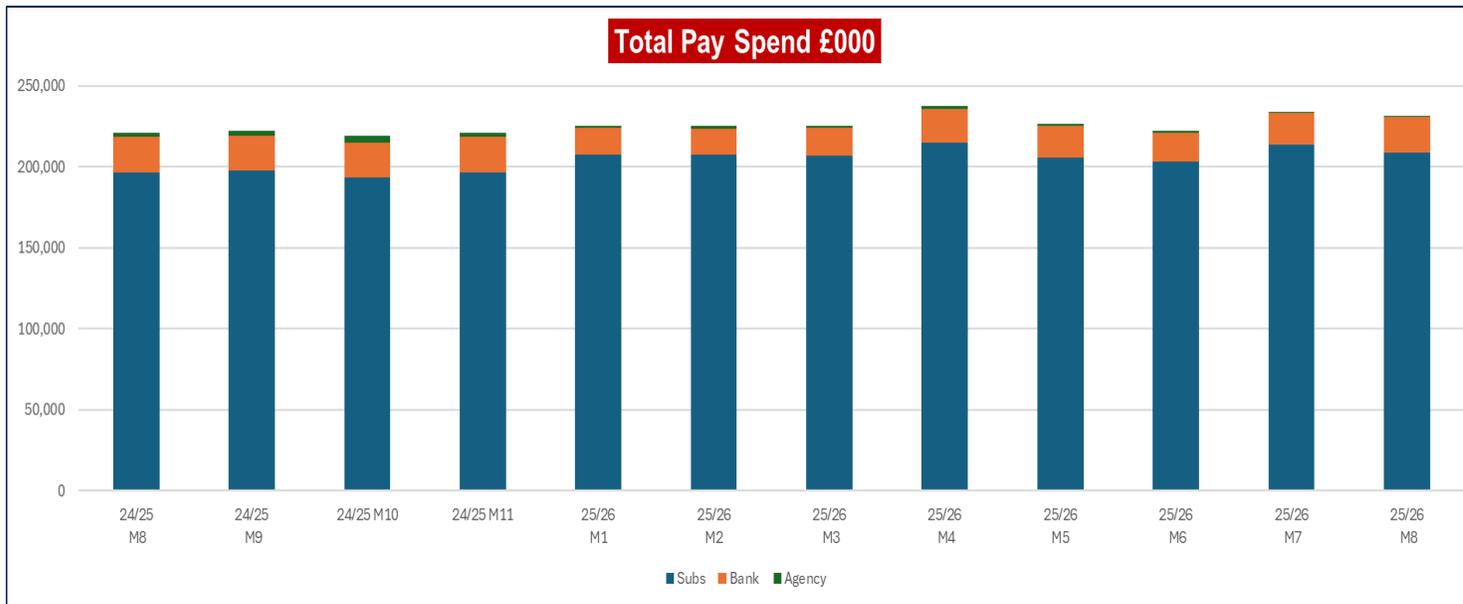
Performance by Trust

CWFT	172	204	32	(702)	(655)	47	0	0	0
ICHT	0	(920)	(920)	0	(1,589)	(1,589)	0	0	0
LNWH	(1,709)	(3,161)	(1,452)	4,420	(1,435)	(5,855)	0	0	0
THH	1	390	389	4	(705)	(709)	(0)	0	0
Total	(1,536)	(3,487)	(1,951)	3,722	(4,384)	(8,106)	(0)	0	0

Ind Action	July £M	Nov £M	YTD £M
CWFT	1.1	1.0	2.1
ICHT	1.1	1.6	2.7
LNWH	1.3	1.0	2.3
THH	0.3	0.3	0.6
Total	3.8	3.9	7.7

- The tables show the year-to-date performance by category (first table) and by Trust (second table).
- Income reports a favourable YTD variance (£57.3m), primarily due to the additional income received for RTT recovery including accrued ERF at LNWH; the income to account for the impact of the additional uplift for the 2025/26 pay award now included in tariff; and the variable elements of the contract: drugs and devices (offset by an overspend on non-pay).
- Expenditure reports an overspend (£65.2m). This is driven primarily by the additional % uplift of the pay award, industrial action YTD (£7.7m, see bottom table); the under delivery of efficiencies against an equally phased efficiency plan (£13.5m); overspend on drugs and devices as above and additional spend on the RTT pathway (per additional income received).

Expenditure Trend – Month 8



- Pay has increased by 3.4% in absolute terms in 2025/26 compared to 2024/25.
- The 2025/26 pay award (3.6% AfC; 5.44% resident Drs and 4% consultants) and employers' NI increase of 1.8% is included, so there is a real terms decrease in average pay spend YTD: per WTE this decrease is estimated as 1.4%, primarily driven by lower bank and agency use in 2025/26.
- For Pay spend, in absolute terms agency is 66% lower, bank is 24% lower, substantive is 7.5% higher than in 2024/25.
- Agency as a percentage of total pay is 0.6% in 2025/26, this compares to 2% for 2024/25.
- Bank as a percentage of total pay is 8% year to date, this compares to 10% for 2024/25.
- In October 2024 staff were paid the 2024/25 pay award including arrears, hence the spike here.
- Non-Pay : compared to the 2024/24 average, non-pay has increased by £1.3m per month or 1%, there is a real terms decrease of 2.4% when factoring in the impact of inflation. The increase in non pay in M7 is £7.8m or 6%, as result of clinical supplies, excluded drugs and a £1.1m bad debt provision at CWFT.

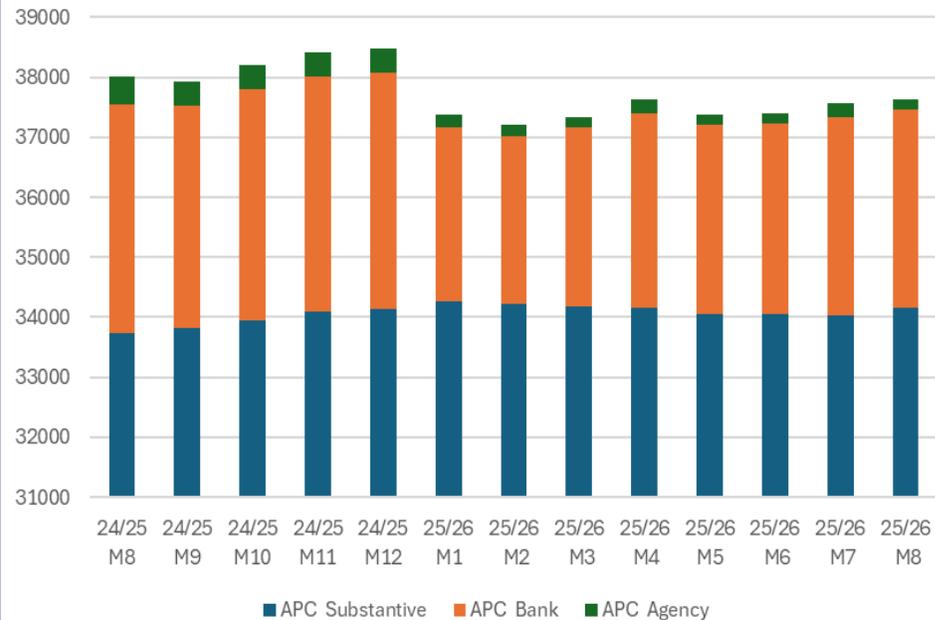
Month 8 WTE Trend

WTE Trend		24/25 M8	24/25 M9	24/25 M10	24/25 M11	24/25 M12	25/26 M1	25/26 M2	25/26 M3	25/26 M4	25/26 M5	25/26 M6	25/26 M7	25/26 M8	% change to 24/25 average (m7-12)	% change M8 24/25 to M8 25/26
APC	Substantive	33,734	33,826	33,944	34,100	34,145	34,260	34,228	34,173	34,154	34,062	34,047	34,034	34,166	0.8%	1.3%
	Bank	3,821	3,703	3,847	3,910	3,941	2,905	2,789	2,988	3,251	3,136	3,173	3,303	3,293	-19.6%	-13.8%
	Agency	468	392	405	399	396	222	187	175	217	186	182	228	178	-54.9%	-62.0%
	Total	38,022	37,920	38,197	38,409	38,482	37,387	37,203	37,336	37,622	37,383	37,401	37,565	37,637	-1.9%	-1.0%
CWFT	Substantive	6,949	6,955	7,027	7,057	7,053	7,168	7,176	7,182	7,240	7,174	7,187	7,174	7,275	2.9%	4.7%
	Bank	816	742	800	788	859	570	580	610	653	654	629	654	713	-21.1%	-12.6%
	Agency	84	76	85	80	72	28	26	24	28	26	22	26	15	-69.9%	-82.7%
	Total	7,849	7,773	7,911	7,925	7,984	7,767	7,782	7,817	7,920	7,854	7,838	7,854	8,002	-0.3%	2.0%
ICHT	Substantive	14,379	14,437	14,437	14,569	14,594	14,598	14,567	14,532	14,506	14,492	14,498	14,522	14,539	0.5%	1.1%
	Bank	1,514	1,495	1,495	1,526	1,645	1,030	1,073	1,171	1,308	1,315	1,314	1,414	1,475	-18.1%	-2.6%
	Agency	199	145	145	160	143	96	82	83	89	82	86	112	92	-46.2%	-53.7%
	Total	16,092	16,078	16,078	16,255	16,382	15,725	15,722	15,786	15,904	15,889	15,898	16,049	16,106	-1.7%	0.1%
LNWH	Substantive	8,884	8,907	8,934	8,928	8,943	8,945	8,940	8,935	8,885	8,891	8,847	8,805	8,813	-0.3%	-0.8%
	Bank	1,082	988	1,025	1,068	992	877	801	833	878	819	834	844	780	-19.8%	-27.9%
	Agency	67	61	58	53	50	43	42	50	54	44	50	64	43	-20.8%	-35.9%
	Total	10,033	9,956	10,017	10,050	9,986	9,866	9,783	9,818	9,817	9,754	9,730	9,713	9,636	-2.4%	-4.0%
THH	Substantive	3,521	3,526	3,546	3,545	3,555	3,548	3,545	3,525	3,523	3,505	3,514	3,533	3,539	-0.1%	0.5%
	Bank	409	478	527	528	444	427	334	373	411	348	397	391	325	-22.1%	-20.5%
	Agency	118	109	118	106	130	55	36	18	47	34	24	26	28	-73.4%	-75.9%
	Total	4,048	4,113	4,191	4,178	4,130	4,029	3,916	3,916	3,981	3,887	3,935	3,950	3,892	-4.9%	-3.8%

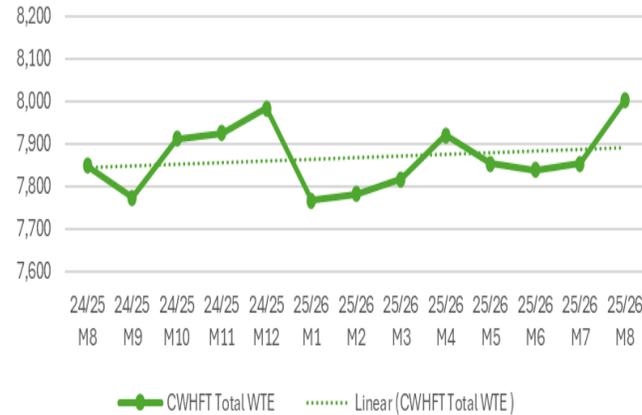
- The table shows the WTE trend from 2024/25: the average YTD WTE compared to last year (M7-M12), and the % change from M8 24/25 to M8 25/26. These are shown in the last two columns.
- An overall decrease of 1.9% (YTD WTE) is driven mainly by reductions in temporary staffing – bank and agency; Substantive WTEs are up marginally at 0.8%.
- Comparing month 8 24/25 to month 8 25/26 there is a 1% reduction overall.
- There has been an increase in WTE M7 to M8, by 72 WTE (Substantive +132; Bank -11, Agency -50).

M8 WTE trend graphs

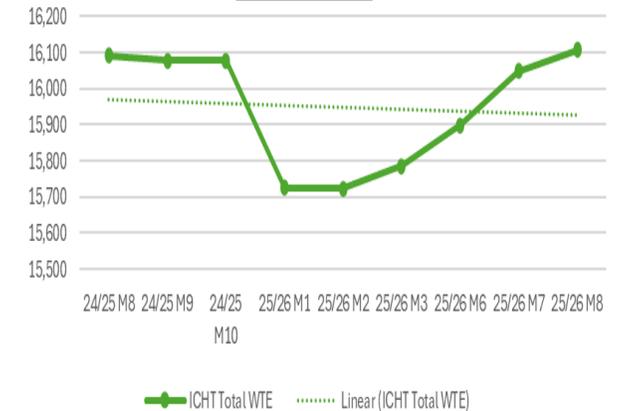
APC WTE TREND



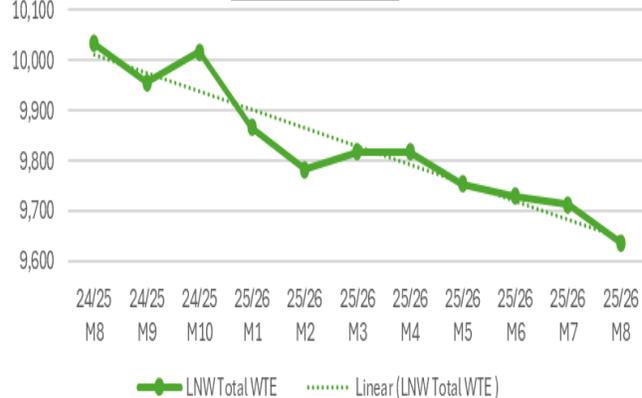
CWFT WTE trend



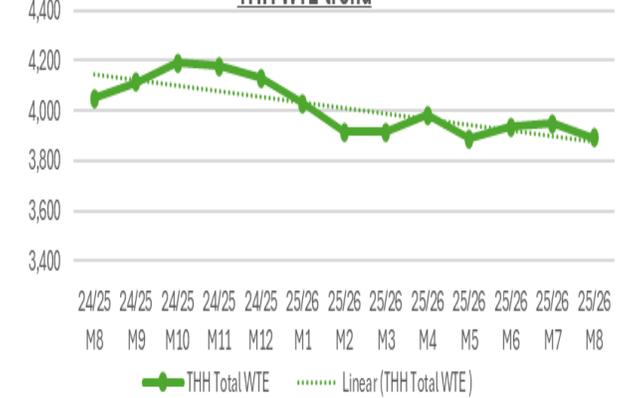
ICHT WTE trend



LNWH WTE trend



THH WTE trend



To note

1. CWFT WTE increasing due to insourcing the Hard FM service from Oct 25.
2. ICHT increasing (mostly on bank) due to increased sickness; 1:1 specialling, IA and additional activity.

M8 ERF Income

ERF Income under/overperformance YTD

ERF Over / (under) performance (M8)	NWL ICB ERF	Spec Comm ERF	Non NWL ICB ERF	Total ERF (all commissioners)	£ reported in YTD I&E	Var: ledger to o/p estimate
Trust	£'000	£'000	£'000	£'000	£'000	£'000
CWFT	3,963	(1,653)	912	3,222	0	(3,222)
ICHT	2,483	737	861	4,082	0	(4,082)
LNWH	7,682	2,037	447	10,166	7,800	(2,366)
THH	2,748	(91)	(289)	2,367	0	(2,367)
Total APC	16,875	1,030	1,931	19,836	7,800	(12,036)

Addtl Funding 25/26	RTT	RTT	Total	H1 O/P	H2 delivery	ENT (APC)	T&O (APC)	Total	Grand Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
CWFT	10,000		10,000		1,300			1,300	11,300
ICHT		12,000	12,000	800	1,300			2,100	14,100
LNWH			0	5,700	1,200			6,900	6,900
THH			0		1,500			1,500	1,500
APC wide (held at LNWH for APC)						2,200	1,000	3,200	3,200
Total APC	10,000	12,000	22,000	6,500	5,300	2,200	1,000	15,000	37,000

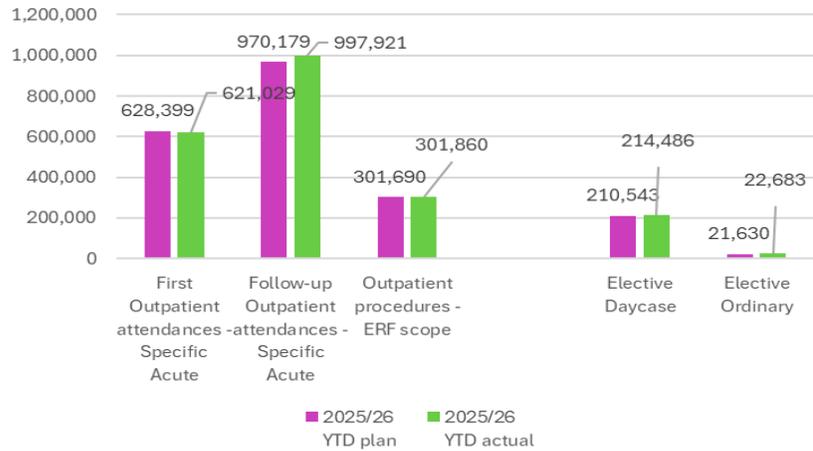
- ERF overperformance is estimated at £19.8m per the above table (LHS), of which £7.8m is accounted for in the YTD financial position at LNWH.
- Additional non recurrent funding from NWL ICB (£37m (from NHSE delegated services funding) has been agreed to support RTT targets and planned care pathways across the APC. The table on the RHS shows the breakdown:
 - £22m to support meeting RTT performance and increased RTT target at CWFT: £12m at ICHT and £10m at CWFT. To date £8m is accounted for at ICHT, and £0.8m at CWFT.
 - A further £15m to support elective delivery. Of this, trusts have accounted for £7.7m in the position including the H1 overperformance at CWHT and LNWH (£0.8m and £5.7m respectively). £3.2m is held at LNWH on behalf of the APC for ENT and T&O additional work.

To note:

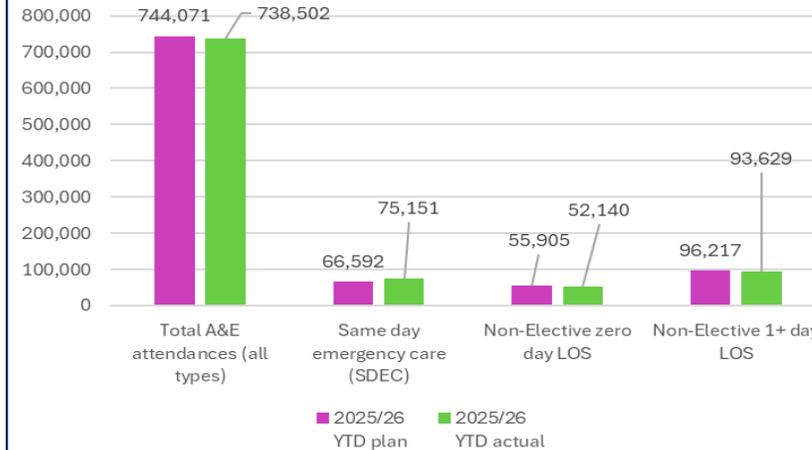
- The elective income plans for 2025/26 have been set using 2024/25 outturn, less the prescribed reduction in 2024/25 ERF overperformance income as informed by NHSE. For NWL ICB this amounted to c35% reduction in overperformance income.
- For NHSE Spec Commissioning there is no % reduction in ERF overperformance.
- In 2025/26 there is a cap on elective activity income to the value in the annual contract plan. Plans were uplifted in month 4 to account for the additional % on the pay award.

M8 Activity V Plan

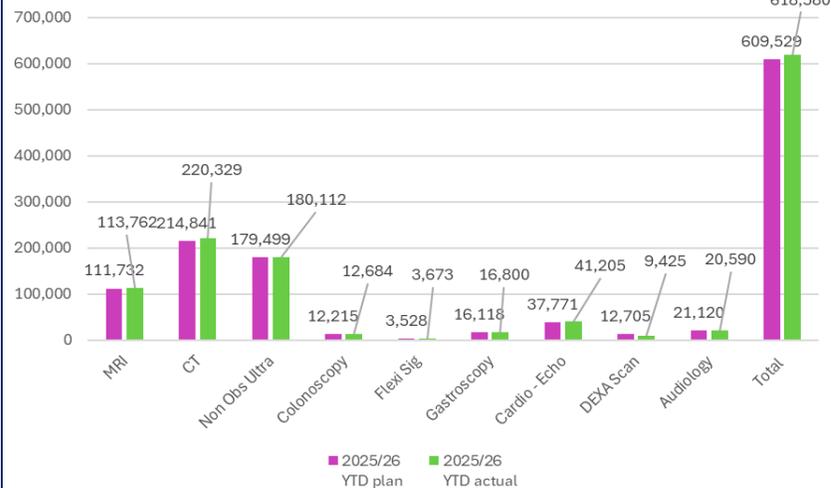
APC : Activity Planned Care



APC : Activity Unplanned Care



APC Diagnostics Activity



Appendix 3 notes the performance by trust and shows diagnostic activity.

The tables note the activity performance against the Operating Plan to the end of month 8, for the APC.

Outpatients : broadly on plan:

- Firsts -1% variance to plan
- FU +3% variance to plan
- OP Procedures - on plan

Elective and day cases are 2% above plan (electives 5% and day cases 2%)

Emergency :

- A&E : -1% below below
- SDEC 13% over plan
- NEL > 1 day is less than plan by 7%
- NWL <1 day is less than plan by 3%.

This suggests a move from treating under NEL to SDEC.

Diagnostic Tests

- 1% over plan in total, variation in the different modalities.

M8 Efficiency

Efficiency Month 8	YTD Plan			YTD Actual			YTD Var	In Month Plan	In Month Actuals	In Month Variance	Annual Plan			Annual Forecast			Fcast Variance
	R	NR	Total	R	NR	Total					Total	Total	Total	R	NR	Total	
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
CWFT	8,615	13,681	22,296	11,381	8,988	20,369	(1,927)	2,787	2,812	25	12,986	20,456	33,442	17,980	15,463	33,442	0
ICHT	16,656	36,691	53,347	22,120	28,297	50,417	(2,930)	6,681	8,123	1,442	25,035	55,099	80,134	41,344	38,790	80,134	0
LNWH	25,728	6,602	32,330	21,086	3,785	24,871	(7,459)	4,042	4,413	371	38,597	9,903	48,500	39,731	8,769	48,500	0
THH	7,001	3,466	10,467	5,846	3,455	9,301	(1,166)	1,308	1,511	203	10,501	5,199	15,700	10,649	5,051	15,700	(0)
Total	58,000	60,440	118,440	60,433	44,525	104,958	(13,482)	14,818	16,859	2,041	87,119	90,657	177,776	109,703	68,073	177,776	(0)
% delivery of plan				51%	38%	89%								62%	38%	100%	

- The APC's annual efficiency plan is £177.8m, up from £135.7m delivered in 2024/25. An increase of 32%.
- M8 in month delivery is £16.9m, which is £2.4m up on last month (£14.5m), and an improvement when compared to the year to previous month's average (£12.6m per month). The month 8 delivery was higher than the monthly plan by £2m.
- The YTD delivery is £104.9m, against a YTD plan of £118.4m, an under delivery of £13.5m. To note, £44.5m of the year-to-date delivery (38%) is non recurrent.
- At Month 8, the annual efficiency plan is forecast to be delivered in full, with some of this being through non-recurrent measures.
- The 2025/26 efficiency plan profile is in 1/12^{ths} for all APC trusts.

Month 8 Forecast

- The forecast is prepared by each trust, starting with the year-to-date actuals, removing one off income and expenditure (£23m) and then straight lining this normalised position to arrive at a projected year end position.
- To note included in the one-off adjustments is the ERF overperformance at £7.8m to date @ LNWH; NR benefits at LNWH (£4.7m) and CWFT (£2.8m); land sale benefit @ LNWH (c£9m) and industrial action costs of £7.6m across the APC.
- Run rate adjustments are made in future months (from month 9 to month 12) which adjust the monthly I&E where there is an expected change to the normalised run rate, for example planned non recurrent benefits, an uptick in the CIP recovery rate, other benefits or cost pressures.
- For the APC, the year-end projection from the straight-line YTD normalised position is a deficit of £18.1m. Mitigating adjustments from month 9 to month 12 total £18.1m resulting in a breakeven forecast at month 8.
- Table 1 below summarises the position. LNWH presents with the highest normalised deficit which is mitigated by future planned changes to the same value.
- Table 2 is a list of the future expected run rate changes.
- Appendix 2 notes the APC and trust forecasts by month.

Table 1

Trust	M8 YTD Actual	One off Items	Normalised YTD	Normalised Straight Line Forecast (S/L)	Forecast Changes	Remaining Surplus/Deficit
	£'000	£'000	£'000	£'000	£'000	£'000
CWHT	-656	2,004	-2,660	-1,986	1,987	0
ICHT	-1,589	-2,076	487	-1,346	1,346	0
LNWH	-1,435	22,961	-24,396	-13,633	13,633	0
THH	-705	146	-851	-1,130	1,130	-0
TOTAL	-4,385	23,035	-27,420	-18,095	18,096	0

Table 2

Forecast run rate changed by:	CWHT	ICHT	LNWHT	THH	Total
	£'000	£'000	£'000	£'000	£'000
Normalised Straight line Forecast	-1,986	-1,346	-13,633	-1,130	-18,095
CIP - Planned	0	0	13,086	1,454	14,540
CIP - Additional	1,472	2,935	0	0	4,407
Profiling	-186	0	-8,972	0	-9,159
Balance Sheet	0	0	1,500	0	1,500
Technical adjustment	0	0	-1,321	0	-1,321
Other income	0	0	13,571	0	13,571
Increased Cost Pressure	0	0	0	-324	-324
Other cost	701	-1,589	-4,230	0	-5,118
Total Adjustments	1,987	1,346	13,633	1,130	18,096
Remaining Surplus/ (Deficit)	0	0	0	-0	0

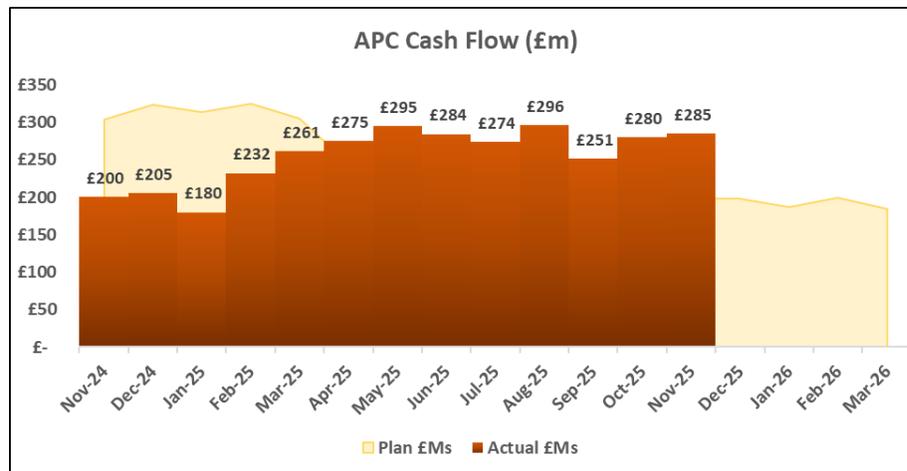
Risks

- The main risks to meeting the 2025/26 financial plan are listed in the table below:

2025/26 APC financial risks		Value where known
1	Cost of elective and diagnostic performance (to meet Operating Plan targets); capped annual income & the ability to slow activity down in future months (where overperforming against plan).	£19.8m overperformance on ERF: £7.8m is accounted for to date at LNWH; £5.7m of this is covered by additional income received from NWL ICB.
2	A&G increasing over plan level and cost response (under capped income) .	
3	Potential growth in emergency activity (higher than plan (24/25 outturn)) over winter	
4	Industrial action to date (July & November). Industrial action confirmed for December.	£7.7m to date
5	Efficiency shortfall and delivery M8-M12 needs to accelerate to meet overall efficiency plan	£13.5m to date
6	Potential shortfall on funding to cover pay and non pay inflation 25/26	
7	Supply Chain risk (subcontractor companies facing financial difficulty (e.g. previous UTC provider o/s bills; community equipment provider)	
8	Profit on land sale (LNWH)	£9m - accounted for in M6.
9	Elective Orthopaedic Centre (contribution from APC trusts)	
10	NHSE Contract issues	

M8 Cash

	Mar-25	Nov-25	Movement to YTD	30 Nov 25 Cash Plan	Variance from plan
Trust	£m	£m	£m	£m	£m
CWFT	143.5	134.3	(9.2)	129.6	4.7
ICHT	92.9	99.7	6.8	19.8	79.9
LNWH	11.0	9.6	(1.4)	22.3	(12.7)
THH	13.7	41.0	27.3	26.2	14.8
Total	261.0	284.6	23.6	197.8	86.8
			9%		41%

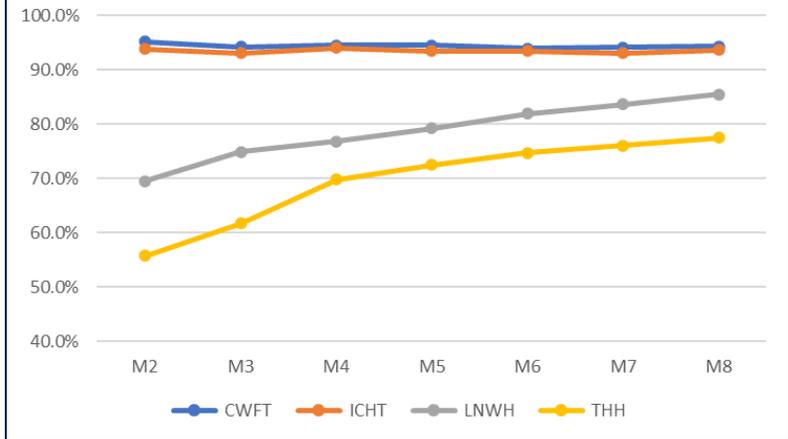


Trust	Op exp days	BPPC (£) Non NHS	BPPC (£) NHS	Debtor Days	Creditor Days
CWFT	49.0	94.3%	74.4%	23.3	123.3
ICHT	19.9	93.6%	86.9%	30.5	150.2
LNWH	3.3	85.4%	54.4%	29.8	115.5
THH	36.8	77.5%	60.1%	32.6	214.4

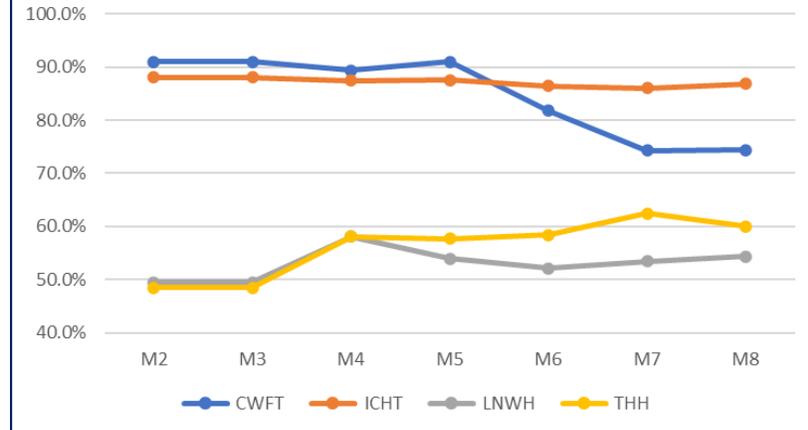
- The APC combined cash balance at the end of November stands at £284.6m, up slightly from £280.1m in Oct. The cash balance is £23.6m higher than the end of March 25 and £86.8m higher than the cash plan for Month 8.
- The tables and graph above show:
 - The end of Nov cash position against March 2025 and Nov plan positions (table on the left-hand side).
 - Cash flow V plan trend graph, showing 2025/26 cash is higher than plan, this is due to capital spend profiling, primarily at ICHT.
 - The table on the right-hand side shows:
 - Operating expense days :days of operating expenses that can be serviced by the cash balance at the end of the month. Note LNWH days are up compared to last month (2 days op expenses last month).
 - The Better Payment Practice Code (BPPC) performance at the end of Nov - % of creditor invoices that are paid (by £ value) within 30 days (YTD values).
 - Debtor days represents the average no of days for the trust to receive payment of its invoices. A lower no of days signals more efficient Accounts Receivable processes.
 - Creditor days represents the average no of days the trust takes to pay its creditor invoices. A higher number of days suggests the trust is taking longer to pay bills which could reflect on supplier relationships.
 - BPPC, debtor and creditor day measures are impacted by the cash position. A lower cash position (Op ex days) creates the impetus to chase debtors (lowering debtor days) and potentially delay the payment of creditors (higher creditor days).

M8 Liquidity Metrics : Graphs

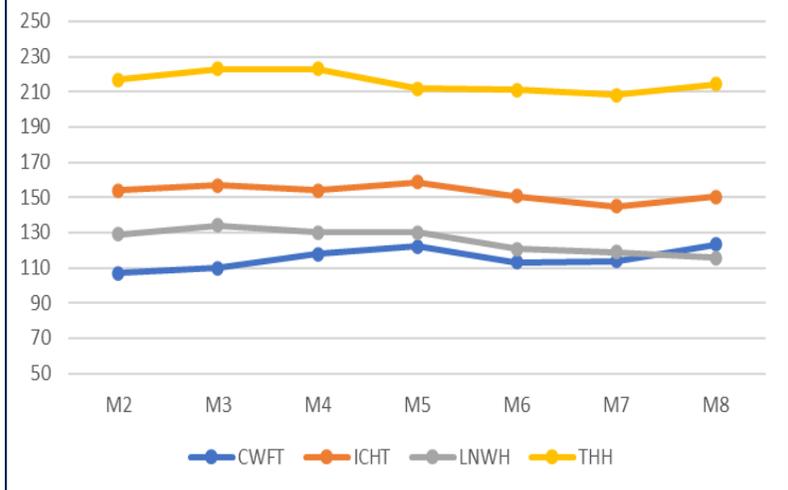
BPPC Non NHS : Trend



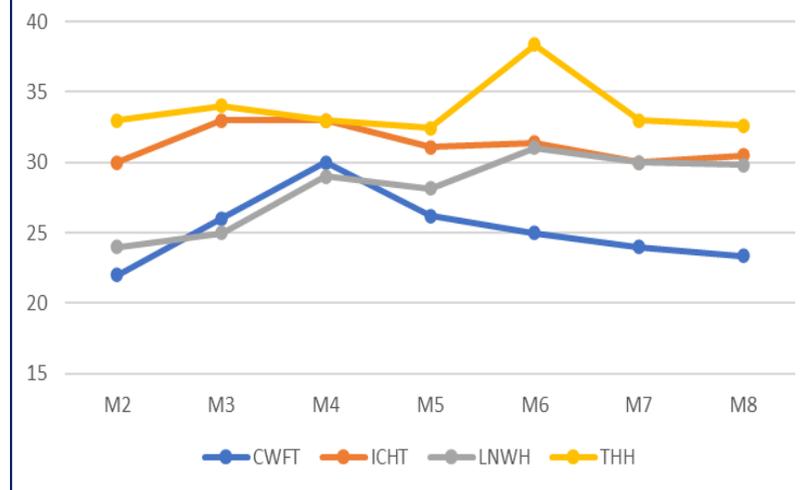
BPPC NHS : Trend



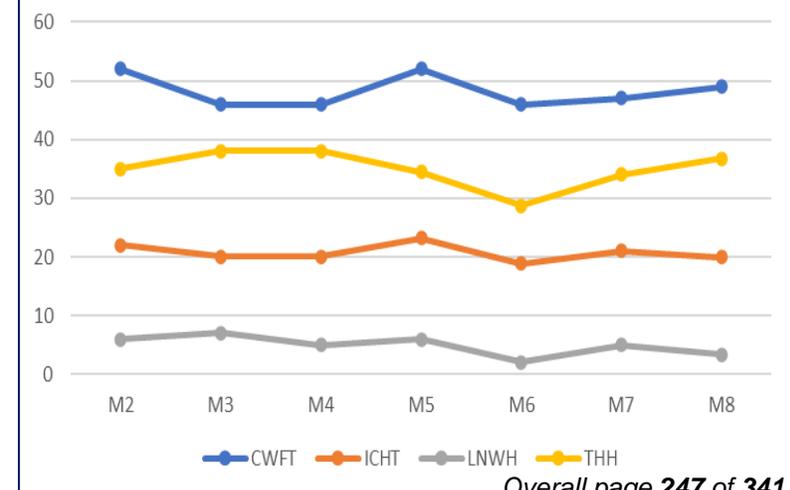
Creditor Days : Trend



Debtor Days : Trend



Op Ex Days : Trend



Month 8 Capital

		YTD			Forecast		
		Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000
CWFT	Core CRL	17,088	30,922	(13,834)	37,801	37,801	0
	Nat schemes	11,459	2,331	9,128	12,202	12,153	49
	Total	28,547	33,253	(4,706)	50,003	49,954	49
ICHT	Core CRL	40,375	51,514	(11,139)	83,293	83,293	0
	Nat schemes	22,193	12,057	10,136	42,540	46,953	(4,413)
	Total	62,568	63,571	(1,003)	125,833	130,246	(4,413)
LNWH	Core CRL	18,024	10,065	7,959	34,318	34,318	0
	Nat schemes	0	0	0	1,132	10,321	(9,189)
	Total	18,024	10,065	7,959	35,450	44,639	(9,189)
THH	Core CRL	6,019	5,115	904	14,778	14,778	(0)
	Nat schemes	18,233	9,402	8,831	37,781	25,758	12,023
	Total	24,252	14,517	9,735	52,559	40,536	12,023
APC	Core CRL	81,506	97,616	(16,110)	170,190	170,190	0
	Nat schemes	51,885	23,790	28,095	93,655	95,185	(1,530)
	Total	133,391	121,406	11,985	263,845	265,375	(1,530)

CWFT	£'000
Initial ICS reserves allocation	30,700
Revised ICS reserves allocation	18,600
Reduction in reserves	(£12,100)
Reserves to CLCH	(£896)
Reserves to LAS	(£4,992)
Reserves to LNWH	(£3,820)
Reserves to CNWL	(£2,200)
Transfer to NCL ICB	(£500)
ADC	£1,000
Sub total	(23,508)
LNWH	
ICS reserves from CWFT	3,820
Subtotal	(19,688)

National PDC Capital	CWFT	ICHT	LNWHT	THH	APC
	£'000	£'000	£'000	£'000	£'000
Estates Safety		25,250		8,000	33,250
Other	2,202		1,032	1	3,235
Diagnostics		3,000			3,000
Electives	5,000	4,000			9,000
UEC	5,000	10,290	100	1,500	16,890
New Hospital Prog.				28,280	28,280
Total	12,202	42,540	1,132	37,781	93,655

- The total Capital Departmental Expenditure Limit (CDEL) plan at the end of month 8 is £263.8m. This is £19.7m lower when compared to the 30th of April Plan submission (£283.5m). This plan does not include schemes funded at trusts from other sources such as donations.
- The reduction stems from adjustments made to the ICS reserves value (held at CWFT on behalf of the ICS). The original value of £30.7m was revised downwards by £12.1m in month 4 with a further £8.5m allocated out to non-APC trusts. In month 8 CWFT received an additional £1m approved CRL increase from the ICS reserves (for the Ambulatory Diagnostic Centre). See table below on the bottom (LHS).
- The annual capital plan (£263.8m) is made up of £170.2m (66%) internally funded; and £93.7m (34%) represents Nationally Funded PDC Capital Programmes (see breakdown in bottom table on RHS).
- The top table shows the year-to-date capital spend against the year-to-date plan and the forecast spend against the annual plan.
- The overall underspend to date is £12m and is driven by capital schemes under the National Capital programmes, which are yet to commence or will commence later than planned. The YTD overspend on core CRL stems from ICHT (backlog maintenance) & CWFT due to timing of the Ambulatory Diagnostic Centre. The rate of expenditure in month 8 is 41% (£6m) higher than the year to previous month's average.
- During the year, additional PDC capital schemes are routinely put forward by NHSE for Trusts to bid for. The forecast overspends at ICHT and LNWH comprises MOUs received for such schemes. This is compensated by an underspend against the NHP at THH. Overall, this results in a £1.6m forecast overspend at month 8.



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

Appendix 1

NWL APC Trust I&E at M8

I&E Performance : CWFT

CWFT	In-month				YTD				Forecast			
	Plan £'000	Actual £'000	Variance £'000	Variance %	Plan £'000	Actual £'000	Variance £'000	Variance %	Plan £'000	Actual £'000	Variance £'000	Variance %
Income	84,100	86,423	2,323	3%	672,805	678,448	5,643	1%	1,009,201	1,016,887	7,686	1%
Pay	(49,365)	(51,672)	(2,307)	-5%	(394,919)	(402,193)	(7,274)	-2%	(592,371)	(602,211)	(9,840)	-2%
Non-Pay	(33,342)	(33,394)	(52)	-0%	(268,873)	(268,070)	803	0%	(401,925)	(401,196)	729	0%
Non Operating Items	(1,221)	(1,153)	68	6%	(9,715)	(8,840)	875	9%	(14,905)	(13,480)	1,425	10%
Total	172	204	32		(702)	(655)	47		0	0	(0)	

- The Trust at M8 has a YTD £0.66m deficit which is £0.05m favourable against a planned deficit of £0.70m.
- The identified CIP position at the end of M8 is 100% identified and forecast to fully deliver the Trust CIP target of £33.44m. The recurrent position has improved monthly from 47% in M6, to 53% in M7 and to now 57% in M8, however there remains a recurrent shortfall impacting the underlying position.
- YTD Industrial action cost impact is £2.14m (net of deductions), which is unfunded.
- ERF activity is capped in 2025/26, and other activity is blocked. The ERF over performance of £3.02m seen to M8 is not recognised in the position, but £0.85m from the additional funding for RTT, was recognised against cost for RTT recovery.
- The forecast is still to achieve a breakeven plan; however, there is £2m of risk in the forecast due to the unfunded pay award NI impact (£0.9m) and December industrial action (est. £1m), however this is assumed to be mitigated by unidentified non-recurrent actions. The forecast assumes full delivery of the CIP Programme. There is a significant risk of the costs of ongoing industrial action.
- The cash balance at M8 is £134.30m.
- The YTD gross capital spend is £36.36m (including capital schemes funded by donations and grants).

I&E Performance : ICHT

ICHT	In-month				YTD				Forecast			
	Plan £'000	Actual £'000	Variance £'000	Variance %	Plan £'000	Actual £'000	Variance £'000	Variance %	Plan £'000	Actual £'000	Variance £'000	Variance %
Income	152,019	156,466	4,447	3%	1,216,169	1,242,267	26,098	2%	1,824,265	1,861,094	36,829	2%
Pay	(94,566)	(97,913)	(3,347)	-4%	(756,521)	(772,405)	(15,884)	-2%	(1,134,836)	(1,157,019)	(22,183)	-2%
Non-Pay	(56,197)	(58,741)	(2,544)	-5%	(449,545)	(464,232)	(14,687)	-3%	(674,309)	(691,591)	(17,282)	-3%
Non Operating Items	(1,256)	(732)	524	42%	(10,103)	(7,219)	2,884	29%	(15,120)	(12,484)	2,636	17%
Total	0	(920)	(920)		0	(1,589)	(1,589)		0	0	0	

- At month 8 the Trust reported a year-to-date actual deficit of £1.6m, which is £1.6m adverse to plan.
- This is wholly driven by the impact of the 5 days of Industrial Action between 14th November and 19th November of £1.6m (inclusive).
- Other key highlights include the costs of the previous industrial action in July (£1.2m), a lower than planned delivery of efficiencies (£2.9m below an equally phase efficiency target); and an overspend in medical staffing. These pressures have been offset by the reduction in bank & agency costs following the implementation of enhanced temporary staffing controls and other one-off benefits including £0.8m of NWL ICB funding to offset the cost of delivering elective overperformance.
- Elective recovery over performance stands at £4.1m and is not recognised in the position.
- The Trust has £87.5m of schemes to deliver the annual efficiency target of £80.1m. Of this 53% is recurrent.
- Trust continues to forecast the delivery of a breakeven position at the end of the financial year (on plan), however, the two primary risks to the delivery of this is include winter related cost pressures about current forecast and the impact of further industrial action.
- YTD the Trust has invested £77.7m against the total planned capital spend of £87.7m. Total capital spend includes capital schemes funded by donations and grants. The Trust continues to use cross year schemes to ensure it fully utilises its capital expenditure limit and is forecasting to meet its plan by 31st March 2026.
- At the end of Month 8, the Trust held a cash balance of £99.7m with a forecast of £46.4m on 31st March 2026.

I&E Performance : LNWH

LNWH	In-month				YTD				Forecast			
	Plan £'000	Actual £'000	Variance £'000	Variance %	Plan £'000	Actual £'000	Variance £'000	Variance %	Plan £'000	Actual £'000	Variance £'000	Variance %
Income	88,850	88,795	(55)	-0%	727,695	744,911	17,216	2%	1,086,579	1,112,939	26,360	2%
Pay	(56,517)	(58,634)	(2,117)	-4%	(452,115)	(465,503)	(13,388)	-3%	(679,290)	(695,536)	(16,246)	-2%
Non-Pay	(32,041)	(31,451)	590	2%	(255,152)	(265,909)	(10,757)	-4%	(383,281)	(394,623)	(11,342)	-3%
Non Operating Items	(2,001)	(1,871)	130	6%	(16,008)	(14,934)	1,074	7%	(24,008)	(22,780)	1,228	5%
Total	(1,709)	(3,161)	(1,452)		4,420	(1,435)	(5,855)		0	0	0	

- The Trust is reporting a YTD deficit of **£1.4m** which is **£5.9m** adverse to plan.
- This includes accounting for **£7.8m ERF** overperformance income (M1-6). The ERF annual cap at the planned level remains unchanged, however £5.7m has been agreed by the ICB for H1 over-performance.
- The Land sale overage benefit has been recognised in the YTD position (at M6) in line with the income plan. Discussions to agree a value are on-going.
- The drivers of the variance to plan is predominantly the cost of Industrial Action, estimated at **£2.3m**, with CIP shortfall of **£7.5m** against equally profiled target. Other key drivers of overspends include continued EOC activity shortfall and emergency pressures. WLI/Outsourcing/Insourcing overspend to M6 is covered by the overperformance funding.
- The actual CIP delivered was **£24.9m**, **£7.5m** behind YTD target & **£0.1m** below identified value. Original target of £48.5m is fully identified and a further c£3.3m has been identified against the revised internal total target of £54.5m.
- WTE in November was 9,582. This is a reduction of more than 350 WTE when compared to November 2024.
- The M08 cash balance was **£9.6m**. The short-term cash flow forecast has improved due to the agreement of additional income from the ICB which will be received before the end of December. Consequently, the Trust will not need to implement cash management measures or apply for cash support for December, January or February. Cash management measures may need to be implemented from March 2026.
- M08 YTD capital expenditure was £12.5m against a YTD budget of £17.7m. The Trust has brought forward investments previously earmarked for next year to utilise fully its allowable capital expenditure limit (CRL) and so protect its capital budget position going into 26/27. The CRG is carefully managing the programme to ensure targets are achieved.

I&E Performance : THH

THH	In-month				YTD				Forecast			
	Plan £'000	Actual £'000	Variance £'000	Variance %	Plan £'000	Actual £'000	Variance £'000	Variance %	Plan £'000	Actual £'000	Variance £'000	Variance %
Income	34,197	35,822	1,625	5%	273,559	281,922	8,363	3%	410,352	420,488	10,136	2%
Pay	(22,586)	(22,902)	(316)	-1%	(180,676)	(183,484)	(2,808)	-2%	(271,016)	(274,891)	(3,875)	-1%
Non-Pay	(10,874)	(11,893)	(1,019)	-9%	(86,996)	(94,023)	(7,027)	-8%	(130,491)	(137,302)	(6,811)	-5%
Non Operating Items	(736)	(637)	99	13%	(5,883)	(5,120)	763	13%	(8,845)	(8,295)	550	6%
Total	1	390	389		4	(705)	(709)		(0)	0	0	

- In month, the Trust reported a surplus of £0.4m against its plan in Month 8 improving the year-to-date deficit position to £0.7m adverse against the breakeven plan. The year-to-date position includes £0.6m of costs to cover the industrial action in July and November.
- Within the Trust's breakeven plan is the expectation to deliver a £15.7m Cost improvement programme (CIP), and the plan assumed this would be delivered evenly throughout the year. The internal profile sees delivery increase throughout the year rather than be delivered evenly.
- At a service level, key drivers of the year-to-date variance to plan include CIP profiling and overspends on medical & nursing pay in certain areas. However, pay spend continues at a lower rate than last year due to vacancy and temporary staffing review panels. Agency spend continues to remain significantly lower than historic run rates representing 1.3% (YTD) of total pay costs.
- The Trust has fully identified its CIP schemes, however some of these will be delivered non recurrently, therefore putting increased pressure onto CIP planning for 2026/27.
- ERF activity is capped in 2025/26 and other activity being within a block contract. The YTD ERF over performance as at M8 is valued at £2.7m for our local commissioners, however due to the cap this is not recognised within the position. The Trust is underdelivering ERF against associate commissioners by £0.5m, which is recognised within the position. £1.5m additional funding has been agreed with NWL ICB to support recovery of the RTT performance.
- The cash balance at M8 was £41.0m, however due to early reporting requirements, does not include the impact of a payment run that had not yet cleared the bank, the adjusted cash balance would be £36.4m. The YTD gross capital spend was £14.5m.
- The Trust is forecasting a breakeven position and has a recovery in place to deliver this. To achieve breakeven, the Trust will need to fully deliver its efficiency plan, plus additional benefits to offset industrial action costs and any other arising cost pressures.



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

Appendix 2

NWL APC Trusts' forecasts at Month 8

APC Forecast

	Normalised YTD Run Rate			Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Forecast	Forecast	Forecast	Forecast	Forecast	Total	
	YTD Actuals	One of Items	Normalised run rate	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26		Mar-26
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000		£'000
Income (+)	2,947,646	22,392	2,925,253	358,291	362,312	368,258	375,521	363,934	377,624	374,101	367,603	358,291	362,312	368,258	375,521	363,934	377,624	374,101	367,603	365,657	365,657	365,657	365,657	4,410,272
Pay (-)	-1,823,587	-6,251	-1,817,336	-225,513	-225,117	-225,512	-237,233	-225,998	-225,588	-227,504	-231,122	-225,513	-225,117	-225,512	-237,233	-225,998	-225,588	-227,504	-231,122	-227,167	-227,167	-227,167	-227,167	-2,732,255
Non Pay (-)	-1,092,899	6,894	-1,099,792	-133,727	-139,152	-135,359	-136,364	-133,646	-135,618	-143,474	-135,560	-133,727	-139,152	-135,359	-136,364	-133,646	-135,618	-143,474	-135,560	-137,474	-137,474	-137,474	-137,474	-1,642,795
Non Operating Items (-)	-35,545	0	-35,545	-4,484	-4,278	-4,453	-4,590	-4,367	-4,589	-4,377	-4,408	-4,484	-4,278	-4,453	-4,590	-4,367	-4,589	-4,377	-4,408	-4,443	-4,443	-4,443	-4,443	-53,318
Surplus/ (Deficit)	-4,385	23,035	-27,420	-5,432	-6,234	2,934	-2,666	-77	11,829	-1,254	-3,487	-5,432	-6,234	2,934	-2,666	-77	11,829	-1,254	-3,487	-3,428	-3,428	-3,428	-3,428	-18,095
Forecast run rate changed by:																								
CIP - Planned												0	0	0	0	0	0	0	0	3,222	3,776	3,677	3,864	14,540
CIP - Additional												0	0	0	0	0	0	0	0	1,102	1,102	1,102	1,102	4,407
Profiling												0	0	0	0	0	0	0	0	-7,957	-728	-1,149	675	-9,159
Balance Sheet												0	0	0	0	0	0	0	0	375	375	375	375	1,500
Technical adjustment												0	0	0	0	0	0	0	0	-340	-490	-490	0	-1,321
Other income												0	0	0	0	0	0	0	0	7,576	1,545	1,471	2,978	13,571
Reduced Cost Pressure												0	0	0	0	0	0	0	0	0	0	0	0	0
Increased Cost Pressure												0	0	0	0	0	0	0	0	-81	-81	-81	-81	-324
Other cost												0	0	0	0	0	0	0	0	-3,929	-757	-568	136	-5,118
Total Adjustments												0	0	0	0	0	0	0	0	-32	4,742	4,337	9,048	18,096
Remaining Surplus/ (Deficit)												-5,432	-6,234	2,934	-2,666	-77	11,829	-1,254	-3,487	-3,459	1,314	910	5,621	0

CWFT Forecast

	Normalised YTD Run Rate			Actual								Actual												Total	
	YTD Actuals	One of Items	Normalised run rate	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26		
				£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000		£'000
Income (+)	678,448	1,569	676,879	82,501	82,390	82,835	87,415	84,164	84,483	88,237	86,423	82,501	82,390	82,835	87,415	84,164	84,483	88,237	86,423	84,610	84,610	84,610	84,610	1,016,888	
Pay (-)	-402,194	-2,017	-400,176	-49,306	-48,871	-49,235	-52,285	-49,628	-50,592	-50,607	-51,671	-49,306	-48,871	-49,235	-52,285	-49,628	-50,592	-50,607	-51,671	-50,022	-50,022	-50,022	-50,022	-602,282	
Non Pay (-)	-268,095	2,452	-270,547	-33,129	-33,846	-33,156	-34,962	-32,745	-30,246	-36,615	-33,397	-33,129	-33,846	-33,156	-34,962	-32,745	-30,246	-36,615	-33,397	-33,818	-33,818	-33,818	-33,818	-403,369	
Non Operating Items (-)	-8,816	0	-8,816	-1,047	-1,075	-1,096	-1,170	-1,121	-1,163	-992	-1,152	-1,047	-1,075	-1,096	-1,170	-1,121	-1,163	-992	-1,152	-1,102	-1,102	-1,102	-1,102	-13,224	
Surplus/ (Deficit)	-656	2,004	-2,660	-981	-1,402	-651	-1,002	670	2,483	23	204	-981	-1,402	-651	-1,002	670	2,483	23	204	-333	-333	-333	-333	-1,986	
Forecast run rate changed by:												Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Total	
												£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
CIP - Planned												0	0	0	0	0	0	0	0	0	0	0	0	0	0
CIP - Additional												0	0	0	0	0	0	0	0	368	368	368	368	1,472	
Profiling												0	0	0	0	0	0	0	0	-364	-41	109	109	-186	
Balance Sheet												0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technical adjustment												0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other income												0	0	0	0	0	0	0	0	0	0	0	0	0	0
Reduced Cost Pressure												0	0	0	0	0	0	0	0	0	0	0	0	0	0
Increased Cost Pressure												0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other cost												0	0	0	0	0	0	0	0	0	0	0	701	701	
Total Adjustments												0	4	327	477	1,178	1,987								
Remaining Surplus/ (Deficit)				-981	-1,402	-651	-1,002	670	2,483	23	204	-981	-1,402	-651	-1,002	670	2,483	23	204	-329	-5	145	846	0	

ICHT Forecast

	Normalised YTD Run Rate			Actual								Actual								Forecast				Total	
	YTD Actuals	One of Items	Normalised run rate	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26		
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000		
Income (+)	1,242,268	800	1,241,468	152,943	155,130	156,663	156,740	151,852	155,654	156,819	156,467	152,943	155,130	156,663	156,740	151,852	155,654	156,819	156,467	155,184	155,184	155,184	155,184	1,863,003	
Pay (-)	-772,406	-2,876	-769,530	-94,659	-95,990	-96,557	-100,500	-95,884	-94,582	-96,318	-97,915	-94,659	-95,990	-96,557	-100,500	-95,884	-94,582	-96,318	-97,915	-96,191	-96,191	-96,191	-96,191	-1,157,171	
Non Pay (-)	-464,233	0	-464,233	-57,969	-59,012	-57,834	-56,374	-54,677	-59,314	-60,312	-58,740	-57,969	-59,012	-57,834	-56,374	-54,677	-59,314	-60,312	-58,740	-58,029	-58,029	-58,029	-58,029	-696,349	
Non Operating Items (-)	-7,219	0	-7,219	-913	-829	-973	-1,008	-857	-986	-922	-731	-913	-829	-973	-1,008	-857	-986	-922	-731	-902	-902	-902	-902	-10,828	
Surplus/ (Deficit)	-1,589	-2,076	487	-597	-701	1,299	-1,141	434	771	-733	-920	-597	-701	1,299	-1,141	434	771	-733	-920	61	61	61	61	-1,346	
Forecast run rate changed by:												Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Total	
CIP - Planned												£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
CIP - Additional												0	0	0	0	0	0	0	0	0	0	0	0	0	0
Profiling												0	0	0	0	0	0	0	0	0	734	734	734	734	2,935
Balance Sheet												0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technical adjustment												0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other income												0	0	0	0	0	0	0	0	0	0	0	0	0	0
Reduced Cost Pressure												0	0	0	0	0	0	0	0	0	0	0	0	0	0
Increased Cost Pressure												0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other cost												0	0	0	0	0	0	0	0	0	-1,589	0	0	0	-1,589
Total Adjustments												0	0	0	0	0	0	0	0	0	-855	734	734	734	1,346
Remaining Surplus/ (Deficit)												-597	-701	1,299	-1,141	434	771	-733	-920	-794	795	795	795	0	0

LNWH Forecast

	Normalised YTD Run Rate			Actual								Actual												Total
	YTD Actuals	One of Items	Normalised run rate	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	
				£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
Income (+)	745,007	20,020	724,987	88,473	89,781	94,233	96,395	92,284	101,398	93,552	88,891	88,473	89,781	94,233	96,395	92,284	101,398	93,552	88,891	90,623	90,623	90,623	90,623	1,107,501
Pay (-)	(465,503)	(777)	(464,726)	(58,475)	(57,279)	(57,291)	(60,921)	(57,727)	(57,277)	(57,899)	(58,634)	(58,475)	(57,279)	(57,291)	(60,921)	(57,727)	(57,277)	(57,899)	(58,634)	(58,091)	(58,091)	(58,091)	(58,091)	(697,866)
Non Pay (-)	(266,548)	3,718	(270,266)	(30,971)	(34,473)	(32,883)	(33,914)	(34,224)	(34,135)	(34,418)	(31,530)	(30,971)	(34,473)	(32,883)	(33,914)	(34,224)	(34,135)	(34,418)	(31,530)	(33,783)	(33,783)	(33,783)	(33,783)	(401,681)
Non Operating Items (-)	(14,391)	0	(14,391)	(1,825)	(1,704)	(1,791)	(1,787)	(1,766)	(1,822)	(1,808)	(1,888)	(1,825)	(1,704)	(1,791)	(1,787)	(1,766)	(1,822)	(1,808)	(1,888)	(1,799)	(1,799)	(1,799)	(1,799)	(21,587)
Surplus/ (Deficit)	(1,435)	22,961	(24,396)	(2,798)	(3,675)	2,268	(227)	(1,433)	8,164	(573)	(3,161)	(2,798)	(3,675)	2,268	(227)	(1,433)	8,164	(573)	(3,161)	(3,050)	(3,050)	(3,050)	(3,050)	(13,633)
Forecast run rate changed by:																								
CIP - Planned												0	0	0	0	0	0	0	0	2,858	3,412	3,313	3,502	13,086
CIP - Additional												0	0	0	0	0	0	0	0	0	0	0	0	0
Profiling												0	0	0	0	0	0	0	0	(7,593)	(687)	(1,258)	565	(8,972)
Balance Sheet												0	0	0	0	0	0	0	0	375	375	375	375	1,500
Technical adjustment												0	0	0	0	0	0	0	0	(340)	(490)	(490)	0	(1,321)
Other income												0	0	0	0	0	0	0	0	7,576	1,545	1,471	2,978	13,571
Reduced Cost Pressure												0	0	0	0	0	0	0	0	0	0	0	0	0
Increased Cost Pressure												0	0	0	0	0	0	0	0	0	0	0	0	0
Other cost												0	0	0	0	0	0	0	0	(2,340)	(757)	(568)	(565)	(4,230)
Total Adjustments												0	0	0	0	0	0	0	0	537	3,398	2,843	6,856	13,633
Remaining Surplus/ (Deficit)												(2,798)	(3,675)	2,268	(227)	(1,433)	8,164	(573)	(3,161)	(2,513)	348	(206)	3,806	0

THH Forecast

	Normalised YTD Run Rate			Actual								Actual												Total
	YTD Actuals	One of Items	Normalised run rate	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	
				£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
Income (+)	281,922	3	281,919	34,374	35,011	34,527	34,971	35,634	36,089	35,494	35,822	34,374	35,011	34,527	34,971	35,634	36,089	35,494	35,822	35,240	35,240	35,240	35,240	422,881
Pay (-)	-183,484	-581	-182,903	-23,073	-22,976	-22,429	-23,528	-22,759	-23,137	-22,680	-22,902	-23,073	-22,976	-22,429	-23,528	-22,759	-23,137	-22,680	-22,902	-22,863	-22,863	-22,863	-22,863	-274,936
Non Pay (-)	-94,023	723	-94,746	-11,658	-11,821	-11,486	-11,113	-12,000	-11,923	-12,129	-11,893	-11,658	-11,821	-11,486	-11,113	-12,000	-11,923	-12,129	-11,893	-11,843	-11,843	-11,843	-11,843	-141,396
Non Operating Items (-)	-5,120	0	-5,120	-699	-670	-593	-625	-623	-618	-655	-637	-699	-670	-593	-625	-623	-618	-655	-637	-640	-640	-640	-640	-7,680
Surplus/ (Deficit)	-705	146	-851	-1,056	-456	19	-295	252	411	30	390	-1,056	-456	19	-295	252	411	30	390	-106	-106	-106	-106	-1,130
Forecast run rate changed by:																								
CIP - Planned												0	0	0	0	0	0	0	0	364	364	364	362	1,454
CIP - Additional												0	0	0	0	0	0	0	0	0	0	0	0	0
Profiling												0	0	0	0	0	0	0	0	0	0	0	0	0
Balance Sheet												0	0	0	0	0	0	0	0	0	0	0	0	0
Technical adjustment												0	0	0	0	0	0	0	0	0	0	0	0	0
Other income												0	0	0	0	0	0	0	0	0	0	0	0	0
Reduced Cost Pressure												0	0	0	0	0	0	0	0	0	0	0	0	0
Increased Cost Pressure												0	0	0	0	0	0	0	0	-81	-81	-81	-81	-324
Other cost												0	0	0	0	0	0	0	0	0	0	0	0	0
Total Adjustments												0	0	0	0	0	0	0	0	283	283	283	281	1,130
Remaining Surplus/ (Deficit)				-1,056	-456	19	-295	252	411	30	390	-1,056	-456	19	-295	252	411	30	390	177	177	177	175	-0



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

Appendix 3

NWL APC Activity Performance (Operating Plan) to Month 8

Activity by Trust : Elective and Non-Elective (Month 8 Plan V Actual)

Trust	CWFT				ICHT				LNWH				THH				APC			
	M1-M8				M1-M8				M1-M8				M1-M8				M1-M8			
POD	2025/26 YTD plan	2025/26 YTD actual	Var	% var	2025/26 YTD plan	2025/26 YTD actual	Var	% var	2025/26 YTD plan	2025/26 YTD actual	Var	% var	2025/26 YTD plan	2025/26 YTD actual	Var	% var	2025/26 YTD plan	2025/26 YTD actual	Var	% var
First Outpatient attendances - Specific Acute	147,932	154,763	6,831	4.6%	197,316	179,142	-18,174	-9.2%	214,759	222,158	7,399	3.4%	68,392	64,966	-3,426	-5.0%	628,399	621,029	-7,370	-1%
Follow-up Outpatient attendances - Specific Acute	242,820	236,364	-6,456	-2.7%	406,961	399,403	-7,558	-1.9%	230,122	270,154	40,032	17.4%	90,276	92,000	1,724	1.9%	970,179	997,921	27,742	3%
Outpatient procedures - ERF scope	61,134	68,327	7,193	11.8%	99,414	100,648	1,234	1.2%	103,986	90,149	-13,837	-13.3%	37,156	42,736	5,580	15.0%	301,690	301,860	170	0%
Elective Daycase	44,559	44,583	24	0.1%	78,882	81,940	3,058	3.9%	64,633	69,993	5,360	8.3%	22,469	17,970	-4,499	-20.0%	210,543	214,486	3,943	2%
Elective Ordinary	4,189	4,957	768	18.3%	9,618	9,971	353	3.7%	6,086	6,139	53	0.9%	1,737	1,616	-121	-7.0%	21,630	22,683	1,053	5%
Total Electives	48,748	49,540	792	1.6%	88,500	91,911	3,411	3.9%	70,719	76,132	5,413	7.7%	24,206	19,586	-4,620	-19.1%	232,173	237,169	4,996	2%
Total A&E attendances (all types)	209,167	212,058	2,891	1.4%	189,415	190,805	1,390	0.7%	239,225	235,238	-3,987	-1.7%	106,264	100,401	-5,863	-5.5%	744,071	738,502	-5,569	-1%
Same day emergency care (SDEC)	16,874	13,410	-3,464	-20.5%	23,228	25,071	1,843	7.9%	13,062	18,111	5,049	38.7%	13,428	18,559	5,131	38.2%	66,592	75,151	8,559	13%
Non-Elective zero day LOS	12,602	11,028	-1,574	-12.5%	15,144	12,534	-2,610	-17.2%	23,963	24,009	46	0.2%	4,196	4,569	373	8.9%	55,905	52,140	-3,765	-7%
Non-Elective 1+ day LOS	23,843	25,983	2,140	9.0%	27,640	24,954	-2,686	-9.7%	31,291	30,698	-593	-1.9%	13,443	11,994	-1,449	-10.8%	96,217	93,629	-2,588	-3%

Activity by Trust : Diagnostics (Month 8 Plan V Actual)

	CWFT				ICHT				LNWH				THH				APC			
Diagnostics	M1-M8				M1-M8				M1-M8				M1-M8				M1-M8			
Modality	2025/26 YTD plan	2025/26 YTD actual	Var	% var	2025/26 YTD plan	2025/26 YTD actual	Var	% var	2025/26 YTD plan	2025/26 YTD actual	Var	% var	2025/26 YTD plan	2025/26 YTD actual	Var	% var	2025/26 YTD plan	2025/26 YTD actual	Var	% var
MRI	23,975	22,242	-1,733	-7.2%	58,534	61,788	3,254	5.6%	21,170	19,205	-1,965	-9.3%	8,053	10,527	2,474	31%	111,732	113,762	2,030	2%
CT	61,172	59,816	-1,356	-2.2%	76,759	81,166	4,407	5.7%	57,421	53,740	-3,681	-6.4%	19,489	25,607	6,118	31%	214,841	220,329	5,488	3%
Non Obs Ultra	50,951	50,640	-311	-0.6%	64,982	61,732	-3,250	-5.0%	42,166	41,026	-1,140	-2.7%	21,400	26,714	5,314	25%	179,499	180,112	613	0%
Colonoscopy	2,853	2,839	-14	-0.5%	5,092	4,990	-102	-2.0%	3,136	3,652	516	16.5%	1,134	1,203	69	6%	12,215	12,684	469	4%
Flexi Sig	1,158	1,164	6	0.5%	927	948	21	2.3%	1,181	1,370	189	16.0%	262	191	-71	-27%	3,528	3,673	145	4%
Gastroscopy	4,654	4,880	226	4.9%	4,832	4,718	-114	-2.4%	4,872	5,575	703	14.4%	1,760	1,627	-133	-8%	16,118	16,800	682	4%
Cardio - Echo	6,136	5,972	-164	-2.7%	17,590	21,454	3,864	22.0%	9,294	8,431	-863	-9.3%	4,751	5,348	597	13%	37,771	41,205	3,434	9%
DEXA Scan	4,355	2,527	-1,828	-42.0%	4,843	5,240	397	8.2%	3,507	1,658	-1,849	-52.7%	0	0	n/a	n/a	12,705	9,425	-3,280	-26%
Audiology	4,780	6,747	1,967	41.2%	8,168	8,128	-40	-0.5%	2,468	2,337	-131	-5.3%	5,704	3,378	-2,326	-41%	21,120	20,590	-530	-3%
Total	160,034	156,827	-3,207	-2.0%	241,727	250,164	8,437	3.5%	145,215	136,994	-8,221	-5.7%	62,553	74,595	12,042	19%	609,529	618,580	9,051	1%

4.3.3 APC PLANNING 2026/27 - 2028/29 (BIMAL PATEL, JAMES WALTERS,
KEVIN CROFT)

REFERENCES

Only PDFs are attached

 4.3.3 APC Plan 2627_2728 Public 20.01.26.pdf

 4.3.3a APC Planning 2627_2829.pdf

NWL Acute Provider Collaborative (APC) – Board in Common (public)

20/01/2026

Paper 4.3.3

This report is: Public

Planning 2026/27-2028/29 Update

Author: Helen Berry, Bimal Patel, Jazz Thind, Virginia Massaro, Ian Bateman.
Job title: APC Associate Director of Finance; APC CFOs; COO ICHT.

Accountable director: Lesley Watts
Job title: Chief Executive Officer, CWFT & THH

Purpose of report

Purpose: Assurance

Report history

This paper was considered by:

NWL Acute CFOs, COOs 15/01/2026 Noted and approved.		
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Executive summary and key messages

The report summarises the process undertaken to develop and submit the APC provider trusts draft financial, operational and workforce plans which were signed off by an Extraordinary Board in Common meeting on 17 December 2025 and submitted on the same day.

The paper summarises the process and methods used to finalise the plans for all three elements of the submission: finance, operational and workforce. These methods were used in the build-up in the initial draft plans and are used for the development of final plans which will be submitted on 12 February 2026.

The paper also summarises the governance route of the APC to agree and sign off plans ahead of the submission on 12 February.

Strategic priorities

- 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

Delivery of our financial plan is driven by – and supports - recovery of our elective, emergency and diagnostic capacity, and supports our objective of improvement in efficiency.

Impact assessment

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

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

Board in Common - Public 20 January 2026

Planning 2026/27-2028/29

Executive Summary

This paper notes the approach undertaken by the APC to develop and submit our 2026/27 to 2028/29 plans.

1. Plans include financial, operational and workforce plans, with two key deadlines for submission:
 - i. Draft plans were submitted on 17th December 2025 comprising two-year revenue plans and board assurance statements. These were signed off at an extraordinary board in common meeting on the same day. Financial plans include income and expenditure, capital and cash.
 - ii. Final plans will be submitted on 12th February 2026, comprising three-year income and expenditure plans, five-year capital plans and board assurance statements. These are due to be presented to the extraordinary board in common meeting on 10th February.
2. First and final plan submissions are being developed in accordance with guidance received from NHS England :
 - i. Medium-Term Planning Framework (MTPF) - released on 24th October 2025. Key targets from the framework are noted in *Appendix 1*.
 - ii. Full planning guidance released on 17th November 2025 :
 - ICB revenue allocations (2026/27-2027/28)
 - Revenue finance and contracting guidance
 - NHS Payment Scheme consultation (2026/27)
 - NHS Standard Contract consultation (2026/27)
 - Capital guidance and allocations (2026/27-2029/30)



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 Approach to Planning 2026/27 – 2028/29

Financial Planning

Income & Expenditure

Plans are set using the forecast for 2025/26 as the start point adjusting for non-recurrent items that happened in the year, such as Industrial action, and then adjusted for future planning assumptions as per the national guidance. This method is applied across the APC, repeated for years 2027/28 to 2028/29.

The overarching aim is to set an Income & Expenditure plan which reflects resources to meet agreed activity and income contract plans.

1. Inflation is applied per the published planning guidance.
2. The trajectory to reduce agency and bank spend per guidance
3. No new service developments are planned for without explicit commissioner funding.
4. Cost improvement Programme targets are set as per guidance. However, some Trusts have needed to set improvement targets above planning guidance based on historical financial performance.

Plans will be profiled taking into realistic activity and capacity of Trusts as well as seasonal impacts.

Income and activity

1. Income and activity plans are based on draft contract allocations received from our lead commissioner (W&NL ICB), which includes funding streams received in 2025/26; any overperformance in 2025/26 and income to cover the cost of meeting the constitutional standards for both unplanned (A&E) and planned care (RTT inc diagnostics and cancer).
2. The make-up of these draft contract allocations is being reviewed by the ICB and they are not formal contract offers.
3. The W&NL ICB contract mechanism is assumed to follow national guidance i.e. a fixed payment for Urgent & Emergency Care with 20% marginal rate and cost & volume (variable) for elective recovery. This will be confirmed at final plan submission.
4. At the time of writing, contract income proposals have not been confirmed for NHSE Specialised Commissioning or other non-NWL commissioners with submissions reflecting an internal view with flat funding assumed for out-of-area non-RTT activity.

Capital

1. Capital allocations per provider have been confirmed by NHS England (four-year allocations). These include nationally funded schemes where applicable: Estates Safety and Constitutional Standards schemes.
2. Four-year capital plans were submitted in the draft plan; these will be reviewed for the final submission to be amended for any further updates from NHSE (e.g. further updates to national schemes).

Operational Planning

Trusts have built up operational activity plans which start with 2025/26 forecast activity and monitor the activity in future years to ensure the Constitutional Targets in the Medium-term Planning Framework (Appendix 1) are met. This performance improvement is aligned to draft contract allocations (W&NL ICB) , and, where relevant capital funding from NHSE.

The Draft submission (December) was submitted showing compliant trajectories to 2027/28 as listed:

- Compliance in 2026/27 to meet the trajectory for RTT - 7% above the target for 2025/26 and a compliant trajectory for 2027/28.
- Compliant trajectories for both financial years for cancer Faster Diagnostic Standard (FDS) as well as the 62-day performance standard.
- Compliance against the 31-day standard across both years
- Compliance against the diagnostics standard as per the plan. To note, there requires a level of income investment from the commissioners which is still to be worked through.
- Compliance on UEC for 4-hour and 12-hour performance for both financial years against the expectation.
- Compliant to the 45-minute ambulance handover.
- All Trusts have assumed zero growth in ED attendance aligned to the financial envelope (except THH where there is a transfer out of activity at the Mount Vernon Minor Injuries Unit). This is not a representation of what the Trusts think will happen in the financial year given historic activity trends but aligns with commissioned activity.
- 15-minute ambulance handover: delivery of 100% of ambulance handovers within 15-minutes has been identified as a significant challenge and is unlikely to be achievable for our organisations.

People Planning

Approach

- Triangulation between Activity, Finance & People plans.
- Co-ordinated people approach and leadership across the APC Trusts through weekly planning meetings and support.
- Shared framework principles, methodologies and assumptions across the APC.

Specific Planning Guidance Implications

- Bank spend reduction of 10% year-on year
- Agency spend reduction of 30% in year 1 of plan and zero spend by 2029/30
- Sickness rate to reduce to National Planning Guidance target of 4.1%

Considerations

- Current workforce position against 2025/26 plan - acuity/dependency of patients, cost pressures
- Implication of planned activity & income changes (+/-).
- CIP plans.
- Known service changes (service transfer, TUPE, relocation).
- Current turnover and vacancy rates and targets.
- Hard to recruit roles and associated temporary staffing fill.
- Targeted approach to eliminate consistent agency use.
- Productivity gains and cost response.

Planning – APC Governance

- **Board Assurance Statements** covering the key expectations and role of the Board outlined in the Medium-Term Planning Framework are required this planning round.
- Boards are asked to score from 1 (Full assurance) to 4 (No assurance) on a range of assurance statements relevant to the plans. More detail is required in the final submission than the first submission.
- Full Board Assurance Statements will be submitted with the final plans, to be ratified at the Extraordinary Board In Common on 10th February.

Committee	Dates
Trust Finance & Performance Committees	26 th to 28 th January
APC Executive Management Board	5 th February
APC Finance & Performance Committee	tbc
Extraordinary Board In Common Meeting	10 th February
Submission of Final Plans	12 th February



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

Appendix 1

Medium Term Planning Framework 2026/27 to 2028/29

Key targets

MTPF : Operational and Financial Targets Summary (Acute)

Priority Area	Success Measure	2026/27 Target	2028/29 Target
Elective, Cancer & Diagnostics	Improve 18 week performance	7% improvement in 18w performance or a minimum of 65% whichever is greater	Achieve the standard 92% of patients are waiting <18w
	Improve performance against cancer constitutional standards	Maintain performance against FDS at the new threshold of 80%	
		94% performance for 31D and 80% performance for 62D	96% performance for 31D and 85% performance for 62D
	Improve 6WW DM01 performance	Minimum 3% improvement or performance of 20%	Reduce 6-week waits to 1% of patients
UEC	4 hour A&E performance	Maintain or improve to 82% by March 2027, with no lower than 80% as an average across the year.	National target of 85% as the average for the year
	12 hour A&E performance	Higher % of patients admitted, discharged and transferred from ED within 12 hours across 2026/27 compared to 2025/26	Year on year % increase in patients admitted, discharged and transferred from ED within 12 hours
	Category 2 response times	Reach and average response time of 25 minutes	Further improvement so that the average response time is 18 minutes, with 90% of calls responded to within 40 minutes.
Workforce	Reduce use of bank and agency staffing	Trusts to reduce agency and bank use in line with individual trust limits, based on a national target of 30% reduction in 2026/27, and 10% year on year reduction in spend on bank staffing - working towards zero spend on agency by 29/30.	
Finance	Balanced or surplus financial position	Minimum 2% annual productivity improvement	
		Breakeven position without deficit support funding (unless otherwise agreed with NHSE)	
		Adherence to other requirements e.g. provider/commissioner funding changes and a new board risk assessment process.	

5.1 COLLABORATIVE DATA AND DIGITAL COMMITTEE REPORT (MATTHEW SWINDELLS)

REFERENCES

Only PDFs are attached

 5.1 Collaborative Digital Data Meeting Summary December 2025.pdf

North West London Acute Provider Collaborative (NWL APC) Digital and Data (D&D) Committee Chair's Highlight Report to the NWL APC Board in Common (BiC) – for discussion

December 2025

Highlight Report

1. Purpose and Introduction

The role of the Digital and Data Committee is:-

- To 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. Key Highlights

2.1. Digital plan updates

2.1.1. Cerner 2025/26 delivery plan update

The Committee received the report which provided the Committee with an update on the progress of the clinical systems projects that make up the EPR Ecosystem Programme for 2025/26. The update included projects to upgrade and enhance Cerner and Specialist EPR systems that are connected to Cerner.

Committee members noted that the delivery plan for Cerner in 2025/26 was focused on two Innovation Releases, with the first upgrade completed and the second scheduled to follow. These upgrades would enable new login functionality integrated with the Spine and integration with the national electronic prescribing system.

Committee members noted that a 10 week window between releases was used to implement changes that could not be implemented during an Innovation Release. We continued to deliver the highest number of changes among the UK Cerner users. It was noted that while the overall pace of delivery was maintained, the types of changes were restricted during system freezes requiring careful prioritisation and timing. It was agreed that a prioritisation model for Cerner changes across all trusts, building on the successful approach used during the 10 week innovation release would be adopted.

Committee members noted the need for a unified approach to project management and prioritisation across the Acute Provider Collaborative emphasising the importance of mapping dependencies, conducting risk assessments and aligning local and group-wide priorities. Ongoing challenges with training and user adoption were noted, particularly as digital transformation accelerates and new technologies such as the use of AI for analysis of unstructured data are introduced.

Committee members agreed to revisit and review the joint delivery plan, broaden stakeholder engagement, and ensure alignment and maximise benefits.

2.1.2. **Federated Data Platform (FDP) 2025/26 delivery plan update**

Committee members received an update on the Federated Data Platform (FDP) delivery plan which highlighted that the system coordination centre had been launched to support system wide management, and integration with local authorities and community teams was progressing through the Optica product. Committee members noted that key challenges included latency due to local data centre limitations and data centre capacity constraints.

Committee members discussed the need for training for staff on dealing with change, the need to help people adjust to the changing environment they are working in with constant changes to the systems and tools they use to do their roles.

It was agreed that FDP training and the upskilling of the business intelligence teams would be implemented. Committee members also agreed to develop a roadmap to decommission manual data returns as FDP products go live.

2.1.3. **FDP Collaborative update**

Committee members noted that the FDP collaborative was progressing, with digital by default operations now live for elective recovery, cancer and urgent care across all acute Trusts, using a shared data model.

Committee members noted the importance of FDP, Cerner and the NHS App, to aim for seamless data flow and intelligence feedback into clinical workflows. It was agreed that joint products would be prioritised to ensure users experience unified systems.

2.1.4. **Architecture for FDP update**

Committee members received the report which provided the Committee with an update on the progress against the agreed roadmap, products delivered to operational teams over the past quarter, and risks with their mitigations.

2.1.5. **ICT Infrastructure 2025/26 delivery plan update**

Committee members received the report which highlighted that work was continuing to harmonise data centres and network infrastructures across the four Trusts, including the formation of formal task groups.

Committee members discussed the potential for shared cloud infrastructure and the need to separate design from delivery when engaging externally. Progress was noted on the rollout of a unified service desk, Windows 11 upgrades, and the Alertive secure messaging system.

2.2. **Digital and Data Strategy**

2.2.1. **EPR Ecosystem – roadmap alignment with the Medium-Term Planning Framework**

Committee members received the report which highlighted that the EPR Ecosystem roadmap was being reviewed to ensure alignment with the Medium Term Planning Framework, with a focus on group wide priorities. Committee members noted that the roadmap was being reviewed to ensure dependencies risks, and interconnections between projects are visible and managed, supporting more integrated and effective delivery. Committee members noted that the approach included regular tracking of progress, stakeholder engagement, and a reset to clarify group objects and the integration of EPR, FDP and the NHS App.

2.2.2. Update on Ambient Scribe

Committee members received an update on the Ambient Scribe Pilot. The update highlighted that the pilots were run with three suppliers to test Ambient scribe within clinical settings, focusing on benefits like increased clinic capacity and reduced waiting times.

Committee members were supportive of the development of a business case for investment into ambient voice technology across the Acute Provider Collaborative to maintain flexibility as the technology and market evolve. The need for robust procurement, integration and benefit realisation strategies was noted.

2.2.3. ICT Risk Management

Committee members discussed the outcome of audits across the four acute Trusts which had identified risks of how third party suppliers were provided access to ICT systems. It was noted that gaps in documentation, review processes, and controls over external access was identified. Action plans were being developed to address these findings.

Committee members noted that the Acute Provider Collaborative (APC) would be participating in a national pilot to develop a new cyber risk management framework. The process of policy approval was discussed with a suggestion of informal stakeholder engagement and APC wide group endorsement and formal adoption through executive committees noted.

2.2.4. Consolidation of Digital Teams

Committee members noted that the consultation for consolidating the core digital team reporting to the Chief Information Officer had been concluded, with formal appointments expected imminently. Committee members noted that additional consultations were being prepared for other functions including digital nursing teams and ICT operations management.

3. Key risks / topics to escalate to the NWL APC BiC

- The Acute Provider Collaborative was undertaking a reset of major digital programmes to ensure effective coordination and integration across Cerner, Federated Data Platform, and related activities.
- Work was ongoing to standardise and harmonise cyber and ICT policies across all four Trusts.
- The business case and procurement process for ambient scribe technology was progressing, subject to final approval.
- Consolidation of digital teams across the Acute Provider Collaborative was in progress with further integration planned.

4. Concerns outstanding

- No additional APC level concerns which require escalation to the Board.

5. Key actions commissioned

- None noted.

6. Decisions made

Ambient Scribe - Committee members were supportive of the development of a business case for investment into Ambient voice technology across the Acute Provider Collaborative to maintain flexibility as the technology and market evolve.

7. Attendance

Members	December 2025 attendance
Matthew Swindells (NWL APC Chair in Common) – Chair of the NWL APC D&D Committee	Y
Tim Orchard (Chief Executive, ICHT)	Y
Simon Crawford (Director of Strategy – LNWH & Senior Information Risk Owner (SIRO) Representative)	Y
Robbie Cline (Joint Chief Information Officer – LNWH/THHT/ICHT/C&WFT)	Y
Sanjay Gautama (Consultant anaesthetist & Chief Clinical Information Officer (CCIO) Representative)	N
Bruno Botelho (NWL APC Programme Director & Operations Representative)	Y
Mathew Towers (Business Intelligence (BI) Representative)	N
Nick Gash (NED – ICHT/THHT)	Y
Mike O'Donnell (NED – CW&FT/THHT)	Y
Loy Lobo (NED – LNWH/ICHT)	Y
Kavitha Saravanakumar (NWL ICB Chief Information Officer)	Y
Osian Powell (Director of Transformation, CWFT)	Y
In Attendance	
Alexia Pipe (Chief of Staff to the Chair in Common)	Y
Peter Jenkinson (Director of Corporate Governance)	Y
John Keating (Deputy CIO LNWH, THHT)	Y
Mathew Kybert (Deputy CIO, ICHT)	N

6.1 COLLABORATIVE STRATEGIC ESTATES, INFRASTRUCTURE AND SUSTAINABILITY COMMITTEE REPORT (BOB ALEXANDER)

REFERENCES

Only PDFs are attached

-  6.1 Collaborative Strategic Estates and Sustainability Committee - Dec 2025 final2.pdf

**North West London Acute Provider Collaborative (NWL APC)
Strategic Estates, Infrastructure and Sustainability Committee Chair's
Highlight Report to the NWL APC Board in Common (BiC) – for
discussion
December 2025**

Highlight Report

1. Purpose and Introduction

The role of the Collaborative Strategic Estates, Infrastructure and Sustainability Committee is:-

- To oversee and receive assurance that the Trust level processes governing estates maintenance and development are functioning properly and identify areas of risk where collaborative-wide interventions would accelerate 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, and to consider the relationship between capital and productivity.
- To oversee the development of an estates strategy across the Collaborative, including site optimisation and redevelopment, and to inform the design of the human resource required to deliver the strategy.
- To oversee the strategic consideration of opportunities across the Collaborative in relation to soft facilities management contracts.
- To oversee the strategic consideration of investment in major equipment across the Collaborative.
- Ensuring equity is considered in all strategic estates development.

2. Key highlights

2.1 The Strategic Estates, Infrastructure and Sustainability Collaborative Committee met on 11 December 2025. The following papers were discussed.

2.2 Deep Dive: NWL Procurement – Sustainability Update

2.2.1 The Committee received an update on progress on the North West London Procurement Services (NWLPS) roadmap to net zero and work undertaken on behalf of the collaborative.

2.2.2 NWLPS were looking to develop a standardised approach to follow-up on supplier commitments, which would be brought back to a future meeting for discussion. The Committee discussed the need for suppliers to provide proof of compliance against tender commitments and suggested NHS Supply Chain could take on some of the compliance checks to avoid duplication. The Committee also discussed the effectiveness of the 10% social value weighting in tenders and whether this was sufficient to drive meaningful change. It was agreed that contract management responsibilities would be discussed at a future Shared Service Board.

2.2.3 The Committee noted the need to engage with NHS Supply Chain to influence national procurement policy and ease local implementation.

2.2.4 The Committee noted the report.

2.3 APC Board Assurance Framework

2.3.1 The Committee reviewed the current strategic risks on the APC Board Assurance Framework associated with this committee:

- Poor condition of estates
- Equipment / infrastructure
- Sustainability
- Accessibility
- Efficient use of estate
- 10 year plan

2.3.2 The Committee made a number of suggested amendments to risks / risk descriptions and noted, in the context of moving to a group model, a Group Board Assurance Framework would need to be developed, based on this version.

2.3.3 The Committee noted the report.

2.4 Update on AccessAble projects

2.4.1 The Committee received an update on initiatives supported by our Disabled Enabled Limited supplier (AccessAble) on five projects across the collaborative:

- Best practice integration of Detailed Access Guides
- Detailed Access Guides and organisational development
- Detailed Access Guides for inclusive recruitment and retention
- Provision of Stoma friendly toilets
- Provision of assistive listening

2.4.2 Documents were being prepared for each Trust to show barriers for accessibility. The output of this would help inform a Trust estate improvement programme with associated costs. The output should also be taken to individual Trust Standing Committees, noting the support of this Committee and the need for each Trust to prioritise capital to implement the estate improvement programme.

2.5 Benchmarking the APC Estate and Workplan

2.5.1 The Committee received a brief verbal update and noted the two remaining Project Initiation Documents (PIDs) would be brought to the next meeting.

2.6 Capital prioritisation for backlog maintenance

2.6.1 At the previous meeting, the Committee had requested a joint report from finance and estates on backlog maintenance. Analysis had been undertaken on the previous 5 years (2020/21 to 2024/25) Estates Returns Information Collection (ERIC) data and backlog maintenance spend. Over this period, maintenance backlog for the 12 main hospitals for all risk categories had risen from £1.066bn to £1.509bn. Over the same period, the four Trusts spent £168m on backlog maintenance work. Further ringfencing of already limited funds was needed to address the issue. The Committee noted risks at Imperial College Healthcare NHS Trust were becoming more operationally difficult to deal with and that high risk backlog maintenance had doubled at Northwick Park hospital over the 5 year period.

2.6.2 The Committee expressed their concern that backlog maintenance was increasing at an unmanageable rate and noted only so much could be done at a local level; action was needed at a national level. It was agreed a letter would be written to

the Department of Health and Social Care to formally log the data and note the need to share the risk.

- 2.6.3 Members noted prioritisation of investment to help backlog maintenance also diverted investment from medical and technical equipment. The Committee noted the need to update the Board Assurance Framework to reflect the issues around backlog maintenance and include escalation management.

2.7 APC draft capital plans 2026/27 and 10 year plan

- 2.7.1 Since the publication of the paper, further planning guidance had been received on capital allocation and a verbal update was provided. The capital allocation of £150m across the four Trusts was less than estimated. Teams were working at pace to submit requests for the Critical Estates Safety and Return to Constitutional Standard funds and to ensure a co-ordinated approach across the four Trusts.

- 2.7.2 The Committee noted the update.

2.8 Privately financed investments for redevelopment schemes

- 2.8.1 The Committee received a confidential briefing.

2.9 The Hillingdon Hospitals NHS Foundation Trust redevelopment update

- 2.9.1 The Committee received a confidential update on the redevelopment plans for The Hillingdon Hospitals NHS Foundation Trust.

2.10 Imperial College Healthcare NHS Foundation Trust redevelopment update

- 2.10.1 The Committee received a confidential update on the redevelopment plans for Imperial College Healthcare NHS Trust.

2.11 Summary report from the Estates and Sustainability Executive Group

- 2.11.1 The paper provided a summary of the Estates and Sustainability Executive Group discussions since September 2025.

3 Positive assurances received

- 3.1 The Committee highlighted the good work undertaken around AccessAble however noted success would depend on the extent to which Trusts embraced and prioritised implementation.

4 Key risks to escalate

- 4.1 The Committee expressed their concern that backlog maintenance was increasing at an unmanageable rate and highlighted the need for action at a national level. The Committee also noted the prioritisation of capital expenditure to help backlog maintenance, which diverted investment from other areas such as medical and technical equipment. The Committee asked that these risks / assurances be added to the APC Board Assurance Framework, and agreed for the risk to be escalated to NHS England.

5 Key actions commissioned

- 5.1 The Committee asked:
- With regards to North West London Procurement Services Sustainability update - that contract management responsibilities be discussed at a future Shared Service Board to ensure important issues were not missed in the shared procurement system; and to engage with NHS Supply Chain to influence national procurement policy and ease local implementation.

- For a number of updates to the APC Board Assurance Framework.
- Output from AccessAble work which would help inform Trust estate improvement programme be taken to individual Trust Standing Committees, noting the support of this Committee and the need for each Trust to prioritise capital to implement the estate improvement programme.

6 Decisions made

6.1 N/A

7. Attendance Matrix

Members:	December Meeting
Bob Alexander, Vice Chair (ICHT) (Chair)	Y
Aman Dalvi, NED (CWFT/ICHT)	N
Vineeta Manchanda, NED (THHFT/CWFT)	Y
David Moss, NED (LNWH/ICHT)	Y
Matthew Swindells, Chair in Common	Y
Tim Orchard, Chief Executive (ICHT)	Y
Bob Klaber, Director of Strategy, Research and Innovation (ICHT)	N
Virginia Massaro, CFO (CWFT)	Y
Gary Munn, Interim Director of Estates (LNWH)	Y
Jason Seez, Deputy CEO (THHFT)	Y
Janice Sigsworth, Chief Nurse (ICHT)	Y
In attendance:	
Marie Courtney, Director of Estates and Facilities (CWFT and THHFT)	Y
Philippa Healy, Business Manager (minutes)	Y
Peter Jenkinson, Director of Corporate Governance (ICHT, CWFT and THHFT)	Y
Eric Munro, Director of Estates and Facilities (ICHT)	Y
Alexia Pipe, Chief of Staff – Chair's office	Y
Mark Titcomb, Managing Director of NWL EOC, CMH and Ealing Hospital, Executive Director for Estates and Facilities (COO representative) (LNWH)	Y
Mahroof Anwar, Head of Sustainability and Social Value - North West London Procurement Services (for item 5.1)	Y
Emma Chryssikos, Managing Director - North West London Procurement Services (for item 5.1)	Y

7. CHIEF EXECUTIVE OFFICERS

7.1 ACUTE PROVIDER COLLABORATIVE EXECUTIVE MANAGEMENT BOARD (EMB) SUMMARY (TIM ORCHARD)

REFERENCES

Only PDFs are attached

 7.1 APC EMB Chair's Report - Jan 26 for BiC - final.pdf

North West London Acute Provider Collaborative (NWL APC) Executive Management Board (EMB) Highlight Report to the Board in Common

January 2026

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 9 October, 4 November, 4 December 2025 and 12 January 2026. Key discussion items are summarised below.

2.1. Performance reporting

At each meeting, the APC EMB reviewed quality, workforce, operational and financial performance across the Trusts, receiving assurance on outliers and activity ongoing to address variation.

2.2. Finance reporting and recovery

The APC EMB discussed the financial performance and year-end forecast in detail. There was an update on the development of the APC medium-term financial plan as well as the proposed NWL APC financial performance escalation process. The APC EMB also reviewed and discussed the latest Productivity & Efficiency (P&E) Dashboard for the APC.

The APC EMB discussed planning for 2026/27 noting that the APC Finance and Performance Committee on 17 December had been used as an extraordinary Board in Common to sign off the draft submissions and board assurance statements.

2.3. Delivery of business plan 25/26

The APC EMB received monthly updates on the 12 priority projects across the five work streams that support one or more of the system productivity, corporate consolidation and savings, and APC pathways. The single APC reporting system (InPhase) had been escalated for each Trust to report on progress through their local governance routes, confirm the plan to archive legacy data and ensure sufficient capacity for module and system leads to support the build process.

2.4. **APC clinical pathways**

APC EMB have received monthly oversight updates on the clinical pathways programme. Phase 1 of the programme has focussed on aligning 28 specialty pathways to best practice. The majority of pathways have already completed implementation and are working to measure progress. However, a few pathways had required more support to enable them to fully embed changes and be able to measure progress.

Whilst focus has been on ensuring all phase 1 pathways are implemented, the programme team have been scoping phase 2. This phase would focus on larger scale change, whilst continuing to foster the collaboration achieved as part of phase 1.

A long list of pathways for phase 2 was being developed, informed by COOs, MDOs and Chief Nurses which will be presented early in 2026 to the APC EMB.

This long list would be further ratified based on consensus and data to ensure the APC is focussing on the right pathways for delivery in 2026.

2.5 **Elective Orthopaedic Centre**

The APC EMB received an update on the Elective Orthopaedic Centre noting that performance continued to be positive, particularly in relation to clinical outcomes and length of stay. Options to optimise activity and theatre use and reduce long waiters were discussed and included increasing private patient activity and other activity.

2.6 **Governance**

The APC EMB received an update on the Group committee structure that had been discussed at the October Board in Common. Work was underway to update terms of reference and the scheme of delegation for submission to the January Board in Common. Committee forward plans were also being developed.

2.7 **Collaborative projects**

The 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.

The APC EMB were also provided with assurance and decisions on key collaborative projects. This included:

- **Inphase implementation update:** APC EMB received an update noting that there was an overarching plan for data migration, with further work needed for THH and LNWH. The initial dataset for migration had been loaded by the supplier and, whilst this was time consuming, it had been achieved with no issues. A programme board was in place and met at least monthly to oversee the work. There were also several working

groups to review technical and BI elements. A business-as-usual group was also required. A model design was nearing completion but would require protected time from the module system and quality leads. A communications plan was needed for early next year as well as training ahead of the 'go live' in mid-May 2026.

- **Digital, data and the Federated Data Platform:** Monthly updates were provided on digital, data and progress with the Federated Data Platform as well as the proposed prioritisation of Cerner changes.
- **Corporate transformation:** APC EMB received updates on the corporate transformation programme including an initial roadmap setting out the key milestones to date with the agreement that more activities in 2026/27 and 2027/28 need to be defined across the corporate functions contributing to the work plan.
- **Finance systems procurement:** Updates on the finance systems procurement were received by the APC EMB and it was noted the Full Business Case to award the preferred supplier and begin the programme of transitioning all four APC Trusts to one platform was being taken through Trust approval routes with final approval by the APC Trusts planned for January 2026.
- **Robotic surgery strategy:** APC EMB discussed strategic opportunities through collaboration across Robotic Assisted Surgery (RAS). These included procurement benefits, surgical hubs, staff development and research opportunities. The collaborative RAS Group were developing a strategy which would be brought back to a future meeting for further discussion.

3. Attendance of members

The APC EMB is attended by all three CEOs and a representative of each 'functional group' of executive roles. The current membership as of January 2026 is:

- **CEOs** – Tim Orchard, ICHT (Chair), Lesley Watts, CWFT & THHFT, Pippa Nightingale, LNWH
- **Chief Financial Officer** representative – Bimal Patel, LNWH
- **Chief Operating Officer** representative – James Walters, LNWH
- **Chief Medical Officer** representative – Roger Chinn, CWFT
- **Chief Nurse** representative – Janice Sigsworth, ICHT
- **Chief People Officer** representative – Kevin Croft, CWFT, THHT, ICHT
- **Strategy lead** representative – Bob Klaber, ICHT
- **Chief Information Officer** representative – Robbie Cline, Collaborative
- **Collaborative Director of Corporate Governance** – Peter Jenkinson, Collaborative
- **Communications** representative – Tracey Beck, LNWH

7.2 REPORTS FROM THE CHIEF EXECUTIVE OFFICERS AND TRUST

STANDING COMMITTEES

REFERENCES

Only PDFs are attached

-  7.2a LNWH CEO report January 2026.pdf
-  7.2ai LNWH TSC Report FINAL.pdf
-  7.2b THHFT CEO Board Report January 2026.pdf
-  7.2bi THHFT Trust Standing Ctee January 2026 Chairs Report Final.pdf
-  7.2c ICHT CEO Public Report - Jan 26 BiC updated.pdf
-  7.2ci ICHT TSC report to BiC.pdf
-  7.2d CWFT CEO Board Report January 2026.pdf
-  7.2di CWFT Standing Committee Chair's Report - Jan 2026 v2.pdf

NWL Acute Provider Collaborative Board in Common (Public)

20/01/2026

Item number: 7.2

This report is: Public

Chief Executive Officer's report

Author: Pippa Nightingale
Job title: Chief Executive Officer

Accountable director: Pippa Nightingale
Job title: Chief Executive Officer

Purpose of report (for decision, discussion or noting)

Purpose: Information or for noting only

Report history

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

Trust Standing Committee	Committee name	Committee name
08/01/2026	Click or tap to enter a date.	Click or tap to enter a date.
For noting	What was the outcome?	What was the outcome?

Executive summary and key

Quarterly Trust update from the Chief Executive.

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 (For Board in Common papers only)

Tick all that apply [*delete section if not applicable*]

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

Strategic priorities

Tick all that apply

- Achieve recovery of our elective care, emergency care, and diagnostic capacity (APC)
- Support the ICS's mission to address health inequalities (APC)
- Attract, retain, develop the best staff in the NHS (APC)
- Continuous improvement in quality, efficiency and outcomes including proactively addressing unwarranted variation (APC)
- Achieve a more rapid spread of innovation, research, and transformation (APC)
- Provide high-quality, timely and equitable care in a sustainable way (LNWH)
- Be a high-quality employer where all our people feel they belong and are empowered to provide excellent services and grow their careers (LNWH)
- Base our care on high-quality, responsive, and seamless non-clinical and administrative services (LNWH)
- Build high-quality, trusted ways of working with our local people and partners so that together we can improve the health of our communities (LNWH)

Main Report

Executive summary and key messages

1. Key messages

- 1.1 The Care Quality Commission (CQC) has now rated both Central Middlesex Hospital and its urgent and emergency care services as 'Good', following an inspection of urgent and emergency care services across LNWH in July.
- 1.2 Urgent and emergency care services at Ealing and Northwick Park improved their rating for 'Effective' – one of five domains tested by the CQC – to 'Good.' Their overall rating remains 'Requires Improvement'. The inspectors found many examples of good practice across all three hospitals, noting a positive safety culture built on openness and honesty.
- 1.3 Central Middlesex Hospital has been recognised as an accredited surgical hub for adults by NHS England's Getting It Right First Time (GIRFT) team. The hospital fully met five of six domains, while partially meeting the remaining one. GIRFT is a national programme designed to improve the treatment and care of patients through clinically led reviews and data analysis.

1.4 The Trust has ranked 36th out of more than 130 trusts for Quarter 2 of the NHS National Oversight Framework (NOF). LNWH is one of the few trusts in the country to have shown statistically significant improvements for the three-month period.

2. Quality and safety

2.1 Clinical teams ensured the continued running of emergency care during the resident doctors' strike (14-20 November and 17-22 December) while demonstrating respect for our colleagues' right to strike. Maternity services remained open as usual.

2.2 The Martha's rule service is now available 24/7 at all three of our hospital sites. This allows inpatients or their family to call our critical care outreach teams if they have a concern about care.

2.3 A new intervention scheme was launched in November to help manage patients behaving aggressively due to their condition/medication and who may (as a last resort) need to receive rapid tranquilisation.

3. Operational performance

3.1 **Emergency department performance:** A&E 4-hour performance was reported at 72.6%, which is below the in-month plan of 74.5%. This reflects increased attendances, particularly at the Northwick Park site, where a Type 3 remedial action plan has been implemented.

A&E 12-hour Type 1 performance was reported at 13.7%, outperforming the in-month plan of 15.5%.

Emergency activity remains significantly higher than the same period last year, with:

- 16.9% growth in ambulance handovers
- 13.1% growth in mental health attendances
- 2.8% growth in walk-in attendances

The Trust's winter plan is in place, with escalation beds funded from January 2026 should demand require these to be opened. Executive-level discussions with the London Ambulance Service took place in November 2025 to address sustained pressures and system flow.

3.2 **Referral to treatment (RTT):** The Trust remains focused on reducing long waits. The number of 65-week breaches remained unchanged at 39. RTT 18-week performance improved to 58.7%, supported by a further reduction in 52-week waiters to 1,762. The Trust continues to deliver zero 78-week waits, demonstrating ongoing elective recovery progress.

3.3 **Cancer services:** Performance against the Faster Diagnosis Standard remained strong at 79.6%. Combined 62-day performance was reported at 81.3%. While this represents a

reduction compared to the previous month, performance continues to exceed the London benchmark of 70%.

- 3.5 **Diagnostics:** Performance improved to 74.9% compared to the previous month. Recovery plans are in progress, with a focus on expanding capacity and improving delivery against the national standard.

Overall, the Trust continues to demonstrate resilience and progress across priority standards, while maintaining a clear focus on managing emergency pressures.

4. Finance and estates

- 4.1 **Finance:** We reported a surplus of £1.7m at M7 which is £4.4m off plan and includes £1.3m cost of industrial action.

Our position includes recognition of income as per plan for the land sale overage.

We have recognised £7.8m in Elective Recovery Fund (ERF) overperformance income, though the rate of overperformance has started to fall in recent months and that fall is expected to continue. We have so far secured £5.7m additional funding to M6 from the ICB with balance of £2.1m to be mitigated.

Overall pay costs remain stable, and both the vacancy freeze, and temporary staffing controls are still in effect.

Excluding the ERF overperformance, the primary reason for the variance relates to the Cost Improvement Programme (CIP) shortfall of £7.8m, for which the target has been evenly profiled across the year at approximately £4m per month. Our actual delivery profile is weighted towards the final two quarters of the year. To October, we identified £21.1m in CIP and delivered £20.5m. For the year we have identified our full target.

The M07 cash balance was £15.4m which includes some early receipts, and we expect the cash position to significantly tighten in the last quarter of the year.

The capital programme is on track, and we have secured some additional cash backed public dividend capital (PDC) into the programme for critical infrastructure/estates. The Capital Review Group provides ongoing oversight to ensure strong financial discipline.

While we aim to maintain expenditure within approved limits, we continue to carefully monitor the cash position through the executive team and through the finance and performance committee. We may need to apply for in-year cash support to maintain reasonable level of creditor payment. The main cash flow challenge relates to the slippage in timing of the land sale receipt. The Trust has improved on its better payment practice code (BPPC) each month even with cash limitations.

Key financial risks are CIP delivery and the realisation of the land sale overage receipt. These are being carefully managed and monitored.

4.2 Estates: Quarter three has seen continued focus on backlog maintenance and improved patient flow through several targeted clinical improvement programmes.

With fewer major construction projects planned, resources now target backlog maintenance, lifecycle works, lift servicing, roof upgrades, and upkeep of key clinical areas across sites, prioritising service delivery issues at Ealing and Northwick Park.

Capital bids have been submitted for allocations through national schemes. These include urgent and emergency care (UEC) constitutional standards capital, diagnostic capital monies to improve the delivery of Diagnostic Waiting Times and Activity (DM01) standard. We have also submitted an expression of interest for a substantial capital bid to NHS England for maternity and neonatal units. This would allow significant improvement of both areas, with wider enhancements to both estates and a substantial investment in new and replacement medical equipment. The capital project team is being reviewed to ensure it is appropriately resourced deliver work programmes for the volume of capital funding expected in future years.

The Estates Safety Fund recently approved a second allocation of £8.9m for safety infrastructure projects. This expenditure must be incurred by year-end and a plan is being developed to ensure the money can be spent against urgent works and that some key medical equipment replacement items can be vested before year end. Additionally, capital review group has approved four extra investments subject to satisfactory business case: Northwick Park Hospital emergency department CT replacement scanner, infusion pumps purchase, ECG machines and surgical robots.

The major procurement process for the Trust's soft facilities management (soft FM) contract is close to completion. This seven-year, circa £242m contract, will provide vital cleaning, portering, catering, and other support services across our main hospital sites and selected off-site facilities. Cabinet Office cost control assurance was achieved in early December 2025 and the programme is now at the 'standstill' pending contract award stage. The future soft FM schedule has a three-month mobilisation period for any winning contractor to take over the delivery of the services.

5. People

5.1 New divisional leadership teams commenced on the 1 October following consultation on our divisional structure over the summer.

6. Equity, diversity and inclusion

6.1 Guest speaker Dave Neita, lawyer, actor, playwright and poet, joined our Global Diversity Network event on the 7 October to help make Black History Month.

6.2 The actor Arti Shah was our guest speaker for Disability Awareness Month.

7. LNWH updates

7.1 Since the 15 September inpatient and emergency care services for sickle cell patients in Brent, Ealing and Harrow have been provided by the renal and haematology triage unit at Hammersmith Hospital. Doctors from LNWH are now on the on-call rota at Hammersmith

Hospital, forming part of a wider partnership team offering joined-up care. The change is one of several being introduced based on feedback from sickle cell service users.

- 7.2 Myleene Klass, a campaigner and advocate for miscarriage-related support, officially opened a new bereavement suite in the maternity unit at Northwick Park Hospital in November.
- 7.3 A research programme using archived samples from St Mark's Hospital to examine an increase in bowel cancer diagnosis in the under 50s featured on BBC Breakfast, BBC News and other media. Prof. Kevin Monahan gave several radio and TV interviews
- 8. Research and innovation**
 - 8.1 Representatives from the National Institute for Health and Care Research visited the Commercial Research Delivery Centre in October.
- 9. Stakeholder engagement**
 - 9.1 Deirdre Costigan MP for Ealing Southall visited Ealing Hospital's psychiatric liaison service on 6 October.
 - 9.2 Gareth Thomas MP was informed about cancer pathways on a visit to Northwick Park Hospital in October. Mr Thomas subsequently submitted a related parliamentary enquiry.
- 10. Recognition and celebrating success.**
 - 10.1 This year's Sister Gwen Richardson midwifery award winner was Sindiso Matiwaza, Interim ward manager for the birth centre. The runner-up was Louisa Goodson, fetal surveillance facilitator and birth centre midwife.
 - 10.2 Kanchan Chandegra received the Rising Star Healthcare and Wellbeing Award for her role as an end-of-life, or 'Butterfly', volunteer at Northwick Park Hospital.
 - 10.3 LNWH has won the menopause friendly employer of the year (public sector) award.
 - 10.4 Orthopaedic surgeon Sam Tross has been shortlisted for the top ten power list of the UK's most influential people of African, African Caribbean and African American heritage.
 - 10.5 LNWH has been highly commended in the patient safety category at the Health Service Journal (HSJ) Awards for developing a tool to eliminate skin tone bias in skin assessments.

North West London Acute Provider Collaborative (NWL APC)

London North West University Healthcare NHS Trust (LNWH Chair's Highlight Report to the NWL APC Board in Common (BiC) – for discussion January 2026

Highlight Report

1. Purpose and Introduction

1.1 The role of the LNWH Trust Standing Committee is:

- To oversee the delivery of the Trust strategy and strategic priorities, the achievement of constitutional and regulatory standards, and to provide assurance to the Trust Board that Trust risks and issues relating to this are being managed.

2. Key highlights

2.1 The LNWH Trust Standing Committee was held on 8 January 2026. The following papers were discussed.

2.2 Staff Story: RCN Rising Star Award

2.2.1 The Committee received a presentation from Naveen Harikumar and Katherine Saeb on their roles as Professional Nurse Advocates (PNAs) for the Trust, which includes delivering high-quality practice learning through teaching and championing a strong patient safety culture. Their quality improvement projects have introduced a quiet room for staff and a 90% reduction in Trust acquired skin damage in a Trauma and Orthopaedics ward. They both became recipients of the Royal College of Nursing Rising Star Award in 2025 in recognition of their work transforming patient care.

2.2.2 The Committee discussed the impact of PNAs within the trust, particularly in light of financial pressures. It was noted that the roles are deeply embedded in practice and essential for developing advanced skills. There is interest in extending this advocacy and development model to other professional groups to foster collaboration and quality improvement.

2.3 Trust Strategy Review

2.3.1 The Committee received the mid-year review of the Trust's strategy, noting significant progress particularly in elective recovery, which has been a major focus. While progress has been made across multiple areas, two emerging risks were highlighted as use of temporary escalation spaces and staff morale.

2.3.2 A new metric on discharge delays was introduced via self-reporting, but data quality issues, particularly at LNWH have affected reliability. Work is underway to improve data accuracy and reporting, as this metric is now linked to NOF ratings and partnership performance indicators.

2.3.3 The Committee commended the progress made since the strategy was launched, highlighting that the Trust can now focus on specific areas requiring attention rather than broad systemic issues. Both immediate and long-term solutions are required, noting that while major capital projects take time, operational improvements must continue in parallel.

2.4 CQC Reports – Emergency Departments

- 2.4.1 The Committee discussed the outcome of the recent CQC inspection. The Trust received the lowest level of enforcement action, requiring action plans under Regulations 10 and 12.
- 2.4.2 Three formal action plans have been developed, mapping every line of the CQC report to regulatory requirements. Additional internal improvement plans for Emergency Departments (ED) are also in place. The CQC will monitor progress through regular local meetings; no further formal submissions are currently required.
- 2.4.3 The Committee noted that patient feedback was overwhelmingly positive, with 26 patients interviewed reporting satisfaction with care. Staff feedback also highlighted strong team culture and governance.

2.5 Board Committee Reports

- 2.5.1 The Committee received escalation reports from the Quality and Safety, Finance and Performance, People, Equity and Inclusion, Charitable Funds Committee and the Audit and Risk Committees, noting exceptions against key performance indicators and measures being taken to address areas of variance against target.
- 2.5.2 The Trust Standing Committee noted the following papers as approved by the relevant sub-committees:
- M8 Finance Report
 - M8 Integrated Quality and Performance Report
 - M8 Forecast Update
 - Maternity Safety Support Programme Exit Letter
 - National Inpatient 2024 Survey action plan
 - Workforce Q2 Report
 - Charitable Funds Annual Accounts and Trustees Report

2.6 Chief Executive's Report

- 2.6.1 The Committee noted highlights from the Chief Executive's Report.

2.7 Board Assurance Framework

- 2.7.1 The Committee reviewed and approved the Board Assurance Framework for Quarter 3. The key updates include a reduction in the RTT Risk score which is in line with improved performance. Cyber and IG risks have been updated to incorporate recommendations from the recent internal audit report, ensuring ongoing monitoring of control implementation.

3. Positive assurances received

- 3.1 The 2024 Inpatient survey results show general improvements across most areas. Three outlier issues were identified as waiting for admission to a bed, access to food and drink out of hours, and virtual ward experience. An action plan is in place to address these areas.
- 3.2 The internal audit for the fit and proper persons test received substantial ratings for both design and delivery.
- 3.3 The Trust is third best in London for WTE reduction and fourth best for productivity (7.3% improvement).
- 3.4 Significant improvement in policy compliance, with 98% compliance across all policies

4. Key risks / topics to escalate to the NWL APC Board in Common

- 4.1 LNWH's cash position remains challenging, with continued focus to deliver the CIP plan for 25/26.
- 4.2 Continued risks of caring for patients in temporary escalation spaces, including the risks to patient experience, fire safety and infection risks in the emergency departments, especially during winter pressures.
- 4.3 Bed capacity and discharge challenges, especially at Northwick Park, affecting ambulance handover times and patient flow.

5. Concerns outstanding

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

6. Key actions commissioned

- 6.1 To undertake a deep dive to review corridor care and escalation space strategies including discharge performance.

7. Decisions made

- 7.1 The Committee:
 - 7.1.1 Approved the current Terms of Reference for the Audit and Risk, Charitable Funds, Finance and Performance, People, Equity and Inclusion, and Quality and Safety Committees.
 - 7.1.2 Approved the Northwick Park Hospital Critical Care Strategic Outline Case.
 - 7.1.3 Approved the reclassification of charity funds to amalgamate and reduce active funds, effective 1 April 2026.

8. Attendance Matrix

Members:	October 2025 Meeting
David Moss	Y
Matthew Swindells	Y
Bob Alexander	Y
Loy Lobo	Y
Martin Lupton	Y
Ajay Mehta	Apologies
Syed Mohinuddin	Apologies
Simon Morris	Y
Sim Scavazza	Y
Baljit Ubhey	Y
Pippa Nightingale	Y
Simon Crawford	Y
Bimal Patel	Y
James Walters	Y
Jon Baker	Y
Lisa Knight	Y

In attendance:	
James Biggin-Lamming	Y
Tracey Beck	Y
Dawn Clift	Y
Tracey Connage	Y
Mark Titcomb	Y
Naveen Harikumar	Y
Katherine Saeb	Y
Alexia Pipe	Y

Chief Executive Officer's Report – The Hillingdon Hospitals NHS Foundation Trust

Accountable director: Lesley Watts
Job title: Chief Executive Officer

Executive summary and key messages

1. Key messages

1.1 Best ambulance handover results in the country

NHS England published the latest National Ambulance data, in which Hillingdon Hospitals is rated as the best-performing Trust in England for ambulance handover times in October 2025. The number of handovers was above 1,000, where the average wait was just 13 minutes. Well done to everyone who has shown such wonderful commitment to keeping patients safe. The performance was publicised in the national media and is available on the [NHS England website](#).

1.2 Breast surgery UK first

A Hillingdon consultant recently performed a UK first in breast surgery. The first Single-Incision Endoscopic Breast Conserving Surgery (SIE-BCS) in the United Kingdom was carried out by Vishal Patel, consultant oncoplastic breast surgeon. The new technique allows breast cancer surgery to be performed through a single small incision, combining oncological safety with excellent cosmetic outcomes and reduced post-operative discomfort. By combining endoscopic and precision instruments, the new surgical technique can offer patients a minimally invasive breast-conserving option - representing the next step in the evolution of breast surgery.

1.3 National Oversight Framework (NOF) improvement

Our National Oversight Framework (NOF) has improved from level 4 to level 3, in the first update to the data since the system was introduced. The NOF aims to give a consistent and transparent approach to assessing integrated care boards and NHS trusts and foundation trusts, ensuring public accountability for performance and providing a foundation for how NHS England works with systems and providers to support improvement. The two specific areas that have seen improvement are 'Access to Services' and 'Patient Safety'. This is great news and a real achievement for our Trust, although there is a lot more we can do. Thank you for continuing to deliver the high standards of care our patients expect and deserve.

1.4 Preparing to build our new Hospital

To ensure that we are ready to start building our new hospital in 2028, there will be a series of temporary service relocations and moves. To support these, we have invested in new spaces which includes the refurbishment of The Furze building. We expect this to open in 2026 and haematology, adult audiology outpatients, the education and training library, resus services and some clinical administrative services to move in. We are working towards an

agreed integrated site clearance plan by the end of the year. All changes will take collective effort and flexibility. They will require service and clinical leads to play a key role in conversations and to share the latest updates and support with their teams.

1.5 **Neighbourhood Health for Hillingdon**

Hillingdon has been confirmed as one of 43 sites across the country to benefit from the government's new neighbourhood health plans. The borough will be among the first neighbourhood health services in the country. This national recognition supports existing local plans to roll out three primary care hubs in the South East (Hayes and Harlington), South West (Uxbridge and West Drayton), and the North (Ruislip, Northwood and Harefield). We are working closely with our Hillingdon partners through the Hillingdon Health and Care Partners. This supports our strategic aim for patients accessing care closer to home and will bring GP, community health services, mental health, voluntary sector, some outpatient services, diagnostics and adult social care together.

2. **Quality and Safety**

2.1 The Care Quality Commission (CQC) carried out a focused inspection of surgery and urgent and emergency services at The Hillingdon Hospital in October 2025. CQC has raised the rating for surgery from 'requires improvement' to 'good'. CQC has again rated urgent and emergency services 'requires improvement'. Across both services, effective, caring, and responsive retain their ratings from previous inspections. The Hillingdon Hospital as a whole has been upgraded from 'inadequate' to 'requires improvement' for safety. It remains 'requires improvement' overall.

2.2 The Trust continues to work to improve performance in indicators of infection prevention and control (IPC). This is building on existing awareness campaigns to establish a comprehensive improvement programme 'IPC and me' with nursing leadership and multiprofessional engagement. The programme consist of five main workstreams and we have launched a wider campaign with staff on IPC compliance - this is a trust-wide priority for all our staff and also an area of focus from our NOF rating.

2.3 In-patient falls reduced significantly in October – 29 falls recorded compared to 49 the previous month. Maternity metrics remained within normal limits. Delivery of RSV vaccinations reduced in October due to staff sickness and annual leave. Additional capacity has been made available in November to compensate.

3. **Operational performance**

3.1 Urgent and emergency care (UEC) performance of 79% in November has exceeded both the national standard and internal operating plan. Referral to treatment (RTT) performance also improved to 59.6% and the volume of patients waiting over 52 weeks decreased.

3.2 Cancer performance improved significantly at 77.1%, 31-day at 96.5% and 62-day at 75%. The improvement in 62-day performance was most prominent – having been only 53.3% in September.

3.3 Diagnostic performance improved for the first time since June, reaching 67.6%. In November there was a significant improvement in the time patients are waiting for diagnostic tests (DM01). 74.1% of patients were seen within 6 weeks compared to 67.6% in October. Further improvements are expected in December.

4. Financial performance

4.1 The Trust is reporting a £0.7m deficit position for the year to date, against a breakeven plan. Overspends are primarily due to savings behind plan, especially in the first quarter and industrial action. However, the Trust has delivered a breakeven or surplus position in the last 6 months and is working towards recovering the position to deliver our breakeven forecast. Costs to cover the industrial action in November were £0.2m and there is no national funding to cover these costs.

4.2 The Trust is making good progress towards delivering savings target (£15.7m), although additional focus is needed to move one-off items into recurrent savings. Planning is in progress for 2026/27 and the medium term in line with national guidance.

5. People

5.1 Workforce Performance Report

- Positive variance in performance to plan (159 under plan).
- Reduction in bank and agency spend (met reduction targets).
- Vacancy rate has decreased to 10.1%.
- Personal development review (PDR) rate at 77.1% and core training at 86.9%.

5.2 FTSU Reports Active engagement with staff on Freedom to Speak Up (FTSU) themes. Collaboration with practice educators and regional guardians to share best practice. Ongoing work to improve psychological safety and leadership.

5.3 Our Apprenticeships Team joined providers such as Bucks New University, Capital City College and Lean-Enabled, to share advice and guidance on the apprenticeships available across our Trust. The day-long event took place at the main hospital on 12 November included the latest opportunities including AI-based apprenticeships and clinical and non-clinical opportunities.

6. Equity, diversity and inclusion (EDI) update

6.1 Celebrating Black History Month

This year's theme was "Standing Firm in Power and Pride", which honours resilience, agency, and identity in the face of challenges. We planned a month of meaningful activity that blended food, learning, lived experience and culture. We hosted a live online culinary showcase where Caribbean dishes origin and recipes were shared and a "Wear With Pride" cultural or heritage clothing, accessories, or symbols that reflect their identity or background.

6.2 Muslim women's network

We hosted a special lunchtime webinar with the NHS Muslim Women's Network, exploring this year's theme "Flip the Script". The session was led by

Sabina Hafesji, Co-Founder and Chair of the NHS Muslim Women's Network, and Naz, the network's EDI Lead. Together they shared an overview of the NHS Muslim Women's Network and the work they do to support and empower Muslim women across the NHS.

7. Trust highlights

- 7.1 The Hillingdon Hospitals Children and Young People with Diabetes (CYPD) team were awarded a national prestigious award for transforming patient experience for those with neurodiversity and mental health needs. They won the Unsung Hero category at the Quality in Care Diabetes Awards, which celebrate excellence and innovation in diabetes care across the UK. Judges praised our staff for listening to families and acting on feedback that highlighted challenges with their current service.
- 7.2 Hillingdon Hospital is reshaping urgent care through the Pharmacy First initiative. This encourages patients who could be better cared for in the community to seek help from their local pharmacy. Patients who visit our emergency department with minor health concerns such as sore throats, shingles and insect bites are assessed by a clinician and advised whether a pharmacist might be able to help instead. This initiative is helping to reduce waiting times in our emergency department and ensure patients receive the right care at the right time from the most appropriate healthcare service.
- 7.3 The first day case arthroplasty has been successfully performed at Mount Vernon Hospital, enabling a patient to have joint replacement surgery and return home on the same day. Arthroplasty is a surgical procedure to relieve pain and restore the function of a joint - most commonly by replacing it with an artificial implant - typically used for hips and knees affected by arthritis or injury. This new day case model aims to improve recovery times and patient experience. It involves close working between a range of staff including surgeons, anaesthetists, nurses, therapists, pharmacists, radiographers, recovery staff, ward clerks, and porters.

8. Recognition and celebrating success

8.1 Great Big Thank You Week and Cheer Awards

We were proud to launch the first Hillingdon Great Big Thank You Week, a more inclusive celebration designed to bring recognition closer to our staff. Across the week we hosted festive trollies, pop up food vans, festive doors and the Cheer Awards event which received an incredible 265 nominations. By spreading events across both hospital sites and widening access, we created a format that allowed many more colleagues to take part, feel seen, and share in the celebration.

Highlight Report

Purpose and Introduction

1. The role of The Hillingdon Hospitals NHS Foundation Trust Standing Committee is:

1.1.1 To oversee the delivery of the Trust strategy and strategic priorities, the achievement of constitutional and regulatory standards, and to provide assurance to the Trust Board that Trust risks and issues relating to this are being managed.

2. Key highlights from the Trust Standing Committee Meeting on 13 January 2026

2.1 Hillingdon Health and Care Partnership (HHCP) Transformation

- The HHCP Place Transformation Programme is delivering significant, system-leading improvements in urgent care demand, discharge timeliness, and flow. The Committee welcomed the progress but emphasised sustainability, data transparency, and cross-programme integration.
- The committee emphasised the importance of capturing and disseminating specific interventions that led to improvements both for internal replication and potential system-wide learning across NW London

2.2 Chief Executive's Report

- The Committee noted the CEO report, key highlights, and messages. The CEO's full report is provided in the Board in Common papers.

2.3 Medium-term planning – update

- The Committee received an update on the first submission (December 2025) which represented the initial draft of the two-year plan and was formally reviewed and approved by the NWL Acute CFOs/COOs/CPOs on 16 December 2025, and then by the NWL APC Board in Common on 17 December 2025. This version set out the baseline financial gaps, efficiency targets, and initial capital bids, alongside high-level operational and workforce assumptions.
- Work is now underway to develop the second, more detailed submission for 17 February 2026, refining financial modelling, operational trajectories, and workforce assumptions as further guidance and cost pressures emerge.

2.4 Hospital 2.0 Alliance Framework Call Off Contract

- The Hospital 2.0 Alliance (H2A) Framework Call-Off Contract is the process that the New Hospital Programme (NHP) has mandated for procuring the main works contractor who will build the new Hillingdon Hospital.
- The Trust Standing Committee acknowledged that as the Hillingdon Hospital Redevelopment commences procurement for the main works contractor that we will use the mandated NHP Hospital 2.0 Alliance Framework and Call Off Contract.

2.5 Quality and Safety Section - Integrated quality and performance report

2.5.1 Infection Prevention and Control Programme

Launched November 2025 with executive sponsorship. Five key workstreams:

- Better Skills, Better Outcomes

- Focus: aseptic technique, workforce competence, sampling/screening best practice.
- Clean and Safe Spaces
 - Clarifies cleaning responsibilities, updates functional area ratings, enhances audit accuracy.
- Our Best Care Every Time
 - Refresh of hand hygiene, uniforms, bare-below-elbows campaign.
- Data-driven behaviour targeting (e.g., specific hand hygiene moments).
 - Catheter passport improvements.
- Right Drug, Right Time
 - Antimicrobial stewardship (AMS) improvements, wider AMS leadership.
- Ward to Board
 - Streamlined governance and improved reporting for consistent, Trust-wide oversight.

2.5.2 CQC Inspection Update

- CQC conducted an unannounced inspection of Surgical Care and Urgent & Emergency Care (UEC), focusing on Safe and Well-Led domains following previous concerns.
- Significant Improvements in Surgical Services – Surgery improved notably, achieving an overall ‘Good’ rating, including an upgrade in the Safe domain to ‘Good.’ No regulatory breaches remain.
- UEC Shows Progress but Still ‘Requires Improvement’ – UEC improved its Safe domain rating from ‘Inadequate’ to ‘Requires Improvement,’ but the overall service rating remains ‘Requires Improvement.’
- One Regulatory Breach Identified – UEC received a breach under Regulation 10: Dignity and Respect relating to treatment of disease, disorder, or injury. An action plan is required.
 - The Trust will submit its regulatory breach action plan on 14 January 2026, with the CQC report published on 7 January 2026; communication plans and updated rating posters are underway.
- The urgent & emergency care domain remains rated Requires Improvement.
- The committee discussed how improvements will be maintained and team confirmed.

2.5.3 Virtual Wards

- The Trust has expanded all required virtual ward pathways, with strongest uptake in cardiology, respiratory, pneumonia and diabetes, though overall utilisation remains below the 70-place capacity, including reduced paediatric use.
- While cardiac pathways support admission avoidance and diabetes pathways enable earlier discharge, the medical virtual ward continues to add limited value due to strong in-hospital acute pathways.
- Board members highlighted the need to evaluate cost-effectiveness and ensure virtual wards deliver measurable system benefit, as some patients may previously have been safely discharged without this model.

2.5.4 Falls with Harm

- The Committee reviewed recent falls with fracture incidents. All cases are under investigation, and learning will be shared at the next meeting.
- Overall falls and falls with harm have decreased compared to the previous year, but a recent cluster is being closely monitored.

2.5.5 T21

- The Trust completed Duty of Candour for seven T21 screening cases. A personalised approach was taken to ensure families were supported throughout the process.
- A comprehensive sonography improvement program is underway with Executive oversight, Project Management Team support, enhanced governance arrangements, and a clear implementation plan.

2.5.6 People and OD Assurance Report

- The Committee noted good performance in several workforce areas of the IQPR, including vacancies, turnover and temporary staffing usage. It was also noted that the problems with the Learning Management System have been addressed. Challenging areas that are the focus for improvement are sickness, PDR and equality, diversity and inclusion.
- Themes from the staff survey and diversity data highlighted ongoing cultural challenges—particularly around belonging, inclusion, and confidence in raising concerns—indicating that further work is needed to strengthen organisational culture and leadership capability.
- It was also acknowledged that significant workforce challenges remain, and the Board agreed to schedule a more detailed workforce discussion at a future meeting to ensure sustained progress and oversight of people-related risks.

2.5.7 Finance Report

- The Trust reported a significantly improved financial position, reaching a break-even year-to-date following receipt of £1.4m to support industrial action costs, alongside continued strong delivery of the CIP programme.
- While the overall outlook is stable, the committee noted that further work is required to convert non-recurrent savings into recurrent schemes and to finalise the approach for next year's financial plan, which remains challenging.
- Capital spending is currently behind profile, with some major programmes affected by timing and external infrastructure issues, and the committee noted the need to manage associated risks as part of year-end planning.

2.5.8 CIP

- The Trust is forecasting full delivery of its CIP programme this year, supported by strong financial controls and recent non-recurrent benefits, including industrial action funding that helped stabilise the position.
- A key priority now is converting a significant portion of non-recurrent savings into recurrent schemes to ensure sustainability.
- The committee acknowledged that achieving this transition will require continued focus, tighter planning, and identification of longer-term efficiency opportunities across divisions.

2.5.9 Board Assurance Framework

- The committee reviewed the updated BAF, noting the Trust's principal risks remain centred on workforce sustainability, financial sustainability, redevelopment (New Hospital Programme), and cybersecurity, all of which continue to require strengthened oversight and clearer assurance mechanisms.
- Members highlighted the need for improved risk escalation, better-defined key risk indicators, and a clearer approach to how risks will be governed under the new group arrangements, particularly as the Trust transitions to revised committee structures.
- It was agreed that a dedicated Board development session is required to clarify roles, responsibilities and reporting expectations for BAF oversight going forward, ensuring the Board can debate risks effectively and maintain control of its assurance processes.

3. Positive assurances received

- Virtual Wards - The committee received positive assurance that virtual ward pathways, cardiology, respiratory, pneumonia and diabetes are now fully compliant and increasingly utilised compared with the previous year.
- T21 Screening- Positive assurance was noted that Duty of Candour was fully completed for all affected families, with personalised support and strengthened sonography governance already in place.
- Quality & Safety - Improved CQC ratings across multiple services and strengthened complaint-handling performance, demonstrating sustained progress in key quality domains.
- People & OD - The committee received positive assurance that workforce systems especially the roster/payroll interface and PDR completion are stabilising and improving, reflecting strengthened operational control.
- Finance - Positive assurance was provided through confirmation that the Trust has achieved a break-even position year-to-date and remains on track to deliver the full CIP programme.
- Board Assurance Framework - Positive assurance was noted in the clear identification and visibility of principal risks workforce, finance, redevelopment, and cybersecurity ensuring the Board has a coherent picture of its highest-priority exposures.

4. Key risks / topics to escalate to the NWL APC BiC

- System-level risk was raised around ENT outpatient delays, described as a collaborative-wide problem affecting London North West, Imperial, and THHFT, with repeated escalation but no improvement; the Board agreed this must be taken to the Group Executive / Board in Common for resolution.
- Committee members expressed strong concern that national planning timelines do not allow sufficient time for Trust-level scrutiny of next year's financial plan, raising the risk of signing up to an unsafe or unachievable position a risk agreed needs Board in Common visibility.
- Concerns were raised about whether virtual wards are delivering the intended benefits, and whether the ICB will continue funding given cost pressures; the Board agreed that this requires system-level discussion at the Board in Common
- The fragility of the HR function, combined with rising casework and sickness absence, was highlighted as a material organisational risk requiring broader discussion under the developing Group people structure.

5. Concerns outstanding

- No significant additional concerns requiring escalation to the Board at this time.

6. Key actions commissioned

- The executive team was tasked to produce a clear governance map for NHP decision-making (Trust, Group, Estates Committee) and schedule a Board development session to clarify roles and reporting lines.
- A future Board deep-dive on workforce issues was agreed, focusing on HR fragility, sickness management, cultural risks, and leadership development.
- Actions were confirmed to roll out further education to improve falls risk assessment quality, following findings from national audit.

7. Decisions made

8. Attendance

Members	Attendance 13 January 2026
Carolyn Downs, Vice Chair (Standing Committee Chair)	Y
Matthew Swindells, Chair – North West London Acute Provider Collaborative	Y
Baljit Ubhey, Non-Executive Director	Y
Martin Lupton – Non-Executive Director	Y
Linda Burke, Non-Executive Director	Y
Nick Gash, Non-Executive Director	Y
Patricia Gallan, Non-Executive Director	Y
Simon Morris, Non-Executive Director	Y
Mike O'Donnell, Non-Executive Director	Y
Vineeta Manchanda, Non-Executive Director	Y
Lesley Watts, Chief Executive Officer	Y
Alan McGlennan, Chief Medical Officer & Managing Director	Y
Sarah Burton, Chief Nurse Officer	Y
Virginia Massaro, Chief Finance Officer	Y
Peter Jenkinson, Director of Corporate Governance	Y
Emer Delaney, Director of Communications	Y
Jason Seez, Chief Infrastructure and Redevelopment Officer	Y
Kevin Croft, Chief People Officer	Y
In Attendance	
Lirije Morina-Dermaku Executive Business Manager	Y
Alexia Pipe, Chief of Staff to NWL APC Chair in Common	Y
Carley Fitzsimons, Executive Assistant	Y

Chief Executive Officer's Report – Imperial College Healthcare NHS Trust

Accountable director: Professor Tim Orchard
Job title: Chief Executive Officer

1 Key messages

- 1.1 We were again included in the top-performing acute trusts in England in the NHS Oversight Framework league tables for July to September 2025. The latest rankings, published in December, ranked us eleventh acute trust overall – the same position as in the previous quarter - second for non-specialist acute trusts, and top for teaching trusts.
- 1.2 We have maintained strong operational and financial performance in the face of significant operational challenges, including the early spike in flu cases, industrial action by resident doctors and general winter pressures. We have also been contending with the impact of the discovery of reinforced autoclaved aerated concrete (RAAC) in the main outpatient building at St Mary's. Having immediately closed the top floor of the building to allow for detailed investigations, and following receipt of the structural engineers report, we have now taken the decision to close the whole building by 31 March 2026. All clinics and services are to be re-provided, elsewhere on the St Mary's wherever possible. As an additional, precautionary measure – as advised by the structural engineers – we undertook works over Christmas to reduce the weight on the top floor of the building and install roof supports.
- 1.3 On the 16 October, the CQC undertook an unannounced, focused inspection of our acute medical wards at Charing Cross following two serious incidents. Feedback on the day was broadly positive and the report has now been published. Medical care at Charing Cross has been rated as 'good' overall. As part of our continuing preparation for future CQC inspections, we have launched an Improving Care Assurance Programme (ICAP) which involves a multidisciplinary team undertaking visits to clinical areas across the trust, using the CQC single assessment framework methodology. We monitor findings and improvement actions through our Improving Care Programme Group which I chair. Staff in the areas that have undergone the initial visits have reported that they have found the process to be helpful and supportive.
- 1.4 Ian Bateman has been appointed as chief operating officer. Ian has over 20 years' experience in healthcare, beginning his career as a care assistant and most recently serving as our deputy and then interim chief operating officer.
- 1.5 Professor Julian Redhead has been named Interim Trust-level Chief Executive Officer of Imperial College Healthcare NHS Trust for 12 months, following a selection process open to Executive board members from the Acute Collaborative. Currently Joint Medical Director at Imperial and National Clinical Director for Urgent and Emergency Care, Julian will begin this role on a phased basis starting January. This transition will allow me to better prepare for my new position as Group Chief Executive Officer beginning 1 April 2026. Recruitment for a permanent Chief Executive Officer at Imperial will commence in 2026.

1.6 In November, our Trust was the first to invite men to the ambitious new clinical trial, TRANSFORM. A partnership between Prostate UK and the National Institute for Health and Care Research (NIHR), it is the biggest prostate cancer screening study in a generation. Prostate cancer remains the most common cancer in the UK without a screening programme. Led by Professor Hashim Ahmed and researchers at our Trust and Imperial College London, the trial aims to find a way to make diagnosis earlier, safer, and more effective. The trial, involving up to 300,000 men, will test the most promising screening techniques available.

2 Quality and safety

2.1 We continue to report strong performance against most indicators of quality and safety; mortality rates are consistently amongst the lowest in the NHS and incident reporting rates remain high with harm levels below national averages, which is positive. Enhanced oversight and support continue in response to localised issues in some specialties, including through the quality review meeting (QRM) process. Most of our incident themes are linked to ongoing trust improvement priorities, with good progress being made with many of these. Recent highlights include a HSJ award for the communications supporting the roll out of our call for concern service, a key component of Martha's Rule, and implementation of the new, APC-wide standardised pathway to improve care for patients who are deteriorating.

2.2 We have also introduced a new quality assurance framework, building on the success of our previous Ward Accreditation Programme (WAP), which will help drive local improvement, provide assurance that quality and safety standards are being met, celebrate good practice and identify any additional support needed. As an example, following the first visits to our emergency departments, we started a programme of support visits by colleagues from our corporate departments to help with stock and equipment checking and with resolving minor estates issues.

2.3 Activity remains high across all areas, with sustained operational pressures. Our teams continue to work incredibly hard to maintain safe, high-quality care, with additional measures to support this in place through our winter plan. An analysis of incidents during recent periods of industrial action has shown that the teams are managing the added pressure of the strikes effectively, with no evidence of significant impact on patient safety.

2.4 We have seen an increase in incidents linked to issues with our estates, environment and equipment, in some cases resulting in ward, theatre and outpatient clinic closures, and/or reduced infection control. A significant amount of work is required to manage and mitigate the risks of our ageing estate, we have recently stood up a QRM process due to issues with our ventilation systems, with a comprehensive improvement plan being developed. A full governance review of Estates and Facilities is being undertaken by the director of corporate governance which will report to EMB once complete.

2.5 The CQC undertook an unannounced inspection of medical care at Charing Cross Hospital in October. This was prompted by two incidents in quarter 2 both of which were summarised in this report to the October committee. Initial feedback from the inspection was positive and a draft report has been received which is being reviewed for factual accuracy. We considered a QRM for the ward where these incidents occurred, however a review of quality and safety data and the effectiveness of the response to these incidents, provided good assurance regarding the safety and culture of the ward and so was not required.

2.6 We declared a never event in November after a patient was fed through a nasogastric tube which had been mis-reported as correctly sited. A trust wide safety alert was released, and the case will be reviewed through the relevant imaging governance forum.

2.7 In December, the HTA carried out unannounced visits to our mortuary facilities across all sites. Feedback was in general positive, and the team were commended for their professionalism and commitment. Some issues were raised about estates and equipment which we are addressing while we await the inspection report.

2.8 Vaccination

We are pleased that our vaccination campaign has resulted in a 5% increase in staff having their flu vaccine this year and that we exceeded the national target set. In total 5487 trust colleagues had their vaccination, 37.1% of frontline staff. We are continuing to monitor flu rates and their impact on staff sickness and will step up additional vaccination clinics in the new year if they are needed to further protect our staff and patients.

3 **Operational performance**

3.1 We are among the top-performing acute trusts in England in the NHS Oversight Framework league tables for July to September 2025. We ranked eleventh overall – the same position as in the previous quarter - second for non-specialist acute trusts, and top for teaching trusts. This reflects strong performance in clinical and operational metrics, patient and staff experience, and budget management.

3.2 Winter plans cover escalation protocols, workforce planning, and targeted interventions to manage seasonal pressures. Alongside increased winter pressures and an early flu season, we have continued to refine its approach to industrial action. The impact of the most recent strikes in terms of cancelled activity has been significantly lower than in previous periods, reflecting the incredibly hard work of our services in planning to avoid rescheduling most planned care and to ensure continuity of safe services.

3.3 Ambulance handover times remain among the best in London, consistently in the top five. In November, 77.7% of patients were admitted, transferred, or discharged from the emergency department within four hours. This is above the national average of 74.2% but just below the 78% target which all providers are required to achieve by March 2026.

3.4 The proportion of extended delays in the emergency department is higher than we would like: in November, 10% of Type 1 patients had waits of over 12 hours from arrival to admission or discharge. We are focused on making improvements through the integrated operational flow programme.

3.5 The elective waiting list is stable, and we are meeting expectations for performance against the 18-week referral-to-treatment standard. As of November 2025, 62.6% of patients waited less than 18 weeks, up 4.9 points from last year. Long waits for elective care continue to fall. In November 2025, 0.85% of patients waited over one year for treatment, ahead of the national planning target of less than 1% by March 2026.

3.6 Diagnostics performance has improved: 13.3% of patients waited six weeks or more for a diagnostic test in November, down from 24% in August. Wait times for MRI and non-obstetric ultrasound have significantly reduced. The longest waits are in electrophysiology, where recovery plans are under review. Cancer waiting time standards for 28-day faster diagnosis and 31-day treatment are being met, but achieving the 62-day standard of 85% remains a challenge, which is being addressed through the Cancer Recovery Group.

4 Financial performance

- 4.1 At the end of month 8 (November) we reported an actual year to date income and expenditure deficit of £1.6m against a breakeven plan (£1.6m adverse variance). This equates to the costs of the 5 days of resident doctor industrial action in November (inclusive).
- 4.2 The year-to-date position includes the costs of previous resident doctor industrial action in July 2025 (£1.2m) and lower than planned delivery of efficiencies, offset by a reduction in bank and agency costs following implementation of enhanced temporary staffing controls and other one-off income. There is now no elective recovery over-performance income recognised in the position.
- 4.3 At month 8 we have identified £87.5m of efficiency schemes, of which 53% are recurrent. YTD delivery equates to £50.4m against an equally phased efficiency target, resulting in an under delivery of £2.9m.
- 4.4 Year to date, we have invested £77.7m against its total capital plan of 87.7m (£10.0m below plan). This is primarily due to timing differences in expenditure with the Trust expecting to deliver the plan by the end of the financial year. Of this, £63.6m scores against the Capital Departmental Expenditure Limit of £62.6m.
- 4.5 At 30th November 2025, we had had a cash balance of £99.7m, which is higher than plan and due to timing differences. The year-end balance is forecast to be circa £46m at 31st March 2026.

5 Workforce update

- 5.1 Following a process open to voting Directors from across the Acute Collaborative, Professor Julian Redhead has been appointed as Interim Chief Executive for Imperial College Healthcare for a period of 12 months. Julian is currently Joint Medical Director for Imperial as well as the National Clinical Director for Urgent and Emergency Care. Starting on a phased basis from January, this will allow me to spend more time getting out and about across the Group in preparation for my new role as Group Chief Executive, from 1 April 2026. The process for appointing a substantive Chief Executive for Imperial will start during 2026.
- 5.2 Ian Bateman has been appointed as chief operating officer. Ian has over 20 years' experience in healthcare, beginning his career as a care assistant and most recently serving as our deputy and then interim chief operating officer.
- 5.3 We held our second World Menopause Day Conference as a APC-wide event - our third as a Trust. We recorded that 215 staff attended, 98 from Imperial College Healthcare. 100% of participants who gave feedback said they would recommend the event to a colleague.
- 5.4 On Thursday 6 November, we held our Long Service Awards at St Pauls Conference Centre in Hammersmith. We celebrated over 500 staff who had reached significant long service milestones, presenting them with awards to mark their dedication.
- 5.5 We have been Highly Commended in the Onvero (formerly Employers Network for Equality and Inclusion - ENEI) Inclusivity Excellence awards for our strategic actions to attract and retain diverse talent, helping to build a more inclusive and representative workforce. The award recognises the ongoing impact of our inclusive recruitment programme, including

'Dear Tim' letters, where recruiting managers are required to write to the chief executive to summarise their decision making when appointing to positions at band 7 and above. Launched in September 2021, this programme has seen the proportion of leaders from Black, Asian and minority ethnic backgrounds increase from below 40% to over 48% in a sustained trend.

In the same awards, we were also Highly Commended for our Healthcare Leaders' Fellowship which was introduced specifically to develop and nurture talent in healthcare professionals from Black, Asian and minority ethnic backgrounds. Now in its third year, we've secured funding to expand the programme across North West and North Central London, enabling 200 NHS colleagues to take part and helping to build a pipeline of diverse leaders across the system.

- 5.6 As part of our commitment to improve productivity across our learning offer, we undertook a review of digital platforms for learning. This resulted in the decision to procure a Learning Management System (LMS) across the APC and we subsequently chose to move to the Totarus system. On 15 December 2025, we went live with the new Learn platform. A robust transition plan was in place to ensure a smooth move to the new system and initial feedback has been positive.

6 Research and innovation

- 6.1 To date in the 2025/26 financial year, according to the NIHR Open Data Platform, we have recruited 12,285 participants into NIHR Portfolio studies – the 6th highest in the country. This recruitment was generated from 292 individual studies (72 of these commercially sponsored) across 34 different specialties.
- 6.2 We continue to deliver UK, European and global first patient recruits into commercial studies. In the latest NIHR RDN operational report for the 25/26 year to date, we have recruited the most global and/or European “first patients” into trials. Fast set up and earlier trial opening gives more of our patients' early access to these innovative study treatments and generates valuable revenue and cost savings also.
- 6.3 We are fully committed to achieving the national 150-day target for opening clinical trials. Since our initial workshop earlier this year, we have held multiple follow-up sessions and developed a new streamlined study set-up process, which will be piloted from January. This process introduces clearer milestones, earlier engagement of supporting services, and risk-proportionate approaches to accelerate start-up. We are working closely with R&D directors across our other partner Trusts within the acute provider group to collaborate on this work.
- 6.4 In parallel, we are working with IQVIA on a digital transformation programme to digitise and automate workflows, including electronic forms, dashboards, and automated reminders, leveraging tools such as Power BI, Power Automate, and SharePoint. These enhancements will improve visibility, reduce manual effort, and enable real-time tracking of progress against the 150-day metric. The first phase of this work completed recently (analysing bottlenecks, process duplications, and other weaknesses) and will now focus on improving workflows using digital tools and shared data.
- 6.5 Our indicative funding allocation for 2026/27 from the North London Research Delivery Network (RDN) shows an 8.3% increase over last year. This funding is used to support our research delivery workforce (research nurses, midwives and AHPs). We have also been

awarded £70k to support our work on meeting the 150 days challenge. We are about to submit 15 further bids to the RRDN for strategic funding for the 26/27 year.

- 6.6 In May, the NIHR Imperial Biomedical Research Centre (BRC) conducted a major mid-term review of its scientific programmes and progress against objectives, with a view to preparing for, and informing, our BRC funding re-application in 2027. An eminent panel of external independent scientists spent a full day listening to presentations and questioning and challenging BRC leadership as a “critical friend”. The panel completed their report in July, which included a list of 20 recommendations based around our strategic focus, leadership, community building, training, facilities, PPIE, EDI and sustainability. We are now working to implement these recommendations into our existing programmes to prepare for re-application. This includes developing an integrated Trust research and innovation website with information tailored to the needs of three our three key audiences – patients and the public; industry and partners; and staff and researchers.
- 6.7 We successfully secured £1.46 million in new capital funding from NIHR to develop a dedicated Clinical Trials Pharmacy facility – a transformative investment that will expand our capacity to deliver complex and early-phase trials, including advanced therapy medicinal products. This purpose-built modular facility will accelerate trial set-up, strengthen regulatory compliance, and enhance patient access to cutting-edge treatments, positioning the Trust as a leading site for commercial research delivery.
- 6.8 We have demonstrated high standards of governance and financial stewardship for our research funding awards. A recent Department of Health and Social Care (DHSC) finance audit provided strong assurance to funders of our professionalism and accuracy in managing research finances and compliance.
- 6.9 Through the Imperial Health Knowledge Bank, we continue to offer patients the opportunity to participate in research and contribute to the advancement of healthcare. To date, over 140,000 patients have been recruited. This initiative not only accelerates recruitment for studies but also helps ensure that research reflects the diversity of our patient population, supporting inclusive and equitable access to innovation. Again we are working with R&D colleagues across our other partner Trusts within the acute provider group to collaborate on this work.
- 6.10 Finally, supported by funding from the NIHR Imperial BRC, GP practices in North West London have been successful in securing an NIHR Commercial Research Delivery Centre (CRDC) in Primary Care worth £1million over 3 years. The PC-CRDC comprises six GP groups that look after 1.5 million people in Hammersmith & Fulham, Hounslow, Westminster, Kensington and Chelsea, and Brent and is commissioned through HMC Health Group. It will create a joined-up research system by coordinating interactions with the pharmaceutical industry, bringing more research into the community. This means more residents of NW London will have the chance to participate in trials close to their homes.
- 6.11 The NIHR Imperial Biomedical Research Centre (BRC) continues to support innovative experimental medicine research across Imperial College and ICHT. Recent BRC-funded projects making the news include:

- 6.11..1 Wearable tech for stroke survivors seeking to regain mobility¹.
 - 6.11..2 Liraglutide, a weight-loss medication, found to slow the progression of Alzheimer's²
 - 6.11..3 An AI-powered ECG tool predicts risk of life-threatening heart blockage³
 - 6.11..4 An IBD study looking at the impact of ethnic diversity in research outcomes⁴
 - 6.11..5 St Mary's hospital piloting a rapid blood test to detect life-threatening conditions in children⁵
 - 6.11..6 Pfizer recently announced an agreement to acquire US biotechnology startup Metsera at a \$4.9 billion valuation for its portfolio of drug candidates⁶, the most advanced of which is a phase 2b GLP-1 therapeutic candidate invented at Imperial College London by Professor Steve Bloom.
- 6.12 In November, we were the first to invite men to the ambitious new clinical trial, TRANSFORM. A partnership between Prostate UK and the National Institute for Health and Care Research (NIHR), it is the biggest prostate cancer screening study in a generation. Prostate cancer remains the most common cancer in the UK without a screening programme. Led by researchers at our Trust and Imperial College London, the trial aims to find a way to make diagnosis earlier, safer, and more effective. The trial, involving up to 300,000 men, will test the most promising screening techniques available. This includes prostate specific antigen (PSA) blood tests, genetic spit tests and fast MRI scans, combined in ways that have not been tested before.

7 Redevelopment update

- 7.1 St Mary's Hospital and Masterplan work commenced in September 2025 and is progressing to plan. Survey reconciliation is underway, with project managers finalising the survey list for review. Joint planning meetings for hospital and masterplan design have been established, and engagement with Westminster City Council planning officers is scheduled to begin in early 2026.
- 7.2 The St Mary's Redevelopment Funding Taskforce continues to progress under the leadership of Simon Blanchflower CBE, who has chaired his second meeting and established a six-weekly meeting cycle. The next priority is to engage financial advisors to support the development of private financing models.
- 7.3 Engagement with Westminster City Council (WCC) is ongoing. A Senior Officer meeting, including a site walkaround and presentation of planning principles, was held on 5 December 2025 and received positively. A pre-application meeting with a Retrofit First focus held on 12 December, while the wider pre-planning meeting programme remains to be agreed with WCC.
- 7.4 Funding has not yet been secured for the Charing Cross and Hammersmith hospital schemes. Engagements continue with Hammersmith and Fulham Council and Imperial College London to explore alternative development options.

¹ <https://imperialbrc.nihr.ac.uk/2025/08/15/11208/>

² <https://imperialbrc.nihr.ac.uk/2025/12/11/liraglutide-a-weight-loss-medication-found-to-slow-alzheimers-progression/>

³ <https://imperialbrc.nihr.ac.uk/2025/08/21/ai-powered-ecg-tool-predicts-risk-of-life-threatening-heart-blockage/>

⁴ <https://imperialbrc.nihr.ac.uk/2025/11/18/study-on-ibd-reveals-key-role-of-ethnic-diversity-in-research-outcomes/>

⁵ <https://imperialbrc.nihr.ac.uk/2025/10/29/st-marys-pilots-rapid-blood-test-to-detect-life-threatening-conditions-in-children/>

⁶ <https://imperialbrc.nihr.ac.uk/2025/10/08/pfizer-aims-to-bring-imperial-obesity-drug-candidates-to-clinic-in-4-9bn-deal/>

7.5 The Fleming Centre project is advancing in line with the approved programme at RIBA Stage 3. The Outline Business Case has cleared all Trust governance stages, including EMB, FIOC, and the Trust Standing Committee (TSC). A planning application was submitted to Westminster City Council on 5 December 2025, and procurement of the main contractor is complete, with Trust governance approval. IHP was appointed under the initial PCSA contract (10-day standstill period commenced 5 December 2025). Key risks remain around construction logistics, third-party approvals, and dependencies linked to decant works.

7.6 The second phase of public consultation on the Fleming Centre designs has been completed and a summary of engagement will be circulated. A supportive Statement of Community Involvement will be submitted as part of the planning application.

8 Estates update

8.1 As requested at the APC Estates, Infrastructure and Sustainability Committee, I will report all the estates-related incidents in the last quarter. For this report they include:

8.2 On 24 September there was a fire at the Charing Cross hospital emergency department which led to partial evacuation of the department. The London Fire Brigade extinguished the fire and provided support in the investigation.

8.3 The investigation of the main outpatients building that followed the discovery of reinforced autoclaved aerated concrete (RAAC) in November has now been completed. In response to the structural engineers' findings, we have decided to close the whole building by 31 March 2026. All clinics and services are to be re-provided, elsewhere on the St Mary's wherever possible. We are taking an additional, precautionary measure – as advised by the structural engineers – to reduce the weight on the top floor of the building and install roof supports over the next 3 to 4 weeks. This will help ensure there are no safety risks in continuing to use the building until the end of March. The top floor of the building will remain closed as it has been since November. We have been undertaking intrusive surveys on our remaining buildings across the Trust estate and have discovered two single storey storage buildings on the Charing Cross Hospital site where the roofs are constructed with RAAC. These are not public buildings but the roofs will need to be replaced as part of the NHSE national RAAC programme.

9 Stakeholder engagement and visits

9.1 Below is a summary of significant meetings I have had with stakeholders.

- 1 October – Cllrs Natalia Perez and Alex Sanderson
- 3 October – Cllr Ketan Sheth
- 8 October – Andy Slaughter MP and Ben Coleman MP
- 9 October – St Mary's redevelopment funding taskforce (including Westminster MPs)
- 10 October – Andy Slaughter MP and Ben Coleman MP visit to Hammersmith Hospital
- 14 October – Cllrs Stephan Cowan and Alex Sanderson
- 5 November – Cllr Ketan Sheth
- 3 December – Cllrs Butler Thalassis and Albert
- 4 December – St Mary's redevelopment funding taskforce (including Westminster MPs)
- 10 December - Cllr Ketan Sheth
- 10 December – Andy Slaughter MP

10 Recognition and celebrating success

10.1 Kings New Year Honours

Congratulations to Professor Philip Bloom, who has been appointed Lieutenant of the Royal Victoria Order (LVO) in the King's New Year Honours. This prestigious honour is awarded for significant services to the Monarch or Royal Family and is in recognition of Philip's work as surgeon oculist (eye surgeon) to His Majesty the King.

10.2 HSJ Awards

Of the five initiatives led by or involving Imperial College Healthcare shortlisted for the 2025 HSJ Awards:

- Our roll out of Call for Concern, a safety line for inpatients and their families worried that their local clinical team is not responding effectively to a deteriorating condition won in the NHS Communications Initiative of the Year category
- Our extended MRI scanning hours using remote technology was highly commended in the Driving Efficiency Through Technology Award

10.3 Rising Star awards

Three of our nursing staff were named Rising Star Award winners by the Royal College of Nursing London. They are: Andrea Rosete, Lovehan Dacres and Von Jerold Buendia

10.4 NIHR Research Professorship

Congratulations to Professor Padmanabhan Ramnarayan, consultant in paediatric Intensive care, for the award designed to support exceptional clinical academics.

Imperial College Healthcare NHS Trust (ICHT) Trust Standing Committee Chair's Highlight Report to the North West London Acute Provider Collaborative Board in Common (BiC) – for discussion

January 2026

Highlight Report

1. Purpose and Introduction

The role of the ICHT Trust Standing Committee is:-

- To oversee the delivery of the Trust strategy and strategic priorities, the achievement of constitutional and regulatory standards, and to provide assurance to the Trust Board that Trust risks and issues relating to this are being managed.

2. Key highlights

2.1. Investment proposals requiring Board approval

Trust Standing Committee members reviewed and approved the following investment proposals: ICT Network Replacement and Service Management, Wembley CDC MRI Expansion, Replacement of SMH 3.0 Tesla MRI Scanner, CXH and HH Aseptic Units options following MHRA inspection, CXH 1.5T MRI Scanner replacement.

Committee members noted chairs action undertaken by Bob Alexander for the approval of the Fleming Centre development project contract award.

2.2. Maternity Incentive Scheme Compliance Report

The Committee received a report which provided assurance that the Trust has met the requirements to declare full compliance against the ten safety actions within the Maternity Incentive Scheme Year 7.

2.3. Chief Executive's report

The Standing Committee received the chief executive's report and noted that the Trust had maintained strong operational and financial performance considering significant operational challenges, including the early spike in flu cases, industrial action by resident doctors and general winter pressures. Despite these challenges, the Trust continued to deliver some of the highest quality and safety performance in the NHS, contributing to ranking among the top-performing acute trusts in England in the first National Oversight Framework (NOF) ratings.

Committee members were pleased to note that positive feedback was received following an unannounced, focused inspection for acute medical wards at Charing Cross Hospital following two serious incidents. A draft report has been received which was being reviewed for factual accuracy.

Committee members noted that Ian Bateman was appointed as the Trust's Chief Operating Officer and Professor Julian Redhead has been named Interim Trust-level Chief Executive Officer for the Trust for 12 months, reporting to Tim Orchard as Group Chief Executive.

Committee members were briefed on a Human Tissue Authority inspection on the Trust's mortuary facilities across all sites which was generally positive.

2.4. Well-led preparation and Foundation Trust application update

The Standing Committee received an update on the Trust's Well-Led self-assessment and preparation and the Advanced Foundation Trust (AFT) process, noting that the Executive team had undertaken deep-dives across the Well-Led quality statements which had been consolidated into a comprehensive self-assessment. Committee members noted the criteria which was required for AFT readiness: maintaining National Oversight Framework (NOF) status, sustaining a 'green rated' Board Capability assessment, and securing a recent CQC "Good" organisational rating.

Committee members agreed in preparation for a well-led inspection that they would hold a board development session at the end of February to review and discuss the self-assessment and focus on the group governance model.

2.5. Deep Dive: Cancer Improvement update

The Standing Committee undertook a deep dive on the Trust's Cancer Improvement Programme, which outlined the transformation work underway following a surge in complaints and reviewing patient experience within the cancer services. Committee members noted that a mapping exercise had identified system wide issues across patient information, pathways, process and workforce. In response to these, the programme has developed major improvement initiatives which include the creation of a new Cancer Contact Centre, giving patients a single point of contact from pre-diagnosis onwards.

Committee members noted that feedback from patients highlighted that Clinical Nurse Specialists were important in supporting patients through complexity and providing advice. A business case has been recommended for an increase in Cancer Support workers, Tumour specific Clinical Nurse Specialists and a support team.

The deep dive also highlighted the introduction of gold-standard MDT ways of working, improved digital processes to prevent patients being 'lost' between stages of care, and early plans for an Imperial Cancer brand to strengthen identity and trust. Overall, the programme was aiming to deliver safer pathways, better patient experience, reduced variation, and a more resilient workforce across all tumour groups.

2.6. Quality Assurance Report

The Committee received and noted the assurance report which summarised quality performance and emerging risks and actions / mitigations.

The Committee noted that the Trust continued to maintain good performance against key quality indicators with mortality rates consistently amongst the lowest in the NHS and incident reporting rates remained high which was a positive reflection of the safety culture at the Trust. Incident harm levels remained below the national averages.

Committee members were briefed regarding a never event that was declared in November 2025.

Committee members received and noted the quarterly learning from deaths report noting that the Trust's morality rates remained statistically significantly low.

2.7. Business Planning update

Committee members received the business planning update which highlighted ongoing work to refine the financial, operational, and workforce plans ahead of the next submission deadline.

Committee members noted that since the last draft submission, immediate improvements were identified, and finance colleagues were awaiting confirmation of funding envelopes from the Integrated Care Board and NHS England, which would impact the final plan. Key focus areas included ensuring the activity plan aligned with constitutional standards, maximising recurrent savings, and negotiating a baseline of funding that reflected actual demand.

Committee members noted that the workforce plan reflected the overall impact of both the activity and financial plans and highlighted a reduction of 196 WTE for 2026/27 from current staffing levels.

The importance of robust contract negotiations and clear documentation of assumptions was emphasised, with further meetings scheduled to finalise the plan and address outstanding risks

2.8. Operational performance report

The Committee received the operational performance report for month 8 noting that there were positive improvements in urgent and emergency care performance, with the Trust maintaining strong ambulance handover times.

Referral to treatment (RTT) performance and diagnostics highlighted good progress. The Trust continued to make consistent progress in reducing the back log of long waiting patients. The DNA (Did Not Attend) rate was decreasing, with targeted work ongoing in specialties with higher rates. A detailed analysis of 62-day cancer performance and longest-waiting patients was underway, with further context to be provided at the next committee meeting.

Overall, the report reflected a focus on sustaining operational gains and addressing areas requiring further improvement.

2.9. Integrated Activity and Finance Report

The Committee received the report which highlighted that the Trust delivered an in-month income and expenditure deficit of £0.9m against a breakeven plan, bringing a year-to-date deficit of £1.6 million at month 8, which was £1.6 million deficit to plan, primarily due to industrial action costs. The Trust had absorbed previous industrial action expenses and was awaiting clarity on national funding for these costs.

Committee members noted that the financial position for month 9 was dependent on the impact of further industrial action, with ongoing monitoring to achieve a year-end break-even position.

2.10. People Assurance report

The Committee received and noted the People and Organisational Development (P&OD) assurance report. The report provided the Committee with an update on the Trust's performance against the Trusts workforce performance indicators, identifying areas requiring focus and improvement as well as actions being taken to enable that improvement.

2.11. Board Assurance Framework

The Committee reviewed the Board Assurance Framework and updates from the discussions had at the November & December round of Board Committees. Committee members noted that the People Committee focused on the ongoing risk of industrial action, while the Quality Committee considered the link between estates-related risks and their impact on quality, including infection prevention & control. Finance discussions balanced short-term and long-term financial risks, and the Redevelopment Committee emphasised contingency planning for estates. The framework was being updated to reflect these risks and ensure comprehensive oversight.

2.12. NWL Acute Provider Collaborative (APC) Executive Management Board (EMB)

The Committee received and noted the summary of the key discussions held at the APC EMB on 9 October, 4 November and 4 December 2025. Discussions included performance, finance and recovery, business planning, APC clinical pathways and collaborative projects.

2.13. Board Committee Reports

The Committee received summary reports from the Quality; Finance, Investment and Operations; People; Redevelopment & Estates and Audit, Risk and Governance Committee meetings that took place in November and December 2025. The Committee received assurance that key risks overseen by each Board Committee were being managed appropriately.

ICHT Standing Committee meeting

Committee members noted that this was the last Acute Provider Collaborative ICHT Standing Committee meeting prior to the Trust moving to a Northwest London Acute Provider Group Model.

3. Positive assurances received

The Committee received the Maternity Incentive Scheme year 7, which provided assurance that the Trust has met the requirements to declare full compliance against the ten safety actions within the Maternity Incentive Scheme Year 7.

The Committee undertook a deep dive into the Cancer Improvement noting that overall, the programme was aiming to deliver safer pathways, better patient experience, reduced variation, and a more resilient workforce across all tumour groups.

4. Key risks / topics to escalate to the NWL APC BiC

There are no key risks which require escalation to the Board.

5. Concerns outstanding

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

6. Decisions made

Standing Committee members approved the proposed investment approvals that had been approved at the Finance, Investment and Operations Committee.

7. Attendance

Members	January attendance
Sim Scavazza, Non-Executive Director (Vice Chair)	Y
Matthew Swindells, Chair, Board in Common	Y (ex-officio)
Aman Dalvi, Non-Executive Director	Y
Nick Gash, Non-Executive Director	Y
Loy Lobo, Non-Executive Director	Y
David Moss, Non-Executive Director Designate	Y
Bob Alexander, Non-Executive Director	Y
Catherine Williamson, Non-Executive Director	N
Tim Orchard, Chief Executive Officer	Y
Jazz Thind, Chief Financial Officer	Y
Julian Redhead, Chief Medical Officer	Y
Janice Sigsworth, Chief Nursing Officer	Y
Ian Bateman, Chief Operating Officer	Y

Chief Executive Officer's Report - Chelsea and Westminster Hospital NHS Foundation Trust

Accountable director: Lesley Watts
Job title: Chief Executive Officer

Executive summary and key messages

1. Key messages

1.1 National Oversight Framework rating into Segment 1

We have achieved the highest rating in the NHS National Oversight Framework (NOF), securing a Segment 1 rating in the national performance dashboard. The NOF assesses providers on key measures including financial sustainability, operational performance, and quality of care. Segment 1 represents the strongest performance, and this achievement reflects the commitment of our teams and services across all sites. Thank you to everyone across the organisation for contributing to this result.

1.2 Winter planning and flu campaign

Preparation for the winter months with a focus on the wellness of our staff and ensuring our pathways were winter-ready was a key priority for our organisation this year. The winter plans for the organisation provided a blueprint to ensure resilience in our hospitals, safeguarding our patients and staff, and the operational and clinical actions that underpinned our response to increased pressures during this period.

Our Trust's flu vaccination programme confirmed a stronger position this year, with 44.2% of frontline staff vaccinated - an increase of 9% compared with the previous year - positioning the organisation as the best-performing acute Trust in London. Clinics and roving vaccination teams were also deployed to operate across both sites to support uptake.

This year a number of our staff appeared in a London-wide flu campaign featuring on public transport and key locations across the capital.

1.3 Great Big Thank You Week

We hosted our annual 'Great Big Thank You Week' which seeks to celebrate the contributions and commitment of our entire workforce. From 8 - 12 December, our sites were filled with festive cheer, music, and opportunities to come together. From The Great Big Welcome to CW+ performances, the switching on of our Christmas lights and The Great Big Cheer Awards, we recognised colleagues who went above and beyond for patients and each other. Thank you to everyone involved in organising the week, and everyone who joined in to help make it a true celebration of our Trust community.

1.4 Young patient experience featured in national media

Seven-year-old Liberty's visit to Chelsea and Westminster Hospital for a routine club foot surgery was shared in a national media story. In a write-up [in The Independent](#), her mother shared her thanks and appreciation for our staff - especially during a challenging winter period with increased flu pressures. 'I

thought, I never hear anything positive about the NHS – and now I’ve experienced it at its best. It might be buckling under superflu, but they managed to make a small child’s operation at Christmas fun. That is quite something – a miracle, maybe.’

1.5 **Arts for all programme receives international support**

World-renowned pianist Lang Lang gave a surprise lunchtime performance to patients, families and staff at Chelsea and Westminster Hospital. This was in partnership with our CW+ Arts for All programme, which provides daily music, performance and creative activities for patients and staff. The event was part of the Lang Lang Foundation’s Music Heals initiative – a programme that brings high-quality live music directly into healthcare settings. Both programmes use the arts as a tool for healing and improving the hospital experience.

2. **Quality & Safety**

- 2.1 Overall progress across the Quality Priorities remains positive, with substantial assurance in key programmes such as paediatric early warning system (PEWS)/Sepsis, medication safety, and maternity. Areas requiring ongoing oversight include National Safety Standards for Invasive Procedures –version 2 training capacity, violence and aggression training provision, and the recovery of dementia training and screening performance. Robust plans are in place to address all identified risks.
- 2.2 The Board received maternity assurance reports and noted the maternity incentive scheme (MIS) year-end forecast for full compliance and plan for delivery of the maternity single delivery plan. We have been recognised for our positive relationship and impact of the Maternity National Voices Programme (MNVP), and following the publication of the national maternity survey 2024 the Trust rated amongst the top 3 in London for experience.
- 2.3 The Board received the National Adult Inpatient Survey 2024 benchmarking report and noted that the Trust continues to show a clear upward trajectory in patient experience, with significant improvements over the past two years, particularly in interactions with doctors and nurses, treatment and care, and the virtual ward service. The Trust was also recognised nationally for excellence in virtual wards and scored above average for respect, dignity, and overall patient experience.
- 2.4 The Trust remains one of the best-performing nationally on relative mortality risk, with strong processes for learning from deaths. No Prevention of Future Deaths were issued in quarter 2. The lower mortality rate at the Chelsea and Westminster site compared with West Middlesex is longstanding and linked to differences in comorbidity and social deprivation.

3. **Operational Performance**

- 3.1 The Trust reported November performance of 78.7% for the accident and emergency 4-hour standard, above the 78% standard.

- 3.2 The NHS England Cancer standards are being met in October 2025 (validated) for 28-Day Faster Diagnostics standard and 31-Day standard. Performance against the 62-Day standard is improved at 80.5% although not compliant with the Trust Operating Plan target of 85%.
- 3.3 Elective Referral to Treatment (RTT) 18-week wait performance continues to improve in line with the operating plan trajectory at 61.5% for November 2025. There was a reduction in the overall RTT patient treatment list (PTL), a reduction in the 52 week wait (ww) at 1565 (-104) and a decrease in 65ww at 60 (-21). There were no patients waiting over 78ww.
- 3.4 Performance against the DM01 diagnostic standard (which measures the percentage of patients waiting less than 6 weeks) was reported at 83.44% against the 95% standard.

4. Financial Performance

- 4.1 The Trust reported a £0.7m deficit for the first seven months of 2025/26, which is on plan, though this has been supported in part by one-off items. The costs to cover the industrial action were £1m in November and the underlying position is behind plan due to gaps in the cost improvement (CIP) / savings programme. Improvements include reduced bank and agency use through grip and control measures.
- 4.2 The forecast is still to achieve a breakeven plan, however there is £2m of risk in the forecast due to unfunded pay award national insurance impact (£0.9m), and December industrial action (est. £1m), however this is assumed to be mitigated by as-yet unidentified non-recurrent actions. Forecast assumes full delivery of the CIP. There is a significant risk of the costs of ongoing industrial action.
- 4.3 To remain financially sustainable, we must continue focusing on transformation such as streamlining outpatient pathways to reduce unnecessary outpatient follow-ups which helps to free up capacity for new patients and further work is needed to ensure services are efficient, cost-effective and meet key quality and performance standards. Transformation projects now being agreed will underpin our priorities and financial improvement plan for 2026/27.

5. People & Workforce

- 5.1 Staff Survey: Strong engagement, with response rates at 43.5%. Continued focus on driving participation and communicating improvements resulting from feedback.
- 5.2 **Key highlights:**
- Acceptable Behaviours Policy has been redrafted particularly in relation to violence and aggression. We are planning to undertake a larger relaunch and awareness to support our staff.
 - We hosted a successful Black History Month event and are pleased to announce that we have appointed an Enrich network chair. Our staff

networks remain a vital asset to staff voice and inclusion in our organisation.

- Positive developments in apprenticeship training, with 26 new data-driven professionals and 22 advanced care practitioners starting in September, alongside five enhanced clinical practitioners.
- Expansion of self-rostering was also noted, with six additional wards participating.

6. Updates from the Council of Governors (CoG)

6.1 The CoG met in public on 22 October 2025 and received the Annual Report from the Chair of the Quality Committee, alongside a quality update covering the winter plan and the Trust's flu vaccination programme. The meeting also included a briefing on future developments across the Acute Provider Collaborative (APC).

6.2 CoG members attended a dedicated briefing on 16 December 2025 to discuss the NHS 10 Year Plan with an update on the impending changes regarding NHS England/National/Integrated Care Boards. Members were also updated on the recent industrial action.

7. Research and innovation

7.1 **Digital Research Transformation:** Work is continuing on the business case for Chelsea and Westminster Hospitals to join the Imperial College Healthcare NHS Trust (ICHT) Clinical Analytics, Research and Evaluation (iCARE) Secure Data Environment (SDE) as a partner. Recruitment is over 20% up compared to the same time last year, partly reflecting that the Generation Study, highest-recruiting study, accounted for 40% of recruits.

7.2 **Research Volunteer Database:** The technical work is almost complete on a database where potential participants for volunteer studies can sign up via the Trust website to be informed about research opportunities. Work has started to advertise this widely.

8. Equity, diversity and inclusion

8.1 To mark Disability History Month, colleagues from across the Trust shared their personal experiences of disability, long-term health conditions and neurodivergence. These stories highlighted the diversity within our workforce and the many different ways disability can shape our working lives. Charlotte Malone, Clinical Nurse Specialist in Palliative Care, shared her experiences of living and working with dyslexia at an all-staff webinar. She explained the challenges in environments where she didn't always feel understood or supported. Since joining the Trust, she has truly been able to be herself, and feels deeply supported by her colleagues and managers.

8.2 Relaunch of staff networks—the social network

In January we will relaunch our staff networks, bringing together all our new network chairs and leads. This social network launch will kickstart a more integrated approach, strengthen peer support between chairs and leads, and enable networks to work collaboratively to improve inclusion and staff experience across the organisation.

9. Recognition and celebrating success

- 9.1 We celebrated National Healthcare Support Workers Day (23 November), with a special event dedicated to recognising the invaluable contributions of all Healthcare Support Workers (HCSWs) and maternity support workers. The event featured insightful talks and presentations on key topics such as career development, patient experience, flexible working and more. It was also an opportunity to reflect on the vital role HCSWs play in enhancing the patient journey and strengthening our teams.
- 9.2 Edwin Dela Cruz, Head of Nursing Practice Development and Education at Chelsea and Westminster Hospital NHS Foundation Trust, was awarded the European Impact Award 2025 for his work supporting education, training and professional development within Filipino nursing communities across the UK. His work has focused on mentoring, skills development and promoting inclusive practice within healthcare settings.
- 9.3 Congratulations to Veer Parmar, Finance Business Partner, who has been named the Association of Chartered Certified Accountants (ACCA) Public Sector Advocate of the Year for the UK. This achievement is a testament to Veer's dedication to both his profession and the NHS. Veer has been a passionate advocate for ACCA since 2014, championing collaboration, innovation and professional development across the health sector.
- 9.4 Our staff presented at the national NHS England's Advanced Practice Conference, highlighting how advanced practice is revolutionising services across the NHS. Antonia Gerontati, Consultant Nurse and Lead for Advanced Practice, and Advanced Clinical Practitioners Agnes Kaba, Anthony Greeves and Asghar Khan presented our work as a leading example of embedding Advanced Clinical Practice within a complex organisation. This transformation was built on a clear vision, sustained leadership investment and strong engagement within our executive team.

Chelsea and Westminster NHS Foundation Trust (CWFT) Standing Committee Chair's Highlight Report to the North West London Acute Provider Collaborative (NWL APC) Board in Common (BiC) – for discussion

January 2026

Highlight Report

1. Purpose and Introduction

Each Trust within the North West London (NWL) Acute Provider Committee (APC) has established a local Trust Standing Committee following a decision at the April 2024 Board in Common (BiC) meeting in line with the wider review of the APC and local Trusts' governance.

The Committee meets on a quarterly basis. The role of the Trust Standing Committee is to oversee the delivery of the Trust strategy and strategic priorities, the achievement of constitutional and regulatory standards, and to provide assurance to the Trust Board that Trust level risks and issues relating to this are being managed.

2. Key highlights

2.1 Overview

The Chief Executive's report was received and noted, with the Committee welcoming the Trust's positive movement into NOF Level 1. This achievement reflects sustained organisational effort, and the Committee acknowledged the importance of maintaining this progress while balancing delivery within existing operational and financial constraints.

The Committee also recognised strong staff engagement during the Great Big Thank You Week and the continued development of the Arts in Health programme, which is positioning the Trust as a sector leader.

An update on research transformation confirmed the operational impact of the NIHR London ARC funding outcome, with a small number of staff now entering redeployment.

Key Measures

- Four-hour emergency care performance achieved 78.8%, meeting national requirements, though slightly below the internal 80% aspiration.
- RTT 18-week performance reached 61.5%, with continued reductions in PTL size and long-wait cohorts (e.g. 52-week and 65-week waits declining).
- Cancer performance remained broadly compliant on 28-Day FDS and 31-Day standards; 62-Day performance improved to around 80–81%, though below the 85% stretch target.
- Diagnostics performance stood at 83.44%, below the 95% national standard, reflecting workforce and capacity constraints.
- 97% of complaints due in December were responded to within timeframe.
- Inpatient survey indicators have recently stabilised and show signs of improvement.
- Sickness absence remains stable and within target.
- Turnover remains better than target.

- Strong compliance in non-medical appraisals and continued reduction in vacancies.
- Month 8 financial position reported a £700k deficit, slightly better than plan.
- Cost Improvement Plans are fully identified, with 57% delivered recurrently.
- Cash performance remains better than plan, and capital delivery is forecast to meet plan.

Risks

Performance & Quality

- Ongoing pressure at Chelsea from high ambulance arrivals and attendances.
- Diagnostic recovery limited by workforce and equipment constraints.
- Sepsis screening and response times remain below expected standards.

Workforce & Culture

- Persistent violence and aggression toward staff, especially in ED.
- Limited senior-level diversity, with BAME representation an ongoing concern.
- GMC Training Survey issues identified at West Middlesex.

Finance

- Industrial action costs threaten sustainability, with non-recurrent mitigations becoming less viable.
- Recurrent CIP delivery remains difficult due to limited new opportunities.
- Need to convert deficits into deliverable breakeven plans for 26/27.

Operations

- Electrical resilience concerns following a recent power failure.
- Dependence on community partners affecting patient flow, including impacts from equipment provider disruption.

Actions

Further refinement of the 26/27 Business Plan up to February, including detailed actions to close remaining run-rate gaps.

Additional Highlights

The Committee approved the Human Challenge research facility business case, recognising it as an important advancement in the Trust's research capability made possible through charitable capital funding and close partnership with Imperial College. While supportive, the Committee stressed the need to generate sufficient activity to realise the expected financial return.

Virtual ward performance has continued to improve, driven by stronger case-finding and a shift toward greater admission avoidance. Quality audits also show ongoing progress in food provision, documentation and communication.

The Orthopaedic Historical Case Review has been completed, finding that two adult patients were found to have experienced harm under our care. The patients have each been informed and their care has been reviewed and managed accordingly. The Committee noted assurance that all governance processes were appropriately followed. Wider learning will be disseminated through the London providers group that is overseeing this process across a number of organisations.

Collaborative work with Imperial and CW+ continues to underpin key strategic

developments, including the Human Challenge facility.

2.2 Integrated Quality and Performance Report (IQPR) – Overview

The Month 08 IQPR provides a snapshot of performance, quality, workforce, and operational priorities. While progress is evident in several areas, challenges remain in meeting national targets and sustaining quality standards amid financial and workforce pressures. The report highlights key performance metrics, safety indicators, and workforce trends requiring continued focus.

Performance

- A&E four-hour performance around 78–79%, meeting national standards but just below the Trust's internal 80% target. Flow pressures at Chelsea and increased ambulance conveyances are confirmed across both.
- RTT performance is consistent in both sources at 61.5%, with reductions in long waiters (52 and 65-week cohorts) and no 78-week breaches.
- Cancer performance aligns: compliance on 28-Day FDS and 31-Day; 62-Day ~80–81% but short of the 85% stretch target.
- Diagnostics remain below standard at 83.44% in the IQPR, matching the minutes' assessment of persistent workforce-driven constraints.

Quality and Safety

- Serious incidents, increased learning through PSIRF and a need to strengthen thematic review and response times.
- C. diff above annual threshold, E. coli improving, and IPC review actions ongoing.
- Complaints performance is strong with shared emphasis on improving triangulation and thematic insight.
- inpatient satisfaction high, ED below target, outpatient insight limited by low samples, and maternity themes centred on communication and discharge.
- Sepsis is an area needing improvement, noting the APC-wide approach launched in December.

Workforce

- Strong PDR compliance (95%), stable sickness, and vacancy/turnover within targets.
- Maternity workforce challenges highlight ongoing demand management and midwifery shortfalls despite investment.

2.2.3 Quality Report

The Quality Committee provided assurance in several important areas, including safe staffing, mortality governance and compliance with HTA licences. The Maternity Incentive Scheme remains on track for submission in March, and the Committee noted improved performance across inpatient experience indicators. The Orthopaedic Historical Case Review has concluded, and the Committee received assurance that all patients identified as having experienced harm have been informed, with appropriate actions taken. Learning from the review is being shared across London providers.

2.2.4 Finance Report

Financial performance at Month 8 shows a small deficit that is slightly better than plan. Industrial action has created material cost pressures, partially mitigated through non-recurrent measures which are becoming increasingly difficult to sustain. Despite this, the Trust currently expects to deliver a breakeven position, supported by strong cash performance, continued CIP delivery and close monitoring of remaining pressures. Capital delivery remains on track, with apparent variances linked primarily to profiling adjustments for the Ambulatory Diagnostic Centre.

The Committee considered the 2026/27 Business Plan, noting the significant work required over the coming weeks to refine assumptions, address funding uncertainties and convert deficit positions into credible breakeven plans. Members agreed that the next phase will be challenging and will require sustained focus across all operational and corporate teams.

2.2.5 People and Workforce

Workforce updates confirmed continued strong performance in appraisal compliance and effective management of agency usage. Challenges remain relating to staff transfers, industrial action and senior-level diversity. The Guardian of Safe Working Hours Annual Report highlighted gaps in rota design and the ongoing work to address them, with particular focus on improving the experience of trainee and locally employed doctors. The Committee also reflected on the significant impact of violence and aggression on staff, noting that further governance steps are underway to progress mitigations such as body-worn cameras.

2.3. Items for Assurance

The Audit and Risk Committee confirmed a positive internal audit position, with substantial or moderate assurance provided across all recent reviews. The Committee noted that improvements in documentation would have strengthened some ratings.

2.4 Other Items for Noting

The meeting also received updates on current inquests at both sites and considered the implications of the recent electrical failure incident, with assurances that resilience testing and mitigation measures are underway. Cybersecurity considerations were also discussed in the context of resilience and continuity.

Overall, the Committee took good assurance from the reports presented and acknowledged the significant progress being made across the Trust, while recognising the areas requiring continued focus over the coming months.

3. Attendance

Members:	January attendance
Patricia Gallan, Vice Chair and Senior Independent Director (SID) - Chair	Y
Matthew Swindells, Chair in Common, NWL APC Chair in Common	Y
Mike O'Donnell, Non-executive Director	Y
Vineeta Manchanda Non-executive Director	Y

Ajay Mehta Non-executive Director	Y
Dr Syed Mohinuddin Non-executive Director	Y
Carolyn Downs Non-executive Director	N
Catherine Williamson Non-executive Director	N
Members:	October attendance
Aman Dalvi, Non-executive Director	Y
Lesley Watts CBE, Chief Executive Officer	Y
Roger Chinn, Chief Medical Officer	Y
Robert Bleasdale, Chief Nursing Officer	Y
Virginia Massaro, Chief Financial Officer	Y
Kevin Croft, Chief People Officer	Y
Sheena Basnayake, Managing Director (West Mid - WM)	Y
Laura Bewick, Managing Director (Chelsea - CW)	Y
Jason Seez, Chief Infrastructure & Redevelopment Officer	Y
Osian Powell, Director of Transformation	Y
Natasha Singh, Board Adviser, Equality Diversity & Inclusion (EDI)	Y
Emer Delaney, Director of Communications	Y
Peter Jenkinson, Director of Corporate Governance	Y
Chris Chaney, Chief Executive Officer, CW+	Y
Attendees:	
Faye McLoughlin, Corporate Governance Officer	Y
Alexia Pipe, Chief of Staff to NWL APC Chair in Common	Y

8. REPORTS FOR INFORMATION ONLY

9. ANY OTHER BUSINESS

10. QUESTIONS FROM MEMBERS OF THE PUBLIC

1. 11. DATE AND TIME OF THE NEXT MEETING: 28 APRIL 2026 (TIME AND VENUE TBC)