





**London North West  
University Healthcare**  
NHS Trust

NORTH WEST LONDON ACUTE  
PROVIDER COLLABORATIVE BOARD IN  
COMMON - PUBLIC



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

 18 July 2023

 09:00 GMT+1 Europe/London

 Conference Hall, 3rd Floor, Brent Civic Centre, Engineers Way, Wembley, HA9 0FJ



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## 1. AGENDA AND PAPERS

### REFERENCES

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-  0. NWL BiC Public Agenda 18 July 2023 v7 final.pdf
-  1.2 BiC Minutes Acute Provider Collaborative Public Board in Common April 2023 MS.pdf
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**North West London Acute Provider Collaborative  
Board in Common - Public  
Tuesday 18 July 2023, 9.00am – 12:00noon**

**Conference Hall, 3rd Floor, Brent Civic Centre,  
Engineers Way, Wembley, HA9 0FJ**

Members of the public are welcome to join this meeting in person or by Microsoft Teams, via the following link: [Click here to join the meeting](#)

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 [lnwh-tr.trustsecretary@nhs.net](mailto:lnwh-tr.trustsecretary@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's website.

**A G E N D A**

Time	Item No.	Title of Agenda Item	Lead	Enc
09:00	1.0	Welcome and Apologies for Absence	Matthew Swindells Chair in Common	Verbal
	1.1	Declarations of Interest	Matthew Swindells Chair in Common	Verbal
	1.2	Minutes of the previous NWL Acute Provider Collaborative Board Meeting held on 18 April 2023	Matthew Swindells Chair in Common	1.2
	1.3	Matters Arising and Action Log	Matthew Swindells Chair in Common	1.3
09:05	1.4	Patient Story – Virtual ward <i>To note the patient story</i>	Pippa Nightingale, CEO LNWUH	1.4
<b>Delivery and Assurance</b>				
09:20	2.1	Report from the Chair in Common <i>To note the report</i>	Chair in Common, Matthew Swindells	2.1
09:25	2.2	Reports from the Chief Executive Officers <i>To note the reports</i> <ul style="list-style-type: none"> <li>• The Hillingdon Hospitals NHS Foundation Trust</li> <li>• Imperial College Healthcare NHS Trust</li> <li>• London North West University Healthcare NHS Trust</li> <li>• Chelsea and Westminster Hospital NHS Foundation Trust</li> </ul>	Patricia Wright	2.2a
			Tim Orchard	2.2b
			Pippa Nightingale	2.2c
			Lesley Watts	2.2d
<b>Decision Making and Approvals</b>				
9.55	3.1	North West London Acute Provider Collaborative Board Code of Conduct <i>To approve the revised code of conduct</i>	Peter Jenkinson	3.1

10.00	3.2	Executive Governance arrangements and terms of office for the Acute Provider Collaborative Management Board	Peter Jenkinson	3.2
10.10	3.3	Strategic Partnership Alliance	Patricia Wright and Lesley Watts	3.3
<b>Integrated Quality, Workforce, Performance and Finance</b>				
10.25	4.1	Staff survey results <i>To consider the results from the staff survey 2023.</i>	Chief People Officers	4.1
10.35	4.2	Integrated Quality, Workforce, Performance and Finance Report <i>To receive the integrated performance report</i>	CEO Workstream Leads	4.2
	4.3	Financial performance report <i>To receive the financial performance report</i>	Lesley Watts, Chief Executive (C&W)	4.3
11.00	4.4	Reports from Collaborative Committees: <i>To receive functional reports from the collaborative committees, to note progress in key workstreams and to note risks and assurances</i>		4.4
		• Collaborative Finance and Performance Committee Chair	Lesley Watts / Catherine Jarvis	4.4a
		• Collaborative Quality Committee Chair	Tim Orchard / Steve Gill	4.4b
		• Collaborative People Committee Chair	Pippa Nightingale / Janet Rubin	4.4c
		• Collaborative Infrastructure and Capital Committee Chair	Patricia Wright / Bob Alexander	4.4d
11.15	4.5	Learning from deaths <i>To receive a summary of learning from deaths across the four acute trusts</i>	Medical Directors	4.5
<b>Governance and Risk</b>				
11.25	5.1	Reports from Trust Audit Committees <i>To note the reports</i>	Audit Chairs	5.1
		• Chelsea and Westminster Hospital NHS Foundation Trust		5.1a
		• Imperial College Healthcare NHS Trust		5.1b
		• London North West University Healthcare NHS Trust		5.1c
		• The Hillingdon Hospitals NHS Foundation Trust		5.1d
11.30	5.2	Report on items discussed at the Board in Common Cabinet meetings held in May and June	Matthew Swindells, Chair	5.2

		<i>To note any items discussed at the Board in Common Cabinet meetings</i>		
<b>Reports for Information Only</b>				
<b>Any Other Business</b>				
11.35	6.0	Nil Advised		
<b>Questions from Members of the Public</b>				
11:40	7.0	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.		
<b>Close of the Meeting</b>				
<b>Date and Time of the Next Meeting</b>				
17 October 2023 – 09:00 Conference Hall, 3rd Floor, Brent Civic Centre, Engineers Way, Wembley, HA9 0FJ				
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)				

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

Tuesday 18 April 2023, 9.00am – 12noon

Conference Hall, 3<sup>rd</sup> Floor, Brent Civic Centre, Engineers Way, Wembley, HA9 0FJ

### Members Present

Mr Matthew Swindells	Chair in Common
Mr Robert Alexander	Vice Chair (ICHT) & Non-Executive Director (LNWH)
Mr Stephen Gill	Vice Chair (CWFT) & Non-Executive Director (THHFT)
Ms Catherine Jervis	Vice Chair (THHFT) & Non-Executive Director (CWFT)
Ms Janet Rubin	Vice Chair (LNWH) & Non-Executive Director (ICHT)
Ms Linda Burke	Non-Executive Director (THHFT & ICHT)
Professor Andrew Bush	Non-Executive Director (ICHT & CWFT)
Mr Aman Dalvi	Non-Executive Director (CWFT & ICHT)
Mr Nilkunj Dodhia	Non-Executive Director (CWFT & THHFT)
Mr Nick Gash	Non-Executive Director (ICHT & THHFT)
Mr Peter Goldsbrough	Non-Executive Director (ICHT & CWFT)
Professor Desmond Johnston	Non-Executive Director (LNWH & THHFT)
Mr Neville Manuel	Non-Executive Director (THHFT & CWFT)
Mr Ajay Mehta	Non-Executive Director (CWFT & LNWH)
Dr Syed Mohinuddin	Non-Executive Director (LNWH & CWFT)
Mr Simon Morris	Non-Executive Director (THHFT & LNWH)
Mr David Moss	Non-Executive Director (LNWH & ICHT)
Ms Gubby Ayida	Chief Medical Officer (THHFT)
Dr Ayesha Akbar	Deputy Chief Medical Officer (LNWH)
Mr Jon Bell	Chief Financial Officer (THHFT)
Ms Tina Benson	Chief Operating Officer (THHFT)
Dr Robert Bleasdale	Chief Nursing Officer (CWFT)
Dr Roger Chinn	Chief Medical Officer (CWFT)
Mr Robert Hodgkiss	Deputy CEO & Chief Operating Officer (CWFT)
Ms Claire Hook	Chief Operating Officer (ICHT)
Ms Lisa Knight	Chief Nursing Officer (LNWH)
Ms Virginia Massaro	Chief Financial Officer (CWFT)
Ms Pippa Nightingale	Chief Executive Officer (LNWH)
Professor Tim Orchard	Chief Executive Officer (ICHT)
Professor Julian Redhead	Chief Medical Officer (ICHT)
Mr Jonathan Reid	Chief Financial Officer (LNWH)
Mr Jason Seez	Deputy Chief Executive Officer/Director of Strategy (THHFT)
Professor Janice Sigsworth	Chief Nursing Officer (ICHT)
Ms Jazz Thind	Chief Financial Officer (ICHT)
Ms Melanie Van Limborgh	Director of Nursing (THHFT)
Mr James Walters	Chief Operating Officer (LNWH)
Ms Lesley Watts	Chief Executive Officer (CWFT)
Ms Patricia Wright	Chief Executive Officer (THHFT)

### In Attendance

Ms Tracey Beck  
 Ms Tracey Connage  
 Mr Simon Crawford  
 Mr Kevin Croft  
 Ms Jo Fanning  
 Ms Emer Delaney  
 Ms Michelle Dixon  
 Mr Peter Jenkinson  
 Ms Alexia Pipe  
 Mr David Searle  
 Mr Vikas Sharma

Head of Communication (LNWH)  
 Chief People Officer (LNWH)  
 Deputy Chief Executive Officer (LNWH)  
 Chief People Officer (ICHT)  
 Interim Chief People Office (THHFT)  
 Director of Communications (CWFT)  
 Directors of Communications (ICHT)  
 Director of Corporate Governance (ICHT & CWFT)  
 Chief of Staff to Chair in Common  
 Director of Corporate Affairs (LNWH & THHFT)  
 Trust Secretary (THHFT)

### Apologies for Absence

Ms Sim Scavazza  
 Dr Jon Baker

Non-Executive Director (ICHT & LNWH)  
 Chief Medical Officer (LNWH)

Minute Reference		Action
<b>1.0</b>	<b>Welcome and Apologies for Absence</b>	
1.0.1	Mr Swindells, Chair in Common (the Chair) of the North West London Acute Provider Collaborative Board welcomed members of the Board, attendees, staff and members of the public (attending both in person and virtually) to the meeting.  Apologies were noted from Dr Jon Baker – Chief Medical Officer (LNWH) and Sim Scavazza (NED ICHT & LNWH).	
<b>1.1</b>	<b>Declarations of Interest</b>	
1.1.1	There were no new declarations of interest to those already published.	
<b>1.2</b>	<b>Minutes of the Meeting held on 17 January 2023</b>	
1.2.1	The Board in Common <b>approved</b> the minutes of the Board in Common meeting held on the 17 January 2023.  With the following amendments:- <b>Attendees list</b> -Title correction for Robert Bleasdale (Mr not Dr)  <b>Item 4.1.10</b> - should say 'Medically Stranded Patients' rather than patient flow data and the action should be for Ms Watts.	
<b>1.3</b>	<b>Matters Arising and Action Log</b>	
	Nil	
<b>1.4</b>	<b>Patient Story</b>	
1.4.1	Ms Melanie Van Limborgh, Director of Nursing (THHFT) introduced the patient story relating to a patient who was repatriated to Hillingdon Hospital from Northwick Park Hospital following a below knee amputation. In the ward he was reviewed by a specialised amputee physiotherapist and a member of the Tissue Viability team and a referral was made to the Hawthorn Intermediate Care Unit (HICU) he was admitted to the HICU on the 07.02.23.	



1.4.2	On the 14.02.23 in the early hours of the morning, the patient required re-admission to Hillingdon Hospital via the Emergency Department due to chest pain. He was admitted to the Acute Medical Unit for treatment. Later that day the medical team assessed the patient to be medically stable for transfer back to HICU. The patient was discharged via the Departure Lounge at 15:00hrs arriving back to HICU at 16:30hrs.	
1.4.3	The key messages from the patient highlighted positive feedback over his care. One item that would have supported the patient was the provision of the Trusts Discharge Booklet for his hospital stay into discharge. The learning from this patient story highlighted that if the discharge summary completion was at the same time as the referral, this would have allowed HICU to complete the full screening process resulting in a reduced length of stay at the hospital.	
1.4.4	The patient also provided feedback regarding the meal services at Hillingdon particularly in relation to his diabetes. The clinical team will be working with the Housekeeping team on this item.	
1.4.5	The patient story will be discussed with senior representatives from the Hillingdon Hospitals and Northwick Park Hospital. To cascade the key message of providing patient information booklets to patients on all pathways and earlier discharge planning on the wards to support an improved patient experience, Hillingdon Hospital will be promoting the new NWL patient discharge information booklets and have recently launched a Trust discharge study day which will support these actions.	
1.4.6	Ms Linda Burke (Non-Executive Director) asked that if the care package is more than the patient was receiving prior to their hospital stay, but the patient does not want to increase their care package how we manage their discharge. Ms Lesley Watts responded that in terms of the packages of care we are aware that we can be really cautious around discharge, there is a lot of work being undertaken in this area looking, particularly looking at how to support patients to manage better in their home environment rather than a hospital environment.	
1.4.7	<b>The Board in Common noted the patient story.</b>	
<b>2.0</b>	<b>Report from the Chair in Common</b>	
2.0.1	<p>Mr Swindells presented his report and highlighted the following:-</p> <ul style="list-style-type: none"> <li>• Following his first year as Chair of the North West London (NWL) Acute Provider Collaborative, he extended thanks to NED and Executive colleagues who have engaged in such a positive way in creating a new approach to delivering acute services to the people of North West London. Particular thanks were given to the four Vice Chairs and four Chief Executives who have made the vision a reality with determination and purpose.</li> <li>• The benefits of working together in the collaborative whilst maintaining local leadership and individual personalities was remarked upon and could be seen in the performance of the four</li> </ul>	



	<p>Trusts who had collectively delivered their financial plans for the past year.</p> <ul style="list-style-type: none"> <li>• Elective activity levels had increased compared to pre-COVID levels faster than any other sector in London along with improved A&amp;E performance and low mortality levels</li> </ul> <p><b>The Board in Common noted the report.</b></p>	
<b>2.1</b>	<b>Reports from the Chief Executive Officers</b>	
2.1.1	<p><u>Chelsea and Westminster NHS Foundation Trust (CWFT)</u> Ms Watts highlighted the impact of recent Industrial action coinciding with winter which had placed increased demand on services locally. Over 90% of the Junior Doctor workforce took part in the recent Industrial Action in March, requiring weeks of planning and preparation leading up to the strike days. Ms Watts expressed thanks for the team work of the entire workforce who managed to deliver 75% of normal services across outpatients, diagnostics and same day cases. The Trust A&amp;E performance reported 90% with the Chelsea site delivering above 95%.</p>	
2.1.2	<p>Despite the challenges managing through winter and service disruption, there had been a number of innovative pieces of work in the Emergency department to improve patient flow and patient experience.</p>	
2.1.3	<p><u>Imperial College Healthcare NHS Trust (ICHT)</u> Prof Orchard highlighted the recent Industrial action of Junior Doctors and also nurses at ICHT, he thanked all staff for their dedication and flexibility, and their continued work to provide the best possible care for patients and local communities.</p>	
2.1.4	<p>The 2022 NHS staff survey results showed continued progress across a range of measures, he noted that Imperial had the highest ever overall response rate at 56%. Increased scores for the themes, 'we are compassionate and inclusive', 'we are always learning' and 'we are a team' were noted. Further work was required to improve equality and diversity metrics and this would be an area of focus for the coming year.</p>	
2.1.5	<p>Prof Orchard was proud to report that the National Institute for Health and Care Research (NIHR) had appointed 3 new Senior Investigators from Imperial as part of their most recent competition. NIHR Senior Investigators were noted to be amongst the most prominent and prestigious researchers funded by the NIHR.</p>	
2.1.6	<p>It was noted that the Western Eye Hospital would be ready to fully re-open in June 2023, after undergoing 18 months of repairs and improvements. The re-opening of the hospital includes an additional operating theatre to help address long waits caused by the pandemic as well as refurbished pre-assessment and pre and post operation areas.</p>	
2.1.7	<p><u>London Northwest University Healthcare NHS Trust (LNWH)</u></p>	

	<p>Ms Nightingale highlighted the effects of the industrial action and thanked all the teams who have worked so hard to maintain a safe service for patients through the challenging period.</p>	
2.1.8	<p>At the end of February, LNWH launched their new strategy, Our Way Forward, after its approval at the last meeting of the board in common. The publication set out a new vision, Quality at our HEART, as well as four new objectives, each with a core focus on quality.</p>	
2.1.9	<p>Ms Nightingale advised of a continued focus on improving access to care from home through virtual wards covering heart failure, respiratory, infectious diseases and diabetes. It was noted that virtual wards enabled patients to be monitored by a specialist team in the comfort of their own home and were proving very popular with patients as a result. Several patients had recently praised their care through virtual wards publicly, and the teams at both Ealing and Northwick Park had appeared on TV news in the last few months explaining more about the initiative. Plans were now being developed to introduce virtual wards for surgery and end of life care.</p>	
2.1.10	<p>It was noted that Ealing and Northwick Park hospitals are piloting the use of 13 youth buddies to help connect with young patients being treated in A&amp;E. The pilot provides volunteers who can chat with young patients about anything troubling them such as bullying, trouble at home, relationship problems, gang activity or mental health problems.</p>	
2.1.11	<p>Ms Nightingale was pleased to report that Health Education England (HEE) had recently visited the obstetrics and gynaecology department. The visit was very positive and HEE had ceased enhanced monitoring as a result.</p>	
2.1.12	<p>The Trust had been awarded the NHS Pastoral Care Quality Award in recognition of the work in international recruitment and commitment to providing high-quality pastoral care to internationally educated nurses and midwives during recruitment processes and their employment.</p>	
2.1.13	<p><u>The Hillingdon Hospitals NHS Foundation Trust (THHFT)</u> Ms Wright reiterated thanks to all staff who have been working incredibly hard over an extremely difficult period.</p>	
2.1.14	<p>She was pleased to report that January 2023 saw improved performance across all five domains as the Trust recovered from the downturn in performance in December 2022. A rebound in activity in January 2023 had a positive effect on the Trust's Patient Treatment List (PTL) and a reduction in Referral to Treatment (RTT) 78 and 52 week waiting patients.</p>	
2.1.15	<p>It was noted that the Trust has made significant progress with addressing the exit criteria which will allow a move from the National Oversight Framework (NOF) category 4 to NOF category 3.</p>	

2.1.16	Proposals for the new Hillingdon Hospital got a massive boost at Hillingdon Council's Major Planning Committee on 18 January 2023 following the resolution to approve the planning application.	
2.1.17	Ms Wright provided an update on changes within the Executive Team at Hillingdon Hospital and gave thanks to The Director of Nursing, Melanie Van-Limborgh and the Medical Director Gubby Ayida who would be leaving the Trust at the end of April 2023 and May 2023 respectively.	
2.1.18	It was noted that Sarah Burton had been appointed as the new Trust Chief Nurse and will take up the role on the 1 May 2023. Recruitment was ongoing to the role of Chief Medical Officer.	
2.1.19	The Council of Governors appointed Ian Bendall as the Lead Governor and recognised/celebrated the departure of Tony Ellis who had been the Lead Governor for 12 years. The Board thanked Tony for his dedicated service to the Trust.	
2.1.20	Ms Wright was delighted to report that the Trust was awarded the national Carbon Reducer of the year award (2023) from Metsa and highlighted that Hillingdon were the only NHS Trust to have received this award.	
2.1.21	Mr Morris asked around the impact and sustainability of staff with ongoing Industrial action. Ms Watts advised that this is discussed both regionally and nationally around planning both prior to industrial action and the work to recover on both patients and staff and the support provided to staff.  <b>The Board in Common noted the updates.</b>	
<b>3.0</b>	<b>Business, Finance and Operational Plans 2023/24</b>	
3.0.1	Mr Reid, presented the following three papers; <ul style="list-style-type: none"> <li>• The Operating Plan for the Collaborative, which set out the collective ambitions for delivery against the national and local ambitions for NHS Trusts across activity, performance and workforce. <ul style="list-style-type: none"> <li>• The Financial Plan for the Collaborative, which sets out the financial plan for the Trusts</li> <li>• The Business Plan for the Collaborative.</li> </ul> </li> </ul>	
3.0.2	It was noted that the Operating and Financial Plans were developed through local Executive Teams and were submitted in line with national timetables to NHS England and the NWL Integrated Care Board (ICB). The Business Plan had been developed by a small working group, reporting through the Joint Executive Group and objectives for the year had been contributed to via Workshops of the Board in Common.	
3.0.3	Ms Rubin queried the suggested staffing reduction of 900 wte and asked how this would be achieved. Mr Reid advised that the numbers were taken from the Cost Improvement Plans (CIP) and transformation plans worked up by each organisation and that implementation would be subject to satisfactory quality impact assessment processes along with oversight	

	<p>from the Quality and Finance committees. Ms Nightingale advised that the largest reduction would be through bank and agency usage.</p> <p><b>The Board in Common approved the Business, Finance and Operational Plans for 2023/24.</b></p>	
<b>3.1</b>	<b>Elective Orthopaedic Centre Full Business Case (LNW)</b>	
3.1.1	Mr Reid presented the Full Business Case (FBC) for the Elective Orthopaedic Centre at Central Middlesex Hospital. The Board of London North West University Healthcare NHS Trust was asked to approve the Full Business Case and the capital funding requirement of £9.412m. It was noted that the Centre planned to open in November 2023. Further work was taking place with Stakeholders to develop the travel commitment associated with the Centre.	
3.1.2	The Board in Common were advised that the business case had revenue implications, with a net income and expenditure benefit in the first full year of operation of £3.968m to the NWL system. Other key considerations related to the financial and commercial case, as well as the fact that the FBC had responded to all assurance feedback and requests for additional information.	
3.1.3	<p><b>The London North West University Healthcare NHS Trust Board approved the full business case and the capital funding requirement.</b></p> <p><b>The Board in Common noted the business case and the revenue implications.</b></p>	
<b>3.2</b>	<b>Delegated Authorities to Provider Trust Committees 2022/23</b>	
3.2.1	Mr Jenkinson presented the report and sought the approval of the Board in Common to delegate authority to the relevant Trust Quality Committees and/or Audit Committees (as appropriate) to approve the following reports:-	
3.2.2	<ul style="list-style-type: none"> <li>• Annual Report and Accounts</li> <li>• Quality Account</li> <li>• Self-certifications for Non Foundation Trusts</li> <li>• Self-certifications for Foundation Trusts</li> <li>• Modern Slavery Act Statement</li> </ul>	
3.2.3	<ul style="list-style-type: none"> <li>• <b>The Board of Chelsea and Westminster Hospital NHS Foundation approved its delegated authorities as per schedule 1 of the report.</b></li> </ul>	
3.2.4	<ul style="list-style-type: none"> <li>• <b>The Board of Imperial College Healthcare NHS Trust approved its delegated authorities as per schedule 2 of the report.</b></li> <li>• <b>The Board of London North West University Healthcare NHS Trust approved its delegated authorities as per schedule 3 of the report.</b></li> </ul>	
3.2.5		

	<ul style="list-style-type: none"> <li>• <b>The Board of The Hillingdon Hospitals NHS Foundation Trust approved its delegated authorities as per schedule 4 of the report.</b></li> </ul>	
<b>4.0</b>	<b>Integrated Quality, Workforce, Performance and Finance report</b>	
4.0.1	Mr Orchard presented the quality section of the report noting that all four Trusts have exceeded their annual thresholds for E.Coli cases and most Trusts have either already exceeded, or are likely to exceed, their annual threshold for C.diifcile; this is a noted trend regionally and nationally. Local actions are in place and associated actions are under review by the Integrated Care System (ICS).	
4.0.2	Mr Gill reported that the Collaborative Quality committee received a report on the Emergency Pathway Peer Review, established to enhance collaborative working. Emergency medicine was agreed to be the pilot for this process, with the aim of identifying areas of good practice both those already delivered in the sector but also taking learning nationally. The findings from the review were presented at a Quality summit held in December 2022.	
4.0.3	Mr Orchard reported that all Trusts have had an increase in rolling 12 month Hospital Standardised Mortality Ratio (HSMR). Further analysis has confirmed similar rise across the NHS. Telstra health are supporting a review of the data. The Summary Hospital-level Mortality Indicator (SHMI) did not increase in the same way and work will continue to provide assurance going forward.	
4.0.4	Dr Mohinuddin asked whether there was any correlation between high bed occupancy levels and increased risk of hospital acquired infections. Mr Orchard advised that rigorous infection control processes irrelevant of occupancy levels continued to be essential in managing infection levels. He recognised that some Estates were more challenging than others due to their age and condition.	
4.0.5	Mr Hodgkiss reported on the continued reduction in the 78 week wait position at the end of February 2023. Theatre utilisation and patient initiated follow-up (PIFU) have shown positive improvement.	
4.0.6	Ms Hook reported that a range of measures have been implemented to respond to rising Urgent and Emergency Care (UEC) demand, to improve performance and maintain safe levels of care, including a programme to embed best practice ward routines; expanding same day emergency care services and opening additional beds in line with the winter plan.	
4.0.7	Mr Walters summarised the cancer performance which fell slightly in January 2023, albeit this remained average in both the national and London cancer performance. Two week wait demand remained high, impacted by diagnostic imaging capacity and speciality pressures in Urology and Gynaecology. The faster diagnostic standard performance was just over 69% and plans were in place to improve performance over the coming months. The 31 day treatment standard continued to see	



<p>4.0.8</p> <p>4.0.9</p> <p>4.0.10</p> <p>4.0.11</p> <p>4.0.12</p>	<p>some demand pressures, particularly driven by workforce in key specialities with just 1.7% below the standard in that domain. Finally, whilst the 62 day backlog performance continued to be a challenge the Collaborative remained on trajectory for the 62 day backlog clearance.</p> <p>Ms Benson reported on diagnostics and it was noted that the 6 week breaches had reduced back to pre-Christmas levels. The numbers were largely driven by Endoscopy at ICHT and MRI at THHFT. Industrial action was impacting on performance in Endoscopy. The second MRI scanner at Mount Vernon was noted to be driving significant change in the backlog at THHFT.</p> <p>Ms Nightingale reported on workforce. A steady reduction in the vacancy rate to its current position of 9.2% was noted over the past 5 months, supported by targeted UK and Overseas recruitment campaigns.</p> <p>Sickness absence rates had also reduced and were in a stabilised position.</p> <p>Agency spend was of concern with current performance for January 2023 at 4% against a collective target of 2%. It was noted that Trusts were working towards collective solutions in these areas.</p> <p>Appraisals was noted to be a key are of focus and each of the Chief Executives were working hard within their organisations to recover appraisal rates post Covid.</p> <p><b>The Board in Common noted the report.</b></p>	
<p><b>4.1</b></p>	<p><b>Financial performance report</b></p>	
<p>4.1.1</p> <p>4.1.2</p>	<p>Mr Bell presented the report and set out the financial position of the Collaborative at Month 11, noting that all four Trusts are forecasting delivery of their financial plans after agreement with the ICB on the year-end financial position. The report set out the combined position across the four Trusts and noted any material variances and risks, including actions to address these.</p> <p><b>The Board in Common noted the individual Trust updates provided by the Chief Finance Officers on their financial positions.</b></p>	
<p><b>4.2</b></p>	<p><b>Reports from Collaborative Committees</b></p>	
<p>4.2.1</p> <p>4.2.2</p>	<p><u>Report from Collaborative Quality Committee Chair</u> Mr Gill presented a summary of the discussions at the previous collaborative committee meeting. The committee received the Emergency Pathway Peer Review aimed to enhance collaborative working and allow comparison and shared learning across the acute provider collaborative.</p> <p>The Committee received a review of Acute Provider Collaborative Quality Priority workstreams which set out the progress of the agreed</p>	

4.2.3	<p>quality metrics and the priority workstreams for the North West London Acute Provider Collaborative.</p> <p><u>Report from Collaborative Finance and Performance Committee Chair</u> Ms Jervis presented a summary of the discussions held at the previous collaborative committee meeting. It was noted that the committee received an update on the development of the business case for the North West London Elective Orthopaedic Centre.</p> <p>With regard to elective recovery, it noted that as a sector, it w likely tas unlikely that the target of zero patients waiting for more than 78 weeks would be achieved due to the impact of Industrial Action. The Committee noted the level of risk inherent in achieving the financial plans for 2023/24, in particular around the delivery of Cost Improvement Plans (CIPs) and Elective Recovery Fund (ERF) income.</p>	
4.2.4	<p><u>Report from Collaborative People Committee Chair</u> Ms Rubin presented a summary of the discussions at the previous collaborative committee meeting. The Committee received the 2023/24 priority people programme and agreed that as well as completing any outstanding actions on the 2022/23 priorities, the following were approved to meet urgent and immediate needs as well as take the first steps towards longer-term ambitions:</p> <ul style="list-style-type: none"> <li>• Recruitment hub for hardest to fill vacancies</li> <li>• Careers hub and transfer scheme to help retain staff</li> <li>• Improve the take up of Apprenticeships</li> <li>• Joint working on violence, aggression, bullying and discrimination</li> <li>• HR aspects of corporate consolidation</li> </ul>	
4.2.5	<p>Ms Wright asked if there were any plans collaboratively to look at how we increase the uptake in staff vaccination rates. Ms Nightingale advised that there will be a look at what works well in each Trust, and that the Vaccination Board are looking at making some changes to the programme going forward.</p>	
4.2.6	<p><u>Report from Collaborative Infrastructure and Capital Committee Chair</u> Mr Alexander presented a summary of the discussions at the previous collaborative committee meeting. The Committee received an update on the CernerEPR programme which would deliver a converged Acute Electronic Patient Record (EPR) solution across the collaborative by creating a single shared Acute Cerner domain for North West London.</p>	
4.2.7	<p>It was noted that the Committee also discussed the excellent work undertaken so far on the Green plan and the work to track delivery of targets.</p>	
4.2.8	<p>The Committee also discussed the development an Acute Provider Collaborative Estates programme in 2023/24 and it was agreed that an embryonic Estates group would be established to scope out a programme of work to map out the estate, develop an estates strategy</p>	

	<p>and identify the resource needed to deliver a 21st century estates programmes.</p> <p><b>The Board in Common noted the reports provided.</b></p>	
<b>4.3</b>	<b>Learning from deaths</b>	
4.3.1	<p>Mr Chinn presented the report providing assurance that deaths are being scrutinised appropriately in line with national requirements. He confirmed that associated learning is being shared and acted upon through Trust governance processes. Opportunities for process and surveillance alignment and optimisation across the acute collaborative had been identified as a quality priority for the Acute Collaborative to ensure consistency in approach.</p>	
4.3.2	<p>Dr Mohinuddin asked what plans were in place to improve family communications, Mr Chinn advised that the Institute of Medical Examiners has an approach that has improved over the last two years and will continue to do so, and this is a key interface and will remain an important part of the way we look after families.</p> <p><b>The Board in Common received and noted the report.</b></p>	
<b>5.0</b>	<b>Reports from Trust Audit Committees</b>	
5.0.1	<p>The reports from the Trust Audit Committee Chairs were received and noted by the Board in Common with the following requests for delegated authority.</p>	
5.0.2	<p><b>The Hillingdon Board of Directors gave delegated authority to the Audit Committee to ratify the Health and Safety Policy.</b></p>	
5.0.3	<p><b>The Hillingdon Board of Directors gave delegated authority to derestrict two funds held by the Trust charity, as recommended by the Charitable Funds Committee.</b></p>	
<b>5.1</b>	<b>Report on items discussed at the Board in Common Cabinet meetings held in February and March 2023</b>	
5.1.1	<p>Mr Swindells highlighted the business discussed at the Board in Common Cabinet in February and March 2023.</p> <ul style="list-style-type: none"> <li>• Elective Orthopaedic Centre – Decision Making Business Case (EOC DMBC)</li> <li>• London North West University Hospital Trust (LNWH): Endoscopy Capital Development – Final Business Case</li> <li>• Chelsea and Westminster NHS FT (CWFT): Ambulatory Diagnostics Centre - Outline Business Case</li> <li>• Chelsea and Westminster NHS FT (CWFT): Treatment Centre Refurbishment - Strategic Outline Case</li> </ul> <p><b>The Board in Common noted the items discussed at the Board in Common Cabinet.</b></p>	



<b>6.0</b>	<b>Use of the Trust Seal</b>	
6.0.1	Mr Searle presented the report which covered the use of the seal across all four Trusts in the Collaborative within the last 12 months.  <b>The Board in Common received and noted the report.</b>	
<b>7.0</b>	<b>Any Other Business</b>	
7.0.1	MS thanked those members of the Board that would be moving on after this meeting for all their hard work and wished them well for the future.  Nilkunj Dodhia, Non-Executive Director (CWFT & THHFT) David Searle, Director of Corporate Affairs (LNWH & THHFT) Melanie van Limborgh, Director of Nursing (THHFT) Gubby Ayida, Chief Medical Officer (THHFT)	
<b>8.0</b>	<b>Questions from the Public</b>	
8.0.1	The Board in Common noted that questions were received in advance of the meeting. Mr Swindells summarised the questions and asked members of the Board to provide answers, noting that written responses would be provided on the website.	
<b>9.0</b>	<b>Date of the Next Meeting</b>	
9.0.1	The next meeting would take place on 18 July 2023 at 9.00am until 12 noon	

NWL Acute Provider Collaborative Board in Common (Public)

18/07/2023

Item number: 2.1

This report is: Public

## Report title

Author: Matthew Swindells  
Job title: Chair in Common

Accountable director: Matthew Swindells  
Job title: Chair in Common

## Purpose of report

Purpose: Information or for noting only

The Board in Common is asked to note the report.

## Report history

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

N/A

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

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

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

## Executive summary and key messages

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

## Strategic priorities

Tick all that apply

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

- Achieve a more rapid spread of innovation, research, and transformation

Click to describe impact

## Impact assessment

Tick all that apply

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

Click to describe impact

## Reason for private submission

Tick all that apply

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

If other, explain why

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

2. As we deepen our ways of working together across the four acute trusts, we continue to evolve our governance and processes. The North West London Acute Provider Collaborative (APC) is still in its early stages but we have achieved a great deal together in the last year, and the sense of team work to address the challenges that the NHS faces and improve care for our residents is palpable.
3. As you will see in this set of Board in Common (BiC) papers we are making some changes to our structures to enable more collaborative working. Firstly, the Infrastructure and Capital Collaborative Committee will be split into two Committees one of which will focus on Digital and Data and the other on Estates and Sustainability. This is to allow greater focus on the priority programmes of work in these cross cutting areas. We are also establishing a new Executive Management Board (EMB) to support delivery of our joint business plan for 2023/24. The aim is to strengthen collaborative decision-making at executive level, and to ensure focus on delivery of the APC priorities.

## **4. Recent Incident**

5. As many of you will have seen on the news, a shocking incident took place at Central Middlesex Hospital last month. As there is an ongoing police investigation we cannot comment on any details, but I wanted to take this opportunity to thank staff and senior leadership for their response and professionalism during the whole period, which included evacuating a large part of the hospital. The safety of staff and any patients is an absolute priority for our organisations, and we will work with the police to learn any lessons that we can find. We are now focused on supporting our staff who were exposed to such a distressing experience. This commitment was evident when I walked around the hospital the day after the incident and attended briefing sessions with staff at the hospital led by Pippa, and by the tremendous ongoing work being undertaken by the Trusts psychology staff working with individuals and teams.

## **6. Acute Provider Collaborative Visits**

7. On Wednesday 24 May, I joined Caroline Clarke, the new NHS England (NHSE) London Regional Director on a North West London Integrated Care Board (ICB) visit, which was based at the Hillingdon hospital site. We presented on the progress of the hospital and the Acute Provider Collaborative, and then we talked through the new hospital redevelopment. We were joined by the ICB, the Community and Mental Health Trust, Local Authority and place based leadership, for a discussion on integrated care for local people. Caroline congratulated North West London on the enormous progress made.
8. Also in May, I met with Professor Naomi Low-Beer, Dean of Brunel Medical School and her team. I was given a tour of their new facilities and shown the impressive set up they have at Brunel. I heard about their first year cohort of medical students, many of whom will be doing their residencies at our hospitals.

9. On Tuesday 13 June, I joined the ICHT team for the Paddington Life Sciences launch event, which is a partnership made up of NHS, industry, community and academic organisations with a shared commitment to generating healthcare innovations. It was excellent to hear the exciting opportunities that are being built around Paddington basin and for the benefit of patients across North West London.
10. I went to visit the newly refurbished facilities at Western Eye hospital; I was joined by Councillor Angela Piddock. Clinical director Dr Laura Crawley, general manager Dan Pinnick and divisional director for surgery and cancer Prof Raj Bhattacharya took us on a tour of the refurbished facilities. It was great to see the additional operating theatre, which will be used six days a week, enabling the Western Eye team to treat more patients and reduce the waiting list backlog. All the teams at the Western Eye are once again co-located on Marylebone Road.
11. Lord Markham CBE, Parliamentary Under Secretary of State at the Department of Health and Social Care, Richard Meddings, Chair of NHSE and Tim Ferris, National Director of Transformation at NHSE recently visited CWFT. They were keen to see first-hand the innovative work we are doing across digital and data to drive improvements in patient pathways and population health in North West London.
12. I also joined Lord Markham when he visited ICHT on Monday 3 July with Nickie Aiken, MP for Cities of London, Westminster, and Felicity Buchan, MP for Kensington. We had a tour of the St Mary's hospital site and discussed the redevelopment and next steps.
13. Linda Burke and I recently went on a visit to Charing Cross hospital to visit the theatres there, we were fortunate to see a DaVinci robot doing a kidney operation. Merlyn Marsden, Hospital Director at Charing Cross Hospital (CXH) hosted us and we met with a few of the team there including Mr David Hrouda, Consultant Urological Surgeon, Clinical Director Specialist Surgery, Mr Monaghan General Manager Specialist Surgery, Mr Laurence Turner, Deputy General Manager Specialist Surgery, Mr Zaid Awad, Consultant Otolaryngologist, Head And Neck Surgeon, Mr James Kinross Consultant Colorectal Surgeon to discuss the ongoing development of leading edge robotic surgery at CXH.

#### **14. Redevelopment and Capital Plans**

15. As part of the New Hospitals Programme, the Government announced THHFT will get a new hospital, Steve Barclay, Secretary of State for Health and Social Care has confirmed we will get full funding for our redevelopment. Our vision is to provide a state-of-the-art hospital for the residents of Hillingdon, and beyond, which supports the very best in the delivery of healthcare. The New Hillingdon Hospital will be a digitally enhanced building, which is sustainable and fit for the future.
16. With the announcement that the New Hospital Programme (NHP) will not be able to fund St Mary's to complete the redevelopment before 2030. We are continuing to explore, with the support of the NHP, a range of practical funding and design options to ensure a full re-build of St Mary's Hospital and a start on the major refurbishment and expansion schemes at Charing Cross and Hammersmith hospitals by 2030.
17. At Northwick Park Hospital, winter funding has been made available for capital schemes and the Trust has had a bid awarded for a 36 bedded ward, which will be a modular build

on top of the existing A&E. Funding has been received and enabling work has started and work should be completed by November 2023.

## **18. NHS 75 Celebrations**

19. The NHS had its 75<sup>th</sup> Birthday on Wednesday 5 July; the NHS's founding principles to provide care for all, based on clinical need, free at the point of delivery remain as relevant today as they were in 1948. Our hospitals and our people have played a key role in the NHS throughout its history and we continue to help shape its development. That brings significant challenges as well as opportunities, not least right now. It's important to reflect on what the NHS has achieved, for and with our patients and local communities, to support our aspirations for the future.
20. All four Trusts put on events to celebrate this milestone; I was delighted to join many of the events throughout the week. THHFT had an open day at Mount Vernon where staff and the local community enjoyed a wide variety of stalls highlighting the work the Trust does. ICHT hosted gratitude events at St Mary's, Hammersmith and Charing Cross, show casing different teams and departments. CWFT ran a week of events celebrating research, innovation and quality improvement at the Trust. LNWH ran several wellbeing festivals at their three sites, I thoroughly enjoyed delivering 75<sup>th</sup> anniversary cupcakes, as well as being part of the Wellbeing team's tea trolley walk around with Emeisha Joseph-Scarlett and Lucy Hunter at Ealing meeting with staff and patients on the wards, including Raheela Ajmal-Ali, General Manager Head & Neck Directorate.
21. A huge thank you to everyone who was involved in the NHS 75 celebrations, our staff, patients and volunteers across North West London on the landmark birthday. A lot of hard work and effort went into the many events all four Trusts organised, again showing the dedication of our staff and partners to go above and beyond to support the NHS.

## **22. Appointments and Recruitment**

23. As you are aware, we have been busy recruiting Non-Executive Directors (NEDs) to the BiC. I am pleased to announce that Patricia Gallan has joined the Board this month. Patricia is Board member for Chelsea and Westminster Hospital NHS Foundation Trust (CWFT), where she will chair the Finance and Performance Committee, and is board member for THHFT, where she will be a member of the Quality and Safety Committee and the Audit Committee. Patricia has spent the majority of her career as a senior Police Officer in the UK. We will be announcing other NED appointments shortly.
24. I am delighted to welcome Sarah Burton on to the BiC, who started as THHFT chief nurse on 1 May 2023. Sarah has worked in the NHS for the past 30 years, holding a range of senior leadership roles. Sarah was recently deputy chief nurse at University College London hospitals and previously worked in senior roles at Ashford and St Peter's hospitals.
25. I want to give my thanks to Professor Des Johnston and Professor Andy Bush who will both be stepping down at the end of August as the Academic NEDs on the Board in Common, they have both contributed greatly to ensuring education and training remain a priority for our Trusts. We are currently working with Imperial College who provide the

nominations for candidates who sit on the BiC as Academic NEDs and I hope to confirm the new appointments in the near future.

26. Peter Goldsborough who is a Non-Executive Director on ICHT and CWFT Boards is also stepping down at the end August after seven years, I would like to thank him for his contribution to the BiC, especially in his role as Chair of ICHT Quality Committee.



# Chief Executive Officer's Report – The Hillingdon Hospitals NHS Foundation Trust

Accountable director: Patricia Wright  
Job title: Chief Executive Officer

## Executive summary and key messages

### 1. Key messages

- 1.1 A number of junior doctors took industrial action in April and June 2023. The Trust worked hard to keep disruption to a minimum. The Trust used internal and external communications channels to share information and support patients and visitors, the public and staff during the strike.
- 1.2 The redevelopment of Hillingdon Hospital is on track following the announcement on Thursday 25 May 2023 which confirmed that the New Hospitals Programme will be backed by £20billion investment to 2030, with a renewed commitment to projects already announced, including Hillingdon Hospital.
- 1.3 The Trust's elective recovery is demonstrating sustained improvements with high levels of elective activity and ongoing Referral to Treatment (RTT) reduction. Diagnostic recovery continues with MRI, CT and Endoscopy outperforming plan targets and all key metrics across Urgent and Emergency Care including A&E Type 1 and All Types improved in April 2023. In May 2023, A&E Type 1 performance fell by 8.7% and All Types performance fell by 2.7% due predominantly to a significant increase in Urgent and Emergency Care (UEC) attendances, up by 1,200 patients compared to April 2023.
- 1.4 The Trust is continuing to make progress with addressing the exit criteria which will allow a move from the National Oversight Framework (NOF) category 4 to NOF category 3. The aim is to exit NOF4 in quarter 2 of 2023/24.

### 2. Quality and Safety

- 2.1 The Trust is preparing for the implementation of the new national Patient Safety Incident Response Framework (PSIRF) in September 2023. The new framework will provide a mechanism, system-wide, to directly address unfair and avoidable differences in risk of harm from healthcare.
- 2.2 A falls learning event was held on Wednesday 19 April 2023 supported by teams from patient safety, audit, compliance and safeguarding. The event received excellent attendance and a plan is in place to align our themed months with national awareness campaigns which will include learning events, communication campaigns, wards visits, summits and newsletters.
- 2.3 The Trust relaunched the learning summit in June 2023. The learning summits provide an opportunity for staff to learn about the outcomes of recent incident or complaint investigations carried out in the Trust.

### 3. Operational performance

- 3.1 The Trust has consistently high Theatre Utilisation with capped month end positions in both April and May 2023 in the top quartile of model hospital data.
- 3.2 The Trust saw high levels of activity in both April and May 2023 outperforming operating planned targets. Additionally, the Trust has commenced an outpatients programme to identify and implement efficiency opportunities across outpatients for the Trust including



reducing outpatient Did Not Attend (DNAs) and implementing Patient Initiated Follow-Up (PIFU) across all specialties.

- 3.3 The Trust has seen a sustained Patient Treatment List (PTL) reduction in April and May 2023 and has achieved the lowest end of month 78 week wait (ww) position in the acute collaborate in both months. There is continued focus on driving activity to treat all 78ww patients and reduce the 65ww and 52ww position in line with the Operating Plan.

#### **4. Financial performance**

- 4.1 The Trust has a plan to break-even during 2023/24, after receiving additional financial support from the Integrated Care Board. Achieving break-even requires firm control of finances and delivery of a significant savings plan.
- 4.2 The capital programme budget for 2023/24 is £48.4m, including funding for the new hospital “decant and enabling” works and the CernerEPR implementation.
- 4.4 The efficiency target for 2023/24 is £10.8m, which is phased to increase as the year progresses. The target for month 2 is £0.2m, which has been achieved.

#### **5. People**

- 5.1 Sarah Burton took up her role as the Trust’s new Chief Nurse on 1 May 2023.
- 5.2 Dr Alan McGlennan has been appointed as the Trust’s new Chief Medical Officer. He will take up the role in August 2023. Alan joins from the Royal Free London NHS Foundation Trust, where he is currently Medical Director and CEO of Chase Farm Hospital.
- 5.4 We would like to welcome Non-Executive Director Patricia Gallan to the board of Hillingdon, effective from July 2023.
- 5.5 Non-Executive Director Nilkunj Dodhia, left the Trust at the end of June 2023 following the end of his term of appointment and we would like to thank Nilkunj for his contribution to the Trust and the wider collaborative during his term.
- 5.3 The NHS Staff Council officially accepted the Government’s April 2023 pay offer. The offer was implemented for all staff employed on the Agenda for Change Terms and Conditions, as of Friday 31 March, in June pay.
- 5.4 The Trust relaunched its Staff Bank on Tuesday 2 May 2023 with a larger Staff Bank helpdesk team which is contactable ‘24/7’ to help clinical teams get more staffing support and reduce the spend on high-cost temporary staffing agencies.
- 5.5 The Trust has been gathering stories about staff to celebrate the NHS75 in July 2023. The stories include why they joined the NHS, what they enjoy most about their role and how they would describe the NHS in one word.
- 5.6 On 5 July 2023, the Trust celebrated the 75<sup>th</sup> birthday of the NHS with Tea and Muffins for staff in the restaurants. Eleven staff also attended the service at Westminster Abbey. The celebrations continued at the Open/Fun Day held at Mount Vernon Hospital on Saturday 8 July when staff had the opportunity to showcase their services and they, their families and patients enjoyed fun and games and a barbeque prepared by the Trust catering staff.
- 5.6 An internal financial wellbeing campaign ran during Stress Awareness Month (April) to give information and support to staff in the current cost of living crisis.

#### **6. Equality, Diversity and Inclusion (EDI) update**

- 6.1 The Trust highlighted the importance of Staff Networks in a podcast with Danny, the Trust’s then Diversity and Inclusion Lead. It covered the role networks play at the Trust, and how staff can help shape a more inclusive culture through allyship.
- 6.2 The Trust celebrated Equality, Diversity and Human Rights Week by highlighting the five themes of the week and how our Trust aligns and works towards creating an inclusive environment for everyone.

- 6.3 The Trust celebrated religious festivals and events including Easter, Ramadan, Passover and Vaisakhi.
- 6.4 I would like to welcome Cynthia Oji as the Trust new EDI lead who joined the Trust in July 2023.

## **7. Hillingdon Hospital redevelopment**

- 7.1 The first of the Trust's 2023 redevelopment roadshow events took place on Thursday 27 April at Yiewsley and West Drayton Community Centre. It included a walk-in exhibition to look at the plans as well as a short presentation and Q&A in the evening.
- 7.2 The redevelopment team have been out in the community updating the public on our plans. These events include; Hayes Canal Festival, Bell Farm Christian Centre, Harefield and Mount Vernon Nurses League.

## **8. Updates from Council of Governors (CoG)**

- 8.1 The CoG met on 27 April, 30 May and 27 June 2023.
- 8.2 The CoG have been involved in the recruitment and selection process for new Non-Executive Directors and approved the appointments of Patricia Gallan and Baljit Ubhey.
- 8.3 The CoG, and subsequently, the Board of Hillingdon approved transitional arrangements which will enable a staggered election process whereby the Trust will hold elections every other year, and in each election, approximately half of elected governor positions will be available to be filled.
- 8.4 The CoG approved the election timetable for 2023. All seats are up for election and the self-nomination process will open from 21 July 2023 and close on 18 August 2023. Results of the election will be declared on 29 September 2023.
- 8.5 In June 2023 the CoG received a briefing and development session focused on the Trusts Digital Strategy with particular focus on the implementation of our Electronic Patient Record system (CernerEPR), and the Trusts Redevelopment progress and next steps.

## **9. Research and innovation**

- 9.1 The Trust is working with Brunel University London on the Design for Health Programme. The programme aims to develop innovative solutions to real-world clinical challenges which are raised by clinicians at the Trust and then solved by students at Brunel.
- 9.2 Our Transformation and Improvement and Volunteer teams have joined forces with the NW London Integrated Care System and Hillingdon Health and Care Partners to develop a 'Back to Health' pathway, which will look at the pathway before patients come to hospital and after they leave.

## **10. Stakeholder engagement**

- 10.1 Patients are being asked to have their say in the Trust's Clinical Services Review to help ensure all clinical care is sustainable, affordable and fit for purpose.
- 10.2 Caroline Clarke, Regional director for NHSE London, visited Hillingdon Hospital on Wednesday 24 May 2023 as part of a wider visit to see examples of the collaborative work between health and social care and the voluntary sector in the London Borough of Hillingdon. She met with senior staff across Hillingdon Health and Care Partners and spoke with staff and stakeholders about collaborative working and the increased use of digital to improve patient care.

## **11. Recognition and celebrating success**

- 11.1 On Monday 17 April 2023 the Trust launched its new food ordering system 'menuPick' which makes ordering food easier by using an app on a tablet operated at the patient's bedside or on the ward by a housekeeper. The order appears in real time on a screen in the restaurant preparation area, where members of the Facilities Catering Team prepare the meal for dispatch to the ward.
- 11.2 Alison Summerfield, paediatric respiratory and allergy nurse consultant, was named Respiratory Nurse of the Year at the 2023 British Journal of Nursing Awards. The award recognised her work with the Hillingdon Children's Asthma Team and their proactive, collaborative approach to providing care at the Trust and in the community.
- 11.3 Radio Hillingdon, the hospital radio service at Hillingdon Hospital, was recognised in the National Hospital Radio Awards in April where Dr Savi Arora's 'Smooth Groovers' was named Best Specialist Music Programme.
- 11.4 The Trust achieved some of the highest scores in London under the 2022 Patient-Led Assessment of Care Environment (PLACE). PLACE looks at the non-clinical aspects of care environments, such as cleanliness and quality of food; assessments are conducted by a team of patients and staff. The results for 2022 show that in every domain the Trust achieved a higher percentage score than the national and London-wide averages. In some domains, such as cleanliness and food, the Trust scored much higher.

## 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 Following the announcement that, while St Mary's Hospital, Hammersmith and Charing Cross remain in the government's New Hospital Programme (NHP), they are no longer in the list of 40 hospitals that will be completed by 2030, we are continuing to work on a range of options to deliver the much-needed redevelopment of our sites broadly within the original timescales. I have made it very clear that if we waited until 2030 to start building works at St Mary's, it would become impossible to continue to patch up our oldest facilities, many of which house key clinical services. We are progressing our work on the business cases, working with NHP and are doing all we can to accelerate the redevelopment.
- 1.2 Last month we launched Paddington Life Sciences, a collaboration between the NHS, local life science businesses, academia and local communities, with St Mary's at its heart. The regeneration of Paddington and the huge investment in transport infrastructure is already drawing pharmaceutical, biotech, data and technology businesses to the area, joining major local landowners with significant life sciences interests. Establishing more structured collaboration with St Mary's - a major research and teaching hospital serving a large and diverse local community - is now creating a life sciences ecosystem opening up a range of opportunities to expand and accelerate innovation and to improve health and wellbeing, locally and globally.
- 1.3 The Western Eye Hospital re-opened in June 2023, after undergoing 18 months of repairs and improvements. The re-opening of the hospital includes an additional operating theatre to help address long waits caused by the pandemic as well as refurbished pre-assessment and pre and post operation areas. The works address the fire safety issues that led us to close some parts of the hospital last year.
- 1.4 We have been managing ongoing periods of industrial action. The most recent was taken by junior doctors between 07.00 on Wednesday 14 June and 07.00 on Saturday 17 June. Teams worked hard to ensure we were able to maintain safe care across the board and, compared with previous strikes, cancel less of our planned care. We are working on plans for the upcoming industrial action by junior doctors and consultants.
- 1.5 Operationally, we continue to maintain our very good ambulance handover performance, with our handover times at St Mary's and Charing Cross hospitals accounting for some of the lowest within London. We are making progress on the standard to admit or treat and discharge patients arriving in A&E within four hours. We are continuing to reduce long waits and expect to report zero 78-week waits by the end of July, though we have been challenged by cancellations due to industrial action and anaesthetic staff shortages.
- 1.6 Our finances are not where they need to be currently, and we remained significantly off plan at the end of May, though this is an improved position from the end of April. We have established enhanced financial scrutiny and control across the organisation and a focused programme of work to get us back on track.

- 1.7 I would like to thank all our staff for continuing to work to such high standards to deliver safe care. Thank you too to Peter Goldsbrough and Andy Bush – this is their last Board in Common before they step down as NEDs at the end of August.

## **2 Quality and safety**

- 2.1 We continue to maintain very good performance against key quality measures. Mortality rates are consistently amongst the lowest in the NHS, incident reporting rates are increasing overall, and harm levels are well below national averages. This is a testament to the hard work of our teams to keep our patients safe and deliver high quality care.
- 2.2 As well as working to reduce waiting times for patients, we are prioritising treatments for the most urgent patients and identifying any potential or actual harm which may have occurred due to delays. We are using the learning from these processes to develop real time dashboards to track risk and to inform the Trust's clinical audit plans.
- 2.3 The complaints and patient advice and liaison service (PALS) annual report highlights a number of challenges in how we have historically managed and responded to informal and formal complaints, both of which increased in 2022/23 compared to 2021/22. Improvements we are making include: reviewing and revising our complaints policy with input from patients and staff, implementing a new approach and template for complaint responses and improving training for staff involved in complaints handling.
- 2.4 The patient safety incident response framework (PSIRF) will replace the serious incident framework from September 2023 across the NHS. This provides an opportunity to integrate some of our incident and complaints response processes, with a greater focus on learning and improvement. We hope this will allow us to better meet the needs of patients and their families. The transition to PSIRF is progressing well and we are working across the acute provider collaborative to align systems, processes, and governance to maximise the opportunities for learning and benefits for patients and staff.
- 2.5 In 2022/23 we exceeded our thresholds for Escherichia coli (E.coli) bloodstream infections (BSIs) and Clostridium difficile (C. diff) cases and are above trajectory for both for this financial year. In addition, we reported one MRSA BSI in May 2023, our fifth in five months. Three of these have been linked to vascular access devices and we have put actions in place to better manage and document these devices. We have continued to roll-out our improvement programme to support staff with infection prevention control practice, which remains a safety improvement priority for 2023/24.
- 2.6 The Trust provides oversight of quality assurance within the maternity service via a maternity quality oversight assurance report to each Quality Committee meeting. We are developing an action plan in response to NHS England's three-year delivery plan for maternity and neonatal services (published in March 2023). This will incorporate any additional actions coming out of our recent CQC inspection once the final report has been published (see further detail under point 5).

## **3 Operational performance**

- 3.1 We have further improved ambulance handover performance, and our emergency departments have continued to consistently achieve some of the shortest handover times in London. We have been working hard to consistently meet the national standard of



handing over 95 per cent of ambulance attendances within 30 minutes and first achieved this in early June, after a renewed focus from the beginning of the financial year. We have also made improvements against the four-hour standard - that all Trusts see and admit or treat and discharge 76 per cent of patients arriving at an urgent treatment centre or emergency department within four hours by the end of March 2024. We have seen continuous month-on-month improvement since we returned to reporting performance against this metric in March 2023 and have already been achieving the 76 per cent target in some weeks.

- 3.2 We continue to improve our 78-week waiting position and expect to report zero 78-week waits by the end of July. Unfortunately, and as a consequence of both the ongoing industrial action and shortage of anaesthetic staff, a number of theatre list cancellations have impacted on our capacity to see these patients, and so we did not meet our trajectory of zero 78 week waits by the end of March 2023. However, despite the ongoing challenges, we have made good progress in reducing our number of 65-week waits and remain committed to ensuring zero waits over 65 weeks by the end of March 2024. We are focused on ensuring that our long wait patients are rebooked and treated as quickly as possible when affected by the periods of industrial action.
- 3.3 We have continued to make progress on our cancer performance. The number of patients on a cancer pathway for more than 62 days has continued to stay at a low level; 133 patients at the beginning of June was well below our trajectory. We have also continued to improve our progress against the faster diagnostic standard, which requires 75 per cent of patients to be diagnosed or have cancer ruled out within 28 days of referral. After a drop in performance in April, which was largely driven by the impact of industrial action, we achieved the standard again in May. We continue to prioritise meeting and exceeding this target and have robust and detailed plans in place to ensure that this level of care is achievable across all our cancer services.

## **4 Financial performance**

- 4.1 The Trust has set a breakeven plan for the year which is dependent on the delivery of 104 per cent value weighted elective activity levels (4 per cent above 2019/20) and achieving £53.4m of efficiencies. This level of efficiency equates to 3.6 per cent of turnover and is line with other organisations.
- 4.2 At month two, the Trust is reporting an £14.8m deficit against a breakeven plan. The key drivers include under-delivery against an equally phased cost improvement plan, additional inflationary costs above funded levels, impacts of industrial action and run rate pressures in pay and non-pay. We continue to review the cost base, improve activity levels, implement other non-recurrent mitigating actions and focus on run rates to meet the plan. Therefore we expect to recover the financial position and break even at the end of the year. We took the decision to implement a pause on vacancies for the month of June to allow for extra focus on planning to get back on track.
- 4.3 The Trust's estimated Capital Resource Limit (the amount we can spend on our capital programme excluding grants and donations) is £76.6m. This is made up of £63.9m of internally generated cash and £12.8m of national funding. At the end of May, the trust had invested £5.8m of expenditure – 95 per cent of year to date capital plan.
- 4.4 The Trust has a cash balance of £178.5m as of 31 May 2023, a reduction of £693k since the beginning of the year.

## 5 Workforce update

### Industrial action

5.1 In June, we had junior doctor strikes organised by the BMA and HCSA unions, and we are now planning for industrial action in July by consultants and junior doctors. The Royal College of Nursing ballot has closed and they did not achieve the minimum threshold for turnout so there will not be further nursing strikes. The Society of Radiographers ballot at ICHT will not result in industrial action. There have been ongoing discussions around pay rates for the industrial action periods across London. These have been reviewed and an agreed position for consultant rates reached across all London ICBs; these rates are limited to the periods of industrial action and have been implemented specifically to reduce the impact on patients by ensuring as many services will continue to run as possible. All other Trust agreed rates have been reviewed and communicated appropriately.

### Senior management changes

5.2 Dr Raj Bhattacharya has been appointed as Divisional Director of Surgery, Cancer and Cardiovascular after Professor Katie Urch left the Trust in March. Dr Amrish Mehta has also been appointed substantively as Divisional Director of Womens, Cardiac, Clinical service and sexual health in June 2023, having been interim Divisional Director while the substantive recruitment was completed.

5.3 After the retirement of Hugh Gostling, Andrew Murray, Head of Facilities is acting as interim Director of Estates and Facilities while a recruitment for a permanent postholder is completed. I'd like to thank Hugh for his many years of service at Imperial, he will be greatly missed.

### Equality, diversity and inclusion (EDI)

5.4 NHS England put in place a new process to evaluate the Trust's Workforce Race Equality Standard (WRES) action plans in January 2022. The Trust received the top rating of 3.00, which is Outstanding. We were commended by the WRES team for our comprehensive plan to improve performance in our trust-specific WRES data.

5.5 Our expanded anti-racism and anti-discrimination engagement programme will support individuals, teams and groups across the organisation to have open, psychologically-safe and mutually respectful conversations about tackling discrimination and racism in our organisation. The conversations should be grounded in our existing organisational vision, values and behaviours and in key facts about culture, race and equity, especially in relation to our workforce and population. We are currently working to secure delivery partners for this programme.

5.6 We have been shortlisted for the 2023 HPMA Excellence in People Awards for our submission on developing EDI capability and sustainability. This recognises the work that has been done in the last five years to address inequalities, our commitment to embed accountability, improvements in our staff survey results and our inclusive recruitment approach. The award ceremony is on 19 September 2023.

## 6 Regulatory compliance Care Quality Commission (CQC) Update

6.1 We are making sure we are fully prepared for a potential CQC inspection of our emergency departments, anticipated to take place sometime this year. This includes ward accreditation visits to each emergency department (St Mary's adult, St Mary's paediatric and Charing Cross) and a peer review based on similar inspections at other London trusts.

Two further peer reviews were undertaken in April and May 2023 as part of this methodology, focusing on surgical and gynaecology areas.

- 6.2 The CQC has been running a national maternity inspection programme since August 2022 and the Trust's maternity services were inspected as part of this programme in March 2023. We expect the reports to be published in mid-late July.
- 6.3 In addition to its CQC registration, the Trust holds various other licences and registrations including the Human Tissue Authority (HTA), for which the Trust holds a post-mortem licence. The HTA inspected the Trust's compliance with the requirements of the post-mortem licence in May 2023 and we are awaiting the final report.

## **7 Research and innovation**

- 7.1 We have been awarded £4.6m of capital funding from NIHR to support our clinical and translational research. This will enable us to purchase key items of equipment to deliver research studies, as well as establishing a new dedicated clinical research space at Hammersmith Hospital.
- 7.2 The Trust's joint research office and divisional research management teams have launched a number of new process improvements to ensure we are faster to set up and deliver clinical research studies. We are aiming to be one of the quickest acute NHS Trusts in the country to set up trials and so be more attractive to commercial and non-commercial sponsors.
- 7.3 Along with partners, we have been awarded funding from the National Institute of Health and Care Research (NIHR) to host two incubator programmes – for paediatric critical care and diagnostic and therapeutic radiographers. NIHR incubators address areas where there is a need to build research capacity on a national level, encouraging networking, training and career development support for health and care professionals.
- 7.4 A new NIHR Imperial BRC Organoid Facility has been launched and will serve as a multidisciplinary research, technology development and training hub. Organoids are complex 3D structure of cells that can function similarly to living organs, and can be used to model human biology and diseases. The Organoid Facility will model genetic and complex diseases, developing precision medicine approaches and new technologies for analysis.
- 7.5 On Tuesday 13 June we launched Paddington Life Sciences, a collaboration between the NHS, local life sciences businesses, academia and local communities, with St Mary's at its heart. We welcomed an audience of our partners to discuss how we can work together to grow a life sciences cluster in Paddington, a location uniquely well-suited to hosting such a collaboration. The Paddington Life Sciences Partners are: British Land, Brockton Everlast, Derwent London, Imperial College Healthcare NHS Trust, Imperial College London, IQVIA, Microsoft, Optum, Oracle Health, Takeda, The Paddington Partnership, Vertex and Vodafone. Imperial College Health Partners and Imperial Health Charity are associate partners. Paddington Life Sciences aims to ensure the NHS is embedded at the heart of life sciences research. This structured collaboration will help expand and accelerate innovation to add health, economic and social value. The redevelopment of St Mary's Hospital will support us to realise this vision.

## **8 Estates update**



- 8.1 The Trust has continued to develop plans for its three sites in the New Hospital Programme – a rebuild of St Mary’s hospital and extensive refurbishment to Charing Cross and Hammersmith Hospitals. The Government announced in May that our schemes would not be completed in the original timescale, before 2030, which is disappointing. However, we will be funded to progress all our schemes to full business case. We are progressing our work on the business cases and doing all we can to accelerate the redevelopment - looking at alternative funding arrangements to rebuild St Mary’s Hospital and ensuring we can take advantage of any additional funding that becomes available sooner than the current plan for the refurbishments in Charing Cross and Hammersmith. We have had a wide range of media coverage and stake holder meetings to help raise awareness and understanding of our challenges as well as the opportunities we have to progress our plans.
- 8.2 The Western Eye Hospital re-opened in June 2023, after undergoing 18 months of repairs and improvements. The re-opening of the hospital includes an additional operating theatre to help address long waits caused by the pandemic as well as refurbished pre-assessment and pre and post operation areas. The works address the fire safety issues that led us to close some parts of the hospital last year.
- 8.3 In June, we opened ‘the Lighthouse’, a new assessment centre at St Mary’s Hospital dedicated to treating patients who present to the hospital’s emergency department with mental health needs. This is a collaboration with Central and North West London NHS Foundation Trust and aims to improve mental health outcomes and experience. The centre comes complete with four patient rooms designed to be peaceful and offer privacy, as well as shower and bathroom facilities. To help create a calming atmosphere, the arts team at Imperial Health Charity funded a commission by London based artist Laura Gee. The vinyl and paintings fill the space with soothing colours, and charming nature scenes and landscapes.
- 8.4 In June, we also opened a new sanctuary garden at Charing Cross hospital, which has been designed as a quiet, calm and peaceful space for friends, family and visitors who have suffered a bereavement. Funded by Imperial Health Charity, the sanctuary garden is the latest in a series of improvements to green spaces at our hospitals. TV presenter and radio broadcaster Nicki Chapman, who received treatment for a brain tumour at Charing Cross in 2019, visited the garden on Tuesday 6 June to mark the official opening.

## **9 Stakeholder engagement**

- 9.1 Below is a summary of significant meetings I have had with stakeholders:
- Hammersmith and Fulham Save our NHS, 3 April 2023
  - Cllr Ketan Sheth, London Borough of Brent, 5 April, 7 June 2023
  - Nickie Aiken MP, 17 April, 14 June 2023
  - Cllr Natalia Perez, Hammersmith & Fulham, 17 May 2023
  - Cllr Nafsika Butler-Thalassis & Cllr Angela Piddock, City of Westminster, 25 May 2023
  - Hammersmith and Fulham Save our NHS, Brent Patient Voice & Ealing Save our NHS, 5 June 2023
  - Greg Hands MP, 5 June 2023
  - Karen Buck MP & Andy Slaughter MP, 8 June 2023
  - Rachel Blake, prospective parliamentary candidate, 9 June 2023
  - Felicity Buchan MP, 9 June 2023
  - Cllr Stephen Cowan & Ben Coleman, 12 June 2023
  - Adam Knight, prospective parliamentary candidate, 15 June 2023

- 9.2 Our AGM will be held on Wednesday 19 July in the Mary Cochrane Lecture Theatre, at Charing Cross Hospital, with the option to attend virtually also. We encourage patients, carers, families, local residents and staff to attend the event to hear about our work and performance in 2022/23 and our plans for the future.

## **10 Recognition and celebrating success**

- 10.1 I would like to congratulate our colleagues who were awarded honours in the King's Birthday Honours. Nurse, Brenda Deocampo, and lay partner, Trish Longdon, were awarded MBEs for services to healthcare; consultant gynaecologist Alan Farthing was awarded a commander of Royal Victorian Order (RVO); and retired vascular surgeon, Professor Averil Mansfield CBE, received a damehood.
- 10.2 I am delighted that Trust staff were recognised at the Advancing Healthcare Awards on 21 April. These awards celebrate the work of allied health professionals, healthcare scientists and those who work alongside them in leading innovative healthcare practice across the UK. Emma Walker, Trust lead healthcare scientist, won the Academy for Healthcare Science award for leadership in healthcare science and Joe Maslen, apprentice radiotherapy assistance practitioner at Charing Cross Hospital, received the rising star award.
- 10.3 Carys Barton, consultant nurse in heart failure and deputy chair of the British Society for Heart Failure, has been celebrated in the Nursing Times' list of 75 nurses and midwives who have contributed in a significant way to the NHS. Carys was recognised for her instrumental work in developing a new heart failure service in Lambeth and Southwark.
- 10.4 As part of our festival of nursing and midwifery (5-12 May), we had the pleasure of honouring four nurses and midwives with DAISY Awards for Exceptional Nurses. These internationally-recognised awards are for nurses who have shown outstanding clinical skill and compassionate care. Nurses can be nominated by patients, their families or carers for the award. The recipients of the awards were Lucy Gotea, Courtney Finch, Annabel Flack and Soonamma Thomas.
- 10.5 I am pleased that Dr Liz Whittaker has been announced as one of the winners of the Royal College of Paediatrics and Child Health (RCPCH) Members' Award 2023. Dr Whittaker is a consultant in paediatric infectious diseases at St Mary's Hospital, part of West London Children's Healthcare, and a senior clinical lecturer at Imperial College London. Dr Whittaker was recognised for her research work, in particular, her efforts during the Covid-19 pandemic as a member of the RCPCH Expert Reference Group and for helping RCPCH develop guidelines for acute non-A-E hepatitis and Mpox (monkeypox).
- 10.6 Our cardiac team is part of the pan-London cardiac virtual ward team which has been nominated for an NHS Parliamentary award by Nickie Aiken MP. The virtual ward is a collaboration across all eight London cardiac centres, OneLondon, and Ortus-iHealth, to deliver the cardiac remote monitoring programme. Since September 2022, the virtual ward has been able to look after over 3,000 patients remotely, providing at-home care for patients across London who are recovering from or waiting for cardiac surgery.
- 10.7 We celebrated the NHS's 75th birthday with gratitude days on each of our sites, supported by Imperial Health Charity. These included 'marketplace' stalls covering careers, wellbeing and major Trust developments plus music, entertainment, treats and give-aways.

# Chief Executive Officer's Report – London North West University Healthcare NHS Trust (LNWH)

Accountable director: Pippa Nightingale  
Job title: Chief Executive Officer

## Executive summary and key messages

### 1. Key messages

- 1.1 I am very sad to have to report that a shocking incident took place at Central Middlesex Hospital in late June which required the temporary lockdown of the hospital.

We are immensely grateful for the swift support we received from the Metropolitan Police and the London Ambulance Service, whose response allowed us to welcome patients and colleagues safely back into the hospital during the afternoon.

We cannot comment on the details of what occurred due to an ongoing police investigation and associated legal proceedings.

However, I want to once again thank colleagues who were working at Central Middlesex that day for their superb professionalism in taking care of patients and one another.

In the immediate aftermath of the incident, we conducted several briefing sessions for those who had been on site, explaining what had happened and what support was available to them.

Our occupational health psychology team remained on site for those who needed them throughout the rest of the week. They continue to offer dedicated and targeted support for individuals or teams who require it.

- 1.2 Junior doctors continued to take industrial action during this period, with strikes taking place in March, April and June.

Careful planning and huge support from our clinical teams has allowed us to continue running emergency care safely during these periods, while also demonstrating our respect for our colleagues' right to strike.

Considerable effort has been made to continue providing surgery and appointments despite industrial action for people for whom it is most urgent.

Extensive work on social media, with local media outlets, and with ICB partners to support community outreach has highlighted the anticipated impact of each strike to local people, urging them only to attend hospital in an emergency.

Post-industrial action debriefs have helped us learn lessons from each occurrence and further develop and improve our processes.

We also continued to respond to the impact of industrial action taken by unions elsewhere, including at the London Ambulance and among Royal College of Nursing members at other trusts.

We now continue to plan for further British Medical Association industrial action, including among members of our consultant body.

## 2. Quality and safety

2.1 LNWH published its Quality Account on 28 June this year. The account reviews our progress against last year's priorities, and I am particularly proud that we achieved all three of our aims against our goal to improve care for people with sickle cell disease. It also sets out our new priorities for the year ahead:

- Priority 1: We will improve palliative care (caring)
- Priority 2: We will reinvigorate our venous thrombo-embolism process (safe and effective care)
- Priority 3: We will implement the new patient safety incident review framework (safe care)

2.2 In April, we started a new ward accreditation process. A group of assessors, including clinicians, non-executive directors, volunteers and external partners, make unannounced visits to nine patient facing areas each month to do audits.

The process is designed to achieve consistent high-quality standards across our wards and clinical areas, celebrating good work and sharing best practice.

At the time of writing, we have completed 25 visits across the three hospital sites.

The visits have highlighted some excellent work in wards and departments, while also demonstrating the need to focus on consistently staying compliant with core standards, including mandatory training and IG requirements.

The assessors are grateful to the teams they have visited so far, who have been welcoming and helpful despite the challenges of high demand and industrial action seen during this period.

## 3. Operational performance (including winter planning)

3.1 **Emergency department performance:** reported 74.5% for April 2023. This is the seventh highest performance in London for the 16 acute trusts reporting against this standard.

LNWH continues to be ranked as one of the busiest emergency departments in London receiving the most conveyances, with Northwick Park Hospital the single busiest site in London.

We have a range of initiatives in place to support this high demand and good patient flow:

- We continue to use our flow standard operating procedures to support ambulance handover and site flow.

- We continue to conduct London Ambulance Service corridor cohorting at both Ealing, with up to five patients, and Northwick Park, with up to nine patients. We are now part of the north west London pilot for the immediate release process at 45 minutes for ambulances.
- We are further expanding and enhancing our virtual ward programme.
- We support increased bed availability by expanding our discharge lounge model.
- We continue to undertake daily discharge planning with community partners as well as working jointly with mental health trusts and partners in social care. This expedites the assessment of both adults and children so they can be transferred into the right location for their ongoing needs.
- We continue to mobilise our urgent treatment centres.
- We continue our focus on repatriations to and from local hospitals for stroke, speciality and trauma.

**3.2 Cancer waiting times:** We continue to focus on cancer to drive down the backlog and meet our planned trajectories.

Our position continues to track positively against our planned trajectory to reduce the waiting list in line with national expectations. We continue our aim to over-deliver and reduce waiting lists ahead of our year-end plan.

The final position for March 2023 (reporting a month in arrears) was:

- 2-week wait for suspected cancer: reported 91.2% against the 93% standard
- 28-day faster diagnosis: reported 81.7% against the 75% standard
- 62-day wait for treatment following GP referral: reported 75.1% against the 85% national standard

**3.3 18 weeks referral to treatment:** We continue our recovery effort both internally and in conjunction with the North West London Integrated Care System.

In line with our operating plan, we have already returned to pre-Covid-19 levels of delivered activity and continue to focus on increasing activity levels. This allows us to continue treating our most clinically urgent and longest-waiting patients.

The final position for April 2023 reported 57.2%, with 2,552 patients waiting 52 weeks, of which 29 were waiting over 78 weeks. There are no patients waiting over 104 weeks.

## **4. Finance and estates**

**4.1 Finance:** Since the last meeting of the board in common, the Trust has completed the year end reporting process, and the annual accounts for the Trust were approved by the Audit Committee on behalf of the board and signed off in a timely fashion.

Audit colleagues did not raise any significant issues with the reporting process; they did make several helpful improvement recommendations which have been agreed for implementation.



The year-end process also includes an assessment of the arrangements for ensuring economy, efficiency and effectiveness in the use of resources (the 'value for money' audit opinion). The Trust received a clean opinion on value for money, with good progress on strengthening financial management and governance across the organisation noted. We know that there is more to do to become an excellent organisation, but the steady improvement was noted and commended by Audit Committee colleagues.

We are now well into the new financial year, and despite really good work by colleagues across the organisation in monitoring and managing their use of resources in challenging operational circumstances, 2023-24 is showing signs of being challenging.

Positively, estimates indicate that our teams are delivering strongly against elective recovery activity targets and bringing in the variable elements of our income for the year, at the same time as stabilising the waiting lists for patients.

Similarly, after a slow start, the progress on cost improvement is starting to gain momentum. We have now identified £26m of the £31.8m financial target for the coming year and have an emerging pipeline which should help us to close the gap over the rest of the financial year.

However, there are early signs of additional inflationary pressures and, inevitably, there is also a financial consequence to industrial action. At the end of Month 2, the Trust was therefore showing a £4.3m adverse variance to plan. We are working closely with colleagues across LNWH and, crucially, with colleagues across the acute collaborative, on approaches to ensuring that we deliver against our financial plan for the year.

We have already implemented a series of enhanced grip and control checks on expenditure and will continue to carefully monitor expenditure against the income we have received.

- 4.2 **Estates:** During June, a series of events took place across LNWH as part of the national estates and facilities celebration day to recognise the hard work and valued contribution of our colleagues in these professions. Teams across all our services, whether they work for LNWH or for our partners, have responded to significant operational pressures and several incidents. They have continued to demonstrate their commitment to supporting our staff and patients, and we are all proud of them.

We also saw the latest patient-led assessments of the hospital environment (PLACE) scores published, with each of our hospital sites scoring well above the national average. This reflects the hard work of the facilities teams and their close partnership with our clinical and particularly our nursing colleagues.

Our key capital developments continue to progress with work ongoing across all our sites in respect of endoscopy, the elective orthopaedic centre, urology and diagnostics, and the community diagnostic facility, in addition to ongoing upkeep and maintenance work.

Working with clinical and operational colleagues, the estates and capital development teams have also developed a model to extend our urgent care capacity at Northwick Park Hospital. LNWH and the wider collaborative have been successful in securing £23m of capital to support a new 32-bedded unit on the site, which we hope to be ready for use by winter. The unit should improve the flow of patients through our site, improving our emergency performance and the experience of our patients. We are grateful for the support of everyone involved in this project, and particularly for the support from key stakeholders across the collaborative, the North West London NHS, NHSE London and national teams to help secure this much-needed funding.

This work sits alongside and within a significant capital programme for the year, which is being carefully managed through the Capital Review Group.

## **5. People**

- 5.1 I would like to congratulate David Searle, our previous Director of Corporate Affairs, on his retirement at the end of April. David's expertise and his rigorous approach to governance has been a vital part of LNWH's development over recent years and this is reflected in the stronger position we now occupy both with our regulators and with our wider stakeholders.

We are very grateful to David for agreeing to lend us his expertise in relation to the elective orthopaedic centre and look forward to continuing our work together on this important programme.

We are delighted to welcome Dawn Clift as our new Director of Corporate Affairs. Dawn joins us from Chelsea and Westminster NHS Foundation Trust and brings a great deal of experience with her. We are already enjoying working with her.

- 5.2 I'm pleased to note that, after a competitive interview process, Matthew Bartlett has been appointed the Medical Director for the elective orthopaedic centre and Central Middlesex Hospital. Matt has been working as a consultant with a special interest in knee surgery and sports injury since 2003.

Matt is currently our divisional medical director for surgery, where he will continue in the role while we complete a recruitment process for his successor.

- 5.3 In June, LNWH was accredited as Veteran Aware, an indication that our Trust shows greater awareness and support for the Armed Forces community in line with standards laid down by the Veterans Covenant Healthcare Alliance (VCHA).

The Armed Forces Covenant is a promise by the nation ensuring that those who serve, or who have served, in the armed forces, and their families, are treated fairly.

This a significant achievement and recognises our commitment and dedication to ensuring that members of the Armed Forces community are not disadvantaged in receiving healthcare and employment. We also support our veteran and armed forces reservist employees to ensure their health, wellbeing and training needs are met.

- 5.4 We held our annual health and wellbeing festivals at the end of June, with more than 760 colleagues joining the celebration at Ealing and a record-breaking 1198 people at Northwick Park. Attendees benefited from a range of exercise activities and classes, meditation and relaxation opportunities, and information stalls, as well as food vendors and even a virtual reality experience.

Sadly, we have had to postpone the festival at Central Middlesex, as it had been due to take place the day after the incident; instead we continued to provide on-site psychological support. However, I'm pleased to report that the festival will be rescheduled before the end of the summer and is likely to take place in August.

I would like to thank the health and wellbeing team for the significant amount of work involved in coordinating and managing such successful and large events.

- 5.5 We have now held our final meeting of the Independent Staff Insight Group, or ISIG, as we evolve to a different form of governance in the form of our new Staff Engagement, Equity and Experience group, or SEEE.

We remain enormously grateful to the members of ISIG over the last three years, who have each made such a significant contribution to making LNWH a fairer and better place to work.

The first meeting of SEEE is due to take place in July and will allow us to demonstrate true accountability and transparency in this area.

- 5.6 We recruited 42 new HEART ambassadors during this period, bringing the total number of ambassadors across LNWH to 62. Ambassadors will complete training to support them in undertaking their role, which exists to proactively promote our values within the Trust.
- 5.7 In May, we increased our non-medical bank pay rates in line with the recent increase to Agenda for Change pay rates.
- 5.8 We held a range of recognition events and activities during this quarter, including marking International Day of the Midwife and International Nurses Day, but also other important professional recognition days including most recently National Healthcare Estates and Facilities Day.

## **6. Equity, diversity and inclusion**

- 6.1 In June, I wrote to all colleagues to remind them of our commitment to become an anti-racist organisation, as set out in our new five-year strategy, Our Way Forward. In that note, I urged them to read the deep dive analysis into the workforce race equality standard commissioned last year by the Trust board and the Independent Staff Insight Group. That report highlights some stark figures around the continuing inequity in the organisation that we must and will address.



Our organisational development team are now thoroughly reviewing and updating our race equality action plan, as well as the initiatives we already have in place. We have also committed to developing an anti-racist training programme, and to reviewing some of our HR processes.

As an immediate action, we have created a toolkit for managers to help them create safe spaces where we can have challenging conversations about racism and equity.

- 6.2 We marked the 75<sup>th</sup> anniversary of Windrush Day on 22 June. Out of respect for those affected by the CMH incident the previous day, we could not celebrate in the way that we had planned, but we were still able to honour and reflect on the vital legacy of that generation of people who came to Britain in 1948 on the HMT Empire Windrush.

We were privileged to watch a [video from sickle cell nurse consultant Keisha Osmond-Joseph](#), who describes how her grandmother came to Britain to work as a nurse, and how seeing her grandmother's work inspired Keisha in turn to work for the NHS.

Our BME network also invited people from across the organisation to share their own Windrush stories on social media or with our communications team.

- 6.3 Our LGBTQI+ network continues to develop and is now holding regular meetings. We are delighted that LNWH will be marching at Pride London again this year, and are very happy that we have so many members of our LGBTQI+ community and their allies who will be taking part.
- 6.4 During learning disability week, lead nurse specialist for learning disability and autism Hellen Odiembo held workshops and information stalls at all three of our hospitals to offer help and advice about supporting patients with learning disabilities.

## 7. LNWH updates

- 7.1 We have completed a consultation on our clinical divisional structure so that it better reflects the way we now work after a huge increase in partnership working and innovation over the last few years.

The new structure will not involve any changes to what clinical services we provide or the way we provide them and will have no impact on patients.

The new structure will be made up of five divisions:

- Emergency and ambulatory care
- Medicine and therapies
- St. Mark's and outpatients
- Surgery
- Women's, children's and clinical services.

We are very grateful to our services, who supplied valuable feedback about the proposed structures that has helped us significantly refine and improve our plans.

- 7.2 In June, we started our dress rehearsal to prepare for our Cerner electronic patient record (EPR). Over this six-week period, teams test our launch activities in conditions as

close to real life go-live as possible. Like simulation training, these tests allow us to identify potential issues or problems so we can fix them in advance of the real event.

Employee training for the new EPR is now well underway, both as online e-learning and as classroom teaching. The EPR team continue to adapt the training approach in an agile response to employee feedback, while also providing a large number of online drop-in sessions where employees across the organisation can have their training questions answered.

We have turned Jonson Ward at Northwick Park and 6 South at Ealing into exemplar wards, allowing us to test new infrastructure and equipment and highlighting practical issues with workflows so they can be resolved in advance of go-live. Other teams are encouraged to visit the exemplar wards to see the equipment in action and learn how it will work in their own area.

Equipment has already started arriving in other wards and departments, including workstations on wheels, Welch Allyn observation device, and new electronic prescribing and medicines administration carts.

EPR go-live is scheduled to start on Friday 18 August, and is likely to have a significant impact on our services both due to downtime while we transfer to the new EPR, and as services come back online with the new system.

We will communicate both with our stakeholders and the public to ensure that those interacting with or using our services are aware of this impact and why it is occurring.

## **8. Research and innovation**

### **8.1 We celebrated our annual research and innovation excellence conference and award ceremony in May.**

The day featured an extraordinary range of trials and studies, of ranging from randomised controlled trials designed by our investigators, to high impact studies delivered in the clinical research facility at Northwick Park, to our upcoming partnership with the Imperial BRC across the infectious diseases, genetics and inflammatory bowel disease themes.

I was delighted to close the conference by presenting the Research Achievement award to Professor Lynne Turner-Stokes.

We were deeply moved by keynote speaker Professor Bola Owolabi, who challenged us to use our research to close health inequality gaps.

### **8.2 A care co-ordination platform that helps the trust provide acute-level care in patients' homes has saved more than 20,000 'bed days' in a year by helping support early discharges and reducing admissions.**

Infinity supports the work of the Short-Term Assessment, Rehabilitation and Reablement Service (STARSS) who use it to manage and coordinate their workload as well as communicate with one another.

It replaces paper lists, telephone calls and face-to-face handovers with staff seeing an average of ten patients a day compared to seven patients when the platform was first introduced in 2020. The number of tasks completed by the team has also risen by 65%.

- 8.2 Northwick Park has introduced a 24/7 interpreting service for pregnant women whose first language isn't English.

The hospital's maternity team currently manages the largest number of non-English speaking women in the capital.

- 8.3 A virtual ward is helping up to 100 children and young people a month avoid having to come into hospital for observation and treatment.

Providing Assessment and Treatment for Children at Home (PATCH) utilises a combination of phone calls, video and, where appropriate, home visits to assess and treat children who otherwise would previously been treated in hospital as inpatients.

The PATCH programme is part of a wider network across north-west London which is helping drive the NHS's agenda to provide more care closer to home.

## **9. Stakeholder engagement**

- 9.1 We held a public engagement event for people in our communities affected by sickle cell disease on 8 June.

The event, held with support from the Sickle Cell Society, was the second session designed for the service to work with community members on making long-term improvements.

We were privileged to hear from key speaker Dame Elizabeth Anionwu about the history of the service at Central Middlesex Hospital, before reporting back to the participants on what progress we have made since our last engagement event.

We were deeply grateful to hear from Lorraine Airey, who has been working closely with the service to help us develop simulation training based on learning from the tragic death of her son Tyrone.

In the second part of the event, we held breakout sessions to seek specific engagement on issues ranging from improving access to helping service users stay well.

We would like to thank Elizabeth and Lorraine, as well as all our participants, who made such important contributions.

- 9.2 We held a public engagement webinar looking at the Elective Orthopaedic Centre planned for later this year on 20 June.

Some 23 members of the public attended, including three councillors – Cllr Bassist and Cllr Kaur from Hillingdon, and Cllr Southern from Westminster.

The webinar comprised presentations that, between them, explained the journey so far and next steps. There were also open questions and comments from attendees.

Attendees were very engaged with plenty of comments, opinions, and questions. The mood was broadly positive and supportive. Questions focused on transport, information for patients, and parking.

As a result of the webinar, 10 people have expressed an interest in participating in a transport working group. These individuals have all been contacted and preparation for the working group, to be held in early July, is underway.

- 9.3 LNWH will host BBC radio show *Any Questions* on Friday 30 June. The special programme will mark the NHS's 75<sup>th</sup> birthday, which coincidentally coincides with the 75<sup>th</sup> year of the show itself.

## 10. Recognition and celebrating success

- 10.1 We recently announced the shortlist for our Staff Excellence Awards, after receiving an extraordinary and record-breaking 970 nominations. As usual, finalists were agreed by our judging panels, which had a challenging time choosing between such strong contenders.

Our winners will be announced at our awards ceremony on 8 September at Wembley Stadium.

- 10.2 Zarah Perry-Woodford, consultant nurse at St Marks won Nurse of the Year at the British Journal of Nursing Awards.

- 10.3 Also at the British Journal of Nursing Awards, our stoma and pouch care team at St Mark's won a Silver award for Stoma Care Nurse of the Year.

- 10.4 Our virtual ward team have been shortlisted for a national NHS Parliamentary Award in the Future NHS category.

The team were also shortlisted for two HSJ Digital Awards, in the categories *Supporting elective recovery through digital* and *Digital innovator of the year*.

- 10.5 Our pre-operative assessment team were finalists for an HSJ Digital Award in the category *Supporting elective recovery through digital*.

- 10.6 Evie Mensah, consultant eye surgeon and ophthalmology clinical lead, has been appointed the first Equality, Diversity and Inclusion Chair of the Royal College of Ophthalmologists.

- 10.7 Steve Watkins, communications manager for media, has been shortlisted in the NHS 70 Fujifilm photography competition for his portrait of 101-year old volunteer Beryl Carr.

- 10.8 Our pharmacy team have been shortlisted in two categories in the HSJ Patient Safety Awards. Their continued work on our bilingual medicine labels has been shortlisted in the category *Improving health outcomes for minority ethnic communities*, while their work on person-centred care has been shortlisted in the category *Patient involvement in safety*.

## 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. It has been a busy and varied quarter for the Trust, with the opening of a new NHS England-funded discharge lounge at West Middlesex; the launch of a £30m fundraising campaign to mark Chelsea's 30<sup>th</sup> anniversary; pioneering 'super-surgery' and research in women's health; and two periods of industrial action.
- 1.2. While the industrial action, coupled with sustained demand across the sector, had an impact we were largely able to manage patient flow effectively, deliver safe urgent and emergency care and sustain some elective activity. I am extremely grateful to our staff for their outstanding contribution and teamwork in ensuring patient safety and timely care during the ongoing industrial action.
- 1.3. The pressure on urgent and emergency care was also felt during the June heatwave and exceptionally high pollen count, which saw a spike in demand across the capital. On one day during this period, our EDs and UTCs saw attendances of 1450 patients—618 patients at Chelsea and 856 at West Middlesex. These are the highest numbers we've ever seen.
- 1.4. We were better equipped to manage these challenges as a result of the interventions put in place by our EDs, including Fit to Sit, Navigation at Triage, and the Same Day Emergency Care (SDEC) service.
- 1.5. During this period, we have continued to closely monitor elective waits and deliver interventions to address these.

#### 2. Quality and Safety

2.1. Our Trust quality priorities for 2023/24 are aligned to our quality strategy, supported by the Trust Board and our Council of Governors. Our 2023/24 quality priorities are:

- **End of life care:** Supporting people in their last months or years of life
- **Effective discharge:** Enabling safe and timely discharge
- **Frailty care:** Improving the identification and care of frail patients
- **Patient safety incident response framework:** Enhancing patient safety through learning and improvement.

We continue to be committed to the delivery of a comprehensive quality improvement programme that will achieve these priorities and improve patient care, patient experience, and the Trust's culture and environment. The quality priorities are monitored on a monthly basis at the Improvement and the Trust Executive Boards and each have individual project plans.

2.2. Following CQC inspection in February as part of a national programme, our maternity service received its rating in May. Both sites have maintained their overall ratings of 'Outstanding' at West Middlesex and 'Good' at Chelsea and Westminster, confirming the continued quality and safety work that has taken place since the 2019 inspection that enabled us to maintain our ratings, with six areas of outstanding practice identified. An action plan has been formulated to track areas for improvement – with many actions already complete. Inspectors were particularly complementary about our work to reduce health inequalities for people who use our service, and for staff.

2.3. The Trust is actively participating in the CQUIN programme in 2023/24. Eight CQUINS are relevant and being taken forward. In most areas data are retrieved from digital processes and solutions are being explored across the acute collaborative to support clinicians in this work.

2.4. The completion of the Quality Account for 2022/23 is underway to meet the national timescales.

### **3. Infection Control**

3.1. From 1 April – June 27 2023 the Trust reported 0 MRSA blood stream infections, bringing the Trust to a total of 0 cases to date this financial year.

3.2. Our CDI threshold for the 2023/24 financial year has been set at 25 cases. To date (1 April – 27 June 2023) there have been 7 Trust apportioned cases. RCA meetings have been held for 6 of the cases with no lapses in care contributing to the development of CDI identified.

3.3. As E.coli bacteraemia cases increase across the sector, we continue to work closely with sector colleagues to identify and establish improvement work streams with primary care - an example being the implementation of a standard catheter passport given the number of cases that are linked to catheters.

3.4. The infection prevention and control team continues with a programme of education and reviews of clinical practice focusing on the management of invasive devices.

### **4. Operational performance**

4.1. In May, our A&E 4-hour performance improved to 81%, with attendances increasing across all areas. We achieved national targets for cancer two-week wait referrals and the 31-Day Faster Diagnostic Standard (FDS).

4.2. Activity levels improved in month, and the Trust neared or met operational plans for both admitted and non-admitted activity. Divisions also delivered activity recovery plans for specialities most impacted by industrial action in April.



4.3. The Trust's position of patients waiting over 18 weeks for treatment has seen a small improvement in month. Efforts continue to eliminate long waiting patients and these numbers remain stable.

4.4. For diagnostic waits less than 6 weeks, the Trust was compliant with the national standard in May, despite an extremely busy month. The Trust recovery plan remains in place to continue to increase capacity into the summer to clear the backlog and we are on track for returning to delivering our internal stretch standard at 99% in July/August.

## **5. Finance performance**

5.1. We are reporting a £1.6m deficit position for the year to date as at the end of May 2023, which is £1.8m behind plan, but we are still forecasting to deliver our breakeven plan for the financial year 2023/24. We are working across the Trust to improve CIPs to manage this deficit.

5.2. As at the end of May 2023, the year to date capital expenditure was £3.0m. The forecast gross capital spend for 2023/24 is £48.2m and is on track to be delivered. The Trust had a higher than planned cash balance of £162.3m at the end of May 2023 (£2.0m above planned levels).

5.3. The Trust submitted a breakeven plan for 2023/24, which included an efficiency programme of £23.5m and achievement of elective recovery funding (ERF) for meeting 112% of 2019/20 activity on a value weighted basis.

## **6. People**

6.1. Osian Powell has been appointed as the Divisional Director for the Planned Care Division. Alongside day to day oversight of the division, Osian will oversee major projects including the shared delivery of the North West London Elective Orthopaedic Centre and the new Treatment Centre at Chelsea and Westminster Hospital.

6.2. Melanie van Limborgh has returned to Chelsea and Westminster after completing a secondment at the Hillingdon Hospitals NHS Foundation Trust as Chief Nurse. She is based within the Corporate Nursing Team as Director of Nursing - Patient Safety and Compliance.

## **7. Equality, Diversity and Inclusion (EDI) update**

7.1. The Trust has established a new EDI sub group will enable the Trust's delivery against the Public Sector Equality Duty and continue to embed the Trust's commitment to improving equality, diversity and inclusion, towards better health outcomes for patients and people experience for staff. In doing so, it will enable an inclusive culture that values diversity, strives to achieve equity and achieves zero tolerance to any form of harassment and or discrimination.



- 7.2. We were proud to commemorate the 75<sup>th</sup> anniversary of the arrival of the Empire Windrush, with many of its passengers forming part of the first NHS workforce. To mark the occasion, our staff network and communications team delivered a range of activities, including information stalls, Caribbean food and music on hospital radio. The experiences of staff with connections to Windrush were shared through communications channels, including an interview with staff nurse Ceila Powell on Channel 5 news.
- 7.3. Windrush day also saw the formal launch of ENRICH—our staff Equality Network for Race, Inclusion and Cultural Heritage (formerly the BAME network). Members of the network visited wards and services across the Trust to speak to colleagues about their work and how to get involved.
- 7.4. On Saturday 1 July the Trust will march at the London Pride parade. This is the second year that the Trust (as a whole) has had a presence at Pride, and for the first time staff will travel on a branded float. This is an important opportunity to demonstrate our solidarity with the LGBTQ+ community and highlight our role as a national leader in sexual health and gender services.
- 7.5. Our Maternity Cultural Safety Champions continue to be recognised for their exemplary work on anti-racism and LGBTQ+ birthing training. Our maternity services are the first in London to be awarded the Capital Midwives Anti-Racism Bronze award, and the service has also recently won the Nursing Standard Dame Elizabeth Anionwu award for inclusivity.

## **8. Trust highlights**

- 8.1. On Thursday 25 May, Chelsea and Westminster Hospital proudly celebrated its 30th anniversary—with Premier League footballers, celebrities, staff and patients involved in the birthday celebrations. To kick-off the festivities, the hospital's youngest patients received a visit from Chelsea FC players, followed by a special training session with the team. The birthday also saw the launch of our hospital charity's most ambitious fundraising campaign to date. More than 60 staff helped to launch this today by abseiling down the hospital building, raising more than £45,000.
- 8.2. In May, surgeons at Chelsea and Westminster Hospital used robotic innovation to operate on a record number of women living with endometriosis - performing a staggering 24 surgical procedures in a single weekend. Such high intensity procedures are rarely performed in gynaecology theatres in the UK, marking a landmark moment for our Trust as we pioneer new research and treatment for endometriosis. This formed part of a Channel 4 news feature and a film for the Department of Health and Social Care.
- 8.3. NHS England has awarded our Trust the contract to deliver TransPlus – the first integrated gender, sexual health and HIV service to be commissioned in England. Since 2020, it has delivered invaluable care and support to over 700 patients – including diagnosing gender dysphoria, hormone initiation and monitoring, speech and language therapy, and surgical referral alongside an extensive wellbeing programme.
- 8.4. The new discharge lounge facility at West Middlesex has received national recognition from the Department for Health and Social Care (DHSC), with Ministers sharing it as an

exemplar. The facilities were developed following a successful £1m bid to the NHS England support fund earlier this year—enabling our Trust to improve the quality of care and experience for patients.

8.5. On 5 July, we will celebrate 75 years of the NHS. To mark this, the Mayor of Hounslow, other invited guests, staff and patients will attend the official opening of a new multi-purpose garden area at West Middlesex Hospital. The Trust will feature in a special BBC documentary on NHS75 with comedian Bill Bailey, and the experiences of our staff who worked through the pandemic will be broadcast on a BBC Radio 4 programme to commemorate the occasion. Chelsea and Westminster was also chosen as the site for the national media launch of the NHS75 'Big Tea', which involved staff and patients.

## **9. Annual Members meeting 2023**

9.1. Our Annual Members meeting will be held on 20 July 2023. This will be a remote meeting, with members and the public invited to join online.

## **10. Research and innovation**

10.1. In June, we were proud to host the London Accelerating FemTech event to highlight this new initiative and shine a spotlight on the importance of women's health. The event included a range of experts and innovators, including our clinicians Professor Marta Boffito, Natalie Nunes, and Natasha Singh. It examined how clinicians and innovators are working together to address the changing health needs of women and girls throughout their lives.

10.2. Research, Innovation and Quality Improvement (RIQI) week is taking place from 3–6 July, where we will be showcasing best practice across the Trust via in-person and live-streamed events.

## **11. Stakeholder engagement**

11.1. Below is a summary of significant meetings and communications with key stakeholders:

- Monthly Patient and Public Engagement and Experience Group (PPEEG)
- Endometriosis engagement event - 26 April
- Ruth Cadbury MP visit to West Middlesex on women's health – 15 May
- Acute provider collaborative insight meeting - 19 May
- Hounslow Borough Based Partnership Meeting - 6 June
- Community engagement event (volunteering)– 6 June
- Andy Slaughter MP visit to 10 Hammersmith Broadway on sexual health – 10 June
- North West London Elective Orthopaedic Centre public webinar - 20 June
- Lord Markham (Parliamentary Under Secretary of State for Health and Social Care), Richard Meddings (Chair, NHS England), and Tim Ferris (National Director of Transformation) visit on digital operations – 30 June

## 12. Recognition and celebrating success

- 12.1. Our digital preoperative assessment triage has been held up as an exemplar by NHS England, and published as a best practice case study. The initiative is improving patient experience and waiting times.
- 12.2. Lauren Trepte, a Clinical Research Team Leader for Women's Health at West Middlesex Hospital, has been awarded the inaugural Norah Faith Coniam Award by the Iolanthe Midwifery Trust. Lauren is the first person to win this award, which was specifically created to support a project addressing issues around baby loss and bereavement.
- 12.3. In June, general manager for cancer services, Carla Hearsom, was a guest speaker at the annual NHS ConfedExpo in Manchester. Carla presented on our data-led Care Coordination Solution for managing cancer patients, which is helping to better track those referred with suspected cancer and ensure they receive vital treatment and test results sooner.
- 12.4. Volunteer Nina Littler was selected as one of the King's Coronation Champions - celebrating the work of extraordinary volunteers across the UK. A total of 500 volunteers were awarded.
- 12.5. Our Sexual Health London service has been awarded the HealthInvestor Public/Private Partnership of the Year and an HSJ Digital Award for Optimising Clinical Pathways Through Digital. To date, over 2 million London residents have used this online service to manage their sexual health.
- 12.6. West London Children's Health consultant, Katie Malbon, has co-authored a ground-breaking report on child to adult healthcare transition, working with the National Confidential Enquiry into Patient Outcome and Death.
- 12.7. Staff member, Emmanuel Espiritu, was one of five winners of the NHS75 Fujifilm photography competition. His work will be displayed at an exhibition in Westminster Abbey in July.

NWL Acute Provider Collaborative Board in Common (Public)  
18/07/2023  
Item number: 3.1  
This report is: Public

## Board Code of Conduct

Author: Dawn Clift  
Job title: Director of Corporate Affairs, London North West University Healthcare

Accountable director: Peter Jenkinson  
Job title: Collaborative Director of Governance

### Purpose of report

Purpose: Decision or approval

The Acute Provider Collaborative Board in Common is asked to approve the Board Code of Conduct and to adhere to its standards.

### Report history

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

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

The Code of Conduct for the Board in Common is based on the Code of Conduct for NHS Boards and applies to all members of the North West London Acute Provider Collaborative Board in Common. The Four Trust Boards to which this Code applies are:-

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

The Code confirms our commitment to Public Service Values and our Commitment to Diversity, Inclusivity and Equity.

## 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

## Code of Conduct and Accountability for the North West London Acute Provider Collaborative Board in Common

The [code of governance for NHS provider trusts](#) sets out an overarching framework for the corporate governance of trusts, reflecting developments in UK corporate governance and the development of integrated care systems. Trusts must comply with each of the provisions of the code or, where appropriate, explain in each case why the trust has departed from the code. The code of governance remains a source document for this code of conduct and accountability, and elements have been highlighted to support the North West London Acute Provider Collaborative Board in Common.

### 1. The Code of Conduct

#### 1.1. Introduction

The Code of Conduct for the Board in Common is based on the Code of Conduct for NHS Boards and applies to all members of the North West London Acute Provider Collaborative Board in Common. The Four Trust Boards to which this Code applies are:-

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

#### 1.2. Public Service Values and our Commitment to Diversity, Inclusivity, Equity and Equality

There are three crucial public service values which underpin the work of the North West London Acute Provider Collaborative Board:

- Accountability;
- Probity;
- Openness.

In delivering the above public service values, the Board members of the North West London Acute Provider Collaborative have a responsibility to lead and support an inclusive workplace as an equal opportunity employer and ensure individuals have the same opportunities for employment, education and development based on their ability, qualifications and suitability for the work. Our operations aim to improve the quality of life of our employees, to provide excellent clinical outcomes, to reduce and ultimately eliminate health inequalities for our patients and to positively contribute to the community. To do so, we aim to create a safe, respectful and inclusive place of work so our people can contribute to living our values.

This Code of Conduct defines the overriding principles of diversity, inclusion, equity and equality as follows:

• **Diversity** - The quality of being different or unique as an individual or group, including but not limited to age, race, religion, ethnicity, colour, physical features, sex, sexual

preference/orientation, gender identity/expression, language differences, nationality or national origin, family or marital status, physical, mental and development abilities, socio-economic status and education

- **Inclusion** - A strategy to leverage diversity to ensure employees have equity of opportunity in the workplace without any impediments due to diversity characteristics as stated above. Our commitment to diversity and inclusion aligns with our overarching public service values of accountability, probity and openness.
- **Equity and Equality** - While the terms equity and equality may sound similar, the implementation of one versus the other can lead to dramatically different outcomes for marginalized people. Equality means each individual or group of people is given the same resources or opportunities. Equity recognizes that each person has different circumstances and allocates the exact resources and opportunities needed to reach an equal outcome.

## 2. The London Leadership Values

2.1. The Acute Collaborative has adopted the London Leadership Values and Board members should demonstrate these values:

Core values

- Courage, passion and decisiveness
- Compassion
- Integrity

Aspirational values

- Consistently hard on problems but generous with people
- Effortlessly inclusive

Eradicate our accidental values

- Putting institutions and staff ahead of patients and citizens
- Using power to obstruct or for gaming, point scoring, personal attacks and bullying
- Using information and knowledge as a “bargaining chip”
- Failing to be open and honest
- Learned helplessness and “playing safe”

Alongside honesty and integrity, we expect our leaders to

- Work collaboratively and
- Take accountability

## 3.0 Principles

Trust board members have a duty to conduct NHS business with probity. They have a responsibility to respond to staff, patients and suppliers impartially to achieve value for money from the public funds with which they are entrusted and to demonstrate high ethical standards of personal conduct.

The Trust board operates within the ‘Seven Principles of Public Life’ recommended by the Nolan Committee:

- **Selflessness** - Holders of public office should take decisions solely in terms of the public interest. They should not do so in order to gain financial or other material benefits for themselves, their family or their friends.



- **Integrity** – Holders of public office should not place themselves under any financial obligation to outside individuals or organisations that might influence them in the performance of their official duties.
- **Objectivity** – In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.
- **Accountability** – Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.
- **Openness** – Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.
- **Honesty** – Holders of public office have a duty to declare any private interests relating to their public duties and take steps to resolve any conflicts arising in a way that protects the public interest.
- **Leadership** – Holders of public office should promote and support these principles by leadership and example.

### **3.1 Openness and public responsibilities**

The Board ensures that it is open with the public, patients, governors, stakeholders and with staff as the need for change emerges. Major changes should be consulted upon before decisions are reached and information supporting those decisions made available.

Each Trust's business should be conducted in a socially responsible, ethical and inclusive way and it should have an open relationship with the local community and communicate regarding the service provided. Confidentiality of personal and individual patient information is respected and protected at all times.

### **3.2 Public service values in management**

The chair and the board members have a duty to ensure that public funds are adequately safeguarded and that at all times the board conducts its business as efficiently and effectively as possible. The board should ensure that all public statements and reports issues are clear, comprehensive and balanced, and fully represent the facts. Annual reports and other key reports are issued in good time to all individuals and groups in the community who have a legitimate interest in the relevant Trust to allow full consideration by those wishing to attend public meetings.

### **3.3 Public business and private gain**

Members of the board should declare on appointment, or as and when the need arises, any business or commercial interests, position of authority in a charity or voluntary body in the field of health and social care and any connection with a voluntary or other body contacting NHS services. These must be formally recorded and entered into a register, which is held by each Trust's company secretary available to the public. Directorships and other significant interests held by board members must also be declared and kept up to date. When the board considers items that have a relationship to a member's area of interest, then the individual member must declare this at the time and withdraw and play no part in the discussion or decision making.

### **3.4 Hospitality and other expenditure**

The use of NHS monies for hospitality and entertainment should be carefully considered. All expenditure on such items should be capable of justification. Gifts and Hospitality received by board members should be declared to, and recorded by each Trust's company secretary.

### **3.5 Relations with suppliers**

The board has an explicit procedure for the declaration of hospitality and sponsorship offered by, for example, suppliers. Their authorisation must be carefully considered and the decision recorded. The board should be aware of the risks of incurring obligations to suppliers at any stage of a contracting relationship.

### **3.6 Fit and Proper Person**

It is a legal and regulatory requirement that a director serving on the board of directors is a 'fit and proper person'. Directors must certify on appointment, and each year, that they are/remain a fit and proper person. If circumstances change so that a director can no longer be regarded as a fit and proper person or if it comes to light that a director is not a fit and proper person they are suspended from being a director with immediate effect pending confirmation and any appeal. Where it is confirmed that a director is no longer a fit and proper person their board membership is terminated.

### **3.7 Freedom to Speak Up and Psychological Safety**

Psychological safety ensures that individuals will be protected for speaking up with ideas, questions, concerns, or mistakes. The board should ensure that staff have a proper and widely publicised procedure for voicing issues of concern or complaints regarding bad management, breaches of the code of conduct or other concerns of an ethical nature; a key role in this are the speak-up guardians who provide an annual report to each Trust, and also ad hoc reports should they think this appropriate. The board and non-executive directors must establish a climate that enables staff to have confidence in the fairness and impartiality of procedures for registering their concerns.

### **3.8 Compliance**

Board members should satisfy themselves that the actions of the board and its members in conducting board business fully reflects the values in this Code and, as far as is reasonably practicable, that concerns expressed by staff or others are fully investigated and acted upon. All board members of the North West London Acute Provider Collaborative are expected upon appointment to subscribe to this Code of Conduct, and to re-affirm this by annual presentation of the Code to the Board.

## **4.0 Statutory Accountabilities**

NHS trusts' assume responsibility for ownership and management of hospitals or other establishments or facilities defined in an order transferring them by authority of the Secretary of State to whom they are accountable through NHS England. Each Trust's finances are subject to external audit by an appointed auditor. The chief executive officer and the chief finance officer are directly responsible for their respective organisations' annual accounts.

### **4.1 The Trust board of directors**

4.1.1 Together the executive board members and the non-executive board members, under a chair, share corporate responsibility for all decisions of the board. There is a clear division of responsibility between the chair and the chief executive officer of each Trust within the Collaborative.

4.1.2 The chief executive officer of each Trust within the Collaborative is directly accountable to the chair and the non-executive members of their board for the operation of the organisation and for implementing the board's decisions. The chief executive officer should be allowed full scope, within clearly defined delegated powers, for action in fulfilling the decisions of the Trust board.

4.1.3 The chair and the non-executive board members are responsible for monitoring the executive management of the organisation and are responsible to the chair of NHS England for the discharge of these responsibilities.

4.1.4 The board has six key functions for which they are held accountable:

- To set the strategic direction of the Trust and the Collaborative within the overall policies and priorities of the government and the NHS, define its annual and longer term objectives and agree plans to achieve them;
- To oversee the delivery of planned results by monitoring quality of care delivery and performance against objectives and ensuring corrective action is taken when necessary;
- To ensure effective financial stewardship through value for money, financial control and financial planning and strategy;
- To ensure that high standards of corporate governance and personal behaviour are maintained in the conduct of the business of the organisation;
- To appoint, appraise and remunerate senior executives;
- To ensure that there is effective dialogue between the organisation, the Acute Provider Collaborative and the Integrated Care System partners on its plans and performance and that these are responsive to the wider community's health needs.

4.1.5 In fulfilling these functions, the board should:

- Specify its requirements in organising and presenting financial and other information succinctly and efficiently to ensure the board can fully undertake its responsibilities;
- Be clear what decision and information are appropriate to the board and draw up standing orders, a schedule of decision reserved to the board and standing financial instructions to reflect this;
- Establish performance and quality targets that maintain the effective use of resources and provide value for money;
- Ensure that management arrangements are in place to enable responsibility to be clearly delegated to senior executives for the main programmes of action and for performance against programmes to be monitored and senior executives held to account;
- Establish Audit and Remuneration Committees on the basis of formally agreed terms of reference which set out the membership of the sub-committee, the limit to their powers, and the arrangements for reporting back to the board;
- Act within statutory financial and other constraints.

## **4.2 The Role of the Chair in Common**

The chair in common of the acute provider collaborative is responsible for cultivating a strong collaborative partnership with the four acute trusts, building strong relationships with the executive, non-executive and clinical leadership of the four organisations, together with the Governors of the two NHS Foundation Trusts. Cultivating strong collaborative relationships with key external stakeholders in the North West Integrated Care System and the London Region of NHS England is of equal importance. In addition, it is the chair in common's role to:

- Provide leadership to the board;
- Enable all board members to make a full contribution to the board's affairs and ensure that the board acts as a team;
- Ensure that key and appropriate issues are discussed by the board in a timely manner;
- Ensure the board has adequate support and is provided efficiently with all necessary data on which to base informed decisions;
- Appoint non-executive board members to an Appointment and Remuneration Committee of the board, which will advise on the appointment, appraisal and remuneration of the chief executive officers and other executive board members;
- Appoint non-executive board members to an Audit Committee of each Trust;
- Advise the Secretary of State through the chair of NHS England on the performance of non-executive Trust board members.

## **4.3 The Role of the Vice Chairs**

Each of the individual Trusts within the Collaborative have a Vice Chair to assist the Chair in delivering the key responsibilities of that role:

- Ensuring the development of Board strategy in the context of acute sector collaborative working and the overarching strategy of the NW London ICS;
- Ensuring the development of and appropriate governance/management for collaborative arrangements between the Trusts;
- The development and empowerment of the entire executive leadership to optimise collaboration and outcomes;
- Work with and within NW London ICS to ensure the Trusts deliver safe, effective and efficient services;
- In the absence of the Chair in Common, Chair the Council of Governors (where such arrangements exist).

The Vice Chair of each trust will support the Chair in the management of the respective Unitary Board(s), specifically being the key link between Chair and Board ensuring the effective and timely communication of messages, actions and feedback.

## **4.4 Non-executive Trust board members**

Non-executive board members are appointed to bring an independent judgement to bear on issues of strategy, performance, key appointments and accountability through NHS England and to the local community. They have a key role in working with the chair in the appointment of the chief executive officers and other board members. Non-executive members comprise the Audit Committee. In addition, they undertake specific functions agreed by the board including chairing of other board committees, oversight of relations with staff, the general public and the media, participation in

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professional conduct and competency enquiries, staff disciplinary appeals, complaints and procurement.

#### **4.5 Reporting and controls**

It is the board's duty to present through the timely publications of an annual report, annual accounts and other means, a balanced and readily understood assessment of each Trust's performance. The board observes the detailed financial guidance issued by NHS England, including the role of internal and external auditors. The Standing Orders of the board prescribe the terms of which committees of the board are delegated functions, as does the schedule of decisions reserved for the board.

#### **4.6 Employee relations**

The board complies with legislation and guidance from NHS England, respects agreements entered into by itself, and establishes terms and conditions of service that are fair to the staff and represent good value for money.

I have read and understand the information above.

Name:	
Position:	
Signature:	
Date:	

North West London Acute Provider Collaborative – Board in Common  
18 July 2023  
Item number: 3.2  
This report is: Public

# North West London Acute Provider Collaborative Revisions to the governance arrangements

Author: Peter Jenkinson  
Job title: Director of Corporate Governance

Accountable director: Pippa Nightingale, Tim Orchard, Lesley Watts, Patricia Wright  
Job title: Chief Executive Officers

## Purpose of report

Purpose: Decision or approval

The purpose of this paper is to note the amendments to the governance arrangements for the North West London acute provider collaborative (the ‘Collaborative’), as agreed by the Board in Common Cabinet, including the implementation of revised executive governance arrangements and the replacement of the Collaborative Infrastructure Committee with two collaborative level committees – a Collaborative Digital and Data Committee, and a Collaborative Strategic Estates and Sustainability Committee.

The Board in Common is asked to note the amendment to the Scheme of Delegated Authority to effect these changes and to agree the initial terms of reference for the new meetings.

## Report history

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

Board in Common Cabinet	Committee name	Committee name
13/06/2023	Click or tap to enter a date.	Click or tap to enter a date.
Approved revisions to the scheme of delegated authority to implement proposed changes.	What was the outcome?	What was the outcome?

## Executive summary and key messages

1. The purpose of this paper is to set out the agreed revisions to the executive governance arrangements for the acute provider collaborative, to support the delivery of the NW

London acute provider collaborative ('Collaborative') business plan, and the agreed changes to the Collaborative Infrastructure and Digital Committee, to provide appropriate level of focus on two key enabling strategies, by creating separate committees focusing on digital and data, and strategic estates and sustainability.

2. The Board in Common approved the Collaborative's first annual business plan in April 2023, which sets out the financial and operating plan for the Collaborative, and also a portfolio of strategic priorities for 2023/24 that support the delivery of the Collaborative aims. These priorities consist of a number of projects within the four CEO-led programmes and some additional focused transformation programmes.
3. We have reviewed our current governance arrangements to ensure they are effective in delivering the business plan and providing appropriate assurance through the board and collaborative level governance arrangements.
4. The Board in Common Cabinet has agreed proposed changes to strengthen existing executive-level governance arrangements, including the establishment of an acute provider collaborative executive management board (APC EMB), which will act as the Collaborative executive delivery group and executive level decision-making group for Collaborative priorities.
5. Within the business plan, there are some key programmes relating to both the estates and digital agendas, including the deployment of Cerner across London North West University Healthcare NHS Trust (LNWH) and The Hillingdon Hospital NHS Foundation Trust (THHFT), and extensive estates redevelopment programmes at THHFT and Imperial College Healthcare NHS Trust (ICHT). To reflect this, the Board in Common Cabinet agreed changes to the existing collaborative level committees – to replace the existing Collaborative Infrastructure Committee with two collaborative level committees – a Collaborative Digital and Data Committee, and a Collaborative Strategic Estates and Sustainability Committee.
6. The Board in Common is asked to note the changes to governance arrangements as approved by the Board in Common Cabinet, and associated changes to CEO responsibilities for cross-organisation programmes.
7. The APC EMB held its first meeting on 10 July. The two new collaborative level committees will hold their inaugural meetings in September 2023. To achieve this, we will:
  - meet with the chairs and CEO leads for the two committees to agree the draft terms of reference and working arrangements, including a forward plan for the committee.
  - appoint non-executive director members to each 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

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

## Main paper

### North West London Acute Provider Collaborative – revising governance arrangements

#### 1. Background

- 1.1 In July 2022, the four acute trusts approved a governance model to establish the North West London Acute Provider Collaborative (the ‘Collaborative’) from September 2022. Central to this governance model was the creation of a board in common, comprising four committees in common and including all voting members of the four trust boards. To ensure agility in decision making and to maintain oversight, the board in common delegates 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.
- 1.2 We also established collaborative level committees which report into the board in common (finance and performance, quality, people, nominations and remuneration, digital & infrastructure), each chaired by a trust vice chair and including the lead chief executive (or nominee) and the non-executive chairs of respective trust board committees. Each trust has retained five board level committees (audit and risk management, finance and performance, quality, people, nominations and remuneration), each chaired by a non-executive director.
- 1.3 To support the development and delivery of Collaborative priorities, each chief executive was allocated lead responsibility for a cross-organisation functional programme – quality, people, finance & performance, and infrastructure (digital and estate).
- 1.4 This board-level governance model continues to develop in its maturity and effectiveness, and provides a robust assurance and oversight function for the four trust boards.
- 1.5 The Board in Common approved the Collaborative’s first annual business plan in April 2023, which sets out the financial and operating plan for the Collaborative, and also a portfolio of strategic priorities for 2023/24 that support the delivery of the Collaborative aims. These priorities consist of a number of projects within the four CEO-led programmes and some additional focused programmes.
- 1.6 We established some executive level governance arrangements in December 2022, including a weekly CEOs’ Group, a monthly Joint Executive Group (JEG) and CEO-led functional programmes, to complement the existing monthly acute programme board. These arrangements have seen us through the initial establishment of the Collaborative and the 2023/24 planning cycle. However, with the approval of the Collaborative business plan, we have reviewed those executive level governance arrangements to ensure they are fit for purpose and provide a robust mechanism for delivery of the priorities and to provide appropriate assurance to the Boards through the board-level and collaborative-level governance arrangements.
- 1.7 Through the business planning process, we have identified digital and estates transformation as a priority for the Collaborative over the next 18 months. They are both fundamental enablers across all work streams with key programmes being implemented through 2023-25. Digital and estates are cross cutting areas across the Collaborative work streams and impact on quality of care, reducing unwarranted variation, productivity and efficiency, and workforce.
- 1.8 The Collaborative-level Infrastructure & Digital Committee set the following six objectives:
  - Finalise the Collaborative Digital and Data Strategy
  - Implementation and Optimisation of Cerner system
  - Improving Patient Flow and Capacity using Care Co-ordination Solution
  - Outpatient Transformation

- Support and Strengthen Delivery of Green Plan
- Survey Estate, set up Estates Group and Develop Plan

1.9 The primary focus of the Collaborative Digital and Infrastructure Committee since it was established last year has been on digital. Given the complexity of both the capital / estates agenda and the digital agenda, and the different expertise required to ensure appropriate oversight, we have considered whether to separate the two parts of the current committee agenda and to establish two separate committees, with separate chair and membership.

## 2. Purpose

2.1 The purpose of this paper is to set out the agreed revisions to the executive governance arrangements to support the delivery of the NW London APC ('Collaborative') business plan, and the agreed changes to the Collaborative Infrastructure and Digital Committee, to provide appropriate level of focus on two key enabling strategies.

2.2 The existing board level governance arrangements, including the Board in Common, the other collaborative level committees and the board level committees will remain, except for a change in membership of collaborative committees to reflect changes in CEO responsibilities for cross-organisational programmes.

## 3. Summary of changes

### Executive governance arrangements

3.1 The joint Collaborative executive responsibility is to deliver the business plan and to provide appropriate assurance through the established board level governance. The aim of the changes to executive level governance arrangements is, therefore, to strengthen collaborative decision-making at executive level, and to ensure focus on delivery of the Collaborative priorities, while ensuring engagement with the executive teams of the four trusts to work collaboratively to deliver both Trust and Collaborative priorities, by either consolidating services, standardising the way we work, or setting common standards for how we operate. These executive routines will interface with and provide assurance to those existing board level arrangements, through established reporting mechanisms.

3.2 The Board in Common Cabinet considered the proposed changes presented by the chief executives and agreed to:

- establish an executive management board for the Collaborative, which will act as the executive delivery group and decision-making group for Collaborative priorities.
- dis-establish the ICS acute programme board in its current form, in conjunction with the ICB.
- maintain the existing CEO led functional programmes, with amended allocation of responsibility.
- establish additional programme boards to oversee the delivery of key Collaborative programmes, in addition to existing programme boards established to oversee collaborative programmes such as the Elective Orthopaedic Centre.
- maintain the weekly CEOs' group meetings
- amend the existing joint executive group, to create the 'APC joint executive leadership forum'.

### APC executive management board

3.3 We have established an executive management board (EMB) for the Collaborative, which will act as the executive delivery group and decision-making group for the Collaborative.

Further details of the purpose and duties of the EMB are included in the terms of reference, attached at Appendix 1.

- 3.4 The EMB will oversee the delivery of the collaborative strategy, taking into account the ICS strategy, and agree the priorities for the collaborative to be recommended to the Board in Common for approval. The EMB will commission and consider proposals for collaborative transformation programmes, ensuring that the functional programmes are integrated in their objectives.
- 3.5 The EMB will also operate as the joint executive delivery group for the Collaborative. The group will oversee delivery of performance across the Collaborative, to ensure data validity and a unified view of performance data, to identify and address variation in performance and to provide assurance to the collaborative committees and trust boards via the Board in Common.
- 3.6 The EMB will also oversee delivery of the CEO-led programmes and priority programmes, review the outcomes of such programmes and commission new programmes of work where appropriate.
- 3.7 Membership of the EMB will include an executive director representative from each of the executive functional groups, with appointments rotated every six months but staggered to ensure continuity in core membership. Rotations will ensure that representation is spread across all four trusts and across functional groups. The chair of the EMB is appointed by the Chair of the Board in Common.
- 3.8 The initial membership will be:
  - CEO Chair – Tim Orchard (ICHT)
  - Four CEOs – Lesley Watts (CWFT), Pippa Nightingale (LNWH), Patricia Wright (THHT)
  - Chief Financial Officer representative – Jonathan Reid (LNWH)
  - Chief Operating Officer representative – Rob Hodgkiss (CWFT)
  - Medical Director representative – Jon Baker (LNWH)
  - Chief Nurse representative – Sarah Burton (THHT)
  - Chief People Officer representative – Kevin Croft (ICHT)
  - Collaborative Director of Corporate Governance – Peter Jenkinson (Collaborative)
  - Strategy lead representative – Jason Seez (THHT)
  - Chief information officer representative – Kevin Jarrold (ICHT / CWFT)

Other executive directors and programme leads will attend as appropriate to provide updates on their respective work.

#### Collaborative programme boards

- 3.9 In addition to existing programme boards established to oversee collaborative programmes, such as Elective Orthopaedic Centre, we will establish programme boards to oversee the delivery of key programmes. These will include a multi-disciplinary approach to the development of clinical services, and the consolidation of corporate services.
- 3.10 Each of these programme boards will interface with associated CEO-led programmes and report directly to the APC EMB. Each programme will also determine appropriate lay / patient engagement.

#### CEO led programmes

- 3.11 The CEO led functional programmes will continue, with amended allocation of responsibility.

- 3.12 There were previously four functional programmes, led by CEOs – Quality, Finance & operations, People and Infrastructure & Digital. Each programme will remain being led by the respective CEO lead, as appointed by the Chair of the Board, and will report into the APC EMB, and to the associated non-executive chaired collaborative committee.
- 3.13 As Tim Orchard will chair the APC EMB, and to support the changes to the Collaborative Infrastructure and Digital Committee outlined below, we have split the infrastructure and digital programme into two separate programmes – digital and data, and strategic estates – and adjusted the leadership of the CEO-led programmes to avoid any conflict of interest and ensure clear accountability / reporting to the APC EMB. The CEO-led programmes will be:
- Quality (Pippa Nightingale)
  - People (Pippa Nightingale)
  - Finance & Operations (Lesley Watts)
  - Digital and data (Patricia Wright)
  - Strategic estates (Tim Orchard)
- 3.14 Other collaborative functional groups continue to meet regularly, including: strategy and transformation leads, and communications.
- 3.15 The CEO-led programmes will continue to be responsible for developing the functional priorities for the Collaborative, to be agreed by the APC EMB and then the respective collaborative committees. The programme groups will oversee the delivery of priorities within that programme, providing assurance to the EMB and associated collaborative committee. They will oversee the development and implementation of standardised practices across the four trusts as appropriate.

#### Acute programme board

- 3.16 The ICS Acute Programme Board was set up in February 2021, primarily to deliver ‘a strategic recovery and reset plan’, responsible for the oversight and delivery of the acute programme for the North West London ICS. The focus of oversight has, to date, predominantly been on performance rather than on the transformation to deliver improved performance.
- 3.17 There have been considerable changes since February 2021 which impact on the role of the Acute Programme Board, including the establishment of the acute provider collaborative and the establishment of the ICB as a statutory body and its associated committee structure.
- 3.18 These changes have resulted in some duplication of work between the Acute Programme Board and the Board in common, its committees, the ICB and its committees. ICB oversight of acute performance is addressed elsewhere (e.g. individual Trust oversight meetings, elective / non-elective boards, ICB performance committee etc). The ICB is in the process of establishing separate programme boards to oversee the delivery of ICS programmes, into which the Collaborative will input. Therefore, it has been agreed with the ICB that the acute programme board will be dis-established and replaced by the new ICB programme boards.

#### CEOs’ Group

- 3.19 The CEOs’ group meetings will continue. The purpose of this group will continue to be to coordinate executive activity across the collaborative. The CEOs meet weekly and for any given item can: make a decision (for urgent matters); send back to an individual exec team for further information; or refer to the APC EMB for wider discussion / decision. Membership includes all four acute CEOs (with subject experts invited as required to support individual papers / discussions).



### APC joint executive leadership forum

- 3.20 The existing joint executive group will continue, but be amended to become the 'APC joint executive leadership forum'. The 'APC executive leadership forum' will continue to be the single point at which all four executive teams come together to discuss and engage in the development and delivery of the collaborative strategy. This leadership forum will consider proposals for collaborative transformation programmes and will also provide the forum for any organisational development work across the four executive teams.
- 3.21 The leadership forum will meet quarterly with the agenda to be agreed by the CEOs' group. The membership will be the executive teams of each of the four acute trusts.

### Collaborative Committees

- 3.22 To allow greater focus on the priority programmes of work relating to digital and data, and strategic estates and sustainability, it has been agreed to split the current Infrastructure and Digital collaborative committee to drive delivery of key objectives. The current committee will be separated into a digital and data collaborative committee and a strategic estates and sustainability collaborative committee.
- 3.23 This will result in there being six collaborative committees, each chaired by a Vice Chair and led by a CEO – Quality, Finance & Performance, People, Digital and Data, Strategic Estates and Sustainability, and Nominations and Remuneration. The collaborative committees will continue to meet quarterly and will report into the Board in Common.

### Digital and Data Collaborative Committee

- 3.24 The Board in Common Cabinet agreed to establish a Collaborative level digital and data committee, which will oversee and provide assurance to the Board in Common on the Collaborative's digital strategy and on collaborative-wide digital and data programmes of work that aim to provide improvements across the four Trusts. More detail on the purpose of this committee is included in the terms of reference, in Appendix 2.
- 3.4 Membership will include a non-executive director chair and a lead CEO. The chair and CEO lead will both be appointed by the Chair of the Board in Common. A process will follow to appoint non-executive members from each of the four trusts and membership will include Chief Information Officers (CIOs) and Chief Clinical Information Officers (CCIOs) from across the Collaborative.
- 3.5 The overarching role of the Collaborative Digital and Data Committee will be to:
- oversee and receive assurance on the Collaborative's digital strategy and its alignment with the ICB and NHS England's digital strategy
  - oversee and receive assurance that the Trust level processes governing Digital are functioning properly and identify areas of risk where collaborative-wide interventions would speed and improve the response
  - oversee and receive assurance relating to the implementation of collaborative-wide interventions for short and medium term improvements
  - prioritise, oversee and assure strategic change programmes to drive collaborative-wide and ICS integrated improvements in the management of digital infrastructure

### Strategic Estates and Sustainability Collaborative Committee

- 3.8 We will establish a collaborative Strategic Estates and Sustainability committee, which will oversee and provide assurance to the Board in Common on strategic estates planning and sustainability collaborative-wide programmes of work that aim to provide improvements across the four Trusts. Responsibility for the development and delivery of capital plans within the trusts remains with the Trust CEOs, in the context of the Collaborative's overall strategy.

More detail on the purpose of this committee is included in the terms of reference, in Appendix 3.

3.10 Membership will include a non-executive chair and a lead CEO. The chair and CEO lead are appointed by the Chair of the Board in Common. A process will follow to appoint non-executive members from each of the four trusts

3.11 The overarching role of the Strategic Estates and Sustainability Committee includes:

- To oversee and receive assurance on the development of the ACPs over-arching estate use strategy, ensuring that local capital programmes align with a wider clinical strategy.
- To oversee and receive assurance that the APCs estate is used efficiently and effectively.
- To recommend to the Board in Common the priorities for major capital programmes within the APCs where there is competition between them.
- To oversee and receive assurance that the Trust level processes governing Estates are functioning properly and identify areas of risk where collaborative-wide interventions would speed and improve the response.
- To oversee and receive assurance that the Trusts are enacting plans to meet their net zero commitments.

#### **4. Conclusion**

4.1 The Board in Common Cabinet has agreed the changes outlined in this paper, in order to strengthen collaborative decision-making at executive level, and to ensure focus on delivery of the Collaborative priorities, while ensuring engagement with the executive teams of the four trusts to work collaboratively to deliver both Trust and Collaborative priorities.

#### **5. Recommendations**

5.1 The Board in Common is asked to note the changes to governance arrangements as agreed by the Board in Common Cabinet, and changes to CEO responsibilities for cross-organisation workstreams.

5.2 The Board in Common is asked to note the amendment to the Scheme of Delegated Authority to effect these changes and to agree the initial terms of reference for the new meetings.

#### **6. Next steps**

6.1 The changes to the executive governance arrangements have been effected, with the inaugural meeting of the executive management board taking place on 10 July.

6.2 The changes to the collaborative level committees will take effect from September 2023, following a process to appoint non-executive members to the two new committees – digital and data, and strategic estates and sustainability.

6.3 The scheme of delegated authority for the Collaborative will be amended to reflect these changes.



**North West London Acute Provider Collaborative  
Executive Management Board  
Terms of Reference**

**1. Overarching Purpose**

- 1.1 The North West London Acute Provider Collaborative Executive Management Board (“the APC EMB”) has been established as the joint executive delivery group for the North West London Acute Provider Collaborative (“the Collaborative”) and will oversee the delivery of the Collaborative strategy and business plan, including the financial and operational plan.
- 1.2 The APC EMB will 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.
- 1.3 The APC EMB will agree, and oversee the implementation of, common policy and standard ways of working where appropriate.
- 1.4 The APC EMB is established as a collegiate, collaborative forum that brokers collective appraisal and support, providing the four Trusts within the Collaborative with mechanisms to together seek opportunities to co-ordinate improvement actions, and holding the four Trusts collectively to account for shared performance & delivery, without compromising the powers and authority of the individual Trust Boards operating as the Board in Common.

**2. Specific Duties and Responsibilities**

- 2.1 The APC EMB shall oversee and provide assurance to the Collaborative committees and Trust Boards via the Board in Common on the following areas:
- 2.2 Delivery of performance across the acute provider collaborative against agreed milestones and targets, identifying and addressing poor (and variation in) performance. The APC EMB will also ensure that the integrity of the data and method of reporting align with national systems and standards.
- 2.3 Delivery of the CEO-led programmes and priority programmes, reviewing the outcomes of such programmes and commissioning new programmes of work where appropriate. The Board will resolve any issues between programmes and will assess benefit realisation plans.
- 2.4 Management of risks to the achievement of the Collaborative strategic objectives, identifying exceptions and escalations with root causes to enable problem solving and delivery through the programme priorities and agreeing appropriate mitigating actions.

**3. Composition**

**Membership**

- 3.1 The members of the APC EMB are appointed by the CEOs and will include an executive director representative from each of the executive functional groups, with appointments to the APC EMB rotated as agreed by the CEOs. Normal rotations will last six months, but will be subject to review in order to ensure continuity on the APC EMB. Rotations will ensure that

representation is spread across all four trusts as well as representation from each functional group.

3.2 Membership to include:

- Four CEOs (one of whom will chair the meeting)
- Chief Financial Officer representative
- Chief Operating Officer representative
- Medical Director representative
- Chief Nurse representative
- Chief People Officer representative
- Collaborative Director of Corporate Governance
- Strategy lead representative
- Chief information officer representative

3.3 Other executive directors and programme leads will attend as appropriate to provide updates on their respective work.

3.5 Individual members of the APC EMB will be expected to:

- Attend every meeting, unless for exceptional reasons
- Gather together and represent the views of their respective functional group
- Act collegiately in discussions and decision-making
- Disseminate messages from the Board meeting back to their respective functional group

Decisions made by the APC EMB will be collective decisions on behalf of the four acute trusts and each of the functional groups.

## 4. Meeting arrangements

### Attendance

- 4.1 Members of the APC EMB are expected to attend meetings wherever possible. In exceptional circumstances and subject to prior approval from the Chair of the APC EMB, a deputy can attend from the respective functional group of executive directors. CEOs may also nominate a deputy to attend in their absence.
- 4.2 The Chair of the APC EMB may ask any person in attendance who is not a member of the APC EMB to withdraw from a meeting to facilitate open and frank discussion of a particular matter.

### Quorum

- 4.3 The quorum requires the presence of not less than one half of members present, of which there must be at least one representative from each Trust. A duly convened meeting of the Board 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 APC EMB.

### Meetings

- 4.4 The APC EMB will meet (including by telephone or video conferencing) monthly, or as determined by the Chair. Any member of the APC EMB 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.

- 4.5 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 APC EMB and any other person required to attend, five working days before the date of the meeting. Supporting papers will be sent to APC EMB members, and to other attendees as appropriate, five working days before the date of the meeting.
- 4.6 The secretary will minute the proceedings and decisions of all meetings, including recording the names of those present and in attendance.
- 4.7 Draft minutes shall be sent to the Chair of the APC EMB 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 APC EMB must declare any relevant personal, non-personal, pecuniary or potential interests at the commencement of any meeting. The Chair 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 outcome of decisions taken at the APC EMB will be reported to the Board in Common or Collaborative Committees, as per the Standing Financial Instructions and Scheme of Delegated Financial Authorities and Scheme of Reserved and Delegated Powers.

## **7. Other Matters**

- 7.1 The APC EMB 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 within the NWL Acute Provider Collaborative
  - 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 APC EMB 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.

## **North West London Acute Provider Collaborative Digital and Data Committee Terms of Reference**

### **1. Overarching Purpose**

1.1 The Collaborative Digital and Data Committee is a non-statutory standing sub-committee of the North West London Acute Collaborative 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 Collaborative within defined and prioritised capital funding resources.

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

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

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

- Oversee and receive assurance on the development of an information and IT strategy for the Collaborative 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 Collaborative.
- 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 Collaborative, including involvement in the approval of relevant business cases.

### **2. Specific Duties and Responsibilities**

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

- To oversee and provide assurance that the Trust level processes governing digital and data are functioning properly and identify areas of risk where Collaborative-wide interventions would speed and improve the response.
  - 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 Collaborative.
  - The robustness of the digital and data infrastructure across the Collaborative, including networks, data centres, digital security and arrangements for information governance.

- To oversee and assure collaborative-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 Collaborative.
  - Ensuring necessary engagement in the development of capital prioritisation framework for the Collaborative.
- To prioritise, oversee and assure strategic change programmes to drive collaborative-wide and ICS integrated improvements
  - The development of a collaborative-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.

### 3. Composition

#### Membership

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

- A Vice Chair of the Board in Common as the Collaborative Committee Chair
- One non-executive director from each of the four Trusts
- Lead CEO for Digital for the Collaborative
- Chief Information Officers (LNWH / THHT, and ICHT / CWFT)

Others may be invited to attend depending on the focus of the discussions at the discretion of the Chair. These will include:

- Associate non-executive director(s) with special expertise in this area will be invited to attend, as agreed by the Chair of the Board in Common
- Chief clinical information officers (one from each Trust)
- Digital transformation leads (one from each Trust)

3.2 The quorum for meetings is 50% of the membership, including

- At least 2 Non-executive Directors
- Lead CEO for Digital from the Collaborative, or nominated deputy

3.3 The Trust Secretary at Hillingdon Hospitals NHS FT or their nominee will act as the secretary to the Committee.

### 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 Collaborative Chair in Common is entitled to attend any meeting of the Committee. At the invitation of the Committee Chair, others may also attend the Committee meetings.

- 4.3 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**

- 4.4 The Collaborative 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.
- 4.5 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 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.
- 4.6 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 four 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.

### **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 Boards within the NWL Acute Provider Collaborative
- 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.

DRAFT



**North West London Acute Provider Collaborative  
Estates and Sustainability Committee  
Terms of Reference**

**1. Overarching Purpose**

- 1.1 The Estates and Sustainability Collaborative Committee is a non-statutory standing sub-committee of the North West London Acute Collaborative Board in Common and is established to provide and assurance to the Board in Common (BiC) on the development and implementation of estate and sustainability strategies across the Collaborative within defined and prioritised capital funding resources.
- 1.2 The overarching role of the Estates and Sustainability Collaborative Committee in Common is three-fold:
- To oversee and receive assurance that the Trust level processes governing Estates are functioning properly and identify areas of risk where collaborative-wide interventions would speed and improve the response
  - To oversee and receive assurance relating to the implementation of collaborative-wide interventions for short and medium term improvements
  - To prioritise, oversee and assure strategic change programmes to drive collaborative-wide and ICS integrated improvements in the management of estate and sustainability.
- 1.3 The Estates and Sustainability Collaborative Committee carries overarching responsibilities for:
- Considering, advising and governing the overarching Estate Strategy for the Collaborative ensuring the alignment of estate priorities across the Collaborative and the identification of estate related dependencies arising from changes to service/system operating models.
  - Providing the BiC with assurance and oversight of the planning and delivery of major infrastructure programmes across the Collaborative including involvement in the approval of relevant business cases
  - Overseeing and assuring the development of a sustainability strategy for the Collaborative, including the delivery of Net Zero.
  - Considering and contributing to the development of a capital prioritisation framework for the Collaborative.

**2. Specific Duties and Responsibilities**

- 2.1 The Estates Collaborative Committee shall oversee and provide assurance to the Board in Common on the following areas:
- To oversee and provide assurance that the Trust level processes governing Estates are functioning properly and identify areas of risk where collaborative-wide interventions would speed and improve the response.
    - 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 Collaborative to address estate failure and risk.

- To oversee and assure collaborative-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 Collaborative.
- To prioritise, oversee and assure strategic change programmes to drive collaborative-wide and ICS integrated improvements
  - The development and delivery of an overarching Estate strategy for the Collaborative ensuring alignment with individual local plans including redevelopment proposals.
  - The development and delivery of the overarching Sustainability Plan for the Collaborative

### 3. Composition

#### Membership

- 3.1 The members of the Committee are appointed by the Trust Boards and will be made up of:
- A Vice Chair of the Board in Common as the Collaborative Committee Chair
  - One non-executive directors from each of the four Trusts
  - Lead CEO for Estates for the Collaborative (Chair of the APC Executive Management Board)
  - Directors of Estates, one from each of the four Trusts

Others may be invited to attend depending on the focus of the discussions at the discretion of the Chair, including:

- Associate non-executive directors with special expertise
- Directors of Strategy, or equivalent, one from each of the four Trusts

- 3.2 The quorum for meetings is 50% of the membership, including
- At least 2 Non-executive Directors
  - Lead CEO for Estates from the Collaborative, or nominated deputy

- 3.3 The Trust Secretary at Imperial College Healthcare NHS Trust or their nominee will act as the secretary to the Committee.

### 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 Collaborative Chair in Common is entitled to attend any meeting of the Committee.
- 4.3 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.

- 4.4 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.

### **Meetings**

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

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 Boards within the NWL Acute Provider Collaborative
- 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.

DRAFT

North West London Acute Provider Collaborative – Executive Management Board

10 July 2023

Item number: 3.3

This report is: Public

## Developing and strengthening the Strategic Partnership between THHT and CWFT

Author: Peter Jenkinson  
Job title: Director of Corporate Governance

Accountable director: Patricia Wright, Lesley Watts  
Job title: Chief Executive Officers

### Purpose of report

Purpose: Information or for noting only

The purpose of this paper is to present the draft outline of the strategic partnership between The Hillingdon Hospital NHS Foundation and Chelsea & Westminster NHS Foundation Trust.

### 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

1. The purpose of this paper is to outline the key principles supporting the further development of the strategic partnership between The Hillingdon Hospital NHS Foundation Trust (THHFT) and Chelsea & Westminster NHS Foundation Trust (CWFT), as the next phase of the partnership that has been in place for the past three years.
2. The next phase of this partnership will focus on strengthening the work done through the partnership and using these relationships to move work forward at pace whilst still being active partners in the NW London Acute Provider Collaborative (APC) and THHFT working very closely with PLACE partners.

3. The Strategic Alliance between the two organisations will ensure that high quality services are developed through clinical and operational networks, that there is closer working between the senior leadership teams and that learning is shared across the Trusts to deliver best practice care to the whole of our joint populations.
4. Details of the Alliance will evolve during 2023-24 but will initially focus on the leadership teams working together and delivering a small number of high impact programmes that demonstrate improvements in performance, greater sustainability of clinical/non-clinical services and better use of resources.
5. The APC executive management board is asked to note the principles as a basis of the partnership and agree to recommend the continued partnership to the Trust Boards of THHT and CWFT.

## 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

**Developing and strengthening the Strategic Alliance between The Hillingdon Hospitals Foundation Trust (THHFT) and Chelsea and Westminster Foundation Trust (CWFT)**

**(July 2023)**

## **1. Executive Summary**

These are exciting times for Chelsea and Westminster and The Hillingdon Hospitals NHS Foundation Trusts.

In an environment where many Trusts are struggling to manage emergency demand and tackle the backlog of planned care, CWFT continues to be recognised as one of the best hospitals in the NHS and THHFT has made significant progress in improving its performance and quality whilst delivering its 2022-23 financial plan with clear plans in place for the future. The continued success of CWFT and the advances at THHFT have come through the hard work and dedication of our staff, a growing partnership between the two hospital and the strength created by the acute provider collaborative which comprises the two Foundation Trusts alongside Imperial College Healthcare NHS Trust (ICHT) and for London North West University Healthcare NHS Trust (LNWH).

We have now received confirmation from NHS England that, thanks to its success in the past year, THHFT is likely to come out of the national oversight programme that it has been subjected to (known as National Oversight Framework - NOF4<sup>1</sup>) later in 2023.

Added to this, THHFT recently received the go ahead from the government to proceed with building the new Hillingdon Hospital, to be opened before 2030. Ambitious plans have been developed to create a state of the art hospital on the Hillingdon Hospital site which have been widely shared with the local community. The work to prepare for the new build will be progressing at pace during the coming year.

This paper reflects the commitment of the acute collaborative Board to continue to develop the quality of services to all of our patients by creating the structures that will allow our staff to work ever more closely together to spread best practice. We will do this whilst maintaining independent Trusts that are closely connected to their local communities.

In a world where small hospitals such as THHFT are being merged with bigger hospitals to achieve critical mass, we believe that this is not necessary or desirable.

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<sup>1</sup> NOF was previously known as 'Special Measures'. NOF 4 categorisation has meant that THHFT has received support from the National Team to deliver a programme of work to improve financial and operational performance and increase sustainability since August 2021.



## North West London Acute Provider Collaborative

By working ever more closely with the other Trusts in the North West London Acute Provider Collaborative (NWLAPC) – ICHT, CWFT and LNWH as well as with the organisations in Hillingdon Health and Care Partners (HHCP) we can create the clinical networks, efficient back offices and spreading of best practice that will allow us to have the benefits of scale without the downsides.

In this context, CWFT and THHFT are both already working as an active members of the NWL Acute Provider Collaborative. As part of this, the two Trusts have been working increasingly closely in partnership to take the learning from CWFT's service to THHFT. At first this partnership was in response to concerns about the quality and sustainability of clinical services at THHFT raised in 2020, but as THHFT improves, we now wish to develop this relationship further to map out a future drive to excellence.

We will create a Strategic Alliance between the two organisations that will ensure that high quality services are developed through clinical and operational networks, that there is closer working between the senior leadership teams and that learning is shared across the Trusts to deliver best practice care to the whole of our joint populations.

Details of the Alliance will evolve during 2023-24 but will initially focus on the leadership teams working together and delivering a small number of high impact programmes that demonstrate improvements in performance, greater sustainability of clinical/non-clinical services and better use of resources.

## 2. Introduction

Over the past few months, the hard work of the staff at THHFT has been recognised by NHS England in several ways. It has been indicated that the Trust will be moving from National Oversight Framework level 4 to NOF 3 shortly, in line with its 2022 – 2027 Strategy and it has recently been announced that Hillingdon is one of the hospitals to receive a commitment of funding to build a new hospital by 2030.

This confidence in Hillingdon Hospital's long term sustainability arises from the tremendous progress made by the hospital in the past year and close working with partners in North West London. As part of its strategy to continue to improve, it will be further strengthened by strategic partnerships in the hospital sector and across the community. In this context, the Boards of THHFT and CWFT have considered the merits of the partnership arrangement between the two organisations that was established in 2020 and wish to recommend extending this into a new strategic alliance between the two Trusts recognising the benefits to both organisations from working together over the last 3 years and also the benefit to The Hillingdon Hospitals FT of working with a high performing Trust with a national profile.

The Hillingdon Hospitals FT will build on the progress made in the last 3 years, maintaining the independence of a Foundation Trust when so many hospitals of this size are being merged into larger organisations. However, through the strategic

alliance the Trusts will ensure that high quality services in specialties that are hard to maintain in a small hospital are developed through clinical and operational networks and that learning is shared across the Trusts to deliver best practice care to the whole of our joint populations.

This alliance is being established within the context of the NWLAPC between Chelsea and Westminster NHS Foundation Trust, London North West University Healthcare NHS Trust and Imperial College Healthcare NHS Trust, and The Hillingdon Hospital NHS Foundation Trust, and the development of Hillingdon Health & Care Partners (HHCP) a collaborative of acute, community, mental health, general practice, the voluntary sector and the Local Authority providers within the Hillingdon borough and its environs. It recognises that for some acute specialties it will be right to work with other partners within the NWLAPC where they are a particular centre of excellence, but generally THHFT will look to CWFT to build a strategic alliance between acute care operation and clinical services to focus on making Hillingdon one of the best hospitals for staff and patients in the NHS.

### **3. Background to THHFT NOF 4 Status**

NHS Improvement accepted enforcement undertakings from THHFT in 2018 which included an undertaking *“to co-operate and work with partner organisations which may be appointed by NHS Improvement to support and provide expertise to the Trust and to assist the Trust with the delivery of one or more of the plans identified within these undertakings and the quality of care the Trust provides”*. The Undertakings also provided that, scope and scale of any such support will be directed by NHS Improvement.

In August 2020, CWFT was the partner appointed for those purposes, and NHS Improvement directed that the scope of the support to be provided to THHFT was as set out in a Managed Service Agreement (MSA) signed by both parties (see appendix). The agreement was signed in February 2021 covering a period of 2 years.

A number of additional factors impacted on the THHFT relationship with CWFT during the financial year 2021-22.

- In August 2021 THHFT was placed in National Oversight Framework (NOF), Category 4 for the reasons set out in Appendix 2 and the national team took on responsibility for a number of areas in the MSA under the heading of the Recovery Support Programme (RSP).
- In addition, the NHS experienced two further significant waves of Covid and rising inflation which impacted on the financial position and performance of all Trusts in England and Wales.
- Finally, the configuration of the acute Trusts in NWL changed in April

2022 with the creation of the NWL Acute Provider Collaborative which created a framework for closer collaboration and partnership between the four acute trusts.

THHFT has been able to demonstrate significant progress with addressing the issues outlined in the MSA and identified as part of NOF4 over the last two years with evidence of improvements in all areas identified and the expectation is that THHFT will move from NOF 4 to NOF3 later this year. It is, therefore, opportune to review the relationship with CWFT.

#### **4. Outline of the Strategic Alliance**

The NWLAPC provides a framework for collaboration and partnership between the acute Trusts to drive improvements in service delivery and outcomes across a wide range of indicators recognising that the Trusts remain as sovereign organisations and have statutory responsibility for the delivery of care under the terms of their licence. THHFT recognises that, despite the improvements in performance, the size and scale of the Trust means it is unlikely to be sustainable as a standalone organisation in the longer terms and that it will need to work in partnership at Hillingdon PLACE and across the NWLAPC to ensure the local population receives the quality of care it requires.

In this context, both THHFT and CWFT recognise the added benefits of working in partnership and wish to build on, and strengthen, the good work that has been done together over the last two years supporting and learning from each other at pace.

#### **5. Principles of the Alliance**

- Operational leaders working together to drive improvements in the quality and safety of care;
- Clinical leaders working together to strengthen fragile services and apply evidence base practice across both Trusts;
- Capitalise on economies of scale and innovative ways of working to improve the efficiency and productivity of services to delivery financial sustainability;
- Develop jointly our offer to staff to improve staff engagement and morale by developing shared Continuous Professional Development (CPD) provision and the culture of learning organisation, creating best in class wellness offers for staff and enhancing career development across the Trusts;
- Ensure equity of quality and access to care for all the people in the Trusts' combined catchment areas by developing all our services to the match the best that either Trust currently offers.

#### **6. How we will deliver these principles**

The Executive teams at THHFT and CWFT met during May/June 2023 to agree the framework for the Strategic Alliance and the areas for focus over the next 2-3 years.

These summarised below under five broad headings and are outlined in more detail in the next section:

1. **Clinical sustainability:** linking of fragile services/specialties due to low volumes or recruitment problems into clinical networks to assure availability and quality.
2. **Financial sustainability:** learning from the NOF4 regime and greater focus on partnerships between clinical and operational services to drive forward optimum efficiency, productivity and best practice in all areas. This will include consolidation or collaboration between non-clinical services where doing so creates greater sustainability and/or financial savings.
3. **Digital:** adoption at pace focusing on patient access and engagement; clinical pathway processes to optimise productivity and timeliness of care; optimisation of Cerner to reduce unwarranted variation in clinical care; and use of innovative solutions to communicate with and support development of staff.
4. **Focus on our People:** working together to achieve a common level of staff satisfaction, skills development and wellness support within empowered, learning organisations.
5. **Leadership:** routine joint working between leadership teams at all levels across the Trusts to optimise shared learning, skills transfer, career opportunities with the aim of both Trusts being assessed by regulators as 'Good' or 'Outstanding'.

## **7. What will this look like in practice?**

### **Managers and clinicians working together at all levels to:**

- Review service provision to our joint catchment area and to align our service delivery around evidence-based best practice;
- Create joint service to be delivered across the two Trusts where this will strengthen fragile services or enable quality improvement;
- Deliver efficiency, productivity and sustainability through best practice and economies of scale.

Since 2022 the Trusts have had a joint clinical leadership team running the Acute Medical Unit (AMU) at THHFT. Consultants from West Middlesex Hospital rotate through the AMU at THHFT and provide support to the substantive team at the Trust. This has improved recruitment and enhanced junior doctor training. This model will be developed for other specialties.

### **We will work collectively to improve the experience of working in our Trusts by:**

- Developing shared wellness offers for all staff;

- Develop high quality training for all staff;
- Make it easier for staff to move between our Trusts to progress their careers and find roles that suit them best.

This will include a review of our Employee relations functions to explore developing shared policies, shared training modules, establishing a pool of trained investigators to ensure that staff are treated fairly and equitably and that grievances are resolved as quickly as possible.

We will establish a joint development programme for HR business partners to ensure they have the skills to support operational teams to develop their workforce plans, manage sickness etc.

We will develop a programme of rotations/secondments at all levels across the Trusts to enhance staff skills and experience.

**We will create equitable access to high quality care across the Trusts by:**

- Improving waiting times and ensure that access to care is determined by need, not where you live;
- Ensuring that patients access equally high quality care all in all specialities across both Trusts;
- Ensuring that access to leading edge treatments and clinical research is not determined by where you live.

The implementation of Cerner at THHFT in November 2023 will mean that all four acute Trusts in NWL are using a single instance of the electronic patient record. The two Trusts are already working together to implement the Care Coordination Solution (CCS) that is being developed through CWFT to deliver an end to end care coordination solution and this work will be accelerated once Cerner is in place providing opportunities to improve efficiency and performance and reduce unwanted variation in care.

## **8. How will the Alliance be Governed?**

- The Alliance will work within the framework agreed for the NWLAPC.
- The individual Trusts and, the Trusts working in partnership within the Alliance, will participate fully in wider NWLAPC programmes and will share learning from the Alliance with NWLAPC partners with the aim of the Alliance being a test bed/pilot environment for innovation and improvement.
- For joint programmes of work THHFT and CWFT will establish a project/programme infrastructure reporting to a Joint Executive Programme Board

## **9. Next steps**

**North West London  
Acute Provider Collaborative**

The next stage in the process will be to formalise the framework for the Strategic Alliance and identify a number of specific actions that both Trusts agree to work on collectively over the next 12 months that will demonstrate the benefits of joint working.

Patricia Wright  
CEO, THHFT

Lesley Watts  
CEO, CWFT

Appendix 1

**MSA – summary obligations**

Under the terms of the MSA parties have agreed to enter a collaborative arrangement between the two organisations in order to better support sustainable high quality local acute hospital services for patients in North West London. They intend to do this by:

1. strengthening the leadership capacity, strategic capability and operational resilience of THHFT;
2. creating a climate where best practice is developed and shared and implemented between the Parties; and
3. engaging with the Integrated Care System (ICS) collaborative partnerships and work programmes with other major NHS providers of acute hospital services, as well as community and mental health services within the North West London healthcare system.
4. This collaborative agreement to provide support and expertise from CWFT to THHFT is to assist THHFT to address the clinical, financial, governance, leadership and operational challenges it faces, and to improve performance effectively and quickly. This will include the appointment of the current CEO of CWFT as Senior Board Advisor to THHFT.
5. Under the collaborative agreement there may also be opportunities for executive leaders from either party to provide shared leadership across THHFT and CWFT.



Appendix 2

## Key issues driving the Trust's SOF4 rating

Financial plan delivery				
Significant risk of non-delivery of 2021/22 financial plan				
Core financial controls	Financial governance	Operations and clinical	Core team function	
Weakness in financial control environment, including: <ul style="list-style-type: none"> <li>Financial forecasting</li> <li>Workforce control</li> <li>Cash flow forecasting</li> <li>Working capital management</li> <li>Capital</li> </ul>	Inadequate process to approve business cases for new spend	Significant risk of non-achievement of the 95% elective recovery target or any subsequent targets (e.g. clock stop)	Lack of clarity of the role of and required structure for the PMO to drive transformational change	Availability of data and business intelligence tools to support management to deliver their role
	Financial discussion in key meetings can be narrow rather than considering finance in the round			Lack of a comprehensive operational recovery plan, particularly for outpatients
Best use of data to drive decision making	Lack of focus on key actions and next steps in reporting with associated lack of accountability to drive financial improvement			

Board in Common

18 July 2023

This report is: Public

## Annual Staff Survey Report & Action Plans

Author: Sue Grange  
Job title: Director of OD Health and wellbeing, Imperial College Healthcare

Accountable director: Kevin Croft  
Job title: Chief People Officer, Imperial College Healthcare NHS Trust

### Purpose of report

Purpose: Information or for noting only

### Report history

This paper summarises papers on individual Trust staff survey results which have been presented at each Trust individual Executive Committee.

#### Collaborative People Committee

27/07/2023

The Committee noted and discussed the annual staff survey and action plans.

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

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

### Executive summary and key messages

This paper summarises the key findings and themes from the annual NHS Staff survey which took place between September and November 2022. It will also outline the action and recommendations across the four Trusts, and how this links to both Trust People priorities and the Acute care Collaborative People Priorities.

There were some common areas of strength across the Trusts, notably in the theme “We are always learning”. The Acute Care Collaborative People Priority programmes are very closely aligned to the areas for development coming out of the survey, and where this is not the case, there are improvement programmes of work at Trust or ICS level. A summary is included of the

Trust's approach to action planning or their People Priority programmes developed in response to the survey.

## 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

## **Acute Care Collaborative: Staff Survey Results and Actions 2022**

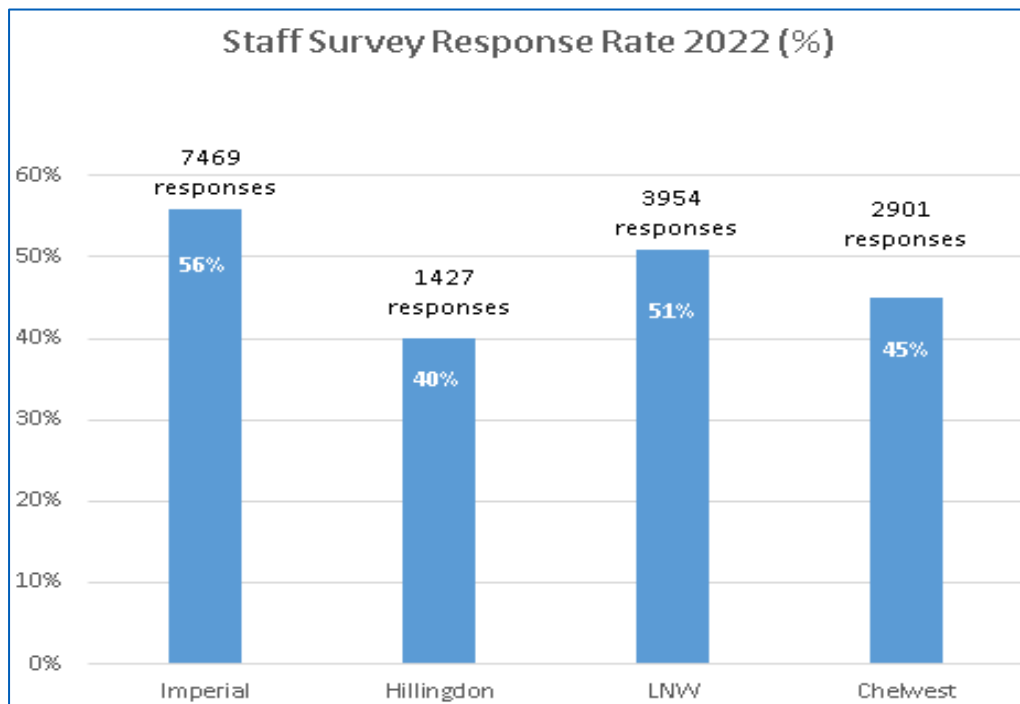
### **1. Introduction**

This paper provides a summary of the key findings and themes from the annual NHS Staff survey which took place between September and November 2022. It will also outline the action and recommendations across the four Trusts, and how this links to the Trust People priorities and the Acute care Collaborative People Priorities.

### **2. Methodology and response rate**

- 2.1. The survey was carried out by two different survey providers across the Trusts; Three Trusts used IQVIA to conduct the survey and one Trust used Picker to conduct the survey.
- 2.2. The Trust response rates ranged from 40% to 56% as shown in Table 1. The majority of surveys were completed electronically with a small number of paper surveys (Imperial: Hotels services). All the Trusts used a similar range of incentives, communications and methods to encourage completion. The methods which were seen to be most effective included:-
  - (i) Imperial Hotel services were invited to scheduled/timetabled sessions to allow completion off rota, which generated a 69% response rate
  - (ii) Strong emphasis on the “you said we did” communications from the 2021 Staff Survey
  - (iii) Incentives for Teams receiving highest response rates

**Table 1: Survey response rates 2022**

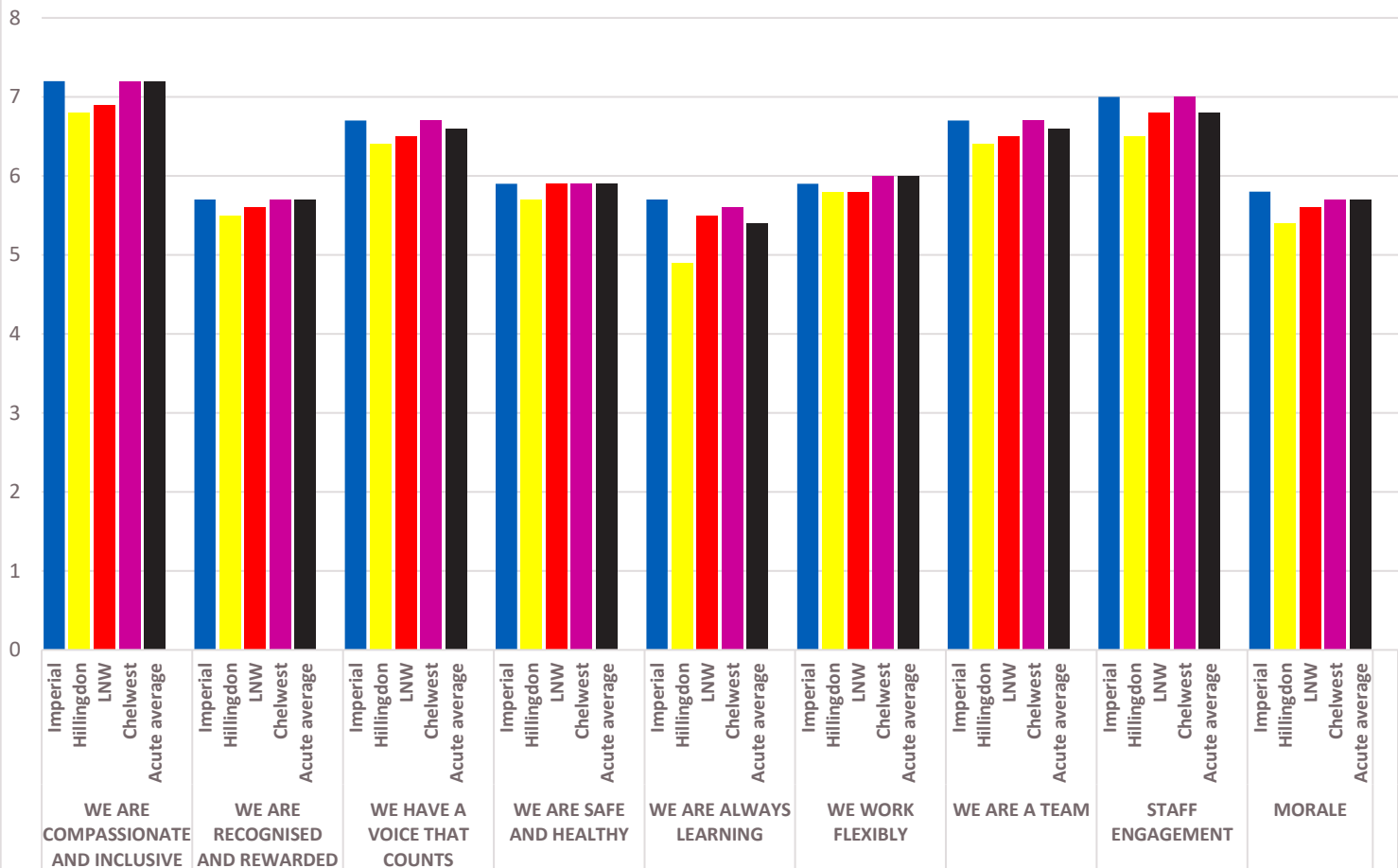


### 3. Results

3.1. A comparison of results at People Promise theme level has been carried out across the four Trusts to identify areas of similarity or difference across the results. Each Trust has provided their own Executive team with a more detailed analysis of their results. Table 2 provides a summary of the seven themes across the Trust and provides a comparison with the Acute Trust average.

**Table 2: Acute Care Collaborative Survey Results at Theme**

### Acute Care Collaborative Staff Survey Results 2022



3.2. **APPENDIX 1** provides an analysis across the four Trusts, showing each Trust theme score and highlights where a Trust is above/below the Acute Trust average and where each has improved/worsened since 2021. This allows a richer analysis to see where Trusts are both “below average AND worsening”, or “above average AND improving”.

From the data in **APPENDIX 1**, the following areas of strength are noted:

- (i) The theme with the most improved results and above the acute Trust average is **“We are always learning”**, in which three Trusts have improved since 2021 and three Trusts are above the Acute average.
- (ii) Theme **“We have a voice”** shows 1 Trust improved since 2021 and 2 Trusts who are above the Trust average
- (iii) Theme **“We are a team”** shows 2 Trusts improved since 2021 and 2 Trusts who are above the Trust average

The areas where scores are more consistently lower than the acute Trust average or have worsened since 2021 include:-

(i) Themes “**we are compassionate and inclusive**” “**we are recognised and rewarded**” and “**morale**” which show 1 Trust worsened and 2 Trusts below the acute Trust average (Note – the “**Morale**” theme includes questions relating to retention)

(ii) Theme “**we work flexibly**” which shows 3 Trusts below the acute Trust average

3.3. **APPENDIX 2** provides a comparison with all London Trusts, showing the four ACC Trusts compared with the London Trusts for the question “**Do you recommend the Trust as a place to work**”. This shows that three Trusts have worsened and one Trust has improved since 2021, and the Trusts relative position ranges from third position within London to the lowest.

3.4. Positive action on health and wellbeing: There is one question in the survey which provides an overall measure of health and wellbeing which is Question 11a: “**my organisation takes positive action on health and wellbeing**”. Table 5 provides a comparison of this question. This shows that all four Trusts have worsened on this question which is also reflected in the worsening of the Acute Trust average since 2021.

**Table 5: Question 11: Health and wellbeing**

Question 11a: My organisation takes positive action on health and wellbeing	2021	2022	Improved /worsened from 2021	Above or below Acute Trust average 2022
Acute Trust average	56.4	55.6	↓	
LNW	58	57.1	↓	Above
Hillingdon	44.9	44.6	↓	Below
Chelwest	58.2	57.3	↓	Above
Imperial	55.3	54.7	↓	Below

3.5. Overall, the analysis identifies continuing common challenges and areas for development

- Equality, diversity and inclusion
- Staff recognition
- Violence, aggression, bullying and harassment
- Staff morale (notably retention)
- Staff health and well-being
- Flexible working

## 4. Action Planning

4.1. All four Trusts have reported their results to their Executive Teams, including action plans at Trust and Divisional level. The priorities identified by each Trust are shown in **APPENDIX 4**. These show a range of actions specific to the Trust results.



4.2. We have also agreed Acute Care Collaborative People Priority programmes that are linked to these collective staff survey results. The immediate 5 priority programmes in 2023/24 are:-

- Recruitment hub for hardest to fill vacancies
- Careers hub and transfer scheme to help retain staff
- Improve the take up of Apprenticeships
- Joint working on violence, aggression, bullying and discrimination
- HR aspects of Corporate consolidation

These have been derived from the analysis of the NHS Staff survey results as well as performance metrics. Table 6 details the ACC People Priority programmes and how they link to Survey themes, sub themes and individual staff survey questions.

**Table 6: ACC Priority programmes linked to NHS Staff Survey themes and questions**

ACC Priority programme 2023/4	NHS Staff Survey Theme	NHS Staff Survey Sub- theme	NHS Staff Survey Questions
<b>Recruitment hub for hardest to fill vacancies</b>			Q3i There are enough staff at this organisation for me to do my job properly.
<b>Careers hub and transfer scheme to help retain staff</b>	Morale	Thinking about leaving	Q24a I often think about leaving this organisation. Q24b I will probably look for a job at a new organisation in the next 12 months. Q24c As soon as I can find another job, I will leave this organisation.
	We are compassionate and inclusive: Diversity and equality	Diversity and equality	Q15 Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?
<b>Improve the take up of Apprenticeships</b>	We are always learning	Development	Q22b There are opportunities for me to develop my career in this organisation. Q22c I have opportunities to improve my knowledge and skills. Q22d I feel supported to develop my potential.
<b>Joint working on violence, aggression, bullying and discrimination</b>	We are safe and healthy	Negative experiences	Q13a In the last 12 months how many times have you personally experienced physical violence at work from...? Patients / service users, their relatives or other members of the public. Q13b In the last 12 months how many times have you personally experienced physical violence at work from...? Managers. Q13c In the last 12 months how many times have you personally experienced physical violence at work from...? Other colleagues. Q14a In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...? Patients / service users, their relatives or other members of the public. Q14b In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...? Managers. Q14c In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...? Other colleagues.
<b>HR aspects of Corporate consolidation</b>	N/A		

4.3 In addition to the immediate Priority programmes, a number of other medium term programmes have been agreed which are detailed below, and which address other themes raised in the survey:

**(i) Work-up more complex and challenging programmes**

- Extended working hours
- Maximising the use of new roles
- Improving staff mobility

**(ii) Design strategies to achieve our longer-term ambitions**

Once we have progressed the areas outlined above, it is proposed we develop our **joint** strategies to achieve our longer-term **collective** ambitions that include, but are not limited to:

- equity, diversity and inclusion
- culture, values and behaviour
- workforce mobility
- workforce systems integration
- education offer, career progression and talent management
- employee proposition, branding and employment model

**4.4. Other Themes**

There were two other themes which show scope for improvement which are not currently featured in our ACC priority programmes which are shown below. These are either being managed at Trust level or within the workstreams at the ICS level:-

- (i) Flexible working: Each Trust, if appropriate, has its own local improvement programme on flexible working, and it is also a key part of the 2023/4 Retention programme being led by the ICS
- (ii) Health and wellbeing: each Trust has a local delivery plan on health and wellbeing, and there is also a very strong Health and Wellbeing programme in the ICS, including the Keeping well service

**5. Next Steps**

- 5.1. The ACC will continue to progress the ACC people priority workstreams in response to the staff survey results across the four Trusts.
- 5.2. The Trusts will work more closely together to realise benefits from collective shared learning on achieving higher response rates to the survey in 2023, and in other aspects of survey management and analysis. The Trusts will move to use the same survey provider to allow earlier comparative analysis and potentially to commission ACC comparative results analysis.

## **Appendices**

**APPENDIX 1: Staff Survey results 2022 compared to Trust average and compared to 2021**

**APPENDIX 2: London Comparison – Would you recommend the Trust as a place to work**

**APPENDIX 3: Summary of Theme Results by Trust**

**APPENDIX 4: Trust Areas of improvement and action planning approaches from NHS  
Staff Survey results 2022**

## APPENDIX 1: Staff Survey results 2022 compared to Trust average and compared to 2021

WE ARE COMPASSIONATE AND INCLUSIVE	Theme score 2022	Theme Score 2021	Improved /worsened since 2021	Acute average 2022	Compared to Acute Trust average 2022
Imperial	7.2	7	improved	7.2	same
Hillingdon	6.8	6.8	same	7.2	below
LNW	6.9	7	worsened	7.2	below
Chelwest	7.2	7.2	same	7.2	same

WE ARE RECOGNISED AND REWARDED	Theme score 2022	Theme Score 2021	Improved /worsened since 2021	Acute Average 2022	Compared to Acute Trust average 2022
Imperial	5.7	5.7	same	5.7	same
Hillingdon	5.5	5.5	same	5.7	below
LNW	5.6	5.6	same	5.7	below
Chelwest	5.7	5.8	worsened	5.7	same

WE HAVE A VOICE THAT COUNTS	Theme score 2022	Theme score 2021	Improved /worsened since 2021	Acute average 2022	Compared to Acute Trust average 2022
Imperial	6.7	6.7	same	6.6	above
Hillingdon	6.4	6.3	improved	6.6	below
LNW	6.5	6.6	worsened	6.6	below
Chelwest	6.7	6.7	same	6.6	above

WE ARE SAFE AND HEALTHY	Theme score 2022	Theme Score 2021	Improved /worsened since 2021	Acute Average 2022	Compared to Acute Trust average 2022
Imperial	5.9	5.9	same	5.9	same
Hillingdon	5.7	5.7	same	5.9	below
LNW	5.9	6	worsened	5.9	same
Chelwest	5.9	5.8	improved	5.9	same

WE ARE ALWAYS LEARNING	Theme score 2022	Theme Score 2021	Improved /worsened since 2021	Acute average 2022	Compared to Acute Trust average 2022
Imperial	5.7	5.4	improved	5.4	above
Hillingdon	4.9	4.3	improved	5.4	below
LNW	5.5	5.6	worsened	5.4	above
Chelwest	5.6	5.4	improved	5.4	above

<b>WE WORK FLEXIBLY</b>	<b>Theme score 2022</b>	<b>Theme Score 2021</b>	<b>Improved /worsened since 2021</b>	<b>Acute average 2022</b>	<b>Compared to Acute Trust average 2022</b>
Imperial	5.9	5.9	same	6	below
Hillingdon	5.8	5.6	improved	6	below
LNW	5.8	5.8	same	6	below
Chelwest	6	5.8	improved	6	same

<b>WE ARE A TEAM</b>	<b>Theme score 2022</b>	<b>Theme score 2021</b>	<b>Improved /worsened since 2021</b>	<b>Acute average 2022</b>	<b>Compared to Acute Trust average 2022</b>
Imperial	6.7	6.5	improved	6.6	above
Hillingdon	6.4	6.4	same	6.6	below
LNW	6.5	6.5	same	6.6	below
Chelwest	6.7	6.6	improved	6.6	above

<b>STAFF ENGAGEMENT</b>	<b>Theme score 2022</b>	<b>Theme score 2021</b>	<b>Improved /worsened since 2021</b>	<b>Acute average 2022</b>	<b>Compared to Acute Trust average 2022</b>
Imperial	7	7	same	6.8	above
Hillingdon	6.5	6.5	same	6.8	below
LNW	6.8	6.9	worsened	6.8	same
Chelwest	7	7	same	6.8	above

<b>MORALE</b>	<b>Theme score 2022</b>	<b>Theme score 2021</b>	<b>Improved /worsened since 2021</b>	<b>Acute average 2022</b>	<b>Compared to Acute Trust average 2022</b>
Imperial	5.8	5.8	same	5.7	above
Hillingdon	5.4	5.4	same	5.7	below
LNW	5.6	5.7	worsened	5.7	below
Chelwest	5.7	5.7	same	5.7	same

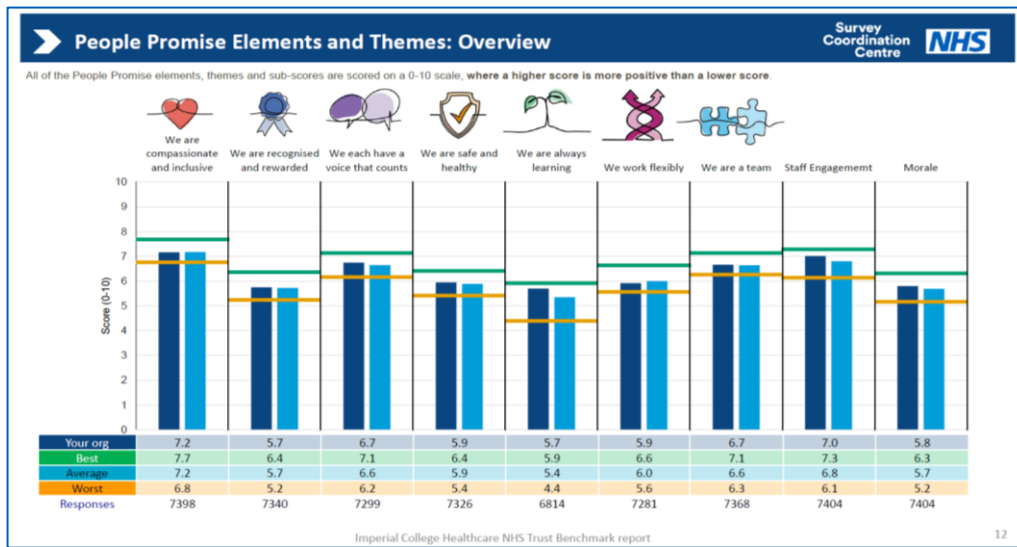
## APPENDIX 2

### APPENDIX 2: London Comparison – Would you recommend the Trust as a place to work

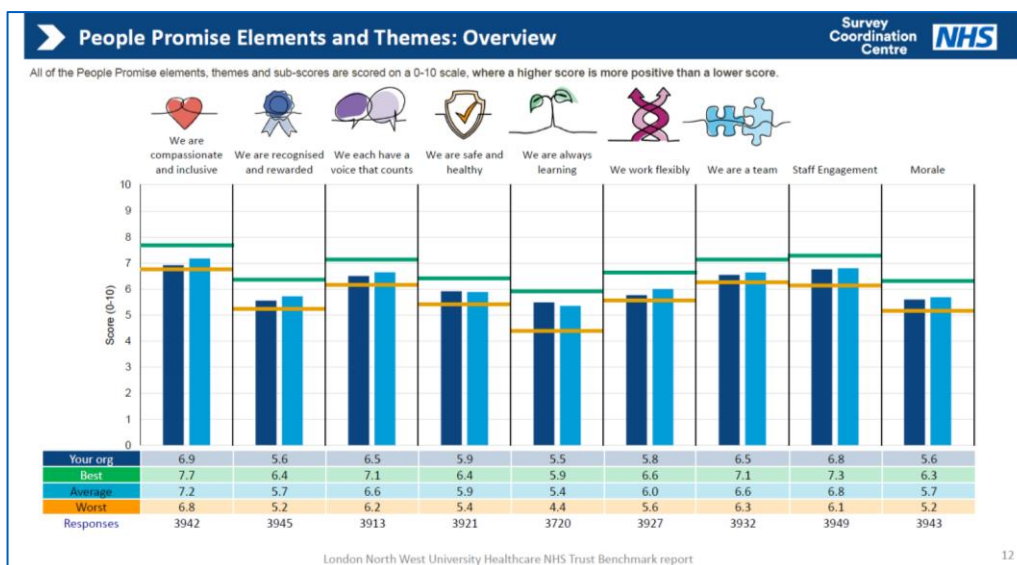
Trust	2019	2020	2021	2022	Change 2021 to 2022	Change 2019 to 2022
University College London Hospitals NHS Foundation Trust	72%	78%	74%	75%	1%	3%
Guy's and St Thomas' NHS Foundation Trust			73%	71%	-2%	
Imperial College Healthcare NHS Trust	68%	71%	64%	66%	2%	-2%
Chelsea and Westminster Hospital NHS Foundation Trust	70%	71%	67%	65%	-2%	-5%
Kingston Hospital NHS Foundation Trust	74%	75%	62%	63%	1%	-10%
Homerton University Hospital NHS Foundation Trust	67%	69%	66%	62%	-4%	-5%
Royal Free London NHS Foundation Trust	62%	69%	61%	60%	-1%	-2%
Whittington Health NHS Trust	63%	66%	59%	59%	0%	-4%
St George's University Hospitals NHS Foundation Trust	61%	67%	58%	58%	0%	-2%
Lewisham and Greenwich NHS Trust	60%	60%	56%	58%	2%	-3%
King's College Hospital NHS Foundation Trust	56%	60%	55%	56%	1%	0%
Croydon Health Services NHS Trust	59%	61%	55%	56%	0%	-3%
Barts Health NHS Trust	63%	66%	60%	56%	-4%	-7%
Epsom and St Helier University Hospitals NHS Trust	62%	64%	59%	55%	-3%	-7%
London North West University Healthcare NHS Trust	54%	59%	55%	53%	-2%	0%
North Middlesex University Hospital NHS Trust	64%	60%	53%	53%	-1%	-11%
Barking, Havering and Redbridge University Hospitals NHS	57%	54%	49%	47%	-2%	-10%
The Hillingdon Hospitals NHS Foundation Trust	54%	50%	46%	44%	-2%	-10%

APPENDIX 3: Summary of Theme Results by Trust

Imperial

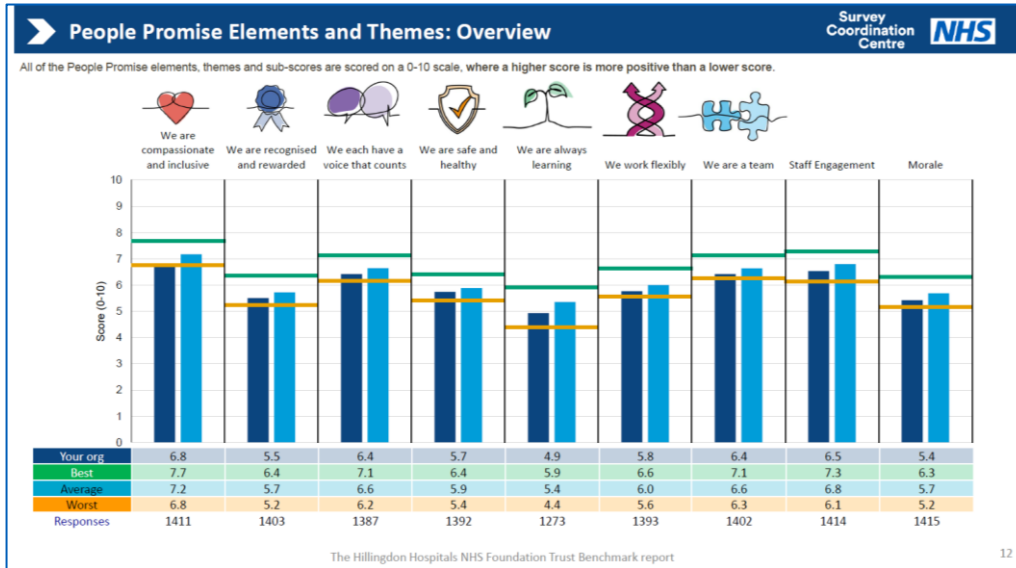


London North West

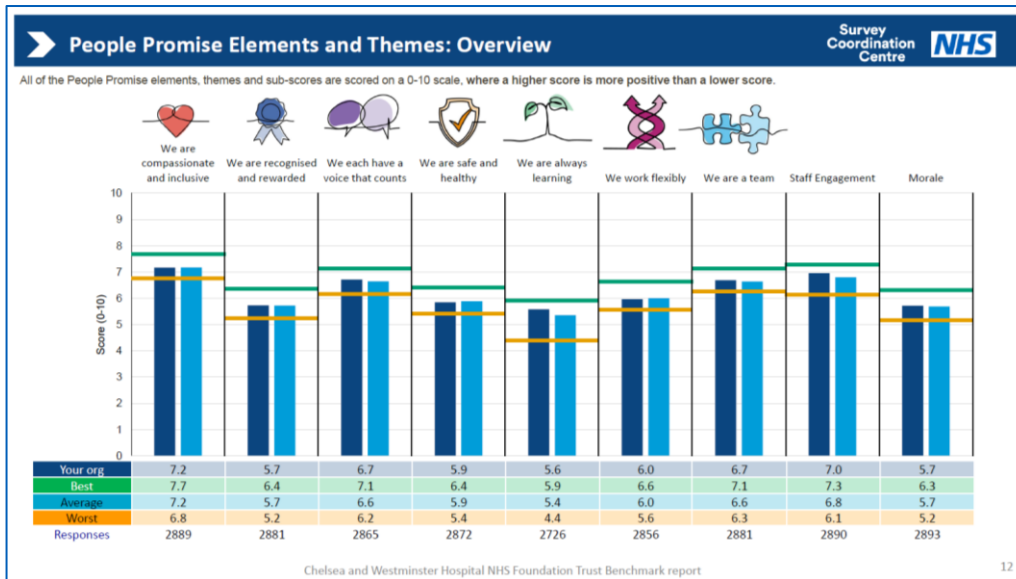




# Hillingdon



# Chelwest





North West London  
Acute Provider Collaborative

APPENDIX 4

APPENDIX 4: Trust Areas of improvement and action planning approaches from NHS Staff Survey results 2022

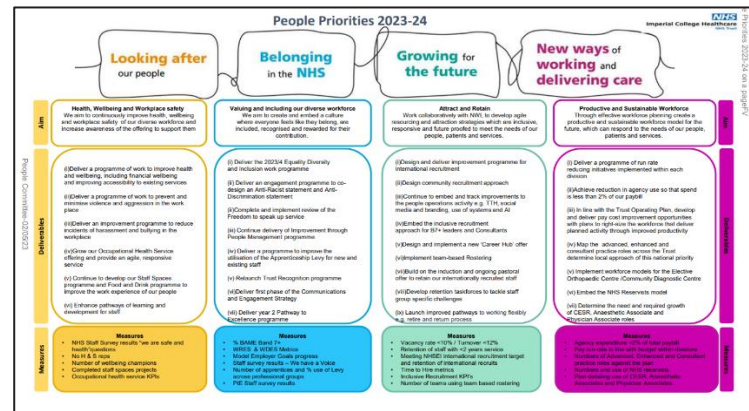
Trust	Areas for Improvement	Actions
Imperial	<p>The main themes include</p> <ul style="list-style-type: none"> <li>- <b>Thinking of leaving (retention)</b></li> <li>- <b>Violence and aggression</b></li> <li>- <b>Harassment and bullying</b></li> <li>- <b>Discrimination (ethnicity)</b></li> </ul>	<p><b>Trust Improvements:</b> There have been a number of Trust wide programmes developed in response to previous staff surveys: these programmes, in many areas are showing signs of success and the recommendations are to continue the programmes. Other programmes will be reviewed and adapted to respond to the progress shown through the staff survey results. These include programmes such as:</p> <ul style="list-style-type: none"> <li>-Improvement through People management</li> <li>-Ward accreditation process</li> <li>-Equality, Diversity and Inclusion programme</li> <li>-Violence and aggression action plan</li> <li>-Pathways to Excellence programme</li> <li>-Better Together campaigns</li> <li>-People Priority programmes</li> <li>-As well as new programmes including</li> <li>-Communications and Engagement Strategy</li> <li>-Professional Nurse Advocates</li> </ul> <p>Trust wide results have also fed into the development of the <b>2023/24 People priorities</b>, based around the four pillars of the national People promise. The implementation of the Trust wide actions is being managed through the EMB People group in 2023/24.</p> <p><b>Divisional Improvements:</b> in 2023/24 Divisions have developed People priority plans which mirror the Trust plan and this will also be tracked and managed by the EMB People group in 2023/24.</p>

**Directorate improvement plans** will be managed through the Divisional oversight meetings, using staff survey data alongside the other data sets already included (vacancy rates, sickness rates etc)

**Ward and department improvement plans** will be developed locally; for ward areas, these will be reviewed as part of the Ward accreditation process (WAP), and wards will be required to demonstrate their analysis of the results, engagement with staff, and action plans as part of the WAP review. For non-nursing teams, department action plans will be managed within the Divisions.

**Intensive support:** there will be a small number of Directorates whose results require additional central support to drive improvements; in this case, additional POD support will be provided and progress reported via EMB people group.

**Trust People Priority Programmes**



**London North West**

The main themes include

- **Morale and Engagement**
- **Flexible working**
- **Raising concerns and freedom to speak up**
- **Violence Bullying and harassment**
- **Health and wellbeing**

**Develop a corporate staff survey action plan to focus on**

- Recruitment and Retention
- EDI, Culture and Heart Values
- Career and staff development
- Flexible working
- Wellbeing

Agree organisational initiatives to support and **increase equity, diversity and inclusion** across the Trust and to reduce experience of bullying and harassment, violence and aggression

	<ul style="list-style-type: none"> <li>- <b>Diversity, Equality and Inclusion</b></li> </ul>	<p>Plan <b>celebratory and recognition events</b> to celebrate the enormity or change and successful improvements across the Trust as well as staff dedication and loyalty to the Trust</p> <p>Division to develop high impact improvement action plans, focusing on two <b>services that have not shown improvement in the last 2 years</b></p> <p>Staff engagement, health and wellbeing teams to offer <b>drop in clinics</b> to staff in areas well below average to offer support and improve staff working lives</p> <p>Produce a quarterly newsletter highlighting <b>You said together We Did</b> including Division and corporate actions</p>
<p><b>Chelwest</b></p>	<p>Main themes include</p> <ul style="list-style-type: none"> <li>- <b>Understanding Intention to leave</b></li> <li>- <b>Support for managers around health and wellbeing</b></li> <li>- <b>Tackling discrimination, harassment and bullying</b></li> <li>- <b>Violence and aggression</b></li> <li>- <b>Coverage of appraisal</b></li> <li>- <b>Providing reassurance on how errors and incidents are handled</b></li> </ul>	<p>Towards the end of 2022, we started a forward looking refresh of our priorities under 2021-24 People Strategy which we have been delivering against, aligning with those of the NWL ICS and NWL acute collaborative. A delivery plan is being finalised and it is expected that all activity will lead to improvement in the areas of focus identified here. Therefore, Trust-wide actions will be delivered and monitored under the governance of the refreshed people strategy delivery plan.</p> <p>Specific actions will include</p> <ul style="list-style-type: none"> <li>- An in-depth retention analysis investigating which pockets of staff are thinking about leaving to understand the reasons.</li> <li>-Review and refresh training for immediate managers to help them better support their direct reports. In particular, focus on the immediate managers providing support around concerns and health and wellbeing.</li> <li>- Identifying any spikes in discrimination focussing on where this is happening between colleagues and managers. Implement targeted action to reduce incidents.</li> <li>-Exploring further, the numbers of staff experiencing HBA and violent incidents from colleagues and using this data to understand if there are any specific groups or departments where this is a particular issue</li> <li>-Improving coverage of appraisals particularly with hard to reach groups. Quality of appraisals is excellent and take efforts to sustain</li> <li>-Making sure that staff are provided with reassurance about how errors and near misses are handled.</li> </ul>

<b>Hillingdon</b>	<p>Main themes include</p> <ul style="list-style-type: none"> <li>- <b>Opportunities for learning and development</b></li> <li>- <b>Opportunities for career progression</b></li> <li>- <b>Violence, harassment and bullying</b></li> <li>- <b>Equality, Diversity and Inclusion</b></li> <li>- <b>Compassionate culture and leadership</b></li> </ul>	<p>The Trust has a 3 year People strategy which was agreed in 2021. Each year we review the staff survey results and our other KPI's, alongside feedback through staff engagement events to inform our actions for the following year. For our 2022 staff survey we also had a thematic analysis carried out of our qualitative responses. Feedback on our strategy has been to focus on a smaller number of actions that will deliver change in key areas. We have developed a plan with 2 – 3 key initiatives under each of our pillars, the majority of which align to and will benefit from work we are undertaking at collaborativel level. Our plan has been approved by our People Committee and will be monitored through updates on actions and KPI's.</p> <p>Key initiatives include</p> <p><b>LOOKING AFTER OUR PEOPLE</b></p> <ul style="list-style-type: none"> <li>- Delivery of H&amp;W programmes, including ongoing financial wellbeing support</li> <li>- Develop and deliver programmes to reduce Violence and Aggression and Bullying and Harassment (joint work with ACP)</li> <li>- Promote L&amp;D opportunities to all staff</li> </ul> <p><b>BELONGING IN THE NHS</b></p> <ul style="list-style-type: none"> <li>- Deliver year 3 of EDI plan (including agreed joint work across ACP)</li> <li>- Increase opportunities to reward and celebrate our people</li> <li>- Relaunch of CARES values</li> <li>- Programme to embed compassionate leadership</li> </ul> <p><b>NEW WAYS OF WORKING AND DELIVERING CARE</b></p> <ul style="list-style-type: none"> <li>- Continue to develop and refine 5 year workforce plan</li> <li>- Broaden apprenticeship offer (joint work with ACP)</li> <li>- Relaunch improvement programme</li> </ul> <p><b>GROWING FOR THE FUTURE</b></p> <ul style="list-style-type: none"> <li>- Put talent management plans and career pathway information in place</li> <li>- Complete Scope for Growth pilot</li> <li>- Develop recruitment strategy for hard to fill posts (joint work with ACP/NWL)</li> </ul>
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NWL Acute Provider Collaborative Board in Common (Public)

18 July 2023

Item number: 4.2

This report is: Public

## Integrated Performance Report

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

Job title: Chief Executive Officers

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

Job title: Chief Executive Officers

### Purpose of report

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

The Board in Common is asked to note the report.

### Executive summary and key messages

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

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

The information in this report brings together the information covering a range of indicators that have been drawn from the Trust integrated performance reports and agreed by the lead Chief Executive for each area of performance and highlights areas of good practice and areas of concern. Financial performance is also now included in the pack as well as in separate reports at Item 4.2.

This report reflects performance data at Collaborative level for month 2 (May 2023). Trust level performance data is available on each of the four trust's website:

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

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

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

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

## Strategic priorities

Tick all that apply

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

## Impact assessment

Tick all that apply

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

## Reason for private submission

Tick all that apply

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

N/A



# Integrated Performance Report

May data (except Cancer = April)  
received by BIC July 2023

# Integrated Performance Report - Summary

## **Introduction:**

The BIC Integrated Performance report provides a high level overview of performance across the Acute Provider Collaborative. However, the importance of understanding how individual trust performance contributes to the overall position is recognised and the BIC report also demonstrates more granular data at an individual trust level for the month in question. This information is supporting work to reduce variation and drive up performance. In addition to this report, individual trusts continue to produce a monthly Integrated Quality and Performance Report (IQPR) which is discussed at Executive meetings and Local Assurance Committees. The local IQPRs do contain information that is not included in the BIC report, because all trusts have a small number of key performance indicators (KPIs) that are specific to the range of services they provided or have agreed specific metrics that the Board wishes to monitor. Where issues of concern are raised at trust committees these are escalated to/discussed at the Acute Collaborative Committees in Common (ACCIC). The individual trust reports are available on trust websites and links to the individual reports can be found in the cover sheet to this report.

The format of the report should be self-explanatory, but in summary it consists of:

- Information on the layout of the slides
- A summary balanced score card (BSC) with icons signalling issues in relation to trends or assurance (grey – expected, blue – improving, red – concerning)
- Individual sections for each part of the BSC with an overarching summary supported by charts for each set of indicators

## **Performance:**

Performance across the Acute Collaborative is broadly in line with expected given the current pressures on the NHS although it is too early in the year to predict future performance. All trusts continued to maintained or improve performance across a range of indicators in May 2023.

There are examples where the Collaborative is leading the way on performance delivery and improvement, but equally the report identifies areas where performance is below agreed standards and action is underway to address this. The summary at the beginning of each sections pulls out the key issues for consideration by the BIC and highlights areas for escalation.

## **Escalation:**

Financial position which is discussed in more detail in the finance report.

# Layout of the KPI slides

## TREND

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

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

## NARRATIVE

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

## CURRENT PERFORMANCE

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

## STRATIFICATION

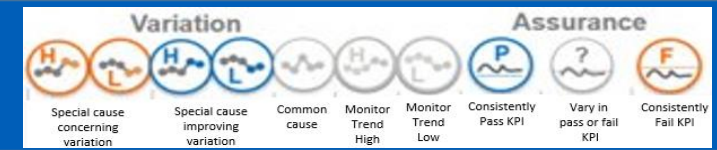
This section provides more granular detail under the specific metric/metrics. This section is under development.

## GOVERNANCE

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

# Balanced Scorecard

(note Maternity metrics are reported separately currently)



Quality	Expected	Actual	Trend	Assurance
Reporting rate of patient safety incidents per 1000 bed days	≥54.9	55.46		
Serious Incidents	n/a	0.28		
Patient safety incidents with severe/major harm	<0.26%	0.18%		
Patient safety incidents with extreme harm/death	<0.14%	0.13%		
Healthcare Associated c. Difficile Infections	n/a	15		
Healthcare Associated E. coli blood stream Infections	n/a	35		
Healthcare Associated MRSA blood stream Infections	0	1		
Formal complaints received per 1000 staff	n/a	7.63		
Good experience reported by inpatients	≥94%	96.3%		
Good experience reported for maternity services	≥90%	89.0%		
Good experience reported for emergency depts.	≥74%	80.4%		
VTE Risk Assessments Completed	≥95%	94.8%		

Workforce	Expected	Actual	Trend	Assurance
Vacancy Rate	≤10%	9.9%		
Voluntary Turnover Rate	≤12%	11.9%		
Sickness Absence Rate	≤4%	4.3%		
Agency spend	≤2%	3.0%		
Non-medical appraisals	≥95%	80.0%		
Medical appraisals	≥95%			
Core skills compliance	≥90%	91.9%		

Performance	Expected	Actual	Trend	Assurance
Ambulance handover waits	≥95%	86.2%		
Waits in urgent and emergency care > 4 hours	≥76%	77.1%		
Waits in urgent and emergency care > 12 hours	≤2%	3.0%		
Referral to treatment waits > 52 weeks	≤2%	3.6%		
Access to diagnostics > 6 Weeks	≤1.0%	9.8%		
Access to cancer specialist < 14 days	≥93%	85.2%		
Access to Cancer Care (Faster Diagnosis) < 28 days	≥75%	75.4%		
Cancer First Treatment from Diagnosis < 31 days	≥96%	94.8%		
Referral to Cancer Treatment Pathways < 62 days	≤85%	65.8%		
Theatre Utilisations (Hrs)	≤85%	84.4%		
Outpatient Transformation - PIFU	≤5%	2.3%		
Critical Care – Unoccupied Beds	≤85%	89.3%		

Finance	Expected YTD £m	Actual YTD £m	Variance YTD £m	Annual Plan £m	Forecast Outturn £m	Forecast Variance £m	Trend	Assurance
Financial Delivery (I&E)	(9.4)	(31.8)	(22.4)	0	0	0		
Financial Delivery (CIP)	18.5	5.7m	(12.8)	119.5	119.5	0		
YTD Capital Spend - £m	27.9	17.4	10.5	262.5	259.7	2.8		

# Quality/Clinical Performance

**Introduction:** The quality metrics and reporting methodology were agreed following a detailed review of the trust board scorecards, national guidance and CQC insight reports. This data pack contains charts showing the trend over time at acute provider collaborative (APC) level for each metric, with in-month and rolling-12-month data for each trust. National and regional benchmarking data has been added, where available, to aid comparison. The narrative in this report has been updated to reflect performance reported for May 2023 following discussions at the weekly APC quality meeting and through the individual trust quality function reports to the APC quality committee. The maternity dashboard is presented separately.

**Performance:** Key points to note include:

- Incidents causing harm: we have noted a recent increase in incidents causing extreme harm, although the percentage for May is below threshold which is positive. Individual trusts have reviewed these cases with no specific issues to highlight. This trend continues to be closely monitored.
- IPC: annual thresholds are in place for FY 2023/24, with performance so far exceeding trajectories for E. Coli in all trusts, for C. diff at ICHT and LNW, and for MRSA BSIs at ICHT. Each Trust has robust processes for managing and investigating cases, and on-going improvement work in place, with a focus on improving routine IPC practice. This includes development of a wider awareness programme to address the culture and behaviour at LNW, and an on-going education, training and support programme at ICHT, which includes work with the Imperial College Change Lab to develop and test behavioural insight interventions which are now being evaluated ahead of potential spread. At THH, the IPC team continue to work collaboratively with the clinical teams across all areas to reinforce IPC measures, including quarterly IPC peer review audits to support identification of areas for improvement. A trust wide infection control campaign will take place at CWFT during June/July 2023.
- Mortality: The most recent data available (for the year Feb 2022-Jan 2023) shows that each trust continues to have a rolling-12-month HSMR below the national benchmark of 100. LNW's ratio has returned to 'lower than expected' following a recent change to 'as expected'. THH's rate remains as expected. All four trusts saw an increase in HSMR in the 12-month data to June 2022 (reported in November 2022). Telstra Health UK have completed an analysis of this increase, which is reflected across the NHS, and found that this was caused by the data being rebased and changes made in the expected crude rate nationally. In light of this review, it has been agreed that all trusts will investigate any variations between observed and expected deaths by diagnostic group and also where there is variance between HSMR and SHMI. Data is being provided to all trusts that will support the analysis of their diagnostic groups and identify those where the HSMR has increased. Reviews will be presented to the next APC mortality surveillance group which will discuss themes and trends identified and agree actions to be taken forward.

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

- Implementation of the patient safety incident response framework (PSIRF) and learning from patient safety events (LFPSE), including tendering a new incident reporting system. Work to transition to PSIRF and go live from September 2023 in line with the national timeframes is progressing well within individual trusts, with work to align systems, processes, and governance across the APC being led by the task and finish group to maximise the opportunities for learning and benefits for patients and staff.
- User insight and focus work, including review of metrics reported and focus on meeting our patients' and communities' needs. The first collaborative workshop was held on 19th May; specific actions are now being agreed with all trusts and a second workshop is planned for September to review progress and develop our shared approaches further.
- Work is underway to further align our mortality review processes and reporting of outcomes through the new mortality surveillance group. This will further improve how the collaborative uses mortality data to identify and share learning from deaths.
- Maternity standards task and finish group focusing on sharing good practice and learning, focusing on transparent and open reporting, as well as creating a responsive culture to address safety and quality concerns. The current focus is on undertaking a self-assessment against NHSE's three year delivery plan for maternity and neonatal care, which will inform the on-going improvement work for this workstream, in addition to the delivery and monitoring of year 5 of the Maternity Incentive Scheme (MIS).

**Escalations by Theme:** On-going workforce and operational pressures, and the impact of industrial action, may have a negative impact on some of our quality metrics over the coming months. All four trusts have robust plans to manage clinical risk and the continued safety of patients and staff during periods of industrial action.

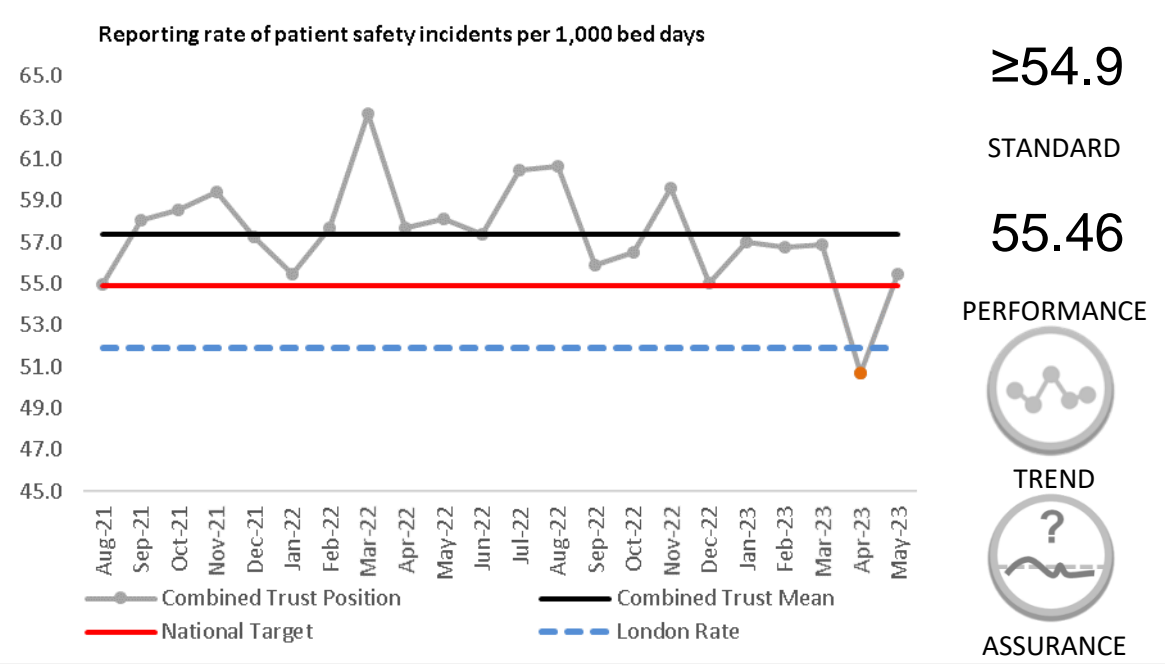
# Patient Focus



# (Patient) Patient Safety Incidents



## TREND



## NARRATIVE

**Performance:** At APC level, we returned to above the national and London rates following a dip in April 2023. Most trusts demonstrate common cause variation, with inconsistent achievement of the target; however, LNW and ICHT's in-month and 12 month rolling rates are above target.

**Recovery Plan:** Trusts are currently focused on the implementation of 'Learn from patient safety events' (LFPSE), which replaces the National Reporting and Learning System (NRLS), and will provide opportunity for further improvements, including training and communications. Reporting categories will be reviewed as part of the work to implement PSIRF, which will support the identification of additional learning to increase incident reporting across the APC.

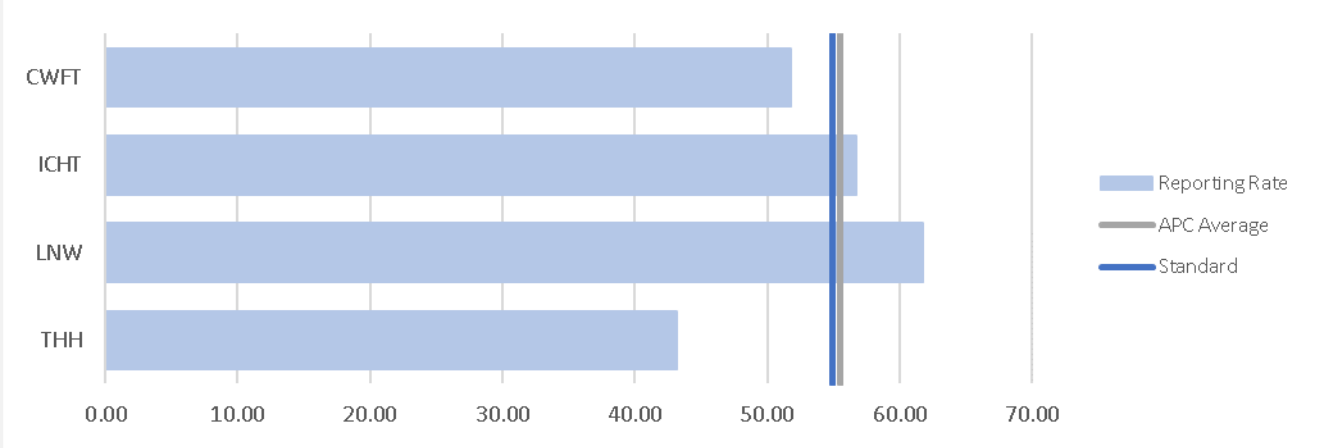
**Improvements:** The scope and requirements for the new incident reporting management scheme have been agreed across the collaborative and a business case is being finalised. As well as supporting standardisation of processes and allowing us to meet the requirements of LFPSE together, this should also ensure the system is as user-friendly as possible (staff regularly feedback that current systems are barriers to reporting).

**Forecast Risks:** N/A.

## CURRENT PERFORMANCE

	Total bed days	Reporting Rate	Difference from Standard	Patient Safety Incidents	12 Month Rolling Reporting Rate
CWFT	24,473	51.77	-3.13	1,267	48.23
ICHT	30,589	56.72		1,735	56.66
LNW	31,434	61.68		1,939	68.06
THH	11,670	43.10	-11.80	503	45.60
<b>APC</b>	<b>98,166</b>	<b>55.46</b>		<b>5,444</b>	<b>56.81</b>

## STRATIFICATION



## GOVERNANCE

**Senior Responsible Owner:** Tim Orchard, CEO, ICHT

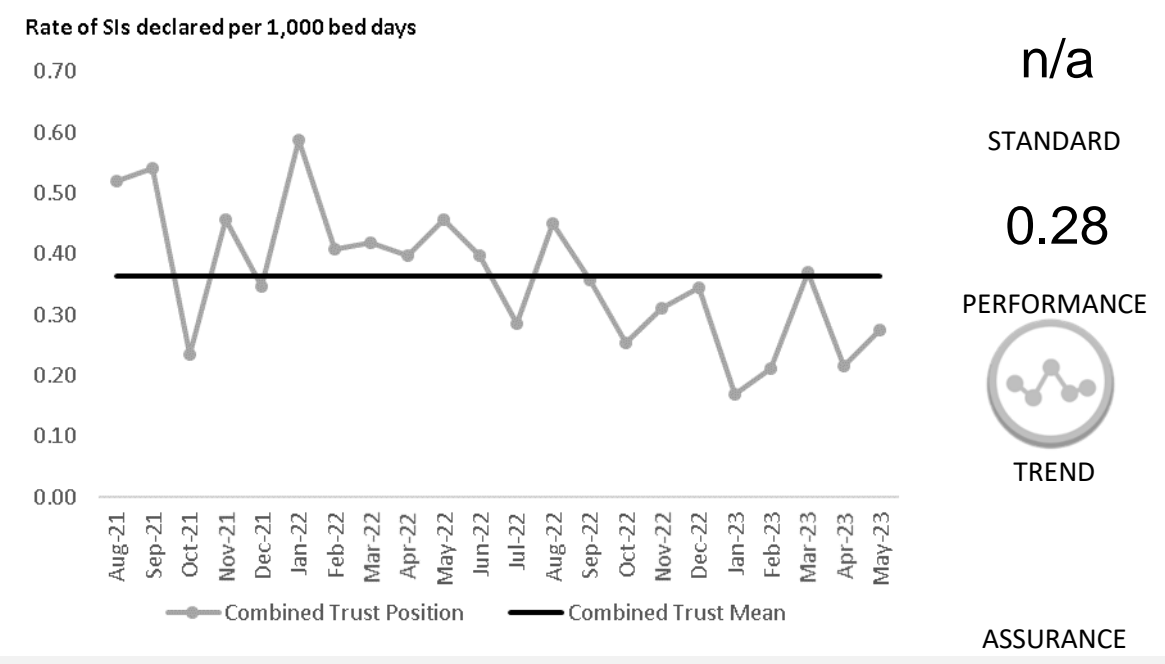
**Committee:** Acute provider collaborative quality committee

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

# (Patient) Serious Incidents



## TREND



## NARRATIVE

**Performance:** There is no target for this metric, or data for benchmarking at national and regional level. A reporting rate per 1,000 bed days has been calculated, and a rolling 12-month rate, to allow comparison. At APC level, the trend shows common cause variation with an overall reduction since August. THH has the highest rate over the last 12 months due to a different approach to pressure ulcer incidents declaration.

There were three never events reported in April. At THH one case of a retained swab with no harm to the patient. Immediate action was taken, including trust wide communications and a WHO checklist snapshot audit to identify further learning. At CWFT two cases, one medication administration error involving a wrong syringe used to administer a wrong dose of insulin. The situation was managed well and no harm came to the patient. The second is a possible oesophageal perforation, following the insertion of a NG tube and subsequent feeding of a baby on NICU with severe harm recorded.

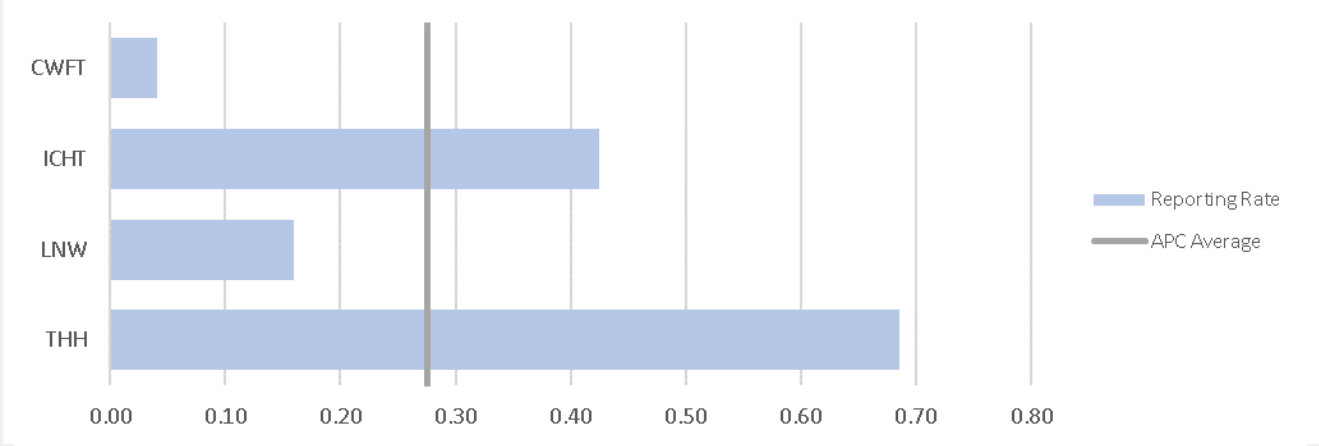
**Improvements:** The Patient Safety Incident response framework (PSIRF) will replace the Serious Incident framework. A task and finish group is in place to deliver the required changes by Autumn 2023 which will support improved consistency in investigation processes and approaches and a focus on improvement.

**Forecast Risks:** Nil specific to the SI rate.

## CURRENT PERFORMANCE

	Total bed days	Reporting Rate	Serious Incidents	12 Month Rolling Reporting Rate
CWFT	24,473	0.04	1	0.20
ICHT	30,589	0.42	13	0.38
LNW	31,434	0.16	5	0.21
THH	11,670	0.69	8	0.57
<b>APC</b>	<b>98,166</b>	<b>0.28</b>	<b>27</b>	<b>0.30</b>

## STRATIFICATION



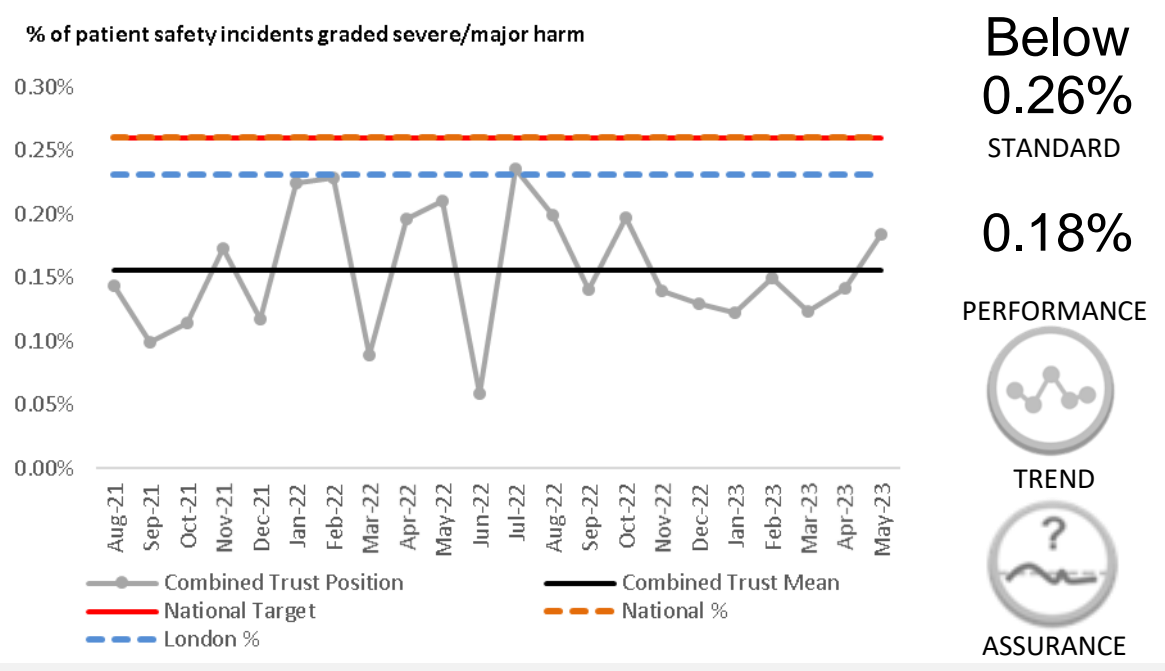
## GOVERNANCE

**Senior Responsible Owner:** Tim Orchard, CEO, ICHT  
**Committee:** Acute provider collaborative quality committee  
**Data Assurance:** Data is supplied by each trust individually and quality assured through their internal processes.

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



## TREND



## NARRATIVE

**Performance:** The percentage of patient safety incidents graded as severe/major harm remains below national average at APC level. There were 10 severe/major harm incidents reported in May, the largest number of which (n=7) was at LNW. Most trusts are below the target for this month, with LNW above. Rolling 12-month data shows that all trusts are below national average.

**Recovery Plan:** There are no clinical issues to escalate from the incidents reported.

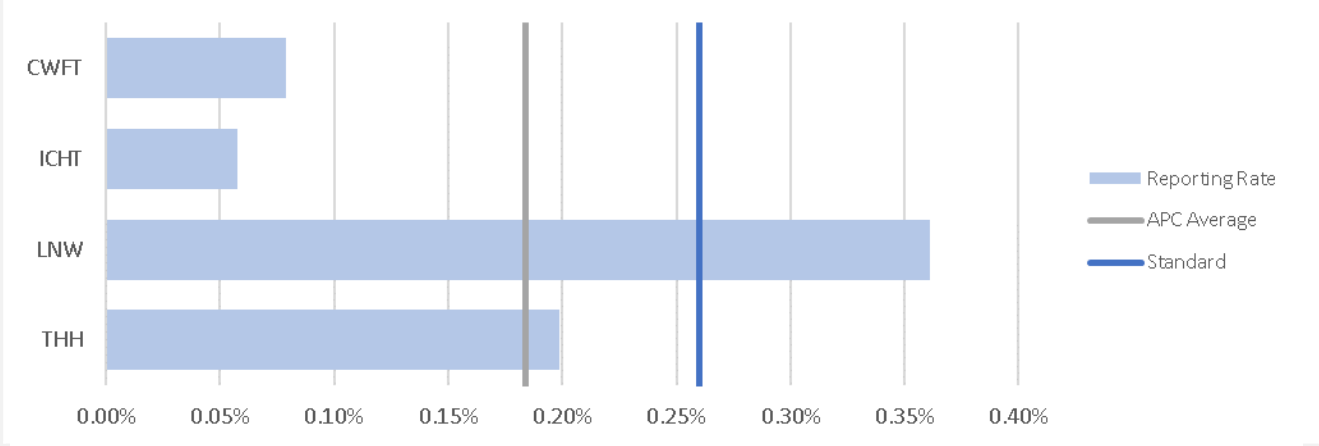
**Improvements:** Each trust has robust processes in place for the identification, and investigation, of incidents causing severe/major harm. Immediate actions are put in place, followed by learning and additional actions identified during the course of the investigation to prevent recurrence. Key priority workstreams for the APC around clinical harm review and prioritisation for patients who are waiting for treatment on admitted and non-admitted pathways, and care of the deteriorating patient, will support improvements in patient safety amongst these cohorts who are amongst the highest currently at risk of harm.

**Forecast Risks:** Continuing workforce and operational pressures, and the impact of industrial action, may result in an increase in incidents causing harm. Trusts have implemented enhanced processes to support the improved management of clinical risk.

## CURRENT PERFORMANCE

	Patient Safety Incidents	% Incidents	Difference from Standard	Severe/ Major Harm	12 Month Rolling % Incidents
CWFT	1267	0.08%		1	0.15%
ICHT	1735	0.06%		1	0.10%
LNW	1939	0.36%	0.10%	7	0.19%
THH	503	0.20%		1	0.19%
<b>APC</b>	<b>5,444</b>	<b>0.18%</b>		<b>10</b>	<b>0.15%</b>

## STRATIFICATION



## GOVERNANCE

**Senior Responsible Owner:** Tim Orchard, CEO, ICHT

**Committee:** Acute provider collaborative quality committee

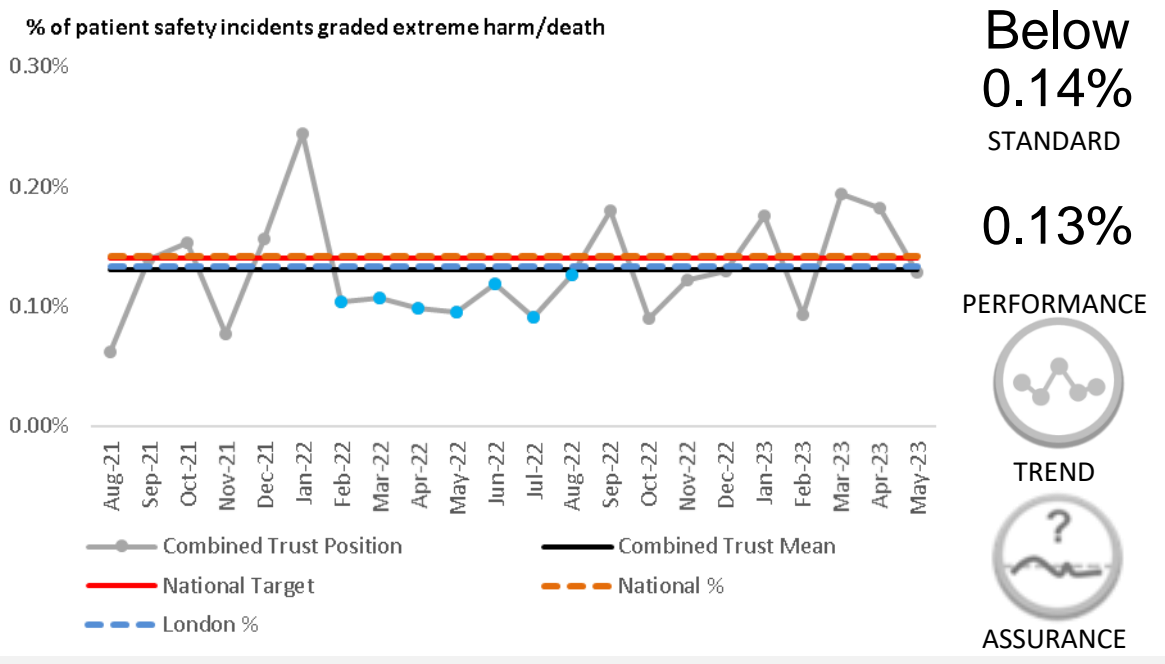
**Data Assurance:** Data is supplied by each trust individually and quality assured through their internal processes.

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



## TREND



## NARRATIVE

**Performance:** At APC level, the percentage of patient safety incidents graded as extreme harm was below the threshold in May 2023, and is the same as national average on a rolling 12-month basis. SPC shows common cause variation. ICHT was above the standard in month. Rolling 12-month data shows that LNW is above national average, while the other trusts are below.

**Recovery Plan:** There are no clinical issues to escalate from the incidents reported. Two of the ICHT cases have been downgraded to no harm following initial investigation, taking them back below average. The harm levels at LNW have been reviewed since the APCQC with a reduction in the number. LNW risk management system does not allow it to identify an outcome of 'death unattributable' to the actions of the trust. There is a known difference between NRLS data related to deaths in the reporting period and deaths declared for further investigation under the SI framework. The Board should take assurance that all deaths in-period were reviewed at the MDT serious incident review group, and through the medical examiners office, with one being declared a serious incident and one a concise report.

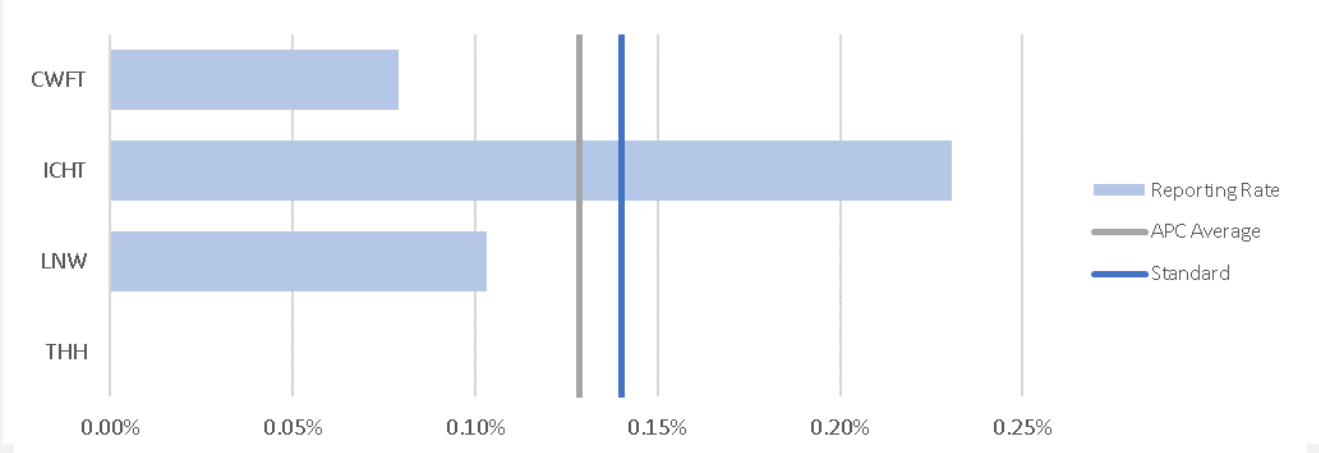
**Improvements:** Each trust has robust processes in place for the identification, and investigation, of patient safety incidents causing death/extreme harm. Immediate actions are put in place in response to incidents, followed by learning and additional actions identified during the course of the investigation to prevent recurrence.

**Forecast Risks:** Continuing workforce and operational pressures, and the impact of industrial action, may result in an increase in incidents causing harm. Trusts have implemented enhanced processes to manager risk.

## CURRENT PERFORMANCE

	Patient Safety Incidents	% Incidents	Difference from Standard	Extreme Harm/Death	12 Month Rolling % Incidents
CWFT	1267	0.08%		1	0.06%
ICHT	1735	0.23%	0.09%	4	0.08%
LNW	1939	0.10%		2	0.23%
THH	503	0.00%		0	0.10%
<b>APC</b>	<b>5,444</b>	<b>0.13%</b>		<b>7</b>	<b>0.14%</b>

## STRATIFICATION



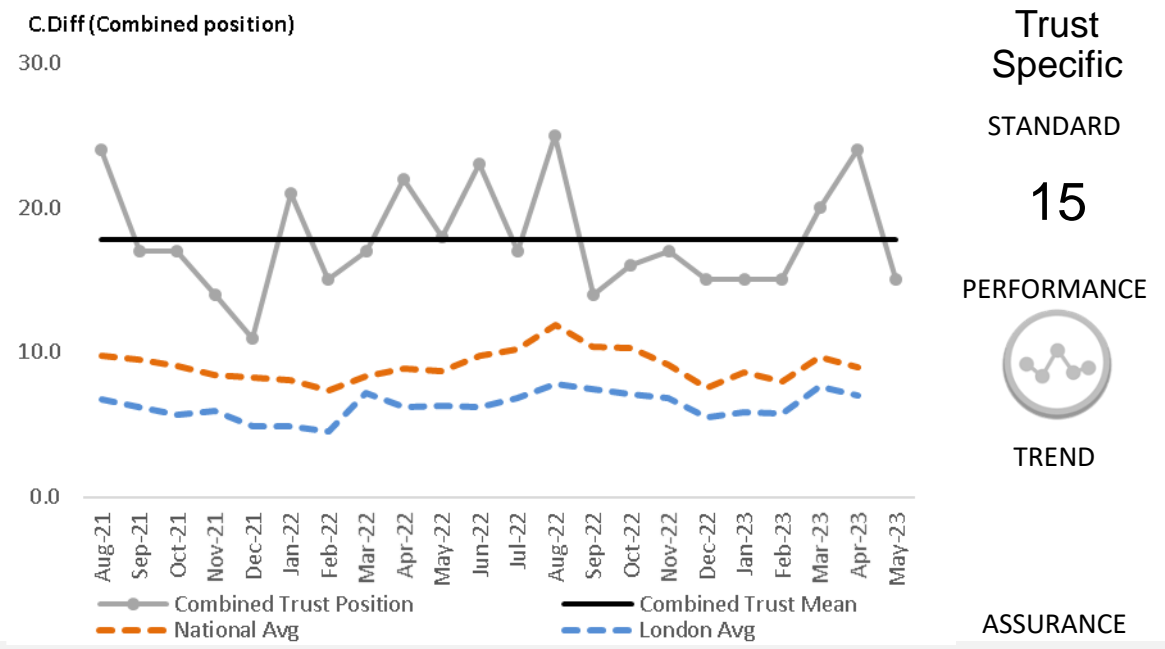
## GOVERNANCE

**Senior Responsible Owner:** Tim Orchard, CEO, ICHT  
**Committee:** Acute provider collaborative quality committee  
**Data Assurance:** Data is supplied by each trust individually and quality assured through their internal processes.

# (Patient) Healthcare Associated C.Difficile Infections



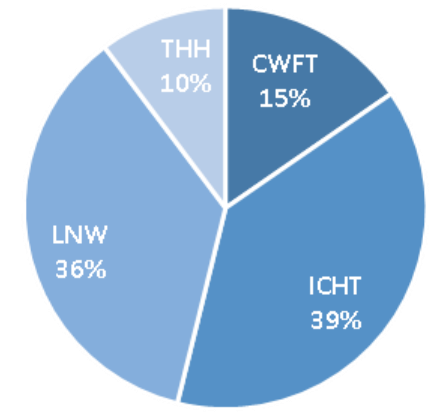
## TREND



## CURRENT PERFORMANCE

	Count of c.Diff cases in month	Count of c.Diff cases in year (FY 23/24)	Trust Threshold (FY 23/24)	Difference from Threshold
CWFT	2	6	25	
ICHT	6	15	65	
LNW	7	14	63	
THH	0	4	23	
<b>APC</b>	<b>15</b>	<b>39</b>	<b>176</b>	

## STRATIFICATION



Trust share of APC count of infections in year

## NARRATIVE

**Performance:** There were 15 cases of C. difficile reported in May 2023. The trend graph shows common cause variation. All trusts except THH exceeded their agreed thresholds for FY 2022/23. This increase was reflected regionally and nationally; however the APC numbers are higher than the national and London averages. Thresholds have been set by NHSE for FY 2023/24; trajectories are being developed and performance will be monitored.

**Recovery Plan:** The increase and actions are under review by the ICS IPC forum, including the community actions. A NWL task and finish group has been set up to examine the rise in cases with a focus on sample collection, the environment and understanding of risk factors. Each Trust has robust processes for managing and investigating cases, with on-going improvement work in place focused on routine IPC practice. This includes development of a wider awareness programme to address the culture and behaviour at LNW, and an education, training and support programme at ICHT, which includes work to develop and test behavioural insight interventions which are now being evaluated ahead of potential spread. At THH, the IPC team continue to work collaboratively with the clinical teams to reinforce IPC measures, including quarterly IPC peer review audits to support identification of areas for improvement. A trust wide infection control campaign will take place at CWFT during June/July 2023.

**Improvements:** As above

**Forecast Risks:** Mitigating actions are in place as described in the recovery plan section.

## GOVERNANCE

**Senior Responsible Owner:** Tim Orchard, CEO, ICHT

**Committee:** Acute provider collaborative quality committee

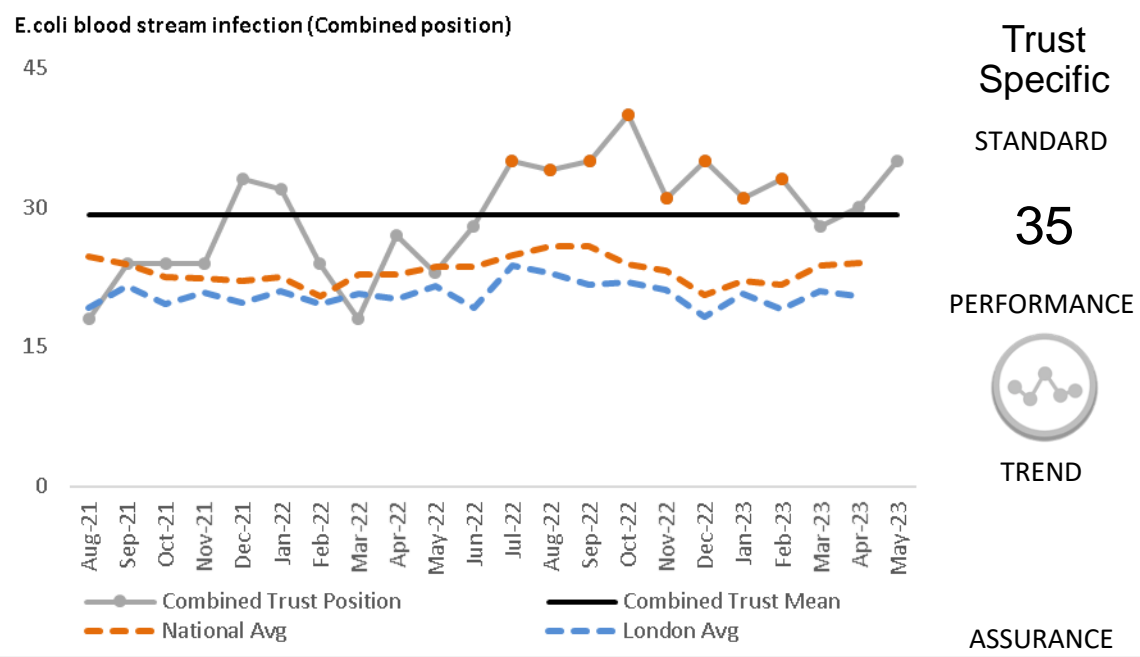
**Data Assurance:** Data is supplied by each trust individually and quality assured through their internal processes.



# (Patient) Healthcare Associated E. coli Infections



## TREND



## NARRATIVE

**Performance:** The trend graph shows an increase in E. Coli blood stream infections (BSIs) across the APC since May 2022. In May 2023 there were 35 cases reported. All trusts exceeded their agreed thresholds for FY 2022/23. Thresholds have been set by NHSE for FY 2023/24; trajectories will be developed and performance monitored against these going forward. All trusts are exceeding their trajectories for this point in the financial year.

**Recovery Plan:** The NWL ICS are focused on reduction of E.coli blood stream infections in line with the NHS Long Term Plan that supports a 50% reduction in Gram-negative bloodstream infections by 2024/25. Each Trust has robust processes for managing and investigating cases, and on-going improvement work in place with a focus on improving routine IPC practice. This is described on the previous IPC slide and not repeated here.

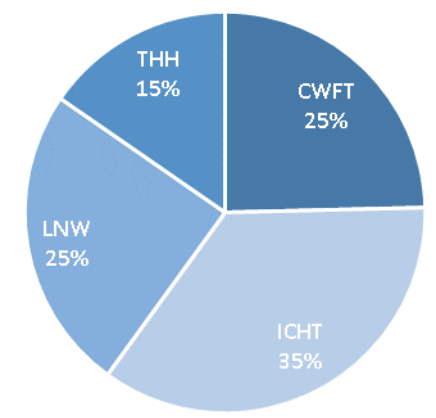
**Improvements:** Not applicable.

**Forecast Risks:** Mitigating actions are in place as described in the recovery plan section.

## CURRENT PERFORMANCE

	Count of E.Coli BSIs in month	Count of E.Coli BSIs in year (FY 23/24)	Trust Threshold (FY 23/24)	Difference from Threshold
CWFT	9	16	70	
ICHT	12	23	90	
LNW	9	16	87	
THH	5	10	27	
<b>APC</b>	<b>35</b>	<b>65</b>	<b>274</b>	

## STRATIFICATION



Trust share of APC count of infections in year

## GOVERNANCE

**Senior Responsible Owner:** Tim Orchard, CEO, ICHT

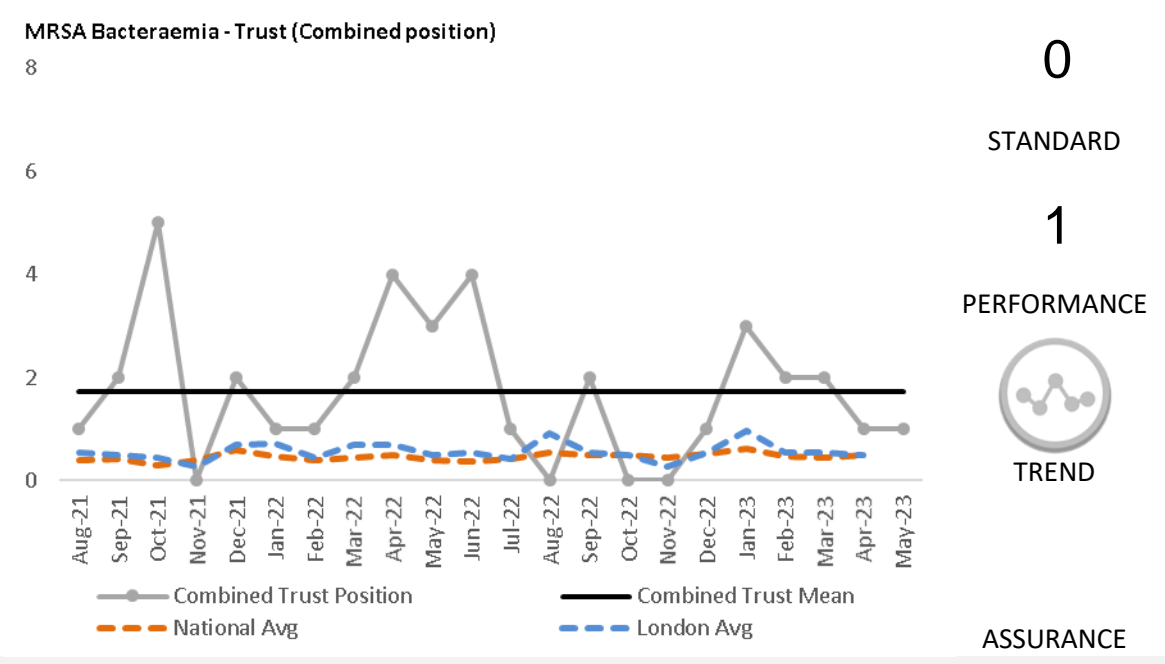
**Committee:** Acute provider collaborative quality committee

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

# (Patient) Healthcare Associated MRSA Infections



## TREND



## NARRATIVE

**Performance:** There have been two MRSA BSIs reported across the APC so far in 2023/24, both at ICHT.

**Recovery Plan:** ICHT have reported five MRSA BSIs across the last five months. The case in May 2023 was a haematology patient who had an MRSA bacteraemia six weeks earlier at another Trust. The patient was known to be colonised with MRSA but unable to receive suppression therapy due to a chronic condition. A full investigation is in progress.

Three of the five recent cases are thought to be related to vascular access devices. On-going actions are in place in response including expert observation of ANTT practice, education targeted at the management of vascular access devices and the decontamination of needle free connectors, as well as the appropriate use of passive disinfecting caps.

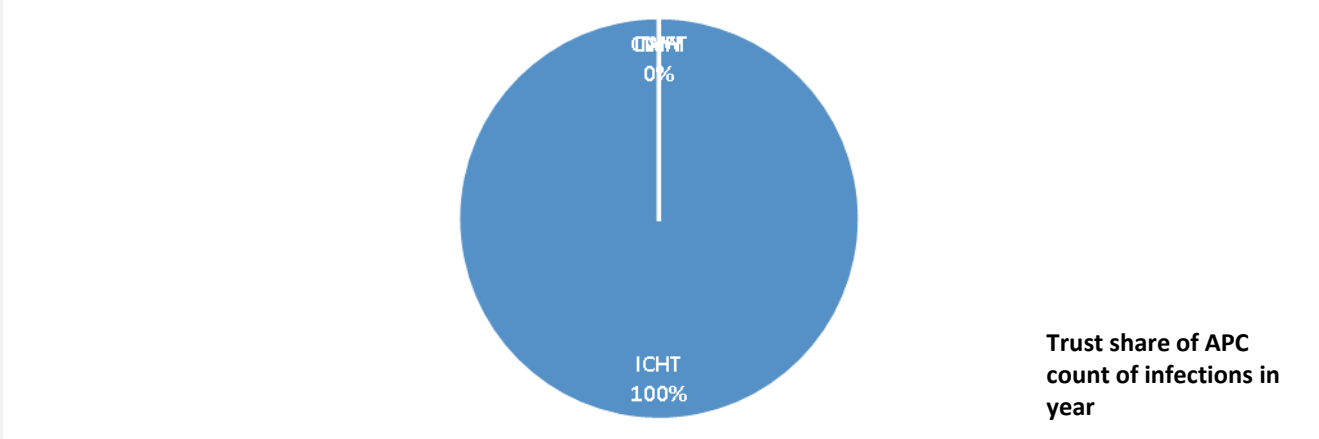
**Improvements:** Not applicable.

**Forecast Risks:** None.

## CURRENT PERFORMANCE

	Count of MRSA BSIs in month	Count of MRSA BSIs in year (FY 23/24)	Trust Threshold (FY 23/24)	Difference from Threshold
CWFT	0	0	0	
ICHT	1	2	0	-2.0
LNW	0	0	0	
THH	0	0	0	
<b>APC</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>-2.0</b>

## STRATIFICATION



## GOVERNANCE

**Senior Responsible Owner:** Tim Orchard, CEO, ICHT

**Committee:** Acute provider collaborative quality committee

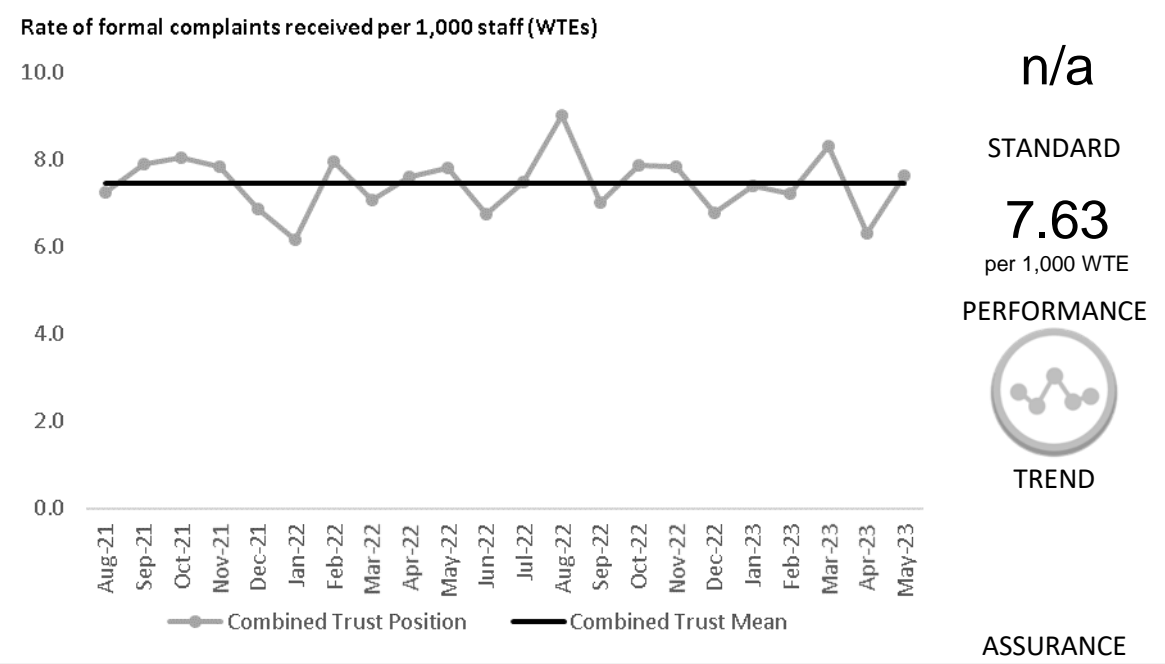
**Data Assurance:** Data is supplied by each trust individually and quality assured through their internal processes.



# (Patient) Formal Complaints



## TREND



## NARRATIVE

**Performance:** There is currently no agreed standard for the rate of formal complaints per 1,000 WTE, and no benchmarking data available. The trend graph shows variation across the last 18 months. The rate in May was 7.36, just above the mean. Rates vary at trust level, with LNW having the highest rate in month and across the last 12 months. ICHT reports the highest number of complaints overall, however, has the lowest rate in month and the second lowest rate over the last 12 months.

**Recovery Plan:** Not applicable.

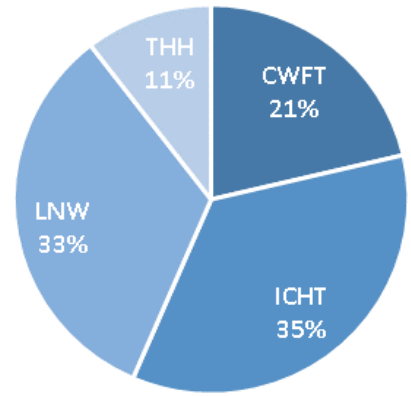
**Improvements:** The 'User insight and focus' improvement workstream is identifying and prioritising opportunities for shared learning and common approaches to understanding, measuring and improving responsiveness to the needs and views of our patients and local communities across the APC. The metrics, including those related to complaints, are under review to move on from our current process-heavy metrics to those that give more of a sense of whether we are meeting our patients' and communities' needs and reflecting their views.

**Forecast Risks:** None.

## CURRENT PERFORMANCE

	Total WTE Staff	Rate per 1,000 WTE	Count of Patient Complaints	12 Month Rolling Rate per 1,000 WTE
CWFT	6,564	7.77	51	6.31
ICHT	13,091	6.42	84	6.75
LNW	8,055	9.81	79	9.43
THH	3,621	6.90	25	7.90
<b>APC</b>	<b>31,331</b>	<b>7.63</b>	<b>239</b>	<b>7.47</b>

## STRATIFICATION



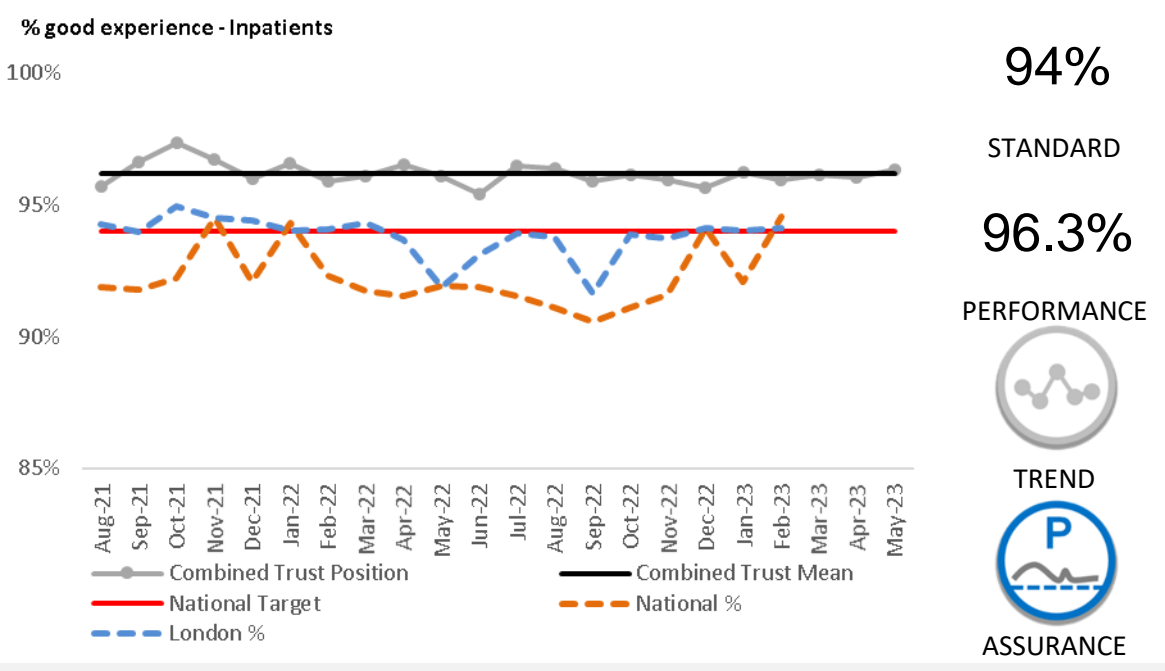
## GOVERNANCE

**Senior Responsible Owner:** Tim Orchard, CEO, ICHT  
**Committee:** Acute provider collaborative quality committee  
**Data Assurance:** Data is supplied by each trust individually and quality assured through their internal processes.

# (Patient) Inpatient Friends & Family Test



## TREND



## NARRATIVE

**Performance:** At APC level, the percentage of inpatients reporting a good experience is consistently above target and above national and London average (N.B. national data from February 2023 onwards is not currently available). All trusts met the target in month.

**Recovery Plan:** N/A

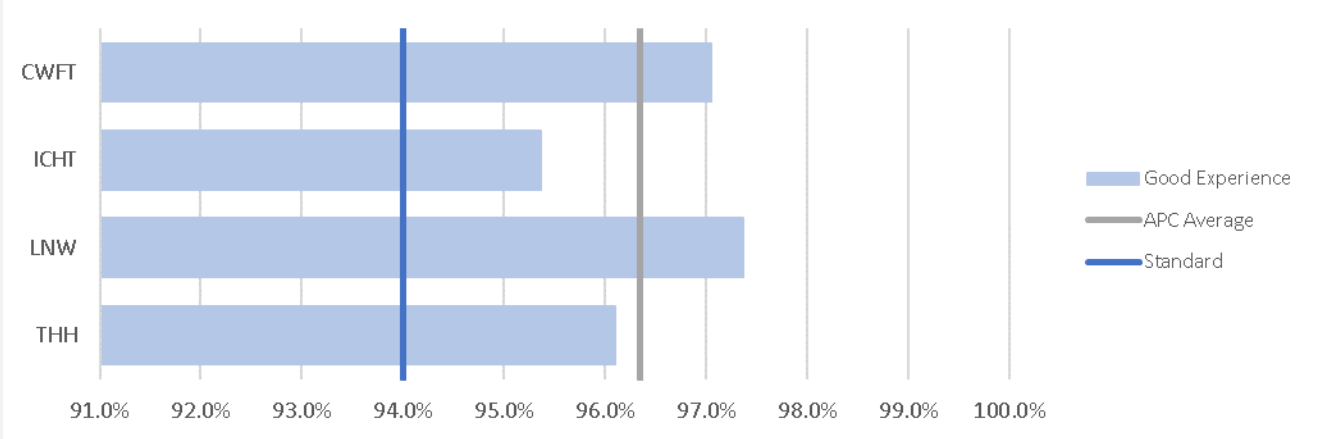
**Improvements:** The first collaborative 'user insight and focus' workshop took place on 19<sup>th</sup> May and the outputs are currently being written up. Amongst the areas identified, where there are potential benefits from a more collective approach, include improving how we manage and use the friends and family test, including looking at ways to increase uptake, re-tender survey platforms and potentially deploying the natural language processing tool developed by Imperial College to analyse free text data (currently being piloted by a number of trusts across the country).

**Forecast Risks:** Continuing workforce and operational pressures, and the impact of industrial action, are likely to have an on-going negative impact on patient experience.

## CURRENT PERFORMANCE

	Responses Received	Good Experience	Difference from Target	Recommended Care	12 Month Rolling Good Experience
CWFT	1,184	97.0%		1,149	95.8%
ICHT	2,477	95.4%		2,362	96.1%
LNW	1,933	97.4%		1,882	97.5%
THH	1,484	96.1%		1,426	93.1%
<b>APC</b>	<b>7,078</b>	<b>96.3%</b>		<b>6,819</b>	<b>96.1%</b>

## STRATIFICATION



## GOVERNANCE

**Senior Responsible Owner:** Tim Orchard, CEO, ICHT

**Committee:** Acute provider collaborative quality committee

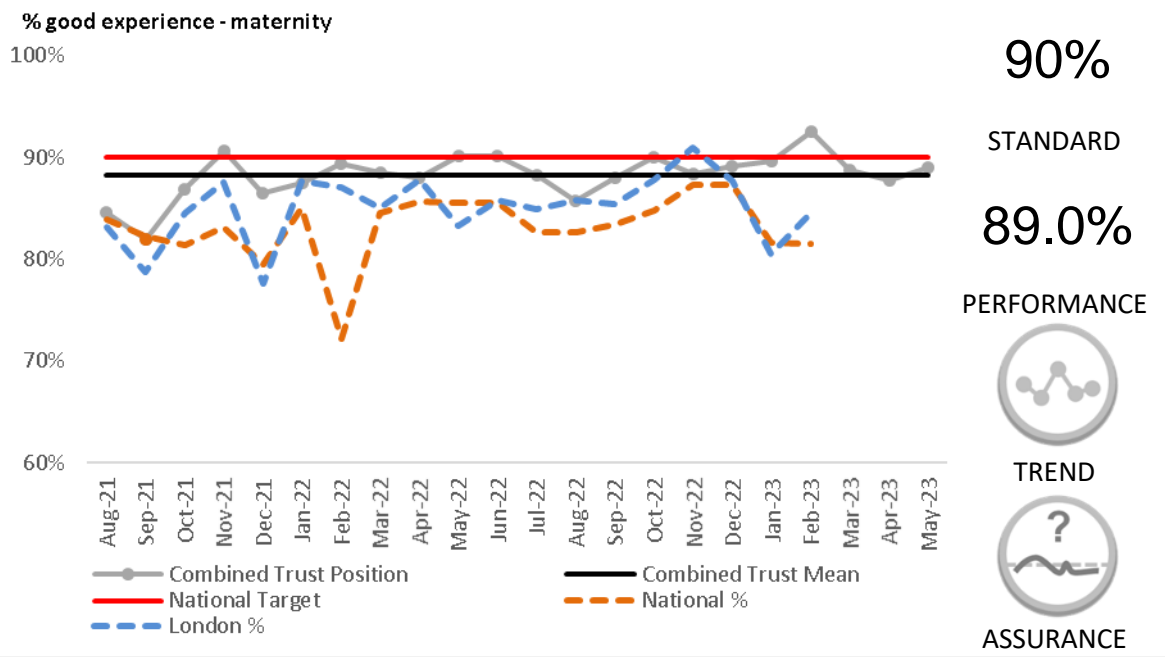
**Data Assurance:** Data is supplied by each trust individually and quality assured through their internal processes.

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# (Patient) Maternity Friends & Family Test



## TREND



## NARRATIVE

**Performance:** At APC level, the monthly percentage of patients accessing our maternity services who report a good experience varies, although there has been a noted improvement overall since September 2021. In all trusts, the number of responses received is low which will result in greater fluctuations in the percentage of patients reporting a positive experience in month. Performance increased slightly in May, with LNW and THH achieving the 90% target.

**Recovery Plan:** The recent reduction in performance at ICHT is being monitored through the executive maternity oversight group. There is a significant amount of work being undertaken within each trust to improve maternity care in response to recent national reviews (e.g. Ockenden and East Kent), and to mitigate against maternity staffing issues.

CWFT has trialed a rolling interview process for maternity services which has resulted in an increased FFT response rate and richer qualitative data on the experiences of our patients. This will be used by the service to help form the maternity improvement plan, in conjunction with the National Maternity patient survey results.

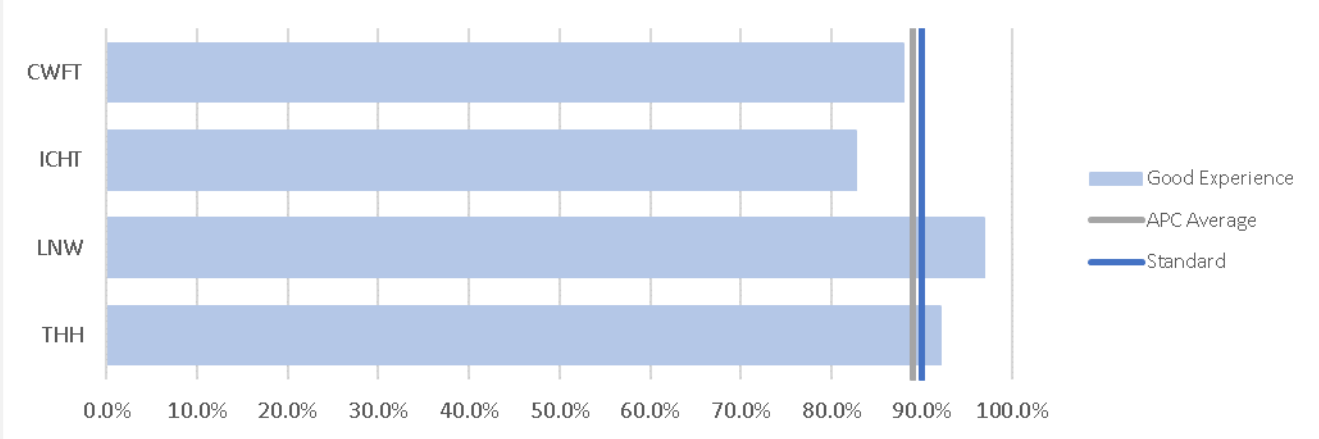
**Improvements:** Maternity standards is one of the APC's quality priorities, with an agreed work-plan in place aiming to share good practice and learning around maternity, focus on transparent and open reporting, as well as creating a responsive culture to address safety and quality concerns.

**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	366	88.0%	-2.0%	322	88.7%
ICHT	167	82.6%	-7.4%	138	87.8%
LNW	62	96.8%		60	88.1%
THH	316	92.1%		291	90.1%
<b>APC</b>	<b>911</b>	<b>89.0%</b>	<b>-1.0%</b>	<b>811</b>	<b>88.9%</b>

## STRATIFICATION



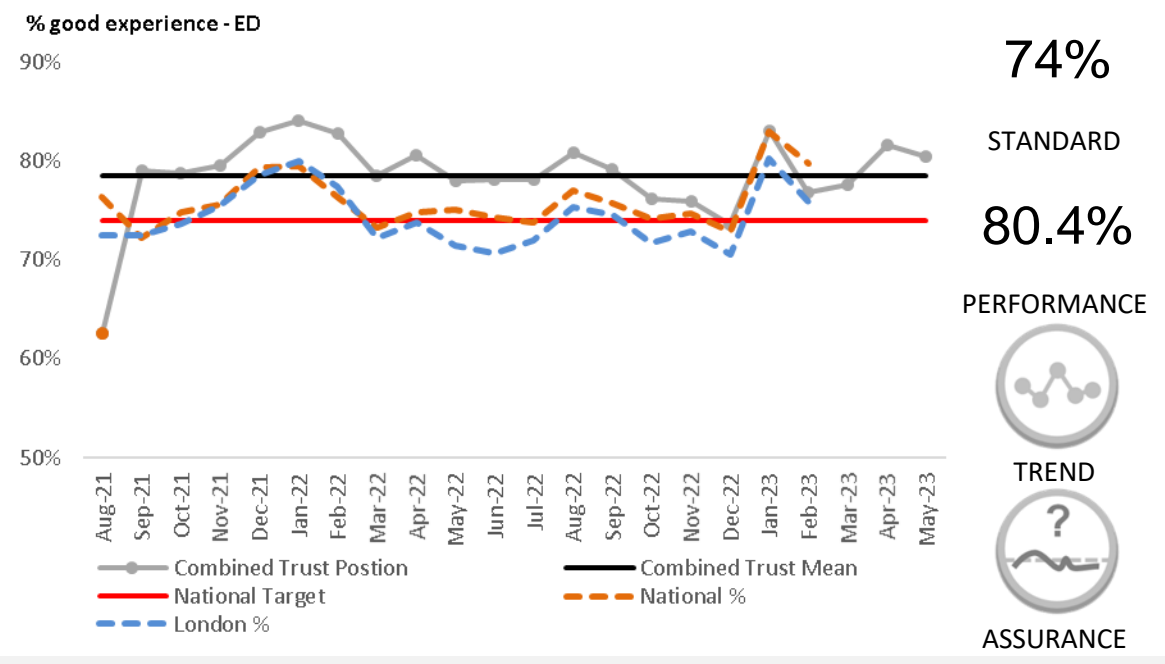
## GOVERNANCE

**Senior Responsible Owner:** Tim Orchard, CEO, ICHT  
**Committee:** Acute provider collaborative quality committee  
**Data Assurance:** Data is supplied by each trust individually and quality assured through their internal processes.

# (Patient) Emergency Dept Friends & Family Test



## TREND



## NARRATIVE

**Performance:** At APC level, the percentage of patients accessing our emergency departments who report a good experience had been consistently above the standard, and above national average, since August 2021. However, performance started to reduce from August 2022 and the figure in December was below target, likely due to increasing operational pressures. The last five months have seen a return to above target, and all trusts met the target in May 2023. The 12-month rolling figure shows that we are above the 74% threshold at ACP level, and in all trusts except LNW.

**Recovery Plan:** Not applicable.

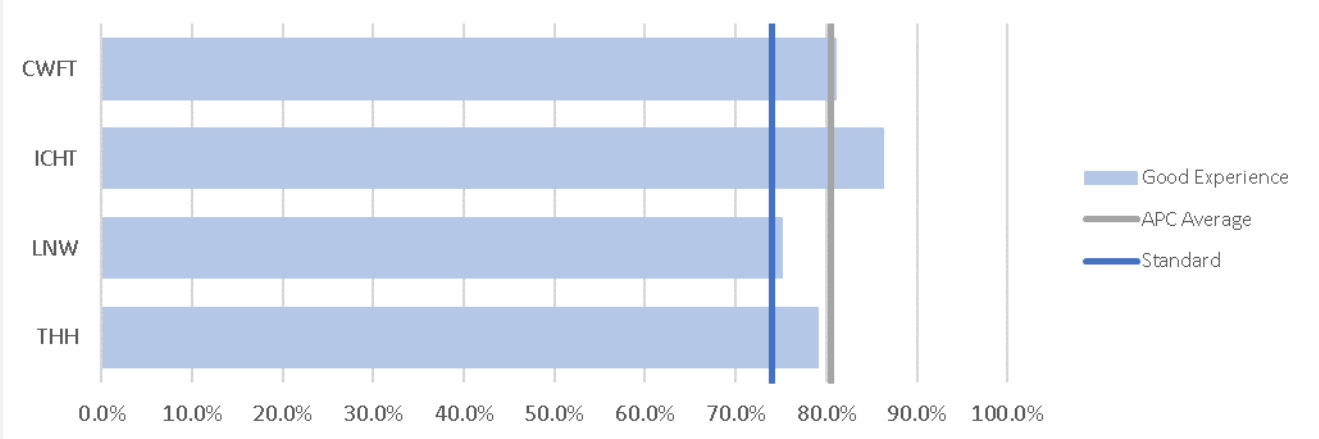
**Improvements:** Following the peer review process undertaken in 2022, eight key improvement workstreams have been agreed with associated actions and clinical leads identified. In order to support delivery of the priority actions by November 2023 ahead of winter, an emergency department peer review working group is being set up to develop a programme of work to address the findings from peer reviews and support implementation via existing steering groups or new programmes of work where gaps have been identified. The operational actions will be overseen through the NWL Urgent and emergency care board.

**Forecast Risks:** Continuing workforce and operational pressures, and the impact of industrial action, are likely to have an on-going negative impact on patient experience.

## CURRENT PERFORMANCE

	Responses Received	Good Experience	Difference from Target	Recommended Care	12 Month Rolling Good Experience
CWFT	3,989	81.0%		3,233	79.8%
ICHT	1,268	86.3%		1,094	83.1%
LNW	1,627	75.1%		1,222	70.5%
THH	778	79.0%		615	74.3%
<b>APC</b>	<b>7,662</b>	<b>80.4%</b>		<b>6,164</b>	<b>78.5%</b>

## STRATIFICATION



## GOVERNANCE

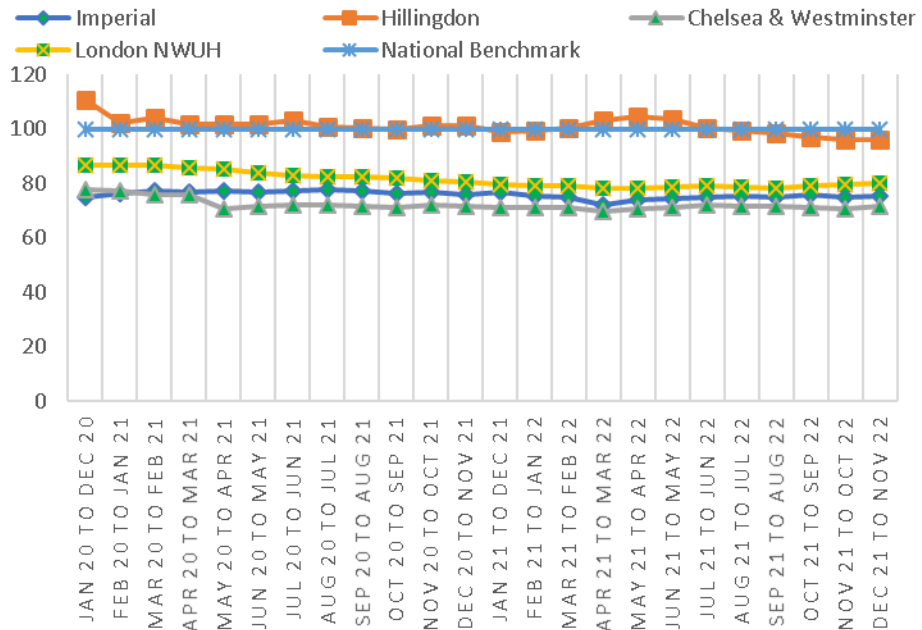
**Senior Responsible Owner:** Tim Orchard, CEO, ICHT

**Committee:** Acute provider collaborative quality committee

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

# (Patient) Summary Hospital-level Mortality Index

## TREND



## CURRENT PERFORMANCE

Summary Hospital-level Mortality Index (SHMI) Year to November 2022

	Provider Spells	SHMI	SHMI banding
CWFT	87940	71.73	3 = lower than expected
ICHT	93905	75.34	3 = lower than expected
LNW	99850	80.16	3 = lower than expected
THH	35115	96.21	2 = as expected

## STRATIFICATION

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

## NARRATIVE

**Performance:** For three of the four trusts (CWFT, LNW and ICHT), the rolling 12-month SHMI remains lower than expected with the most recent data available (Dec 2021 – Nov 2022) demonstrating similar figures to previous reporting periods. THH's rate is consistently 'as expected'.

**Recovery Plan:** None

**Improvements:** Work continues through the new APC mortality surveillance group to standardise the system and process for producing SHMI and HSMR mortality reports using aggregated data and a standard set of processes for using this data to drive quality improvements.

**Forecast Risks:** On-going operational and workforce pressures could impact on our mortality rates going forward. Trust approaches to managing system clinical risk will help mitigate some of this risk.

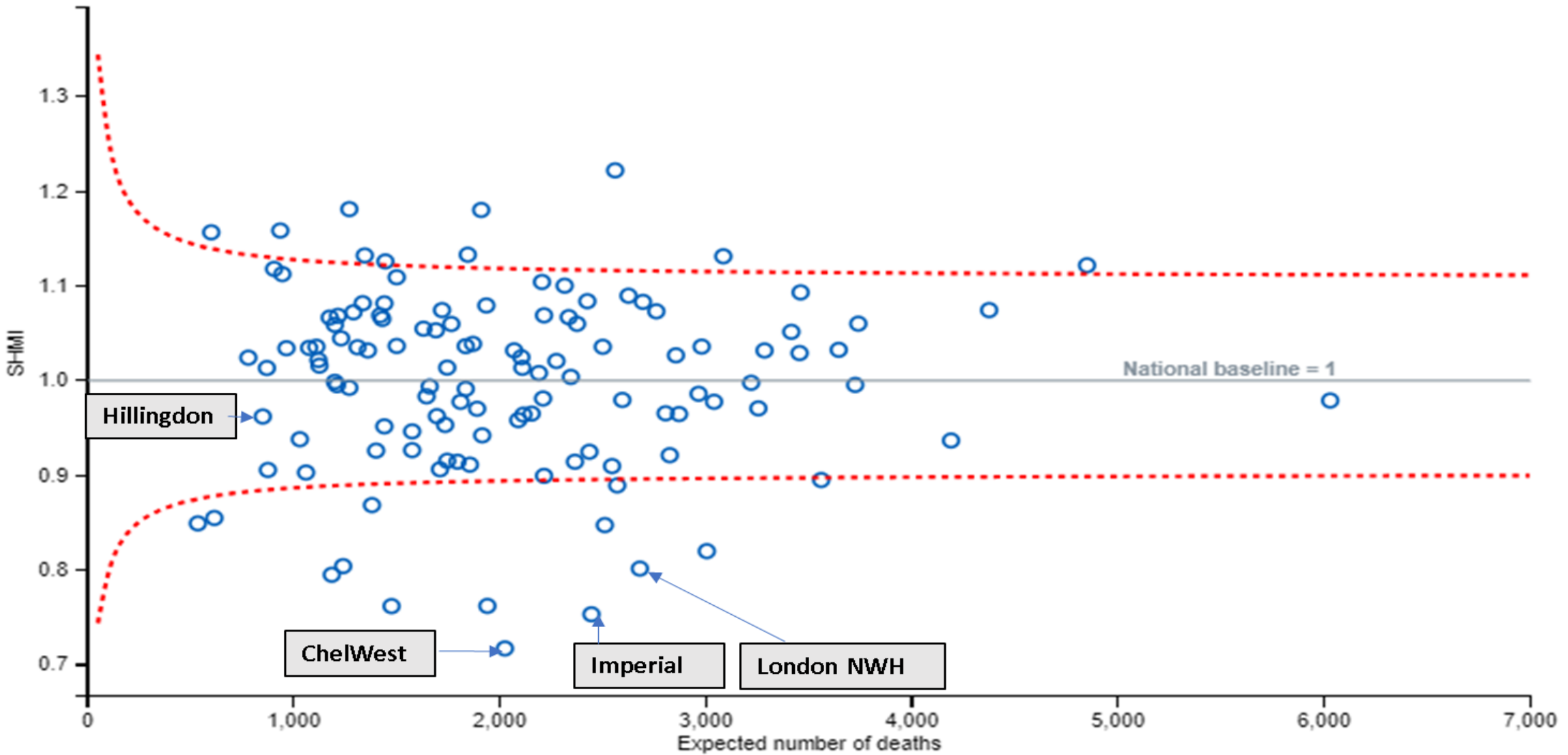
## GOVERNANCE

**Senior Responsible Owner:** Tim Orchard, CEO, ICHT

**Committee:** Acute provider collaborative quality committee

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

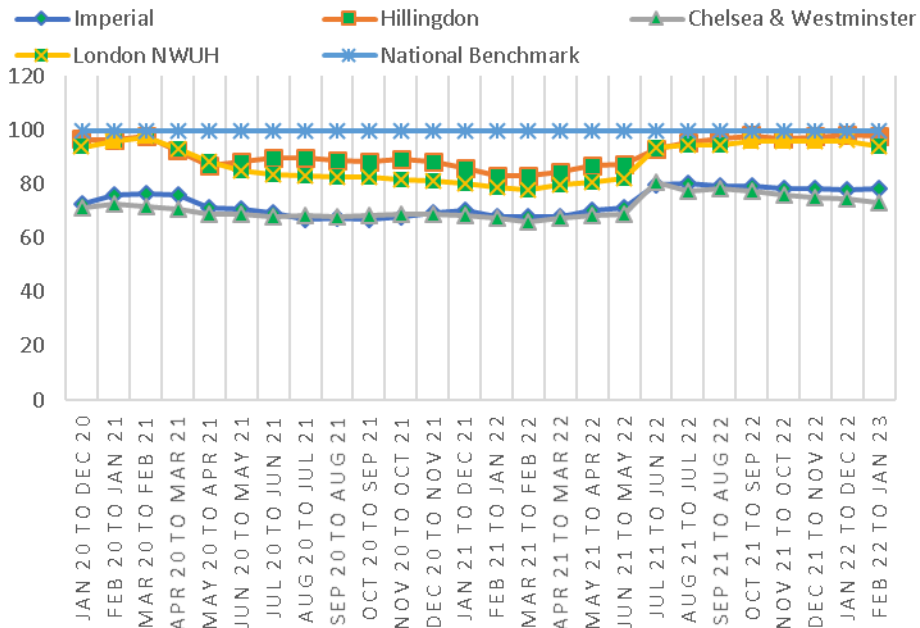
# (Patient) Summary Hospital-level Mortality Index





# (Patient) Hospital Standardised Mortality Ratio

## TREND



100  
England Average

### STANDARD

Where data point is **green**, this represents a low HSMR for the data period. Where data point is same as line colour, this represents an 'as expected' HSMR for the data period. Where data point is **red**, this represents a high HSMR for the data period.

## NARRATIVE

**Performance:** The most recent data available (for the year Feb 2022-Jan 2023) shows that each trust continues to have a rolling 12-month HSMR below the national benchmark of 100. LNW's ratio has returned to 'lower than expected' following a recent change to 'as expected'. THH's rate remains as expected.

**Recovery Plan:** All four Trusts saw an increase in HSMR in the 12-month data to June 2022 (reported in November 2022). Telstra Health UK have completed an analysis of this increase, which is reflected across the NHS, and found that this was caused by the data being rebased and changes made in the expected crude rate nationally. In light of this review, it has been agreed that all Trusts will investigate any variations between observed and expected deaths by diagnostic group and also where there is variance between HSMR and SHMI. Data is being provided to all Trusts to support the analysis of their diagnostic groups and identify those where the HSMR has increased. Reviews will be presented to the next APC mortality surveillance group which will discuss themes and trends identified and agree actions to be taken forward.

**Improvements:** Work continues through the new APC mortality surveillance group to standardise the system and process for producing SHMI and HSMR mortality reports using aggregated data and a standard set of processes for using this data to drive quality improvements.

**Forecast Risks:** On-going operational and workforce pressures could impact on our mortality rates going forward. Trust approaches to managing system clinical risk will help mitigate some of this risk.

## CURRENT PERFORMANCE

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

	Provider Superspells	HSMR	HSMR – relative risk ranking
CWFT	42409	73.0	Lower than expected
ICHT	68327	78.3	Lower than expected
LNW	57704	94.1	Lower than expected
THH	15667	97.1	as expected

## STRATIFICATION

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

## GOVERNANCE

**Senior Responsible Owner:** Tim Orchard, CEO, ICHT

**Committee:** Acute provider collaborative quality committee

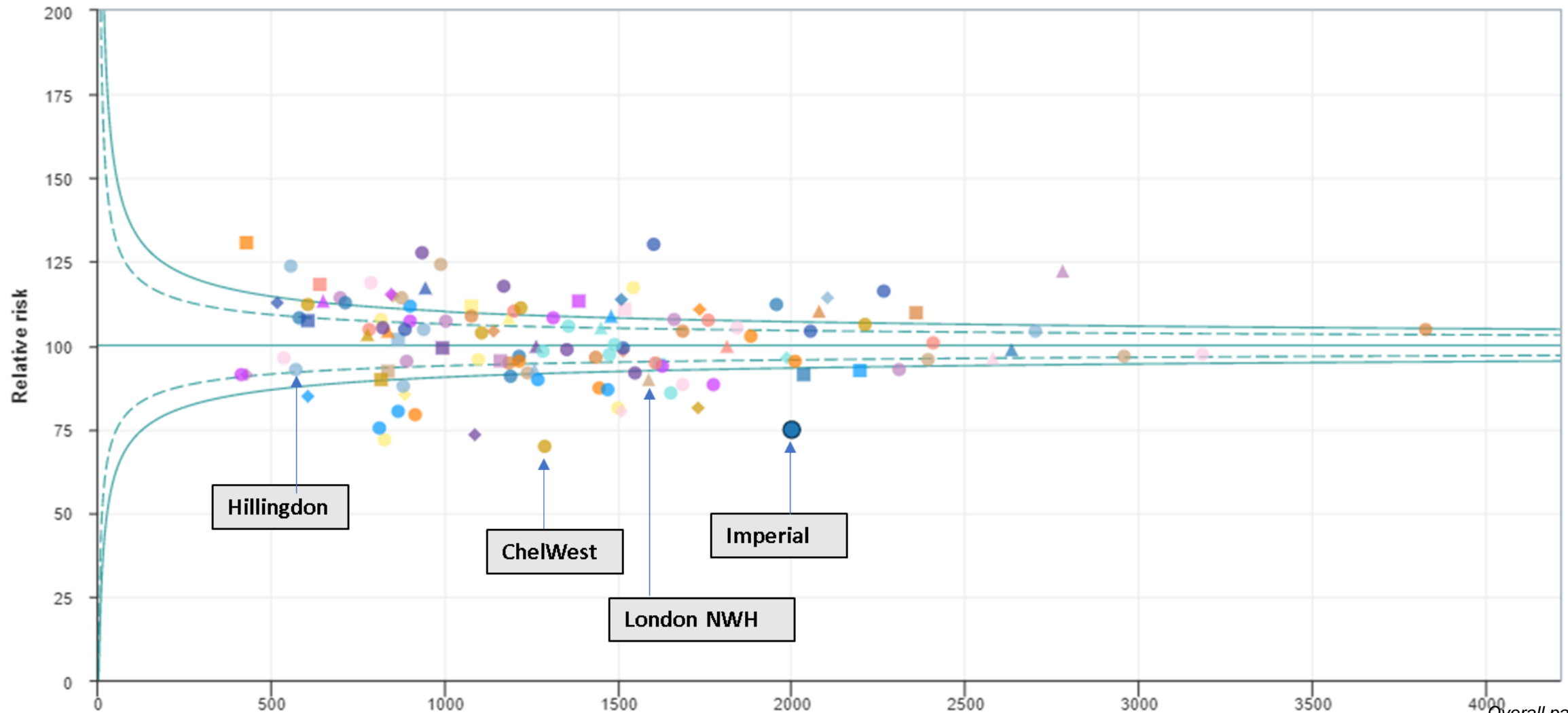
**Data Assurance:** Data is supplied by each trust individually and quality assured through their internal processes.



# (Patient) Hospital Standardised Mortality Ratio

Diagnoses - HSMR | Mortality (in-hospital) | Feb 2022 - Jan 2023 | ALL (acute, non-specialist)

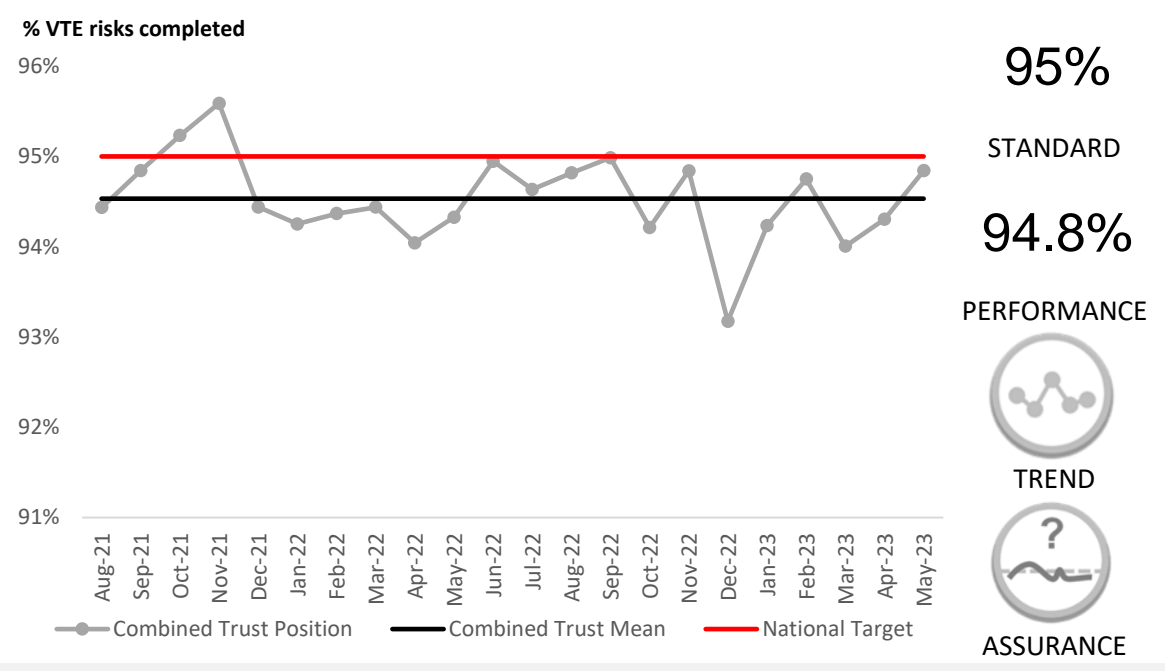
Peers  Measure  Benchmarks  Group by  Show



# (Patient) VTE Risk Assessments Completed



## TREND



## NARRATIVE

**Performance:** Benchmarking data is not available for this metric as national reporting was paused in response to the pandemic in 2020. The trend chart shows common cause variation. We have been below target at APC level since October 2022, with two of the three trusts who report data for this metric being below 95% both in-month and rolling 12-month. LNW are undertaking quarterly local VTE audits, with improvements being seen. Performance improved from 80% to 86% in Q4, with undocumented assessments reducing from 16% in Q1 22/23 to 1% in Q4 22/23. Those patients needing prophylaxis and not getting it reduced from 14% to 2%.

**Recovery Plan:** LNW has established a VTE Task and finish group which will review systems and oversight for data, coding and practice; one of their confirmed quality priorities for 2023/24 is focused on improving the VTE process, with the aim of ensuring that they are meeting the target for this metric by March 2024. Local VTE audits are continuing. THH has improvement work underway, including a mandatory e-learning module with positive uptake; further improvements are expected as a result of Cerner implementation trust wide (planned for November 2023). CWFT has identified some issues with the denominator for this metric; once amended this will improve compliance to above target.

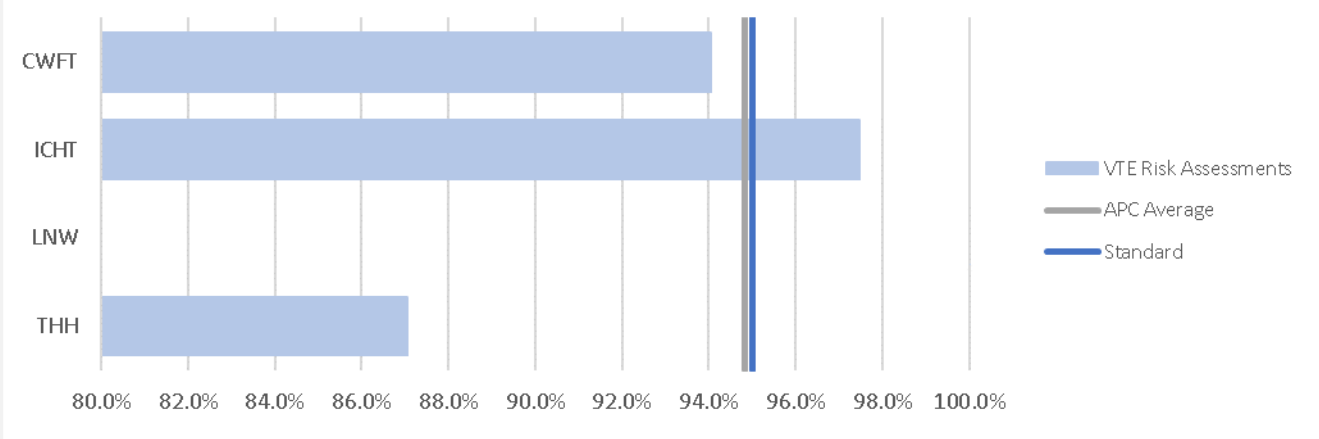
**Improvements:** ICHT uses functionality in Cerner to ensure that VTE risk assessments are undertaken where required. This is under review to see if it can be replicated at CWFT, and at THH and LNW once Cerner implementation is complete.

**Forecast Risks:** None.

## CURRENT PERFORMANCE

	Total Inpatient Admissions	VTE Risk Assessments	Difference from Target	Count of Inpatients With Completed Risk Assessments	12 Month Rolling VTE Risk Assessments
CWFT	7,236	94.1%	-0.9%	6,806	93.0%
ICHT	13,995	97.5%		13,641	96.7%
LNW					
THH	3,990	87.0%	-8.0%	3,473	89.0%
<b>APC</b>	<b>25,221</b>	<b>94.8%</b>	<b>-0.2%</b>	<b>23,920</b>	<b>94.5%</b>

## STRATIFICATION










## GOVERNANCE





**Senior Responsible Owner:** Tim Orchard, CEO, ICHT




**Committee:** Acute provider collaborative quality committee

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

# Neonatal and Maternity Report

Maternity	Expected	Actual	Trend	Assurance
Crude still birth rate (per 1000 birth rate)	3.3	4.4		
Number of neonatal intrapartum brain injuries as escalated to HSIB?	Downward Trend	2		
% of babies delivered in appropriate care setting for gestation (in a care setting within an NICU for singletons <27+0 weeks or <800gms, or all multiples <28+0 weeks)	>85%	100%		
Avoidable Term Admissions in Neonates; proportion of babies >=37 weeks GA admitted to neonatal care for 24 hours or more	<6%	4.3%		

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

Assurance	
Fail	
Pass	
Flip Flop	

# Introduction & metric definition

## Introduction:

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

Acute provider trust	Maternity unit	Annual number of live births (2021/22)	Neonatal care provision
Chelsea & Westminster Hospital Foundation Trust (CWFT)	Chelsea and Westminster Hospital	5,643	Level 3
	West Middlesex Hospital	5,019	Special care baby unit
Imperial College Healthcare NHS Trust (ICHT)	Queen Charlotte's and Chelsea Hospital	5,402	Level 3
	St Mary's Hospital	3,172	Level 2
London North West Hospitals NHS Trust (LNW)	Northwick Park Hospital	3,968	Level 2
The Hillingdon Hospitals NHS Foundation Trust (THH)	Hillingdon Hospital	4,137	Level 2
<b>Total live births</b>		<b>27,341</b>	

## Metric definitions:

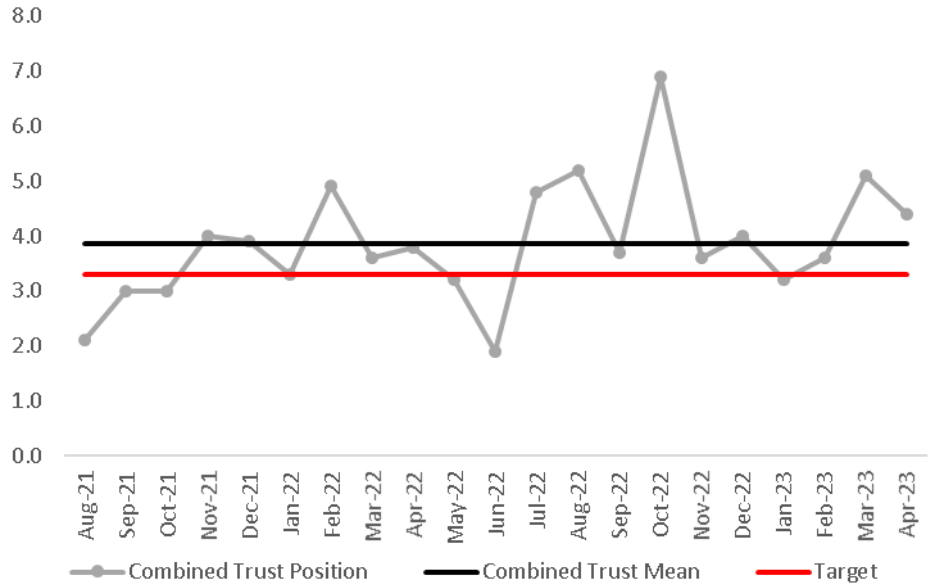
- Crude still birth rate (per 1000 birth rate) - babies born showing no signs of life at 24 weeks or more gestation
- Number of suspected neonatal intrapartum brain injuries as escalated to HSIB - Number of births reported to NHS resolution as meeting Each Baby Counts criteria.
  - Potential severe brain injury diagnosed in the first seven days of life, when the baby:
    - Was diagnosed with moderate or severe (grade III) hypoxic ischaemic encephalopathy (HIE). This is brain injury caused by the baby's brain not getting enough oxygen.
    - Was therapeutically cooled (active cooling only). This is where the baby's body temperature was lowered using a cooling mattress or cap, with the aim of reducing the impact of HIE.
    - Had decreased central tone (was floppy) and was comatose and had seizures of any kind.
- % of babies born in an appropriate care setting for gestation –An appropriate care setting for singletons <27+0 weeks or <800gms, or all multiples <28+0 weeks is one that has NICU provision. Chelsea and Westminster Hospital and Queen Charlotte's and Chelsea Hospital both have level 3 neonatal units and would therefore be an appropriate care setting.
- Avoidable Term Admissions in Neonates - proportion of babies >=37 weeks Gestational Age admitted to neonatal care for 24 hours or more.
 

The ATTAIN programme focuses on four key areas relating to term admissions – hypoglycaemia, jaundice, respiratory conditions and asphyxia (hypoxic–ischaemic encephalopathy) – and the factors leading to these admissions. These represent some of the most frequently recorded reasons for admission according to neonatal hospital admissions data. Avoidability is determined by reviewing all babies with an unplanned admission to NNU >37 weeks within the first 28days of life. This review is completed by a multi-professional team from the maternity, obstetric and neonatal service. Any areas where care could have been improved in relation to the 4 categories are recorded to inform improvements in practice and shared with other units across the collaborative.

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

## TREND

Crude still birth rate (per 1000 birth rate)



3.3

STANDARD

4.4

PERFORMANCE



TREND



ASSURANCE

## NARRATIVE

**Performance:** Financial year to date crude stillbirth rate for APC in April 23 sits at 4.4. CWFT 3.39, ICHT 1.47, LNW 3.5 and THH 6.35. CWFT is the only provider in NWL to regularly meet this target (not adjusted for risk).

**Recovery Plan:** All trusts undertake ongoing detailed review and analysis of stillbirths via PMRT, investigate any issues found and share findings with the LMNS serious incident oversight group to address common themes. All trusts are compliant with care and safety bundles targeted towards reducing perinatal mortality rates. At THH reducing the stillbirth rate continues to be a key priority. The trend is being closely monitored and an audit of all stillbirths for 2022/23 has been completed. In April, THH reported 2 stillbirths, both were booked, did not book late and were not asylum seekers or had complex needs. ICHT are net importer of low gestational medically complex in-utero transfers from within and outside region, stillbirths below 37 weeks gestation account for 27 out of 34 incidents and in 23 out of the 27 cases the baby was identified as having died before the onset of labour. CWFT met the target for 22/23, current performance is a one month outlier.

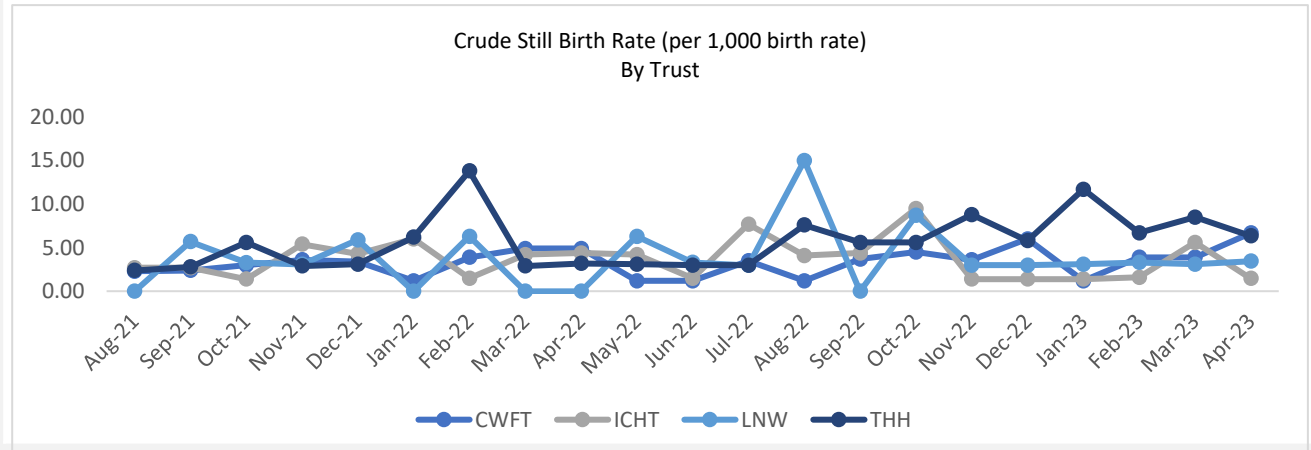
**Improvements:** At THH a significant proportion of women booking require access to interpreting services and the trust has recently launched CardMedic as an additional communication support and we are currently exploring the implementation of Translator on wheels. ICHT continue to work in collaboration with the Neonatal Teams to improve counselling to all birthing women and people booked and transferred in-utero for level 3 neonatal services with an increased focus on clearly documented personalised care and support plans and risk assessments. At CWFT, two cases are being fully investigated as SIs and the trend will be closely monitored for any themes.

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

## CURRENT PERFORMANCE

	Total Births	Total Still Births	Crude Still Birth Rate	Crude Still Birth Rate YTD	Difference from Standard
CWFT	747	5	6.7	6.7	3.39
ICHT	679	1	1.5	1.5	
LNW	289	1	3.5	3.5	0.15
THH	313	2	6.4	6.4	3.05
<b>APC</b>	<b>2028</b>	<b>9</b>	<b>4.4</b>	<b>4.4</b>	<b>1.10</b>

## STRATIFICATION



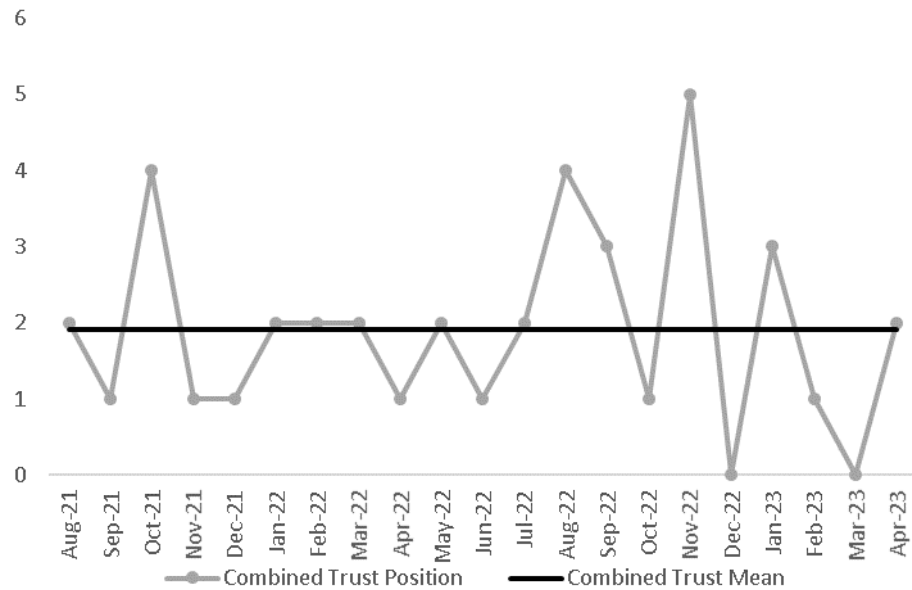
## GOVERNANCE

**Senior Responsible Owner:** Tim Orchard, CEO, ICHT  
**Committee:** Acute provider collaborative quality committee

# (Maternity) Neonatal intrapartum brain injuries (suspected)

## TREND

Number of neonatal intrapartum brain injuries as escalated to HSIB



Downward  
Trend

STANDARD

2

PERFORMANCE



TREND

ASSURANCE

## NARRATIVE

**Performance:** There were two cases of suspected intrapartum brain injury in NWL in April, both at ICHT. Each case is referred to the healthcare safety investigation branch (HSIB) for investigation with learning and themes shared in each Trust and with the LMNS.

**Recovery Plan:** To understand the data fully, further analysis is required to capture those cases where following investigation no injury has been identified, and any correlation between the cases of suspected brain injury and neonatal death rates. This work is being taken forward and will report in future.

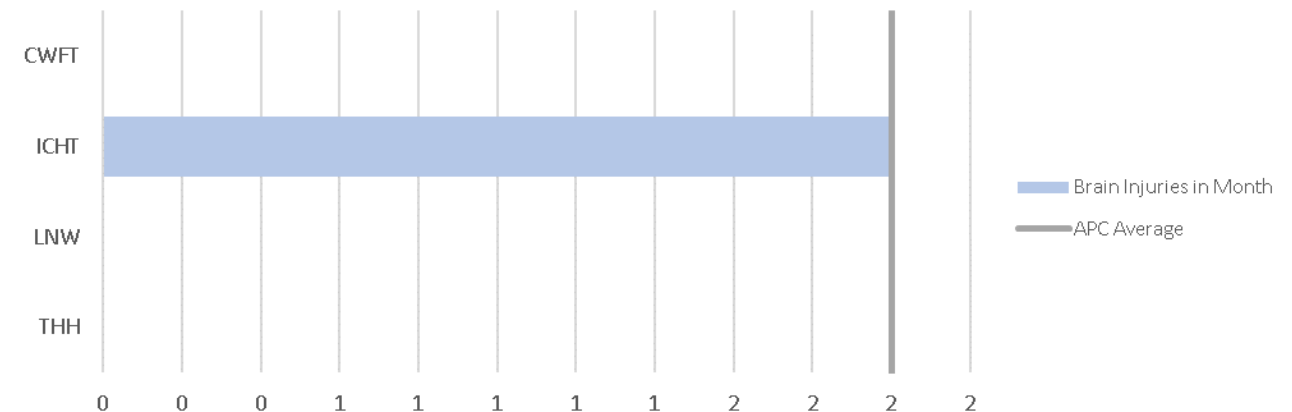
**Improvements:** MDT staff training in fetal well-being, human factors training, establishment of safety champions are interventions that may be contributing to improved performance in this domain.

**Forecast Risks:** None identified. 23/24 data will be presented highlighting any early notifications of concerns received in any NWL acute provider.

## CURRENT PERFORMANCE

	Total Births	Brain Injuries in Month	Brain Injuries YTD	Early Notifications of Concern YTD
CWFT	747	0	0	
ICHT	679	2	2	
LNW	289	0	0	
THH	313	0	0	
<b>APC</b>	<b>2028</b>	<b>2</b>	<b>2</b>	

## STRATIFICATION



## GOVERNANCE

**Senior Responsible Owner:** Tim Orchard, CEO, ICHT

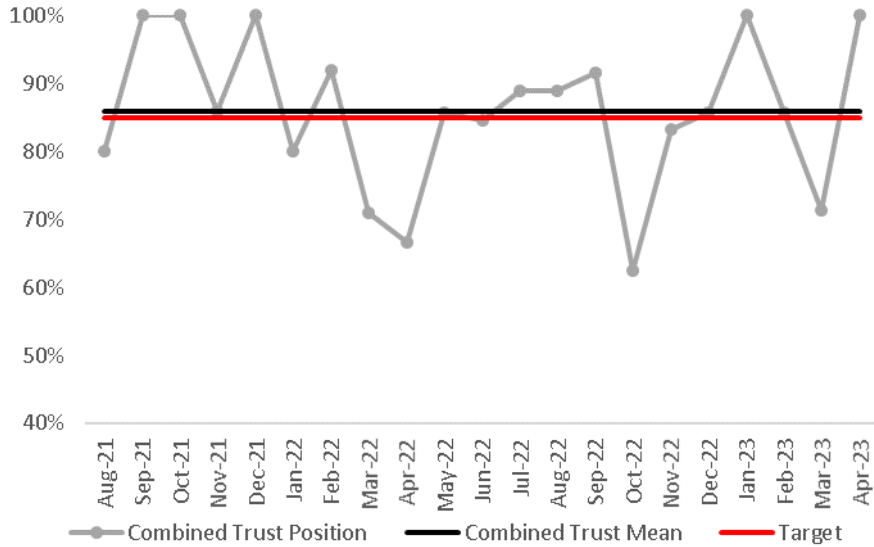
**Committee:** Acute provider collaborative quality committee



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

## TREND

% of babies delivered in an appropriate care setting (in a care setting)



>85%

STANDARD

100%

PERFORMANCE



TREND



ASSURANCE

## NARRATIVE

**Performance:** So far this financial year, there have been no babies born in an inappropriate care setting for gestational age. There is variation in performance, however the combined trust mean since August 2021 is just above the target. Staffing ratios have slowly improved over the last quarter on both level 3 maternity and neonatal units which may be supporting improvement in ability to accept transfer. LNW & THH do not have a level 3 neonatal unit at their Trusts. Low performance often correlates with timeliness of presentation of the women at level 2 units.

**Recovery Plan:** Review data collection to establish time to present and establish number of births that presented to sites without a level 3 unit and were successfully transferred prior to birth.

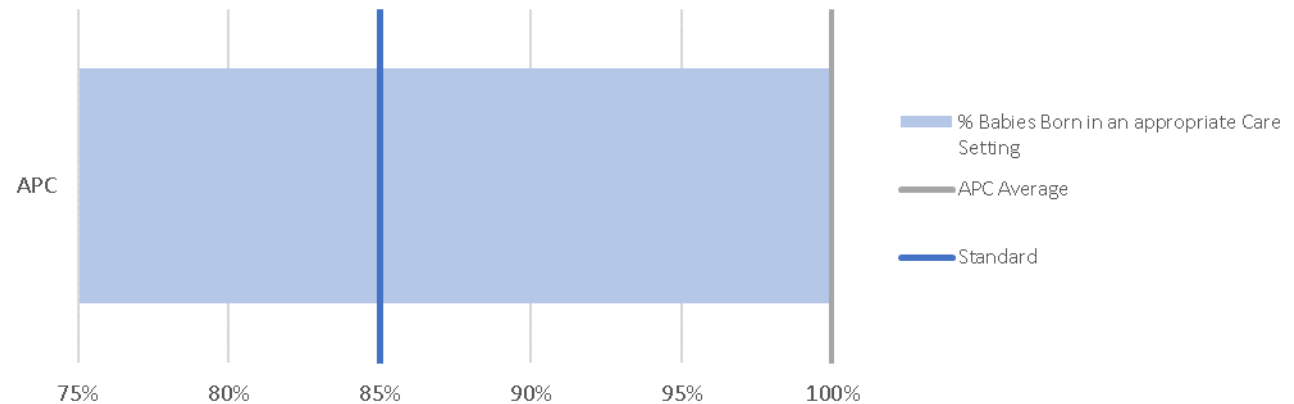
**Improvements:** Preterm birth clinics being established in THH and LNW, increased focus on personalised care, investment in urgent care translation services. LMNS Neonatal subgroup operational with intent to review and implement improvement plans in this domain.

**Forecast Risks:** Workforce across maternity and neonatal services.

## CURRENT PERFORMANCE

	% Babies Born in an appropriate Care Setting	Number of Babies Born in an Inappropriate Care Setting / Number of Babies of that Gestation In Month	Babies Born in an Inappropriate Care Setting / Number of Babies of that Gestation YTD
CWFT	100%	0 / 6	0 / 6
ICHT	100%	0 / 6	0 / 6
LNW	-	0 / 0	0 / 0
THH	-	0 / 0	0 / 0
<b>APC</b>	<b>100%</b>	<b>0 / 12</b>	<b>0 / 12</b>

## STRATIFICATION



## GOVERNANCE

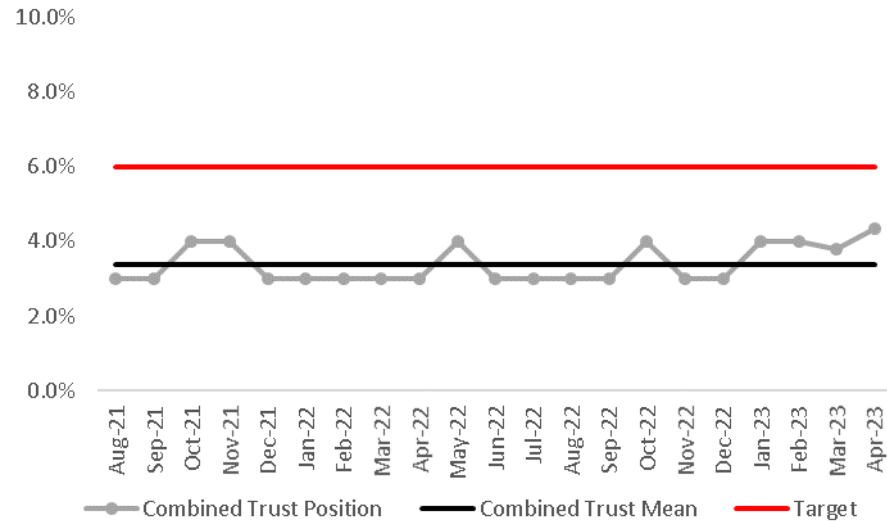
**Senior Responsible Owner:** Tim Orchard, CEO, ICHT

**Committee:** Acute provider collaborative quality committee

# (Maternity) Avoidable Term Admissions in Neonates

## TREND

Avoidable Term Admissions in Neonates; proportion of babies  $\geq 37$  weeks GA admitted to neonatal care for 24 hours or more



<6%

STANDARD

4.3%

PERFORMANCE



TREND



ASSURANCE

## NARRATIVE

**Performance:** NWL consistently performs well in this domain with lower than average avoidable term admissions to neonatal units (ATAIN). All APC maternity units have transitional care units and ongoing quality improvement projects to maintain best practice. ATAIN audits are reported quarterly as part of the Maternity Incentive Scheme.

**Recovery Plan:** N/A

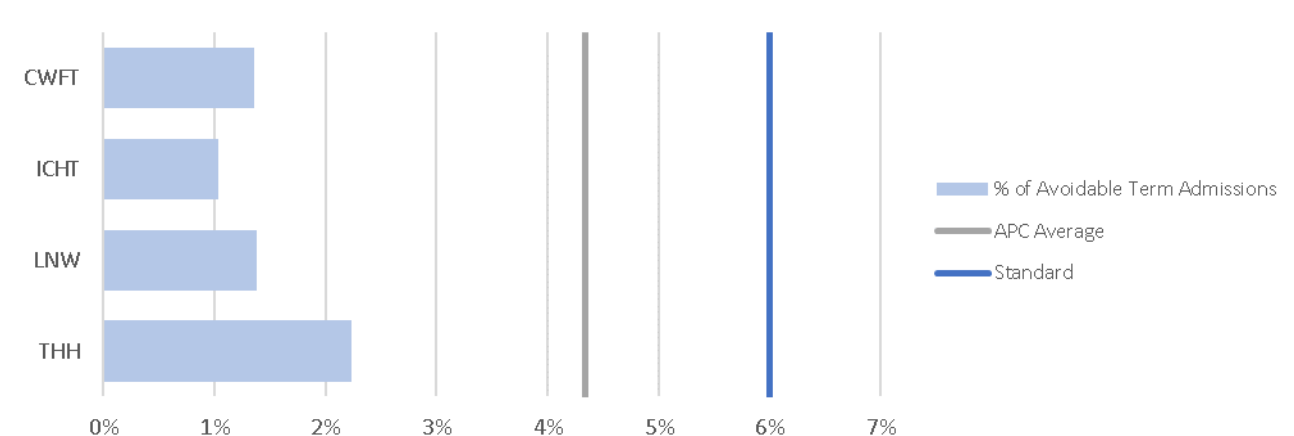
**Improvements:** Newly established LMNS neonatal subgroup to review and identify variation across the sector with aim of further improvement.

**Forecast Risks:** None identified

## CURRENT PERFORMANCE

	Number of Avoidable Term Admissions	Number of Avoidable Term Admissions YTD	% of Avoidable Term Admissions	Difference from Threshold
CWFT	10	10	1%	
ICHT	7	7	1%	
LNW	4	4	1%	
THH	7	7	2%	
<b>APC</b>	<b>28</b>	<b>28</b>	<b>4%</b>	

## STRATIFICATION



## GOVERNANCE

**Senior Responsible Owner:** Tim Orchard, CEO, ICHT

**Committee:** Acute provider collaborative quality committee

# Operational Performance

**Introduction:**

Performance across all four trusts continues to improve although there is still scope to reduce variation and improve performance further across a range of indicators. Discussions are underway with the ICB in relation to ongoing funding for winter beds and virtual wards which, if not resolved could impact on performance and flow in the next 3 months.

**Performance:**

- Improvement in UEC was seen across the majority of metrics at a consolidated level
- 78wws continue to reduce with a rise in the number of patients over 52ww. Activity overall is still increasing, with all sites driving to do as many elective patients as they can to reduce the overall waiting times for our patients. This includes continuing to improve productivity especially in Outpatients and Theatres.
- Diagnostics is statistically stable but remains fragile especially in Audiology.
- Cancer backlog remains on trajectory with sustained focussed.

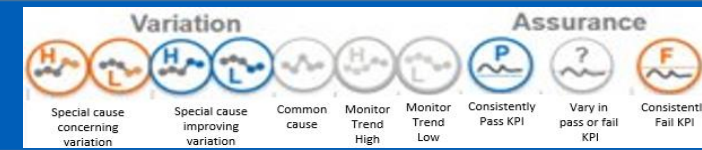
**Key Actions:**

- Continued focussed work on Discharge with Peer reviews which started in March 2023 and continuing through to June.
- Work on discharge metrics in the pack needs to be delivered.
- Peer review has now started on Paediatric ED

**Escalations:**

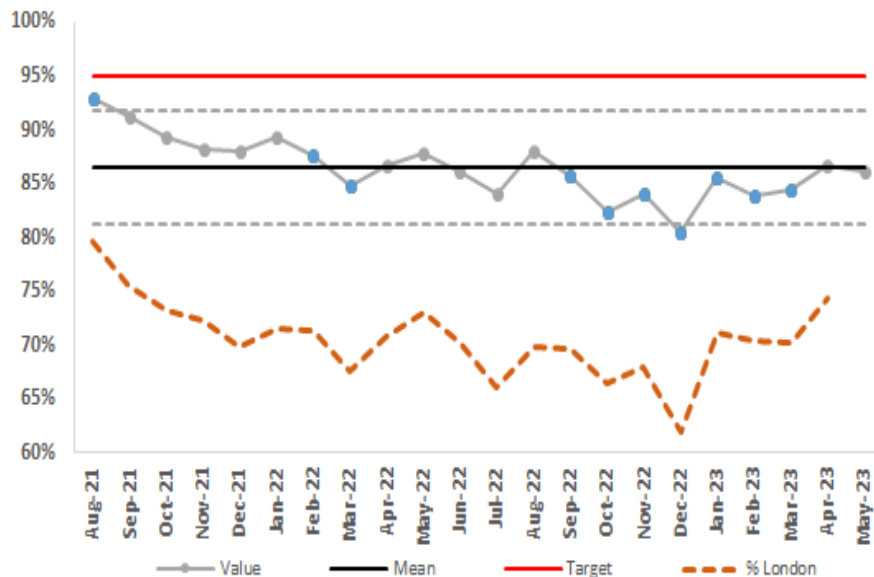
- Ongoing Industrial action is high risk for all domains of performance.

# Operations Ambulance Handover Waits



## TREND

30 mins Breach Performance (LAS)



95%

STANDARD

86.2%

PERFORMANCE



TREND



ASSURANCE

## NARRATIVE

**Performance:** On average, handover times in NWL are >7 minutes quicker than the average for the rest of London. Over the 12 weeks to the middle of June 2023 NWL received the highest number of ambulance conveyances in the capital (26% of the total) and achieved the lowest average number of handovers over 15 minutes and number of handovers over 60 minutes.

**Recovery plan:** All sites have a focus on minimising handover delays. Collectively we are participating in transformation work with LAS and the ICB to maximise the use of alternatives to ED and to expand the use of direct referral routes and direct booking.

**Improvements:** The acute collaborative is the first in London to pilot and implement the new LAS standard operating procedure for immediate handover at 45 minutes.

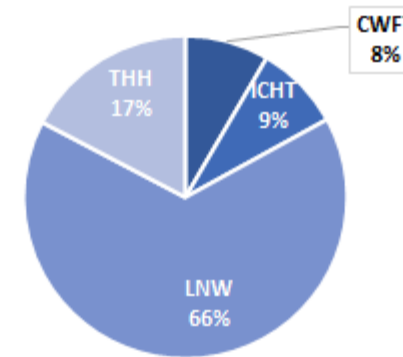
**Forecast risks:** Industrial action

## CURRENT PERFORMANCE

LAS Handover Waits within the thirty minute standard-May

	Total Conveyances	30 mins Performance	Difference from target	30 min + delays	Of which		Impacts on
					60 min + delays	15 min + delays	LAS time lost (hours)
CWFT	3679	95.6%		162	15	1456	191
ICHT	3547	95.3%		166	1	1033	138
LNW	4643	72.7%	-22.3%	1268	460	2332	2149
THH	2086	84.0%	-11.0%	334	70	879	251
<b>APC</b>	<b>13955</b>	<b>86.2%</b>	<b>-8.8%</b>	<b>1930</b>	<b>546</b>	<b>5700</b>	<b>2729</b>

## STRATIFICATION



Trust share of APC waits longer than standard

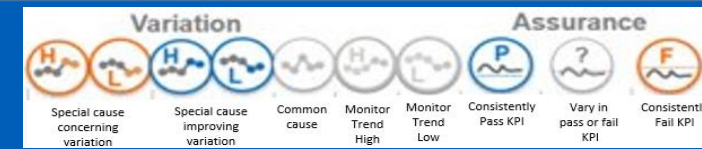
## GOVERNANCE

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

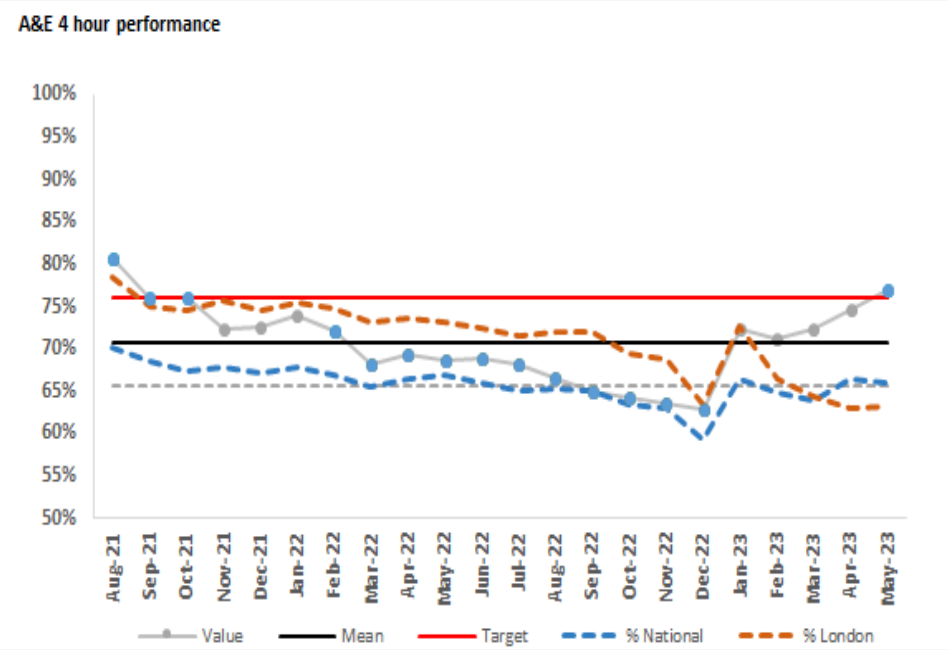
**Committee:** NWL Acute Care Board (Chair: Tim Orchard); NWL UEC Board (Chair: Claire Hook)

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

# Operations Urgent & Emergency Department Waits



## TREND



76%  
STANDARD

77.1%  
PERFORMANCE

TREND

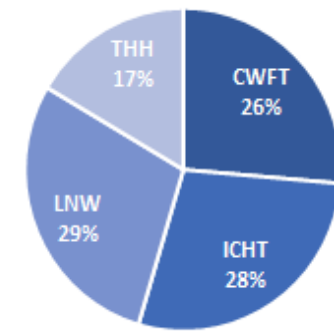
ASSURANCE

## CURRENT PERFORMANCE

Time spend in Emergency Department: 4-Hour Standard May

	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	29669	81.0%		5634	5472	72.6%	162	98.3%	1191
ICHT	23408	74.2%	-1.8%	6029	5934	63.5%	95	98.7%	4133
LNW	27673	77.7%		6171	5938	52.7%	233	98.3%	2003
THH	12559	71.9%	-4.1%	3528	3337	44.0%	191	97.1%	1226
APC	93309	77.1%	1.1%	21362	20681	62.2%	681	98.2%	8553

## STRATIFICATION



Trust share of APC waits longer than standard

## NARRATIVE

**Performance:** CWFT and LNW achieved the 76% standard. Performance shows too much variation at THH on a daily basis but remains reasonable stable across the month. ICHT remains on track against their improvement trajectory

**Recovery plan:** A range of measures have been identified to further improve performance and maintain safe levels of care, including expanding frailty and same day emergency care services. A peer review process has commenced for paediatric emergency care.

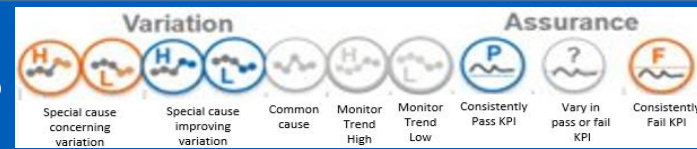
**Improvements:** All EDs have a local plan to implement the recommendations from the NWL peer review and will repeat the self-assessment process over the summer to measure progress.

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

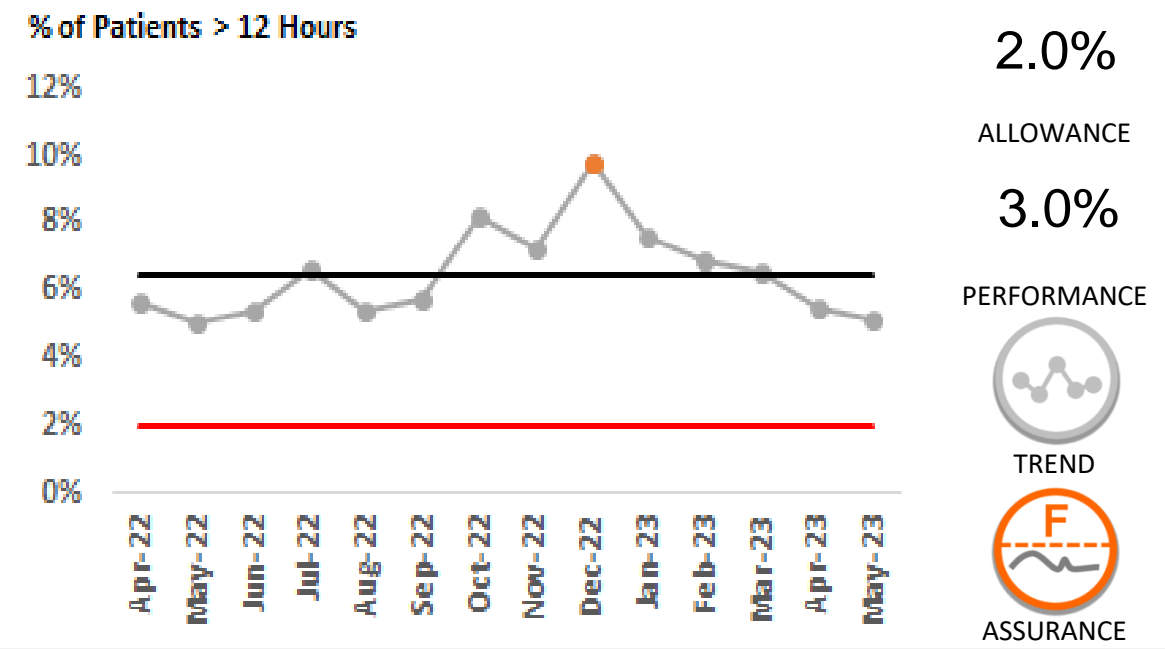
## GOVERNANCE

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

# Operations Urgent & Emergency Department Long Waits



## TREND



## NARRATIVE

**Performance:** Long waits in the ED are linked to flow through the hospital as well as those waiting for beds outside the hospital. Performance has improved each month since December 2022 but remains outside the target level.

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

**Improvements:** The NWL UEC Board has agreed the work programme for the coming year, comprising of 12 work streams with the aim of reducing demand for emergency services where appropriate, reducing the number of admissions and reducing waits at every point in the pathway.

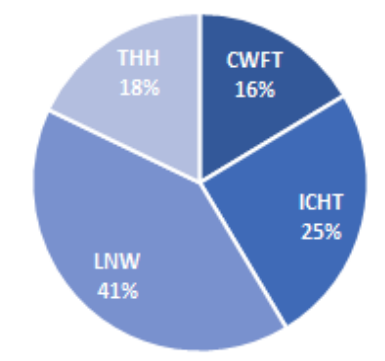
**Forecast risks:** Increases in demand, continued delays with discharge for medically optimised patients, continued delays for patients waiting for admission to mental health beds, industrial action

## CURRENT PERFORMANCE

**Unacceptable Waits for Treatment: 12-Hour waits - May**

	Total attendances (All Types)	12 hour Performance	Difference from target	12 hour + delays	Of which		Impacted by
					Type 1 / 2 breaches	Type 3 breaches	12 hour DTA waits
CWFT	29669	1.6%		464	464	0	26
ICHT	23408	3.0%	-1.0%	705	705	0	45
LNW	27673	4.2%	-2.2%	1150	1150	0	299
THH	12559	4.0%	-2.0%	506	506	0	14
<b>APC</b>	<b>93309</b>	<b>3.0%</b>	<b>-1.0%</b>	<b>2825</b>	<b>2825</b>	<b>0</b>	<b>384</b>

## STRATIFICATION



Trust share of APC waits longer than standard

## GOVERNANCE

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

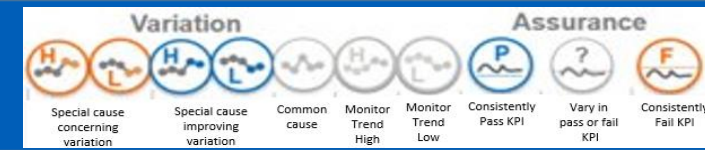
**Committee:** NWL Acute Care Board (Chair: Tim Orchard); NWL UEC Board (Chair: Claire Hook);

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

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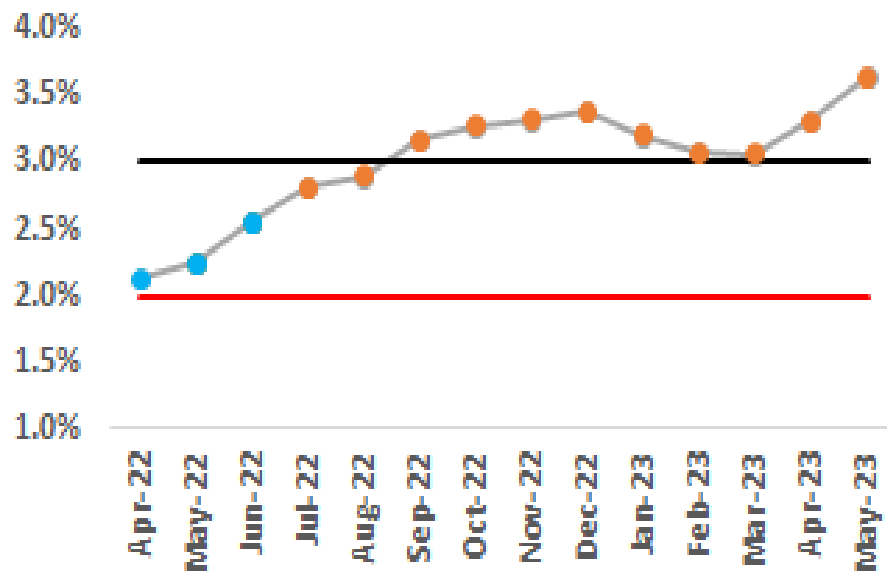


# Operations Referral to Treatment Waits



## TREND

### % of Waits > 52 Weeks



2.0%

ALLOWANCE

3.6%

PERFORMANCE



TREND



ASSURANCE

## NARRATIVE

The total PTL across NWL decreased from the previous month. 52ww increased in all four provider Trusts which was driven by the after-effect of lost activity during April's industrial action; however, progress was made in reducing 78ww breaches with an end of May position of 69. There was one 104ww in CWFT with treatment planned in June.

The most challenged specialties with 78ww long waiters in NWL include Vascular at CWFT, Allergy at ICHT, ENT at THH and Gynaecology at LNW.

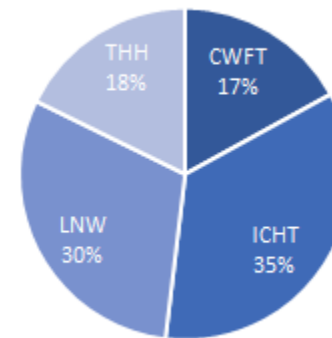
Key risks to delivering further backlog reduction include planned industrial action in June.

## CURRENT PERFORMANCE

### Unacceptable Waits for Treatment: 18-Week Standard-May

	Total Waiting List	Waits > 52 weeks	Difference from target	52 + weeks	Of which		Impacted by OTDCs not booked < 28 days	Impacts on Average wait (weeks)
					78 + weeks	104 + weeks		
CWFT	56895	2.8%	-0.8%	1611	33	1	7	17.62
ICHT	99788	3.3%	-1.3%	3301	14	0	13	18.98
LNW	74125	3.9%	-1.9%	2868	18	0	0	18.70
THH	28807	5.8%	-3.8%	1681	4	0	0	21.32
<b>APC</b>	<b>259615</b>	<b>3.6%</b>	<b>-1.6%</b>	<b>9461</b>	<b>69</b>	<b>1</b>	<b>20</b>	<b>18.86</b>

## STRATIFICATION



Trust share of APC waits longer than standard

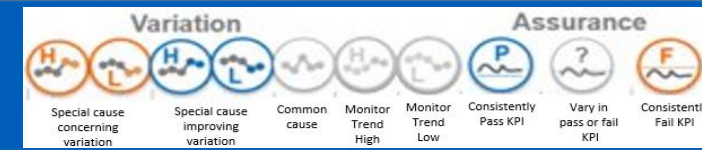
## GOVERNANCE

**Senior Responsible Owner:** Rob Hodgkiss, Deputy CEO and Chief Operating Officer, CWFT

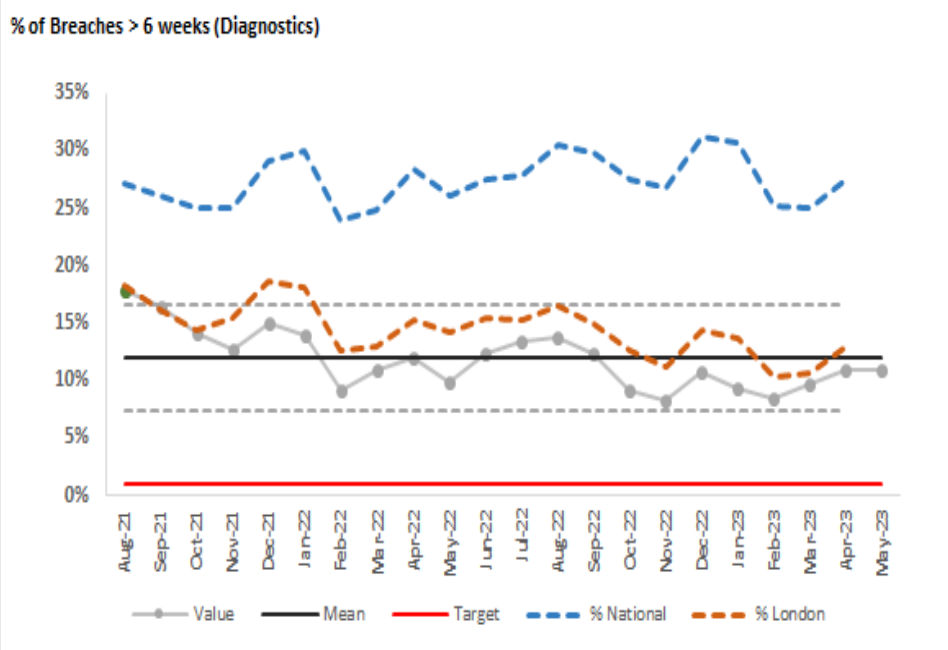
**Committee:** NWL Acute Care Board (Chair: Tim Orchard); NWL Elective Care Board (Chair: Rob Hodgkiss);

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

# Operations Access to Diagnostics



## TREND



1.0%  
ALLOWANCE

9.8%  
PERFORMANCE

TREND

ASSURANCE

## NARRATIVE

**Performance:** The performance remains in an improving trajectory with plans to improve further.

**Recovery Plan:** Capacity at all sites continues to be increased where possible, particular focus remains on non-obstetrics ultrasound at THH; CT and Paediatric Urology at ICHT and Audiology at LNW.

**Improvements:** CWFT remains compliant despite an increase in demand.

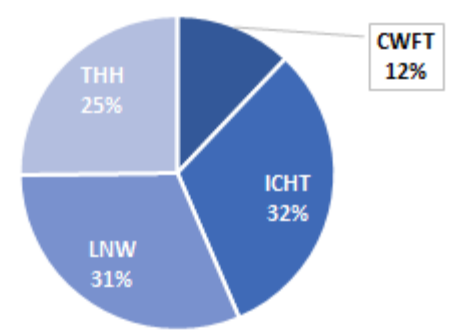
**Forecast Risks:** Likely significant industrial action.

## CURRENT PERFORMANCE

**Waits for Diagnostic Tests: 6-Week Standard - May**

	Total Waiting List	Waits > 6 weeks	Difference from target	6 + weeks	Of which 13 + weeks
CWFT	10083	4.9%	-3.9%	497	58
ICHT	14265	9.1%	-8.1%	1302	250
LNW	12114	10.6%	-9.6%	1288	233
THH	5504	18.9%	-17.9%	1040	226
<b>APC</b>	<b>41966</b>	<b>9.8%</b>	<b>-8.8%</b>	<b>4127</b>	<b>767</b>

## STRATIFICATION



Trust share of APC waits longer than standard

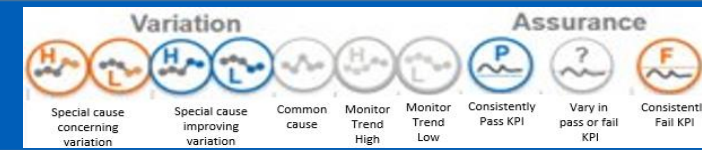
## GOVERNANCE

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

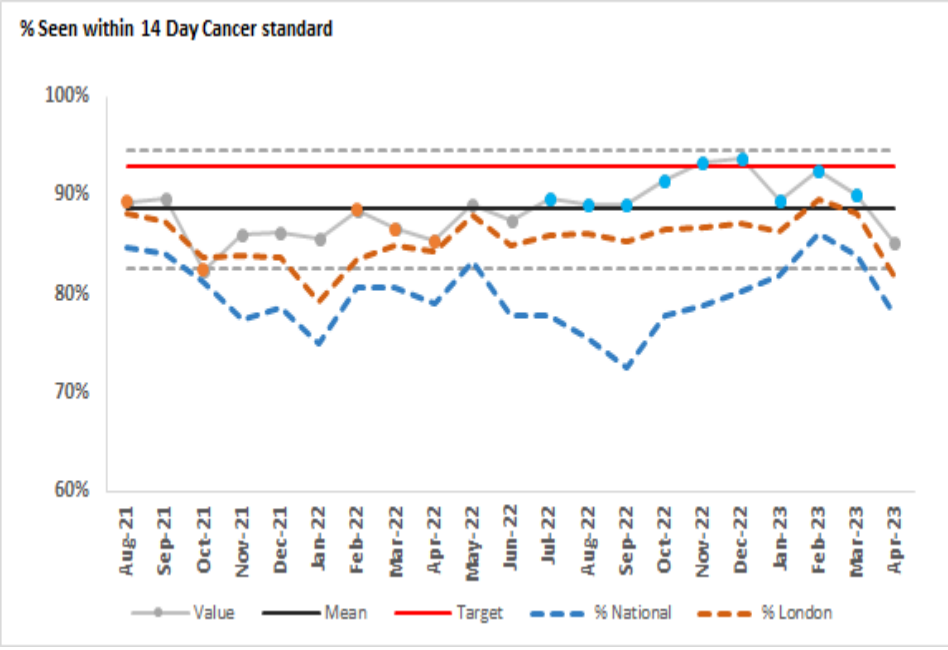
**Committee:** NWL Acute Care Board (Chair: Tim Orchard); NWL Elective Care Board (Chair: Rob Hodgkiss);

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

# Operations Access to Cancer Specialist



## TREND



93%  
STANDARD

85.2%  
PERFORMANCE

TREND

ASSURANCE

## NARRATIVE

**Performance:** 2WW performance is being impacted notably by capacity issues in Dermatology, Gynaecology, and Urology, where Trusts have seen a significant rise in demand. This is contributing to constrained capacity for 2ww appointments with only CWFT meeting the standard. These have been particularly impacted by industrial action and bank holidays in April.

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

**Improvements:** Optimising scheduling processes, increasing capacity through additional sessions and monitoring against timed pathways are areas of improvement across the Trusts.

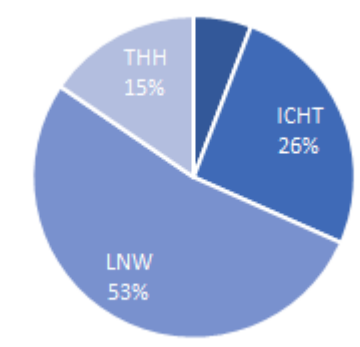
**Forecast Risks:** Planning continues to mitigate risks and loss of capacity from Industrial Actions that may cause workforce challenges.

## CURRENT PERFORMANCE

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

	Total Seen	Two-week wait performance	Difference from target	14 + days	Of which	
					28 + days	Breast referrals
CWFT	2038	96.7%		68	2	71
ICHT	2189	86.1%	-5.9%	304	0	102
LNW	2695	77.0%	-15.0%	621	27	204
THH	1032	82.4%	-9.6%	182	54	67
<b>APC</b>	<b>7954</b>	<b>85.2%</b>	<b>-6.8%</b>	<b>1175</b>	<b>83</b>	<b>444</b>

## STRATIFICATION



Trust share of APC waits longer than standard

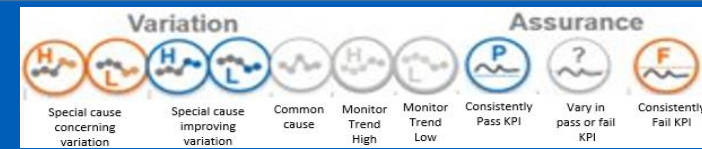
## GOVERNANCE

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

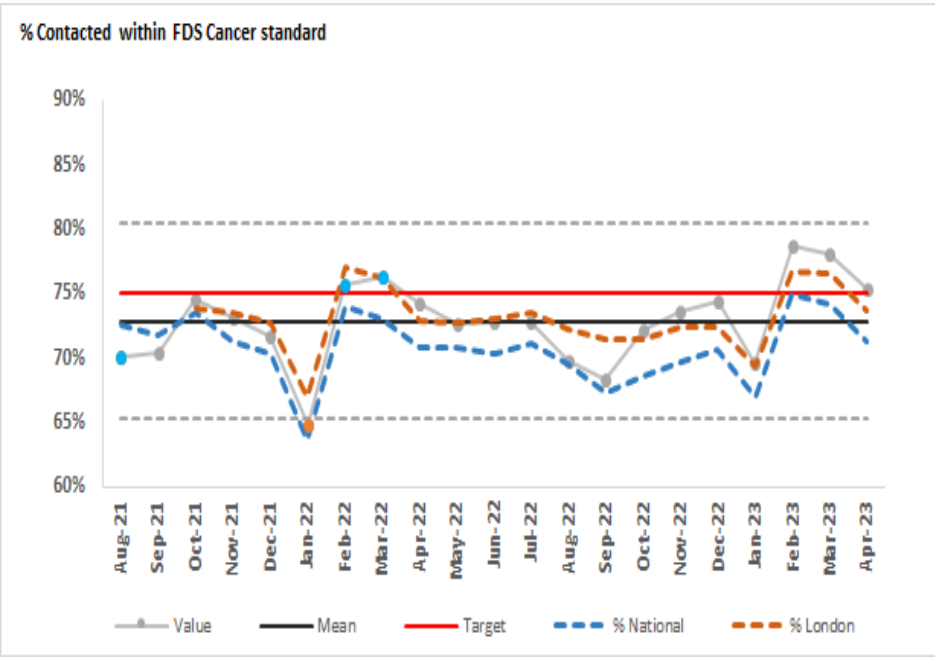
**Committee:** NWL Acute Care Board (Chair: Tim Orchard); NWL Elective Care Board (Chair: Rob Hodgkiss);

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

# Operations Access to Cancer Care (Faster Diagnosis)



## TREND



75%  
STANDARD

75.4%  
PERFORMANCE

TREND

ASSURANCE

## NARRATIVE

**Performance:** NWL has met the FDS cancer standard for the third month consecutively, despite a very challenged month operationally due to back holidays and strike action

**Recovery Plan:** April performance exceeds the target.

**Improvements:** Providers and RMP are jointly focussed on the sustained delivery of FDS ensuring that the diagnostic pathways are resilient and compliant with best practice timed pathways.

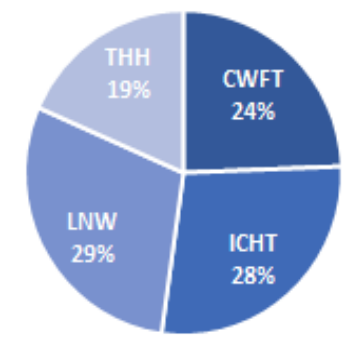
**Forecast Risks:** Continued planning of capacity for scheduled industrial action to protect cancer pathways as much as possible.

## CURRENT PERFORMANCE

### Access to Cancer Care (Faster Diagnosis) -April

	Total Contacts	Faster Diagnosis performance	Difference from target	28 + days	Of which 62 + days
CWFT	2003	76.1%		478	64
ICHT	2076	73.7%	-1.3%	546	0
LNW	2927	80.3%		576	93
THH	969	62.7%	-12.3%	361	71
<b>APC</b>	<b>7975</b>	<b>75.4%</b>		<b>1961</b>	<b>228</b>

## STRATIFICATION



Trust share of APC waits longer than standard

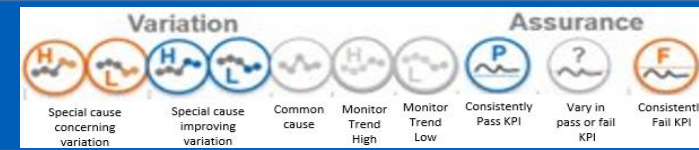
## GOVERNANCE

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

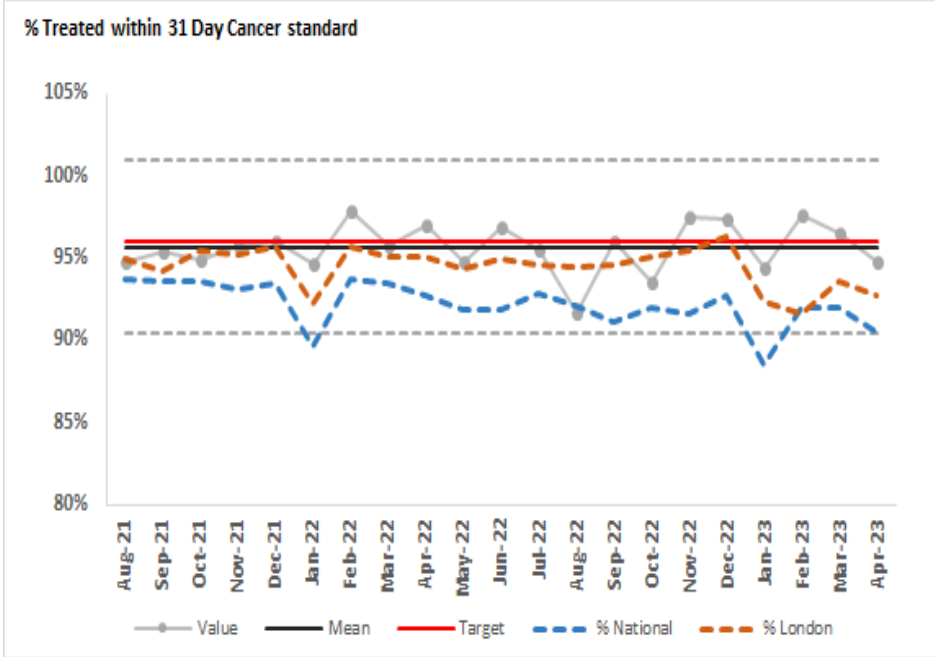
**Committee:** NWL Acute Care Board (Chair: Tim Orchard); NWL Elective Care Board (Chair: Rob Hodgkiss);

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

# Operations Cancer First Treatment from Diagnosis



## TREND



96%  
STANDARD

94.8%  
PERFORMANCE

TREND

ASSURANCE

## NARRATIVE

**Performance:** The increased referral rates have led to an increase in cancer treatments. Planned capacity to meet this demand has been reduced due to industrial action and bank holidays throughout April, the impact of which has been seen more at two of the four Trusts.

**Recovery Plan:** Trusts continue to work with RM Partners to undertake bespoke audits, develop tumour specific targeted action plans with appropriate governance and resource for delivery.

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

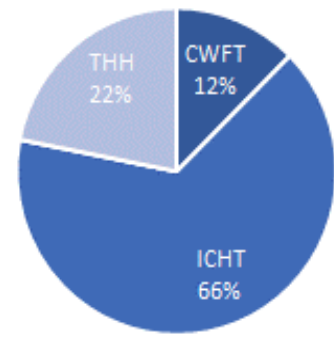
**Forecast Risks:** If referrals continues to rise, risk of gap between demand and capacity getting larger as a result of workforce challenges and further potential industrial action.

## CURRENT PERFORMANCE

### Cancer First Treatment from Diagnosis - April

	Total Treated	31 day performance	Difference from target	31 + days	Of which 62 + days
CWFT	145	97.2%		4	0
ICHT	241	91.3%	-4.7%	21	0
LNW	147	100.0%		0	0
THH	80	91.3%	-4.8%	7	1
<b>APC</b>	<b>613</b>	<b>94.8%</b>	<b>-1.2%</b>	<b>32</b>	<b>1</b>

## STRATIFICATION



Trust share of APC waits longer than standard

## GOVERNANCE

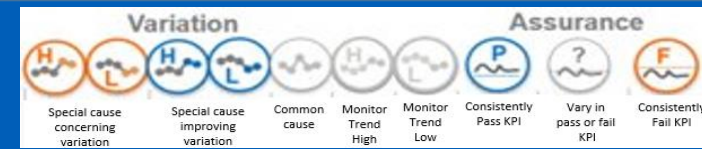
**Senior Responsible Owner:** James Walters, Chief Operating Officer, LNW

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

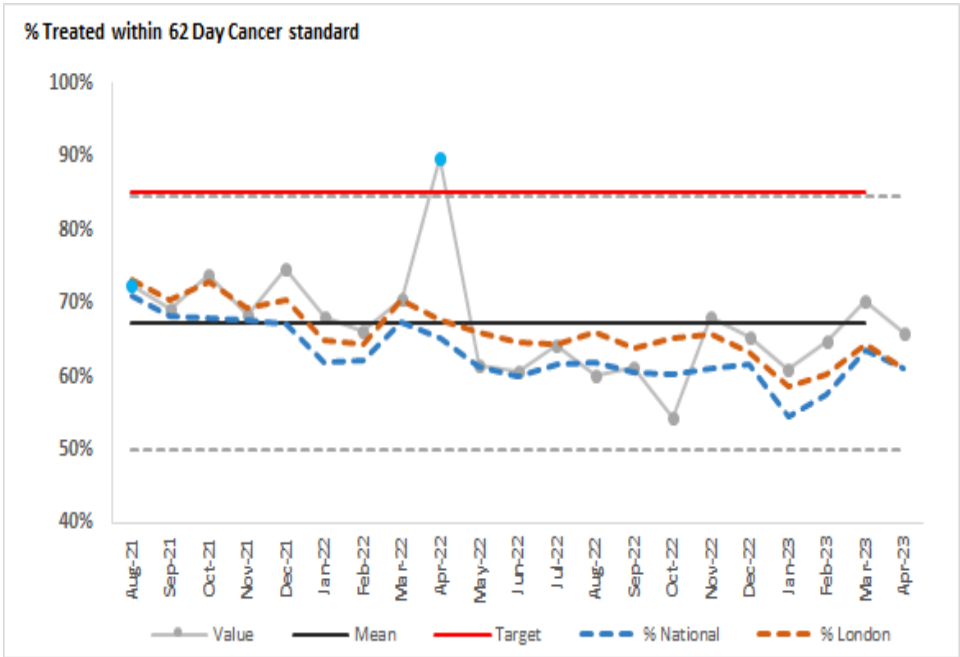
**Data Assurance:** These figures are validated ahead of a monthly performance return and the performance data is published by NHSE



# Operations Referral to Cancer Treatment Pathways



## TREND



**85%**  
STANDARD

**65.8%**  
PERFORMANCE

TREND

ASSURANCE

## NARRATIVE

**Performance:** Performance against the 62-day standard declined in April and is significantly challenged across NWL. There are system wide pressures that are contributing to this including delays in inter-trust transfers and capacity constraints for treatment pathways due to strikes and holidays.

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

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

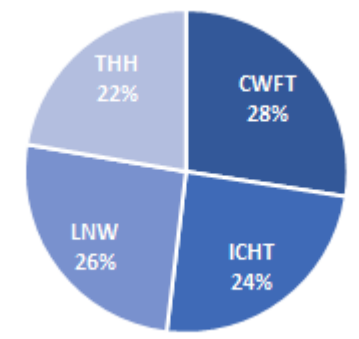
**Forecast Risks:** Workforce pressures and the potential for continued periods of Industrial Action.

## CURRENT PERFORMANCE

**Unacceptable Waits for the Treatment of Cancer: 62-day Standard - April**

	Total Treated	62 day performance	Difference from target	62 + days	Of which 104 + days	Impacts on Backlog 104 + days
CWFT	98.5	67.5%	-17.5%	32	10	17
ICHT	88	67.6%	-17.4%	28.5	0	201
LNW	96.5	68.9%	-16.1%	30	8.5	30
THH	58	55.2%	-29.8%	26	7.5	7
<b>APC</b>	<b>341</b>	<b>65.8%</b>	<b>-19.2%</b>	<b>116.5</b>	<b>26</b>	<b>255</b>

## STRATIFICATION



Trust share of APC waits longer than standard

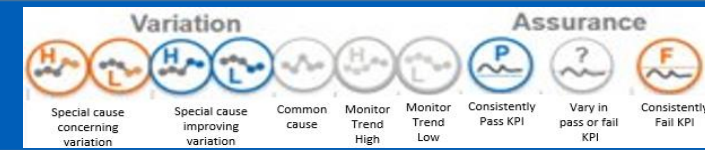
## GOVERNANCE

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

# Demand and Capacity Measures

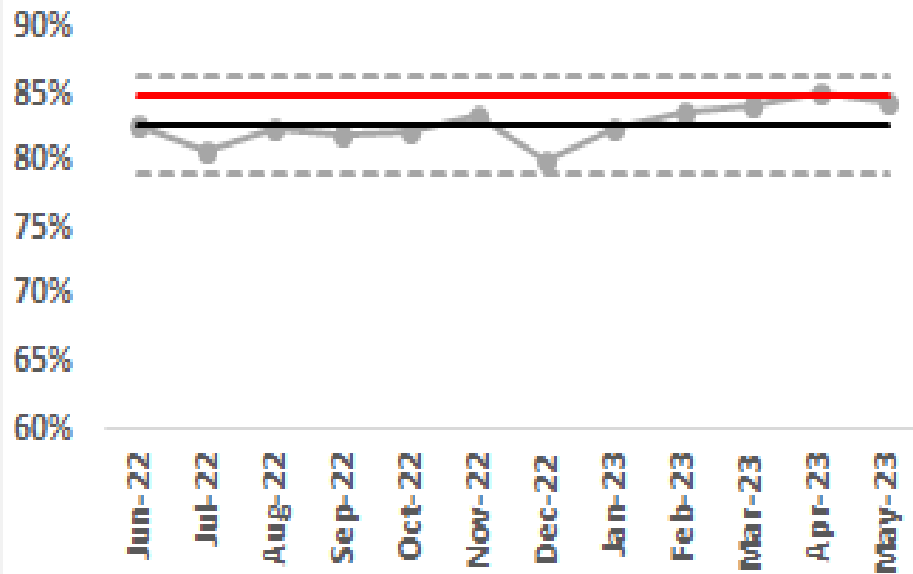


# Operations Theatre Utilisation



## TREND

### Theatre Utilisation



85%

STANDARD

84.4%

PERFORMANCE



TREND



ASSURANCE

## NARRATIVE

Theatre utilisation has remained on an improvement trajectory since December and NWL has the highest rate in London. LNW and THH maintain the strongest performers in sector while CWFT and ICHT remain slightly below the National target. ICHT's new timetable has gone live at SMH and HH and Western Eye theatres have now reopened. All are expected to drive further improvements at ICHT. CWFT expects the on-going work in the Treatment Centre and Paediatric Theatres to further improve utilisation rates.

All Trusts remained focused on identifying and delivering improvements in theatre productivity, including work with Productive Partners, digital scheduling and pre-operative assessment pathways.

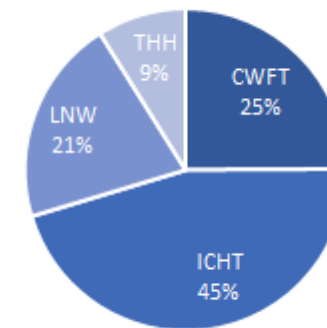
Key risks include shortages in critical staffing groups and further industrial action.

## CURRENT PERFORMANCE

### Theatre Utilisation - May

	Planned operating time (hours)	Theatre utilisation	Difference from target	Unused time (hours)
CWFT	2688	83.4%	-1.6%	446
ICHT	4753	82.9%	-2.1%	814
LNW	2956	87.5%		370
THH	1076	85.1%		160
<b>APC</b>	<b>11473</b>	<b>84.4%</b>	<b>-0.6%</b>	<b>1791</b>

## STRATIFICATION



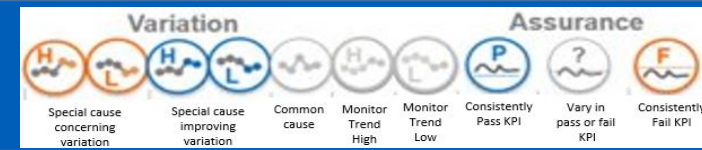
## GOVERNANCE

**Senior Responsible Owner:** Rob Hodgkiss, Deputy CEO and Chief Operating Officer, CWFT

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

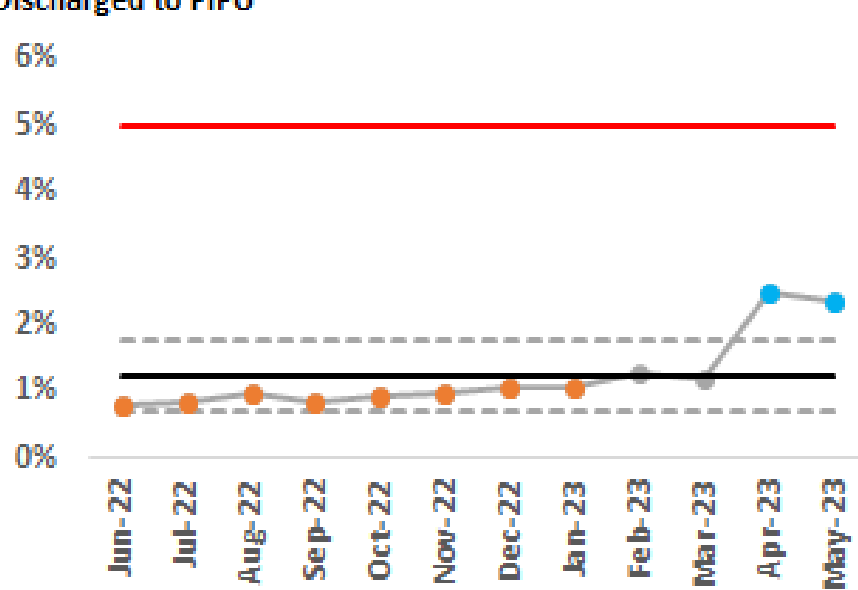
**Data Assurance:** tbc

# Operations Outpatient Transformation



## TREND

### Discharged to PIFU



5%

STANDARD

2.3%

PERFORMANCE



TREND



ASSURANCE

## NARRATIVE

PIFU rates have continued to improve since January with a large increase in April driven by increased uptake at CWFT. NWL performance remains under the National target of 5%.

All Trusts are focused on continued PIFU rollout to more specialities and increasing uptake. Operational planning and improvement plans also support PIFU capacity increases into 2023/24.

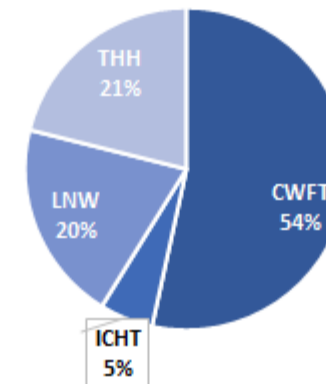
Key risks to delivery include implementation of digital infrastructure and roll-out during planned industrial action in June.

## CURRENT PERFORMANCE

### Outpatient Transformation - May

	Total OP contacts	Discharged to PIFU	Difference from target	Moved / Discharged to PIFU	Impacts on		
					OPFA DNAs	OPFU DNAs	Virtual contacts
CWFT	63974	6.9%		4434	11.7%	9.8%	7806
ICHT	101314	0.0%	-5.0%	46	14.0%	13.0%	18778
LNW	52137	1.2%	-3.8%	649	10.2%	9.8%	13616
THH	30925	2.3%	-2.7%	696	7.9%	8.6%	4010
<b>APC</b>	<b>248350</b>	<b>2.3%</b>	<b>-2.7%</b>	<b>5825</b>	<b>11.4%</b>	<b>10.9%</b>	<b>44210</b>

## STRATIFICATION



Trust share of APC discharges lower than standard

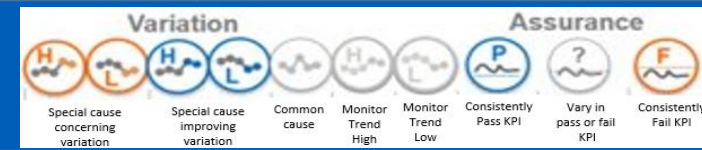
## GOVERNANCE

**Senior Responsible Owner:** Rob Hodgkiss, Deputy CEO and Chief Operating Officer, CWFT

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

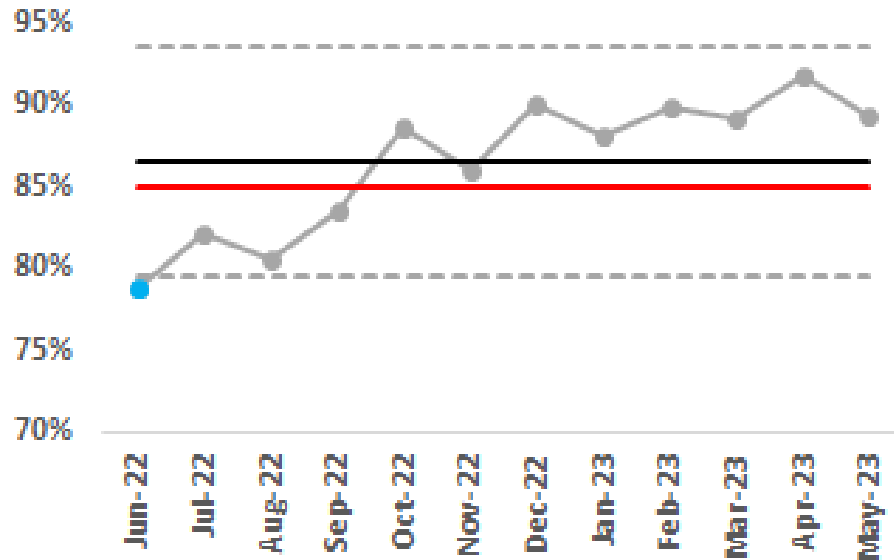
**Data Assurance:** tbc

# Operations Critical Care



## TREND

### Critical Care Bed Occupancy



<85%

STANDARD

89.3%

PERFORMANCE



TREND



ASSURANCE

## NARRATIVE

**Performance:** Bed occupancy remains higher than target but operationally within tolerance.

**Recovery Plan:** Not required at this time

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

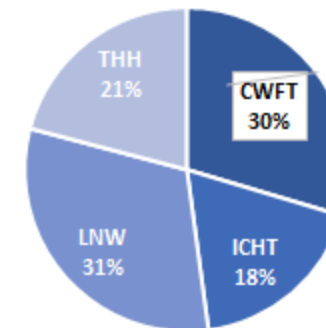
**Forecast Risks:** None.

## CURRENT PERFORMANCE

### Critical Care - May

	Available critical care beds	Bed occupancy	Difference from target	Unoccupied critical care beds
CWFT	26	77.2%	-7.8%	5.9
ICHT	94	96.1%		3.7
LNW	56	88.8%		6.3
THH	12	63.9%	-21.1%	4.2
<b>APC</b>	<b>188</b>	<b>89.3%</b>		<b>20.1</b>

## STRATIFICATION



## GOVERNANCE

**Senior Responsible Owner:** Rob Hodgkiss, Deputy CEO and Chief Operating Officer, CWFT

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

**Data Assurance:** tbc

# Workforce Performance

# Workforce Executive Summary

An overview of performance against all indicators, by Trust, is shown in slide 4 of the pack using statistical process control variation assurance. In summary five indicators are improving and one has seen no change.

Collectively the APC is reporting an over-establishment of 966 whole time equivalent (WTE) against the reported post establishment WTE position; primarily driven by higher levels of temporary staffing due to industrial action and elective recovery plans.

**Vacancy rates** at collaborative level are a special cause improving and remains below (9.9%) the collaborative target of 10%. Over the past year the collaborative vacancy level has been steadily reducing reaching it's lowest point in March 2023 at 9.3%. This reduction in vacancies is the result of targeted recruitment campaigns, both at home and abroad, with a continuing focus to drive further improvement. Collaborative action is focussed on the hard to fill vacancies.

**Voluntary turnover** is a special cause improving variation following a steady seven month reduction from 13.2% (October 2022) to the current position of 11.9%. All Trusts have active retention projects and / or programmes and a retention programme, supported by national resource, being initiated across the NWL ICS. Acute Collaborative HRDs have shared details of existing retention initiatives, informing planning for future local and collaborative action.

After a year of high sickness levels, the past six months have seen a steady decrease to rolling 12-month **sickness absence** rate of 4.3%; down from 4.8% in November. Sickness absence continues to be impacted by Covid-19 resurgences as well as seasonal illness which had a particular impact in quarter four of 2022/23. All Trusts have plans in place to manage absence and current absence levels are now within expected seasonal rates.

**Agency spend**, as a proportion of overall pay bill, is our productivity measure with a collective target set at 2%. Current performance for May 2023 was 3.0%, driven primarily by hard to fill vacancies, additional staffing requirement due to impacts of elective recovery and industrial action by healthcare workers, and is a common cause concern. Reliance on agency workers is key for the delivery of some services, particularly where there is a national skills shortage such as for sonography and cardiac physiology and Trusts are working towards collective solutions in these areas. Continued collaborative work on temporary staffing remains the focus for reducing agency expenditure overall.

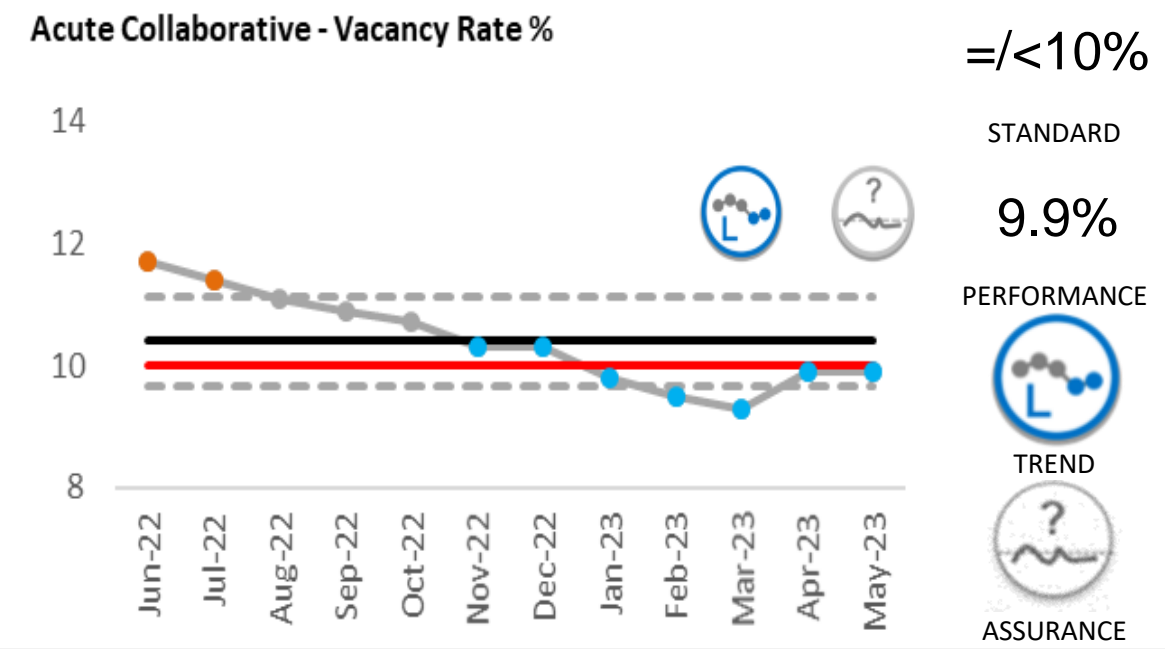
Completion rates, for both non-medical and medical **Performance Development Reviews** (PDR), is an area of concern. With the exception of non-medical appraisals at Imperial (which have a set window for completion) all Trusts operate a rolling programme for PDRs and are working towards the common target of 95% to drive improvement. Performance in this area has been affected by increased levels of industrial action.

Options for KPIs and collaborative action on Equality, Diversity and Inclusion have been reviewed and are in development and will be included in future reports.

## Escalations by Theme:

- Trust and Collaborative preparedness and planning for impact of industrial action on key performance metrics and staffing levels.
- High levels of vacancies for specific hard to recruit roles and gaps.

## TREND

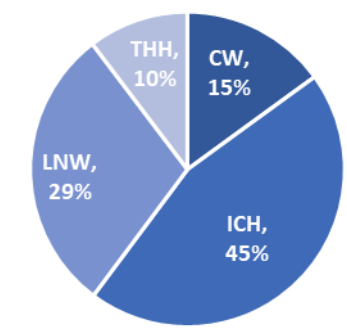


## CURRENT PERFORMANCE

Vacancies	Target %	Month 02 Vacancy Rate %	Variance to Target %	Vacancy WTE
CWFT	10%	7.3%	2.7%	515
ICHT	10%	10.3%	-0.3%	1,552
LNW	10%	11.1%	-1.1%	1,011
THH	10%	9.8%	0.2%	355
<b>APC</b>	<b>10%</b>	<b>9.9%</b>	<b>0.1%</b>	<b>3,432</b>

## STRATIFICATION

Trust proportion of vacant WTE across the ACC Month 02



## NARRATIVE

**Performance:** Vacancy rates at collaborative level are a special cause improving variation and remain below (9.9%) the collaborative target of 10%. Over the past year the collaborative vacancy level has been steadily reducing reaching it's lowest point in March 2023 at 9.3%. This reduction in vacancies is the result of targeted recruitment campaigns, both at home and abroad, with a continuing focus to drive further improvement. Collaborative action is focussed on the hard to fill vacancies.

Our top five areas of concern continues to be those hard to recruit roles, due to a national shortage of qualified staff: Operating Department Practitioners (28 WTE vacancies), Sonographers (23 WTE vacancies), Occupational Therapists (19 WTE vacancies), Midwives (171 WTE vacancies) and Middle Grades for Emergency Medicine (34 WTE vacancies). With a continuing reliance on agency staffing and locums to fill the vacancy gaps and support service delivery and both local and collaborative work continues to improve this position.

Recovery Plan / Improvements: Midwives (171 WTE vacant), Physiotherapists, Speech & Language Therapists (5 WTE vacancies), Healthcare Scientists and band 5 nursing roles (678 WTE vacancies) continue to receive focus with continued planned international recruitment campaigns, rolling recruitment and targeted recruitment campaigns to reduce vacancies.

We continue to see increasing numbers of internationally appointed nurses receiving their OSCE and able to practice as registered nurses. This has had a positive impact on general nursing vacancies and we have a strong pipeline to convert more over the coming months. Also of continued focus is the recruitment of midwives and maternity staff, with continued appointments to preceptorship roles, new obstetric nurse roles and scrub/theatre nurses.

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

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

## GOVERNANCE

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

# Workforce Vacancies by Staff Group

Acute Trusts Staffing Group Vacancies - May 2023	Post WTE	Staff Inpost WTE	Vacant WTE	Vacancy Rate %
Admin & Clerical (bands 1/2/3/4/5/6)	4,954	4,434	520	10.5%
Allied Health Professional (Qualified bands 5+)	1,941	1,740	201	10.4%
Allied Health Professional (Unqualified bands 2/3/4)	316	261	55	17.5%
Ancillary	1,596	1,331	265	16.6%
Doctor (Career Grade)	289	224	65	22.4%
Doctor (Consultant)	2,191	2,069	122	5.6%
Doctor (Training & Trust Grade)	3,334	3,173	161	4.8%
Nursing & Midwifery (Qualified bands 5+)	11,648	10,485	1,163	10.0%
Nursing & Midwifery (Unqualified bands 2/3/4)	3,656	3,280	375	10.3%
Pharmacist	459	467	-9	-1.9%
Physician Associate	38	44	-6	-14.8%
Scientific & Technical (Qualified bands 5+)	1,345	1,194	152	11.3%
Scientific & Technical (Unqualified bands 2/3/4)	844	754	90	10.6%
Senior Manager (non-clinical bands 7/8/9/VSM)	2,147	1,869	278	13.0%
Other Staff	22	22	0	-1.0%
<b>Totals</b>	<b>34,780</b>	<b>31,348</b>	<b>3432</b>	<b>9.9%</b>

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

The overall vacancy rate is 9.9% which has reduced by 0.5% over the past twelve months; in April 2022 the collective vacancy rate was 10.4%.

Over the same period, a significant reduction in vacancies has been realised for the ancillary workforce down from 23.5% to 16.6%.

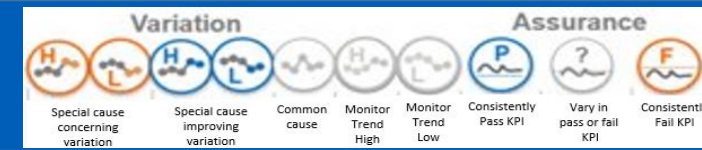
Also for qualified Pharmacist roles, the number of WTE vacancies has reduced from 54 in May 2022 to 4 in May 2023.

In general, there has been a reduction in vacancy rates for all staff groups with the exception of non-clinical senior managers which has increased from 11.6% to the current position of 13.0%.

As highlighted previously, within different staff groups, there are hard to recruit roles and there is ongoing local and collective focus and action to reduce these.

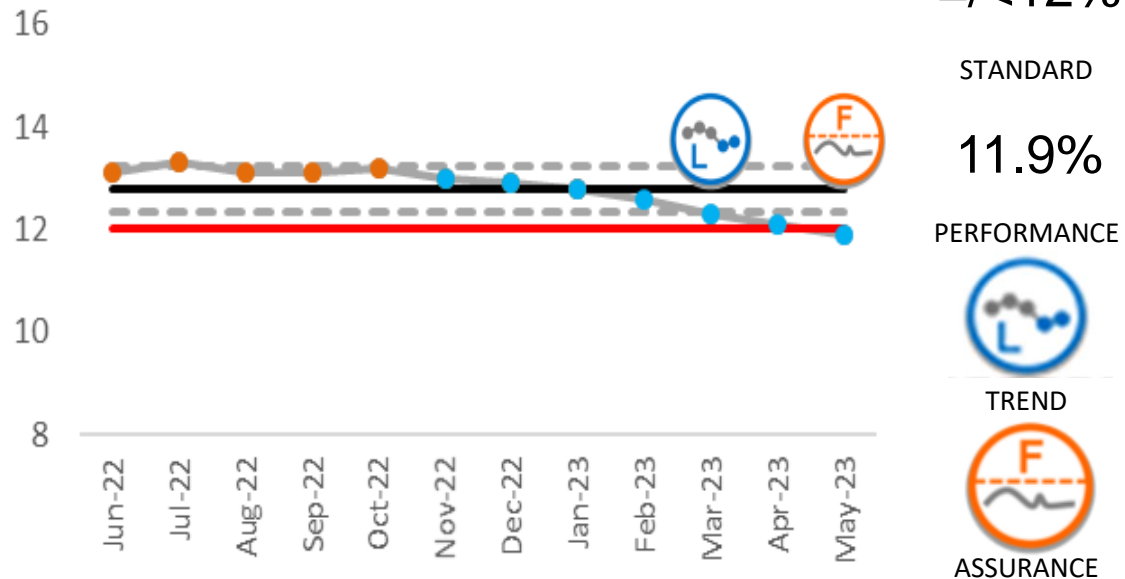


# Workforce Voluntary Turnover



## TREND

### Acute Collaborative - Turnover Rate %



## NARRATIVE

**Performance:** Voluntary turnover is an improving special cause concern variation as over the last seven months, there has been a steady reduction from 12.9% to the current position of 11.9%. With the exception of C&W, all Trusts are currently tracking below the 12.0% target. All Trusts have active retention projects and / or programmes and a retention programme, supported by national resource, initiated across the NWL ICS. Acute Collaborative CPOs have shared details of existing retention initiatives to inform planning for future local or collaborative action.

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

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

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

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

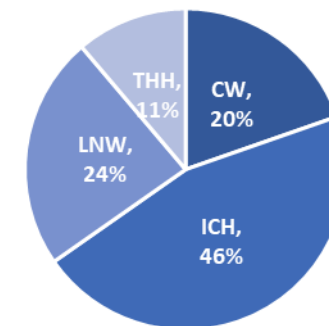
## CURRENT PERFORMANCE

### Voluntary Turnover

	Target %	Month 02 Turnover Rate %	Variance to Target %	Voluntary Leavers WTE (rolling 12 months)
CWFT	12%	13.7%	-1.7%	761
ICHT	12%	11.5%	0.5%	1767
LNW	12%	11.6%	0.4%	910
THH	12%	11.8%	0.2%	434
<b>APC</b>	<b>12%</b>	<b>11.9%</b>	<b>0.1%</b>	<b>3872</b>

## STRATIFICATION

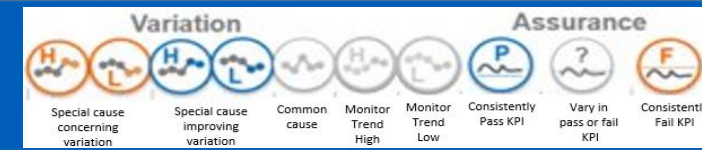
Trust proportion of voluntary leavers wte (rolling 12 months) across the ACC Month 02



## GOVERNANCE

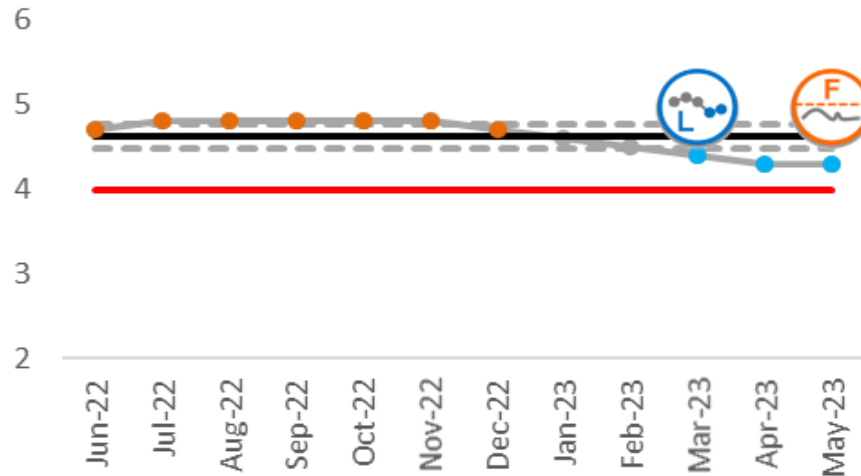
**Senior Responsible Owner: Pippa Nightingale**  
**Committee: APC People Committee**  
**Data Assurance: tbc**

# Workforce Sickness Absence



## TREND

### Acute Collaborative - Rolling Sickness Rate %



=/ $\leq$ 4%

STANDARD

4.3%

PERFORMANCE



TREND



ASSURANCE

## NARRATIVE

**Performance:** After a year of high sickness levels, the past four months have seen a steady decrease to the current rolling sickness absence rate of 4.3%; down from 4.8% in November. Sickness absence continues to be impacted by Covid-19 resurgences as well as seasonal illness which had a particular impact in quarter four of 2022/23. All Trusts have plans in place to manage absence, particularly long-term absence linked to Covid. Current absence levels are now within expected seasonal rates

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

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

Sickness levels are centrally captured and monitored daily for change with reporting to North West London Gold (NWL Gold) if any one of three agreed triggers are met. We also continue to monitor the levels of COVID absence to alert for increasing numbers to inform planning for both staffing and patient pathways.

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

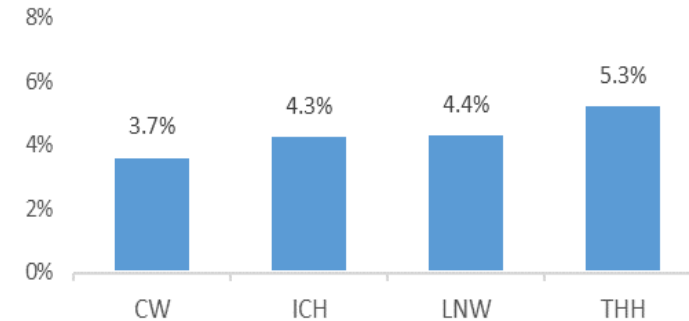
## CURRENT PERFORMANCE

### Rolling Sickness Absence

	Target %	Month 02 12 Month Rolling Sickness Absence Rate %	Variance to Target %	Month 02 In-Month Sickness Absence Rate %
CWFT	4%	3.7%	0.3%	3.2%
ICHT	4%	4.3%	-0.3%	3.7%
LNW	4%	4.4%	-0.4%	4.1%
THH	4%	5.3%	-1.3%	4.3%
<b>APC</b>	<b>4%</b>	<b>4.3%</b>	<b>-0.3%</b>	<b>3.8%</b>

## STRATIFICATION

12 Month Rolling Sickness Absence Rate % across the ACC Month 02



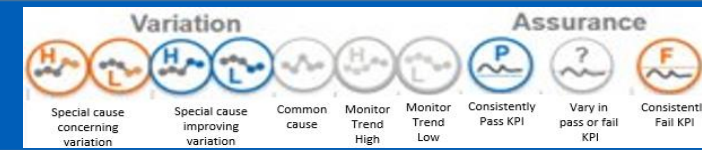
## GOVERNANCE

**Senior Responsible Owner:** Pippa Nightingale

**Committee:** APC People Committee

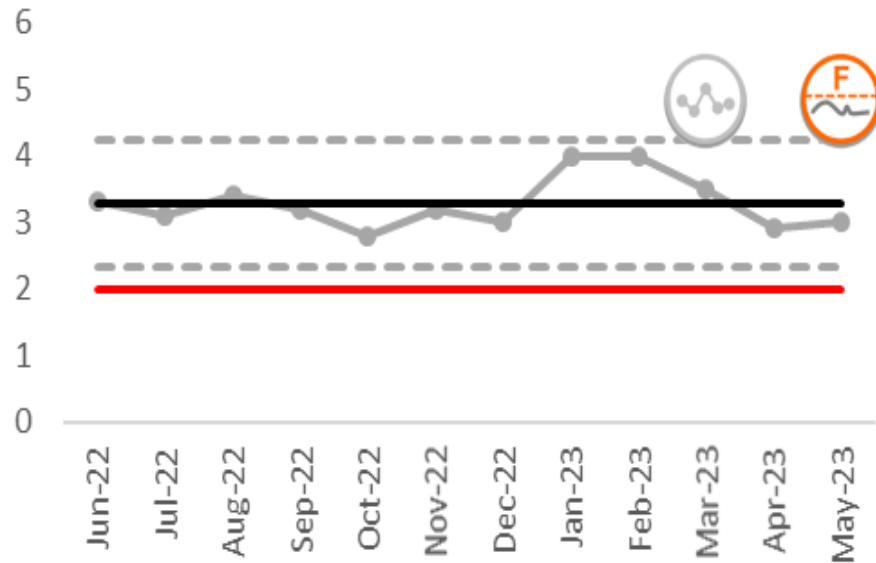
**Data Assurance:** tbc

# Workforce Productivity - Agency Spend



## TREND

### Acute Collaborative - Agency Spend % of Paybill



= / < 2%

STANDARD

3.0%

PERFORMANCE



TREND



ASSURANCE

## NARRATIVE

**Performance:** Agency spend, as a proportion of overall pay bill, is our productivity measure with a collective target set at 2%. Current performance for May 2023 was 3.0%; driven by hard to fill vacancies, additional staffing requirement due to impacts of elective recovery activity and industrial action by healthcare workers, and is a common cause concern.

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

Harmonised and uplifted bank rate for AfC staff are in place across 3 out of 4 Trusts to attract more staff to work on the bank. Transition plans are being agreed for Hillingdon and some specialist areas where existing rates are above the harmonised rates to reduce the risk of bank fill dropping.

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

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

**Forecast Risks:** : At a time of increased industrial action, combined with hard to fill vacancies, puts additional pressure on bank staffing demand meaning that more agency workers are used to fill the staffing gaps.

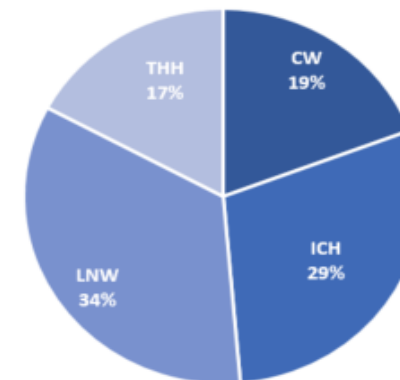
## CURRENT PERFORMANCE

### Productivity - Agency Spend

	Target %	Month 02 Agency Spend Rate %	Variance to Target %	Agency Spend £ (in Month)
CWFT	2%	2.6%	-0.6%	1,069,255
ICHT	2%	1.9%	0.1%	1,626,803
LNW	2%	3.8%	-1.8%	1,896,853
THH	2%	3.8%	-1.8%	952,024
<b>APC</b>	<b>2%</b>	<b>3.0%</b>	<b>-1.0%</b>	<b>5,544,935</b>

## STRATIFICATION

Proportion of agency spend (£) by Trust across the ACC For Month 02



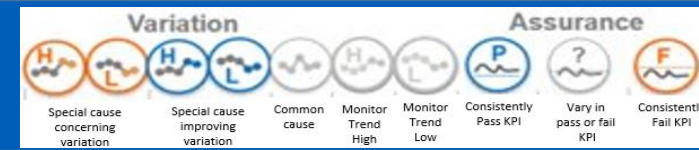
## GOVERNANCE

**Senior Responsible Owner:** Pippa Nightingale

**Committee:** APC People Committee

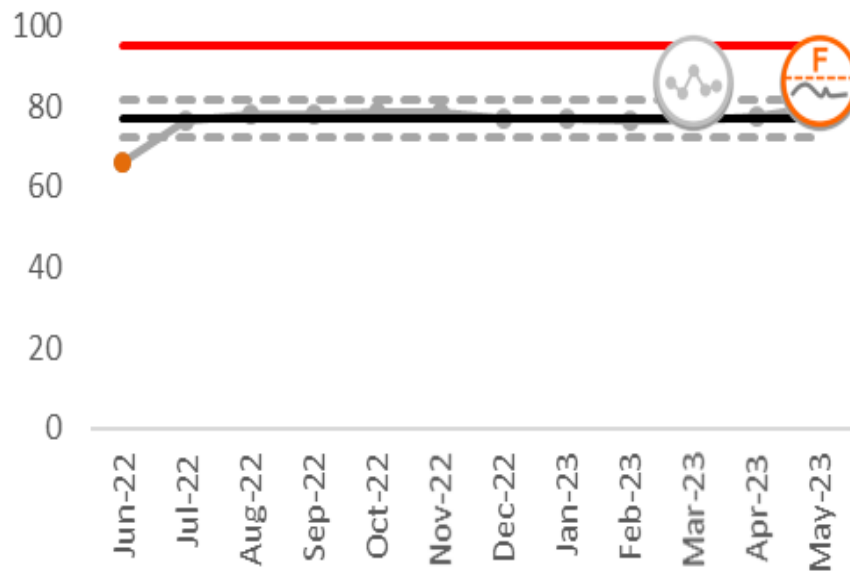
**Data Assurance:** tbc

# Workforce PDR / Appraisal



## TREND

### Acute Collaborative - PDR Completion Rate %



= / < 95%

STANDARD

80.0%

PERFORMANCE



TREND



ASSURANCE

## NARRATIVE

**Performance:** Completion rates, for both non-medical and medical **Performance Development Reviews** (PDR), is an area of concern. With the exception of non-medical appraisals at Imperial (which have a set window for completion) all Trusts operate a rolling programme for PDRs and are working towards the common target of 95% to drive improvement.

Weekly reporting and on-line appraisal training are in place to support improvement against these core workforce metrics.

**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, increased industrial action as well as high levels of sickness absence, continue to contribute to the challenge of conducting and completing the appraisal and PDR conversations.

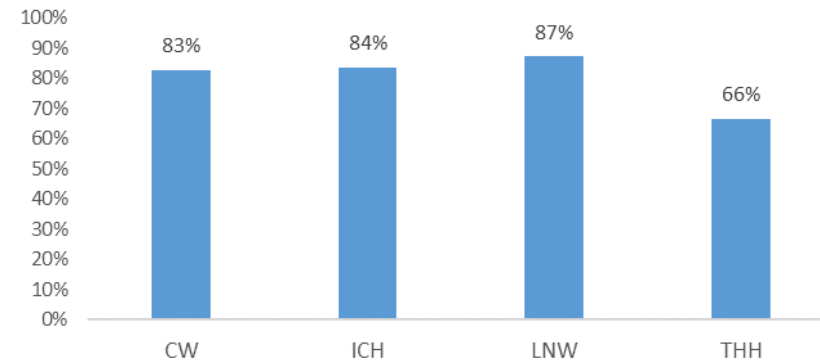
## CURRENT PERFORMANCE

### PDR / Appraisal

	Target %	Month 02 PDR / Appraisal Rate %	Variance to Target %
CWFT	95%	82.7%	12.3%
ICHT	95%	83.6%	11.4%
LNW	95%	87.1%	7.9%
THH	95%	66.4%	28.6%
<b>APC</b>	<b>95%</b>	<b>80.0%</b>	<b>20.0%</b>

## STRATIFICATION

Month 02 PDR / Appraisal Rate % by Trust across the ACC



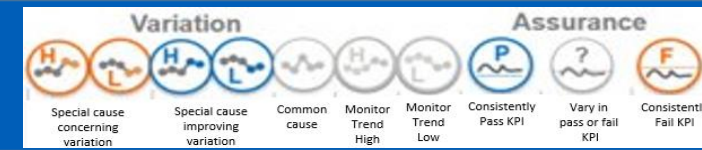
## GOVERNANCE

**Senior Responsible Owner:** Pippa Nightingale

**Committee:** APC People Committee

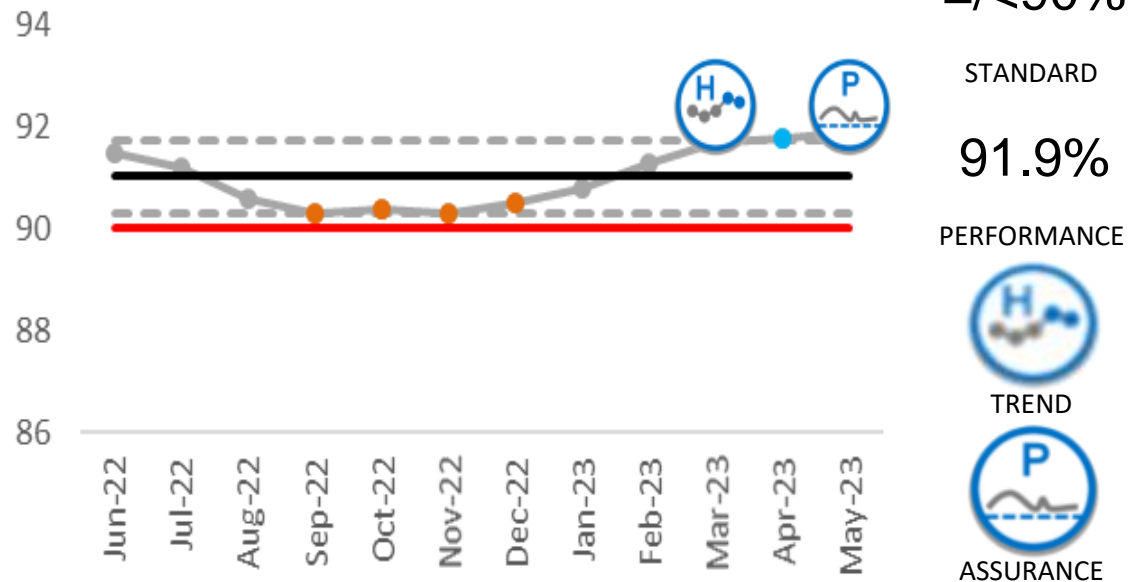
**Data Assurance:** tbc

# Workforce Core Skills Compliance



## TREND

### Acute Collaborative - Core Skills Rate %



## NARRATIVE

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

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

The induction programmes for doctors in training includes time for them to complete the online elements of their core skills training, which is essential during high rotation activity including August 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 and in addition, further communications have been sent out about how to get previous mandatory training accredited for new starters and doctors on rotation to support compliance.

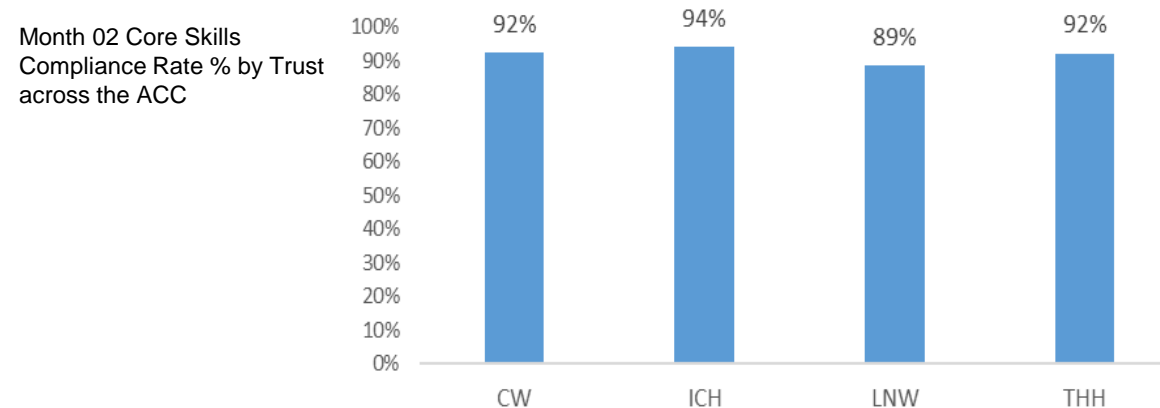
**Forecast Risks:** None

## CURRENT PERFORMANCE

### Core Skills Compliance

	Target %	Month 02 Core Skills Compliance Rate %	Variance to Target %
CWFT	90%	92.3%	2.3%
ICHT	90%	94.1%	4.1%
LNW	90%	88.7%	1.3%
THH	90%	92.2%	2.2%
<b>APC</b>	<b>90%</b>	<b>91.9%</b>	<b>1.9%</b>

## STRATIFICATION



## GOVERNANCE

**Senior Responsible Owner:** Pippa Nightingale

**Committee:** APC People Committee

**Data Assurance:** tbc

# Finance

## **Introduction:**

The detailed Finance Report for the APC (Acute Provider Collaborative) is included within the Board papers for the meeting. This has been reviewed by the Acute CFO Group and covers the reporting period to Month 2 (May).

## **Performance:**

At Month 2, the APC reports a year-to-date deficit of £31.8m against a planned deficit of £9.4m; thus reporting a £22.4m adverse variance to plan. There are several key drivers of the adverse variance:

1. Junior doctors' industrial action in Apr - a reduction in income (cancelled operations) and an increase in cost (additional shifts for consultants and other medical staff) cost an additional £5.9m in month 1.
2. Cost improvement Programme : year to date delivery at month 2 is £5.7m against a plan of £18.5m, a £12.8m adverse variance . Of the £5.7m delivered to date, £2.5m is via non recurrent CIPs. A key area of challenge is ICHT which is showing 8% delivery to month 2. All CFO teams have developed action plans to accelerate CIP identification.
3. Inflation : All four trusts are highlighting material inflationary pressures against the annual plan. Estimates are: ICHT £12m, LNW £6.5m, THH £6m, CWFT £1.5m, with minimal central funding to support these inflationary challenges. This is an annual risk of c£25m-£30m. Trusts will develop full forecasts at Q1 to verify the assessment of inflationary risk.
4. Other pressures : ICHT is highlighting significant cost pressures/run rate challenges across clinical areas.

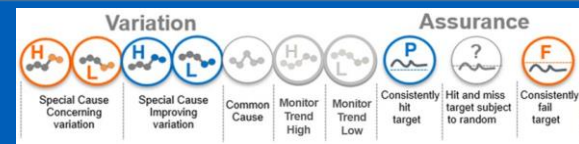
For 2023/24 the APC has agreed a financial performance management framework, which includes escalation of performance management should the financial position and CIP delivery be materially adverse to plan. At month 1 and 2, the APC breached the threshold for escalation. Peer to Peer CFO reviews have taken place to investigate financial performance, reasons for the variance, CIP delivery, risks and mitigations.

## **Escalations:**

To note the new for 2023/24, financial performance management framework, further details in the APC finance report.

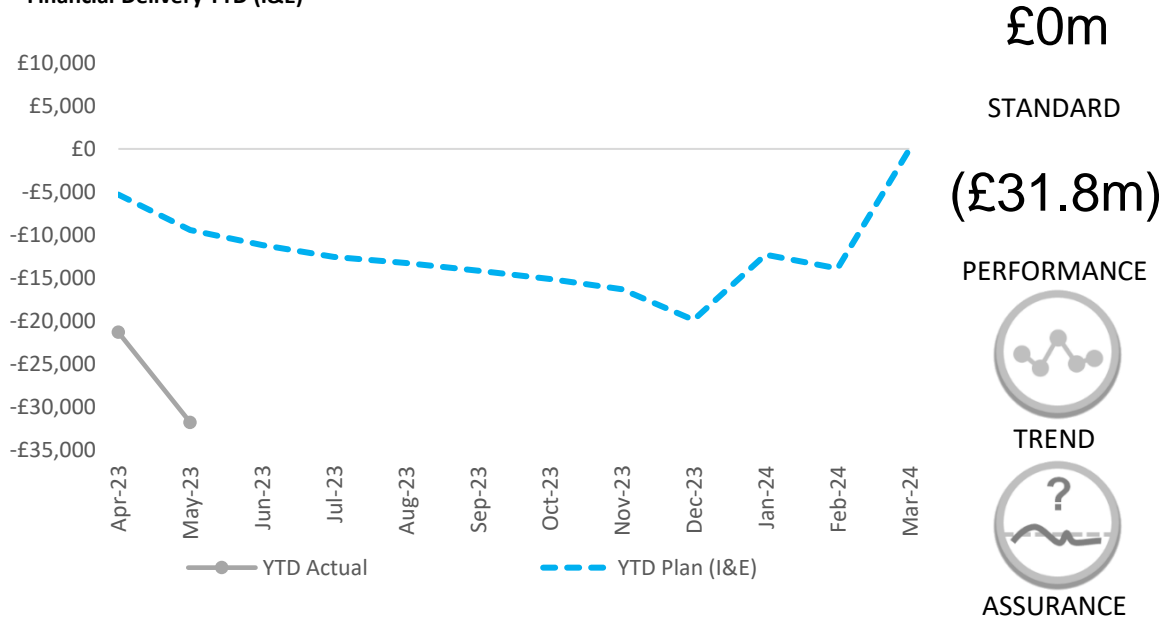


# (Finance) Financial Delivery (I&E)



## TREND

### Financial Delivery YTD (I&E)



## NARRATIVE

**Performance:** YTD deficit of £31.8m, against a YTD plan of £9.4m deficit, hence reporting a £22.4m adverse variance to plan.

**Recovery Plan:** New for 2023/24 performance management escalation process, including forensic review of performance via Peer to Peer CFO meetings.

**Improvements:** An improvement in underlying financial performance (run rate) in Month 2 compared to month 1 (excluding Jun doctors impact), of £4.9m.

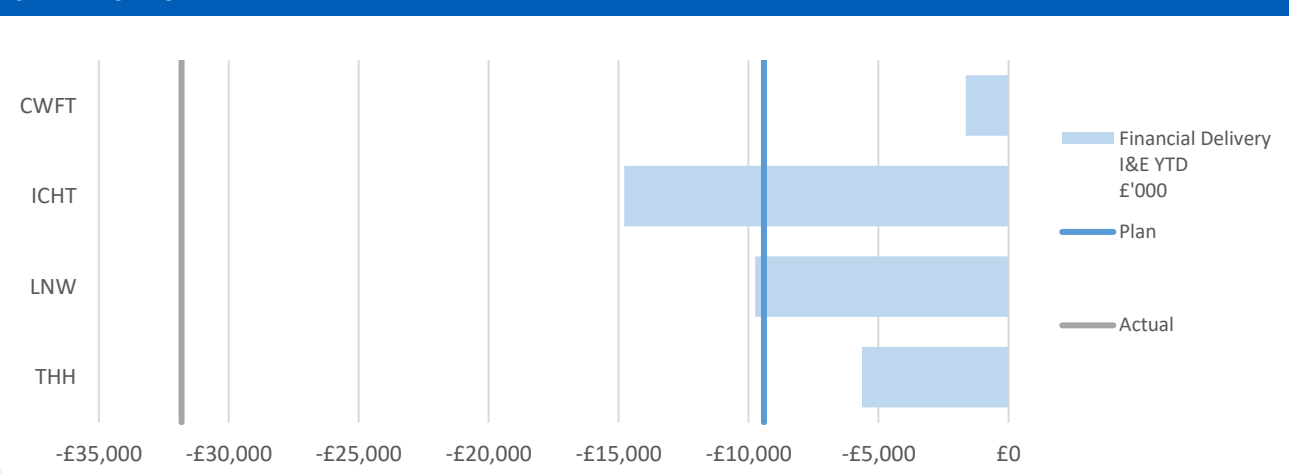
**Forecast Risks:** Detailed forecast being prepared at the end of month 3. Risks are inflation, further industrial action, CIP delivery and run rate challenges at ICHT.

## CURRENT PERFORMANCE

### Financial Delivery (I&E)

	Financial Delivery I&E YTD £'000	Variance from target YTD £'000	FOT £'000
CWFT	(1640)	(1733)	0
ICHT	(14785)	(14785)	0
LNW	(9748)	(4271)	0
THH	(5638)	(1578)	0
<b>APC</b>	<b>(31811)</b>	<b>(22407)</b>	<b>0</b>

## STRATIFICATION



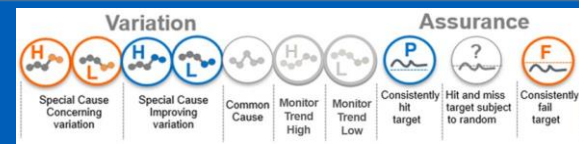
## GOVERNANCE

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

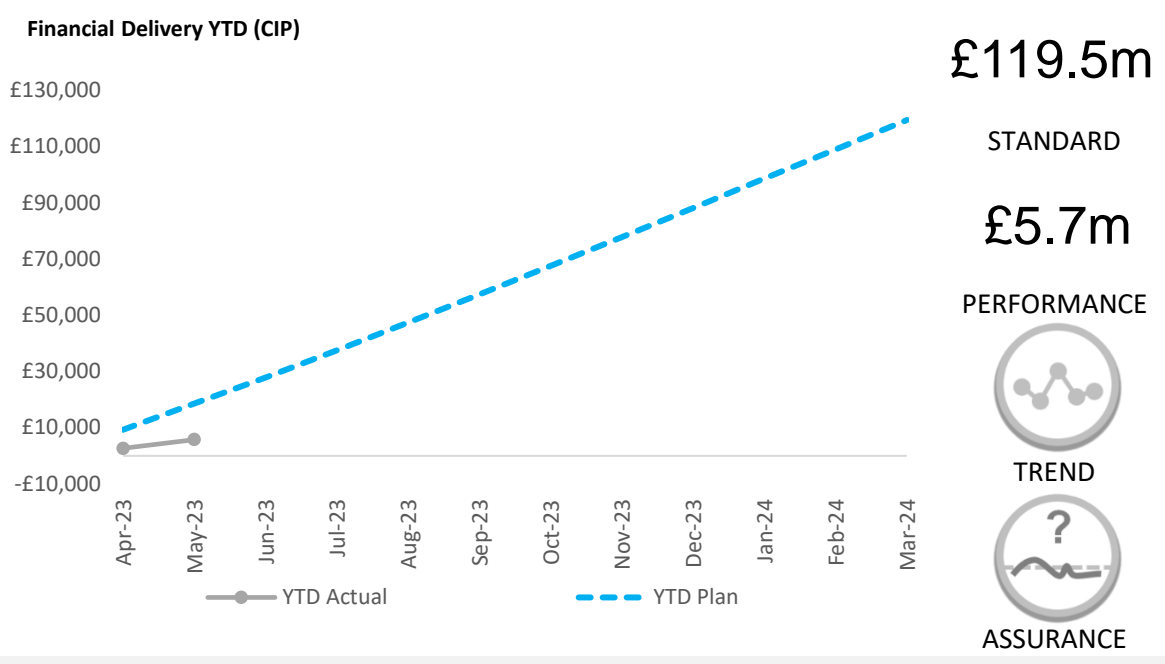
**Committee:** NWL Collaborative Finance and Performance Committee

**Data Assurance:** Trust's Monthly Financial Monitoring Returns to ICB and NHSE. Overall page 167 of 295

# (Finance) Financial Delivery (CIP)



## TREND



## NARRATIVE

**Performance:** CIP delivery is £5.7m against a YTD plan of £18.5m, thus reporting a YTD adverse variance of £12.8m.

**Recovery Plan:** the 23/24 APC financial performance management process has been enacted. Peer to Peer review meetings have taken place to review CIP programmes. All trusts have action plans to accelerate CIP identification by the end of June.

**Improvements:** Monthly CIP delivery has improved month on month from £2.6m in month 1 to £3.1m in month 2.

**Forecast Risks:** A robust forecast at Q1 will confirm the likely risk to the year end position.

## CURRENT PERFORMANCE

Financial Delivery (CIP)

	CIP YTD £'000	CIP Variance YTD £'000	FOT £'000
CWFT	2130	(1790)	23520
ICHT	691	(8210)	£53421
LNW	2471	(2471)	£31800
THH	410	0	£10757
<b>APC</b>	<b>5702</b>	<b>(12829)</b>	<b>119498</b>

## STRATIFICATION



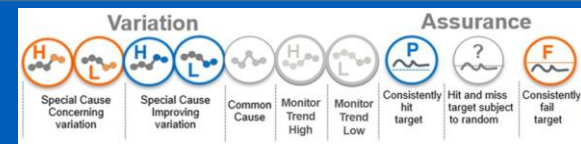
## GOVERNANCE

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

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

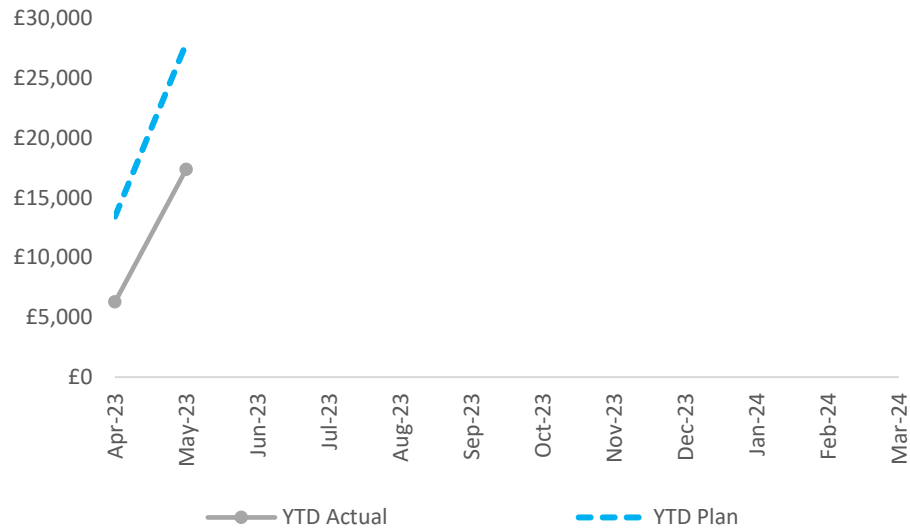
**Data Assurance:** Trust's Monthly Financial Monitoring Returns to ICB and NHSE

# (Finance) Capital Spend



## TREND

### Capital Spend YTD



£197.3m

STANDARD

£17.3m

PERFORMANCE



TREND



ASSURANCE

## NARRATIVE

### Performance:

Capital spend is £17.3m YTD against a YTD plan of £27.9m, therefore a £10.5m favourable variance reported.

### Recovery Plan:

Trusts' capital spend is expected to ramp up as the year progresses and projects commence. Capital plans include nationally funded schemes under the national capital programme (£91.4m) and the Targeted Investment funds (20.1m).

### Forecast Risks:

None to highlight at month 2.

## CURRENT PERFORMANCE

### Capital Spend

	YTD Spend £'000	YTD Variance £'000	Forecast Spend £'000
CWFT	2462	3938	74490
ICHT	5796	320	76648
LNW	5009	5274	57346
THH	4088	974	51194
<b>APC</b>	<b>17355</b>	<b>10506</b>	<b>259678</b>

## STRATIFICATION



## GOVERNANCE

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

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

**Data Assurance:** Trust's Monthly Financial Monitoring Returns to ICB and NHSE Overall page 169 of 295

NWL Acute Provider Collaborative Board in Common (Public)

11/07/2023

Item number: 4.3

This report is: Public

## 2023/24 NWL APC Month 2 Finance Report

Author: Acute CFO Group, supported by Helen Berry  
Job title: Associate Director of Finance, NWL APC

Accountable director: Lesley Watts  
Job title: Chief Executive Lead, Finance & Performance

### Purpose of report

Purpose: Assurance

This report sets out the financial position of the Collaborative at Month 2. The report sets out the combined position across the four Trusts and brings to the attention of the Committee any material variances and risks, including actions to address these.

### Report history

The Collaborative Finance Report is drawn by Helen Berry on behalf of the CFOs, and reviewed through the Acute CFO Group. It is, as appropriate and where timing permits, shared with the Joint Executive Group. The report is aligned with the internal reporting at each of the four Trusts.

**NWL Acute CFO Meeting**  
30/06/2023  
Agreed

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

The report notes the Month 2 2023/24 financial performance for the NWL APC (Acute Provider Collaborative).

Key messages:

The NWL APC set a breakeven financial plan for 2023/24.

At the end of month 2 (May) the APC reports a deficit of £31.8m, against a year to date plan of £9.4m, therefore reporting a £22.4m adverse variance.

The key drivers are:

CIP programme is under delivered by £12.8m.

Junior Doctors Industrial action in April had an impact on income (cancelled activity) and costs (paying for additional shifts to consultants and other medical staff), totalling £6.7m. This has increased since month 1 (reported as £5.9m), due to a refinement of the income calculation at ICHT.

Inflation above funded levels caused a pressure of c2.7m to date.

Contract income performance (elective activity) reports a £4m under performance to the end of month 2, primarily due to junior doctors' industrial action. However, ICHT have reported further under performance against the year-to-date target and LNWH reports overall over performance.

Some operational overspends in clinical areas caused a further pressure on the budgets.

Escalation:

The NWL Acute CFO Group agreed a financial performance management framework for 2023/24 which includes escalation of performance management should the financial position and CIP delivery be adverse to plan. At month 1 the APC breached the financial performance threshold for escalation. Peer to Peer CFO meetings took place which reviewed the financial performance in Trusts including CIP programmes.

For month 2, the escalation process continues and Peer to Peer CFO meetings are scheduled between ICHT and LNWH.

Forecast:

At Month 2, the APC is forecasting to meet the annual breakeven plan, noting the risks (above). A robust forecast considering the risks and mitigations will be prepared at Q1 (month 3).

The paper also notes the position on capital and cash.

## Strategic priorities

Tick all that apply

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

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

Click to describe impact

## Impact assessment

Tick all that apply

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

Click to describe impact

## Reason for private submission

N/A



Chelsea and Westminster  
Hospital NHS Foundation Trust



The Hillingdon Hospitals NHS  
Foundation Trust



Imperial College Healthcare  
NHS Trust



London North West University  
Healthcare NHS Trust

# 2023/24 Month 2 (May 2023) Financial Performance

Helen Berry, Associate Director of Finance.

26 June 2023



# Executive Summary

## **Financial Performance**

At the end of month 2 the APC reports a deficit of £31.8m against a year to date deficit plan of £9.4m, thus reporting a £22.4m adverse variance to plan. The APC's financial plan for the year is breakeven. The main drivers of the YTD variance to plan are:

**Cost Improvement Programmes (CIP):** The APC annual financial plan includes a CIP requirement of £119.5m. At month 2, the YTD target delivery is £18.5m, actual YTD delivery is £5.7m, of which £2.5m is non recurrent CIP. There is an adverse YTD variance of £12.8m. CIP delivery is a key challenge across the APC and Trust Efficiency and Transformation teams continue to work on identifying CIP. At this stage in the year, the expectation is full CIP will be delivered, although an element will be realised via non recurrent measures. The Financial Performance Management process in place for 2023/24 commenced from month 1, this included Peer to Peer CFO meetings which explored CIP programmes and processes to share learning across the APC. The APC business plan includes an objective to ensure CIP delivery is maximised and full CIP is met for 2023/24. Governance and reporting is through the new APC Executive Management Board and through to Finance & Performance Committees. In addition, all four trusts have CIP governance arrangements in place to monitor and manage the identification and delivery of CIP schemes. The Acute Productivity and Efficiency Leads Group continues to meet regularly to support delivery across the Collaborative by working in joint partnership on trust and ACP CIPs per the ACP business plan.

**Junior doctors' industrial action:** the industrial action in the first month of the financial year had a impact on I&E performance in all four Trusts. Contract income for planned care activity was reduced due to the postponement of operations, at £4.7m; and private patient income by £0.3m. Pay expenditure increased due to the payment of additional shifts to consultants and other medical staff for cover, mitigated in part by the reduction in pay for the junior doctors strike shifts; at £1.7m. In total the overall adverse impact on financial performance caused by the industrial action is £6.7m

**Inflation:** Included in the 2023/24 funding settlement is 5.5% to cover inflation. The 2023/24 AfC pay award is fully funded. A significant risk remains around contract inflation for services such as soft and hard FM and utilities. Material price rises are being quoted on contracts for services which are coming to the end of their tenure, and rates are up 30% compared to 22/23. The impact of unbudgeted inflation at month 2 is estimated at £2.7m to date. Inflationary pressures remains a significant unmitigated risk in 2023/24, currently estimated at c£25-£30m FYE. Finance teams are monitoring this impact against funding within the contract financial envelopes. The APC and the NWL Procurement Team aims to work in partnership to renegotiate contracts, with a view to preparing joint contracts for single services across the Collaborative where possible and using their purchasing power secure more favourable terms for the APC.

**Operational Pressures/ run rate overspends:** Expenditure on operational pressures have caused overspends against budgets, primarily at ICHT following month 1's pattern, across a range of clinical services including theatres, ICU, clinical supplies and drugs.

**Contract Income Performance:** The NHS payment mechanism for 2023/24 includes provision to pay for (most) planned care PODs as cost and volume (variable). In month 2, the APC has reported an under delivery of £4m on the elective contract. All trusts have factored in the income reduction as a result of junior doctors industrial action. ICHT have reported further underperformance and LNWH have reported an overperformance. The net impact is £4m adverse variance, explained in the report. To note the APC CFO group has worked with the ICB CFO Team to confirm the accounting mechanism for payment for these PODs.

**Forecast:** At month 2, the APC has forecast full delivery of the 2023/24 breakeven plan, noting the significant risks as above.

# Executive Summary - continued

## 2023/24 Financial Performance Management Process.

The NWL Acute CFO Group has agreed a financial performance management framework for 2023/24 comprising identification of a risk pool and additional measures to support the Collaborative in ensuring the financial plan is met. This includes escalation of performance management should the financial position and CIP delivery be materially adverse to plan.

At month 1 the APC breached the financial performance threshold for escalation. Peer to Peer CFO meetings took place which reviewed the reported financial performance in Trusts including the reasons for the adverse variance, and CIP programme management and schemes. Outputs and actions from these sessions has been reported to June's CIC Finance & Performance Committee as part of the Financial Recovery Paper.

For month 2, the escalation process continues and a Peer to Peer CFO meeting between ICHT and LNWH is scheduled on 6<sup>th</sup> July to review the month 2 performance including verifying the key risks to meeting the annual plan and mitigations.

In addition, a range of financial improvement controls have been strengthened in each Trust including increasing the authorisation thresholds for discretionary spend and enhanced vacancy control measures. These are listed in **Appendix 1**.

# Collaborative Financial Performance at Month 2

## NWL Acute Collaborative (Month 2 Financial Performance)

2023/24	In Month Plan £000	In Month Actuals £000	In Month variance £000	Year to date Plan £000	Year to date Actual £000	Year to date Var £000	Annual Plan £000	Annual Forecast £000	Forecast Variance £000
Income	294,894	308,697	13,804	588,496	599,358	10,862	3,552,022	3,597,997	45,975
Pay	(178,254)	(196,489)	(18,236)	(356,364)	(385,285)	(28,921)	(2,128,447)	(2,179,805)	(51,358)
Non-Pay	(116,638)	(117,060)	(422)	(233,480)	(236,285)	(2,805)	(1,400,792)	(1,395,280)	5,512
Non Operat	(4,129)	(5,655)	(1,526)	(8,056)	(9,599)	(1,543)	(22,783)	(22,912)	(129)
<b>Total</b>	<b>(4,127)</b>	<b>(10,507)</b>	<b>(6,380)</b>	<b>(9,404)</b>	<b>(31,811)</b>	<b>(22,407)</b>	<b>0</b>	<b>0</b>	<b>0</b>

The table shows the month 2 financial performance of the APC, by I&E category, a £22.4m YTD adverse variance to plan and an adverse in month variance of £6.4m.

### The main reasons are:

- Income – Junior doctors IA reduction in elective activity compensated by income for UCC at LNWH and THH (with corresponding costs in pay and non pay) ; income to account for the higher cost of the AfC pay settlement (over tariff funded levels), some income overperformance on patient care contracts.
- Expenditure (Pay and Non pay) – Junior doctors IA, CIP under delivery, operational pressures and inflation, incremental cost of the AfC pay award (over tariff funded level) and UCC expenditure (compensated by income as above).

# Collaborative Financial Performance at Month 2 by Trust

## NWL Acute Collaborative (Month 2 Financial Performance by Trust)

2023/24	In Month Plan	In Month Actuals	In Month variance	Year to date Plan	Year to date Actual	Year to date Var	Year to date (deficit) / surplus as a % of YTD income	Annual Plan	Annual Forecast	Forecast Variance
	£000	£000	£000	£000	£000	£000	%	£000	£000	£000
THH	(2,031)	(2,848)	(817)	(4,060)	(5,638)	(1,578)	-10%	0	0	0
LNWH	(2,165)	(3,331)	(1,166)	(5,477)	(9,748)	(4,271)	-7%	0	0	0
CWFT	69	(24)	(93)	133	(1,640)	(1,773)	-1%	0	0	0
ICHT	0	(4,304)	(4,304)	0	(14,785)	(14,785)	-6%	0	0	0
<b>Total</b>	<b>(4,127)</b>	<b>(10,507)</b>	<b>(6,380)</b>	<b>(9,404)</b>	<b>(31,811)</b>	<b>(22,407)</b>	<b>-5%</b>	<b>0</b>	<b>0</b>	<b>0</b>

The table shows the month 2 financial performance by Trust, all trusts report adverse variances to plan YTD and in month 2. As a percentage of the year to date turnover, the deficit is 5%.

At month 2, trusts are reporting an annual forecast of breakeven in line with the plan. However there are risks to delivery:

- CIP performance
- Inflation pressure (over funded levels).
- Industrial action impact on costs and income.
- Other run rate pressures in operational budgets.

The forecast at month 2 is breakeven. A financial forecast for the APC will be completed at the end of Q1 (month3) including a thorough review of risks and mitigations.

# Collaborative Financial Performance Month 2 – variance breakdown

## Month 2 - high level variance breakdown

2023/24 Month 2	YTD variance £000	Outside Trust's Control			Within Trust's Control			YTD variance £000
		M1 Jun docs IA impact (cost) £000	M1 Jun docs IA impact (Income) £000	Inflation > funded level £000	CIP variance £000	Further Elective under/over £000	Other £000	
THH	<b>(1,578)</b>	(410)	(351)	(600)	0	0	(217)	<b>(1,578)</b>
LNWH	<b>(4,271)</b>	(565)	(893)	(800)	(2,829)	1,000	(185)	<b>(4,271)</b>
CWFT	<b>(1,773)</b>	(65)	(1,003)	(125)	(1,790)	0	1,211	<b>(1,773)</b>
ICHT	<b>(14,785)</b>	(707)	(2,730)	(1,200)	(8,210)	(1,399)	(539)	<b>(14,785)</b>
<b>Total</b>	<b>(22,407)</b>	(1,748)	(4,976)	(2,725)	(12,829)	(399)	270	<b>(22,407)</b>
		Total outside control		(9,449)	Total within control		(12,958)	

The table shows the breakdown of the £22.4m YTD variance, split into reasons outside the control of Trusts and within their control :

- April junior doctors industrial action – cost impact £1.7m
- April junior doctors industrial action – income impact £5.0m, of which £0.3m is private patients at ICHT. The overall income impact has increased by £0.7m compared to month 1 due to a refinement of the estimate at ICHT.
- Inflation pressure (above funded level) £2.7m
- CIP under delivery of £12.8m
- Estimated further elective under/over performance £0.4m
- Other - £0.3m :
  - In ICHT there is c£0.5m of additional run rate pressures primarily in theatres, ICU and drugs. In CWFT there is an upside due to favourable variances on non patient care income (e.g. car parking) and a non-recurrent prior year benefit.

# Month 2 CIP Summary

## APC - Efficiency Delivery M2

2023/24	YTD plan			YTD actuals			YTD Var	Annual Plan			Annual Forecast			Fcast Variance
Efficiency Month 1	R	NR	Total	R	NR	Total		R	NR	Total	R	NR	Total	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
CWFT	3,920	0	3,920	1,315	814	2,130	(1,790)	23,520	0	23,520	11,559	11,961	23,520	0
ICHT	8,901	0	8,901	468	224	691	(8,210)	53,421	0	53,421	18,500	34,921	53,421	0
LNWH	5,300	0	5,300	994	1,478	2,471	(2,829)	31,800	0	31,800	27,792	4,008	31,800	0
THH	410	0	410	410	0	410	0	10,757	0	10,757	10,757	0	10,757	0
<b>Total</b>	<b>18,531</b>	<b>0</b>	<b>18,531</b>	<b>3,186</b>	<b>2,516</b>	<b>5,702</b>	<b>(12,829)</b>	<b>119,498</b>	<b>0</b>	<b>119,498</b>	<b>68,608</b>	<b>50,890</b>	<b>119,498</b>	<b>0</b>
<b>% delivery of plan</b>				<b>17%</b>	<b>14%</b>	<b>31%</b>					<b>57%</b>	<b>43%</b>	<b>100%</b>	

- The CIP plan for the APC in 2023/24 is £119.5m or 3.2% of income. The CIP plan is profiled in equal 12ths at three trusts; THH has a increasing profile throughout the year.
- At Month 2 the APC is £12.8m under delivered at £5.7m against a year to date plan of £18.5m. £2.5m has been classed as non recurrent CIP.
- To date 31% of the year to date plan is delivered. Month on month there is an improvement in delivery at £3.1m in month 2 compared to £2.5m in month 1, although still far short of the target.
- At month 2, the forecast expectation is to meet the annual CIP plan in full. This will be reviewed as part of a full forecast preparation at the end of Q1. The ICHT forecast reflects an updated estimated position, which is subject to further refinement.

### Actions to address CIP identification and delivery:

- APC Business plan CIP delivery workstream with CFO SROs.
- Collaborative and joint working throughout the APC by the Acute Collaborative Productivity & Efficiency group – sharing knowledge on schemes, identification, reporting and governance.
- A common methodology in place for measuring CIP across the collaborative in 2023/24 to ensure consistency of reporting.
- Financial Performance escalation in place in 2023/24.

# Month 2 Elective Income

In 2023/24 elective activity is paid for on a cost and volume (variable) basis. The elective activity plan includes “ERF” PODs - day case, elective, outpatient firsts and outpatient procedures. These are subject to national VWA targets and national pricing.

In addition the elective plan also includes other planned care PODs which are for local agreement, and paid for on a variable basis, for NWL ICB, these are outpatient unbundled; excluded drugs and excluded devices.

For the ERF PODs the 2023/24 target VWA %’s, against the (repriced) 19/20 baseline are:

2023/24 VWA % targets (ERF PODs)	LNWH	CWFT	ICHT	THH	NWL ICB
	%	%	%	%	%
NWL activity	108	115	104	106	109
ALL ICS activity	109	113	104	105	

In agreement with the ICB, up to month 2, trusts have estimated performance against the YTD VWA % targets, and calculated elective income. Measured against the YTD baseline target this gives under or over performance. The locally agreed variable elements are assumed breakeven.

To note the payment mechanism, including accounting for over/underperformance (for “ERF” and other planned care PODs) has been confirmed between the Acute CFO Group and NWL ICB CFO , so the year to date estimates and calculations are subject to review which may alter future months’ performance.

Elective under/overperformance to end of Month 2			
Trust	Reported variance in I&E at M2 £m	Impact on income : Jun docs IA £m	Position net of Jun Docs IA impact £m
CWFT	-1.0	-1.0	0.0
ICHT	-3.0	-2.4	-0.6
LNWH	0.4	-0.9	1.3
THH	-0.4	-0.4	0.0
<b>Total APC</b>	<b>-4.0</b>	<b>-4.7</b>	<b>0.7</b>

The APC reports a £4m adverse impact caused by elective income performance to month 2.

All trusts have included the adverse impact from the junior doctors industrial action (total £4.7m on elective income).

ICHT have estimated further underperformance of £0.6m on the ERF PODs.

LNWH have estimated an overall overperformance (net £0.4m) on the ERF PODs.



# Month 2 Capital Summary

The APC Capital Plan for 2023/24 is £262.5m, comprising schemes funded from trust capital and national funding.

To note expenditure on capital might exceed the CRL (capital resource limit) where projects are funded from other sources such as additional grants and donations.

The national schemes are funded from the DHSC national capital programme and the Targeted Investment Fund, noted in the table below:

<b>National Programme</b>	£000
Community Diagnostic Centres	31,679
Diagnostic Digital Capability Programme	387
Endoscopy - Increasing Capacity	6,247
Front Line Digitisation	972
New Hospital Programme (THH)	26,200
UEC Capacity	26,000
<b>Total</b>	<b>91,485</b>
<b>Targeted Investment Fund</b>	£000
Elective Recovery	20,141
<b>Total</b>	<b>20,141</b>
<b>Total - DHSC programmes</b>	<b>111,626</b>

Capital	M2 2023/24			Annual 2023/24		
	Plan	Actual	Variance	Plan	Forecast	Variance
	£'000	£'000	£'000	£'000	£'000	£'000
CWFT	6,400	2,462	3,938	82,200	74,490	7,710
ICHT	6,116	5,796	320	76,448	76,648	(200)
LNWHT	10,283	5,009	5,274	55,404	57,346	(1,942)
THH	5,062	4,088	974	48,427	51,194	(2,767)
<b>Total</b>	<b>27,861</b>	<b>17,355</b>	<b>10,506</b>	<b>262,479</b>	<b>259,678</b>	<b>2,801</b>

At Month 2, the APC has spent £17.3m on capital, against the year to date plan of £27.9m, a £10.5m underspend.

The whole capital budget is expected to be spent over the course of the financial year, with a current small underspend forecast at month 2. This will be revised as the year progresses.

# Month 2 Cash Summary

The cash balance of the APC stands at £414m at the end of April 2023, which is £5m higher than the 2022/23 financial year end.

There are marginally increases in the cash balance at THH and CWFT and marginal decreases at ICHT and LNWH.

Cash balances are broadly in line with cash plans at the end of May.

NWL APC Cash Balance			
Trust	31-Mar-23	31-May-23	Movement
	£m	£m	£m
CWFT	160.2	162.3	2
ICHT	179.2	178.5	(1)
LNWH	50.1	46.0	(4)
THH	19.4	27.0	8
<b>Total</b>	<b>409</b>	<b>414</b>	<b>5</b>

# APC Trust Summary Narrative

## THH:

At M2, the Trust is reporting a YTD deficit of £5.6m, an adverse variance to plan of £1.6m. The main drivers of the variance are the impact of the junior doctors strike reported in M1 (£0.8m) and unfunded inflation on utilities (£0.5m). RMN costs remain exceptionally high with £0.65m spent in the year to M2.

Income relating to UTC (£0.8m), winter capacity (£0.8m) and the pay award (£0.6m), have been reported YTD M2. This will be an offset in costs.

Total income and activity YTD is on plan, with day case activity below plan by 9%, offset by an increase in critical care of 22%. The impact on income of the strike action due to cancelled appointments is a loss of £0.4m. The efficiency target for 2023/24 is £10.8m and is phased to ramp up through the year. For the year to M2, the plan is £0.4m and this has been achieved. The Financial Improvement Programme team has identified efficiency schemes to deliver 100% of the CIP target.

## LNWH:

The Income & Expenditure (I&E) position to the end of May is a deficit of £9.7m, a variance to plan of £4.3m.

The variance is driven by a number of factors, including reported CIP shortfall £2.8m, the identified cost impact of the April Industrial action (£0.6m) and estimate of excess inflation above planned levels (£0.5m).

The impact of the industrial action on Elective Recovery Fund income (ERF) is estimated at c£0.9m. This however is mitigated, in the YTD, c£0.4m of ERF overperformance income is estimated.

The YTD position assumes that all UTC related costs, (c £2.6m YTD) are fully recovered. CIP delivery YTD is £2.5m against a plan of £5.3m. As at 14th June 23, identified schemes have been quantified to the value of £19.5m.

The Acute Trust CFO's have been going through peer review process that supports exploring joint opportunities and joint approach to further enhancing grip & control measures..

## CWFT:

At month 2 the Trust is reporting an in-month deficit of £0.02m and a year-to-date deficit of £1.64m. This is £1.77m adverse against the YTD plan. The gap in performance is primarily due to underachievement of CIPs (£1.8m YTD) and the impact of junior doctor industrial action in April (£1.1m, mainly driven by the loss of ERF and private patient income).

The Trust reported an improved position in month 2 compared to month 1, with a breakeven position in month 2. This was driven by an improvement in the CIP position, no industrial action in the month and a small non-recurrent prior year benefit.

Work continues to improve CIP identification and delivery across all areas of the Trust.

## ICHT:

At month 2, the Trust is reporting £14.8m deficit YTD against a breakeven plan. This shows an in-month improvement of £6m against the month 1 variance.

The material drivers of the variance remain the under achievement of efficiencies (£8.2m); assumed loss of income and costs incurred for industrial action (£3.4m); excess inflation over an above funded levels (£1.2m) with other overspends offset by underspends and an upside on finance costs. The month 2 position assumes an improvement in the value weighted calculation. There is a risk that the further work being undertaken for June reporting does not yield this level of improvement.

In recognition of the year to date position during June the Trust: approved the APC risk and escalation process; is reviewing, strengthening and implementing (where these are not in place) the grip and control measures agreed; implemented a vacancy freeze and undertook directorate level deep dives to agree actions to improve both operational and financial performance.



# Appendices

# Appendix 1

## Financial Performance Escalation

### Financial Control Measures

# NWL APC – 2023/24 Financial control measures

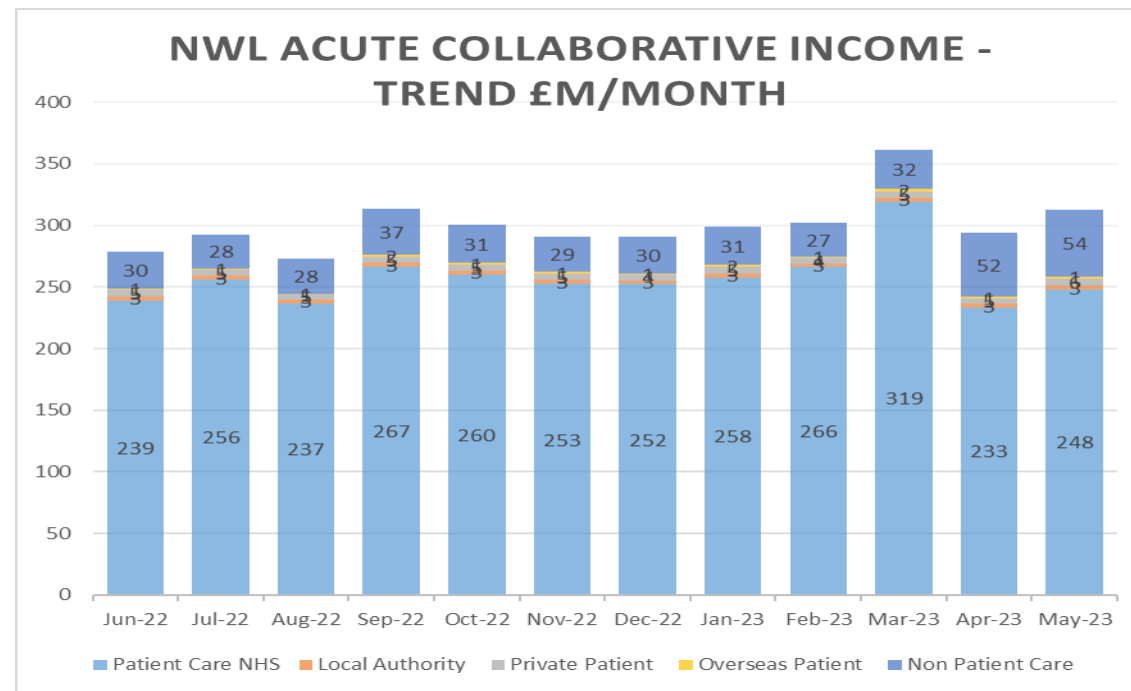
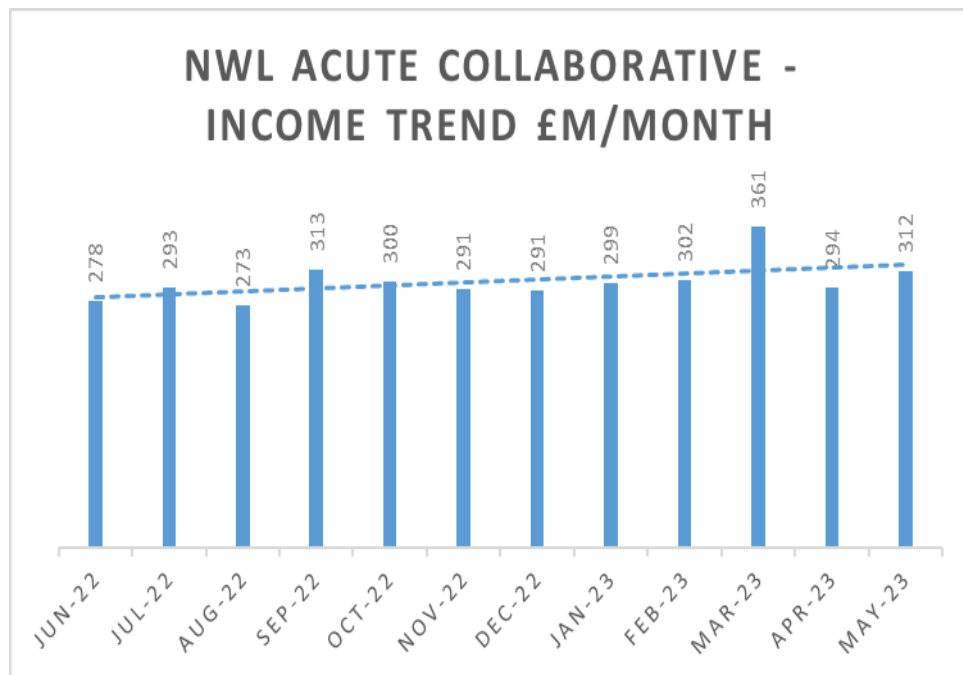
1	Stop discretionary spend
2	No use of non clinical agency
3	No use of management consultancy
4	Remove off framework agency (switching to bank or framework agency)
5	Robust vacancy control process
6	Adherence to London capped pay rates for all posts
7	Overtime (only in exceptional circumstances)
8	No PO No Pay policy adherence
9	Robust process for approval of WLIs/ additional sessions with senior approval

# Appendix 2

## NWL APC Income & Expenditure Trends



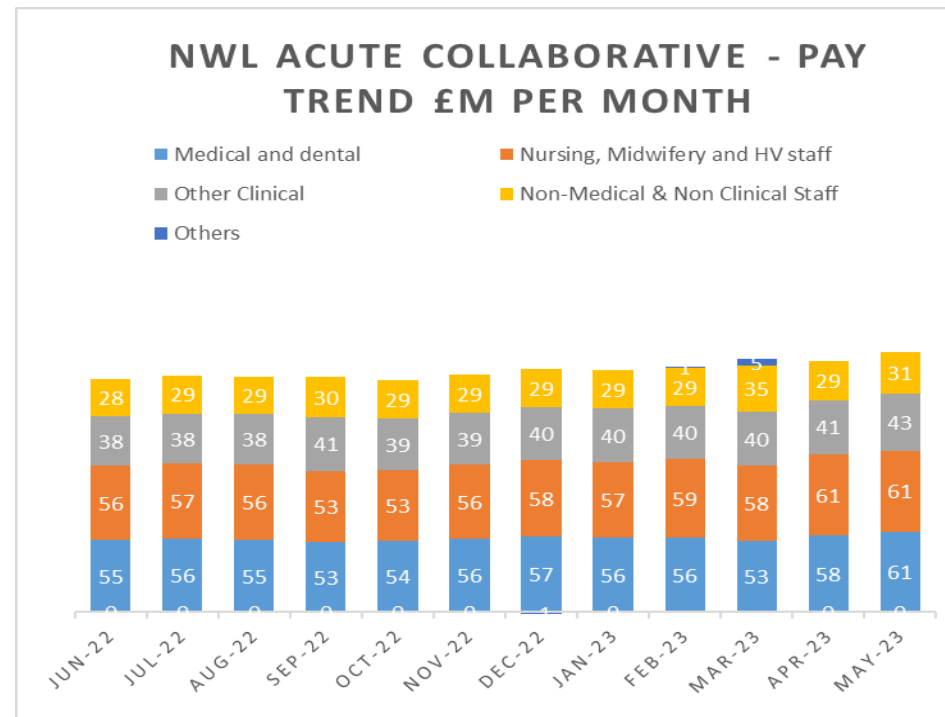
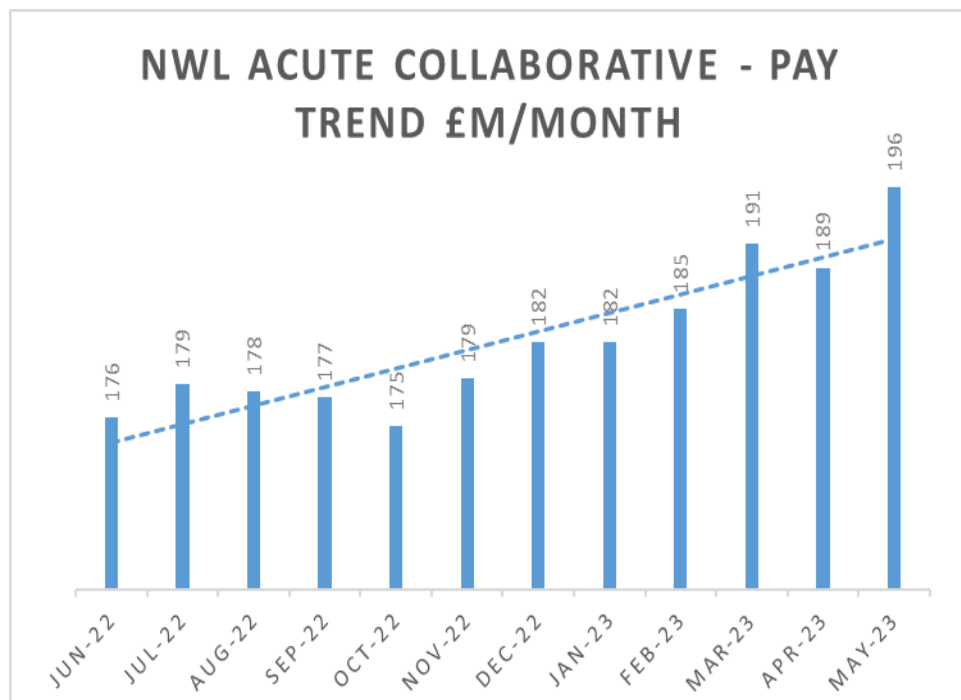
# NWL APC Income Trend



The graphs show the monthly income trend for the APC. Figures are absolute, however March 23 value has been adjusted to remove material one off income: income received for the non consolidated AfC pay award and additional employers pension charges. The residual March 23 spike accounts for non recurrent income received at the end of the year and other year end adjustments made.

In 2023/24 income has increased by 2% on average, over 2022/23.

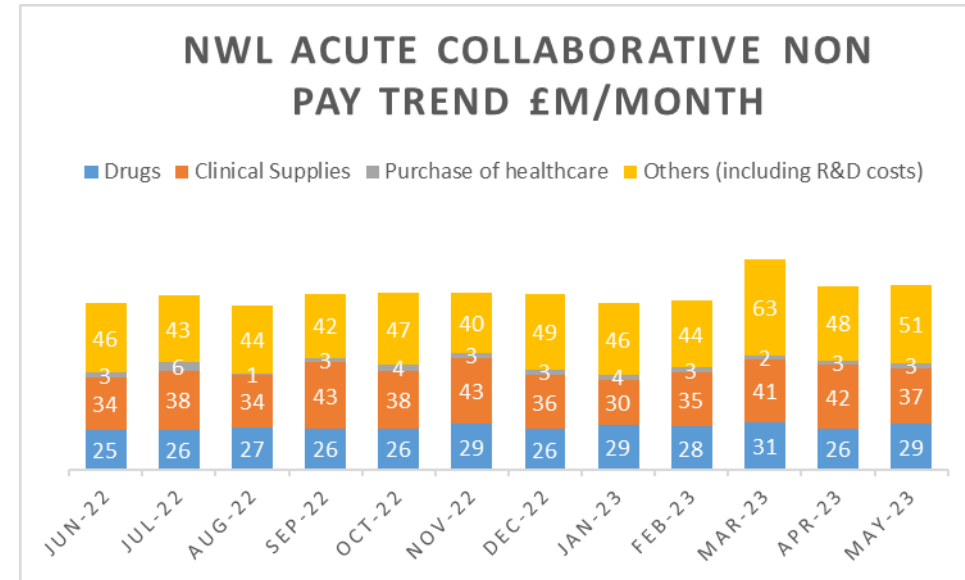
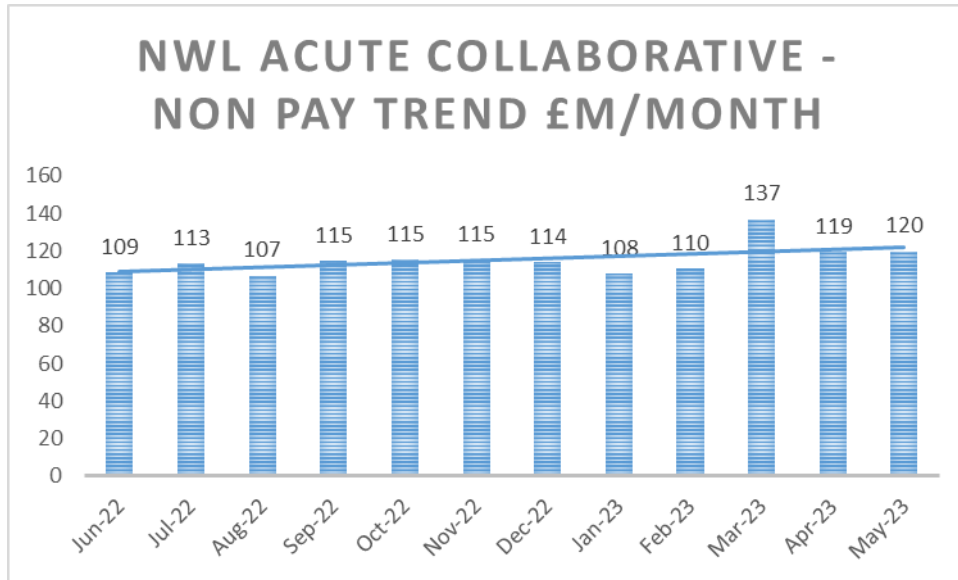
# NWL APC Pay Trend



The graphs shows the pay trend of the APC. Figures are absolute, however March 2023 has been adjusted for material items: the non consolidated AfC pay award and the additional employers pension charges.

Pay has increase by an average of 7%. To note AfC pay award of 5% and pay costs of the THH and LNWH UCCs are new in 2023/24 contributing to the increase.

# NWL APC – Non Pay Trend



The graphs show the non pay trend of the APC.

Non pay has increased by 5% , a major factor is continuing increases to inflation across utilities, rates, facilities management contracts, and drugs has also increased (by 2%).

# North West London Acute Provider Collaborative Collaborative Finance & Performance Committee Chair's Highlight Report to the Board in Common – for discussion

## Highlight Report of the meeting held on 29 June 2023

### 1. Purpose and Introduction

- 1.1 The purpose of this report is to provide the Board in Common with assurance of the work undertaken by the Collaborative Finance & Performance Committee at its last meetings held on 29 June 2023 and to provide any feedback to it and to request if it requires further work to be done within the Committee's remit.
- 1.2 The role of the Collaborative Committee is:
  - To oversee and receive assurance that the Trust level Finance and Performance Committees are functioning properly and identify areas of risk where collaborative-wide interventions would speed and improve the response.
  - To oversee and receive assurance relating to the implementation of collaborative-wide interventions for short- and medium-term improvements.
  - To identify, prioritise, oversee and assure strategic change programmes to drive collaborative-wide and ICS integrated improvements.
  - To draw to the Board in Common's attention matters they need to agree or note.

### 2. Key Highlights

#### Operational performance

- 2.1 The Committee reviewed month 1 performance and received an oral update on current operational performance. The Committee noted:

#### *Urgent and emergency care:*

- A pilot project including London Ambulance Service and emergency departments continues, whereby patients are handed over from ambulance crews to the emergency department staff after a maximum wait of 45 minutes, in order to free up ambulance crews. It has resulted in some changes to emergency departments, including changes at Northwick Park Hospital to the cohorting areas, to allow the safe handover of patients. However, the pilot is showing positive results, with ambulance handover times reduced by 15 mins on average. It may mean patients wait longer in the emergency department, and will incur some additional costs to some emergency departments, but the Committee noted the system benefits to patients through ensuring that ambulances are not tied up waiting to handover patients.
- The Committee noted a summary of the sector-wide workstreams being overseen by the Urgent and Emergency Care Board, including two workstreams focused on equity of access. This work will provide better understanding of the demographics of those attending hospitals for urgent and emergency care, and those parts of the community who don't attend, along with the outcomes.

#### *Diagnostics*

- Performance against the DM01 targets are improving, but the Committee noted risks in lack of staffing, in particular an increased risk in paediatric audiology. This is driving up waiting times for such diagnostic services.

- The Committee noted an update on programmes within diagnostics, including those focused on equity in specific services, including radiology, sight loss and endoscopy. The Committee again noted the importance of collecting and analysing data to understand community groups not accessing services.
- The Committee received an update on imaging capacity, including the implementation of the community diagnostic centres and work being done to ensure improved productivity. The Committee noted the importance of ensuring the funding strategy for diagnostics was appropriate and noted the ongoing discussions with ICB colleagues regarding funding allocation. The strategy will be available for consideration later this year.

### *Elective care*

- Across the sector, the impact of the recent industrial action means that it has not been possible to achieve the target of zero patients waiting for more than 78 weeks for an elective procedure by end of June. The aim is now to achieve zero by end of July. However, the sector remains the second best performing sector in London.
- The Committee noted that eight working days had been lost due to bank holidays and industrial action, and noted the increased size of the PTL. The Committee noted the ongoing collaborative work across the Chief Operating Officers to 'check and challenge' elective recovery plans.
- The Committee noted the learning from each episode of industrial action and the continuous improvement in preserving activity and therefore minimising impact on patients, while recognising the right of colleagues to take industrial action.
- The Committee also noted the ongoing work between Chief Operating Officers and Chief Financial Officers to understand the Value Weighted Activity, and therefore the link between activity and income, and to close the gap between validated and un-validated data each month. The establishment of the pathways programme – a multi-disciplinary approach to reviewing clinical services in conjunction with ICS Clinical Reference Groups – was also welcomed.

### *Cancer*

- April saw a decline in performance, due to the impact of industrial action, despite best efforts by trusts to continue cancer care during those episodes. Cancer diagnostic performance continues to improve.
- The Committee noted the ongoing partnership working between the acute provider collaborative and Royal Marsden Partners, noting the recent letter of commendation from Dame Cally Palmer regarding the work of the acute provider collaborative.
- The Committee considered the issue of 'viable scale' for cancer services and agreed that work to consider vulnerability of services, due to workforce challenges and / or individual consultant activity levels, would be an important element of the pathways programme.

2.2 The Committee noted a rise in serious incidents involving patient harm as a result of longer waiting times. The clinical harm reviews linked to waiting times is being monitored by the Collaborative Quality Committee.

2.3 The Committee received an update on the theatre productivity work, noting that the north west London sector was the best performing sector in London. The acute provider collaborative was now working with the ICB to ensure continued improvement.

## **Financial performance**

- 2.4 The Committee noted year-end performance across the Collaborative and noted that accounts were being closed down, with no adjustment to all trusts achieving break even at year end – although the level of non-recurrent savings to achieve this was noted.
- 2.5 The Committee noted the month 1 position was £16m adverse to plan, largely due to the impact of the episodes of industrial action, emerging costs due to inflation, and cost improvement plans (CIPs) not being identified or delivered.
- 2.6 The Committee considered month 2 financial performance, noting an improved performance in-month but an increasing deficit versus plan. This is mainly due to continuing lack of identification and delivery of CIPs. The Committee noted ongoing collaborative action to improve the position, including a peer review process as per the agreed risk and escalation process, and action being taken by trusts to control costs and strengthen CIP delivery, and to increase productivity such as theatre productivity.
- 2.7 The Committee considered the risk and escalation process, developed by the Chief Finance Officers and agreed by each trust finance and performance committee, and supported the spirit and intention of the process. It noted the importance of an escalation framework and the creation of a risk pool, but agreed that this will be further developed to ensure it meets accounting standards.
- 2.8 The Committee welcomed the response to the current performance but noted the need to over-perform versus plan to mitigate the impact of the first two months.

## **Business planning – progress and monitoring**

- 2.9 The Committee received a summary of progress against the finance and operations objectives set out in the business plan agreed by the Board in Common in April.
- 2.10 The Committee discussed the approach to service consolidation, noting the use of corporate benchmarking to identify potential opportunities and learning gained through various pilots, such as the consolidation of payroll service. A programme board has been established to take this work forward. The Committee welcomed the data driven approach to identifying CIP opportunities, but also noted the importance of engaging with staff and agreed that a critical success factor would be how we treat staff through this approach.
- 2.11 The Committee also received an update on transformation activities supporting the delivery of the business plan.

## **Business cases**

### *Elective Orthopaedic Centre*

- 2.12 The Committee received an update on the implementation of the north west London Elective Orthopaedic Centre (EOC), following approval of the full business case by the Trust Boards in April. Progress was noted versus the agreed critical path.
- 2.13 The Committee noted the update from the transport working group and the ongoing resident engagement, noting the importance of developing a transport strategy that is innovative and meets the needs of patients and stakeholders. It was agreed that an equality impact assessment will be completed, demonstrating the impact of the proposed transport strategy.

- 2.14 The Committee also noted the importance of understanding the impact of the EOC on residual services at other sites as well as the EOC, so an overall view of the efficiencies available can be assessed.

#### *Financial systems and transactional services*

- 2.15 The Committee considered a strategic outline case for an ICS-wide programme, including a specific acute provider collaborative element, for the development of a single integrated financial system. The Committee raised questions regarding how such a system will integrate with workforce and clinical systems, and the benefits of entering into a wider collaboration in this development, and possible phasing of implementation. These issues will need to be addressed in the Outline Business Case.
- 2.16 The Committee approved the move to the Outline Business Case stage.

### **Positive Assurances Received**

- 2.17 The Committee received assurance regarding improving delivery against the agreed operating plan, noting actions being taken to address areas of risk.
- 2.18 The Committee welcomed, in particular, the workstreams focusing on the equity of access to services.
- 2.19 The Committee noted year-end financial position, noting that all Trusts achieved break even at year end, although some of that achieved via non-recurrent support.

### **Key Risks to Escalate**

- 2.20 As a sector, the target of zero patients waiting for more than 78 weeks for an elective procedure by the end of June has not been achieved, due to disruptions to elective activity as a result of industrial action.
- 2.21 The Committee noted planned further industrial action in April and noted the potential impact on planned and emergency activity.
- 2.22 The Committee noted risks in sustainable staffing levels for some services, in particular an increased risk in paediatric audiology. This is driving up waiting times for such diagnostic services.
- 2.23 The Committee noted current financial performance, and noted in particular the lack of identification and delivery of CIPs as a key risk to achieving the agreed financial plan.

### **Concerns Outstanding**

None, in addition to the risks above.

### **Key Actions Commissioned**

- 2.24 To further develop the risk and escalation process, to ensure compliance with accounting standards.
- 2.25 To complete an equality impact assessment of proposed transport strategy for the Elective Orthopaedic Centre.

### **Decisions Made**

- 2.26 To move to the OBC stage of the development of the business case for implementation of a single financial system and transactional services.



### 3. Summary Agenda

No.	Agenda Item	Purpose
1.	Integrated Performance Report and operational performance updates	Noting
2.	Finance Report	Noting
3.	Financial Recovery Report	Noting
4.	APC Risk and Escalation Process	
5.	Business Planning – Progress and Monitoring update	Noting
6.	NWL Finance Systems & Transactional Services Strategic Outline Business Case	Approval
7.	Elective Orthopaedic Centre progress report	Noting
8.	Transformation projects/programmes	
9.	Trust Level Committee Assurance Reports	Noting
10.	Draft Forward Agenda Planner	Noting
11.	Key issues for the Board in Common	Noting

### 4. 2022 / 23 Attendance Matrix

#### Meeting held on 29 June

	Attended	Apologies received
Catherine Jervis, (Chair)	✓	
Nilkunj Dodhia	✓	
Bob Alexander	✓	
David Moss	✓	
Lesley Watts	✓	
Matthew Swindells	✓	
Jon Bell	✓	
Tina Benson	✓	
Rob Hodgkiss	✓	
Virginia Massaro	✓	
Claire Hook	✓	
Jazz Thind	✓	
James Walters	✓	
Jonathan Reid	✓	
Peter Jenkinson	✓	

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

## **Highlight Report**

### **1. Purpose and Introduction**

#### **The role of the Collaborative Quality CiC is:-**

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

### **2. Key highlights**

#### **2.1. Deep Dive – Patient Safety Incident Response Framework (PSIRF) implementation plan**

- 2.1.1. The Committee undertook a deep dive into progress with implementation of the Patient Safety Incident Response Framework (PSIRF), which is being led by a weekly task and finish group. This was confirmed as one of the first quality priorities for the acute provider collaborative (APC) in August 2022.
- 2.1.2. The committee were pleased to note that progress is tracking against the national milestones to enable go live as planned in autumn 2023. However, the committee understood that the benefits and key reasons for PSIRF implementation require engagement and a change in culture that will take time to embed. It was confirmed that the change in outcomes and experience will continue to evolve post implementation and it was agreed that the governance of this across the APC should be considered. This will be taken forward with the executive leads.
- 2.1.3. The risks to implementation were noted and include resource demand and capacity which are being taken forward by each Trust.
- 2.1.4. The committee noted that good progress is also being made with other elements of the NHS Patient Safety Strategy including a project plan to implement Learn from Patient Safety Events (LFPSE) by the end of September and developing a business case to procure a new incident and risk management system (IRMS). This will support standardisation of processes and reporting of outcomes.
- 2.1.5. The committee endorsed the planned next steps and the progress made so far, and recognised the positive impact of the engagement, collaboration, and the development of a real team spirit across the quality teams, which has resulted in shared learning and action, reduced duplication of effort, and standardised processes. It was agreed that this approach will help maximise the opportunities

for learning and benefits for patients and staff.

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

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

2.2.2 **Care of the deteriorating patient and end of life care:** the Committee noted that this work stream will focus on the implementation of the commissioning for quality and innovation (CQUIN) project on the recording of and appropriate response to the national early warning score (NEWS) for unplanned critical care admissions. This is a structured project with key measures and the potential to offer real benefits for patients. Data will be monitored, improvements planned, learning shared, and outcome data reported from quarter 2 onwards. The use of universal care plans for patients will be the focus for the end of life workstream.

2.2.3 **User insights and focus:** The Committee noted this important work that is in discovery phase. The first workshop was held on 19th May with another planned in September. Specific actions from the workshop are now being agreed with all trusts and will be developed into a shared plan.

2.2.4 **Mortality and clinical harm review:** The Committee noted that the mortality task and finish group has now stepped down following successful completion of its objectives, including development of a shared dataset and standardised templates for reporting. The Committee noted the establishment of a new APC mortality surveillance group to oversee implementation of additional recommendations, and ensure that shared learning, collaboration, and improvement continues.

2.2.5 The Committee noted that there is an aligned approach to prioritisation for patients awaiting treatment and a harm review process aligned to the incident reporting system with low numbers of cases of harm found. Standardising reporting for this workstream across the NWL APC has been challenging; potential digital solutions are being reviewed with ICHT and CWFT before the Cerner Electronic Patient Record (EPR) implementation in LNW and THH later in 2023. The scope of the group and objectives for this year are being reviewed.

2.2.6 **Maternity standards:** The committee noted that the programme has delivered its four initial objectives regarding Ockenden assurance, the development of APC quality metrics, oversight of the Maternity Incentive Scheme (MIS), and strengthening of governance and reporting. The next phase of the improvement work will be informed by the self-assessments currently underway within each trust in response to NHSE's three year delivery plan for maternity and neonatal services, in addition to the delivery and monitoring of year 5 of the MIS which was published in May 2023. Progress will be reported regularly to the board ahead of the year 5 MIS submission by 1<sup>st</sup> February 2024. The Committee noted that there are some immediate requirements re Safety Action 9 (SA9) of MIS year 5 with mid-July 2023 due dates for completion.

2.2.7 **Getting it Right First Time (GIRFT) and pathway transformation:** the committee noted that the focus of this workstream had changed with the work now feeding into and informing the work being led by the Directors of Transformation to review pathways across the APC. Each Trust is continuing to embed the GIRFT processes and reporting of actions, the outcomes of which will be part of the service assessment tool that the Directors of Transformation will use to support pathway change (see 2.4 below).

### **2.3. Progress on peer reviews – Emergency Department & Discharge Peer Review**

- 2.3.1. The Committee received a progress update on the programme of peer reviews established in August 2022 to enhance collaborative working and allow comparison and shared learning across the APC.
- 2.3.2. Emergency medicine was the pilot for this process, with peer reviews occurring in all emergency departments throughout October-December 2022, following an initial self-assessment process. The Committee noted that eight key improvement workstreams had been agreed with associated actions and clinical leads identified. In order to support delivery of the priority actions ahead of winter, a working group has been set up reporting monthly to the NWL urgent and emergency care (UEC) board.
- 2.3.3. The Committee noted that the peer review process commenced in March 2023 for hospital discharge, and is due to finish in July. A quality summit will take place to review the key themes, identify work which can be done collectively to implement improvements and confirm timeframes, with the aim of being ready for winter 2023.
- 2.3.4. The next pathway to undergo the peer review process will be Paediatric emergency services in June/July 2023, followed by acute medical which is proposed to start in October. The Committee noted that a process for agreeing areas for future peer reviews, linked to the pathways transformation work, is being developed.

### **2.4. Pathways for review this year**

- 2.4.1. The Committee received the report which provided an update on the agreed priority patient pathways for improvement across the APC. In order to ensure this work is focused on the right areas, a service assessment tool has been developed which gathers a number of data points and triangulates these to agree a list of specialties that require increased support and focus.
- 2.4.2. Following use of this tool, two additional priority pathways have been agreed, dermatology, and gynaecology, in addition to work already underway in ophthalmology, orthopaedics, and clinical haematology. These have been phased to account for the resource currently available to undertake this work.

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

- 2.5.1. The Committee reviewed the learning from deaths reports for quarter four 2022/23 from each Trust prior to onward submission to the Board in Common. The Committee received assurance regarding each Trust's processes to ensure scrutiny of, and learning from, deaths in line with national guidance, and that actions were in place where the need to improve these further had been identified.
- 2.5.2. The Committee noted that all Trusts are now using a report template designed by the APC mortality task and finish group with a focus on learning and improvements. There were no key issues requiring escalation, however a consistent theme relates to the opportunity to improve care at the end of life, with local actions in place and joint work through the priority workstream.
- 2.5.3. The Committee noted that Trust mortality rates remain similar to the previous quarter, with all having hospital standardised mortality ratios (HSMR) and standardised hospital mortality indicators (SHMI) either as expected or lower than expected, a good position. It was noted that LNW's HSMR has returned to 'lower than expected' in quarter one of 2023/24 which is now reflected in the clinical

outcomes dashboard presented separately to the Board in common. The Committee agreed an action to investigate the drivers of the higher HSMR at THH vs. the other APC Trusts and to implement changes to processes if appropriate.

2.5.4. The Committee discussed the analysis undertaken by Telstra Health UK following the increase in HSMR noted within all four Trusts in the 12-month data to June 2022 (reported in November 2022), which is reflected across the NHS. The analysis suggested that the primary cause for the increase was due to the data being rebased and changes made in the expected crude rate nationally, however the analysis raised several areas for further investigation (see 2.5.5 below).

2.5.5. In light of this review, the Committee endorsed the proposal that all Trusts will investigate any variations between observed and expected deaths by diagnostic group and also where there is variance between HSMR and SHMI. Reviews will be presented to the newly formed APC mortality surveillance group which will discuss themes and trends identified and agree actions to be taken forward.

## **2.6. Quality/clinical outcomes dashboard**

2.6.1. The Committee received the Quality/Clinical outcomes and maternity dashboards. The Committee noted the trends highlighted for each metric and noted that overall performance was similar to previous months, areas which were adverse to target are known issues with improvement work in place and there were no issues to escalate to the Board in common for action or support.

2.6.2. The Committee noted that on-going workforce and operational pressures, and the impact of upcoming industrial action, may have a negative impact on some of the quality metrics over the coming months however were assured that all four Trusts had robust plans to manage clinical risk.

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

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

2.7.2. The Committee received assurance that key risks raised by each Trust were being managed appropriately and noted some common themes highlighted across all four reports which included workforce, pressures in the emergency pathways, and care of patients with mental health needs. The committee agreed that the latter would now be scoped as a new priority workstream for the APC.

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

## **2.8. Annual Patient Experience & Complaints report**

2.8.1. The Committee received the Annual Patient Experience and Complaints reports from three of the four Trusts, noting the work undertaken during 2022/23. The Committee noted the learning, service developments, and actions for improvement in 2023/24.

2.8.2. A summary of the reports will be provided to the Board-in-common in October 2023, when all four trust reports have been reviewed at the APC quality committee.

## **2.9. Quality account/report 2022/23 process**

2.9.1. The Committee received the final quality accounts for 2022/23 from all four trusts for noting. The reports had been approved at the appropriate internal board

committees in June as per the process agreed at the APC quality committee in March 2023.

- 2.9.2. The Committee endorsed the confirmed priorities for 2023/24 for each provider, noting that all Trusts had included the implementation of PSIRF as a key focus.

### **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.
- 3.2 Other key positive assurances received include:
- Good progress is being made with the agreed quality priorities for the APC, with a focus on aligning reporting and processes. The next steps will be to focus on improvements for patients and staff.
  - All trusts are on track to transition to PSIRF within the agreed national timescales.
  - The review undertaken by Telstra Health following the increase in HSMR provided assurance that this issue was not confined to the NWL APC trusts. The increase was reflected across the NHS, with the primary cause being the rebasing of the data and changes made in the expected crude rate nationally. To provide further assurance, all Trusts will investigate any variations between observed and expected deaths by diagnostic group and also where there is variance between HSMR and SHMI.

### **4. Key risks to escalate**

- 4.1 The Committee noted common risks across Trusts in relation to workforce and the potential impact on quality from operational pressures and recommended that these risks are considered in collaboration with the other committees.
- 4.2 There are a number of priority quality workstreams where programme management support has been provided from the Integrated Care Board teams, this is being reviewed now as they redefine their priorities. This will need a review of support available across the APC which is being planned.

### **5. Concerns outstanding**

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

### **6. Key actions commissioned**

- 6.1 A common issue escalated through the Trust quality function reports related to the management of patients with mental health needs. Following discussions at the Committee, scoping has commenced for this to potentially be included as a new quality priority workstream.
- 6.2 An investigation of the drivers of the higher HSMR at THH in comparison to the other APC Trusts will now be commenced even though the actual rate is “as expected”. Recommendations and any actions will be reported through the collaborative learning from deaths report going forward.

### **7. Decisions made**

- 7.1 There were no items for approval presented to the committee this month, so no decisions made.



## 8. Summary Agenda

No.	Agenda Item	Strategic Risk Mapping		Purpose	No.	Agenda Item	Strategic Risk Mapping		Purpose
		No.	Risk				No.	Risk	
1.	Deep Dive – PSIRF implementation			To discuss	8.	Quality / clinical outcomes dashboard			To discuss
2.	Review of Acute Provider Collaborative Quality Priority workstreams			To discuss	9.	Trust Quality Committee – Function reports			To discuss
3.	Deteriorating patients / treatment escalation and End of life care			To discuss	10.	Learning from deaths quarterly reports – Quarter four 2022/23			To note
4.	User focus and insights			To discuss	11.	Annual patient experience and complaints reports			To note
5.	Maternity standards			To discuss	12.	Final draft quality accounts 2022/23			To note
6.	Clinical effectiveness reviews GIRFT reporting update - Peer review update - Pathways for review this year			To discuss	13.	Committee forward planner			To note
7.	Mortality & clinical harm review			To discuss					

## 9. Attendance Matrix

Members:	A	M	J	J	A	S	O	N	D	J	F	M
Steve Gill, Vice chair (CWFT) (Chair)	-	-	Y									
Peter Goldsbrough, Non-executive director (ICHT)	-	-	Y									
Syed Mohinuddin, Non-executive director (LNW)	-	-	Y									
Linda Burke, Non-executive director (THH)	-	-	N									
Tim Orchard, Chief executive (ICHT)	-	-	Y									
Julian Redhead, Medical director (ICHT)	-	-	Y									
Raymond Anakwe, Medical director (ICHT)	-	-	N									
Roger Chinn, Medical director (CWFT)	-	-	N									
Victoria Cook, Acting/Interim Medical director (THH)	-	-	Y									
Jon Baker, Medical director (LNW)	-	-	Y									
Sarah Burton, Chief nurse (THH)	-	-	Y									
Robert Bleasdale, Chief nurse (CWFT)	-	-	Y									
Janice Sigsworth, Chief nurse (ICHT)	-	-	Y									
Lisa Knight, Chief nurse (LNW)	-	-	Y									





**North West London Acute Provider Collaborative  
Collaborative People Committee Chair's Highlight Report to the Board  
in Common – for discussion  
27 June 2023**

## **Highlight Report**

### **1. Purpose and Introduction**

#### **The role of the Collaborative Committee is:-**

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

### **2. Key Highlights**

- 2.1 The Committee received the Acute Collaborative Dashboard, and the following key highlights were noted and discussed:
- Vacancy rates at collaborative level are now below the collaborative target of 10.0%. Since June 2022, the collaborative vacancy level had been steadily reducing with a position of 9.8% in March 2023. For April, the position changed marginally to 9.9%.
  - Voluntary turnover is an improving special cause variation with turnover levels steadily reducing since October 2022 to the current position of 12.1%.
  - After over a year of increase, the rolling sickness absence rate is now an improving special cause variation; down from 4.8% in October 2022 to the current position of 4.3%.
  - Agency spend, as a proportion of overall pay bill, is our productivity measure with a collective target set at 2%. Current performance for April 2023 was 2.9%; driven by additional staffing requirement due to impacts of industrial action and staffing requirements for Urgent Treatment Centre (LNWUH).
  - Completion rates, for both non-medical and medical Performance Development Reviews (PDR) and appraisals, is an area of concern with no Trust meeting target for both measures; hindered by operational pressures and episodes of industrial action.
  - All Trusts are above target for Core Skills compliance, which collectively is now an improving special cause variation.

- Collectively we are reporting a staffing level that is 1,409 WTE over our establishment in April 2023; driven by higher levels of temporary staffing to cover industrial action and elective recovery plans.

2.2 The Committee received the 2023/24 priorities. Q1 update focused on these six in-year objectives:

- Reduce premium rate temporary staffing
- Elective Orthopaedic Centre(EOC) Workforce Transition
- Recruitment hub for hard to fill vacancies
- Careers hub and staff transfer scheme
- Increase apprenticeship levy uptake
- Reduce violence, aggression, bullying and discrimination

The Committee noted that work had commenced on the medium- and longer-term objectives agreed at the previous People Committee (e.g., staff mobility, and new roles) and an update on these areas will be included in the report to the next People Committee. The report provided an update on the delivery of the 2023/24 priority people programmes, with the Committee noting that each priority people programme has at least one confirmed metric identified and will be measured against a confirmed baseline position. A set of deliverables have also been identified to achieve improvement against the baseline position across the collaborative.

In Q1 the focus will be on developing the workstreams, with programme leads confirmed; kick off meetings held; and plans agreed across the programmes. Initiatives identified in Q1 will be taken forward in Q2.

The Committee noted that risks have been identified across the majority of programmes with mitigations.

2.3 The Committee received an oral report on EDI measurable Outcomes/Metrics. The Committee noted that the Model Hospital System can benchmark nationally once a year. It was proposed that this is used this annually as a benchmark but in the meantime focus on the Model Employer goals, reporting quarterly and tracking progress against this data. This will be supplemented by pulse surveys which will highlight the qualitative and experiential aspect. The Committee agreed future updates should first be reported through the local people committees and then to the collaborative committee.

2.4 The Committee considered the NWL Workforce Risk Register which proposed Acute Collaborative workforce risks linked to the People Priorities. This was an update of the draft risks presented to the December meeting of the People Committee in line with the 2023-4 People priorities that have now been agreed for the Acute Collaborative.

2.5 The Committee received a report which outlined the funding opportunity available from NHSE to support scaling up HR services as a pilot site and the next steps that could be taken within the acute collaborative.

- 2.6 The Committee received key findings and themes from the annual NHS Staff survey which took place between September and November 2022. The report outlined the actions and recommendations across the four Trusts, and how this linked to both Trust People priorities and the Acute Collaborative People Priorities. The Committee noted that there were some common areas of strength across the Trusts, notably in the theme “We are always learning.” The Acute Care Collaborative People Priority programmes are very closely aligned to the areas for development coming out of the survey, and where this is not the case, there are improvement programmes of work at Trust or ICS level. The report also included the four Trusts approach to action planning, on their People Priority programmes developed in response to the survey.
- 2.7 The Committee received the local provider committee reports. The Committee requested that a report on moving the dial on race should be considered at next local people committees of the trusts.

### **3. Positive Assurances Received**

- 3.1 The Committee received positive assurance in the following areas:
- Improving special cause variation in voluntary turnover
  - Improved special cause variation in sickness
  - Improved special cause variation in core skills.

### **4. Key Risks to Escalate**

- 4.1 Outcomes of the Annual Staff Survey
- 4.2 Scaling Up project
- 4.3 Personal Development Reviews (PDRs)

### **5. Concerns Outstanding**

Assurance is required that progress on whether the 2023/24 People Priorities meet the milestones set out in the business plan or behind target.

### **6. Key Actions Commissioned**

- 6.1 A trajectory of filled and outstanding vacancies for the Elective Orthopaedic Centre to be reported to the committee.
- 6.2 The CPOs were asked to report the outcomes of the piece of work on over-establishment to the local people committees in the first instance.
- 6.3 Risk of industrial action to be refocussed to include staff relations, terms and conditions and retention.
- 6.4 The CPOs were asked to highlight the issue of PDRs locally and for the chairs of local people committees to report on outcomes of committee discussion/action plan to this committee.

- 6.5 Risk relating to culture and some managers inexperience and effectiveness in their roles to be included on the risk register .
- 6.6 Local people committees were tasked to consider how to move the dial on race and report to this committee on focussed work on local level and collaborative actions which would be discussed at a future board development session.

## 7. Decisions Made

- 7.1 The Committee discussed the scaling up project and it was agreed that while there are still ongoing discussions with NHS England on resourcing for the pilot areas, work will commence to progress this item within the people priorities.

## 8. Summary Agenda

No.	Agenda Item	Strategic Risk Mapping		Purpose	No.	Agenda Item	Strategic Risk Mapping		Purpose
		No.	Risk				No.	Risk	
1.	Welcome and Apologies for Absence			-	9.	Scaling up Projects update			Discussion
2.	Declarations of Interest			-	10.	Annual Staff Survey Report and Action Plans			Discussion
3.	Minutes of the meeting held on 28 March 2023			Approval	11.	Local Trust People Committee reports			Noting
4.	Matters arising and review of action points			Discussion	12.	Actions and Escalations			Verbal
5.	Acute Collaborative Dashboard			Discussion	13.	Committee Forward Planner			Noting
6.	Workforce Priority Objectives			Discussion	14.	Committee Forward Thinking			Verbal
7.	EDI Measurable Outcomes/Metrics			Discussion	15.	Any other business			Verbal
8.	NWL Workforce Risk Register			Discussion					

## 9. Attendance Matrix

	Attended	Apologies & Deputy Sent	Apologies
<b>Members:</b>			
Janet Rubin, Non-Executive Director (Chair)	✓		
Sim Scavazza, Non-Executive Director	✓		
Simon Morris, Non-Executive Director			✓
Ajay Meta, Non-Executive Director	✓		
Pippa Nightingale, Chief Executive (LNWH)		✓	
<b>In attendance</b>			
Matthew Swindells, Chair in Common	✓		
Dawn Clift, Director of Corporate Affairs	✓		
Lindsey Stafford-Scott, Interim Chief People Officer (CWFT)	✓		
Jo Fanning, Interim Chief People Officer	✓		

(THHFT)			
Tracey Connage, Chief People Officer, (LNWH)	✓		
Kevin Croft, Chief People Officer (ICHT)	✓		
Alexia Pipe, Chief of Staff to Chair in Common			

# North West London Acute Provider Collaborative Collaborative Infrastructure & Capital Committee Chair's Highlight Report to the Board in Common – for discussion

**Date of the meeting: 21 June 2023**

## **Highlight Report**

### **1. Purpose and Introduction**

#### **The role of the Collaborative Committee is:-**

- To oversee and receive assurance that the Trust level 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**

The Committee received:-

#### Cerner programme update

The Committee received an update on the CernerEPR Programme.

The deployment plans for both London North West and Hillingdon Hospitals are well advanced with the target go live dates:-

- LNWH – Cutover from 18th August 2023 with go live the following week.
- THH – Cutover from 2nd November 2023 with go live the following week.

They discussed the key highlights and dates as the two Trusts progress through Full Dress Rehearsal, Cutover and Go Live in the coming months. In order to provide further assurance NHSE have been engaged to conduct a pre-go live health check which includes a review of the programme and an assessment of readiness for proceeding to go live. This includes lessons learnt from other recent major EPR deployments.

#### Digital and Data Deliverables 2023-24

The Committee was provided with an overview of the ambitious programme of digital and data deliverables for this financial year. The largest programme is the implementation of Cerner into London North West and Hillingdon Hospital. The committee also received an overview of the range of programmes and the initiatives



being implemented across the NWL ICS that will inevitably impact upon the Acute Provider Collaborative.

### Acute Collaborative Digital and Data strategy

The Committee received the NWL Acute Provider Collaborative Digital and Data Strategy that looks at ‘What digital and data capability will the Acute Provider Collaborative require in order to deliver on its wider operational, clinical and strategic priorities.’ The strategy has been developed in the context of the wider ICS digital and data challenges as we are increasingly operating within an integrated health economy with interconnected digital and data challenges.

The strategy builds on a solid foundation built up over the last few years including the implementation of a single Cerner domain, the increasing adoption of the NWL Care Information Exchange – which is now one of the largest patient portals in the country – the innovative work being done at Chelsea with the Coordinating Care System and our ability to exploit data for the population of NW London via WSIC.

The committee noted the significant work in this area.

### Estates Programme Update

The Committee discussed the work to:

- establish a working group comprising of Estates leads and Redevelopment/major programme leads from each Trust
- scope a piece of work, and potentially commission an external agency, to map NWL estate drawing on current Estates strategies and plans; NWL estate strategy; current and future major estate plans for the NWL
- utilise the APC prioritisation framework to agree priorities for 24-25 including the development of a NWL APC Estates strategy and exploring opportunities to rationalise and transform estates resource across the APC

### Future of the Committee

The Committee discussed the proposals to separate the Infrastructure and Capital Committee into a Digital & Data Committee and an Estates and Sustainability Committee to reflect the scale of strategic change in both areas.

## **2.1 Positive Assurances Received**

### Cerner EPR project

The committee received assurance that good progress with the deployment plans remain on track for the scheduled go live dates. That there is a robust governance process in place to manage and oversee the programme deployment and financial management and that this will continue through to go live and post go live stabilisation.

## 2.2 Key Risks to Escalate

None

## 2.3 Concerns Outstanding

None

## 2.4 Key Actions Commissioned

- More information around staff engagement on the green plan and sustainability and how we might influence a change in behaviour to be provided at a future meeting.
- A benefits realisation piece to be undertaken once the Cerner EPR Project has been implemented.

## 2.5 Decisions Made

None

## 3. Summary Agenda

No.	Agenda Item	Strategic Risk Mapping		Purpose	No.	Agenda Item	Strategic Risk Mapping		Purpose
		No.	Risk				No.	Risk	
1.	Welcome & Apologies				9.	National Hospitals Programme update			Verbal Update
2.	Declarations of Interest				10.	Future of the Committee			Verbal Update
3.	Minutes of the meeting				11.	Forward Plan 2022/23			For Information
4.	Action Log and Matters Arising not covered by the rest of the agenda				12.	Key issues for the Board in Common			For Information
5.	Cerner programme update			For Information					
6.	Digital and Data Deliverables 2023-24			For Information					
7.	Acute Collab Digital and Data strategy			For Information					
8.	Estates Programme Update			For Information					

### 4. 2023 / 24 Attendance Matrix

		Attended (Y/N)											
Members:		A	M	J	J	A	S	O	N	D	J	F	M
Bob Alexander				Y									
Neville Manuel				Y									
Aman Dalvi				N									
David Moss				Y									
Patricia Wright				Y									
Jason Seez				N									
Dr Bob Klaber				N									
Simon Crawford				Y									
Virginia Massaro				Y									
Kevin Jarrold				Y									
Hugh Gostling				Y									

NWL Acute Provider Collaborative Board in Common (Public)

18/07/2023

Item number: 4.5

This report is: Public

# Acute provider collaborative Learning from Deaths Quarter four 2022/23 summary report

Author: Shona Maxwell

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

Accountable director: Jon Baker, Victoria Cook, Raymond Anakwe and Roger Chinn

Job title: Medical Directors

## Purpose of report

Purpose: Information or for noting only

Trusts are required to report data to their board on the outcomes from their learning from deaths processes which is achieved through a detailed quarterly report to the individual Trust quality committee. These reports are then presented to the acute provider collaborative quality committee and the board-in-common for information. This report introduces the four individual Trust reports for quarter four 2022/23, providing a summary of the outcomes, themes and learning.

## Report history

The acute provider collaborative quality committee on 20 June 2023 reviewed this summary report and the reports from the individual trusts and approved them for onward submission to the Board-in-common. The committee also agreed an action to investigate the drivers of the higher HSMR (hospital standardised mortality ratio) at The Hillingdon Hospitals NHS Foundation Trust (THH) in comparison to the other APC Trusts and to implement changes to processes if appropriate.

## Executive summary and key messages

- 1.1. Each Trust provides a quarterly report to their quality committee on their learning from deaths processes. The most recent reports presented to individual Trust Quality Committees are included with this report. The reports provide assurance that deaths are being scrutinised appropriately in line with the requirements, and learning being shared and acted upon through Trust governance processes.
- 1.2. All Trusts now use a learning from deaths report template designed by the acute provider collaborative (APC) mortality task and finish group with a focus on learning and improvements. This template has also been used to produce this summary report. A glossary is included in appendix 1.

- 1.3. A consistent theme across all Trusts relates to the opportunity to improve care at the end of life, with local actions in place and joint work through the APC priority workstream.
- 1.4. Changes are underway to standardise mortality review triggers and the Level 2 death review grading system used which will support improved comparison of outcomes and identification of cross-trust learning. These will be made by the end of Q1 with data reflected in Q2 reports.
- 1.5. Trust mortality rates remain similar to the previous quarter, with all trusts having hospital standardised mortality ratios (HSMR) and standardised hospital mortality indicators (SHMI) either as expected or lower than expected, a good position. The Hillingdon Hospitals NHS Foundation Trust (THH) is “as expected” for both. London North West NHS Trust (LNW) HSMR has returned to ‘lower than expected’ in Q1 which is now reflected in the clinical outcomes dashboard to the board in common.
- 1.6. As previously reported, all four Trusts saw an increase in HSMR in the 12-month data to June 2022 (reported in November 2022). Telstra Health UK have completed an analysis of this increase, which is reflected across the NHS, and found that this was caused by the data being rebased and changes made in the expected crude rate nationally.
- 1.7. In light of this review, all Trusts will investigate any variations between observed and expected deaths by diagnostic group and also where there is variance between HSMR and SHMI. Reviews will be presented to the newly formed APC mortality surveillance group which will discuss themes and trends identified and agree actions to be taken forward. An investigation of the drivers of the higher HSMR at THH in comparison to the other APC Trusts will now be commenced even although the actual rate is “as expected”. Recommendations and any actions will be reported through this report going forward.

## 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

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

## Impact assessment

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

- Council of governors

Effective use of mortality learning from internal and external sources provides enhanced opportunities to reduce in-hospital mortality and improve clinical outcomes and experience for patients and their families.

## Main report

### 2. Learning and Improvements

- 2.1. Each Trust has processes in place to ensure learning from their mortality surveillance processes is shared throughout the organisation, and actions implemented where improvement is required.
- 2.2. There are no issues related to learning for escalation to this committee. The key common theme for improvement from mortality reviews undertaken in quarter four 2022/23 relates to care at the end of life, including recognition and timely referral to palliative care, agreement and documentation of advanced care planning/treatment escalation plans and involvement of patients and families in these processes.
- 2.3. In addition to the local work in place within all Trusts, improving end of life care, is a shared priority across the APC with updates on progress provided regularly to the APCQC.
- 2.4. Other themes/actions for improvement identified by individual Trusts are set out below:
  - **CWFT:** reviews have highlighted a link between capacity within ED and in ICU and potential sub-optimal care. Performance is being monitored and strategies are in place to ensure staffing levels are maintained.
  - **ICHT:** key themes include recognising and responding to patients when they are deteriorating, and ensuring patients are being assessed on admission and then supported to reduce their risk of falling and appropriately assessed if they do then fall. These are both safety priorities for 2023/24 with improvement plans in progress.
  - **LNW:** reviews have highlighted the need for clear, written communication when patients are transferred between hospitals for urology care. In addition, discussions are ongoing with the funding / local authorities, to provide clear explanations when changes to care packages take place and clear guidance on how those changes can be challenged for patients with learning disabilities and autism.
  - **THH:** Specific actions have been taken in response to learning identified including a review of frequency of risk scoring to highlight severity of pancreatitis patients and creation of a pancreatitis proforma. A new treatment escalation plan form has been implemented with clearer instructions on what treatments are appropriate for the patient, with evidence from audit that this has improved compliance.

### 3. Thematic Review

- 3.1. This section of the report contains a thematic review of the data in the scorecards produced by each Trust.
- 3.2. The new scorecards will form part of local reports and will now be monitored through local governance and the APC mortality surveillance group on a quarterly basis. Reviewing a standard dataset will allow for more straightforward comparison and will support the identification of shared learning and insights.

### 3.3. Mortality rates and numbers of deaths

- 3.3.1 Mortality rates are included in each report, with all Trusts now using both the standardised hospital mortality indicator (SHMI) and hospital standardised mortality ratio (HSMR).
- 3.3.2 HSMR data shows that each Trust continues to have a rolling-12 month HSMR below the national benchmark of 100. THH and LNW's ratios of observed vs expected deaths were 'as expected', while ICHT and CWFT were 'lower than expected' during this time period. However, LNW's HSMR has since returned to 'lower than expected' as shown in the latest data reported in the clinical outcomes dashboard to this committee.
- 3.3.3 Following discussions at APCQC in March, Telstra Health UK were commissioned to review the rise in HSMR rates reported by all four acute Trusts in the reported 12-month data to June 2022, reported in November 2022. The analysis is attached as appendix 2 and was discussed at each Trust's quality committee.
- 3.3.4 The analysis confirmed a similar rise across the NHS, and found that this was caused by the data being rebased and changes made in the expected crude rate nationally. The average increase for the APC Trusts (9.4) is lower than the average increase per provider across the NHS (11.3). The ten Trusts with the lowest HSMR have an average difference of 8.2 points showing that this is a systemic issue not just a NWL issue. The rank of the top ten Trusts and all non-specialist Trusts have not changed materially.
- 3.3.5 The review also identifies a number of other possible factors that may have contributed to the rise that need to be investigated. Patient acuity, the impact of Covid-19 on the data, workforce factors and changes in patient behaviour have also been posited as reasons for the increases seen, as well as variances in the statistics and methodology used. This is being taken forward nationally through an evaluation of HSMR, with a view to revise the methodology, including the weighting of variables in the model. The annual exercise to re-baseline data that contributed to the rise in HSMR scores nationally is to take place again in June 2023.
- 3.3.6 It has been agreed that all Trusts will investigate variations between observed and expected deaths by diagnostic group and where there is variance between HSMR and SHMI. Data is now being supplied to support this analysis. Reviews will be presented to the next APC mortality surveillance group which will discuss themes and trends identified and agree any actions to be taken forward. An investigation of the drivers of the higher HSMR at THH in comparison to the other APC Trusts will now be commenced even although the actual rate is "as expected". Recommendations and any actions will be reported through this report going forward.
- 3.3.7 Reviews already undertaken by Trusts for deaths during this period include:
- a deep dive undertaken by Telstra Health UK on behalf of LNW, looking at the HSMR data across sites. Concern had been raised regarding the different rates of expected mortality at Ealing and Northwick Park. The conclusion was that differences were multifactorial including the specialty mix and deprivation at each site. The crude mortality rates are comparable across the sites.
  - a review of a small increase in deaths in quarter four at ICHT, which is largely attributable to seasonal variation. Small increases were seen in some acute areas which have all been reviewed with no significant care or service delivery issues. A recurring theme included



delay in discharge from acute areas when patients required palliative care. This resulted in patients dying within the acute setting rather than in primary or hospice care. In subsequent months the number of deaths has reduced and is in line with previous figures.

- ICHT is also continuing a review of HSMR in neonatology and maternity with Imperial College which may be helpful for all trusts when reviewing the diagnostic group data, this will be shared.
- 3.3.8 SHMI, which includes all deaths within 30 days of discharge from hospital rather than in-hospital deaths, has remained stable with THH within expected range and all other trusts lower than expected.
- 3.3.9 The data analysed for the period show very small changes in SHMI, except a drop of three points at THH, and the changes in crude rate are also very small showing that this has been a stable period for SHMI scores.

#### 3.4. Medical examiner reviews

- 3.4.1 All Trusts have a medical examiner service in place who scrutinise deaths that occur in the acute setting. Deaths where there are concerns, or which meet certain agreed criteria, are then referred on for a case note 'Level 2' review. A shared set of 'triggers' for these reviews have been agreed and will be implemented in Trusts at the end of quarter one which will allow consistent reporting on themes from this data.
- 3.4.2 Trusts have worked collaboratively to expand medical examiner scrutiny to all non-coronial deaths occurring in NWL boroughs through a task and finish group. The original date for the community pathway becoming a statutory requirement was April 2023 and the new NWL pathway went live ahead of this date to ensure readiness across the sector. However, the legislation has been delayed and the Department of Health and Social Care have now confirmed that it will pass in April 2024.
- 3.4.3 The task and finish group continues to meet to embed the new pathway and encourage primary care organisations to refer deaths ahead of statute passing next year.

#### 3.5. Level 2 reviews

- 3.5.1 The percentage of deaths referred for a level 2 review varies across each Trust, from 6% at LNW, 11% at THH, and 12% at ICHT (this data is not currently reported for CWFT).
- 3.5.2 Each Trust uses a scoring system to identify whether there were care or service delivery issues, and in some cases whether a death was avoidable, and provides data on the outcomes in their quarterly report, however these differ between Trusts which makes comparison difficult. Outcomes for 2022/23 are summarised below:
- **CWFT:** over 2022/23, 6 cases of sub-optimal care that might have made a difference to the patient's outcome (CESDI 2) were identified; each of these cases were declared as serious incidents.
  - **ICHT:** In 2022/23, 16 SJR's assessed care as poor. These have been investigated further through the serious incident framework. Of these 16, 8 have had the investigation completed and have been reviewed at the Trust's death review panel, where poor care was confirmed for 6 cases. 3 of these confirmed that the poor care contributed to the patient's death. Five cases have also been reviewed for deaths which occurred in 2021/22, with all confirmed as poor care and in two of these the poor care was felt to have contributed to the patient's death.

- **LNW:** of the 58 structured judgement reviews completed, 8 cases identified an outcome of CESDI Grade 1: Some suboptimal care which did not affect the outcome with the remaining 50 cases identifying an outcome of CESDI Grade 0: No suboptimal care.
- **THH:** of the 80 level 2 reviews completed, sub-optimal care was found in 32% (26) cases with 21 classified as grade 1; sub-optimal care but different management would have made no difference to the outcome, 4 as grade 2; sub-optimal care, different management might have made a difference to the outcome and 1 classed as grade 3; sub-optimal care, with different management would reasonably have been expected to have made a difference to the outcome.

### 3.6. Other mortality reviews

- 3.6.1 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). There are currently gaps in some Trusts' reporting on data and outcomes for these processes which should be rectified before the next reporting period.
- 3.6.2 ICHT have a backlog of PMRT cases from previous years caused by pausing of the review process in pandemic surges. A recovery plan is in progress with escalation processes in place. This will be completed by December 2023.
- 3.6.3 THH and ICHT are both working to make improvements to the internal processes for monitoring and sharing learning from the LeDeR process. THH has a backlog of reviews which is currently being addressed.

## 4. Areas of focus

- 4.1. Work is underway to further align our learning from deaths processes and reporting of outcomes through the new APC mortality surveillance group. This will further improve how the collaborative uses data to identify and share learning from deaths.
- 4.2. Collaborative work between all four providers continues with the aim to establish a shared weekend medical examiner service later this year.

## 5. Conclusion

- 5.1. The individual Trust reports provide assurance regarding processes to ensure scrutiny of, and learning from, deaths, with actions in place where the need to improve these further has been identified.
- 5.2. Across the APC our mortality rates are lower than, or as expected, when compared nationally, with regular review of these occurring internally and through the quality committee in common.
- 5.3. Implementation of agreed changes to processes for recording and reporting outcomes will improve how the collaborative uses data to identify and share learning from deaths.
- 5.4. The APC mortality surveillance group will provide assurance to the APC Quality committee and the Board in Common that there is a strategic approach to reviewing mortality and learning from deaths across the collaborative on an ongoing basis.

## List of appendices

Appendix 1 – Glossary

Appendix 2 – HSMR analysis (attached)

### Appendix 1 - Glossary

**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.

**Structured Judgement Review (SJR)** is a clinical judgement based review method with a standard format. SJR reviewers provide a score on the quality of care provided through all applicable phases of care and will also identify any learning. The SJR will be completed within seven days of referral.

**Structured judgement reviewers** are responsible for conducting objective case note reviews of identified cases. They will seek, when required, specialist input and advice from clinical colleagues, including members of the multi-disciplinary teams to ensure high quality, comprehensive review is undertaken, using the full range of medical records available to them.

**Medical director's incident review panel** is a weekly meeting where incidents are discussed and reviewed and investigation levels are confirmed. The panel also reviews any SJRs which have an overall score of poor or very poor care and agrees what further investigation is required.

**Death review panel** is a regular meeting which triangulates the outputs of SJRs with other investigation reports e.g. serious incidents, internal investigations, local investigations. This panel confirms if the care was poor, the harm level of the investigation, and whether the death is likely to have been due to poor care.

**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.

**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.

**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.

**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.



NWL Acute Provider Collaborative Board in Common (Public)

18/07/2023

Item number: 4.5

This report is: Public

# Chelsea and Westminster Hospital NHS Foundation Trust Learning from Deaths report Quarter 4 2022/23

Author: Alex Bolton  
Job title: Associate Director of Quality Governance, Chelsea & Westminster Hospital NHS Foundation Trust

Accountable director: Roger Chinn  
Job title: Chief Medical Officer, Chelsea & Westminster Hospital NHS Foundation Trust

## Purpose of report

Purpose: Information or for noting only

## Report history

**Patient Safety Group**  
24/05/2023  
Discussed

**Clinical Effectiveness Group**  
16/05/2023  
Discussed

**Executive Management Board**  
24/05/2023  
Discussed

**Acute Provider Collaborative Quality Committee**  
20/06/2023  
The committee noted the report, alongside the reports from the other three acute providers, and approved them for onward submission to the board-in-common.  
What was the outcome?

## Executive summary and key messages

- 1.1. The Trust is the best performing acute (non-specialist) providers in England in terms of relative risk of mortality with a Trustwide SHMI of 0.7117 (where a number below 1 is better than expected mortality) for period January 2022 – December 2022. This positive assurance is reflected across the Trust as both sites continue to operate significantly below the expected relative risk of mortality.
- 1.2. During the 12-month period to end of March 2023; 1497 in-hospital adult or child deaths were recorded within the Trust's mortality review system (Datix), of these 86% have been screened and 34% have had full mortality case review closed following speciality discussion.
- 1.3. During Q4 22/23; 18 cases with areas of sub-optimal care, treatment or service delivery were identified. Of these 2 cases where sub-optimal care might have affected outcome were highlighted; serious incident reviews have been initiated to robustly examine care delivery for these patients.
- 1.4. Where the potential for improvement is identified learning is shared at Divisional review groups and presented to the Trust-wide Mortality Surveillance Group; this ensures outcomes are shared and learning is cascaded.

## 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 expectations, outcomes and learning in an open manner. Effective use of mortality learning from internal and external sources provides enhanced opportunities to reduce in-hospital mortality and improve clinical outcomes and experience for patients and their families.

## Main report

### 2. Learning and Improvements

The Trust's Mortality Surveillance programme offers assurance to our patients, stakeholders, and the Board that high standards of care are being provided and that any gaps in service delivery are being effectively identified, escalated, and addressed. This report provides a Trust-level quarterly review of mortality learning for Q4 2022/23.

#### Relative Risk of mortality

The Trust uses 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 (where a number below 100 represents a lower than expected risk of mortality).

Population demographics, hospital service provision, intermediate / community service provision has a significant effect on the numbers of deaths that individual hospital sites should expect; the SHMI and HSMR are designed to reduce this impact and enable a comparison of mortality risk across the acute hospital sector. By monitoring relative risk of mortality the Trust is able to make comparisons between peer organisations and seek to identify improvement areas where there is variance.

#### Summary Hospital-level Mortality (SHMI) Indicator: Trust wide

The SHMI is an NHS generated mortality risk metric; it covers 100% of patients admitted to non-specialist acute Trusts in England who died either while in hospital or within 30 days of discharge (excluding stillbirths).



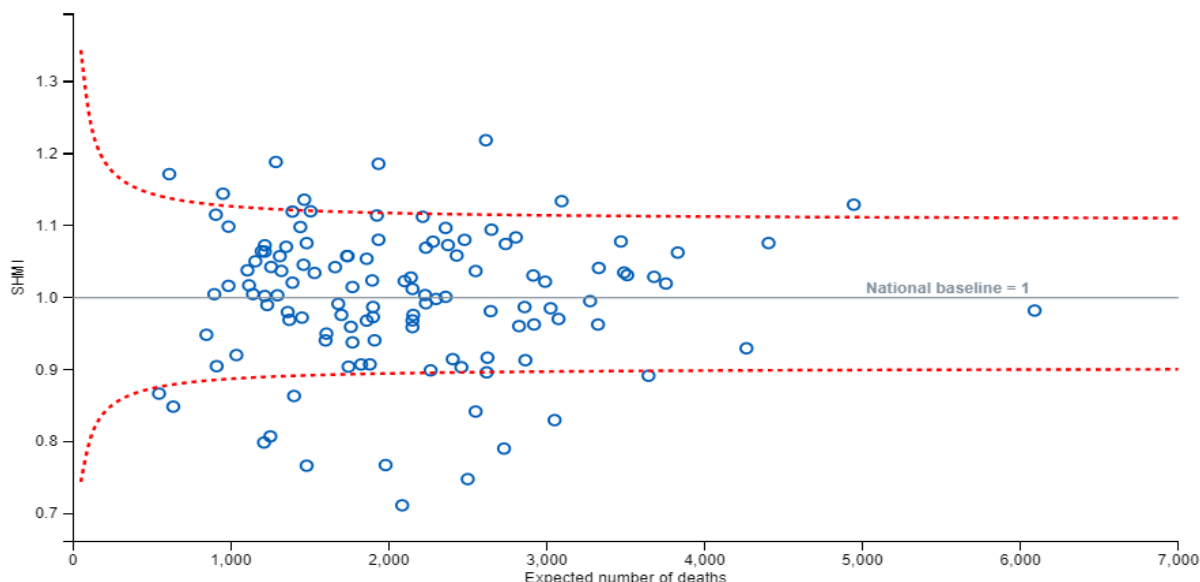


Fig 1 – SHMI comparison of England acute hospital Trusts January 2022-December 2022, published 11/05/2023

The Trust is the best performing acute provider in England in relation to the SHMI indicator. The Trust wide SHMI for the period January 2022 – December 2022 is 0.7117 (where a number below 1 represents better than expected risk of mortality).

#### North West London Acute Collaborative SHMI indicators

Trust		SHMI	Observed Deaths	Expected Deaths	Provider Spells	% mortality: elective admission	% mortality: Palliative care coding	% mortality: 30 days post discharge
CWH	Current	0.7117 ↓	1,485	2,085	88,650	0.0%	49.0%	26.0%
	Previous	(0.7184)	(1,410)	(1,960)	(87,515)			
ICH	Current	0.7481 ↑	1,870	2,500	93,960	0.0%	63.0%	35.0%
	Previous	(0.7475)	(1,820)	(2,435)	(94,590)			
LNWUH	Current	0.7905 ↑	2,155	2,730	100,415	0.0%	32.0%	29.0%
	Previous	(0.7810)	(2,115)	(2,705)	(99,015)			
HH	Current	0.9485 ↓	800	845	35,195	Not published	47.0%	33.0%
	Previous	(0.9836)	(845)	(860)	(35,145)			

Data Source: NHS England, SHMI, January 2022-December 2022 (published 11 May 2023)

The positive assurance provided by the SHMI is reflected across the Trust as both sites continue to operate significantly below the expected relative risk of mortality:

- West Middlesex University Hospital:  
SHMI value 0.7494 (890 observed deaths, 1,185 expected deaths, 44,350 provider spells)
- Chelsea and Westminster Hospital:  
SHMI value 0.6619 (595 observed deaths, 900 expected deaths, 44,295 provider spells)

**Palliative Care Coding:** In addition to a reduction in the SHMI metric assurance in Trust’s end of life provision is evidenced by a small increase in the percentage of deaths coded as receiving palliative care input. This figure increase from 48.0% in April 2023 to 49.0%. The Trust continues to operate above the national average of 40% for this metric. The organisation is working with Acute Provider Collaborative colleagues to review and improve this position.

**Deaths post discharge:** The SHMI is designed to provide a complete picture of hospital mortality with the inclusion of in-hospital deaths as well as deaths up to 30 days after discharge (other mortality indicators such as the HSMR do not include deaths post discharge). During this reporting

period 26% of deaths making up the SHMI occurred within 30 days of discharge; this figure compares favourably with peer organisations and the national average (national average: 30%).

Diagnostic Groups: The SHMI is made up of 142 different diagnostic groups which are then aggregated to calculate the Trust's overall relative risk of mortality. The Mortality Surveillance Group monitors expected and observed deaths across diagnostic groups; where statistically significant variation is identified the group undertakes coding and care review to identify any themes or potential improvement areas. No diagnostic groups are identified as requiring in-depth review due to increasing risk of relative mortality.

Data Quality: The Trust submits data to NHS Digital (HES data) to support SHMI calculation, it was identified in Q2 2022/23 that some records processed by NHS Digital do not include the primary diagnosis group. These cases are being reported against diagnostic group 'residual codes – unclassified'. An audit of local clinical systems confirmed that data was being correctly recorded at Trust level but that the national upload arrangements were affecting coding availability for the SHMI calculation. No increased risk of mortality was identified and amendment of Trust data upload arrangements is under investigation to correct this external reporting error.

### Hospital Standardised Mortality Ratio (HSMR)

The HSMR is a mortality risk metric generate by Telsra (previously Dr Fosters); it covers approximately 80% of patients admitted to non-specialist acute Trusts in England who died while in hospital (including stillbirths). The Trust's HSMR year to December 2022 is 74.6, which is lower than expected.

Trust	HSMR	Superspells	Ranking
CWH	74.6	40922	Lower than expected
ICH	77.9	67461	Lower than expected
LNWUH	96.1	56726	As expected
HH	98.2	15569	As expected

*Data Source: Telstra, January 2022-December 2022*

The most recent data available (for the year Jan 2021-Dec 2022) shows that the Trust continues to have a rolling-12 month HSMR below the national benchmark of 100. Telstra health have undertaken a review of the national HSMR data, which is reported separately to this meeting as part of the overarching acute provider collaborative learning from deaths summary report.

### Crude mortality

Emergency spells (activity) and the deaths associated with those spells (crude number) can be used to calculate the rate of in-hospital deaths per 1000 patient spells (this calculation excludes elective and obstetric activity).

Crude mortality rates must not be used to make comparisons between sites due to the effect that population demographics, services offered by different hospitals, and services offered by intermediate / community care has on health outcomes (e.g. crude mortality does not take into account the external factors that significantly influence the relative risk of mortality at each site). Crude mortality is useful to inform resource allocation and strategic planning.

The following crude rates only include adult emergency admitted spells by age band. This approach is used as it reduces some of the variation when comparing the two sites and support understanding and trend recognition undertaken by the Mortality Surveillance Group.

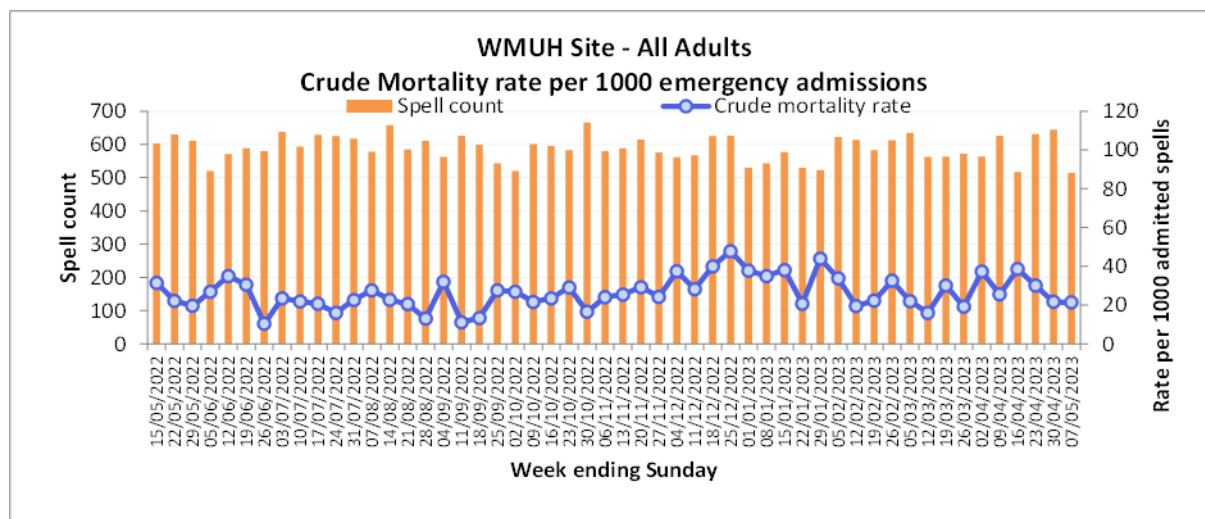


Fig 3 – Crude mortality rate per 1000 emergency admissions, West Middlesex University Hospital

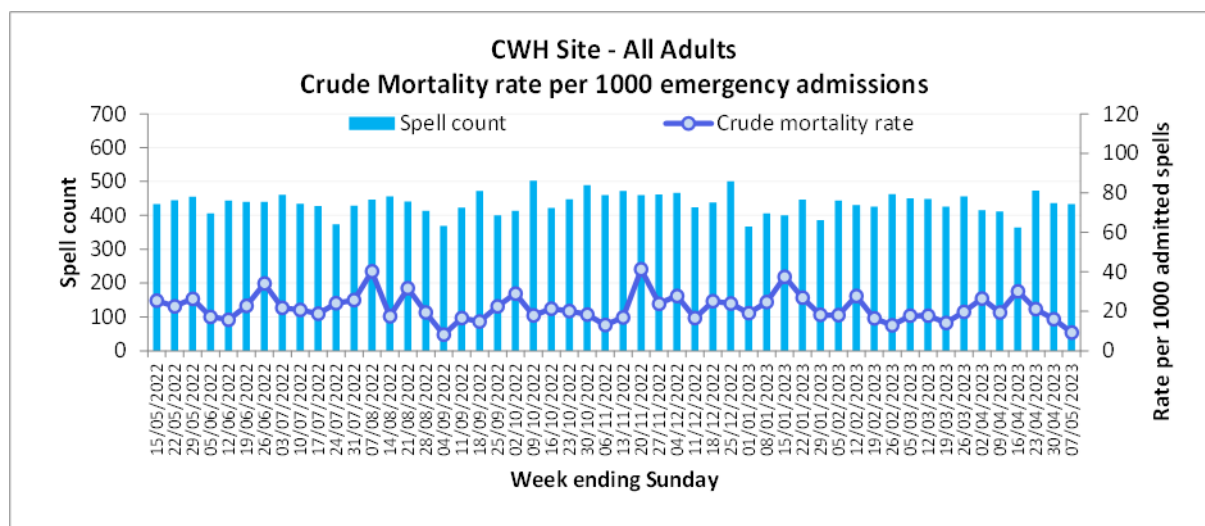


Fig 4 – Crude mortality rate per 1000 emergency admissions, Chelsea and Westminster Hospital

By comparing the actual number of emergency spell mortalities with the same week in the previous 5 year mean (pre COVID 2015-2019) changes in crude mortality by time period are identified.

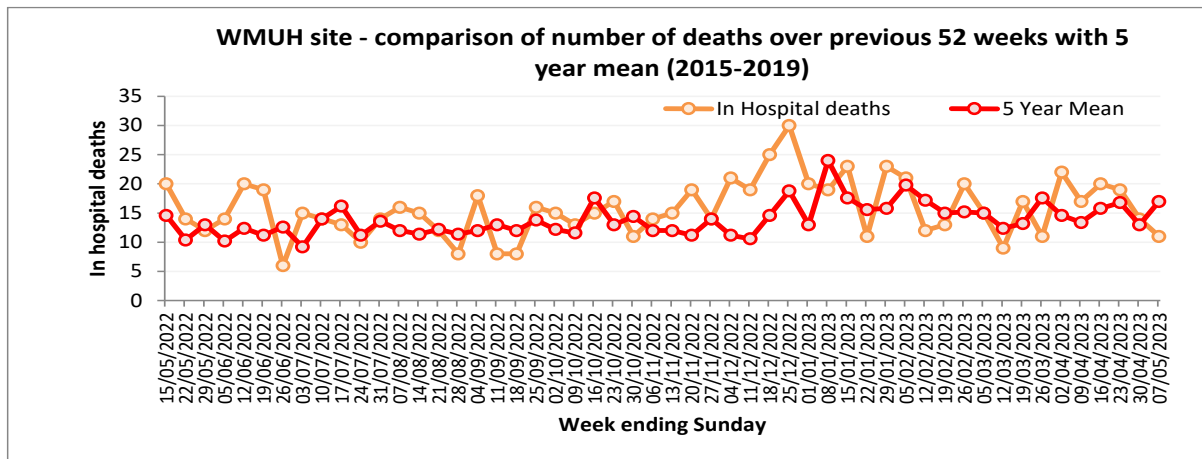


Fig 5 – Crude mortality in last 52 weeks compared with 5 year mean, West Middlesex University Hospital

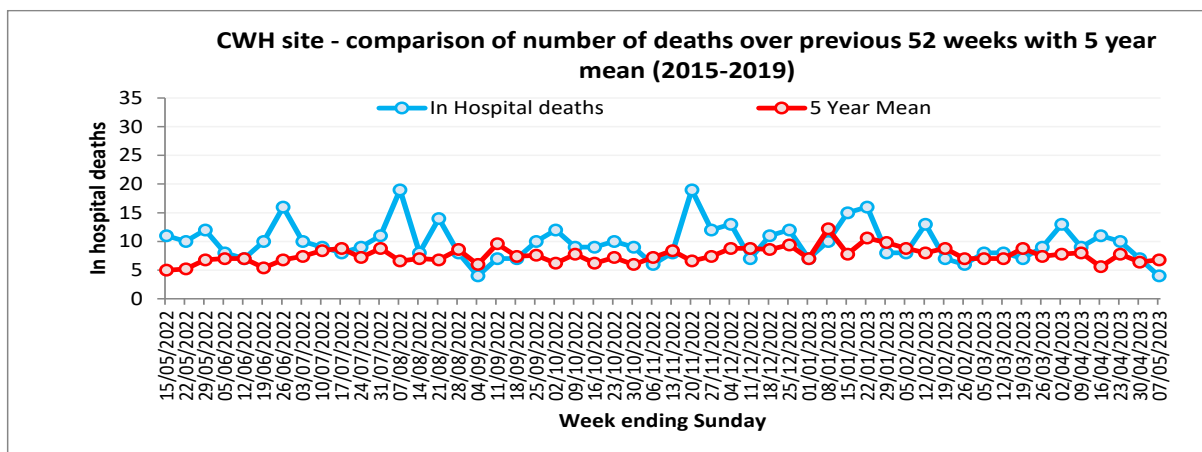
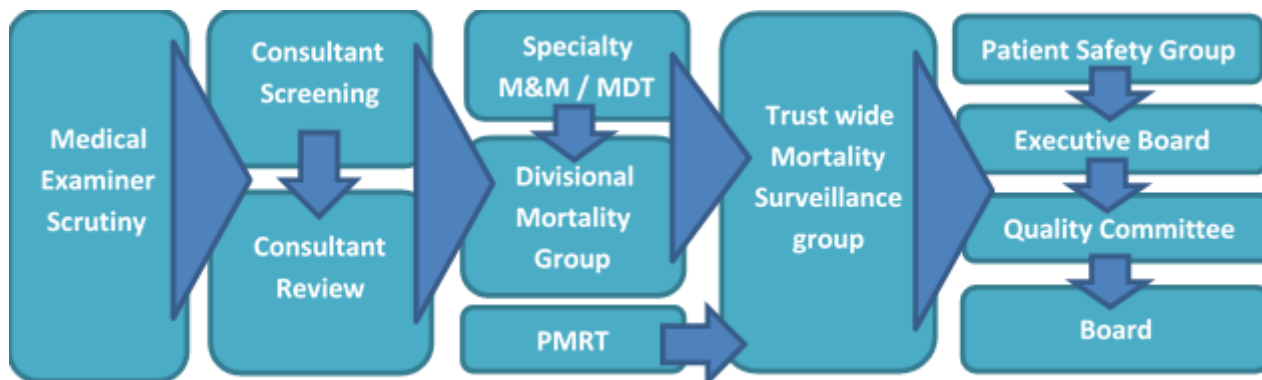


Fig 4 – Crude mortality in last 52 weeks compared with 5 year mean, Chelsea and Westminster Hospital

Crude mortality is monitored by the Mortality Surveillance Group on a monthly basis; no further review has been triggered as a result of this monitoring during this reporting period.

### 3. Thematic Review

The Mortality Surveillance Group (MSG) challenges assurance regarding the opportunity and outcomes from the Trust’s learning from deaths approach.



The MSG provides leadership to this programme of work; it is supported by monthly updates on relative risk of mortality, potential learning from medical examiners, learning from inquests, and divisional learning from mortality screening / review. The MSG is a sub-group of the Patient Safety Group and is aligned to the remit of the Quality Committee.

## Medical Examiner's office

An independent Medical Examiner's service was introduced to the Trust in April 2020 to provide enhanced scrutiny to deaths and to offer a point of contact for bereaved families wishing to raise concerns.

The purpose of this service is to:

- Provide greater safeguards for the public by ensuring proper scrutiny of all non-coronial deaths
- Ensure the appropriate direction of deaths to the coroner
- Provide a better service for the bereaved and an opportunity for them to raise any concerns to a doctor not involved in the care of the deceased
- Improve the quality of death certification
- Improve the quality of mortality data

During Q4 2022/23 the medical examiners service scrutinised 98% of in-hospital adult and child deaths and identified 67 cases of potential learning for the Trust and 17 cases of potential learning for other organisations. Potential learning identified during medical examiner scrutiny is shared with the patient's named consultant, divisional mortality review group and the Trust-wide Mortality Surveillance Group. Full consultant led mortality review is required whenever the MEs identify the potential for learning.

## Adult and child mortality review

Mortality case review provides clinical teams with the opportunity to review expectations, outcomes and potential improvements with the aim of:

- Identifying sub-optimal or excellent care
- Identifying service delivery problems
- Developing approaches to improve safety and quality
- Sharing concerns and learning with colleagues

In-hospital adult and child deaths are screened by consultant teams using the screening tool within Datix, this supports the identification of cases that would benefit from full mortality review.

Learning from review is shared at specialty mortality review groups (M&Ms / MDTs); where issues in care, trends or notable learning is identified action is steered through Divisional Mortality Review Groups and the trust-wide Mortality Surveillance Group (MSG).

Trust mortality review targets:

- 100% of in-hospital adult and child deaths to be screen
- At least 30% of all adult and child death aligned to the Emergency and Integrated Care (EIC) Division to undergo full mortality review
- At least 80% of all adult and child deaths aligned to Planned Care Division (PCD), Women's Neonates, HIV/GUM, Dermatology (WCHGD), and West London Children's Health (WLCH) to undergo mortality review
- 100% of cases aligned to a Coroner inquest to undergo full mortality review
- 100% of cases where potential learning identified by Medical Examiner to undergo full mortality review

During the 12-month period to end of March 2023; 1497 in-hospital adult or child deaths were recorded within the Trust's mortality review system (Datix), of these 86% have been screened and 34% have had full mortality case review closed following speciality discussion.

	No. of deaths	No. of cases screened and closed	No. of cases with full mortality review	No. of cases pending screening	% Screened	% with Full Review	% Pending
Q1 22/23	360	179	151	30	92%	42%	8%
Q2 22/23	342	175	139	28	92%	41%	8%
Q3 22/23	416	237	133	46	89%	32%	11%
Q4 22/23	379	194	83	102	73%	22%	27%
<b>Totals</b>	<b>1497</b>	<b>785</b>	<b>506</b>	<b>206</b>	<b>86%</b>	<b>34%</b>	<b>14%</b>

Gaps in process compliance at Specialty and Divisional level are monitored by the Mortality Surveillance Group. Divisional plans to achieve the required compliance are reported to the Mortality Surveillance Group and Executive Management Board.

	No. of deaths	No. of cases screened and closed	No. of cases with full mortality review	No. of cases pending screening	% Screened	% with Full Review	% Pending
EIC	289	179	97	13	96%	34%	4%
PCD	241	0	147	94	61%	61%	39%
WNHGD	9	4	0	5	44%	0%	56%
WLCH	8	0	2	6	25%	25%	75%
<b>Totals</b>	<b>1497</b>	<b>785</b>	<b>506</b>	<b>206</b>	<b>86%</b>	<b>34%</b>	<b>14%</b>

Process compliance is monitored by the Divisional Mortality Groups, Mortality Surveillance Group, and overseen by the Patient Safety Group, Executive Management Board, and Quality Committee.

### Perinatal mortality review

The Perinatal Mortality Review Tool (PMRT) is a national mandatory monitoring and assurance dataset developed by MBRRACE-UK. It is used to collect very detailed information about the care mothers and babies have received throughout pregnancy, birth and afterwards. The purpose of the PMRT is to support hospital learn from deaths by providing a standardised and structured review process.

The PMRT is designed to support review of:

- All late fetal losses (22 weeks + 0 days to 23 weeks + 6 days);
- All antepartum and intrapartum stillbirths;
- All neonatal deaths from birth at 22 weeks + 0 days to 28 days after birth;

Learning from these cases is captured only within the PMRT and not duplicated within the Trust's mortality review system (datix). The national target is to complete PMRT review within 6 months. During the 12 month period ending April 2023; 66 cases have been identified as requiring PMRT review.



	No. reported	Not supported for review	Review in progress	Review completed	Grading of care: no. with issues in care likely to have made a difference to outcome
Stillbirths and late fetal losses	57	20	15	20	1
Neonatal and post-natal deaths	31	6	11	13	2

Learning from PMRT review is reported to the Mortality Surveillance Group; where sub-optimal care that could have impacted outcome is identified cases are escalated as potential serious incidents. The organisation publishes a Learning from Serious Incidents report on a quarterly basis and outcomes / learning is received by the Patient Safety Group and Executive Management Board on a monthly basis.

#### Learning Disabilities Mortality Review (LeDeR)

The national Learning Disabilities Mortality Review (LeDeR) programme was established in May 2015 in response to the recommendations from the Confidential Inquiry into premature deaths of people with learning disabilities.

The LeDeR programme seeks to coordinate, collate and share information about the deaths of people with learning disabilities so that common themes, learning points and recommendations can be identified and taken forward at both local and national levels. To support this aim the Trust is committed to ensure deaths of patients with known / pre-diagnosed learning disabilities are reported to the LeDeR programme and reviewed in line with the programme requirements.

During this 12 month reporting period ending in March 2023; 16 in-hospital adult or child death where the patient had a pre-diagnosed learning disability were identified. The Trust's Lead Nurse for Learning Disability and Transition supports the LeDeR process for all identified cases and reports learning to the Mortality Surveillance Group (last report May 2023).

#### **4. Areas of focus**

The Trust's mortality review programme provides a standardised approach to case review designed to improve understanding and learning about problems and processes in healthcare associated with mortality, and also to share best practice.

Where problems in care are identified these are graded using the Confidential Enquiry into Stillbirths and Deaths in Infancy (CESDI) categories:

- Grade 0: No suboptimal care or failings identified and 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 and the death was unavoidable
- Grade 2: Suboptimal care identified and different care MIGHT have made a difference to the outcome, i.e. the death was possibly avoidable



- Grade 3: Suboptimal care identified and different care WOULD REASONABLY BE EXPECTED to have made a difference to the outcome, i.e. the death was probably avoidable

#### CESDI grades April 2022 – March 2023

Period	CESDI 0	CESDI 1	CESDI 2	CESDI 3
Q1 22/23	133	18	1	0
Q2 22/23	103	26	2	0
Q3 22/23	99	30	1	0
Q4 22/23	75	16	2	0
Total	410	90	6	0

During this 12 month period 506 full mortality reviews have been completed and discussed at specialty, divisional or Trust wide mortality review groups.

6 cases of sub-optimal care that might have made a difference to the patient's outcome (CESDI 2) were identified in the last 12 months; each of these cases were escalated to the Executive and declared as serious incidents. The organisation publishes a Learning from Serious Incidents report on a quarterly basis and outcomes / learning is received by the Patient Safety Group and Executive Management Board on a monthly basis.

The Divisional Mortality Review Groups provide scrutiny to mortality cases so as to; identify themes and escalate any issues of concerns, during Q4 22/23 there were 16 cases where improvement opportunities were identified, but where outcome would not have been changed (CESDI 1). Key themes / issues related to:

- Access: Waiting times in the Emergency Department raised as a potential area of sub-optimal care (not impacting outcome) – *A&E performance is monitored at the Executive Management Board.*
- Families and Carers: Weakness in Emergency Department clerking may result in delay / difficulty contacting next of kin - *A&E clerking processes reviewed to address any gaps.*
- Communication – *Clinical handover is a Trust Quality Priority; the programme is overseen by the Improvement Board and Executive Management Board.*
- Activity: ICU capacity potential impacting quality highlighted – *Staffing levels, recruitment and retention are monitored by the People and Organisational Development Committee. The trust is engaged in significant recruitment activities and resource allocation programmes to ensure clinical staffing levels are maintained.*
- End of life care: *Care at the end of life is a Trust Quality Priority; the programme is overseen by the Improvement Board and Executive Management Board.*

All cases of suboptimal care are presented to the Mortality Surveillance Group to ensure shared learning.

## 5. Conclusion

The outcome of the Trust's mortality surveillance programme continues to provide a rich source of learning that is supporting the organisations improvement objectives. A step change in the relative risk of mortality was experienced in March 2017 and has continued into Q3 2022/23; the Trust continues to be recognised as having one of the lowest relative risk of mortality (SHMI) across NHS England.

## 6. Glossary

- 6.1. **Medical Examiners** are responsible for reviewing every inpatient death before the medical certificate cause of death (MCCD) is issued, or before referral to the coroner in the event that the cause of death is not known or the criteria for referral has been met. The Medical Examiner will request a Structured Judgement Review if required or if necessary refer a case for further review and possible investigation through our incident reporting process via the quality and safety team. The ME will also discuss the proposed cause of death including any concerns about the care delivered with bereaved relatives.
- 6.2. **Structured Judgement Review (SJR)** is a clinical judgement based review method with a standard format. SJR reviewers provide a score on the quality of care provided through all applicable phases of care and will also identify any learning. The SJR will be completed within seven days of referral.
- 6.3. **Structured judgement reviewers** are responsible for conducting objective case note reviews of identified cases. They will seek, when required, specialist input and advice from clinical colleagues, including members of the multi-disciplinary teams to ensure high quality, comprehensive review is undertaken, using the full range of medical records available to them.
- 6.4. **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.
- 6.5. **Child Death Overview Panel (CDOP)** is an independent review aimed at preventing further child deaths. All child deaths are reported to and reviewed through Child Death Overview Panel (CDOP) process.
- 6.6. **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.
- 6.7. **Learning Disabilities Mortality Review (LeDeR)** is a review of all deaths of patients with a learning disability. The Trust reports these deaths to the Local integrated care boards (ICBs) 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.

**Author: Alex Bolton, Associate Director of Quality Governance**

**Date:** 31/05/2023



NWL Acute Provider Collaborative Board in Common (Public)

18/07/2023

Item number: 4.5

This report is: Public

# Imperial College Healthcare NHS Trust Learning from Deaths report Quarter four 2022/23

Author: Darren Nelson  
Job title: Head of quality compliance and assurance

Accountable director: Professor Julian Redhead and Mr Raymond Anakwe  
Job title: Medical Directors

## Purpose of report

Purpose: Information or for noting only

This report presents the data from the Learning from Deaths (LfD) programme for quarter 4 of 2022/23 for information. It is a statutory requirement for trusts to present this information to their boards. This is being achieved through presentation to the Board in common in July 2023, following review at the Acute provider collaborative quality committee (APCQC) in June.

## Report history

**Executive Management Board Quality Group (EMBQ)**  
18/04/2023  
The committee discussed the findings from our learning from deaths programme in Q4 2022/23. The report was then re-formatted to fit the new acute provider collaborative template and presented to EMB in May.

**Executive Management Board (EMB) and Quality Committee**  
23/05/2023 and 24/05/2023  
The committees noted the findings from our learning from deaths programme and approved the reports for onward submission.

**Acute Provider Collaborative Quality Committee**  
20/06/2023  
The committee noted the report, alongside the reports from the other three acute providers, and approved them for onward submission to the board-in-common.

## Executive summary and key messages

- 1.1. Our mortality review processes are under review to ensure alignment with the other trusts across the NWL acute provider collaborative. This includes the use of a new template and scorecard for the quarterly learning from deaths reports to ensure consistency. A glossary of key processes and terms is provided in section 6.
- 1.2. Review of the data shows that our mortality rates remain statistically significantly low. There was a small increase in deaths in quarter four, which has been reviewed and is largely attributable to seasonal variation. The division of surgery, cancer and cardiovascular have analysed all deaths which occurred in January 2023, when there was a particular increase in some of their acute areas, and have identified no significant care or service delivery issues. A recurring theme included delay in discharge from acute areas when patients required palliative care. This resulted in patients dying within the acute setting rather than in primary or hospice care.
- 1.3. All deaths in the quarter have been reviewed by the medical examiner, with those where there are concerns about the quality of care then referred for structured judgment review (SJR). In quarter four, the percentage of adult inpatient deaths undergoing structured judgment review was 12%, largely in line with previous quarters. There was a small increase in SJRs completed in quarter where the care was graded as poor; these are all being appropriately reviewed and investigated further where necessary.
- 1.4. The themes from reviews are known issues and consistent with previous quarters, with trustwide improvement work in place, and include issues related to end of life care, management of the deteriorating patient and use of our falls policy.
- 1.5. The report contains a summary of the poor care cases presented to our death review panel, which triangulates the outcomes of SJRs and investigation reports, during 2022/23. Of the 13 cases reviewed, poor care was confirmed in eleven, and in five of these the poor care was felt to have contributed to the patient's death.
- 1.6. We are undertaking a number of reviews to improve our learning from deaths processes internally, and which will also support better alignment across the NWL acute provider collaborative. This includes:
  - review of the maternity and neonatal death process, including the perinatal mortality review tool (PMRT) process, and the Learning disability mortality review (LeDeR) and Child death overview panel (CDOP) processes. The aim is to align these with our overall mortality review governance and reporting to improve visibility of outcomes and actions. The agreed changes should be implemented during quarter two 2023/24.
  - review of management of SJR referrals to support the standardisation of how triggers for SJRs are coded so that data can be compared across different quarters and with the other acute collaborative trusts. This will be in place for quarter two.
  - planned changes in our scoring methodology for structured judgment reviews, which have been agreed with the acute collaborative, and which will be in place for quarter two.

- review of the specialty mortality and morbidity processes and function, including the data being used, to ensure consistency.

## 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 expectations, outcomes and learning in an open manner. Effective use of mortality learning from internal and external sources provides enhanced opportunities to reduce in-hospital mortality and improve clinical outcomes and experience for patients and their families.

## Main report

### 2. Learning and Improvements

- 2.1. Learning from Deaths (LFD) is a standard monthly agenda item on all Divisional Quality and Safety meetings where developments in the LFD agenda and learning is shared which is then disseminated to all the directorates and throughout the division.
- 2.2. The key themes from mortality reviews undertaken in quarter four 2022/23 are consistent with those from previous quarters, and with those identified through review of patient safety incidents. These are set out below with improvements planned/underway.
- 2.3. **End of life care:** we continue to see SJRs where there are issues related to timely referral for palliative and end of life care, and in how we agree and document appropriate treatment escalation plans for our patients in an individualised, compassionate and inclusive manner. In 2021/22 and 2022/23, this was one of our safety improvement priorities. Actions included the launch of a new online training module designed to help staff deal confidently with CPR and treatment and escalation decisions, with excellent uptake (75.6% of eligible staff had



completed the training by the end of March 2023, excluding junior doctors – plans are in place to achieve 90% by Q2). We have also agreed the funding to establish an end of life education and training team. Recruitment to this team will be completed in 2023. This work will be monitored via the end-of-life steering group.

- 2.4. **Care of the deteriorating patient:** a related theme is delays in recognising and responding to patients when they are deteriorating. This is one of our safety improvement priorities for 2023/24, focusing on improving the treatment of patients with sepsis and signs of deterioration with a continued focus on appropriate treatment escalation. A deteriorating patient working group is being formed at trust level to provide multi-disciplinary clinical oversight across divisions to support delivery of this work stream. Additionally, a task and finish group has been set up with the aim of developing content for a deteriorating patient e-learning module.
- 2.5. In addition to our local work, care of the deteriorating patient, treatment escalation and end of life care, is a shared priority across the acute provider collaborative. This work includes implementing the national CQUIN for 2023/24 that aims to improve the treatment and escalation of unplanned admissions to critical care from inpatient ward areas and emergency departments.
- 2.6. **Falls:** we have seen a small recent increase in SJRs showing poor care for patients who died following a fall. Review of these cases, and of falls incidents in general, shows that we need to improve the completion of a high-quality falls multi-factorial risk assessment at the point of admission and the completion of post fall assessments for people who have fallen. This is also one of our safety improvement priorities, with work being led by the safe mobility and falls prevention steering group.

### 3. Thematic Review

- 3.1. This section of the report contains a thematic review of the data in the scorecard in appendix 1.
- 3.2. The template for this scorecard has been created by the acute provider collaborative mortality surveillance group and contains slightly different metrics, or metrics measured in different ways, from our previous internal scorecard.

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

- 3.3.1 Our mortality rates remain statistically significantly low. Our rolling 12-month HSMR is 78.4 and third lowest when compared nationally (based on data to the end of November 2022, reported in trust scorecards in March 2023). Our SHMI has increased slightly and is fourth lowest at 75.96. This may be due to our involvement in the pilot to submit Same Day Emergency Care (SDEC) data to the Emergency care data set (ECDS); this will be kept under review.
- 3.3.2 Along with the other trusts in the NWL acute provider collaborative, we saw an increase in HSMR in the reported rolling 12-month data to June 2022, with an average 9.4 point rise. Further analysis has confirmed a similar rise across the NHS, with an average increase of 11.3 per provider. Following discussions at the last APCQC, Telstra health have undertaken a review of the data and have suggested this is being driven by the data being rebased and changes made in the expected crude rate nationally. Their analysis was noted at our quality committee in May, with no further questions or concerns raised, and is being reported to the board as part of the overarching collaborative learning from deaths summary.
- 3.3.3 In light of this review, it has been agreed that all Trusts will investigate any variations between observed and expected deaths by diagnostic group and also where there is variance between HSMR and SHMI. Telstra Health UK will supply data to all Trusts that will support the analysis of their diagnostic groups and identify those where the HSMR has increased. Reviews will be presented to the next APC mortality surveillance group which will discuss themes and trends identified and agree actions to be taken forward.

3.3.4 There was a small increase in the number of deaths in quarter four, which is largely attributable to seasonal variation. The division of Surgery, Cancer and Cardiovascular have undertaken a review of an increase in deaths which occurred in January 2023, when there were 74, compared to the usual reported numbers of around 50 per month. All deaths were reviewed, with a particular focus on the following areas where increases had been seen:

- Oncology and Palliative care
- General surgery & vascular
- Critical care
- Trauma
- Cardiac

3.3.5 The review did not identify any trends in terms of the patient's diagnosis, treatment, staff member or speciality, or any significant care or service delivery issues. A recurring theme included delay in discharge from acute areas when patients required palliative care. This resulted in patients dying within the acute setting rather than in primary or hospice care.

3.3.6 In subsequent months the number of deaths has reduced and is in line with previous figures. This will continue to be monitored.

#### 3.4. **Medical examiner reviews**

3.4.1 Over the last year, the medical examiner has reviewed 100% of inpatient deaths. In quarter four 12% of adult deaths were referred for a further review by our structured judgment reviewers; this is similar to previous quarters, with the exception of quarter two when the percentage increased due to the clearing of a backlog of cases as a result of delays in completing the reviews.

3.4.2 The main reason, or trigger, selected in quarter four is 'medical examiner concerns' (61%). Over the last two quarters there has been an increase in the percentage of cases where 'medical examiner concerns' has been selected and a decrease in selection of 'specialty/condition' as the reason for referral for SJR. The Trust made the decision to end automatic SJR referrals for delays in Sepsis treatment and for hospital-onset Covid-19 (HOCl) deaths in October 2022 which explains why this trigger is now used less frequently.

3.4.3 We are reviewing the way that SJR referrals are managed and recorded to ensure consistent use of the triggers. This work will coincide with the implementation of new SJR triggers to be agreed across the acute provider collaborative in Q1 2023/24.

#### 3.5. **Structured judgment reviews (level 2 reviews)**

3.5.1 This data in the scorecard is based on the date that the deaths were referred for structured judgment review.

3.5.2 All deaths which have been referred for structured judgment review in 2022/23 have had their reviews completed.

3.5.3 In quarter four, there were 59 deaths which were referred for structured judgment review. Sixteen of these were for deaths which occurred in previous quarters.

3.5.4 The majority of cases are assessed as providing good care overall. Where a case is assessed as poor or very poor care, an additional review process is undertaken. This involves review at the medical director's incident review panel to determine what level of further investigation is required, then review at the death review panel once the investigation has been completed to triangulate the investigation report and the SJR and confirm whether the care was poor, and if that poor care contributed to the patient's death.

3.5.5 Of the SJRs referred and completed in quarter four, there were nine which identified poor overall care, which is an increase compared to previous quarters. Of these, six were for deaths which occurred within that quarter. These are all being appropriately reviewed and investigated further where necessary.



3.5.6 The breakdown of 'poor care' cases by quarter of when the death occurred is shown in the table below. This shows that the number and percentage of cases showing poor care is variable across the last financial year.

Quarter	Total number of deaths in quarter	Total number of SJRs with poor overall care for deaths which occurred in quarter	Percentage of deaths with SJRs showing poor overall care for deaths which occurred in quarter
Q1 2022/23	490	2	0.4%
Q2 2022/23	448	5	1.1%
Q3 2022/23	485	3	0.6%
Q4 2022/23	512	6	1.17%
<b>Total</b>	<b>1935</b>	<b>16</b>	<b>0.8%</b>

3.5.7 The table below shows the deaths which have been reviewed at death review panel during 2022/23, and the agreed outcomes. There are eight cases from this year pending review (mostly because the serious incident investigations are not yet complete or additional information e.g. post-mortem results, is required before a decision can be made).

Quarter of death	Poor care confirmed	Agreed level harm	Did poor care more likely than not contribute to the patient's death
Q4 2021/22	Yes	Moderate harm	Yes
Q4 2021/22	Yes	Low harm	No
Q4 2021/22	Yes	Severe harm	Yes
Q4 2021/22	Yes	Low harm	No
Q4 2021/22	Yes	Low harm	No
Q1 2022/23	Yes	No harm	No
Q1 2022/23	Yes	Severe harm	Yes
Q2 2022/23	No	No harm	No
Q2 2022/23	Yes	Low harm	No
Q2 2022/23	Yes	Death	Yes
Q2 2022/23	Yes	Death	Yes
Q3 2022/23	No	No harm	No
Q4 2022/23	Yes	Severe harm	No

### 3.6. Other mortality reviews

3.6.1 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. We are currently reviewing how these processes align with and feed into our wider learning from deaths processes.

3.6.2 **Perinatal mortality review tool (PMRT):** Of the six PMRT reviews completed for deaths which occurred in 2022/23, there were no cases where care or service delivery issues were identified which may have changed the outcome. We have a backlog of PMRT cases from previous years caused by pausing of the review process in pandemic surges. A recovery

plan is in progress with escalation processes in place. This will be completed by December 2023. Additional resource has been allocated to support this important work.

- 3.6.3 **Learning disability mortality review (LeDeR):** there were no LeDeR referrals made to NHSE in quarter four. There were 12 cases completed by NHSE in 2022/23 and outcomes shared with the Trust. The outcomes and learning from these reviews will be included in our quarter one report.

#### **4. Areas of focus**

- 4.1. A full review of our learning from deaths processes is underway to support alignment across the acute provider collaborative. This will include changes in our scoring methodology for structured judgment reviews, which we are aiming to implement for quarter two onwards.
- 4.2. An on-going review into the high HSMR in neonatology and maternity is being undertaken with Imperial College. Our initial internal review did not identify a clear reason for the high rate. For assurance, the service have benchmarked our mortality with other similar organisations using MBRAACE data, data from the LMNS and ICS, the PMRT process and the Vermont Oxford Network, which show we are not an outlier. The outputs of this review will be summarised in the quarter one report.
- 4.3. The maternity and neonatal death process, including the PMRT process, is under review to align it with the overall mortality review governance and reporting to improve visibility of outcomes and actions. The amended process should be implemented in quarter two 2023/24.
- 4.4. A review of the processes and function of the specialist mortality and morbidity meetings across the trust, including the data being used, has been undertaken. This involved a scoping exercise with an online questionnaire that was completed by all divisions. This data is currently being analysed and will be presented at the learning from deaths group with recommendations included in the quarter one report.
- 4.5. The community medical examiner pathway was implemented as planned in April 2023 and referrals have been received from primary care and independent providers in our local boroughs. This pathway has been implemented ahead of referrals becoming a statutory requirement, the legislation for which has been delayed until April 2024.
- 4.6. Collaborative work between all four NWL acute providers continues with the aim to establish a shared sector-wide weekend medical examiner service later this year.

#### **5. Conclusion**

- 5.1. Mortality rates across the Trust remain statistically significantly low. When considered with our harm profile and the outcomes of our structured judgement reviews we can provide assurance to the committee that we are providing safe care for the majority of our patients. Where care issues are found we have a robust process for referral for more in-depth review.
- 5.2. Themes are consistent across previous quarters, and with the learning identified through review of patient safety incidents, are known trust issues and have improvement work in place.
- 5.3. Work is underway to review and improve our learning from deaths processes further and to support alignment across the acute provider collaborative to aid comparison, learning and opportunities for improvement.

## 6. Glossary

- 6.1. **Medical Examiners** are responsible for reviewing every inpatient death before the medical certificate cause of death (MCCD) is issued, or before referral to the coroner in the event that the cause of death is not known or the criteria for referral has been met. The Medical Examiner will request a Structured Judgement Review if required or if necessary refer a case for further review and possible investigation through our incident reporting process via the quality and safety team. The ME will also discuss the proposed cause of death including any concerns about the care delivered with bereaved relatives.
- 6.2. **Structured Judgement Review (SJR)** is a clinical judgement based review method with a standard format. SJR reviewers provide a score on the quality of care provided through all applicable phases of care and will also identify any learning. The SJR will be completed within seven days of referral.
- 6.3. **Structured judgement reviewers** are responsible for conducting objective case note reviews of identified cases. They will seek, when required, specialist input and advice from clinical colleagues, including members of the multi-disciplinary teams to ensure high quality, comprehensive review is undertaken, using the full range of medical records available to them.
- 6.4. **Medical director's incident review panel** is a weekly meeting where incidents are discussed and reviewed and investigation levels are confirmed. The panel also reviews any SJRs which have an overall score of poor or very poor care and agrees what further investigation is required.
- 6.5. **Death review panel** is a regular meeting which triangulates the outputs of SJRs with other investigation reports e.g. serious incidents, internal investigations, local investigations. This panel confirms if the care was poor, the harm level of the investigation, and whether the death is likely to have been due to poor care.
- 6.6. **Specialty M&M** reviews are objective and multidisciplinary reviews conducted by specialties for cases where there is an opportunity for reflection and learning. All cases where ME review has identified issues of concern must be reviewed at specialty based multi-disciplinary Mortality & Morbidity (M&M) reviews.
- 6.7. **Child Death Overview Panel (CDOP)** is an independent review process managed by Local integrated care boards (ICBs) aimed at preventing further child deaths. All child deaths are reported to and reviewed through Child Death Overview Panel (CDOP) process.
- 6.8. **Perinatal Mortality Review Tool (PMRT)** is a review of all stillbirths and neonatal deaths. Neonatal deaths are also reviewed through the Child Death Overview Panel (CDOP) process. Maternal deaths (during pregnancy and up to 12 month post-delivery unless suicide) are reviewed by Healthcare Safety Investigation Branch and action plans to address issues identified are developed and implemented through the maternity governance processes.
- 6.9. **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.

**Author:** Darren Nelson, head of quality compliance and assurance, Jack Pegg, deputy general manager and Clemmie Burbidge, compliance and assurance improvement lead

**Date:** 23<sup>rd</sup> June 2023

## Appendix 1 – Learning from deaths dashboard

Quarter - 2022/23	Q1	Q2	Q3	Q4
<b>Summary data</b>				
No. Deaths	490	448	485	512
No. Adult Deaths	464	411	459	496
No. Child Deaths	8	10	7	5
No. Neonatal Deaths	9	17	13	8
No. Stillbirths	9	10	6	3
<b>Review summary</b>				
ME Reviewed Deaths in Qtr	477	430	471	503
% ME Reviewed Deaths - Deaths in Qtr	100%	100%	100%	100%
SJR Requested in Qtr	66	111	28	59
% SJRs Requested in Qtr of total adult deaths in Qtr	14%	27%	6%	12%
No. SJRs Completed	71	103	37	59
SJR Requested in Qtr completed	66	111	28	59
% SJRs Requested in Qtr completed	100.00%	100.00%	100.00%	100.00%
No. LeDeR Completed	2	9	1	0
<b>Level 2 referral reason breakdown</b>				
Clinical Concern - SJRs Requested in Qtr	1	3	3	2
% Clinical Concern - SJRs Requested in Qtr	1.52%	2.70%	10.71%	3.39%
Medical Examiner concern - SJRs Requested in Qtr	16	11	13	36
% Medical Examiner Concern - SJRs Requested in Qtr	24.24%	9.91%	46.43%	61.02%
Family Concern - SJRs Requested in Qtr	9	22	3	11
% Family Concern - SJRs Requested in Qtr	13.64%	19.82%	10.71%	18.64%
Score 1-3 - SJRs Requested in Qtr	0	0	0	0
% Score 1-3 - SJRs Requested in Qtr	0.00%	0.00%	0.00%	0.00%
Coroner/Inquest - SJRs Requested in Qtr	1	1	0	3
% Coroner / Inquest - SJRs Requested in Qtr	1.52%	0.90%	0.00%	5.08%
SI / Incident - SJRs Requested in Qtr	0	1	0	0
% SI / Incident - SJRs Requested in Qtr	0.00%	0.90%	0.00%	0.00%
Vulnerable Group - SJRs Requested in Qtr	10	18	4	7
% Vulnerable Group - No. SJRs Requested in Qtr	15.15%	16.22%	14.29%	11.86%
Age Range - No. SJRs Requested in Qtr	1	7	1	0
% Age Range - SJRs Requested in Qtr	1.52%	6.31%	3.57%	0.00%
Mortality Alert - SJRs Requested in Qtr	0	0	0	0
% Mortality Alert - SJRs Requested in Qtr	0.00%	0.00%	0.00%	0.00%
CRAB Trigger - SJRs Requested in Qtr	0	0	0	0
% CRAB Trigger - SJRs Requested in Qtr	0.00%	0.00%	0.00%	0.00%

Specialty /Condition - SJRs Requested in Qtr	30	36	3	0
% Specialty / Condition - SJRs Requested in Qtr	45.45%	32.43%	10.71%	0.00%
Other - SJRs Requested in Qtr	2	25	1	2
% Other - SJRs Requested in Qtr	3.03%	22.52%	3.57%	3.39%
<b>Level 2 review outcomes</b>				
Excellent Care - Completed SJRs Requested in Qtr	7	12	2	2
% Excellent Care - Completed SJRs Requested in Qtr	11%	11%	7%	3%
Good Care - Completed SJRs Requested in Qtr	40	72	16	36
% Good Care - Completed SJRs Requested in Qtr	61%	65%	57%	61%
Adequate Care - - Completed SJRs Requested in Qtr	18	21	8	12
% Adequate Care - Completed SJRs Requested in Qtr	27%	19%	29%	20%
Poor Care - Completed SJRs Requested in Qtr	1	5	2	9
% Poor Care - Completed SJRs Requested in Qtr	2%	5%	7%	15%
Very Poor Care - Completed SJRs Requested in Qtr	0	1	0	0
% Very Poor Care - Completed SJRs Requested in Qtr	0%	1%	0%	0%
<b>SHMI and HSMR</b>				
SHMI 12-month rolling	76.81	72.30	74.94	75.96
HSMR 12-month rolling	67.90	71.10	79.40	78.40
Palliative Care SHMI 12-month rolling	58%	61%	61%	62%
Palliative Care HSMR 12-month rolling	54%	56%	59%	58%



NWL Acute Provider Collaborative Board in Common (Public)

18/07/2023

Item number: 4.5

This report is: Public

# London North West University Healthcare NHS Trust - Learning from Deaths report Quarter 4

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## Purpose of report

Purpose: Assurance

Trusts are required to report data to their board on the outcomes from their Learning from Deaths processes which is achieved through a detailed quarterly report to the individual Trust quality committees. This report gives a summary of the learning and monitoring within London North West University Healthcare NHS Trust.

## Report history

### Quality & Safety Committee

//2023

What was the outcome?

### Acute Provider Collaborative Quality Committee 20/06/2023

The committee noted the report, alongside the reports from the other three acute providers, and approved them for onward submission to the board-in-common.

## Executive summary and key messages

- 1.1. A deep dive of HSMR data was undertaken reviewing site level data. Despite multifactorial differences in services, deprivation, and patient profiles, cured mortality rates were comparable. The Trust HSMR rate is consistently good and comparable against the APC.
- 1.2. During 2022-23 6% (143) deaths triggered a Level 2 In-depth Mortality Review, of which 56% (80) have been completed to date (a drop of 5% since the last quarter).
- 1.3. Of the 80 completed Level 2 In-depth Mortality Reviews, sub-optimal care was found in 32% (26) cases, which is consistent across the year. 1 of which was classed as Grade 3 (sub-optimal care, with different management would reasonably have been expected to have made a difference to the outcome).

## 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 expectations, outcomes and learning in an open manner. Effective use of mortality learning from internal and external sources provides enhanced opportunities to reduce in-hospital mortality and improve clinical outcomes and experience for patients and their families.

## Main report

### 2. Learning and Improvements

The Trust has a consistently low mortality risk rate across the last twelve consecutive months: it is currently one of ten Trusts with 'lower than expected' deaths, as ranked according to the Summary Hospital Mortality Indicator (SHMI) in England over that period. Encouragingly, the Trust's SHMI trend over the last four financial years remains in the 'lower than expected category' (see Table 1, Appendix 1).

#### Key Headlines

- The Trust is one of fourteen Trusts across the UK with lower-than-expected deaths (based on December 2021 to November 2022 NHS Digital data).
- All in-patient deaths continue to have an immediate Level 1 Review undertaken by the Medical Examiners, who consider the quality of care delivered and discuss any concerns with a patient's family/friends at the same time.
- From April 2022 to March 2023 there were 2,396 in-patient deaths (including those due to Covid-19).
- During the year, 6% (143) deaths triggered a Level 2 In-depth Mortality Review (modified Structured Judgement Review) into the care of the patient. Of these 56% (80) have been completed to date (a drop of 5% since end of Quarter 3 2022-23).
- Of the 80 completed Level 2 In-Depth Reviews, sub-optimal care was found in 32% (26) cases which is consistent with previous quarters. Out of the 26 cases:
  - 21 were classified as Grade 1; sub-optimal care but different management would have made no difference to the outcome
  - 4 were classified as Grade 2; sub-optimal care, different management might have made a difference to the outcome
  - 1 was classed as Grade 3; sub-optimal care, with different management would reasonably have been expected to have made a difference to the outcome.
- The Learning from Patient Deaths Group monitors the number of in-patient deaths and the number of Level 2 In-Depth Mortality Reviews being triggered and completed. Each quarter there is slight variation as to the reasons a Level 2 Review is triggered. During 2022-23 the top three triggers were Unexpected death, Coroners Case and Medical Examiner request. This is a change to last year, when the top three were Medical Examiner request, Family/Carer Concern and Coroners Case.
- As in previous reports, the data shows that the main triggers for an In-depth review were Medical Examiner Requests followed by Coroners Cases and Family Concerns. While both these are national triggers for an In-depth Review, the referrals to the Coroner are not are not

necessarily an indication of poor care but rather to meet legal requirements when there has been an unexpected death from a road traffic accident etc.).

### **3. Thematic Review**

#### **Level 2 Mortality Reviews: -**

Across the Trust Mortality & Morbidity Meetings are held monthly by specialities, where they discuss each in-patient death within their service. These discussions are summarised and recorded by teams within Datix and presentations of learning are made to the Learning from Patient Death Group yearly. Below is a summary of learning and action take from presentations made to the group during Q4 2022-23:

#### **Assurance from Reviews and some Lessons Learnt:**

- Within the Elderly Care Service appreciation of multi-morbidity and frailty, and recognition of patients being in 'last year of life' is paramount to ensure timely Advance Care Planning (ACP) can be initiated. In cases where this was recognised, teams do well with the ACP and there is evidence of close working with Palliative Care.
- Finding the right fluid balance in the elderly heart failure patients can be difficult and challenging and should be approached with caution and vigilance, taking into account other co-morbidities (e.g., CKD) that may be confounding factor.
- Evidence of elderly patients refusing treatment
- Many examples of early recognition of dying patients and appropriate end of life care.
- Good involvement of patient and families in care plans and at end of life.
- Early, appropriate, and effective involvement of palliative care, haematology and other teams working together.
- Good evidence of person-centred care for patients with learning disabilities and autism, with reasonable adjustments being consistently put in place, e.g., flexibility around extended hours and visiting times. Evidence of collaborative decisions being made in the individual's best interest.

#### **Action Taken:**

- Teaching on ACP, Palliative Care and Heart Failure has been on the teaching agenda for each rotation within the Elderly Care Service. Patients are actively discussed during daily MDT to identify appropriate candidates for early ACP.
- Clear, written communication is needed when patients are transferred between hospitals for Urology Care.
- Discussions ongoing with the funding / local authorities, to provide clear explanations when changes to care packages take place and clear guidance on how those changes can be challenged for patients with learning disabilities & autism.

### **4. Areas of focus**

The Trust is committed to accurately monitoring and understanding its mortality outcomes to ensure the highest possible standard of care for patients. This report summarises the Trust position for the last quarter (Jan/Feb/Mar 2023).

During the quarter a deep dive was undertaken by Telstra on behalf of the trust, looking at the HSMR data across sites. Concern had been raised regarding the different rates of expected mortality at Ealing and Northwick Park. The conclusion was that differences were multifactorial; Northwick Park has greater levels of deprivation, Paediatric A&E and Maternity services. Whereas Ealing, while serving an older patient group, has both Claypolds and Meadow House where patients are referred to. The Crude mortality rates are comparable across sites and HSMR is consistently good when benchmarked against acute collaborative partners (APC).

The Quality & Patient Safety team have been active members of the APC Mortality Task & Finish Group, set up to review mortality systems and align processes. The aim of the task and finish group was to review key areas to deliver a joined-up approach to data analysis and shared reporting. It has been agreed that an APC Mortality Surveillance Group will be established to take forward recommendations from the task & finish group. This group will meet quarterly to review alignment on four key areas:

- HSMR and SHMI reporting
- Palliative Care Coding
- Mortality Review process triggers and outputs
- Learning from mortality reporting

Work has begun to standardise HSMR and SHMI reporting, the ICHT contract with Telstra Health UK is being explored to provide analysis of all four acute Trusts (expected in August 2023). Palliative Care coding is being aligned and Cerner implementation is expected to support the standardisation of coding. However, validation in processes vary and this will be a key area for the group to take forward.

Recommendations regarding the mortality process triggers and outputs have been agreed by the Board in Common, and expectation is that trusts will implement these changes from April 2023 onwards. The only change for this trust will be to drop the local trigger a case when it has been referred to Coroner (and subject to an inquest or enquiry). The impact of this change will be to reduce the overall number of Level 2 Reviews requested each year.

Overall, there continues to be a smooth interface between the Quality & Patient Safety Team, Medical Examiner Service, and the Bereavement Team, utilising Datix to capture the reviews taking place. Medical Examiners lead will be part of the APC Mortality Surveillance Group. The service works in partnership with the Bereavement Team to log and review all in-patient deaths. They review the individual care that deceased in-patients received, and the Quality & Patient Safety Team assess each case to see if it meets a national or local trigger for a Level 2 In-Depth Review (a modified Structured Judgement Review [SJR]).

## **5. Conclusion**

- 5.1. The trust continues to have a consistently low mortality rate, when benchmarked using NHS Digital / Telstra Health information. Recent scrutiny of the HSMR data by Telstra Health UK has not indicated any areas of concern. However, towards the end of Quarter 4 the trust saw another drop in the number of completed Level 2 In-depth Mortality Reviews in comparison to the previous quarter to 56% (was 61%). This issue is being addressed by the Learning from Patient Deaths Group and while staff have been impacted by industrial action, it is anticipated that this will be addressed during Quarter 1 2023-24. Mortality & Morbidity meetings have continued throughout, and teams have continued to expand the involvement of nursing staff attending these meetings to ensure robust scrutiny of care.

## 6. Glossary

- 6.1. **Medical Examiners** are responsible for reviewing every inpatient death before the medical certificate cause of death (MCCD) is issued, or before referral to the coroner in the event that the cause of death is not known or the criteria for referral has been met. The Medical Examiner will request a Structured Judgement Review if required or if necessary refer a case for further review and possible investigation through our incident reporting process via the quality and safety team. The ME will also discuss the proposed cause of death including any concerns about the care delivered with bereaved relatives.
- 6.2. **Structured Judgement Review (SJR)** is a clinical judgement based review method with a standard format. SJR reviewers provide a score on the quality of care provided through all applicable phases of care and will also identify any learning. The SJR will be completed within seven days of referral.
- 6.3. **Structured judgement reviewers** are responsible for conducting objective case note reviews of identified cases. They will seek, when required, specialist input and advice from clinical colleagues, including members of the multi-disciplinary teams to ensure high quality, comprehensive review is undertaken, using the full range of medical records available to them.
- 6.4. **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.
- 6.5. **Child Death Overview Panel (CDOP)** is an independent review aimed at preventing further child deaths. All child deaths are reported to and reviewed through Child Death Overview Panel (CDOP) process.
- 6.6. **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.
- 6.7. **Learning Disabilities Mortality Review (LeDeR)** is a review of all deaths of patients with a learning disability. The Trust reports these deaths to the Local integrated care boards (ICBs) 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.

**Author:** Laila Gregory

**Date:** 29 June 2023

## Appendix 1 – Performance Scorecard

	Q1	Q2	Q3	Q4	Comments	National LfD minimum requirement?
<b>Summary data</b>						
Total no. deaths (adult and children)	558	564	653	621	Inpatients deaths only	
Total no. adult deaths	555	562	652	616	Inpatients over 18 years age	Y
No. adult deaths per 1,000 non-elective bed days	-	-	-	-		
Total no. child deaths	3	2	1	5	less than 18 years only	
Total no. neonatal deaths	-	-	-	-	Inpatients livebirths under 28 days of age	
Total no. stillbirths	-	-	-	-	Inpatient not live births	
<b>Review summary</b>						
Deaths reviewed by Medical Examiner	558	564	653	621	% of total deaths (row 3)	
Deaths referred for Level 2 review	31	41	44	24	% of total deaths (row 3)	
Level 2 reviews completed	23	31	22	1	% of total referrals this quarter	Y
Total Deaths Reviewed Through the LeDeR Methodology	-	-	-	-	LeDeR reviews completed in quarter	Y
<b>Level 2 referral reason breakdown</b>						
Requests made by a Medical Examiner	10 (32%)	11 (27%)	12 (27%)	7 (29%)	% of total referrals	
Concerns raised by family / carers	7 (22%)	7 (17%)	8 (18%)	4 (17%)	% of total referrals	
Patients with learning disabilities	6 (10%)	2 (5%)	12 (27%)	2 (8%)	% of total referrals	
Patients with severe mental health issues	0	2 (5%)	1 (2%)	0	% of total referrals	
Unexpected deaths	13 (42%)	9 (21%)	13 (29%)	16 (67%)	% of total referrals	

Elective admission deaths	2 (6%)	3 (7%)	1 (2%)	1 (4%)	% of total referrals	
Requests made by speciality mortality leads / through local Mortality and Morbidity review processes	2 (6%)	1 (2%)	1 (2%)	0	% of total referrals	
Service or diagnosis alarms as agreed by APC mortality surveillance group	0	0	0	0	% of total referrals	
<b>Level 2 review outcomes</b>						
CESDI 0 - No suboptimal care	15	24	14	1	% of cases reviewed	
CESDI 1 - Some sub optimal care which did not affect the outcome	7	7	5	0	% of cases reviewed	
CESDI 2 - Suboptimal care – different care might have made a difference to outcome (possible avoidable death)	1	0	3	0	% of cases reviewed	
CESDI 3 - Suboptimal care - would reasonably be expected to have made a difference to the outcome (probably avoidable death)	0	0	0	0	% of cases reviewed	Y
<b>SHMI and HSMR</b>						
SHMI 12-month rolling	-	-	-	79.31	Provided by Telestra Health UK	
HSMR 12-month rolling	-	-	-	93.4	Provided by Telestra Health UK	
Palliative Care SHMI 12-month rolling	-	-	-	-	Provided by Telestra Health UK	
Palliative Care HSMR 12-month rolling	-	-	-	-	Provided by Telestra Health UK	





NWL Acute Provider Collaborative Board in Common (Public)

18/07/2023

Item number: 4.5

This report is: Public

# The Hillingdon Hospitals NHS Foundation Trust - Learning from Deaths report Quarter 4

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## Purpose of report

Purpose: Information

To provide the Board-in-common with an update on mortality figures, medical examiner service and learning from deaths process.

## Report history

**Trust Quality and Safety Committee Q3**  
01/02/2023  
Report presented

**Trust Quality and Safety Committee Q4**  
01/06/2023  
Report presented

**Acute provider collaborative quality committee**  
20/06/2023  
The committee noted the report, alongside the reports from the other three acute providers, and approved them for onward submission to the board-in-common.

## Executive summary and key messages

- 1.1. To provide the Board with an update on the Trusts learning from deaths programme.
- 1.2. To provide the Board with the mortality data for the Trust from 1<sup>st</sup> January 2023 to 31<sup>st</sup> March 2023.
- 1.3. To provide an update on learning and themes identified from Structured Judgements Reviews (SJR's).

- 1.4. Summary Hospital Mortality Indicator (SHMI) remains with expected range and has continued to fall over the last 4 months.
- 1.5. Hospital Standardised Mortality Ratio (HSMR) 12-month rolling data, April 2022 to March 2023 represents a 'low' HSMR, reflecting a HSMR where fewer deaths are observed than expected.
- 1.6. During 2022-23, there were 72 (11%) in-patient deaths that triggered for a Structured Judgement Review to be carried out.
- 1.7. There have been 58 Structured Judgement Reviews completed, 8 (14%) cases identified an outcome of CESDI Grade 1: Some suboptimal care which did not affect the outcome with the remaining 50 cases identifying an outcome of CESDI Grade 0: No suboptimal care.

## 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 expectations, outcomes and learning in an open manner. Effective use of mortality learning from internal and external sources provides enhanced opportunities to reduce in-hospital mortality and improve clinical outcomes and experience for patients and their families.*

## Main report

### 2. Learning and Improvements

The Hillingdon Hospital Foundation Trust Summary Hospital Mortality Indicator (SHMI) trend for the period January 2020 to March 2023 observed that the values lie around the expected benchmark of 1 it is particularly reassuring that the SHMI has continued to fall over the last 4

months. Hillingdon Hospital Standardised Mortality Ratio (HSMR) has remained consistently below 100 across the last twelve consecutive months which is a positive trend for the Trust. HSMR 12-month rolling data to April 2022 to March 2023 represents a 'low' HSMR, reflecting time period in which the HSMR statistically significantly outperforms the NHS benchmark.

### **Key Headlines**

- Significant progress has been made, in collaboration with the Trust Medical Examiner Officers, to ensure that all in-patient deaths undergo a Level 1 Review which identifies cases for further investigation and includes any concerns raised by the patient's family/carers. 100% of all in-patient deaths had a Level 1 Review in Q4 January 2023 to March 2023.
- For the year April 2022 to March 2023 there were 684 in-patient deaths (including those due to Covid-19).
- In 2022/23 following a Level 1 Review there were 72 (11%) in-patient deaths that triggered for a Structured Judgement Review to be carried out to look at the patient care. Of these, 58 (81%) Structured Judgement Reviews have been completed to date. Work is ongoing to ensure that the remaining 14 cases have a Structured Judgement Review completed and returned.
- Of the 58 completed Structured Judgement Reviews, 8 (14%) cases identified an outcome of CESDI Grade 1: Some suboptimal care which did not affect the outcome with the remaining 50 cases identifying an outcome of CESDI Grade 0: No suboptimal care. Previously the Trust used an avoidability of death score, from this quarter we are now using the CESDI scoring to align with the recommendation of the APC Mortality Task and Finish Group.
- The Mortality Surveillance Group continues to meet bi-monthly and reviews the data around Structured Judgement Reviews.
- During the 12 month period April 2022 to March 2023 the top 3 triggers for a Structured Judgement Review were Unexpected Death, Family/Carer concern and Medical Examiner request.
- In January 2023 the Level 1 mortality form was reviewed and the triggers for Structured Judgement Review were updated to ensure that the most appropriate cases are reviewed and learning captured. Further review may be required to align the triggers for the APC Mortality Surveillance Group in due course.
- Following the decision to move to use the SJRPlus review form, an electronic format which allows for easier interrogation of the outcome data, work is ongoing with key reviewers who will complete training and then be signed up via a link on the NHS England & NHS Improvement website to complete a Structured Judgement Review electronically. This will allow for easier interrogation of the data.

### **3. Thematic Review**

#### **Level 2 Mortality Reviews:-**

Following Mortality & Morbidity (M&M) meetings a divisional exception report will be presented at the Mortality Surveillance Group and will include an advisory section for any learning identified during the M&M and also to escalate any concerns identified. Mortality & Morbidity meetings are held monthly within the specialities in the Division of Planned Care, all in-patient deaths are discussed; progress is ongoing enable to learning to be better captured and learning to be escalated to the Mortality Surveillance Group.

The first Mortality & Morbidity meeting was held by Unplanned Care in April with good attendance. This gave opportunity for review of themes of learning from Structured Judgement Reviews done in the Division and for any learning to be discussed and disseminated. These meetings are planned bimonthly. The review of nosocomial covid-19 deaths from April 2020-March 2021 was presented at this meeting.

#### **Assurance from Reviews and some Lessons Learnt:**

- Involvement of patient and families in discussions around care plans and end of life care.
- Good Multi-Disciplinary Team (MDT) discussions and collaborative working with other teams.
- Early recognition of dying patients and appropriate end of life care.
- Treatment Escalation Plan (TEP) is not always documented and signed until near at the time of death.
- Regular recording of the Glasgow or other pancreatitis severity score might have highlighted a patient's deterioration. (It was noted that it would not have changed the outcome for the patient in this instance).

#### **Action Taken:**

- A review of frequency of risk scoring to highlight severity of pancreatitis patients is taking place and a pancreatitis proforma is being created.
- A new TEP form with clearer instructions on what treatments are appropriate for the patient is now within the new clerking proforma; a recent Audit has evidenced that this has led to increased completion of the Treatment Escalation Plan form.

#### **LeDeR (The Learning Disability Mortality Review Programme)**

The Learning Disability Clinical Nurse Specialist at Hillingdon Hospital notifies the LeDeR programme, funded by NHS England, of any patients with a learning disability or autistic people that have died. LeDeR will then start their review process by ensuring that the notification was suitable for LeDeR. The last LeDeR 2021 report by Kings College London was published in May 2022; the Trust is working towards learning and recommendations from this report. This includes ensuring that Medical Capacity Assessment (MCA) and Deprivation of Liberty Standards (DOLs) are used appropriately, increased awareness and use of hospital passports and reasonable adjustments. The Learning Disability Clinical Nurse Specialist at Hillingdon attends the quarterly Mortality Surveillance Group meetings to report on current learning, recommendations and actions for the Trust.

In April 2023, the North West London Adult Safeguarding Board published a LeDeR update report for assurance due to structural changes within the Integrated Care Board and LeDeR programme. The report identified the following challenges, improvements and recommendations which are for all acute hospitals within the collaborative.

## Challenges:

- Backlog of review; Hillingdon Borough (not Hillingdon Hospital) was one of the lowest performing boroughs in London for backlog of reviews. This was partly due to recruitment and staff retention.

## Improvements:

- Reviews and learning are assessed across North West London rather than individual boroughs.
- Improved training and awareness of LeDeR programme.
- Local Area Contact has now been appointed to co-ordinate and oversee reviews.

## Recommendations:

- Learning Disability Clinical Nurse Specialist to liaise with the local area contact and request summary and learning from the LeDeR reports carried out is reported directly to the Trust.
- Await information and recommendations made by the LeDeR report 2022 to inform an action plan for the Trust.

## 4. Areas of focus

The Trust is committed to accurately monitoring and understanding its mortality outcomes to ensure the highest possible standard of care for patients. This report summarises the Hillingdon Hospital Trust position for Q4 January 2023 to March 2023.

The Clinical Lead for Mortality has been an active member of the APC Mortality Task & Finish Group, set up to review mortality systems and align processes. The aim of the task and finish group was to review key areas to deliver a joined-up approach to data analysis and shared reporting. It has been agreed that an APC Mortality Surveillance Group will be established to take forward recommendations from the task & finish group. This group will meet quarterly to review alignment on four key areas in the first instance:

- HSMR and SHMI reporting
- Palliative Care Coding
- Mortality Review process triggers and outputs
- Learning from mortality reporting

## Capturing learning and recording and monitoring improvement actions

Hillingdon have launched a triangulation meeting for Complaints, Litigation, Incidents and Plaudits which includes Structured Judgement Review outcomes to ensure that themes are identified across a wider scope of reviews and investigations and overarching actions can be identified.

## 5. Conclusion

- 5.1. The Trust continues to have a low mortality rate, when benchmarked using NHS Digital/ Telstra Health information supplied by Dr Foster.
- 5.2. There is further work to be carried out around completion of Structured Judgement Reviews within the set timescales and this is being addressed and monitored at the Mortality Surveillance Group. Learning and actions that are identified as part of the Structured Judgement Reviews are being captured and monitored on the Trust's database and learning is being fed back via the Divisional Governance meetings.

Mortality & Morbidity meetings have been scheduled across the Trust by Division with the outcomes of the meetings being fed back to the Mortality Surveillance Group, presentations are shared for information. Further support is being provided to ensure the learning is captured and shared appropriately, including the dissemination of learning Trust Wide, triangulation of learning from Structured Judgement Reviews feeds in to the triangulation meeting supported by complaints, claims and learning from incidents to identify Trust Wide themes and trends.

The Clinical Governance Facilitator for Mortality has been liaising with her counterparts at other Hospitals to identify and understand their mortality process with a view to review and streamline the Trust process.

## 6. Glossary

- 6.1. **Medical Examiners** are responsible for reviewing every inpatient death before the medical certificate cause of death (MCCD) is issued, or before referral to the coroner in the event that the cause of death is not known or the criteria for referral has been met. The Medical Examiner will request a Structured Judgement Review if required or if necessary refer a case for further review and possible investigation through our incident reporting process via the quality and safety team. The ME will also discuss the proposed cause of death including any concerns about the care delivered with bereaved relatives.
- 6.2. **Structured Judgement Review (SJR)** is a clinical judgement based review method with a standard format. SJR reviewers provide a score on the quality of care provided through all applicable phases of care and will also identify any learning. The SJR will be completed within seven days of referral.
- 6.3. **Structured judgement reviewers** are responsible for conducting objective case note reviews of identified cases. They will seek, when required, specialist input and advice from clinical colleagues, including members of the multi-disciplinary teams to ensure high quality, comprehensive review is undertaken, using the full range of medical records available to them.
- 6.4. **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.
- 6.5. **Child Death Overview Panel (CDOP)** is an independent review aimed at preventing further child deaths. All child deaths are reported to and reviewed through Child Death Overview Panel (CDOP) process.

- 6.6. **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.
- 6.7. **Learning Disabilities Mortality Review (LeDeR)** is a review of all deaths of patients with a learning disability. The Trust reports these deaths to the Local integrated care boards (ICBs) 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.

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**Date:** 29/06/2023

### **List of appendices**

Appendix 1 – Performance Scorecard



## Appendix 1 – Performance Scorecard

	Q1	Q2	Q3	Q4	Comments	National LfD minimum requirement?
<b>Summary data</b>						
Total no. deaths (adult and children)	169	159	168	188	Inpatients deaths only	
Total no. adult deaths	168	159	168	187	Inpatients over 18 years age	Y
No. adult deaths per 1,000 non-elective bed days	-	-	-	-		
Total no. child deaths	1	0	0	0	Inpatients over 28 days and less than 18 year only	
Total no. neonatal deaths	0	1	1	0	Inpatients livebirths under 28 days of age	
Total no. stillbirths	-	-	-	-	Inpatient not live births	
<b>Review summary</b>						
Deaths reviewed by Medical Examiner	152	145	147	203	% of total deaths (row 3)	Total Figures
Deaths referred for Level 2 review	27	15	15	15	% of total deaths (row 3)	Total Figures
Level 2 reviews completed	100%	100%	93%	13%	% of total referrals this quarter	Y
Total Deaths Reviewed Through the LeDeR Methodology	-	-	-	3	LeDeR reviews completed in quarter	Y
<b>Level 2 referral reason breakdown</b>						
Requests made by a Medical Examiner	26%	27%	27%	40%	% of total referrals	
Concerns raised by family / carers	48%	47%	40%	60%	% of total referrals	
Patients with learning disabilities	7%	13%	13%	7%	% of total referrals	
Patients with severe mental health issues	7%	0%	33%	7%	% of total referrals	
Unexpected deaths	26%	53%	64%	-	% of total referrals	
Elective admission deaths	0%	0%	0%	7%	% of total referrals	

Requests made by speciality mortality leads / through local Mortality and Morbidity review processes	0%	0%	0%	6.7%	% of total referrals	
Service or diagnosis alarms as agreed by APC mortality surveillance group	-	-	-	-	% of total referrals	
<b>Level 2 review outcomes</b>						
CESDI 0 - No suboptimal care	89%	87%	79%	100%	% of cases reviewed	
CESDI 1 - Some sub optimal care which did not affect the outcome	11%	13%	21%	0%	% of cases reviewed	
CESDI 2 - Suboptimal care – different care might have made a difference to outcome (possible avoidable death)	0%	0%	0%	0%	% of cases reviewed	
CESDI 3 - Suboptimal care - would reasonably be expected to have made a difference to the outcome (probably avoidable death)	0%	0%	0%	0%	% of cases reviewed	Y
<b>SHMI and HSMR</b>						
SHMI 12-month rolling	-	-	-	100.6	Provided by Telestra Health UK	
HSMR 12-month rolling	-	-	-	93.1	Provided by Telestra Health UK	
Palliative Care SHMI 12-month rolling	-	-	-	-	Provided by Telestra Health UK	
Palliative Care HSMR 12-month rolling	-	-	-	-	Provided by Telestra Health UK	

# Rise in HSMR between Yr to May 22/Jun 22 Review

Appendix: Evaluation of HSMR Methodology and Performance of  
NWL Providers

# Appendix: HSMR change between May and Jun 2023 updates

**Introduction:** Concerns were raised by the APC around the comprehensive increase in the HSMR rate for all North West London providers between the data periods of **June 2021-May 2022** and **July 2021-June 2022**. This average rise for NWL providers was 9.4 points; typically, there is rarely a rise of more than 1-2 points between rolling twelve month data periods. The APC, for purposes of investigation and assurance have asked for this rise to be evaluated; firstly, to understand whether this is something related to this sector alone or to the wider NHS; and to understand to what extent is this a performance issue or a data/methodological issue relating to the wider HSMR metric.

**Evaluation:** The slides in this appendix summary include:

- Data investigation of increase in HSMR in the period, including reference to wider NHS performance
- Methodological investigation of HSMR to evaluate why this rise is in the form of a 'spike' rather than a more stable increase; this will look into effects of Covid on data, changes in case mix and the effect of yearly rebasing of Telstra Health UK (THUK) HSMR benchmarks.
- Looking at impact in this data period on corollary mortality metric, the SHMI, and whether there has been a corresponding increase in this metric
- Evaluation of changes in HSMR variables, such as case mix and comorbidity profiles amongst NWL providers and the extent to which this is driving increases
- Mitigating the effects of large spikes in HSMR data, as this yearly 'spike' is likely to continue to occur.

## Key Findings:

- The spike in HSMR is in large part a methodological quirk of its underlying methodology, which 'rebases' every year in the June data update and sees an unusually large uptick in HSMR across NHS. For this year (Financial Year 2021-22) this increase seems larger than for previous June updates (more than twice as large an increase as would be expected looking at historic 'rebasings').
- The effect of rebasing across the NHS has been comprehensive; the average increase for NWL providers is in fact lower than the average per provider ALL NHS increase.
- There has been no corresponding increase in SHMI across either NWL providers or the wider NHS; this is mainly due to the fundamental differences in the models and the data they include/exclude.
- Covid is still working its way through the data model and is exacerbating volatility in yearly benchmarking
- Volatility in HSMR figures is likely to continue in future for this June rebasing period.
- The rebasing of HSMR data does retrospectively apply the new 'benchmarks' to previous data increases (i.e., the rebasing in June applies the new benchmark data to all preceding data periods) which does smooth out the increase in HSMR. However the HSMR is recorded contemporaneously (otherwise the data would be in a state of constant flux). It is suggested to provide assurance that in the annual June rebasing exercise, an analysis of the new benchmarks applied to these preceding data periods is carried out and appended to reports.
- THUK is constantly evaluating the methodology to ensure its robustness. This volatility in the data feeds into a wider perception that the HSMR requires academic review and revision to ensure the metric remains robust, sensitive to changes in mortality performance but also maintaining stability around the output metric itself.

# HSMR Review

## HSMR change between these two periods is historically large

HSMR has been contemporaneously recorded by Imperial since 2013, and Telstra Health UK (THUK) rebase their data yearly, usually in the data month of July to Jun rolling 12 month data. The change in data following this period is usually in the range of c.1-2 points (between pre and post rebasing rolling 12 month periods). The change at Imperial alone has been as high as 4 in these pre/post rebasing periods in the past. However, the average change for this rebasing period is historically high; an average of 9.4 points rise across NWL providers, a range of variance in the metric of between 5.8 and 12.1 amongst individual ICS providers.

HSMR outlier performance both positive (low mortality risk compared to wider NHS) and negative (high mortality risk) is established by applying confidence intervals. The change in HSMR numbers post this rebasing does not change the 'status' of most NWL providers (Imperial, London NWUH and Chelsea & Westminster) are low mortality risk both pre and post rebasing (signified in 'green' text below. However the rebasing change was sufficient to change Hillingdon from 'low' to 'within expected range', although Hillingdon actually had the lowest pre/post rebasing HSMR change.

Provider HSMR	Jun 21 to May 22	Jul 21 to Jun 22	Variance between periods
Imperial	71.1	79.6	8.5
Hillingdon	87.3	93.1	5.8
Chelsea & Westminster	68.7	80.8	12.1
London NWUH	82.2	93.4	11.2
<b>Average</b>			9.4

# HSMR Review

## Large rises in HSMR are evident across the entire NHS- even for providers with the lowest HSMRs in the NHS

The change in HSMR has been across the board looking at these Year to May 2022 vs Year to June 2022 data periods. We know this because:

- Even those providers with the lowest HSMRs in the NHS have seen increases between 6 and 12 points
- Ranks have changed little even though numbers have changed substantially (if this was an issue specific to London, or NW London, we would reasonably expect to see major shifts in ranking).

I have provided the details of HSMR rises for the providers with the ten lowest HSMRs in the entire NHS, below. (I have looked at non-specialist acute providers to enable a consistent basis for comparison).

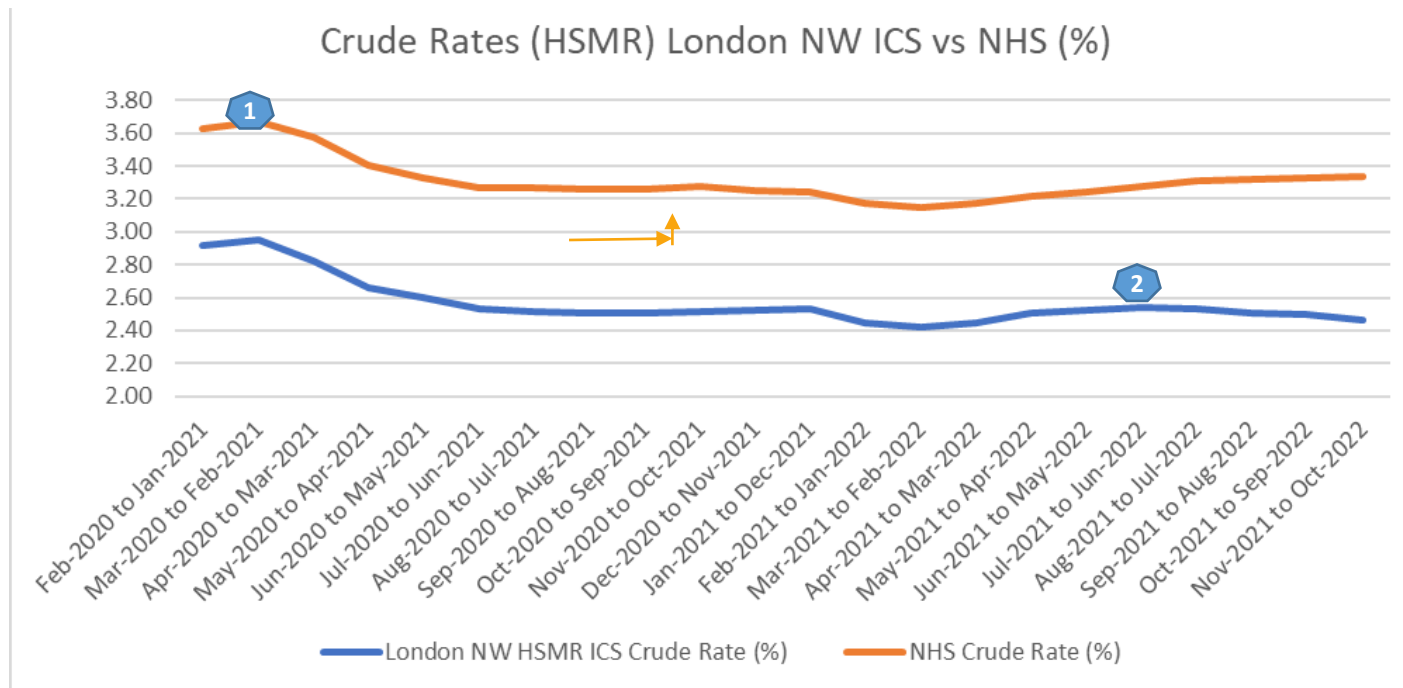
- The average Year to May 2022 vs Year to June 2022 difference was 8.2 for the '10 lowest providers' compared to 9.4 for NW London providers. It is not unexpected this is slightly lower; we would expect to see lower rises for this 'ten providers' group as the organisations' HSMRs were lower to start with (although notable that Imperial and Chelsea & Westminster are members of both 'groups').
- Nonetheless the 'ranking' within the Lowest ten providers pre & post the update does not change for the majority (six out of ten) providers. This is further proof that numbers have jumped comprehensively across all NHS providers; it is not changed the underlying 'rank' of performance by much.
- Provided as an attachment is the pre/post scores for ALL NHS providers so you may look at individual changes for other London (and other regional) providers. The average increase across the NHS for ALL providers was 12 points (thus higher than the NWL ICS average increase by almost 3 points).

Lowest 10 NHS Provider HSMRs (as at June 2022)	Relative Risk (Jun 21-May 22)	Relative Risk (Jul 21-Jun 22)	Variance	Rank Year to May 2022 (Rank 1 = lowest HSMR in NHS)	Rank Year to Jun 2022
Royal Surrey County Hospital NHS Foundation Trust	62.21	68.78	6.57	1	1
Guy's And St Thomas' NHS Foundation Trust	66.06	73.62	7.56	2	2
Hampshire Hospitals NHS Foundation Trust	67.15	74.78	7.63	3	3
Southport and Ormskirk Hospital NHS Trust	69.19	75.79	6.6	5	4
University College London Hospitals NHS Foundation Trust	69.23	76.01	6.78	6	5
Chelsea and Westminster Hospital NHS Foundation Trust	68.7	80.8	12.1	4	6
Imperial College Healthcare NHS Trust	71.1	79.6	8.5	7	7
West Suffolk NHS Foundation Trust	71.84	81.29	9.45	8	8
Cambridge University Hospitals NHS Foundation Trust	72.79	81.78	8.99	9	9
Lancashire Teaching Hospitals NHS Foundation Trust	75.58	83.67	8.09	12	10

# HSMR Review

## This rise in HSMR across the board is not accompanied by a consistent rise in crude mortality rates

A rise in crude mortality rates would fairly be expected to accompany a rise in HSMR; however if we look at the crude rates of the NWL trusts, and at the NHS crude rate, there is a very small rise in the figures between the May 2022 and June 2022 rolling periods. The increase between the periods is 0.02% for NWL and 0.04% for the NHS. This supports the notion that this is a methodological issue (specifically, changes from rebasing) rather than HSMR increases being driven by any kind of performance issues related to crude mortality rates.



1 This period represents the entry of Covid into NHS data reporting (from March 2020). Here, nationally we see a rolling crude rate of 3.5% plus, which gradually drops as incidence of Covid recedes.

2 This is the May 2022 vs Jun 2022 period where we say the large rise in HSMR (12 points on average nationally). The rise in crude rate percentages at London NW and NHS level is much smaller between these periods, hence the rise in HSMR is not related to any systemic rise in crude mortality rates.



# HSMR Review

## There is no concomitant rise in SHMI for the same period

It is important to note at the outset that SHMI and HSMR are very different metrics, embracing very different approaches to measuring mortality risk performance. SHMI is an all-encompassing measure that includes more activity than HSMR (all inpatient activity, plus mortality for patients 30 days post discharge), with some exceptions (COVID spells are excluded, palliative care is not adjusted for). HSMR covers c.20% of activity (the high mortality risk diagnosis groups that traditionally account for 80% of in-hospital deaths). Wider data coverage, and the post-discharge data validation, means SHMI runs one to two months in arrears of HSMR.

SHMI is also more 'stable' data- once the monthly update is published the figures are 'set in stone' and are not revised retrospectively. HSMR is dynamic; data is updated monthly and risk models are constantly adjusting as it does, meaning data is constantly changing when published (even retrospectively).

It is therefore little surprise that SHMI changes very little in the May 2022/June 2022 period; variance is less than 1 point (for all providers bar Hillingdon- where SHMI actually improves), compared to the 6-12 point differences we saw in the same period for HSMR. So, this 'spike' is solely a phenomenon of the HSMR measure.

The increase in mortality crude rates however is very much in line with HSMR; there are miniscule differences in the period, with crude rate up or down by between 0.02 to 0.05 points.

SHMI for NW London providers	SHMI (Jun 21-May 22)	SHMI (Jul 21-Jun 22)	SHMI Variance	SHMI Crude Rate (%) (Jun 21-May 22)	SHMI Crude Rate (%) (Jul 21-Jun 22)	SHMI Crude Rate Variance
Imperial College Healthcare NHS Trust	74.62	74.94	0.32	1.91	1.93	0.02
The Hillingdon Hospitals NHS	103.81	100.57	-3.24	2.5	2.47	-0.03
Chelsea and Westminster Hospital NHS	71.28	71.92	0.64	1.52	1.57	0.05
London North West University Healthcare NHS	78.92	79.31	0.39	2.17	2.19	0.02

# HSMR Review

## Post-rebasing, the HSMR benchmarks are applied to data retrospectively. This 'smooths out' the data pattern

It is important to note that post rebasing the data changes retrospectively. Indeed every month, the data changes- it is in a state of constant (but usually minor) revision. This is for a myriad of reasons- data might be resubmitted by a provider, or extra data might be added. Equally, as the data is benchmarked, changes to data at other trusts can change HSMR for a trust *even if there are no changes made to their own data*. Trusts can also resubmit data at any point in the Financial Year (i.e. could resubmit changed April data in, say, November). TH-UK meanwhile capture and report data at each monthly data release (e.g. record it contemporaneously)

This contrasts with the SHMI, which is published monthly, and is 'set in stone'. Subsequent updates do not change the value of previous updates, even minimally. (The corollary to this is that SHMI does not allow much capacity to drilldown into the data, as the HSMR tool does).

This smooths out the precipitous rise in the data in the Jul/Jun period. You will see now that for e.g. Imperial the 8.5 rise now becomes a 0.22 rise and the data for all providers looks much more consistent, rather than the vertiginous rise we see in the contemporaneously released data.

Data as reported contemporaneously							
Provider	Apr 21 to Mar 22	May 21 to Apr 22	Jun 21 to May 22	Jul 21 to Jun 22	Aug 21 to Jul 22	Sep 21 to Aug 22	Oct 21 to Sep 22
Imperial	68.0	70.5	71.1	79.6	80.1	79.4	79.2
Hillingdon	84.6	87.1	87.3	93.1	95.4	97.0	97.9
Chelsea & Westminster	67.4	68.4	68.7	80.8	77.6	78.3	77.4
London NWUH	79.6	81.0	82.2	93.4	94.7	94.5	95.8

Data as available now (post-Rebase and applied retrospectively)							
Provider	Apr 21 to Mar 22	May 21 to Apr 22	Jun 21 to May 22	Jul 21 to Jun 22	Aug 21 to Jul 22	Sep 21 to Aug 22	Oct 21 to Sep 22
Imperial	76.36	77.73	78.95	80.17	80.49	79.63	79.30
Hillingdon	95.12	97.83	97.14	94.20	94.94	97.29	97.37
Chelsea & Westminster	77.28	78.32	80.35	81.73	81.49	81.73	80.43
London NWUH	90.66	92.44	93.55	94.62	94.90	94.44	95.70

## There may be other reasons for this rise in HSMR but these are difficult to evaluate via the data

Usually, a rise in crude rates would be expected to accompany a rise in HSMR; however, if we look at the crude rates of the NWL trusts, and at the NHS crude rate, there is a very small rise in the figures between the May 2022 and June 2022 rolling periods. The increase between the periods is 0.02% for NWL and 0.04% for the NHS. This supports the notion that this is a methodological issue (specifically, changes from rebasing) rather than HSMR increases being driven by e.g., performance issues.

Telstra Health UK consultants and analysts have posited numerous factors which may have contributed to this rise in the HSMR (as reported at the time). Contributory factors are listed below:

- The 12-month benchmark being more volatile due to the impact of specific months (covid peak months) with high crude mortality moving out of the latest benchmark (benchmarks are used to calculate patients expected mortality risks in a given spell).
- Regional variance in Covid-19 mortality has meant the impact has not been consistent nationally. (TH-UK is advising trusts to assess their rolling relative risk trends, compared to their regional peers). This is something NW London have been doing consistently.
- The acuity of patients has increased as a consequence of the pandemic. For example, patients presenting with pneumonia, with long covid are potentially a higher risk, which are not reflected with the existing case-mix factors.
- The model has only limited data on the impact of Covid-19 on mortality. Therefore, it is less likely to be as accurate at predicting mortality compared to other conditions.
- Emerging workforce pressures within trusts and primary care may be driving differences in patient outcomes. Again, staffing levels are not a variable in the model.
- The model doesn't include risk adjustments for COVID-19 relevant casemix factors, such as obesity and ethnicity, which have been found to have a notable impact on patient pathways and outcomes for Covid as a primary or secondary diagnosis.
- Patient behaviour may have changed during the pandemic which may be contributing to late presentation and increased complexity. The model adjusts for the number of emergency admissions the patient has made in the last twelve months but does not capture any data relevant to late presentation.
- Delays to elective treatment mean that some patients have deteriorated, due to postponed treatment.
- Ambulance response times have deteriorated, potentially leading to more acutely ill patients.

# HSMR Review

## Next Steps

TH-UK is aware of concerns around the variability and volatility of the HSMR metric in recent times. A review group has been convened and is mapping out next steps of a strategy to revise the HSMR. This will be led by a research professor in population health and the aspiration is to implement a revised methodology in the coming year.

This process will look at all aspects of the HSMR methodology and the aspiration is to produce a more accurate, reflective and stable metric.

As part of this process, contributions from stakeholders are being encouraged. NW London will be made aware of developments in this process as and when they occur and will be invited to share opinions with our HSMR review team during this discovery phase.

# HSMR Review

## GOVERNANCE

**Author:** Ben Jones, Senior Consultant, Telstra Health UK on behalf of Imperial Business Intelligence

**Committee:** Acute provider collaborative quality committee

NWL Acute Provider Collaborative Board in Common (Public)

18/07/2023

Item number: 5.1

This report is: Public

## Audit and Risk Committee Chairs' Report

Accountable Director: Aman Dalvi, Non-Executive Director and Audit Chair – Chelsea and Westminster NHS Foundation Trust, Nick Gash, Non-Executive Director and Audit Chair- Imperial College Healthcare NHS Trust, Bob Alexander, Non-Executive Director and Audit Chair- London North West University Healthcare NHS Trust, Neville Manuel, Non-Executive Director and Audit Chair – The Hillingdon Hospitals NHS Foundation Trust

### 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.

Chelsea and Westminster  
NHS Foundation Trust  
Audit and Risk Committee  
23 June 2023

The Hillingdon Hospitals  
NHS Foundation Trust  
17 April, 19 May & 22 June  
2023

London North West  
University Healthcare NHS  
Trust Audit and Risk  
Committee  
14 April, 24 May & 23 June  
2023

Imperial College  
Healthcare NHS Trust  
Audit, Risk and  
Governance Committee  
14 June 2023

### Executive summary and key messages

Attached are the highlight reports from the Audit and Risk Committee meetings:

- Chelsea and Westminster NHS Foundation Trust Audit and Risk Committee (23 June 2023)
- London North West University Healthcare NHS Trust Audit and Risk Committee (14 April, 24 May & 23 June 2023)
- Imperial College Healthcare NHS Trust Audit, Risk and Governance Committee (14 June 2023)
- The Hillingdon Hospitals NHS Foundation Trust (17 April, 19 May & 22 June 2023)

The Board in Common is asked to note the key findings in each of the reports and items escalated to the Board in Common from the individual Audit and Risk Committees.

## Strategic priorities

Tick all that apply

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

Click to describe impact

## Impact assessment

Tick all that apply

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

Click to describe impact

## Reason for private submission

Tick all that apply

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

If other, explain why



# North West London Acute Provider Collaborative Chelsea and Westminster Hospital NHS Foundation Trust Audit and Risk Committee Chair's Highlight Report to the Board in Common – for discussion

Date of Meeting – 23<sup>rd</sup> June 2023

## Highlight Report

### 1. Purpose and Introduction

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

### The role of the Collaborative Committee is:-

- To oversee and receive assurance that the Trust level Audit and Risk 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

#### Internal Audit Reports:

##### Data Quality

A review of the policy and SOP for Diagnostics Waiting Times and Activity data was tabled at the meeting on 23<sup>rd</sup> June, and two concerns were raised: one was a medium concern around recording key dates on patient files, whilst another was a low risk concern in the Cystoscopy department.

The review concluded substantial assurance over both the design and effectiveness of the controls.

There was a concern that the Cystoscopy department had account for 21% of breaches, and it was confirmed to the Committee the acceptance of these recommendations. It was noted that sickness and vacancies contributed to the number of breaches.

##### Cash and Patient property

A report on this issue was presented and which confirmed that at the request of the Trust, the review of cash payments and safekeeping of patient property was undertaken following two incidents. The report highlighted three high and five medium priority recommendations, which included records of cash receipts; holding cash securely; and the segregation of duties when handling cash, resulting in moderate assurance over the design and limited assurance over operational effectiveness of the controls. There was a concern that the Trust still handled cash transactions, and it was noted that sometimes overseas patients had no other means of payments, and cash payments were also used for reimbursement of patient travel costs, but this process was being reviewed in order to improve this process. It was also confirmed that the policy regarding Patient Property had been tightened and some of these checks in respect to Patient Property would be captured in both the ward accreditations and Matron monthly audits.

### **Apprenticeship levy**

A paper on the Apprenticeship Levy was presented in order to determine how the apprenticeship levy was being utilised and how opportunities to increase the Trust's utilisation could be highlighted. There were two medium and one low recommendations, and it was confirmed that most of these were already underway to resolve, resulting in moderate assurance over the design and operational effectiveness of the controls. A question regarding inequality was raised, and it was confirmed that the data would be reviewed and discussed at the People and Workforce Committee to ensure this would not be the case, and confirmed there would be a wide range of apprenticeship available for all staff including masters and leadership programmes.

### **Data Security & Protection Toolkit**

It was confirmed that there was substantial assurance over the design and operational effectiveness of the Trust's data security and protection controls, and the report would be submitted on time.

## **2.1 Positive Assurances Received**

### **Internal Audit and Counter Fraud**

In 2022/23, the Trust completed a total of 13 reviews (10 assurance reviews and three advisory reviews). The advisory reviews related to HFMA financial sustainability, environmental maturity and the data protection and security toolkit.

For the advisory HFMA Financial Sustainability review, the Trust scored above other Trusts within the benchmarking sample, averaging a score of 4.0 across the eight categories compared to an average score of 3.7.

For the 10 reviews where BDO provided assurance ratings, the majority of the audits were rated substantial in the design of the controls (Substantial: 7 and Moderate: 3) and moderate in the operational effectiveness (Substantial: 4, Moderate: 5 and Limited: 1).

The one limited rating relates to the operating effectiveness of controls over cash payments received from patients. By way of context, overall cash payments make up less than 0.5% of the Trust's total income and this was a targeted audit commissioned by management due to emerging risks being identified.

The overall Internal Audit rating for 2022/23 was "Moderate". Moderate assurance is the second highest assurance rating, which reflects in the main that there are appropriate procedures and controls in place to mitigate the key risks reviewed albeit with some that are not effective, and a small number of exceptions found in testing of the procedures and controls.

RSM also delivered a positive counter fraud report indicating that the counter fraud, bribery and corruption work carried out during 2022/23 had been self-reviewed against the Functional Standard requirements relating to fraud, bribery and corruption and that a green rating was achieved.

### **External Audit**

#### **Quality Account**

The Quality Account had been approved at the local Quality Committee earlier in June 2023, and was waiting for the final updates before submitting the report next week. It was also confirmed that the priorities for 2023/24 would be End of Life Care, Effective Discharge, Frailty Care and PSIRF. The Committee formally approved the Quality Account subject to any minor changes.

### **Annual Accounts**

The 2022/23 Annual Accounts were presented and it was noted that these represented group accounts, including the Trust's subsidiary CW Medicines, but that the full accounts for CW Medicines would be completed over the summer and for approval and sign off by the CW Medicines board.

It was also noted that the accounts were subject to any final changes over the last week of the external audit and due for submission to NHS England, together with the annual report and external audit report on 30th June.

#### **External Auditors Report, including ISA 260**

A paper on the External Auditors Reports was tabled, and this confirmed that lots of work was ongoing, and the report would be signed off at the end of June. There were no material errors, Value for Money work was ongoing and from an overall external perspective it was positive, and the Trust had benchmarked well on the quality indicators.

They had not identified any risks of significant weakness in arrangements to secure economy, efficiency and effectiveness in use of resource, and not identified any matters to report by exception in financial statement audit opinion, but emphasised work was ongoing.

They had reviewed the Trust Annual Report and Governance statement, and based on their review considered the Trust had followed the format prescribed by the foundation trust annual reporting manual, subject to minor changes.

It was noted that there was a higher level of unadjusted misstatements reported compared to previous years (£7.2m) primarily due to the accounting treatment of a provision for sale of Sensyne shares of £4.5m. The overall materiality for the Trust's audit is £13.0m.

The Chief Financial Officer thanked the Trust finance team for all of their work to date on the accounts and audit and noted the unadjusted misstatements, but confirmed that the Trust did not intend to amend the accounts for these as they were not deemed material.

#### **Annual Report & Annual Governance Statement, including going concern statement Sign-Off Self-Certification Template FT4, G6 and CoS7**

The Annual Report had been completed and it was noted that the auditors had provided a list of actions, and but one had been completed.

It was confirmed that the G6 document had been approved via e-Governance and FT4 had been completed and there was not anything that was not compliant.

The Committee formally approved the Annual Report, Annual Accounts and Self-Certification. The Governors and members will have the opportunity to formally review the Annual Report and Accounts and to question the External Auditors at the annual members meeting.

## **2.2 Key Risks to Escalate**

There were no matters for escalation.

## **2.3 Concerns Outstanding**

There were no outstanding concerns.

## **2.4 Key Actions Commissioned**

2023/24 annual plans for Internal Audit and Counter Fraud have been signed off following consultation with Committee chairs.

Planning was underway for a number of reviews that included the Cross Health Economy audit which would be carried out later in summer 2023.

## 2.5 Decisions Made

The Committee formally approved the Annual Report, Annual Accounts and Self-Certification. The Governors and members will have the opportunity to formally review the Annual Report and Accounts and to question the External Auditors at the annual members meeting.

## 3. Summary Agenda

No.	Agenda Item	Strategic Risk Mapping		Purpose	No.	Agenda Item	Strategic Risk Mapping		Purpose
		No.	Risk				No.	Risk	
1.1	Welcome and apologies for absence	N/A	N/A		3.2	Annual Accounts			
1.2	Declarations of Interest	N/A	N/A		3.3	External Auditors Report, including ISA 260			
1.3	Minutes from previous meeting	N/A	N/A		3.4	Annual Report & Annual Governance Statement, including going concern statement Sign-Off Self-Certification Template FT4, G6 and CoS7			
1.4	Matters arising	N/A	N/A		4.1	Losses and Special Payments including Write Offs			
2.1	Internal Audit Reports				4.2	Waiver of SFIs			
2.2	Internal Audit Recommendations and Implementations				4.3	Board Assurance Framework			
2.3	Internal Audit 2023/2024 Progress Report, including Head of Internal Audit Opinion				4.4	Audit Committee Forward plan			
2.4	Local Counter Fraud Specialist (LCFS) Progress and Annual Reports				4.6	Matters of Governance Escalation associated with the ICS/Provider Collaborative			
3.1	Quality Account								

## 4. 2022 / 23 Attendance Matrix

Attended (Y)

Members:	A	M	J	J	A	S	O	N	D	J	F	M
Aman Dalvi (Chair)												
Catherine Jervis (NED)												
Dr Syed Mohinuddin (NED)												
Lesley Watts (Chief Executive Officer)												
Virginia Massaro (Chief Financial Officer)												
Robert Bleasdale (Chief Nursing Officer)												
Lindsey Stafford-Scott (Interim Chief People Officer)												
Peter Jenkinson (Director of Corporate Governance and Compliance)												
Dawn Clift (Deputy Director of Corporate Governance and Compliance)												
Peter Chapman (Deputy Director of Finance)												
Yu Chen (Head of Financial Operations)												
Pushpak Nayak (Associate Director of ICT Operations)												
Janine Combrinck (BDO)												
Shrey Choudhary (BDO)												

Craig Wisdom  
(Deloitte)

Laura Rogers  
(Deloitte)

Natalie Nelson  
(RSM)

Paolino Buttaci  
(Corporate Governance  
Manager and  
Compliance)

## North West London Acute Provider Collaborative Imperial College Healthcare NHS Trust Audit and Risk Committee Chair's Highlight Report to the Board in Common Date of Audit and Risk Committee: 14<sup>th</sup> June 2023

### Highlight Report

#### 1. Key Highlights

##### **External Audit**

- 1.1 The Committee received a verbal update, noting that the year-end audit of accounts was ongoing but there had been a marked improvement on last year's audit and weekly meetings between the Finance team and the auditors were continuing to ensure we are on track with the 2022/23 plan.

##### **1.2 Annual Accounts and Annual Report**

The Trust held an extraordinary Audit Committee on 28<sup>th</sup> June 2023 to review and approve the annual accounts and report which were submitted on 30th June 2023.

##### **Counter fraud Annual report and functional standard return**

- 1.3 The Committee received the report which outlined a summary of all progress reports throughout the year, and also the rating for the Trust.

##### **Counter fraud progress report**

- 1.4 The Committee received the report outlining the progress against the 2023/24 annual plan, and were assured that there had been a positive start to 2023/24 with four referrals to date none of which have resulted in further actions.

##### **Risk and Assurance Report including annual priorities**

- 1.5 The Committee noted the update on risk management and assurance at the Trust noting updates on the corporate risk register, the corporate risk profile and board assurance framework process, as well as the risk management priorities for 2023/2024, taking into account the Trust's risk management maturity and the drive to standardise the risk management approach across the North West London acute provider collaborative.
- 1.6 The Committee noted the improvement being made in risk management performance, with key highlights showing the significant reduction of aged risks, those past their due dates and those with a current risk score of 15 or above (extreme risks).
- 1.7 The Committee noted the Risk Management & Assurance Strategy and approved the strategic priorities for 2023/24.
- 1.8 The Committee also reviewed and approved the revised Risk Appetite statement which had been amended to reflect the evolved workings.

##### **Quality Committee Annual Deep Dive**



- 1.9 The Committee received the annual committee report outlining key highlights from the Quality Committee over the previous 12 months, including updates on how the Committee receives assurance around key risks, and strategic priorities for 2022/23.

### **Cyber Security Dashboard**

- 1.10 The Committee received the report outlining the ongoing steps that were being taken by the Trust to mitigate and manage cyber security related risks and incidents, providing an overview of the core activities that were undertaken between March 2023 and May 2023 to manage cyber risks, which were predominately focused on infrastructure and application remediation.

## **2. Positive Assurances Received**

### **Internal Audit - 2022/23 Annual Report and Head of Internal Audit Opinion**

- 2.1 The Committee noted and approved the final 2022/23 report, noting that two of the three final assignments had been completed, and the third report around Quality Governance was to be deferred to next year's work.
- 2.2 The Committee noted that the overall Head of Internal audit opinion for the period 1 April 2022 to 31 March 2023 was that 'Significant assurance with minor improvements' would be given on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control.

### **Provider licence self-assessment**

- 2.3 The Committee received the report containing the proposed declaration of compliance against the provider licence conditions
- 2.4 The Committee were assured that the Trust had declared compliance with various statements, and assurance that we had processes / systems in place, and approved the report.

### **Data Security Protection Toolkit**

- 2.5 The Committee received the report providing a management response to the Data Security and Protection internal audit, which had provided 3 low priority recommendations. The Trust had been set a target date of 19<sup>th</sup> June 2023 to formalise actions from the recommendations and the Committee were assured that controls were in place and the Trust was on track to meet this deadline.
- 2.6 The Committee were also assured that the Trust was on track to submit a compliant toolkit by 30 June 2023.

### **Patient Experience Audit (Complaints) – Management response**

- 2.7 The Committee received the paper summarising plans and actions to date in response to KPMG's internal audit report of the Trust's complaints handling process.
- 2.8 The Committee noted the action plan and that there had been some good progress on delivering the actions and were assured by the report, requesting a further update in 6 months.

### **Health and Safety Annual Report**

- 2.9 The Committee received the paper providing an annual update on the Health and Safety Framework.

2.10 The Committee noted the report and were assured that the Trust were meeting regulatory requirements.

### 3. Key Risks to Escalate

None

### 4. Concerns Outstanding

None

### 5. Key Actions Commissioned

None

### 6. Decisions Made

None

### 7. Summary Agenda

No.	Agenda Item	Strategic Risk Mapping		Purpose	No.	Agenda Item	Strategic Risk Mapping		Purpose
		No.	Risk				No.	Risk	
1.	External Audit Report			To note	9.	Data Security Protection Toolkit			To note
2.	Internal Audit: 2022/23 Annual Report and Head of Internal Audit Opinion			To note	10.	Cyber Security Dashboard			To note
3.	Internal audit progress report			To note	11.	Patient Experience Audit – Management response			To note
4.	Counter fraud Annual report and functional standard return			To note	12.	Health and safety Annual Report			To note
5.	Counter fraud progress report			To note	13.	Tender Waiver Report			To note
6.	Risk and Assurance Report including annual priorities			To note	14.	Committee Forward planner			To note
7.	Quality Committee Annual Report / Deep Dive			Assurance	15.				
8.	Provider licence self-assessment			Assurance	16.				

Members:	A	M	J	J	A	S	O	N	D	J	F	M
Nick Gash, Chair (ICHT)	-	-	Y									
Bob Alexander, Non-executive Director (ICHT)			Y									
Linda Burke, Non-executive director (THHFT)	-	-	Y									
David Moss, Non-executive director (LNWT)	-	-	Y									
Tim Orchard, Chief executive (ICHT)	-	-	Y									

Julian Redhead, Medical director (ICHT)	-	-	Y
Jazz Thind, Chief Finance Officer (ICHT)	-	-	Y
Janice Sigsworth, Chief Nurse (ICHT)	-	-	Y

## North West London Acute Provider Collaborative London North West University Healthcare NHS Trust Audit and Risk Committee Chair's Highlight Report to the Board in Common Date of Audit and Risk Committee: 14 April 2023, 24 May 2023, 23 June 2023

### Highlight Report

#### 1. Key Highlights

##### **Audit**

##### **Internal Audit Report**

- 1.1 The Internal Audit Programme for 2022/23 has been completed and the final audit reports were presented to the Committee. The Committee noted delays with the completion of some recommendations in the follow-up reports and assurance has been received that these will be addressed promptly in future.

##### **External Audit Report**

- 1.2 The Auditor's annual report for 2022/23 was received by the Committee. The auditors issued an unqualified opinion on the Trust's accounts, meaning they believe the accounts give a true and fair view of the financial performance and position of the Trust. The auditors did not identify any significant inconsistencies between the content of the annual report and their knowledge of the Trust and confirmed that the Governance Statement has been prepared in line with the DHSC requirements. There was nothing to report regarding any significant weaknesses in the arrangements the Trust has in place to achieve value for money. It is expected that the auditors will be in a position to sign the audit opinion on 30 June 2023, provided any outstanding matters are satisfactorily resolved.

##### **Risk**

##### **Board Assurance Framework**

- 1.3 The Committee reviewed the new Board Assurance Framework in April; this has been aligned to the goals of the Trust's strategy: *Our Way Forward*.

##### **Risk Report**

- 1.4 The Committee reviewed the risk register in April. 19% of the 237 risks on the register have passed their review date; 24 of these are rated over 15, of which 25% are overdue. Work is being done with the executives and the operational leads to ensure there is an improved picture at the July meeting.

##### **Governance**

##### **Board Committee Annual Effectiveness Review**

- 1.5 The Committee received the survey results in April. The areas requiring improvement focused on links with other board committees, concise, relevant and timely committee papers and setting and assessing strategy.

##### **Losses and Compensation Report**

- 1.6 The Committee received the losses and compensation claims processed up until 31 March 2023.

## **Counter Fraud Report**

1.7 The Committee received a summary of work that has taken place since the last meeting.

## **2 Positive Assurances Received**

### **External Auditor's Annual Report 2022/23**

2.1 The auditors issued an unqualified opinion on the Trust's accounts. They did not identify any significant inconsistencies between the content of the annual report and their knowledge of the Trust, and confirmed that the Governance Statement had been prepared in line with the DHSC requirements. There was nothing to report regarding any significant weaknesses in the arrangements the Trust has in place to achieve value for money.

### **Internal Audit Opinion**

2.2 Based on the audit work undertaken during the year, a moderate assurance opinion has been provided. This reflects that generally, there are appropriate procedures and controls in place to mitigate the key risks.

### **Internal Audit Programme 2022/23**

2.3 The Internal Audit Programme for 2022/23 has been completed, and the Committee reviewed the final internal audit reports:

- Data security and protection toolkit report
- CNST: Maternity incentive scheme report

2.4 Planning has commenced for three new audits in the 2023/24 programme: Patient Transport Services, cancer data set and Cerner.

## **Counter Fraud**

2.5 There has been a move from amber to green for NHS Requirement 4 of the standard return to NHSCFA which forms part of the annual reporting process. The improvement is a result of the extensive evidence of staff awareness of counter fraud policy procedures across the Trust.

## **3 Key Risks to Escalate**

3.1 None

## **4 Concerns Outstanding**

4.1 None

## **5 Key Actions Commissioned**

### **Board Assurance Framework**

5.1 As part of the assurances surrounding the BAF risks monitored by other board committees, it was agreed that a draft schedule will be formulated for committee chairs to attend meetings to discuss their risks, as required.

### **Internal Audit Follow Up Report**

5.2 Executive leads and teams to address overdue and outstanding recommendations before the next meeting in July.

## **6 Decisions Made**

### **Draft Annual Report and Accounts 2022/23**

6.1 The Committee received and approved the 2022/23 annual report and accounts.

### **Year End Self Certifications for London North West University Healthcare NHS Trust**

6.2 The Committee received and approved the 2022/23 year end self-certifications.

## Counter Fraud

6.3 The Committee received and approved the 2022/23 annual report and functional standard return.

6.4 The Committee received and approved the 2023/24 work plan.

## 7 Summary Agenda

### 14 April 2023

No.	Agenda Item	Strategic Risk Mapping		Purpose	No.	Agenda Item	Strategic Risk Mapping		Purpose
		No.	Risk				No.	Risk	
1.	Welcome and Apologies for Absence			-	10.	Losses and Compensation Report			Assurance
2.	Conflicts of interest			-	11.	Review of Debtors and Creditors			Assurance
3.	Minutes of the meeting held on 17 February 2023			-	12.	Counter Fraud Report			Assurance
4.	Review of Action Register			-	13.	Any other business			Discussion
5.	Internal Audit Report			Approval	14.				
6.	External Audit Report			Approval	15.				
7.	Board Assurance Framework			Assurance	16.				
8.	Risk Report			Assurance	17.				
9.	Board Committee Annual Effectiveness Review			Assurance	18.				

### 24 May 2023

No.	Agenda Item	Strategic Risk Mapping		Purpose	No.	Agenda Item	Strategic Risk Mapping		Purpose
		No.	Risk				No.	Risk	
1.	Welcome and Apologies for Absence			-	10.				
2.	Conflicts of interest			-	11.				
3.	Internal Audit Progress Report & Follow-ups			Assurance	12.				
4.	Draft Head of Internal Audit Opinion			Assurance	13.				
5.	2022-23 Self Certification G6			Approval	14.				
6.	Any other business			Discussion	15.				
7.					16.				
8.					17.				
9.					18.				

### 23 June 2023

No.	Agenda Item	Strategic Risk Mapping		Purpose	No.	Agenda Item	Strategic Risk Mapping		Purpose
		No.	Risk				No.	Risk	
1.	Welcome and Apologies for Absence			-	10.	Counter Fraud Report			Assurance
2.	Conflicts of interest			-	11.	Any other business			Discussion

3.	Minutes of the meeting held on 14 April, 5 May, 24 May 2023			-	12.				
4.	Review of Action Register			-	13.				
5.	Internal Audit Report – status of follow-up of recommendations			Assurance	14.				
6.	External Audit Report – Annual Accounts			Assurance	15.				
7.	Draft Accounts 2022/23			Approval	16.				
8.	Draft Annual Report 2022/23 i. Draft Annual Governance Statement ii. Draft Remuneration and Staff Report			Approval	17.				
9.	Self Certification Ft(4)8			Approval	18.				

## 1. Attendance Matric 2023/24

Attended (Y/N)

Members:	A	M	J	J	O	D	F
Bob Alexander	Y	Y	Y				
Ajay Mehta	Y	N	Y				
Janet Rubin (deputy for AM)	-	Y	-				



## North West London Acute Provider Collaborative The Hillingdon Hospitals NHS Foundation Trust

### Audit and Risk Committee (ARC) Chair's Highlight Report to the Board in Common

Date of Audit and Risk Committee: 17<sup>th</sup> April, 19<sup>th</sup> May and 22<sup>nd</sup> June 2023

#### Highlight Report

#### 1. Key Highlights

##### Internal Audit

1.1.1 The Committee has received five Internal Audit Progress reports. Of the five audits completed the committee noted the rating, findings and recommendations as follows:

Name	Design rating	Effectiveness Rating
Data Security and Protection Toolkit	High Confidence	
Waiting List Reporting	Substantial	Substantial
Cash Management	Moderate	Moderate
Quality Priorities	Substantial	Moderate
Appraisals	Moderate	Moderate
Divisional Governance	Substantial	Moderate

1.1.2 The committee has triangulated these reports to relevant committees of the Board.

1.1.3 The committee noted good progress made against closing recommendations from previous Internal Audits.

1.1.4 The committee received and approved the final Internal Audit Plan for 2023/24.

1.1.5 The committee received the Internal Annual Report and Statement of Assurance, noting the Head of Internal Audit Opinion was one of 'Moderate' assurance which is the auditor's second highest opinion. The committee noted the Internal Audit Opinion was positive and a positive improvement compared to previous years for the Trust.

##### External Audit

1.2.1 The Committee has received verbal reports from External Audit and noted that audit work on the accounts was behind plan predominantly due to resourcing issue (May & June 2023).

## **Finance**

The committee noted:

**1.3.1 Review of losses and special payments:** No write offs in quarter 4 of 2022-23. The committee noted a potential write off of obsolescent Personal Protective Equipment stock is being reviewed as part of the year-end process.

**1.3.2 Review of non-compliance with SFIs:** Waiver usage, both from a value and volume perspective, has been significantly lower throughout 2022-23 to date (value down 66%), after a peak at the 2021-22 year end. Procurement record, track and report any non-compliance monthly to the finance team.

**1.3.3 Debtors** – Aged debtor balances are £3.3m higher than the level at the last year end, and are at a level consistent with much of the year. The constituent parts of the balance are also consistent with previous months. Overseas visitors make up approximately 47% of the balance, NHS organisations approximately 34%, and non-NHS organisations approximately 19%. The finance team continues to escalate key relationships in all categories with a view to clearing down these balances. The Trust still has high levels of bad and doubtful debt provision in place against all of these debts, particularly against overseas visitors' debt. The committee discussed the overseas debt in trying to understand whether this was largely historic debt or ongoing accrual and that it would be helpful to set a baseline as to which point the debt is written off.

### **Standing Financial Instructions (SFIs)**

1.4.1 The committee approved changes to the Trust SFIs. The approval changes the approval route for decision below £1m, as the current SFIs require everything above £200k to be approved by the Trust Finance and Performance Committee (FPC).

This is required to ensure the Trust have a local forum for making decisions and to reduce the responsibility placed on the FPC for operational type decisions that often need to be made outside of the normal meeting cycle.

### **Grip and Control**

1.5.1 The committee received an update against the delivery of the Grip and Control Programme and noted that the Trust has now moved to a second phase of the Grip and Control (G&C) workstream, using a revised checklist being piloted by NHSE.

### **Counter Fraud**

1.6.1 The committee received and noted the Counter Fraud annual report. The team delivered 90 counter fraud days to the Trust, with 27 relating to proactive work and 51 relating to reactive investigations. 7 Investigations were closed during the year 2022/23. The team has received one new referral, and there are four open cases, with one case being led by another NHS body relating to an ex-employee and one with the NHS Counter Fraud Authority. The committee has requested some benchmarking data so that it can evaluate how the Trust compares to similar size Trusts and those within the collaborative.

1.6.2 The committee approved the 2023/24 Counter Fraud work-plan. The committee discussed and agreed to strengthen its oversight of cyber security risk and assurance through its forward plan/agenda and how it may be of benefit to take a collaborative approach to cyber security risk and assurance.

1.6.3 The committee received and submitted the NHS Counter Fraud Authority Counter Fraud Functional Standard Return ahead of the 31<sup>st</sup> May 2023 deadline.

### **Health & Safety Report**

1.7.1 The Committee received its quarterly update on Health and Safety assurance noting areas of good progress and areas of risk. The committee has requested further work on key areas of risk in terms of mitigation plans, timescales and quantification of these risks to allow the committee to understand the scale and level of risk

### **Board Assurance Framework Refresh**

1.8.1 The committee received and noted the Board Assurance Framework and Corporate risks scoring 12 and above for quarter 4 2022/23.

### **Committee Annual Review of Effectiveness**

1.9.1 The Committee received and noted the outcome of its annual review of effectiveness. Feedback from the review was positive overall. Themes for improvement identified were timeliness of information circulated to the Committee and how the Committee could be strengthened by linking more with the work of other board committees.

### **Draft Accounts 2022/23**

1.10.1 The committee received the Draft Accounts 2022/23. The committee noted the report and that audit work on the accounts was behind plan predominantly due to resourcing issue.

### **Draft Annual Report 2022/23**

1.10.1 The committee received and commented on the Draft Annual Report 2022/23, with particular discussion focused on the conclusion of the Annual Governance Statement.

## **2. Positive Assurances Received**

### **Committee Annual Review of Effectiveness**

1.9.1 The Committee received and noted the outcome of its annual review of effectiveness. Feedback from the review was positive overall. Themes for improvement identified were timeliness of information circulated to the Committee and how the Committee could be strengthened by linking more with the work of other board committees.

## **Internal Audit**

2.2.1 The Committee noted positive feedback on a number of reports as per section 1.1 above, positive progress on closing down recommendations from audits, and that the Head of Internal Audit Opinion was one of 'Moderate' assurance which is the auditor's second highest opinion which is a positive improvement for the Trust

## **3. Key Risks to Escalate**

### **Annual Report and Accounts 2022/23**

- 3.1 The Trust will not achieve the submission deadline of 30<sup>th</sup> June 2023, and has agreed an extension with NHE England of 14<sup>th</sup> July 2023. The Trust will make an interim submission on 30<sup>th</sup> June 2023 which will include the Draft Provider Financial Return form and Draft annual Governance Statement. A series of extraordinary Audit Committees have been scheduled to maintain oversight and receive assurance against progress ahead of the revised submission.

## **4. Concerns Outstanding**

None

## **5. Key Actions Commissioned**

None

## **6. Decisions Made**

### **Self-Certifications**

6.2.1 The Committee approved the Self-Certifications G6, CoS7 and FT Governance as per the Boards delegated authority.

### **Modern Slavery Act Statement**

6.2.2 The Committee received and approved the annual Modern Slavery Act Statement as per the Boards delegated authority.

### **Internal Audit Plan 2023/24**

6.2.3 The Committee received and approved the annual Internal Audit Plan 2023/24

### **Counter Fraud Work Plan 2023/23**

6.2.3 The Committee received and approved the annual Counter Fraud work plan for 2023/24

### **Standing Financial Instructions (SFIs)**

6.2.3 The Committee received and approved changes to the Trust SFIs (as per 1.4.1 above).

## **7. Summary Agenda**

### **17 April 2023**

No.	Agenda Item	Strategic Risk Mapping		Purpose	No.	Agenda Item	Strategic Risk Mapping		Purpose
		No.	Risk				No.	Risk	
1.	Welcome and Apologies for Absence			-	10.	Health and Safety Report			Assurance
2.	Conflicts of interest			-	11.	Any other business			Discuss
3.	Minutes of the meeting held on 20 <sup>th</sup> February 2023			Approve	12.				
4.	Review of Action Log			-	13.				
5.	Internal Audit Report			Assurance	14.				
6.	External Audit Report			Note	15.				
7.	Counter Fraud Report			Note	16.				
8.	Finance Report			Assurance	17.				
9.	Grip and Control update			Assurance					

### **19 May 2023**

No.	Agenda Item	Strategic Risk Mapping		Purpose	No.	Agenda Item	Strategic Risk Mapping		Purpose
		No.	Risk				No.	Risk	
1.	Welcome and Apologies for Absence			-	10.	Any other business			Discuss
2.	Conflicts of interest			-	11.				
3.	Self-Certification - General condition 6			Approve	12.				
4.	Modern Slavery Act Statement			Approve	13.				
5.	Internal Audit Report			Assurance	14.				
6.	Draft Internal Audit Annual Report			Note	15.				
7.	Standing Financial Instructions			Approve	16.				
8.	Draft Accounts 2022/23			Assurance	17.				
9.	Draft Annual Report 2022/23			Assurance					

**22 June 2023**

No.	Agenda Item	Strategic Risk Mapping		Purpose	No.	Agenda Item	Strategic Risk Mapping		Purpose
		No.	Risk				No.	Risk	
1.	Welcome and Apologies for Absence			-	10.	Annual Review of Committee Effectiveness			Note
2.	Conflicts of interest			-	11.	Self-Certification – Condition 4 FT Governance			Approve
3.	Minutes of the meeting held on 17 April and 19 May 2023			Approve	12.	Annual Report and Accounts 2022/23			Discuss
4.	Review of Action Log			Approve	13.	Any other business			Discuss
5.	Internal Audit Report			Assurance	14.				
6.	Internal Audit Follow-up Report			Assurance	15.				
7.	Final Internal Audit Annual Report 2022/23			Note	16.				
8.	Counter Fraud Report			Assurance	17.				
9.	Board Assurance Framework			Assurance					

**8. Attendance Matric 2023/24**

Attended (Y/N)

Members:	A	M	J	J	A	S	O	N	D	J	F	M
Neville Manuel	Y	Y	Y									
Nilkunj Dodhia	Y	Y	Y									
Nick Gash	Y	Y	Y									

NWL Acute Provider Collaborative Board in Common (Public)

18/07/2023

Item number: 5.2

This report is: Public

# Board in Common Cabinet – Committee

## Summary

Author and Job Title: Philippa Healy, Business Manager

Accountable director: Matthew Swindells  
Job title: Chair in Common

### Purpose of report

Purpose: Information or for noting only

This paper provides an update on items discussed at the Board in Common Cabinet held on 23 May and 13 June 2023.

### 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
23/05/2023	13/06/2023	Click or tap to enter a date.
What was the outcome?	What was the outcome?	What was the outcome?

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

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

#### 1. Tender award: Linen and Laundry Contract (Imperial College Healthcare NHS Trust)

- The tender award for the linen and laundry contract at Imperial College Healthcare NHS Trust was presented to the Board in Common Cabinet, due to timescales for the award of the contract.
- A mini competition tender process had been undertaken, using HealthTrust Europe (HTE) framework and, following the framework and guidance from the legal team, a preferred supplier was selected.



- The paper had been presented and approved by ICHT's Executive Management Board and Finance, Improvement and Operations Committee.
- Members noted the cost of the contract had increased from last year, in line with inflation.
- Members of the ICHT Board approved the preferred supplier for the ICHT linen and laundry contract.

## 2. Amendments to the Collaborative governance model

- The Cabinet considered proposed amendments to the collaborative governance model. The proposals included:

### Executive governance arrangements

- Establishment of an Acute Provider Collaborative Executive Management Board;
- Dis-establishment of the current Acute Programme Board, in conjunction with the Integrated Care Board;
- Change the existing Joint Executive Group to a Collaborative Leadership Forum;
- Establishment of programme boards to oversee key collaborative programmes.

### Changes to the Collaborative Infrastructure and Capital Committee

- To ensure focus on delivery of two enabling agendas, the Infrastructure and Capital Committee be separated into a Digital and Data Committee; and Estates and Sustainability Committee.
- The Board in Common Cabinet approved the proposed changes to the Infrastructure and Capital Committee.
- A paper would be presented to the Board in Common in July to note the changes to the executive governance and Infrastructure and Capital Committee, and to approve the revisions to the scheme of delegated authority to implement these changes.

## 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 23 May and 13 June were:

### CEO Update on significant issues

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

- A number of actions were being taken across the Collaborative in response to the month 1 financial position, which was challenging for all four Trusts. This was due to adverse run rates, non-delivery of Cost Improvement Programme (CIPs), inflation and the financial impact of recent industrial action.
- The Hillingdon Hospitals NHS Foundation Trust were notified formally by NHS England that the Trust had been released from tier 2 performance escalation for elective care and had received confirmation they were not to be placed in tier 2 for cancer.
- London North West Healthcare NHS Trust had received the final Health Education England (HEE) multi-agency report and it was confirmed the Trust would be taken out of enhanced monitoring for gynaecology. The Trust had also received approval for

capital funds to build a further acute medical ward above A&E, anticipated to open in November 2023.

- Chelsea and Westminster Hospital NHS Trust had received the final CQC report on maternity services. The Trust had maintained its 'good' rating for the overall site.
- A&Es across all four Trusts had been under significant pressure in mid-June with a high rise in patients with exacerbated asthma / patients with respiratory issues.
- A brief update was received on preparations in response to planned industrial action.

### **Integrated Performance, Quality and Workforce Report**

The Cabinet reviewed the monthly performance report by exception and noted the impact of industrial action on patient waiting times. A number of actions were outlined and Trusts were working together to be as productive as possible, to recover the lost activity. Members noted improvements in workforce metrics.

### **Business plans implementation and Cost Improvement Programme (CIPs)**

Work continued to embed the plan including peer reviews, discharge and actions to make an impact around the front door, to ensure, at Trust and Collaborative level, we are doing everything possible to achieve the business plan.

### **Non-Executive Director Appointments**

The Board in Common Cabinet received an update on Non-Executive Director recruitment, appointments and inductions. The Cabinet also received an update on a process for agreeing upcoming appointments for university nominated Academic Non-Executive Directors.

### **Review of Equality, Diversity and Inclusion (EDI) activities**

The Board in Common Cabinet received an update following discussions at the Board in Common development session on EDI activities. Trusts continue to undertake a number of actions on EDI and it was recognised progress was being made; however, more could be done to make further impact. There were a number of parts to this; firstly around how we measure and eliminate inequalities of access to services for patients, and addressing inequalities and outcomes for staff; and secondly, identifying metrics to measure the impact of such initiatives. The Cabinet noted it would be important to have metrics embedded in the assurances received through Trust-level committees.

The EDI action plan would also link to the NHS England EDI action plan, which had some clear objectives. A further meeting would take place with the Chair in Common to map out the way forward and develop a paper to come to a future Board in Common.

### **National Hospitals Programme announcements**

The Board in Common Cabinet received an update following the recent announcement from the National Hospitals Programme (NHP), which impacted two of the four Trusts.

The Hillingdon Hospitals NHS Foundation Trust (THHFT) received confirmation that it remained in cohort 3 of the NHP - for a new hospital to be built by 2030. Notification of the funding envelope had also been received and the team were working through what this would mean.

The Cabinet noted that funding for the three ICHT hospitals was scheduled for after 2030. The Trust would be supported via the national programme to continue to progress the business cases as planned.

## 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