

**North West London Acute Provider Collaborative
Board in Common - Public
Tuesday 17 January 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: [Here](#)

The Chair will invite questions at the end of the meeting. It would help us to provide a full answer if you could forward your questions in advance to imperial.trustcommittees@nhs.net but this is not a requirement, you can ask new questions on the day. Any questions that are submitted in writing but due to time are not addressed in the meeting, will be answered in writing on the Acute Provider Collaborative'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 October 2022	Matthew Swindells Chair in Common	Enc 1
09:05	1.3	Patient Story – Maternity and Neonatal Unit – LNWH <i>To note the patient story</i>	Jon Baker, Medical Director (LNWH)	Enc 2
Delivery and Assurance				
09:15	2.1	Maternity services – reflections from external reports <i>To note the assurance in place across the North West London (NWL) Acute Provider Collaborative in response to the findings/recommendations of the Ockenden and East Kent reports.</i>	Robert Bleasdale, Chief nurse (CWFT) & Janice Sigsworth, Chief nurse (ICHT) Vicki Cochrane, Director of Midwifery (CWFT) Ms Muna Noori Consultant Obstetrician & Maternity Clinical Director (ICHT)	Enc 3

	2.2	Clinical Negligence Scheme for Trusts – Maternity Incentive Scheme – Year 4 <i>To note current Trust positions in relation to compliance with the Maternity Incentive Scheme safety actions, and approve the proposed process for final submission</i>	Chief nurses	Enc 4
09:35	2.3	Report from the Chair in Common <i>To note the report</i>	Chair in Common, Matthew Swindells	Enc 5
09:40	2.4	Reports from the Chief Executive Officers <i>To note the reports</i> <ul style="list-style-type: none"> • 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 	Lesley Watts Tim Orchard Pippa Nightingale Patricia Wright	Enc 6
Decision Making and Approvals				
10:00	3.1	Elective Orthopaedic Centre update <i>To receive an update on the programme to develop proposals for an Elective Orthopaedic Centre for north west London and to agree next steps</i>	Roger Chinn, Medical Director (C&W) / Jon Baker, Medical Director (LNWH)	Enc 7
	3.2	Strategic Imaging Asset Management (SIAM) Strategic Outline Case <i>To approve the Strategic Outline Case for investment in the SIAM programme (ICHT)</i>	Amrish Mehta, Divisional Director (ICHT)	Enc 8
	3.3	London North West University Healthcare Strategy <i>For approval</i>	Simon Crawford Deputy Chief Executive (LNWH)	Enc 9
Integrated Quality, Workforce, Performance and Finance				
10:30	4.1	Integrated Quality, Workforce, Performance and Finance Report <i>To receive the integrated performance report</i>	CEO Workstream Leads	Enc 10
	4.2	Financial performance report <i>To receive the financial performance report</i>	Lesley Watts, Chief Executive (C&W)	Enc 11
11:00	4.3	Reports from Collaborative Committees:		Enc 12

		<p><i>To receive functional reports from the collaborative committees, to note progress in key workstreams and to note risks and assurances</i></p> <ul style="list-style-type: none"> • Report from Collaborative Quality Committee Chair • Report from Collaborative People Committee Chair • Collaborative Finance and Performance Committee Chair • Report from Collaborative Infrastructure and Capital Committee Chair 	<p>Tim Orchard / Steve Gill</p> <p>Pippa Nightingale / Janet Rubin</p> <p>Lesley Watts / Catherine Jervis</p> <p>Patricia Wright / Bob Alexander</p>	
11:10	4.4	<p>Medical examiner service community pathway implementation</p> <p><i>To receive an update from each Trust on the implementation of Medical Examiner functions</i></p>	Medical Directors	Enc 13
11:15	4.5	<p>Learning from deaths</p> <p><i>To receive a summary of learning from deaths across the four acute trusts</i></p>	Medical Directors	Enc 14
Strategy and Operational Planning				
	5.1	No items at this meeting		
Governance and Risk				
11:25	6.1	<p>Reports from Trust Audit Committees</p> <p><i>To note the reports</i></p> <ul style="list-style-type: none"> • 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 	Audit Chairs	Enc 15
11:30	6.2	<p>Report on items discussed at the Board in Common Cabinet meetings held in November and December</p> <p><i>To note any items discussed at the Board in Common Cabinet meetings</i></p>	Matthew Swindells, Chair	Enc 16
Reports for Information Only				

		Nil		
Any Other Business				
	7.0	Nil Advised		
Questions from Members of the Public				
11:40	8.0	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.		
Close of the Meeting				
Date and Time of the Next Meeting				
18 April 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 October 2022, 9.30am – 11.30am

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

Members Present

Mr Matthew Swindells	Chair in Common
Mr Robert Alexander	Non-Executive Director (ICTH & LNWH)
Ms Janet Rubin	Non-Executive Director (LNWH & ICTH)
Ms Catherine Jervis	Non-Executive Director (THHFT & CWFT)
Dr Vineta Bhalla	Non-Executive Director (LNWH & THHFT)
Ms Linda Burke	Non-Executive Director (THHFT & ICTH)
Mr Aman Dalvi	Non-Executive Director (CWFT & ICTH)
Mr Nilkunj Dodhia	Non-Executive Director (CWFT & THHFT)
Mr Nick Gash	Non-Executive Director (ICTH & THHFT)
Mr Steve Gill	Non-Executive Director (CWFT & THHFT)
Mr Peter Goldsbrough	Non-Executive Director (ICTH & CWFT)
Professor Desmond Johnston	Non-Executive Director (LNWH & THHFT)
Mr Neville Manuel	Non-Executive Director (THHFT & CWFT)
Dr Syed Mohinuddin	Non-Executive Director (LNWH & CWFT)
Mr Simon Morris	Non-Executive Director (THHFT & LNWH)
Mr David Moss	Non-Executive Director (LNWH & ICTH)
Ms Sim Scavazza	Non-Executive Director (ICTH & LNWH)
Ms Gubby Ayida	Chief Medical Officer (THHFT)
Dr Jon Baker	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 (ICTH)
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 (ICTH)
Professor Julian Redhead	Chief Medical Officer (ICTH)
Mr Jonathan Reid	Chief Financial Officer (LNWH)
Mr Jason Seez	Deputy Chief Executive Officer/Director of Strategy (THHFT)
Professor Janice Sigsworth	Chief Nursing Officer (ICTH)
Ms Jazz Thind	Chief Financial Officer (ICTH)
Ms Melanie Van Limborgh	Chief Nursing Officer (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 Carolyn Downs Chief Executive Officer, Brent Council

Cllr Ketan Sheth	Chair, North West London Joint Health Scrutiny Committee
Ms Tracey Connage	Chief People Officer (LNWH)
Mr Kevin Croft	Chief People Officer (ICHT)
Ms Emer Delaney	Director of Communications (CWFT)
Ms Michelle Dixon	Directors of Communications (ICHT)
Mr Peter Jenkinson	Director of Corporate Governance (ICHT & CWFT)
Ms Rebecca Lewis	Acting Head of Communications (LNWH)
Ms Justine McGuinness	Communications and Engagement (THHFT)
Mr David Searle	Director of Corporate Affairs (LNWH & THHFT)
Ms Sue Smith	Interim Chief People Officer (CWFT & THHFT)
Ms Alexia Pipe	Chief of Staff to Chair in Common
Ms Kofo Abayomi	Head of Governance/Assistant Trust Secretary (LNWH) - Minutes

Apologies for Absence

Professor Andrew Bush	Non-Executive Director (ICHT & CWFT)
Mr Ajay Mehta	Non-Executive Director (CWFT & LNWH)
Mr Simon Crawford	Deputy Chief Executive Officer (LNWH)

Minute Reference		Action
1.0	Welcome and Apologies for Absence	
1.0.1	The 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 virtually) to the first meeting. The Chair also welcomed Carolyn Downs, Chief Executive of Brent Council and Cllr Ketan Sheth, Chair, North West London Joint Health Scrutiny Committee to the meeting.	
1.0.2	Apologies for Mr Simon Crawford, Professor Andrew Bush and Mr Ajay Mehta were noted.	
1.0.3	The Chair on behalf of the Board said farewell to and thanked Sue Smith, Chief People Officer CWFT & THHFT who leaves on 27 October to join South London and Maudsley NHS Foundation Trust.	
1.1	Declarations of Interest	
1.1.1	There were no new declarations of interest to those already published.	
1.2	Meetings of the Previous Provider Board Meetings	
1.2.1	The Board in Common approved the following minutes of trust board meetings of: <ul style="list-style-type: none"> • Chelsea and Westminster Hospital NHS Foundation Trust dated 7 July 2022, • Imperial College Healthcare NHS Trust dated 20 July 2022, • London North West University Healthcare NHS Trust dated 27 July 2022, • The Hillingdon Hospitals NHS Foundation Trust dated 14 July 2022 and 25 July 2022. 	
1.2.2	The Chair noted that minutes of the extraordinary meeting of CWFT dated 22 July 2022 was omitted from the pack and will be circulated for approval outside the meeting.	

1.3	Patient /Staff/Stakeholder Story	
1.3.1	The Chair introduced Carolyn Downs, CEO, Brent Council and Cllr Ketan Sheth, Chair, North West London Joint Health Scrutiny and welcomed them to the meeting and stated that the Ms Downs and Cllr Sheth will be sharing their thoughts on the relationship between the Collaborative, Brent Council and wider partnership with the local authorities.	
1.3.2	Cllr Sheth welcomed all to Brent Civic Centre for this meeting and expressed his deep value of partnership with the Acute Provider Collaborative. Cllr Sheth noted the importance of this meeting which demonstrated a good example of partnership working between the North West London Acute Provider Collaborative and the Local Authority in an ever-changing NHS and Social Care landscape. Cllr Sheth talked about better outcomes and supporting one of the most diverse populations across the system and emphasised that partnership working was about genuinely addressing the unacceptable levels of health inequalities; pulling all the levers for more preventive, earlier interventions; speedier and safer returns home. He noted that the Covid-19 vaccination programme is an example of good partnership working and urged the continuation of excellent partnership working that would make a difference in tackling health inequalities. Cllr Sheth talked about how it is important to employee from local communities, though all levels of healthcare – porter to boardroom.	
1.3.3	Ms Downs echoed Cllr Sheth’s points and highlighted areas where Brent Council had worked with the NHS to deliver health outcomes. Ms Downs noted that the Integrated Care System (ICS) is still in formative stage, however working at a local level through the Integrated Care Board (ICB) and borough-based partnership has been positive. Ms Downs gave the example of an initiative called Brent Health Matters which brings the primary and community healthcare working together in the area of diabetes, which has not only improved patient outcomes but has improved patient flow to the acute providers in north west London.	
1.3.4	Ms Downs highlighted the issues of the current winter pressures and challenges this presented to health and social care, explaining that initial allocations from the ICS did not include social care but this has since been partially rectified with an allocation of £5m and additional top up of £1.5m between health and local government to help patient flow, and to focus on supporting primary care and mental health which are blocks to the system. This was a positive example of working together on a local level. Ms Downs wished the acute provider collaborative well in partnership working.	
1.3.5	The Chair thanked Cllr Sheth and Ms Downs for their contribution, and he emphasised the importance of the acute collaborative working in partnership with the local authority. Especially if try to bend the curve on health inequalities, will need to focus on initiatives together which make the difference.	
2.0	Report from the Chair in Common	

<p>2.0.1</p> <p>2.0.2</p> <p>2.0.3</p>	<p>The Chair provided a summary of his report noting particularly his engagement with staff at different sites of the acute collaborative provider trusts. The Chair noted the deep commitment from staff despite working under pressure to address the backlogs arising from the Covid-19 pandemic. There is also genuine enthusiasm from staff in regard to working closely together in the collaborative, delivering best practice across North West London and for patient benefit. The Chair talked about the acute collaborative not being the whole health system, that it sits within the North West London Integrated Care System and must work in close partnership with primary care, mental health, community services and social care, alongside the voluntary and private sectors.</p> <p>The Chair highlighted the key areas of the North West London Acute Provider Collaborative Statement of Intent i.e. the vision and principles of the collaborative and he explained that these had been discussed and agreed by the respective trust boards of the acute collaborative. The aim of Collaborative is to build the best models of care for our patients, take out unwarranted variation, spread innovation and be the best place to work for all our staff. The Board was asked to note the statement of intent.</p> <p>The Board in Common noted the Chair’s report and the North West London Acute Provider Collaborative Statement of Intent.</p>	
<p>2.1</p>	<p>Chief Executive Officers’ Reports</p>	
<p>2.1.1</p> <p>2.1.2</p> <p>2.1.3</p> <p>2.1.4</p>	<p><u>Chelsea and Westminster Hospital NHS Foundation Trust (CWFT)</u> Ms Watts presented the report. She thanked all staff who continued to work in challenging times. Ms Watts reflected the point raised by the Chair in Common that all the people present in the room had worked well together during the pandemic, sacrificing personal and organisational egos to allow provision of better care for North West London patients, and the intention is to build on these ways of working. She noted that more engagement work is required with patients and stakeholders on these new ways of working.</p> <p>A key highlight from the report is the Chelsea Centre for Gender Surgery. Ms Watts highlighted to the Board in Common that CWFT had been commissioned by NHS England to carry out masculinising lower surgery. Although this has not been without controversy, a major programme of work is underway to prepare for this service working very closely with NHS England.</p> <p><u>Imperial College Healthcare NHS Trust (ICHT)</u> Professor Orchard presented the report. He thanked all staff of the collaborative for their extraordinary commitment and for showing up every day to care for patients.</p> <p>He drew the attention of the Board in Common to ICHT operational performance in regard to the 62 day cancer waiting time standard. The Trust had focused on improving performance and he reported that with concerted effort over the last few weeks the team have managed to reduce the backlog significantly, and the Trust was no longer an outlier.</p>	

	<p>Work continues to focus on this area to eliminate 62 waits completely as soon as possible.</p>	
<p>2.1.5</p>	<p>The Board in Common noted the redevelopment update, and that master planning had commenced for Charing Cross and Hammersmith hospital sites and discussions were ongoing with the New Hospital Programme (NHP). Professor Orchard also summarised updates on Paddington Life Sciences and asked members to view the website. The Board in Common noted the announcement regarding Biomedical Research Centre (BRC) competition and ICHT now had funding increased from £88m to £95.2m over a 5-year period. ICHT and Imperial College London worked in partnership to produce a world class research document which also linked to the geographical community.</p>	
<p>2.1.6</p>	<p>The Board in Common noted ICHT clinicians who had recently been promoted.</p>	
<p>2.1.7</p>	<p><u>London North West University Healthcare NHS Trust</u> Ms Pippa Nightingale presented the report. Ms Nightingale thanked all staff and their hard work throughout the more than usual busy summer. Ms Nightingale welcomed Tracey Connage, Chief People Officer who recently joined the Trust from Harrow Council, and the new Non-Executive Directors (Simon Morris, Sim Scavazza, Bob Alexander and Ajay Meta) who joined the Trust from other trusts in the collaborative. She also thanked Non-Executive Directors who recently left the Trust; Neville Manuel who left the Trust but remained in the collaborative and Andrew Van Dorn who left the Trust to join Hertfordshire Partnership University NHS Foundation Trust.</p>	
<p>2.1.8</p>	<p>Key highlights of the report included an update on the Ockenden assurance visit in August, which was positive. The Ockenden team recognised the extremely hard work of the Trust’s Maternity Team and the important support offered by the Integrated Care Board and the maternity safety programme. Ms Nightingale provided an update on the development of the Trust strategy, Our Way Forward, and explained that work continues to develop a new five-year strategy for the Trust, informed by various employee, stakeholder and community engagement and analysis. Congratulations were extended to colleagues who were nominated for the Nursing Times Award. Ms Nightingale also congratulated the Trust volunteer Beryl Carr, who has been voted one of the 50 happiest Britons in The Independent newspaper’s Happy List. Beryl remains a volunteer for The Friends’ Café at Ealing Hospital at the extraordinary age of 100.</p>	
<p>2.1.9</p>	<p><u>The Hillingdon Hospitals NHS Foundation Trust (THHFT)</u> Ms Patricia Wright presented the report. Ms Wright thanked all staff for their resilience and hard work throughout the pandemic and aftermath.</p>	
<p>2.1.10</p>	<p>Ms Wright provided an update on the Trust’s Open Day at Hillingdon Hospital which gave an informative insight to the community and key stakeholders to learn about services provided by the Trust and how we deliver excellent care to our patients. The day was an opportunity to re-</p>	

<p>2.1.11</p> <p>2.1.12</p> <p>2.1.13</p> <p>2.1.14</p>	<p>connect with the public after the pandemic. The Board in Common noted that a highlight of the open day was the unveiling of a beautiful gift from the Embroiders Guild received by the Chair in Common, Ms Wright and Ms Van Limborgh on behalf of the Trust.</p> <p>Hospital Redevelopment: Ms Wright confirmed that an outline business case and planning permission have been submitted for the Hillingdon Hospital redevelopment.</p> <p>The new Trust strategy has been approved which will be published in the near future. Ms Wright summarised the work done which incorporated staff and stakeholder input in the strategy.</p> <p>The Board in Common noted that although THHFT is in segment 4 under the NHS System Oversight Framework (SOF), with significant scrutiny from the regulators in terms of quality and finances, there is still a lot to celebrate at THHFT. Ms Wright flagged that the Trust's Sustainability Team has been shortlisted for a Health Service Journal national award. The Trust is also an exemplar both nationally and locally in terms of advice and guidance in GP referral to the Trust and managing patient care, this has dramatically reduced referral to the Trust.</p> <p>The Chair in Common thanked the Chief Executive Officers and invited comments and questions from board members.</p>	
<p>2.1.15</p> <p>2.1.16</p> <p>2.1.17</p>	<p>Mr Dalvi commented that he had the privilege of going to St Mary's and he was impressed by the professionalism of staff. He noted that there is significant amount of estate work across the collaborative trusts and advised that an overall master plan would be beneficial from an economy of scale perspective. He noted that there is an Infrastructure and Capital Collaborative Committee but asked if there is consideration for board level reporting. Ms Wright advised that currently the Committee was established to look at estates and digital to support the delivery of clinical care. Capital expenditure is be managed through the individual trusts with oversight by the finance and performance committees and Ms Wright explained that over time an estates overview across the organisations will be developed to help in the consideration of how to use resources collectively to deliver a more cohesive plan for the estate across North West London. Mr Alexander added that there will be opportunities where infrastructure can be viewed collectively which will add value to both patients and taxpayers making best use of scarce resources.</p> <p>Mr Gill asked about the highlights and outcome of the collaborative executive away day held recently. Professor Orchard stated that it was a positive day, which provided a face-to-face opportunity to understand what was important to each organisation and the collaborative. And a programme peer review across our urgent and emergency care pathways prior to getting into winter was established.</p> <p>Ms Burke enquired whether there have been opportunities to consider workforce element, this is pertinent from a health and well-being perspective and in terms of education. Ms Nightingale confirmed that this</p>	

2.1.18	<p>was a view shared across the collaborative i.e., to deliver a workforce fit for purpose to deliver the collaborative ways of working.</p> <p>The Board in Common noted the Chief Executive Officers' reports.</p>	
3.0	NWL Acute Provider Collaborative Scheme of Delegation	
3.0.1 3.0.2 3.0.3 3.0.4	<p>Mr Jenkinson presented the report and provided background and context to the Scheme of Delegation (SoD) which would be reviewed on an annual basis.</p> <p>The Board in Common was asked to approve the SoD which sets out the delegated roles and responsibilities (including delegated financial authorities) within the governance arrangements of the North West London Acute Provider Collaborative.</p> <p>Mr Goldsbrough commented that the SoD did not refer to the Board in Common Cabinet. Mr Jenkinson confirmed that this is not included because we do not want to routinely set delegated authority to the Board in Common Cabinet. He explained that the purpose of the Cabinet is to transact business in between the quarterly meetings of the Board in Common, it is anticipated that the Board in Common will delegate authority to the Cabinet to act on its behalf.</p> <p>The Board in Common approved the North West London Acute Provider Collaborative Scheme of Delegation.</p>	
3.1	Terms of Reference	
3.1.1 3.1.2	<p>Mr Searle presented the report. He provided the background and context which tied in with the Scheme of Delegation. He highlighted that each of the Collaborative Committees met for their inaugural meeting in September 2022, reviewed their terms of reference and are recommending approval to the Board in Common for their respective terms of reference. Approval is also required for the Terms of Reference of the Board in Common and the Collaborative Nomination and Remuneration Committee.</p> <p>The Board in Common approved the terms of reference for the Board in Common and the Collaborative Committees.</p>	
4.0	Integrated Performance, Quality and Workforce Report	
4.0.1 4.0.2	<p>Ms Watts presented the report. She thanked Ms Wright and collaborative colleagues for their contribution and the significant amount of work put in to produce a very detailed report. The Board in Common noted that there will be contributions from each Trust's Chief Operating Officers and Chief Financial Officers.</p> <p>Ms Watts highlighted that the performance and finances of the collaborative were challenging in a very challenged national picture. Ms Watts explained that despite this position, London region had the best performance in comparison to other regions and North West London position ranked best performing in London. Ms Watts summarised the key</p>	

	<p>areas of focus for the collaborative which included ensuring timely release of ambulances coming into the hospitals; improving overall waiting times in urgent and emergency departments, and in terms of elective recovery treating the sickest patients first and then patients in turn while addressing the inequalities agenda. Progress is being made but more still needs to make to ensure we are working as efficiently as possible as a system. She explained that the collaborative needs to maximise income in terms of elective recovery and other key areas to work collaboratively, learning from one another and supporting areas where there are financial and performance strains in the system.</p>	
<p>4.0.3</p>	<p>Mr Gill sought assurance on the level of confidence that actions to reduce the patient tracking list trajectory; that the collaborative by the end of the year would be in a position to achieve the required level of activities to access the Elective Recovery Fund (ERF) and an understanding of the issues particularly at Northwick Park Hospital contributing to ambulance handover times and breaches. In response to the level of confidence around achieving the required level of activities for the ERF, Ms Watts provided assurance that collectively this would be achieved within the projected timeline. She also explained that it was generally understood that there was a reduction in activity levels due to Covid-19 infection control procedures in place. These pressures continue and there is an understanding that there will be an inflow of funding into the acute setting to expand ways of working to treat more patients. Mr Hodgkiss addressed the question on the patient tracking list. He explained that this issue was a national issue and not unique to North West London. A key driver was a 5% increase in GP referrals. The Board in Common noted a summary of actions put in place to address the issue. The actions included advice and guidance to help address and revert referrals back to primary care, ongoing transformative models of service delivery to improve pathways and validation of waiting list. Ms Benson also added the importance and benefits of the acute collaborative and working on the 78 weeks and 52 weeks wait together. Ms Benson noted that although THHFT is an outlier in the patient tracking list due to the list growing at a faster pace than the rest of North West London, significant progress has been made and the Trust was now working with NHSE London region and the national team to understand the trend for both the sector and nationally and to ensure treatment of the sickest and longest waiting patients.</p>	
<p>4.0.4</p>	<p>Ms Nightingale addressed the question relating to issues with ambulance handover and breaches at Northwick Park Hospital. She explained that this was due to the size of the Northwick Park A&E department which is the biggest in London, and that new clinical pathways have been implemented with a bespoke programme put in place to move patients and mitigate risks across the organisation; a new pilot with London Ambulance called Halo where patients are assessed and can bypass A&E to same-day emergency care, which has made significant difference. Work is now ongoing to implement this model on a permanent basis, and to explore the single point of access model where paramedics can speak directly to A&E consultants therefore reducing the number of ambulance conveyances.</p>	

<p>4.0.5</p> <p>4.0.6</p> <p>4.0.7</p>	<p>Professor Orchard highlighted that there will be quality and performance issues in the coming winter months which will mostly be seen in the A&E departments and advised that adequate preparations are needed to ensure best practice is in place.</p> <p>Dr Bhalla advised that for future meetings, we need to see more of what is working, evidence to support this and areas of priority across the collaborative.</p> <p>The Board in Common noted the Integrated Performance and Workforce Report.</p>	
<p>4.1</p>	<p>Report from the Collaborative Finance and Performance Committee Chair and Month 5 Financial Report</p>	
<p>4.1.1</p> <p>4.1.2</p> <p>4.1.3</p> <p>4.1.4</p> <p>4.1.5</p>	<p><u>Report from the Collaborative Finance and Performance Committee</u> Ms Jervis presented the report and summarised the key highlights of the meeting. The Committee received assurance that finance and performance issues are being reviewed, scrutinised and understood at local level.</p> <p>Ms Jervis summarised the month 4 position discussed at the meeting and the concerns raised by the Committee which included winter pressures from increased activities right through the summer, discharge to access process and issues regarding funding and the 52 weeks cancer wait.</p> <p>The Board in Common noted the Collaborative Finance and Performance Committee Chair Report.</p> <p><u>Month 5 Financial Report</u> Ms Thind introduced the report which provided an update to the Board in Common on in-year delivery of the financial plan to month 5. The Trusts are working individually and collectively on a forecast for the full year and are also discussing key options with the Integrated Care Board Chief Financial Officer. The report set out the challenges emerging in the in-year financial position, noting that the key drivers of adverse financial performance are in respect of ERF Recovery, CIP delivery and in-year cost pressures across the four Trusts. Collectively, the Trusts are adverse to plan by £26.6m. Key actions are in hand across the Trusts to support improved delivery against the financial plan including strengthening delivery against the ERF requirements and the CIP targets. Ms Thind highlighted the strong cash position, and progress against the capital plan, noting that year to date delays are anticipated to be recovered across the balance of the financial year. The Board in Common noted that significant external capital funding has been secured by the Collaborative, for the Elective Orthopaedic Centre and Community Diagnostic Hubs and the CFOs are carefully tracking receipt and spend to mitigate any risk of underspend.</p> <p>Ms Burke noted the financial position and related risks and asked that in the absence of local trust board meetings, how risks would feed from local committees. Ms Burke also asked that where one of the trusts may be more financially challenged than another, how we ensure that the collaborative adds value in terms of sharing the risks, particularly around</p>	

4.1.6	<p>quality. Ms Watts agreed that quality impact on patients' needs to be considered when financial and performance decisions are made, and this will continue to be worked through going forward. In response to the second point, Ms Watts noted that there are some differential financial positions across the collaborative, and there is ongoing work to address these differential positions which will be reported to the Collaborative Finance and Performance Committee. There are also wider discussions on segmentation of Trusts by NHSE.</p> <p>The Chair in Common summarised saying that the strengths of the collaborative would be used to drive productivity, using staff efficiently to deliver optimal care and determining the underlying causes of the financial problem and using the objectives of the collaborative in delivering balance across the system.</p>	
4.1.7	The Board in Common noted the Month 5 Financial Report.	
4.2	Report from the Collaborative Quality Committee Chair	
4.2.1	Mr Gill presented the report and summarised highlights from the meeting. The Committee recognised that a more consistent approach is required on the use and reporting of data across the collaborative. The Committee considered the Clinical Negligence Scheme for Trusts (CNST) and received assurance on the 10-point plan in place to ensure we are compliant by the revised date of 3 February 2023.	
4.2.2	Ms Scavazza advised that in bringing together quality performance, it is important to maintain the patient voice. She asked what steps are being taken to gather and monitor patient feedback about our services. Professor Orchard stated that feedback is gathered via the Friends and Family Test (FFT); the written feedback is analysed, and key themes are identified which is informative. A second aspect is public and patient engagement in strategic decisions.	
4.2.3	Ms Nightingale commented that it is reassuring that the Collaborative Quality Committee and Board in Common have gained assurance on CNST maternity 10-point plan and provided further assurance on the "saving baby's lives" audits which is reviewed across North West London and Local maternity neonatal service network. She advised that working collaboratively and shared learning will get the collaborative trusts CNST compliant more quickly.	
4.2.4	Dr Mohinuddin stated that the interface between primary and secondary care currently does not feel joined up and asked what more can be done collaboratively to bring a more meaningful cohesive relationship. Professor Orchard explained that this interface is one of the core functions of the ICS. A lot can be achieved working together as a collaborative and as we approach winter, we need to consider where the collaborative adds value by prioritising what can be done together to deliver results in the shortest timeframe that will add value, and this includes improving the interface using the data available in the most efficient way to determine why they are coming to our hospitals and their prior interaction with the health and care systems. On a national level, work is being done in	

4.2.5	building the neighbourhood teams and working effectively with communities. The Board in Common noted the Report from the Collaborative Quality Committee Chair.	
4.3	Report from Collaborative People Committee Chair	
4.3.1	Ms Rubin presented the report, she thanked Ms Nightingale and the Chief People Officer for the work they were doing together before the formation of the collaborative committee. Ms Rubin summarised highlights of the committee meeting which included identification of 7 priorities and deliverables with 4 immediate priorities and implementation plan. She also summarised positive assurances received by the Committee. Ms Nightingale summarised key areas of focus regarding workforce and the people agenda.	
4.3.2	Mr Gill noted that none of the trusts are on track to deliver their Performance Development Reviews (PDRs) and he asked about actions in place to address this. Ms Nightingale explained that although this is not an acceptable position, it is one of the areas where local trust actions are needed to deliver improvement. Mr Croft added that there was a national drive for trusts to prioritise health and well-being conversations with staff during Covid and the aftermath, therefore there was a shift from the standard approach during the period. Staff redeployments also impacted trusts meeting their targets. Mr Croft assured the Board in Common that there is a commitment to get the standard back to pre-Covid levels.	
4.3.3	The Board in Common noted the Report from the Collaborative People Committee Chair.	
4.4	Report from the Collaborative Infrastructure and Capital Committee	
4.4.1	Mr Alexander presented the report. He provided a background to the Committee and summarised decisions made at the meeting which included framing of the committee to focus on a small number of bold initiatives in both Estate and Digital that will demonstrably add value.	
4.4.2	Ms Wright provided a summary of digital pieces of work across North West London. She highlighted that North West London is very well advanced in terms of digital strategy development use of digital across the collaborative and how improving patient and clinician experience is being prioritised by providing better tools to manage flow by increasing the resilience of our IT infrastructure. The Board in Common noted the implementation of Cerner as our patient record platform across all four trusts.	
4.4.3	The Board in Common noted the Report from the Collaborative Infrastructure and Capital Committee.	
5.0	Winter Plan 2022/23	

5.0.1	Ms Hook presented the report which provided an update the Acute Collaborative Board in Common on progress with planning for winter 2022/23.	
5.0.2	Mr Gash highlighted a risk which has not been articulated or captured in the reports i.e., the likelihood of industrial action and contingency planning around winter. Mr Croft confirmed that the Chief People Officers across the collaborative and the ICS are working together to develop mitigations.	
5.0.3	Mr Goldsborough queried the phrase 'manage through the winter' and what this means in terms of patient experience and patient metrics. Ms Hook explained that in terms of the forecast demand and capacity planning, guidance was received from NHSE, the trusts have also done some demand capacity analysis looking at current demand and how it normally changes over the winter period. Ms Hook recognised that a number of factors such as surges in Covid outbreak of infectious diseases could impact these assessments. In terms of metrics, Ms Hook noted that NHSE have put in place measures that trusts will be judged. Ms Watts assured that the collaborative is doing a lot of work to ensure that patient metrics such as ambulance handover and patient waiting list are not impacted.	
5.0.4	The Board in Common noted the Winter Plan 2022/23 Report.	
6.0	Reports from the Trust Audit Committees.	
6.0.1	<u>The Hillingdon Hospitals NHS Foundation Trust (THHFT)</u> The Board in Common noted the report. Delegated Authority of THHFT Board to the Audit Committee to approve the Charity Funds Account was requested and the Board was asked to note the governance timeline for approval.	
6.0.2	THHFT Board agreed to delegate authority to the Audit Committee to approve Charity Funds Account and the Board in Common noted the report.	
6.0.3	<u>Chelsea and Westminster Hospital NHS Foundation Trust (CWFT)</u> The Board in Common noted the report.	
6.0.4	<u>Imperial College Healthcare NHS Trust (ICHT)</u> The Board in Common noted the report.	
6.0.5	<u>London North West University Healthcare NHS Trust (LNWH)</u> The Board in Common noted that there was no update from London North West University Healthcare NHS Trust as this had been reported to LNWH Trust Board. The Chair of the Committee made a verbal request for delegated authority from LNWH Board to the Audit Committee to approve the Charity Funds Account the Board was asked to note the governance timeline for approval.	
6.0.6	LNWH Board agreed to delegate authority to the Audit Committee to approve Charity Funds Account.	

7.0	Any Other Business	
7.0.1	There was no other business discussed at this meeting.	
8.0	Questions from the Public	
8.0.1	The Board in Common noted that questions were received in advance of the meeting. The Chair in Common summarised the questions and asked member of the Board to provide answers. He highlighted that written response will be provided on the website.	
9.0	Date of the Next Meeting	
	The next meeting will take place on 17 January 2023 at 9.00am until 11.30am	

DRAFT

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



NWL Acute Provider Collaborative Board in Common (Public)

17/01/2023

Item number: 1.3

This report is: Public

Patient Story – Maternity and neonatal unit LNWH

Author: Annika Towell
 Job title: Head of Patient Experience LNWH

Accountable director: Dr Jon Baker
 Job title: Chief Medical Officer LNWH

Purpose of report

Patient Story – Video documentation from a patient about their Experience of using our Trust Services.

Purpose: Information or for noting only

Report history

LNWH Board
 01/07/2022
 Noting

Executive summary and key messages

Patient Story

The patient was originally under The Hillingdon Hospital (THH) for her Antenatal care. She ended up receiving care with Northwick Park Maternity unit due to premature rupture of membranes, after THH did not have available cots. Her baby was cared for by Neonatal Unit (NNU) at Northwick Park and later discharged home in good health.

The key messages from the patient were general gratitude over care. Where she wished to have improvements were upon the immediate moment post-birth when she was left alone while her baby was taken to NNU, and regarding the content of counselling she received in the parents' group session where she felt the needs of parents, who were unsure of their babies survival, were not met sensitively enough.

The patient story was discussed at LNWH Board meeting with senior representatives from Women's and Children's division where it was agreed the division would cascade down the key message of the importance of providing immediate post-birth support to mothers whose babies are taken to NNU, and to review with the NNU team the content of parent group counselling

sessions.

Strategic priorities

Tick all that apply

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

Click to describe impact

Impact assessment

Tick all that apply

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

Reason for private submission

Tick all that apply

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

If other, explain why

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



NWL Acute Provider Collaborative Board in Common (Public)

17/01/2023

Item number: 2.1

This report is: Public

Review of compliance with findings and recommendations of Ockenden and East Kent independent maternity reviews

Author and Job Title: Victoria Cochrane, Divisional Director of Midwifery and Nursing –CWFT and Co-chair NWL LMNS (DoM)
Robert Bleasdale, Chief Nurse CWFT

Accountable director: Robert Bleasdale and Janice Sigsworth
Job title: Chief Nurse CWFT and Chief Nurse ICHT

Purpose of report

Purpose: Assurance

This report summarises the findings of two independent investigations into failings of maternity care within two different NHS Trusts in England (Ockenden review of Shrewsbury and Telford, and Reading the Signals review of East Kent), and the assurance in place across the North West London (NWL) Acute Provider Collaborative in response to the findings/recommendations.

Report history

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

Acute Provider Collaborative Quality Committee
14/12/2022

NWL LMNS Insight group
01/01/2023

Acute Provider Collaborative Quality Meeting
09/01/2023

Executive summary

This report summarises the findings of two independent investigations into failings of maternity care within two different NHS Trusts in England, and the assurance in place across the NWL Acute Provider Collaborative in response to the findings/recommendations. These are:

- Ockenden independent maternity review at Shrewsbury and Telford Hospital NHS Trust– interim report published in December 2020, final report published in March 2022.
- ‘Reading the Signals’ – The Report of the Independent Investigation into Maternity and Neonatal Services in East Kent – published in October 2022.

The findings of these reports are similar, and highlight failings in governance and leadership, failure to listen to staff and to patients and families when concerns are raised, issues around culture and team working, as well as care and service delivery issues.

Since the interim Ockenden report was published, Trusts have been working to achieve compliance against a number of ‘immediate and essential actions’ (IEAs). This culminated in externally led assurance visits in 2022 to review progress and provide additional support where required. Across the four NWL acute providers, feedback from these visits was generally positive, with all Trusts having action plans in place to ensure compliance with the IEAs by the end of financial year 2022/23.

While the recommendations from the East Kent report were for national bodies rather than NHS trusts, NHS England have requested that each trust and Integrated Care Board (ICB) in England review the report findings at their next Public board. To facilitate this, each provider in NWL has therefore reviewed their systems and processes through the lens of the findings of the East Kent report. These reviews were discussed at local Quality Committees, and then summarised in each Trust’s report to the Acute Provider Collaborative Quality Committee, with assurance provided that mechanisms and actions are in place to monitor safe performance, standards of clinical behaviour, and improve team working and the organisational behaviour. Support is also provided via the NWL Local Maternity and Neonatal System (LMNS) which provides surveillance and assurance of maternity services across the sector.

In addition to the actions, governance structures, and reporting mechanisms already in place, a NWL acute provider collaborative working group are leading on actions to improve compliance and assurance with maternity standards across all Trusts. This is an agreed quality priority for the collaborative, with a focus on ensuring we continue to share good practice and learning around maternity, focusing on transparent and open reporting, as well as creating a responsive culture to address safety and quality concerns. This will lead to a standardised approach to reporting to Board in Common in due course supporting reading of the signals.

A single maternity improvement plan is currently being produced by NHS England and key stakeholders, which is anticipated in spring 2023. This will bring the recommendations and improvement actions from the Final Ockenden report, East Kent Report and Maternity Incentive Scheme year 5 together. Once this is received implementation plans will be developed by individual Trusts and at Acute Provider Collaborative level, with regular reporting to the Acute Provider Collaborative Quality Committee and Board in Common.

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

The on-going work detailed in this report will support continuous improvement in quality, efficiency and outcomes for people using our maternity services across NWL.

Impact assessment

Tick all that apply

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

The processes outlined in this report support on-going delivery of personalised and safe maternity and neonatal care across the acute provider collaborative, and will help to ensure that the people who use our services are listened to, understood and responded to with respect, compassion and kindness.

Main Report

1. Ockenden independent maternity review at Shrewsbury and Telford Hospital NHS Trust

- 1.1 Donna Ockenden was instructed to undertake a review of maternity services at Shrewsbury and Telford Hospital NHS Trust to independently assess the quality of investigations relating to newborn, infant and maternal harm. The initial review was of 23 families, this rapidly increased to 1,862 cases between 2000 and 2019.
- 1.2 Since the publication of the interim Ockenden report (2020) and subsequent final Ockenden report (2022), maternity service providers across England have been working towards implementing the initial 7 essential and immediate actions (IEAs) in response to the key themes and trends identified, including patterns of repeated poor care, and failure in governance and leadership.
- 1.3 The 7 IEAs are (with the addition of workforce):
 - IEA 1: Enhanced safety
 - IEA 2: Listening to women and their families
 - IEA 3: Staff training and working together
 - IEA 4: Managing complex pregnancy
 - IEA 5: Risk assessment throughout pregnancy
 - IEA 6: Monitoring fetal wellbeing
 - IEA 7: Informed consent
 - Workforce

- 1.4 During summer 2022 all maternity service providers in London including the four providers in NWL received a full day peer reviewed assurance visit which was led by the Regional maternity team. The purpose of the visit was to assess progress and identify any need for further support and development with implementation of the IEAs. Feedback from the visits was generally positive, with recognition of the considerable amount of work underway.
- 1.5 On completion of the assurance visits, each provider's compliance against each of the actions was rated based on the evidence submitted and the practice seen within the Trust. There were no IEAs assessed as at risk of delivery. A summary of compliance is provided below, alongside a description of actions in place to achieve full compliance and progress made since the assurance visits occurred.

Trust	Number of IEAs with full compliance	Number of IEAs with further evidence or action required to achieve compliance by year end	Progress
Chelsea and Westminster	6	2	The Trust is now fully compliant with the outstanding IEAs
Imperial College Healthcare	3	5	<p>The Trust is now compliant with 5 out of 7 IEAs.</p> <ul style="list-style-type: none"> • Plan in place with LMNS to secure external panel members for the perinatal mortality review process & SI investigation panels. • New non-executive maternity champion in place and fully embedded. • Achieving standards around carbon monoxide monitoring. • Work is underway to develop an IT solution to ensure staff are alerted to changes in risk assessment status. • On track to achieve full compliance with 'Saving Babies' lives' version 2 by year end.
London North West	5	3	<ul style="list-style-type: none"> • Medical workforce planning in progress to ensure consistent twice-daily consultant led ward rounds. • Improvement work progressing to address gaps identified in the information provided for women on the website to facilitate informed decision making. • Birthrate Plus acuity tool which supports clinical workforce planning now implemented.

The Hillingdon Hospitals	7	1	<ul style="list-style-type: none"> Approval being sought from executive to fund the midwifery workforce in line with the most recent Birthrate Plus recommendations.
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1.6 All Trusts have action plans in place to ensure full compliance with the IEAs by the end of the financial year 2022/23. These are monitored through established internal mechanisms, and across the collaborative through the Acute Provider Collaborative Quality Committee and via the Local Maternity and Neonatal System (LMNS).

2. 'Reading the Signals' – The Report of the Independent Investigation into Maternity and Neonatal Services in East Kent

The East Kent report was published in October 2022 and was an independent investigation into the failings of maternity care at East Kent Hospitals University NHS Foundation Trust's two hospitals (The Queen Mother Hospital and William Harvey Hospital in Ashford) between 2009 and 2020.

2.2 The report identified a number of themes including failures in teamwork, professionalism and compassion, failure to listen, issues around investigations and in the Trust's response and failure in regulators to take action. Out of these the following national recommendations were made:

- **Recommendation 1:** *The prompt establishment of a Task Force with appropriate membership to drive the introduction of valid maternity and neonatal outcome measures capable of differentiating signals among noise to display significant trends and outliers, for mandatory national use*
- **Recommendation 2:** *Those responsible for undergraduate, postgraduate and continuing clinical education be commissioned to report on how compassionate care can best be embedded into practice and sustained through lifelong learning. Relevant bodies, including Royal Colleges, professional regulators and employers, be commissioned to report on how the oversight and direction of clinicians can be improved, with nationally agreed standards of professional behaviour and appropriate sanctions for non-compliance."*
- **Recommendation 3:** *Relevant bodies, including the Royal College of Obstetricians and Gynaecologists, the Royal College of Midwives and the Royal College of Paediatrics and Child Health, be charged with reporting on how team working in maternity and neonatal care can be improved, with particular reference to establishing common purpose, objectives and training from the outset.*
- *Relevant bodies, including Health Education England, Royal Colleges and employers, be commissioned to report on the employment and training of junior doctors to improve support, team working and development.*
- **Recommendation 4:** *The Government reconsider bringing forward a bill placing a duty on public bodies not to deny, deflect and conceal information from families and other bodies. Trusts be required to review their approach to reputation management and to ensuring there is proper representation of maternity care on their boards. NHSE reconsider its approach to poorly performing trusts, with particular reference to leadership.*

2.3 Although these recommendations are for national bodies to take forward rather than individual trusts, NHS England wrote to each Trust in October 2022 setting out expectations that each Trust and Integrated Care Board review the findings of the East Kent report, and

for Boards to be clear about the action they will take, and how effective assurance mechanisms are at 'reading the signals'.

- 2.4 Given that the recommendations are national, to facilitate this review at provider-level the recommendations were reviewed alongside the themes identified in the report, to create the headings and guidance against each recommendation below.
- 2.5 Each maternity service within the Acute Provider Collaborative has undertaken an initial self-assessment against these, which was reviewed at local Quality Committees and at the Acute Provider Collaborative Quality Committee.
- 2.6 Assurance was provided that there are existing mechanisms in place against each of the recommendations, both internally and via the LMNS which supports the surveillance and assurance of services across NWL.
- 2.7 In addition, actions are underway via a working group to improve our compliance and assurance with maternity standards across the acute provider collaborative. This is an agreed quality priority for the collaborative, with a focus on ensuring we continue to share good practice and learning around maternity, focusing on transparent and open reporting, as well as creating a responsive culture to address safety and quality concerns.
- 2.8 A summary of what is in place to provide assurance for each recommendation is included below. This initial review is being incorporated into the working group's action to standardise reporting, data collection and assurance.
- 2.9 **Recommendation 1** – Monitoring safe governance, ward to board: *Trusts should assure themselves of the reporting of safety and quality metrics from maternity services through to board level, including compliance against national recommendations/reports and CNST.*
- Each Trust has internal governance processes in place to monitor safety performance, with reporting to local Quality Committees then feeding into the Acute Provider Collaborative Quality Committee and up to the Board in Common. This includes progress with the Ockenden 7 IEAs and the CNST Maternity Incentive Scheme, as well as national datasets e.g. MBRRACE-UK (Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK) reports, NNAP (National Neonatal Audit Programme), findings of the perinatal mortality review tool (PMRT) process and of investigations by the Health and Social Care Investigation Branch (HSIB) as well as internal investigations.
 - The maternity standards working group is developing a common set of clinical and workforce metrics, and reporting mechanisms, at Trust level to enable robust and consistent monitoring and identification of trends and outliers requiring improvement across the collaborative. Reporting on this is due to commence in March 2023.
 - In addition, the LMNS monitors performance of all local Trusts against agreed indicators and expectations, which supports benchmarking and identification of areas for improvement. With the LMNS, we have agreed a number of maternity-specific metrics which are now included in our clinical outcomes dashboard reporting to Acute Provider Collaborative Quality Committee, and to the Board in Common as part of the integrated performance report.
- 2.10 **Recommendation 2** – Standards of clinical behaviour, as technical care is not enough: *Review how standards of compassionate care can be embedded and evidence in the service.*

- All Trusts have a variety of ways in which this is achieved, including collaboration and co-production with Maternity Voices Partnership, local Trust values and behaviours and inclusive recruitment practices, human factors training, specialist bereavement support, and frameworks to ensure families are involved in incident investigations and the perinatal mortality review process.
- Further improvements will continue to be identified through the maternity standards working group, and form part of their workplan going forward.

2.11 **Recommendation 3** – Flawed team working, which was pulling in different directions: *Review how the service ensures close team working, shared discussions and the creation of a common purpose with the patient at the centre.*

- Trusts have a variety of methods in place to improve team working, including cultural safety champions, human factors and active bystander training, regular consultant-led ward and board rounds, safety huddles, skills drills and simulation sessions. The LMNS is also developing a system approach to MDT training. The maternity standards working group will continue to review ways in which this can be further improved.

2.12 **Recommendation 4** – Organisational behaviour: *Review the systems in place within the Trust to ensure that maternity services is given sufficient focus through the internal governance process, and voice through the board.*

- Each Trust has an Executive and Non-Executive Maternity and Neonatal Board Safety Champion in place.
- A reporting structure, with agreed reporting templates, have been developed via the maternity standards working group to ensure regular, consistent reporting to the Acute Provider Collaborative Quality Committee and the Board in Common, this includes progress with Ockenden IEAs and the CNST Maternity Incentive Scheme (reported separately to this board meeting).

3. Next steps

- 3.1 Good progress is being made in all Trusts to ensure compliance with recommendations following the national maternity reviews. Work will continue via the Acute Provider Collaborative maternity standards working group, with an inclusive maternity meeting planned for early March 2023 to set objectives for 2023/24.
- 3.2 In spring 2023, a single delivery plan for maternity and neonatal care will be published by NHSE which will bring together actions required following the East Kent report, the Ockenden report, and NHS Long-Term Plan and Maternity Transformation Programme deliverables.
- 3.3 Once this is received, Trust and Collaborative-wide implementation plans will be developed with performance reporting regularly to the Acute Provider Collaborative Quality Committee and the Board in Common.

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



NWL Acute Provider Collaborative Board in Common (Public)

17/01/2023

Item number: 2.2

This report is: Public

Clinical Negligence Scheme for Trusts - Maternity Incentive Scheme-Year 4

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

Accountable director: Robert Bleasdale, Janice Sigsworth, Lisa Knight and Melanie Van Limbogh
Job title: Chief Nurse CWFT, Director of Nursing ICHT, Chief Nurse LNWH and Director of Nursing THH

Purpose of report

Purpose: Assurance

This report summarises the individual Trust position against the Safety Actions for year 4 of the Maternity Incentive Scheme (MIS) and the key areas of risk to delivery.

Report history

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

**Acute Collaborative
Executive Quality
Meeting**
09/01/2023

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

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

Executive summary

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

Year 4 of the Maternity Incentive Scheme (MIS) was re-launched on 6 May 2022 with updated Technical Guidance and revised timescales to report compliance. A further change to the technical guidance was received in October 2022, with a change in the compliance requirements for Safety Action 5 relating to the supernumerary status of the labour ward co-ordinator and Safety Action 8 which reduced the timescales for compliance with the training elements. Trusts are now required to submit their compliance by 2 February 2023.

Each Trust is required to complete a quarterly review against the standards, and this should be considered by the Trust Board. An overview of each Trust position is included within this paper. All Trusts are working to achieve compliance with the incentive scheme, through established internal governance processes and therefore this position is evolving. All Trusts have identified a risk with the requirement for the labour ward co-ordinator to be 100% supernumerary. Each Trust has confirmed that 100% supernumerary status is funded within the establishments, however due to operational pressures and acuity this may not always be achieved. A letter was received from NHS Resolution in December, allowing Trusts to apply professional judgement against this requirement in safety action 5, and Trusts are reviewing the occasions this was not achieved against acuity and safety tools. To ensure a consistency of approach to this standard a discussion will take place at the London Directors of Nursing meeting with the London Director of Midwifery, who has formally been written to expressing concerns with the change in the guidance. As a result there may be a risk of compliance with this Safety Action.

London North West will be non-compliant with Safety Action 1 due to the submission of 3 cases to MBBRACE outside of the 7 day timescale.

All Trusts have plans in place for compliance with the safety actions that remain outstanding and these are being actively reviewed within each Trust ahead of submission on 2 February 2023.

Recommendations

The Board is asked to note the individual Trust positions and approve the proposed process for final submission to be delegated to individual Trusts, with a formal report being received through Quality Committees. The monitoring of the Maternity Incentive Scheme (year 4 end) and year 5 will be through the Trust Quality Committees and Acute Provider Collaborative Quality Committee quarterly maternity report.

Strategic priorities

Tick all that apply

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

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

Impact assessment

Tick all that apply

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

Main Report

1. Background

- 1.1 The Maternity Incentive Scheme (MIS) aims to support Maternity Services to deliver safer maternity care through recovery of an incentive element built into the Clinical Negligence Scheme for Trusts (CNST) contributions, where Trusts can evidence compliance with all ten safety actions. Trusts that cannot evidence that they have met all ten safety actions may be eligible for a small discretionary payment to assist them to make progress towards full compliance. Successful achievement of all 10 safety actions in year 3 of the incentive scheme resulted in a 10% reduction in the CNST premium.
- 1.2 On 9 August 2021, NHS Resolution launched the fourth year of the CNST MIS with updated Technical Guidance including a range of additional requirements that needed to be met with immediate effect in order to be eligible to recover the incentive element of the scheme contributions.
- 1.3 Subsequent to this, on 23 December 2021, Trusts received a letter confirming a pause to the majority of the reporting requirements in relation to CNST in recognition of the current pressures on the NHS and Maternity Services. Year 4 of the scheme was re-launched on 6 May 2022 with updated Technical Guidance and revised timescales to report compliance.
- 1.4 A further change to the technical guidance was received in October 2022, with a change in the compliance requirements for Safety Action 5 relating to the supernumerary status of the labour ward co-ordinator and Safety Action 8 which reduced the timescales for compliance with the training elements.

2. Reporting process

- 2.1 Individual Trusts are required to submit the Board declaration form of compliance to NHS Resolution by 12 noon on Thursday 2 February 2023. This is a change from the original request of 5 January 2023.

- 2.2 In line with the technical guidance Trust Boards are required to receive and discuss the compliance position against MIS on a quarterly basis, including the individual Trusts final position prior to submission to NHS Resolution.
- 2.3 As part of the Maternity work stream for the Acute Provider Collaborative, the reporting requirements for maternity services have been reviewed, and standard reports developed which include MIS. Individual Trust Quality Committees should receive these reports each quarter prior to a combined position being reported to the Acute Provider Collaborative Quality Committee.
- 2.4 The combined report that was presented to the Acute Provider Quality Committee which detailed the position of Trusts at the end of Quarter 2 has been updated to reflect the Trust positions at the end of December 2022 for submission and consideration at the Collaborative Trust Board ahead of the submission to NHS Resolution.
- 2.5 Where Trusts have areas of non-compliance, or requiring further scrutiny and assurance ahead of the February submission, it is proposed delegated authority be given to individual Trusts to review and approve their individual submission prior to 2 February 2023.

3. Trust position

- 3.1 Each Trust has undertaken a quarterly self-assessment of compliance against each of the 10 Safety Actions. Trusts are required to collate evidence of compliance against each of the Safety Actions, and the self-assessment process includes a review of the evidence collated and its robustness.
- 3.2 The following colour ratings have been used for this process:
- Green – Compliant with Safety Action and evidence collated.
 - Amber – Compliance with Safety Action in progress, further evidence or action required to achieve compliance by year end.
 - Red – Compliance with Safety Action at risk of delivery or non-compliant.
- 3.3 The below table demonstrates individual Trust positions at the end of quarter 3, and provides the narrative of the action required to ensure compliance against the safety action or reason for non-compliance.

Safety Action	Chelsea and Westminster	Hillingdon	London North West	Imperial
Safety Action 1: National Perinatal Mortality Review Tool	Green	Green	Red Timeframe breached for 3 cases of surveillance to MBRRACE	Green
Safety Action 2: Maternity Services Data Set (MSDS)	Green	Green	Green	Green
Safety Action 3: Avoiding Term Admissions into Neonatal Units	Green	Green	Green	Green
Safety Action 4: Clinical workforce planning	Green	Green	Green	Green

Safety Action	Chelsea and Westminster	Hillingdon	London North West	Imperial
Safety Action 5: Midwifery workforce planning	Amber Review of occasions when labour ward coordinator was not 100% supernumerary to establish if this was professionally appropriate and minimised. Standard to be agreed across the LMNS and discussed at London Maternity Leadership meeting	Amber Currently not funded to Birthrate plus recommendations and a paper is being presented to the executive team for funding Review of occasions when labour ward coordinator was not 100% supernumerary to establish if this was professionally appropriate and minimised. Standard to be agreed across the LMNS and discussed at London Maternity Leadership meeting	Amber Review of occasions when labour ward coordinator was not 100% supernumerary to establish if this was professionally appropriate and minimised. Standard to be agreed across the LMNS and discussed at London Maternity Leadership meeting	Amber Review of occasions when labour ward coordinator was not 100% supernumerary to establish if this was professionally appropriate and minimised. Standard to be agreed across the LMNS and discussed at London Maternity Leadership meeting
Safety Action 6: Saving Babies' Lives care bundle Version 2	Green	Amber Audit of 60 sets of notes completed as unable to pull data electronically. Results to be discussed at governance meeting.	Amber Ongoing audit against elements of SBLV2 and action plan in place to monitor position and compliance.	Green
Safety Action 7: Service user feedback through your Maternity Voices Partnership (MVP) to coproduce local maternity services.	Green	Green	Green	Green
Safety Action 8: Can you evidence that at least 90% of each maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training session within the last training year?	Green	Green	Green	Green-
Safety Action 9: Can you demonstrate that the trust safety champions (obstetrician and midwife) are meeting bimonthly with Board level champions to	Green	Green-	Green	Green

Safety Action	Chelsea and Westminster	Hillingdon	London North West	Imperial
escalate locally identified issues?				
Safety Action 10: Have you reported 100% of qualifying 2019/20 incidents under NHS Resolution's Early Notification scheme?	Green	Green	Green	Green
Total Green	9	8	7	9
Total Amber	1	2	2	1
Total Red	0	0	1	0

4. Key Risks

- 4.1 Safety Action 1 (SA1): This standard requires all eligible perinatal deaths to be notified to MBRRACE-UK within 7 working days. Three cases were submitted outside of this timescale at London North West and as a result they are non-complaint with this Safety Action. As a result additional actions have been put in place to support the resilience in reporting.
- 4.2 Safety Action 5 (SA 5) was updated with changes to the technical guidance in October. In this guidance it required Trusts to confirm that Labour Ward co-ordinators were supernumerary 100% of the time to maintain the safety overview of the service. It specifically stipulated that the co-ordinator could not be used to provide routine break cover. Each Trust has confirmed that the co-ordinator is supernumerary in the establishment but there are occasions where they will be required to support the service. As an example they may be required to rapidly assess a women who attends in labour and locate them in an appropriate space if activity means that other midwives are not readily available. This would be clinically appropriate in maintaining a safe service. Concerns regarding the achievement of this aspect have been escalated to the regional and national midwifery team. A letter was received in December advising Trusts to use professional judgement when evaluating compliance against this aspect of the safety action. Each Trust is currently reviewing the occasions when the co-ordinator was not 100% supernumerary to ensure appropriate actions and escalation were in place to rectify this in a timely manner. There has been a discussion through the LMNS and London Directors of Nursing meeting regarding consistent approach to this standard. A discussion will take place through the London maternity leadership meeting which is chaired by the London Chief Midwifery Officer to agree the definition and acceptable percentage which will be applied to this standard.
- 4.3 Safety Action5 (SA5) requires all Trusts to commit to funding the recommendations for Birthrate plus. The Hillingdon Hospital will be presenting a case for funding through their internal governance structures to support this.
- 4.4 Safety Action 6 (SA6) London North West are undertaking further audits against the standard and have established a scorecard to monitor all elements of the Saving Babies Lives V2 bundle.

5. Summary

- 5.1 All Trusts have established internal mechanisms in place to monitor and provide assurance against the Maternity Incentive Scheme year 4 and are working to achieve compliance.
- 5.2 All Trusts have reported concerns with the requirement in Safety Action 5 regarding the status of the Labour Ward Coordinator. Trusts are reviewing the acuity and dependency scoring and audit data to establish the occasions and time this was not maintained. In order to ensure consistency a discussion and agreement on how to approach this standard will take place at the London Maternity Leadership Meeting chaired by the Regional Chief Midwife.
- 5.3 London North West will be declaring non-compliance with Safety Action 1.
- 5.4 The Board in Common is asked to note the current position and risk, delegate the approval of the submission to individual Trust CEO and a formal year-end report and action plan if required will be presented to the Acute Provider Collaborative Quality Committee.

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



NWL Acute Provider Collaborative Board in Common (Public)

17/01/2023

Item number: 2.3

This report is: Public

NWL Acute Collaborative Chairs Report

Author: Matthew Swindells
Job title: Chair in Common

Accountable director: Matthew Swindells
Job title: Chair in Common

Purpose of report

Purpose: Information or for noting only

The Board in Common is asked to note the report.

Report history

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

N/A

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

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

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

Executive summary and key messages

This report provides an update from the Chair in Common across the Acute Collaborative.

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. Meeting Staff

2. I would like to begin my report highlighting the services and departments I have been to visit since the October Board in Common (BiC). Meeting staff and hearing first hand their experiences enables me to get a better understanding of how each of the Trusts are working and what is happening on the front line and across the Collaborative. My thanks as ever to the people who organised my visits and to the staff who were so generous with their time in showing me their departments and services.
3. At **Mount Vernon** I met with Jenny Martin, Divisional Head of Nursing Mount Vernon & Clinical Support Services who led a tour of many of the services at the site. I met with a large number of staff, visiting the Urgent Care Nurse Practitioners service with Linda Hirst, Lead Emergency Nurse Practitioner, I was taken around the Neuro-rehabilitation service by Helena Gomes Delgado, Ward Manager, Daniel's Rehabilitation Unit, also meeting Saiqa Ali, Senior Sister at the Outpatients' clinic. Vijaya Kololgi, Outpatients Admissions Manager introduced me to the Outpatients Booking and Admissions team as well as members of the IT Business Intelligence team. I also visited the Trinity Orthopaedics ward with Tracey Coombes, Sister, Areesa Javed, Paediatric Audiologist in the new purpose built Paediatric Audiology centre. I met with Naeem Uddin, Deputy Chief Finance Officer and some of Finance team and Health, Wellbeing & Engagement Lead, Elaine Hotson.
4. At **Charing Cross** I visited the North West London Pathology (NWLP) service, the tour was led by Saghar Missaghian Cully, NWLP Managing Director and Florence Ejiolor, NWLP IT Quality / Health and Safety Manager. Modern pathology is a fascinating mix of state of the art technology and robotics with tremendously delicate manual work. I had the chance to see both the huge floors of conveyor belts and analysers that test patient blood and the skilled technicians slicing transparently thin slices of tissue and placing them on a slide so that a pathologist can look through a microscope to see if there is cancer. I also did a walk around with Meryn Marsden, Hospital Director and some of her team, following the emergency pathway from ED to acute medicine and ITU. Visiting the Riverside elective area and some of the specialty Stroke and Urology services.
5. At **Hammersmith**, I had a tour of several services at the site, I was taken around by Steve Hart, Site Director and Andrew Chukwuemeka, Medical Director, we visited Renal services with Julie Harris and Helen Watts, Lead Nurses, Haematology service with Karen Bradley, Lead Nurse and Andrew Perez, General Manager. We also went to the Queen Charlotte to see Women's Services (who were responsible for delivering my older daughter, who is all grown up now) with Cathy Hughes and Susan Barry, Lead Nurses.
6. At **Northwick Park** I met with the Health and Wellbeing team led by Maeve O'Callaghan-Harrington, Head of Staff Engagement and Wellbeing, hearing about the fantastic work they do supporting staff across the Trust. I also visited the new breast clinic with Scott Rice, Divisional Medical Director, Integrated Clinical Services (ICS), meeting Krystal Copeland, Assistant General Manager, Clinical Genetics and Breast Service and the team at the clinic. I also had a tour of the radiology and diagnostic services by Tanuja Khiroya, Head of Diagnostic Imaging and Medical Physics.
7. At **Ealing Hospital** I joined the Mayor of Ealing, Cllr Mohinder Kaur Midha and Pippa to open the new, state of the art catheter lab led by Stuart Rosen, Consultant Cardiologist. This development is a real sign of our commitment to the Ealing site.

8. At **Central Middlesex** I visited the Sickle Cell Service, with Scott Rice, Divisional Medical Director, Integrated Clinical Services (ICS), Joan Klein, Trust Cancer Lead and Mark Titcomb Managing Director, Central Middlesex Hospital, meeting Jeanette Johnson, Sister Medical Day Unit, Kofi Anie, Clinical Psychologist, Patricia Alfonso Brown, Sickle Nurse specialist and their team. Sickle Cell is a very painful disease that effects only people of Afro-Caribbean origin. For too long it has been ignored by the pharmaceutical industry and under researched, with the only treatment available really being pain management when the sufferer has an acute event. The Brent Sickle Cell service has been established for 30 years and I was delighted to see that we have a state of the art facility for our community and excited to hear that we will be one of the centres for a major national clinical trial, co-ordinated in our Trust by Rossby Awadzi. The Trust is involved in several aspects of sickle cell research, particularly looking to improve patient experience throughout their healthcare journey, ophthalmological disease prevention through screening, understanding the impact of the disease and promoting patient advocacy through teaching.
9. At **Chelsea and Westminster** I had the fantastic opportunity to spend the morning in theatre with Jeffrey Ahmed, Consultant Gynaecologist, and his team performing leading edge robotic surgery. The use of the da Vinci robot meant that very complex surgery was undertaken through 4 tiny incision rather than a major intervention and the patient went home that evening, rather than spending 3 – 5 days in hospital recovering.
10. This time in theatre was particularly interesting as I had spent part of the previous day at **Northwick Park Hospital** where we have one of the leading training centres for robotic surgery in Europe.
11. I have also met with local MPs, in October I met with MP Rt Hon Boris Johnson, whose Uxbridge and South Ruislip constituency includes Hillingdon Hospital. As well as meeting with me, Mr Johnson met with members of the Hillingdon Hospital redevelopment team to receive an update on the new hospital plans. In November Pippa and I met with MP Rt Hon Gareth Thomas, whose Harrow West constituency includes Northwick Park to discuss the pressure on staff, plans for the hospitals and any ways that helpful in supporting us.
12. I am pleased to say I have now been to all sites across the four Trusts and throughout the coming year I am keen to regularly visit every site and meet as many staff across all departments as I can. So, please, if you would like me to visit your department, please contact my office.

13. Industrial action

14. Like all hospitals across the NHS, our hospitals have been responding to industrial action organised by health trade unions over the past two months. This includes strikes by London Ambulance Service staff and, for Imperial College Healthcare's St Mary's and Charing Cross sites, two separate strike days in December by members of the Royal College of Nursing. Further and wider industrial action is planned by health unions for the coming weeks and possibly months. I would just like to add my thanks to everyone involved for ensuring we have been able to continue to provide safe care during the action while also, where relevant, ensuring our staff were able to exercise their right to take action. I know that the decision to take action would not have been taken lightly by any healthcare staff

and it is important that we respect one another's decisions and views. I hope that the disputes can be resolved as soon as possible.

15. The Acute Collaborative

16. The inaugural Board in Common (BiC) in October gave the Board their first chance to meet as a group and discuss individual Trust operations as well as Collaborative priorities. I am keen that the BiC continues to develop and improve as we move forward and to support this we gathered feedback from the Board members, from our Councils of Governors and from campaigning and stakeholder groups. As a result, we have made some amendments to the January BiC, including making it possible for the public to attend in person if they wish to do so as well as having the option to join on-line, we have extended the time for public questions at the end of the meeting and expanding the depth of Trust data that we are publishing with the papers, further details can be found in the BiC Cabinet Committee Summary where the Vice Chairs and Chief Executives discussed the feedback (item 6.2 appendix 1). Thank you to the people who contributed their suggestions, we will continue to listen and improve these meetings over the coming months.
17. The Board in Common held its first development session in November to discuss strategic priorities, the main aim of the meeting was to develop thinking around the areas that the Collaborative could be taking action to support better health, better care, better efficiency and a better staff experience.
18. The second round of Collaborative Committees happened in December, each are led by one of the Vice Chairs and one of the four Trust Chief Executives; i) Quality (Stephen Gill and Tim Orchard), ii) People (Janet Rubin and Pippa Nightingale), iii) Finance and Performance (Catherine Jervis and Lesley Watts) and iv) Infrastructure and Capital (Patricia Wright and Bob Alexander). You will see reports from these meetings in the Board papers.
19. We are beginning to build the Collaborative priorities across the four main workstreams, for example teams across the four Trusts have been involved with the first set of peer reviews which have focused on Urgent and Emergency Care, the team are just working on the final outputs, though already each Emergency Department has an action plan to deliver resulting from the review. One of the main aims of the Collaborative is to share learning and spread best practice to ensure we are providing the safest and best services for the people of North West London.

20. Elective Orthopaedic Centre (EOC) proposal

21. The public consultation on a proposed Elective Orthopaedic Centre (EOC) for North West London is running until Friday 20 January. The EOC would bring together most 'routine' orthopaedic inpatient surgery for patients who are otherwise generally well, an example of what is known as 'low complexity, high volume' surgery. We have a further update on the EOC later on in the Board meeting but I would urge you to [feedback on our proposal](#) before the consultation ends this week. We want to connect with as many people as possible across North West London, ensuring everyone has the chance to find out more and share their views.
22. We are working with an independent organisation who will produce a formal consultation outcome report following the close of the consultation. We will use this report to help

inform a 'decision-making business case'. NHS North West London will then consider the decision-making business case and its recommendations and decide whether to implement the proposal, update the proposal or find an alternative solution.

23. NHS Priorities and Operational Planning Guidance for 2023/24

24. NHS England have developed the NHS Priorities and Operational Planning Guidance for 2023/24 which they published late last month. They have set out three key tasks facing the NHS over the coming year - recovering our core services and productivity; as we recover, getting back to delivering the key ambitions in the NHS Long Term Plan, and; continuing to transform the NHS for the future. The four Trusts are working on their plans and will report back at the next BiC.

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



NWL Acute Provider Collaborative Board in Common (Public)

17/01/2023

Item number: 2.4

This report is: Public

Chief Executive Officer's Reports

Authors: Lesley Watts, CEO – Chelsea and Westminster NHS Foundation Trust
Tim Orchard, CEO - Imperial College Healthcare NHS Trust
Pippa Nightingale, CEO – London North West University Healthcare NHS Trust
Patricia Wright, CEO – The Hillingdon Hospitals NHS Foundation Trust

Purpose of report

Purpose: Information or for noting only

The Board in Common is asked to note the reports.

Report history

N/A

Executive summary and key messages

This report provides an update from the Chief Executive Officers of each of the four Trusts in the North West London Acute Provider Collaborative (Chelsea and Westminster NHS Foundation Trust, Imperial College Healthcare NHS Trust, London North West University Healthcare NHS Trust and The Hillingdon Hospitals NHS Foundation Trust) on key issues relating to each respective Trust.

The reports include a summary of trust operational and financial performance, workforce issues, regulatory compliance, strategic priorities, stakeholder engagement and events, and successes to celebrate.

Strategic priorities

Tick all that apply

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

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

[Click to describe impact](#)

Impact assessment

Tick all that apply

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

[Click to describe impact](#)

Reason for private submission

Tick all that apply

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

If other, explain why

Chief Executive Officer's Report – 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 Ready for Winter

1.1.1 We continued with a major focus on our Ready for Winter campaign with a range of initiatives across digital platforms, vaccination drives and board rounds to support patient flow and discharge. We developed and deployed a number of applications in response to the ongoing operational pressures to deal with the management of the patient pathway.

1.1.2 We reached another milestone on our journey of digital innovation as we launched the Timely Care Hubs. This tool supports daily board rounds by reducing the reliance on manual processes and allowing our teams to make better-informed, more coordinated decisions so that patients are treated in the right order, faster. This has been pivotal over the last couple of weeks to our effective bed flow and patient discharge process.

1.1.3 I am immensely proud of the commitment and loyalty of our workforce, particularly with the challenges of service disruptions over the last couple of weeks.

1.2 Pioneering Centre for Gender Surgery

1.2.1 Our gynaecology team for the Chelsea Centre for Gender Surgery completed the first gender affirming robotic-assisted hysterectomy for a patient on the national waiting list. Gender affirming hysterectomy is now being offered at Chelsea, with metoidioplasty from January 2023. I would like to congratulate the team who have been at the forefront of this service.

2. Quality and Safety

2.1 Infection control and Vaccination

2.1.1 We have seen increasing numbers of both patients and staff diagnosed with flu and Covid across our sites. The teams have continued to implement robust infection control measures to minimise the risk of transmission. It is for this reason that we made the difficult decision to reinstate the wearing of face masks across all areas of our hospitals and clinics, in addition to the existing requirement for their use within clinical areas. Additionally our infection control team have been undertaking a Trust-wide education programme focusing on the core principles of good infection control practices, seeing a 5% reduction on the number of C.Diff cases when compared to the same period last year.

2.1.2 A key component of protecting our patients and staff from serious ill health and transmission of flu and Covid is the annual vaccination programme. The Trust launched the annual staff flu vaccination programme in September and has continued to offer staff and eligible members of the public the covid vaccination booster. This is a key public health initiative to ensure our staff and patients are protected through the winter period. In addition to static clinics within each of our sites, roaming peer vaccination is in place

and recognition events for teams with high uptake. Across the North West London Acute Provider Collaborative, the Chief People Officers have led an event to review approaches in each of our organisations to share best practice. Whilst staff uptake of flu vaccination is ahead of the position last year, uptake has been slow for both vaccines nationally across the NHS and London. The Trust is in the top quartile of Trusts for flu uptake across London, with 44.9% of staff receiving the vaccine against a London average of 39%, and 45.7% of staff receiving the Covid booster against a London average of 40.9%

2.2 **Lowest Mortality risk in England**

2.2.1 The outcome of a recent mortality surveillance programme continues to provide a rich source of learning to support our organisational improvement objectives. A step change in the relative risk of mortality was experienced in March 2017 and has continued into Q2 2022/23; the Trust continues to be recognised as having one of the lowest relative risk of mortality (SHMI) rates across the NHS in England.

2.3 **Patient Experience**

2.3.1 I am proud that, given the operational challenges, over 90% of our inpatients report a positive experience of care. However, I recognise the need to continually engage with our community to improve the experience of care across all our services. The Head of Patient experience is working with user groups and HealthWatch to identify further opportunities for improvement.

2.4 **Maternity Assurance**

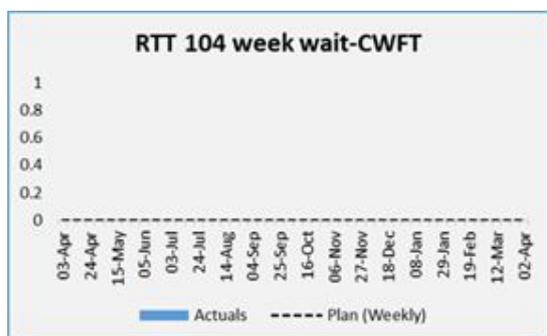
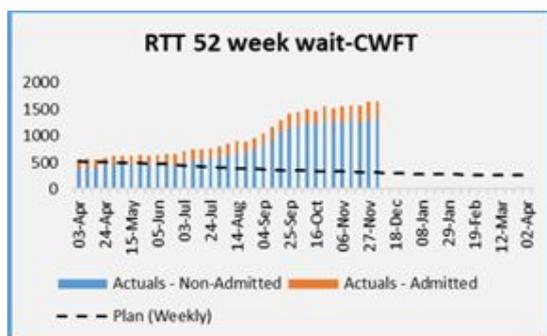
2.4.1 The Trust provides oversight of Maternity Services through the Trust executive management Board and Quality Committee. Maternity services provided support until the end of November 2022 to Imperial Hospitals homebirth service due to ongoing pressures in the service. In addition the executive team received a report on the Trust position regarding compliance against Year 4 of the Maternity Incentive Scheme, Ockenden Immediate and Essential Actions and key findings from the East Kent Report. Following the external Ockenden Assurance Visit, I was pleased that our services are now compliant with all of the immediate and essential actions from the interim Ockenden report.

2.4.2 In preparation for the Industrial Action taken by the London Ambulance Service, our Maternity Service coordinated the response across NWL to ensure that women and birthing people had appropriate access to the home birth service, and support to transfer to hospital if required.

3. **Operational performance**

3.1 There were noted challenges during Month 8 (November 2022) across a number of key performance indicators. Nevertheless, the Trust has been able to improve and sustain performance for several measures, performed relatively well against National benchmarks and retain a position as one of the best performing Trusts nationally.

3.2 Despite the marginal increase in the 52+ waiting cohort, the Trust continues to report no 104+ waiters although the number of 78+ has increased due to capacity constraints for new referrals in Vascular, Urology and General Surgery.



- 3.3 The Trust has a responsibility to provide flu and Covid vaccinations to all staff, volunteers and contractors working within its premises and the Trust launched its Flu & Covid vaccination programme on the 12th September 2022. All staff can book in for their flu and COVID-19 vaccinations and boosters at both hospital sites.

4.1 Finance performance

- 4.1.1 In November, the Trust reported a year-to-date deficit of £0.27m after adjustments. This was break-even against plan for the year to date. The Trust is forecasting to deliver its breakeven plan in 2022/23.

4.2 Ambulatory Diagnostics Centre Project

- 4.2.1 The Ambulatory Diagnostics Centre (ADC) Project is progressing well, with the project at RIBA stage 4 (technical design) and the outcome of the planning application is expected in January 2023. The next phase is to commence the procurement process for the construction work, which is expected to start in March 2023.

- 4.2.2 **The CWFT Board is asked to delegate authority to the CWFT Finance & Performance Committee to approve the next ADC gateway and commencement of the procurement process. A Full Business Case will be developed after the procurement process has been completed and will be presented to the Board for approval and to award the contract in 2023/24.**

5. People

- 5.1 In November 2022, Sue Smith, Interim Chief People Officer left the Trust to take up a new role as the Chief People Officer at South London and Maudsley NHS Foundation Trust. Lindsey Stafford-Scott has stepped up from the role of Deputy Chief People Officer and will serve as the Interim Chief People Officer for a period of up to six months.

6. Equality, Diversity and Inclusion (EDI) update

6.1 Our commitment to promoting a fair and diverse workplace remains core to our priorities and we've achieved the following over the last couple of months:

- **Internationally Educated Nurses and Midwives (IENMS) Accelerated Development project**
Secured the Internationally Educated Nurses and Midwives (IENMS) Accelerated development NHSEI funded project. The programme offers a supportive learning space, developed in collaboration with subject experts and fellow IENMS who themselves have forged exciting careers.
- **Staff networks – A voice that counts**
Continuing conversations through staff network on how to improve inclusion, engagement across the organisation. All networks have a chair or co-chair in place. We are implementing more streamlined actions for each network in relation to Trust business plans.
- **Published new reporting templates for WRES, WDES, GPG each with separate action plan**
Our WRES indicators show that we have progressed with access to non-mandatory training.

Our areas of focus are appointment from shortlisting and entering the disciplinary process. This will be achieved by some of the work we are engaging in through the Just and Learning culture programme of work. Our WDES indicators show that we have progressed with a reduction in Disabled Staff entering the formal capability process. Disabled Staff have also reported better relationship with manager when compared to the previous National Staff Survey results.

- **Submission to Stonewall Workplace Equality Index**
We submitted our Stonewall Workplace Equality index. This was our second completion year of a three-year cycle. We have been able to benchmark across the index sections to make quality improvements. We submitted all of our work in September and the results of the WEI 2023 will be published in February 2023.

7. Trust highlight

7.1 Queen Consort applauds our Domestic Abuse team

7.1.1 The Queen Consort met the pioneering Domestic Abuse team at Chelsea and Westminster Hospital. Her Majesty met with the health-based domestic abuse Independent Domestic Violence Advisors (IDVAs) and staff working in the field at the maternity unit. Her Majesty continues to be an advocate for survivors of domestic abuse, and has supported this cause for many years. In 2020, in her former role as The Duchess of Cornwall, Her Majesty became patron of SafeLives, is a UK-wide charity dedicated to ending domestic abuse, for everyone and for good.

7.2 Endometriosis research launch

7.2.1 We have a dedicated team at the Trust that is leading on pioneering research to reduce the time between the onset of Endometriosis symptoms and diagnosis, and to better understand the challenges faced by patients, how we can support them, and how we can treat this condition. This event was widely supported by Endometriosis UK, the all parliamentary group on women's health, RCOG and NHS England. We recently hosted a private viewing event for a new documentary film with Executive Producer, Hilary Clinton, [Below the Belt](#), which revealed the challenges and unmet needs of women living with endometriosis. This was only the second time the film has been shown in the UK, and the first screening in a hospital, which has inspired hospitals around the world to plan their own screenings of the film.

7.3 Global campaign to end HIV by 2030

7.3.1 We are supporting the work of Fast-Track Cities - a global initiative to end HIV by 2030. We recently hosted the Danish Aids Foundation who wanted to learn more about the work of our clinics. Our services are at the forefront of the aim to eliminate HIV in London.

7.4 World AIDS Day

7.4.1 An important day for our sexual health services to raise awareness of HIV, help secure the rights of people living with HIV and importantly fight the stigma and discrimination around the disease. I am proud of the work our sexual health services have led to reduce the rate of HIV infections and eliminate stigma for our patients in the capital.

7.4.2 I would like to thank all our services who provide exceptional testing, treatment and support, getting Londoners on PrEP, and delivering outreach and timely care to people living with HIV. Our sexual health services ran a number of events, with a test day in in Soho. Our services produced an exhibition of artwork from patients who are living with HIV. At West Mid, Sexual Health Hounslow held stalls this week, promoting PrEP, encouraging open conversation, and taking bookings for the extra PrEP clinics they are hosting next week.

8. Updates from Council of Governors

8.1 At its meeting in October, the Council noted that following a failed tender process in early 2022, it was proposed to extend the current external audit contract with Deloitte LLP for a further 2 years to September 2024. The intention would then be to retender the service to move to a new contract from October 2024. The Council discussed the issues involved in finding accounting firms willing to tender for audit services, noting that this was a national issue which had been escalated to the NHSE national team. Accounting firms were now less willing to bid for NHS audit work due to restrictions on them then bidding for advisory work.

8.2 The Council noted an update on the preparations for the January 2023 Governor elections. The Council also noted that the creation of the Rest of England constituency had been agreed by Council and the Trust Board in July 2022. Nominations opened on 9 November, with voting to run from 5th to 30th January. Results will be announced on 31 January.

8.3 The Council of Governors Membership and Engagement Committee met in November to consider the review of the Membership Engagement and Communications Strategy. It was noted that the membership profile had remained fairly stable over the past few years, with around 18,000 members. The characteristics of the membership also remained stable, representing the general characteristics of the local population with the exception of the younger population. It was noted that the engagement plan for members would be further developed with input from the Trust Director of Communications. The Implementation Plan will aim to be more ambitious in its recruitment of new members, more representative by engaging with specific community groups to attract new governors and will consider the establishment of 'town hall' events to engage with local populations across the NWL Collaborative.

9. Research and innovation

9.1 National portfolio studies

9.1.1 The Trust recruited 3,364 participants into 152 national portfolio studies from April to December 2022. This includes 440 participants recruited into 34 commercial studies and 245 participants recruited to COVID studies.

9.1.2 We are a top recruiter for commercial studies in NWL, contributing 48% to commercial recruitment in the sector. We are on target to recruit 4,000 participants in to portfolio studies by March 2023, nearly doubling numbers on the previous year, with HIV and Maternity being the top recruiting specialties.

9.2 Research publications

9.2.1 So far in 2022-23 there were at least 60 publications by Trust colleagues on COVID-19 related topics. The most recent was the publication of the CWFT sponsored international PIONEER study in the Lancet. The PIONEER Trial is a randomised controlled trial of early intervention versus standard care. The article reveals the findings of the multi-national COVID-19 treatment study, which trialled the antiviral favipiravir for the treatment of mild to moderate COVID-19.

9.2.2 This has been an international effort and we would like to congratulate our clinical teams as well as all our partners who have worked across two continents on this all-important study.

9.3 Launch of Hand Therapy App

9.3.1 We were pleased to launch a brand new version of the smartphone app, Hand Therapy: The Exercise Prescription App. The award-winning app provides patients with treatment information and a therapist-tailored exercise programme to aid recovery from hand and wrist injuries.

9.4 Preventing Group B Streptococcus (GBS) infections in newborns

9.4.1 The Women's Health Research team at West Middlesex University Hospital have been working alongside their clinical colleagues to deliver the GBS3 Trial. The GBS3 trial is investigating whether routine testing for GBS reduces early onset neonatal sepsis. West Middlesex were randomised to the Enriched Culture Medium testing, which for the trial is offered from 35 weeks gestation to all women who meet eligibility. The Research Team have liaised with all community teams, the antenatal team, MSWs, inpatient antenatal and day assessment midwives and administration teams who prepare all the handheld

notes and the doctor's clinics. Women were contacted and informed via the DrDoctor App, so they could actively ask for the test, with the result that since the start of the study over 1,800 tests were taken.

10. Stakeholder engagement

10.1 Below is a summary of significant meetings and communications with key stakeholders since the last Trust Board meeting:

- Queen Consort visit to our pioneering domestic abuse unit 13 October
- Danish AIDS Foundation visit to our sexual health clinics 31 October and 1 November
- Health Improvement and Disparities, Department of Health and Social Care 4 November
- Minister Will Quince MP 3 November and 15 November
- MP Helen Whately 24 November
- North West London Joint Health and Overview Scrutiny Committee 7 December

10.2 The Elective Orthopaedic Centre consultation commenced on 17 October and will run until 20 January. We have held several face-to-face engagement events at a number of our sites, with our approach consistent with that of the other north west London Trusts.

11. Recognition and celebrating success

11.1 Green matters step up

11.1.1 We hosted our very first Sustainability Week for the entire organisation. The Sustainability team organised a packed agenda of events—including Sustainability Fairs, bike doctors, Garden Fairs, clothes repair workshops, keynote speakers and even a chance to try out an electric vehicle.

11.2 UK leaders for Radiology services

11.2.1 I was delighted our Trust has won the Best NHS trust in the UK for delivering radiology services award. Our radiology service continues to go from strength to strength, having recently successfully renewed their Quality Standard for Imaging (QSI) Accreditation in November.

Chief Executive Officer's Report – Imperial College Healthcare NHS Trust

Accountable director: Professor Tim Orchard
Job title: Chief Executive Officer

Executive summary and key messages

1 Key messages

- 1.1 The Trust has experienced significant operational pressures over the past few months, in the same way as other trusts across the Sector, and have also faced the operational pressures arising from industrial action. Our main focus has been to respond to the sustained and significant demand on our urgent and emergency care pathways while continuing to reduce our post-pandemic waiting times for planned care.
 - 1.2 A range of plans to support operational flow and avoid inpatient stays where possible is helping us to continue to provide safe care and we are maintaining relatively good operational performance, including some of the fastest ambulance handover times in London. However, patients are facing longer delays across our pathways, especially those ready to be discharged to community-based care, and our staff remain under huge pressure as they care for more and sicker patients. We have set monitoring harm indicators during these winter pressures but have seen no major safety signals at present from the urgent and emergency care pathway.
 - 1.3 In planning for the days of industrial action and the days themselves, we have maintained good relationships with union representatives and been able to agree appropriate derogations which allowed us to continue to run our emergency services and time critical elective services, including 38 time critical cancer cases.
 - 1.4 The fact that we have weathered such pressures and have been able to continue to provide urgent and emergency services to date is down to the professionalism and dedication of our staff, for which I am, as ever, hugely grateful.
 - 1.5 A really positive highlight during the last quarter has been the commencement of the re-designated Imperial Biomedical Research Centre, with increased five-year funding of £95.3m, making our partnership with Imperial College London the largest BRC in the country. A key feature of our application was a commitment to collaboration, including with our local communities, to improve health as well as healthcare. As our research ambitions evolve, we want all of our staff and patients to have the opportunity to play a part in shaping and driving the innovation and learning that has been a constant thread across all of our hospitals over the decades.
- #### 2 Quality and safety – highlights and issues
- 2.1 Performance against the targets in this area shows continued evidence that outcomes for patients remain good despite the operational pressures. Mortality rates are consistently significantly low, reporting rates are increasing and harm levels are well below national averages. This is a testament to the hard work of our teams and is something we want to maintain.

- 2.2 Thematic review of incidents reported in November and serious incidents (SIs) declared and investigated between July and October 2022 identified known repeat themes, with an increase in incidents where capacity issues are having an impact. Implementation of the new winter safety oversight process to support identification of real time risks/patient and staff impact and to give early notification of increasing risk is progressing. The dashboards of agreed metrics for key patient cohorts (ambulance delays, ED delays, boarded patients and medically optimised patients) to allow for real-time review at site operational meetings and retrospective are being finalised, and a weekly summary will be provided to the executive team meeting from mid-January 2023.
- 2.3 Good progress is being made in the implementation of the new patient safety incident reporting framework. The gap analysis has been completed with key issues identified related to training, clinical time for investigations, dedicated patient/family engagement and advocacy and involvement/engagement of clinical staff. A detailed trust implementation plan is in progress. This is being shared with the acute collaborative trusts and work carried out together to ensure consistency of approach.
- 2.4 The Trust is above its trajectories for this point in the financial year for E coli blood stream infections (BSIs), C difficile cases and MRSA BSIs, although the number of C difficile infections and E coli BSIs reported in November is below the in-month threshold and we have not had any MRSA BSIs since two that occurred in April 2022. Our key improvement action is the continued roll-out of our new education, training, audit and support programme to support staff with IPC practice.
- 2.5 Risks related to quality are managed through the executive management board for quality with none for escalation to the board.
- 2.6 Maternity assurance: The Trust provides oversight of quality assurance within the maternity service via a maternity quality oversight assurance report to each Quality Committee meeting. This is also summarised in the quality function report to the Acute Provider Collaborative Quality Committee. A new maternity oversight meeting, chaired by the Chief Nurse who is executive champion for maternity, was implemented in November 2022 to provide additional support, scrutiny and oversight.

3 Operational performance

- 3.1 This winter is proving to be extremely challenging, and we, along with the wider system, have continued to operate under sustained pressure. This has been driven by increased rates of Covid-19, Influenza and other respiratory diseases, a period of cold weather, and increased demand on our urgent and emergency care services. We have continued to see increasing A&E attendances when compared to the same period in 2019, and we expect that this will continue during 2023. A range of plans to help us respond to the anticipated pressures are in place and helping us to maintain safe care. This includes a focused improvement programme to embed best practice ward routines to support operational flow, expanding same day emergency care services and implementing 'virtual wards' to monitor care for patients who are able to remain at home or in the community. Although we are under significant pressure, these actions are helping us to achieve some of the shortest ambulance handover times in London.
- 3.2 In the second half of December, our services were impacted by three days of industrial action undertaken by the Royal College of Nursing (RCN) and staff from the London

Ambulance Service (LAS). We were very conscious of the need to support staff to exercise their right to take industrial action while ensuring safe levels of care across our sites and services. The Trust worked collaboratively with the RCN to agree a number of service derogations ahead of the industrial action on 15 and 20 December 2022 and we were able to continue time sensitive cancer surgery and other time critical urgent surgery in addition to emergency services. Business continuity plans were refreshed to detail how services would run on the day and regular communication was shared with patients and staff. Our robust planning enabled over 400 staff to take strike action on both days whilst maintaining agreed service levels. I am very grateful to all staff for their understanding, patience and hard work in the face of such unusual and challenging circumstances.

- 3.3 Higher than average levels of staff sickness and vacancy, combined with the need to return to pre-pandemic levels of elective activity, are also adding to our operational pressures. As of November, we had delivered 91.1% of our overall pre-pandemic planned activity; 118.6% of our pre-pandemic outpatient activity; and 100.5% of our total pre-pandemic diagnostic testing. We remain absolutely committed to delivering more than 100% of overall pre-pandemic planned care capacity throughout the rest of 2022/23 to help us achieve a sustainable reduction in waiting times.
- 3.4 We are focused on improving performance against the 62-day cancer waiting time standard and have made good progress, reducing the number – and percentage - of patients waiting in excess of this by over 50% since September. There is more work to do and this remains a key priority.
- 3.5 As noted earlier, Covid-19 continues to be a significant factor within our hospitals. Weekly admissions of positive patients started to rise during December, having been stable since the middle of September. However, the number of positive patients requiring ventilation has remained low. We continue to review our infection prevention and control measures to safeguard our patients and staff, and the requirement to wear a surgical mask around any inpatient or clinical treatment area remains in place.
- 3.6 I remain incredibly grateful to all our staff for their dedication and flexibility during 2022 - and especially during this demanding winter period – to ensure that we continue to provide the best possible care for our patients and local communities.

4. Covid-19 and flu vaccination programme

- 4.1 The 2022/23 seasonal Covid-19 and flu booster vaccination programme was launched on 12 September 2022 and is still operating on all three main hospital sites (Charing Cross, Hammersmith and St Mary's hospitals).
- 4.2 As of 13 December 2022:
- 42.4% staff in post have had received their flu vaccinations this campaign. This is above the current healthcare worker uptake rates across London but is not where we would want it to be. Actions are in place to encourage vaccination including extended access overnight, roaming vaccinators and a flu specific focus week in early January.
 - 50.1% of eligible staff had received their Covid-19 vaccinations. This is above the current healthcare worker uptake rates across London.

5. Financial performance

- 5.1 The Trust has set a plan to break even for the 2022/23 financial year requiring the delivery of both a £37m efficiency target and achievement of elective activity of 104% of

2019/20 activity on a value weighted basis. This is within the context of an overall £1.46 billion revenue budget for the year.

- 5.2 For the first 8 months of the year (April to November 2022) the Trust reported a deficit of £17.6m, the majority of which is driven by the under achievement of the efficiency plan (£9.5m achieved against a plan of £24.7m). Although the Trust continues to face additional cost pressures in critical care and theatres, due to staffing gaps, these are being offset by underspends in pay and non-pay elsewhere. The Trust has reviewed and agreed a set of mitigations to achieve a break-even position including implementation of recovery meetings with overspending services; improving elective recovery performance where possible, escalating the conclusion of an outstanding 2021/22 contract challenge; and focussing on achieving sustainable run rates for services as we move into 2023/24.
- 5.3 The Trust's estimated Capital Resource Limit (CRL) funding for the year is £103.4m, of which £29m (57% of year-to-date plan) has been spent to the end of Month 8. This position is mainly driven by the delay in commencing the Wembley Community Diagnostic Centre programme whilst the land required for the project was secured from NHS Property Services. Discussions with the national team are underway and nearing conclusion as to the need to defer both the funding and cost into 2023/24. The Trust is closely managing the capital programme and remains confident that it can achieve its expected CRL.
- 5.4 The Trust has a cash balance of £200.5m at the end of November; a reduction of £37m from the start of the year, which is in line with expectations. The cash balance is forecast to decrease through the year but is expected to remain higher than historic levels.
- 5.5 The Trust has started planning for 2023/24. National guidance was received just before Christmas, and this is still being worked through whilst services are reviewing their best understanding of what activity can be delivered within current resources. The Trust has also begun efficiency planning, identifying key areas of focus and aiming to develop plans before the start of the next financial year.

6. Workforce update – focus on Equality, Diversity and Inclusion (EDI)

- 6.1 Disability History Month commenced on 16 November 2022 and, in line with the theme of the month, the Trust hosted a number of disability history events. We continue to work to promote the Trust-wide reasonable adjustment funding pilot. An NHS Employer Disability Summit took place on 7 December 2022 and we enabled members of the Trust Disability Staff Network I-CAN to attend. They are now developing a plan based on their learning for the network to review.
- 6.1 We are currently evaluating the impact of the Race Equity training for managers, run in collaboration with SEA-Change consultancy. Initial feedback is promising with the full evaluation expected shortly. We continue to support the running of the first of four regional cohorts of the Calibre programme, funded by Workforce Disability Equality Standard, this programme has allowed us to have a delegated resource for the reasonable adjustment funding pilot.
- 6.2 We have agreed that staff network chairs will be remunerated and we are currently finalising our guidance for this funding. Our EDI Committee has reviewed all clinical divisional EDI action plans - the plans will be published on our intranet. Our corporate EDI action plans are under development. Working with our staff networks and other

stakeholders, we have also developed draft anti-discrimination and anti-racist statements which, following oversight through our governance processes, will be refined through an internal and external engagement programme.

7 **Care Quality Commission (CQC) Update**

- 7.1 The Trust continues to await its inspection as part of the CQC's 2022/23 national maternity inspection programme. These inspections are not being announced in advance and may take place at the Trust at any time.
- 7.2 The Trust's approach to preparing for CQC activity, as managed by the Improving Care Programme Group (ICPG), has been revised for the remainder of 2022/23, reflecting that the peer review programme to date has already identified some common areas for improvement among services, and current intelligence about CQC inspection activity at the Trust through Q4. We also await the delayed publication of the CQC's revised inspection methodology.
- 7.3 The CQC originally expected to publish its new regulatory framework and methodology for NHS trusts in October 2022. However, this work has been delayed and is now expected to be published in March / April 2023 and will be followed by a pilot before it is fully implemented.
- 7.4 There is presently no reason to expect routine inspection activity to take place at the Trust this year. To help all our clinical directorates, and services within Imperial Private Healthcare, be ready for routine CQC activity to resume, they have been asked to self-assess using the CQC's current methodology and develop improvement plans based on the self-assessment outcomes. Directorate improvement plans will be reviewed by the group to ensure they will successfully address key issues, and progress towards achievement of improvements will be monitored.

8 **Research and innovation**

- 8.1 In October 2022, we were informed of the successful outcome of our application, in partnership with Imperial College London, for funding for the NIHR Imperial Biomedical Research Centre (BRC). BRCs provide funding for essential infrastructure that supports experimental medicine and early-phase clinical research.
- 8.2 We were awarded £95.3m over the 5 years from December 2022 to November 2027. The award was the highest to any BRC in the country and represents a £7m increase on our previous award.
- 8.3 We have established an initial collaboration with Barts Health NHS Trust on an application for the next 5-year contract for the NIHR North London Regional Research Delivery Network (RRDN). RRDNs are the latest iteration of the existing NIHR Clinical Research Networks (CRN). For the 2024-29 period, the entire North London footprint will need to work as one partnership to deliver clinical research. The outcome of the process should be known by quarter 2, 2023/24.
- 8.4 We have worked with, and supported, the North West London Integrated Care System (ICS) to establish a Research and Innovation Board to ensure that the region takes full advantage of the extensive local clinical research infrastructure and resources at Imperial and elsewhere. The aim is to ensure the population needs of North West London are aligned and reflected in the aims and objectives of our clinical research programmes.

- 8.5 We have recently launched Paddington Life Sciences, a new life sciences cluster that builds on our existing partnership with Imperial College London, and the 10 life sciences organisations who are already based in Paddington Basin. The Paddington Life Sciences Partners group we have established is leading the work of the cluster.
<https://www.imperial.nhs.uk/paddington-life-sciences>

In addition, we have recently opened our Digital Collaboration Space within Paddington Basin, which is hosting the digital theme of our NIHR Imperial BRC. The aim of this space is to bring together academics, clinicians and industry to work together to develop data-driven solutions to key health and care challenges.

9. Redevelopment update

- 9.1 The Trust has continued to progress its redevelopment plans in partnership with the New Hospital Programme team. The NHP progressed the 40 Hospital programme business case in December. An announcement on funding is anticipated in the first quarter of 2023.

10. Stakeholder engagement

- 10.1 Below is a summary of significant meetings and communications with key stakeholders:
- Hammersmith & Fulham Save our NHS, 3 October 2022
 - Healthwatch Hammersmith & Fulham, 11 October 2022
 - Karen Buck MP and Andy Slaughter MP, 14 October 2022
 - Royal Borough of Kensington and Chelsea Adult Social Care and Health Select Committee, 20 October 2022
 - Communication to stakeholders on behalf of acute provider collaborative on public consultation for the proposal for north west London elective orthopaedic centre, 19 October 2022
 - Hammersmith & Fulham Save our NHS, Brent Patient Voice, and Ealing Save our NHS groups, 24 October 2022
 - Cllr Ben Coleman, London Borough of Hammersmith & Fulham, 3 November 2022
 - Cllr Natalia Perez, London Borough Hammersmith & Fulham, 4 November 2022
 - Cllr Nafsika Butler-Thalassis, Westminster City Council, 8 November 2022
 - London Borough of Hammersmith & Fulham Health and Adult Social Care Policy and Accountability Committee, 16 November 2022
 - Hyde Park Estates Association, 22 November 2022
 - Westminster City Council Hyde Park Ward councillors St Mary's Hospital visit, 25 November 2022
 - Cllr Ketan Sheth, London Borough of Brent, 25 November 2022
 - Westminster City Council Children & Adults, Public Health & Voluntary Sector Policy and Scrutiny Committee, 5 December 2022
 - Nickie Aiken MP, 6 December 2022
 - Hammersmith & Fulham Save our NHS, Brent Patient Voice, and Ealing Save our NHS groups, 13 December 2022

11. Recognition and celebrating success

- 11.1 I am pleased to report that the Trust won three accolades at the national Health Service Journal (HSJ) Awards held on 17 November 2022. Each award highlights the impact of our collaborative approach to improving patient care:
- Primary and Community Care Innovation of the Year - for the Trust and North West London ICS' cross-disciplinary end-to-end pathway redesign of heart failure care

- Digitising Patient Care Award - for the Trust and North West London ICS' work integrating digital technologies to support patients with heart failure
- Military and Civilian Health Partnership Award - for the Trust and NHS England's development of the Veterans Trauma Network, the UK's first specific provision for veterans with physical healthcare challenges.

11.2 In addition to the three accolades won by the Trust, we were also shortlisted for two further categories:

- Trust of the Year - for building an organisational culture that is delivering a more engaged workforce, strong community relationships alongside excellent clinical and academic results, all of which enabled our Covid-19 response
- Driving Efficiency through Technology Award - for the continued rollout of our electronic patient record system, with the aim of making 100 per cent of health records paper-free.

11.3 Congratulations also to Sabrina Das, Consultant obstetrician and gynaecologist, who has been recognised in the Kindness & Leadership 50 Leading Lights campaign. Sabrina has also been shortlisted in the Healthcare professional of the year category of the MAMA Academy's annual awards, which celebrate outstanding achievements by people supporting expectant parents throughout the pandemic.

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 NHS England and the North West London Integrated Care Board have decided to move LNWH up from segment three to segment two of the NHS Oversight Framework. The framework describes NHS England's approach to oversight of integrated care boards and trusts. The move to segment two:
- recognises that we are fully compliant with improvements identified by NHS Improvement in 2018
 - reflects more general improvements in our underlying position which NHS England noted have taken place despite the impact of the Covid-19 pandemic.

We are pleased that our regulators have recognised this very significant improvement in performance. We remain committed to our continuous improvement journey and to making LNWH an outstanding place to work and receive care.

- 1.2 Nurses at LNWH did not participate in the industrial action undertaken by the Royal College of Nursing in December, and patients' appointments therefore continued as normal.
- 1.3 In preparedness for December's London Ambulance Service industrial action, we established Gold Command for three days from Tuesday 20 December. We undertook extensive communication online and on social media offering patient updates, with a particular focus on women and birthing people. Internal communication focussed on actions to support safe and smooth patient flow.

2. Quality and safety

- 2.1 In September, LNWH once again ran its SAFER September initiative (Senior review, All patients, Flow of patients, Early discharge, Review), offering employees the tools, resources and support needed to make our patient experience, safety and journey the best it can be. A key focus for the month was the SAFER principles of discharge. Achievements included:
- Nine training sessions on board rounds
 - 151 audits to track board round progress
 - The introduction of a new abdominal pain pathway
 - Updates to the ward management dashboard to support earlier discharges
 - Further work with our homelessness team, who supported 100 patients through the month.

2.2 LNWH has now launched an SMS text messaging service for the Friends and Family test. The new automated service means patients will receive a text 48 hours after being discharged asking them about their experience.

2.3 A new walk-in X-ray service will begin on 9 January 2023. The radiology team runs the service from 9am to 4pm, weekdays at Northwick Park, Ealing and Central Middlesex Hospitals.

3. Operational performance

3.1 **Emergency department performance** reported 66.8% for October 2022. This is the seventh highest performance in London for the 16 acute Trusts reporting against this standard. There were 4,301 arrivals by ambulance in October 2022. Northwick Park Hospital regularly has one of the highest numbers of daily ambulance conveyances in London.

To support winter demand, we implemented three new Standard Operating Procedures: the LNWH Flow Model, London Ambulance Rapid Release, and London Ambulance-led cohorting. We have increased the bed base and staffing as part of our annual winter plan

3.2 **Cancer waiting times:** we continue to work to our operating plan in improving our position regarding the 62-day waiting list backlog created by the Covid-19 pandemic. Our position is tracking positively against our planned trajectory. We aim to over-deliver the plan and reduce waiting lists ahead of our year-end plan. The final position for September 2022 (reporting a month in arrears) was:

- 2 week wait for suspected cancer reported 87.1%
- 28 Day Faster Diagnosis reported 67.1%
- 62 Day wait for treatment following GP referral reported 71.9%

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 October 2022 reported 63.3% with 1,284 patients waiting 52 weeks. There are no patients waiting over 104 weeks.

4. Finance and estates

4.1 Our financial position remains challenging, but we are making significant progress towards delivering our in-year financial plan. At the start of the year, three key risks to delivering the financial position for the Trust (and, indeed the Collaborative) were identified: delivering on our activity commitments, delivering on our cost improvement plan, and managing the growth in costs resulting from of inflationary pressures.

4.2 Looking first at activity, LNWH has now delivered the required Elective Recovery Fund' (ERF) activity levels for two months running, alongside managing a very significant and sustained increase in total non-elective and emergency activity. This means that we are eligible to receive this ERF funding for the second half of the financial year, helping to ensure we deliver our plan.

- 4.3 In relation to cost improvement and transformation savings, LNWH forecasts delivery at month 8 of £21m of our £30m savings target and has an agreed mitigation plan for the undelivered balance. We have work to do during financial planning to ensure that our underlying position is in balance, given the level of savings which were delivered non-recurrently in 2022/23 – but this represents a considerable achievement for colleagues across the Trust.
- 4.4 To date, LNWH has been able to manage inflationary pressures within the funding available from the national team and the Integrated care Board (ICB). There are signs of a significant and sustained increase in the costs of utilities in the second half of the year, and further enquiry is underway. Taken together, the Trust is forecasting delivery of the majority of its financial plan for the year and has agreed a mitigation plan with the North West London ICB to ensure that the plan is fully delivered.
- 4.5 Now, our key priority is planning for 2023-24. Although the national planning process has not yet begun, we have been given a good steer on key elements of the national financial planning regime and have worked with colleagues across the north west London acute provider collaborative and the ICB to develop some high-level components of the plan.
- 4.6 The year 2023-24 will be challenging, with a significant cost improvement requirement, and further work to reduce our underlying deficit. This will require us to develop savings plans and transformation schemes across the collaborative and north west London, as well as within the Trust. Financial planning has started, with initial budgets being developed for discussion with divisional teams, and a series of workshops in hand to identify cost improvement and transformation schemes for the year. This will be carefully monitored during Q4 to ensure that we have a robust and deliverable financial plan for the coming year.
- 4.7 Our estates and facilities team continue to support colleagues across the organisation in preparing and implementing the response to the increased activity and winter pressures. The teams have supported increased capacity across the sites and are focusing on increasing key areas of activity such as patient transport at this busy time. At the same time, the estates and capital development team continue to work in partnership with colleagues across the sites to deliver a substantial programme of capital investments. In addition to delivering our major programmes around endoscopy and community diagnostics, a whole raft of infrastructure improvements are in hand as a result of increased capital funding made available in this financial year.

5. People

- 5.1 We are delighted to welcome Corrina Hulkes, our new Chief Nursing, AHP & Midwifery Information Officer (CNIO). Corrina joins us from Northampton where she was the CNIO and CSO (Clinical Safety Officer).
- 5.2 Like trusts across the acute provider collaborative, we provided a range of wellbeing offers to our employees throughout this period. This included pop-up wellbeing lounges, executives accompanying our wellbeing team on their rounds to provide festive treats, and a thank you voucher for colleagues across the organisation. We also extensively signposted to support and advice, while our finance team provided teaching sessions on managing personal budgets and on pensions. We also put in place various means to support colleagues on Christmas and Boxing Day, including free parking, free lunch, and

a free shuttle bus between our hospitals. Our wellbeing initiatives will continue in the new year.

6. Equity, diversity and inclusion

- 6.1 In October, we marked Black History Month, celebrating the contributions of Black people in the UK, and continuing our ongoing programme of work to tackle racism. Throughout the month, our BME network hosted numerous events focussed on Black health and wellbeing, which formed the theme for this year.
- 6.2 This year, we recognised Disability History Month with an extensive programme of awareness events. Interactive learning workshops were particularly well attended, and our Disability Inclusion Network goes from strength to strength, with new members joining each month. Campaigns through the month encouraged all colleagues with a disability to let us know and record, so we can better understand their needs and ensure the right policies, procedures, and processes are in place to support them.
- 6.3 On a related theme, we launched Update Me, a campaign encouraging colleagues to update their ESR records to record details of protected characteristics. Doing so will improve the information we have about the diversity of our workforce, and thus will improve the quality of our decision-making in relation to the workforce.
- 6.4 We extend our congratulations to colleague Jenny Jean-Jacques, who is the Deputy Chair for the Chief Nursing Officer and Chief Midwifery Officer Black and Minority Ethnic Strategic Advisory Group. The group won the Staff Wellbeing Award at this year's HSJ Awards for their emergency Covid response with a focus on BME workforce experiences. The group was also highly commended in the NHS Race Equality category.

7. Energy Centre

- 7.1 Northwick Park Hospital's new energy plant has been switched on. It is estimated the plant will save the equivalent of 2,600 tonnes of carbon dioxide each year. This will support our commitment to energy resilience, reducing costs, and decarbonising, as well as helping NHS England to become net zero by 2040

8. Annual General Meeting (AGM)

- 8.1 Our AGM took place on the 28 September. After welcomes and introductions by chair in common Matthew Swindells, I provided an overview of the challenges and highlights of 2021-22.
- 8.2 There followed a financial performance update by Chief Finance Officer Jonathan Reid. Jonathan also opened a review of investments across our three sites, which was continued by Chief Medical Officer Jon Baker and Deputy Chief Nurse Helen Hardy.
- 8.3 Deputy Chief Executive Simon Crawford and Director of Transformation James Biggin-Lamming provided a progress update on our new five-year strategy, Our Way Forward, which at the time was in development and which has been submitted at today's board meeting for ratification.
- 8.4 The AGM concluded with questions from the public.

9. Research and innovation

- 9.1 Our Clinical Research Facility (CRF) is supporting a study looking at Respiratory Syncytial Virus, one of the leading causes of hospitalisation among infants. The study will run until March 2023 and include new-borns to 12-month-olds.
- 9.2 The CRF is also recruiting volunteers to a study that will help determine whether smaller doses of the mRNA Covid-19 vaccines work as well as the standard doses. This is important as a smaller dose would likely have fewer side effects and would allow the vaccine supply to go further.
- 9.3 Northwick Park Hospital has become the first A&E department in the UK to use anthropology to study cultural factors that may be shaping people's behaviours towards illness and their use of healthcare services. The initial study will last for one year.

10. Stakeholder engagement

- 10.1 In October, we held a public engagement event at Central Middlesex Hospital with sickle cell service users and their relatives. Approximately 25 people attended, sharing their experiences and suggesting ideas to co-create an improved service. We are now working with colleagues at Imperial College Healthcare NHS Trust to develop a detailed improvement plan and agree additional local actions. We are committed to fully involving service users in the improvements to the service.
- 10.2 In October the Mayor of Ealing, Cllr Mohinder Midha, officially opened the new catheterization laboratory at Ealing Hospital, which will carry out up to 1,000 investigative procedures a year. The new lab will offer a faster more convenient service, as patients no longer need to be transferred to Northwick Park Hospital for treatment.
- 10.3 In November the Mayor of Harrow, Cllr Janet Mote, opened the new paediatric short stay ward at Northwick Park Hospital. The new ward provides day care appointments and 24-hour observation for children, helping easing pressure on A&E and the existing children's ward. There is also a paediatric oncology team. GPs can make direct referrals to the ward, further easing pressure on emergency services.
- 10.4 Gareth Thomas, MP for Harrow West, visited Northwick Park Hospital in November.
- 10.5 James Murray, MP for Ealing North and Barry Gardiner, MP for Brent North visited the children's ward (Jack's Place) at Northwick Park Hospital on 16 December. They met with staff and children and donated a generous Christmas hamper to the ward.
- 10.6 Dr Mike Dean, clinical lead for organ donation, joined an expert panel to talk to residents about the importance of organ donation at an engagement event held by Brent Health Matters on the 18 October. The event was also attended by Brent Council Leader Councillor Muhammed Butt.
- 10.7 The Elective Orthopaedic Centre consultation commenced on 17 October and will run until 20 January. We have held several face-to-face engagement events, with our approach consistent with that of the other north west London trusts. Regular monitoring indicates that currently, engagement levels in Brent, Ealing and Harrow are broadly similar to those achieved across the other five north west London boroughs.

11. Recognition and celebrating success

- 11.1 Emil Elias, advanced nurse practitioner in cardiology, has received the international Luscinia Award for his pioneering work in the cardiology department. Emil's work on an app that allows patients to monitor their blood pressure, heart rate and weight, has led to a significant reduction in the 30-day readmission rates and outpatient attendances.
- 11.2 Our psycho-oncology team won the Integration Excellence category at the annual Macmillan Professionals Excellence Awards. The team provides psychological support for cancer patients struggling to come to terms with their condition.
- 11.3 Dr Padmasayee Papineni, consultant in infectious diseases and acute medicine, has won The Lancet's prestigious Wakley Prize 2022 for her poignant essay on Directly Observed Therapy. Padmasayee's essay explores the compassionate care provided by the tuberculosis team she works with at LNWH, and the connections made with patients.

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 The Trust has continued to experience operational pressures similar to those across NWL and nationally despite this, the focus has continued to be on delivery of elective (planned) performance trajectories and targets and emergency performance.
- 1.2 Increased pressure as a result of high levels of respiratory illness over the Festive season has resulted in additional contingency plans being put in place at short notice.
- 1.3 Quality and Safety indicators have remained relatively stable despite continued demand and capacity pressures, and the Trust has received positive feedback from recent external inspections and reviews e.g. Health and Safety Executive, Care Quality Commission, Maternity Okenden Assurance and the National Trauma Peer Review as further described below in section 2.
- 1.4 The Trust has not experienced any direct impact as a result of industrial action in recent times and continues to work with partners to mitigate against the likely impacts.
- 1.5 Our finances remain a priority and the Trust have secured additional operational support to support delivering our required run-rate reduction.
- 1.6 Sickness absence rates remain a concern for the Trust and a much more focused approach to supporting teams and departments is now in place.
- 1.7 The Trust has continued to engage with key stakeholders in support of its hospital redevelopment plans and the Elective Orthopaedic Centre.
- 1.8 As you will see in section 11 below the Trust has received recognition and awards in a number of areas and on behalf of the Trust I would like to congratulate and thank the staff and teams involved in their continued commitment and passion to deliver quality and innovation.
- 1.9 Finally I would like to acknowledge and thank all of our staff for their continued efforts and dedication to deliver our services especially during the challenging times we have continued to experience.

2. Quality and Safety

- 2.1 Key measures of quality and safety such as inpatient falls and pressure ulcers remain stable or continued an improving trend.

- 2.2 There was good attendance at an event focused on patient safety to learn from the frequent causes of serious incidents. The event in November 2022 focused on medication errors. An Incident Reporting event will follow in January 2023 which will support staff with reporting, investigating and learning from incidents.
- 2.3 The Trust was issued a notice of contravention concerning sharps safety practice following a Health and Safety Executive (HSE) announced inspection in September 2022. In November 2022 the HSE reviewed the Trust's remediation progress against the contraventions identified and received written confirmation from the HSE on 12th December 2022 that appropriate actions have been taken by the Trust to meet the requirements of the Improvement Notice.
- 2.4 In September 2022, the Trust received a visit from NHS England's regional maternity team seeking assurance that all maternity services are compliant with the seven immediate and essential actions identified in the interim Ockenden report. The detailed report received in November 2022 concluded that the service demonstrated compliance across the seven immediate and essential actions but remains non-compliant with workforce (Q45), as the service is not funded to meet the Birthrate Plus recommendation. The visit also made recommendations and noted challenges in areas such as digital infrastructure, MDT engagement and workforce pressures.
- 2.5 The CQC carried out unannounced focussed Inspection for Medical Care Core Service at the Hillingdon Hospital on 1st November 2022. The CQC visited 3 medical wards and the Departure Lounge. High level feedback was given by the CQC inspectors and no immediate safety concerns were raised. The Trust is currently reviewing the draft inspection report for factual accuracy.
- 2.6 The Trust participated in the National Trauma peer review in October 2022, which saw significant improvement against concerns highlighted in September 2021. No immediate risks were identified with notable good practice in a number of areas including leadership, governance, education & training etc. Action plans were already in place to address the concerns highlighted during the review relating to care of the elderly provisions for trauma care, average time to head CT from arrival in ED and trauma ward nurse training.
- 3. Operational performance (including winter planning)**
- 3.1 During November and December 2022, the Trust has experienced operational pressures similar to those experienced across NWL and nationally. Despite this, the focus has continued to be on delivery of elective (planned) performance trajectories and targets and emergency performance.
- 3.2 **Planned Care** - The Trust is still working towards the elective recovery targets with those waiting the longest remaining a priority. The aim is to treat all patients waiting over 78 weeks by March 2023 and to reduce the number of patients waiting over 52 weeks. The Trust has 4 key specialities with patients over 78 week; Rheumatology; Pain, ENT and Neurology. Robust plans are in place to reduce in all specialties to zero with the exception of Neurology where capacity is constrained across NWL as a whole. The current trajectories to reduce 78ww assume that elective work is able to continue through winter.
- 3.3 Winter capacity has been opened as planned, although increased pressure as a result of high levels of respiratory illness over the Festive season has resulted in additional contingency plans being put in place at short notice. Capacity and demand is being

managed on a daily basis. Thank you to the teams who have supported these changes to ensure we continue to provide safe care.

- 3.4 **Unplanned Care** - The Trust performance for Type 1 activity remains challenged, with overall performance in line with other London and NWL Trusts. The key focus for improvements are 'time to be seen' including medical leadership, SDEC and continued focus on discharge.

4. Finance performance

- 4.1 The in-month (month 8) position was an adverse variance of £1.1m, giving a year-to-date adverse variance of £4.3m. Compared to the forecast position, the position in Month 8 was on target. The Trust is focussing on identifying specific pay and non-pay cost reductions that will deliver in year savings, and a reduction in budgeted spend by £1m/month by April 2023.

5. People

- 5.1 Nick Gash was appointed a Non-Executive Director at the beginning of November. Nick will serve on the Audit and Risk Committee, the People Committee and the Charitable Funds Committee.
- 5.2 To thank staff for their hard work over the festive period the Trust offered free breakfast vouchers to all staff working on Christmas Day, Boxing Day and New Year's Day as well as 'Bags of Love' with tea, coffee and biscuits to enjoy.
- 5.3 Vacancy rates continue to decrease, particularly as the last tranche of overseas nurses take up permanent posts.
- 5.4 Sickness absence rates remain a concern for the Trust and a much more focused approach to supporting teams and departments is now in place.
- 5.5 The Trust has continued to work with partners to manage and mitigate against the impact of industrial action in recent times. At present the Trust has not seen any direct impact as a result of recent industrial action.

6. Equality, Diversity and Inclusion (EDI) update

- 6.1 The Trust's BAME Network changed its name to reflect its inclusive scope to the Multicultural Network. The network met for the first time on Monday 19 December 2022.
- 6.2 The Trust continues to hold monthly 'proud to...' events to showcase different cultures within the Trust. In November 2022 we celebrated Italy.
- 6.3 During November/December 2022, the Trust also held a number of events to celebrate Disability History Month.

7. Hillingdon Hospital Redevelopment

- 7.1 As part of the engagement work, the Trust continues to hold key briefings with stakeholders and the local community. Key visits include:
- MP Boris Johnson visited Hillingdon Hospital on Monday 31 October 2022 to see plans for the new Hillingdon Hospital.
 - MP David Simmonds visited Hillingdon Hospital on Monday 7 November 2022 for a briefing on the plans for a new hospital. During his visit Mr Simmonds recorded a short video in which he gave the project his backing.

8. Updates from Council of Governors (CoG)

- 8.1 The CoGs met on Tuesday 29 November 2022 welcoming Non-Executive Directors Dr Vineta Bhalla, Nilkunj Dodhia, Steve Gill, Professor Des Johnson and Nick Gash to the Board of Hillingdon Hospitals.
- 8.1.1 The CoGs congratulated Ian Bendall on his appointment as Deputy Lead Governor.
- 8.1.2 The CoGs received presentations from Non-Executive Directors Steve Gill and Nick Gash, gaining an insight into their background and key areas of focus as member of the Hillingdon Board.
- 8.1.3 The CoGs received and discussed the Trust Strategy 2022-26, Operational Performance and the timetable for appointing a new Lead Governor before 31 March 2023.
- 8.2 The Governors also participated in PLACE assessments providing valuable input and contribution. Governors will also be receiving training on the Ward Accreditation assessment process with a view to commence their participation in these assessments in early 2023.
- 8.3 The Trust is working with Civica to develop a timetable for Governor Elections in 2023.

9. Research and innovation

- 9.1 The Trust's Research and Development Team carried out a survey, in collaboration with Brunel University London, to be able to effectively evaluate the current research capability and culture amongst healthcare professionals within our Trust. The survey closed on Friday 23 December 2022, and the results will help to inform and develop our Research and Development strategy.

10. Stakeholder engagement

- 10.1 Dr Jide Menakaya, Consultant Paediatrician met the Rt Hon Dame Andrea Leadsom, Chair of The Best Start for Life to discuss his work in our community. The visit was facilitated by MP David Simmonds. Dr Menakaya outlined the community outreach neonatal clinics which he set up during the height of the Covid-19 pandemic at Colham Manor Children's Centre.
- 10.2 Her Royal Highness the Princess of Wales visited Colham Manor Children's Centre on Wednesday 9 November, in her role as Patron of the Maternal Mental Health Alliance. The Princess held a round-table discussion with representatives of services including midwifery, social work and specialist psychiatry, which included our Trust's Topaz Team Lead and Named Midwife for Safeguarding, Karen Phipps.
- 10.3 The Trust continues to promote the Elective Orthopaedic Centre public consultation. The community meeting took place on Thursday 10 November 2022, and one public meeting has already taken place (Tuesday 15 November 2022), with one still to come (Thursday 12 January 2023).

11. Recognition and celebrating success

- 11.1 The Trust's Capital Projects Department celebrated success in the Building Better Healthcare Awards. At the ceremony at The Brewery, London, on Wednesday 2 November 2022, they were Highly Commended in the Interior Design Project – Refurbishment category, in collaboration with Oxford Architects for the Trust's Maternity

Bereavement Suite which opened in April 2022, with funding support from the Trust charity.

- 11.2 Ex-footballer at QPR Frank Sibley and his family have thanked staff at Hillingdon Hospital for their care during a recent stay on Beaconsfield East Ward.
- 11.3 Our Trust was awarded the following awards at the International Green Apple Awards for Environmental Best Practice in the Sustainable Development Sector:
 - International Green Apple Award for Environmental Best Practice – GOLD for Committing to a Greener NHS
 - International Green Apple Award for Environmental Best Practice – SILVER for Bin-free Offices and Sustainability Store projects
- 11.4 The Trust's PATCH Team were given a 'special award' at the Trust's Staff Awards 2022 as part of the Chair's 'I am the Change' award for their outstanding work in providing care to children and young people at home once discharged from hospital. The team received their award from Patricia Wright on Tuesday 13 December.

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



NWL Acute Provider Collaborative Board in Common (Public)

17/01/2023

Item number: 3.1

This report is: Public

Improving planned orthopaedic inpatient surgery in north west London

Author: Martina Dinneen
Job title: Programme Director

Accountable director: Pippa Nightingale & Prof Tim Orchard
Job title: Chief Executive Officer, LWNH & Chief Executive Officer, ICHT

Purpose of report

Purpose: To note programme progress and request to delegate authority and decision making to the NWL APC Board in Common cabinet on the decision-making business case in advance of to the NWL Integrated Care Board.

The Board is asked to:

- note this proposed service development is subject to the NHS England (NHSE) Major Service Change process and application of the Mayor's Six Tests.
- note that the associated public consultation launched by the NWL Integrated Care Board (ICB) in partnership with the Acute Provider Collaborative (APC) is scheduled to end on 20 January 2023 after which formal decision making by the NWL ICB will follow.
- note that while the formal legal duty for this major service change resides with the NWL ICB and Joint Health and Oversight Scrutiny Committee (JHOSC), this is a collaborative transformation programme with the NWL APC. The critical path reflects this authority and relationship.
- note that the public consultation report and decision making business case will be formally presented to the NWL JHOSC on 8 March 2023.
- note the intention to commence the competitive tendering process for the capital works no later than 20 January for a 90-day validity period at risk.
- note that the Programme Board last convened on 20 December 2022 received the monthly programme risk management report and elected that no escalations were required.
- request to delegate authority and decision making to the NWL APC Board in Common cabinet on the decision-making business case in advance of to the NWL Integrated Care Board on March 2023.

Report history

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

North West London
Elective Orthopaedic
Centre Development
Programme Board
16/12/2022
Progress noted

North West London Acute
Programme Board
23/12/2022
Progress noted

Executive summary and key messages

We want to bring together much of the routine, inpatient orthopaedic surgery for the population of NWL in a purpose-designed centre of excellence at Central Middlesex Hospital, completely separated from emergency care services.

This means that:

- Patients will have faster and fairer access to surgery and would be much less likely to have their operation postponed due to emergency care pressures.
- Care would be of a consistently high quality, benefitting from latest best practice and research, provided by clinical teams that are highly skilled in their procedures.
- The centre would be extremely efficient, enabling more patients to be treated at a lower cost per operation.
- Patients will have better outcomes, experience and follow-up.

The NWL ICB considered that development of an elective orthopaedic centre for NWL proposed by the NWL Acute Provider Collaborative was a 'substantial material' service change and so requiring a formal public consultation. This also reflects the views of the NWL JHOSC which formed part of an extensive stakeholder engagement programme and pre-consultation process.

The proposed development of NWL Elective Orthopaedic Centre at Central Middlesex Hospital is currently subject to public consultation, ending on 20 January 2023. A decision-making business case will be produced through February and March 2023, taking feedback from the public consultation and further evidence compiled.

The NWL Elective Orthopaedic Centre Development Programme Board will act on the decision making and recommendations of the NWL ICB on 21 March 2023 after the NWL JHOSC on 8 March 2023. In addition to the evidence required for the decision-making business case and subject to the outcome of consultation and the final decision the Programme Board continues to develop aspects of the proposed service model including assuring capital costs and availability of contractors via a competitive tendering process for the capital works.

The issuing of the competitive tender is critical to the development of the Full Business Case (FBC) which subject to the outcome of consultation and the final decision by the NWL ICB would be presented to the Board in Common on 18 April 2023. The competitive tendering process allows adjudication of potential bids only, not award of contract. Moving ahead with the competitive tendering for the proposed capital development of an elective orthopaedic centre is not contractually binding and does not impact final decision making by the NWL ICB, however it would provide a more expeditious route to the creation of the proposed centre.

A comprehensive, live risk register is maintained by the programme governance structure, reporting through the NWL Elective Orthopaedic Centre (EOC) Development Programme Board to the NWL ICB and NWL APC governance.

Strategic priorities

Tick all that apply

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

[Click to describe impact](#)

Impact assessment

Tick all that apply

- 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

Improving planned orthopaedic inpatient surgery in North West London

Presented by: Dr. Roger Chinn, Chair of the North West London Elective Orthopaedic Centre Programme Board

Date: Tuesday 17 January 2023

Improving planned orthopaedic inpatient surgery in north west London through the proposed development of an elective orthopaedic centre at Central Middlesex Hospital



Why?

- patients would have faster and fairer access to surgery and would be much less likely to have their surgery postponed due to emergency care pressures
- care would be of a consistently high quality, benefitting from latest best practice and research, provided by clinical teams that are highly skilled in their procedures
- the centre would be extremely efficient, enabling more patients to be treated at a lower cost per surgery
- patients will have better outcomes, experience and follow-up.

Programme overview (dependent on consultation outcome)



Current programme focus:

1. Effective and agile delivery of the public consultation and final report
2. Assuring governance, preparation and briefing for decision making phase
3. Assuring overall programme timeline for proposed service development subject to final decision making by the NWL ICB.
4. Leading and responding to external assurance processes

System benefits

- formal provision of a EOC for NWL communities
- springboard for wider transformation in orthopaedic surgery e.g. daycase knee replacement
- better use of NWL high quality purpose built clinical estate
- learning for future provider collaborative and population health focused developments
- capacity release in other north west London hospitals for surgical patients who have more complex needs and for other specialties.

Challenges

- new approaches to patient transport required for shared services to ease patient access
- mitigation of current and potential digital inequalities for patients when accessing healthcare

Improving planned orthopaedic inpatient surgery in north west London



Current programme focus	Update
1. Effective and agile delivery of the public consultation and final report	<p>Please see next slide.</p> <p>The interim public consultation report has been received and under review. No immediate actions or escalations at this point. The public consultation is scheduled to end on 20 January 2023 after a 14 week programme.</p>
2. Assuring governance, preparation and briefing for decision making phase	<p>Project leadership & delivery</p> <ul style="list-style-type: none"> • A dedicated programme board is well established and chaired by Dr Roger Chinn. • The weekly NWL ICB Service Change Governance Project Delivery Group is chaired by Toby Lambert. • A decision making business case task & finish group has been convened, chaired by Martina Dinneen. • A patient transport task & finish group convened with regional input. <p>Decision making process & timeline (see slide 5)</p> <ul style="list-style-type: none"> • While the formal legal duty for this major service change resides with the NWL ICB and JHOSC, this is a collaborative transformation programme with the NWL APC. The critical path reflects this authority and relationship. • Governance and decision making route through local authorities through NWL ICB in place. <p>Decision making inputs and evidence</p> <ul style="list-style-type: none"> • Commissioning for refreshing Integrated Impact Assessment underway. • Demand and waiting list modelling underway. This is reflecting a deterioration since PCBC.
3. Assuring of overall programme timeline for proposed option (winter 2024)	<ul style="list-style-type: none"> • Subject to decision making by the NWL ICB on 21 March 2023, the NWL APC BIC on 18 April 2023 would need to receive a Full Business Case to approve transition into implementation. This would include full tendered capital costs and recommendations (in principle) from the NWL APC F&P committee on 14 March 2023 on the financial and performance management model. • To achieve the programme date for the FBC a decision to issue the tender is required no later week ending 20 January 2023 for a 90 day validity period. Legal counsel has been sought on this and advised this is a minimal risk and recommended additional mitigations. Jonathan Reid, CFO LNWH has assured these are deliverable and will be completed. The NWL APC BIC is being advised due to the strategic nature of this programme.
4. Leading and responding to external assurance processes (London Clinical Senate & Mayor's office)	<ul style="list-style-type: none"> • NHSE assurance of DMBC not a pre requisite unless material changes are required. Positive informal touchpoint on 2 December 2022 with another scheduled for 13 January 2023. • The Nuffield Trust was appointed to complete the Mayor's accreditation process. At the time of writing this report, the programme is reviewing the draft Nuffield report published by the GLA on 5 January 2023. A separate note will follow to the NWL APC CEO meeting on response to GLA for 9 January 2023.

Improving planned orthopaedic inpatient surgery in north west London



Short progress report on public consultation

Ensuring representative participation

- Ongoing monitoring of reach and participation through all channels (websites, intranets, social media, survey responses, event participation)
- Establishing target audiences identified through our Equality and Health Inequalities Impact Assessment
- Adapting consultation plans at key intervals to help ensure we meet – and ideally exceed - target numbers and groups

Public consultation activities include:

- 8 x borough clinician led discussion events, 2 x online clinician led discussion events and up to 10 targeted focus groups – expecting at least 300 participants
- 16 x drop-in sessions(in community/hospitals) plus other community engagement meetings - at least 50 meetings
- Promoting the consultation survey live on the acute provider collaborative microsite - at least 500 completed surveys to date
- ❖ Direct mailing and/or texts from all acute trusts to patients either on the waiting list or those who have had bone or joint surgery in the last year.
- ❖ A boosted social media plan implemented with specific call-to-action to complete the survey with messages translated in core 10 commonly spoken languages in north west London
- ❖ Patient experience/volunteer teams encouraging patients to complete survey in clinical areas periodically
- ❖ Presenting at in-person Joint Schools where possible(ICHT(or through a promotional script on phone/virtual clinics(CWFT, LNWH & THHT)

Improving planned orthopaedic inpatient surgery in north west London



Improving planned orthopaedic inpatient surgery in north west London - Decision making timeline

Milestone	Paper	Proposed approach to NWL ICB and NWL APC governance processes
Receive interim public consultation report(iPCR)	iPCR	4 January 2023
NWL ICB Service Change Governance Meeting – receive iPCR	iPCR	5 January 2023
NWL APC CEO meeting – receive iPCR & decision making phase plan/update	iPCR	9 January 2023
NWL EOC Programme Board – BAU & receive iPCR	iPCR	20 January 2023
Scheduled end of Public Consultation for Improving planned orthopaedic inpatient surgery in north west London – 20 January 2023		
Receive final draft of public consultation report(PCR)	PCR	26 January 2022
NWL EOC Programme Board, NWL ICB Service Change Governance Project Delivery Group & Public Consultation Steering Group - receive PCR	PCR	27 January 2023
NWL APC CEO meeting - receive PCR & seek permission to publish to NWL ICB	PCR	30 January 2023
NWL ICB executive meeting - receive PCR for onward publication to JHOSC	PCR	Pre 1 Feb 2023
Proposed - NWL ICB - sub board in common	PCR	1 Feb 2023
Publish PCR to JHOSC	PCR	1 February 2023
Session with JHOSC – request/proposal only	PCR	8 February 2023
Response and/or meeting note from JHOSC	Response to PCR	TBC
NWL APC BIC Cabinet – paper publication	DMBC(or key priority principles/chapters)	7 February 2023
NWL APC BIC Cabinet - receive PCR & key priorities/chapters of DMBC and request to delegate to items NWL Acute CEO weekly where appropriate.	DMBC(or key priority principles)	14 February 2023
Weekly acute CEO(or SRO) and ICB exec meeting - updates as required	DMBC	6 February 2023, 13 February 2023, 20 February 2023 & 27 February 2023
NWL ICB executive meeting - receive draft DMBC	DMBC	TBC
Publish draft DMBC to JHOSC	PCR & draft DMBC	1 March 2023
NWL JHOSC meeting - receive draft DMBC	DMBC	8 March 2023
Response and/or meeting note from JHOSC	Response to DMBC	TBC
NWL APC F&P & BIC(cabinet)	Finance & Draft DMBC	14 March 2023
NWL ICB - Publish to DMBC (with PCR) to	DMBC	14 March 2023
NWL ICB - receive DMBC for decision making	DMBC	21 March 2023
Papers for NWL APC BIC Board – publish DMBC and NWL ICB decision	DMBC	3 April 2023
NWL APC F&P meeting -	DMBC & FBC	14 March 2023
NWL APC BIC Board	DMBC & FBC	18 April 2023

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



NWL Acute Provider Collaborative Board in Common (Public)

17/01/2023

Item number: 3.2

This report is: Public

Strategic Imaging Asset Management (SIAM) Programme – Strategic Outline Case

Author: Amrish Mehta
 Job title: Clinical Director and Divisional Director for Women, Children’s and Clinical Support

Accountable director: Jazz Thind
 Job title: Chief Financial Officer – Imperial College Healthcare NHS Trust

Financial Position Summary	
Capital Required:	£18.5m spread at £1.2m per annum over 15 years
Source of Funds:	Trust discretionary capital
If Trust funds, is it budgeted for:	NO – in provisional future year plans until approved
If NO, has the Trust Executive committed to prioritise funding above other demands:	YES
Is this competitive with other requests for funds from other parts of the collaborative:	NO
Annual revenue cost consequences:	Year 0 programme delivery cost requirement of £0.9m (of which £0.68m is non recurrent). Year 1 onwards annual cost of £2.6m reflective of £1.9m of additional capital charges, £0.3m of recurrent programme delivery cost and £0.4m revenue contingency.
Source of Funds:	Trust revenue budget
If Trust funds, is it budgeted for:	NO – savings will form part of Trust efficiency programme from year 2025/26. Any costs incurred before savings released will be included in future plans once approved.
If NO, has the Trust Executive committed to prioritise funding above other demands:	YES

Strategic Imaging Asset Management (SIAM) Programme

Is this competitive with other requests for funds from other parts of the collaborative:	NO
Planned capital cost savings as a result of the investment:	£0
Planned revenue cost savings as a result of the investment:	Net cost reduction of £38m over 15 years (£78m savings on maintenance repairs and outsourcing, offset by £28m of additional capital charges, £4.5m of programme delivery and £6m of contingency).
Planned additional net income after operating costs of the investment:	No additional income assumed at this stage. The same NHS activity and income is reflected across all options including Business as usual (BAU) with the key differential being the cost of delivery.
Total NPV of plan (capital + operating costs – savings – new income):	Net Present social value (NPSV) is a positive £39.7m (discounted at 3.5%).

Purpose of report

Purpose: Decision or approval

The paper summarises the strategic outline case (SOC) (see Appendix A) for the Strategic Imaging Asset Management Programme (SIAM) Programme and seeks approval of the business case by the north west London Acute Provider Collaborative Board in Common.

Report history

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

**North West London
Imaging Project Board**
15/12/2022
Sanctioned

**Executive Management
Board - Imperial College
Healthcare NHS Trust**
20/12/2022
Approved

**Finance, Investment and
Operations Committee -
Imperial College
Healthcare NHS Trust**
11/01/2023
TBC

Executive summary and key messages

1. The current imaging infrastructure is having a significant impact on the Trust's ability to deliver patient care, operationally, clinically and financially.
2. The imaging equipment is comparatively old e.g. top quartile NHS and the oldest equipment when compared to Shelford Group peers. A quarter of the equipment is due for immediate replacement and the age of items in the install base presents a significant risk to the organisation.

3. The SOC recommends investing in programme resources (£0.9m) for phase two of the programme (outline business case), further investigating the preferred way forwards (PWF) - entering into an Imaging partnership based on a managed equipment service (MES).
4. The PWF will enable delivery of a range of benefits, most notably an ambitious target that no patient will wait longer than 15 days for an imaging examination.
5. The programme appraised four options using a methodology consistent with HMT guidance.
6. Three of the business case authors have recently been accredited as business case practitioners.
7. The PWF was identified through a series of workshops using the options framework filter and all options were appraised using the comprehensive investment appraisal model.
8. The PWF demonstrated the lowest net present cost (NPC), highest net present social value (NPSV) and highest benefits cost ratio (BCR). This result was further tested by sensitivity modelling resulting in no change to the PWF.
9. The PWF will require additional capital investment of £18.5m over 15 years (£1.2m pa), resulting in an improvement to the Trust net I&E position of £38m over the same period.
10. The commercial case demonstrates the programme can be delivered through a 12-month procurement programme.
11. Whilst the case is Imperial College Healthcare NHS Trust specific, the aim is that the Outline Business case and Full Business case (OBC/FBC) will seek to create a single supplier framework for other NW London Imaging Network Trusts to call off in the future. This is non-binding and does not require a financial commitment from the other NWL Trusts at this stage.
12. The management case sets out the resources needed to deliver phase 2 of the programme. £224k of recurrent additional ICHT establishment (alongside £200k of interim NW London Imaging Network transformation funding for CDC and Finance Leadership in year 1 only). This increases to £425k in year 2 and £680k of non-recurrent external specialist advice and programme support e.g. legal and estates.
13. A comprehensive benefits realisation programme is set out which demonstrates how benefits will be realised and reported. The benefits will be further developed at OBC to include a focus on the societal benefits of improving access to imaging.

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

The SIAM Programme will reduce health inequalities, improve population health outcomes, improve productivity, support integration of care and deliver a more personalised patient experience.

Reason for private submission

Tick all that apply

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

If other, explain why

Strategic Imaging Asset Management (SIAM) Programme – Strategic Outline Case

1. Purpose of this report

- 1.1. The paper summarises the strategic outline case (SOC) (see Appendix A) for the Strategic Imaging Asset Management Programme (SIAM) Programme and seeks approval of the business case by the north west London Acute Provider Collaborative Board in Common.

2. Approval process

- 2.1. Following approval of V2.7 of this SOC at the ICHT Trust Board in August 2019, V3.3 acknowledges changes in national strategy and evolving relationships with key stakeholders and partners. For example, the formation of the NW London Imaging Network and successful business cases for the NW London ICB Community Diagnostic Centres Programme. The case has followed the ICHT Approvals framework process.
- 2.2. V3.3 has been approved by the Imperial College Healthcare NHS Trust Executive Management Board on 20 December and seeks approval by its Finance, Investment and Operations Committee on 11 January 2023.

3. Recommendation(s)

3.1. The Board in Common is asked to approve the SOC for the SIAM Programme.

4. Next steps

4.1. Subject to Board in Common approval, this business case will be submitted for approval by NHS England / Improvement.

5. Impact assessment

5.1. Quality impact - The SIAM Programme will reduce health inequalities, improve population health outcomes, improve productivity, support integration of care and deliver a more personalised patient experience.

5.2. Financial impact – At SOC stage, to note the indicative increase in annual capital investment in imaging equipment and infrastructure by £1.2m (£18.5m over the 15 year period), as per the ‘preferred way forward’ resulting in an improvement to the Trust net income and expenditure position of £38m over the same period. There is a programme delivery revenue investment requirement for year 0 (2023/24) to deliver outline business case (OBC) and full business case (FBC) of £0.9m.

5.3. Workforce impact – The programme will improve the infrastructure for our clinical teams, increase the number of staff involved in research, and will empower clinical teams to transform the services they deliver.

5.4. Equality impact: An equality impact assessment has been completed, there are no adverse impacts identified against any protected characteristic groups. Conversely, positive impacts have been identified.

5.5. Risk impact: This proposal seeks to reduce the risk of patients experiencing delays in accessing diagnostics and associated potential harm in delays to accessing treatment.

Main report**6. Background**

6.1 The Trust and its imaging teams have an international reputation in clinical care and high impact academic research. However, the current Imaging infrastructure cannot deliver the Trust’s ambitions as a world-class research and teaching hospital, providing innovative models of health and care. The current imaging infrastructure is having a significant impact on the Trust’s ability to deliver patient care, operationally, clinically and financially.

6.2 The Trust’s vision for the SIAM programme is to deliver;

- A sustainable imaging infrastructure plan for ICHT
- Integrated care through improving access to imaging in the community
- Digital transformation of imaging to support the development of an exemplar imaging network
- A step change in quality and performance
- An imaging infrastructure for 600 imaging staff that ensures their health and wellbeing and supports a culture of learning, improvement and innovation

6.3 Imaging at ICHT has a number of challenges. The Imaging equipment is comparatively old e.g. top quartile NHS and the oldest equipment when compared to The Shelford Group (The Shelford Group is a collaboration between ten of the largest teaching and research NHS hospital trusts in England) peers’ assets. 24% of these assets have been RAG rated as overdue for replacement and have been assessed as high risk. The age profile of the assets will mean that 40% of equipment will need to be replaced in the first 3 years of the contract and the age of items in the install base presents a significant risk to the organisation. Old equipment is more likely to breakdown, exposing the Trust to £564k of

lost income or additional outsourcing costs each year. Items of equipment are replaced ad-hoc with no ring-fenced funding to deliver a sustainable plan. The equipment is maintained through a managed maintenance service contract ending in 2023.

- 6.4 Whilst our equipment ages, the demand for imaging services has never been higher and is only going to grow - the growth rate of Imaging services outstrips the growth rate of other NHS services. In the North West London (NWL) Imaging Network, we have taken a pragmatic approach to forecasting the growth of imaging services. In the absence of long-term national guidance we have analysed a number of scenarios, recommending a scenario using initial growth at the current local growth rate (e.g. MRI 9%) followed by a second slower phase of growth based on adjusted demographic growth (3.65%).
- 6.5 The impact of growth in imaging services is seen in the consistent challenges in meeting the six week access standard. Diagnostic waiting times remain challenging at the Trust; as at November 2022, 3% of patients are waiting longer than the national 6-week access standard.
- 6.6 The Imaging team in the Trust and the NWL Imaging Network are acknowledged nationally as front-runners in driving innovation within imaging whether this is through research and development or collaborations with industry to develop novel imaging technologies. This is most apparent in the field of the development and deployment of artificial intelligence. The SIAM programme looks to develop long-term partnerships to drive innovation, increase and improve research and to contribute to the Trust's life sciences strategy.
- 6.7 The Trust and the SIAM programme also have a unique opportunity to explore the opportunities to improve the environmental performance of Imaging. It has been suggested that imaging accounts for 1% of the overall 5% of carbon footprint attributed to healthcare. We have undertaken a review to help understand the environmental impact of our imaging services including a pilot study on understanding the carbon footprint of the CT service which shows the operation of a CT scanner at the Trust has the same carbon footprint as 27 average UK homes.
- 6.8 The programme investment objectives matrix is attached (Appendix B – Investment Objectives). The matrix shows how the investment relates to the programme vision and the specific deliverables necessary to achieve each objective.

7. Economic Appraisal of the options and the Preferred way forwards

- 7.1 To determine value for money and ensure a robust approach, the Department of Health and Social Care's Comprehensive Investment Appraisal (CIA) model has been used to prepare a discounted cash flow for all of the options and determine the Net Present Cost (NPC), Net Present Social Value (NPSV) and Benefit Cost Ratio (BCR). This is as per the HM Treasury Green book guidance. The case appraises four options, all options include enabling works and 40% of equipment is to be replaced in years 1-3 for options 2-4;
- **Option 1 – Business as Usual (BAU):** This is the 'Do minimum' option, reflecting the current position with equipment replaced only once significantly over useful life and breakdown occurs. This option assumes an initial capital cost of £8.7m based on the average historic 5 year allocations / spend for Imaging equipment replacement, this then increases in line with inflation, giving an annual average of £10m over the 15 years.

- **Option 2** – Capital – ring-fenced capital: This option assumes that we meet our asset replacement requirements through use of ring-fenced capital funds (£32m year 1 funding requirement).
- **Option 3** – Lease – Individual items: This option assumes that we meet our asset replacement requirements through the finance leasing of individual items reflecting additional financing costs (£31.5m year 1 funding requirement).
- **Option 4** – Partnership (MES): This option assumes that we replace assets following the same schedule as for options 2 and 3 but that these assets would be supplied to us under a MES arrangement with a strategic partner (£9.7m year 1 funding requirement).

7.2 NPC, NPSV and BCR was calculated using the CIA model with the results shown in the table below:

Table 1.1 – Comprehensive Investment appraisal results – Table redacted (Commercially sensitive)

- 7.3 **Option 4 (MES)** delivers the highest positive NPSV at £39.7m and BCR at **11.80**. This is due to this option presenting the least increase in capital costs and delivering the highest revenue reduction as a result of lower maintenance contract cost due to newer equipment running more efficiently and the elimination of the need for additional outsourcing and repairs costs.
- 7.4 The Economic appraisal (NPSV and BCR) demonstrate that under the current assumptions Option 4 (MES) is the most economically favourable to the Trust and Public sector. The overall non-financial and financial analysis suggests that Option 4 MES offers the best value for money to achieve the level of quality required and therefore should be taken forward for further consideration at Outline business case stage as the preferred way forwards.

8. Finance

8.1 The financial case sets out the forecast financial implications of the preferred way forward - Option 4 (MES) (as set out in the economic case), it is also inclusive of cost comparison analysis of all options and scenarios tested.

Table 2 – income and expenditure (I&E) position and options comparison – table redacted (Commercially sensitive)

- 8.2 It is assumed that all options will deliver the same level of activity with the key the differential being the cost of delivering this activity.
- 8.3 The PWF (Option 4) will deliver an estimated EBITDA (earnings before interest, taxation, depreciation and amortisation) of £128m and a net surplus of £6m over the 16 year period. This reflects an incremental positive change from current of £66m on EBITDA and £38m on net surplus. This is as a result of lower maintenance contract costs due to newer equipment running more efficiently and elimination of the need for additional outsourcing and repairs costs.
- 8.4 Option 4 (MES) will be considered a finance lease and recognised as a capital outlay under IFRS16 (International Finance reporting Standard 16 – guidance on leases)
- Requires £18.5m additional capital outlay
 - Equal phasing impact is £1.2m per annum over 15 years.

- Year 1 payment is £9.7m delivering assets to the value of £28m (including enabling works).
- 8.5 Revenue Investment £0.9m is required in year 0 (23/24) to deliver OBC/FBC. This is broken down as £0.68m non recurrent non pay for legal, estates, procurement and business case external advice and support and £0.42m recurrent pay costs of which two posts are Network funded for year 0 (2023/24) only, leaving a net impact of £0.22m, this rises to £0.4m in year 1.
- 8.6 Seven activity and growth scenarios including 'cost only' have been modelled and tested. The preferred scenario 6 applies (which can be found in Appendix A, Section 6.6) NWL sector growth for years 0-3 and for e.g. MRI, background growth at 2.65% plus 1% demographic from year 4 onwards.
- 8.7 The Background growth rate is calculated as the difference between NWL / National Growth and all NHS services average growth of 2.95%. Demographic growth of 1% is then applied to give the adjusted growth rate applied to year 4 for the preferred scenario. This approach has been tested and sanctioned by the NWL ICB.
- 8.8 All scenarios present an improvement from the BAU position (range £8m-£43m), with the preferred Scenario 6 (Appendix A, Section 6.6) showing a mid-position improvement on net I&E surplus. This allows for an initial 'levelling-up' phase as a result of changes to model of care (e.g. primary care direct and faster access), during which current growth rates are continued, with then a slower growth based on background and demographic for the future years.
- 9. Potential Upsides on Financial case modelling – redacted (Commercially sensitive).**
- 10. Areas for further consideration at OBC- IFRS16**
- 10.1. The accounting treatment as a result of IFRS16 means that the value of the assets deployed as opposed to the payment made for that year is reflected in the Trust CRL.
- 10.2. All new leases and lease amendments within the scope of IFRS 16 will score against the National Capital departmental expenditure limit (CDEL). For 2022/23, it was agreed by DHSC and HMT that the IFRS 16 implementation CDEL budget cover would be managed nationally by providing an uplift on CDEL to cover the incremental impact of IFRS 16, with no change to system operational capital allocations.
- 10.3. Adjustments to CDEL budgets for future years as a result of the implementation of IFRS 16 have not been communicated at this time. Further guidance is expected, with the intention the impact of IFRS 16 implementation upon system allocations will be set out and inform the 2023/24 planning round.
- 10.4. Whilst the SIAM MES solution does not impact 2023/24 with a start date in 2024/25, the Trust has flagged the impact as a finance lease at an ICB and National level for future years and will look to mitigate impacts as part of the OBC/FBC process.
- 11. Benefits monitoring and realisation**
- 11.1 The success of the SIAM Programme will be measured against delivery of the 11 investment objectives. To achieve these objectives, the SOC includes a comprehensive benefits realisation plan which will act as a formal mechanism for monitoring the delivery of these improvements. The plan includes 29 distinct measures which will be monitored at the NW

London Imaging Network Programme board and reported to FIOC. The benefits will be further developed at OBC to include a focus on the societal benefits of improving access to imaging.

12. Conclusion

- 12.1 The SIAM Programme seek approval of the SOC and the additional resources to deliver phase two of the programme (OBC and procurement). The SOC recommends a PWF – entering into an Imaging partnership based on a MES. The programme will deliver a range of benefits and requires an additional investment of £1.2m capital per annum over 15 years. This investment will deliver a net I&E improvement of £38m over the same period.

Appendices:

- Appendix A – SIAM SOC V3.3 (Available on request)
- Appendix B – SIAM Investment Objectives (Available on request)
- Appendix C – SIAM SOC V3.3 full presentation (Available on request)

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The Hillingdon Hospitals NHS Foundation Trust
Imperial College Healthcare NHS Trust
London North West University Healthcare NHS Trust



NWL Acute Provider Collaborative Board in Common (Public)

17/01/2023

Item number: 3.3

This report is: Public

London North West University Healthcare NHS Trust Strategy

Author: James Biggin-Lamming
Job title: Transformation Director

Accountable director: Simon Crawford
Job title: Deputy CEO

Purpose of report

Purpose: Decision or approval

Approve “Our Way Forward: a LNWH strategy 2023 to 2028” and its vision that London North West University Hospitals NHS Trust (LNWH) will put “Quality at our HEART”.

This strategy has been in preparation for the past year and has involved very extensive consultation with patients, local communities, staff and other stakeholders. Unlike the Hillingdon Hospitals strategy which just made it into the last Trust Board meeting before the Board in Common was created, this strategy was still work in progress.

It reflects the challenges and opportunities for LNWH in the context of the acute collaborative, but does not attempt to resolve strategic decisions that now become possible as part of the collaborative such as the potential for future developments on the Central Middlesex and Ealing Hospital sites.

Whilst this is a five-year strategy, the LNWH leadership recognises that it will need to be reviewed sooner than that in the light of decisions that may be made by the collaborative, as will be the case with the other three Trusts’ strategies.

We are seeking the approval of the Board in Common for the adoption of this strategy for LNWH. This approval is after staff and stakeholder consultation, and has been approved by the LNWH Executive and then an extended meeting of the LNWH Finance and Performance Committee to which all the LNWH NEDs were invited. We look forward to working with the collaborative to develop the strategic framework within which future Trust strategies will exist.

Report history

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

LNWH Trust Executive Group
16/11/2022
Approved

LNWH Finance & Performance Committee (extended to all LNWH NEDs)
07/12/2022
Approved

Executive summary and key messages

Our Way Forward is the new five-year strategy for LNWH that recommends it puts **“Quality at our HEART”**.

It has been developed throughout 2022 with input from almost 1,000 patients, over 2,200 staff, our partners in the NHS, local authorities, community groups, along with significant analysis of local health needs and research.

Our diagnostic highlighted many examples of excellence across LNWH, but that this was not always consistently delivered. The variations in the care our patients receive, experience of our staff, support from our non-clinical and administrative services, and how we collaborate with our partners needs to be improved and more reliably delivered if we are to continue to improve our performance, patient and staff experience and our ability to attract and retain employees. By putting “Quality at our HEART”, we can build on our strengths and better address the challenges we face.

The objectives to support this vision are that:

- We will provide high-quality, timely, and equitable care in a sustainable way
- We will be a high-quality employer where all our people feel they belong and are empowered to provide excellent services and grow their careers
- We will base our care on high-quality, responsive, and seamless non-clinical and administrative services
- We will build high-quality, trusted ways of working with our local people and partners so that together we can improve the health of our communities

Detailed actions have been developed to reinforce the vision, include learning and building better quality ways of working through our partnerships across the NWL integrated care system and acute provider collaborative. Clear governance, timelines and mitigations will support the progress and adaption of the strategy.

The strategy has twelve indicators to assess progress against the strategic priorities. Over the next five years, we want to be in the top quartile when compared to our peers, becoming a demonstrably high-quality organisation. In the meantime, year-on-year improvements in these indicators will demonstrate that we are making progress and successfully putting our strategy into action.

Strategic priorities

Tick all that apply

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

This is an organisation-wide strategy that encompasses every aspect of LNWH, which in turn will inform how it supports each of these strategic priorities.

Impact assessment

Tick all that apply

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

This is an organisation-wide strategy. Quality, explicitly including equity as a dimension, is central to its vision. People, operational performance and finance are impacted by its priorities. The strategy has been built through substantial engagement with patients, staff and partners during 2022 and a public launch will follow its approval today.

Reason for private submission

Tick all that apply

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

N/A

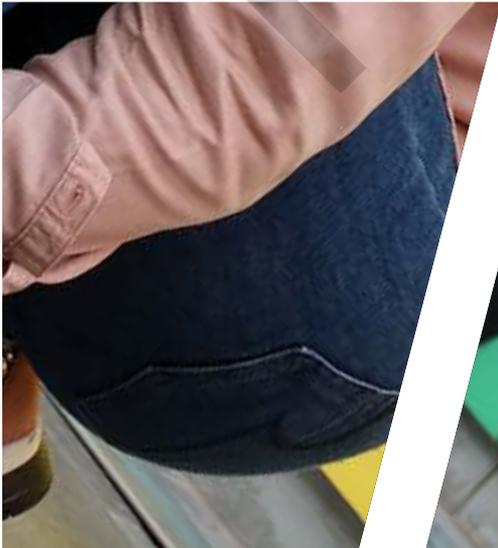


London North West
University Healthcare
NHS Trust



Our Way Forward

an LNWH strategy
2023 to 2028



This information in different languages and formats

The information in this report is available in large print by calling 020 8869 3552. If you would like a summary of Our Way Forward, please call 020 8869 3552 and state clearly in English the language you need, and we will arrange an interpreter to speak to you.

إذا كنت ترغب في الحصول على ملخص عن طريقنا إلى الأمام ، فيرجى الاتصال بالرقم 020 8869 5118 وذكر بوضوح باللغة الإنجليزية اللغة التي تحتاجها ، وسنرتب مترجمًا فورًا للتحدث إليك.

જો તમને અવર વે ફોરવર્ડનો સારાંશ જોઈતો હોય, તો કૃપા કરીને 020 8869 5118 પર કોલ કરો અને તમને જોઈતી ભાષામાં સ્પષ્ટપણે અંગ્રેજીમાં જણાવો અને અમે તમારી સાથે વાત કરવા માટે દુભાષિણીની વ્યવસ્થા કરીશું.

Jeśli chcesz otrzymać streszczenie Our Way Forward, zadzwoń pod numer 020 8869 3552 i jasno określ język, którego potrzebujesz, a my zorganizujemy rozmowę z tłumaczem.

ਜੇਕਰ ਤੁਸੀਂ ਸਾਡੇ ਵੇਅ ਫਾਰਵਰਡ ਦਾ ਸਾਰ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਰਿਪਾ ਕਰਕੇ 020 8869 5118 'ਤੇ ਕਾਲ ਕਰੋ ਅਤੇ ਤੁਹਾਨੂੰ ਲੋੜੀਂਦੀ ਭਾਸ਼ਾ ਅੰਗਰੇਜ਼ੀ ਵੱਲੋਂ ਸਪਸ਼ਟ ਰੂਪ ਵਿੱਚ ਦੱਸੋ, ਅਤੇ ਅਸੀਂ ਤੁਹਾਡੇ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ ਇੱਕ ਦੁਭਾਸ਼ੀਏ ਦਾ ਪ੍ਰਬੰਧ ਕਰਾਂਗੇ।

Dacă doriți un rezumat al Our Way Forward, vă rugăm să sunați la 020 8869 5118 și să precizați clar în engleză limba de care aveți nevoie, iar noi vom aranja un interpret pentru a vă vorbi.

Haddii aad rabto in la soo koobo Jidkayada Hore, fadlan wac 020 8869 5118 oo si cad ugu sheeg Ingiriisi luqadda aad u baahan tahay, waxaan kuu diyaarin doonaa turjubaan kugula hadlo.

Find us online

Find out more about our strategy at lnwh.nhs.uk/our-way-forward

Or join us on social media via linktr.ee/lnwh_nhs

About this version

This version is a pre-print proof and the layout is subject to change. The final document will be published at lnwh.nhs.uk/our-way-forward soon.

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Foreword from our chair and CEO



“TBC”

Matthew Swindells
Chair



“TBC”

Pippa Nightingale
Chief Executive



Introducing our way forward

Our Way Forward is an ambitious LNWH strategy for 2023-2028.

We aim to:

- ▶ maximise the opportunities offered by working more closely with our NHS and social care partners across north west London, through the new integrated care system and acute provider collaborative
- ▶ build on the strengths that helped us through the acute phase of the Covid-19 pandemic
- ▶ shape how we meet the challenges we face now and in the future

Everything has changed

Our world has changed since we last published our strategy in 2017.

Covid-19

The Covid-19 pandemic has left us with exhausted employees, patients who have been waiting longer for care, and patients whose needs have become more complex.

Our local communities were among those most affected by the first and second waves of the pandemic, which acutely demonstrated the terrible impact of health inequalities on real lives.

Yet at the same time, our teams responded with extraordinary dedication and, at times, inspiration. The pandemic massively

accelerated the transformation of care, from innovative treatments and research practices to the development of virtual wards and video appointments.

Less visible but equally vital was the strengthening of our relationships with our partners, and the empowerment of our front line.

A new board in common

In 2022, the four acute Trusts in north west London appointed a Chair in Common and established a single board in common as part of forming a new acute provider collaborative. It will strengthen our collaborative decision-making and help us to make the best use of our collective resources across all our boroughs.

The north west London acute provider collaborative

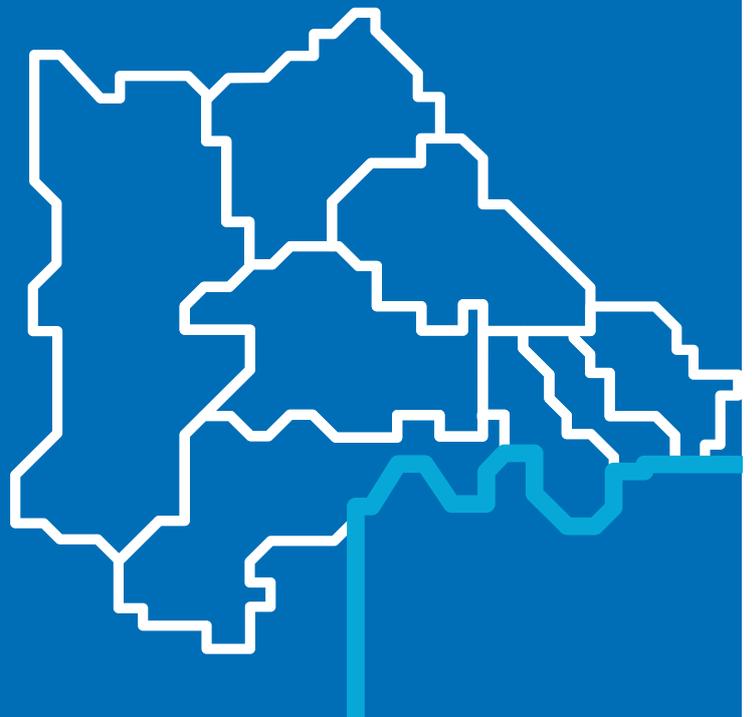
The north west London acute provider collaborative is a collaborative body between four NHS acute hospitals in our region:

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

The collaborative aims to better equip the four trusts to face the challenges in our future, and to build an exceptional healthcare system.

We share seven collaborative principles:

1. a commitment to delivering a step change in quality and financial and operational performance across our system
2. a commitment to treat everyone fairly and inclusively
3. maximising the benefit of our collective resources by improving coordination and avoiding duplication
4. collective decision-making for the benefit of our patients, communities and staff
5. transparency of our data, information and decisions
6. a commitment to join up our strategies and planning
7. respect for the continuing statutory roles of our respective Trust Boards and Councils of Governors (in the case of Foundation Trusts).



A new system

The North West London Integrated Care System changes how all our NHS services are funded, are organised and how they work together. We will work as part of the NWL ICS as it develops its new strategic priorities and creates new connections and opportunities across health, social care and the wider north west London community.

Changing our strategy

Because of all this change, we've taken a dramatically different approach to the way we've produced our strategy in the past.

In particular, we have made some crucial changes, including:

- ▶ Expanding our definition of quality to include equity of access to care, sustainability and timeliness
- ▶ A greater focus on supporting our people, drawing on learning from the Covid-19 pandemic
- ▶ Reflecting the feedback from our teams about the vital importance of non-clinical and administrative services running effectively and efficiently
- ▶ Looking up and out from our own organisation to connect and collaborate more effectively with partners in our communities and work better together.

Harnessing change

With so much rapid change in our recent past, it has become ever more important to set out a

new strategy for our future. Our new vision and objectives will offer a guiding light in an ever-shifting world and help us harness change in the interests of our colleagues and communities.

Co-creating our strategy

We put patient, community, partner and employee engagement at the heart of developing our strategy.

Over the six months process, we heard from:

- ▶ 2,218 employees
- ▶ 781 members of our local community
- ▶ 41 representatives of partner institutions.

We sought engagement at the very start of the process so that we could truly co-create our strategy and worked closely with our communities throughout the development and drafting processes. This engagement has taken place both face to face and online, including stakeholder forums, online workshops, and questionnaires available in seven languages.

The development of the strategy has been led and managed by eight employees seconded from roles right across the Trust, including doctors, nurses, allied health professionals, administrators, and management colleagues.

The process has been governed through a dedicated steering group including operational, clinical, corporate and employee representatives, leaders from partner organisations across our boroughs, and members of our local communities.





Building our strategy

We built our strategy in three phases, following best practice:

- ▶ **Diagnosis:** identifying both the critical challenges facing our organisation and what strengths we can build upon
- ▶ **Focused response:** designing an approach that best overcomes the challenges we identified in our diagnosis
- ▶ **Actions:** defining the objectives that represent our focused response, and the actions we need to take to achieve them.

This strategy is therefore supported by:

- ▶ detailed analysis that describes the context in which LNWH works
- ▶ insights from our engagement
- ▶ detailed action plans supporting each of our objectives.

This analysis is available separately for anyone who would like to see it.

Forging a bright future

In Our Way Forward, we've considered our past, and the changes that are coming about as we write.

We've extensively researched the health and socio-economic reality of our communities and asked our patients and local people what they want most from us.

We've listened to our teams and colleagues on the issues that have a direct impact on their working lives and challenged them to work with us on exciting new answers.

Throughout, it embodies a belief and a promise: that by working together, we can forge a better future than we can alone.



Our diagnosis

We're proud to offer truly excellent services in many areas. But we also recognise that everyone should be entitled to the same high standards of care, employment and opportunities that we offer when we're at our best. Our diagnosis shows us where we are right now and sets out the socio-economic context that inevitably impacts the way we work.

Our communities

We serve about one million people, primarily in the boroughs of Brent, Ealing and Harrow.

Our communities are highly ethnically diverse: three in five people in our boroughs are from an ethnic minority background.

We also know that they experience health inequalities, both in outcomes and sometimes in service provision. These inequalities:

- ▶ are significant when compared with regional and national data
- ▶ affect our patients and people who may need our care in the future
- ▶ affect our 8,200 employees and their loved ones, many of whom live locally
- ▶ are not compatible with either the NHS's founding principles or our own HEART values, which include equity.

Health needs

Our communities have different health needs to other parts of London and the UK.

They have the highest diabetes and childhood dental decay prevalence in England, and diabetes disproportionately affects our Asian and Asian British communities.

Cancer is the largest cause of preventable mortality across our local boroughs, followed by cardiovascular disease.

Although other long-term conditions such as hypertension, depression, dementia and stroke are still prevalent, their incidence is lower in our local communities than the London or national average.

Health behaviours

Behaviours that influence health present several challenges for our local population: particularly obesity, alcohol and violence.

Ealing has the highest alcohol related hospital admissions in London, and Brent and Ealing have the highest hospital admissions per capita for violence, including sexual violence, in London and in the country.

While obesity incidence is below the London average, it remains prevalent in our local communities, with three in five adults and one in five ten-year-olds in Brent, Ealing and Harrow overweight or obese.

Fewer than one in twelve people smoke in Ealing and Harrow, while Brent is in line with the London and England average of one in nine people.

1: Office for Health Improvement and Disparities; Public Health Profiles. [online] Available at: fingertips.phe.org.uk [Accessed 10 July 2022]

Wider determinants

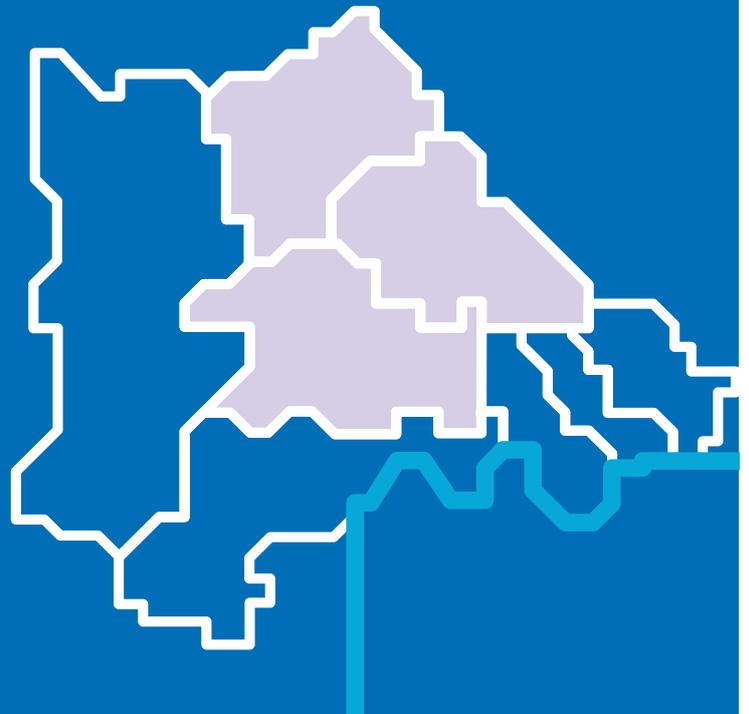
Our catchment area has some of the highest fuel poverty, homelessness and unemployment levels in the country.

In Brent, 17.3% of people experience fuel poverty, which is the sixth highest prevalence in London, while Ealing and Harrow are substantially above the national average.

Brent and Ealing have some of the highest prevalence of homelessness in London.

Three in ten people in Harrow and Brent are unemployed, with two of the highest unemployment levels in the country.

Data sourced from the Office for Health Improvement and Disparities Public Health Profiles^[1].



Our role

Our role is to provide acute care for our local communities. This includes working with local partners to support healthier, happier lives.

We must therefore prioritise the following areas:

- ▶ providing timely access to our services seven days a week
- ▶ sustaining core expertise and capacity in emergency care, diagnostics, paediatrics, maternity, and planned care, including cancer
- ▶ measuring and reducing inequities in our services.

Our pathways, and especially our emergency pathways, are a major touchpoint with our underserved communities, so we must work with partners to intervene and act on wider health determinants at these points.

Our people, skills, facilities, and scale mean that we can contribute more than just acute care. We have influence as a major employer, educator, research hub, voluntary hub, and a voice in our communities.

Our services

We must develop our services based on what our local population need and want. This means:

- ▶ offering timely access to diagnostics and planned treatments to reduce and eliminate long waiting times made worse by the Covid-19 pandemic
- ▶ supporting better prevention and management of long-term conditions, especially diabetes, dementia, chronic kidney disease, and respiratory and cardiovascular conditions
- ▶ supporting the diagnosis and treatment of cancers and cardiovascular diseases, which make up the leading causes of premature mortality in our communities
- ▶ developing effective pathways to support patients with mental health needs, both in an emergency and in the longer term, to address poorer physical health outcomes among people who have a mental health condition
- ▶ providing tailored access for communities that may be unregistered with other NHS services or are historically under-served
- ▶ meeting patient preferences for having access to the latest treatments and pathways, arranging follow-up appointments when patients need them, and organising tests and results during one visit wherever possible.



Our starting point

Our strengths

LNWH has many considerable strengths, and it is vital that we build upon these areas of excellence in determining how we can best contribute to our communities.

They include:

- ▶ The sheer volume of activity we deliver in caring for more than one million people every year. We have some of the largest emergency pathways nationally, as well as significantly sized planned care services with a range of complex specialist services.
 - ▶ The high quality of our care, along with the clinical skills and caring nature of our employees
 - ▶ The significant diversity of our population and staff, offering deep connections with our communities and an unusual breadth of skills, experiences, career and research opportunities
- ▶ Our multiple sites, which allow us to tailor our services to reflect local community needs and develop centres of excellence
 - ▶ Our collection of nationally and regionally leading specialist services – notably St Mark’s Hospital, which has an international profile
 - ▶ Our strong teamwork, and the ambition of our teams to provide exceptional care for our local communities
 - ▶ Local partnerships with our communities that were strengthened during the Covid-19 pandemic and have growing momentum. This includes closer working within the north west London acute provider collaborative, which will influence the way we design and provide our services
 - ▶ Our forthcoming adoption of the Cerner electronic patient record, which will mean that all four acute trusts in north west London share one record and are better able to coordinate patient care.



Our challenges

Our employees most often cite workforce as our biggest challenge.

We know that:

- ▶ we have gaps in some specialist clinical and non-clinical skillsets among our employees that can affect our productivity and performance, and have affected the time we have available to make longer-term improvements
- ▶ we have ways of working, explaining decisions, digital systems, processes, and culture that can frustrate both patients and employees, and lead to weaknesses in how we can collect, analyse, and use the information we need
- ▶ our ability to recruit and retain colleagues and attract new people is affected by a range of factors, including burdensome ways of working and historic challenges to our reputation.

We must also be prepared to address other challenges, including:

- ▶ the legacy of Covid-19, with a triple impact of exhausted employees, many patients who have been waiting longer for care, and patients whose needs have become more complex
- ▶ historic challenges for our reputation, including our current CQC rating of requires improvement
- ▶ our financial deficit situation before the pandemic, including years of low capital investment. This has led to an aged estate and digital system limitations
- ▶ the need to strengthen the working relationships and collaborative systems outside of acute providers (such as primary care and community care)
- ▶ an exceptionally challenging environment: we expect no major increase in our resources, while at the same time facing the need to support pressures and associated health inequalities arising from climate change and the rising cost of living among our communities and our employees

Many of these internal barriers are symptoms of a wider root cause. In the past, we have focussed on our strength in prioritising clinical care. We have, therefore, undervalued, and under-invested in supporting skills and systems that underpin modern healthcare. This leads to gaps in wider skills, inefficient processes, and the ineffective use of digital systems.

Extra investment is not enough. We need to change our culture to value these skills and processes in the same way that we celebrate clinical care, from high data quality, to booking and administration, to effective communication.





Our vision, values, and objectives

Our vision

Quality at our HEART

Quality...

Delivering quality means consistently meeting requirements and exceeding expectations.

We strive to deliver quality in everything we do – from the clinical care we provide to the support services and systems that underpin our care.

And in delivering high-quality clinical care, we mean services that are safe, effective, offer a good patient experience, are sustainable, equitable and timely.

...at our HEART

By placing quality at our heart, everything we do as an organisation should further our ability to deliver quality.

This includes the people we hire, the skills our employees develop, the behaviours we celebrate, how we think and act, the investments we make, our systems and processes, and our organisational values.

Our vision also encompasses our HEART values, which were shaped and developed in 2017 by more than 2,500 employees as well as many patients. They are:

- ♥ **Honesty:** We're truthful, we're open, and we speak up
- ♥ **Equity:** We're kind and caring, we act with fairness, and we're understanding
- ♥ **Accountability:** We're professional, we strive for excellence, and we improve
- ♥ **Respect:** We're attentive and helpful, we're appreciative, and we act with empathy
- ♥ **Teamwork:** We involve others, we support our colleagues, and we set clear goals

Our objectives

Our objectives set out how we plan to realise our vision. They offer our employees, partners and our communities clarity about what we will do.

Build high-quality, trusted ways of working with our local people and partners so that together we can improve the health of our communities

Base our care on high-quality, responsive, and seamless non-clinical and administrative services

Be a high-quality employer where all our people feel they belong and are empowered to provide excellent services and grow their careers

Provide high-quality, timely and equitable care in a sustainable way

Quality at our **HEART**





Objective 1:

We will provide high-quality, timely and equitable care in a sustainable way

Improving quality is the core focus of Our Way Forward. We define quality through six attributes.

1. **Safe:** we will avoid harming patients when providing the care intended to help them
2. **Effective:** we will achieve leading clinical outcomes by providing services based on scientific knowledge to everyone who could benefit from them and refraining from providing services to people who are unlikely to benefit (avoiding underuse, misuse, and unwarranted variation).
3. **Patient-centred:** we will respect and respond to individual patient preferences, needs, and values and ensure that patient values guide all our clinical decisions
4. **Timely:** we will reduce waits and sometimes harmful delays for those who receive care.
5. **Equitable:** we will provide care that is consistent in quality regardless of personal characteristics such as gender, ethnicity, disability status, geographic location, and socioeconomic status.
6. **Sustainable:** we will avoid waste, including waste of equipment, supplies, ideas, time, talent, resources, money, and energy.



● **Safe, effective, and patient-centred** are taken from our old definition of quality.

● **Timely, sustainable, and equitable** have been added to form our expanded definition of quality.

What we'll do

Digital care record

We will use our digital patient care records and systems to transform the quality of care we provide.

We will proactively lay the foundations for our services to thrive when the new electronic patient care record goes live in August 2023. After its launch, we will use our shared domain to develop innovative pathways across the acute hospitals in north west London with resulting benefits to quality and productivity.

Our pathways

We will make our planned care, cancer and emergency pathways work as efficiently and effectively as possible and strive for consistency across the north west London acute provider collaborative.

Caring for patients who need a hospital admission is at the core of what we do: we will provide this care in a patient-centred, safe, timely and effective way.

As one of the largest providers of emergency care in the NHS, we will build on our track record of innovation and continuous quality improvement. We will further develop our emergency pathways so that we can help people go home both swiftly and safely. This will include expanding triage and signposting services, same day emergency care

and virtual wards as appropriate alternatives to a hospital stay.

We will improve the speed with which our patients can access planned care and save them time with a smoother experience. We will do this by expanding:

- ▶ one-stop shops for cancer pathways, where patients can have several investigations and appointments at one time and in one place
- ▶ patient-initiated follow-up appointments, so patients with certain long-term conditions can access care when they need it, rather than an arbitrary scheduled point
- ▶ virtual ward early supported discharge, so patients who are well enough can recover at home sooner and more comfortably, while remaining under the care of our clinical teams.

We will also work with our partners to improve the quality of incoming referrals and discharge processes and support those of our acute patients who need mental health care.

Quality improvement

We will empower our employees to continuously improve our services and invest in comfortable, safe environments. We will build new ways for our employees to help us choose the quality priorities we focus on each year and create structures so that we are consistently using our resources to deliver these priorities.





Our sites

We must use all our sites to their full potential.

We will:

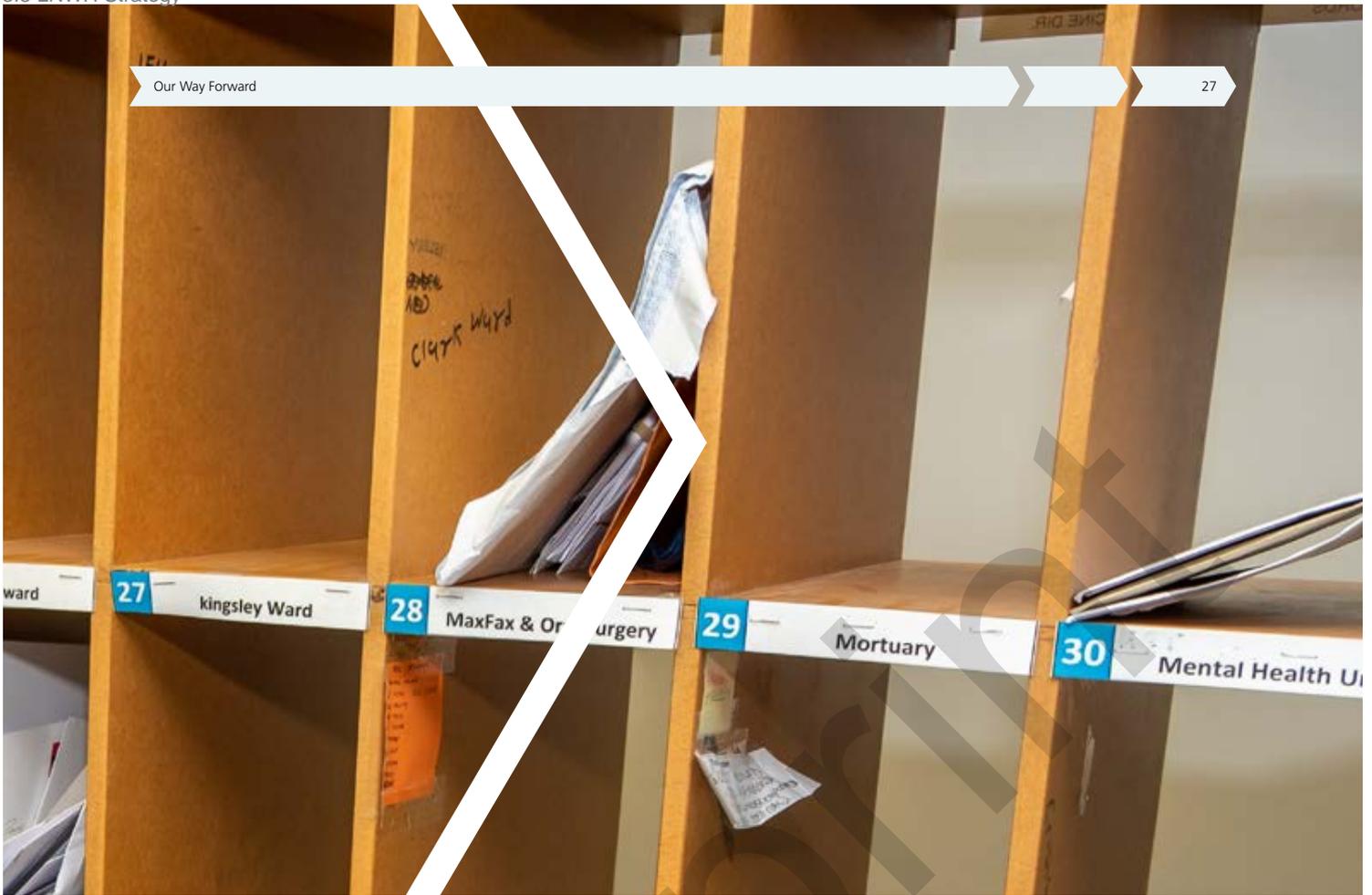
- ▶ make our emergency pathway at Northwick Park Hospital more resilient by expanding and building a new critical care unit
 - ▶ further increase the amount of low complexity planned care that we provide at Central Middlesex Hospital and offer better facilities for patients and employees
 - ▶ refresh our site strategy for Ealing Hospital so we can improve its use by:
 - ▶ creating gynaecology and general surgery centres of excellence
 - ▶ expanding and re-configuring its emergency department
 - ▶ building strong links with the community diagnostic centre.
- Combating inequity

Combating inequity

We are committed to reducing the inequities that exist within our services. We will improve how we measure and identify them.

As this aim is shared by the other members of the north west London acute provider collaborative, we will explore ideas that we can develop in common. One example is exploring the creation of a Chief Equity Officer to define and put in place policies and ways of working that reduce inequities in all our services.

We will also support our local partner organisations in delivering their broader health priorities, as described later in this strategy.



Out of hours care

The care we provide outside core working hours is not always consistent, and this is referred to as unwarranted variation.

Our ambition to achieve seven days working is hard to achieve, given the current pressure on our colleagues and our financial constraints.

Therefore, we will lay the foundations for targeted seven days working by:

- identifying areas where the quality of care we provide varies out of hours
- proactively aligning local policies with seven-day working models.

We will deliver targeted seven day working in our services where the benefits to quality offer positive returns.

Sustainability

We will manage our money so that our services are financially sustainable. We will do this by:

- making our work more consistent and removing variation that doesn't have a justifiable cause
- continuing to make local efficiency savings by transforming our services and improving our use of resources
- delivering efficiencies of scale through the north west London acute provider collaborative for both clinical and non-clinical areas.

We will also improve the environmental sustainability of our services through our Green Plan.



Goals and priority actions

Goal 1.1: We will make the most of our new digital care record (Cerner) to get the best from our services

We will:

- ▶ provide resources for work to ensure that both clinical and non-clinical services are prepared and engaged ahead of our Cerner launch
- ▶ deliver our Cerner implementation plan, with a launch in Autumn 2023, after which we will embed its use and make use of its long-term benefits
- ▶ make the best use of our shared electronic patient record to improve care and efficiency across the acute collaborative (see Partner objective 4.2)
- ▶ advocate for Cerner capabilities that align with our definition of quality, including equity.

Goal 1.2: We will make our emergency and planned pathways work as effectively as possible, both locally and across the acute collaborative

We will:

- ▶ develop pathways that get people home as quickly and safely as possible, focussing on optimal triaging, same day emergency care, and using virtual wards as an appropriate alternative to admission
- ▶ create and enhance planned care pathways that improve our productivity, such as advice and guidance, targeted support for frailty, cancer one-stop shop services, and patient-initiated follow up appointments
- ▶ work with colleagues across the acute collaborative to standardise and consolidate pathways
- ▶ work with community partners to improve the quality of incoming referrals, discharge processes, and support mental health (see Partner priority)

Goal 1.3: We will make best use of our estates to improve quality

We will:

- ▶ invest in rolling refurbishment so our facilities are safe and comfortable
- ▶ make our emergency pathway at Northwick Park Hospital more resilient by expanding and building a new critical care unit
- ▶ develop Central Middlesex Hospital as a low complexity hub for planned care
- ▶ improve use of Ealing Hospital by creating gynaecology and general surgery centres of excellence, renovating its emergency department, and creating close connections with its local community diagnostic centre.

Goal 1.4: We will improve how we deliver continuous quality improvement and transform services

We will:

- ▶ create ways for employees to help choose our annual quality thematic priorities, and build processes to align and focus our resources on these priorities
- ▶ establish a quality management system (see support system objective 3.3)
- ▶ empower our employees to deliver quality and transform services (See People objective 2.5)

Goal 1.5: We will create tools, policies, and governance structures to reduce inequities in our services

We will:

- ▶ create tools, policies, and governance structures to reduce inequity and digital exclusion in our services
- ▶ explore the creation of a Chief Equity Officer
- ▶ review how we identify and code patient characteristics such as learning difficulties and check that these processes are matched to best practice
- ▶ measure how the quality of our care varies by patient characteristics
- ▶ support our partners' broader health priorities (see Partner objective 4.3)

Goal 1.6: We will reduce unwarranted variation in services out of hours

We will:

- ▶ analyse and highlight differences in quality out of hours – for example, for length of stay, readmissions, incidents, and patient experience
- ▶ make our local and system policies consistent with targeted seven day working, including advocating for local payment variations
- ▶ put in place targeted seven day working or hospital at night services, based on areas of greatest quality benefit

Goal 1.7: We will achieve sustainability by delivering local and partner-working efficiencies

We will:

- ▶ support the north west London acute provider collaborative in standardising, automating, or consolidating support services across north west London (see Support Services objective 3.3)
- ▶ deliver financial sustainability through continuously improving and transforming our services and by making our pathways more efficient both locally and with our partners
- ▶ provide resources to deliver our Green Plan, prioritising actions which offer the highest combination of impact and feasibility.



Why we chose this objective

We chose this objective because:

- ▶ employees and patients both highlighted access to latest treatments and highest quality of care as being most important to them
- ▶ although we offer areas of real excellence, such as having some of the lowest mortality in the country, we are not consistent in the quality of care we provide
- ▶ despite recent quality improvements, our CQC rating remains Requires Improvement
- ▶ variable equity in our services unfairly affects our highly diverse population

What it means for our patients and carers, partners and employees

Patients and carers

- ▶ Our patients will receive high-quality care when they need it, no matter what background they come from, what characteristics they have, or what day of the week they need our help
- ▶ Our patients may sometimes travel further as we create centres of excellence between our sites but will receive better quality of care

Partners

- ▶ We will work with our partners to help patients access other kinds of support suitable for their needs when they come into contact with our services
- ▶ We will work more smoothly with colleagues in other acute trusts because of sharing one Cerner domain

Employees

- ▶ Our employees will have access to improved information helping them to deliver the highest quality care and identify opportunities for improvements
- ▶ Our employees working at nights and on weekends will be better supported to deliver high quality care

What it means for our pathways and sites

Our pathways

- ▶ **Emergency pathways:** we will get people home as quickly and safely as possible and provide excellent care when they need an admission by strengthening high-quality and responsive interventions
- ▶ **Planned care pathways:** we will see patients sooner due to high levels of productivity in our centres of excellence and through improved coordination of care
- ▶ **Maternity:** we will offer local people safe, personal, and high-quality maternity care
- ▶ **Specialist services:** we will maintain our existing specialist commissioned services, such as St. Mark's Hospital, and will invest in their continuous improvement as with other services.

Our digital services

- ▶ **Cerner:** we will make the most of the north west London Cerner electronic patient record both locally and through harnessing transformation across the north west London acute provider collaborative
- ▶ **Digital pathways:** We will expand our existing digital pathways, including outpatients and virtual wards, to deliver high-quality care in our patients' homes where safe and appropriate.

Our sites

Central Middlesex

- ▶ Sector hub for planned care, including the North West London Elective Orthopaedic Centre (pending consultation outcome) and other high-volume specialties like ophthalmology
- ▶ Continued investment as the home of St. Mark's Hospital
- ▶ Focused site culture on timely, efficient, and exceptional planned care experience
- ▶ Outpatient activity aligned to planned surgical activity.

Ealing Hospital

- ▶ Better use of site, including A&E, same day emergency care, and operating theatres
- ▶ Gynaecology and upper GI general surgery centres of excellence
- ▶ Shared pathways for mental health
- ▶ Strong links to community diagnostic centre.

Northwick Park Hospital

- ▶ Major hub for emergency and critical care, cancer and specialist surgery
- ▶ Our main maternity and paediatrics centre
- ▶ Centres for excellence supporting shorter waiting times via one stop models
- ▶ Shared pathways with partners, such as for mental health and long-term conditions.







Objective 2:

We will be a high-quality employer where all our people feel they belong and are empowered to provide excellent services and grow their careers

Our employees are our greatest strength. Without them, nothing in this strategy is possible.



All our work depends on having enough people who have the right skills and are empowered to apply them effectively.

We are deeply committed to improving our quality as an employer, something we must do urgently both to improve our colleagues' working lives and to support them in delivering high-quality services to our patients and communities.

All our people should feel a sense of belonging to Team LNWH and be empowered to grow their skills and careers throughout their time with us.

Because our employees are so important, issues with retention and recruitment are one of the biggest threats to improving quality. A survey among our teams and an analysis of employee exit reports revealed that the main causes of poor retention and recruitment issues were unrealistic work expectations, poor leadership, limited support in developing skills and careers, and bullying and uncivil behaviours.



What we'll do

Workforce planning

We will take active steps to mitigate the impact of NHS-wide workforce challenges on our employees. We will do this by developing a local workforce plan to set out both current and future staffing requirements for each of our services. We will use this plan for targeted planning purposes.

Wellbeing and support

We will improve our support services and make them more focussed on users, thus reducing avoidable demands on our employees.

We will also strengthen our existing wellbeing provision by delivering more evidence-based interventions and improving the environment in which we work.

Leadership

We will improve leadership at all levels of LNWH by establishing a leadership competency framework, aligned to a leadership development programme and a performance management framework.

We will explore creating a wellness budget mechanism, with the aspiration that team wellness is as well tracked and governed as a financial budget. We will also make it easier for leaders and managers to recognise and reward their teams and colleagues.

Development

We will offer stronger development for our employees and attract those that share our values. We will create a learning academy to coordinate and deliver high-quality professional development and talent management.

We will expand our apprenticeships for employees and partner with further education in our local communities. We will use apprentices to support our workforce planning.

Inclusivity and anti-racism

We will build an inclusive, anti-racist workplace. To do this, we will launch a culture change programme to better identify and combat racism, bullying and harassment at work. We will increase the resources available to deliver action plans from annual equality audits.

We will support collaboration between our staff groups to enhance actions around intersectionality (how race, disability status, class, gender, and other individual characteristics overlap and interact with one another).

We will follow best practices to eliminate bias in our recruitment and career progression processes.

Empowerment and values

Finally, we will empower our people to deliver quality and live our values. To achieve this, we will introduce a probation support programme, refresh the programme we offer to our new starters, and expand our quality improvement training. We will continue to embed our HEART values

Goals and priority actions

Goal 2.1: We will support our employees' wellbeing

We will:

- develop our workforce plan to identify and deliver the right level of staffing for our services
- improve supporting processes and services to reduce avoidable demands for our people (see Supporting Service Focus)
- refresh our wellbeing provision to offer more evidence-based opportunities and better support the wellbeing and health of our employees
- invest in environments that support wellbeing as part of our estates plan, such as team rest areas.

Goal 2.2: We will build high-quality leadership at all levels

We will:

- put in place a leadership competency framework that includes compassionate, inclusive, and anti-racist leadership, and align it to a new leadership development programme and leadership performance management framework, including improving succession planning
- create a mechanism to track our teams' wellness with associated reporting and governance, known as a team wellness budget
- create processes and ringfence funding for managers to recognise and reward their teams.

Goal 2.3: We will develop our employees and attract quality people who share our values into new and existing roles

We will:

- develop LNWH learning academy linked to a north west London education and professional development network (see objective 4.2) to coordinate and deliver high-quality professional development, digital skills training and talent management
- expand our apprenticeships for employees and partner with local communities to support workforce planning
- provide resource for a role redesign programme to embed and expand new roles.

Goal 2.4: We will build an inclusive, anti-racist workplace

We will:

- ▶ launch a culture change programme to better identify and combat racism, bullying and harassment at work and to improve our environment
- ▶ deliver improvement action plans from the workforce disability equality standard, workforce race equality standard, gender pay gap and ethnicity pay gap annual audits and to adopt recommendations from the NHS London Race Strategy
- ▶ foster collaborations between staffside, employee networks and groups, and freedom to speak up guardians and champions, supporting joint working and enhancing actions around intersectionality
- ▶ review and update our hiring processes and career development processes and policies to ensure that all the NHS London Race Strategy recommendations for eliminating bias in recruitment and selection are in place

Goal 2.5: We will engage with and empower our employees to deliver quality and live our values

We will:

- ▶ create a probation support programme for new starters, with a training plan and supervisory support and guidance
- ▶ refresh the programme we offer to new starters, including induction and IT onboarding, to help people feel a sense of belonging from day one
- ▶ expand our quality improvement training offer to enable and foster the understanding and conviction of our employees to deliver quality and engage them in service changes
- ▶ take a multi-channel approach to embedding our updated HEART values and roll out HEART values commitment pledges

Why we chose this objective

We chose this objective because:

- ▶ Our people deserve to have an excellent employer
- ▶ Healthcare is a people business: investing in our employees is a vital part of improving quality
- ▶ Our teams identified recruitment and retention as our biggest weakness and threat
- ▶ Our people told us that education and training was their joint second highest preferred area for us to focus our work
- ▶ NHS-wide recruitment and retention challenges mean that we must commit resources and make bigger moves to offset this trend



What it means for our patients and carers, partners and employees

Patients and carers

- ▶ We will offer improved quality of care, driven by happier employees who are empowered to improve services
- ▶ We will support our local communities by supporting our employees, who are mostly from our local population

Partners

- ▶ We will work with local education providers and job centres to raise awareness of our apprenticeship opportunities
- ▶ We will lead work to expand career and development opportunities for staff within the north west London acute provider collaborative

Employees

- ▶ Improved opportunities to grow their careers and skills
- ▶ Improved wellbeing and job satisfaction
- ▶ Improved sense of belonging due to reduction in discriminatory behaviour and reduced turnover

What it means for our pathways and sites

Our pathways

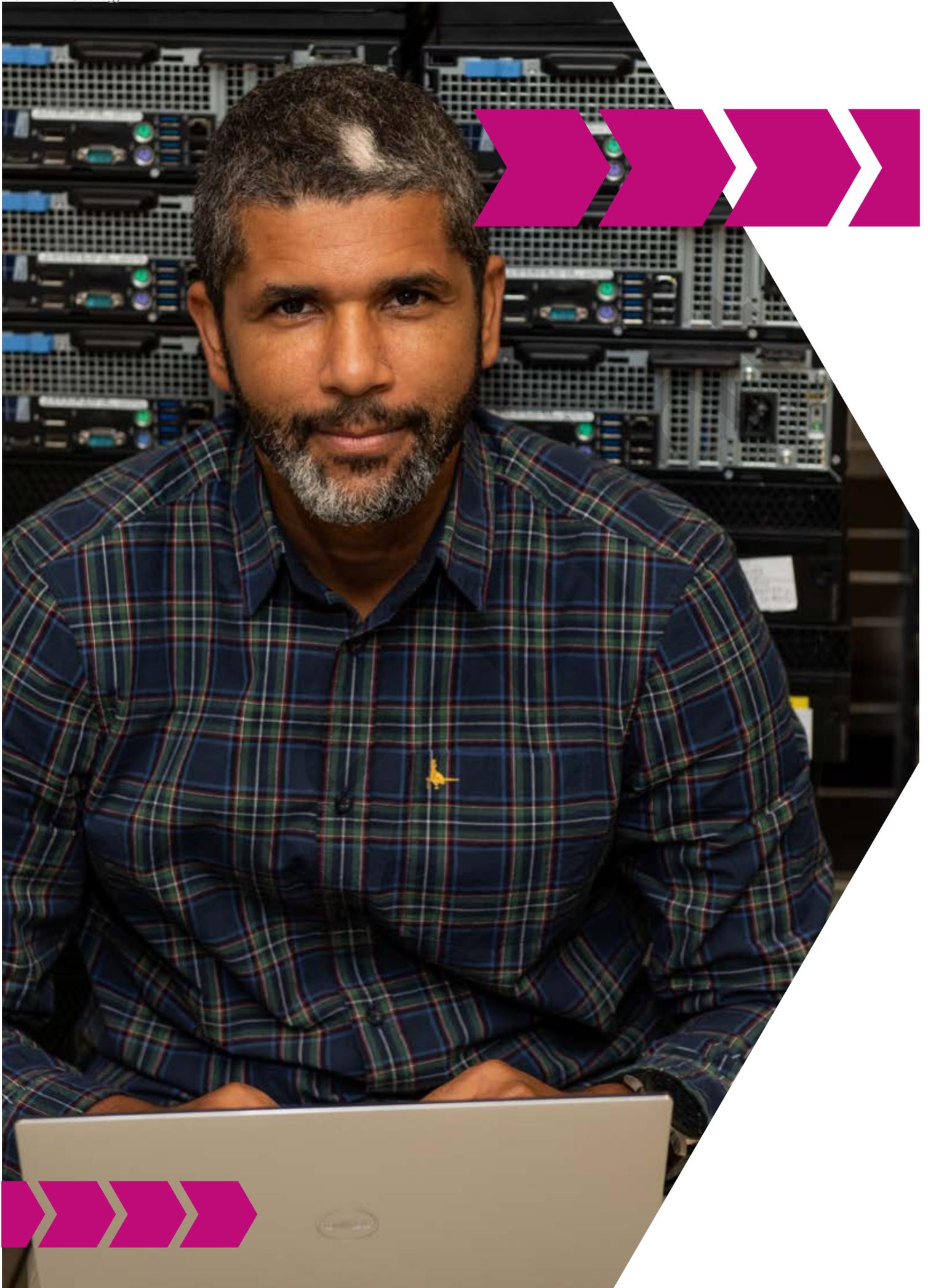
- ▶ Our care will be provided by teams with greater continuity of service, belonging and empowerment, supporting continuous quality improvement
- ▶ Our workforce will include novel clinical roles and advanced clinical expertise
- ▶ Our employees will reflect and be drawn from our local communities, helping advance the connection and links with our patients and our partners

Our digital services

- ▶ Digital tools will support seamless support processes, such as induction
- ▶ Our employees will be trained and supported to expand their digital skills and knowledge

Our sites

- ▶ All our sites will offer high-quality facilities for our teams
- ▶ We will enhance our education and training facilities, so we can support training for new roles and multidisciplinary training.



Objective 3:

We will base our care on high-quality, responsive, and seamless non-clinical and administrative services

Both our patients and our teams rely upon non-clinical and administrative services, which are essential to providing the best clinical care.

These services range from human resources to estates. When they work well, they underpin high-quality care. When they don't, they can cause inefficiency, frustrate both colleagues and patients, and even result in clinical risk.

We frequently heard from employees that our supporting services often hinder rather than help.

In the past, we have under-invested in supporting services, skills and systems. Our diagnostic found that ineffective supporting services were a root cause for many of the issues we identified. In particular, they can create unnecessary work

which contributes to the pressures on our colleagues, limits the time that our senior team members can commit to leadership, and disempowers employees from improving their services. We are committed to improving the services and tools that support our employees to deliver high-quality care.

Our supporting services and systems will be highly responsive, proactive, user-centred, and efficient. Our employees will make better decisions due to improvements in the availability and integration of data.



What we'll do

Processes and standardisation

We will invest in improving the basics of our non-clinical and administrative systems so that teams feel fully supported by them. We will do this by aligning support service performance measures to the things that matter most to our employees.

We will standardise our support service processes, making our supporting services more accessible, transparent, and predictable. We will also connect our support service employees more closely to front line colleagues, highlighting their essential role in providing high-quality care.

Data and analytics

We will use data to drive decision-making, improving our ability to make decisions that improve quality. We will continue to provide self-service dashboards and offer custom analytics requests through a team of analysts. To improve our dashboards' operational use, we will develop a performance analytical framework which we will use to align and simplify our self-service dashboards.

We will add our full staffing establishment to our electronic staff record, improving the accuracy of our staffing data.

Finally, we will create a matrix structure so that teams across the organisation have access to a centralised analytical support hub in corporate services. This will improve consistency of messaging, reduce duplication, and support continued professional development.

Pooling resources

We will pool our resources with partners across the acute collaborative to improve high-volume transactional support services and specialist support services. By doing so, we can standardise best practices, reduce duplication and pool expertise to invest in enhanced support service systems and automation.

To achieve this, we will support a programme of reviews for supporting services to identify those that stand to gain the most benefit from standardisation, automation, or consolidation across the acute collaborative. We will build on North West London Procurement Services and explore further opportunities including recruitment, shared waiting lists, one access centre, and a single quality management system across the acute provider collaborative.



Goals and priority actions

Goal 3.1: We will fix the basics and support continuous improvement for support services

We will:

- ▶ provide resource to complete a supporting service performance management review programme, checking that KPIs are aligned with the needs of our users, and that effective feedback, governance, and escalation processes are in place
- ▶ run a programme of sequential support service reviews to define, embed and communicate responsibilities, improve user journeys, and standardise work practices
- ▶ establish ways to make it easier for patients to communicate with our administrative staff about the administration of their outpatient care, such as appointment cancellations

Goal 3.2: We will use data-driven decision-making to support quality

We will:

- ▶ provide resources for a programme of work to fully capture our staff establishment in our electronic staffing record, thus bringing together our staffing and financial data
- ▶ create a quality reporting framework with a logical flow of sub-drivers and align existing or new self-service data dashboards along this logical flow
- ▶ review our analytics organisational network and structure, connecting analysts into a centralised data and analytics hub that aligns skills, ways of working, and quality assurance
- ▶ integrate basic data, numeracy, and computer skills into our education and training programme, providing formal training to employees, and empowering our analysts to coach while offering support

Goal 3.3: We will build collaboration models with our acute partners that are focused on high-volume transactional activities and highly specialist activities

We will:

- ▶ lead the acute provider collaborative in putting in place a plan to standardise, automate or consolidate a set of high-volume or transaction activities and highly specialist activities within support services across north west London
- ▶ engage with Imperial College Healthcare NHS Trust on adapting their management and improvement system and implementing both at LNWH and across the acute provider collaborative
- ▶ advocate for and support the creation of a shared patient access centre and waiting list across acute collaborative organisations with a centralised administration, tracking, validation and booking



Why we chose this objective

We chose this objective because:

- ▶ Our diagnostic process identified under-investment in supporting services as a root cause for many of our challenges
- ▶ Our employees consider LNWH's systems and processes to be one of its biggest weaknesses, with our support systems frustrating rather than supporting our clinical care
- ▶ Teams told us that clinical time was wasted in compensating for or addressing issues in our non-clinical and supporting services. By fixing these issues, we release colleagues to spend more time providing and leading care
- ▶ Currently, we have limited joined up information and data about our performance, which inhibits our ability to improve our own services.



What it means for our patients and carers, partners and employees

Patients and carers

- ▶ Better clinical care, supported by improved systems and processes, and better data and analysis
- ▶ Better administration, leading to reduced frustration and confusion about appointment timing and location

Partners

- ▶ Pooled resource and investments, improving supporting services across the acute collaborative
- ▶ More accurate public health information available for our partners

Employees

- ▶ Reduction of administrative requirements on clinical colleagues, leaving them to focus on patients
- ▶ Reductions in frustration by improving access and proactivity, leading to a better working day and improved employee retention

What it means for our pathways and sites

Our pathways

- ▶ Multidisciplinary teams will include valued non-clinical colleagues with everyone working to provide holistic high-quality care
- ▶ Our clinical teams have the rights tools and more time to provide high-quality care, resulting from seamless support.

Our digital services

- ▶ Processes will generate high-quality data which we can integrate, analyse and make available to inform improved decision-making by our employees
- ▶ Our digital helpdesk will offer an all-week service of responsive support, so that our systems run smoothly and help us offer high-quality care

Our sites

- ▶ We will invest in excellent connectivity and digital infrastructure across all our sites
- ▶ Our sites will offer flexible working and collaboration spaces so employees can easily work closest to where they are most needed on any given day





Objective 4:

We will build high-quality, trusted ways of working with our local people and partners so that together we can improve the health of our communities

We cannot deliver high-quality care by working as an island. It's estimated that hospital care contribute to only between 15% and 43% of the health of our communities ^{[1][2]}.

Instead, community health is influenced more by social and environmental factors and health-influencing behaviours. These factors thus drive demand for our services.

Many organisations work to deliver health and social care, including general practice, opticians, pharmacies, councils, mental health and community NHS trusts, and charities (see Appendix 3 for a more detailed list). To provide joined-up support and care, we need to work and collaborate in partnership with these organisations. So, when we say partners, we mean all these organisations.

Building effective and purposeful working relationships to improve the health of our communities is the right thing to do. As an anchor institution and one of the largest local employers, we will share our expertise and create opportunities for our local population. These partnerships have the additional benefit of helping us deliver high-quality care by reducing avoidable pressures on our services.

We are committed to further strengthening relationships with our partners and to making best use of the increasing integration of care driven by our integrated care system and our board in common.

1: J. P. Bunker, H. S. Frazier, and F. Mosteller, "Improving health: measuring effects of medical care.," *Milbank Q*, vol. 72, no. 2, pp. 225–58, 1994

2: J. M. McGinnis, P. Williams-Russo, and J. R. Knickman, "The Case For More Active Policy Attention To Health Promotion," *Health Aff*, vol. 21, no. 2, pp. 78–93, Mar. 2002, doi: 10.1377/hlthaff.21.2.78

What we'll do

Clinical networks and hubs

We will deliver efficient, standardised, evidence-based care by sharing and aligning our resources with our colleagues in north west London. We will do this by encouraging our clinical networks to align and standardise care pathways across the north west London acute provider collaborative.

We will support the launch of a series of speciality-specific, high-volume, low-complexity surgical hubs across the acute provider collaborative, in line with the collaborative's aspirations, and in partnership with its members.

Community and primary care partners

We will work with our partners in community and primary care to make care transitions work as effectively as possible.

To do this, we will expand ways to share our acute expertise with primary care, improving the quality of referrals. This will include using advice and guidance more extensively, expanding our use of cross-organisational training opportunities, and exploring consultant-attended integrated neighbourhood referral review meetings.

We will also work with our partners to strengthen and align our discharge processes, including discharge advice, and to strengthen the way we support those in our care who have mental health needs





Goals and priority actions

Goal 4.1: We will work with our partners to improve the quality of incoming referrals, discharge processes, and to support patients with mental health needs

We will:

- ▶ expand ways to share our specialist expertise with primary care, supporting and improving the quality of referrals
- ▶ improve and align our discharge processes (including discharge advice) with partners to improve hospital flow and reduce readmission and reattendance
- ▶ build integrated pathways between the local community diagnostics centre at Ealing, our acute services and back into the community
- ▶ advocate for the co-creation of a rapid access support team for mental health morbidities, including delirium and dementia, with local mental health trust and community partners

Goal 4.2: We will support the standardisation of best practice support services, training, care pathways and specialist services across the north west London acute provider collaborative

We will:

- ▶ support the integrated care board in establishing high volume, low complexity surgical hubs within north west London, including the North West London Elective Orthopaedic Centre (pending consultation)
- ▶ commit resources to standardising best practice clinical pathways across the north west London acute collaborative, making best use of the collaborative's shared electronic patient record, research, clinical innovations, and life science partnerships
- ▶ create a north west London clinical, technical, scientific, and non-clinical education and professional development network to align and share training and education resources (see objective 2.3),
- ▶ commit resources to the north west London specialist services review programme, and implement resulting recommendations
- ▶ build collaboration models with our acute partners that are focused on high-volume transactional activities and highly specialist non-clinical activities (see Support Service Objective 3.3)

Goal 4.3: We will support our partners to deliver their neighbourhood and place-based health priorities

We will:

- ▶ commit employees with delegated decision-making powers to attending place-based board and team meetings
- ▶ improve how we co-ordinate integrated care projects across LNWH with a dedicated project management function
- ▶ Advocate for and work with our integrated care system to create mechanisms to better integrate money, people and data as we deliver place-based priorities

Goal 4.4: We will explore and create mechanisms to communicate our quality of care to our local population

We will:

- ▶ run regular quality communications campaigns in our local communities to inform them about the ways we are improving or have improved quality
- ▶ deepen our engagement with our patients and communities, including co-design and co-production
- ▶ empower and enable our employees to represent LNWH at community events



Why we chose this objective

We chose this objective because:

- ▶ In the past, we have not always had a good reputation. While we've made some significant improvements in recent years, we must continue to work with our partners and community to improve how we're perceived by them
- ▶ Our communities experience significant health inequalities when compared with regional and national data. We can only provide so much support to address these issues in our role as an acute trust, so we must work with partners to combat health inequality across our health and social care system
- ▶ Our emergency pathway is a key touchpoint for the most deprived people in our communities. Partnership working presents a key opportunity to connect them with more support in the community.
- ▶ Partnership working has a causal relationship to how effective our discharge processes are, making it vital to work collaboratively across organisations to improve the flow of patients through our hospitals
- ▶ One of our biggest challenges in working effectively is our level of emergency activity: we must work collaboratively to address systemic issues that we cannot resolve alone.



What it means for our patients and carers, partners and employees

Patients and carers

- ▶ Improved continuity of care and smoother transitions, allowing people to go home sooner and have a better experience
- ▶ Reduction in unnecessary hospital visits
- ▶ Better support in hospital for people with mental health needs

Partners

- ▶ Improved clarity in our working relationships
- ▶ Improved access to our specialist expertise
- ▶ New levers and opportunities to improve care of population
- ▶ Improved signposting to community services

Employees

- ▶ Opportunities to explore careers across care-setting boundaries
- ▶ Opportunity to improve working relationships with colleagues at partner organisations

What it means for our pathways and sites

Primary care

- ▶ Greater access to acute care specialist input for complex cases
- ▶ Increased confidence in making (or not making) acute referrals and thus fewer referral rejections
- ▶ Discharge letters arriving more swiftly

Community and social

- ▶ Better alignment across referral processes resulting in higher quality referrals and transfers of care

Acute hospitals

- ▶ Improved collaboration and consistency of pathways
- ▶ Greater efficiencies from collaborating on non-clinical services

Mental health trusts

- ▶ Better collaboration and joint working
- ▶ New pathways between and within acute trusts

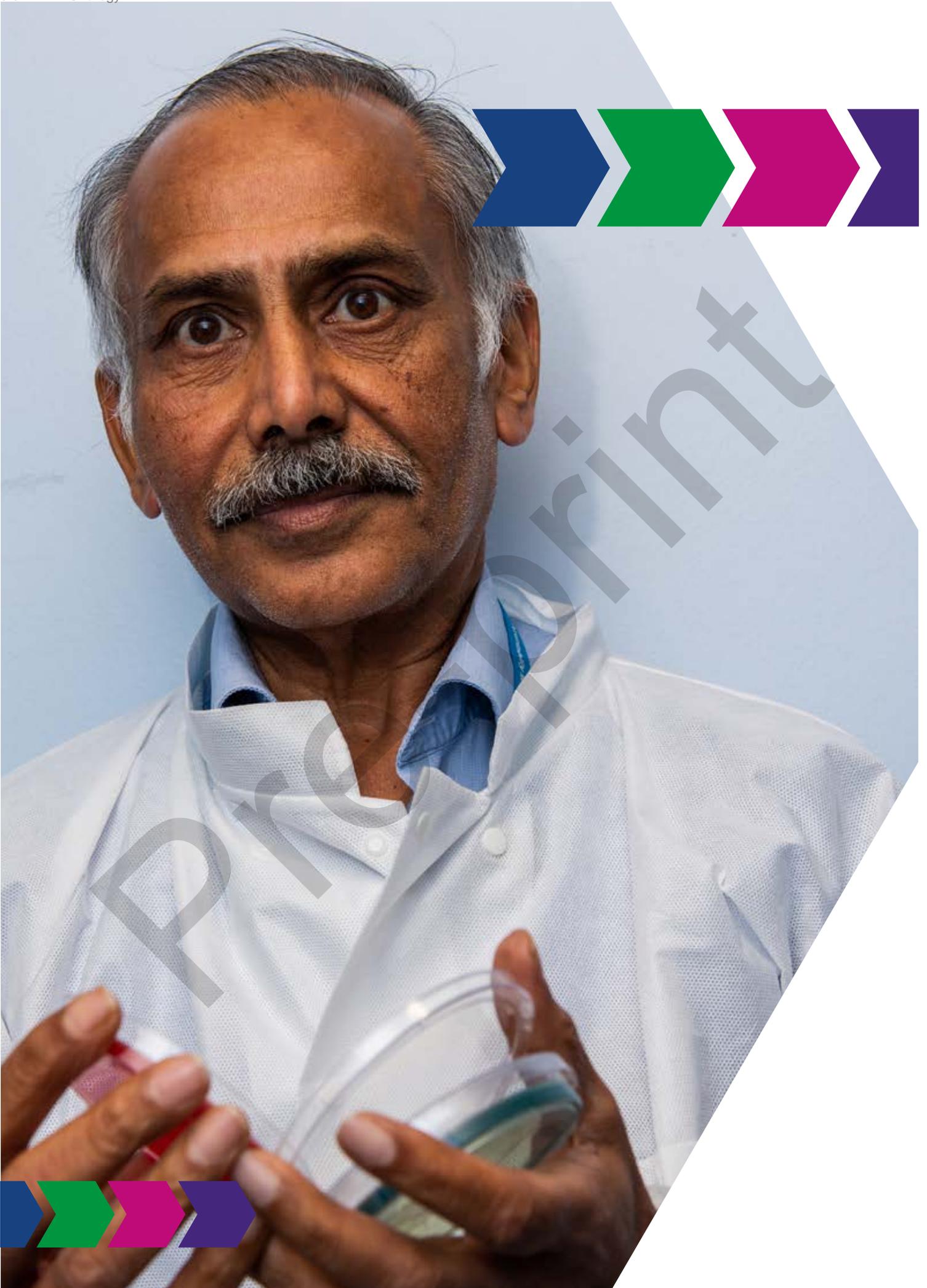
Local authorities

- ▶ Increased acute presence in place-based and neighbourhood team meetings
- ▶ More access to acute resource to drive local authority health priorities

Third sector

- ▶ Better collaboration through increased acute presence in place-based and neighbourhood team meetings





Making our strategy happen

Our strategy will guide our priorities, actions and behaviours.

Our vision and objectives have been developed through extensive engagement with employees, patients and partners. They will guide our decision making and behaviours every day without the need for an elaborate governance system. If in doubt, we can ask if a decision or action puts **quality at our HEART**.

However, it's important that we move forward with our objectives, and in some cases, this requires some new ways of working.

We will use the strategy to inform our annual operating plans, starting with 2023-24. Its objectives, timeline and progress will, over time, contribute to an ongoing series of projects and changes. It will give direction to enabling strategies in areas including estates, research, digital and cancer.

In addition, we will adopt a better management and improvement system that is consistent with that used across the north west London acute collaborative.

Through this system, we will define and monitor which roles are supporting our priorities, what methods we use to improve, and how we check progress from board to ward.

We will:

- ▶ Embed responsibility for specific actions through our organisational structure. They will feature in divisional plans, before feeding into service plans (including for support services such as digital services and estates). Ultimately, they will inform the contribution we need from individual colleagues by contributing to annual appraisal objectives.
- ▶ Use our bi-monthly Strategy Management Group to review progress of the milestones and outcomes linked to each objective, and any issues that have arisen. Each year we will test our diagnostic assumptions, assess emerging risks and update our indicator trajectories. In doing so, we recognise that we are operating in an uncertain environment, which may well require us to amend our original plan.
- ▶ Discuss critical updates at our Trust Executive Group and through the board committees as appropriate
- ▶ Test and support progress within our services. For clinical divisions, this will occur at our monthly divisional review meetings. For support services, it will take place at our Infrastructure Group
- ▶ Task a Head of Strategy with responsibility for coordinating the implementation of the plan through our organisation, leading some of the specific projects required including updating enabling strategies, and expanding the engagement momentum built through the development of the strategy.

Timeline

We will deliver Our Way Forward over five years. Our strategy sets out many actions that we want to achieve over the next five years. We cannot do everything at once, so our timeline sets out the way in which we will use our resource to achieve as much as possible.

Objective 1: We will provide high-quality, timely and equitable care in a sustainable way

- Goal 1.1:** We will make the most of our new electronic patient record (Cerner) to get the best from our services
Timeline: 2023, 2024, 2025, 2026, 2027
- Goal 1.2:** We will make our emergency and elective pathways work as effectively as possible, both locally and across the acute collaborative
Timeline: 2023, 2024, 2025, 2026, 2027
- Goal 1.3:** We will make best use of our estates to improve quality
Timeline: 2023, 2024, 2025, 2026, 2027
- Goal 1.4:** We will improve how we deliver continuous quality improvement
Timeline: 2023, 2024, 2025, 2026, 2027
- Goal 1.5:** We will create tools, policies, and governance structures to reduce inequities in our services
Timeline: 2023, 2024, 2025, 2026, 2027
- Goal 1.6:** We will reduce unwarranted variation in services out of hours
Timeline: 2023, 2024, 2025, 2026, 2027
- Goal 1.7:** We will achieve sustainability by delivering local and partner-working efficiencies
Timeline: 2023, 2024, 2025, 2026, 2027

Objective 2: We will be a high-quality employer where all our people feel they belong and are empowered to provide excellent services and grow their careers

- Goal 2.1:** We will support our employees' wellbeing
Timeline: 2023, 2024, 2025, 2026, 2027
- Goal 2.2:** We will build high-quality leadership at all levels
Timeline: 2023, 2024, 2025, 2026, 2027
- Goal 2.3:** We will develop our employees and attract quality people who share our values
Timeline: 2023, 2024, 2025, 2026, 2027

Goal 2.4: We will build an inclusive, anti-racist workplace



Goal 2.5: We will empower our employees to deliver quality and live our values



Objective 3: We will base our care on high-quality, responsive, and seamless non-clinical and administrative services

Goal 3.1: We will fix the basics and support continuous improvement for support services



Goal 3.2: We will use data-driven decision-making to support quality



Goal 3.3: We will build collaboration models with our acute partners that are focused on high-volume transactional activities and highly specialist activities



Objective 4: We will build high-quality, trusted ways of working with our local people and partners so that together we can improve the health of our communities

Goal 4.1: We will work with our partners to improve the quality of incoming referrals, discharge processes, and to support patients with mental health needs



Goal 4.2: We will advocate for and support the standardisation of support services, care pathways and specialist services across the north west London acute collaborative



Goal 4.3: We will support our partners to deliver their neighbourhood and place-based health priorities



Goal 4.4: We will explore and create mechanisms to communicate our quality of care to our local population



Affordability

Affordability

Our strategy is based on an important assumption: that many service improvements can and will be achieved by making better use of the resources we already have. This reflects our diagnosis where we expected no major increase in our resources and benchmarking insights that found opportunities to improve our productivity when comparing our performance to other leading organisations.

Some new schemes will need to be funded through improvements in our productivity or justified through return on investment. The estimated revenue impact of these new cost items was less than half a percentage of our current expenditure. Financial modelling shows that these schemes can be afforded if we improve our benchmark productivity level (cost per weighted activity unit) from the lower third quartile up to the median. The most significant capital investment is a new, dedicated critical care unit at Northwick Park Hospital. We will work with our partners to justify external investment funding because of the benefits this capacity will support within our hospital and across the north west London integrated care system.

Changing our mindsets and our behaviours

We recognise that the success of our strategy depends on our people thinking and acting differently to always put quality at our HEART. This requires us to change our culture.

Firstly, we must foster understanding and belief in the changes set out in Our Way Forward. We have laid the foundations for this work in the significant engagement with patients, employees and partners that directly informed this strategy.

But more is required. We will develop and resource a launch plan for our strategy. This will include:

- ▶ pre-launch workshops for our senior leaders so they are empowered to share information with their teams about why these changes matter and how they will personally support them
- ▶ a launch phase with events inside and outside our organisation
- ▶ on-going commitments to continue conversations and momentum built during the development of Our Way Forward, including through forums such as our patient and carer participation panel, staff listening events, and events with partners within our communities

We must take other actions to sustain culture change. We will amend reinforcing structures and incentives such as governance processes, reward and recognition systems and the indicators we analyse to encourage new behaviours. We must provide our employees with the skills to think and act differently. We must encourage and celebrate people to be active role models for change. These supporting actions have been incorporated across our goals and priorities.







How we will measure our progress

We have chosen twelve indicators to assess what progress we are making against our strategic priorities. Over the next five years, we want to be in the top quartile when compared to our peers, becoming a demonstrably high-quality organisation.

In the meantime, year-on-year improvements in these indicators will indicate that we are successfully putting our strategy into action.

Where indicators do not currently exist or do not meet our requirements, such as quality-of-care equity measurements, we will need to design a way to capture them. We will do this because we want to measure what matters most, rather than only what is available today.

We will:

- ▶ publish annual targets for these indicators that measure action plans
- ▶ assess our performance against these targets each year and maintain a trajectory towards top quartile performance, while simultaneously considering our changing environment and challenges
- ▶ introduce a regular employee survey to gather feedback from our employees, supplementing the annual staff survey.
- ▶ introduce a regular partner survey to measure our progress in building trusted ways of working.
- ▶ develop an index to track progress in improving the equity of our services across multiple communities.

Provide high-quality, timely, and equitable care in a sustainable way

Area	We will make year-on-year improvements in...	Baseline	Top quartile / standard	Source
Safe	Staff who would recommend our services to friends or family	58.8%	74.2%	NHS Staff Survey (2021)
Patient-centric	Patients who would recommend our services to friends or family	91.9%	92.7%	Weighted average Friends and Family Test (September 2022) ¹
Timeley	Constitutional standard: RTT > 18 weeks	67.4%	≥92%	Integrated performance report (June 2022)
	Constitutional standard: Diagnostics	96.3%	≥93%	
	Constitutional standard: Cancer (first)	68.4%	≥85%	
	Constitutional standard: A&E (four hour wait)	73.5%	≥95%	
Sustainable	Our clinical efficiency relative to other acute trusts	£3,656	£3,470 ²	Model Hospital (2022)
Effective	Summary hospital-level mortality indicator (SHMI) ³	0.7931	0.7931	London SHMI (July 2021 to June 2022)
Equitable	Variation in quality between patient groups	TBC ⁴	N/a	TBC

Be a high-quality employer where all our people feel they belong and are empowered to provide excellent services and grow their careers

We will make year-on-year improvements in...	Baseline	Top quartile / standard	Source
Staff who would recommend LNW as a place to work	55.5%	64.7%	NHS Staff Survey (2021)
Average staff vacancies that we have	11.3%	N/a	Staff record (September 2021)
How long our employees work for LNW (median)	4.5 years	N/a	
NHS Staff Survey score for diversity and equality	7.6 out of 10.0	8.3 out of 10	NHS Staff Survey (2021)

Base our care on high-quality, responsive, and seamless non-clinical administrative services

We will make year-on-year improvements in...	Baseline	Top quartile / standard	Source
Employees who would recommend our non-clinical and supporting services to other colleagues	TBC ⁴	N/a	New support service feedback survey

Build high-quality, trusted ways of working with our local people and partners so that together we can improve the health of our communities

We will make year-on-year improvements in...	Baseline	Top quartile / standard	Source
Partners who would recommend working with LNW to other partners	TBC ⁴	N/a	New partner interaction feedback survey

1: Made by aggregating Friends and Family result and weighting the average score across A&E, inpatient, and outpatients against eligible number of patients

2: Median value is presented. As we sit in lower quartile (Q3), median (Q2) is an appropriate target for this measure. Top quartile (Q1) is £3,293.

3: We would not expect significant improvements in our SHMI value, as it's already one of the best in the country.

4: KPI does not currently exist in our Trust, so we will need a way to capture this

Risks

Our environment is highly uncertain and changing fast. This inevitably leads to risks, which for this strategy fall within one of two categories:

- ▶ Risks associated with the plan itself
- ▶ Risks outside our organisation that could affect the plan.

We have identified the most critical risks and planned actions to mitigate them.

We lose strategic focus because there is either too much to deliver or issues occur in critical projects like Cerner

Impact

- ▶ Strategic tasks are delivered late or not delivered at all
- ▶ We do not overcome the key challenges/obstacles identified in the diagnosis phase

Actions

- ▶ We have designed all the actions to reinforce the central vision
- ▶ We have staggered our main concentration of effort over time so that we are not trying to balance too many areas at once
- ▶ We have minimised actions around the Cerner go-live date
- ▶ We have defined a governance framework to track and adjust the delivery of the strategy

We do not have enough money to deliver on the ambitious investments in this strategy

Impact

- ▶ Supporting systems and processes continue to burden our employees
- ▶ Estates do not consistently meet the needs of our employees and patients
- ▶ Loosely integrated digital systems reduce our ability to make data-informed decisions
- ▶ Unable to promote productivity, risking our financial sustainability

Actions

- ▶ Plan to pool resources and procurement power with the NWL acute collaborative
- ▶ Seek agreement across the NWL acute collaborative on collective investments that most benefit our patients, communities and employees
- ▶ Build a continuous culture improvement first, so we can improve what we already have with limited capital spend.

Limited buy-in to the strategy from our employees hinders delivery of the strategy

Impact

- ▶ Limited resource reallocation or behaviour change towards strategic priorities
- ▶ Employees do not take initiative along strategic priorities

Actions

- ▶ Strategy has been built through extensive engagement with our employees
- ▶ Create a strategy engagement plan and adequately resource governance to drive alignment and progress

A challenging political and economic environment makes it more difficult to fund improvements and creates additional demand on our services

Impact

- ▶ Static government expenditure on health may make it more difficult to in obtaining funding for investments
- ▶ Economic issues may increase inequity locally, increasing year-round pressures on the Trust
- ▶ Inflation increases cost pressures in the Trust, so we may see expenditure rise and staff turnover increase

Actions

- ▶ Plan to pool resources with the acute collaborative so bids for funding are more attractive
- ▶ LNWH pays well for the area, so focusing on recruiting staff from our local communities
- ▶ Quality offer attracts staff to work for the Trust
- ▶ Core strategic aim is to improve efficiency, which might help offset additional demands on our services and inflation cost pressures

Climate change and environmental issues increase demands on our services

Impact

- ▶ Increased respiratory and cardiovascular disease related to air pollution, increasing year-round pressures on the Trust
- ▶ Inequity increases in our local population as people living in deprived areas are more likely to experience adverse effects of climate change.

Actions

- ▶ One of our strategic options is to deliver the top priorities in the LNWH Green Plan, which include adapting to climate change
- ▶ Core strategic aim is to improve efficiency, which might help offset some of the additional demands on our services







Conclusion

Our Way Forward sets out a clear vision: to set quality at the heart of every decision and action we take for the next five years. **We cannot do this alone.**

From our employees to our partners, to our communities, our vision will stand only if we work together in accordance with our values. We have made extraordinary progress, with the Covid-19 pandemic necessitating an unprecedented amount of collaboration.



Our success with research during the pandemic has highlighted the enormous benefits of working closely with such a diverse local population: we must harness this inspiring opportunity in the future.

The co-creation of this strategy itself is a sign of how far we have come, and we express our enormous gratitude to the thousands of people who were involved in its design. It is now our task to put it into action with as much collaboration as went into its development.

If our vision requires us to work together, our objectives show us how. They articulate the actions and priorities that will set us on a path to excellence in the years to come. We do not dismiss our challenges; in fact, they have informed large sections of this strategy. But we are committed to tackling them head on, with a clear, communicable plan of action that moves us onward – whether that is through a strong focus on education, harnessing our research capability with our local communities, or by instilling digital confidence among our people.

Through doing so, we are committed to becoming an exemplar both as a provider of healthcare and as an employer.

We hope that you will join us on LNWH's new way forward, as we truly seek to put quality at our HEART.

Appendix I:

Our north west London partners

Many organisations that work to deliver health and social care, including general practice, opticians, councils, hospitals, and charities.

To deliver joined-up support and care, we need to work and collaborate in partnership with these organisations. When we say partners, we're referring to all these organisations. We can access many of our partners all at once through several network organisations:

Geographical Level	Network Organisation Type	Local Network Organisations	Participating Organisations
System Usually covers a population of 1-2 million	Integrated Care System	NWL Integrated Care System	<ul style="list-style-type: none"> ➤ Integrated Care Board ➤ Local Authorities ➤ Healthwatch ➤ Other Partners
	Provider Collaboratives	NWL Acute Collaboration	<ul style="list-style-type: none"> ➤ London North West University Healthcare Trust ➤ Imperial College NHS Trust ➤ The Hillingdon Hospitals NHS Trust ➤ Chelsea & Westminster NHS Foundation Trust
Place Usually covers a population of 250k – 500k	Borough Based Partnerships (BBP)	Brent BBP	<ul style="list-style-type: none"> ➤ Local Authorities ➤ Health Watch ➤ Local Acute Providers ➤ Voluntary Sector ➤ Local Community Care Providers
		Ealing BBP	
		Harrow BBP	
	Integrated Neighbourhood Teams (INT)	Brent INT Ealing INT Harrow INT	<ul style="list-style-type: none"> ➤ Primary Care Network Teams ➤ Social Care and Local Authority Teams ➤ Mental Health Teams ➤ Community Teams
Neighbourhood Usually covers a population of 30k to 50k	Primary Care Networks	Numerous	<ul style="list-style-type: none"> ➤ General Practice ➤ Community pharmacy ➤ Dentistry ➤ Opticians

Appendix II: Our acute collaborative partners

LNWH

1. Central Middlesex Hospital
2. Ealing Hospital
3. Northwick Park Hospital

ChelWest

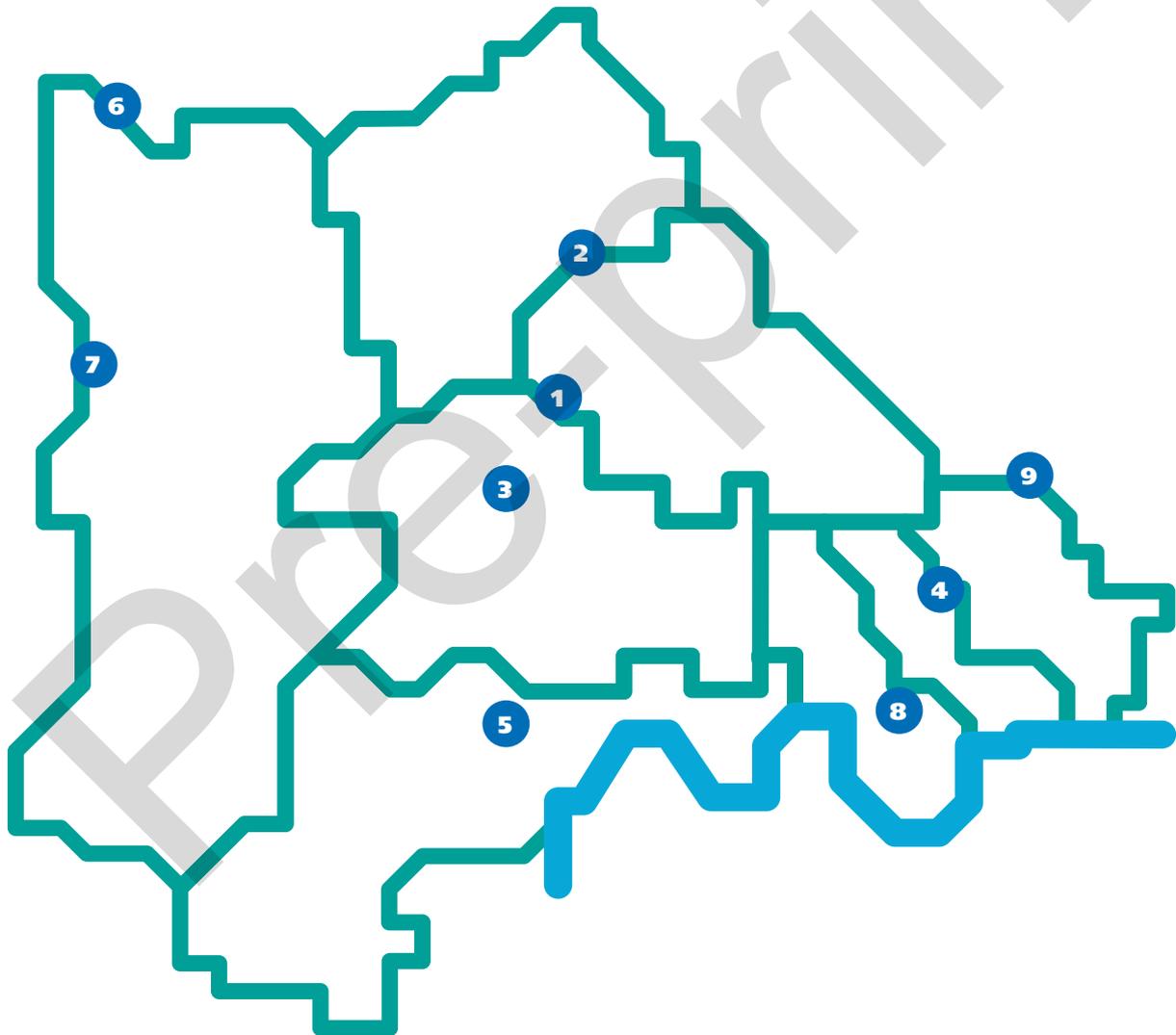
4. Chelsea and Westminster Hospital
5. West Middlesex Hospital

THH

6. Hillingdon Hospital
7. Mount Vernon Hospital

Imperial

8. Charing Cross Hospital
9. St. Mary's Hospital



Appendix III: Co-creation and engagement

Our strategy was developed during the summer and autumn of 2022.

We undertook extensive engagement with our employees and our communities, as well as considerable research and analysis.

A best-practice approach

Following best practice, we followed a three-phase approach to develop our strategy:

1. Diagnose: identify the critical challenges facing our organisation and the strengths we could build upon
2. Focused response: design an approach that best overcomes the challenges highlighted in the diagnosis
3. Action plan: define the objectives and actions to achieve our focused response.

Governance

We established a steering group to support the delivery of the project through deliberation, decision-making, support, and action.

Our Deputy Chief Executive Officer chaired the steering group, made up of a diverse set of stakeholders, including:

- ▶ Operational, clinical, and corporate leaders and staff representatives
- ▶ Leaders from the North West London Integrated Care Board and our integrated borough partnerships
- ▶ Members of our local communities.

Co-designed through extensive engagement

This strategy has been co-developed through extensive engagement throughout the spring and summer of 2022 with our employees, partner organisations, and members of the community (see Figure 2).

Our community

We received 781 responses to our community survey, which asked about the care preferences of our residents and their perceptions of LNWH.

The survey was shared using social media, supermarket visits, radio, and posters in hospital waiting rooms and local GP practices.

It was available in seven languages: English, Polish, Romanian, Gujrati, Punjabi, Somali and Arabic.

As part of the survey, we collected demographic information, such as ethnicity, age, and postcode district, to investigate how the results varied between population groups.

Our employees

We heard from 2,218 employees, or more than 27% of our staff.

This involved using a combination of one-to-one interviews, surveys, on-the-ground engagement, and online workshops.

We collected demographic and job role information to investigate how the results varied by staff group.



Researching Our Way Forward: our audiences and channels



► Case for change: 1,565

► Choices for the future: 553

► TeamLNWH forum attendees: 51

► TeamLNWH interviews: 32

► Community surveys: 781

► Community event attendees: 35

► Community stakeholder forum attendees: 19

► Partner stakeholder forum attendees: 26

► Partner interviews: 11

Our partners

We directly interviewed eleven senior leaders from our partner organisations, with 31 others offering input through our stakeholder forums.

All stakeholders

We held stakeholder forums in community centres in Ealing, Brent, and Harrow.

These forums saw attendance from members of the community, our employees, and our partners.

During each event, attendees explored information posted around a room and then broke into groups for discussion. Parallel events were hosted online to increase opportunities for participation.

Building the capability of our employees

One major aim of developing our strategy was to build capability. This extended beyond the immediate strategy project delivery team to people across LNWH.

The project team

After an open application process, we seconded four employees from across LNWH to form a dedicated strategy project team. During this time, the team received extensive on-the-job training and formal teaching.

The leadership team

We internally recruited a medical lead, a nursing lead, an allied health professional (AHP) lead, and a transformation lead to help direct and support the project team.

The wider Trust

Four guest speakers with extensive experience in public and private sector leadership came to speak employees across the organisation about what makes good strategy. In total, 354 employees attended these sessions.







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



NWL Acute Provider Collaborative Board in Common (Public)

17/10/2023

Item number: 4.1

This report is: Public

Integrated Performance Report

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

Accountable director: Tim Orchard, Pippa Nightingale, 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 reports.

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.

This report to the Board in Common represents a continuing development of the report that will be refined over the next few months to ensure it provides a balanced view of performance of sufficient granularity to ensure the Board is sighted, and can take action on, areas of concern.

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 8 (November 2022). 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



**North West London
Acute Provider Collaborative**

Integrated Performance Report

November data (except Cancer – October) received by BIC in
January 2023

Integrated Performance Report - Summary

Introduction:

The Integrated Performance report has undergone significant development since the last Board in Common (BIC) with the working groups for Quality, Operational Performance, Workforce and Finance agreeing **key/sentinel indicators** that support the BIC in monitoring and gaining assurance on the delivery of national and local plans at an **Acute Collaborative level**. 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** have continued 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) (*The presentation of the BSC will be refined in the next iteration of the report*)
- 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. 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.

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

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Balanced Scorecard November 2022



Quality	Expected	Actual	Trend	Assurance
Reporting rate of patient safety incidents per 1000 bed days	n/a	5,800		
Serious Incidents	n/a	27		
Patient safety incidents with severe/major harm	<0.26%	0.17%		
Patient safety incidents with extreme harm/death	<0.14%	0.17%		
Healthcare Associated c. Difficile Infections	n/a	17		
Healthcare Associated E. coli blood stream Infections	n/a	31		
Healthcare Associated MRSA blood stream Infections	0	0		
Formal complaints received per 1000 staff	n/a	7.85		
Good experience reported by inpatients	≥94%	96%		
Good experience reported for maternity services	≥90%	88.3%		
Good experience reported for emergency depts.	≥74%	75.9%		
VTE Risk Assessments Completed	≥95%	95.1%		

Workforce	Expected	Actual	Trend	Assurance
Vacancy Rate	≤10%	10.3%		
Voluntary Turnover Rate	≤12%	13.0%		
Sickness Absence Rate	≤4%	4.8%		
Agency spend	≤2%	3.2%		
Non-medical appraisals	≥95%	78.6%		
Medical appraisals	≥95%			
Core skills compliance	≥90%	90.3%		

Performance	Expected	Actual	Trend	Assurance
Ambulance handover waits	≥95%	84.1%		
Waits in urgent and emergency care > 4 hours	≥95%	69.2.%		
Waits in urgent and emergency care > 12 hours	≤2%	4.2%		
Referral to treatment waits > 52 weeks	≤2%	3.3%		
Access to diagnostics > 6 Weeks	≤1.0%	8.3%		
Access to cancer specialist < 14 days	≥93%	91.5%		
Access to Cancer Care (Faster Diagnosis) < 28 days	≥75%	72.1%		
Cancer First Treatment from Diagnosis < 31 days	≥96%	94.1%		
Referral to Cancer Treatment Pathways < 62 days	≤85%	64.8%		
Theatre Utilisations (Hrs)	≤85%	83.5%		
Outpatient Transformation - PIFU	≤5%	1.4%		
Critical Care – Unoccupied Beds	≤85%	85.6%		

Finance	Expected	Actual	Trend	Assurance
YTD VWA Performance (All Commissioners)	108%	109.6%		
YTD CWA Performance (NWL only)	100%	99%		
YTD Financial Delivery (I&E) - £m – Month 7	(13,565)	(36,661)		
FOT Financial Delivery (I&E) - £m – Month 7	(5,600)	(5,600)		
YTD Financial Delivery (CIP) - £m – Month 7	53,938	34,623		
FOT Financial Delivery (CIP) - £m – Month 7	101,900	81,217		
YTD Capital Spend - £m – Month 7	90,678	55,666		
FOT Capital Spend - £m – Month 7	197,160	224,802		

Quality/Clinical Performance

Safety Summary

Introduction: The quality metrics and reporting methodology were agreed following a detailed review of the trust board scorecards, national guidance and CQC insight reports. Since this data was last presented to the board in common, targets have been defined for the majority of the metrics using national standards and/or average where appropriate and rates have been applied where this is possible to aid comparison between trusts. Where this has not been possible plans are in place to achieve this by the next board report. This data pack now contains charts showing the trend over time at acute provider collaborative (APC) level for each metric, with in-month data for each trust. The report was not available in this format to allow for review at trust quality committees prior to the acute provider collaborative quality committee and the data has been refreshed for November so there are some issues that were not discussed there. The format and timeframes for reporting will be reviewed before the next meeting to ensure this is synchronised. The maternity metrics have been agreed with the LMNS, we now need to align the format in advance of the next acute provider collaborative quality committee.

Performance: The metric slides contain a summary of performance for the overall APC and set out how individual trust performance impacts this. Key points to note include:

- Incident reporting: To make comparison nationally and across the collaborative a rate is required. Business intelligence support has been agreed to review the data definitions and a deep dive scheduled to agree collection and quality assuring of the data going forward. Once a rate has been calculated the national target will be applied allowing local action and review at collaborative level.
- Incidents causing harm: we have noted a recent increase in incidents causing severe and extreme harm, with a particular spike in November 2022 in extreme harm incidents. Individual trusts have reviewed these with no specific issues to highlight. This trend will be closely monitored.
- IPC: Most trusts are likely to exceed their annual thresholds for C. difficile and E. Coli cases; this is a noted trend regionally and nationally with local actions in place.
- Mortality: The most recent data shows that each trust continues to have a lower than expected rolling-12 month HSMR but all have seen an increase (data to July). Telstra Health analysis suggests that this is reflective of a rise nationally and is likely to be resulting from the on-going impact of the Covid-19 pandemic and recovery period. When compared nationally ranking has not deteriorated despite the increases seen.
- Maternity: the crude stillbirth rates in month have increased at ICH and LNW. The actual number is low and immediate review has not identified any care or service delivery issues for escalation.

Key Actions: Assurance was gained at the acute collaborative quality committee that 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.
- User insight and focus work, including review of metrics reported and focus on meeting our patients' and communities' needs (joint workshop planned for February 2023)
- Review of mortality data, reporting and review processes across the APC.
- Maternity standards task and finish group focusing on sharing good practice and learning around maternity, focusing on transparent and open reporting, as well as creating a responsive culture to address safety and quality concerns.

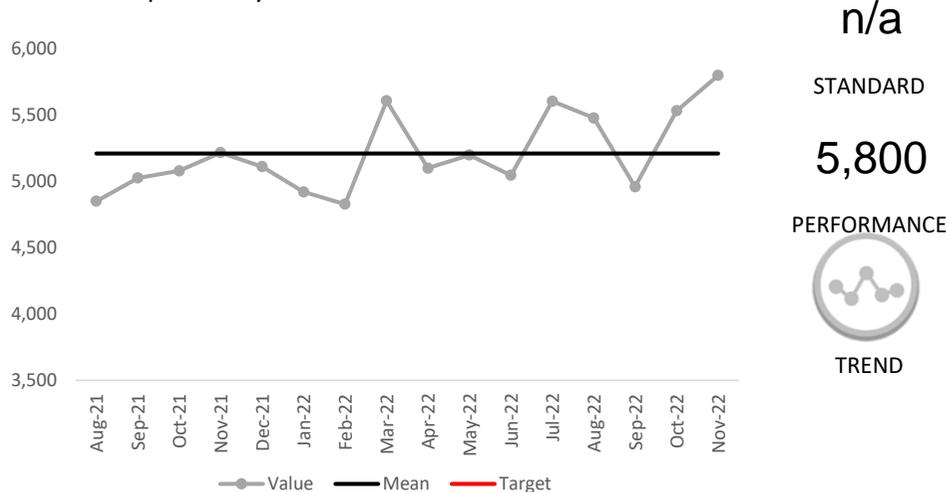
Escalations by Theme: On-going workforce and operational pressures may have a negative impact on some of our quality metrics over the coming months. All four trusts presented their plans to manage clinical risk over winter to the acute provider collaborative quality committee with assurance provided that plans were robust and designed to mitigate the risks as far as possible.

Patient Focus

(Patient) Patient Safety Incidents

TREND

Total number of patient safety incidents



n/a

STANDARD

5,800

PERFORMANCE



TREND

ASSURANCE

NARRATIVE

Performance: To make comparison nationally and across the collaborative a rate is required. Only ICH measure their rate using bed day data (that used for the national target) and so work continues to calculate this for all Trusts. This will be available by the next board level report. Trend data at trust level demonstrates common cause variation.

Recovery Plan: Business intelligence support has been agreed to review the data definitions and a deep dive scheduled to agree collection and quality assuring of the data going forward. Once a rate has been calculated the national target will be applied allowing local action and review at collaborative level.

Improvements: Work is underway to develop an agreed scope across the collaborative for the tender of a new incident reporting management system, with a focus on ensuring this is as user-friendly as possible (staff regularly feedback that current systems are barriers to reporting). This will inform a business case across the collaborative for implementation during Q 2/3 and should support improvement in reporting.

The implementation of 'Learning from patient safety events' (LFPSE), which replaces the National Reporting and Learning System (NRLS), will provide opportunity for further improvements, including training and communications.

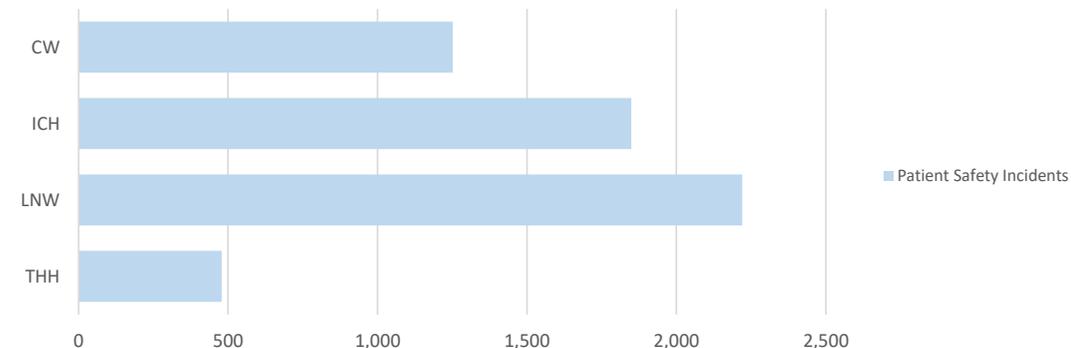
Forecast Risks: To be confirmed when comparative rates and trajectories to target are confirmed.

CURRENT PERFORMANCE

Total number of patient safety incidents

Trust	Patient Safety Incidents
CW	1,252
ICH	1,849
LNW	2,220
THH	479
APC	5,800

STRATIFICATION



GOVERNANCE

Senior Responsible Owner: Tim Orchard, CEO, ICHT

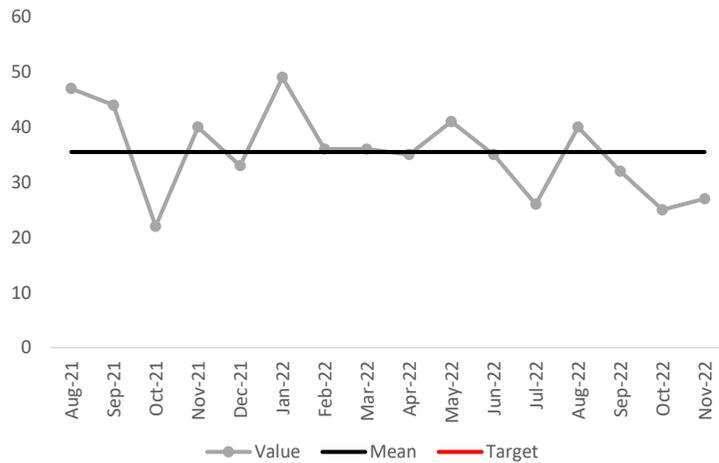
Committee: Acute provider collaborative quality committee

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

(Patient) Serious Incidents

TREND

Total number of SIs declared



n/a

STANDARD

27

PERFORMANCE



TREND

ASSURANCE

NARRATIVE

Performance: There is no target for this metric. To make meaningful comparison a rate is required using bed days, work continues to calculate this for all Trusts. The trend shows common cause variation but with four of the last six months below the mean. The reduction is primarily driven by a change in reporting at ICH who have aligned reporting of infection outbreaks with other Trusts across the collaborative. THH have a different approach to the declaration of pressure ulcer related incidents, which may be contributing to the numbers reported.

Recovery Plan: Not applicable.

Improvements: The APC is taking a collaborative approach to the implementation of the Patient Safety Incident response framework (PSIRF) which 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 between Trusts, improve the quality of investigations, and support better involvement of patients and families.

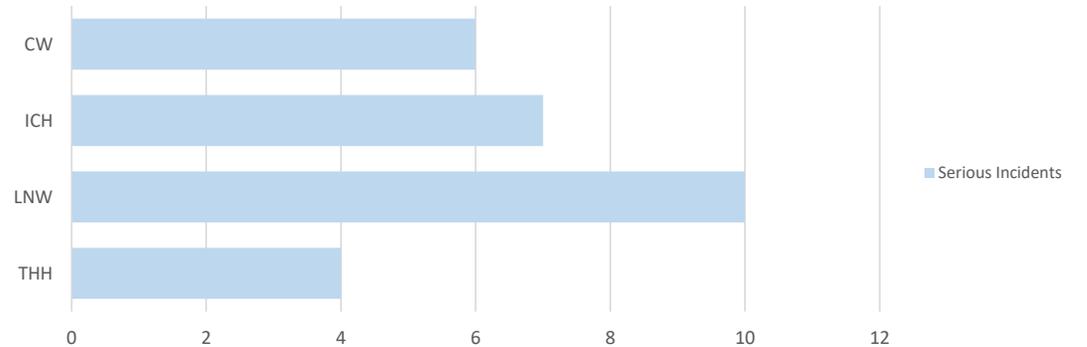
Forecast Risks: Risks have been raised regarding the resource and training required to successfully implement PSIRF. These are being managed by individual Trusts, and through the task and finish group where collective action is needed.

CURRENT PERFORMANCE

Total number of Serious Incidents declared

Trust	Serious Incidents
CW	6
ICH	7
LNW	10
THH	4
APC	27

STRATIFICATION



GOVERNANCE

Senior Responsible Owner: Tim Orchard, CEO, ICHT

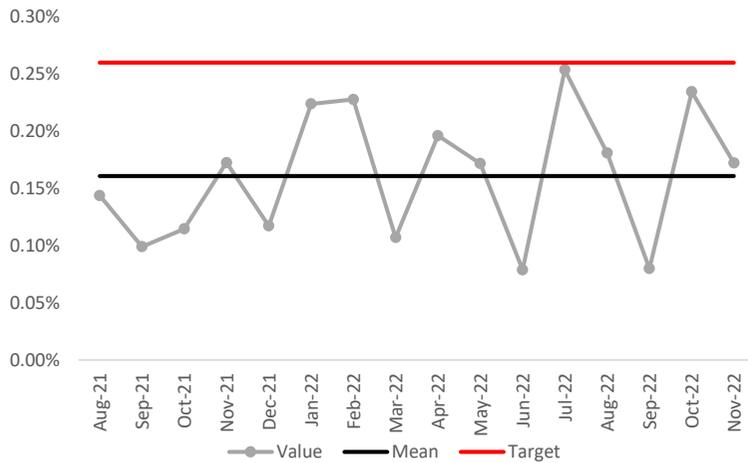
Committee: Acute provider collaborative quality committee

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

% of patient safety incidents graded severe/major harm



Below
0.26%
STANDARD

0.17%

PERFORMANCE



TREND



ASSURANCE

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 total in November, the largest number of which (n=4) were at CW.

Recovery Plan: Not applicable.

Improvements: Each trust has robust processes in place for the identification, and investigation, of patient safety incidents causing severe/major 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. 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.

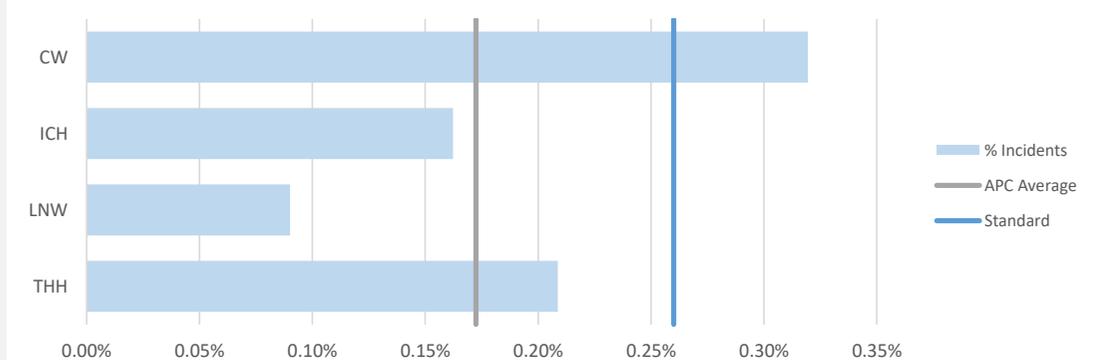
Forecast Risks: Increasing workforce and operational pressures over winter may result in an increase in incidents causing harm. Trusts are implementing enhanced processes to support the improved management of clinical risk over winter.

CURRENT PERFORMANCE

Severe/ Major Harms Incident Reporting Rate per Patient Safety Incidents

	Patient Safety Incidents	% Incidents	Difference from Standard	Severe/ Major Harms
CW	1,252	0.32%	0.06%	4
ICH	1,849	0.16%		3
LNW	2,220	0.09%		2
THH	479	0.21%		1
APC	5,800	0.17%		10

STRATIFICATION



GOVERNANCE

Senior Responsible Owner: Tim Orchard, CEO, ICHT

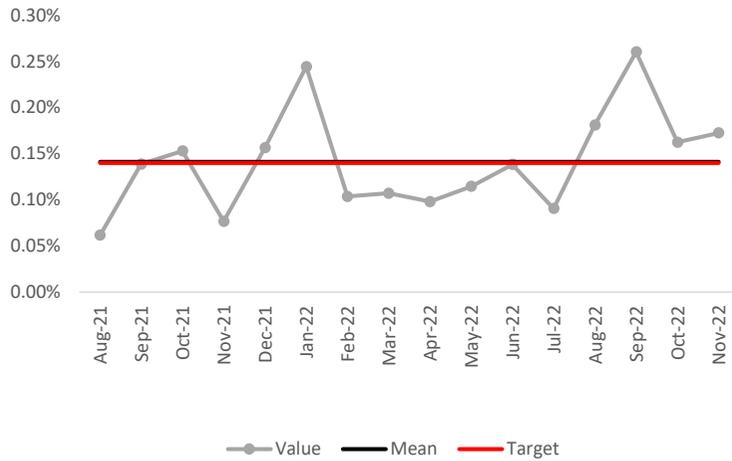
Committee: Acute provider collaborative quality committee

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

(Patient) Patient Safety Incidents with Extreme Harms/Death

TREND

% of patient safety incidents graded extreme harm/death



Below
0.14%
STANDARD

0.17%
PERFORMANCE

TREND



ASSURANCE



ASSURANCE

NARRATIVE

Performance: At APC level, the percentage of patient safety incidents graded as extreme harm is above target for the fourth month in a row. Three trusts were above the standard in month (CW, LNW and THH). There were 10 extreme harm incidents reported in total.

Recovery Plan: Covered in section on improvement.

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. 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. PSIRF will support standardisation of harm categorisation across the APC.

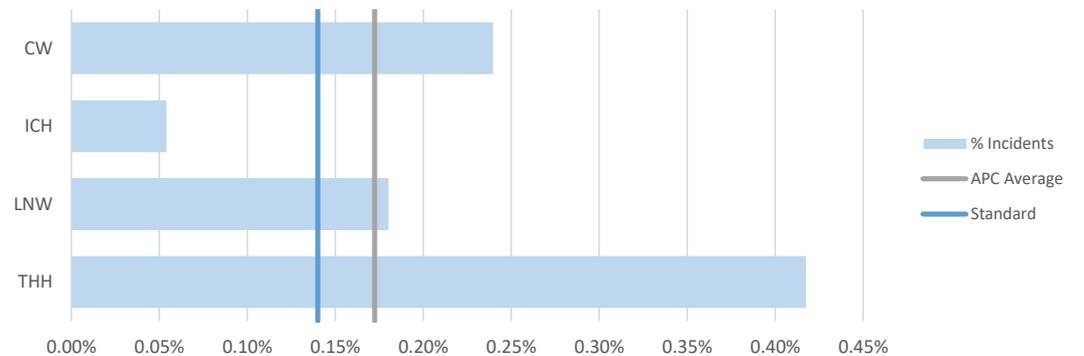
Forecast Risks: Increasing workforce and operational pressures over winter may result in an increase in incidents causing harm. Trusts are implementing enhanced processes to support the improved management of clinical risk over winter.

CURRENT PERFORMANCE

Severe/ Major Harms Incident Reporting Rate per Patient Safety Incidents

	Patient Safety Incidents	% Incidents	Difference from Standard	Extreme Harms/ Death
CW	1,252	0.24%	0.10%	3
ICH	1,849	0.05%		1
LNW	2,220	0.18%	0.04%	4
THH	479	0.42%	0.28%	2
APC	5,800	0.17%	0.03%	10

STRATIFICATION



GOVERNANCE

Senior Responsible Owner: Tim Orchard, CEO, ICHT

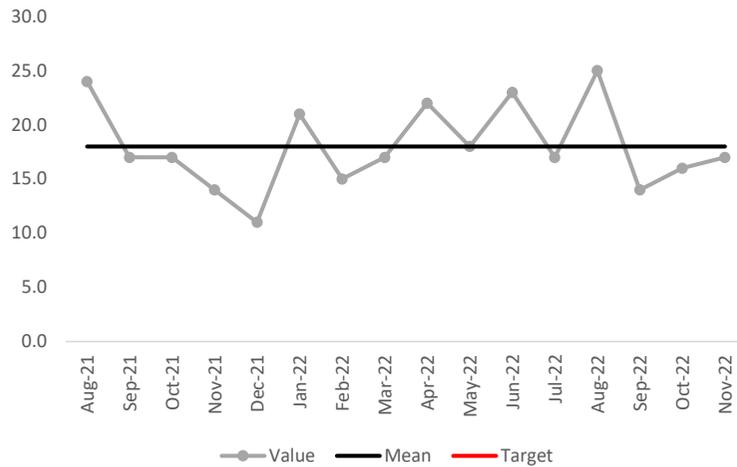
Committee: Acute provider collaborative quality committee

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

(Patient) Healthcare Associated C.Difficile Infections

TREND

C.Diff (Combined position)



Trust Specific

STANDARD

17

PERFORMANCE



TREND

ASSURANCE

NARRATIVE

Performance: There were 17 healthcare associated cases of C. difficile reported across the APC in November 2022. The trend graph shows variation across the last 14 months, with an overall increase since December 2021. Over the last three months, the number of cases has been below the APC mean. Each trust has their own threshold agreed with UKHSA for FY 2022/23 based on factors including case-mix. While no trusts are above their threshold at this stage in the year, trajectories imply that these may be exceeded for ICH, LNW and CW. This increase is reflected regionally and nationally in relation to all gram-negative blood stream infections (BSI).

Recovery Plan: Collaborative work across NWL is ongoing via the IPC group. Each Trust has robust processes for managing and investigating cases, with most organisations having on-going improvement work in place to reduce gram-negative BSIs, with a focus on improving routine IPC practice.

Improvements: Not applicable.

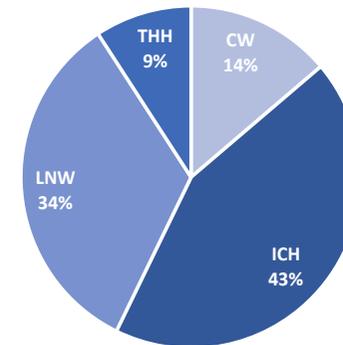
Forecast Risks: The thresholds are likely to be exceeded for ICH, LNW and CW. Mitigating actions are in place as described in the recovery plan section.

CURRENT PERFORMANCE

Healthcare Associated C.Difficile Infections Number

	Count of C.Diff cases in month	Count of C.Diff cases in year (FY 2022/2023)	Trust Threshold (FY 2022/2023)	Difference from Threshold
CW	3	21	25	
ICH	7	66	67	
LNW	6	51	64	
THH	1	14	31	
APC	17	152	187	

STRATIFICATION



Trust share of APC count of infections in year

GOVERNANCE

Senior Responsible Owner: Tim Orchard, CEO, ICHT

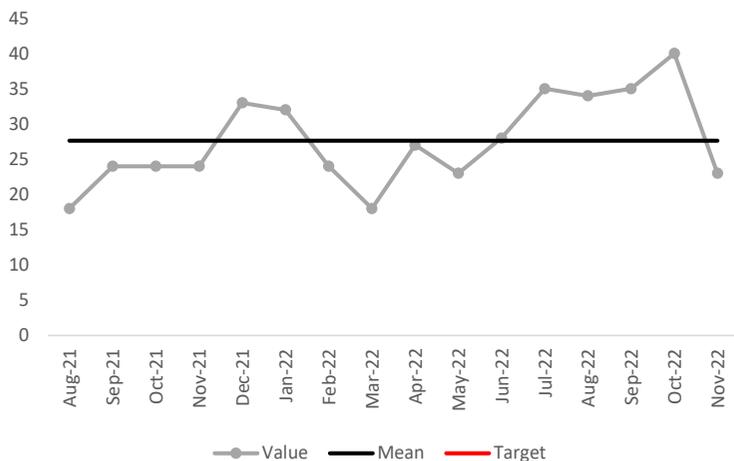
Committee: Acute provider collaborative quality committee

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

(Patient) Healthcare Associated E. coli Infections

TREND

E.coli blood stream infection (Combined position)



Trust Specific STANDARD

31

PERFORMANCE



TREND

ASSURANCE

NARRATIVE

Performance: The trend graph shows an increase in E. Coli blood stream infections (BSIs) since May 2022 with the highest number occurring in October. In November, the number fell below the mean, with 31 cases reported across the APC. Each trust has their own threshold agreed with UKHSA for FY 2022/23 based on factors including case-mix. THH is above their threshold, while trajectories imply that ICH and CW are likely to also exceed theirs before the end of the FY. This increase is reflected regionally and nationally in relation to all gram-negative blood stream infections (BSI).

Recovery Plan: The increase is being reviewed across NWL ICS with IPC colleagues to establish combined work streams with primary care, in particular around the theme of catheter usage. Each Trust has robust processes for managing and investigating E. Coli cases, with most organisations having on-going improvement work in place to reduce gram-negative BSIs, with a focus on improving routine IPC practice.

Improvements: Not applicable.

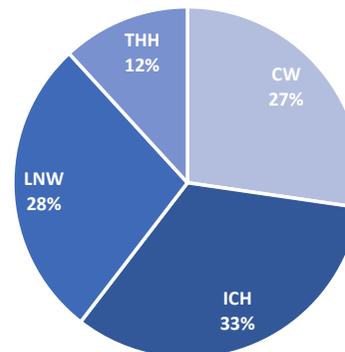
Forecast Risks: Mitigating actions are in place as described in the recovery plan section.

CURRENT PERFORMANCE

Healthcare Associated E. Coli Infections Number

	Count of E.Coli BSIs in month	Count of E.Coli BSIs in year (FY 2022/2023)	Trust Threshold (FY 2022/2023)	Difference from Threshold
CW	8	69	73	
ICH	9	84	95	
LNW	12	70	92	
THH	2	30	29	-1.0
APC	31	253	289	

STRATIFICATION



Trust share of APC count of infections in year

GOVERNANCE

Senior Responsible Owner: Tim Orchard, CEO, ICHT

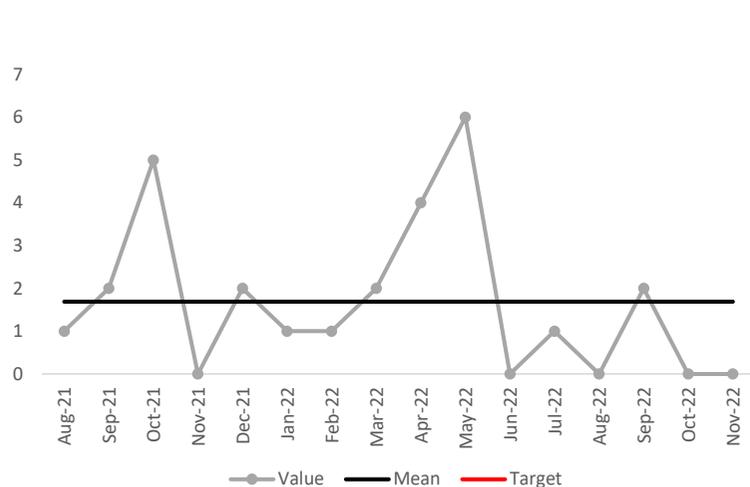
Committee: Acute provider collaborative quality committee

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

(Patient) Healthcare Associated MRSA Infections

TREND

MRSA Bacteraemia - Trust (Combined position)



Trust Specific STANDARD

0

PERFORMANCE



TREND

ASSURANCE

NARRATIVE

Performance: There were no MRSA BSIs reported across the APC in November 2022, however all four trusts have exceeded the zero-case threshold for the FY 2022/23. Collectively we have reported 13 cases so far this FY.

Recovery Plan: Each Trust has robust processes for managing and investigating cases, with most organisations having on-going improvement work in place, with a focus on improving routine IPC practice.

Improvements: Not applicable.

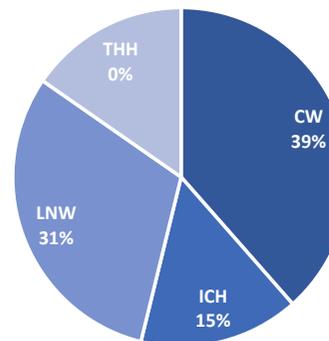
Forecast Risks: None.

CURRENT PERFORMANCE

Healthcare Associated MRSA Infections Number

	Count of MRSA BSIs in month	Count of MRSA BSIs in year (FY 2022/2023)	Trust Threshold (FY 2022/2023)	Difference from Threshold
CW	0	5	0	-5.0
ICH	0	2	0	-2.0
LNW	0	4	0	-4.0
THH	0	2	0	-2.0
APC	0	13	0	-13.0

STRATIFICATION



Trust share of APC count of infections in year

GOVERNANCE

Senior Responsible Owner: Tim Orchard, CEO, ICHT

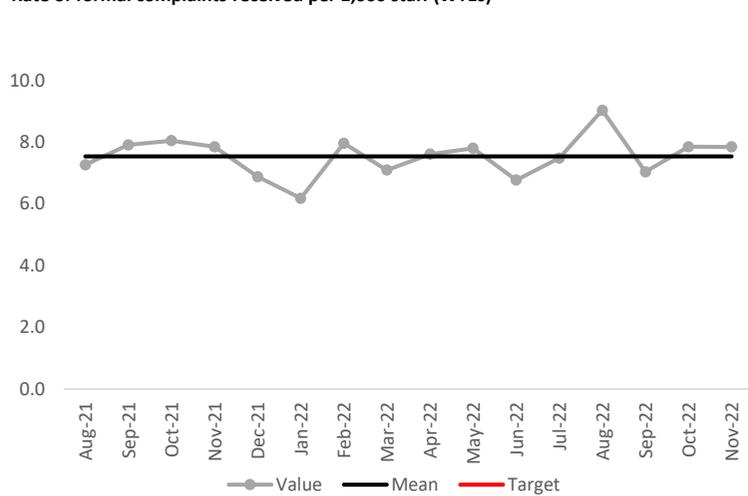
Committee: Acute provider collaborative quality committee

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

(Patient) Formal Complaints

TREND

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



n/a

STANDARD

7.85
per 1,000 WTE

PERFORMANCE



TREND

ASSURANCE

NARRATIVE

Performance: There is currently no agreed standard for the rate of formal complaints per 1,000 WTE. The trend graph shows variation across the last 14 months. The rate in October was 7.85, above the mean at APC level. Rates are similar at trust level with LNW having the highest and CW the lowest rate. ICH have the most complaints, however their rate is comparable to the other Trusts.

Recovery Plan: Not applicable.

Improvements: A new 'User insight and focus' improvement workstream is now in place to identify and prioritise 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 or not we are meeting our patients' and communities' needs and reflecting their views.

Forecast Risks: None.

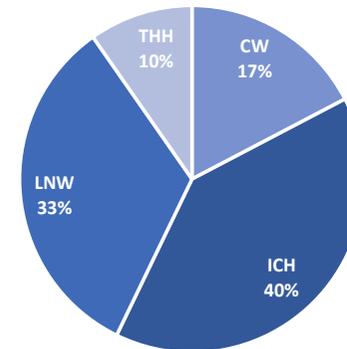
CURRENT PERFORMANCE

Formal Complaints per 1,000 Staff (WTE)

	Total WTE Staff	Rate per 1,000 WTE	Count of Patient Complaints	of which...		
				Resolved	Re-opened	Referred to PHSO
CW	6,564	6.25	41			
ICH	12,742	7.38	94			
LNW	7,768	10.04	78			
THH	3,000	7.67	23			
APC	30,074	7.85	236	0	0	0

Data will be populated when available

STRATIFICATION



GOVERNANCE

Senior Responsible Owner: Tim Orchard, CEO, ICHT

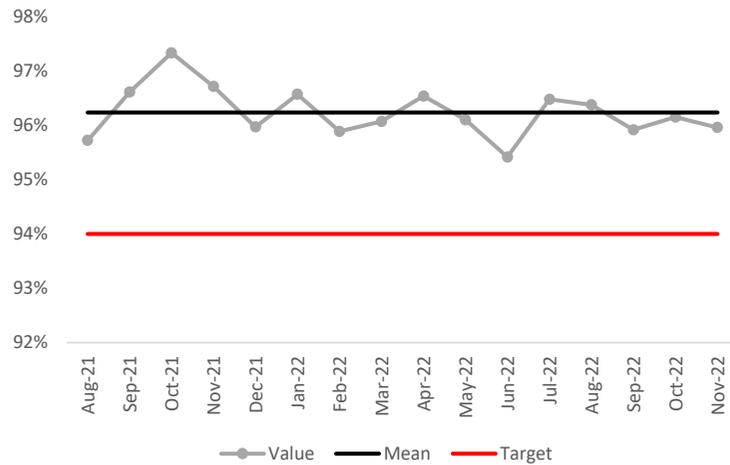
Committee: Acute provider collaborative quality committee

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

(Patient) Inpatient Friends & Family Test

TREND

% good experience - Inpatients



94%

STANDARD

96%

PERFORMANCE



TREND



ASSURANCE

NARRATIVE

Performance: At APC level, the percentage of inpatients reporting a good experience is consistently above target and above national average. All trusts except THH met the target in month. Their performance is likely to be being influenced by the smaller number of responses received compared to the other trusts.

Recovery Plan: Not applicable.

Improvements: Not applicable.

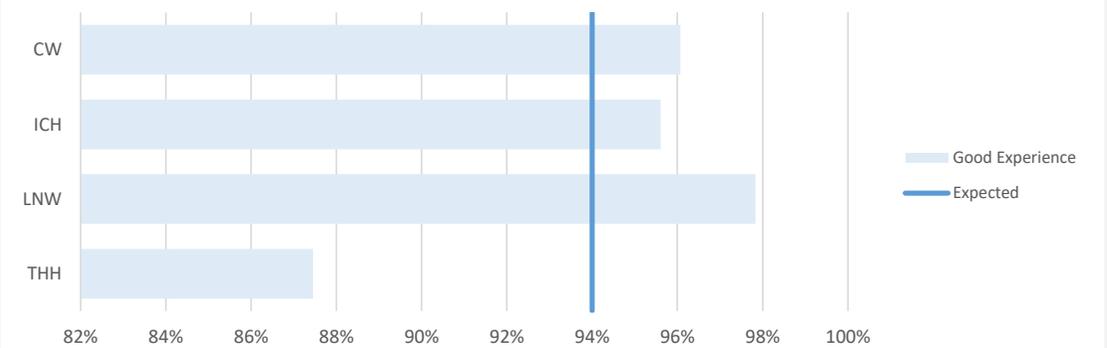
Forecast Risks: Increasing workforce and operational pressures over winter are likely to have an on-going negative impact on patient experience. Trusts presented their approaches to managing system clinical risk in response to the ACP quality committee in November. These should support improved operational and clinical decision making.

CURRENT PERFORMANCE

Inpatient Friends and Family Test

	Responses Received	Good Experience	Difference from Target
CW	1,196	96.1%	
ICH	2,255	95.6%	
LNW	1,570	97.8%	
THH	271	87.5%	-6.5%
APC	5,292	96.0%	2.0%

STRATIFICATION



GOVERNANCE

Senior Responsible Owner: Tim Orchard, CEO, ICHT

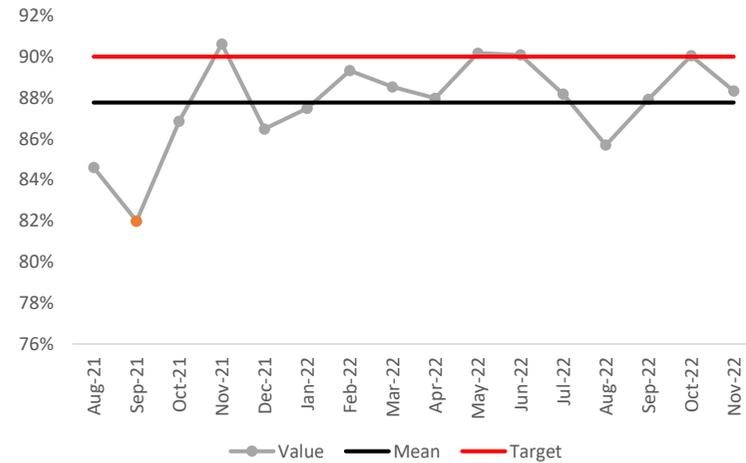
Committee: Acute provider collaborative quality committee

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

(Patient) Maternity Friends & Family Test

TREND

% good experience - maternity



90%

STANDARD

88.3%

PERFORMANCE



TREND



ASSURANCE

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. In November, performance was below the standard at APC level and for all trusts except THH.

Recovery Plan: 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.

Improvements: In addition maternity standards is one of the ACP'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.

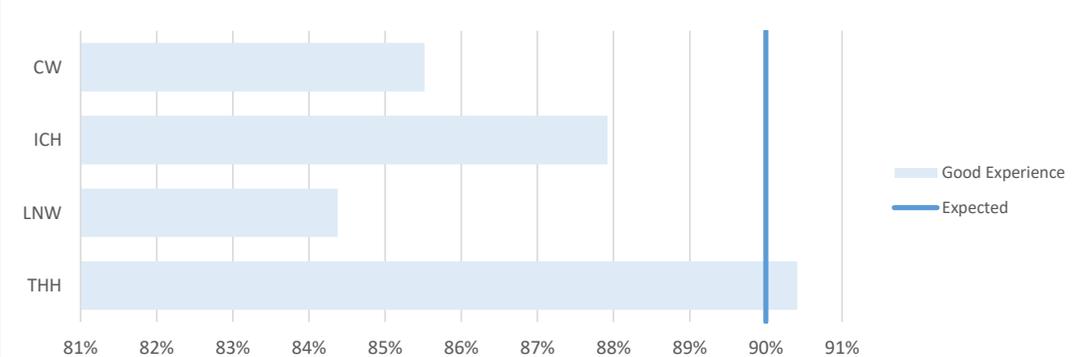
Forecast Risks: Maternity staffing continues to be a risk for all four Trusts, with mitigating actions in place in response. This is likely to have an on-going impact on patient experience.

CURRENT PERFORMANCE

Maternity Friends and Family Test

	Responses Received	Good Experience	Difference from Target
CW	145	85.5%	-4.5%
ICH	356	87.9%	-2.1%
LNW	64	84.4%	-5.6%
THH	386	90.4%	
APC	951	88.3%	-5.7%

STRATIFICATION



GOVERNANCE

Senior Responsible Owner: Tim Orchard, CEO, ICHT

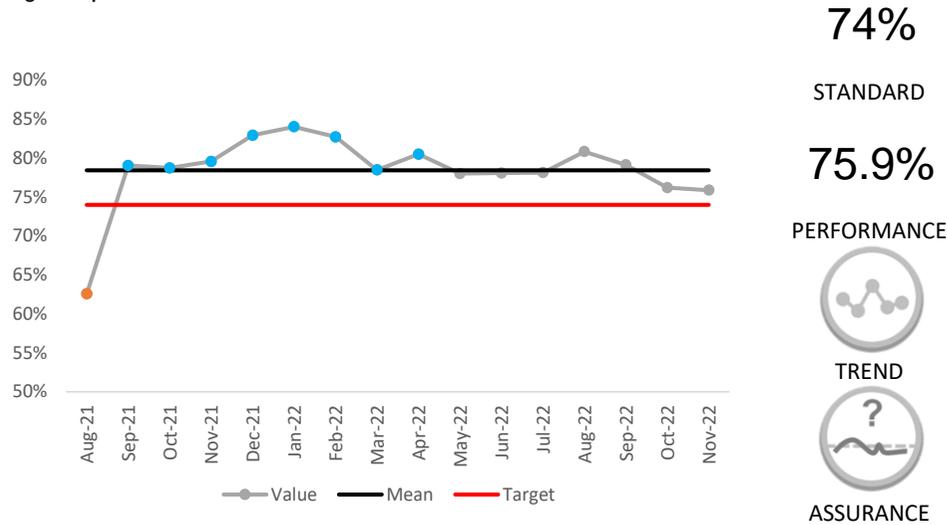
Committee: Acute provider collaborative quality committee

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

(Patient) Emergency Department Friends & Family Test

TREND

% good experience - ED



74%

STANDARD

75.9%

PERFORMANCE



TREND



ASSURANCE

NARRATIVE

Performance: At APC level, the percentage of patients accessing our emergency departments who report a good experience has been consistently above the standard, and above national average, since August 2021. However, performance has started to reduce over the last three months, with October and November being below the mean; this could be being impacted by increasing operational pressures. This is likely to deteriorate over winter.

Recovery Plan: Winter plans in place, recovery unlikely during winter months.

Improvements: The initial findings of the peer review process across the emergency departments was presented to the ACP quality committee and culminated in a quality summit on 19th December 2022. Feedback on the process has been positive and key learning and actions will be taken forward as a consequence.

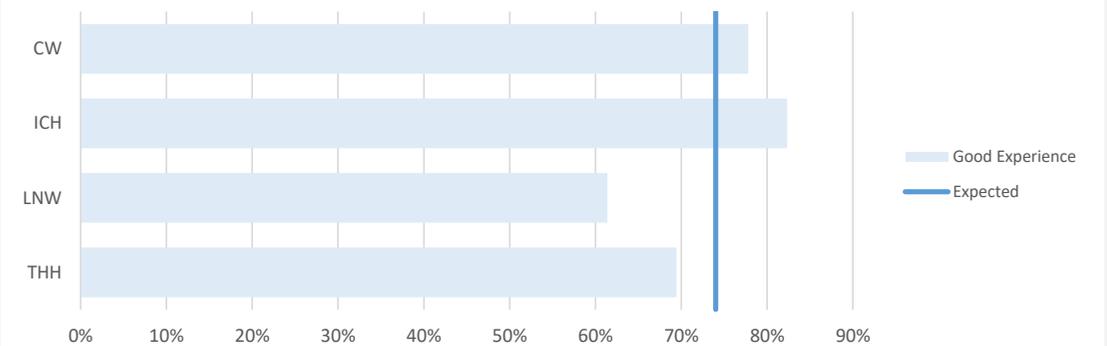
Forecast Risks: Increasing workforce and operational pressures over winter are likely to have an on-going negative impact on patient experience. Trusts presented their approaches to managing system clinical risk in response to the ACP quality committee in November. These should support improved operational and clinical decision making.

CURRENT PERFORMANCE

Emergency Department Friends and Family Test

	Responses Received	Good Experience	Difference from Target
CW	3,052	77.8%	
ICH	1,217	82.3%	
LNW	632	61.4%	-12.6%
THH	733	69.4%	-4.6%
APC	5,634	75.9%	1.9%

STRATIFICATION



GOVERNANCE

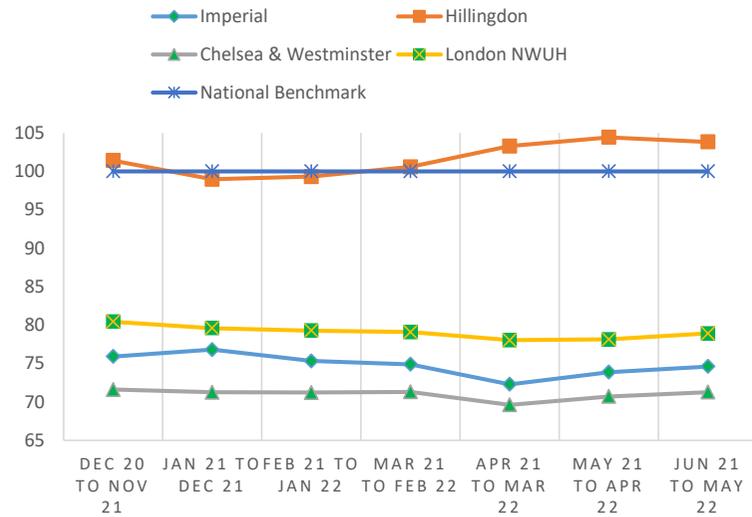
Senior Responsible Owner: Tim Orchard, CEO, ICHT

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



100
England Average
STANDARD

n/a
PERFORMANCE

n/a
TREND

n/a
ASSURANCE

CURRENT PERFORMANCE

Summary Hospital-level Mortality Index (SHMI): May 2021 to June 2022

	SHMI
CW	71.28
ICH	74.62
LNW	78.92
THH	103.81

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 (CW, LNW and ICH), the rolling-12 month SHMI remains lower than expected with the most recent data available (June 2021- May 2022) demonstrating similar figures to previous reporting periods. THH is above the national benchmark (100).

Recovery Plan: None

Improvements: There are opportunities for process and surveillance alignment and optimisation across the sector, work on which is being led by the NWL Acute Collaborative Mortality Review task and finish group. The initial priorities are to align HSMR and SHMI reporting and palliative care coding to identify any further improvements required.

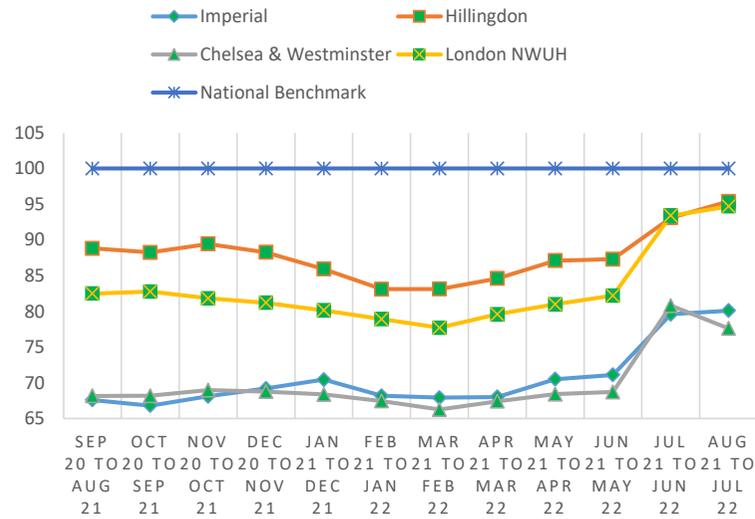
Forecast Risks: On-going operational and workforce pressures could impact on our mortality rates going forward. Trust approaches to managing system clinical risk will help mitigate some of this risk.

GOVERNANCE

Senior Responsible Owner: Tim Orchard, CEO, ICHT
Committee: Acute provider collaborative quality committee
Data Assurance: Data is supplied and quality assured by Telstra Health

(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: Although the most recent data available (for the year Aug 2021-July 2022) shows that each trust continues to have a lower than expected rolling-12 month HSMR, the trend chart demonstrates an increase in the ratio for all four trusts over the last two months. Telstra Health analysis suggests that this is reflective of a rise nationally and is likely to be resulting from the impact of Covid-19, including the increase in acuity, regional variances in Covid-19 mortality, changes in patient behaviour as a result of the pandemic, delays to elective treatment and the potential impact of ongoing operational pressures across the country. Despite the increase in HSMR, this has not had a significant impact on trust performance when compared nationally, with individual trust rankings remaining similar to previous months.

Recovery Plan: None

Improvements: There are opportunities for process and surveillance alignment and optimisation across the sector, work on which is being led by the NWL Acute Collaborative Mortality Review task and finish group. The initial priorities are to align HSMR and SHMI reporting and palliative care coding to identify any further improvements required.

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): July 2021 to August 2022

	HSMR
CW	77.6
ICH	80.1
LNW	94.7
THH	95.4

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

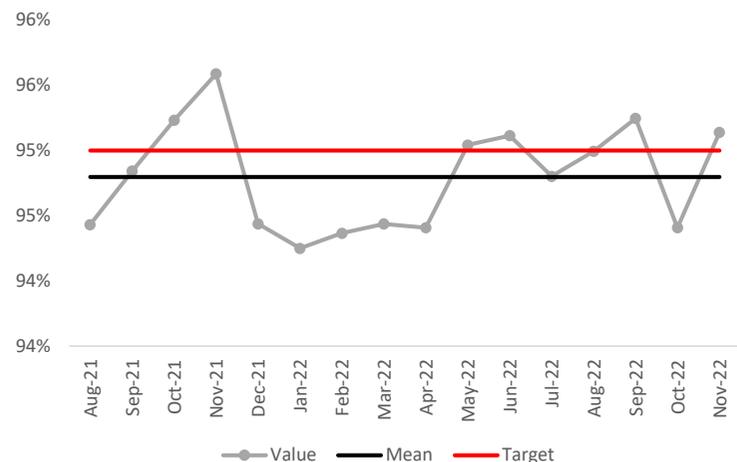
Committee: Acute provider collaborative quality committee

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

(Patient) VTE Risk Assessments Completed

TREND

% VTE risks completed



95%

STANDARD

95.1%

PERFORMANCE



TREND



ASSURANCE

NARRATIVE

Performance: The trend chart shows variation in performance with the requirement to risk assess 95% of inpatients for VTE within 24 hours. In November, the target was met, although two of the three trusts who report data for this metric were below 95%. Plans are in development at LNW to undertake an audit of compliance, this will be reported when available.

Recovery Plan: LNW has established a VTE Task and finish group which will review systems and oversight for data, coding and practice. THH has improvement work underway, including a mandatory e-learning module and education sessions for junior doctors. CW has identified that the denominator wrongly includes day case surgery; once excluded this will improve compliance to above target.

Improvements: ICH 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 CW, and at THH and LNW once Cerner implementation is complete.

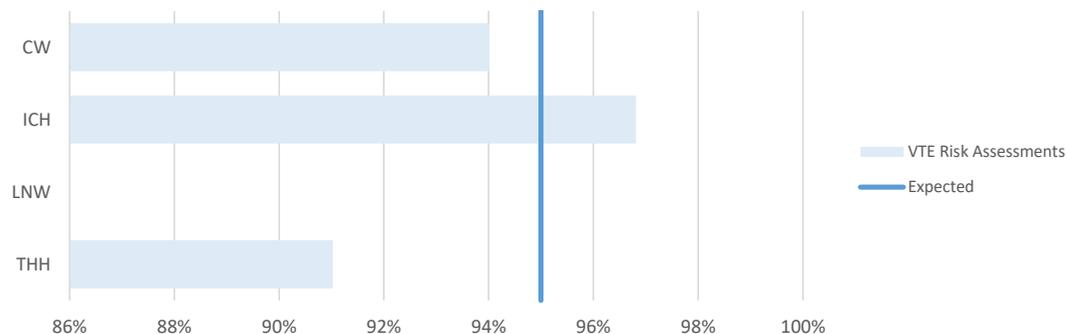
Forecast Risks: None.

CURRENT PERFORMANCE

VTE Risks Completed

	Total Inpatient Admissions	VTE Risk Assessments	Difference from Target	Count of Inpatients With Completed Risk Assessments
CW	6,832	94.0%	-1.0%	6,423
ICH	14,529	96.8%		14,066
LNW				
THH	4,044	91.0%	-4.0%	3,681
APC	25,405	95.1%		24,170

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. N.B. LNW do not currently report data for this metric.

Neonatal and Maternity Report

Neonatal and Maternity Safety Report

	National Target / Average	Trust	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	
Black and Asian women receiving continuity of care at 29 weeks	TBC	ICHT	38%	44%	45%	39%	45%	44%	41%	39%	42%	39%	46%	49%	43%	46%	39%	52%	
		CWFT	9%	9%	8%	8%	11%	10%	9%	14%	10%	11%	7%	13%	10%	9%	14%	9%	
		THH	25%	33%	37%	35%	38%	35%	27%	30%	23%	No data							
		LNW	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data	No data
		NWL ICS	19%	21%	24%	20%	24%	24%	20%	24%	24%	21%	21%	23%	25%	21%	19%	21%	24%
Crude still birth rate (per 1000 births)	3.3	ICHT	7.7	2.7	2.7	1.4	5.4	4.3	6.0	1.5	4.2	4.4	4.2	1.5	7.7	4.1	4.4	9.5	
		CWFT	3.2	2.3	2.4	3.0	3.6	3.4	1.2	3.9	4.9	4.9	1.2	1.2	3.5	1.2	3.7	4.5	
		THH	5.5	2.4	2.8	5.6	2.9	3.1	6.2	13.8	2.9	3.2	3.1	3.0	3.0	7.6	5.6	5.6	
		LNW	0.0	0.0	5.7	3.3	3.1	5.9	0.0	6.3	0.0	0.0	6.3	3.3	3.0	15.0	0.0	8.7	
		NWL ICS	4.5	2.1	3.0	3.0	4.0	3.9	3.3	4.9	3.6	3.8	3.2	1.9	4.8	5.2	3.7	6.9	
Still births attributed to women of black and brown ethnicity	TBC	ICHT	1.31	0.33	0.69	0.00	0.35	0.33	1.12	0.00	1.03	0.73	0.98	0.35	0.27	0.72	0.39	0.95	
		CWFT	0.35	0.35	0.00	1.05	0.00	0.72	0.36	0.94	0.69	0.36	0.35	0.35	0.69	0.32	0.69	0.70	
		THH	0.57	0.46	0.52	0.53	0.53	0.56	1.14	2.05	0.54	No data							
		LNW	0.00	0.00	0.53	0.00	0.63	1.07	0.00	0.67	0.00	0.00	0.60	0.61	0.58	1.20	0.00	0.54	
		NWL ICS	0.64	0.30	0.43	0.42	0.33	0.63	0.67	0.77	0.62	0.34	0.64	0.43	0.39	0.82	0.46	0.80	
Number of neonatal intrapartum brain injuries as escalated to HSIB?	TBC	ICHT	3	1	1	1	0	0	0	0	2	1	1	0	2	1	1	0	
		CWFT	1	0	0	1	1	0	1	1	0	0	0	0	0	1	0	0	
		THH	0	1	0	0	0	1	0	0	0	0	0	1	1	0	1	2	1
		LNW	0	0	0	2	0	0	1	1	0	0	0	0	0	1	0	0	
		NWL ICS	4	2	1	4	1	1	2	2	2	2	1	2	1	2	4	3	1
Babies delivered in appropriate care setting for gestation	85%	ICHT																	
		CWFT																	
		THH																	
		LNW																	
		NWL ICS	80%	80%	100%	100%	86%	100%	80%	92%	71%	64%	88%	89%	89%	91%	92%		
Avoidable Term Admissions in Neonates	<6%	ICHT	1%	1%	1%	2%	1%	2%	2%	1%	2%	2%	1%	2%	1%	1%	1%	2%	
		CWFT	1%	2%	1%	2%	2%	1%	2%	2%	1%	2%	2%	2%	2%	1%	1%	1%	
		THH	1%	1%	1%	2%	1%	2%	2%	1%	2%	2%	1%	2%	1%	1%	1%	1%	
		LNW	1%	1%	1%	1%	2%	1%	1%	1%	2%	2%	2%	1%	1%	0%	2%	2%	
		NWL ICS	3%	3%	3%	4%	4%	3%	3%	3%	3%	3%	3%	4%	3%	3%	3%	3%	
Midwifery vacancy rate	TBC	ICHT				Not reported until April 2022						0.0	0.0	0.0	0.0	0.0	0.0	0.0	
		CWFT				Not reported until April 2022						82.99	74.94	73.08	88.57	99.28	98.87	65.94	
		THH				Not reported until April 2022						0.0	5.0	5.0	25.70	173.39	27.0	24.0	
		LNW				Not reported until April 2022						67.70	71.11	45.85	46.55	66.24	58.65	66.0	
		NWL ICS				Not reported until April 2022						150.69	151.05	123.93	160.82	338.91	184.52	155.94	

Workforce Performance

Workforce Executive Summary

Collectively we are reporting an over-**establishment** of 616 whole time equivalent (WTE) against the reported post establishment WTE position; driven by higher levels of temporary staffing to cover sickness absence, vaccination staffing and elective recovery plans. **Vacancy rates** at collaborative level remain a common cause variation within the upper process limit and failing to meet target achievement. However, over the past four months the collaborative vacancy level has reduced to its current position on 10.3%; a result of an overall establishment growth of 404 WTE and an additional 740 WTE staff in post. 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 focusing on the hard to fill vacancies.

Voluntary **turnover** has increased across our Trusts for the past nine months and is a special cause concern variation and, with the exception of LNWUH, is over target at Trust level; potentially a back-log of slow movement during Covid and a trend seen in other industries. All Trusts have active retention projects and / or programmes and a retention programme, supported by national resource, is being initiated across the NWL ICS. Acute Collaborative HRDs are sharing details of existing retention initiatives to inform future local or collaborative action. The past 12-months has seen an increase in the rolling **sickness** absence rate linked to two Covid waves (March/April and June/July). All Trusts have plans in place to manage absence, particularly long-term absence linked to Covid. Seasonal illness (colds and gastrointestinal illness) is beginning to rise across our Trusts but, excluding underlying low-level Covid absence, absence levels are in line with previous years.

Agency spend as a proportion of overall pay bill has been included as an initial productivity measure with a target set at 2%. Whilst still above 2%, is a special cause improvement variation since the start of 2022/23. 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. The Collaborative work on temporary staffing is the focus for reducing agency expenditure.

Completion rates, for both non-medical and medical **Performance Development Reviews (PDR)**, is an area of concern with no Trust meeting target for both measures. 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 we now have a common target of 95% for both of these measures to drive improvement. Performance in this area has been affected by agreed approaches to re-prioritise during Covid. Recovery plans are in place at Trust level.

Options for KPIs and collaborative action on **Equality, Diversity and Inclusion** have been reviewed. It is proposed that the national employer goals for Race Equality is used as the primary indicator, with the 9 WRES indicators and selected staff survey measures used as secondary metrics and the basis for a collaborative programme of work to be presented at the next meeting.

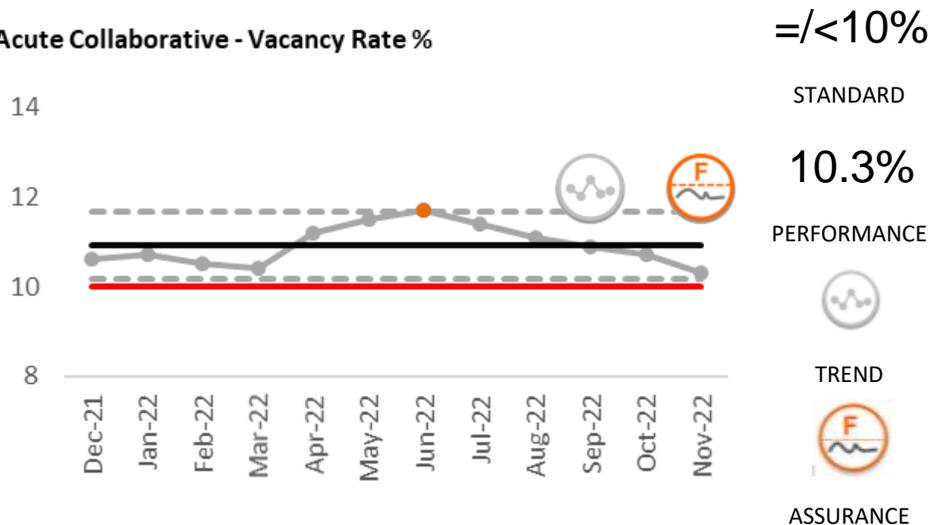
Escalations by Theme:

- Trust and Collaborative preparedness and planning for impact of industrial action on key performance metrics and winter activity
- High levels of vacancies with specific hard to recruit roles and gaps
- Increasing levels of voluntary turnover and seasonal / Covid sickness absence

Workforce Vacancies

TREND

Acute Collaborative - Vacancy Rate %



NARRATIVE

Performance: Vacancy rates at collaborative level remain a common cause variation within the upper process limit and failing to meet target achievement. However, over the past four months the collaborative vacancy level has reduced to its current position on 10.3%; a result of an overall establishment growth of 404 WTE and an additional 740 WTE staff in post. Our top five areas of concern are those hard to recruit roles, due to a national shortage of qualified staff; Operating Department Practitioners, Sonographers, Occupational Therapists, Middle Grades for Emergency Medicine and Pathology with an increasing 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

Recovery Plan / Improvements: We have seen a significant number of internationally appointed nurses have received their OSCE and are now able to practice as registered nurses which has had a positive impact on general nursing vacancies and there is a strong pipeline to convert over the coming months. Midwives, Physiotherapists, Speech & Language Therapists, Healthcare Scientists and band 5 nursing roles continue to receive focus with continuing international recruitment campaigns, rolling recruitment and targeted recruitment campaigns to reduce vacancies

Forecast Risks: High levels of vacancies, as we move into the winter period, will put additional pressure on bank staffing demand at a time of increased activity and sickness (seasonal & COVID)

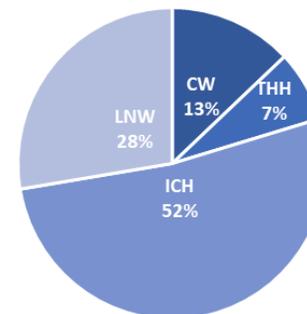
CURRENT PERFORMANCE

Vacancies

	Target %	Month 8 Vacancy Rate %	Variance to Target %	Vacancy WTE
CW	10%	6.7%	3.3%	459
ICH	10%	12.2%	-2.2%	1,841
LNW	10%	11.1%	-1.1%	978
THH	10%	7.2%	2.8%	261
APC	10%	10.3%	-0.3%	3,538

STRATIFICATION

Trust proportion of vacant WTE across the ACC Month 8



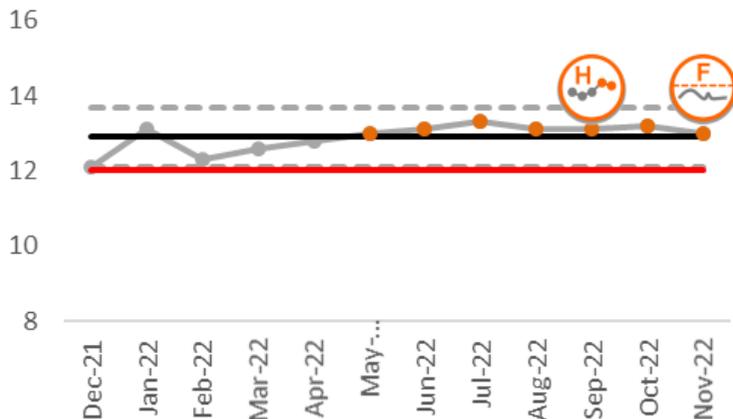
GOVERNANCE

Senior Responsible Owner:
Committee:
Data Assurance:

Workforce Voluntary Turnover

TREND

Acute Collaborative - Turnover Rate %



=/ \leq 12%

STANDARD

13.0%

PERFORMANCE



TREND



ASSURANCE

NARRATIVE

Performance: Voluntary turnover has increased across our Trusts for the past nine months and is a special cause concern variation and, with the exception of LNWUH, is over target at Trust level; a trend also reflected in other industries. As we approach winter, and its associated pressures on staffing through activity and sickness, reducing turnover levels where possible through increased retention is of priority. Analysis of movement of staff between our Trusts has identified a very small minority of leavers from within our Trusts. However, there is opportunity to improve this through supportive interventions

Recovery Plan / Improvements: Staff wellbeing is a key enabler in improving retention and each Trust has a well established package of wellbeing support, shared and improved upon through the Collaborative platform, for all members of staff. Exit interviews and Stay Conversations continue and in particular for hotspot areas such as ICU, Midwifery and AHPs, with feedback and insight being fed back into Trust retention plans and actions. Improvements to data capture quality for leavers reducing the proportion of 'other/not known' to inform the collaborative action plan.

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 during winter

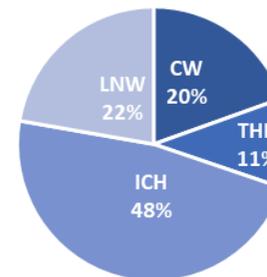
CURRENT PERFORMANCE

Voluntary Turnover

	Target %	Month 8 Turnover Rate %	Variance to Target %	Voluntary Leavers WTE (rolling 12 months)
CW	12%	14.9%	-2.9%	813
ICH	12%	13.1%	-1.1%	1,976
LNW	12%	12.0%	0.0%	925
THH	12%	12.0%	0.0%	440
APC	12%	13.0%	-1.0%	4,154

STRATIFICATION

Trust proportion of voluntary leavers wte (rolling 12 months) across the ACC Month 8



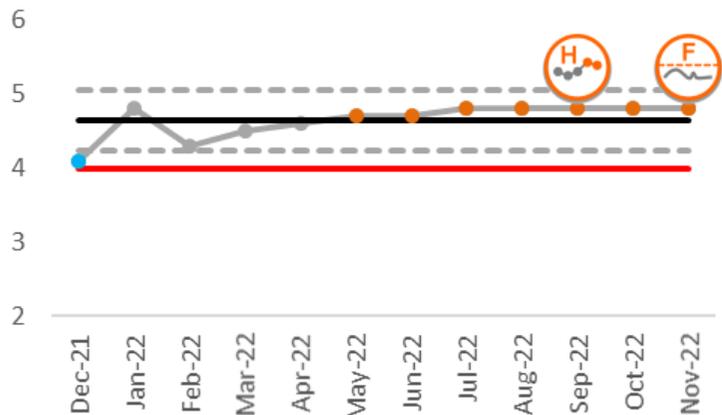
GOVERNANCE

Senior Responsible Owner:
Committee:
Data Assurance:

Workforce Sickness Absence

TREND

Acute Collaborative - Rolling Sickness Rate %



=/ < 4%

STANDARD

4.8%

PERFORMANCE



TREND



ASSURANCE

NARRATIVE

Performance: The past 12-months has seen a steady increase in the rolling sickness absence rate and is a special cause concern for the Collaborative with continued impact of COVID absence on staffing absence. Since the start of 2022/23, there have been two Covid waves (March/April and June/July), all staffing groups were affected with particular impact across nursing & midwifery and medical staffing resulting in some services and theatre lists being cancelled due to lack of staff. There was a national change to reporting Covid absence in July which may be attributable for some of the rise. As we move into Winter, we are beginning to see the anticipated rise in seasonal illness with higher levels of colds and gastrointestinal illness being reported.

Recovery Plan / Improvements: Trusts work locally to re-deploy staff and mitigate safe staffing risks 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. 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 and its impact will to be a key focus for all Trusts over the coming months

Forecast Risks: Increasing seasonal sickness absence levels which could be impacted by a further Covid illness wave

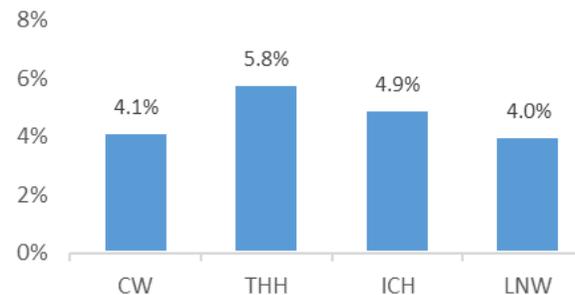
CURRENT PERFORMANCE

Rolling Sickness Absence

	Target %	Month 8 12 Month Rolling Sickness Absence Rate %	Variance to Target %	Month 8 In-Month Sickness Absence Rate %
CW	4%	4.1%	-0.1%	3.9%
ICH	4%	4.9%	-0.9%	4.5%
LNW	4%	4.0%	0.0%	5.0%
THH	4%	5.8%	-1.8%	5.5%
APC	4%	4.8%	-0.8%	4.5%

STRATIFICATION

12 Month Rolling Sickness Absence Rate % across the ACC Month 8



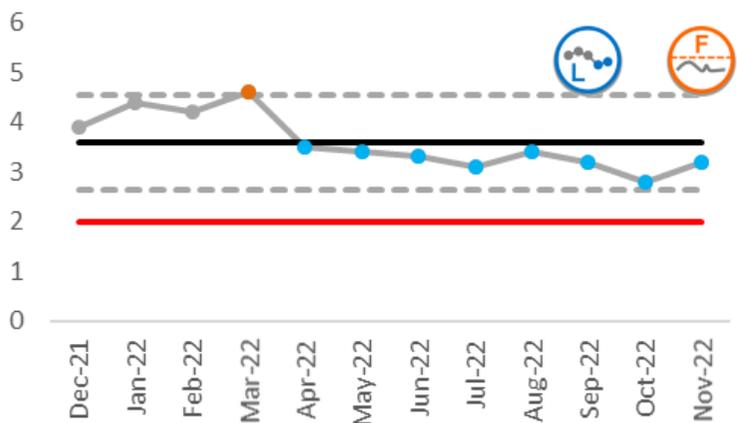
GOVERNANCE

Senior Responsible Owner:
Committee:
Data Assurance:

Workforce Productivity - Agency Spend

TREND

Acute Collaborative - Agency Spend % of Paybill



= / < 2%

STANDARD

3.2%

PERFORMANCE



TREND



ASSURANCE

NARRATIVE

Performance: With the exception of London North West, all Trusts are currently reporting above target albeit at improved levels since April 2022. As we move into the winter period, increased demand on both and agency and bank workers is expected in response to increased 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.

Recovery Plan / Improvements: A harmonised and uplifted bank rate for AfC staff has been agreed across 3 out of 4 Trusts to attract more staff into bank shifts and was live by 14 November. 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. A common set of winter bank incentives have been agreed but will not be deployed until required. Uplifts to bank pay rates has been agreed and implemented.

Forecast Risks: High levels of vacancies, as we move into the winter period, will put additional pressure on bank staffing demand at a time of increased activity and sickness (seasonal & COVID)

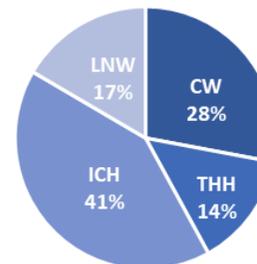
CURRENT PERFORMANCE

Productivity - Agency Spend

	Target %	Month 8 Agency Spend Rate %	Variance to Target %	Agency Spend £ (in Month)
CW	2%	3.9%	-1.9%	1,505,642
ICH	2%	2.9%	-0.9%	2,231,037
LNW	2%	2.0%	0.0%	895,217
THH	2%	4.2%	-2.2%	758,172
APC	2%	3.2%	-1.2%	5,390,068

STRATIFICATION

Proportion of agency spend (£) by Trust across the ACC For Month 8



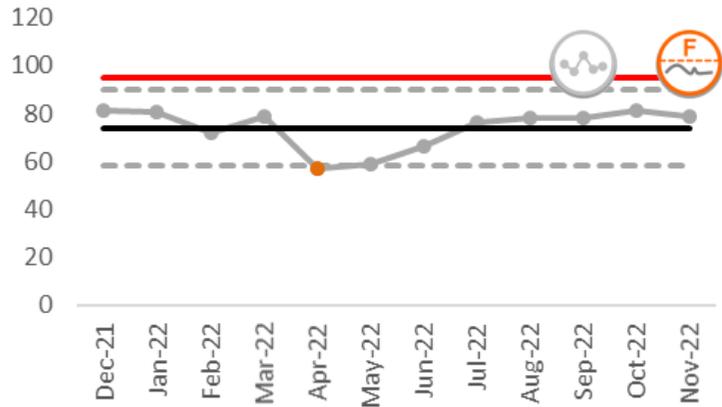
GOVERNANCE

Senior Responsible Owner:
Committee:
Data Assurance:

Workforce PDR / Appraisal

TREND

Acute Collaborative - PDR Completion Rate %



=/ $<$ 95%

STANDARD

78.6%

PERFORMANCE



TREND



ASSURANCE

NARRATIVE

Performance: 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. 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 appraisals and we now have a common target of 95% for both of these measures to drive improvement.

Recovery Plan / Improvements: Continued Executive monitoring and engagement with line managers and supervisors is essential to complete all reviews to ensure that all staff have this essential conversation with their manager. Weekly reporting and on-line appraisal training are in place to support improvement against these core workforce metrics with specific focus on areas of low compliance to improve completion of appraisal aligned to continued engagement with supervisors and line managers to drive improvement.

Forecast Risks: Operational pressures, as well as high levels of sickness absence, continue to contribute to the challenge of conducting and completing the appraisal and PDR conversations and, as we approach a period of heightened activity and seasonal sickness.

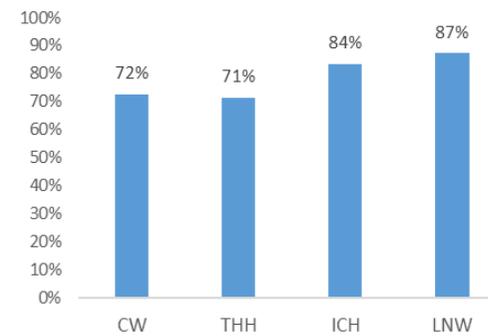
CURRENT PERFORMANCE

PDR / Appraisal

	Target %	Month 8 PDR / Appraisal Rate %	Variance to Target %
CW	95%	72.5%	-22.5%
ICH	95%	83.6%	-11.7%
LNW	95%	87.2%	-7.8%
THH	95%	71.3%	-23.7%
APC	95%	78.6%	-16.4%

STRATIFICATION

Month 8 PDR / Appraisal Rate % by Trust across the ACC



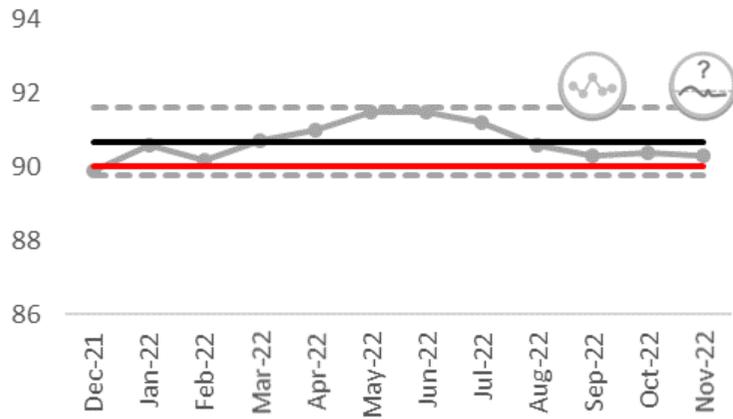
GOVERNANCE

Senior Responsible Owner:
Committee:
Data Assurance:

Workforce Core Skills Compliance

TREND

Acute Collaborative - Core Skills Rate %



=/ $<$ 90%

STANDARD

90.3%

PERFORMANCE



TREND



ASSURANCE

NARRATIVE

Performance: Core Skills 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 and all Trusts across the collaborative 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 improvement with current areas for focus although some face to face training has been COVID safety restrictions and focused communications are in place to support this. 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. Regular reporting of core skills compliance for managers and individuals will continue to drive and maintain improvement.

Forecast Risks: None

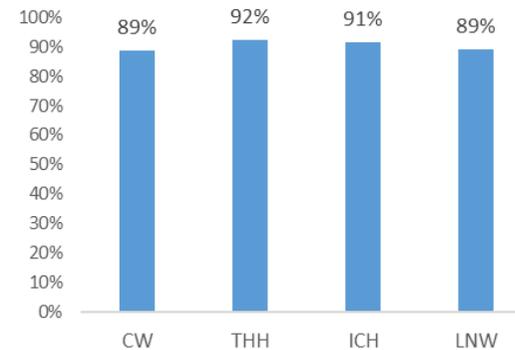
CURRENT PERFORMANCE

Core Skills Compliance

	Target %	Month 8 Core Skills Compliance Rate %	Variance to Target %
CW	90%	88.6%	-1.4%
ICH	90%	91.4%	1.7%
LNW	90%	89.2%	-0.8%
THH	90%	92.3%	2.3%
APC	90%	90.3%	0.3%

STRATIFICATION

Month 8 Core Skills Compliance Rate % by Trust across the ACC



GOVERNANCE

Senior Responsible Owner:
Committee:
Data Assurance:

Operational Performance

Operations Summary

Introduction: The performance indicators in this pack have been identified by the Operational leads as providing good assurance of performance across the three main areas of operational delivery: urgent and emergency care (UEC); elective care (inc. diagnostics) and cancer care. Operational performance is monitored at Trust and Sector level through operational, assurance and system boards. There is shared learning across the main areas of operational delivery and national best practice is adopted where appropriate, but performance across a number of pathways is below national and local expectations. Further work is underway to reduce variation through improved understanding of the drivers of performance and peer review linked to quality of patient care and experience.

Performance:

Key successes:

Very few 104ww

Cancer back log reducing

LAS handover waits generally best in London for NWL acute collaborative as a whole.

Key concerns:

Increasing pressure in the UEC pathway leading to longer waits in ED

Continued growth in RTT PTL including those over 52 weeks

Delivery of DM01 due to capacity constraints

Key Actions:

Active participation in peer review process and the London wide collaboration on improving flow from all acute trusts in the UEC pathway

Validation of waiting lists in line with Tier 1 and Tier 2 recovery letter for all four Trusts

DM01 action plans developed for each Trust alongside diagnostic optimisation and monitored via Diagnostic programme board and Elective Care Board

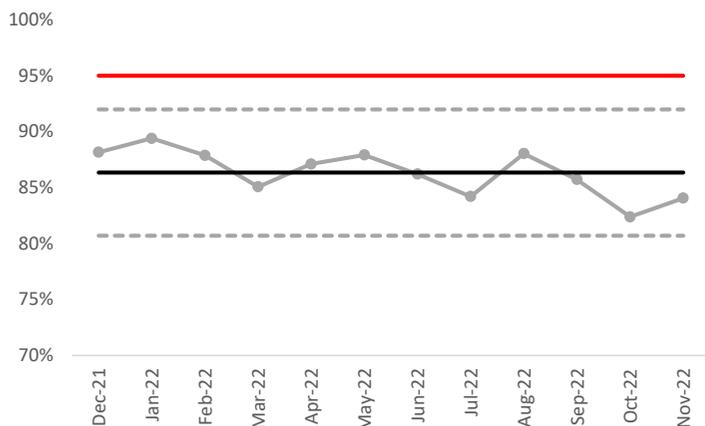
Escalations

Winter pressures, increasing respiratory viruses, strike action and staffing remain key areas of risk.

Operations Ambulance Handover Waits

TREND

30 mins Performance



95%
STANDARD

84.1%
PERFORMANCE



TREND



ASSURANCE

NARRATIVE

NWL typically receive c.25% of LAS conveyances across the Capital and account for c.20% of offload delays. All sites have a high focus on reducing any patients over 30 minutes and NWL has some of the best performing Acute sites in that regard. The most pressured site is Northwick Park and to support LNWH the collaborative has worked to ensure that ambulances can go to all sites to shorten waits for patients.

All sites have worked with LAS colleagues to have cohorting of ambulances and rapid release. Increased conveyances especially to the smaller departments remains a key risk.

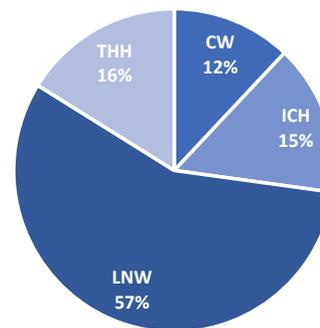
All 4 acute trusts coped well with the LAS strike in December 2022.

CURRENT PERFORMANCE

LAS Handover Waits to be seen within thirty minute standard - NOVEMBER

	Total Conveyances	30 mins Performance	Difference from Target	30m + Delays	Of which...		Impacts on...
					60m + Delays	15m + Delays	LAS Time Lost (hours)
CW	3,693	93.0%	-2.0%	260	35	1,333	244
ICH	3,551	90.8%	-4.2%	326	15	1,169	238
LNW	4,322	71.7%	-23.3%	1,222	596	2,053	2,832
THH	1,965	82.2%	-12.8%	349	89	1175	291
APC	13,531	84.1%	-10.9%	2,157	735	5,730	3,604

STRATIFICATION



Trust share of APC waits longer than standard

GOVERNANCE

Senior Responsible Owner: Claire Hook, Chief Operating Officer, ICH

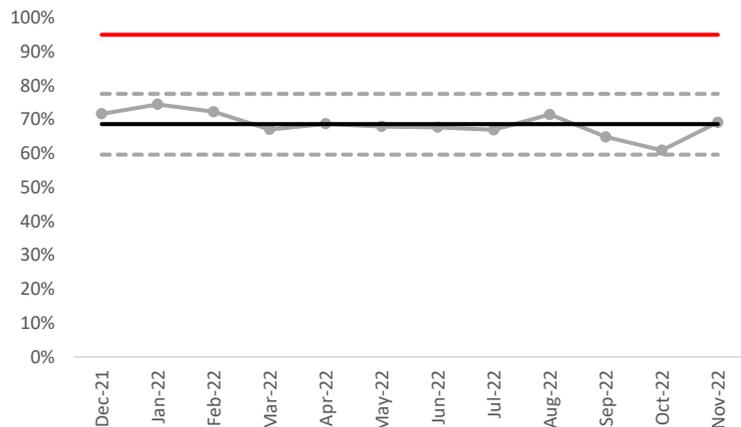
Committee: NWL Acute Care Board (Chair: Tim Orchard); NWL UEC Board (Chair: Claire Hook)

Data Assurance: These figures are provided by LAS

Operations Urgent & Emergency Department Waits

TREND

4 Hour Performance



95%

STANDARD

69.2%

PERFORMANCE



TREND



ASSURANCE

NARRATIVE

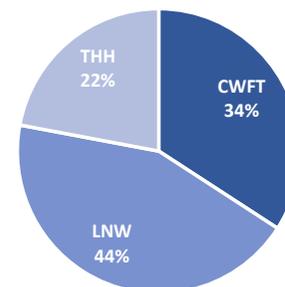
In line with the NHS, all Trusts in NWL have been under significant pressure against the 4 hour standard with increased attendance numbers in both the UTC and ED. Staffing challenges within the UTCs have particularly impacted the wait times and contributed to deteriorating performance. Implementation of the winter plans on each site is key to support flow through the hospital and ED. Performance in NWL overall is higher than National average. Key risks are continued increase in attendances and increased respiratory conditions in both adults and Paediatrics.

CURRENT PERFORMANCE

Time spend in Emergency Department: 4-Hour Standard - **NOVEMBER**

	Total Attendances	4 Hour Performance	Difference from Target	4h + Delays	Of which... (Number and Performance)			Impacted by... Referrals to SDEC	
					Type 1/2 Breaches	Type 3 Breaches			
CW	30,780	74.7%	-20.3%	7,795	7,795	62.4%		1,115	
ICHT	*Not submitted							3,630	
LNW	29,839	66.5%	-28.5%	10,010	6,593	48.5%	3,417	80%	1,197
THH	13,560	62.8%	-32.2%	5,040	3,805	39.4%	1,235	83%	1,034
APC	74,179	69.2%	-25.8%	22,845	18,193	67.3%	4,652	88.6%	6,976

STRATIFICATION



*ICHT to start reporting on 4 hr performance from 1 December 2022

Trust share of APC waits longer than standard

GOVERNANCE

Senior Responsible Owner: Claire Hook, Chief Operating Officer, ICH

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

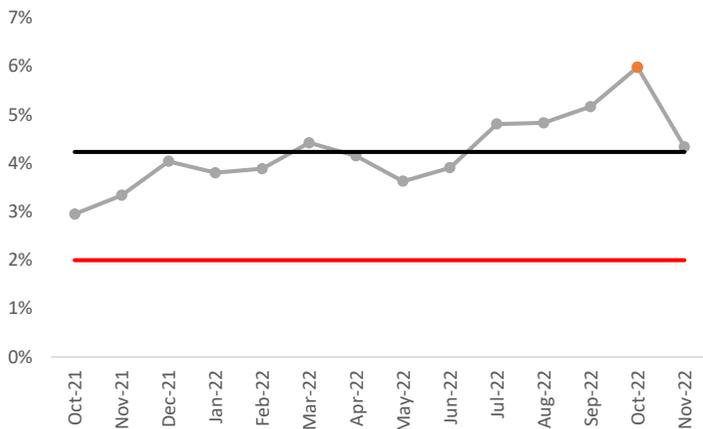
Data Assurance: These figures are validated ahead of a monthly performance return and the performance data is published by NHSE

35

Operations Urgent & Emergency Department Long Waits

TREND

% of Patients > 12 Hours



2.0%

ALLOWANCE

4.2%

PERFORMANCE



TREND



ASSURANCE

NARRATIVE

The number of patients waiting in ED over 12 hours has increased and links to the flow through the hospital as well as those waiting for beds outside the hospital. Mental Health delays have increased and the recent opening of MHCAS at St Charles aims to alleviate some of those longer waiting patients out of the Acute A&E environment. All trusts are driving the continued use of SDEC/ Board rounds and improved number of daily discharges before 5pm.

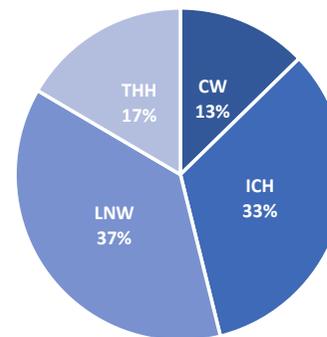
Discharge remains challenging in part due to change in process. Additional funded community and Local Authority schemes are starting in January to reduce the number of patients who are medical optimised in acute beds.

CURRENT PERFORMANCE

Unacceptable Waits for Treatment: 12-Hour waits - NOVEMBER

	Total Attendances	12 Hour Performance	Difference from Target	12h + Delays	Of which...		Impacted by...
					Type 1/2 Breaches	Type 3 Breaches	12h Waits for DTA
CW	30,780	1.7%	0.3%	512	512		16
ICTH	22,277	6.0%	-4.0%	1,342	1,342		119
LNW	29,839	5.0%	-3.0%	1,500	1,500		440
THH	13,560	4.9%	-2.9%	667	667		25
APC	96,456	4.2%	-2.2%	4,021	4,021	0	600

STRATIFICATION



Trust share of APC waits longer than standard

GOVERNANCE

Senior Responsible Owner: Claire Hook, Chief Operating Officer, ICH

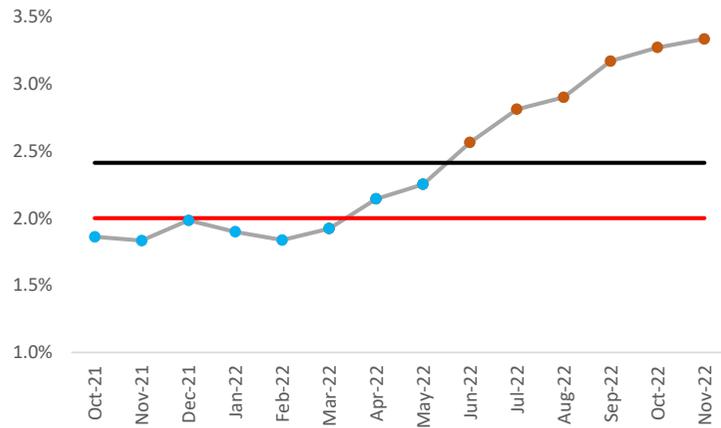
Committee: NWL Acute Care Board (Chair: Tim Orchard); NWL UEC Board (Chair: Claire Hook);

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

Operations Referral to Treatment Waits

TREND

% of Waits > 52 Weeks



2.0%

ALLOWANCE

3.3%

PERFORMANCE



TREND



ASSURANCE

NARRATIVE

All Trusts have successfully treated all patients over 104 week waits with the exception of 3 patients at ICHT, these were treated in December. 78 week waits are reducing across NWL although there are some notably risks; Vascular at CWFT, Allergy at ICHT, Neurology and ENT at THH and elevated risks in Gynaecology at LNW. All trusts are experiencing increased 52ww and working to align further capacity to the demand need including mutual aid across the Trusts.

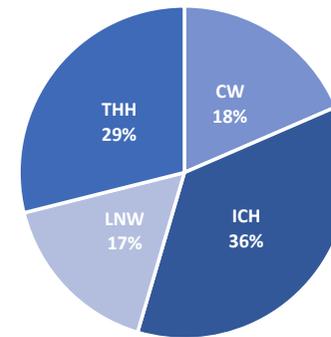
Collaborative plans are still evolving as we move on to this cohort from the 78ww. Risks to continued delivery are strike action and increased sickness.

CURRENT PERFORMANCE

Unacceptable Waits for Treatment: 18-Week Standard - **NOVEMBER**

	Total Waiting List	Waits > 52 Weeks	Difference from Target	52 + Weeks	Of which...		Impacted by		Impacts on Average Wait (Weeks)
					78 + Weeks	104 + Weeks	OTDCs not booked < 28Ds		
CW	55,586	2.8%	-0.8%	1,578	53	0	2	18	
ICH	96,067	3.2%	-1.2%	3,067	62	3	15	18	
LNW	71,417	2.0%		1,408	43	0	0	16	
THH	32,129	7.7%	-5.7%	2,459	158	0	1	18	
APC	255,199	3.3%	-1.3%	8,512	316	3	18	17	

STRATIFICATION



Trust share of APC waits longer than standard

GOVERNANCE

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

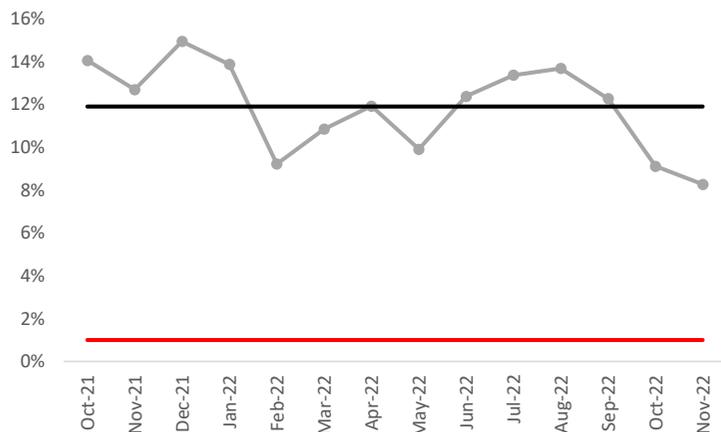
Committee: NWL Acute Care Board (Chair: Tim Orchard); NWL Elective Care Board (Chair: Rob Hodgkiss);

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

% of Breaches > 6 Weeks



1.0%

ALLOWANCE

8.3%

PERFORMANCE



TREND



ASSURANCE

NARRATIVE

Diagnostic performance is challenged across specific modalities; key risks are Echo at ICHT/ NOUS at LWNHT and MRI at THH. The CDC additional capacity is delivering more activity than expected. All trusts are reporting a reduction overall in the long wait patients.

A change in commissioning arrangements for paediatric audiology has had a significant impact on waiting times for ICHT.

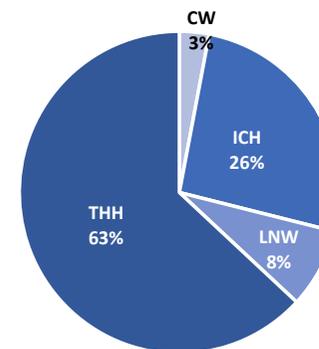
Staffing is a key risk alongside continued drive to see more elective patients driving more demand.

CURRENT PERFORMANCE

Waits for Diagnostic Tests: 6-Week Standard - NOVEMBER

	Total Waiting List	Waits > 6Weeks	Difference from Target	6 + Weeks	Of which... 13 + Weeks
CW	10,036	1.0%	0.0%	101	21
ICH	13,595	6.4%	-5.4%	873	338
LNW	9,551	2.8%	-1.8%	270	58
THH	7,545	28.2%	-27.2%	2,127	651
APC	40,727	8.3%	-7.3%	3,371	1,068

STRATIFICATION



Trust share of APC waits longer than standard

GOVERNANCE

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

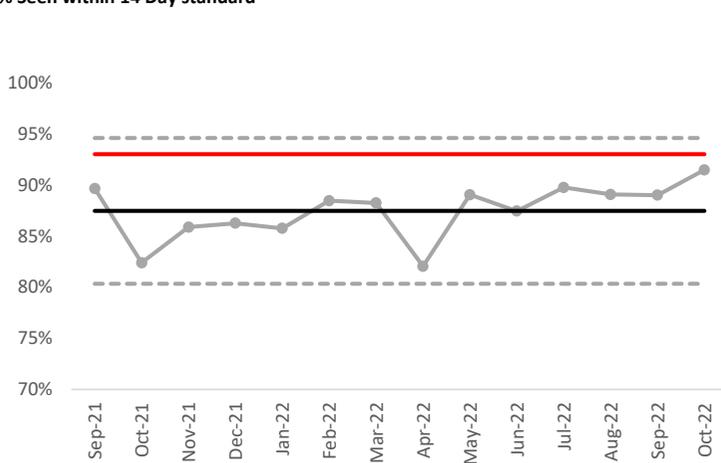
Committee: NWL Acute Care Board (Chair: Tim Orchard); NWL Elective Care Board (Chair: Rob Hodgkiss);

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

% Seen within 14 Day standard



93%

STANDARD

91.5%

PERFORMANCE



TREND



ASSURANCE

NARRATIVE

Performance: has improved with exception of LNW (-.5%). This small reduction has been caused by a drop in TWW performance in Breast services, which due to volume impact on overall performance.

Recovery Plan: LNW have implemented new breast pain pilot which will support restoration of cancer waits and less dependence on imaging

Improvements: All other Trusts have improved performance

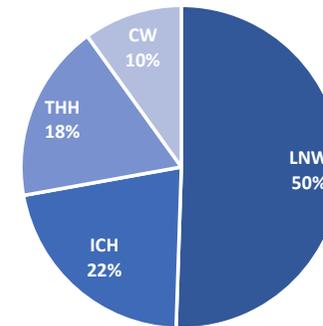
Forecast Risks: due to bank holidays over Christmas risk of other delays to TWW performance, which will recover by end of Jan.

CURRENT PERFORMANCE

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

	Total Seen	Two-week wait Performance	Difference from Target	14 + days	Of which...	
					28 + days (all referrals)	Breast Symptoms Referrals
LNW	2,934	86.9%	-6.1%	385	43	206
ICH	2,357	93.0%	0.0%	165		135
THH	1,218	88.8%	-4.2%	136	234	26
CW	2,426	96.9%		76	8	36
APC	8,935	91.5%	-1.5%	762	285	403

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);

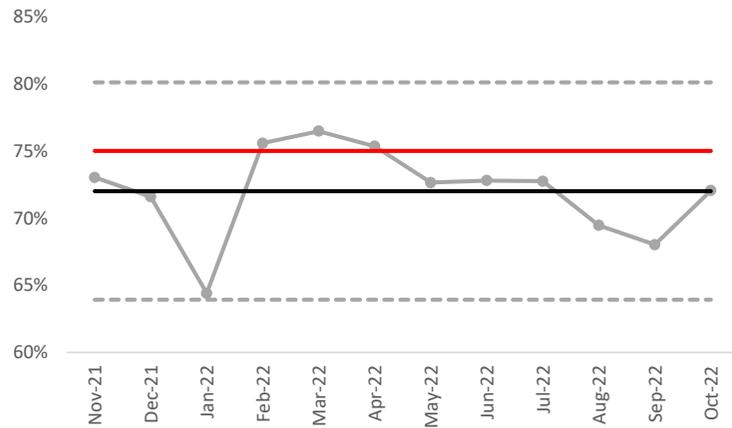
Data Assurance: These figures are validated ahead of a monthly performance return and the performance data is published by NHSE

39

Operations Access to Cancer Care (Faster Diagnosis)

TREND

% Contacted within FDS standard



75%

STANDARD

72.1%

PERFORMANCE



TREND



ASSURANCE

NARRATIVE

Performance: FDS performance has increased in all Trusts, Hillingdon continue to report performance of under 70%. The urology pathway is one of the This is reflective of access to diagnostic at THH. National Cancer Capital application has been successful to fund the capital costs of a new MRI.

Recovery Plan: The urology pathway continues to have support from RMP, from a clinical pathway improvement review, agreeing innovative staffing models.

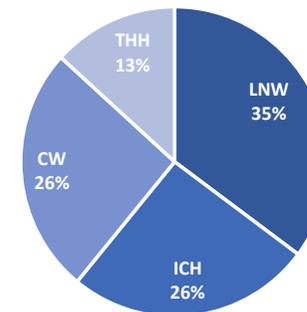
Improvements: All Trusts have had an improvement in FDS, as the recovery programmes begin to resolve capacity at the early part of the pathway. Trusts were working hard to reduce any breaches over Christmas.

CURRENT PERFORMANCE

Patients told Cancer Diagnosis Outcome Performance : 28-Day Standard - **OCTOBER**

	Total Contacts	Faster Diagnosis Performance	Difference from Target	Of which...	
				28 + days	62 + days
LN	3,196	73.2%	-1.8%	858	194
CW	2,224	71.7%	-3.3%	630	186
ICH	2,245	72.0%	-3.0%	628	
THH	1,062	69.6%	-5.4%	323	31
APC	8,727	72.1%	-2.9%	2,439	411

STRATIFICATION



Trust share of APC waits longer than standard

GOVERNANCE

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

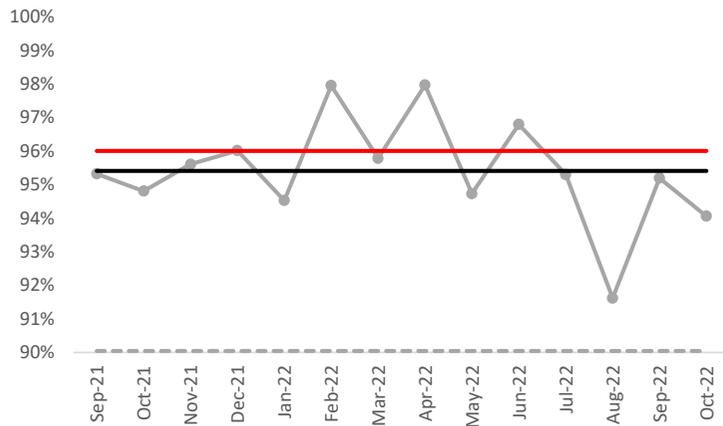
Committee: NWL Acute Care Board (Chair: Tim Orchard); NWL Elective Care Board (Chair: Rob Hodgkiss);

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

% Treated within 31 Day standard



96%

STANDARD

94.1%

PERFORMANCE



TREND



ASSURANCE

NARRATIVE

Performance: All Trusts 31 day performance over 90%. This target continues to be challenged, with >5% deterioration at THH. Imperial have also slightly deteriorated (<1%).

Recovery: Imperial have created additional urology theatre capacity though outpatient biopsy, to help support waits. CWFT are on daily CR review to manage capacity, and position improving this month (.7%)

Improvement: Activity continues to be at an all time high (above both 19/20 and 21/22) this financial year.

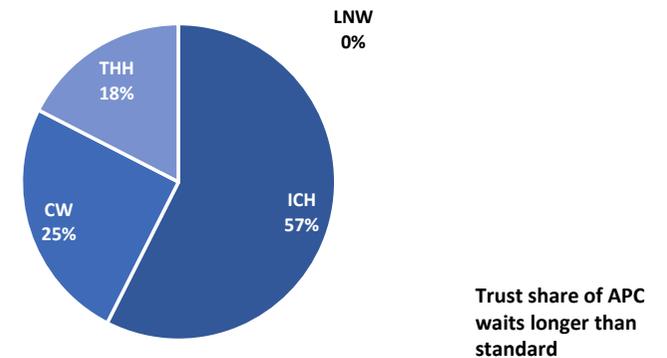
Risks: Surgical capacity continues to be a risk across NWL. For Imperial, chemotherapy is a Nationally derogated speciality and so should not directly be impacted by strike action.

CURRENT PERFORMANCE

Cancer Pathways Treated following Confirmed Diagnosis Performance : 31-Day Standard - **OCTOBER**

	Total Treated	31-day Performance	Difference from Target	31 + days	Of which...
					62 + days
ICH	286.0	92.0%	-4.0%	23.0	
CW	129.0	92.2%	-3.8%	10.0	2.0
THH	88.0	92.0%	-4.0%	7.0	7.0
LNW	170.0	100.0%		0.0	0.0
APC	673.0	94.1%	-1.9%	40.0	9.0

STRATIFICATION



GOVERNANCE

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

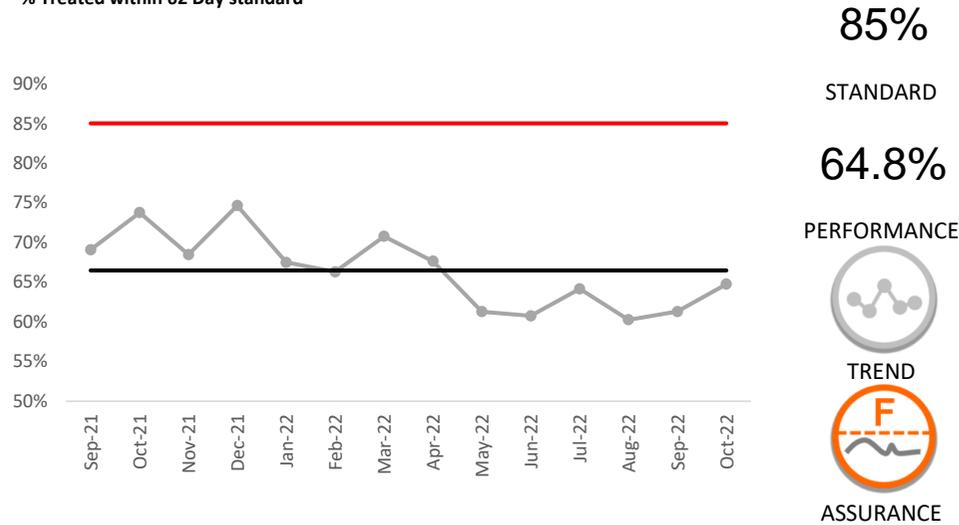
Committee: NWL Acute Care Board (Chair: Tim Orchard); NWL Elective Care Board (Chair: Rob Hodgkiss);

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

% Treated within 62 Day standard



NARRATIVE

Performance. Sector improvement this month driven by a considerable improvement at Imperial following backlog clearance in September, which means number of late first treatments reducing. All other Trusts have a deteriorating position, driven by clearance of long waiters.

Recovery Plan: resolving inter Trust referral pathways is a sector wide focus, which is being led by RM Partners. Expected that quick win improvements will be seen by March 2023, with longer term wins and sustainability focus continuing in 2023/4.

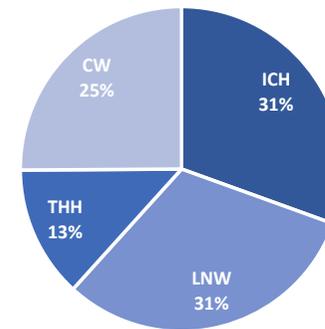
Risks: Demand in all cancer modalities is putting pressure on this target, and the ITR programme aims to remove referral to treatment days to allow more time for planning complex interventions across the sector.

CURRENT PERFORMANCE

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

	Total Treated	62-day Performance	Difference from Target	62 + days	Of which...	Impacts on
					104 + days	Backlog 104 + weeks
ICH	113.0	67.7%	-17.3%	76.5		
LNW	122.0	64.3%	-20.7%	78.5		49
THH	63.0	52.4%	-32.6%	33.0		19
CW	89.5	70.4%	-14.6%	63.0		29
APC	387.5	64.8%	-20.2%	251.0	0.0	97

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);

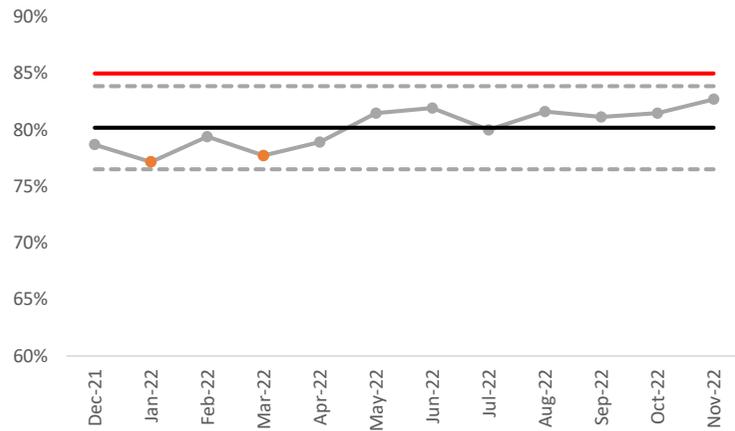
Data Assurance: These figures are validated ahead of a monthly performance return and the performance data is published by NHSE

Demand and Capacity Measures

Operations Theatre Utilisation

TREND

Theatre Utilisation



85%

STANDARD

83.5%

PERFORMANCE



TREND



ASSURANCE

NARRATIVE

All Trusts are showing utilisation above 80% and performance is improving. The use of Palantir is supporting this at THH and CWFT.

All Trusts are running programmes of work to continue to drive theatre productivity including on the day cancellations; late starts and early finishes. ICHT and LNW are developing plans to address the themes and issues raised within the BCG Theatre Review report.

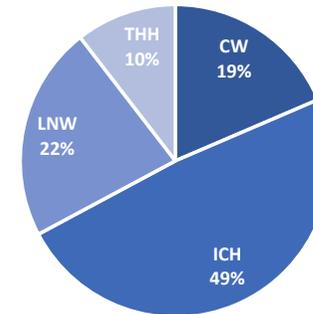
Staffing remains the key risk especially anaesthetics and the ability to cover additional sessions.

CURRENT PERFORMANCE

Theatre Session Utilisation Performance - NOVEMBER

	Planned Operating Time	Theatre Utilisation	Difference from Target	Unused Minutes
CW	2,957	83.0%	-2.0%	387
ICH	5,309	80.9%	-4.1%	1,014
LNW	3,156	85.3%		464
THH	1,233	82.2%	-2.8%	219
APC	12,655	83.5%	-1.5%	2,085

STRATIFICATION



GOVERNANCE

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

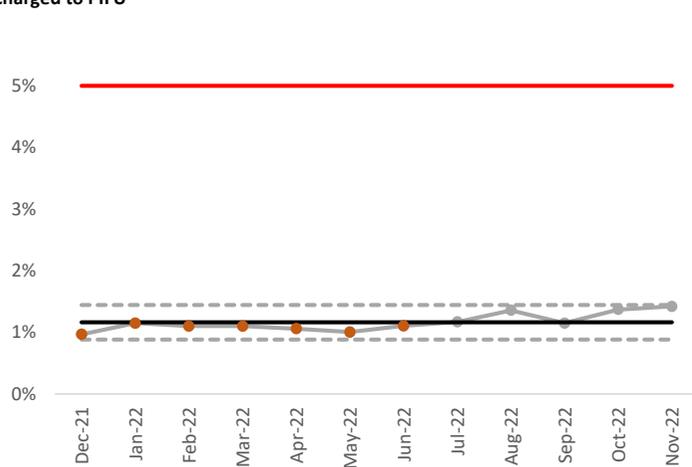
Committee: NWL Acute Care Board (Chair: Tim Orchard); NWL Elective Care Board (Chair: Rob Hodgkiss);

Data Assurance: tbc

Operations Outpatient Transformation

TREND

Discharged to PIFU



5%
STANDARD

1.4%
PERFORMANCE



TREND



ASSURANCE

NARRATIVE

LNW have recently launched the next stage of their PIFU programme – working to bring more specialties online and increase rates.

- The Trust reports challenges with data collection at ‘check out’ as adjustments to legacy PAS are unlikely whilst the LNW (and THH) transition to Cerner

Imperial have also relaunched their PIFU programme – and are working to bring more specialties online

- Cerner eCheckout capability is now available at ICHT and CW but requires optimisation
- Expectation is that easier access to data collection will generate more activity
- Trust looking to move from a declared partial submission to a full submission

Opportunities remain across all providers to ensure the data submission covers:

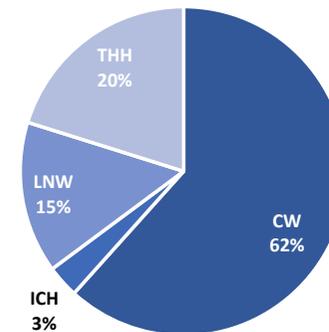
- Risk stratified follow up for cancer patients – not consistently provided in the submission
- HIV open follow up – reported by Chelsea, but potential at ICHT and LNW

CURRENT PERFORMANCE

Outpatient Transformation - NOVEMBER

	Total OP Contacts	Discharged to PIFU	Difference from Target	Moved/ Discharged to PIFU	Impacts on		
					OPFA DNAs	OPFU DNAs	Virtual contacts
CW	68,745	2.3%	-2.7%	1,571	10.4%	9.4%	9,016
ICH	29,845	0.3%	-4.7%	81	13.0%	9.8%	22,251
LNW	49,310	0.8%	-4.2%	380	9.9%	9.9%	14,490
THH	31,488	1.6%	-3.4%	514	8.9%	9.1%	4,536
APC	179,388	1.4%	-3.6%	2,546	10.9%	9.7%	50,293

STRATIFICATION



GOVERNANCE

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

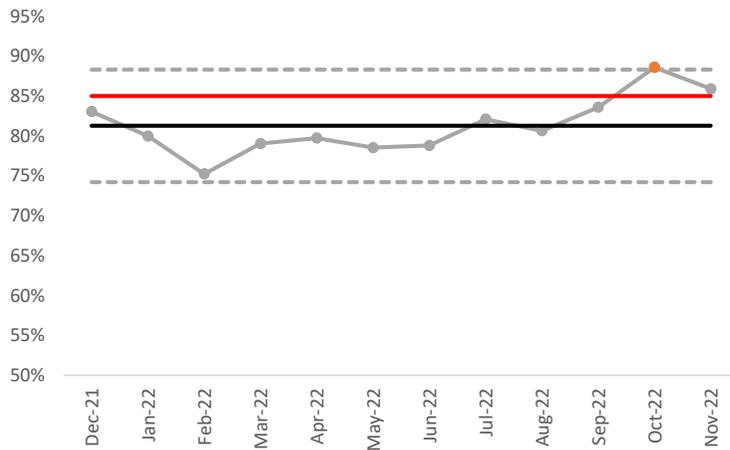
Committee: NWL Acute Care Board (Chair: Tim Orchard); NWL Elective Care Board (Chair: Rob Hodgkiss);

Data Assurance: tbc

Operations Critical Care

TREND

Critical Care Bed Occupancy



<85%

STANDARD

85.6%

PERFORMANCE



TREND



ASSURANCE

NARRATIVE

Occupancy remains high driven by level 3 emergency admissions, additional staffing is being accessed as required. Demand is expected to continue to increase through winter. Mutual aid and transfer teams are in place if we need to move patients to an available bed.

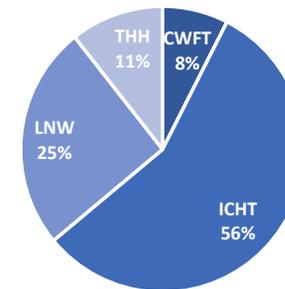
Risks of high emergency need meaning cancelling of elective activity.

CURRENT PERFORMANCE

Critical Care - NOVEMBER

	Available critical care beds	Bed Occupancy	Difference from Target	Unoccupied critical care beds
CW	20	90.0%		2
ICH	98	84.1%	-0.9%	16
LNW	64	88.6%		7
THH	12	76.3%	-8.7%	3
APC	193	85.6%		28

STRATIFICATION



GOVERNANCE

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

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

Data Assurance: tbc

Finance

Finance Summary

Introduction:

The detailed Finance Report for the Collaborative is included within the **Board papers for the meeting (Item 4.2)**. This has been reviewed by the Collaborative Finance and Performance Committee and covers the reporting period to Month 7. The trends identified in the Month 7 report continue into Month 8, with pressures on each of the Trust's financial positions as a result of inflation above funded levels, challenges in delivery of cost improvement programmes, and additional costs driven by substantive staffing shortfalls and pressures on urgent care services. This pack contains supplementary information on Cost Weighted Activity and Value Weighted Activity metrics, with work in hand to strengthen reporting and validation of these key productivity indicators.

Performance:

Improvement against Elective Recovery Funding (ERF) streams for the Trusts has significantly improved, with each of the Trusts at or near ERF levels in the early part of H2, which is an important indicator of baseline funding moving into 2023/24 – the VWA metric described in more detail overleaf provides a helpful indicator of progress. Further work is required on understanding Cost Weighted Activity to test delivery against 2019/20 baselines on non-elective/other activity lines across the Trusts. Crucially, the Trusts continue to report challenges in the delivery of CIP schemes with a £19.3m shortfall against a plan of £54m, spread across the four Trusts, and an anticipated shortfall of >50% on recurrent delivery in the full year forecast. This is a material contributor to the overall reported adverse position against plan of £23.1m at the end of Month 7. However, performance varies across the four Trusts, and is being mitigated in a variety of ways through non-recurrent measures. In addition, Trusts are flagging a series of pressures on key cost lines – high cost drugs, energy and utilities, clinical supplies – driven by both funding constraints and inflationary pressures. However, at this stage, and by agreement with the ICB, the Trusts are maintaining their forecast of £5.6m deficit in aggregate (which was the starting plan for the Trusts). There are, however, a number of material risks to delivering this position – at ICHT, there is extensive ongoing dialogue around finalising current and prior year ERF figures. At LNWH, there are emerging inflationary pressures, over and above the inflationary funding made available at the start of the year. And, finally, at THH, a series of risks to the forecast have been identified and discussed with the Board and Finance Committee, and there is an ongoing and active dialogue in place with the ICB. Despite delays in the delivery and approvals for capital, the Trusts are confidently forecasting full delivery of the capital expenditure plans against budgets – and, locally, we have a strong track record of delivery.

Key Actions:

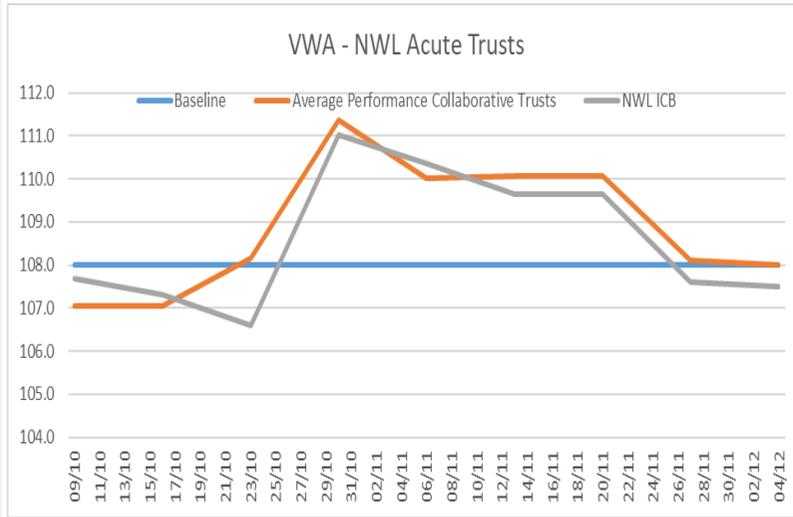
CFOs continue to review the financial position in detail, both within Trusts and across the Collaborative, and to look at options to strengthen the financial reporting and management arrangements across the Collaborative.

Escalations:

No items have been escalated

Finance Value Weighted Activity – Elective Work

TREND



108%

STANDARD

109.4%

PERFORMANCE



TREND



ASSURANCE

NARRATIVE

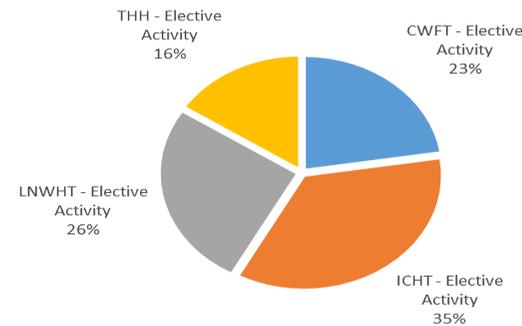
Value-Weighted Activity is calculated using the formula (elective activity during 2019/20 in the month/elective activity during 2022/23 in the same month). It gives an indication of the level of elective activity undertaken. The figure used in this calculation is taken from the **12 December Data Pack**. NB LNWHT coding delays mean activity increases in later reports, typically in order of 3-4%. **NWL is consistently best performer in London**. Early data from November suggests consistent performance above 107%. Elective Pathways VWA is published on a weekly basis, using 'faster SUS' data. This typically understates actual delivery due to coding delays for more recent months. **Note that this is not the ERF VWA calculation which is adjusted for a notional cap on outpatient follow-ups in line with the ERF calculations.** The NWL Acute CFO Group is working to consistently review the reporting arrangements for both ERF and VWA.

CURRENT PERFORMANCE

	02/10/2022	09/10/2022	16/10/2022	23/10/2022	30/10/2022	October Average
CWFT	112.7	110.7	110.1	107.0	109.0	109.9
ICHT	111.7	112.5	114.2	113.7	112.6	112.9
LNWHT	109.2	107.0	105.1	102.2	102.2	105.1
THH	109.2	110.0	111.0	109.6	108.3	109.6
Baseline	107.0	107.0	107.0	107.0	107.0	107.0
Average	110.7	110.1	110.1	108.1	108.0	109.4
NWL ICB	110.4	109.6	109.6	107.6	107.5	108.9

STRATIFICATION

YTD Elective Activity by Trust



This is an estimation of elective activity by Trust using standard costs at 2019/20 reference costs, but actual activity levels. As the Trust true-up (validation against 2019/20) work is completed, this data set will be updated.

GOVERNANCE

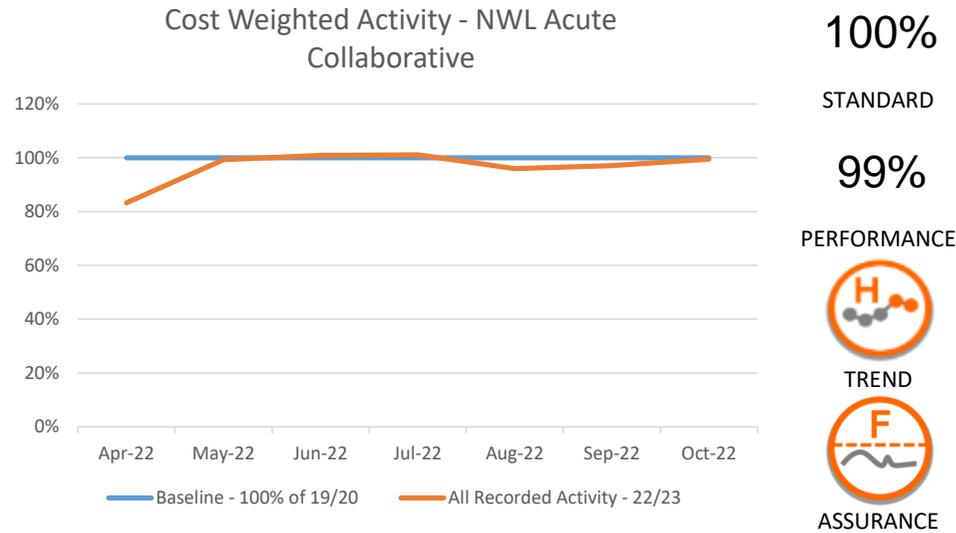
Senior Responsible Owner: Jonathan Reid, Chief Financial Officer, LNWHT

Committee: NWL Collaborative Finance and Performance Committee

Data Assurance: These figures are published by NHS London. Note timing delay discussed in narrative.

Finance Cost Weighted Activity – All Work (NWL ICB)

TREND



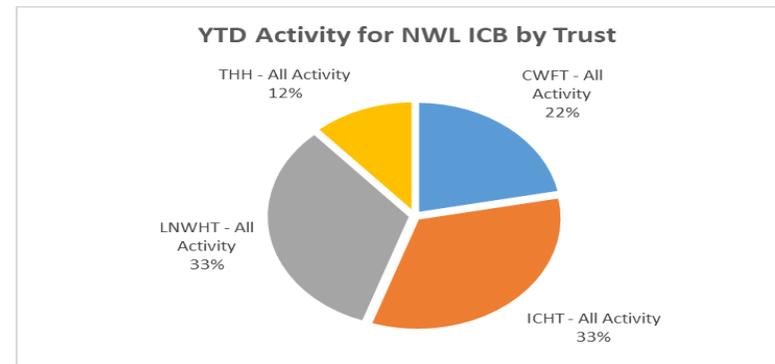
NARRATIVE

Cost-Weighted Activity is a new metric designed by the ICB and under review by the NWL Acute CFO Group. This tests the value of all monthly activity (elective and non-elective) against the 2019/20 activity and contract baseline. Work is in train through the ICB and the CFO group to review the robustness of the underlying data, and to broaden out the reporting approach to include all Commissioner activity – including NHSE and Specialised Commissioners – to give a fuller picture of performance. However, in the interim, CWA gives an initial indication of the extent to which activity levels have recovered to 2019/20 levels. In addition, CFOS are working with the ICB to develop a measure of cost change to support the calculation of an overarching cost/productivity metric for the Collaborative. After a challenging start to the year, the Trusts are now converging at around 100% of pre-COVID activity, with variation between and across Trusts.

CURRENT PERFORMANCE

NWL Acute Collaborative	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
Elective Day Care Spells	89%	101%	102%	102%	114%	106%	117%
Elective Ordinary Spells	84%	99%	87%	97%	93%	91%	113%
Outpatients first	125%	136%	104%	110%	119%	111%	128%
Outpatients FU	106%	127%	98%	100%	114%	104%	119%
Outpatients procedure	68%	83%	74%	67%	72%	76%	69%
Critical Care	95%	119%	113%	125%	117%	145%	136%
Accident and Emergency	99%	106%	105%	103%	102%	99%	100%
Non-Elective Activity	73%	90%	103%	102%	88%	93%	89%
All Recorded Activity v19/20	83%	99%	101%	101%	96%	97%	99%

STRATIFICATION



Note that Specialist/Other Commissioners are not included in this initial data set

GOVERNANCE

Senior Responsible Owner: Jonathan Reid, Chief Financial Officer, LNWHHT

Committee: NWL Collaborative Finance and Performance Committee

Data Assurance: These figures are published by NWL ICB in partnership with the NWL Acute CFO Group

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



NWL Acute Provider Collaborative Board in Common (Public)

17/01/2023

Item number: 4.2

This report is: Public

Financial performance report

Author: Jazz Thind, Virginia Massaro, Jon Bell, Jonathan Reid
 Job title: Chief Financial Officers (CFOs) (ICHT, C&WFT, THH, LNWUHT)

Accountable director: Jonathan Reid
 Job title: CFO, LNWUHT

Purpose of report

Purpose: Information or for noting only

The Board-in-Common is asked to note the financial position of the collaborative and the four Trusts as at the end of Month 7, and the combined forecast of the Trusts for delivery of the financial plan 2022/23, including capital expenditure.

Each Trust Finance and Performance Committee reviews in detail its own position, and the Acute CFO Group co-ordinates the production of a shared financial report (this report), and works to ensure alignment between Trusts. This report has been reviewed by the NWL Acute Collaborative Finance and Performance Committee in December 2022.

Report history

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

NWL CFO Group
 16/12/2022
 Noted and approved

Collaborative FPC
 22/12/2022
 Noted and approved

Acute Programme Board
 23/12/2022
 Noted and approved

Executive summary and key messages

The attached paper sets out the financial position at Month 7 across the Collaborative. At Month 7, some of the challenges facing the Trusts are landing in the financial position with the Collaborative £23m adverse to plan. The paper describes the key drivers for adverse variance – primarily cost pressures and delays/difficulties in the delivery of cost improvements. After negotiation and agreement with the Chief Financial Officer of the North West London Integrated Care Board, the Trusts are collectively forecasting full delivery of plan for 2022/23 – but careful management of resource will be required in the final months of the financial year.

The Acute CFOs are working to strengthen and support the Cost Improvement Programme (CIP) process within the Trusts, and to develop a shared understanding of, and response to, cost pressures. The Trusts are behind plan on capital spend, driven primarily by delays in approvals of major schemes such as the Community Diagnostics Centre and the Elective Orthopaedic Centre, but the Trusts are all forecasting full delivery of their capital plans, with Trust Finance and Performance Committees undertaking detailed reviews as appropriate.

Each Trust Finance and Performance Committee reviews in detail its own position, and the Acute CFO Group co-ordinates the production of a shared financial report, and ensures alignment between Trusts. This report has been reviewed by the NWL Acute Collaborative Finance and Performance Committee in December 2022.

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

Delivery of financial plan in a sustainable fashion, without adverse impact on quality, operational performance or equity, will support delivery of the broader Board agenda.

Reason for private submission

Tick all that apply

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

n/a

Financial performance cover

NWL Acute Provider Collaborative Month 7 Finance Update

21 November 2022

Helen Berry, Asst Director of Finance, supporting the Acute Collaborative
Jonathan Reid, CFO LNWH, on behalf of Acute CFO Group

Executive Summary

Financial Performance

At month 7, the Collaborative is reporting a year to date (YTD) deficit of £36.7m against a plan of £13.6m deficit - a £23.1m adverse variance. In the month, the Collaborative reports a £6.9m favourable variance to plan. Three Trusts report year to date adverse variances to plan and one Trust is favourable. The drivers are:

Elective Recovery Funding (ERF): The adverse variance attributed to ERF performance is £2.6m YTD at month 7. There has been a significant favourable movement in the month due to the agreement by the Integrated Care Board (ICB) to release the full ERF funding for the north west London Integrated Care System (NWL ICS) commissioner for the first half of the financial year. In prior months, ERF income was accrued relating to actual performance which reported a YTD £14.9m adverse variance against the plan to month 6. To note in month 7, NHS England (NHSE) also released updated baselines for local and national (specialised services) commissioners against which ERF performance is measured, and this has also had an impact on performance at month 7. Further work is required to assess the impact of the baseline changes and the Value Weighted Activity (VWA) calculations for NHSE activity. The risk remains around ERF recovery in the second half of the financial year. The Elective Care Board, plus Trust Recovery Groups, continues to support a steadily improving performance. Trust Chief Financial Officers (CFOs) are working closely with Chief Operating Officers (COOs), and with the ICB CFO to reforecast delivery based on plans in the second half of the financial year.

Cost Improvement Programmes (CIP): Trusts are adverse to plan on cost improvement programme (CIP) by £19.3m against a plan of £54m, with a proportion of the delivered CIP being through non-recurrent measures. This presents a material risk to the underlying financial position. CFOs review the efficiency and productivity programmes within their Trusts on a formal and regular basis. The Acute Efficiency Leads group has commenced with the aim of standardising CIP and efficiency management throughout the Collaborative and working in a joint partnership approach on initiatives and schemes as appropriate) to strengthen delivery.

Inflation and Operational Pressures: Continued month on month rises to Cost Price Inflation (CPI) has significantly impacted Trust expenditure. In addition, operational pressures on both the emergency and elective recovery pathways across the Collaborative have driven spend over plan in some specialities. The CFOs are reviewing key elements of this expenditure to support actions to mitigate where possible. However, there is a risk that these costs cannot be fully mitigated within the current financial envelopes.

Forecast: At month 7, Trusts continue to report a forecast which meets the annual deficit plan of £5.6m. Recent forecasts prepared are being updated in light of the first half of the financial year (H1) ERF income received. Any amendment to forecasts will follow the recently issued NHSE guidance on providers and systems forecast change protocol. All organisations will set out the bridge between YTD and forecast outturn (FOT) in due course.

Collaborative Financial Performance to Month 7

NWL Acute Collaborative (Month 7 Financial Performance)

2022/23	In Month Plan £000	In Month Actuals £000	In Month variance £000	YTD Plan £000	YTD Actuals £000	YTD variance £000	YTD variance %	Annual Plan £000	Annual Forecast £000	Forecast Variance £000
Income	281,251	300,259	19,008	1,970,146	2,004,781	34,635	1.8%	3,374,945	3,411,950	36,895
Pay	(168,358)	(174,723)	(6,365)	(1,188,626)	(1,234,173)	(45,547)	-3.8%	(2,029,588)	(2,097,775)	(68,077)
Non-Pay	(108,350)	(115,279)	(6,929)	(760,449)	(776,812)	(16,363)	-2.2%	(1,301,661)	(1,277,771)	23,890
Non Operating Items	(4,973)	(3,764)	1,209	(34,636)	(30,457)	4,179	12.1%	(49,296)	(42,004)	7,292
Total	(430)	6,493	6,923	(13,565)	(36,661)	(23,096)	-170.3%	(5,600)	(5,600)	0

At Month7, the Collaborative is £23.1m adverse to plan, with a favourable variance in the month of £6.9m. Pay and non pay are adverse in the month at £6.4m and £6.9m respectively. These adverse movements are more than compensated for by a significant favourable swing on income which reflects the agreement to fund ERF at planned values for the first half of the financial year (H1) where the actual value weighted activity was below 2019/20 performance.

The YTD and in month overspend on Pay is in part as a result of the payment of the 2022/23 agenda for change and consultant's pay award from month 6, which is partially compensated for by a favourable position on income where the corresponding funding for the pay award is reported. In addition there have been pressures on pay due to supporting workforce pressures such as vacancies and sickness with agency staff. The recently announced Acute Collaborative harmonisation of non medical bank rates to AfC (which are now operational) does lead to an increase in run rate in the short term but should assist in reducing agency spend for these groups of staff going forward.

At Month 7, Trusts are forecasting no variance from submitted plans. Updated forecasts which reflect H1 ERF income, will be prepared and any revisions agreed with the ICS CFO in line with recent NHSE guidance received on reforecasting.

Collaborative Financial Performance to Month 7 by Trust

NWL Acute Collaborative (Month 7 Financial performance by Trust)

2022/23	In Month Plan £000	In Month Actuals £000	In Month variance £000	YTD Plan £000	YTD Actuals £000	YTD variance £000	Annual Plan £000	Annual Forecast £000	Forecast Variance £000
THH	(847)	(4)	843	(12,003)	(15,169)	(3,166)	(5,600)	(5,600)	0
LNWH	387	6,511	6,124	(1,233)	(7,423)	(6,190)	0	0	0
CWFT	30	1,766	1,736	(329)	(156)	173	0	0	0
ICHT	0	(1,779)	(1,779)	0	(13,913)	(13,913)	0	0	0
Total	(430)	6,493	6,923	(13,565)	(36,661)	(23,096)	(5,600)	(5,600)	0

The position by Trust notes that three Trusts report adverse YTD variances to plan and one Trust marginally favourable.

In agreement with the ICB CFO the forecast reported to NHSE at month 7 is to meet the annual plan (a £5.6m deficit). Forecasts are being refreshed in light of revised ERF income in H1, projected elective recovery in H2 and confirmation of winter pressure plans. Any revision to the overall forecast is required to be signed off through Trust governance routes prior to presentation at the Acute Collaborative Finance & Performance Committee.

The system outage which caused disruption to the operation of the financial ledgers at ICHT, CWFT and THH in month 4 and 5 is now resolved and financial performance at month 7 YTD is updated accordingly.

Month 7 ERF Summary

A shortfall against the YTD plan is reported to month 7; resulting in clawback of ERF funding. However ICHT has exceeded the YTD target and has earned ERF in excess of the target.

The net impact to date on the Collaborative's financial position as a result of ERF clawback is a deficit of £2.6m, breakdown as per the table to the right. The position has changed significantly since month 6 (£14.9m adverse) due to the agreement to fund H1 ERF in its entirety to planned values.

In addition, during month 7, NHSE released updated baselines against which ERF performance is measured (2019/20 cost weighted elective activity). This has meant that month 7 performance is measured against different baselines than previous months which is contributing to the performance in month. Queries have been raised regarding the accuracy of the new baselines and Trust and ICB teams are checking and liaising with NHSE accordingly.

Where Trusts have not met activity thresholds in month 7, a minimum income floor of 25% of the ERF monthly plan has been accrued for. This is applied to all relevant commissioners.

Discussions continue with the ICB CFO regarding the accounting of ERF funding for H2.

ERF impact on I&E to month 7

	Ann Plan ERF £000	Plan to date £000	Actual to date £000	Variance £000
CWFT	19,621	11,446	7,182	(4,264)
ICHT	33,464	19,521	21,440	1,919
LNWH	19,751	11,521	11,521	(0)
THH	8,296	4,600	4,321	(279)
Total	81,132	47,088	44,464	(2,624)

To note:

- CWFT has accounted for ERF income from NWL ICS in full in H1 but for other commissioners the 25% floor is assumed YTD.
- ERF funding is earned when (cost weighted) elective activity (elective, day case, outpatient firsts and outpatient procedures) exceed 2019/20 level (plus 4% to reflect NHS aspirations to expedite recovery).

Month 7 CIP Summary

Efficiency Month 7	YTD Plan			YTD Actuals			YTD variance	Annual Plan			Annual Forecast			Fcast Variance
	R £000	NR £000	Total £000	R £000	NR £000	Total £000	£000	R £000	NR £000	Total £000	R £000	NR £000	Total £000	Total £000
CWFT	12,930	0	12,930	5,768	4,553	10,321	(2,609)	22,900	0	22,900	11,555	11,345	22,900	0
ICHT	21,583	0	21,583	2,802	5,114	7,916	(13,667)	37,000		37,000	10,143	9,872	20,015	(16,985)
LNWH	14,625	0	14,625	5,596	8,106	13,702	(923)	30,000	0	30,000	11,913	18,087	30,000	0
THH	4,800	0	4,800	1,519	1,165	2,684	(2,116)	12,000	0	12,000	5,320	2,982	8,302	(3,698)
Total	53,938	0	53,938	15,685	18,938	34,623	(19,315)	101,900	0	101,900	38,931	42,286	81,217	(20,683)

Source : Monthly Financial Monitoring Return to NHSE/ICB.

At Month 7, CIP delivery is under target by £19.3m for the Acute Collaborative. All Trusts have supported their year to date delivery with non recurrent measures totalling £19m to date.

The overall forecast at month 7 is an under delivery against plan of £20.7m with £42.3m of non recurrent measures supporting this position.

The Collaborative is forecasting to meet its 2022/23 financial target, thus the year end adverse variance reported is mitigated in year by financial control actions. CIP forecasts are reviewed monthly in line with the overall forecast refinement.

Actions to address CIP delivery going forward include:

- Acute Collaborative Efficiency group set up with agreed Terms of Reference (TOR) to facilitate CIP delivery across the sector, first meetings have taken place (in progress).
- Trusts' HFMA financial sustainability audit results comparison exercise in progress to benchmark results with the aim of driving best practice (completed).
- Agree a common methodology for measuring CIP across the collaborative to ensure consistency of reporting (in progress).
- CIP and Transformation governance in place at each Trust with executive level management of CIP including CIP reporting, monitoring, identification and delivery.
- Grip and Control in place in all Trusts to identify inefficiencies in processes and implement efficient solutions.

Month 7 Capital Summary

At Month 7, the Acute Collaborative is reporting a £35m underspend against the year to date capital plan, with a current forecast overspend of £27.6m; greater than the notified Capital Resource Limit (CRL). However this position is not expected to result in a full year overspend as the plan will increase to reflect the funding due.

This forecast overspend is as a result of the approval by NHSE of major strategic projects under targeted investment fund (TIF) and the national capital programme. The detail of these is provided in the following two slides which shows the successful bids made to date by the Acute Collaborative and ICS against these funding allocations. These total £54.6m under the TIF and £63.4m under the national programme.

The ICB has granted £6m additional capital to be used to fund collaborative schemes, which are being worked up and prioritised, these include equipment and assets to support Ophthalmology, and Diagnostics.

Capital	Year to date Month 7			Annual 22/23		
	Plan	Actual	Variance	Plan	Forecast	Variance
	£'000	£'000	£'000	£'000	£'000	£'000
CWFT	9,896	8,391	1,505	34,148	32,195	1,953
ICHT	39,558	28,791	10,767	72,998	105,085	(32,087)
LNWHT	14,057	11,263	2,794	31,638	60,238	(28,600)
THH	27,167	7,221	19,946	58,376	27,284	31,092
Total	90,678	55,666	35,012	197,160	224,802	(27,642)

Month 7 Capital – Targeted Investment Fund

NWL Acute Collaborative		22/23	23/24	24/24	Total
Targeted Investment Fund (TIF)		Bid £m	Bid £m	Bid £m	Bid £m
CWFT	Ambulatory Diagnostic Centre		7.4	7.5	14.9
	Treatment Centre Redevelopment		12.7	2.2	14.9
ICHT	Cardiac Pathway Improvement (CT & Cath lab)	6.9			6.9
	Western Eye Hospital refurb & additional theatre capacity	9.0			9.0
LNWH	Elective Othopaedic Centre	9.0			9.0
Total		24.8	20.1	9.7	54.6

The table above notes the up to date status of the bids made against the TIF by the NWL collaborative, totalling £54.6m, with £24.8m allocated in 2022/23.

NWL Acute Collaborative has been successful in securing approval for all the bids.

Month 7 Capital – National Programmes (1 of 2)

NWL Acute Collaborative	National Programmes Capital Bids (confirmed to Nov 22)					
			Capital 22/23	Capital 23/24	Capital 24/25	Capital Total
	Scheme	Description	£m	£m	£m	£m
CDC						
ICHT	Wembley CDC Willesden CDC	Delivery of the CDC Programme at Wembley & Willesden per the business case (ICHT)	3.5 2.2	11.5		15.0 2.2
ICHT Total			5.7	1.5		7.2
LNWH	Ealing - CDC Phase 1 Ealing - CDC Phase 2 Ealing - CDC Targeted Lung Health check	Delivery of the CDC Programme at Ealing per the business case (LNWHT)	9.3 - 1.5	5.7 13.5		15.0 13.5 1.5
LNWH Total			10.8	19.2		30.0
CDC Total			16.5	20.7	0.0	37.2
Digital						
LNWH & THH CWFT	Cerner Project Patient Engagement Portal	Delivery of Cerner Project, plus single instance	5.8 1.4	2.1		7.9 1.4
Digital Total			7.2	2.1	0.0	9.3
Endoscopy						
ICHT	Charing Cross Hospital capacity	Extending the scope of existing refurbishment of CXH to include 3 JAG compliant rooms	2.0			2.0
ICHT	Charing Cross accelerated year 2	Accelerate expansion of endoscopy room capacity and full re-design and modernisation of the current endoscopy unit.	2.2			2.2
LNWH	Central Middx Hospital Capacity	Increase of room capacity at CMH, partially netted off by reduction in capacity and refurb at NPH	4.0			4.0
Endoscopy Total			8.2	0.0	0.0	8.2

Month 7 Capital – National Programmes (2 of 2)

NWL Acute Collaborative	National Programmes Capital Bids (confirmed to Nov 22)					
	Scheme	Description	Capital 22/23 £m	Capital 23/24 £m	Capital 24/25 £m	Capital Total £m
Capital underspend (Diagnostics)						
CW	SPECT-CT gamma camera	Replacement of >20 year old gamma camera at the Chelsea & Westminster site	2.5			2.5
CW	MRI enabling works	Enabling works to future-proof MRI service at the West Middlesex site to support inpatient pathways	0.7			0.7
Capital underspend Total			3.2	0.0	0.0	3.2
DDC (Digital Diagnostics)						
ICHT (host trust)	Imaging (Image Sharing)	Image sharing and Reporting	1.2	0.1	0.6	1.9
ICHT (host trust)	Imaging (Analytics)	Real-time Imaging BI and Dynamic Analytics	0.3	0.3	0.2	0.8
ICHT (host trust)	NWLP Pathology	LIMS POCT & Genomics-POCT Procurement of NWLP sector devices and infrastructure. Standardisation and IT interoperability. LIMS Order Comms - rollout to community and Mental Health services via RIO and S1. LIMS Order Comms - Pass through Numbering, RFID tracking. Significant benefit on the pre processing of samples upon arrival in the lab, reduce the pre-analytical dwell time and the risk of pre-analytical error.	1.3			1.3
LNWH (host trust)	Pathology	LIMS & Interoperability - Interface for Siemens Clinitek to POC Aqure Database. Digital Pathology - Histology whole Slide Imaging	0.4	0.3	0.3	1.0
LNWH	Imaging (Cloud storage)	Invest in imaging cloud storage solution for the sector	0.5			0.5
DDC Total			3.7	0.7	1.1	5.5
MRI acceleration software						
ICHT	MRI acceleration software upgrade	Nationally funded software upgrades for 8 MRI scanners. Should deliver productivity gains once installed and running.	0.6			
LNWHT	MRI acceleration software upgrade	Nationally funded software upgrades for 4 MRI scanners. Should deliver productivity gains once installed and running.	0.3			
MRI acceleration software Total			0.9	0.0	0.0	0.0
Total - to date			39.7	23.5	1.1	63.4

Acute Collaborative Trust Summary narrative

THH:

The Trust is reporting a £15.2m deficit against a £12m deficit plan at the end of month 7, a £3.29m adverse variance to date. The position has improved in month 7 due to the receipt of H1 ERF income in full, reporting a £1.1m favourable monthly variance. Key drivers continue and are: under delivery of the CIP programme and the under delivery of ERF. The targets for both of these increase during the year hence increasing the challenge in the second half of the year.

The Trust has refreshed its forecast; endorsed by the Trust's Finance and Performance Committee. Grip and Control measures and financial governance continue in line with the Financial Performance Framework and the Recovery Support Programme.

LNWH:

The year to date position is a deficit of £7.4m, a £6.2m adverse variance against a deficit plan of £1.2m, an improvement when compared to the M6 position. The improvement is attributable to the inclusion of ERF at plan levels following agreement with the ICB to reinvest funding previously with-held.

A detailed divisional forecast process was completed during October which agreed spend control totals to ensure an improved exit run rate at the end of 2022/23. These are being monitored each month, as part of divisional performance reviews.

The overall forecast for 2022/23 has been refreshed and further work is underway to agree revisions as a result of finalised winter plans and H1 ERF recovery; in agreement with the ICS CFO.

The Trust's Financial Delivery Group continues to ensure financial control is maintained by monitoring transformational and CIP delivery and the Grip and Control Framework, including setting actions to improve financial sustainability.

CWHFT:

At month 7 the Trust is reporting an in-month surplus of £1.7m and a YTD deficit of £0.1m. This is £1.7m favourable against the plan in month and £0.2m favourable YTD. The Trust is forecasting to deliver its breakeven plan in 2022/23.

The favorable swing attributed to ERF recovery in the first half of the financial year for the NWL commissioner. For other commissioners including NHSE 25% is assumed.

Key drivers continue to be under recovery of ERF in the second half of the year (the floor of 25% of the month 7 plan has been assumed), CIP slippage and underperformance and inflation. The Trust is forecasting to achieve its breakeven plan. A grip and control framework and additional pay and non-pay controls have been put in place to address the increase in run rate. Strengthened governance arrangements for divisions adverse to plan and a refreshed PMO approach are also in place to address the gap on CIP.

ICHT:

The Trust is reporting a £13.9m deficit against a breakeven plan YTD, a £1.7m adverse swing in month 7. Key drivers continue as in previous months – under delivery of the efficiency programme and overspends in pay due to recruitment challenges and operational pressures. The ERF continues to over deliver against baselines at £1.9m over plan, however the rate has slowed in month 7 due to the updated activity baselines received from NHSE. This is under investigation and presents a risk to the reported ERF position.

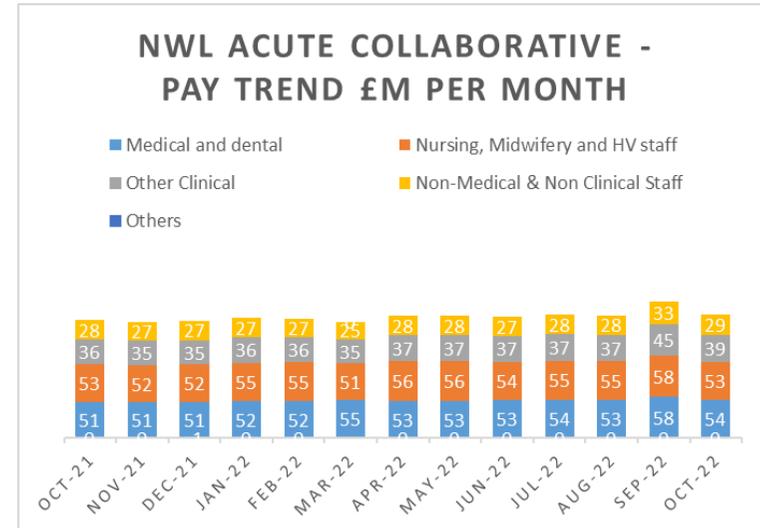
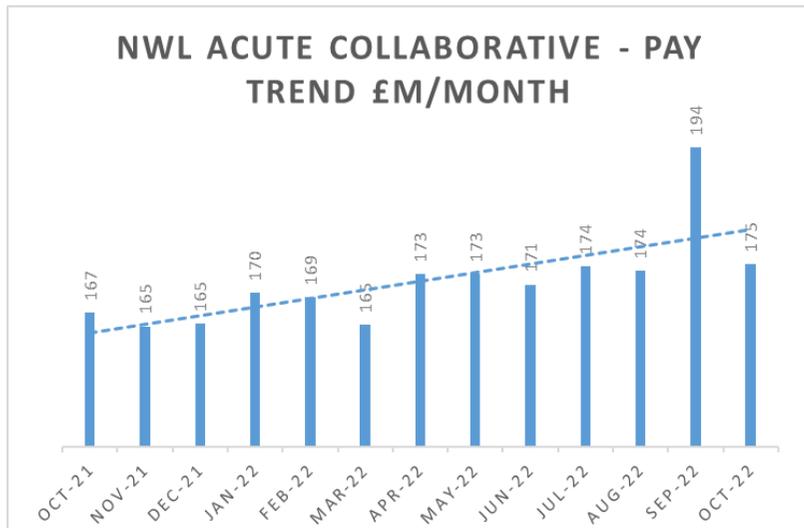
The Trust continues to forecast a breakeven position (on plan) but continues to assess this on a monthly basis alongside the delivery of mitigations agreed to offset under delivery of CIP and other in year cost pressures. CEO, COO and CFO are scheduled to meet with Divisions to under take deep dives and calibrate actions to improve operational performance and agree expenditure controls to reduce exit run rate.

Acute Collaborative Finance Report

Appendices

Month 7 Income & Expenditure run rates

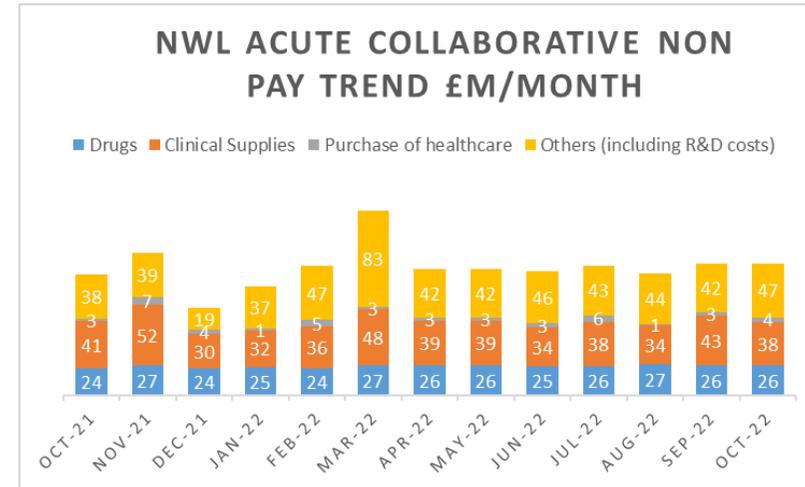
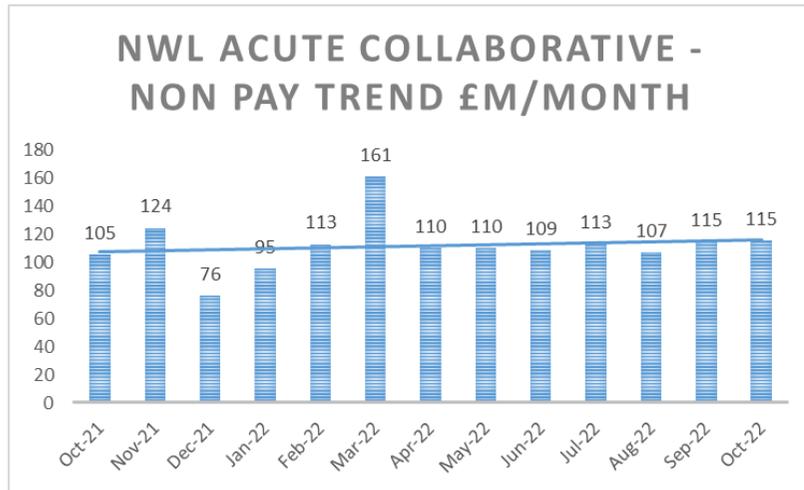
Collaborative Pay Run Rate to Month 7



The pay run rate shown is absolute figures, not adjusted for covid or other underlying adjustments.

The average run rate H2 2021/22 to H1 2022/23 has increased from £169m per month in 2021/22 to £176m in 2022/23 or 4.5%, this reflective of the pay award (c3% for AfC and 4.5% for consultants), and the NI increase (c1.5%). The pay award including back pay was paid in September 2022, hence the spike here.

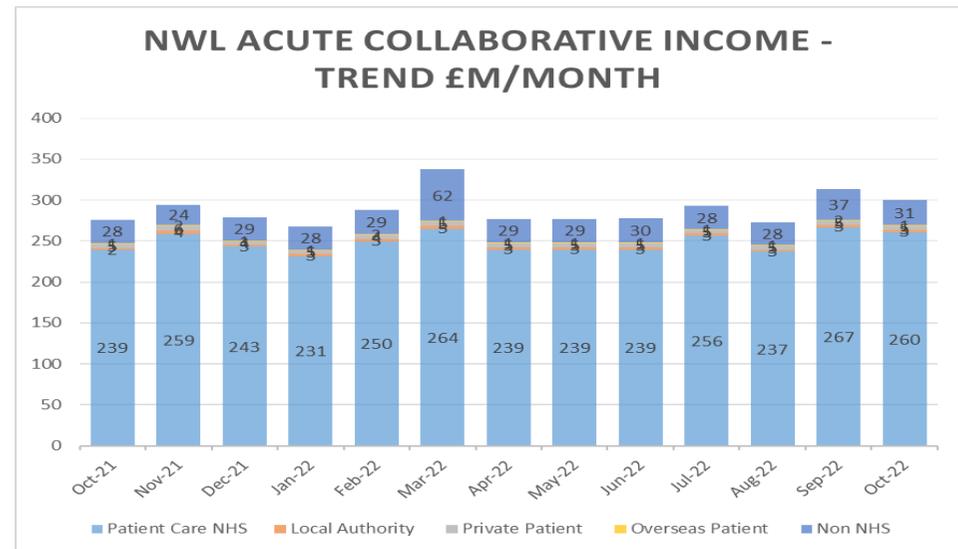
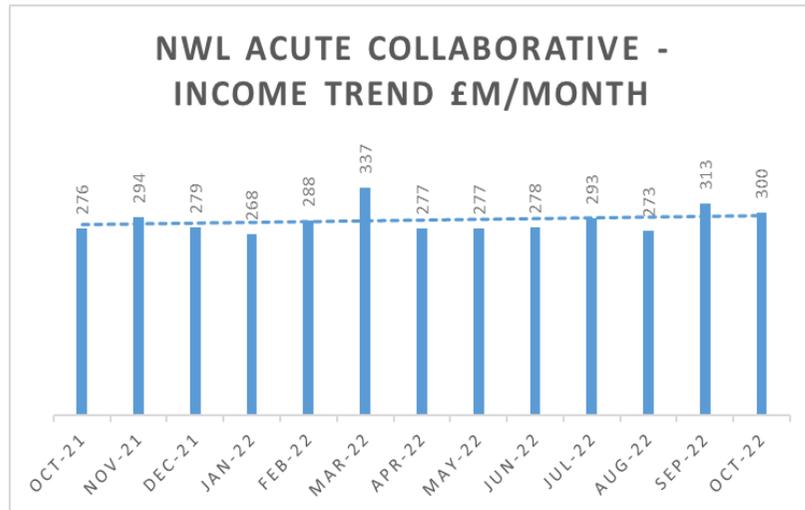
Collaborative Non Pay Run Rate to Month 7



The non pay run rate shown are absolute figures, not adjusted for covid or other underlying adjustments.

The average run rate has increased from £103m per month in 2021/22 (second half of year) to £111m in 2022/23 (8% increase). The run rate on clinical supplies and purchase of healthcare has fallen by 2% and 18% respectively due, in part, to less reliance on private sector outsourcing in 2022/23; drugs spend has increased by 6% and other spend by 22% reflective of inflation on utilities and other contracts.

Collaborative Income Run Rate to Month 7



The income run rate shown is absolute figures, not adjusted for non recurrent income / underlying adjustments.

The average run rate H2 2021/22 to H1 2022/23 has decreased by 1%, £290m to £287m.

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



NWL Acute Provider Collaborative Board in Common (Public)

17/01/2023

Item number: 4.3

This report is: Public

North West London Acute Provider Collaborative – Highlight Report from Collaborative Committees

Accountable director: Catherine Jervis, Chair of the Collaborative Finance and Performance Committee
Steve Gill, Chair of the Collaborative Quality Committee
Janet Rubin, Chair of the Collaborative People Committee
Bob Alexander, Chair of the Collaborative Infrastructure and Capital Committee

Purpose of report

Purpose: Assurance

The Board in Common is requested to receive assurance that all Collaborative Committees met during December 2022. Chairs of the respective Collaborative Committees are invited to highlight any pertinent points.

Report history

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

N/A

Executive summary and key messages

Attached are the Committee Chair's highlight reports for the following Collaborative Committees:

- Collaborative Finance and Performance Committee – 22 December 2022
- Collaborative Quality Committee – 14 December 2022
- Collaborative People Committee – 20 December 2022
- Collaborative Infrastructure and Capital Committee – 13 December 2022

The Board in Common is asked to note the key highlights in each of the reports and items escalated to the Board in Common.

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 (NWL) Acute Provider Collaborative Collaborative Quality Committee Chair's Highlight Report to the NWL Board in Common (BiC) – for discussion

Highlight Report of the meeting held on 14 December 2022

1. Purpose and Introduction

The role of the NWL Collaborative Quality Committee is: -

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

2. Key highlights

2.1 Risk and Assurance “Deep Dive”

- 2.1.1. The Committee received a presentation on the North West London (NWL) Acute Provider Collaborative Trusts' response to managing clinical quality risks in winter using available research data and reported outcomes to set out the potential harm and how this will be mitigated and monitored.
- 2.1.2. The Committee noted the risks were grouped in four areas where waits and pressures were most challenging and that each Trust has a governance process in place with a focus on minimising harm for patients. The committee noted different approaches to data collection and agreed that the NWL Collaborative would consider a common data set for 2023/24 using learning from the Imperial College Healthcare NHS Trust (ICHT) pilot over this winter. The Committee agreed that further discussion would follow at the Urgent and Emergency Care (UEC) Quality Summit on 19 December.
- 2.1.3. The Committee received a progress report from all four Trusts in the collaborative, highlighting all four Trust's winter plans and additional support which was being implemented to support and mitigate any potential risks. The Committee recognised there were common themes highlighted across all four Trust reports and were reassured that the Trusts were working collaboratively to manage them.

2.2. Emergency pathway peer review – summary of progress

- 2.2.1. The Committee received a report on the progress of the emergency pathway peer reviews, which had been established to leverage the benefits of collaborative working in improving care. Emergency medicine had been selected as a pilot for this process to allow Trusts to identify areas of good practice and support improvements in operational and clinical practice across each of the emergency departments across the collaborative. The core peer review group comprised of consultant, nursing and operational leads.
- 2.2.2. The Committee noted the progress update from the peer reviews noting that they had been completed at Northwick Park, Hillingdon, West Middlesex, Ealing and St Mary's

Hospitals, with the final two reviews to be concluded at Charing Cross, and Chelsea and Westminster hospital later in the month.

- 2.2.3. The initial findings presented to the Committee highlighted that working arrangements within the Trusts, especially between the emergency departments and specialties, required inter professional standards to be agreed and adopted on a NWL sector wide basis as a priority. This would help support consistent working across NWL and could strengthen relationships where these areas were identified.
- 2.2.4. The Committee welcomed the peer reviews noting that there would be immediate implementation of actions in areas in line with winter plans, such as the Same Day Emergency Care (SDEC) pathway. The findings of the peer reviews would be presented to the UEC Quality Summit on 19 December and summaries of the reviews would be shared across the Trusts following the conclusion of all visits. Progress will be reported to the next NWL Collaborative Quality Committee in March.
- 2.2.5. The Committee agreed in principle that there should be a target of 3/4 peer reviews per year with the output from each peer review to be presented to the quarterly Collaborative Quality Committee meetings. The programme of peer reviews for 2023/24 will be confirmed together with the necessary resource to support them by the executives. This will be presented at the March NWL Collaborative Quality Committee as part of planning for the next financial year.

2.3. Review of Acute Provider Collaborative Quality Priorities – Initial Project Initiation documents and key Deliverables

- 2.3.1. The Committee received the report which set out the progress of the 5 agreed quality metrics and the priority workstreams for the North West London Acute Provider Collaborative:
- Improving the care of deteriorating patients and those at the end of their life
 - Reporting from and learning from Getting it Right First Time (GIRFT) and the Clinical Reference Groups
 - Implementing the National Patient Safety Strategy
 - Standardising reporting and improvement of maternity standards
 - Learning and improvement from Mortality and Clinical Harm Reviews
- 2.3.2. Two new priorities were highlighted, user insight and focus; and the peer review programme. It was agreed that peer review will be a tool used rather than a priority in its own right and will support pathway transformation and the elimination of unwarranted variation as part of the GIRFT priority. The committee asked that realistic project plans with measurable outcomes, owners and timelines were established together with a clear agreement on value added for all of the 6 workstreams.
- 2.3.3. The Committee received progress updates from each workstream lead; the leads highlighted that work was progressing well with all of the agreed priority workstreams, with progress monitored through the weekly acute collaborative quality meeting. Project initiation documents had been drawn up for the five original priorities, with key metrics, risks, milestones, and objectives identified.

Maternity CNST Submission plan

- 2.3.4. The Committee received a report noting that the maternity services in NWL were working towards full compliance of the Clinical Negligence Scheme for Trusts (CNST) 10 point plan. The Committee noted that progress of the CNST scheme was monitored monthly through the Local Maternity and Neonatal System (LMNS). It was noted that due to the impact of Covid-19, the scheme had been paused from December 2021 – May 2022; revised timeframes were published on 6 May with a requirement to demonstrate compliance with all 10 safety schemes by 2 February 2023.

- 2.3.5. The Committee noted that each Trust had undertaken a quarterly self-assessment of compliance against each of the 10 safety actions, and following the review, each Trust had plans in place to achieve full compliance, however safety actions (8) (multi-professional maternity emergencies training) and (5) (Midwifery Workforce Planning) remained at risk due to the current operational pressures and change in technical guidance. All Trusts had established internal mechanisms in place to monitor and provide assurance against the Maternity Incentive Scheme Year 4.
- 2.3.6. The Committee were pleased to note that all four Trusts were on track to achieve full compliance against all 10 safety actions but acknowledged that there were operational risks which could occur during the winter which could potentially impact delivery.
- 2.3.7. A CNST status update for the collaborative will be presented to the January NWL Board in Common setting out the plans for final approval and submission by the deadline in February.

2.4. Statutory Medical Examiner System update

- 2.4.1. The Committee received the Medical Examiners Service and community pathway implementation report from all four Trusts. The Medical Examiners Service scrutinises patient deaths to ensure appropriate referral to the coroner and accurate documentation of the Medical Certificate of Cause of Death.
- 2.4.2. The report provided an overview of the Medical Examiner service's general activity and an update on the implementation of the community pathway. The report was presented to the Committee for approval for onward submission to the January NWL Board in Common in line with requirement that all Trusts report progress on implementation to their Board by April 2023.
- 2.4.3. The Committee reviewed the individual reports from the Trusts noting the common themes of resourcing and ICT systems. The Committee acknowledged that the Trusts had begun discussions with colleagues in primary care across their boroughs in regard to implementing a service for referrals of deaths to the medical examiner office. The medical examiner's office had also been invited to attend various General Practice and Borough forums to highlight the service of the medical examiner to key stakeholders.
- 2.4.4. The Committee were pleased with the progress of the medical examiner and community pathway implementation and approved the reports for onward submission and presentation to the Board in Common.

2.5. Trust Quality Committee Function reports

- 2.5.1. The Committee received quality performance reports from each Trust, noting exceptions against quality key performance indicators and measures being taken to address areas of variance against target. Assurance was gained around the work of each of the Trust's quality committees as well as the areas of variance
- 2.5.2. Key risks highlighted by each Trust were noted as well as the common themes highlighted across all four reports which related to workforce, pressures in the emergency pathways, care of mental health patients in the emergency department, Ockenden inspections and CNST submissions. The Committee sought assurance that these were being managed within each Trust with detailed improvement plans for each. It was agreed that there were no risks or issues for escalation to the Board in Common, although Committee members 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.
- 2.5.3. Each Trust included a summary of their learning from deaths data. Given the statutory requirement to report outcomes from this work a specific agenda item has been scheduled at the Board in Common.

2.5.4. The Committee noted that the risk and assurance leads were working collaboratively to develop the risk management processes for the Board in Common and collaborative committees. This would set out how risks for the collaborative would be identified and reported to the Board in Common in future.

2.6. Vaccination rates

2.6.1. The Committee received a report on the Covid-19 and Flu vaccination progress across NWL.

2.6.2. The Committee agreed that all four Trusts had commenced a robust vaccination campaign consisting of staff attending scheduled appointments and having roaming vaccinators in place, however further work was required to encourage staff to be vaccinated. The work to improve uptake is being led through the local Trust People Committees and the NWL Collaborative People Committee.

2.6.3. The Trusts highlighted their vaccination uptake for the week commencing 5th December:

- London North West Healthcare NHS Trust – Flu 33.32%; Covid-19 – 38.25%
- Imperial College Healthcare NHS Trust Flu 41.24%; Covid-10 48.96%
- Chelsea and Westminster Hospital NHS Foundation Trust Flu 41.60%; Covid-19 43.46%
- The Hillingdon Hospitals NHS Foundation Trust Flu 36.89%; Covid-19 37.65%.

3. Assurances, risks and escalation to the Board in Common

3.1 Key risks highlighted by each Trust were noted as well as the common themes highlighted across all four reports which related to workforce, pressures in the emergency pathways, care of mental health patients in the emergency department, Ockenden inspections and CNST submissions.

3.2 Assurance was gained that these were being managed within each Trust with detailed improvement plans for each. It was agreed that there were no risks or issues for escalation to the Board in Common, although 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. Summary Agenda

No.	Agenda Item	Strategic Risk		Purpose	No.	Agenda Item	Strategic Risk		Purpose
		N	Risk				N	Risk	
1.	Risk and Assurance deep dive			To note	9.	Committee forward planner			To note
2.	Emergency pathway peer review – summary of progress			To note	10.	AOB			
3.	Review of quality in the acute provider collaborative			To note	11.	Next Meeting			
4.	Quality priorities 2022/23			To note					
5.	Maternity CNST Submission plan			To note					
6.	Medical Examiner system update			To agree					
7.	Trust Quality Function reports			To note					
8.	Actions and escalations			To note					

5. 2022 / 23 Attendance Matrix

	Attended September 2022	Apologies & Deputy Sent	Attended December 2022	Apologies & Deputy Sent
Steve Gill, Vice chair (CWFT) (Chair)	✓		✓	
Peter Goldsbrough, Non-executive	✓		✓	
Syed Mohinuddin, Non-executive director	✓		✓	
Linda Burke, Non-executive director	✓		✓	
Tim Orchard, Chief executive (ICHT)	✓		✓	
Julian Redhead, Medical director (ICHT)	✓		✓	
Raymond Anakwe, Medical director	✓		✓	
Roger Chinn, Medical director (CWFT)	✓		✓	
Gubby Ayida, Medical director (THHT)	✓		✓	
Jon Baker, Medical director (LNWT)	✓			✓
Melanie Van Limborgh, Chief nurse	✓		✓	
Robert Bleasdale, Chief nurse (CWFT)	✓		✓	
Janice Sigsworth, Chief nurse (ICHT)		✓	✓	
Lisa Knight, Chief nurse (LNWT)		✓		✓
Matthew Swindells, Chair	✓		✓	
Helen Hardy, Deputy chief nurse (LNWT)	✓		✓	
Shona Maxwell, Chief of staff	✓		✓	
Peter Jenkinson, Director of corporate	✓		✓	
Jonathan Lewin, Deputy Medical Director			✓	

North West London Acute Provider Collaborative Collaborative People Committee Chair's Highlight Report to the Board in Common – for discussion

Highlight Report of the meeting held on 20 December 2022

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 an update on the priority people programmes that were identified following the last meeting where it was felt that a smaller number of high priority initiatives needed to be identified. The four top priorities for initial action are:
- Joint recruitment initiatives to reduce the hardest to fill vacancies
 - Reduce variation in bank and agency pay rates and the volume of shifts paid over agreed rates
 - Develop and deliver the NWL Elective Orthopaedic Centre workforce plan
 - Implement joint initiatives to support staff financial well-being
- 2.2 The Committee discussed benefits of shared appointments within the collaborative. Standardisation of job descriptions, job plans and templates will make shared appointments more robust and mitigate unnecessary competition. The HRDs were tasked with the harmonisation of processes with a collaborative focus. The Committee also discussed the collaborative as an Anchor institution and apprenticeship pathways. Further to the apprenticeship discussion, the Committee agreed that the development of this scheme should be progressed to fully access the funding for roles such as AHPS and to investigate how other organisations such as the MOD do it with data scientists. The barriers such as no funding for backfill should be raised with politicians.
- 2.3 The Committee requested that the agency spend is tracked for evidence of reduced spend due to standardised bank rates.
- 2.4 The Committee discussed staff financial well-being initiative. It was noted that the initiative was positively received. Work will continue to signpost staff to various offers.

2.5 The Committee considered the proposed Acute Collaborative workforce risks linked to the People Priorities:

Risk Title	Risk Description	People Priority
Staff shortages associated with availability of staff	There is a risk that the Collaborative will not be able to deliver high quality patient care and services due to the national shortage of skilled staff.	Recruitment
Lack of opportunity for progression for BAME staff and BAME under-representation at senior management levels	Risk of BAME staff not progressing to Band 7+ roles to reflect the workforce composition, resulting in BAME under-representation at senior management levels and consequent under-utilisation of talent	Recruitment / Wellbeing
Difference in pay caused by different employment offers such as London HCAS	The Collaborative's ability to develop talent and offer career opportunities staff will be affected by different employment offer in place which may result in staff not being willing to move to other Trusts within the collaborative	Recruitment / NWL EOC
Cost and impact of becoming a Living Wage Employer	The costs of becoming a Living Wage Employer may be prohibitive which will result in different approached across the Collaborative as the Trusts have different models for contracted services	Recruitment
Impact of Industrial Action	Patient care and safety could be affected by industrial action	Wellbeing
Failure to provide sufficient wellbeing to our staff	A failure to look after our staff's physical and mental wellbeing could lead to reduced retention of staff, increased sickness levels, pressure on staff and decreased resilience, poor staff morale; over-reliance on agency staffing at high cost/premiums, the potential impairment in service quality	Wellbeing
Risk Title	Risk Description	People Priority
High levels of voluntary turnover	There is a risk that the Collaborative will not be able to deliver high quality patient care and service as well as impacting on the health of wellbeing of our staff due to shortage of staff.	Recruitment / Wellbeing
New Working patterns and arrangements	There is a risk that the Collaborative will not be able to change established working patterns and arrangements to meet new Collaborative service models and needs e.g., 24/7, cross-collaborative	Workforce Transformation

2.6 The Committee noted that the NWL Acute Trust Collaborative has signed up to the London Living Wage and there is an aspiration to achieve this by end of 2023. The Chief Executive Officers are sighted on this, and options are being developed to try to achieve the commitment. The Committee discussed this aspiration and the financial impact to the collaborative. It was noted that there will be engagement with the ICB on cost and funding of the London Living Wage.

- 2.7 The risk relating to BAME staff was discussed and it was agreed that the risk will be broadened to include poor staff experience of staff around recruitment, practices, bullying and harassment and succession planning. These are all linked to staff well-being, patient care and inequality.
- 2.8 The Committee considered the risk relating to impact of industrial actions and noted that this was now an issue, consideration was given to whether this should also include learnings arising from the industrial actions.
- 2.9 The Committee received a report on the Acute Collaborative Dashboard which provided a summary of the key people performance metrics across the Acute Provider Collaborative; the report provided context against the pressures and drivers, risks, and mitigations, which contributed to that performance. The analysis and actions at a collaborative level were set out along with statistical process control charts showing a breakdown at Trust level. In response to Committee feedback at the last meeting, a single target metric was proposed for those metrics that have existing Trust-level KPIs (i.e., vacancies, turnover, sickness, agency expenditure, appraisals and core skills). The Committee discussed metrics for EDI and employee relations which were still being worked through. In the meantime the WRES 2 indicator (likelihood of BAME staff being appointed to bands 7–9) is proposed. Currently a white member of staff is 1.92 times more likely to reach this level than a BAME colleague. The CPOs committed to finalising the EDI metrics by the next meeting. The Committee also noted the current workforce position including areas requiring focus and improvement as well as the actions being taken to enable and drive the improvement.
- 2.10 There were concerns around over establishment and it is expected that reduction in bank and agency spend will address this issue.
- 2.11 It was highlighted that the PDR/appraisal target was still low. The Committee challenged itself and others to ensure improvement noting that improvement will contribute to staff retention.
- 2.12 The Committee received a report on winter vaccination programme and noted that the uptake was increasing although the collaborative uptake remained below the national average. The Committee requested that trajectory is included in the next report. The Committee discussed vaccination reluctance and targeted actions, it was noted that demographics were still being looked at on trust level and bespoke targeted actions would be developed. The Committee requested a trajectory on this subject.
- 2.13 The Committee noted that vaccination programme was discussed at the Quality Collaborative committee, whilst it was recognised that this was the remit of the People Committee however it was noted that the baseline trajectory for vaccination for the current year is low and there is a need for a push locally and nationally. The Committee noted that there are more patients in hospital with flu. It was agreed that a vaccination campaign particularly on flu is needed to encourage staff. The CPOs agreed to work with Medical Directors to drive the campaign.
- 2.14 The Committee received a verbal update on people outcomes discussed at the last Board in Common development day. This had also been discussed at the Collaborative Executive Away day. It was highlighted at both away days that all collaborative programmes and workstreams are dependent on people resource therefore the collaborative people priorities are important. The Committee noted that this issue cut across the Collaborative

Committees therefore a collective approach is required to set the Collaborative 5 years people priorities. The EDI and Anchor institution pieces of work are linked to the people priorities.

- 2.15 A prominent discussion at the development day was whether the collaborative knew and understood what the workforce wanted. There was also consideration of strengthening relationships with the educational institutions focussing on collaborative approach which will help with recruitment i.e., developing and recruiting to programmes for new roles that previously individual trusts might have been unable to commission sufficient numbers on their own.
- 2.16 The Committee noted the Local Trusts People Committee reports. Good practice from each trust was highlighted that other Trusts could learn from.
- 2.17 The Committee received a verbal update on the Committee forward planner which is still in progress. The CPOs recognised the importance of the forward planner and alignment with the local committees. There was a commitment to complete this by January 2023.

3. Positive Assurances Received

- 3.1 Positive assurance that the EDI metrics is in progress and would be completed by the next meeting.
- 3.2 Positive assurance that standardisation of bank rates across the collaborative had been strongly achieved.
- 3.3 The Collaborative Trusts have signed up to the London Living Wage with the aspiration to implement the London Living Wage by the end of the 2023.
- 3.4 Positive assurance that financial well-being support have been positively received by staff and the HR team will continue to sign post staff to well-being offerings.
- 3.5 Positive assurance that impact of the nursing industrial action was managed, and planning is in place to manage the ambulance strike. The FAQs on industrial actions was received with positive feedback.

4. Key Risks to Escalate to the Board in Common

- 4.1 Completion rate for personal development reviews and appraisals with no Trust meeting the target for both measures.
- 4.2 Collectively over-establishment across the collaborative caused by agency spend.
- 4.3 Flu Vaccination is a priority across the collaboration and increasing flu hospitalisation

5. Concerns Outstanding

- 5.1 Not applicable

6. Key Actions Commissioned

- 6.1 First iteration of the People Strategy
- 6.2 Deep Dive into the Collaborative as an Anchor Institution
- 6.3 How to extend the apprenticeship scheme
- 6.4 Standardisation of job descriptions and job plan for shared appointments

- 6.5 Further structural changes and principles to be considered to demonstrate the value of the collaborative for example, learnings from the procurement exercise.

7. Decisions Made

- 7.1 Not applicable

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.	People Outcomes from Board in Common Development Day			Information
2.	Declaration of interests			-	10.	Local Trust People Committee Report			Noting
3.	Minutes of the meeting held on 28 September 2022			Approval	11.	Committee Forward Planner			Verbal
4.	Matters Arising and Review of Action Points			Discussion	12.	Actions and Escalations			Verbal
5.	Acute Collaborative People Priorities Update including update on the agreed four immediate actions			Discussion	13.				
6.	Acute Collaborative People Risks			Discussion	14.				
7.	Acute Collaborative Dashboard			Discussion	15.				
8.	Winter Vaccination			Discussion					

9. Attendance Matrix

	Attended	Apologies & Deputy Sent	Apologies
Members			
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)	✓		
In attendance			
Matthew Swindells, Chair in Common	✓		
David Searle, 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)	✓		
Kofo Abayomi, Head of Corporate Governance/Asst Trust Secretary (LNWH) Minutes	✓		
Alexia Pipe, Chief of Staff to Chair in Common	✓		

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 22 December 2022

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 quarterly meeting on 22 December 2022 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

2.1 Positive Assurances Received

- 2.1.1 The FPC has processes in place to monitor and report key performance metrics through a new Balanced Scorecard.
- 2.1.2 The COOs and CFOs meet on a regular basis to discuss issues, align finance and performance. There are examples of mutual aid in place across the four Trusts as a result.
- 2.1.3 Ambulance handovers are a major national priority and where issues have presented themselves at hospitals, the new flow model has been adopted. All sites have a high focus on reducing any patients over 30 minutes and NWL has some of the best performing Acute sites in that regard. The most challenged site for offloads is Northwick Park and to support LNWHHT the collaborative has implemented a postcode divert at times of pressure moving ambulances away. LNWHHT are also improving flow within ED and the General & Acute bed base to allow faster off loads. All sites have worked with LAS colleagues to have cohorting of ambulances and rapid release.
- 2.1.4 During November and December, all providers in the Collaborative undertook a peer review of their EDs, led by Professor Redhead, and supported by the NWL UEC Programme Team. Action Plans for each ED have been developed as a result of the review.
- 2.1.5 There has been a sustained reduction in the number of patients on the 62 day wait on the referral to cancer treatment pathway, from May 2020 (1,029 patients) to November 2022 (251 patients) but NWL is still behind target.
- 2.1.6 Rising numbers and acuity of mental health has been a national concern and the committee was briefed on new service provisions aimed at providing patients with access to care in the best setting for their needs, for example there is positive feedback about the new 24-hour Mental Health Crisis Assessment Service (MHCAS) at St Charles Hospital. Run by Central and North West London (CNWL) NHS Foundation Trust, the MHCAS offers a calm and therapeutic mental health setting to see many

- emergency mental health presentations. Such initiatives would reduce pressure within the acute sector. The Committee noted the importance of being assured of a strategic response to the Mental Health needs in NWL.
- 2.1.7 Blood borne virus testing is being done in all NWL EDs as a matter of routine.
 - 2.1.8 The Committee received a deep dive on diagnostic provision. Diagnostic waiting time performance is improving across the four Trusts, Histopathology turnaround times at NWLP providers is continuing to improve following actions to extend hours of operation and recruit additional staff.
 - 2.1.9 The deep dive highlighted current pressures across the Acutes, Mutual aid is supporting improved performance, there are mitigations in currently in place to improve performance and medium-term strategic actions including mapping to better match capacity and demand and investing in estate and devices. Significant work has been undertaken to support imaging and endoscopy to date.
 - 2.1.10 The Committee was pleased to note a project aimed at assessing equality of access to care has been initiated. This project will examine variation in DNA rates for gastroenterology services by ethnicity and deprivation.
 - 2.1.11 The Committee received an update on the NWL ICS shared service procurement function which mobilised in September 2022 and is reported as progressing well.
 - 2.1.12 Collaborative Committees are developing mechanisms to seek assurance that Trusts are managing their own risks and oversee collaborative risks. A paper outlining the Chairs of the Audit and Risk Committees' thoughts about how to manage risk at a collaborative level will be brought back to the Finance and Performance Collaborative Committee in March 2023 to inform the process.
 - 2.1.13 Financial planning for 2023/24 is underway at all trusts and the Committee will review the Plans with a focus on areas of joint action to mitigate risk.
 - 2.1.14 The future focus of the Committee was discussed, Committee members requested that the forward plan should include ensuring sustained improvements to performance, structural cost reduction and income maximisation. It was agreed that key productivity metrics will be used to measure and understand progress and that robust benefits realisation processes will be consistently embedded in Business cases and investment programmes.

2.2 Key Risks to Escalate

- 2.2.1 All trusts faced risks with meeting the 78-week target in a small number of specialities (Vascular surgery, Neurology, Allergy and Gynaecology). Scenario planning has been undertaken to understand risks and inform planning and the Committee noted the mitigations in place on trajectories and mitigations in place.

2.3 Concerns Outstanding

- 2.3.1 There continues to be a national focus relating to medically optimised patients who are occupying acute beds, and discussions are being held with Local Authorities and the ICB about how to improve their discharge. There are approximately 350 such patients within the collaborative awaiting discharge.
- 2.3.2 All Trusts in NWL have been under significant pressure against the 4-hour standard with increased attendance numbers in both the UTC and ED. Staffing challenges within the UTCs have particularly impacted the wait times and contributed to deteriorating performance. The importance of getting a long-term sustainable model for the UTCs was noted. A procurement decision is overdue.
- 2.3.3 The PTL size continues to be a serious concern for all trusts. At the point of the Committee there had been a small reduction across the collaborative in the size of the non-admitted PTL. Recently lists have been negatively impacted by eRS lists being added to the PTL for each Trust.
- 2.3.4 The management of the PTL will be a key area of concern for the collaborative in 2023. Initiatives to better understand acuity of patients, technical management of the lists and broader demand and capacity issues were debated and will be brought back to future

- meetings. The PTL size and overall trajectory was noted as requiring a system response, including Acute Trusts.
- 2.3.5 At month 7 (October), the Collaborative was £23m adverse to plan. The key drivers for the adverse variance are primarily cost pressures and delays/difficulties in the delivery of cost improvements. Work is underway to deliver a balanced budget. The Committee noted that mitigations include non-recurrent savings which will put greater pressure on future years financial activity.
- 2.3.6 The Committee was briefed as to activity within the NWL system and the collaborative to develop plans to move back to a sustainable position. This will require deficit reduction plans over the medium term both within individual organisations and across the collaborative.
- 2.3.7 The Elective Recovery Fund (ERF) framework is being developed centrally; it is not currently clear how this will be implemented for 2023/24, although the position for H2 2022/23 is now clearer with an expectation that ERF funding will be passed to Trusts. However, in month 7, NHSE released updated baselines for local and national (specialised services) commissioners against which ERF performance is measured, and this has also had an impact on performance at month 7. Further work is required to assess the impact of the baseline changes and the VWA calculations for NHSE activity. The risk remains around ERF recovery in the second half of the financial year in respect of specialised commissioning. In addition, an ongoing risk around recovery of ERF in 2021/22 for ICHT was flagged, which is in dialogue with the regional team with support from the ICB.
- 2.3.8 For 2023/24, a move to a PBR approach for ERF could create some risks for the Collaborative, depending on how this is implemented and what the starting baselines are for assessing delivery – and in particular in respect of NHSE specialised commissioning, given the complexities of this area. However, the strong performance in M7 and forecast for H2 provides a good starting point for 2023/24.
- 2.3.9 A focus on identifying recurrent CIPS and productivity was agreed to be a core aspect of 2023/24 financial planning.

2.4 Key Actions Commissioned

- 2.4.1 Consideration about how the Acute Programme Board could report into the Finance and Performance Collaborative Committee to understand collaborative learning and sharing of knowledge and additionality.
- 2.4.2 Development of a detailed timeline to ensure oversight and discussion of the 2023/24 Financial Plans.
- 2.4.3 The governance process and timelines for approving business cases, business and activity plans and how to approve them at Trust and Collaborative level has to be clarified.

2.5 Decisions Made

The Patient Engagement Portal business case was approved, subject to approval by each Trust's Executive Management team retrospectively.

3. Summary Agenda

No.	Agenda Item	Purpose	No.	Agenda Item	Purpose
1.	Integrated Performance Report	Noting	9.	NWL Procurement update	Noting
2.	Urgent and Emergency Care	Noting	10.	Business Case: Patient Engagement Portal	Decision
3.	Diagnostics	Noting	11.	Update on process of Approving Collaborative Business Cases	Noting
4.	Elective Care	Noting	12.	Update on Collaborative Financial & Performance Risks and Assurance	Noting

5.	Cancer	Noting	13.	Trust Level Committee Assurance Reports	Noting
6.	Finance Report & CIP delivery	Noting	14.	Draft Forward Agenda Planner	Noting
7.	Financial Recovery Report	Noting	15.	Agenda Setting for meeting being held on 14 March 2023	Noting
8.	2023/24 Financial Plans	Noting	16.	Key issues for the Board in Common	Noting

4. 2022 / 23 Attendance Matrix

	Attended	Apologies & Deputy Sent	Apologies
Members			
Catherine Jarvis, (Chair)	✓		
Nilkunj Dodhia	✓		
Bob Alexander			✓
David Moss	✓		
Lesley Watts	✓		
Matthew Swindells, Chair	✓		
Jon Bell	✓		
Tina Benson	✓		
Rob Hodgkiss	✓		
Virginia Massaro	✓		
Claire Hook	✓		
Jazz Thind	✓		
James Walters	✓		
Jonathan Reid	✓		
Jennifer Howells	✓		
Peter Jenkinson	✓		
Daryl Lutchmaya	✓		

North West London Acute Provider Collaborative Collaborative Infrastructure & Capital Committee Chair’s Highlight Report to the NWL Board in Common (BiC) – for discussion Date of the meeting: 13 December 2022

Highlight Report

1. Key Highlights

1.1 The Committee received:-

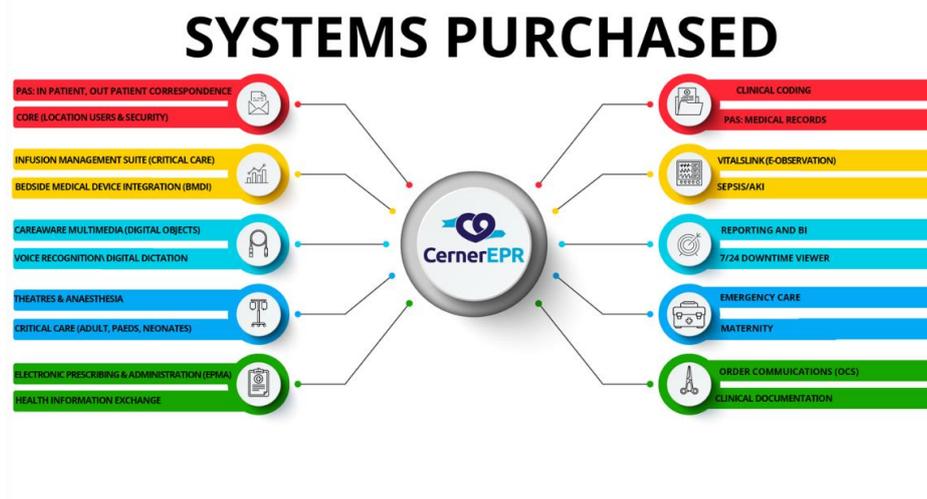
Terms of reference

1.2 The revised terms of reference were discussed, and the committee approved the following additions:-

- Identify opportunities and proactively drive benefits across the collaborative and look at ways to work collaboratively to benefit patients and reduce risk.
- Be a forum for bold thinking in generating collaborative opportunities in strategic areas with an aggressive approach to their adoption and successful delivery and ensure necessary engagement in the development of a capital prioritisation framework for the Collaborative, including principles for capital pooling where considered appropriate.

Cerner EPR project

1.3 The Committee received a deep dive into the approach being taken to implement Cerner at LNW and THH and the optimisation of Cerner across the whole of the acute provider collaborative. The completion of the implementation across the whole of the acute care setting is the end of 2023. Alongside the work to bring additional hospitals onto the system there will also be the roll out of a programme of optimisation that will redesign the way that we use the system to support a more integrated approach to the delivery of care across the acute provider collaborative. At the end of the programme of work there will be a single Cerner electronic patient record solution in use across all the 12 hospitals in the provider collaborative that has been optimised to support new ways of working. The illustration below shows which modules of the CernerEPR system are being adopted.



Legacy deep dive

- 1.4 The Committee received an overview of the approach being taken on the consolidation of non-Cerner clinical systems across the acute provider collaborative. The implementation of Cerner at ICHT and CWFT enabled the Trusts to decommission a range of legacy applications and deliver significant cash releasing savings as a result. Plans are in place for this to happen at LNW and THH delivering anticipated savings of £1.73m per annum. While the Cerner electronic patient record is the primary system for documenting patient records and managing our patient administration processes there are a range of second tier applications that run alongside Cerner. While our default is that Cerner should be the solution of choice, there will be areas where no EPR supplier would ever expect to be able to deliver a niche solution. The most significant group will be those systems used to support diagnostic services. The committee were provided with progress to date with consolidation of legacy systems and highlighted some of the challenges faced in moving forwards.

Capital investment

- 1.5 The Committee set out the approach that is being taken on the realisation of benefits from ICT investment. Calculating a return on investment for ICT becomes more complex as the project or programme grows in size. All significant ICT programmes require business case approval to proceed this involves financial review and aims to ensure that the investment case is sound. The report highlighted some of the challenges involved in ensuring a robust approach to the delivery of benefits from ICT programmes and projects and the difficulties in identifying benefits for digital infrastructure and for large and complex programmes. It was noted that a systematic approach being adopted at ICHT has enabled a greater focus on delivery of benefit throughout the project or programme lifecycle.

Sustainability/Green Plans

- 1.6 The Committee were updated on the progress made on the NHS England target to reach net zero carbon by 2040 for emissions we control directly and 2045 for indirect. North West London's carbon footprint as the largest ICS is the highest in London, at 1,076,460 tonnes of eCO₂.
- 1.7 They discussed the following areas for collaboration across the Acute Collaborative:
- Development of a common set of KPIs to track progress against carbon reduction targets
 - Join the NWL LED lighting programme
 - Sustainable construction guidance for acute sites in NWL should be developed to support capital development programmes.
 - Review efficiency of on-site generation plants and align where appropriate
 - Collaborate on procurement for Electric vehicles infrastructure & fleet decarbonisation
- 1.8 It was agreed to look at components of commonality that will provide a baseline across the four Acute Trusts to reach the net zero carbon targets and promote further discussions on sustainability.

2. Positive Assurances Received**Cerner EPR project**

- 2.1 Ensuring a successful go live at LNW and THH is the highest priority and risks to that are being managed proactively. There will be an on-going programme of optimisation to deliver benefits to all four trusts and the potential for collaboration on wider programmes of transformation.

- 2.2 There is also the potential to develop a closer partnership with OracleCerner going forwards is now being explored.

3. Key Risks to Escalate

- 3.1 None

4. Concerns Outstanding

- 4.1 None

5. Key Actions Commissioned

- 5.1 Further actions for the next meeting:

- Update on Digital and data strategy programme deliverables and reaffirming collaborative digital strategy
- Green plan sustainability development approach and next steps
- Approach to benefit realisation of infrastructure planning

6. Decisions Made

- 6.1 Agreed the updated Terms of Reference to reflect the agreed focus

7. Summary Agenda

No.	Agenda Item	Strategic Risk Mapping		Purpose	No.	Agenda Item	Strategic Risk Mapping		Purpose
		No.	Risk				No.	Risk	
1.	Welcome & Apologies				9.	THH – Redevelopment update			Information
2.	Declarations of Interest				10.	Forward Plan 2022/23			Information
3.	Minutes of the meeting held on the 28 September 2022				11.	Key issues for the Board in Common			Information & Discussion
4.	Action Log and Matters Arising not covered by the rest of the agenda								
5.	Updated Committee terms of reference			Approval					
6.	Digital Deep Diver – acute infrastructure focus 8. Cerner EPR project 9. Legacy systems 10. Capital investment/ROI			Information & Discussion					
7.	Sustainability/Green Plans 11. Current position 12. Opportunities from collaboration 12.1 Moving further/faster			Information & Discussion					
8.	ICHT Summary Report: Redevelopment Committee			Verbal update					

8. 2022 / 23 Attendance Matrix

		Attended			Apologies & Deputy Sent			Apologies					
Members:		A	M	J	J	A	S	O	N	D	J	F	M
Bob Alexander	Chair												
Neville Manuel	Non-Executive Director												
Aman Dalvi	Non-Executive Director												
David Moss	Non-Executive Director												
Patricia Wright	CEO Lead for the Collaborative I&C Committee												
Jason Seez	Director of Strategy THHT												
Dr Bob Klaber	Director of Strategy ICHT												
Simon Crawford	Director of Strategy LNW												
Virginia Massaro	Chief Financial Officer C&W & Collaborative CFO representative												
Kevin Jarrold	Chief Information Officer												
Robbie Cline	Joint Chief Information Officer LNW/THH												
Hugh Gostling	Collaborative Director of Estates representative												

NWL Acute Provider Collaborative Board in Common (Public)

17/01/2023

Item number: 4.4

This report is: Public

Medical examiner service community pathway implementation

Author: Shona Maxwell
Job title: Chief of Staff, Office of the Medical Director, Imperial College Healthcare NHS Trust

Accountable director: Dr Roger Chinn, Mr Raymond Anakwe, Professor Julian Redhead, Miss Gubby Ayida, Dr Jon Baker
Job title: Medical Director

Purpose of report

Purpose: Information or for noting only

This paper provides an update on the implementation of the Medical Examiner community pathway across the NWL Acute Provider Collaborative. It is being presented for information, in line with requirements that all trusts report progress on implementation to their board by April 2023.

Report history

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

Acute Provider Collaborative Quality Committee

14/12/2022

The committee reviewed reports on progress with implementation of the Medical Examiner community pathway from all four Trusts. These reports had previously been reviewed through each Trust's internal governance processes. The committee noted the progress being made and approved the submission of a summary report to the Board in Common, with the individual Trust reports included as appendices for information.

Executive summary and key messages

- 1.1. Each Trust within the North West London Acute Provider Collaborative currently has a Medical Examiner service in line with requirements set out by the Department of Health and Social Care. The service was established across England and Wales in 2020 to provide independent scrutiny of deaths when they occur in the acute setting to ensure appropriate

referral to the coroner and accurate documentation of the Medical Certificate of Cause of Death. By doing so, they support identification of learning to improve patient care and provide an opportunity to the bereaved to ask questions and raise any concerns.

- 1.2. NHSE/I wrote to all existing Medical Examiner Offices nationally in June 2021 confirming the requirement to extend their services to all non-coronial deaths across community settings. For each Trust, this means expanding their service to the following London boroughs:
 - Chelsea and Westminster NHS Foundation Trust - Hounslow, and Kensington and Chelsea
 - The Hillingdon Hospitals NHS Foundation Trust - Hillingdon
 - Imperial College Healthcare NHS Trust - Hammersmith & Fulham and the City of Westminster
 - London North West Hospitals NHS Trust - Ealing, Harrow and Brent
- 1.3. All trusts have been asked to report progress on implementation to the board which we are doing as a collaborative through this report.
- 1.4. Each Trust presented a summary with implementation of the community pathway to the Acute Provider Collaborative Quality Committee in December. These are attached in the appendices. Good progress is being made with the agreed implementation plans within each individual trust, with work also being done collectively via a task and finish group to ensure alignment across the North West London integrated care system.
- 1.5. There was assurance provided that all Trusts are on track to meet the expected deadline of April 2023 which is when the Regional Medical Examiner officer believes this will become a statutory requirement.
- 1.6. Risks to delivery are being managed through Trusts' local risk management frameworks and via the NWL ICB task and finish group where a collective solution is required. The key common risk relates to the availability of a solution for delivering a single digital system across NWL medical examiner offices and primary care organisations, with Chelsea and Westminster NHS Foundation Trust also raising concerns regarding resourcing, which they have escalated to the regional and national teams. None of these risks are being escalated to the board for action but for information and assurance that they are being locally managed.

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

Extending the remit of the Medical Examiner service and independent scrutiny of deaths occurring outside of the acute setting will support continued quality improvement and learning across the system in a way that has not been possible before.

Impact assessment

Tick all that apply

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

Quality and Equity impact: The Medical Examiner service improves the accuracy of cause of death on death certificates and identifies learning and areas where patient treatment and care could have been improved. Cases are triaged for further scrutiny in these instances. Applying ME scrutiny to community deaths improves oversight of any issues across the system.

People impact: The service also gives an opportunity to the bereaved family to offer their feedback regarding the treatment received by the deceased so that concerns can be raised and included in the scrutiny process.

Financial Impact: the funding for the Medical Examiner offices is provided by NHSE, which includes the cost of recruitment as well as office furniture and technical equipment.

Reason for private submission

Tick all that apply

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

If other, explain why

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



Appendix 1 –Acute Provider Collaborative Quality Committee - Medical examiner system update CWFT

NWL Acute Provider Collaborative Quality Committee

14/12/2022

Item number: 8

This report is: Public

Statutory medical examiner system update CWFT

Author: Dr Elora Mukherjee and Dr Sarah Cox
 Job title: Lead Medical Examiners West Middlesex University Hospital and Chelsea and Westminster Hospital

Accountable director: Roger Chinn
 Job title: Chief Medical Officer

Purpose of report

Purpose: Information or for noting only

The Committee is asked to note the update on the Medical Examiner service at Chelsea and Westminster Hospital NHS FT and to note the plan to extend scrutiny to community deaths from April 2023

Report history

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

CWFT Local Quality Committee

06/12/2022

Current paper produced in advance of date

CWFT Local Quality Committee

05/07/2022

Endorsed Medical Examiners Annual Report

Committee name

Click or tap to enter a date.

What was the outcome?

Executive summary and key messages

The local Trust Quality Committee endorsed the Annual report from the Office of the Medical Examiners (MEs) in July 2022.

In the report, it was noted that there was expectation to extend the scrutiny to deaths in the community from April 2023.

This report is to inform the Committee and provides an update on current progress to achieving this aim.

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

The Medical Examiner function address all aspects of care provision leading up to death. This provides opportunity to identify issues in any domain.

Reason for private submission

Tick all that apply

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

If other, explain why

The Annual report from the Office of the Medical Examiners (MEs) was endorsed by the local Trust Quality Committee in July 2022

The Medical Examiner (ME) Service is mandated by the Department of Health and Social Care as part of a national program. A new ME system was introduced across England and Wales from April 2020 to provide greater 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

The service scrutinises patient deaths to ensure appropriate referral to the coroner and accurate documentation of the Medical Certificate of Cause of Death (MCCD). It also aims to improve the experience of bereaved relatives and contribute to improved patient care through identifying learning.

The recent annual report described the second year of the ME service, including the impact of COVID-19. The report described how the ME service across both sites scrutinised 99.6% of all deaths in the Trust.

The ME service must be independent of Trust processes, but the nature of the learning identified inherently links to several of the Trust quality priorities and supports robust mortality surveillance within the organisation.

Additional benefits include that the ME provided support for junior doctors to complete death certificates; there was proactive communication with bereaved families; 99.6% of all inpatient deaths were scrutinised, with potential learning identified in 159 cases (12%); feedback of 30 cases provided to external organisations such as LAS and local care homes.

Further Progress on Community roll-out

Community roll out is planned by the national ME office/DHSC but mandate has been delayed to April 2023. CWFT have been assigned the boroughs of Hounslow, and Kensington and Chelsea as our community areas. Engagement with Sector partners is required ahead of the roll out of the service for community deaths. To our Trust this will represent an additional 1000 deaths requiring scrutiny in the boroughs. The projected additional numbers are approximately an additional 650 deaths on top the existing 850 acute deaths in Hounslow per annum and an

additional 550 on top of the existing 550 deaths per annum in the borough of Kensington and Chelsea.

The Trust has been given some additional resource in anticipation of the extra activity but in our view this will not be sufficient to review all community deaths. A diary-carding exercise conducted across both sites objectively measured the time taken to scrutinise deaths. It was concluded that it takes significantly longer per case to scrutinise than the national funding formula allows. Therefore both ME offices will be subject to additional pressures to accommodate the incoming community cases. This has been flagged to the regional and national teams and we are yet to receive a clear response on the matter.

The MEs are committed to scrutinising Trust cases aiming to achieve 100% scrutiny, and will tackle the community cases as best as possible. The development of the national digital Medical Certificate of Cause of Death will replace the paper forms alongside a new digital case management system connected to a central database, which will mean double entry for ME offices which use Datix for ME scrutiny. Datix currently works particularly well for our needs and acts as a repository of information for the Trust.

There had been unresolved issues around access to medical notes, data governance issues, and challenges in contacting GPs. The MEs remain committed to work at ICS level to develop the local solutions to these issues.

One of the biggest achievements in the last few months has been around the collaborative NWL ICS work to address this, which is not just IT but IG and Comms and clinical governance as well.

The sector has come together to work as one collaborative and is making excellent progress in piloting community deaths using SystemOne and EMIS.

There have been numerous sessions raising awareness for GP practices with regards to the referral process into the ME office and a comms group is reaching out to inform borough Registrars offices and funeral directors.

The out of hours deaths will ideally be managed through an out of hours ME service, staffed by willing ME's and MEO's. This will also be organised as a rota across the NWL sector and is a work in progress. This will provide significant improvement to the experience of bereaved families especially in certain faith groups.

The ME offices have agreed to send ME scrutiny to GPs along with the notification of hospital death, which we hope will give them some additional and valuable information.

As a measure of our own quality standards, the ME teams have repeated a cross-site internal quality assurance process, where we have objectively scrutinised the work for learning and improvement.

November 2022

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



Appendix 2 – Acute Provider Collaborative Quality Committee – Medical examiner service update ICHT

NWL Acute Provider Collaborative Quality Committee

14/12/2022

Item number: 11

This report is: Public

Medical examiner service and community pathway implementation – Imperial College Healthcare NHS Trust

Author: Jack Pegg
 Job title: Deputy General Manager, office of the medical director, ICHT

Accountable director: Julian Redhead and Raymond Anakwe
 Job title: Medical director

Purpose of report

Purpose: Information or for noting only

This paper provides an overview of the Medical Examiner service general activity and an update on the implementation of the community pathway. It is being presented for information and approval for onward submission to the board in common, in line with requirements that all trusts report progress on implementation to their board by April 2023.

Report history

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

Executive Management Board Quality Group

18/10/2022

The committee noted the progress being made and approved the report for onward submission to EMB, Quality Committee and the Acute Provider Collaborative Quality Committee.

Executive Management Board (EMB)

25/10/2022

The committee approved the report for onward submission to Quality Committee and the Acute Provider Collaborative Quality Committee.

Quality Committee

03/11/2022

The committee noted the progress being made and approved the report for onward submission to the Acute Provider Collaborative Quality Committee.

Executive summary and key messages

- 1.1. NHSE/I wrote to all existing Medical Examiner Offices nationally in June 2021 confirming that the requirement to extend their services to all non-coronial deaths across community settings. For Imperial College Healthcare NHS Trust, this means expanding our service to the London Borough of Hammersmith & Fulham and the City of Westminster.
- 1.2. It is estimated that this will result in an additional 1,200 deaths for the ME service to scrutinise annually. This will increase expected number of deaths to scrutinise from 1,740 to over 2,900.
- 1.3. Work is underway with North West London ICB colleagues to implement these changes ahead of the expected deadline of April 2023 which is when the Regional Medical Examiner officer believe these changes will become a statutory requirement.
- 1.4. Although there is significant work to be completed to be able to enact our responsibilities a plan for implementation is in place and good progress is being made.
- 1.5. Risks to delivery will be reported through the risk register framework and so to executive management board through the quality function report going forward. The risk at present largely sits with the availability of a digital solution. This has been added to the risk register of the Medical Director's office.
- 1.6. All trusts have been asked to report progress on implementation to the board which we are doing through this report.

Strategic priorities

Tick all that apply

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

The Medical Examiner service and the independent scrutiny of deaths when they occur in the acute setting has been a vital component of the Trust quality function since it was established in April 2020. Implementing this for all deaths occurring in the sector will support continued quality improvement and learning.

Impact assessment

Tick all that apply

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

The Medical Examiner service improves the accuracy of cause of death on death certificates and identifies learning and areas where patient treatment and care could have been better. Cases are triaged for further scrutiny in these instances. The service also gives an opportunity to the bereaved family to offer their feedback regarding the treatment received by the deceased so that concerns can be raised and included in the scrutiny process.

Reason for private submission

Tick all that apply

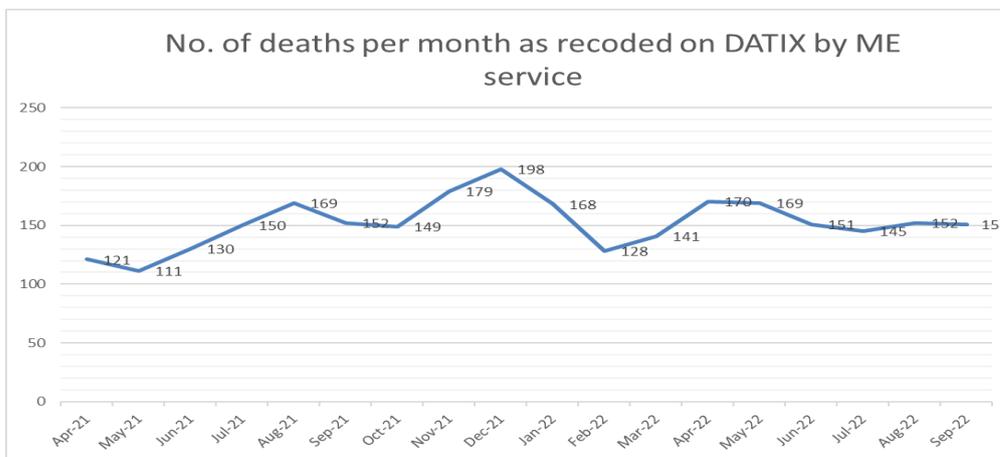
- Commercial confidence
- Patient confidentiality
- Staff confidentiality
- Other exceptional circumstances

If other, explain why

Main Report

2. Medical Examiner service – general activity

2.1. The Medical Examiner service scrutinised and processed all of the 1,740 deaths that



occurred across our five hospitals in 2021/22 and the 938 deaths that have occurred so far in M1-M6 2022/23.

DATIX is the source of this data and includes stillbirths and community deaths recorded but not scrutinised by the Medical Examiner service.

- 2.2. MEs are responsible for reviewing every inpatient death prior to the issuance of the medical certificate of cause of death (MCCD) to improve accuracy of certificates. The service also gives an opportunity to the bereaved family to offer their feedback regarding the treatment received by the deceased so that concerns can be raised and included in the scrutiny process.

3. Community pathway implementation

- 3.1. NHSE/I have confirmed that all Medical Examiner Offices will extend their services to scrutinise all non-coronial deaths across community settings. It is understood that legislation is scheduled to pass in April 2023 that will make the delivery of the community pathway a statutory requirement of Medical Examiner services. The Medical Examiner remains in close conversation with regional ME service on the expected timeline for the passing of this legislation.
- 3.2. All acute Trusts in North West London have been allocated one or more London boroughs in North West London to which they will provide this service. The allocations are listed below.

Acute Trust ME service	London Boroughs
Imperial	<ul style="list-style-type: none"> • Hammersmith & Fulham • City of Westminster
Chelsea and Westminster	<ul style="list-style-type: none"> • Kensington & Chelsea • Hounslow
London North West	<ul style="list-style-type: none"> • Brent • Ealing • Harrow
Hillingdon	<ul style="list-style-type: none"> • Hillingdon

- 3.3. NHSE/I estimate that 1,200 deaths occur in Hammersmith & Fulham and City of Westminster annually representing a 68% uplift in deaths to be reviewed by the Trust Medical Examiner service. Discussion between the Trust and registry offices in Hammersmith & Fulham and Westminster puts the estimated figure at 1,400 deaths annually, an 80% uplift.
- 3.4. Additional funding is being provided by NHSE/I so that additional staff can be recruited to provide the expanded service. A NWL implementation group has also been established to share efforts and off-set the demand on individual ME services to implement these changes.

4. A single NWL community pathway

- 4.1. The NWL ICB has established a task and finish group to work collaboratively on the delivery of a community pathway in the sector. Group membership consists of representation from

all acute Trust Medical Examiner services, borough primary care directors from across the ICB and CCG Quality and ICT representatives. The group is responsible for design and delivery of an agreed pathway, a single digital solution, and sector-wide stakeholder communications.

4.2. **Pathway design**

- 4.2.1. The national medical examiner provided a recommended high-level pathway for implementation by services (Appendix A). This is high-level and broadly in line with how medical examiner services operate pathways in acute settings.
- 4.2.2. Medical examiner services will implement a single community pathway across the sector. A detailed pathway has been designed and will be discussed with primary care leads before being finalised and implemented in November 2022. The community pathway will ensure organisations are clear on roles and responsibilities, timelines and communication mechanisms.
- 4.2.3. Risks around the availability of general practices to conduct two-way conversations about the deceased and completeness of digital records being transferred to the Medical Examiners have been identified. These will be mitigated through communication of expectations and responsibilities and through design of the digital solution.
- 4.2.4. The pathway will be shared with a pilot group in October 2022 for agreement and phased rollout from mid-November 2022. Commencing the rollout is contingent on the readiness of the digital solution.

4.3. **Digital Solution**

- 4.3.1. The digital solution sub-group conducted a risk/benefit assessment of the feasible options for delivering a single digital system across NWL medical examiner offices and primary care organisations. The assessment was made against key principles of ensuring a system was fit for purpose, usable by all organisations, cost effective to deliver and maintain, and allowed for robust information governance.
- 4.3.2. The recommended solution was to procure GP Community Modules for the existing systems in use in primary care (SystemOne and EMIS).
- 4.3.3. This offers advantages for low delivery and implementation costs, existing customer and support arrangements with the providers and the ability for Medical Examiner offices to cover multiple community boroughs without multiple different system access requirements.
- 4.3.4. This system will provide Medical Examiner offices with the required access to be able to view the patient records held in primary care organisations for the deceased so they can independently apply their scrutiny to the death that has occurred.
- 4.3.5. London North West have agreed to host the solution on behalf of organisations in the ICB. The NWL Information Governance team have given this approach and the wider

information governance framework underpinning the use of the digital solution their initial approval with formal approval due this month.

- 4.3.6. The technical groundwork for the deployment of this system is underway at the Trust. The ICT team have installed SystmOne on the Trust network and will complete the installation of EMIS this month. This will allow the Medical Examiner service access to the new system once it has been rolled-out. An order has been placed for Trust laptops for our community Medical Examiners who work remotely so they can have the same access to the new system as our Trust Medical Examiners.

4.4. **Pilot**

- 4.4.1. A group consisting of NWL Medical Examiner services and primary care organisations from across boroughs has convened to pilot the end-to-end process and digital solution. Briefing sessions for pilot groups have taken place already and system access is being prepared for the organisations involved.
- 4.4.2. In October 2022, the pilot group will work through the end-to-end community pathway to test steps involved and feedback where improvements can be made. Organisations will also use the new digital systems as part of this pilot and give user feedback to the NWL ICT team. This pilot is planned to conclude at the end of October 2022.

4.5. **Communications**

- 4.5.1. A NWL task and finish sub-group with representation from medical examiner services, primary care leads, faith group leaders, patients and citizens and ICB communication leads have developed a communication plan to coordinate and align communications across the sector.
- 4.5.2. Communication with GPs and primary care leads started in June 2022 with information about the community pathway and the new requirement for independent scrutiny of deaths. Further communication with these organisations are planned in October containing more details about the rollout and in November with details of the finalised pathways and digital solutions to be implemented.
- 4.5.3. Communication materials in various languages are being developed for bereaved families and the public, registrars, funeral directors and other Local Authorities.

5. **Resourcing**

- 5.1. NHSE/I have provided an increase in the 2022/23 ME service funding settlement to the Trust in order to cover the costs of recruiting additional staff required to manage the additional caseload resulting from the implementation of the new pathway.
- 5.2. The new funding settlement and continuation of the top-up funding previously agreed by the Trust means that the Medical Examiner service has been able to expand to 1.7 WTE MEs and 4 WTE MEOs.

- 5.3. Internal and external recruitments have completed and the service is currently at full establishment with no vacancies. However, a new external ME recruitment has commenced in order to replace MEs who are currently working their notice period with the service. New staff will be in place in Q4 2022/23 at which point the service will return to full establishment.

6. Conclusion

- 6.1. The Trust ME service will continue to deliver scrutiny to all deaths occurring in acute settings across our five hospitals.
- 6.2. The service will continue to work with NWL ICB colleagues on the implementation of systems and processes for community pathway in a phased approach from end of November 2022.
- 6.3. Further updates will be provided to EMB Quality Group.

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



Appendix 3 – Acute Provider Collaborative Quality Committee – Medical examiner service update LNWH

NWL Acute Provider Collaborative Quality Committee

14/12/2022

Item number: 9

This report is: Public

Medical Examiner Service – LNWH NHS Trust

Author: Peter Hare
Job title: Patient Services Manager

Accountable director: Dr Jon Baker
Job title: Chief Medical Officer

Purpose of report

Purpose: Information or for noting only

The paper is to provide assurance to the board around the planned implementation of the scrutiny of deaths in the community for the three boroughs of Ealing, Harrow and Brent.

Report history

N/A

Executive summary and key messages

The Medical Examiner (ME) service was initially implemented within London North West Healthcare NHS Trust in April 2020 to review all acute deaths that occurred in hospital.

The long term plan was to always extend this to include non-coronial deaths in the community for the boroughs of Ealing, Harrow and Brent.

The ME service is due to become statutory from April 2023.

The Trust has been working with colleagues in other Trusts within the sector as well as the ICB to deliver a joined up approach to implementing the scrutiny of deaths in the community.

The majority of this work has been selecting a preferred method of referral of deaths to the ME service, as well as the ability for the ME service to review the medical records of the deceased.

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

The aim is to implement this service as seamlessly as possible and provide colleagues in the community with an efficient mechanism for referring deaths to the ME office while causing minimal disruption and delay to the issuing of Medical Cause of Death Certificates (MCCDs).

Impact assessment

Tick all that apply

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

Quality Impact: The ME service will ensure less variation and a greater accuracy in the recording of causes of death. It will also help to identify cases where the care provided before death could have been better, and also highlight good practice noted during scrutiny or during conversations with the bereaved. Financial Impact: the funding for the ME offices is provided by NHSE, which includes the cost of recruitment as well as office furniture and technical equipment.

Reason for private submission

Tick all that apply

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

If other, explain why

Main Report

The ME service

The ME service was initiated following recommendations in a number of published public inquiries, including the Shipman Inquiry and the Mid Staffs Inquiry.

The main purpose of the service is to seek answers to 3 particular questions:

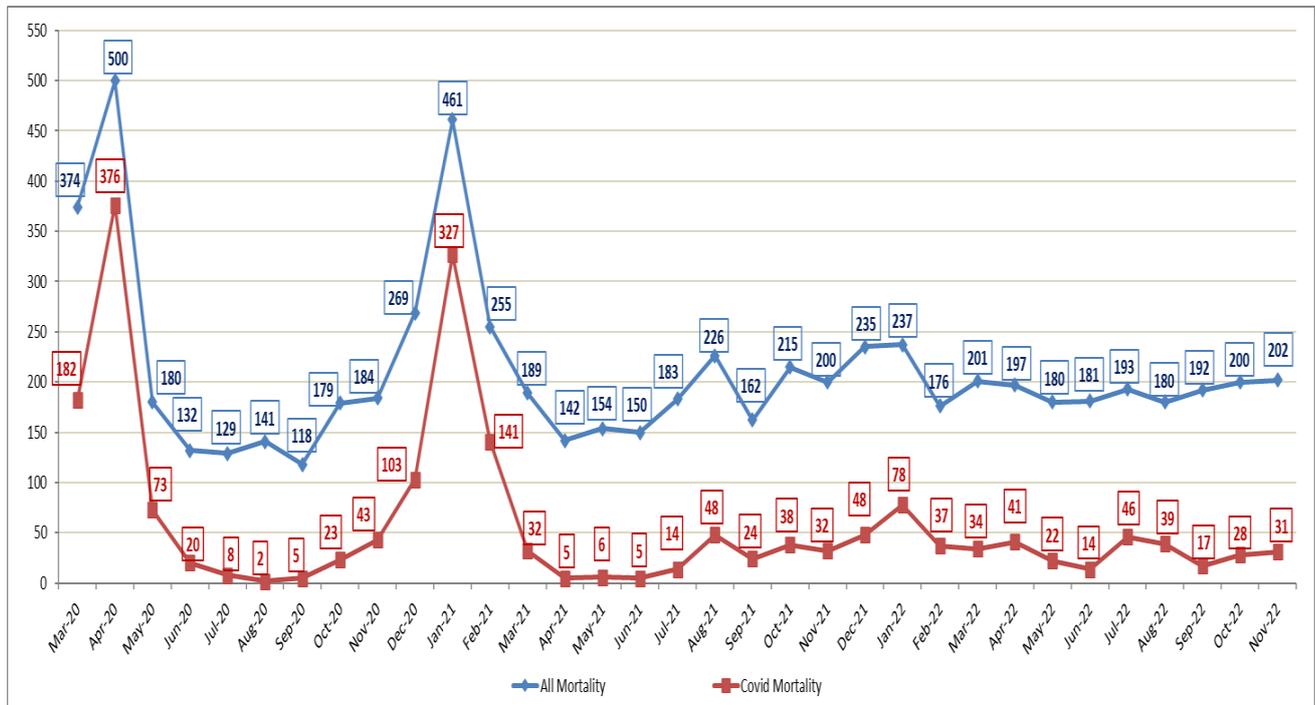
- What caused the death?
- Does the Coroner need to be notified?
- Was the care before death appropriate?

To help answer these questions, the Medical Examiner service will:

- Carry out a proportionate review of the relevant medical records
- Interact and agree on the proposed cause of death with the doctor completing the Medical Cause of Death Certificate (MCCD)
- Conversations with the bereaved

General Activity

The Medical Examiner service has been involved with and scrutinised all deaths in the Trust since April 2020, initially acting in place of treating doctors in issuing MCCDs during the COVID pandemic under the Coronavirus Act. This is a total of 6,917 deaths.



Included in these deaths are 175 deaths from St Luke’s Hospice, which the ME office has been scrutinising since mid-2021.

Community Implementation and resourcing

The Acute Trusts across London have been designated a number of boroughs dependent on the communities their acute sites serve. The boroughs of Ealing, Brent and Harrow have been allocated to LNWH.

The most recent guidance from the National Medical Examiner Office (NME) predicts that the ME office will be required to scrutinise 2,345 deaths across Ealing, Brent and Harrow, which is in addition to the 2,200 on average deaths within the Trust.

The NME office has provided incremental financial assistance to staff the ME team adequately to be able to deal with all Acute and Community deaths. The final funding includes 1.8 PAs worth of ME time to scrutinise all deaths, and 5.2 WTE of Medical Examiner Officers (MEOs), who are full time and are a constant in the office. The MEO team has been structured to include a Lead MEO (band 7), 2 Senior MEOs (band 6) and 2 MEOs (band 5). All MEOs are in post, and there are 2 PAs worth of ME time to recruit to ahead of April 2023.

Designing the service for GPs

The Trust, in late 2021, began discussions with colleagues across the 3 boroughs about implementing a service for referrals of deaths to the ME office. It was quickly established that doing this as a sector would be beneficial, and so all other Acute Trusts in the sector have met fortnightly throughout 2022 as part of a Task and Finish group. Colleagues from the ICB have also been involved in this process, including Borough directors, Medical Directors, Quality and Assurance, Comms Lead and ICT support.

A solution for record sharing and referral of deaths was agreed where ME offices have access to the SystemOne and EMIS systems. LNWH have agreed to be the host for this service. A proforma has been developed, in conjunction with GP colleagues, for the details of the deceased to be referred to the ME office, with access then to the necessary records. The system has a 2 way communication tool within it allowing ME offices to refer back the notification to the GP practice and allow the MCCD to be issued.

The ME office has in the meantime been invited to and attended various GP and Borough forums to explain the ME service to key stakeholders. Pilot sites have been engaged and training on the referral process is being provided in early December ahead of the pilot going live on 12 December.

Implementing other community services

While the majority of community deaths will come from GP practices, the Trust has also been engaging with other healthcare providers within the community. An arrangement has been in place with the Royal National Orthopaedic Hospital since 2020 for scrutiny of their deaths. We have already been scrutinising deaths at St Luke's Hospice since early 2021, and also Meadow House Hospice, which is on the grounds of the Ealing Hospital site.

We have also engaged with Central London Community Healthcare, who have community bedded units within Brent and Harrow, and are finalising the arrangements for the referral of deaths to the ME service. We have also had initial meetings with West London NHS Trust, who manage bedded units in the Clayponds Unit and also the Clementine Churchill Hospital.

Conclusion

The ME office will continue to provide scrutiny for all Acute Trust deaths

The Trust will look to on board other GP surgeries through a phased approach following the initial pilot phase and ahead of the April 2023 statutory deadline.

Recruitment into the remaining 2 PAs will take place ahead of the April 2023 deadline.

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



Appendix 4 – Acute Provider Collaborative Quality Committee – Medical examiner service update – Hillingdon Hospital

NWL Acute Provider Collaborative Quality Committee

14/12/2022

Item number: 10

This report is: Public

Medical Examiner Report –The Hillingdon Hospitals NHS Foundation Trust

Author: Jeremy Weinbren
Job title: Lead Medical Examiner

Accountable director: Gubby Ayida
Job title: Medical Director

Purpose of report

Purpose: Information or for noting only

This report is to update the NWL Collaborative Quality Committee on the Medical Examiner Community rollout in Hillingdon.

Report history

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

**Quality & Safety
Committee**
30/11/2022
Update provided

Executive summary and key messages

The Medical Examiner Service was established as per Coroners & Justice Act (2009) initially with one hub in each Acute Trust providing a second-level scrutiny of in-hospital Deaths. The Team at The Hillingdon Hospitals was established in June 2020, with ongoing NHSE funding. There is a well-established Regional (London) infrastructure, with regular meetings with Regional Leads, Coroner and Registrars.

The plan for rollout to cover all deaths within the local Borough (mirroring Local Authority and Coronial services) was stimulated in 2021, under instruction from NHSE to all stakeholders.

In December 2021, ICS-level planning began, with regular meetings of a Task & Finish Group to progress the project at a Sector level. This group meets at least fortnightly and is implementing a sector-wide solution, based on certifying practitioners alerting the local ME office via EMIS or SystemOne that a death has occurred. The rollout is intended for non-coronial deaths in the community, but systems are in place for scrutiny of cases where the coroner decides not to investigate.

The Hillingdon (THH-based) Medical Examiner Service is fully engaged with the ICS-based rollout of the ME service to the non-acute sector. There are still some (mostly IT and engagement) issues to resolve, but it is anticipated that we are on track for April 2023, assuming uptake from all relevant stakeholders.

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 carers)
- 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



Update on Medical Examiner Community Rollout in Hillingdon

Background.

The Medical Examiner Service was established as per Coroners & Justice Act (2009) initially with one hub in each Acute Trust providing a second-level scrutiny of in-hospital Deaths. The Team at THH NHSFT was established in June 2020, with ongoing NHSE funding. There is a well established Regional (London) infrastructure, with regular meetings with Regional Leads, Coroner and Registrars.

The plan for rollout to cover all deaths within the local Borough (mirroring Local Authority and Coronial services) was stimulated in 2021, under instruction from NHSE to all stakeholders.

Our ME Service began publicising and discussing the upcoming changes with local PCNs and the CCG(as-was) leads in April 2021.

Our funding formula from NHSE provides for 10 PA for Medical Examiners (ME) and 3 Full Time Medical Examiner Officers (MEO) per 3000 anticipated deaths was scrutinised. This ME Office's original staffing establishment before the rollout was allocated as 0.5 WTE (5PA) Medical Examiners and 1 Full Time Band 6 MEO, slightly rounding up with 850 scrutinised in-hospital cases.

Since August 2021 additional funding has been made available, anticipating the expansion to approximately 2000 scrutinised cases, and so we are now funded for 0.7 WTE ME and two full-time Band 6 MEO. Since March 2022, we have 6 MEs and two MEO, covering the extra admin and liaison work in preparation for the rollout. There is a small allowance for office expenses and recruitment costs. With the increased staffing, extra Trust laptops and software have been ordered to support the staffing/workload expansion, and (as a one-off) the budget allows for this.

Progress.

In December 2021, ICS-level planning began, with regular meetings of a Task & Finish Group to progress the project at a Sector level. This group meets at least fortnightly and is implementing a sector-wide solution, based on certifying practitioners alerting the local ME office via EMIS or SystemOne that a death has occurred in their patient. The rollout is intended for non-coronial deaths in the community, but systems are in place for scrutiny of cases where the coroner decides not to investigate.

The Health & Care Act 2022 contains the primary legislation to enable a full Community Rollout in April 2023.

We are in the process of arranging (through collaborative working with our IT colleagues both in THH and at NWLH, where the relevant servers are based), access to the IT systems to allow scrutiny of records. The links are not yet functional, but technical discussions between IT departments are underway.

We have delivered Webinars and taken part in workshops for Sector-wide GP partners and their staff, to explain the process, and are working closely with ICS Communication and Governance/Quality teams.



For the other non-acute Sector deaths, we have established strong links and a working pathway for reporting and scrutiny with the organisations on the Mount Vernon site (Michael Sobell Hospice and Mount Vernon Cancer Centre) which has been well used. The deaths there , of course, do not contribute to any THH statistics.

There have been no deaths in the THH-administered areas of Mount Vernon Hospital.

We have established 4 local GP practices to take part in the pilot phase of the ICS-wide system.

We have sought to establish links with the CNWL-based Trusts within Hillingdon, as well as local Private Providers, but there seems a reluctance to engage until it actually becomes statutory.

Summary.

The Hillingdon (THH-based) Medical Examiner Service is fully engaged with the ICS-based rollout of the ME service to the non-acute sector. There are still some (mostly IT and engagement) issues to resolve, but it is anticipated that we are on track for April 2023, assuming uptake from all relevant stakeholders.

Jeremy Weinbren

Lead Medical Examiner

December 2022

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



NWL Acute Provider Collaborative Board in Common (Public)

17/01/2023

Item number: 4.5

This report is: Public

Learning from deaths

Author: Shona Maxwell
 Job title: Chief of Staff, ICHT

Accountable director: Jon Baker, Gubby Ayida, Julian Redhead and Roger Chinn
 Job title: Trust 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 Committees. This report introduces the four individual Trust reports providing a summary of the processes, opportunities for further alignment, and the themes and learning in common.

Report history

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

Trust Quality Committees

Various
 Individual Trust reports were reviewed at each Quality Committee and approved for onward submission.

Acute Provider Collaborative Quality Committee

September and December
 Trust level summaries were reviewed via the quality function reports, with no issues to escalate.

Committee name

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

Executive summary and key messages

- 1.1. Each Trust provides a quarterly report to their Quality Committee on their mortality surveillance and learning from deaths processes, which are in line with the National Quality Board learning from deaths framework published in March 2017.
- 1.2. The most recent report that went to each individual Trust Quality Committee is included with this summary. These provide assurance that deaths are being scrutinised appropriately in line with the requirements, and learning being shared and acted upon through Trust governance processes.

- 1.3. There are no specific issues highlighted for escalation.
- 1.4. There is variation in process including the reporting of outcomes. There are opportunities for process and surveillance alignment and optimisation hence this has been identified as a quality priority for the Acute Collaborative. A mortality review task and finish group is in place, led by Dr Chinn which reports to the Collaborative Quality Committee.
- 1.5. Once processes are aligned there will be opportunities to identify variation in outcomes which will drive improvement priorities going forward.

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 across the Acute Provider Collaborative 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. **Introduction**
 - 2.1. The most recent learning from death reports from each Trust are appended to this summary report. The individual Medical Directors will highlight key points from their report. This report identifies areas of commonality as well as areas where there are differences in reporting and opportunities for alignment which are being taken forward as part of the priority workstream.
3. **Mortality data**
 - 3.1. Mortality rates are included in each report, with all Trusts using the standardised hospital mortality indicator (SHMI) to compare their performance nationally, and THHFT and ICHT

also using hospital standardised mortality ratio (HSMR). Both of these are now included in the clinical outcomes/quality dashboard reviewed at the Acute Provider Collaborative Quality Committee and Board in Common.

- 3.2. All Trusts are reporting fewer deaths being observed than expected given our data models when considering HSMR. When looking at SHMI which includes death within 30 days of discharge from hospital, there is wider variation with THHFT marginally above 100, and all others below.
- 3.3. There is variation in how this data is reported and used locally, including the accuracy of palliative care coding which is important to ensure the data is not adversely affected, and which is currently under review by the Mortality Review Task and Finish group.

4. **Governance**

- 4.1. All Trusts have a mortality review group in place which meets regularly to provide trust-wide scrutiny of outcomes from the learning from deaths process.
- 4.2. There is regular reporting in place to the Trust Quality Committees, and to the Acute Provider Collaborative Quality Committee via the quality function reports, although the reporting cycles are different across the four trusts. Work is underway to align the quality reporting structures across the Acute Provider Collaborative.

5. **Process**

- 5.1. All Trusts have a medical examiner service in place which scrutinises all deaths which 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' or 'structured judgement' review, with variation in the 'triggers' for review as well as in the form this review takes between Trusts.
- 5.2. Who carries out these reviews also varies across Trusts. Most use consultants, but THHFT are currently in the process of training senior nurses and AHPs to undertake reviews. ICHT has a small team of five trained consultant reviewers who undertake all reviews, whereas at CWFT the review is undertaken by the team involved in the care of the patient with divisional oversight.
- 5.3. Each Trust reports data on the number of deaths referred for further review, performance with undertaking these and plans for improvement where required, however there are different deadlines for completion (varying from 45 days to 7 days).

6. **Identification of care concerns**

- 6.1. 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.
- 6.2. The Mortality Review Task and Finish group are working to develop a mapping system for each Trust's current scoring method to allow for a standardised way of displaying the outputs of Level 2 reviews across the Acute Provider Collaborative.

7. **Learning**

- 7.1. There is a common theme regarding the use of treatment escalation plans and end of life care. This is a quality priority for the Acute Provider Collaborative, with a task and finish group in place.
- 7.2. THHFT has recognised the need to improve how learning is shared across the Trust and has actions in place to support this. Both THHFT, LNWH and ICHT have work underway to improve their morbidity and mortality (M&M) meeting processes to strengthen local learning and ensure consistency.

8. **Next steps**

- 8.1. There is scope to improve our learning from deaths processes across the Acute Collaborative. Work is underway through the Mortality Review Task and Finish group with the aim of driving:
- Improved collaboration and shared learning;
 - Better understanding of the mortality review processes in place across organisations;
 - Identification of best practice and areas for shared learning and improvement;
 - Identification of themes from aggregated Learning from Deaths data and external sources (e.g. Prevention of Future Death Notices);
 - Defined shared mortality review priorities and key areas for improvements;
 - Opportunities to share resource and reduce duplication of work.
- 8.2. The following immediate priorities have been agreed, with expected start dates in Q4 2022/23:
- Align HSMR and SHMI reporting and palliative care coding;
 - Assess structures and their effectiveness (RACI matrix);
 - Evaluate Mortality Review thresholds and compliance.
- 8.3. Planning for the remaining priority projects, set out below, will begin in Q4 2022/23:
- Agree data collection template for mortality and morbidity reviews;
 - Agree process for identifying Learning from Deaths themes across the acute collaborative from Trust and external data sources (e.g. Prevention of Future Death Reports);
 - Develop standard reporting processes, within organisations, to bereaved families and to Quality Committees and the Board in Common;
 - Define process to triangulate data from across functions (complaints, litigation, incidents, risks etc.);
 - Identify training needs from 'Systems' and 'Processes' projects;
 - Identify cultural shift and alignment projects.

9. **Conclusion**

- 9.1. The individual Trust reports provide assurance regarding each Trust's processes to ensure scrutiny of, and learning from, deaths in line with national guidance, with actions in place where the need to improve these further has been identified.
- 9.2. Across the Acute Provider Collaborative our mortality rates are lower than, or as expected, when compared nationally, with regular review of these now occurring both internally and through the Collaborative Quality Committee.
- 9.3. Review of learning set out in the most recent Trust reports includes a common theme around improving end of life care and how we agree and document treatment escalation plans. This has been recognised as an issue for all four trusts previously and is one of the quality priorities for the Acute Provider Collaborative with a work-plan in place.
- 9.4. There is variation in the review processes being undertaken in each Trust. A task and finish group is in place to review the opportunities to share learning, initiate improvements and inform quality priorities and interventions moving forward.

**CONFIDENTIAL**

TITLE AND DATE (of meeting at which the report is to be presented)	<i>Executive Management Board</i> 21 st December 2022										
AGENDA ITEM NO.	3.3										
TITLE OF REPORT	Learning from deaths: mortality report Q2 2022-23										
AUTHOR NAME AND ROLE	Alex Bolton, Associate Director of Quality Governance										
ACCOUNTABLE EXECUTIVE DIRECTOR	Roger Chinn, Chief Medical Officer										
THE PURPOSE OF THE REPORT	This report provides a Trust level quarterly review of mortality learning for quarter 2 2022/23.										
<table border="1"> <tr> <td>Decision/Approval</td> <td></td> </tr> <tr> <td>Assurance</td> <td>X</td> </tr> <tr> <td>Info Only</td> <td></td> </tr> <tr> <td>Advice</td> <td></td> </tr> </table> <p>Please tick below and then describe the requirement in the opposite column</p>	Decision/Approval		Assurance	X	Info Only		Advice				
Decision/Approval											
Assurance	X										
Info Only											
Advice											
REPORT HISTORY Committees/Meetings where this item has been considered)	Name of Committee	Date of Meeting	Outcome								
	Mortality Surveillance Group	02/12/2022	Discussed								
	Quality Committee (local)	06/12/2022	Discussed								
	Executive Management Board	04/12/2022	Discussed								
SUMMARY OF THE REPORT AND KEY MESSAGES THAT THE MEETING NEED TO UNDERSTAND	<p>The Trust is one of the best performing acute (non-specialist) providers in England in terms of relative risk of mortality with a Trustwide SHMI of 0.7192 (where a number below 1 is better than expected mortality) for period July 2021 – June 2022. This positive assurance is reflected across the Trust as both sites continue to operate significantly below the expected relative risk of mortality.</p> <p>It is the Trust's target to screen 100% of all in-hospital adult and child deaths and to undertake full mortality review on no less than 30% of cases within the Emergency and Integrated Care (EIC) Division and 80% of cases within Planned Care Division (PCD) and the Division of Women's, Neonate's, HIV/GUM, Dermatology (WNHGD).</p> <p>During the last 12 months, 85% of in-hospital adult and child deaths have been screened and 36% have undergone full mortality review.</p> <p>Process barriers are escalated to the Mortality Surveillance Group, Patient Safety Group, Executive Management Board and Quality</p>										

	<p>Committee; compliance gaps are primarily identified within surgical specialties (colorectal, general surgery).</p> <p>During Q2 2022/23 71% of in-hospital adult and child deaths have been screened and 25% have undergone full mortality review. During this period 12 cases with areas of sub-optimal care, treatment or service delivery were identified, but in all of these cases different care or management would not have made a difference to the outcome and the death was unavoidable</p> <p>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 acted upon and learning is cascaded.</p> <p><i>Note: Post submission to the Local Quality Committee data relating to crude mortality and outcomes from CESDI 2 cases have been included within the report.</i></p>														
KEY RISKS ARISING FROM THIS REPORT	Delayed mortality review closure could lead to missed opportunities to address weakness in service delivery. The Mortality Surveillance Group oversees process compliance.														
STRATEGIC PRIORITIES THAT THIS PAPER SUPPORTS (please confirm Y/N)															
Deliver high quality patient centred care	Y														
Be the employer of Choice															
Deliver better care at lower cost															
<p>IMPLICATIONS ASSOCIATED WITH THIS REPORT FOR:</p> <table border="1"> <tr> <td>Equality And Diversity</td> <td></td> </tr> <tr> <td>Quality</td> <td>Y</td> </tr> <tr> <td>People (Workforce or Patients/ Families/Carers)</td> <td></td> </tr> <tr> <td>Operational Performance</td> <td></td> </tr> <tr> <td>Finance</td> <td></td> </tr> <tr> <td>Public Consultation</td> <td></td> </tr> <tr> <td>Council of Governors</td> <td></td> </tr> </table> <p>please mark Y/N – where Y is indicated please explain the implications in the opposite column</p>	Equality And Diversity		Quality	Y	People (Workforce or Patients/ Families/Carers)		Operational Performance		Finance		Public Consultation		Council of Governors		<p>Mortality case review following in-hospital death provides clinical teams with the opportunity to review expectations, outcomes and learning in an open manner. Effective use of mortality learning from internal and external sources provides enhanced opportunities to reduce in-hospital mortality and improve clinical outcomes / service delivery.</p>
Equality And Diversity															
Quality	Y														
People (Workforce or Patients/ Families/Carers)															
Operational Performance															
Finance															
Public Consultation															
Council of Governors															
REASON FOR SUBMISSION TO THE BOARD IN PRIVATE ONLY (WHERE RELEVANT)															
Commercial Confidentiality	Y/N														
Patient Confidentiality	Y/N														
Staff Confidentiality	Y/N														
Other Exceptional Circumstances (please describe)															

Learning from deaths

1. Background

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.

The Summary Hospital Level Mortality Indicator (SHMI) is used to compare the Trust's relative risk of mortality with other acute (non-specialist) providers in England. The SHMI is not a measure of quality care but it does flag variation, and therefore, potential problems that may require further investigation.

The Medical Examiner (ME) system was introduced across England and Wales from April 2020 to provide greater scrutiny to deaths and to offer a point of contact for bereaved families wishing to raise concerns. Learning from the medical examiner process is embedded within the Trust's mortality review process.

Mortality case review is undertaken by the clinical teams involved in a patient's care; it provides clinicians with the opportunity to review expectations, outcomes and potential improvements. All adult and child in-hospital deaths are initially screened to identify triggers for full retrospective case record review. It is the trust's target to screen 100% of in-hospital adult and child deaths and undertake full mortality case review of no less than 30% those cases aligned to Emergency and Integrated Care and 80% of those aligned to Planned Care Division and the Division of Women's, Children's, HIV/GUM, Dermatology.

The Mortality Surveillance Group (MSG) provides leadership to this programme of work; it is supported by monthly updates on relative risk of mortality, potential learning from medical examiners, and divisional learning from case record screening / review. The MSG is a sub-group of the Patient Safety Group and is aligned to the remit of the Quality Committee.

This report provides a Trust-level quarterly review of mortality learning for Q2 2022/23.

2. Relative risk of mortality

The Trust uses the Summary Hospital-level Mortality Indicator (SHMI) to monitor the relative risk of mortality. This tool was developed by NHS Digital to calculate the relative risk of mortality for each patient and then compare the number of observed deaths (in-hospital and within 30 days of discharge) 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 is 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.

2.1. Summary Hospital-level Mortality Indicator: Trust wide

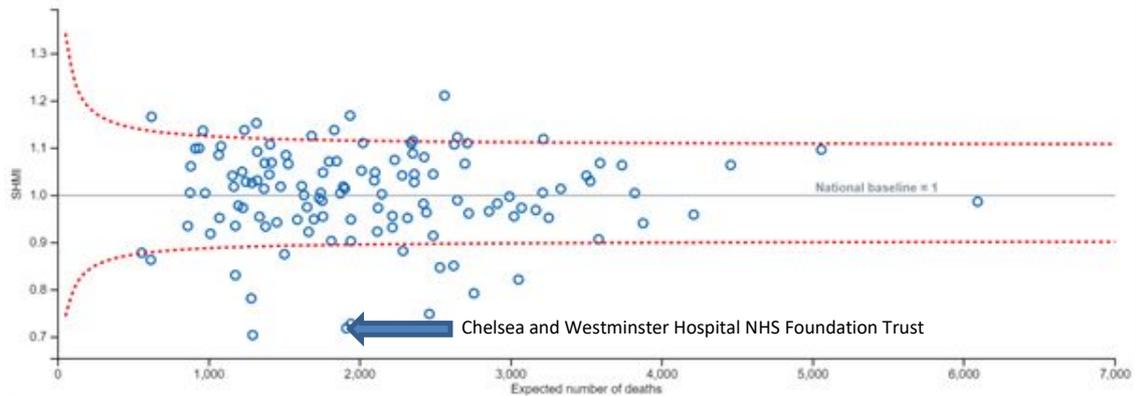


Fig 1 – SHMI comparison of England acute hospital Trusts July 2021-June 2022, published 10/11/2022

The Trust is the second best performing acute provider in England in relation to the SHMI relative risk of mortality indicator. The Trust wide SHMI for the period July 2021 – June 2022 is 0.7192 (where a number below 100 represents lower than expected risk of mortality).

North West London Acute Collaborative SHMI indicators

	SHMI	Observed Deaths	Expected Deaths	Provider Spells
Chelsea and Westminster Hospital NHS FT	0.7192	1,375	1,910	87,785
Current position	(↑0.7123)	(↑1,330)	(↑1,870)	(↑86,480)
Imperial College Healthcare NHS Trust	0.7494	1,840	2,460	95,155
London North West University Healthcare NHS Trust	0.7931	2,185	2,755	99,560
The Hillingdon Hospital NHS Foundation Trust	1.0057	880	875	35,670

This positive assurance 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 0.7559 (845 observed deaths, 1,120 expected deaths, 45,240 spells)
- Chelsea and Westminster Hospital:
SHMI value 0.6674 (530 observed deaths, 795 expected deaths, 42,545 spells)

2.2. Summary Hospital-level Mortality Indicator: 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.

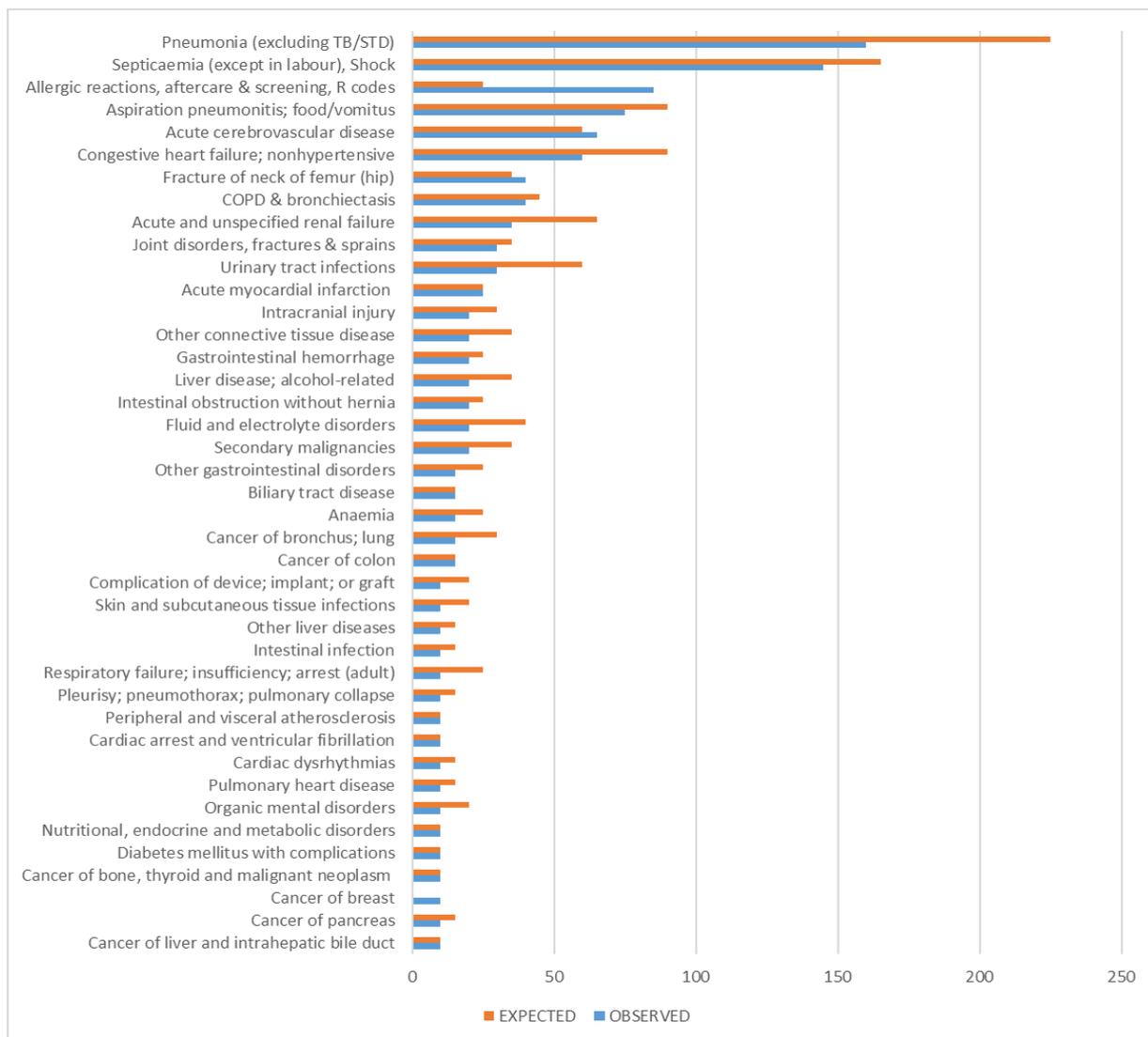


Fig 2 – Expected and observed deaths by diagnostic group (null values omitted), July 2021-June 2022, published 10/11/2022

During Q2 2022/23 a coding review was undertaken relating to diagnostic group ‘allergic reactions, aftercare & screening, R codes’. The review identified that 95 cases within the NHS Digital dataset (used to calculate the SHMI) were categorised as residual codes: unclassified (R Codes) and that these were being included within this overarching group. Audit of local clinical systems identified 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 associated with allergic reaction was identified and amendment of Trust data upload arrangements is being implemented to correct this external reporting error.

3. 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.

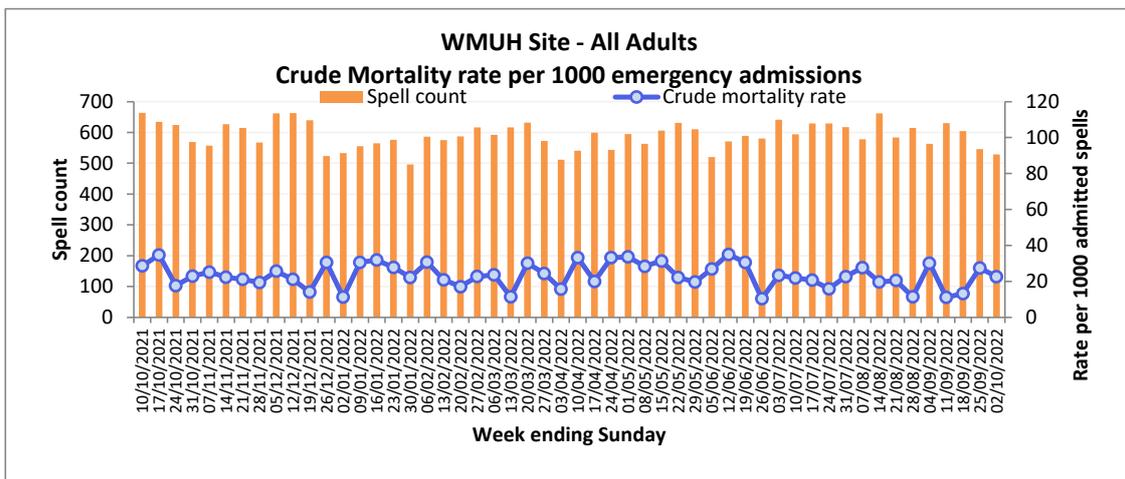


Fig 3 – Crude mortality rate per 1000 emergency admissions, West Middlesex University Hospital

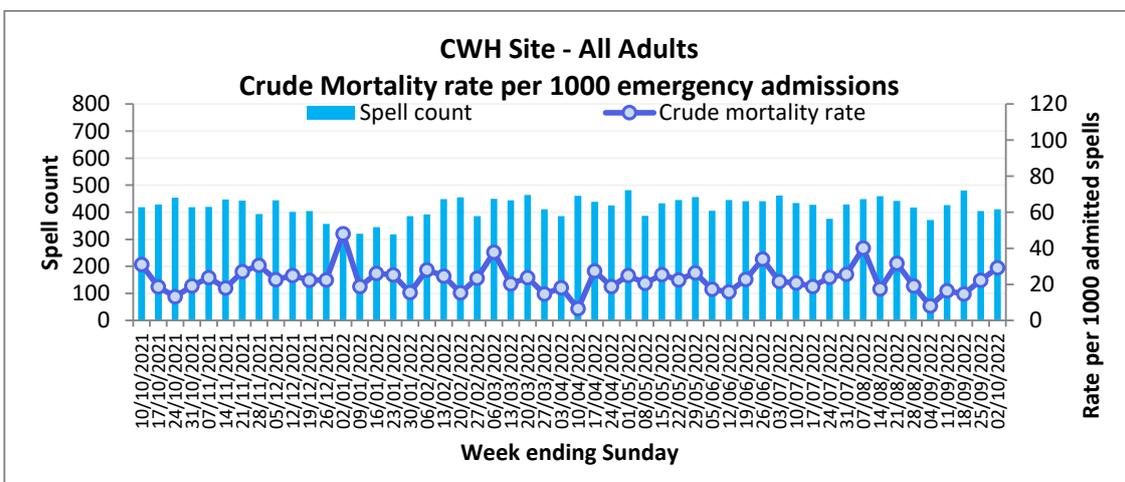


Fig 4 – Crude mortality rate per 1000 emergency admissions, Chelsea and Westminster Hospital

By comparing the actual number of emergency spell mortalities with the same week in the previous 5 year mean (pre COVID 2015-2019); both sites have experienced an uplift in the number of mortalities was experienced in the last 10 weeks of Q2.

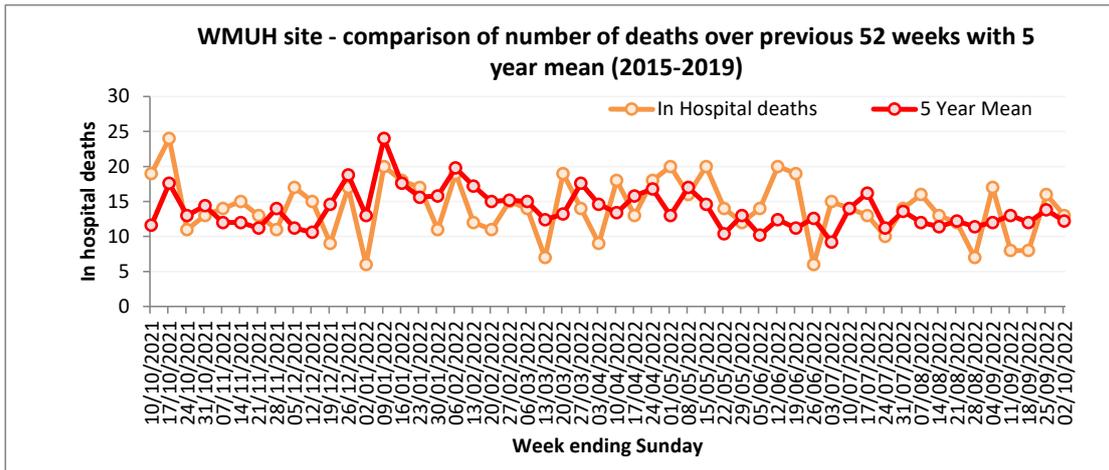


Fig 4 – Crude mortality in last 52 weeks compared with 5 year mean, West Middlesex University Hospital

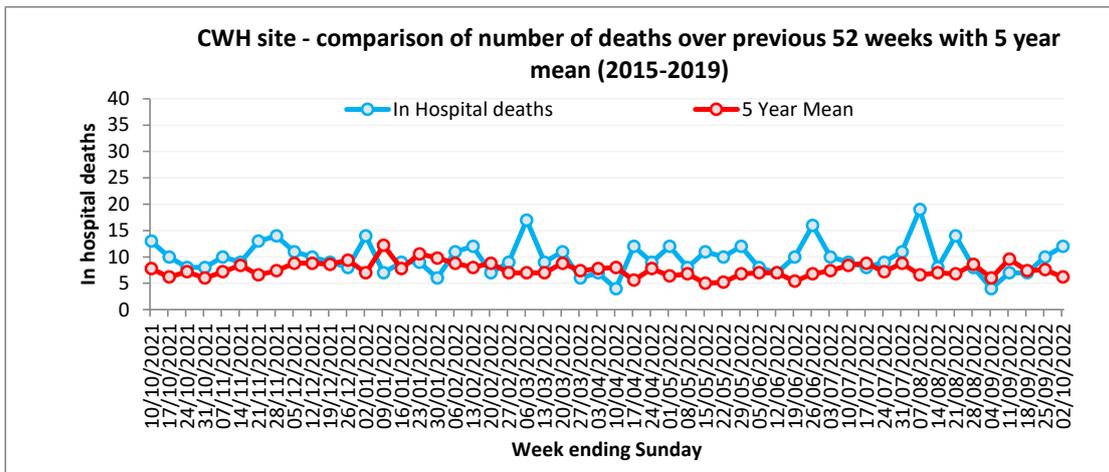


Fig 4 – Crude mortality in last 52 weeks compared with 5 year mean, Chelsea and Westminster Hospital

4. Learning from deaths

The Mortality Surveillance Group (MSG) challenges assurance regarding the opportunity and outcomes from the Trust’s learning from deaths approach.

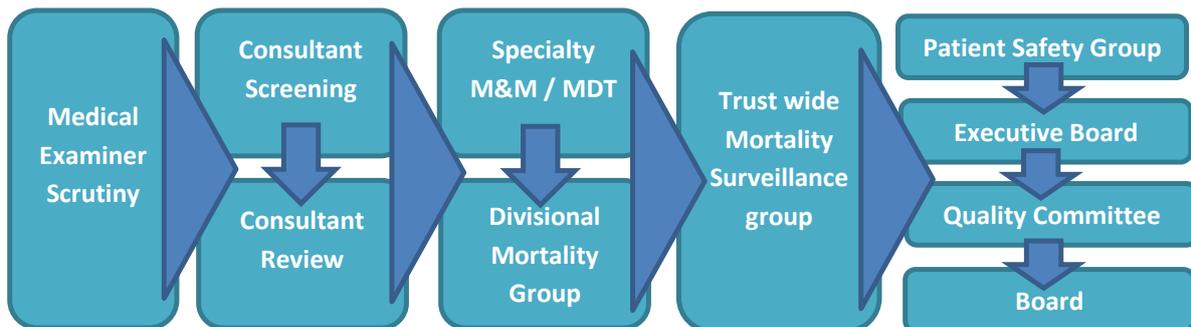


Fig 4 – Learning from deaths process outline

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, and divisional learning from case record screening / review. The MSG is a sub-group of the Patient Safety Group and is aligned to the remit of the Quality Committee.

4.1. 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 Q2 2021/22 the medical examiners service scrutinised 100% of in-hospital deaths adult and child deaths and identified 63 cases of potential learning for the Trust. Potential learning identified during medical examiner scrutiny is shared with the patients named consultant, divisional mortality review group and the Trust-wide Mortality Surveillance Group and full consultant led mortality review is prompted.

5. Mortality case 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

All 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.

Trust 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) and the Division of Women's Children's HIV/GUM, Dermatology (WCHGD) 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

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).

Neonatal deaths, stillbirths, and late fetal losses are reviewed using the perinatal mortality review tool (PMRT); this is a national mandatory monitoring and assurance dataset developed by MBRRACE-UK. Learning from PMRT review is reported to the Mortality Surveillance Group.

5.1. Process compliance

The Trust's learning from deaths policy describes the responsibility of consultants to use the Datix mortality screening tool to identify cases that require further consideration through the full mortality review process. All cases should be screened, reviewed (where indicated) and outcomes presented to the specialty team within 45 days of death; where potentially suboptimal care has been identified cases should be escalated to the Divisional Mortality Review Group for agreement and closure the following month.

During the 12-month period to end of September 2022; 1404 in-hospital adult and child deaths were recorded within the Trust's mortality review system (Datix); of these 85% have been screened and 36% 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	% Screened	% With Full Review	% Pending
Oct	132	74	49	9	93%	37%	7%
Nov	117	67	44	6	95%	38%	5%
Dec	124	54	60	10	92%	48%	8%
Jan	117	57	52	8	93%	44%	7%
Feb	102	55	33	14	86%	32%	14%
Mar	109	51	47	11	90%	43%	10%
Apr	119	60	45	14	88%	38%	12%
May	124	58	49	17	86%	40%	14%
Jun	117	52	42	23	80%	36%	20%
Jul	116	59	30	27	77%	26%	23%
Aug	128	56	37	35	73%	29%	27%
Sep	99	42	20	37	63%	20%	37%
Total	1404	685	508	211	85%	36%	15%

- **Emergency and Integrated Care** - Target to review >30% of cases, 1143 cases: 90% screened, 30% reviewed, 10% pending
- **Planned Care Division** - Target to review >80% of cases, 252 cases: 66% screened, 66% reviewed, 34% pending
- **Women's, Neonates, HIV/GUM, Dermatology**
3 cases: 33% screened, 0% reviewed, 67% pending (these cases are monitored and learning shared within the EIC divisional mortality review group)
- **West London Children's Healthcare**
6 cases: 17% screened, 17% reviewed, 83% pending

During Q2 2022/23; 71% of in-hospital adult and child deaths have been screened and 25% have undergone full mortality review. Divisional plans to achieve to achieve required compliance are to be reported to the Mortality Surveillance Group and Executive Management Board.

Process compliance is monitored by the Mortality Surveillance Board and overseen by the Patient Safety Group, Executive Management Board, and Quality Committee. Variation in process compliance is noted across the Trust's specialties.

	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
Acute Medicine	354	265	85	4	99%	24%	1%
Anaesthetics	2	0	2	0	100%	100%	0%
Burns	6	0	4	2	67%	67%	33%
Cancer Services	0	0	0	0	0%	0%	0%
Cardiology	42	12	29	1	98%	69%	2%
Care Of Elderly	303	189	78	36	88%	26%	12%
Colorectal	22	0	0	22	0%	0%	100%
Diabetes/Endo.	86	61	15	10	88%	17%	12%
Dietetics	1	0	1	0	100%	100%	0%
Emergency Dept.	97	0	94	3	97%	97%	3%
Gastro	63	40	13	10	84%	21%	16%
General Surgery	22	0	3	19	14%	14%	86%
Haematology	3	0	0	3	0%	0%	100%
Hepatology	7	1	1	5	29%	14%	71%
HIV	3	1	0	2	33%	0%	67%
ICU	159	0	134	25	84%	84%	16%
Medical Oncology	14	4	0	10	29%	0%	71%
Paediatric A&E	2	0	1	1	50%	50%	50%
Paediatric Medical	6	0	1	5	17%	17%	83%
Palliative Care	2	0	0	2	0%	0%	100%
Respiratory	128	92	19	17	87%	15%	13%
Rheumatology	3	3	0	0	100%	0%	0%
Stroke	38	17	5	16	58%	13%	42%
Trauma / Ortho.	34	0	22	12	65%	65%	35%
Urology	5	0	1	4	20%	20%	80%
Ear/Nose/Throat	1	0	0	1	0%	0%	100%

There are seven specialties with 75% or more of their aligned cases pending / overdue screening or review:

- Five of these specialties have very low crude mortality numbers and are being supported by the wider divisional teams and clinical governance to bring cases to relevant specialty mortality review groups (Haematology, Paediatric Medical, Palliative Care, Urology, Ear/Nose/Throat)
- Two specialties continue to experience significant barriers within their mortality review processes (colorectal and general surgery). These compliance issues have been escalated to the Mortality Surveillance Group, Patient Safety Group, and Executive Management Board.

5.2. Sub-optimal care

Outcome avoidability and / or suboptimal care provision is defined using the Confidential Enquiry into Stillbirths and Deaths in Infancy (CESDI) categories that have been adopted by the Trust for use when assessing all adult and child deaths:

- 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 October 2021 – September 2022

Period	CESDI 0	CESDI 1	CESDI 2	CESDI 3
Q3 21/22	122	30	1	0
Q4 21/22	110	21	1	0
Q1 21/22	114	19	3	0
Q2 22/23	75	12	0	0
Total	421	82	5	0

During this 12 month period five cases of sub-optimal care that might have made a difference to the patient's outcome were identified via the mortality review process; each of these cases were escalated to the Executive and declared as a serious incident.

Four of these investigations have concluded and learning cascaded

INC95398: This investigation examined deficiencies in CPR initiation and concluded that there had been sub-optimal escalation and communication, however, these service delivery issues did not directly contribute to the outcome of this case. Final harm assessment: low harm.

INC97185: Investigation into potential delayed in provision of Parkinson's medication; the investigation identified no care or service delivery issues that impacted this patient's death, medication delay was linked to the patient's underlying medical condition. Final assessment: no harm. This incident was investigated as an external SI but was de-escalated following submission to the Clinical Commissioning Group (Integrated Care System).

INC94605: This incident examined thromboembolism risk management, issues with the provision of prophylactic medication were identified but the investigation was unable to determine impact on outcome. Actions to; raise awareness of pre-surgical prophylactic medication, strengthen communication between surgical and haematology teams, and improve medication storage arrangements have been delivered as a result of this event. Outcomes of learning were presented to the relevant clinical governance harm day sessions.

INC91800: This incident concerned the management of a deteriorating patient, the investigation concluded that escalation for review and specialty management had been delayed but that the outcome would not have been changed as a result of this delay. Final Assessment: Moderate harm. Action delivered as a result include; clinical guideline review, procedure regarding mandated board rounds refresh, and enhanced training provision for the areas regarding recognition, escalation and management of deteriorating patients.

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. This ensures that learning from deaths and serious incidents is triangulated and coordinated.

The Divisional Mortality Review Groups provide scrutiny to mortality cases so as to; identify themes and escalate any issues of concerns; during this 12 month period the following issues have been escalated:

- Documentation: Data accessibility & quality – *Each Division has an aligned Digital Clinical Information Officer supporting quality improvement in this area; work is overseen by the EProg Group.*
- Communication – *A bleep replacement programme is planned to move the organisation to a digital solution and improve functionality and Clinical handover is a trust Quality Priority; the programme is overseen by the Improvement Board and Executive Management Board.*
- Staffing: Staffing levels on wards may impact quality – *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.*
- Planning: Escalation Plans (to be recorded on Cerner and communicated with families) – *Support, guidance, and advice regarding the completion of treatment escalation plans is provided via the Trust's end of life group.*
- End of life care: Need to reduce invasive monitoring at end of life – *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.

6. 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 Q2 2022/23; the Trust continues to be recognised as having one of the lowest relative risk of mortality (SHMI) across NHS England.

ICHT Quality Committee

Paper title: Learning from deaths quarterly report – quarter two 2022/23

Agenda item 4.5

Lead Executive Director(s): Professor Julian Redhead & Mr Raymond Anakwe, Medical directors

Author(s): Darren Nelson, head of quality compliance and assurance

Purpose: For information

Meeting date: 17 January 2023

1. Purpose of this report

- 1.1. This report presents the data from the Learning from Deaths (LfD) programme for quarter 2 of 2022/23. The data dashboard is required to be presented to the trust board which will be achieved through delegated authority to the Trust quality committee and reported by exception to the acute collaborative quality committee then in December and to the Board in common in January 2023.

2. Executive Summary

- 2.1. The Trust's mortality review processes remain in line with the National Quality Board framework which was published in March 2017.
- 2.2. Deaths are reported where care and service delivery issues may have contributed but these are no longer rated on whether the might have been 'avoidable'. This is in line with national guidance.
- 2.3. The number of cases being referred for SJR has doubled in this reporting period however this is in response to a backlog of cases building up in the mortality module following staff turnover and confusion over process. This has been rectified with a weekly report now in place and no further issues in evidence. Numbers will be monitored and reported through this report and any continued increase escalated.
- 2.4. Our mortality rates remain statistically significantly low.
- 2.5. In this reporting period five cases were considered to have included poor care for the patients who died. These cases are being further investigated with one now downgraded. The outcomes for the other cases will be reported when completed.
- 2.6. Of the nine cases where poor care was found in previous quarters five have since been downgraded and the others being investigated further.
- 2.7. In addition to review at the Medical Director's incident panel, a regular death review panel is in place to consider any complex cases and triangulate all associated investigations.
- 2.8. The themes are consistent with previous quarters with no new risks to escalate.
- 2.9. Following agreement at EMB Quality Group, automatic referral for SJR for all deaths following Hospital-Onset Covid-19 infection will now cease. When there are any concerns about the care of the patient raised by the medical examiner during their review of the death or the family, these would still trigger a SJR review as per the usual process.

- 2.10. Work is required to align the PMRT processes with overall mortality review governance and reporting to improve visibility of outcomes and actions.

3. Approval process

- 3.1. This report was presented to EMB Quality Group and EMB in October 2022 which approved the ceasing of automatic referral for SJRs for HOCl deaths, noted the report, and approved it for onward submission to Quality Committee.

4. Recommendation(s)

- 4.1. The Committee is asked to note the findings from our learning from deaths programme for Q2 2022/23.

5. Next steps

- 5.1. Quarterly reports will continue to be provided to Quality Committee. The findings will be summarised in the quality function report to the Acute Provider Collaborative Quality Committee and then to Board in Common.

6. Impact assessment

- 6.1. Quality impact: improving how we learn from deaths in our care will support all quality domains, but particularly safe, effective and well-led.
- 6.2. Financial impact: N/A
- 6.3. Workforce impact: N/A
- 6.4. Equality impact: N/A
- 6.5. Risk impact: There is potential for reputational risk associated with the ability to deliver reviews within the specified time periods, thus impacting on national reporting. Learning from Deaths is on the divisional risk register (ID. 2439).

Main report

7. Mortality rates

- 7.1. Our mortality rates remain statistically significantly low. Our rolling 12-month HSMR is 71.1 against an expected relative risk of 100, sixth lowest when compared to other acute non-specialist trusts. Our SHMI remains low placing us third lowest.
- 7.2. We have identified a need to undertake a review of the processes and function of the mortality and morbidity meetings across the trust to include the data being used. A scoping exercise has been undertaken with an online questionnaire completed by all divisions. This data is being analysed and will be presented at the next learning from deaths group with recommendations then to EMBQ in Q4.
- 7.3. We receive mortality alerts via the Telstra health analytics services. These alerts do not infer clinical issues but indicate that the data for the diagnosis group is significantly different at Imperial to similar diagnosis groups in the NHS. The alert triggers may change over time with modification of the overall data resulting from coding audits and corrections by Imperial and/or changes in the overall NHS data set. Where a coding issue is identified this is corrected. However if the coding is correct, the individual cases are reviewed to identify if there are any clinical themes or trends that should undergo further investigation or action
- 7.4. There were two diagnosis group alerts in June 2022.

- Complications of surgical procedures or medical care (3 patients)
- Crushing injury or internal injury (2 patients)

These are being reviewed and the outcomes will be provided in the Q3 update.

8. Summary of learning from deaths data – Q2 2022/2023

- 8.1. There were a total of 448 deaths in Q2, compared to 490 in Q1 2022/2023.
- 8.2. Of the total 448 deaths in the last quarter, 51 died with a positive Covid-19 swab within 28 days of death or had Covid-19 on the medical certificate as of cause of death, compared to 48 out of the 490 deaths in Q1 2022/2023. This is reflective of the ongoing prevalence of Covid-19 in the community.
- 8.3. There were 24 deaths in Q2 2022/2023 where the patient's infection met the Public Health England definition of Hospital Onset COVID Infection (HOCl) because they tested negative for COVID-19 on admission and subsequently tested positive. These deaths are currently being reviewed through our HOCl death review process (see section 9).
- 8.4. 110 SJRs have been allocated during Q2, compared to 57 last quarter. The triggers for these can be seen in Table 2 below.

Table 2 – Triggers for SJR by quarter

Triggers by Quarter	Q4 20-21	Q1 21-22	Q2 21-22	Q3 21-22	Q4 21-22	Q1 22-23	Q2 22-23
Medical Examiner Concern	3	3	16	11	16	15	9
Clinical Concern	3	1	5	2	2	1	2
Family Concern	3	6	13	6	3	8	22
Score 1-3	0	0	0	0	0	0	0
Coroner/Inquest	0	0	0	0	0	1	1
SI / Incident	0	0	0	0	0	0	1
Vulnerable group	9	4	9	3	8	9	18
Age Range	3	1	6	1	0	0	7
Specialty /Condition	36	38	34	11	25	21	35
Other	4	5	16	17	4	17	38

(Note: there may be multiple triggers for a SJR)

- 8.5. The increase in overall numbers can in part be explained by a backlog of cases that had not been assigned. Staff turnover in the safety team in the MDO and confusion about categories in the mortality review module in datix led to a build-up of cases. A small task and finish group was convened to oversee a retrospective review of cases and a new process for oversight has been introduced. A weekly report is now being provided to the Chief of staff and AMD for clinical effectiveness with no further delays being seen. The outcome of these SJRs are being tracked until completed.
- 8.6. 103 SJRs were completed in Q2 2022/2023, compared to 63 last quarter. (Note: these SJRs do not all relate to deaths within Q2 2022/2023).
- 8.7. Of the 103 SJRs completed rating of global care scores were as follows:-

Number of cases	Rating of Global Care
-----------------	-----------------------

5	2 - Poor care
20	3 - Adequate care
68	4 - Good care
10	5 - Excellent care

- 8.8. Five of the 103 SJRs gave an overall score of 'poor' care, which is an increase compared to last quarter when one was reported.
- 8.9. These 5 cases were then referred on to the weekly incident panel to consider whether additional investigation is required. One case was downgraded to no harm after further review and the other four are being investigated further through the serious incident process.
- 8.10. In previous reports we presented the outcome of the Hospital-Onset Covid-19 (HOCl) death review process. We reported that there were six cases where the care had been considered to be poor but that this was not related to the COVID infection. These cases have now all been reviewed at the incident panel, four have been downgraded, one is being investigated as a level 1 and relates to a patient with learning difficulties who had a delayed diagnosis of a fracture and the final case is being reviewed through the serious incident process.
- 8.11. There were three SJRs with poor care identified in previous quarters that have now been reviewed at the incident panel. One case has been downgraded to no harm following initial investigation and two cases have been declared as level one investigations - one involved an elderly patient where there was a delay to invoke a timely end of life treatment plan and one case related to a delay in escalation of care.
- 8.12. In addition to review at incident panel, we have a regular death review panel meeting, chaired by the medical director to consider any complex cases and triangulate all associated investigations. Twenty-four cases have been reviewed in Q2 2022/23, all of these were HOCl cases.

9. Hospital onset Covid infection (HOCl) death review update

- 9.1. All deaths of patients who have died after a HOCl with a negative swab on admission and first positive swab more than 8 days after admission are subject to enhanced mortality review. This review process, and the outcomes for the 80 HOCl deaths which occurred in the first two Covid-19 surges, was presented to Quality Committee and Trust Board in July 2022.
- 9.2. Of the 85 HOCl deaths which have occurred since the end of the second surge, 56 have had SJRs completed and are being reviewed. Review of the SJRs completed has not identified any new themes.
- 9.3. In October, EMB Quality Group approved a proposal to stop automatically undertaking SJRs for patients who die with a HOCl. This is not a national requirement but was an important part of our scrutiny whilst we learnt about the evolving pandemic. Through this process we incorporated learning into our policies and guidelines but we have not found any significant lapses in care nor are we gaining any new learning now. We will now revert to the standard mortality review process where the medical examiner would trigger a SJR review if concerns are raised.

10. Themes and Learning

- 10.1. The outcomes of our SJRs are largely positive, a theme that we are working hard to share with teams as a marker of the care and compassion they show.
- 10.2. Learning from Deaths is a standard monthly agenda item on all the 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. In addition, a bi-monthly newsletter is now being produced with excellent feedback.
- 10.3. The learning and recurring themes from reviews has centred on timely referral for palliative and end of life care rather than omissions or treatment decisions being incorrect. In two cases the use of a care agreement and discussions with family members would have been appropriate and the subsequent prescription of anticipatory medication for end of life care.
- 10.4. Improving end of life care is a safety improvement programme priority for the Trust. Recent actions include the launch of a new CPR and treatment escalation plan module, with good initial uptake, and a business case is in progress to enhance education and training. Refresher training for end of life care will also be provided by the palliative care team during the Autumn.
- 10.5. Where care has been assessed as poor these cases are referred for a more in-depth incident investigation. The learning from these is then fed into the incident reports that come to Quality Committee regularly through the assurance reports. Safety improvement priorities are set annually based on these and are tracked through the appropriate reporting mechanisms.

11. Summary of Perinatal Mortality Reviews using the national tool (PMRT)

- 11.1. A separate process is in place for perinatal mortality with designated review meetings where each aspect of care is scored and action plans to address any issues are approved. These are recorded on the national PMRT database and the generated reports are collated and analysed nationally and within the Trust for trends and themes to facilitate learning.
- 11.2. The PMRT team are currently reviewing their processes, with the aim being to align them to the wider learning from deaths programme. This will be taken forward with the MDO team in Q4 with a plan for full alignment by Q1 2023/24.

12. Conclusion

- 12.1. 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.
- 12.2. The learning themes are consistent with previous quarters with no new risks to escalate.

Author: Darren Nelson, head of quality compliance and assurance

Date: 12th October 2022

List of appendices

Appendix 1 - Learning from Deaths Dashboard

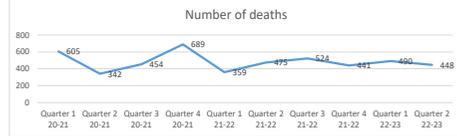
4.5 Learning from deaths

Learning from Deaths Dashboard Quarter 2 2022-23

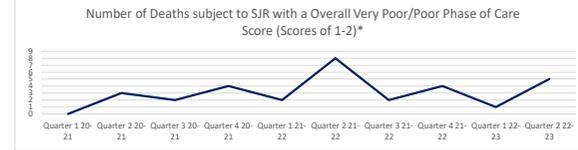
Up to: **Quarter 3**

*SIRs completed within 30 days is reported 1 month in arrears.

Latest Quarter					
Deaths	Last Quarter	Perinatal and Child Deaths	Last Quarter	Very Poor/Poor Overall Quality of Care	Last Quarter
448	490	Suspended	Suspended	5	1



Latest Quarter					
SIRs Requested	Last Quarter	SIRs completed	Last Quarter	Not complete <30 days (%)	Last Quarter
110	61	103	66	8.18%	3.28%



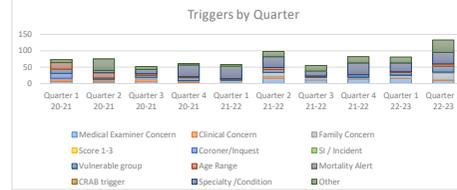
Latest Quarter	
PMRTs requested	Last Quarter
15	6



Suspended neonatal reporting



The SPC above currently shows that a special cause variation occurred from June 21 to December 21 (trend).
* This data is reported 1 month in arrears



*please note that there can be more than 1 trigger for each SJR. A bigger version of this is available in the Triggers Tab



Learning from Patient Deaths:

Quarter 1 and Quarter 2 2022-23

Lead Executive Director(s): Lisa Knight, Chief Nurse, Dr Jon Baker, Chief Medical Officer

Author(s): Laila Gregory: Head of Clinical Effectiveness and Aidan Vaughan, Assistant Director - Quality & Patient Safety

Purpose: For information

Meeting date: 17 January 2023

Executive Summary:

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 two quarters (Q1 = Apr/May/June and Q2 = Jul/Aug/Sep 2022).

The interface between the Quality & Patient Safety Team, Medical Examiner Service and the Bereavement Team continues to work well, utilising Datix to capture the reviews taking place. Medical Examiners work in partnership with the Bereavement Team to log and review all in-patient deaths.

The Medical Examiners 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 (the equivalent of a Structured Judgement Review [SJR]), using the categories below:-

- Concern raised by bereaved family or friends.
- Concern raised by staff or care graded as 2 or 3 using the Confidential Enquiries into Stillbirths and Deaths in Infancy (CESDI) Classifications.
- Medical Examiners Flag.
- Patients with a Learning Disability.
- Patients detained under the Mental Health Act.
- Coroners' Cases that are subject to an Inquest or Enquiry
- Patients under the age of 25.
- Any data that shows that the Trust is an outlier in monitoring data, or any alert raised via national benchmarking systems (such as NHS Digital)
- Any Elective patients who had surgery on this or a recent admission (within one year, dependent on surgery type).

Summary of Data

The Trust subscribes to Dr. Foster's Healthcare Intelligence Portal benchmarking tool for national benchmarking and regularly reviews data gathered via NHS Digital.



The Trust has a consistently low mortality risk rate across the last twelve consecutive months: it is currently one of fifteen 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

- From April to September 2022 there were 1,123 in-patient deaths (including deaths due to Covid).
- The Trust is one of fifteen Trusts across the UK with lower-than-expected deaths (based on August 2021 to July 2022 NHS Digital data).
- All in-patient deaths have been subject to a Level 1 Review by 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 September 2022, 74 deaths (7%) triggered a Level 2 In-depth Mortality Review, of which 46 (62%) have been completed to date (a drop of 8% since Quarter 4 2021-22).
- Of the 46 completed Level 2 In-Depth Reviews, sub-optimal care was found in 14 cases (30%).
- The Trust is required to submit data on learning from deaths to NHS England in the form of a quarterly dashboard (see Appendix 2); this gives a breakdown of all in-patient deaths and all patients identified as having a Learning Disability.
- The Trust reviews the number of patient deaths and the number of Level 2 In-Depth Mortality Reviews completed and the reasons for them being triggered (see Table 3 in Appendix 2), each month. 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 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.).

Key Learning from Quarters 1 & 2 2022-23

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 Q1 & Q2 2022-23:



Assurance from Reviews and some Lessons Learnt:

- Patients are presenting as severely unwell with complex or multi-morbidity disorders, needing better, community advanced care planning to enable patients to discuss their wishes prior to acute admission.
- Robust systems in place for early recognition of dying patients and commencement of Last Days of Life Care Plans, after discussion with patients and/or families.
- Teams to review their processes for Falls Assessments during admission.
- Need for cautious patient selection for chemotherapy, Practising Evidenced Based Medicine Early Escalation.
- Themes involving multidisciplinary discussion and involvement of the patient and families in decision making for high-risk patients. Importance of making relatives aware of the seriousness of disease, to prepare them for mortality
- Examples of good, unified approaches to care and good evidence of complex multi-disciplinary working to meet the needs of patients, fostering positive working relationships and collaboration with colleagues.
- Continued need for specialist clinical knowledge to meet the needs of haemoglobinopathy patients.
- Excellent team working across multiple specialties
- Families have commented on excellent, compassionate care during Covid waves.
- Hospice services actively advance care plan with all patients, including screening admissions before arrival. Open communication with patients and/or families, should care plans need revision.

Action Taken:

- Education and training delivered to improve staff attitude and care for patients with Sickle Cell. Plans in place to work across the sector to deliver improvements. Importance of ensuring timely pain management.
- Clinical teams to work with more junior staff members to explain that patients with multimorbidity, functional frailty and poor physiological reserve may have sudden deaths, but these should not be classified as unexpected.
- The outcome of surgery, as well as complications, is now determined not just by the operation but also by the system, setting and team within which the operation takes place, as well as the pre-operative optimisation of patients.
- Business case being developed for a formal high-risk assessment and pre-rehabilitation service for St Marks Colorectal Surgery Team.
- Importance of ongoing communication with families and colleagues before and after death, the need for clinical reflection and debriefing for some mortality cases.
- Patients having multiple ward moves need to have risk-appropriate moves even if it delays overall patient flow in the wider hospital.



- ICU to establish multidisciplinary M&M meetings, including staff from other Trusts. Need for better communication with other specialist centres.
- There is a need for more psychological support for staff members coping with distressing cases of mortality.

Conclusion

Optimal care was found in 1,098 of the completed Level 1 and the Level 2 In-Depth Reviews during Quarter 1 and 2, which is consistent with the Trust's consistently low mortality rate.

Throughout Quarter 1 & 2, the number and timeliness of Level 2 In-Depth Mortality Reviews being completed has continued to grow and increased by 62% over these quarters. Mortality & Morbidity Meetings, conducted across the Trust, have been further developed to ensure both nursing and allied health professions participate in these meetings on a regular basis to ensure shared learning.



Appendix 1 Trust Comparison against National Mortality Data

August 2021 to July 2022:

The data below is gathered by NHS Digital and used to develop the Summary Hospital Mortality Indicator (SHMI) for Trusts. This publication of the SHMI relates to discharges in the reporting period August 2021 to July 2022, which is the latest publication available.

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 hospitals in England who died either while in hospital or within 30 days of being discharged. Deaths related to COVID-19 are excluded from the SHMI.

To help users of the data understand the SHMI, trusts have been categorised into bandings indicating whether a trust's SHMI is 'higher than expected', 'as expected', or 'lower than expected'. If the observed number of deaths falls outside of the 'as expected' range, a trust is considered to have a higher or lower SHMI than expected.

The SHMI is not a measure of quality of care. A higher-than-expected number of deaths should not immediately be interpreted as indicating poor performance and instead should be viewed as a 'smoke alarm' which requires further investigation. Similarly, an 'as expected' or 'lower than expected' SHMI should not immediately be interpreted as indicating satisfactory or good performance.

The overall SHMI value for this Trust is 78.78. This rate is in the "lower than expected" range. The Trust's SHMI remains significantly low with a very slight decrease from the last quarterly report. The quarterly trend data over the last three years produced by Dr Foster is shown in Table 1 below:

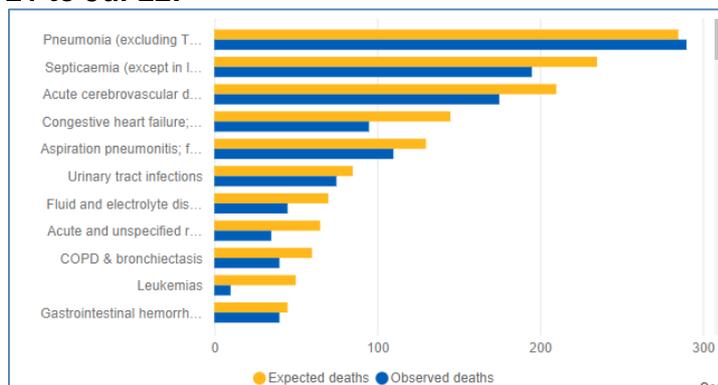
Table 1: Trust and Site level SHMI Data.

Provider name	SHMI value	Range	Number of spells	Observed deaths	Expected deaths
London North West University Trust	78.78	Lower than expected	98,770	2,150	2,730
Northwick Park	84.74	Lower than expected	66,350	1,465	1,725
Ealing Hospital	68.35	Lower than expected	27,085	625	915
St Marks Hospital	108.47	As expected	1,370	55	50
Central Middlesex Hospital	-	-	2,780	0	35

Table 2 below shows that the Trust has lower than expected mortality across a number of categories.



Table 2: Comparison of Observed & Expected Deaths by Diagnosis Group for Aug-21 to Jul-22:



*NB There has been a general fall in the number of spells due to Covid-19 impacting on activity from March 2020 onwards, which this had affected some diagnosis groups more than others. This will continue to be monitored by NHS Digital as the pandemic continues.

Table 3 below, shows that the Trust has been thorough in its triggering of In-Depth Mortality Reviews according to national triggers. With a reducing trend for cases to have a Medical Examiner request for an in-depth review.

Table 3: Mortality by Month and Triggers for Level 2 In-Depth Mortality Review

List of National Triggers				
Trigger	2018-19	2019-20	2020-21	2021-22
Coroners Case	53	127	87	32
Family Concern	44	20	59	44
Learning Disability	28	15	27	13
Medical Examiner	n/a	1	144	87
Mental Health Act	12	9	15	5
Mortality Lead	32	15	2	2
Surgery (elective)	89	49	39	21
Under 18yrs	3	9	9	4
Unexpected Death	106	114	86	29
Other	2	2	7	1

Please note that patients can hit multiple triggers.



All in-patient deaths are graded using the Confidential Enquiries into Stillbirths and Deaths in Infancy (CESDI) Classifications: -

Grade 0 No sub-optimal care

Grade 1 Sub-optimal care but different management would have made no difference to the outcome

Grade 2 Sub-optimal care, different management might have made a difference to the outcome

Grade 3 Sub-optimal care, different management would reasonably have been expected to have made a difference to the outcome.

These classifications are amalgamated in the table below to reflect on the care as being 'Optimal Care' (Grade 0) or 'Sub-Optimal' (Grades 1, 2 or 3); exact numbers can be seen in Appendix 2.

Table 4: Summary of Patient Care Grading from Completed Reviews

CESDI Classifications	2018-19	2019-20	2020-21	2021-22
Completed reviews - Optimal care	1869	2155	2669	2237
Completed reviews -Sub-optimal care	138 (7%)	75 (3%)	68 (3%)	44 (2%)

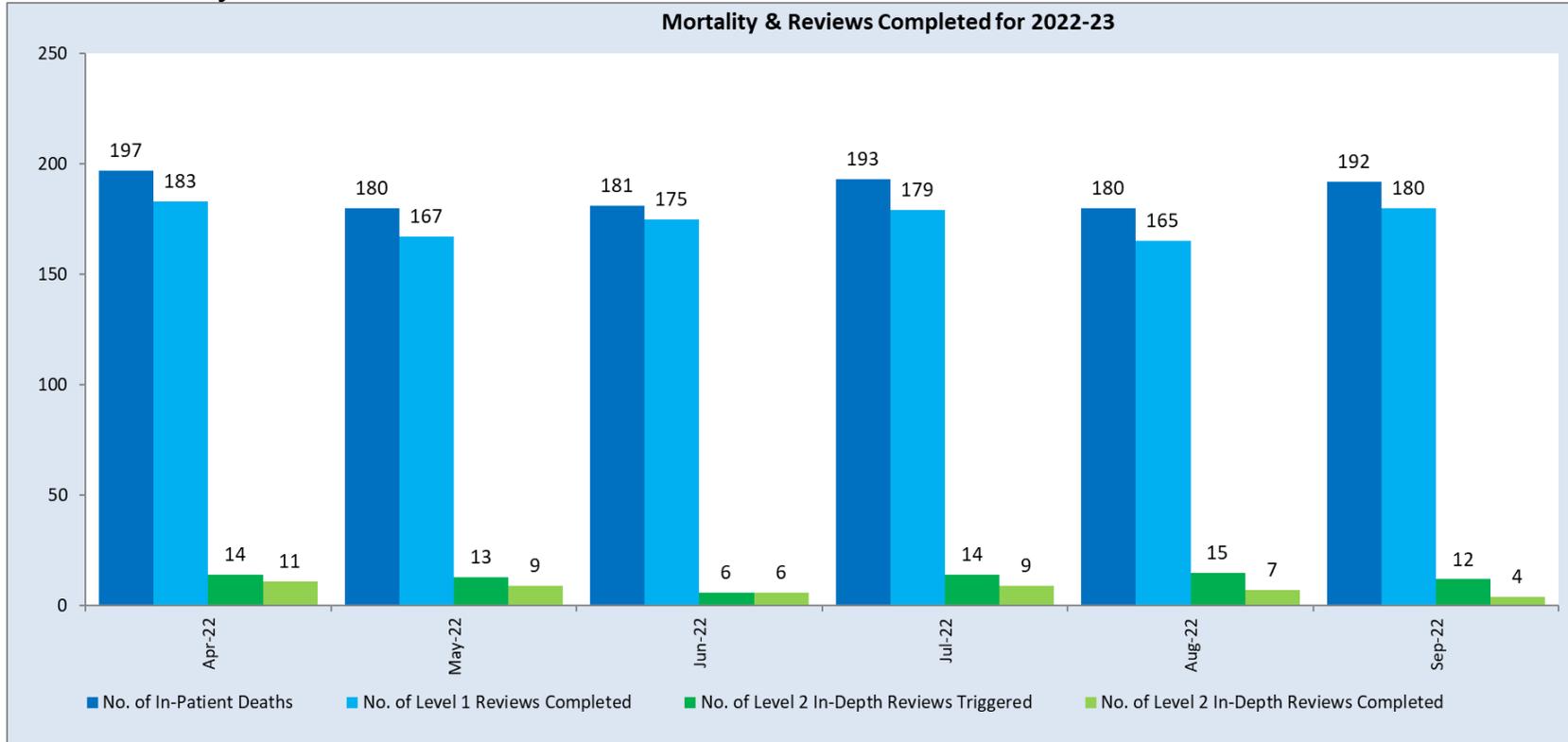


Appendix 2: Summary of In-Patient Deaths and Reviews by Grading of Care

NHS		London North West University Healthcare NHS Trust: Learning from Patient Deaths Dashboard: Q1 & Q2 2022-23							Department of Health
Summary of the total number of In-patient deaths, Cases Reviewed and Grading of Care									
Total Number of Deaths, Deaths Reviewed and In-Depth Reviews									
All In-Patients				Reviewed by CESDI Grading of Care					
	No. of In-Patient Deaths	No. of Level 1 Reviews Completed	No. of Level 2 In-Depth Reviews Triggered	No. of Level 2 In-Depth Reviews Completed	Grade 1: Sub-optimal care but different management would have made no difference to the outcome.	Grade 2: Sub-optimal care, different management might have made a difference to the outcome.	Grade 3: Sub-optimal care, different management would reasonably have been expected to have made a difference to the outcome.	Optimal Care	
2022-23 Quarter 1	Apr-22	197	183	14	11	4	0	0	193
	May-22	180	167	13	9	1	0	0	179
	Jun-22	181	175	6	6	2	1	0	178
2022-23 Quarter 2	Jul-22	193	179	14	9	2	0	0	191
	Aug-22	180	165	15	7	1	0	0	179
	Sep-22	192	180	12	4	2	0	1	178
	2021-22	2281	2124	157	143	34	8	2	2237
	2020-21	2737	2456	281	269	56	9	3	2669
	2019-20	2230	1992	238	234	65	8	2	2155
	2018-19	2007	1692	315	315	129	8	1	1869
Patients with Learning Disabilities									
	No. of In-Patient Deaths	No. of Level 2 In-Depth Reviews Triggered	No. of Level 2 In-Depth Reviews Completed	Grade 1: Sub-optimal care but different management would have made no difference to the outcome.	Grade 2: Sub-optimal care, different management might have made a difference to the outcome.	Grade 3: Sub-optimal care, different management would reasonably have been expected to have made a difference to the outcome.	Optimal Care		
2022-23 Quarter 1	Apr-22	2	2	2	0	0	0	2	
	May-22	1	1	1	0	0	0	1	
	Jun-22	3	3	3	0	0	0	3	
2022-23 Quarter 2	Jul-22	0	0	0	0	0	0	0	
	Aug-22	1	1	1	0	0	0	1	
	Sep-22	1	1	0	0	0	0	1	
	2021-22	21	21	19	1	0	0	18	
	2020-21	27	27	27	2	1	0	24	
	2019-20	15	15	15	1	0	0	14	
	2018-19	24	24	24	1	0	0	23	



Table 2: Mortality Reviews over Time



ENCLOSURE

Learning from Deaths quarterly report

Quality and Safety Committee	ITEM: 9
Date of the meeting: 30/11/2022	ENCLOSURE:
Purpose of the Report/Paper:	
To provide the Quality and Safety Committee with an update on mortality figures, medical examiner service and learning from deaths process	
For:	
Assurance <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Executive summary:	
This report presents the mortality data for the Trust from August 2021 to July 2022 and for Learning from Deaths from 01/04/22 to 31/10/22. The monthly level HSMR for Hillingdon had crept up above 100 for both the April and May 2022 data, but there was a substantial improvement in June and July 2022 data updates. The June 2022 HSMR update was the lowest value recorded since August 2021. An update is provided for the progress on the Gap Analysis carried out following the Desktop Mortality Review. The Dashboard for Learning from Death process is presented from 01/04/22 to 31/10/22. An update is given on the Medical Examiner Service.	
Sponsor (Executive Lead):	Ms Gubby Ayida, Medical Director
Author:	Miss Victoria Cook, Deputy Medical Director
Author contact details:	Victoria.cook3@nhs.net
Risk implications – Link to Board Assurance Framework or Corporate Risk Register:	BAF
Legal/Regulatory/Finance/Quality & Safety/HR/E&D/Engagement/Communications/Reputation or Sustainability implications:	Regulatory
Link to Relevant CQC Domain:	
Safe <input type="checkbox"/> Effective <input type="checkbox"/> Caring <input type="checkbox"/> Responsive <input type="checkbox"/> Well Led <input type="checkbox"/>	
Link to relevant Corporate Objectives/strategic aims:	Quality – We will deliver consistent high quality care Performance – we will deliver the right care at the right time for our patients
Document previously considered by:	
Recommendations:	

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Learning from Deaths Quarterly Report (November 2022)

1. Executive Summary

This report presents the mortality data for the Trust from August 2021 to July 2022 and for Learning from Deaths for Q 1- 3 2022/3. The monthly level HSMR for Hillingdon had crept up above 100 for both the April and May 2022 data, but there was a substantial improvement in June and July 2022 data updates. The June 2022 HSMR update was the lowest value recorded since August 2021. An update is provided for the progress on the Gap Analysis carried out following the Desktop Mortality Review. The Dashboard for Learning from Death process is presented from 01/04/22 to 31/10/22. An update is given on the Medical Examiner Service.

2. Background

2.1 Dr Foster continues to provide a bi-monthly detailed report for the Mortality Surveillance Group (MSG). This provides reassurance to MSG that there are no high mortality risk months for Hillingdon and enables focus on areas where there may be a potential for learning.

2.2 Following Gap Analysis of the Desktop Mortality Review carried out, the focus is now to ensure that the key areas identified for further progress are completed and changes embedded into Trust Culture. Key is to improve learning from deaths that will then be disseminated Trust Wide. This is reviewed and monitored through Divisional Governance and the Mortality Surveillance Group.

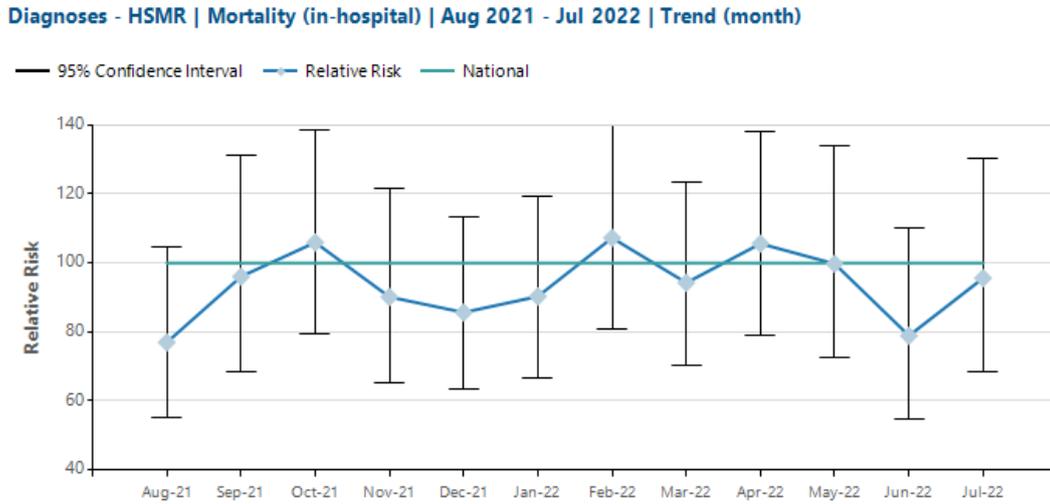
2.3 The Medical Examiner Service has been increased from 4 to 6 Medical Examiners and from 1 to 2 full time Medical Examiner Officers, this is to allow for the planned increased in workload with the statutory scrutiny of all community deaths by April 2023.

3. Mortality data

3.1. The Mortality Data from August 2021 to July 2022 is presented, this is the most up to date data from Dr Foster. The mortality data from Dr Foster provides an overview of mortality using the Hospital Standardised Mortality Ratio and the Standardised Mortality Ratio and presents data with potential recommendations for further investigation. This data can also be used to support other pieces of work completed within the Trust. A recent review of patients who died with non-specific chest pain identified errors with coding in 4.5 out of 8 cases, which has allowed improved training of coders.

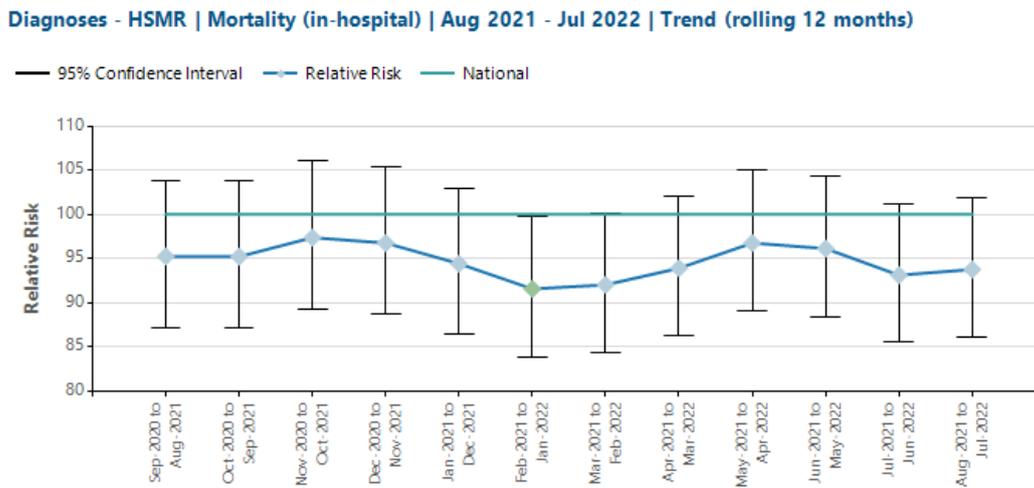
Hillingdon HSMR (**see Fig 1**) was below the benchmark of 100 for the months of June 2022 and July 2022 and shows significant improvement from the April and May HSMR, which were above the NHS benchmark of 100. The June 2022 HSMR was the lowest recorded value since the August 2021 update.

Figure 1 – Hospital Standardised Mortality Ratio (HSMR) Monthly Trend



At rolling 12 months data level, (see Fig 2) no individual month at Hillingdon represented a high HSMR mortality risk in August 2021 to July 2022.

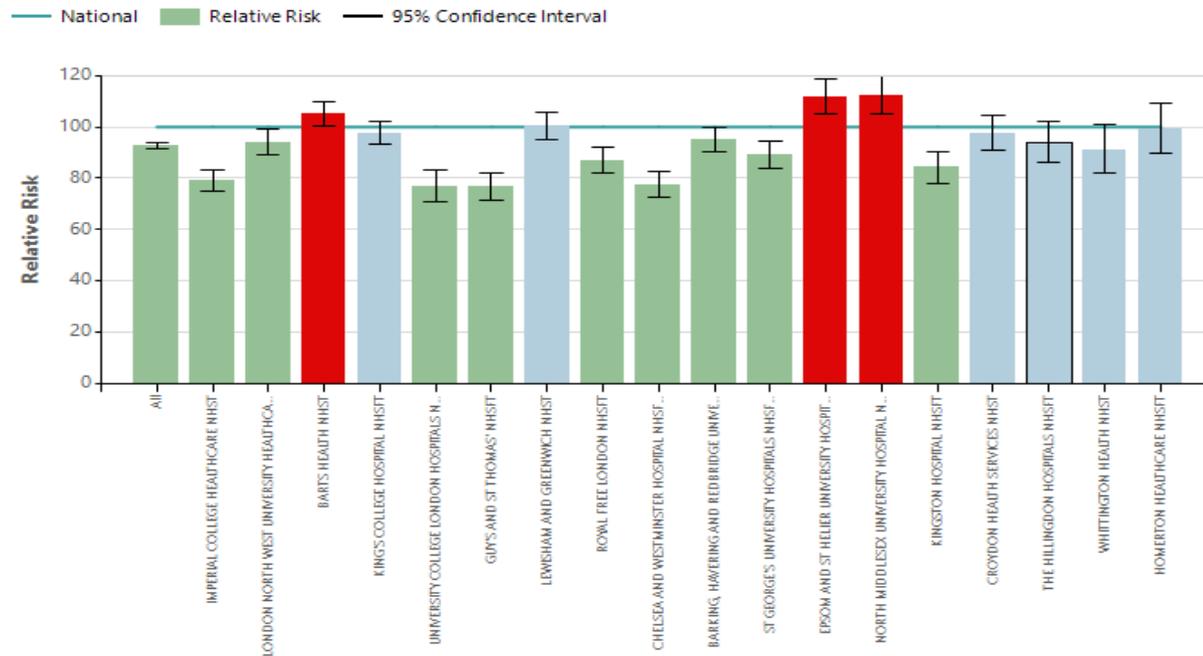
Figure 2 – Hospital Standardised Mortality Ratio (HSMR 12) Month Rolling Trend



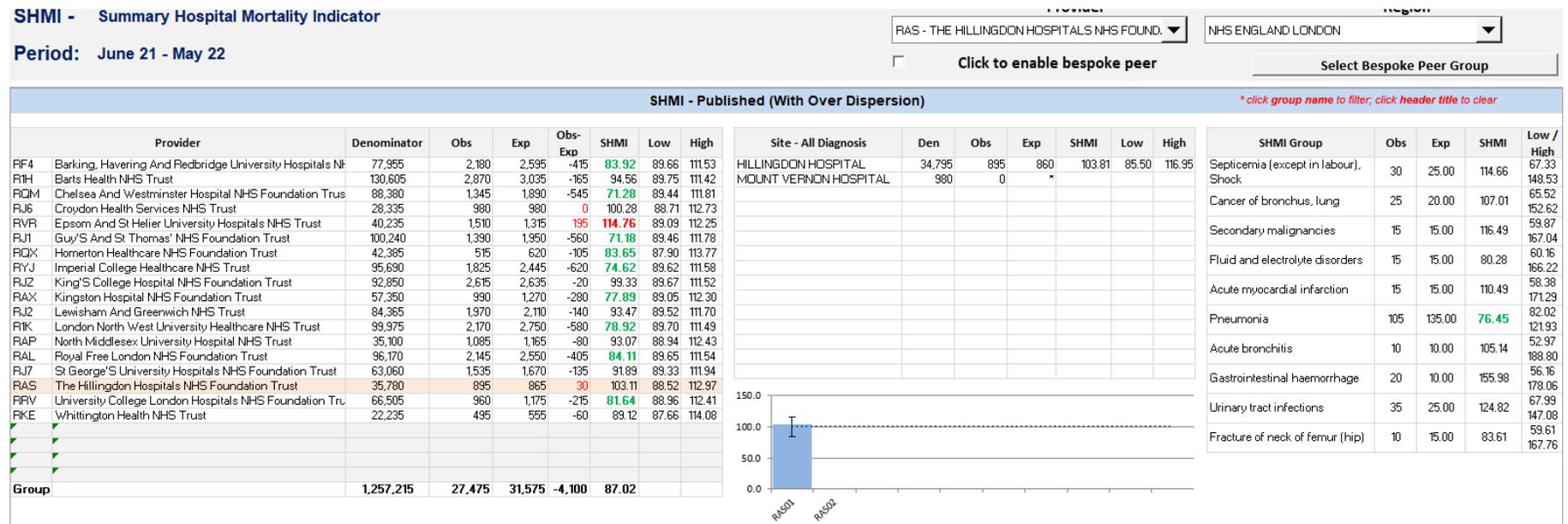
The 12 month data for Hillingdon HSMR for year to July 2022 is 93.8, which is within expected range. Whilst Hillingdon HSMR is not a low mortality risk it is below 100, which means that Hillingdon outperform the NHS average/benchmark. The equivalent London figure is 92.5, which is a low mortality risk. Six out of eighteen London providers have 'within expected range' HSMR for the year.

Figure 3 Hospital Standardised Mortality Ratio 12 Month Peer Comparison

Diagnoses - HSMR | Mortality (in-hospital) | Aug 2021 - Jul 2022 | REGION (acute, non-specialist)



3.2 SHMI for the year to May 2022 is 103.11, this is slightly lower than the 104.41 reported in April 2022 and is within expected range. The SHMI data includes all hospital deaths and those that have occurred up to 30 days after discharge from hospital. Of the featured SHMI diagnosis groups none are alerting as significantly high mortality, the SHMI performance for pneumonia is significantly better than NHS performance. 66% of all deaths were Hospital rather than community. 590 out of 895 deaths (or 66% of all mortalities) were in-hospital at Hillingdon; roughly in line with the wider London picture and the same percentage for updates dating back to Nov 2021.



4. Mortality Desktop Review

4.1 The Trust continues to participate in the 'Better tomorrow' process, run by NHSE&I. Progress following the Gap Analysis is reviewed and monitored via the Mortality Surveillance Group.

4.2 Key updates to 'Green' Gap Analysis;

- A Mortality Review Group task and finish group has been created as part of the Acute Collaborate. This group is meeting weekly to establish current practice across the Acute Collaborative, to ensure that appropriate data is presented to the Board and that learning from deaths is established equally across all 4 Trusts. Currently there are 4 work streams:
 - HSMR and SHMI alignment
 - Mortality review thresholds and compliance
 - Palliative care coding alignment
 - Mortality review RACI matrix

4.3 Key updates from the 'Amber' Gap Analysis;

- Senior Nurses and AHP have been identified and are undertaking SJR Training. Once trained they will undertake SJR jointly with an established medical reviewer to gain experience.
- To provide assurance that the Trust is working to create improvement through learning from deaths, this will be monitored through the Divisional Governance Groups and MSG.

4.4 Key update from the 'Red' Gap Analysis is that work continues with the Unplanned Care Division to establish the M&M meetings. When these are established Learning can be taken forward Trust wide.

4.5 Gap Analysis following initial review (see table below)

Criteria for excellence	Gap	Progress	Rag Rating
The Trust has an up-to-date Learning from Deaths Policy or Framework in place that conforms to national guidance.	Is there a plan for handling national changes and guidance that might take place before the next review in 2024? (particularly ME statutory provisions)	Any changes will be discussed in the Mortality Surveillance Group (MSG) and the Policy updated as appropriate.	
The Trust has established mortality oversight group with senior clinical leadership (including nurses and AHPs), clear terms of reference and a forward plan. The group meets regularly and has attendance and engagement from the appropriate corporate and clinical teams.	How does the Trust plan to evidence sustained multi-professional engagement, including Allied Health Professionals (AHPs)?	The current membership of the MSG includes a Specialist Midwife and a Deputy Director of Nursing Senior Nurses and AHP have been identified and are undertaking SJR Training. Once trained they will undertake SJR jointly with an established medical reviewer to gain experience	
The Trust uses a recognised tool such as Structured Judgement Review (SJR) to review deaths.	How will the Trust ensure that the information is collated without duplication of review? Particularly of any investigation process that may already have been already undertaken.	The Mortality Governance Lead co-ordinates such, that any cases that are investigated as a Serious Incident do not require a Structured Judgement Review but that the learning is captured and discussed as appropriate in Morbidity & Mortality (M&M) meetings.	
There is a named Learning from Deaths Lead and Medical Examiner with dedicated PAs, admin support and access to professional development and a local/regional/national network.	Is the Trust part of a regional mortality group and is Trust mortality qualitative and thematic data shared with these groups?	A Mortality Review Group task and finish group has been created as part of the Acute Collaborate. This group is meeting weekly to establish current practice across the Acute Collaborative, to ensure that appropriate data is presented to the Board and that learning from deaths is established equally across all 4 Trusts.	
There is enough skilled support to interrogate critical data sources – clinical systems, Datix, PLICS, claims database and highlight trends and themes.	How could the Trust make better use of internal data analytics and be confident in this business intelligence?	Currently the Mortality Data is provided by Dr Foster with excellent support in the Mortality Surveillance Group meetings. The Acute Collaborative Mortality Review Task	

Criteria for excellence	Gap	Progress	Rag Rating
		and Finish Group are working to align HSMR and SHMI across the 4 Trusts	
Divisions report their data and learning into the Trust-wide group in a useful and meaningful way.	Is the Trust assured that all Divisions report their data in a meaningful way and that there is a way to ensure that reporting is not just process reporting with no learning?	The Data will be discussed in the M&M meetings. Work continues within the Division of Unplanned Care to establish regular M&M meetings, which are expected to commence in Q4 2022/3. The outcomes of these meetings will be monitored through the Divisional Governance meetings	
Mortality data is shared with external stakeholders.	How will the Trust ensure that other data is shared across the system to develop more comparative, rounded view of how well the Trust and system is performing; building on the work done and relationships made around covid deaths? Is any joint other work across systems taking place, other than the Covid work?	The MSG reports into the Trust Integrated Quality and Performance Report (IQPR) bi-monthly. This is reported through TMB to the Trust Board Subcommittees and ultimately to Trust Board. With the establishment of the Acute Collaborative the mortality data will be presented to the Joint Board. The Acute Collaborative Mortality Review Task and Finish group is currently establishing how data, processes and learning will be shared across the 4 Trusts.	
There is a defined risk management policy in place which sets out criteria for escalating mortality and avoidable harm risks to the appropriate level of management and expectations of teams for managing their risks.	Is there an established process that promotes consideration of mortality data in the wider clinical context of risk? Is this robust?	Currently the SI process captures those cases with the most significant learning; this is considered as part of key risks across the Trust. As the M&M meetings are established there will be actions identified which will allow the governance structure to triangulate work across incidents, complaints, audits as well as the SJR process. The Mortality Surveillance Group does have a clear escalation process through QSC to highlight risks from mortality.	
The Trust can evidence that it learns from deaths.	What measures does the Trust have in place to ensure	Learning from Serious Incidents.	

Criteria for excellence	Gap	Progress	Rag Rating
	<p>there is active learning from deaths?</p> <p>How is the Trust assured it is working to create improvement?</p>	<p>M&M meetings in Planned Care Division. Learning can be disseminated via the Hils Bulletins and through the Divisions.</p> <p>This does need to be more robust and will be monitored though the Divisional Governance Groups and the MSG.</p>	

5. Learning from deaths

5.1 Work continues to ensure that the Learning from Deaths process is embedded across the clinical teams. This Trust-wide approach, using the Structure Judgement Review (SJR) Process has been developed with the aim of ensuring a standardised format and process. A level 1 review takes place at the time of completion of the death paperwork by the Medical Examiner and a Junior Doctor, this identifies cases for SJR which are done by consultants; this is a qualitative review of care using the National Proforma. Discussion is currently underway to review the current Level 1 form to improve capture of cases for SJR and lead to learning. Although the current learning from deaths policy states that 20% of deaths should have a SJR the recommendation from the Better Tomorrow Team is that smaller numbers allow for higher quality reviews.

5.2 We are continuing to review the SJR process to identify areas that could be strengthened. Discussion is underway with the Mortality Leads to review the current Structured Judgement form to ensure higher quality, consistent reviews to capture learning that will be disseminated across the Trust. Senior Nurses and AHP have also been identified and are undertaking SJR Training. Once trained they will undertake SJR jointly with an established medical reviewer to gain experience.

5.3 As part of the LeDeR programme the Trust identifies and reports all deaths of patients with a Learning Disability for the national database. There were 2 cases identified in Q1 and 2 cases identified in Q2 2022/23 of patients with a Learning Disability who had died. There were no avoidable issues identified for the 1 Learning Disability review that has been completed and returned.

5.4 Due to Covid pandemic and the number of serious incidents being declared between March 2022 and June 2022, Structured Judgement Reviews were put on hold to allow the investigation team's time and capacity to investigate the serious incidents. The Structured Judgement review process was resumed in June 22.

5.5 To date there were 82 cases identified for a Structured Judgement Review to be carried out. 47 of these cases have been allocated to a Clinician to complete. Work is underway to allocate the remaining 35 cases to a clinician.

5.6 Roll out of the Medical Examiner Service into the community will allow Community Deaths to be reviewed through the SJR process, the first such SJR is underway.

5.7 The Division of Planned Care have M&M meetings well established within their Specialities. For any cases where there have been concerns identified, these cases will be fed through to the Patient Safety Team by the Mortality Lead to request that a Structured Judgement Review is carried out.

5.8 M&M meetings have been agreed with the Division of Unplanned Care as part of their monthly Governance Forums. However the detailed format of the meetings has not been finalised. It is expected that the first M&M will take place in Q4 2022/23. Actions will be discussed at M&M meetings to prevent recurrence and actions agreed. The learning will

then be fed back through the Mortality Surveillance Group and disseminated via the Divisional Governance Groups for Trust Wide Learning.

5.9 Through the Serious Incident progress cases will be identified that capture the most significant learning. At present learning from Serious Incidents and themes is disseminated and shared via the HiLs bulletin, Governance meetings, learning forums, via Communications and at other meetings such as 'Falls' meetings. It has been discussed and agreed that going forward learning and themes identified from these cases will also be fed through to the Mortality Surveillance Group held bi-monthly and these will also be included in the next QSC report.

5.9.1 Learning from deaths data for 2022/23

Below is the number of Adult Inpatient Deaths, Structured Judgement Reviews identified and carried out between 1st April 2022 and 31st October 2022

**Data accurate as of 17th November 2022*

Trust Total	Q1	Q2	Q3	Year To Date
Total Adult Inpatient Deaths	169	159	47	375
No. of SJRs Identified	38	33	11	82
No. of SJRs Requested	27	15	5	47
No. of SJR's Completed	11	10	1	22
% SJR's Completed	41%	67%	20%	47%
SJR identified as % of deaths	23%	21%	23%	22%
No. of Avoidable Deaths (Score 1-3)	0	0	0	

To date there were 82 cases identified for a Structured Judgement Review to be carried out. 47 of these cases have been allocated to a Clinician to complete. Work is underway to allocate the remaining 35 cases to a clinician.

The current criteria for a Structured Judgement Review to be carried out is for any patients with a Learning Disability or severe Mental Health illness, Hip Fracture in this admission or thought to have contributed to death, cases where the patient was not expected to die by the Clinical Team, concerns raised by family or carers about the care that the patient received, concerns about the care provided, including end of life care and if the Medical Examiner or Clinician completing the Certified Cause of Death (MCCD) identifies that there is a potential for learning in this case. However, this criteria is currently under review to improve capture of cases for SJR and lead to learning.

Although the current learning from deaths policy states that 20% of deaths should have a SJR the recommendation from the Better Tomorrow Team is that smaller numbers allow for higher quality reviews. Following review of the current Level 1 form to ensure that the most appropriate cases are selected for detailed review. The numbers of reviews may decrease as a result.

5.9.2 Below is the Dashboard for Structured Judgement Review avoidability scores that will be collated between 1st April 2022 and 31st October 2022. Data from the Learning from Deaths table above is continuously collated into the Dashboard and reflects the Structured Judgement Reviews that have been completed but not the SJR's that have been issued and are outstanding as these will be updated when they have been returned. The avoidability scores from the outstanding Structured Judgement Reviews will be added to the data once completed and reflected in the next quarterly report. **Data accurate as of 17th November 2022*

	Month	Total Deaths (not LD)	Total Deaths Reviewed (not LD)	Deaths Avoidable > 50% (not LD)	1	2	3	4	5	6	LD Deaths	LD Deaths Reviewed	LD Deaths Avoidable > 50%
2022-23	Q1	167	10	0	0	0	0	0	2	9	2	1	0
2022-23	Q2	157	10	0	0	0	0	0	0	10	2	0	0
2022-23	Q3	47	1	0	0	0	0	0	0	6	0	0	0

Score 1 Definitely avoidable

Score 2 Strong evidence of avoidability

Score 3 Probably avoidable (more than 50:50)

Score 4 Possibly avoidable but not very likely (less than 50:50)

Score 5 Slight evidence of avoidability

Score 6 Definitely not avoidable

6. Medical Examiners Service

6.1 The Medical Examiner Service has scrutinised 366 adult and 4 Paediatric deaths in Q1 and Q2 2022/23. This was 100% of deaths within Hillingdon Hospital, excluding stillbirths. There were 91 (24.5%) referrals to the Coroner during this time, of which 47 (12.7%) were returned with instructions to complete a Medical Certificate of Cause of Death, and 44 (11.9%) were selected for further investigation. National comparator average figures for Coroner referrals are approximately 40% of deaths, with 17% further investigated. The Medical Examiner Service is thus working collaboratively with the Coroner to reduce unnecessary referrals.

Other examples of collaborative working with the Coroner are shown in a small number of cases where we have been asked by the Coroner to find a Hospital certifier for patients discharged within the previous month where the GP feels unable to complete any certification.

We are working collaboratively within the Child Death Overview Panel (CDOP) framework to refer the few child death cases, as per the Children's Act 2018.

The Medical Examiner Service recommended 47 (12.7%) Structured Judgement Reviews in Q1 and Q2 2022/23. This is an increase over the last period.

6.2 The Health and Care Act 2022 contains the primary legislative framework for the rollout of the Medical Examiner Service to scrutinise all non-coronial deaths in the non-acute sector as well as all deaths in the acute sector. Recruitment has been successful at Hillingdon to allow for this extra work. A framework of pathways has been developed for each of the 5 types of community providers, in partnership with North West London CCG and the other stakeholders. The statutory community rollout is planned for completion by April 2023, and pilots are underway to assess and refine the models developed. We are fully scrutinising all deaths on the Mount Vernon Hospital site, from Michael Sobell Hospice and the Mount Vernon Cancer Centre. Negotiations are underway with Bishops Wood Hospital.

These three are external to The Hillingdon Hospital and therefore are enumerated as Community deaths, from our point of view since our purview (like the Coroner and Register Office) is geographical.

Accordingly, deaths there play no part in The Hillingdon Hospital HSMR or SHMI.

Although the mechanism is in place for Mount Vernon Treatment Centre, which is part of The Hillingdon Hospital, there have been no deaths in that area.

7. Conclusions

7.1 The mortality statistics are reassuring and continued to be discussed in the Mortality Surveillance Group bimonthly, allowing detailed review of cases as appropriate.

7.2 The learning from deaths paperwork is being reviewed to ensure that the most appropriate cases are selected for detailed review. The numbers of reviews may decrease as a result.

7.3 The process of learning from these reviews needs to be strengthened, with the establishment of regular M&M meetings in Unplanned care. We recognise that we have a good process but remain weak on learning and that is the focus for improvement which will be reported at the next QSC report. With the establishment of regular M&M meetings, this will be the forum where actions will be discussed to prevent recurrence and actions agreed. The learning will then be fed back through the Mortality Surveillance Group and disseminated via the Divisional Governance Groups for Trust Wide Learning.

7.4 The Trust Mortality Lead is a member of the Acute Collaborative Mortality Review Task and Finish Group

7.5 The Medical Examiner Service is well prepared for the statutory community rollout.

8. Recommendations

The Quality and Safety Committee are asked to note the mortality data and update to the learning from deaths process. These will be monitored through the Mortality Surveillance Group.

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



NWL Acute Provider Collaborative Board in Common (Public)

17/01/2023

Item number: 6.1

This report is: Public

Audit and Risk Committee Chairs' Report

Accountable director: Aman Dalvi, Non-Executive Director and Audit Committee Chair – Chelsea and Westminster NHS Foundation Trust
 Nick Gash, Non-Executive Director and Audit Committee Chair - Imperial College Healthcare NHS Trust
 Vineta Bhalla, Non-Executive Director and Audit Committee Chair – London North West University Healthcare NHS Trust
 Neville Manuel, Non-Executive Director and Audit Committee 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
 27/10/2022

Imperial College Healthcare NHS Trust Audit, Risk and Governance Committee
 09/11/2022

London North West University Healthcare NHS Trust Audit and Risk Committee
 02/12/2022

What was the outcome?

The Hillingdon Hospitals NHS Foundation Trust Audit and Risk Committee
 18/11/2022
 What was the outcome?

Executive summary and key messages

Attached are the highlight reports from the audit and risk committee meetings:

- Chelsea and Westminster NHS Foundation Trust (27 October 2022)

- Imperial College Healthcare NHS Trust (9 November 2022)
- London North West University Healthcare NHS Trust (2 December 2022)
- The Hillingdon Hospitals NHS Foundation Trust (18 November 2022)

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 carers)
- 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

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

North West London Acute Provider Collaborative Chelsea & Westminster Hospital NHS Foundation Trust - Audit and Risk Committee

Chair's Highlight Report to the Board in Common – for discussion

Date of Audit and Risk Committee: 27th October 2022

Highlight Report of the meeting held on 27 October 2022

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 Audit & Risk Committee at its last meeting on 27 October 2022.

1.2 The role of the Collaborative Committee is:

- Review the establishment and maintenance of effective systems of internal control, establishment of value for money and risk management including fraud and corruption.
- Assure the Board on completeness and compliance of required disclosure statements and policies. Review the Trust's Annual Report, including Quality Report and financial statements, Annual Governance Statement and Head of Internal Audit Opinion and the External Assurance on the Trust's Quality Report and assure the Board on compliance.
- Assure the Board on judgements and adjustments relating to annual financial statements.
- Review the Trust's self-certification as required by NHS Improvement or its successors to comply with any conditions of its foundation trust licence.
- Assure the Board on the appropriateness and effectiveness of the internal audit service its fees, findings and co-ordination with external audit.
- Assure the Board on the appropriateness, effectiveness and co-ordination of external auditors, and the Trust's management response and outcomes.
- Assure the Board on the appropriateness and effectiveness of the local counter fraud specialist service, their fees, findings and co-ordination with internal audit and management.
- Make recommendations to the Council of Governors on the appointment, re-appointment and remuneration and terms of engagement of the external auditors.
- Assure the Board on the appropriateness and effectiveness of the Trust's Risk Assurance Framework and of the processes for its implementation.
- Ensure that arrangements are in place for investigation of matters raised, in confidence, by staff relating to matters of financial reporting and control, clinical quality, patient safety or other matters.
- Assure the Board on the appropriateness and effectiveness of the Trust's approach to mitigate and manage cyber security related risks.
- Undertake such other tasks as shall be delegated to it by the Board in order to provide the level of assurance the Board requires.
- Report to the Council of Governors on significant matters where these matters are not notified to the Council of Governors via other means.

2. Key Highlights

2.1 Positive Assurances Received

Counter Fraud

- 2.1.1 The Local Counter Fraud Specialist (LCFS) Progress Reports sets out the activities pursued by the Counter Fraud team since the previous Audit and Risk Committee meeting. RSM undertook an exercise where a fake invoice was submitted. The phishing test to establish whether a fake invoice would be identified by the Accounts Team was successful and was prevented from being added to the ledger.

Internal Audit

- 2.1.2 The report is intended to inform the Audit and Risk Committee of progress made against the internal audit plan. The following reports were issued:
- **Covid recovery** - Appropriate procedures and controls in place to mitigate the key risks (Substantial Assurance). A small number of exceptions found in testing of the procedures and controls. (Moderate Assurance)
 - **IT Architecture** - Advisory review, no opinion provided.
 - **Safeguarding adults** - Appropriate procedures and controls in place to mitigate the key risks. (Substantial Assurance). No, or only minor, exceptions found in testing of the procedures and controls. (Substantial Assurance)

Internal Audit Single Tender Waiver Benchmarking 2021/22 Financial year

- 2.1.3 Single tender waivers may be required to allow for procurements to be achieved without full tendering processes when a purchase may be time critical, or it may not be possible to go to the open market as there are no other suppliers or where continuity is required. Overall, this showed that the Trust had a below average number and value of waivers compared to the comparative group.

Internal Audit Annual Report Benchmarking

- 2.1.4 The majority of organisations benchmarked achieved moderate assurance opinions for the design and effectiveness of controls. The Trust was in line with other Trusts. The average number of recommendations was comparable to the benchmarked organisations. The Trust was in the higher percentile for the number of high-level recommendations compared to the other benchmarked Trusts and it was discussed that this was because the Trust took a proactive approach to targeting internal audits at areas of potential concern.

Board Assurance Framework (BAF)

- 2.1.5 During September and October 2022, Executive Directors were requested to update their relevant BAF risks prior to consideration at their respective overseeing Committees; Finance & Performance Committee, People & Workforce and Quality Committee in September 2022. The risk scores were populated based on the strength and effectiveness of existing controls and assurances. Whilst some gross inherent risk scores were noted as 'red' in the BAF templates, these were mitigated by a range of controls and assurances. The ARC considered that the BAF process was good and that there was visibility of the risks.

Risk Assurance Framework

- 2.1.6 The Committee received a report which provided an overview of the risk register process and the risks recorded within the Trust's Datix risk register system as at 28th September 2022. The dataset was used to support risk assurance reporting to all the

committees of the Board (and sub-groups) so that a snap shot of the Trust's risk profile could be assessed. There were a total of 293 risks. The Executive Management Board are involved in reviewing current and overdue risks.

Cyber Security Report

- 2.1.7 The Trust has scaled up focus on Cyber Security and through the capital investment programmes, support work has been undertaken to improve compliance and security of both the PC and Server estates. The Trust has significantly improved its national ranking and now regularly achieves a low-risk rating.

Better Payment Practice Code

- 2.1.8 The Better Payments Practice Code which relates to paying 95% of suppliers within 30 days was affected by the ransomware attack on the Trust's finance and procurement systems supplier in August 2022. The Trust's year to date position is 83.9%.

Business Continuity Plan

- 2.1.9 The Committee has agreed the need to ensure that the business continuity plan will enable speedy recovery in the event of a cyber-attack in order to reduce the amount of outage time.

3. Key Risks to Escalate

- 3.1 None

4. Concerns Outstanding

- 4.1 There is a national issue regarding sourcing external auditors and other Trusts in the Collaborative are also finding it difficult to successfully tender for External Audit services.

5. Key Actions Commissioned

- 5.1 Nothing to report

6. Decisions Made

- 6.1 The Audit & Risk Committee Terms of Reference were approved.
6.2 Following an unsuccessful tender process in early 2022, it was agreed to extend the current external audit contract with Deloitte LLP for a further 2 years to September 2024.

7. Summary Agenda

No.	Agenda Item	Purpose	No.	Agenda Item	Purpose
1.	Audit and Risk Committee Terms of Reference	Approval	9.	Better Payments Practice Code	Noting
2.	Counter Fraud Progress Report	Noting	10.	Losses and Special Payments including Write Offs	Noting
3.	Internal Audit 2022/23 Progress Report	Noting	11.	Losses and Special Payments including Write Offs	Noting
4.	Internal Audit Recommendations and Implementations	Noting	12.	Audit contract renewals	Approval
5.	Internal Audit Reports	Noting	13.	Audit Committee Forward Plan	Noting
6.	Board Assurance Framework	Noting			

7.	Risk Assurance Framework	Noting			
8.	Cyber Security Report	Noting			

8. 2022 / 23 Attendance Matrix

Members:	Attended				Apologies & Deputy Sent				Apologies			
	A	M	J	J	A	S	O	N	D	J	F	M
Nick Gash (ceased membership)	X	X	X	✓	X	X	-	-	-	-	-	-
Steve Gill (ceased membership)	X	X	X	✓	X	X	-	-	-	-	-	-
Aman Dalvi	X	X	X	✓	X	X	✓					
Dr Syed Mohinuddin	X	X	X	-	X	X	✓					
Catherine Jervis	X	X	X	-	X	X	✓					

Chelsea and Westminster Hospital NHS Foundation Trust
The Hillingdon Hospitals NHS Foundation Trust
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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: 9th November 2022

Highlight Report

1. Key Highlights

External Audit

- 1.1 The Committee received a verbal update confirming that there were no significant issues to note, with further updates regarding the 'wash up' on the 2021/22 external audit to be provided in the 'year end lessons learned' report.

Year end audit - lessons learned review

- 1.2 The Committee considered a report detailing the outcomes of the review of the 2021/22 year-end audit process, and the actions agreed to be put in place to ensure that the issues that arose and led to the late submission of the 2021/22 accounts are sufficiently addressed and not repeated for 2022/23.
- 1.3 The Committee noted that the joint review had identified that additional resource and prioritising the planning and interim stages of the audit process would significantly aid both teams as the relative lack of such work in 2021/22 had been a contributory factor to several of the issues that arose. The plan for this year was to have a 2 week on-site visit in November / December 2022, followed by a 4 week on-site visit in February 2023.
- 1.4 The Committee also noted the key challenges in specific areas, and the action plan to address these. The Committee were assured that the Trust finance team and the Deloitte audit teams were confident that the Trust would achieve the final submission deadline for the audited accounts for 2022/23.

Auditor's ISA 260 Recommendations and Management Responses

- 1.5 The Committee noted the report outlining the management response in relation to the ISA 260 report from Deloitte (auditors), which highlighted the significant risks, areas of focus and control observations in respect to these significant risks for the financial year 2021/22.
- 1.6 The Committee noted that the Trust had agreed with the majority of recommendations and an action plan had been put in place to address the specific issues.
- 1.7 The Committee were assured that all actions would be monitored regularly by the finance team and any challenges that arose would be addressed sooner rather than later.

Fixed Asset Accounting Update

- 1.8 The Committee received a report confirming actions being taken with regard to the Trust's accounting processes for fixed assets, noting in particular the actions the Trust was taking in response to comments and recommendations from the external audit team (Deloitte) during the audit of the 2021/22 accounts.
- 1.9 The Committee noted that the Trust finance team had commenced work to undertake a reconciliation exercise between the main Trust Fixed Asset Register (FAR) and the operational asset registers in use by departments that manage assets (primarily Clinical

Technical Services and ICT), with additional resources being on-boarded to progress the different work-streams.

- 1.10 The Committee also noted that there had been a change to the process for valuation of land and buildings assets, and the Trust and the audit team had agreed on a revised timetable and process for the asset valuations to be brought forward.
- 1.11 The Committee were reasonably assured by the progress made to date, and agreed that further discussions would be held as and when appropriate.

Internal audit update

Internal audit progress report

- 1.12 The Committee received the report providing an update on the internal audit plan 2022/23, noting progress against plan. A number of assignments had now progressed from planning phase into the field work stage and it was expected that the plan would be completed by year end.

Capital Planning Assignment Report

- 1.13 The Committee received the capital planning report following a review by the auditors of processes and controls surrounding the management of capital planning at the Trust. The report was rated Amber/Green; providing 'significant assurance with minor improvement opportunities'.
- 1.14 The Committee noted three recommendations made by auditors; one relating to incidences of out of date or absent terms of reference, and a further two relating to capital planning framework. It was confirmed that actions to address these have been agreed.
- 1.15 The Committee were pleased with the level of assurance received, and agreed that the report should be shared with the Finance and Performance committee for information and suggested that it be shared with auditors across the collaborative sector for shared learning / best practice.

Counter fraud progress report

- 1.16 The Committee received the counter fraud progress report detailing progress made against the 2022/23 plan, noting that the targeted awareness programme has begun, and workshops with Divisions, ICT and Estates have been arranged to take place by the end of January 2023.
- 1.17 The Committee were informed that the auditors had received and dealt with 4 cases since the last committee in September. All cases had been closed with no further action.

Risk and assurance report

- 1.18 The Committee received the report on risk management and assurance at the Trust providing updates on the corporate risk register, the corporate risk profile and board assurance framework process. The Committee noted recent risk and assurance deep dives surrounding existing corporate risk register risks or on emerging risks that had been completed. Deep dives for the January meeting were to be agreed with each committee chair as part of the committee forward planner. The Committee noted that there were no new emerging risks. All current concerns are already captured as part of the Corporate Risk Register.
- 1.19 The Committee noted that a recent internal audit of the risk process had been rated as Amber / Green; significant assurance with minor improvement opportunities'.

Reports from Board sub-committees re risk and assurance deep dives and key risks

- 1.20 The Committee received updates from the Board sub-committees with key highlights noted.
- 1.21 The Committee agreed that with the changes across the collaborative, trust committee chairs were no longer members of this Committee. Therefore, Trust committee chairs

would be invited to the committee on an annual basis to present a review of their respective committees.

- 1.22 It was agreed that the Committee would continue to receive written reports for noting from the Trust committees at each meeting.

ICS & NWL Acute Programme Risk Register

- 1.23 The Committee noted an update on the ongoing development of a risk management framework for the North West London acute collaborative. Risk leads from across the four acute providers continue to work together on the development of the risk escalation process for collaborative level risks and the development of a collaborative level risk appetite, and proposals will be shared with audit chairs and CEOs prior to being presented to collaborative committees in December.

NWL Acute Collaborative Scheme of Delegation

- 1.24 The Committee noted the Scheme of Delegation setting out the delegated roles and responsibilities (including delegated financial authorities) within the governance arrangements of the North West London Acute Provider Collaborative.

Freedom of information Act report

- 1.25 The Committee noted the report providing a summary of the Trust's compliance with the Freedom of Information (FOI) Act 2000 during the financial year 2021/22.

Losses and Compensation report

- 1.26 The Committee noted the report detailing losses and special payments approved in the second quarter of the 2022/23 financial year.

Tender Waiver Report

- 1.27 The Committee noted the report setting out the number and value of tender waivers authorised during Quarter 2 of the financial year 2022/23.

Brief System Outage Update

- 1.28 The Committee noted the report confirming impact of the national cybersecurity incident in August-September 2022 on the Trust's finance and procurement systems, and how this was managed.

Committee Forward Planner

- 1.29 The Committee received the forward planner.

2. Positive Assurances Received

External Audit - Capital Planning Assignment Report

- 2.1 The Committee received the capital planning report following a review by the auditors of processes and controls surrounding the management of capital planning at the Trust. It was noted that the Trust had provided significant assurance with minor improvement opportunities, with a rating of Amber/Green.

Risk and Assurance Deep Dive – Risk of Poor Waiting List Data Quality

- 2.2 The Committee received the report summarising the last two years activities and results of data quality assurance audits and performance on key priority data quality metrics within the Trust's Waiting List and Waiting Times data Quality Framework.
- 2.3 The Committee noted that a full review of waiting lists and waiting time's data quality had commenced in September 2022, with the aim of assessing the current processes in place across the Trust to manage data quality. Following this review, a proposal with a number of recommendations on how the current data quality errors and issues could be improved

would subsequently be presented back to the Executive in December 2022. This would include an implementation plan, governance structure and sustainable approach to achieving improvements in waiting list and waiting times data quality. This would then inform the plan for data quality over the next year.

3. Key Risks to Escalate

3.1 None

4. Concerns Outstanding

4.1 None

5. Key Actions Commissioned

5.1 None

6. Decisions Made

6.1 None

7. Summary Agenda

No.	Agenda Item	Strategic Risk Mapping		Purpose	No.	Agenda Item	Strategic Risk Mapping		Purpose
		No.	Risk				No.	Risk	
1.	External Audit Report			To note	9.	Risk & Assurance Deep Dive – Risk of Poor Waiting List Data Quality			Assurance
2.	Year End Audit - Lessons Learned Review			To note	10.	Ravenscourt Park Hospital Update			To note
3.	Auditor's ISA 260 Recommendations and Management Responses			To note	11.	NWL Acute Collaborative Scheme of Delegation			To note
4.	Fixed Asset Accounting Update			To note	12.	Freedom of information Act report			To note
5.	Internal Audit Update			To note	13.	Losses and Special Payments			To note
6.	Risk and assurance report			To note	14.	Tender Waiver Report			To note
7.	Reports from board sub-committees			To note	15.	Brief System Outage Update			To note
8.	ICS & NWL Acute Programme Risk Register			To note	16.	Committee forward planner			

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

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: 2 December 2022

Highlight Report

1. Key Highlights

Audit

Internal Audit Report

- 1.1 The proposed changes to the 2022/23 internal audit plan were outlined to the Committee. Four final audit reports were presented.

External Audit Report

- 1.2 The draft audit plan for 2023/24 was presented to the Committee for approval.

HMRC PAYE Compliance Audit

- 1.3 The Trust has been selected along with other organisations as part of HMRC's annual routine compliance programme. HMRC have informed the Trust that they will carry out a PAYE compliance audit on the Trust's salary sacrifice schemes. The purpose of the compliance audit is to ensure the Trust is administering its salary sacrifice schemes in accordance with legislation and accounting for the PAYE impact of the schemes correctly.

Risk

Board Assurance Framework

- 1.4 The Board Assurance Framework is being refreshed and will be formally presented at the next meeting. A proposal was set out for future review of the BAF risks which will enable the Committee to oversee the completeness of the process and test the robustness of review by both the Executive Group and the committees.

Risk Report

- 1.5 The latest approved risk register was presented to the Committee. The two highest rated risks relate to pressures in A&E and patient safety in the waiting areas. The Committee discussed the increasing risks around medical staffing and noted the actions being taken as mitigation.

Governance

Losses and Compensation Report

- 1.6 The Committee received the losses and compensation claims processed in the current financial year up until October 2022.

Review of Debtors and Creditors

- 1.7 The Committee received a report containing the Trust's debtor and creditor position in accordance with the DHSC recommendations in the circular 'Cash management in the NHS'. The paper also included information about the performance of the Trust's external

debt collection agencies and analysis of the bad debt provisions set aside by the Trust for doubtful/bad debts.

Counter Fraud Report

1.8 The Committee received a summary of work that has taken place since the last meeting.

2 Positive Assurances Received

Internal Audit Programme 2022/23

2.1 The Internal Audit Programme for 2022/23 is progressing to plan, and the Committee reviewed the following completed internal audit reports:

- Safer Staffing
- Staff Engagement
- HFMA Financial Sustainability
- Divisional Governance - Emergency
- Divisional Governance – Key Themes Emerging

3 Key Risks to Escalate

3.1 None

4 Concerns Outstanding

4.1 None

5 Key Actions Commissioned

LNWH Charitable Fund Annual Accounts and Report 2021 22

5.1 Following a review of the Annual Accounts and Report, the Committee requested that an independent view is sought on whether the current arrangement where the Trust waives staff costs is best practice.

Board Assurance Framework

5.2 The Committee agreed the review process of the Board Assurance Framework under the new committee arrangements. Each committee will have responsibility for reviewing the BAF risks that sit within their remit, and the Audit Committee will ensure that the committees are fulfilling this obligation and, where appropriate, undertaking further deep dive reviews or challenges.

6 Decisions Made

LNWH Charitable Fund Annual Accounts and Report 2021 22

6.1 The Committee reviewed the 2021/22 LNWH Charitable Fund Annual Accounts and Report. The Committee requested further information including, the final external audit report, the minutes of the Charitable Fund Committee confirming their approval of the accounts and an appendix detailing how funding decisions are made. The Committee agreed to approve the accounts via email, subject to receiving satisfactory supplementary information and the inclusion of an appendix.

Draft Standards of Business Conduct and Conflicts of Interest Policy

6.2 The Committee approved (subject to one clarification) the Standards of Business Conduct and Conflicts of Interest Policy.

Internal Audit Report

6.3 The Committee approved the proposed changes to the 2022/23 internal audit plan: to move the cross-health economy review on the effectiveness of the collaborative governance framework to the 2023/24 plan and to include a review into the Trust's Patient Transport Service.

External Audit Report

6.4 The Committee received and approved the draft 2023/24 external audit plan.

7 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.	HMRC PAYE Compliance Audit			Assurance
2.	Conflicts of interest			-	10.	Board Assurance Framework			Discussion
3.	Minutes of the meeting held on 26 October 2022			-	11.	Risk Report			Discussion
4.	Review of Action Register			-	12.	Losses and Compensation Report			Discussion
5.	LNWH Charitable Fund Annual Accounts and Report 2021 22			Approval	13.	Review of Debtors and Creditors			Discussion
6.	Draft Standards of Business Conduct and Conflicts of Interest Policy			Approval	14.	Counter Fraud Report			Discussion
7.	Internal Audit Report			Assurance					
8.	External Audit Report			Approval					

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

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: 18th November 2022

Highlight Report

1. Key Highlights

Internal Audit

1.1 The Committee noted:

- No final reports were received by the ARC in November 2022. Delays are multifactorial including the impact of switching to new internal auditors, delays in agreeing terms of reference and co-ordinating meetings with management due to capacity issues.
- The committee agreed that Internal Audit reports will be issued to the committee as they become finalised, ahead of formal receipt at its Feb 2023 meeting.
- The committee noted reasonable progress in closing off internal audit recommendations.
- The committee will expect the 2023/24 Internal Audit Plan at its Feb 2023 meeting.

External Audit

1.2 The committee noted the external Audit contract with Deloitte LLP has been extended to March 2023. Planning work is underway and will expect to complete by the end on Jan 2023. The Trust will need to ensure that narrative and evidence to demonstrate recommendations from the 2021/22 audit have been addressed by the end of Jan 2023.

Finance

1.3 The committee noted:

- **Review of losses and special payments:** No write offs in quarter 2 of 2022-23 (Apr 2022 to Jun 2022). No ex-gratia payments have been made in the quarter 2.
- **Review of non-compliance with SFIs:** Overall trend continues downwards.
- **Debtors** - Aged debtor balances are £2.0m higher than the level at year end. Much of the balance relates to NHS bodies. We have been escalating these at more senior levels in the organisation and have been successful in managing some key relationships down significantly. The Trust still has high levels of bad and doubtful debt provision in place against all of these debts.
- **Better Payment Practice Code (BPPC)** - The Trust has significantly reduced aged creditors. Balances have reduced from £19m to £5m between October 2021 and October 2022. This is a significant achievement led by the Accounts Payable team. BPPC performance has improved to 92% in October 2022, compared with 71% in October 2021. The Trust has also responded well to a cyber attack that affected performance in August and September 2022.

Capital Accounting Controls

- 1.4 The committee received a draft fixed asset policy and procedure that addresses the capital accounting weaknesses raised by Deloitte at each of the last two accounts audits and noted that ongoing work to synchronise Standing Financial Instructions across the collaborative. The committee noted the Policy is to be shared with Deloitte for their comments.

Grip and Control

- 1.5 The committee received an update against the delivery of the Grip and Control Programme noting:
- 14/44 items remain open with 5 high priority and 2 priority items closed in the month.
 - KPI's for Sept-22 are showing an increase in debtors and a decrease in the creditors position as well as a 3% increase in overall temporary staffing.
- 1.6 The committee agreed the need to seek further assurance and evidence that processes are controlling the issues and are these leading to the desired outcome through embedded actions. The committee highlighted the need to ensure the programme is synchronised with RSP metrics, aligned and reported to the relevant committees of the Board to enable oversight, assurance and scrutiny.

Counter Fraud

- 1.7 The committee noted 2 new referrals (Sept – Nov 2022) and received an update on 6 open cases. The committee noted the proactive work the LCFS has continued to deliver i.e. Monthly 'Fraud Chats', Newsletters and onsite engagement with staff.
- 1.8 The committee noted that the NHS CFA issued an organisation specific feedback report in relation to the national procurement exercise completed last year. These have been reviewed and there are no specific actions identified for the Trust to pursue.

Health & Safety

- 1.9 The Committee received an update from the Health, Safety and Environment Committee noting:
- Areas of good progress:
- Divisional compliance monitoring
 - Sharps Safety Improvement (following enforcement notice)
 - Water Safety Management
 - Health and Safety Governance arrangements
 - Fire Safety Enforcement progress
- Key Areas of Risk:
- Sharps safety if progress is not sustained
 - Compliance visibility across all sub groups
 - The Medical Devices Advisor is a single point of failure
 - Slow transfer of department managed Medical Devices and Service Contracts to BME
 - Radiation Protection audit in Dental Surgery highlighted poor compliance
- 1.10 The committee noted mitigating actions underway, and requested these actions include expected completion dates.

2. Positive Assurances Received

Window 10 Upgrade Project

- 2.1 The Committee noted:
- **Windows 7** - In Mar 2021 the Trust received and responded to a formal Information Notice from the DHSC regarding the risks posed by unsupported Windows 7 systems. At the time, the Trust had over 2,600 computers running Windows 7. The Trust is now down to 7 computers connected to our main network that are running Windows 7, which is below the threshold that has enabled DHSC to close the Information Notice. Each of

these computers runs a piece of software that is critical to the department and is not compatible with Windows 10.

- **Windows 10 v1909 upgrade to Windows 10 v21H2** – The Trust has achieved the 90% completion target set by NHS Digital by the end of Aug 2022. On 2 Nov 2022 there was 1 desktop and 10 laptops remaining to be upgraded.

3. Key Risks to Escalate

UKCloud liquidation

- 3.1 The committee noted the remedial action taken to address the risk that the Trust would lose access to the medical records that had been scanned as part of the the Electronic Document Management System (EDMS) project following UKCloud entering into liquidation. Good progress has been made to move the hosting to Azure.
- 3.2 The committee noted the remaining residual risks as follows:
- There is a risk of an increase in cost to the Trust for the overall EDMS solution due to hosting costs being higher with Azure than they were with UKCloud.
 - There is a risk that the IMMJ Systems Ltd becomes insolvent due to increase costs associated with transitioning all customers to Azure and/or ongoing cost pressures due to the new hosting arrangements.
- 3.3 Advice has been sought from the Trust's solicitors and the Trust will be meeting with the framework provider (Health Trust Europe) to help us understand the severity of these risks further.

4. Concerns Outstanding

- 4.1 None

5. Key Actions Commissioned

HFMA Financial Sustainability Checklist

- 5.1 The committee received the Trust self-assessment noting that internal audit are conducting the review of assessment and supporting evidence, which is to be completed by 30th November.
- 5.2 The committee asked that the actions arising from the assessment are fed into/cross referenced into the Recovery Support Programme.

6. Decisions Made

Charitable Funds Accounts 2021/22

- 6.1 The committee approved the Charitable Funds Accounts for 2021/22.

7. 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.	Grip & Control Update			Assurance
2.	Declarations of interest			-	10.	Updated to SFIs			Assurance
3.	Minutes of the meetings held on 12th September 2022			-	11.	Capital Accounting Controls			Assurance
4.	Matters Arising and action log			-	12.	Health and Safety Report			Assurance
5.	Internal Audit Report			Assurance	13.	Windows 10 Upgrade Project			Assurance
6.	External Audit Report			Assurance	14.	UKCloud Liquidation			Assurance

7.	Counter Fraud Report			Assurance	15.	HFMA Financial Sustainability Checklist			Assurance
8.	Finance Report			Assurance	16.	Charitable Funds Accounts 2021/22			Approval

8. 2022 / 23 Attendance Matrix

	Attended				Apologies & Deputy Sent				Apologies			
Members:	A	M	J	J	A	S	O	N	D	J	F	M
Neville Manuel (Chair)												
Nilkunj Dodhia								A				
Nick Gash						N/A						

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



NWL Acute Provider Collaborative Board in Common (Public)

17/01/2023

Item number: 6.2

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 22 November and 20 December 2022.

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
22/11/2022	Click or tap to enter a date.	Click or tap to enter a date.
Noted	What was the outcome?	What was the outcome?

For ratification – Decisions made by the Board in Common Cabinet on behalf of the Board in Common

22/11/2022 **THHFT: Incinerator business case**
 The business case to bring the incinerator at Hillingdon Hospital into operation yields significant financial benefits to the Trust and is included in the Trust’s financial plan. To achieve the plan it needed to be approved by the end of November, and so could not wait until the Board in Common meeting in January 2023. The Hillingdon Hospital Board confirmed their support for the case in November which the Board in Common Cabinet ratified at their 22 November 2022 meeting.

22/11/2022

Stakeholder engagement plans

The Board in Common Cabinet received a paper on stakeholder engagement which included feedback from stakeholders on the collaborative governance model and the first Board in Common meeting, and outlined a number of proposed improvements. A consultation was undertaken immediately after the October Board in Common and to ensure the recommendations were implemented ahead of the second Board in Common, the Board in Common Cabinet agreed the proposed improvements.

20/12/2022

Following consultation with stakeholders, Non-Executive Directors and Executive Directors, about the Board in Common / collaborative governance and following the last Board in Common, we are making a number of changes (or planning changes) to begin to address the issues highlighted:

- Board in common papers – the chief executive report for each Trust will include Trust level information, trust-specific stakeholder engagement activities and more detailed information on other key local issues / developments. We will publish individual Trust data.
- Board in common papers – the papers will also now include brief reports from Trust level Committees (reports from the collaborative committees were already included in papers for the previous Board in Common meeting) as well as from the Board in Common Cabinet meetings.
- We are addressing some of the practical issues including clearer name plates / speakers; members of the public will now be able to attend in person if they wish to do so; setting aside more time for public questions (up to 20 minutes for the January meeting); where members of the public are not able to ask questions themselves – questions will be read out in full and not précised.
- Communication leads for each Trust will liaise to improve and expand information about the collaborative, including providing clearer links to and from Trust, ICS and collaborative websites.

Next steps include:

- Feedback of the actions to stakeholders through regular engagement meetings and to note them at the Board in Common meeting in January.
- A more formal review of our new governance arrangements to take place after the Board in Common arrangements have been in place for a year and include a more structured method of gathering stakeholder feedback. This will be noted at the next Board in Common meeting.

With regards to stakeholder engagement

- Each Trust will lead on relationship management for specific local authorities and MPs, so they are clear who to contact.
- Feedback from stakeholders will be shared more systematically across the four Trusts.

Next steps include:

- To ensure that we spread the best practice that exists in each of the Trusts, we will bring a paper to a future Collaborative Quality Committee on 'understanding, measuring and improving responsiveness to the needs and views of patients and local communities'.

- We will consult with stakeholders on at least one separate Trust meeting with stakeholders and the Annual General Meeting / Annual Members Meetings in 2023/24

The Board in Common Cabinet agreed it would be helpful to include the stakeholder engagement update paper as an appendix to this Board in Common Cabinet Committee summary (see appendix 1).

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 meetings held on 22 November and 20 December 2022 were:

Terms of Reference

22/11/2022 The Cabinet agreed a summary report from the Board in Common Cabinet would be taken to the public Board in Common meetings. The Terms of Reference were approved subject to amendments to reflect this together with an update to the quorum. The Cabinet confirmed that an audit of the collaborative governance model would be conducted in the next financial year as previously agreed, and it was agreed the decision making of the Board in Common Cabinet would be included in this review.

CEO Update on significant issues

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

22/11/2022 Royal College of Nursing (RCN) industrial action planning, operational and financial performance, redevelopment, serious incidents, CQC, visits and inspections.

20/12/2022 The North West London Integrated Care System increased the operational pressure escalation level (OPEL) to level 4, to provide additional support to the acute hospitals in north west London. This was in response to a spike in demand in our emergency departments, caused by the cold weather and a rise in hospital patients with Covid-19 and flu-like infections. In addition the CEOs gave an update on the RCN strike and plans ahead of the industrial action involving London Ambulance Service (LAS) staff.

Integrated Performance, Quality and Workforce Report

22/11/2022 The Cabinet received an update on the continued development of the integrated performance, quality and workforce report, noting lessons learned from the first cycle. It was agreed that the performance report would be circulated ahead of Cabinet meetings and exceptions discussed if there was a particular issue of note.

Members agreed the report was broadly the right direction of travel. The need to ensure it was effective for Collaborative Committees was noted, to enable assurance around governance effectiveness at individual Trust level, as well as identifying areas which needed to be escalated to the Board in Common. A

key issue was to ensure the right data was presented to the correct Collaborative Committee; however, the Cabinet also noted the importance of providing Trust level performance data as well as collaborative level data, to provide assurance at a local level.

20/12/2022 No areas highlighted by exception.

Elective recovery – Tier 1 and 2 self-certification

22/11/2022 The Board in Common Cabinet **noted** the tier 1 and 2 self-certifications for Trusts. The Cabinet noted that Collaborative level action on elective recovery was being co-ordinated via the Elective Care Board and Trust level actions would be picked up between Vice Chairs and CEOs.

Board in Common development session - output

22/11/2022 The Board in Common Cabinet **noted** the output from the Board in Common development session held on 15 November and recommended next steps. It was agreed that the executive would develop the output from this session and the previous Joint Executive Group into a longer term vision and strategy, selected transformative programmes for the next 12-24 months and governance structures to support delivery. The output of this would also be fed back to Collaborative Committees to help inform priorities as appropriate.

Introduction to 2023/24 business planning

20/12/2022 The Board in Common Cabinet noted guidance was awaited from the centre, anticipated to be received before Christmas. The Committee noted that whilst individual Trusts were responsible for their own business plans and to live within their own means, the plans for each organisation needed to have an appropriate level of alignment for the acute collaborative. A paper on the business planning process at local and collaborative level would be presented to the next Board in Common meeting.

Hewitt review – oversight and governance of Integrated Care Systems

20/12/2022 A brief discussion took place around the Hewitt review of integrated care systems, and the request for evidence to support the review. A collaborative response would be submitted in time for the deadline of 9 January 2023.

Any other business

22/11/2022 The Board in Common noted that London North West University Healthcare NHS Trust had received a compliance certificate to confirm NHS England were satisfied the Trust had complied with all the enforcement undertakings accepted by NHS Improvement in December 2018 and as the Trust had demonstrated improvement in its underlying position, received confirmation the Trust should transition to segment 2 of the oversight framework.

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

Stakeholder engagement and perceptions of the board in common and wider acute provider collaborative development – update and recommended next steps

Introduction

Following the discussion at the last board in common cabinet meeting, this paper provides an update on external stakeholder engagement perceptions and plans and recommendations on next steps.

Stakeholders in this context refers to external individuals or groups that have a direct or indirect influence on how we make decisions and on wider public and patient perceptions of our trusts and hospitals. Examples include MPs, councillors, Healthwatch, campaign groups and community leaders and activists.

Engagement with stakeholders is linked to – but separate from – our wider patient and public involvement activities and, for foundation trusts, governor relationships and engagement. There are also overlaps with individuals or groups with whom we have formal partnerships.

The update is split into two sections – the first relates specifically to how we are responding to feedback we gathered from external stakeholders about our board in common meeting and new governance arrangements. The second is an update on our general external stakeholder engagement activities.

Responding to feedback about the board in common/collaborative governance

We are making a number of changes – or planning changes – that begin to address many of the issues highlighted by external stakeholders following our first board in common (see annex 1 for the themed feedback shared at the last meeting):

- Board in common papers – the chief executive report for each trust will now include trust level performance data, trust-specific stakeholder engagement activities and more detailed information on other key local issues and developments. This will provide more transparency and allow non-executive directors more opportunity to hold individual trusts to account.
- Board in common papers – the papers will also now include brief reports from trust level committees as well as from the board in common cabinet meetings (reports from the collaborative committees were already included in papers for the previous board in common meeting)
- Involvement of the public in board in common meeting –
 - we're addressing the practical problems picked up from feedback following the first meeting
 - clearer name plates/speakers
 - members of the public will now be able to attend in person if they wish to do so
 - we will set aside more time for public questions – up to 20 minutes for the January meeting
 - members of the public will be able to ask questions themselves or – if they aren't there to do so - questions will be read out in full and not précised. We will make sure we are prepared to answer questions sent in advance.

- Communications leads for each trust will liaise to improve and expand information about the collaborative, including providing clearer links to and from trust, ICS and collaborative websites. This will be implemented before papers for the next board in common meeting are published.

Recommended next steps

- Feedback these actions to our stakeholders through our regular engagement meetings and note them at the next board in common meeting in January.
- State our commitment to undertake a more formal evaluation of our new governance arrangements after a set period of time to include a more structured method of gathering stakeholder feedback – also to feedback to our stakeholders and note at the next board in common meeting.

Stakeholder engagement

- Each trust takes a lead on relationship management for specific local authorities and MPs and for other relationships focused around those boroughs:
 - Chelsea and Westminster Hospital – Kensington and Chelsea and Hounslow
 - The Hillingdon Hospitals – Hillingdon
 - Imperial College Healthcare – Westminster and Hammersmith and Fulham
 - London North West University Healthcare – Brent, Ealing and Harrow.
- Each trust runs a programme of stakeholder engagement activities:
 - Chelsea and Westminster Hospital
 - Programme of meetings with local MPs, local authority leaders, chief executives, and committee leads.
 - Regular site visit invitations to local authority, Healthwatch and community representatives
 - Increasingly close working with community groups and the third sector, particularly in relation to supporting health inequalities and access- we are working with Hounslow Council - we have also stepped up local involvement with residents with our wider diagnostic build at West Middlesex University Hospital
 - A refresh of our wider membership and engagement strategy launching in January 2023 will support a reset of stakeholder engagement – with over 17k members with levels of membership being more actively involved to support the work of the trust
 - Stakeholder monthly newsletter – relaunching this to be more targeted with analytics on readership
 - In addition, there are strong established relationships with local ward councillors and councillors from neighbouring boroughs for overall performance and support to the wider NHS system.

- The Hillingdon Hospitals:
 - Programme of meetings with Trust executives, local MPs, local authority leaders and community groups
 - Scheduled site visits by local MPs, including Boris Johnson and David Simmonds
 - Regular meeting invitations to Healthwatch and community representatives
 - Ongoing close engagement with community groups, particularly in relation to the Hillingdon Hospital redevelopment (regular roadshow events, focus groups, public exhibitions, patient engagement listening events), consolidating support amongst local groups, nearby residents and resident associations
 - Developing a 'thought leadership' programme to demonstrate the advanced stage of the Hillingdon redevelopment plans and focus on key areas of strength
 - Maintain close relationship with Brunel University London, both formally - through membership of BPACHS - and informally, through adhoc meetings with the university communications team,
 - Representation on the quarterly Colham and Cowley Ward Panel, to engage with local residents and respond to a range of issues.

- Imperial College Healthcare:
 - A bimonthly/quarterly round of meetings with the chief executive including with: Karen Buck MP and Andy Slaughter MP; Nicki Aiken MP; Hammersmith and Fulham council leader, cabinet health lead and director of social care; Hammersmith and Fulham OSC chair; Westminster council cabinet health lead and occasionally leader; Westminster director of social care; Westminster OSC chair; Hammersmith and Fulham Save our NHS and other NHS campaign groups; local Healthwatch groups
 - In addition, there are ad hoc meetings with local ward councillors and councillors from neighbouring boroughs with significant patient flows to Imperial College Healthcare hospitals
 - A bi-monthly strategic lay forum meeting involving up to 12 lay members of the forum, up to 12 trust senior managers and representatives from Imperial Health Charity and Imperial College Patient Experience Research Council
 - Bimonthly 'Partner update' and 'Community matters' e-newsletters and weekly MP/councillor emails with key operational data
 - A growing community engagement outreach programme, with senior leaders meeting with local community organisations to listen to their views and concerns and share trust news and developments.

- London North West University Healthcare:
 - Scheduled meetings taking place regularly between the chief executive, other executives, and MPs, local authority leaders, chief executives, and committee leads.
 - Topic-specific updates to local authority leaders, chief executives, MPs, committee leads and relevant ward councillors, both in writing and, where required, through meeting invitation

- Regular site visit invitations to local authority, Healthwatch and community representatives
 - Partnership working on shared priorities with local authorities (for example, a recent shared campaign on organ donation)
 - *Informed*, a monthly stakeholder e-bulletin sent to over 400 recipients across local authorities, voluntary sector and the NHS
 - Increasingly close working with community groups and the third sector, particularly in relation to sustainability and education
 - The trust also recently commissioned a stakeholder perceptions audit in which 16 semi-structured interviews with key stakeholders provided a triangulated assessment of the trust as a provider, partner and an anchor organisation. This will inform further stakeholder engagement programmes.
- In addition, the chief executive and/or other senior leaders for each trust attend – and usually present papers, as requested – to their local overview and scrutiny committees and we coordinate with the ICB on attendance/involvement in the north west London joint health overview and scrutiny committee.
 - We meet regularly with stakeholders as partners on specific initiatives - particularly anchor programmes to help address wider socioeconomic issues within our local areas, integrated care developments and estate redevelopment proposals and plans – and we meet with stakeholders on specific issues, such as on our proposal to create an elective orthopaedic centre.

Recommended next steps

- More systematic and active sharing of feedback and intelligence from stakeholder engagement activities across trusts as well as a look ahead to upcoming meetings where coordination will be particularly helpful – potentially using the fortnightly communications leads meetings and the chief executives and/or cabinet meetings.
- Patient and public involvement/user focus – stakeholders have a particular interest in how we gather and respond to the views and needs of their local communities. In early 2023, for the first time, we will be bringing together patient experience, patient and public involvement, improvement and stakeholder engagement leads, governors and lay partners from across the four trusts to develop a shared understanding of our vision and priorities for ‘understanding, measuring and improving responsiveness to the needs and views of patients and local communities’. We will bring the outputs of this work through the collaborative quality committee – and whatever other appropriate collaborative governance. (See annex 2 for the summary of this work that went to the latest collaborative quality committee.)
- Seek stakeholder feedback – through our regular engagement meetings – to inform how best we organise our (at least one each) separate trust meetings and our separate AGM/AMMs in 2023/24.

Annex 1 – key themes from initial stakeholder feedback

This includes informal feedback from councillors and lay partners in north west London and formal feedback requested from NHS campaign groups in Hammersmith and Fulham, Brent and Ealing.

Key themes:

- Universal support for the aims and aspirations of the collaborative and understanding of the need for collaborative governance mechanisms and new ways of working.
- Strong desire to maintain effective two-way relationships with individual trusts.
- Insufficient understanding of what the board in common is, how it works and how it relates to individual trust boards – and what it means in the wider context of the acute provider collaborative.
- Insufficient clarity – or focus – on demonstrating the added value of the collaborative vs individual trusts and continuing concern that the desire for consistency will lead to 'levelling down' rather than 'levelling up'.
- Concern that collaborative decisions and plans – as well as board in common discussions - are insufficiently focused on the needs and views of patients and local communities and that there needs to be much greater and more joined up commitment to patient and public involvement and genuine partnership with stakeholders.
- Concern that trust-level board accountability has been lost – the board in common was seen to operate at too high a level for stakeholders and members of the public to see the boards (specifically non-executive directors (NEDs)) hold the individual trusts to account or to understand local issues and risks. More generally, there is confusion about where accountability (eg in the case of a major service failure) now lies.
- Dissatisfaction that members of the public were not allowed to ask their own questions of the board and a perception that the public were not really welcome.

In addition, we had feedback about practical problems with the board in common meeting as well as a number of helpful suggestions for how those problems could be addressed.

Annex 2 - Acute provider collaborative user insight and focus work stream

Aim: To identify and prioritise opportunities for shared learning and common approaches to understanding, measuring and improving responsiveness to the needs and views of our patients and local communities.

Drivers:

- Alignment of quality metric reporting across the acute provider collaborative that indicates potential for shared learning and support.
- The need to develop and implement metrics that move on from our current process-heavy metrics – such as complaint response time – to metrics that give more of a sense of whether or not we are meeting our patients' and communities' needs and reflecting their views (this was a particular action that came out of the acute care programme board).
- Opportunity to connect insights from different sources to build a more accurate picture of key issues and potential responses as well as to pick up potentially serious issues as they emerge – at both trust and collaborative levels. This includes consideration of how we gather and use feedback from (our often shared) stakeholders and local communities (linking into work to ensure our board of

common approach aligns and strengthens involvement as well as public accountability and transparency).

Approach:

We are planning a joint workshop for early 2023 (to allow time for Trust specific workshops to take place that would feed into the collaborative workshop) to:

- establish a shared vision of what we are trying to achieve, how and why
- share current developments, initiatives and opportunities for greater collaboration
- understand national best practice and wider opportunities to collaborate
- agree next steps in identifying an initial set of shared objectives and priorities for action and how we can best work together to achieve them.

The workshop will bring together individuals with a key role or stake in user insight and focus – staff, lay partners, governors and strategic partners. It will help us maximise the potential of existing initiatives and join up the dots between initiatives and trusts, where that adds value. This includes considering a new ‘user-focus’ metric pilot - ‘What matters to you?’, implementation of the new patient safety incident response framework; and the role of lay partners and related approaches to ensuring user-focus and co-design.