




**North West London
Acute Provider Collaborative**


**NWL APC BOARD IN COMMON - PUBLIC
MEETING**



NWL APC BOARD IN COMMON - PUBLIC MEETING

 21 January 2025

 13:00 GMT Europe/London

 The Oak Suite, W12 Conference Centre, Hammersmith Hospital



AGENDA

• 0. Agenda	1
0. Agenda January Board in Common 2025 final.pdf	2
• 1.0 Welcome and apologies for absence (Matthew Swindells).....	5
• 1.1 Declarations of interest (Matthew Swindells).....	6
• 1.2 Minutes of the previous NWL APC Board in Common meeting held on 15 October 2024 and action log (Matthew Swindells)	7
1.2 Draft BiC public minutes 15 October v3.pdf.....	8
1.2 BiC (public) - Action Log Jan 25 final.pdf	19
• 1.3 Staff Story - Health and Safety (Kevin Croft and Matt Hall)	22
1.3 Staff Story - Health and Safety.pdf	23
• 2. Report from the Chair in Common.....	26
- 2.1 Report from the Chair in Common (Matthew Swindells).....	27
2.1 Chairs Report NWL APC BiC 21 January 2025 final.pdf	28
- 2.2 Implementation of shared leadership model for CWFT and THHFT - update (Matthew Swindells / Lesley Watts)	33
2.2 Governance changes THHFT and CWFT accountable officer - update v3.0 final.pdf.....	34
- 2.3 Board in Common Cabinet Summary (Matthew Swindells).....	40
2.3 BiC Cabinet Committee Summary 11 December 2024 final.pdf.....	41
• 3. Decision making and approvals	44
- 3.1 Evolving the Collaborative governance arrangements - revision to the Scheme of Delegated Authority (Peter Jenkinson)	45
3.1 Revised scheme of delegated authority v2.0.pdf.....	46
3.1i Revised Scheme of Delegated Authority.pdf.....	49
3.1ii Revised scheme of delegated authority - Trust Standing Committee ToR.pdf.....	63
3.1iii Revising APC scheme of delegated authority - APC MOU.pdf	66
• 4. Integrated Quality and Performance Report	92
- 4.1 Integrated Quality, Workforce, Performance and Finance Report (Pippa Nightingale / Lesley Watts)	93
4.1 Integrated Performance Report cover sheet summary.pdf.....	94
4.1 BIC Performance Report - January 2025_Final.pdf	96
• 5. Quality	148
- 5.1 Quality - IQPR - by exception (Pippa Nightingale)	149


-	5.2 Collaborative Safeguarding Annual Report 2023/24 (Janice Sigsworth)	150
	5.2 APC Safeguarding Annual Report 2023 24 for BiC.pdf	151
-	5.3 Learning from deaths quarter 2 report (Jon Baker)	158
	5.3 BiC learning from deaths Q2 v1.pdf	159
-	5.4 Collaborative Quality Committee Chair report (Patricia Gallan).....	171
	5.4 APC Quality Committee Chair's Report -December 2024.pdf.....	172
•	6. Workforce	177
-	6.1 Workforce - IQPR by exception (Pippa Nightingale)	178
-	6.2 Collaborative People Committee Chair report (David Moss).....	179
	6.2 APC People Committee Chair's Report December 24 v2.pdf	180
•	7. Finance and Performance	183
-	7.1 Finance - IQPR by exception (Lesley Watts)	184
-	7.2 Financial performance report (Jazz Thind)	185
	7.2 APC Fin Perf at Month 8 and Forecast cover.pdf	186
	7.2 NWL APC M8 financial performance.pdf	188
-	7.3 APC Finance Planning 2025/26	212
	7.3 Business Planning Process 2025-26 cover.pdf	213
	7.3 Business Planning Process 2025-26.pdf	218
-	7.4 Collaborative Finance and Performance Committee Chair report (Carolyn Downs).....	227
	7.4 APC Finance and Performance Chair's Report.pdf	228
•	8. Data and Digital	233
-	8.1 Collaborative Data and Digital Committee report (Matthew Swindells).....	234
	8.1 APC Digital and Data Committee Summary December 2024 Draft PWRC.pdf.....	235
•	9. Estates and Sustainability	239
-	9.1 Collaborative Estates and Sustainability Committee report (Bob Alexander).....	240
	9.1 APC Strategic Estates and Sustainability Committee - Dec 24.pdf	241
	9.1a NWLAPC Strat Estates Sustainability Committee - updated ToR - Dec 24.pdf	246
•	10. Chief Executive Officers	251
-	10.1 Acute Provider Collaborative Executive Management Board (EMB) Summary (Tim Orchard)	252
	10.1 APC EMB Chair's Report - Jan 2025 v02.pdf	253
-	10.2 Reports from the Chief Executive Officers and Trust Standing Committees.....	256

10.2a LNWH CEO report January 2024 FINAL.pdf	257
10.2ai LNWH TSC Escalation Report.pdf	266
10.2b THHFT CEO Public Report - January 2025 FINAL.pdf	269
10.2bi CQC interim feedback final 31 Oct 2024.pdf.....	272
10.2bii THHFT SC Chairs Report January 2025 Final.pdf	275
10.2c ICHT CEO Public Report - January 2025.pdf	280
10.2ci ICHT Standing Committee Chair's report to BiC January 2025 final.pdf.....	288
10.2d CWFT CEO Report January 2025 FINAL.pdf	293
10.2di CWFT Standing Committee Chair's Report - Jan 2025.pdf	298
• 11. Any other business	304
• 12. Questions from members of the public (Matthew Swindells).....	305
- 14. Date and time of the next meeting: 29 April 2025, 9.30am - 1.30pm, Hammersmith Hospital	306

0. AGENDA

REFERENCES

Only PDFs are attached

 0. Agenda January Board in Common 2025 final.pdf

**North West London Acute Provider Collaborative
Board in Common - Public
Tuesday 21 January 2025, 13:00 – 16:00
The Oak Suite, W12 Conference Centre, Hammersmith Hospital**

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

A G E N D A

Time	Item No.	Title of Agenda Item	Lead	Enc
13.00	1.0	Welcome and Apologies for Absence	Chair in Common Matthew Swindells	Verbal
	1.1	Declarations of Interest	Matthew Swindells	Verbal
	1.2	Minutes of the previous NWL Acute Provider Collaborative Board Meeting held on 15 October 2024 and action log	Matthew Swindells	1.2
13:05	1.3	Staff Story – Health and Safety <i>To note the staff story</i>	Kevin Croft (Matt Hall)	1.3
2. Report from the Chair in Common				
13.20	2.1	Report from the Chair in Common <i>To note the report</i>	Matthew Swindells	2.1
	2.2	Implementation of shared leadership model for CWFT and THHFT – update <i>To note the report</i>	Matthew Swindells / Lesley Watts	2.2
	2.3	Board in Common Cabinet Summary <i>To note any items discussed at the Board in Common Cabinet meetings</i>	Matthew Swindells	2.3
3. Decision Making and Approvals				
13:30	3.1	Evolving the Collaborative governance arrangements – revision to the Scheme of Delegated Authority <i>To approve the revised scheme of delegated authority, terms of reference for the Trust Standing Committees and note the memorandum of understanding for the APC</i>	Peter Jenkinson	3.1

4. Integrated Quality and Performance Report				
13:40	4.1	Integrated Quality, Workforce, Performance and Finance Report <i>To receive the integrated performance report</i>	Pippa Nightingale Lesley Watts	4.1
5. Quality				
13:45	5.1	Quality – IQPR – anything by exception	Pippa Nightingale	4.1
	5.2	Collaborative Safeguarding Annual Report 2023/24 <i>To note the report</i>	Janice Sigsworth	5.2
	5.3	Learning from deaths quarter 2 report For BiC members, individual Trust reports can be found in the TeamEngine Reading Room. For members of the public these can found in the appendix document on the NWL APC website <i>To note the report</i>	Jon Baker	5.3
	5.4	Collaborative Quality Committee Chair Report <i>To note the report</i>	Patricia Gallan	5.4
6. Workforce				
14:10	6.1	Workforce – IQPR – anything by exception	Pippa Nightingale	4.1
	6.2	Collaborative People Committee Chair Report <i>To note the report</i>	David Moss	6.2
7. Finance and Performance				
14:30	7.1	Finance – IQPR – anything by exception	Lesley Watts	4.1
	7.2	Financial performance report <i>To receive the financial performance report</i>	Jazz Thind	7.2
	7.3	APC Financial Planning 2025/26 <i>To receive the report</i>	Jazz Thind	7.3
	7.4	Collaborative Finance and Performance Committee Chair Report <i>To note the report</i>	Carolyn Downs	7.4
8. Data and Digital				
14:50	8.1	Collaborative Data and Digital Committee Report <i>To note the report</i>	Matthew Swindells	8.1



9. Estates and Sustainability				
15:00	9.1	Collaborative Estates and Sustainability Committee Report <i>To note the report and approve the updated terms of reference</i>	Bob Alexander	9.1
10. Chief Executive Officers				
15:10	10.1	Acute Provider Collaborative Executive Management Board (EMB) Summary <i>To note any items discussed at the APC EMB meetings</i>	Tim Orchard	10.1
	10.2	Reports from the Chief Executive Officers and Trust Standing Committees <i>To note the reports</i> <ul style="list-style-type: none"> • London North West University Healthcare NHS Trust • The Hillingdon Hospitals NHS Foundation Trust • Imperial College Healthcare NHS Trust • Chelsea and Westminster Hospital NHS Foundation Trust 	Pippa Nightingale / David Moss Lesley Watts / Carolyn Downs Tim Orchard / Bob Alexander Lesley Watts / Patricia Gallan	10.2a 10.2b 10.2c 10.2d
11. Reports for Information Only				
Any Other Business				
15:35	10.1	Nil Advised		
12. Questions from Members of the Public				
15:40	10.2	The Chair will initially take one question per person and come back to people who have more than one question when everyone has had a chance, if time allows.	Matthew Swindells	Verbal
Close of the Meeting				
Date and Time of the Next Meeting				
29 April 2025, 09:30 – 13:30, W12, Hammersmith Hospital				
Representatives of the press and other members of the public will be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest (section (2) Public Bodies (Admissions to Meetings) Act 1960)				

1.1 DECLARATIONS OF INTEREST (MATTHEW SWINDELLS)

1.2 MINUTES OF THE PREVIOUS NWL APC BOARD IN COMMON MEETING HELD ON 15 OCTOBER 2024 AND ACTION LOG (MATTHEW SWINDELLS)

REFERENCES

Only PDFs are attached

-  1.2 Draft BiC public minutes 15 October v3.pdf
-  1.2 BiC (public) - Action Log Jan 25 final.pdf

North West London Acute Provider Collaborative Board in Common

Meeting in Public

Tuesday 15 October 2024, 09.00-12.00

The Oak Suite, W12 Conferences Centre, Hammersmith Hospital

Members Present

Mr Matthew Swindells	Chair in Common
Mr Robert Alexander	Vice Chair (ICHT) & Non-Executive Director (LNWH)
Mrs Carolyn Downs CBE	Vice Chair (THHFT) and Non-Executive Director (CWFT)
Mr Stephen Gill	Vice Chair (CWFT) & Non-Executive Director (THHFT)
Mr David Moss	Vice Chair (LNWH) & Non-Executive Director (ICHT)
Ms Linda Burke	Non-Executive Director (THHFT & ICHT)
Ms Patricia Gallan	Non- Executive Director (CWFT & THHFT)
Mrs Vineeta Manchanda	Non-Executive Director (CWFT & THHFT)
Mr Ajay Mehta	Non-Executive Director (CWFT & LNWH)
Mr Simon Morris	Non-Executive Director (THHFT & LNWH)
Ms Sim Scavazza	Non-Executive Director (ICHT & LNWH)
Dame Helen Stephenson	Non-Executive Director (CWFT & ICHT)
Professor Tim Orchard	Chief Executive Officer (ICHT)
Ms Pippa Nightingale	Chief Executive Officer (LNWH)
Ms Lesley Watts CBE	Chief Executive Officer (CWFT)
Ms Patricia Wright	Chief Executive Officer (THHFT)
Ms Tina Benson	Chief Operating Officer (THHFT)
Dr Roger Chinn	Chief Medical Officer (CWFT)
Ms Lisa Knight	Chief Nursing Officer (LNWH)
Ms Jazz Thind	Chief Financial Officer (ICHT)

Members present via Teams

Mr Aman Dalvi	Non-Executive Director (CWFT & ICHT)
Mr Nick Gash	Non-Executive Director (ICHT & THHFT)
Mr Martin Lupton	Non-Executive Director (LNWH & THHFT)
Dr Syed Mohinuddin	Non-Executive Director (LNWH & CWFT)
Mr Robert Bleasdale	Chief Nursing Officer (CWFT)
Ms Sarah Burton	Chief Nursing Officer (THHFT)
Mr Simon Crawford	Chief Operating Officer (LNWH)
Ms Claire Hook	Chief Operating Officer (ICHT)
Ms Virginia Massaro	Chief Financial Officer (CWFT)
Mr Alan McGlennan	Chief Medical Officer (THHFT)
Professor Janice Sigsworth	Chief Nursing Officer (ICHT)
Professor Julian Redhead	Chief Medical Officer (ICHT)
Mr Jonathan Reid	Chief Financial Officer (LNWH)
Mr Jason Seez	Deputy CEO/Director of Strategy (THHFT)
Mr James Walters	Chief Operating Officer (LNWH)

In Attendance

Ms Emer Delaney	Director of Communications (CWFT)
-----------------	-----------------------------------

Mr Peter Jenkinson	Director of Corporate Governance (ICHT & CWFT)
Mrs Faye McLoughlin	Corporate Governance Officer (CWFT)
Ms Alexia Pipe	Chief of Staff to the Chair (APC)
Ms Marie Price	Deputy Director of Corporate Governance (CWFT)
Ms Lindsey Stafford-Scott	Chief People Officer (CWFT)

Present via Teams

Ms Sheena Basnayake	Hospital Director and Deputy COO (CWFT)
Ms Tracey Beck	Head of Communications (LNWH)
Ms Laura Bewick	Hospital Director and Deputy COO(CWFT)
Mr Graham Chalkley	Corporate Governance Officer (CWFT)
Ms Tracey Connage	Chief People Officer (LNWH)
Ms Dawn Clift	Director of Corporate Governance (LNWH)
Mr Robbie Cline	Chief Information Officer (APC)
Mr Kevin Croft	Chief People Officer (ICHT)
Ms Michelle Dixon	Director of Communications (ICHT)
Ms Magdalena Farias	Corporate Governance Administrator (CWFT)
Mr Gavin Newby	Deputy Chief Financial Officer (THHFT)
Mr Philip Spivey	Chief People Office (THHFT)

Apologies for Absence

Mr Loy Lobo	Non-Executive Director (LNWH)
Ms Baljit Ubhey	Non-Executive Director (LNWH & THHFT)
Mr Raymond Anakwe	Medical Director (ICHT)
Dr Jon Baker	Chief Medical Officer (LNWH)
Ms Helen Berry	Associate Director of Finance
Mr James Biggin-Lamming	Director of Strategy and Transformation (LNWH)
Ms Tracey Cotterill	Interim Chief Financial Officer (THHFT)

Minute Ref		Action
1.0	Welcome and Apologies for Absence	
1.0.1	Matthew Swindells (MS), the Chair, welcomed everyone to the meeting and advised the meeting was being recorded and would be published online.	
1.0.2	The above apologies were noted. Gavin Newby attended the meeting as deputy Chief Financial Officer (CFO) for The Hillingdon Hospitals NHS Foundation Trust (THHFT).	
1.1	Declarations of Interest	
1.1.1	No declarations were noted further to those listed on the public register.	
1.2	Minutes of the Meeting held on 16 July 2024.	
1.2.1	The Board in Common approved the minutes as a record of factual accuracy.	
1.3	Matters Arising and Action Log	
1.3.1	<ul style="list-style-type: none"> Pippa Nightingale (PN) updated that the equality, diversity and inclusion (EDI) steering group meeting was in two weeks' time. Following previous suggestions for a health and safety story to be considered at a future Board in Common meeting, it was noted that this has been added to the forward plan. 	

	<ul style="list-style-type: none"> Board members noted the other updates provided within the action log. 	
1.4	Patient Story	
1.4.1	The story, which featured a patient called Avril, highlighted her positive experience with the same day emergency care (SDEC) unit at Chelsea and Westminster Hospital. Roger Chinn (RC) explained the new referral pathway from GPs and the use of paramedics to direct patients to the appropriate care unit.	
1.4.2	The Board in Common heard how the role of the SDEC supports the NHS during the winter months by: <ul style="list-style-type: none"> Improving in-hospital flow and discharge Redesigning and maximising physical and virtual resource across health and social care Supporting compassionate leadership to change the culture that enables health and care to be delivered flexibly, supportively and inclusively. 	
1.4.3	Board members discussed the benefits of the new pathway (which was confirmed to be in place by all four Trusts in the APC), including improved patient flow and early interventions, and addressed questions about expanding the model and using other professionals.	
1.4.4	MS highlighted a technical issue with the video sound for those who joined online and mentioned that the video link would be shared.	MP
1.4.5	The Board in Common noted the patient story, thanked Avril for sharing and the teams for their hard work.	
2.1	Winter – Update on Urgent and Emergency Care Action Plans across the APC	
2.1.1	Claire Hook (CH) presented the winter update and urgent emergency care action plan, emphasising the current high levels of activity and the preparations made for the predictable increase in demand during winter. She highlighted the challenges of discharging patients and the need for agreed surge plans.	
2.1.2	Board members discussed the challenges regarding patients with mental health needs, many of whom are having very long waits, the additional pressure on staff and the importance of collaboration with mental health partners. The Chair suggested the potential need for Board-to-Board discussions with the Integrated Care Board (ICB) and sector given the issues that have continued for some years, noting the impact on those patients and the trusts. Also addressed was the issue of discharging patients who no longer need hospital care and the agreement with local authorities to facilitate this process.	
2.1.3	In the context of the financial plan, there are two key workstreams: addressing mental health presentations and managing "no criteria to reside" patients who require more care in more appropriate settings.	

2.1.4	The plan aims for a £11.3 million reduction in spending or securing additional income to alleviate financial pressures, noting the work over and above the block contract. Currently, these impacts are not reflected in the financial position, which is a significant factor in the overall position. Discussions are underway regarding actions to improve this outcome as planning for 2025-26 progresses.	
2.1.5	The Board in Common welcomed the update.	
2.2	Business Plan Progress Report Months 1-6	
2.2.1	Jonathan Reid (JR) provided an update on the business plan progress, noting the transition from the previous year and the current status of various priority schemes.	
2.2.2	Jonathan highlighted the solid progress in people services and digital priorities. He acknowledged the need for greater specificity in some areas, particularly in defining clear objectives and workstreams for the coming year and the importance of accelerating productivity and efficiency schemes to meet financial targets and improve performance.	
2.2.3	The Board in Common noted the update.	
3.1	Report from the Chair in Common	
3.1.1	The Chair officially welcomed Dame Helen Stephenson (HS) to the Board and acknowledged the contributions of Steve Gill (SG), who was stepping down as Vice Chair of Chelsea and Westminster Hospital NHS Foundation Trust (CWFT) after seven years. The Chair noted the Board's gratitude for his guidance and expertise during his tenure. Additionally, the vacancy for a Non-Executive Director (NED) for CWFT was noted, with interviews scheduled for the week commencing 22 October.	
3.1.2	In other updates, Jon Bell, CFO at Hillingdon, has retired, and Tracey Cotterill (TC) appointed as the interim CFO. The Board also bid farewell to Jonathan Reid, with the Chair emphasising the contributions he made during his time with London North West University Healthcare NHS Trust (LNWH). The Chair announced the appointment of Robbie Cline as the Chief Information Officer (CIO) across the Collaborative and extended his gratitude to former CIO Kevin Jarrold for his efforts during the transition.	
3.1.3	The Chair welcomed the representatives from the Care Quality Commission (CQC), attending the meeting in person. The Chair noted that THHFT was currently undergoing an inspection, with the outcome pending. Thanks were shared with the teams involved and the governance staff facilitating the process.	
3.1.4	The Board in Common noted the report.	
3.2	Board in Common Cabinet summary	
3.2.1	The Chair presented the report from the meetings of the Board in Common Cabinet since the last Board in Common meeting. The Cabinet were asked to consider a paper from the four CEOs to create a shared leadership model	

<p>3.2.2</p> <p>3.2.3</p>	<p>between CWFT and THHFT which was approved at the Standing Committees of both Trusts.</p> <p>Board members discussed the Elective Orthopaedic Centre (EOC), which while excelling in patient satisfaction and quality outcomes, is struggling to meet throughput targets, contributing to operational pressures. The conversation focused on strategies to increase throughput. The Chair updated on the Cabinet's focus on the financial position and recovery efforts.</p> <p>The Board in Common noted the report.</p>	
<p>4.1</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>4.1.6</p>	<p>Integrated Quality, Workforce, Performance and Finance report</p> <p>The Board in Common received the integrated quality, workforce, performance and finance report in its new format.</p> <p>Board members discussed the financial position, highlighting the deficit and the challenges in meeting efficiency targets. They emphasised the need for better planning and collaboration with the ICB to address funding issues and ensure financial sustainability.</p> <p>The current deficit of £63.3 million was highlighted, which is significantly off-plan. The challenges in meeting efficiency targets were highlighted, noting that some cost improvement plans (CIP) plans have not been fully realised. The need for better planning and early mobilisation of efficiency schemes to ensure financial sustainability was emphasised. Board members raised the importance of collaboration with the ICB to address funding issues and to secure appropriate remuneration for services provided. The utilisation of winter funding and the need to plan for the predictable increase in demand during winter without additional funding was also highlighted.</p> <p>Quality and Performance:</p> <p>Updates were provided on quality and performance metrics, including infection control, mortality rates, and maternity outcomes. Board members discussed the challenges in meeting cancer performance targets and the efforts to improve diagnostic pathways.</p> <p>Pippa Nightingale (PN) provided an update, advising that the overall, patient experience shows strong performance, with some areas for improvement, particularly in complaints management. The APC Quality Committee recently reviewed complaints, focusing on lessons learned and improvements made. Infection control rates align with national trends, with ongoing scrutiny and local efforts to enhance local practices. She added that the APC demonstrates good compliance in venous thromboembolism (VTE) risk assessments, aided by Cerner utilisation, and has achieved lower mortality rates compared to the national average, which is commendable. Maternity care shows positive results, with stillbirth rates below the national average. For the first time, stillbirths have been separated from foetal losses in reporting. The four cases of intrapartum brain injury at CWFT were noted. PN added that each case is reviewed thoroughly to identify learning opportunities. Overall, PN reported that the maternity picture remains positive.</p>	

	<p>CH summarised that in urgent and emergency care, the APC maintained the best ambulance handover times in London, transitioning from the 30-minute to the 15-minute standard in reporting. While the APC excels in the 30-minute metric, the need to improve the 15-minute handover times was recognised. In terms of emergency department (ED) performance, there was some reported variation across sites, but collectively the APC trusts met the 78% standard. Trusts remain focused on addressing long waits, particularly related to mental health issues and delayed inpatient admissions. Efforts to improve hospital discharge processes are critical to maintaining capacity and flow, including initiatives like SDEC and enhancing community pathways to facilitate quicker transitions out of the hospital.</p>	
4.1.7	<p>Tina Benson (TB) relayed that despite exceeding the desired number of breaches of long waiters, the APC has performed well nationally and in London. The target was zero breaches of 65 weeks by September, but August data showed approximately 860, mainly due to LNWH's performance. Weekly meetings with leadership are ongoing to improve performance, including collaboration with the regional team to address challenges, particularly in emergency medical treatment. TB advised that additional capacity was being sought in NW London to expedite patient care, with trusts engaged in mutual aid, particularly for dermatology and general surgery at THHFT, which may temporarily increase breaches elsewhere. Concerns persist regarding diagnostics, with recovery trajectories showing little improvement. However, the ramp-up of the Ealing Community Diagnostic Centre (CDC) should enhance MRI services and recovery.</p>	
4.1.8	<p>James Walters (JW) updated on cancer performance, with NW London ranking as 20th out of 42 national Integrated Care systems (ICSs) for the faster diagnostic standard, 7th for the 31-day decision to treatment standard, and 4th for the 62-day standard. These rankings reflect significant improvement over the past few years, achieved through collaboration with Royal Marsden (RM) Partners, our Cancer Alliance, where each trust has identified specific improvement plans. JW added that the collaborative effort is evident in our performance metrics, highlighting our ongoing commitment to enhancing cancer care across the region. CH emphasised the importance of improving diagnostic pathways to ensure timely treatment and better outcomes for patients. Following questions from board members JW responded that year end was a realistic trajectory to achieve the 62-day standard.</p>	
4.1.9	<p>The Board asked for a further focus on where the APC is performing well, where there is improvement required, where there is variation – so the focus should be on exceptions and where attention and action is needed rather than all of the detail covered in committee and other meetings.</p>	TO
4.1.10	<p>The Board in Common noted the report, welcoming the new format.</p>	
5.1 5.1.1	<p>Collaborative Quality Committee Chair's Report SG presented the Chair's report from the Collaborative Quality Committee, highlighting the key areas of focus, which included the infection prevention and control (IPC) thresholds, noting that while high, the majority of cases were community acquired and the Trusts have the right controls in place. SG</p>	

5.1.2	<p>reiterated the concerns regarding patients with mental health needs and their long waits in the acute setting. The positive progress in relation to EDI was highlighted.</p> <p>The Board in Common noted the report.</p>	
<p>5.2</p> <p>5.2.1</p> <p>5.2.2</p> <p>5.2.3</p>	<p>Learning from Deaths Report</p> <p>Roger Chinn (RC) summarised the report indicating that the APC was in a favourable position overall, with rates below the index points for Hospital Standardised Mortality Ratio (HSMR) and Summary Hospital-level Mortality Indicator (SHMI). He added that this is a reassuring position in terms of quality and safety of care, noting there are regular thematic reviews at Trust and Collaborative level to ensure learning from deaths.</p> <p>A question was raised concerning burial procedures for specific faith groups, highlighting the need for increased timeliness, particularly regarding the Medical Examiner's role. RC provided assurance that this has improved, supported by local engagement.</p> <p>The Board in Common noted the report.</p>	
<p>5.3</p> <p>5.3.1</p> <p>5.3.2</p> <p>5.3.3</p>	<p>Complaints Annual Report – APC Summary</p> <p>PN indicated that this document serves as a comprehensive overview of the complaints process over the past year, with a focus on what has been done to enhance patient experience. PN added that the report had been comprehensively reviewed at the APC Quality Committee.</p> <p>Efforts were underway to consider demographic factors and ensure equity in addressing complaints. The Board noted that that THHFT and LNWH were experiencing a higher rate of complaints. In response to questions PN added that there was learning from all Trusts, for example in resolving complaints at an earlier point, noting that CWFT have a patient advocacy service which has been successful in this regard.</p> <p>The Board in Common noted the report.</p>	
<p>6.1</p> <p>6.2.1</p> <p>6.2.2</p> <p>6.2.3</p>	<p>Collaborative People Committee Chair Report</p> <p>Lindsay Stafford-Scott (LSS) presented the workforce report, highlighting positive trends in vacancy rates, turnover, and agency spend. She also discussed the implementation of a single learning platform across the four organisations to standardise training and improve compliance.</p> <p>LSS emphasised the focus on equity and career progression, particularly for staff from the global majority, and the efforts to meet the model employer goals. She highlighted the success of collective recruitment efforts for hard-to-recruit positions, such as midwifery, and the ongoing work to address shortages in other roles.</p> <p>The Board discussed the issue of productivity in the workforce given some of the messages regarding growth in numbers of staff since 2019. It was noted that the APC Finance and Performance Committee is looking at this, noting</p>	

6.2.4	<p>the issue was more complex than it may seem and not just about overall numbers.</p> <p>The Board in Common noted the report.</p>	
<p>6.2</p> <p>6.2.1</p> <p>6.2.2</p> <p>6.2.3</p> <p>6.2.4</p>	<p>Freedom to Speak Up Annual Report – APC Summary</p> <p>LSS discussed the annual Freedom to Speak Up (FTSU) report, noting the increase in concerns raised and the efforts to improve reporting processes and support for staff. She emphasised the importance of addressing issues related to civility, respect and bullying. LSS responded to a question about how complaints upheld against staff would be addressed through management processes.</p> <p>Board members raised concerns about the violence and aggression directed toward Trust staff citing how this is unacceptable, and how as an APC we must explore ways to address the issue. LSS provided a summary of the measures being implemented.</p> <p>In response to a question regarding the availability of data, LSS advised that a new online system has been procured by the APC which would support wider comparison and provide a baseline from which to work and progress from. Dawn Clift (DC) added that the National Guardian’s Office published data for all Trusts with a FTSU service, so it is possible to review and compare the data of similar organisations.</p> <p>The Board in Common noted the report.</p>	
<p>7.1</p> <p>7.1.1</p> <p>7.1.2</p>	<p>Collaborative Data and Digital Committee Report</p> <p>SG summarised the key points, noting the focus on cybersecurity. He added that there was work in terms of EDI metrics and how these could be analysed and tracked to measure progress. In response to a question regarding the business case process for developing this, it was confirmed that the case would be discussed at the APC Executive Management Board (EMB) and any costs would need to be agreed through local governance.</p> <p>The Board in Common noted the report.</p>	
<p>8.1</p> <p>8.1.1</p> <p>8.1.2</p>	<p>Collaborative Estates and Sustainability Committee Chair’s Report</p> <p>Bob Alexander (BA) provided the update highlighting the progress in standardising reporting and the focus on green planning and sustainability.</p> <p>The Board in Common noted the report.</p>	
<p>9.1</p> <p>9.1.1</p> <p>9.1.2</p>	<p>Collaborative Finance and Performance Committee Chair’s report</p> <p>Carolyn Downs (CD) fed back on the last meeting, noting the importance of income allocation and level of expenditure to deliver services. CD added that there needed to be clarity on what the Trusts are commissioned and funded to do, which would enable the APC to challenge from a position of strength.</p> <p>The Board in Common noted the report.</p>	
9.2	Financial Performance Report	

<p>9.2.1</p> <p>9.2.2</p> <p>9.2.3</p> <p>9.2.4</p> <p>9.2.5</p>	<p>Jazz Thind (JT) gave an overview of the financial position at the end of month 5 which showed a challenging position. JT advised of the following:</p> <ul style="list-style-type: none"> • Industrial action costs were still being felt where trusts stood down certain activity. • Efficiency year to date has slowed down with system optimisation proposals pending and business case reviews underway. • With regard to 2024/25 winter funds – it was noted that there was no new money for winter and this would be an operational challenge. • Positive progress regarding elective performance and associated funding – with particular improvement noted for CWFT and LNWH. • Cash balance at end of August was showing a reduction since the end of financial year and against trust plans, with resilience in this aspect a key concern for two of the organisations. • Financial recovery performance measures agreed in 2023/24 were now in place. <p>BA raised a question about the winter planning, inquiring whether all plans exhibit some level of interdependence in addressing systemic issues. Additionally, BA requested an update on the progress of conversations occurring across the system regarding sustainable funding. JT advised that conversations with the ICB had taken place, and it was noted that the ICB also had financial challenges. Lesley Watts (LW) noted that it was important to be clear on what the Trusts’ responsibilities were in terms of funding provided, with commitments made by the APC Trusts and clarity on aspects not delivered on.</p> <p>In response to a question regarding the number of collaborative initiatives currently underway that have not yet received funding, JT advised that work is underway to obtain clarity on this position.</p> <p>In response to a question regarding the importance of quality and whether this is maintained through cost improvement programme initiatives (CIPs), it was confirmed that there had not been a reduction in patient experience as a result of schemes, with quality impact assessments carried out for all CIPs.</p> <p>The Board in Common noted the report.</p>	
<p>9.3</p> <p>9.3.1</p> <p>9.3.2</p> <p>9.3.3</p>	<p>Acute Provider Collaborative and Trust Business Plans – Priorities, Operating and Financial</p> <p>The Board noted the confirmed submission of the financial, operating and workforce plans for 2024/25 in May 2024.</p> <p>Jonathan Reid advised that following the approval of the APC Strategy, there would be a full refresh of the business plan priorities, which will be reported on in due course.</p> <p>The Board in Common noted the report.</p>	
<p>10.1</p> <p>10.1.1</p>	<p>Executive Management Board Summary Report</p> <p>Tim Orchard (TO) summarised the key items. The Board noted the positive progress on clinical pathways and inquired about non-clinical pathways.</p>	

	There was a question about whether the non-clinical pathways were operating at their full potential, or whether there was a need for further expansion. It was agreed this would be sent out for discussion.	TO
10.1.2	The Board in Common noted the report.	
10.2	Reports from the Chief Executive Officers and Trust Standing Committees	
10.2.1	<u>London North West University Healthcare NHS Trust</u> David Moss / Pippa Nightingale gave the following update. The industrial action by Medirest staff has been resolved. PN added that there has been an agreement to implement the London Living Wage, making the Trust compliant with this standard; a very positive outcome. Additionally, PN advised on the establishment of a £30 million community diagnostic centre. PN added that the Trust's website was recognised as one of the most accessible in the region.	
10.2.2	<u>Chelsea and Westminster Hospital NHS Foundation Trust</u> LW updated on progress overall and noted the Trust's response in relation to violence and aggression and protests in the late summer unrest. LW advised that despite the challenges, the Trust and staff responded admirably. Progress on the Ambulatory Diagnostic Centre (ADC) was noted as positive, and the new services from the Therapies Department welcomed. LW advised on the importance of maintaining and further improving financial performance.	
10.2.3	<u>Imperial College Healthcare NHS Trust</u> TO thanked CD for her time with the Trust and in chairing the Quality Committee, noting her new role as Vice Chair of THHFT. TO noted that the Trust continues to wait for capital funding approval though the new hospitals programme. The Pathway to Excellence initiative was also noted which was empowering for front-line nurses. The Trust also launched the Improvement for All program, a mechanism designed to drive enhancements across the Trust. Additionally, it was noted the Education Centre at St. Mary's was set to open in November.	
10.2.4	<u>The Hillingdon Hospitals NHS Foundation Trust</u> Patricia Wright (PW) advised that the recent CQC inspection had been a positive experience overall with immediate actions addressed, thanking staff for their hard work. She added that the Trust had received a Section 29 notice, which has been responded to promptly, with one element to address. PW added that the Trust was facing significant financial and emergency pressures, resulting in increased costs and expenditure. PW added that the redevelopment of Hillingdon Hospital remains a priority.	
10.2.5	The Board in Common noted the reports.	
11.	Reports for Information Only	
11.1	Nil advised.	
12.	Any Other Business	
12.1	Nil advised.	
13.0	Questions from members of the Public	

13.1	<p>The Board in Common noted that questions were received in advance of the meeting. MS summarised the questions and asked members of the Board to provide answers, noting that written responses would be provided on the NWL APC website.</p>	
13.2	<p>Questions from public: Q: COVID was not mentioned in the reports, is there an update on the current situation and what measures should patients and staff be aware of moving forward? A: Julian Redhead responded that nationally there were approximately 3000 patients in hospital with COVID, noting many were there <i>with</i>, and not as a result of COVID. He added that COVID was rising. The importance of taking up vaccinations for flu and for COVID if offered was re-stated.</p>	
13.3	<p>Q: In relation to the patient story, if someone cannot contact their GP, can they be referred via 111? A: The requester was advised that this could be done and a pathway is in place.</p>	
13.4	<p>A further comment was made from a member of the public regarding bullying and aggression towards staff, and thanked NHS staff for all they do and recognised that such behaviour is not acceptable.</p>	
14.1	<p>The Chair drew the meeting to a close and thanked the Board in Common and members of public for joining the meeting.</p>	

North West London Acute Provider Collaborative

Board in Common (public) Action Log

Matters Arising and Action Log

Status: For noting

Meeting Date: 21 January 2025

Lead Responsibility and Paper Author: Matthew Swindells

Purpose

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

Part 1: Actions from Previous Meetings Remaining Open

Agenda Item Number	Subject Matter	Action	Lead	Progress Updates, Notes	Expected Completion Date
4.1.9 (15/10/24)	IQPR	The Board asked for a further focus on where the APC is performing well, where there is improvement required, where there is variation – so the focus should be on exceptions and where attention and action is needed rather than all of the detail covered in committee and other meetings.	TO	IQPR is on the agenda and will be picked up in the meeting.	Jan 2025

Agenda Item Number	Subject Matter	Action	Lead	Progress Updates, Notes	Expected Completion Date
10.1.1 (15/10/14)	EMB report	The Board noted the positive progress on clinical pathways and inquired about non-clinical pathways. There was a question about whether the non-clinical pathways were operating at their full potential, or whether there was a need for further expansion. It was agreed this would be sent out for discussion.	TO	TO will verbally update in the meeting.	Jan 2025
5.2	APC Improvement Plan – EDI Action Plan	The Board discussed the need to set challenging and measurable targets and ensure we address unconscious bias. Carolyn Downs (CD) suggested that we include the issue of measurement of local populations to ensure effective measurement of data.	Pippa Nightingale	Action complete re stage one of EDI plan. NOT YET DUE: Stage two - second phase EDI action plan focussed on patients and communities due for end of 24/25	April 2025


Part 2: Actions previously outstanding but now completed

Meeting Date	Agenda Item Number	Subject Matter	Action	Lead	Progress Updates, Notes & Status
October 2024	1.4.4	Patient story video	Share the link for the story to those unable to hear the video	Governance lead	COMPLETE. Link shared within the 'chat' function of the meeting so that all attendees can view and listen.
January 2023	11.2	Health & Safety Annual Report 2022-23	It was suggested that a health and safety story would be beneficial at a future Board in Common Meeting.	Trust Governance Leads.	COMPLETE: Added to forward plan.
January 2023	4.1.10	Integrated Quality, Workforce and Performance Report	Patient flow data to be included in the report going forwards.	Patricia Wright	COMPLETE: Discharge data now included in the IQPR.
April 2024	8.3	Acute Provider Collaborative Business Plans	The Board in Common agreed to delegate authority to their respective Finance & Performance committees to approve submission of break-even final plans by 2 May 2024.	Trust Finance & Performance Committees	Action complete.

1.3 STAFF STORY - HEALTH AND SAFETY (KEVIN CROFT AND MATT HALL)

REFERENCES

Only PDFs are attached

 1.3 Staff Story - Health and Safety.pdf

NWL Acute Provider Collaborative Board in Common (Public)

21/01/2025

Item number: 1.3

This report is: Public

Staff story

Author: Sue Grange and Matt Hall
 Job title: Director of OD, Health and Wellbeing ICHT/ Associate Director of Health and Safety ICHT

Accountable director: Kevin Croft
 Job title: Chief People Officer ICHT

Purpose of report

Purpose: Information or for noting only

Report history

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

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

Executive summary and key messages

Violence and Aggression towards staff is the highest health and safety risk for staff across the NHS. The 2023 NHS Staff Survey data demonstrated that an average of 15% of staff had personally experienced physical violence at work in the previous 12 months and an average of 30% had experienced verbal violence from patients or visitors.

2023 Staff Survey results by Trust:

Trust	Percentage of staff that have experienced physical violence at work from patients / service users, their relatives or other members of the public in the previous 12 months	Percentage of staff that have experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public?
CWFT	15.46%	32.15%

ICHT	15.59%	31.6%
LNWH	13.99%	27.44%
THHFT	14.78%	29.57%

Tackling violence and aggression is a key collaborative workstream which is overseen by the Collaborative People Committee. Work has been done across the Collaborative to share learning and both Chelsea & Westminster (CWFT) and Imperial College Healthcare (ICHT) hold their own weekly reviews of cases in A&E. These review the incidents and whether any further action should be taken; includes referring the patient to other services, action to prevent the behaviour again, reporting incidents to the police and ensuring suitable support is in place for staff. There is further work to do and plans are in place for a wider collaborative group to include the mental health Trusts as well as looking at aligning some policies between the APC to allow greater use of our electronic patient record to support positive behaviours and reduce the impact of violence and aggression.

Our staff story will be presented by Jezel Lewis, an ICHT senior staff nurse in A&E on the St Mary’s Hospital Site. They started working at Imperial College Healthcare in 2021.

At ICHT, a violence and aggression steering group is in place, which is chaired by the Chief Executive and has had a significant work programme in the last year, with more work in progress. The group meets monthly and has put in place a number of measures including additional training in conflict resolution and de-escalation, mental health awareness, dementia awareness, introduction of body worn cameras, action cards for staff and post incident peer support. Trust policies have been updated including the Withholding Treatment Policy, Social Media Policy and Filming, Photography and Recording Policy to support the management of incidents. In addition, a new service for Nicotine Replacement Therapy for adult inpatients has been introduced and our in-house Counselling service offers immediate de-briefs and group sessions to staff when physical violence has occurred. The group also reports to the Executive team weekly on all physical incidents and has a number of identified “hotspot” areas identified where we have tested out a range of additional local change ideas including wayfinding and signage, improved communication resources, and environmental changes which aim to prevent violence and aggression from occurring. The group is currently using the new NHS England “Violence Reduction and Prevention standard 2024” to assess current action and develop priorities for 2025.

Staff abuse accounts for a significant percentage of reported staff incidents and has been increasing year on year. A significant number of these assaults happen within our Accident and Emergency Departments across the APC and all Trusts are involved in work to support staff.

Jezel will share their experience of violence and aggression working in A&E, what changes they have seen and action taken to support staff.

Strategic priorities

Tick all that apply

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

Click to describe impact

Impact assessment

Tick all that apply

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

Click to describe impact

Reason for private submission

Tick all that apply

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

If other, explain why

2. REPORT FROM THE CHAIR IN COMMON

2.1 REPORT FROM THE CHAIR IN COMMON (MATTHEW SWINDELLS)

REFERENCES

Only PDFs are attached

 2.1 Chairs Report NWL APC BiC 21 January 2025 final.pdf

NWL Acute Provider Collaborative Board in Common (Public)

21/01/2025

Item number: 2.1

This report is: Public

NWL Acute Collaborative Chairs Report

Author: Matthew Swindells
Job title: Chair in Common

Accountable director: Matthew Swindells
Job title: Chair in Common

Purpose of report

Purpose: Information or for noting only

The Board in Common is asked to note the report.

Report history

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

N/A

Executive summary and key messages

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

Strategic priorities

Tick all that apply

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

Click to describe impact

Impact assessment

Tick all that apply

Chair's Report

- 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

Pressures

All four Trusts have seen huge winter pressures over these past few months, I want to thank colleagues who are dealing with the extraordinary level of demand we've seen especially in the last few weeks, particularly from flu and Norovirus which is translating into extended waits in A&E, handover delays, and a general strain on most services.

At the time of writing, we are still awaiting the official NHS planning guidance for the coming financial year, though parts of it seem to be showing up in the media. Hopefully, by the time we get to the actual Board meeting, we will have it and one of the Chief Executives will be able to update us verbally on the funding and expectations for next year.

In the meantime, the four finance teams as well as the wider organisations are working on our best assessment of what the guidance is likely to say and are preparing our finance, operational and workforce plans to ensure we are in the best possible place to start in April 2025. As a Board we are aware of what a challenging year it is likely to be next year, with many constraints on finances and what we are able to do that is new, we will need to stretch our resources by continuing to adapt how we provide care, using our current funding and staff to deliver more for patients.

The Acute Provider Collaborative

Building on the existing strategic partnership between Chelsea and Westminster Hospital NHS Foundation Trust (CWFT) and The Hillingdon Hospitals NHS Foundation Trust (THHFT) Boards have agreed to appoint a Joint Chief Executive Officer to further strengthen the partnership and importantly ensure both Trusts continue to deliver high quality care.

It was announced last month that Lesley Watts has been appointed as the Joint Chief Executive of both CWFT and THHFT, and took up the post on 13 January 2024. The new leadership model, with a Joint Chief Executive overseeing both organisations, aims to increase joined-up decision making for local people, improve care, share best practice and expertise and make better use of NHS resources.

THHFT Chief Executive, Patricia Wright stood down from her role as Chief Executive on 13 January and is continuing in the Trust until the end of this month to support Lesley and ensure a smooth handover. I want to sincerely thank Patricia for her contribution to patients and staff of THHFT over the last four years. Her leadership has been pivotal to trying to secure a longer term future for the people and staff of Hillingdon including the plans to redevelop the new hospital for Hillingdon.

Appointments and Recruitment

I am delighted to welcome our latest Non-Executive Director (NED) on to the Board in Common, Mike O'Donnell, who started with the APC on 1 November, is the Chair of the Finance and Performance Committee at CWFT and sits on the Quality and Safety Committee and Audit Committee at THHFT. Mike's background is in Local Government, public sector and financial services, he is an experienced NED and CEO with a strong track record.

This month we also welcome Catherine Williamson as the new Academic NED, she will work across ICHT and CWFT. Catherine is currently Professor of Women's Health / Honorary Consultant in Obstetric Medicine at Imperial College London and also a Director

at Tommy's National Research Centre for Preterm Birth. I am delighted to have her on the Board and look forward to her sharing her expertise on our Quality Committees.

I am pleased to welcome Bimal Patel as the new Chief Financial Officer (CFO) at LNWH. Bimal joins the BiC this month from North Middlesex University Hospital NHS Trust, he has more than 24 years of NHS acute, community and commissioning experience, he has worked at all levels within NHS finance. Prior to joining North Middlesex, Bimal was Operational Director of Finance with us at LNWH for four years, we are pleased to have him back.

Redevelopment and Capital Projects.

The outcome of the review of the New Hospital Programme (NHP) which the Government commissioned when they came into office last summer is still not known and we are awaiting confirmation on which schemes will go ahead. We may hear something shortly before the Board and, if so, I will update verbally. In the meantime, both redevelopment teams continue to work closely with the NHP team to take forward the schemes and will continue to engage with colleagues across the Trust and our stakeholders as this progresses.

CW Innovation 5-year anniversary event

Back in October, I opened the CW Innovation 5 year anniversary event led jointly by CWFT and its charity, CW+, it is one of the most productive and active health innovation programmes in the NHS, supporting the development of products and services that improve patient care and the way our hospitals are run.

It was a celebration to showcase what has been achieved to date with the partnership and articulate the programme's ambition for the next 5 years. We were joined by NHS leaders including Caroline Clarke, NHS London Regional Director and Sara Nelson, Programme Director at DigitalHealth.London. It was interesting to explore the importance of innovation in building a more responsive, affordable and sustainable model of care with some many key stakeholders.

Transforming the Acute and Out of Hospital Interface in North West London

I joined Penny Dash, Chair of the North West London Integrated Care Board (NWL ICB) and Tom Kibasi, Chair of the Community and Mental Health Trusts in North West London on a panel at a workshop in November. The focus was on developing Integrated Neighbourhood Teams to improve care in people's homes and enhance the acute and out-of-hospital interface. The success of this programme is critical to our plans to keep people out of hospital, lower the rate of increase in demand on hospitals and pivot towards a more locally based service.

LNWH Staff Excellence Awards

LNWH had their staff awards on Wednesday 27 November; it was a chance to celebrate the great work of individuals and teams across the Trust. It was a fantastic event, highlighting the achievements and fantastic, often innovative work staff are doing across the Trust. There were over 900 nominations this year, congratulations to all the Staff Excellence Awards 2024 winners, and of course a huge well done to everyone shortlisted and our nominees.

Acute Provider Collaborative Visits

In November I joined the excellent team at the Willesden Community Diagnostic Centre (CDC) to celebrate 50,000 diagnostic tests delivered at the centre since it opened in June 2023. The centre is part of a national NHS initiative to create additional diagnostic capacity for planned care in community locations. The centre is one of three community sites operated by the APC the others are at Wembley and Ealing. The CDCs provide a convenient location in the community for checks, scans and tests, with the aim of improving outcomes, especially for patients with cancer and other serious conditions, where early detection is key. The location of the CDCs were chosen to address inequalities in healthcare and improve access diagnostics for the local community in NWL, better tailoring care around their needs.

On 7 January, I visited the gynaecology services with Helen Stephenson, the new Quality Chair at ICHT, at St Mary's hospital, we were shown around the services by Dr Cathy Hughes, Divisional Director of Nursing & Midwifery, Women's, Cardiac, Clinical support and Sexual health services (WCCS) and Maria Hermogenese Benitez, Deputy Divisional Director of Nursing, Gynaecology, Sexual health, Reproductive and Retroviral Medicine (GSHRRM). They showed us the newly renovated facilities that it included giving much needed space to staff so they have dedicated workstations and staff room. As we walked around, we also spoke to Matron Raquel Velasco, Senior Staff nurse Hope Otote and Maternity Ward Manger Valda Armstrong.

On 15 January at Chelsea hospital and this time with a group of CWFT NEDs I went to the Kobler and John Hunter Clinics in St Stephen's Centre, visiting the Sexual Health and HIV services. We met with Sara Day, Consultant for Sexual Health and HIV, Christopher Higgs, Deputy Director of Nursing for HIV/Sexual & Gender Health & Dermatology and Adam Gray Divisional Director of Operations - Specialist Care, who showed us the fantastic and often ground breaking work their teams do while navigating the complex commissioning funding in these areas. We also had a walk around the Emergency Department with Laura Bewick, the Hospital Director to better understand the flow and the patient's journey when they visit the department.

Thanks as ever to staff for taking the time to show me their services and the work they do.

2.2 IMPLEMENTATION OF SHARED LEADERSHIP MODEL FOR CWFT AND THHFT - UPDATE (MATTHEW SWINDELLS / LESLEY WATTS)

REFERENCES

Only PDFs are attached

-  2.2 Governance changes THHFT and CWFT accountable officer - update v3.0 final.pdf

NWL Acute Provider Collaborative Board in Common (public)

21/01/2025

Item number: 2.2

This report is: Public

Implementation of shared leadership model for CWFT and THHFT - update

Author: Peter Jenkinson
Job title: Director of Corporate Governance

Accountable director: Matthew Swindells, Chair in Common

Purpose of report

Purpose: Information or for noting only

The purpose of this paper is to provide an update, following approval by the Trust Boards of The Hillingdon Hospitals NHS Foundation Trust (THHFT) and Chelsea & Westminster Hospital NHS Foundation Trust (CWFT), in October 2024, to note the appointment of a single Accountable Officer across the two Trusts, to address immediate and longer term risks regarding the viability of THHFT and update on future progress.

Report history

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

**Board in Common -
October 2024**
Approval to proceed

**Trust Board / Council of
Governors – December
2024**
Approval to proceed

1. Executive summary

- 1.1 The Trust Boards of Chelsea and Westminster Hospital NHS Foundation Trust and The Hillingdon Hospitals NHS Foundation Trust in October 2024 agreed to appoint a single Accountable Officer Joint Chief Executive Officer, building on the existing strategic partnership between the two Trusts to further strengthen that partnership and ensure both Trusts continue to deliver high quality care. The new leadership model, with a joint Chief Executive Officer overseeing both organisations, aims to increase joined-up decision making for local people, improve care, share best practice and expertise, and make better use of NHS resources.
- 1.2 Following the Trust Board approval in October, a consultation and recruitment process was completed and, following approval by both Trusts' nominations and remuneration committees, Trust Boards and by both trusts' Council of Governors, Lesley Watts has been appointed as the joint Chief Executive of both Chelsea and Westminster Hospital NHS Foundation Trust and the Hillingdon Hospitals NHS Foundation Trust, she will start the joint post on 13 January 2025.
- 1.3 The Trust Boards agreed that appointing a single Accountable Officer across both trusts was the best option to ensure that the existing Strategic Alliance between CWFT and THHFT could be built upon to strengthen the governance arrangements between the two Trusts, without the need for a full merger at this time. A single Accountable Officer across the two organisations would enable a single point to decide on the best use of resources and operating model to drive improvement and efficiency across the two organisations, as well as strengthening quality and corporate governance.
- 1.4 The appointment of the shared Chief Executive across the two trusts does not, in itself, imply any automatic changes to the executive management structure or board governance. It will be for the Chief Executive to determine their management structure and any consolidation of roles and teams over time. Where changes to individual's roles are proposed, appropriate HR processes will be applied.
- 1.5 In time, the Trust Boards will consider proposals for the most appropriate governance model for the two organisations, including the executive leadership model and the meeting structure required to deliver the required outcomes. However, given the current pressures faced by both trusts, and in particular the need to address significant financial pressures at THHFT, it is proposed that the current board governance structure will remain as is for at least until after the end of the current financial year. Changes to the executive leadership model and meeting arrangements will be considered as required during that period, to ensure the best use of resources across both Trusts and a focus on the key issues facing both Trusts.
- 1.6 The Trust Boards are asked to note the update, following the completion of the process agreed by the Trust Boards of CWFT and THHFT in October 2024, resulting in the appointment of Lesley Watts as the joint Chief Executive Officer for CWFT and THHFT.
- 1.7 Trust Boards are asked to note the current board governance arrangements for CWFT and THHFT, board governance arrangements will remain as is until at least the end of this financial year. Further proposals will be presented in due course.

Strategic priorities

Tick all that apply

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

[Click to describe impact](#)

Impact assessment

Tick all that apply

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

[Click to describe impact](#)

Main paper

2. Background

- 2.1 The Acute Provider Collaborative (APC) was established in 2022, with collaborative governance arrangements, including a Board in Common comprising the four Trust Boards and a shared leadership model in the form of a Chair in Common across four trusts. Within this arrangement, each of the four statutory organisations remain separate legal entities with an Accountable Officer.
- 2.2 Accountable Officers have a collective responsibility for the success of the APC; however, they are individually accountable for the delivery of the statutory duties of their respective Trust.
- 2.3 The APC approach to collaboration has led to some benefits, and we have now agreed the APC strategy which sets out the strategic priorities for the APC over the next three years.

3. Risks and Opportunities for the APC

- 3.1 The strategy for the APC, approved by the four Boards in July 2024, sets out the ambition for the APC – to level up of all services to provide the best acute care, provide the best place to work, and develop the most efficient health system in the NHS that works with academia and industry to create a healthier, wealthier, fairer north west London.
- 3.2 The purpose of the APC is to add additional value through working together and to provide benefits to all four Trusts through collective success. To date all four trusts have benefitted in this way, for example in attracting additional capital, funding for digital and data, and in providing trusts with the freedom to act without excessive outside interference by showing that we are a health system that is well managed.
- 3.3 However, in delivering that strategy, the four Trust Boards recognised some significant risks in the immediate term and medium term, and the impact on all organisations in the system when one part of the system fails. The Trust Boards noted the refreshed Strategic Alliance between the THHFT and CWFT, with the purpose of offering peer support across the two trusts and ensuring learning and improvement. However, the boards also recognised that THHFT continues to face significant challenges in quality, workforce and financial performance and it had become clear over the past year that THHFT is reaching the limits of what is achievable within the current structural model, resulting in the risk that the Trust will not be able to reach the sustainable break-even needed for the new hospital Full Business case (FBC) in the medium and long-term without closer affiliation with a larger Trust within the APC. In the current year, THHFT faces a significant financial deficit at year-end and, in the medium-term, the Trust will need to improve its cost base and become more efficient.
- 3.4 This position is outlined in the Trust 3-5 year financial sustainability plan approved as part of the NOF4 to NOF3 transition. The Trust also faces significant additional costs in the long-term in relation to development of a new hospital, with the new building baking in additional capital and staff costs.

- 3.5 The Trust Boards recognised that with staff already working as hard as they can, this could only be achieved by reducing duplication, automating administrative processes and investing in modern technology with modern working practices. With limitations to the significant financial support that would allow the Trust to continue as it is, the integration of non-clinical functions and the alignment of best practice across clinical services with other hospitals are crucial to the Trust's long-term success. There was also a need to support THHFT in facing challenges in recruiting and retaining a high-quality stable workforce and in maintaining high quality services supported by more robust clinical governance arrangements. The Trust Boards noted that THHFT had been under significant regulatory scrutiny over a number of years, and although there have been improvements in service quality and safety, there would be merit in a shared model of clinical governance due to limited bandwidth to respond to the likely increase in scrutiny of the safety of care that will need to be balanced against financial constraints.
- 3.6 The Trust Boards considered the options available to mitigate the immediate and medium terms risks – they rejected the 'do nothing' option as current arrangements have, to date, proven to be ineffective in mitigating the challenges faced by THHFT and rejected the merger option due to the time, cost and disruption caused by such a transaction. They, therefore, approved the shared leadership model as a preferred option.
- 3.7 This model will provide flexibility as to how to manage across the two trusts and will allow THHFT to leverage the business resilience available from an outstanding organisation to support and improve the resilience of a potentially unsustainable organisation. It will also enable reduction in the managerial overhead of having a duplicate infrastructure and allow for more joined-up decision making for the benefit of local people, a larger and more resilient clinical workforce, reduced variation in levels of care, and more access to a wider range of services for patients.
- 3.8 The model will also facilitate the maintenance of the close ties that Hillingdon Hospitals have with local authority and its place-based partners (recognising that there will be some 'local' elements to any shared AO and shared resource model. There will be some areas of the relationship that will benefit from standardisation and there will be some areas where local approaches to PLACE based systems will be retained.). This model will also facilitate the spread of clinical best practice, in alignment with the APC strategy, and it will give Hillingdon Hospital a clear path to the new hospital FBC.
- 3.9 The two Council of Governors will remain independent to each Trust but both have expressed an interest in looking at how they could work more closely together.

4. Implementation

- 4.1 Following approval by the Trust Boards in October 2024, a process was followed to establish a shared leadership model, in the form of a single Accountable Officer across THHFT and CWFT.
- 4.2 The appointment of Lesley Watts as the joint Chief Executive Officer was approved by both Councils of Governors, as well as Trust Boards, and key stakeholders including NHS England and NWL ICB were engaged to secure their support for implementing this model, in particular to secure continued support for the THHFT redevelopment.

The appointment was announced on 10 December 2024, with the appointment to take effect from 13 January 2025.

5. Next steps

- 5.1 The appointment of the shared Chief Executive does not, in itself, imply any automatic changes to the organisational, board or executive structure. It will be for the Chief Executive to determine their management structure and any consolidation of roles and teams over time. Where changes to individual's roles are proposed, appropriate HR processes will be applied.
- 5.2 The Trust Boards, will in due course, consider proposals for the most appropriate governance model for the two organisations, including the executive leadership model and the meeting structure to deliver the required outcomes.
- 5.3 As the Executive structure evolves, changes to the Board governance will be considered as appropriate, balancing the need to avoid unnecessary duplication for the executive with the need to maintain full Board assurance of activities within both Trusts. This will include consideration of establishing joint committees or committees-in-common.

6. Conclusion and recommendations

- 6.1 The Trust Boards of CWFT and THHFT agreed to implement a model of shared leadership in the form of a single accountable officer between THHFT and CWFT, in response to the immediate to medium-term risks faced by THHFT and the APC and the conclusion that the sustainability of THHFT as a separate organisation is dependent on further developing the existing Strategic Alliance with CWFT.
- 6.2 The appointment of a single accountable officer will enable a single point to decide on the best use of resources and operating model to drive improvement and efficiency across the two organisations, as well as strengthening quality and corporate governance.
- 6.3 That decision has been implemented, following an agreed process and with approval from the respective Trust Boards and Councils of Governors, with the appointment of Lesley Watts as joint Chief Executive Officer for CWFT and THHFT with effect from 13 January 2025.
- 6.4 The Trust Boards are asked to note the update, following the completion of the process agreed by the Trust Boards of CWFT and THHFT in October 2024, resulting in the appointment of Lesley Watts as the joint Chief Executive Officer for CWFT and THHFT.
- 6.5 Trust Boards are asked to note the current board governance arrangements for CWFT and THHFT – board governance arrangements will remain as is until at least the end of this financial year. Further proposals will be presented in due course.

2.3 BOARD IN COMMON CABINET SUMMARY (MATTHEW SWINDELLS)

REFERENCES

Only PDFs are attached



2.3 BiC Cabinet Committee Summary 11 December 2024 final.pdf

NWL Acute Provider Collaborative Board in Common (Public)

21/01/2025

Item number: 2.3

This report is: Public

Board in Common Cabinet – Committee

Summary

Author and Job Title: Philippa Park, Executive Assistant to the Chair

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 11 December 2024. The Board in Common Cabinet, due to be held on 13 November, was stood down.

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
11/12/2024	Click or tap to enter a date.	Click or tap to enter a date.
What was the outcome?	What was the outcome?	What was the outcome?

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

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

- Chelsea and Westminster Hospital NHS Foundation Trust (CWFT) Pathology Modernisation for Sexual Health Clinics Business Case and Contract Award**
 - Members of the CWFT Board approved the Business Case and Contract Award.

Executive summary and key messages

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

The key items to note from the Board in Common Cabinet meeting held on 11 December 2024 were:

2. CEO Update on significant issues including the performance report by exception

2.1 Chief Executives gave an update on significant areas / issues within their respective Trusts.

This included:

CWFT

- A couple of coroner cases were reported on, including one where the Coroner had criticised the Trust over its referral of the death to the Coroner. The Cabinet was assured that the death in 2022 had been reported promptly to an appropriate regulatory body and the Trust would be responding to the coroner. The 2022 case had also been reviewed by the medical examiner.
- An update was provided on the Trust review of clinical activity by a consultant orthopaedic surgeon, Dr Yaser Jabbar, who had been a locum at CWFT, prior to working at Great Ormond Street Hospital (GOSH), following concerns raised by GOSH. The Cabinet noted that over time, the Trust will have reviewed every case he operated on.

ICHT

- The Cabinet noted that the Medicines and Healthcare products Regulatory Agency (MHRA) had accepted the Trust's remedial plan of action, following an inspection of the Trust's aseptic unit in late September when some issues had been found.

3. Acute Provider Collaborative Executive Management Board

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

4. Elective Orthopaedic Centre (EOC)

4.1 The Cabinet noted that progress had been made since opening, with good patient experience reported. However, the Cabinet noted that activity was behind plan, which led to a financial deficit against plan. A recovery plan had been put in place. Regarding activity, the expectation was that the EOC would be fully functioning 6 days a week from 1 January 2025 with a re-forecast from 1 April 2025. The Cabinet agreed that a full post-project evaluation was needed and the revised version of the business plan needed to ensure the EOC was making a net surplus for the Collaborative as a whole.

5. Finance 2024/25

5.1 The Cabinet reviewed the year-end forecasts for each Trust in the APC and noted the risk to obtaining additional capital funding in the next year if breakeven was not achieved. The Cabinet also noted the challenges to obtaining cash support and that, unless the run rate improved dramatically, the next year would be very challenging. The Cabinet agreed the commissioning activity for next year and the recurrent position would need to be resolved with the Urgent Treatment Centre and Emergency, and block contracts agreed in good time for next year, to understand the uplift. Progress had been made in addressing the deficit position in LNWH and THHFT, though the system (the whole ICS) had entered into the NHS England Investigation and Intervention (I&I) regime.

5.2 It was agreed in Cabinet that each Trust would be confirming their recovery plan and that it would not worsen, and therefore year-end forecasts remained as per month 7. It was noted that the productivity work by departments across the APC would be developed and looked at in the Joint Executive Management Board meeting in January 2025. Business planning for 2025/26 had started and would be informed by the planning guidance for 2025/26, due to be published in January 2025.

6. Annual Review of Terms of Reference

6.1 The Terms of Reference for the Cabinet were approved by the Cabinet.

Strategic priorities

Tick all that apply

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

[Click to describe impact](#)

Impact assessment

Tick all that apply

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

[Click to describe impact](#)

Reason for private submission

Tick all that apply

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





If other, explain why

3. DECISION MAKING AND APPROVALS

3.1 EVOLVING THE COLLABORATIVE GOVERNANCE ARRANGEMENTS - REVISION TO THE SCHEME OF DELEGATED AUTHORITY (PETER JENKINSON)

REFERENCES

Only PDFs are attached

-  3.1 Revised scheme of delegated authority v2.0.pdf
-  3.1i Revised Scheme of Delegated Authority.pdf
-  3.1ii Revised scheme of delegated authority - Trust Standing Committee ToR.pdf
-  3.1iii Revising APC scheme of delegated authority - APC MOU.pdf

NWL Acute Provider Collaborative Board in Common

21/01/2025

Item number: 3.1

This report is: Public

Evolving the Collaborative governance arrangements – revisions to the Scheme of Delegated Authority

Author: Peter Jenkinson

Job title: Director of Corporate Governance

Accountable director: Tim Orchard, Chief Executive Officer of Imperial College Healthcare NHS Trust
Pippa Nightingale, Chief Executive Officer of London North West University Healthcare NHS Trust
Lesley Watts, Chief Executive Officer of Chelsea and Westminster Hospital NHS Foundation Trust and The Hillingdon Hospitals NHS Foundation Trust

Purpose of report

Purpose: Decision or approval

The purpose of this paper is to propose further revisions to the Scheme of Delegated Authority for the four Trusts within the North West London Acute Provider Collaborative (APC), in order to reflect agreed amendments to the APC governance arrangements.

The Board in Common is also asked to approve the Memorandum of Understanding for the APC, to replace the original Statement of Intent.

Report history

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

**Board in Common
Cabinet**

**Board in Common
development session**

Executive summary and key messages

- 1.1 The Board in Common agreed proposed amendments to the governance arrangements for the Acute Provider Collaborative (the 'Collaborative') in April 2024, to strengthen the level of Trust-level engagement and oversight by establishing Trust-level Standing Committees, and to maximise the effectiveness of the Collaborative governance arrangements by clarifying the relationship between Trust-level and Collaborative-level committees.

Revisions to the Acute Provider Collaborative Scheme of Delegated Authority

- 1.2 The Board in Common approved an amended scheme of delegated authority in July 2024 to reflect these changes and approved a standardised terms of reference for the four Trust Standing Committees. The revised scheme of delegation has continued to be reviewed, in context of evolving governance arrangements and the continued development of the role of the Standing Committees.
- 1.3 Proposed amendments are summarised in this paper and included in the revised scheme of delegated authority, attached at Appendix 1. These include the delegation of authority to Trust Standing Committees to approve terms of reference for other board committees on behalf of the Trust Board.

Revisions to the terms of reference for Trust Standing Committees

- 1.4 In approving the establishment of Standing Committees, the Board in Common approved some standardised terms of reference for each of the four Standing Committees. These terms of reference included common standards for Trust Standing Committee, including reporting to their respective Trust Board and the publication of papers on the respective Trust website.
- 1.5 The terms of reference have been revised to reflect the agreed practice – the public record of the proceedings of the Standing Committee will be included in the Standing Committee report to the Trust Board, which will be published as part of the Board in Common papers. In addition, each Trust will continue to publish their respective performance reports and statutory annual reports approved by Standing Committees, such as the infection, prevention and control, safeguarding adults and children, 7 day services, and learning from deaths annual reports. These arrangements are reflected in the revised terms of reference for Standing Committees, attached at Appendix 2.

Acute Provider Collaborative Memorandum of Understanding

- 1.6 When the APC was first established in 2022, we agreed a Statement of Intent which set out the aims of the Collaborative and the core principles that govern how we work together. We have now codified the content of the Statement of Intent in a Memorandum of Understanding and have added processes regarding the escalation of significant issues across the APC and the discharge of collective responsibility and decision-making while preserving the role of an Accountable Officer in each Trust.

- 1.7 The draft Memorandum of Understanding was approved by the Board in Common Cabinet in September 2024 and is attached as Appendix 3 for information.
- 1.8 These arrangements will be kept under review and evaluated again, as part of the annual review of effectiveness of board governance.

2.0 Recommendations

- 2.1 Trust Boards are asked to approve the revised Scheme of Delegated Authority for the Collaborative, attached at Appendix 1, and the draft Terms of Reference for the Trust Standing Committees, attached at Appendix 2.
- 2.2 Trust Boards are also asked to note the Memorandum of Understanding for the Collaborative, attached at Appendix 3.

Strategic priorities

Tick all that apply

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

Click to describe impact

Impact assessment

Tick all that apply

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

Click to describe impact

Purpose

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

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

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

Scheme of Delegated Financial Authorities

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

Contents

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

Section 1 – Decisions reserved for the Trust Board

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

Section 3 – Decisions / duties delegated to Trust level committees

Section 4 – Decisions / duties delegated to Collaborative level committees

Section 5 – Decisions delegated to Board in Common Cabinet

SECTION 1 – DECISIONS RESERVED TO THE TRUST BOARD

DECISIONS RESERVED TO THE TRUST BOARD

General Enabling Provision

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

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

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

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

DECISIONS RESERVED TO THE TRUST BOARD COMMITTEE IN COMMON

General Enabling Provision

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

Regulations and Control

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

DECISIONS RESERVED TO THE TRUST BOARD COMMITTEE IN COMMON

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

Appointments/ Dismissal

- Appoint and dismiss committees that are directly accountable to the Trust Board in Common.
- ~~• Confirm appointment of members of any committee of the Trust as representatives on outside bodies.~~
- ~~• Ratify proposals of the Nomination and Remuneration Committee regarding directors and senior employees.~~
- Appoint the chief executive officers within the Collaborative.
- ~~• Ratify the appointment, and dismissal of executive directors within the Collaborative.~~

Strategy, Plans and Budgets

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

Policy Determination

- Approve personnel policies incorporating the arrangements for the appointment, removal and remuneration of staff.
- Approve the Trust's policies and procedures for the management of risk across the Collaborative.

Monitoring

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

DECISIONS RESERVED TO THE TRUST BOARD COMMITTEE IN COMMON

Direct Operational Decisions

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

Financial and Performance Reporting Arrangements

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

Audit

- Ratify the appointment (and where necessary dismissal) of External Auditors within the Collaborative (by the Audit Risk and Governance Committee acting as the Audit Panel)
- Receive the annual management letter from the external auditors within the Collaborative and agreement of proposed action, taking account of the advice, where appropriate, of the Audit Risk and Governance Committee.
- Receive the annual governance report from the Audit Risk and Governance Committees within the Collaborative including the work of Internal Audit and agree action on recommendations where appropriate

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

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

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

TRUST STANDING COMMITTEE	<p>The Committee will:</p> <ol style="list-style-type: none"> 1. Oversee the delivery of the Trust strategy and strategic priorities, and the achievement of constitutional and regulatory standards, and to provide assurance to the Trust Board that Trust risks and issues relating to this are being managed. 2. Approve business cases for investment with a value in excess of £5M where the business case is specific to one Trust within the Collaborative. 3. Receive and provide assurance to the Trust Board on the following areas: <ul style="list-style-type: none"> • Integrated Quality and Performance Reports (Operational performance, Finance, Quality and Workforce) • Board Committee chairs' reports • Board Assurance Framework
---	--

	<ul style="list-style-type: none"> • Corporate Risk Register • Essential assurance / reporting requirements, including the following annual reports: <ul style="list-style-type: none"> a. Infection Prevention & Control b. Safeguarding Adults & Children c. 7 Day services d. Learning from Deaths e. Complaints f. Health & Safety <p>4. Undertake 'deep dives' as part of the meeting using the Board Assurance Framework to identify areas of risk to the achievement of the strategic priorities as well as any area of concern escalated to the Trust Standing Committee by the Board Committees.</p> <p>5. Approve terms of reference and reporting arrangements of all committees and sub-committees established by the Board</p> <p>6. Receive the annual management letter received from the Trust's external auditor and agree proposed actions, taking into account the advice of the Audit Committee.</p> <p>7. Receive the annual report from the Trust's internal auditor and agree proposed actions, taking into account the advice of the Audit Committee.</p> <p>8. Receive such reports as the Committee sees fit from other Board committees in respect of the exercise of powers delegated.</p> <p>9. Implement of any other duties delegated by the Trust Board</p>
AUDIT RISK AND GOVERNANCE COMMITTEE	<p>The Committee will:</p> <ol style="list-style-type: none"> 1. Monitor the integrity of the financial statements of the Trust, including its annual report and any formal announcements relating to the Trust's financial performance and review and report to the board on significant financial reporting issues and judgements which those statements contain having regard to matters communicated to it by the auditor. 2. Review the annual report and financial statements before recommending them to the Trust board, in particular, the Committee shall review and challenge where necessary. 3. Ensure that the systems for financial reporting to the board of directors, including those of budgetary control, are subject to review as to completeness, integrity and accuracy of the information provided to the Trust board. 4. Review any other statements requiring board approval which contain financial information first, where to carry out a review prior to board approval would be practicable and consistent with any prompt reporting requirements under any law or regulation including the Listing Rules, Prospectus Rules and Disclosure Guidance and Transparency Rules sourcebook. 5. Where the Committee is not satisfied with any aspect of the proposed financial reporting by the Trust, it shall report its views to the board 6. Review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical), that supports the achievement of the Trust's goals. 7. Seek assurance that the Trust board's oversight and management of the delivery of the strategic objectives and in managing strategic, financial and operational risks, is effective, via implementation of the Board Assurance Framework. 8. Seek assurance that the monitoring of due diligence on any integration or partnership arrangement is appropriate. 9. Seek assurance on behalf of the Trust board that the design and application of the control environment in core financial processes are fit for purpose and reflect both public and commercial sector best practice 10. Utilise the work of internal audit, external audit and other assurance functions, but will not be limited to these audit functions. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the over-arching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness. This will be evidenced through the Committee's use of an effective assurance framework to guide its work and that of the audit and assurance functions that report to it.

11. Ensure that there is an effective Internal Audit function established by management, which meets mandatory Public Sector Internal Audit Standards and provides appropriate independent assurance to the chief executive and board of directors.
12. Review the work and findings of the external auditor and consider the implications and management's responses to their work.
13. Review any proposal considered for commissioning work outside the annual audit plan (in its role as the Audit Panel) prior to approval.
14. NHS trusts are required to appoint their own external auditors and directly manage the resulting contract and the relationship; trusts are required to have an auditor panel to advise on the selection, appointment and removal of external auditors and on maintaining an independent relationship with them. The Trust has nominated the Committee (Part I) as the Auditor Panel for the Trust.
15. The Auditor Panel will advise the Trust board on the selection and appointment of the external auditor. The Trust board must consult and take account of the Auditor Panel's advice on the selection and appointment of the Trust board on the appointment of external auditors, and publish a notice on the website within 28 days of appointing the auditor providing details of appointment, and noting auditor panel advice.
16. Request and review reports and positive assurances from directors and managers on the overall arrangements for governance, risk management and internal control.
17. Request specific reports from individual functions within the organisation (e.g. clinical audit) as they may be appropriate to the overall arrangements.
18. Where requested by the board, the Committee should review the content of the annual report and accounts and advise the board on whether, taken as a whole, it is fair, balanced and understandable and provides the information necessary for stakeholder to assess the Trust's performance, business model and strategy and whether it informs the board's statement in the annual report on these matters that is required under the Code.
19. Review the possible wrongdoing in financial reporting or other matters or any other matters of concern including patient care, safety, staff and bullying (including the Freedom to Speak up Guardian).
20. Review on behalf of the Trust board any proposed changes to the Standing Orders and Standing Financial Instructions.
21. Examine the circumstances of any departure from the requirements of Standing Orders and Standing Financial Instructions.
22. Monitor the Declarations of Interest & Hospitality policy with reference to the codes of conduct and accountability thereby providing assurance to the board of probity in the conduct of business.
23. Review schedules of losses and compensations annually.
24. Ensure that other board committees receive findings of other significant assurance functions as appropriate, both internal and external to the organisation, including the implications to the governance of the organisation. These will include, but will not be limited to, any reviews by Department of Health Arm's Length Bodies or Regulators/Inspectors, and professional bodies with responsibility for the performance of staff or functions (for example Royal Colleges and accreditation bodies).
25. Work and liaise as necessary with all other board committees ensuring interaction between committees and with the board is reviewed regularly, taking particular account of the impact of risk management and internal controls being delegated to different committees.
26. Review single tender waivers
27. Review schedules of debtor/creditor balances over 6 months old and over £50,000 and explanations/action plans
28. Ensure the Trust learns from national reviews by organisations such as the Care Quality Commission improvement reviews and implements all necessary recommendations to improve the safety and quality of care
29. The Committee will work and liaise as necessary with all other board committees ensuring interaction between committees and with the board is reviewed regularly, taking particular account of the impact of risk management and internal controls being delegated to different committees.
30. Maintain oversight of the effectiveness of Information Governance, including annual submission of the Information Governance Toolkit

	<p>31. Review the effectiveness of other board committees in ensuring that risk and assurance mechanisms are maintained, issues are identified and action and assurance requested on performance outside expected parameters.</p> <p>Annual Reports and Accounts</p> <p>32. Receive and approve the Trust's Annual Report, Annual Governance Statement and Annual Accounts.</p> <p>33. Receive and approve the Charitable funds – annual accounts and report (annual) (where applicable)</p> <p>34. Receive the annual management letter from external auditor (annual)</p> <p>35. Receive the Head of Internal Audit Opinion (annual)</p>
<p>REMUNERATION AND APPOINTMENTS COMMITTEE</p>	<p>The Committee will:</p> <ol style="list-style-type: none"> 1. Trust board composition <ul style="list-style-type: none"> • Regularly review the structure, size and composition (including the skills, knowledge and experience) required of the Trust board and make recommendations to the Trust board with regard to any changes. • Give full consideration to and make plans for succession planning for the chief executive officer and other executive directors taking into account the challenges and opportunities facing the Trust and the skills and expertise needed, in particular on the board in future. • Be responsible for identifying and nominating for appointment candidates to fill posts within its remit as and when they arise. • Be responsible for identifying and nominating a candidate, for approval by the Trust board, to fill the position of chief executive officer. • Before an appointment is made evaluate the balance of skills, knowledge and experience on the Trust board, and, in the light of this evaluation, prepare a description of the role and capabilities required for a particular appointment. In identifying suitable candidates the Committee will use open advertising or the services of external advisers to facilitate the search; consider candidates from a wide range of backgrounds; consider candidates on merit against objective criteria. 2. Appointment of executive directors <ul style="list-style-type: none"> • Nominate one or more members to be actively involved with the chief executive officer in the appointment of executive director and executive team member posts, and in the design of the selection process on behalf of the Committee. • Ensure that the selection process is based on: an agreed role and person specification; the use or other involvement of any third party recruitment professionals; an interview panel to include the chief executive officer, an agreed non-executive director or directors, an external assessor representing NHS England and NHS Improvement/DHSC or successor bodies and such other persons as may be agreed to be helpful. • Ensure that posts are openly advertised and that the appointment procedure at all times complies with the Trust's policies, standards and general procedures on recruitment and selection. This will include the Trust's inclusive recruitment standards and ensuring compliance with fit and proper person regulations (FPP). • Keep the Trust board informed of the process, procedures and timetable to which it is working, as appropriate. 3. Remuneration of executive directors <ul style="list-style-type: none"> • Agree on behalf of the Trust board the remuneration and terms of service of the executive directors and that the executive directors are fairly rewarded for their contribution to the Trust, having proper regard to its circumstances and performance, and to the provision of any national arrangements or directives for such staff where relevant. Approve the remuneration policy for executive directors and executive team members, including approving the performance criteria for bonuses where appropriate and agreed.

	<p>For the Chief executive, the Committee will advise the Chair regarding the framework for bonuses, in accordance with contract of employment.</p> <ul style="list-style-type: none"> • Agree and review annually the remuneration policy framework for very senior managers (VSM) not on national contracts, including executive directors. Determination of the salaries of very senior managers, other than executive directors, is delegated to the chief executive officer or relevant executive director, advised by the director of people & OD and working within the agreed policy framework. The committee will review annually the earnings of such managers including senior clinicians and clinical managers. • Establish the parameters for the remuneration and terms of service for the appointment of executive directors, with delegated authority of the chief executive officer to agree starting salaries within the agreed parameters. • Agree the termination of contract of executive directors and the payment of any redundancy or severance packages in line with prevailing national guidance. <p>4. Performance and Succession Planning</p> <ul style="list-style-type: none"> • Receive assurance that appropriate annual appraisals have been completed by the Chief executive for executive directors and that development plans are agreed with individuals. • Ensure the capability of potential or nominated deputies for executive directors to effectively deputise during periods of extended absence on the part of the Executive directors. • oversee an assessment of the capability and succession potential of the Trust leaders in order to identify any strategic gaps requiring appropriate intervention and to receive assurance regarding the succession plans for directors and talent management; including assurance regarding equality in the succession planning
<p>FINANCE AND PERFORMANCE COMMITTEE</p>	<p>The Committee will:</p> <ol style="list-style-type: none"> 1. Advise the Trust board on financial policies; 2. Recommend to the Trust board, the Trust's medium and long term financial strategy (capital and revenue) including the underlying assumptions and methodology used, ahead of review and approval by the Trust board; 3. Review the Business Plan including the annual revenue and capital budget prior to submission to the Trust board for approval; 4. Review the Trust's financial performance and forecasts (including performance against Cost Improvement Programmes) and identify the key issues and risks requiring discussion or decision by the Trust board; 5. Review compliance with the self-assessment quality checklist for the annual national cost collection or other equivalent submission; 6. Review, at the request of the Trust board, specific aspects of financial performance where the Trust board requires additional scrutiny and assurance; 7. Review the Trust's projected and actual cash and working capital; 8. Approve and keep under review, on behalf of the Trust board, the Trust's investment and borrowing strategies and policies; 9. Ensure the Trust operates a comprehensive budgetary control and reporting framework (but acknowledging that the Audit, Risk & Governance committee is responsible for systems of financial control); 10. Review the financial risks; 11. Establish the overall methodology, processes and controls which govern the Trust's investments; 12. Evaluate, scrutinise and monitor costs and funding relating to investments (such as Redevelopment and any major pandemic or other incident requiring additional scrutiny of costs)), including regular review of the capital programme ensuring value for money; 13. Review, and recommend to Trust board, the Trust's treasury management and working capital and estates strategies; 14. Review and recommend to Trust board, the Trust's estates strategies and ensure the associated funding arrangements are in place.

	<ol style="list-style-type: none"> 15. Review post project evaluations for capital and revenue projects (above £5million) approximately 12 months after go live of project to review whether anticipated outcomes/savings had been achieved; 16. Evaluate and scrutinise the financial and commercial validity of individual investment decisions over £5m recommended for approval by the executive management board, including the review of outline and final business cases, and service development tenders and procurement contracts, for onward recommendation for approval by the Trust board. The current delegated limit for the Trust is £15 million; 17. Approve all business cases up to a maximum value of £5M where the business case is specific to the Trust and is within the Trust plan; 18. Review and make recommendations to the Collaborative Finance and Performance Committee on all business cases with a value above £5M where the business case affects at least 2 acute Trusts within the Collaborative 19. Consider quality implications for all financial cases and escalate to the Quality Committee as appropriate. 20. Review operational planning and performance for the Trust, including activity, capacity and winter planning, identifying the key issues and risks requiring discussion or decision by the Trust board where these issues and risks impact on financial performance and planning; 21. Review performance against such plans and identify the key issues and risks requiring discussion or decision by the Trust board where these issues and risks impact on financial performance and planning; 22. Review the Transformation programme and receive progress reports on key projects within that programme. 23. Refer other matters to other Committees as appropriate. 24. To receive updates and understand emerging system level risks and the strategic and financial impacts on the Trust and consider how collaboration with the ICS can help in managing ICHT specific financial risks
<p style="text-align: center;">PEOPLE COMMITTEE</p>	<p>The Committee will:</p> <ol style="list-style-type: none"> 1. Review the development and delivery of the Trust's sustainable workforce strategy. 2. Provide assurance that the Trust's People Strategy and policies effectively respond to national and regional people strategies and policies. 3. Review strategic intelligence and research evidence on people and work, and distil their relevance to the Trust's strategic priorities. 4. Oversee the development and delivery of the programme of work related to culture, including oversight of the measures of culture, including sources of staff feedback. 5. Oversee the coherence and comprehensiveness of the ways in which the Trust engages with staff and with staff voices, including the staff survey, and report on the intelligence gathered, and its implications to the Board. This includes raising concerns and freedom to speak up reports to the People Committee and Board. 6. Oversee the development and delivery of the Trust's strategy and improvement programmes on Equality, Diversity and Inclusion ensuring full compliance with statutory duties in this area. 7. Oversee the development and delivery of a strategy regarding a sustainable workforce (more generally). That would include development of new roles, recruitment and retention etc. The safe staffing report would be an example of a source of assurance. 8. Assess the workforce strategies and plans to support transformational change, service redesign and pathways of care that make best use of new technologies, the use of apprenticeships, introduction of new roles and innovative working across traditional professional and organisational boundaries. 9. Review plans for ensuring the development of leadership and management capability, including the Trust's approach to succession planning and talent management. 10. Review the Trust's strategy and performance as a provider and enabler of health and care education.

	<ol style="list-style-type: none"> 11. Review the Trust's current and future educational and training needs to ensure they support the strategic objectives of the organisation in the context of the wider health and care system, including risk training. 12. Review the Trust's strategic contribution to the development of the health and care workforce. 13. Secure the necessary assurances about the Trust's compliance with the practice requirements of professional and regulatory bodies for all staff. 14. Oversee the development and delivery of a Trust Staff Health and Well-being Strategy 15. Review the accessibility and impact of the health and well-being strategy and improvement programmes, in particular, for staff with protected characteristics. 16. Establish a succinct set of key performance and progress measures relating to the full purpose and function of the Committee. 17. Review progress against these measures and seek assurance around any performance issues identified, including proposed corrective actions. 18. Receive and review reports on significant concerns or adverse findings highlighted by regulators, peer review exercises, surveys and other external bodies in relation to areas under the remit of the Committee, seeking assurance that appropriate action is being taken to address these. 19. Ensure the credibility of sources of evidence and data used for planning and progress reporting to the Committee, and to the Board in relation to the Committee's purpose and function. 20. Ensure alignment of the Board assurances and consistent use of data and intelligence, by working closely with the Audit, Quality and Finance & Performance Committees. 21. Review and shape the quality-related content of periodic workforce reports to the Board.
<p style="text-align: center;">QUALITY COMMITTEE</p>	<p>The Committee will:</p> <ol style="list-style-type: none"> 1. Obtain assurance that the Trust has effective mechanisms for managing clinical risk, including clinical risk associated with clinical trials and improving service user safety, learning from incidents and taking action to reduce risks and improve clinical quality; 2. Receive and review a thematic summary of the lessons learned from serious adverse incidents; individual 'never' events; coroners' post-mortem reports; medico-legal cases and trend analysis of clinical incidents and be assured that actions are being taken to address issues and share learning; 3. Receive and review quality implications of business cases, as appropriate. 4. Obtain assurance that robust safeguarding structures, systems and processes are in place to safeguard children and young people and vulnerable adults; 5. Obtain assurance that the Trust is compliant with the Mental Health Act and its associated Code of Practice and the Mental Capacity Act; 6. The Committee will review the quality-related risks and will identify emerging quality risks. 7. Receive assurance that all cost improvement programmes (CIPs) have been quality impact assessed and measures taken to mitigate risk and protect quality of care. 8. Establish and oversee the Quality Strategy and priorities underpinned by the Trust's strategic goals. 9. Approve and assure delivery of the annual programme of Trust-wide clinical audits. 10. Obtain assurance that NICE Guidelines and Technology Appraisals are implemented. 11. Obtain assurance that all requirements as set by NHS Resolution regarding CNST are achieved. 12. Obtain assurance that there are robust systems for undertaking nationally mandated audits, receive summary results and monitor the implementation of recommendations. 13. Oversee the Trust's work to meet the Care Quality Commission's (CQC) quality standards.

	<ol style="list-style-type: none"> 14. Work with partners to agree a consistent approach to defining and measuring quality, collecting information from providers, and delivering a single vision of high-quality care. 15. Determine whether the Trust is maintaining and improving the quality of patient care and health outcomes within the context of delivering the NHS Long Term Plan. 16. Obtain assurance that robust quality governance structures, systems, and processes, including those for clinical risk management and service user safety, are in place across all services, and developed in line with national, regional and commissioning requirements. 17. Nurture a quality improvement culture across the Trust and celebrate achievement in quality improvement. 18. Obtain assurance that the divisional quality groups are effectively coordinating quality and clinical governance activity within the Trust. 19. Ensure that board assurance framework reflects the assurances for which the Committee has oversight, and that risks highlighted are appropriately reflected on the risk registers. 20. Approve and assure delivery of the Trust's patient and public engagement plans, and the patient experience plans/strategy, and obtain assurance that these plans are a key element of the work of quality and clinical governance teams across the Trust. 21. Receive and review a thematic summary of patient experience and feedback including Friends and Family Test, formal complaints and Patient & Advice and Liaison concerns. 22. To be assured that lessons are learned and that actions/improvements are implemented to ensure that patients' experience of care is improved. 23. Obtain assurance that patient access targets are being delivered. 24. Obtain assurance that effective channels are in operation for communicating and managing issues of clinical governance to relevant managers, staff and external stakeholders. 25. Obtain assurance that clinical recommendations resulting from complaints including those investigated by the Parliamentary and Health Service Ombudsman have been implemented. 26. Review the aggregated analysis of adverse events, complaints, claims and litigation to identify common themes or trends to take forward as improvement projects, as sponsored by the Committee 27. Review and approve the annual Quality Account
--	--

SECTION 4 – DECISIONS /DUTIES DELEGATED BY THE TRUST BOARDS TO COLLABORATIVE COMMITTEES

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

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

COLLABORATIVE FINANCE AND PERFORMANCE COMMITTEE	<p>The Committee will:</p> <ul style="list-style-type: none"> • Advise and recommend to the Board in Common on collaborative financial and commercial policies; • Recommend to the Board in Common, the Collaborative medium and long term financial strategy (capital and revenue) including the underlying assumptions and methodology used.
--	--

	<ul style="list-style-type: none"> • Review the proposed annual business plans proposed by Trusts, including the annual revenue and capital budgets, to provide a collaborative view • Review the trusts' financial performance and forecasts (including performance against Cost Improvement Programmes) and identify the key issues and risks requiring discussion or decision by the Board in Common; • Review trusts' compliance with the self-assessment quality checklist for the annual national cost collection or other equivalent submission, and agree collaborative level recommendations; • Review the financial risks escalated by trust committees and agree mitigations at collaborative level; • Consider costs and funding relating to investments at collaborative level; • Approve all business cases with a value between £1M and £5M where the business case impacts on more than one of the acute providers in the collaborative, taking advice from the Infrastructure Collaborative Committee where that business case applies to estate and digital infrastructure; • Review and make recommendations to the Board in Common, taking advice from the Infrastructure Collaborative Committee where that business case applies to estate and digital infrastructure, on all business cases with a value in excess of £5M • Review operational planning and performance across the collaborative, including activity, capacity and winter planning, identifying the key issues and risks requiring discussion or decision by the Board in Common; • Review performance against such plans and identify the key issues and risks requiring discussion or decision by the Board in Common; • Oversee the development and delivery of Collaborative strategies and improvement programmes on Equality, Diversity and Inclusion in relation to operational activity. • Refer other matters to other Committees as appropriate. • To receive updates and understand emerging system level risks and the strategic and financial impacts on the Collaborative, and consider how collaboration with the ICS can help in managing collaborative level financial risks.
<p>COLLABORATIVE PEOPLE COMMITTEE</p>	<p>The Committee will:</p> <ul style="list-style-type: none"> • Oversee the development and delivery of the Collaborative People Strategy and priorities. • Consider Trusts' People Strategy and policies to respond to national and regional people strategies and policies, and agree any improvement actions. • Review strategic intelligence and research evidence on people and work, and distil their relevance to the people related strategic priorities. • Oversee the development and delivery of the programme of work related to culture, including oversight of the measures of culture, including sources of staff feedback. • Oversee the development and delivery of the Trusts' strategies and improvement programmes on Equality, Diversity and Inclusion ensuring full compliance with statutory duties in this area. • Oversee the development and delivery of strategies regarding a sustainable workforce, including development of new roles, recruitment and retention. • Review plans for ensuring the development of leadership and management capability, including the Collaborative approach to succession planning and talent management. • Review the Collaborative strategy and performance as a provider and enabler of health and care education. • Review the accessibility and impact of health and well-being strategies and improvement programmes across the Collaborative, in particular, for staff with protected characteristics.

	<ul style="list-style-type: none"> • Review progress against workforce performance metrics and seek assurance around any performance issues identified, including proposed corrective actions. • Receive and review reports on significant concerns or adverse findings highlighted by regulators, peer review exercises, surveys and other external bodies in relation to areas under the remit of the Committee, seeking assurance that appropriate action is being taken to address these. • Ensure the credibility of sources of evidence and data used for planning and progress reporting to the Committee.
COLLABORATIVE QUALITY COMMITTEE	<p>The Committee will:</p> <ul style="list-style-type: none"> • Establish and oversee the delivery of Collaborative quality strategy and priorities, informed by the trusts' quality priorities. • Consider any Collaborative actions to ensure robust quality governance structures, systems, and processes, including those for clinical risk management and service user safety, are in place across all services in the Collaborative, and developed in line with national, regional and commissioning requirements. • Consider any risks to trusts maintaining effective mechanisms for managing clinical risk, including improving service user safety, learning from incidents and taking action to reduce risks and improve clinical quality; • Develop Collaborative level patient and public engagement plans, and the patient experience plans/strategy, and obtain assurance that these plans are a key element of the work of quality and clinical governance teams across trusts. • Ensure that lessons are learned across the Collaborative from serious adverse incidents, including 'never' events, coroners' post-mortem reports, medico-legal cases and trend analysis of clinical incidents and be assured that actions are being taken to address issues and share learning across the Collaborative; • Review quality related performance metrics across the Collaborative and agree collaborative level actions where appropriate • Identify common themes, and agree Collaborative level improvement actions regarding compliance with statutory and mandatory quality related requirements, including: <ul style="list-style-type: none"> ○ Safeguarding children and young people and vulnerable adults; ○ Compliance with the Mental Health Act and its associated Code of Practice and the Mental Capacity Act; ○ NHS Resolution requirements regarding CNST; ○ CQC fundamental standards of care; ○ Infection control ○ Learning from deaths ○ Complaints & patient experience • Consider Collaborative level quality-related risks and identify emerging quality risks; • Oversee the development and delivery of Collaborative strategies and improvement programmes on Equality, Diversity and Inclusion in relation to quality. • Nurture a quality improvement culture across the Collaborative and celebrate achievement in quality improvement.
COLLABORATIVE STRATEGIC ESTATES AND SUSTAINABILITY COMMITTEE	<p>The Committee will</p> <ul style="list-style-type: none"> • Provide assurance on the development and implementation of estate and sustainability strategies across the Collaborative within defined and prioritised capital funding resources. • Identify areas of risk where collaborative-wide interventions would speed and improve the response • Oversee and receive assurance relating to the implementation of collaborative-wide interventions for short and medium term estate and improvements

	<ul style="list-style-type: none"> • Prioritise, oversee and assure strategic change programmes to drive collaborative-wide and ICS integrated improvements in the management of estate • Provide assurance on the development and implementation of the Sustainability Strategy at Collaborative level • Provide assurance on the development and implementation of the Estate Strategy at Collaborative level • Provide advice to the Finance and Performance Collaborative Committee on draft business cases. • Oversee the development and delivery of Collaborative strategies and improvement programmes on Equality, Diversity and Inclusion in relation to estates and sustainability. • Draw to the Board in Common's attention matters they need to agree or note.
<p>COLLABORATIVE DIGITAL AND DATA COMMITTEE</p>	<p>The Committee will</p> <ul style="list-style-type: none"> • Provide assurance on the development and implementation of digital infrastructure strategies across the Collaborative within defined and prioritised capital funding resources. • Identify areas of risk where collaborative-wide interventions would speed and improve the response • Oversee and receive assurance relating to the implementation of collaborative-wide interventions for short and medium term digital infrastructure improvements • Prioritise, oversee and assure strategic change programmes to drive collaborative-wide and ICS integrated improvements in the management of digital infrastructure • Provide assurance on the development and implementation of the Information and IT Strategy at Collaborative level • Provide advice to the Finance and Performance Collaborative Committee on any digital infrastructure business cases that come to that committee. • Oversee the development and delivery of Collaborative strategies and improvement programmes on Equality, Diversity and Inclusion in relation to use of digital and data. • Draw to the Board in Common's attention matters they need to agree or note.

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

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

Delegated responsibilities include:-

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

**North West London Acute Provider Collaborative
Trust Standing Committees
Terms of Reference**

1. Overarching Purpose

- 1.1 The purpose of the Trust Standing Committee will be to oversee the delivery of the Trust strategy and strategic priorities, the achievement of constitutional and regulatory standards, and to provide assurance to the Trust Board that Trust risks and issues relating to this are being managed.

2. Specific Duties and Responsibilities

- 2.1 The Trust Standing Committee shall oversee and provide assurance to the Trust Board via the Board in Common on the following areas:

- Integrated Quality and Performance Reports (Operational performance, Finance, Quality and Workforce)
- Board Committee chairs' reports
- Board Assurance Framework
- Corporate Risk Register
- Statutory reporting requirements including the following annual reports which will be reported at the Board in Common
 - Infection Prevention & Control
 - Safeguarding Adults & Children
 - 7 Day services
 - Learning from Deaths

- 2.2 The Committee will undertake 'deep dives' as part of the meeting using the Board Assurance Framework to identify areas of risk to the achievement of the strategic priorities as well as any area of concern escalated to the Trust Standing Committee by the Board Committees.

- 2.3 The Committee will also receive reports from the Chief Executive.

- 2.4 The Committee will consider, and approve, business cases for investment with a value in excess of £5M where the business case is specific to the Trust only.

- 2.5 Approve terms of reference and reporting arrangements of all committees and sub-committees established by the Board

- 2.6 Receive the annual management letter received from the Trust's external auditor and agree proposed actions, taking into account the advice of the Audit Committee.

- 2.7 Receive the annual report from the Trust's internal auditor and agree proposed actions, taking into account the advice of the Audit Committee.

- 2.8 Receive such reports as the Committee sees fit from other Board committees in respect of the exercise of powers delegated.

- 2.9 Implementation of any other duties delegated by the Trust Board.

3. Composition

Membership

- 3.1 Membership of the Trust Standing Committee is made up of the Trust Board members:
- all non-executive directors (voting & designate), with the exception of the Chair in Common who will attend ad hoc *ex officio*.
 - voting executive directors of the board
- 3.2 Other executive directors and programme leads will attend as appropriate to provide updates on their respective work.
- 3.3 The Trust Standing Committee will be chaired by the Vice Chair.

4. Meeting arrangements

Attendance

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

Quorum

- 4.3 The quorum requires the presence of at least four Directors who are eligible to vote (including at least one Executive Director and one Non-Executive Director). A duly convened meeting of the Trust Standing Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Trust Standing Committee.

Meetings

- 4.4 The Trust Standing Committee will meet (including by telephone or video conferencing) quarterly, or as determined by the Chair. Any member of the Trust Standing Committee can ask for a meeting to be convened in person, by video conference or by telephone, or for a matter to be considered in correspondence/e governance.
- 4.5 Unless otherwise agreed, notice of each meeting confirming the venue, time and date together with an agenda of items to be discussed shall be circulated to each member of the Trust Standing Committee and any other person required to attend, five working days before the date of the meeting. Supporting papers will be sent to members, and to other attendees as appropriate, five working days before the date of the meeting.
- 4.6 Papers that are required to be publicly available, such as statutory annual reports as listed in 2.1, will be published on the Trust website once approved by the Committee.

- 4.7 The secretary will minute the proceedings and decisions of all meetings, including recording the names of those present and in attendance.
- 4.8 Draft minutes shall be sent to the Chair of the Trust Standing Committee within ten business days of the meeting and submitted for formal agreement at the next meeting.

5. Declarations of Interest

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

6. Reporting Responsibilities

- 6.1 Formal reporting will be via a summary report, to the Trust Board which meets quarterly in public as part of the Board in Common.

7. Other Matters

- 7.1 The Trust Standing Committee will:
- have access to sufficient resources to carry out its duties,
 - consider any other matters where requested to do so by the Board in Common,
 - review on an annual basis its own performance and terms of reference to ensure that it is operating effectively as part of the Board's effectiveness review.

8. Authority

- 8.1 The Trust Standing Committee is authorised:
- to seek any information it requires, or request attendance at a meeting, from any employee or any other person in order to perform its duties;
 - to obtain, legal or other professional advice on any matter within its terms of reference, subject to Board in Common approval.
- 8.2 The Trust Standing Committee is established as a Committee of the Board and therefore has delegated authority from the Trust Board as per the Scheme of Delegated Authority.

DATE

2024

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

COLLABORATION AGREEMENT

FOR THE NORTH WEST LONDON ACUTE PROVIDER COLLABORATIVE

Contents

1.	DEFINITIONS AND INTERPRETATION	8
2.	PURPOSE AND EFFECT OF THE AGREEMENT	8
3.	ACTIONS TAKEN PRIOR TO AND POST THE COMMENCEMENT DATE	9
4.	DURATION	9
5.	THE COLLABORATIVE PURPOSE AND OBJECTIVES	10
6.	THE COLLABORATIVE PRINCIPLES	11
7.	PROBLEM RESOLUTION AND ESCALATION	12
8.	OBLIGATIONS AND ROLES OF THE TRUSTS	13
9.	COLLABORATIVE PROGRAMME MANAGEMENT RESOURCE	14
10.	REPORTING REQUIREMENTS	15
11.	GOVERNANCE	15
12.	INFORMATION SHARING AND CONFLICTS OF INTEREST	16
13.	TERMINATION, EXCLUSION AND WITHDRAWAL	18
14.	INTRODUCING NEW PROVIDERS	18
15.	CHARGES AND LIABILITIES	19
16.	VARIATIONS	19
17.	CONFIDENTIAL INFORMATION	20
18.	INTELLECTUAL PROPERTY	20
19.	FREEDOM OF INFORMATION	21
20.	NOTICES	21
21.	NO PARTNERSHIP	21
22.	COUNTERPARTS	21

23. GOVERNING LAW AND JURISDICTION	22
SCHEDULE 1 Definitions and Interpretation	25
SCHEDULE 2 Dispute Resolution Procedure	42
SCHEDULE 3 Escalation of Issues	[xx]
SCHEDULE 4 Strategy 2024-2027	[xx]

DRAFT

INTRODUCTION

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

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

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

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

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

Date:

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

1. **Chelsea and Westminster Hospital NHS Foundation Trust** of 369 Fulham Road, London SW10 9NH;
2. **Imperial College Healthcare NHS Trust** of The Bays South Wharf Road St Mary's Hospital, Praed Street, London W2 1NY;
3. **London North West University Healthcare NHS Trust** of Northwick Park Hospital, Watford Road, Harrow, Middlesex, HA1 3UJ;
4. **The Hillingdon Hospitals NHS Foundation Trust** of Hillingdon Hospital, Pield Heath Road, Uxbridge UB8 3NN ;

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

BACKGROUND

1. The NHS Long Term Plan vision is one of integrated care. One of the components of integrated care is provider collaboratives, which are partnership arrangements involving two or more trusts working across multiple places to realise the benefits of mutual aid and working at scale. The Health and Care Act 2022 put joint decision making between NHS foundation trusts and NHS Trusts and the joint exercise of their functions on a statutory footing.
2. Guidance¹ states that provider collaboratives should have a shared purpose and effective decision-making arrangements to:
 - (a) reduce unwarranted variation and inequality in health outcomes, access to services and experience;
 - (b) improve resilience by, for example, providing mutual aid; and
 - (c) ensure that specialisation and consolidation occur where this will provide better outcomes and value.
3. The Trusts have been working together as a provider collaborative since July 2022 (the “**Collaborative**”). The Collaborative’s stated aims are to strengthen collaborative decision-making and help the Trusts make the most effective use of their collective resources to provide better care, for more people, more fairly.
4. Aligned to the Collaborative’s aims, the Trusts have agreed to undertake several programmes of work that they will pursue through the Collaborative and a strategy for achieving their objectives from 2024-2027 (see Schedule 4).
5. This Agreement provides an overarching governance framework for the Trusts to work and make decisions together on matters within the remit of the Collaborative.
6. While, through this Agreement, the Trusts are documenting their agreed governance arrangements for the Collaborative as at the Commencement Date, it is anticipated that this Agreement will be reviewed and updated regularly by agreement of the Trusts.

OPERATIVE PROVISIONS

1. DEFINITIONS AND INTERPRETATION

- 1.1 In this Agreement, unless the context otherwise requires, capitalised words and expressions shall have the meanings given to them in Schedule 1.
- 1.2 In this Agreement, unless the context requires otherwise, the following rules of construction shall apply:
 - 1.2.1 a person includes a natural person, corporate or unincorporated body (whether or not having separate legal personality);

¹ *Working together at scale: guidance on provider collaboratives (August 2021)*

- 1.2.2 a reference to a “**Trust**” includes its personal representatives, successors or permitted assigns;
- 1.2.3 a reference to a statute or statutory provision is a reference to such statute or provision as amended or re-enacted. A reference to a statute or statutory provision includes any subordinate legislation made under that statute or statutory provision, as amended or re-enacted;
- 1.2.4 any phrase introduced by the terms “**including**”, “**include**”, “**in particular**” or any similar expression shall be construed as illustrative and shall not limit the sense of the words preceding those terms; and
- 1.2.5 a reference to writing or written includes e-mails.

2. PURPOSE AND EFFECT OF THE AGREEMENT

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

3. ACTIONS TAKEN PRIOR TO AND POST THE COMMENCEMENT DATE

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

4. DURATION

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

5. THE COLLABORATIVE PURPOSE AND OBJECTIVES

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

(the “**Collaborative Purpose**”).

- 5.2 The Trusts have agreed to work together to perform their obligations under this Agreement in order to achieve the Collaborative Purpose, and more specifically, have agreed the following objectives for the Collaborative:
- 5.2.1 reductions in unwarranted variation in outcomes and access to services, and in health inequalities;
 - 5.2.2 taking advantage of efficiencies and economies of scale by joining up services where appropriate and/or leveraging joint purchasing power in procurement;
 - 5.2.3 developing greater resilience across systems; including mutual aid, better management of system-wide capacity and alleviation of immediate workforce pressures; and
 - 5.2.4 improving recruitment, retention, development of staff and leadership talent by enabling providers to collectively support national and local people plans.

(the “**Objectives**”).

- 5.3 The Trusts have agreed a strategy for 2024-2027 in pursuit of the Objectives, as set out in Schedule 4. The Trusts will agree any changes to the Key Delivery Priorities during the NHS financial year 2024/25 if required and will review and refresh the Key Delivery Priorities in any event in 2026/2027.
- 5.4 The work of the Collaborative will be in the context of the Integrated Care System, in close partnership with the ICB, and will be conducted in line with statutory and legislative requirements, such as the guidance on service change in the NHS².

² *Planning, assuring and delivering service change for patients* (NHS England, as amended May 2022)

6. THE COLLABORATIVE PRINCIPLES

- 6.1 The aim of this Clause 6 is to identify the high-level collaborative principles which underpin how the Trusts will work together for the delivery of the Objectives and Key Delivery Priorities under this Agreement and to set out key factors for the success of the Collaborative.
- 6.2 In developing the Collaborative and subsequently working in partnership as part of the Collaborative, the Trusts will adhere to the following principles:
- 6.2.1 To work together to make a step change to improve quality, financial and operational performance in order to deliver optimum recovery across north west London, both in the services provided and supporting, where appropriate, services delivered by others;
 - 6.2.2 To improve access, experience and outcomes, and address inequalities by ensuring that patients are treated equitably;
 - 6.2.3 To make the sum greater than the parts by maximum use of our collective resource to deliver once what only needs to be delivered once, by providing mutual aid to one another, and by coordinating activities and programmes;
 - 6.2.4 To make decisions together where this enhances equality, recovery and/or improved use of resources. Decisions will be based on a collective view of risks across the Collaborative and will be taken for the greater good of the patients and communities served;
 - 6.2.5 To share data, including financial, operational and quality information, transparently amongst members of the Collaborative;
 - 6.2.6 To challenge and hold each other to account through agreed systems, processes and ways of working;
 - 6.2.4 To act collaboratively and in good faith with each other in accordance with Guidance, the Law and Good Practice to achieve national priorities and the Objectives having at all times regard to the welfare of the population of the north west London;
 - 6.2.5 While The Trusts are committed to work together for the benefit of the patients and communities we serve, they will operate within a governance framework which respects the current statutory roles of the respective trust boards and councils of governors (in the case of foundation trusts).

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

7. DISPUTE RESOLUTION AND ESCALATION

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

8. OBLIGATIONS AND ROLES OF THE TRUSTS

- 8.1 Each Trust acknowledges and confirms that:
- 8.1.1 it remains responsible for performing its obligations and functions for delivery of services to the Commissioners in accordance with its Services Contract(s);
 - 8.1.2 it will be separately and solely liable to the Commissioners for the provision of services under its own Services Contract; and
 - 8.1.3 the intention of the Trusts is to work together with each other, and with the Commissioners, to achieve better use of resources and better outcomes for the population of north west London and to create a collaborative culture in, and between, their organisations.
- 8.2 Each Trust undertakes to co-operate in good faith with the others to facilitate the proper performance of this Agreement and in particular will:
- 8.2.1 use all reasonable endeavours to avoid unnecessary disputes and claims against any other Trust;
 - 8.2.2 not interfere with the rights of any other Trust and its servants, agents, representatives, contractors or sub-contractors (of any tier) on its behalf in performing its obligations under this Agreement nor in any other way hinder or prevent such other Trust or its servants, agents, representatives, or sub- contractors (of any tier) on its behalf from performing those obligations; and

8.2.3 (subject to Clause 8.3) assist the other Trusts (and their servants, agents, representatives, or sub-contractors (of any tier)) in performing those obligations so far as is reasonably practicable.

8.3 Nothing in Clause 8.2 shall:

8.3.1 interfere with the right of each of the Trusts to arrange its affairs in whatever manner it considers fit in order to perform its obligations under this Agreement in the manner in which it considers to be the most effective and efficient; or

8.3.2 oblige any Trust to incur any additional cost or expense or suffer any loss in excess of that required by its proper performance of its obligations under this Agreement.

8.4 Each of the Trusts severally undertakes that it shall:

8.4.1 subject to the provisions of this Agreement, comply with all Laws applicable to it which relate to the Objectives; and

8.4.2 inform the Board in Common as soon as reasonably practicable if at any time it becomes unable to meet any of its obligations and in such case inform, and keep the Provider Leadership Executive Management Board informed, of any course of action to remedy the situation recommended or required by NHS England, the Secretary of State for Health and Social Care or other competent authority,

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

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

9. REPORTING REQUIREMENTS

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

10. GOVERNANCE

10.1 The Trusts have established a Board in Common ("**BIC**"), consisting of the Trust Boards of the Trusts. The BIC is the group responsible for leading and overseeing the Trusts'

collaborative approach to the Objectives and working in accordance with the Collaborative Principles.

- 10.2 The Trusts have also established a Collaborative Executive Management Board, with membership on a rotational basis from the Trusts and the four Accountable Officers. The aim of the Executive Management Board is to strengthen collaborative decision-making at executive level, and to ensure focus on delivery of the Collaborative priorities, while ensuring engagement with the executive teams of the four trusts to work collaboratively to deliver both Trust and Collaborative priorities.
- 10.3 As a Collaborative, the Accountable Officers for the Trusts are expected to be the Accountable Officer for their respective Trust but also to take collective responsibility for the overall performance of the Collaborative.
- 10.4 The Trusts further agree to establish the role of a lead CEO (“Lead CEO”). The Lead CEO shall be the Chair of the Executive Management Board of the Collaborative. The Lead CEO shall lead the Executive of the Collaborative in taking responsibility for delivery of the Objectives in accordance with the Collaborative Purpose and Principles;
- 10.5 The role of the Lead CEO shall not impact on any of the statutory duties, responsibilities and functions held by the individual CEOs of each Trust as CEO and Accountable Officer of their respective Trusts. The Lead CEO will, however, hold the individual CEOs to account for their collective responsibility to the Collaborative, will adjudicate in relation to Disputes as set out in Schedule 2, and will agree the process for managing issues being escalated within the Collaborative, as set out in Schedule 3.
- 10.6 The Trusts will communicate with each other clearly, directly and in a timely manner to ensure that the members of the Executive Management Board are able to make effective and timely decisions.
- 10.7 The Trusts will ensure appropriate attendance from their respective organisations at all meetings of the Executive Management Board and that their representatives act in accordance with the Collaborative Principles.

9. INFORMATION SHARING AND CONFLICTS OF INTEREST

- 9.1 The Trusts will provide to each other all information that is reasonably required in order to achieve the Objectives.
- 9.2 The Trusts have obligations to comply with competition law. The Trusts will therefore make sure that they share information, and in particular Competition Sensitive Information, in such a way that is compliant with competition law and, accordingly, the Executive Management Board will ensure that the exchange of Competition Sensitive Information will be restricted to circumstances where:
- 9.2.1 it is essential;
- 9.2.2 it is not exchanged more widely than necessary;

- 9.2.3 it is subject to suitable non-disclosure or confidentiality agreements which include a requirement for the recipient to destroy or return it on request or on termination or expiry of the Agreement; and
- 9.2.4 it may not be used other than to achieve the Collaborative Purpose and Objectives under this Agreement in accordance with the Collaborative Principles.
- 9.3 The Trusts acknowledge that it is for each Trust to decide whether information is Competition Sensitive Information but recognise that it is normally considered to include any internal commercial information which, if it is shared between Trusts who are providers, would allow them to forecast or co-ordinate commercial strategy or behaviour in any market.
- 9.4 The Trusts agree to establish appropriate non-disclosure or confidentiality agreements between and within the Trusts so as to ensure that Competition Sensitive Information and Confidential Information are only available to those Trusts who need to see it for the purposes of the better delivery of the Objectives and for no other purpose whatsoever so that they do not breach competition law.
- 9.5 It is accepted that the involvement of the Trusts in this Agreement may give rise to situations where information will be generated and made available to the Trusts, which could give them an unfair advantage in competitions or which may be capable of distorting such competitions (for example, disclosure of pricing information or approach to risk may provide one Trust with a commercial advantage over a separate Trust). The Trusts therefore recognise the need to manage the information referred to in this Clause 9.5 in a way which maximises their opportunity to take part in competitions operated by the Commissioners by putting in place appropriate procedures, such as appropriate non-disclosure or confidentiality agreements in advance of the disclosure of information.
- 9.6 Where there are any Patient Safety Incidents or Information Governance Breaches relating to the work of the Collaborative, for example, the Trusts shall ensure that they each comply with their individual Services Contract and work collectively and share all relevant information for the purposes of any investigations and/or remedial plans to be put in place, as well as for the purposes of learning lessons in order to avoid such Patient Safety Incident or Information Governance Breach in the future.
- 9.7 The Trusts will:
- 9.7.1 disclose to each other the full particulars of any real or apparent conflict of interest which arises or may arise in connection with this Agreement, immediately upon becoming aware of the conflict of interest whether that conflict concerns the Trust or any person employed or retained by them for or in connection with the delivery of the Objectives;
- 9.7.2 not allow themselves to be placed in a position of conflict of interest or duty in regard to any of their rights or obligations under this Agreement (without the prior consent of the other Trusts) before they participate in any decision

in respect of that matter; and

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

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

10. TERMINATION, EXCLUSION AND WITHDRAWAL

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

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

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

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

Exclusion

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

Voluntary withdrawal of a Trust

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

Consequences of termination / exclusion / withdrawal

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

11. INTRODUCING NEW PROVIDERS

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

12. CHARGES AND LIABILITIES

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

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

13. VARIATIONS

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

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

13.3 A draft Notice of Variation must set out:

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

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

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

13.3.4 any impact of the Variation on any Services Contracts.

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

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

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

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

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

14. CONFIDENTIAL INFORMATION

14.1 Each Trust shall keep in strict confidence all Confidential Information it receives from another Trust except to the extent that such Confidential Information is required by Law to be disclosed or is already in the public domain or comes into the public domain otherwise than through an unauthorised disclosure by a Trust. Each Trust shall use any Confidential Information received from another Trust solely for the purpose of complying with its obligations under this Agreement in accordance with the Collaborative Principles

and for no other purpose. No Trust shall use any Confidential Information received under this Agreement for any other purpose including use for their own commercial gain in services outside of complying with its obligations under this Agreement or to inform any competitive bid for any elements of the Key Delivery Priorities without the express written permission of the disclosing Trust.

- 14.2 To the extent that any Confidential Information is covered or protected by legal privilege, then disclosing such Confidential Information to any Trust or otherwise permitting disclosure of such Confidential Information does not constitute a waiver of privilege or of any other rights which a Trust may have in respect of such Confidential Information.
- 14.3 The Parties agree to procure, as far as is reasonably practicable, that the terms of this Clause 16 (*Confidential Information*) are observed by any of their respective successors, assigns or transferees of respective businesses or interests or any part thereof as if they had been party to this Agreement.
- 14.4 Nothing in this Clause 16 (*Confidential Information*) will affect any of the Trusts' regulatory or statutory obligations, including but not limited to competition law.

15. INTELLECTUAL PROPERTY

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

16. FREEDOM OF INFORMATION

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

17. NOTICES

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

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

18. NO PARTNERSHIP

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

19. COUNTERPARTS

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

20. GOVERNING LAW AND JURISDICTION

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

Signed by

.....

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

[]

Signed by

.....

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

[]

Signed by

.....

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

[]

Signed by

.....

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

[]

.....

[]

SCHEDULE 1

Definitions and Interpretation

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

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

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

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

Operational Days	a day other than a Saturday, Sunday or bank holiday in England
Patient Safety Incident	any unintended or unexpected incident that occurs in respect of a Service User, during and as a result of the provision of the Services, that could have led, or did lead to, harm to that Service User
Programme Management Office or PMO	the programme management office for the Collaborative
Operating Model	Document that describes how the Collaborative will work summarised in in Schedule 4 (<i>Operating Model</i>)
Board in Common or BIC	the group established by the Trusts as detailed at Clause 11.1
Senior Responsible Owner or SRO	a Trust Chief Executive responsible for the planning and delivery of a work programme pursuant to a Key Delivery Priority
Services	the services provided, or to be provided, by a Trust to a Commissioner pursuant to its respective Services Contract which may include services which are the subject of one or more Key Delivery Priorities for the Collaborative
Services Contract	a contract entered into by one of the Commissioners and a Trust for the provision of Services, and references to a Services Contract include all or any one of those contracts as the context requires
Service User	a patient or service user for whom a Commissioner has statutory responsibility and who receives Services under any Services Contract

Term	the Initial Term of this Agreement plus any Extended Term(s) agreed in accordance with the terms of this Agreement
UK GDPR	has the meaning given to it in section 3(1) (as supplemented by section 205(4) of the Data Protection Act 2018
Variation	a proposed variation to this Agreement, effected in accordance with Clause 16

SCHEDULE 2

Dispute Resolution Procedure

1 Avoiding and Solving Disputes

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

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

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

DRAFT

SCHEDULE 3

Escalation of Issues within the Collaborative

1. Identifying and raising issues for escalation

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

2. Agreeing action to address Issues for Escalation

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

3. Reporting on issues raised

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

4. Further escalation of issues

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

DRAFT

SCHEDULE 4
STRATEGY FOR THE COLLABORATIVE 2024-2027

[COPY OF [apc-strategy-2024.pdf \(nwl-acute-provider-collaborative.nhs.uk\)](https://nwl-acute-provider-collaborative.nhs.uk/apc-strategy-2024.pdf) TO BE INSERTED]



DRAFT

4. INTEGRATED QUALITY AND PERFORMANCE REPORT

4.1 INTEGRATED QUALITY, WORKFORCE, PERFORMANCE AND FINANCE REPORT (PIPPA NIGHTINGALE / LESLEY WATTS)

REFERENCES

Only PDFs are attached

-  4.1 Integrated Performance Report cover sheet summary.pdf
-  4.1 BIC Performance Report - January 2025_Final.pdf

NWL Acute Provider Collaborative Board in Common

21/01/2025

Item number: 4.1

This report is: Public

Integrated Performance Report

Author:	Various
Job title:	N/A
Accountable director:	Various
Job title:	

Purpose of report

Purpose: Assurance

The performance report has been reviewed and updated to reflect comments from Board members as part of an ongoing piece of work being co-ordinated alongside the development of the APC Data Strategy. The report has been streamlined, with existing indicators revised and/or updated. The finance section has been removed as this is covered comprehensively in the stand-alone Finance report. Changes have been made to the structure of the report with a key themes for escalation section and revisions to the Performance summary sheet.

The report will be further reviewed over the next few months to include EDI indicators and to move toward a more automated report that will allow analysis at different levels and in close to real time.

Report history

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

N/A
 N/A
 N/A

N/A
 N/A

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

Integrated Performance Report

November 2024 data





(Cancer, Maternity & Op Plan Performance = October 2024)

Received by the BIC – Jan 2025

Areas to Note or Escalate by Theme

Theme	Notable successes	Significant concern
Patient Safety and Experience	The number of VTE risk assessments has risen to 97.2 against a target of 95%. This can be attributed to the success implementing the Oracle electronic medical records system at LNW and THH which has helped them raise their performance from 90% to 98% and 85% to 95% respectively.	The number of patient falls with moderate or above harm has risen for 5 months in a row with 3 out of our 4 hospitals higher than the target level. THH remains better than the target level.
Mortality	Hospital level mortality as measured using NHS England's SHMI tool show NW London remains the safest ICB for acute care in England with 3 of our 4 hospitals with better than expected scores and one within the expected range. We have seen an increase as measured using the older HSMR measure, but this also shows our 4 hospitals with better than expected scores and one within the expected range. The HSMR metric is about to be recalibrated and we expected to see changes in our ratings next quarter.	
Maternity	None to report	None to report
Patient Access	Note to report	Patient access metrics (with the exception of Cancer) are an area of concern. Pressure on UEC has led to a continued worsening on our 4 hour wait performance, which has deteriorated four months running and is now below the national and London average for the first time this year.
Operating Plan and Capacity	The APC is out-performing targets on day case and first outpatient activity.	Trusts are not meeting inpatient elective targets and there is further work to do to increase Patient Initiated Follow Up rates which would release Outpatient capacity and reduce follow up rates.
Workforce	Workforce metrics continue to improve across the board.	All trusts need to increase action to achieve WRES targets by 2025 and there is collective action to ensure recruitment and retention processes are fair and equitable.

Performance Summary

 	Statistically significant improvement or deterioration in monitored trend
 	Statistically likely or very unlikely to meet the desired level of performance

Link to Slide	Section KPI	Expected	Actual	Improvement Trend	Assurance
Patient Safety and Experience					
●	Reporting rate of patient safety incidents	≥54.9	57.08	-	✓
●	Serious Incidents (Sis/PSIIs)	n/a	0.05	-	-
●	Pressure ulcers		0.01		
●	Inpatient falls		0.14		
●	Healthcare Associated c. Difficile Infections	n/a	16.09	-	!
●	Healthcare Associated E. coli BSIs	n/a	44.23	-	!
●	Healthcare Associated MRSA BSI	0	3.02	▼	!
●	Formal complaints received	n/a	2.84		-
●	Good experience reported by inpatients	≥94%	95.2%		✓
●	Good experience reported for emergency depts.	≥74%	83.3%		✓
●	VTE Risk Assessments Completed	≥95%	97.2%		✓
Mortality					
●	SHMI (as expected or better)	<100	4/4		✓
●	HSMR (as expected or better)	<100	4/4		✓
Maternity					
●	Crude still birth rate	<3.3	5.6		-
●	Rate of suspected neonatal intrapartum brain injuries	<1.8	0.0		
●	Pre-Term births	<8%	8.9%		
●	Neonatal Crude Deaths	<0.94	2.6		
●	Maternal Deaths	0	0		
●	Good experience reported for maternity services	≥90%	87.9%		

Link to Slide	Section KPI	Expected	Actual	Improvement Trend	Assurance
Patient Access					
●	Ambulance handover waits	≥65%	44.5%	▼	!
●	Waits in urgent and emergency care > 4 hours	≥78%	73.7%	▼	!
●	Waits in urgent and emergency care > 12 hours	</=2%	5.0%	▼	!
●	Referral to treatment waits > 52 weeks	</=2%	3.0%	▼	!
●	Access to diagnostics > 6 Weeks	</=5%	16.7%		!
●	Access to Cancer Care (Faster Diagnosis) < 28 days	≥75%	78.9%		✓
●	Cancer First Treatment from Diagnosis < 31 days	≥96%	97.8%		✓
●	Referral to Cancer Treatment Pathways < 62 days	≥85%	77%		-
Operating Plan and Capacity					
●	Elective Inpatients (variance from target)	n/a	-5.0%		
●	Day Cases (variance from target)	n/a	16.7%		
●	Outpatient New Appointments (variance from target)	n/a	6.0%		
●	Theatre Utilisations (Hrs)	≥85%	85.6%		
●	Outpatient Transformation - PIFU	≥5%	3.6%	-	!
●	Critical Care – Unoccupied Beds	≤85%	89.6%		
●	Patients Not meeting Criteria to Reside	n/a	689	-	!
Workforce					
●	Vacancy Rate	≤10%	7.5%		✓
●	Voluntary Turnover Rate	≤12%	8.8%	-	✓
●	Sickness Absence Rate	≤4%	4.1%	-	✓
●	Agency spend	≤2%	1.3%	-	✓
●	Non-medical appraisals	≥95%	93.1%		-
●	Core skills compliance	≥90%	91.9%		✓

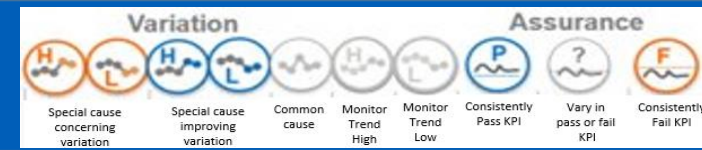
Patient Safety and Experience

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

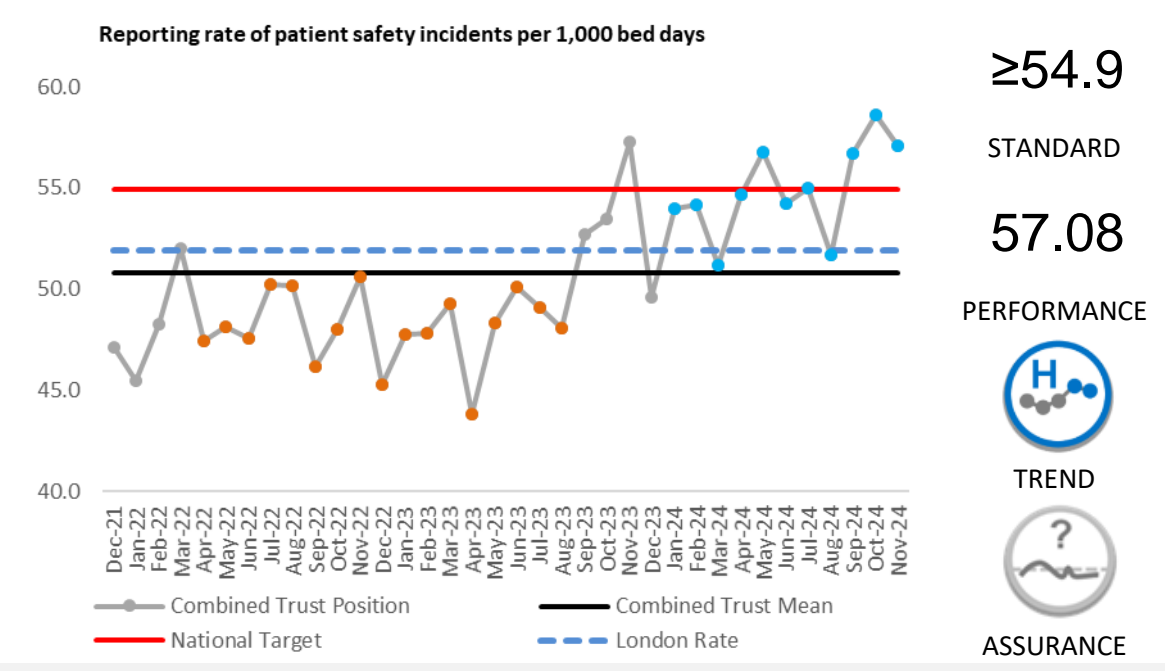
The narrative within this report has been updated to reflect November 2024 data. Changes have recently been made to this report following review and feedback from executive and non-executive directors, including:

- combination of incidents reported as resulting in severe/major harm or extreme harm/death into one percentage and inclusion as a supporting metric on the incident reporting slide
- inclusion of rates per 100,000 bed days for the IPC metrics, alongside national benchmarking data
- inclusion of data related to timeliness of our responses to complaints on the formal complaints slide
- removal of maternity patient experience 'FFT' results to sit alongside other maternity metrics on the maternity dashboard
- additional metrics related to inpatient falls and hospital acquired pressure ulcers
- a focus on themes and learning, rather than individual incidents.

(Patient) Patient Safety Incidents



TREND



CURRENT PERFORMANCE

	Total bed days (in month)	Patient safety incident reporting rate (in month)	Difference from Standard	Patient safety incidents reported (in month)	Number of severe and extreme harm incidents reported (in month)	% severe and extreme harm incidents (in month)	12 month rolling patient safety incident reporting rate	12 month rolling % of severe and extreme harm incidents
CWFT	27,260	48.61	-6.29	1,325	5	0.02%	47.53	0.16%
ICHT	30,718	61.59		1,892	5	0.02%	64.06	0.17%
LNW	29,071	56.90		1,654	4	0.01%	52.34	0.24%
THH	12,420	64.98		807	3	0.02%	50.71	0.38%
APC	99,469	57.08		5,678	17	0.02%	54.48	0.19%

NARRATIVE

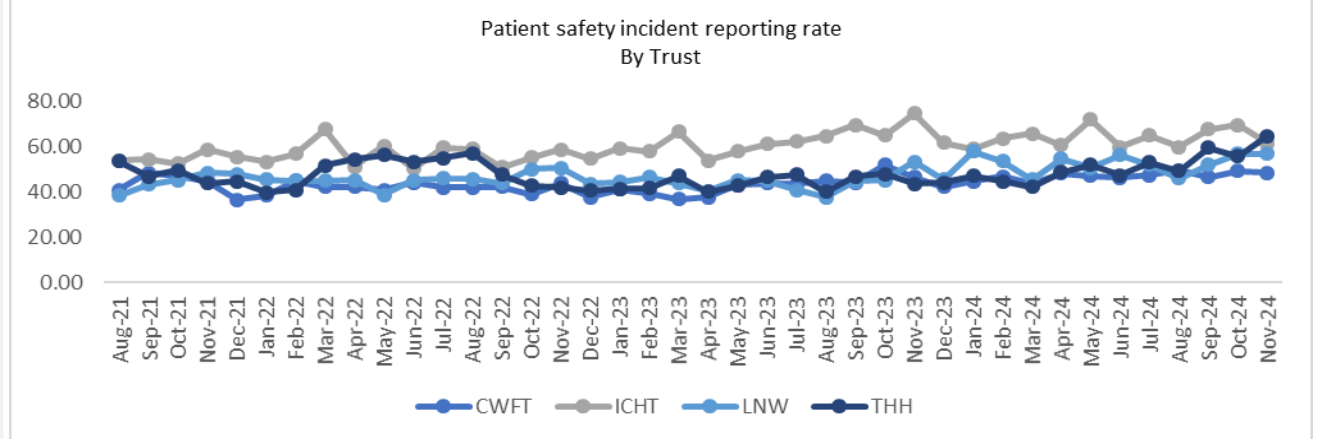
Performance: Incident reporting is an indicator of the safety culture, higher rates pointing to a willingness to speak up. The rate is variable, but showing improvement, was above the standard (national average) in month and just below on the 12 month rolling data. There is a recent upward trend within all four Trusts, without a significant increase in harm. ICHT, THH and LNW all met the standard in month. Increases have been reviewed and are partly linked to operational pressures (increased ED activity at LNW and availability of beds impacting pt flow in THH). The percentage of incidents causing severe or extreme harm is below national average (0.40%) at APC level (in-month and rolling 12 month). Trusts continue to identify areas for improvement in response to themes and have examples of positive changes made. See following slide for examples.

Recovery Plan: All trusts are committed to increasing incident reporting by supporting staff to feel confident and comfortable to do so through various methods, including delivery of national and local training programmes in response to PSIRF, improved identification and sharing of learning, championing incident reporting via local team meetings, safety huddles and quality and safety committees. CWFT are planning to launch a staff safety culture survey in early 2025 to capture staff attitudes towards safety reporting and perceptions of safety culture and inform further improvements, this has been completed at other trusts in the past.

Improvements: Implementation of the new incident management system, once the procurement process has been completed, will support standardisation of processes and ensure the system is as user-friendly as possible. Staff regularly feedback that current systems are barriers to reporting.

Forecast Risks: Not applicable.

STRATIFICATION



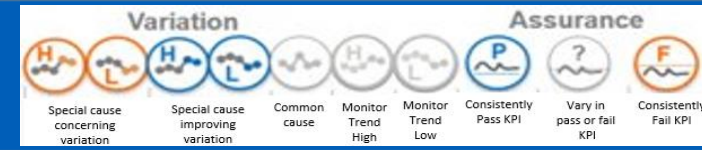
GOVERNANCE

Senior Responsible Owner: Pippa Nightingale, CEO, LNW

Committee: Acute provider collaborative executive management board

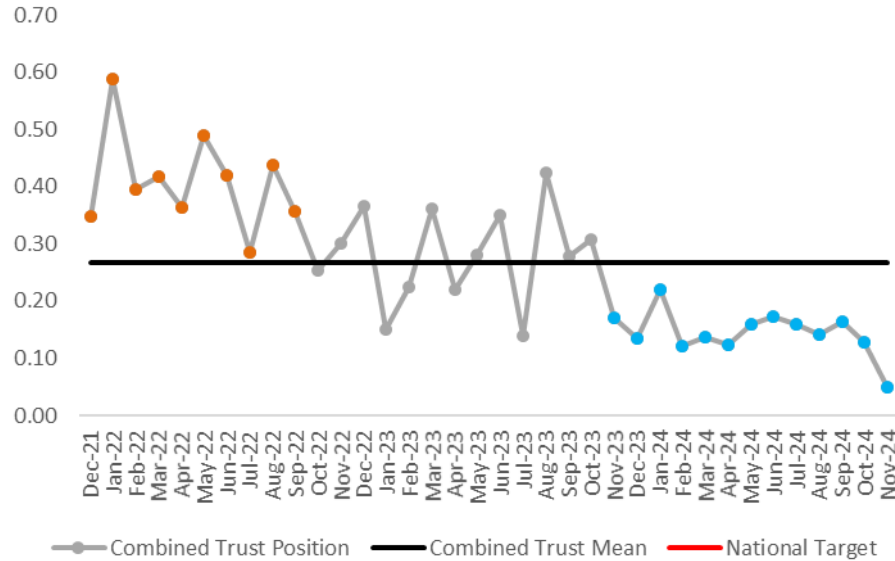
Data Assurance: Data is supplied by each trust individually and quality assured through their internal processes.

(Patient) Incidents reported on STEIS (SIs/PSIIs)



TREND

Rate of SIs & PSIIs declared per 1,000 bed days



n/a

STANDARD

0.05

PERFORMANCE



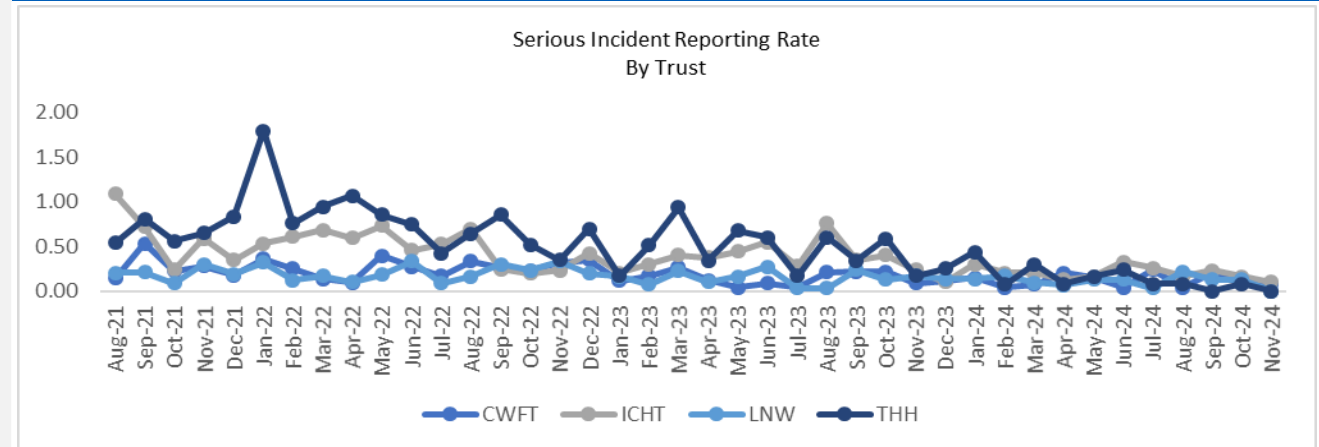
TREND

ASSURANCE

CURRENT PERFORMANCE

	Total bed days (in month)	In Month SIs & PSIIs	Reporting Rate	12 Month Rolling SIs & PSIIs	12 Month Rolling Reporting Rate
CWFT	27,260	2	0.07	37	0.12
ICHT	30,718	3	0.10	71	0.19
LNW	29,071	0	0.00	39	0.11
THH	12,420	0	0.00	23	0.15
APC	99,469	5	0.05	170	0.14

STRATIFICATION



NARRATIVE

Performance: The data includes serious incidents (SIs) declared under the old framework, and Patient Safety Incident Investigations (PSIIs) declared under the new PSIRF. The trend shows a reduction in the number declared as expected with PSIRF encouraging proportionate responses focused on opportunities for learning. There was 1 never event reported at THH, a wrong site surgery, immediate actions have been implemented and a PSII underway.

Recovery Plan: N/A

Improvements: Themes are regularly reviewed and used to identify local quality and safety priorities and inform our Patient Safety Incident Response Plans (PSIRPs). Recent themes include:

- CWFT: increase in communication-related incidents impacting on cancer diagnoses, linked to on-going digital safety improvement work.
- ICHT: themes align with safety improvement programme, with a small increase driven by operational pressures including delays for patients in the ED's. Winter plan is in place to mitigate risks, and an enhanced clinical harm dashboard now reporting to executive weekly
- LNW: No new themes to highlight.
- THH: post-partum haemorrhage – IIRs undertaken for each case and monthly review process now in place via the maternity and neonatal assurance group to identify themes and trends, and falls in ED – thematic review in progress.

APC work streams continue for priority areas including care of the deteriorating patient and implementation of the new national safety standards for invasive procedures.

Forecast Risks: We are working with two incident management systems while we complete SIs declared prior to PSIRF transition, delays in completion and resource requirements are being managed with risks locally held.

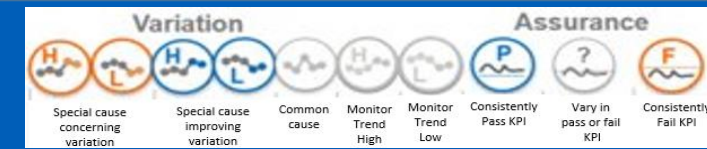
GOVERNANCE

Senior Responsible Owner: Pippa Nightingale, CEO, LNW

Committee: Acute provider collaborative executive management board

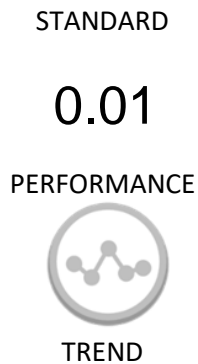
Data Assurance: Data is supplied by each trust individually and quality assured through their internal processes.

Pressure Ulcers



TREND

HA cat 3+ pressure ulcers per 1000 bed days



ASSURANCE

NARRATIVE

Performance: This new metric shows the rate of hospital acquired (HA) pressure ulcers graded as category 3 and 4. The figures are based on data reported in the Trusts' incident reporting systems, and the data is not risk adjusted.

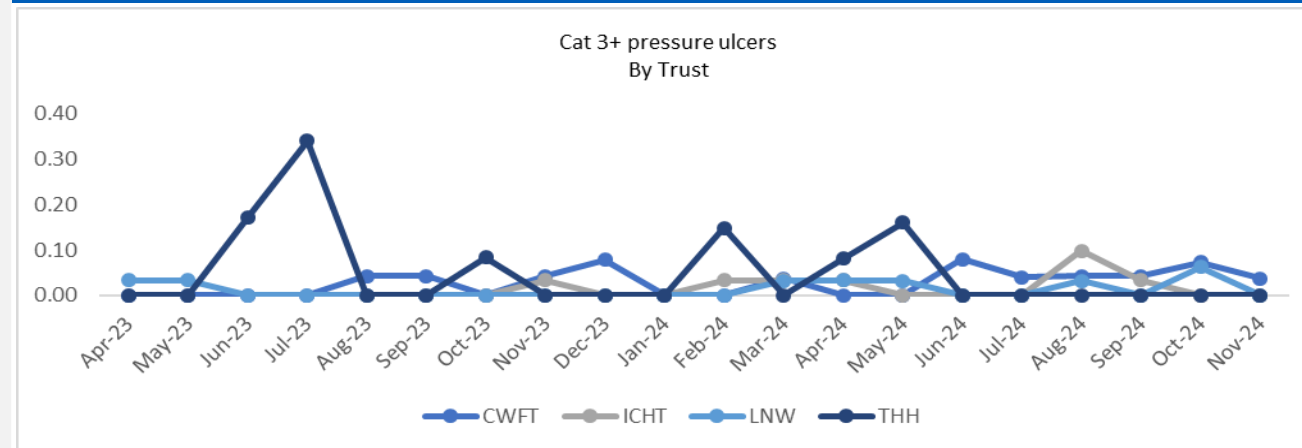
Improvements: Following a review of current policies and processes for pressure ulcer management and prevention across the APC in 2023/24, all Trusts are in the process of harmonising documentation, the electronic patient record, policy and training. The initial action is implementation of an evidence-based pressure ulcer risk assessment tool which will reduce variation across the APC and support portability of skills and knowledge.

Forecast Risks: Risks related to roll-out of the tool are being managed locally, with a comprehensive training programme in place. There is on-going outreach underway with community services and borough partners.

CURRENT PERFORMANCE

	Total bed days	HA cat 3+ pressure ulcers per 1000 bed days (in month)	Number of HA cat 3+ pressure ulcers (in month)	12 month rolling number of HA cat 3+ pressure ulcers	12 month rolling rate of HA cat 3+ pressure ulcers per 1000 bed days
CWFT	27,260	0.04	1	11	0.04
ICTH	30,718	0.00	0	7	0.02
LNW	29,071	0.00	0	6	0.02
THH	12,420	0.00	0	5	0.03
APC	99,469	0.01	1	29	0.02

STRATIFICATION



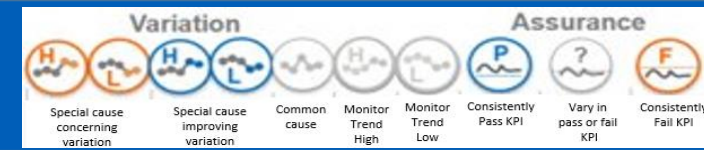
GOVERNANCE

Senior Responsible Owner: Pippa Nightingale, CEO, LNW

Committee: Acute provider collaborative executive management board

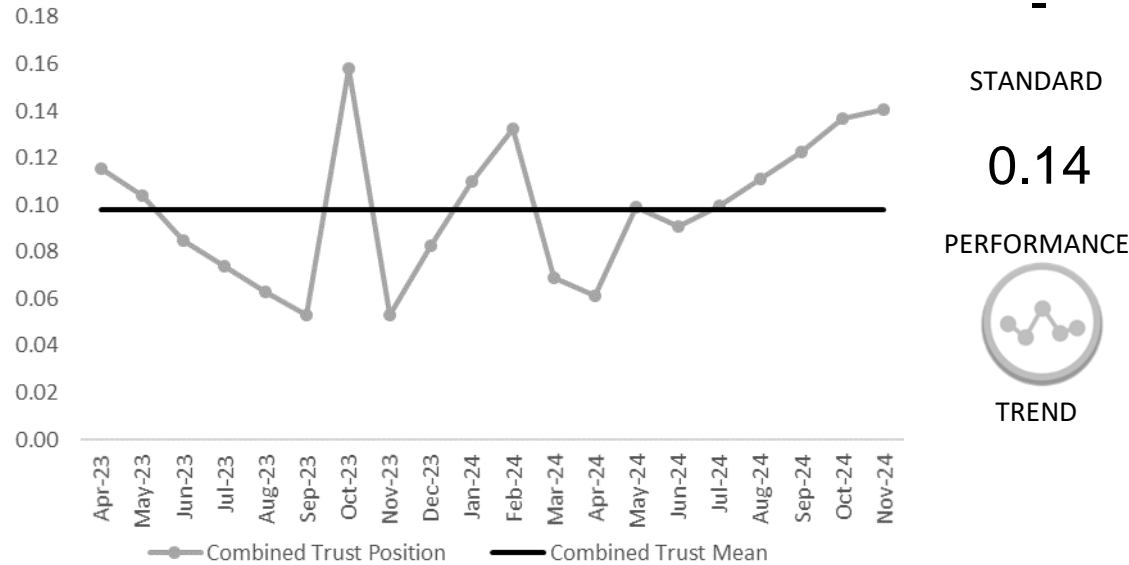
Data Assurance: Data is supplied by each trust individually and quality assured through their internal processes.

Patient falls



TREND

Inpatient fall with moderate or above harm per 1000 bed days



STANDARD

0.14

PERFORMANCE

TREND

ASSURANCE

NARRATIVE

Performance: This new metric shows the rate of falls reported as causing moderate or above harm to patients in Datix per 1000 bed days, which is consistently below 0.2 with small numbers overall. Data is not risk adjusted. National benchmarking data is not currently available.

Recovery Plan: There was a small increase in November, with 14 cases reported. The cases are currently being reviewed via each organisation’s PSIRP to identify learning which will feed into local safety improvement programmes.

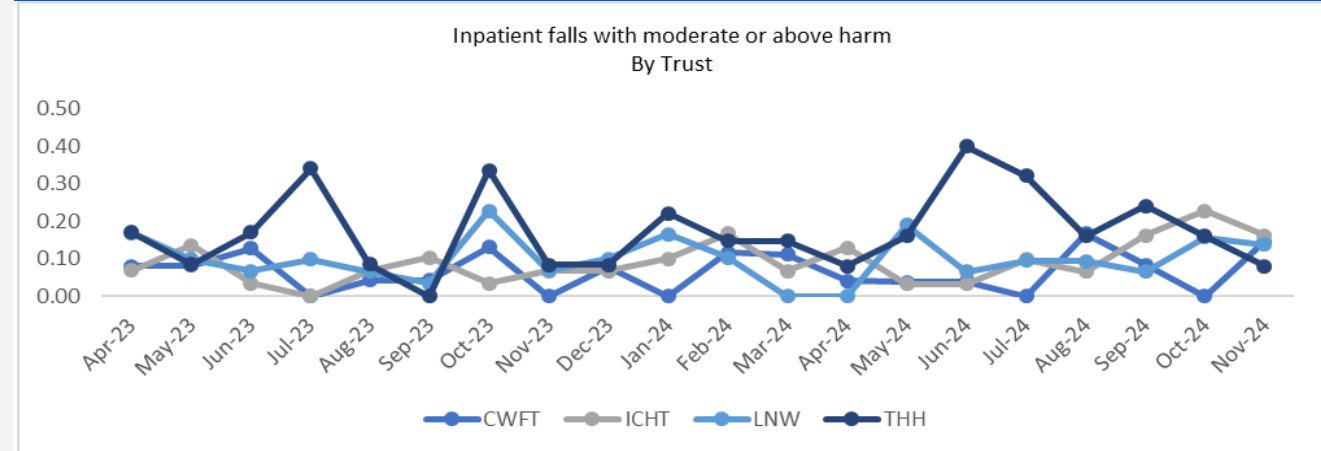
Improvements: All Trusts have safety improvement programmes in place to support prevention of falls with harm, including specific projects with high falls frequency areas, thematic reviews and improvements to risk assessments. The APC deputy directors of nursing group have commenced work to standardise documentation, the electronic patient record, policy and training where appropriate.

Forecast Risks: Not applicable.

CURRENT PERFORMANCE

	Total bed days (in month)	Inpatient falls with moderate or above harm per 1000 bed days (in month)	Number of inpatient falls with moderate or above harm (in month)	12 month rolling number of inpatient falls with moderate or above harm	12 month rolling rate of inpatient falls with moderate or above harm per 1000 bed days
CWFT	27,260	0.15	4	21	0.07
ICHT	30,718	0.16	5	40	0.11
LNW	29,071	0.14	4	36	0.10
THH	12,420	0.08	1	28	0.18
APC	99,469	0.14	14	125	0.10

STRATIFICATION



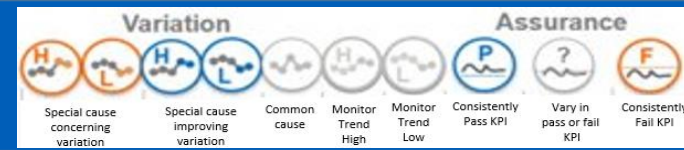
GOVERNANCE

Senior Responsible Owner: Pippa Nightingale, CEO, LNW

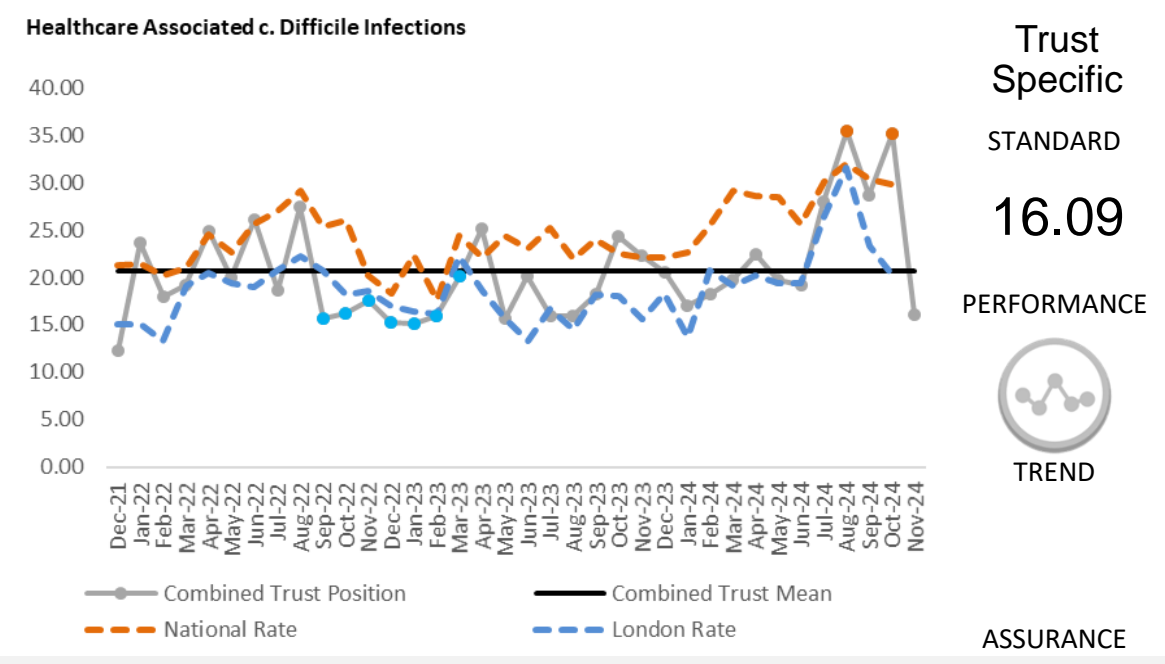
Committee: Acute provider collaborative executive management board

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

(Patient) Healthcare Associated C.Difficile Infections



TREND



NARRATIVE

Performance: In month there was a reduction in cases reported across the APC (n=16) following an increase in all trusts. The drivers for this are not clear but there has been a general increase in cases reported across London, in hospitals and the community. There were more than twice as many cases reported in London in August 2024 compared to the same time last year. Benchmarking NWL ICS against other ICS across London, NWL in July reported the highest number of cases, however not the highest rate at 16.4 per 100,000 population below the London average of 16.7.

Recovery Plan: Every case is reviewed to determine if there have been any lapses in care or opportunities for improvement, this includes peer and ICB review. THH saw a particular increase in October, due to a period of increased incidence on one ward. Additional IPC support and training has been deployed, and enhanced cleaning. ICHT have reviewed their recent increase, there are no outbreaks or evidence of cross-transmission. Their policy has been reviewed to improve clarity on the actions to take when a case is suspected or identified, and the process for data collection and documentation in Cerner is being redesigned.

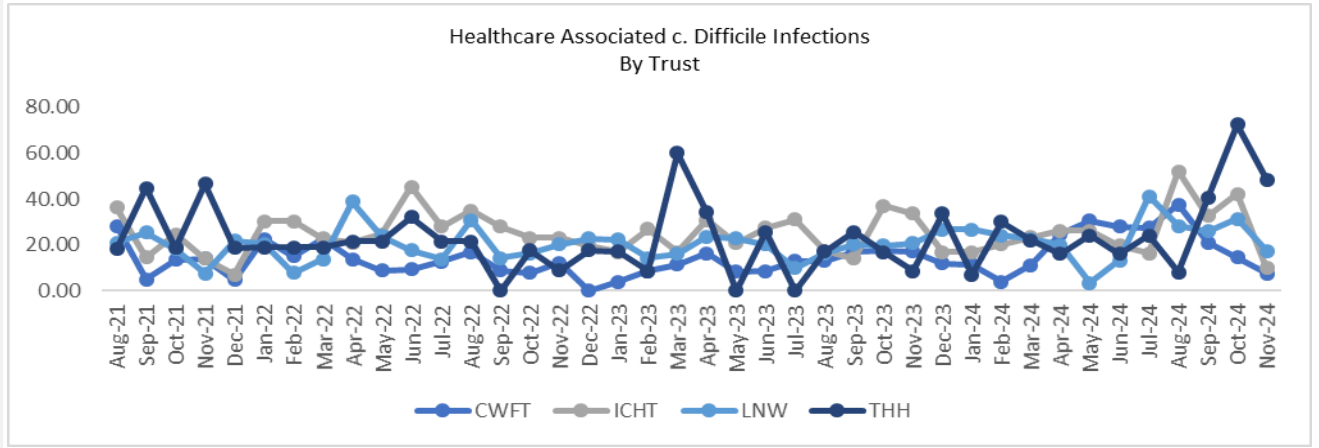
Improvements: There is ongoing work across all four trusts, as a collaborative and with system /ICB partners. Work is focussing on timeliness and appropriateness of sampling, isolating patients and strengthening guidance and policies. In addition there is further work to be done around stool charts and early recognition of cases.

Forecast Risks: The national annual epidemiological commentary (published 26/09/24) notes cases have increased by 33% since 2020/21. Given the rising infection rates nationally, all Trusts are likely to exceed their NHSE set IPC thresholds for 2024/25.

CURRENT PERFORMANCE

	Total bed days (in month)	Count of c.Diff cases (in month)	Rate of c. Difficile Infections per 100,000 bed days (in month)	12 Month rolling rate of c. Difficile Infections per 100,000 bed days	Count of c.Diff cases in year (FY 24/25)	Trust Threshold (FY 24/25)	Difference from Threshold
CWFT	27,260	2	7.34	18.80	48	33	-15.0
ICHT	30,718	3	9.77	25.19	69	81	
LNW	29,071	5	17.20	23.37	56	75	
THH	12,420	6	48.31	28.31	31	26	-5.0
APC	99,469	16	16.09	23.37	204	215	

STRATIFICATION

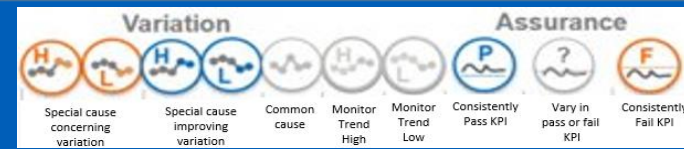


GOVERNANCE

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

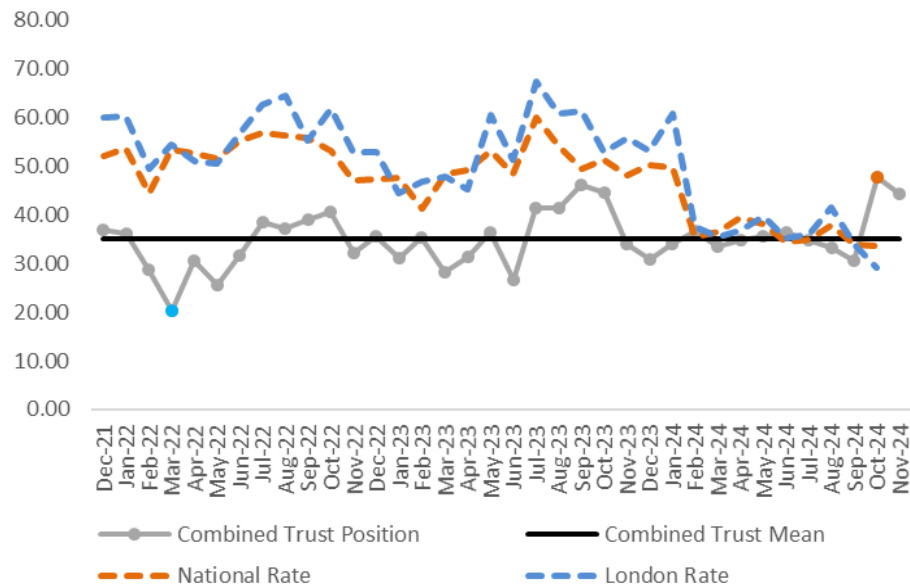
Overall page 104 of 306

(Patient) Healthcare Associated E. coli Infections



TREND

Rate of Healthcare Associated E. Coli Infections



Trust Specific

STANDARD

44.23

PERFORMANCE



TREND

ASSURANCE

NARRATIVE

Performance: At APC level, the chart show a small decrease in November, with 44 cases reported. NHSE set thresholds are in place for 2024/25 with THH having exceeded theirs and LNW seeing a 50% increase in month. The increases have been linked to urinary tract infections with working groups in place in both trusts in response.

Recovery Plan: The ICB is focused on reduction of E.coli BSIs in line with the NHS Long Term Plan. A regular ICS-led Gram-negative blood stream infection meeting is in place to drive improvement as a significant proportion are attributed to community acquisition, it is important that there is a greater understanding of the risk factors for those attributed to acute organisations. Reduction therefore requires a whole health economy approach. Each organisation reviews their Gram-negative blood stream infections with some organisations having a working group in place and present their improvement plan at the ICS group, analysing trends and local risk factors that they are working on with clinical colleagues. There is also a project underway in conjunction with NWLP to review urinary tract infections.

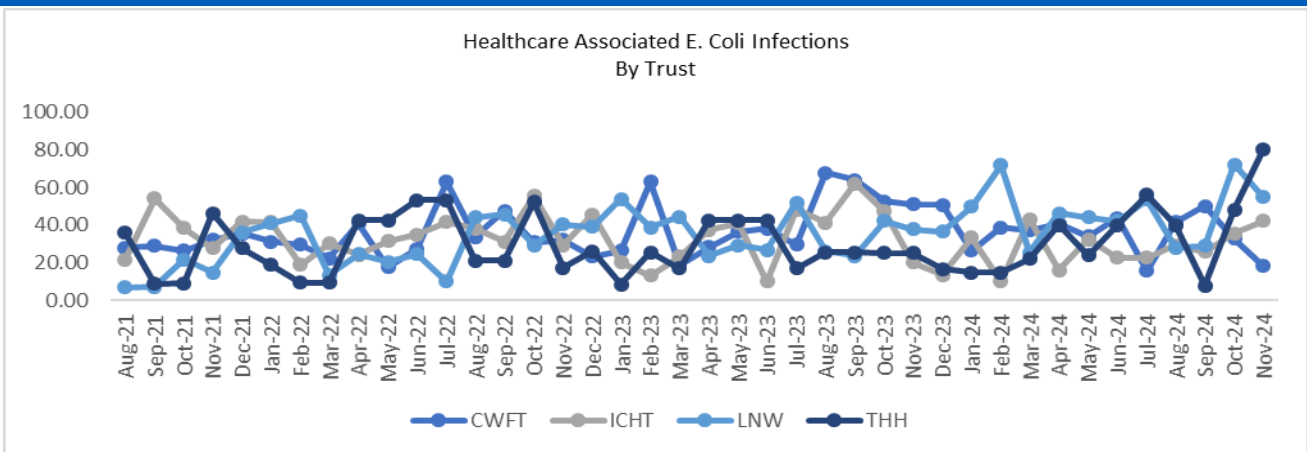
Improvements: Impact of actions taken through local and ICS reduction plan are monitored in each Trust and reported through the GNB BSI ICS group and APC group.

Forecast Risks: Between 2022/23 and 2023/24, national rates of E. Coli saw the largest annual increase since surveillance began. Given the rising infection rates nationally, all Trusts are likely to exceed their NHSE set IPC thresholds for 2024/25.

CURRENT PERFORMANCE

	Total bed days (in month)	Count of E.Coli BSIs in month	Rate of E. Coli Infections per 100,000 bed days (in month)	12 Month rolling rate of E. Coli Infections per 100,000 bed days	Count of E.Coli BSIs in year (FY 24/25)	Trust Threshold (FY 24/25)	Difference from Threshold
CWFT	27,260	5	18.34	35.66	70	120	
ICHT	30,718	13	42.32	27.38	70	116	
LNW	29,071	16	55.04	46.20	115	132	
THH	12,420	10	80.52	33.58	42	39	-3.0
APC	99,469	44	44.23	36.11	297	407	

STRATIFICATION



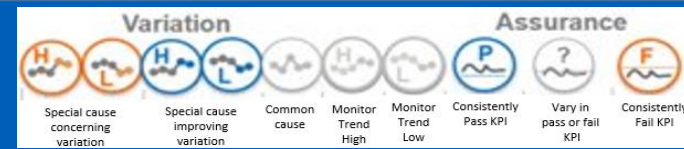
GOVERNANCE

Senior Responsible Owner: Pippa Nightingale, CEO, LNW

Committee: Acute provider collaborative executive management board

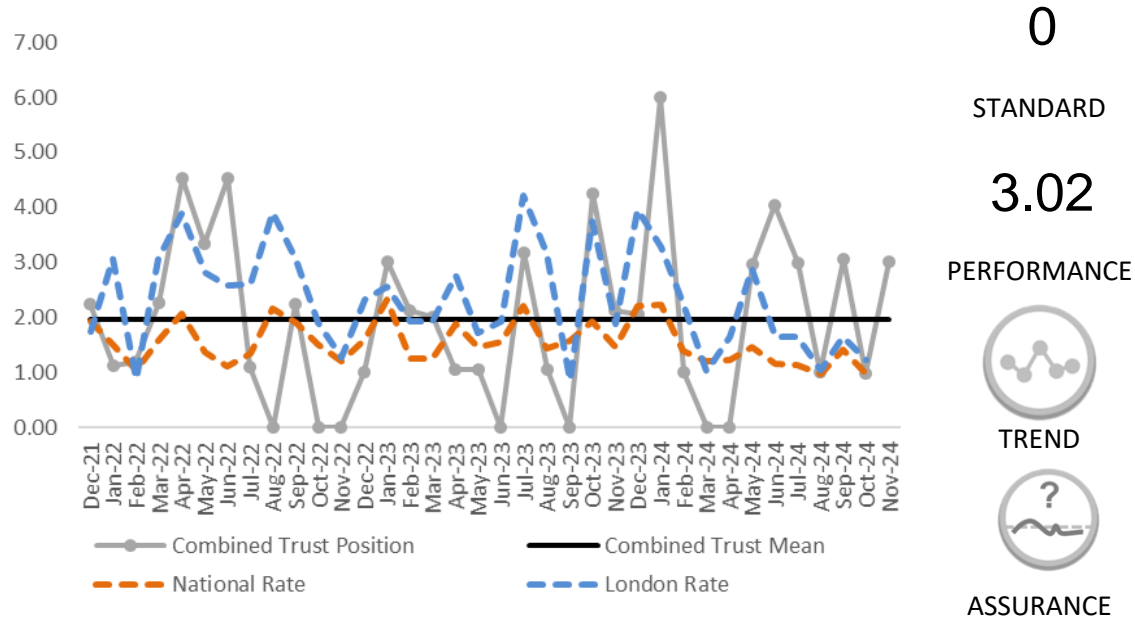
Data Assurance: Data is supplied by each trust individually and quality assured through their internal processes.

(Patient) Healthcare Associated MRSA Infections



TREND

Rate of Healthcare Associated MRSA Infections



NARRATIVE

Performance: There were 3 MRSA BSIs reported in November across the APC, bringing the total number this financial year to 18 against a threshold of 0. The largest number of cases (n=8) have been reported at ICHT. The national annual epidemiological commentary (published 26/09/24) shows that nationally rates have increased incrementally by 14.3% since 2019/20 after a sustained period of stability, with rates in 2023/24 reaching levels last seen in 2013/14.

Recovery Plan: Robust processes for managing and investigating cases, and on-going improvement work are in place, with a focus on improving routine IPC practice. All cases are reviewed to identify any lapses in care or learning opportunities. All organisations are focussing on improving line care and hand hygiene compliance, with a new bacteraemia reduction group set up at ICHT focusing on effective MRSA eradication post surveillance, practice auditing, feedback and improvement plans focused on care of invasive lines. The APC group is also reviewing MRSA screening to understand where there are opportunities for standardisation.

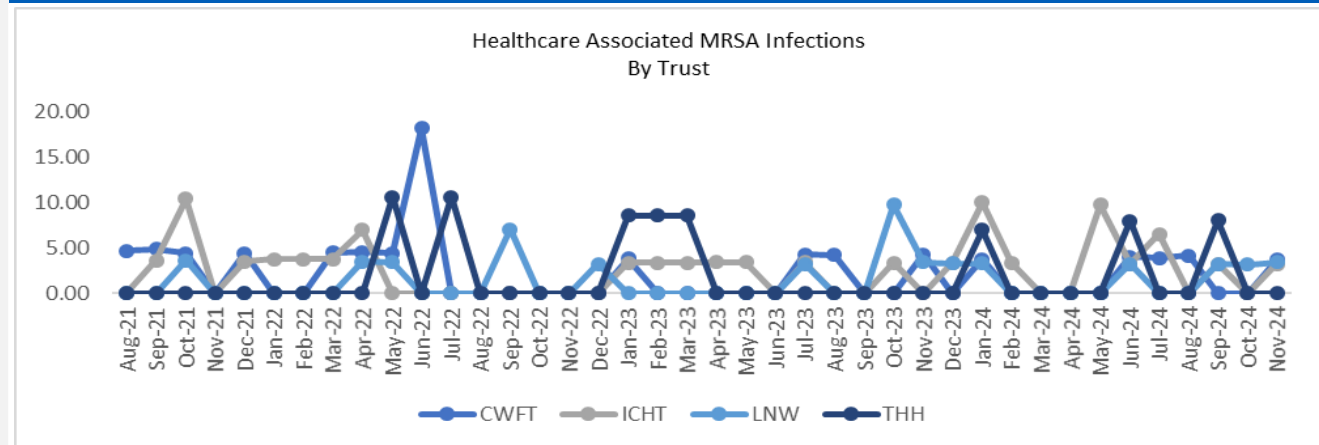
Improvements: A review of these cases will feed into the APC priority workstream to support identification of collective action or learning. Each trust has improvement work in place in response to these infections, the outcomes of which will report into the APC workstream and any shared learning planned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

Forecast Risks: Not applicable.

CURRENT PERFORMANCE

	Total bed days (in month)	Count of MRSA BSIs in month	Rate of MRSA Infections per 100,000 bed days (in month)	12 Month rolling rate of MRSA Infections per 100,000 bed days	Count of MRSA BSIs in year (FY 24/25)	Trust Threshold (FY 24/25)	Difference from Threshold
CWFT	27,260	1	3.67	1.62	4	0	-4.0
ICHT	30,718	1	3.26	3.56	8	0	-8.0
LNW	29,071	1	3.44	1.63	4	0	-4.0
THH	12,420	0	0.00	1.98	2	0	-2.0
APC	99,469	3	3.02	2.26	18	0	-18.0

STRATIFICATION



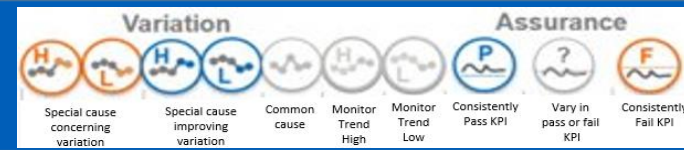
GOVERNANCE

Senior Responsible Owner: Pippa Nightingale, CEO, LNW

Committee: Acute provider collaborative executive management board

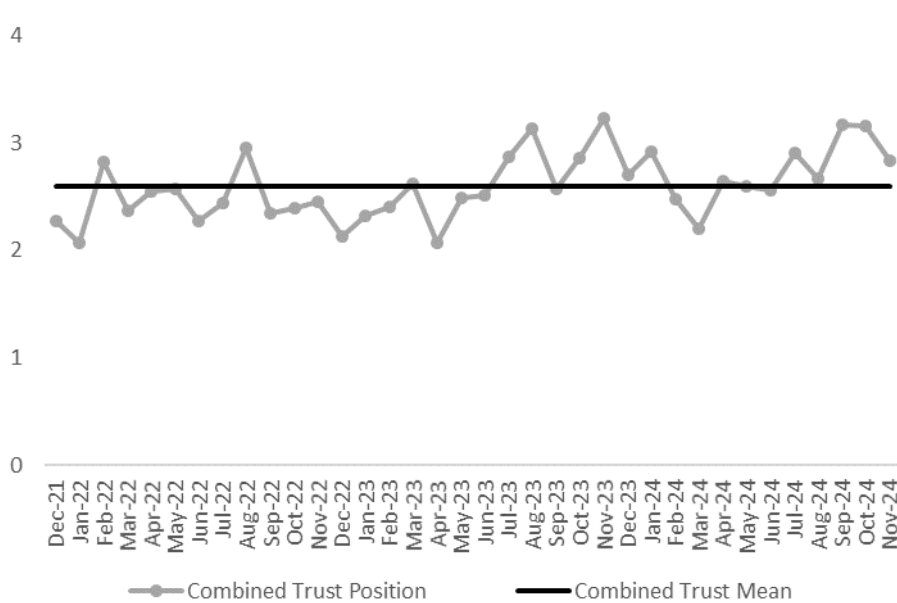
Data Assurance: Data is supplied by each trust individually and quality assured through their internal processes.

(Patient) Formal Complaints



TREND

Rate of formal complaints received per 1,000 Bed Days



n/a

STANDARD

2.84

PERFORMANCE



TREND

ASSURANCE

NARRATIVE

Performance: The trend graph shows a reduction in month, in line with standard variation. Rates have been calculated per 1,000 bed days following agreement at APC quality committee and to bring this metric in line with other metrics reported in this dashboard. Rates vary at trust level, with THH having the highest rate in month and across the last 12 months. Each trust monitors complaint performance and activity. Data on completion of responses has been added to this dashboard to allow closer monitoring of performance. This demonstrates that ICHT takes the longest average time to complete responses and has the highest number of complaints open for more than 90 working days (N.B. CWFT, LNW and THH report to first response while ICHT reports to final response, taking into account any re-opened complaints).

Recovery Plan: Not applicable

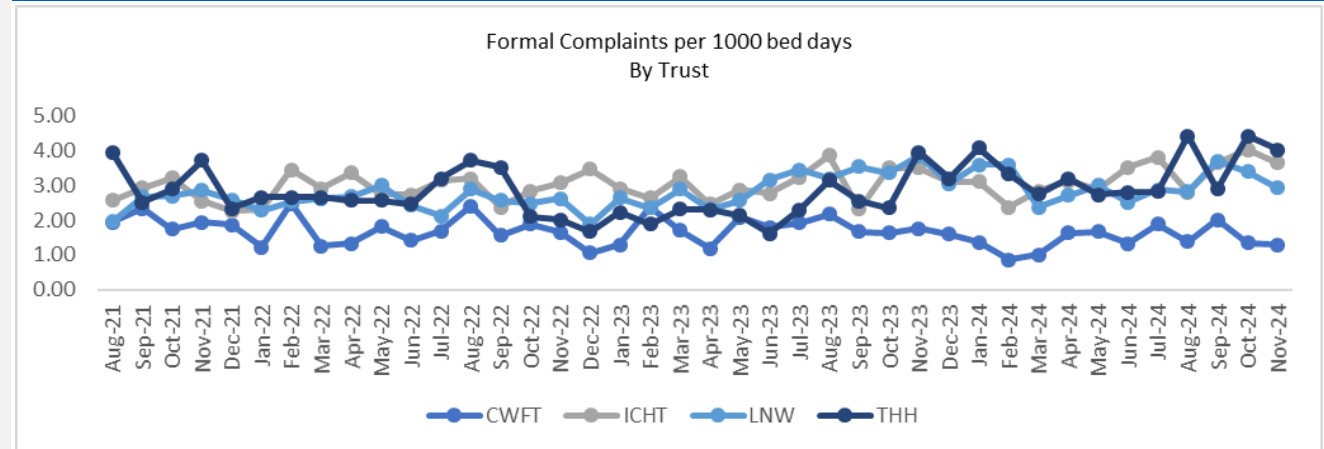
Improvements: Quarterly reporting on APC level complaints data and themes to APCQC is in place. This continues to demonstrate differences between how individual trusts are reporting performance, outcomes and themes from complaints making comparison difficult. This is under review and will be standardised where possible to allow for identification of APC level learning and actions.

Forecast Risks: Not applicable.

CURRENT PERFORMANCE

	Total bed days (in month)	Rate per 1,000 bed days	Count of Patient Complaints	12 Month Rolling Rate per 1,000 bed days	Average days to complete responses	Number of open complaints >90 days
CWFT	27,260	1.28	35	1.44	18	1
ICHT	30,718	3.65	112	3.24	46	15
LNW	29,071	2.92	85	3.05	40	4
THH	12,420	4.03	50	3.39	30	N/A
APC	99,469	2.84	282	2.74	34	20

STRATIFICATION



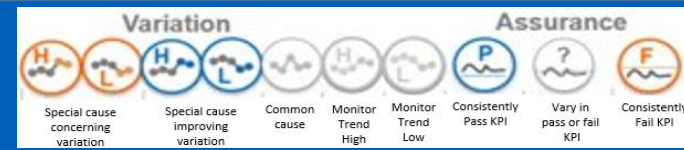
GOVERNANCE

Senior Responsible Owner: Pippa Nightingale, CEO, LNW

Committee: Acute provider collaborative executive management board

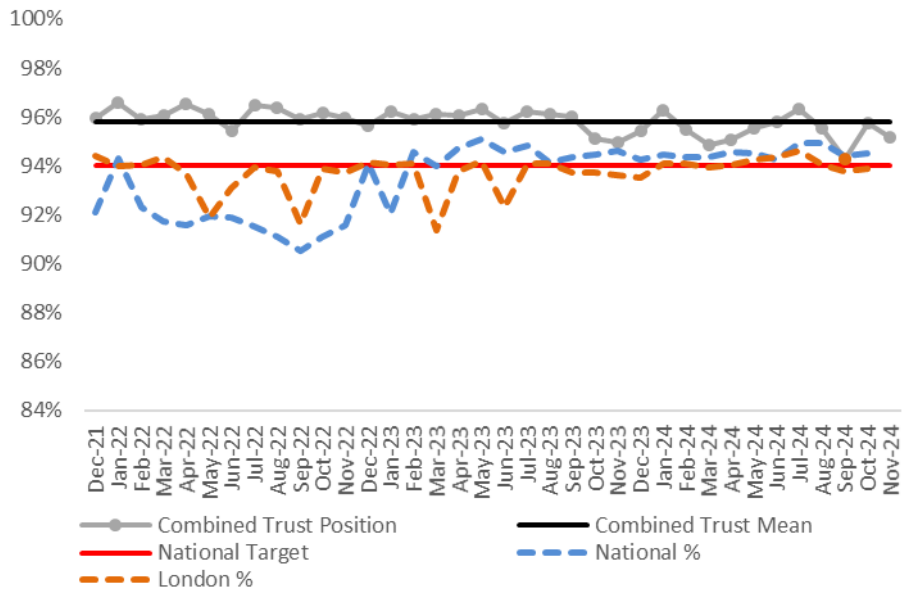
Data Assurance: Data is supplied by each trust individually and quality assured through their internal processes.

(Patient) Inpatient Friends & Family Test



TREND

% good experience - Inpatients



94%

STANDARD

95.2%

PERFORMANCE



TREND



ASSURANCE

NARRATIVE

Performance: At APC level, the percentage of inpatients reporting a good experience has consistently been above target and above national and London average. All trusts were above the standard in month.

Recovery Plan: Not applicable

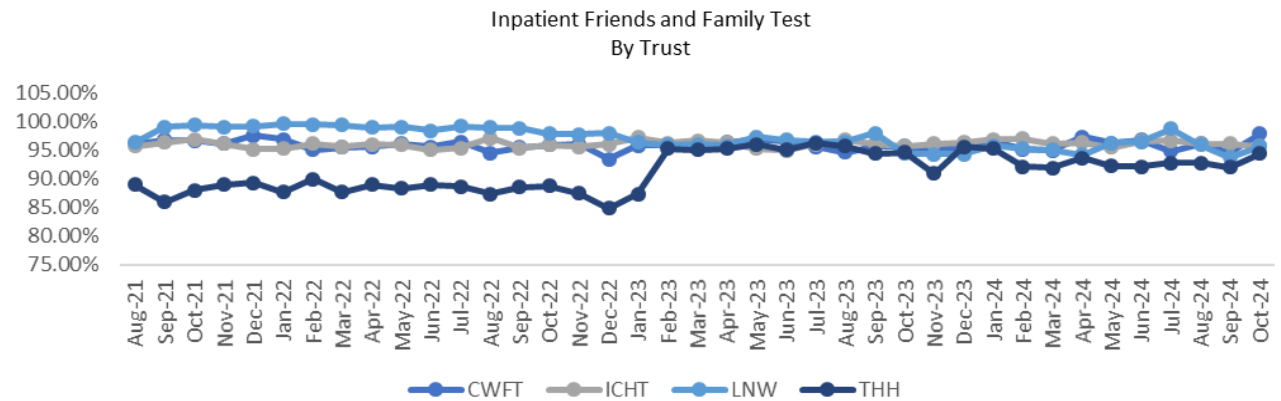
Improvements: A joint procurement plan for a patient survey platform is now in place, which will support better identification of areas for collaborative improvement once implemented.

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

CURRENT PERFORMANCE

	Responses Received	Good Experience	Difference from Target	Recommended Care	12 Month Rolling Good Experience
CWFT	806	96.3%		776	96.1%
ICHT	2,652	95.9%		2,542	96.3%
LNW	3,384	94.8%		3,207	95.5%
THH	1,146	94.1%		1,078	93.3%
APC	7,988	95.2%		7,603	95.5%

STRATIFICATION



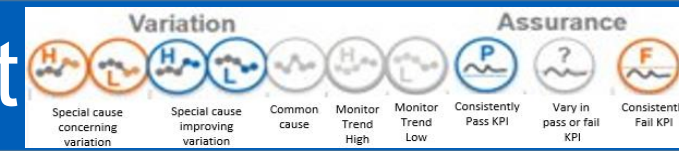
GOVERNANCE

Senior Responsible Owner: Pippa Nightingale, CEO, LNW

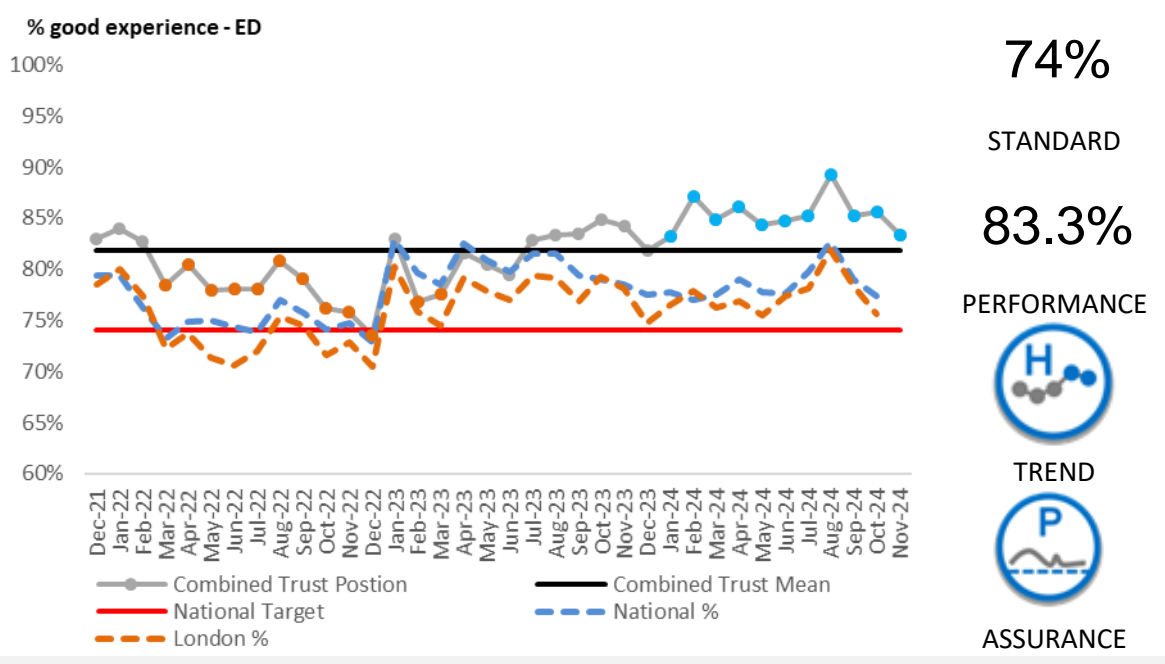
Committee: Acute provider collaborative executive management board

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

(Patient) Emergency Dept Friends & Family Test



TREND



NARRATIVE

Performance: At APC level, the percentage of patients accessing our emergency departments who report a good experience has been consistently above standard since January 2023, with a period of special cause improving variation since January 2024. All trusts met the standard in November, except for THH which was below.

Recovery Plan: Not applicable.

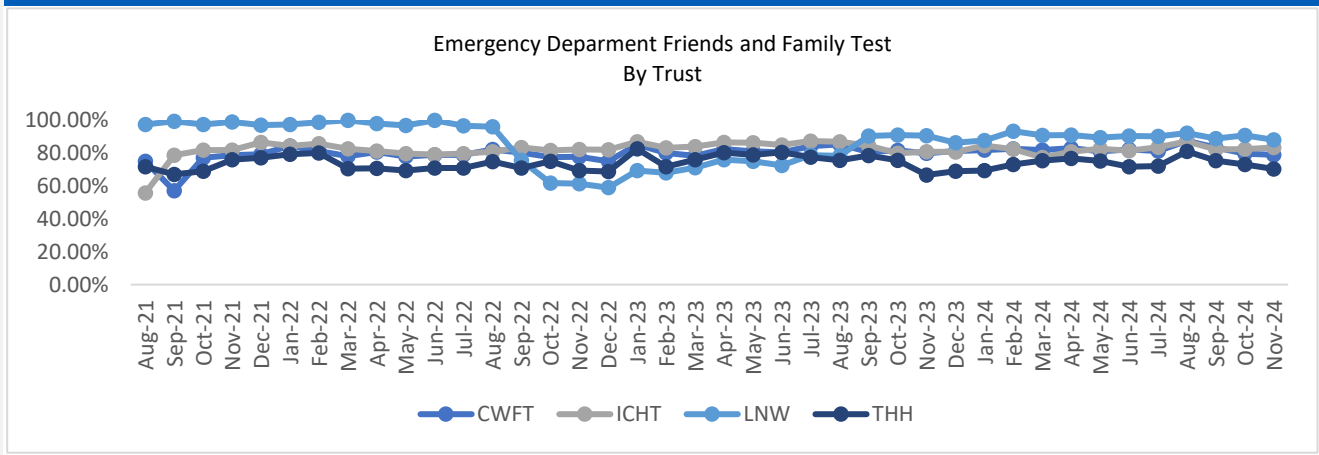
Improvements: N/A

Forecast Risks: Increasing winter pressures resulting in longer waits in ED may have a detrimental impact on patient experience. All Trusts will have robust winter plans in place.

CURRENT PERFORMANCE

	Responses Received	Good Experience	Difference from Target	Recommended Care	12 Month Rolling Good Experience
CWFT	1,838	79.0%		1,452	82.0%
ICHT	1,268	83.4%		1,057	82.5%
LNW	3,765	88.1%		3,317	90.2%
THH	786	70.5%	-3.5%	554	73.6%
APC	7,657	83.3%		6,380	85.1%

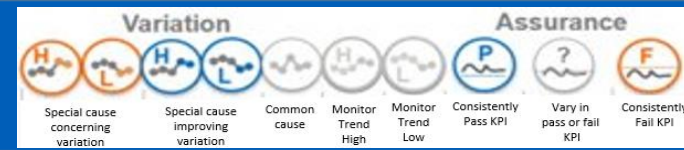
STRATIFICATION



GOVERNANCE

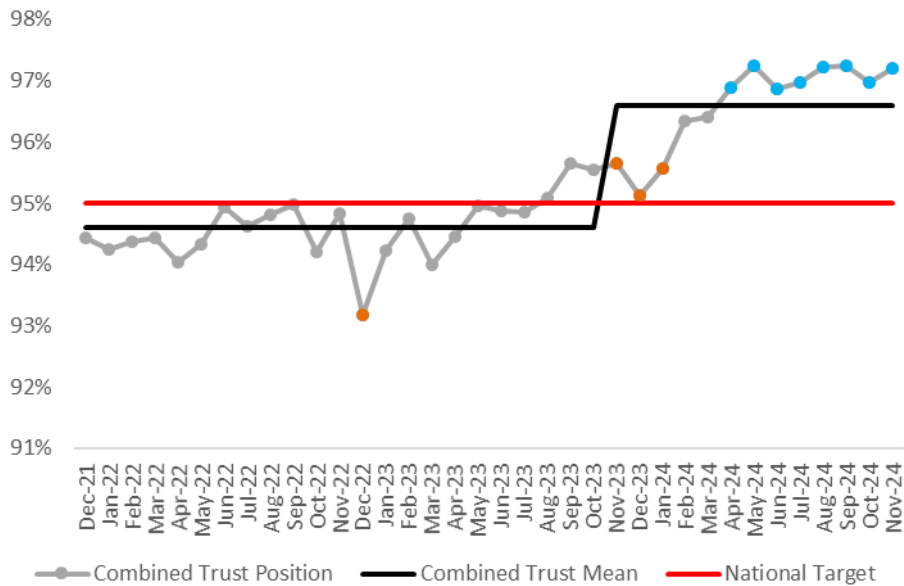
Senior Responsible Owner: Pippa Nightingale, CEO, LNW
Committee: Acute provider collaborative executive management board
Data Assurance: Data is supplied by each trust individually and quality assured through their internal processes.

(Patient) VTE Risk Assessments Completed



TREND

% VTE risks completed



95%

STANDARD

97.2%

PERFORMANCE



TREND



ASSURANCE

NARRATIVE

Performance: Benchmarking data is not currently available for this metric; however national data collection has now re-started following a pause from 2020 in response to the pandemic so this will be included once published by NHSE.

LNW and THH are now reporting directly from Cerner which had resulted in an improvement at APC level. We are above the standard in month for all trusts and across the last 12 months in all Trusts except THH, although they are now consistently exceeding the 95% standard which will take time to correct the 12-month rolling percentage.

Recovery Plan: Not applicable

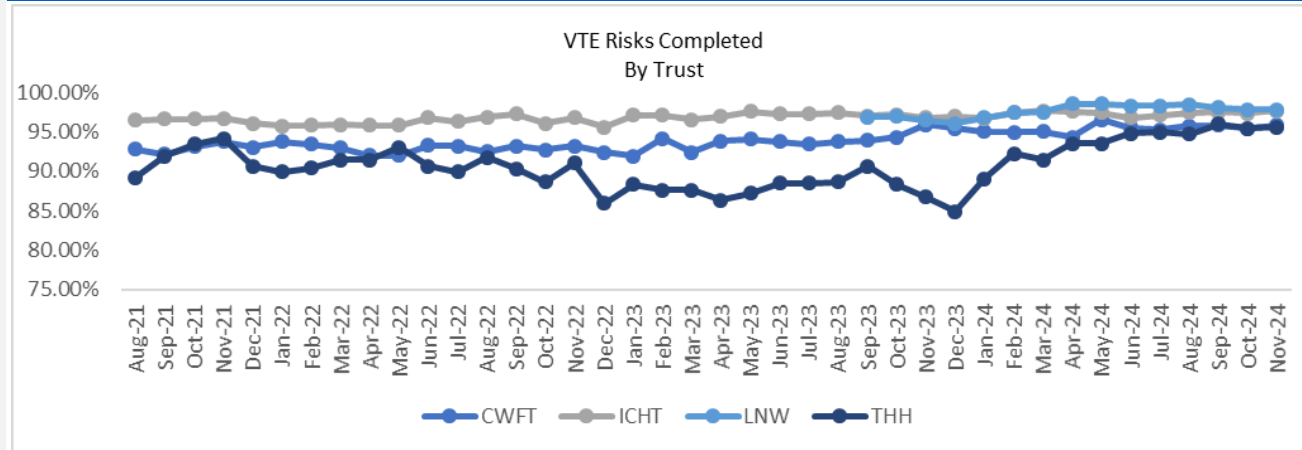
Improvements: Not applicable

Forecast Risks: Not applicable

CURRENT PERFORMANCE

	Total Inpatient Admissions	VTE Risk Assessments	Difference from Target	Count of Inpatients With Completed Risk Assessments	12 Month Rolling VTE Risk Assessments
CWFT	7,544	95.8%		7,230	95.4%
ICHT	16,775	97.6%		16,380	97.3%
LNW	14,450	97.8%		14,133	97.9%
THH	3,818	95.6%		3,650	93.1%
APC	42,587	97.2%		41,393	96.7%

STRATIFICATION



GOVERNANCE

Senior Responsible Owner: Pippa Nightingale, CEO, LNW

Committee: Acute provider collaborative executive management board

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

Mortality

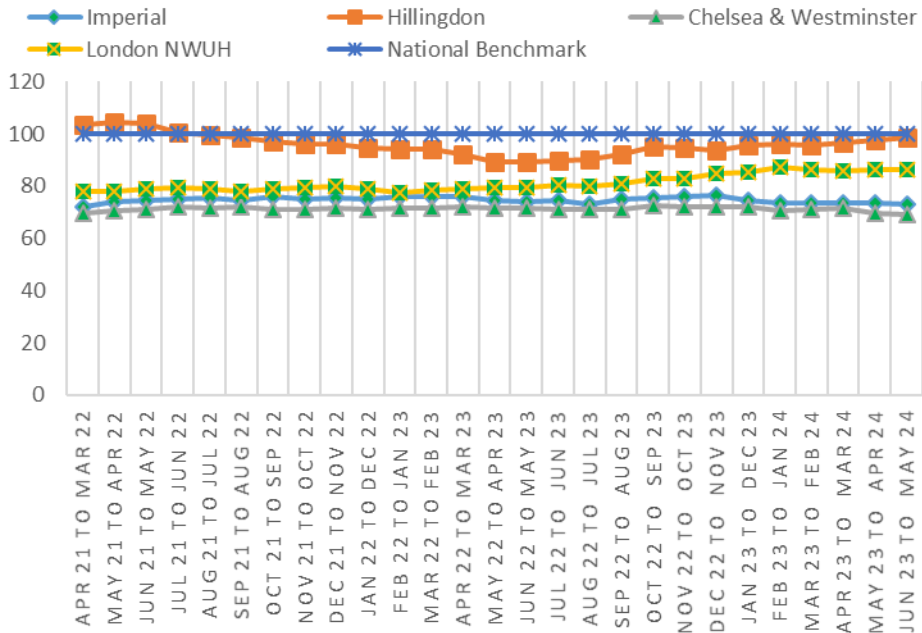
Two separate statistical models are monitored: the Summary Hospital-level Mortality Indicator (SHMI) and the Hospital Standardised Mortality Rate (HSMR).

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'.

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.

(Patient) Summary Hospital-level Mortality Index

TREND



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

CURRENT PERFORMANCE

	Provider Spells	SHMI	SHMI- relative risk ranking
CWFT	100475	69.02	Lower than expected
ICHT	112015	72.96	Lower than expected
LNW	106780	86.05	Lower than expected
THH	46465	98.37	as expected

STRATIFICATION

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

NARRATIVE

Performance: For three of the four trusts (CWFT, LNW and ICHT), the rolling-12 month SHMI remains lower than expected with the most recent data available (June 2023 – May 2024). THH's rate is consistently 'as expected'.

Recovery Plan: Not applicable.

Improvements: All Trusts investigate variations between observed and expected deaths by diagnostic group. Reviews for quarter two are summarised in the learning from deaths report presented to APCQC and BiC, with no issues to escalate.

Forecast Risks: Not applicable.

GOVERNANCE

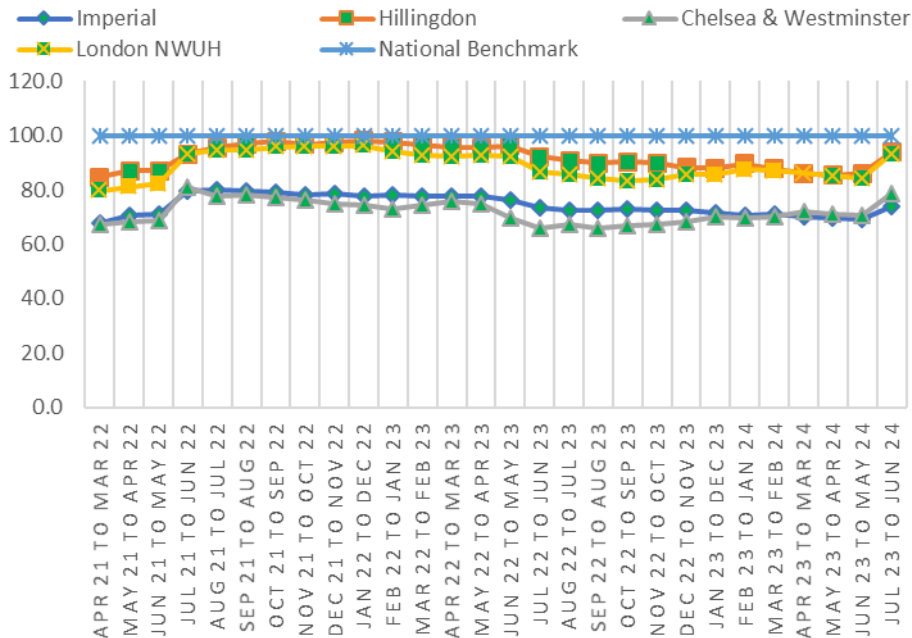
Senior Responsible Owner: Pippa Nightingale, CEO, LNW

Committee: Acute provider collaborative executive management board

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

(Patient) Hospital Standardised Mortality Ratio

TREND



NARRATIVE

Performance: All four trusts saw an increase in the most recent data (for July 2023 – June 2024). This increase is reflected nationally, with the HSMR rising by 9 across the NHS as a whole, and by 8 across NWL. Individual trust rankings have not changed significantly, and three of the four trusts continue to have a rolling 12-month ratio which is lower than expected, with THH moving to 'as expected'. All are below the national benchmark of 100.

Recovery Plan: Not applicable.

Improvements: All Trusts investigate variations between observed and expected deaths by diagnostic group. Reviews for quarter two are summarised in the learning from deaths report presented to APCQC and BiC, with no issues to escalate.

Forecast Risks: Changes are being made nationally to the HSMR methodology which are expected to result in an increase in our rates once implemented. This includes removal of the adjustment for palliative care coding and changes in the diagnostic groupings which make up the ratio. Other providers are likely to see a similar increase.

CURRENT PERFORMANCE

	Provider Superspells	HSMR	HSMR- relative risk ranking
CWFT	52272	78.6	Lower than expected
ICHT	73511	73.7	Lower than expected
LNW	58271	93.1	Lower than expected
THH	20589	93.9	Within expected range

STRATIFICATION

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

GOVERNANCE

Senior Responsible Owner: Pippa Nightingale, CEO, LNW

Committee: Acute provider collaborative executive management board

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

Maternity

October 2024

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

Following agreement at the APC quality meeting, which is chaired by the CEO for LNW as executive lead for quality across the APC, changes have been made to the narrative for this section to focus more on themes and learning across the APC, rather than on individual cases. This will support improved reporting on progress with actions underway to make improvements going forward.

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

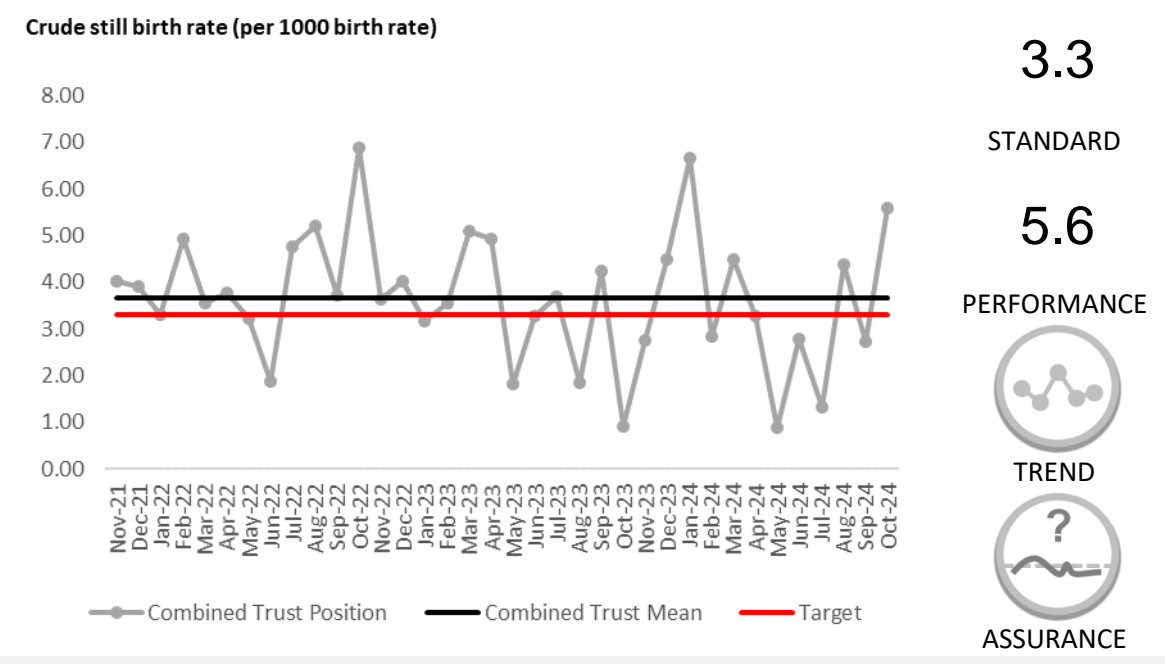
Variation

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

Assurance

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

TREND



CURRENT PERFORMANCE

	Total Births	Total Still Births & Late Fetal Losses	Total Still Births	Total Late Fetal Losses	Crude Still Birth Rate	Crude Still Birth Rate FYTD	Difference from Standard
CWFT	882	6	6	0	6.8	3.4	3.50
ICHT	776	3	3	0	3.9	2.7	0.57
LNW	338	2	1	1	3.0	2.7	
THH	327	3	3	0	9.2	3.1	5.87
APC	2323	14	13	1	5.6	3.0	2.30

NARRATIVE

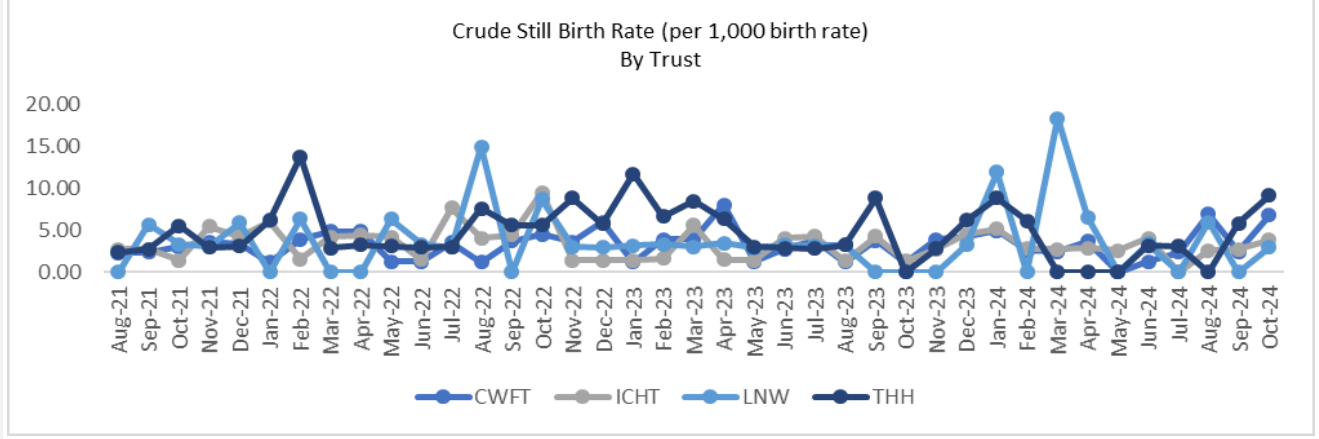
Performance: The rate is based on stillbirths at 24+ weeks. Data on late fetal losses (between 22+ and 23+6 weeks) is included in the table for information and monitoring. The APC stillbirth rate was above the standard in October but is below on financial year to date data.

Recovery Plan: All cases are investigated via the PMRT to identify local learning & actions. Service level reviews of 23/24 stillbirths & local action plans are in place. These reviews have been combined across the APC to identify any wider system themes and learning and review health inequalities. Key themes identified as: aspirin use and additional screening, Asian ethnicity as a risk factor, response to reduced fetal movements (RFM) and delayed access for care and translation. The ICB maternity and neonatal quality and patient safety group (MNQPSG) in January will agree the improvement actions for the system which are likely to include further screening for those at greatest risk, review of translation tools and implementing the maternal reducing inequalities care bundle with 4 areas of focus (interpretation/translation, vitamin D, timely access to antenatal care and response to RFM) which is being developed for London and will be launched in June 25. THH is implementing an Interpreter on Wheels to support the language needs of their local population. Initial feedback has been positive.

Improvements: National stillbirth tool kit being reviewed and implemented and all trusts are working towards full achievement of Saving Babies' Lives Care Bundle version 3 (ICB assessed position in September was 91% for CWFT and THH, 71% for LNW and 98% for ICHT). The NWL fetal growth restriction guidance has recently been updated to include an updated risk assessment for Aspirin.

Forecast Risks: N/A

STRATIFICATION



GOVERNANCE

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

(Maternity) Rate of suspected neonatal intrapartum brain injuries

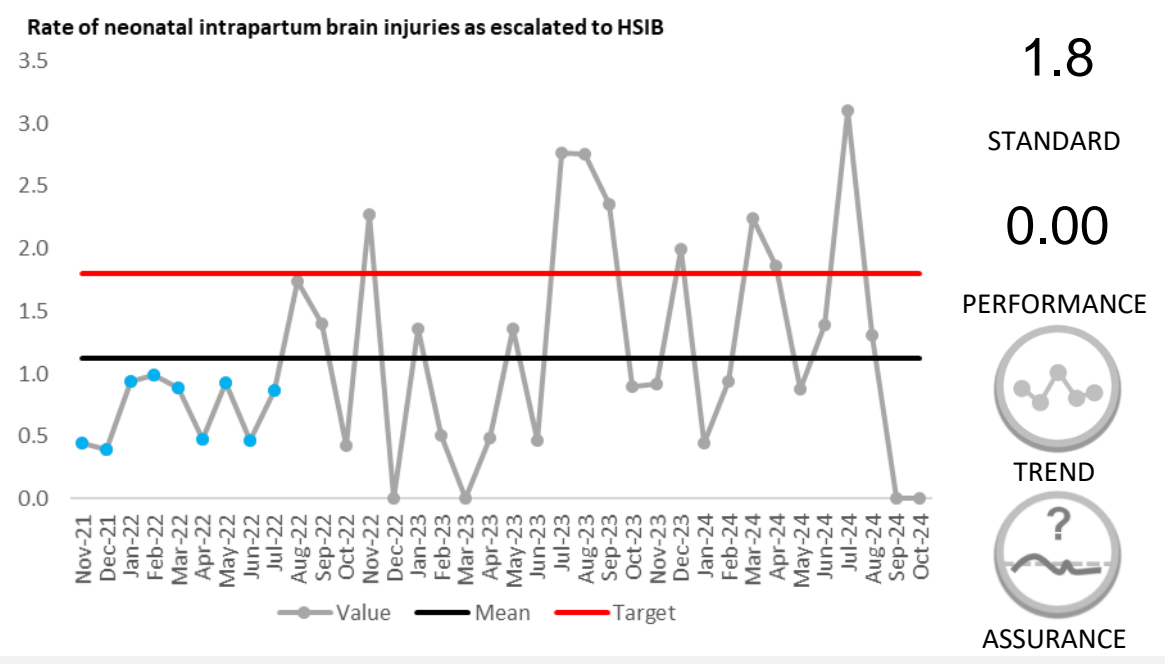
Variation

- Special Cause Concerning variation
- Special Cause Improving variation
- Common Cause
- Monitor Trend High
- Monitor Trend Low

Assurance

- Consistently hit target
- Hit and miss target subject to random
- Consistently fail target

TREND



NARRATIVE

Performance: There were no cases of suspected intrapartum brain injury meeting the definition in October.

Recovery Plan: A significant quality improvement project on escalation commenced at CWFT in June as this is a theme from completed MNSI investigations. The project will continue for the rest of 24/25 to ensure that it is fully embedded. In addition a change in practice to move to physiological fetal monitoring interpretation will be implemented in Spring 2025.

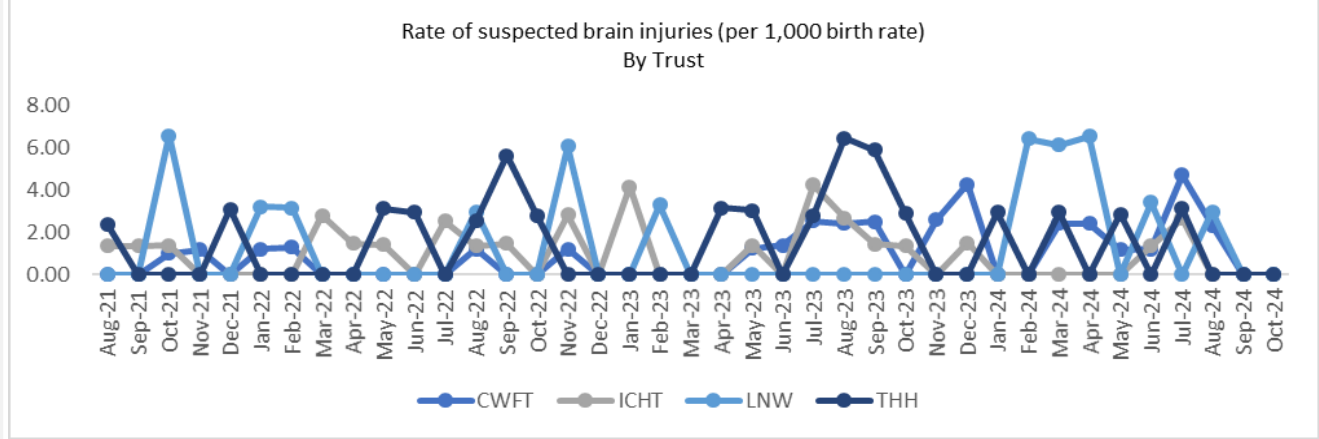
Improvements: All services have undertaken a review of their cases for 23/24. The top three themes identified are: clinical care and decision making, escalation / situational awareness and fetal heart monitoring and escalation. Actions will be agreed at January's MNQPSG meeting. This work and the stillbirth work are likely to be linked.

Forecast Risks: N/A

CURRENT PERFORMANCE

	Total Births	Suspected Brain Injuries in Month	Rate of suspected brain injuries	Suspected Brain Injuries FYTD	Rate of Suspected Brain Injuries FYTD
CWFT	882	0	0.00	10	1.70
ICHT	776	0	0.00	3	0.57
LNW	338	0	0.00	4	1.81
THH	327	0	0.00	2	0.87
APC	2323	0	0.00	19	1.21

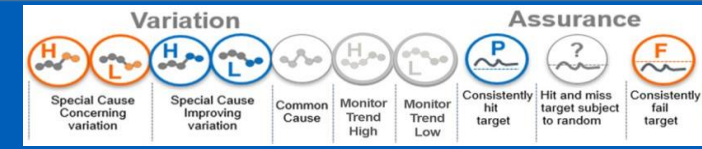
STRATIFICATION



GOVERNANCE

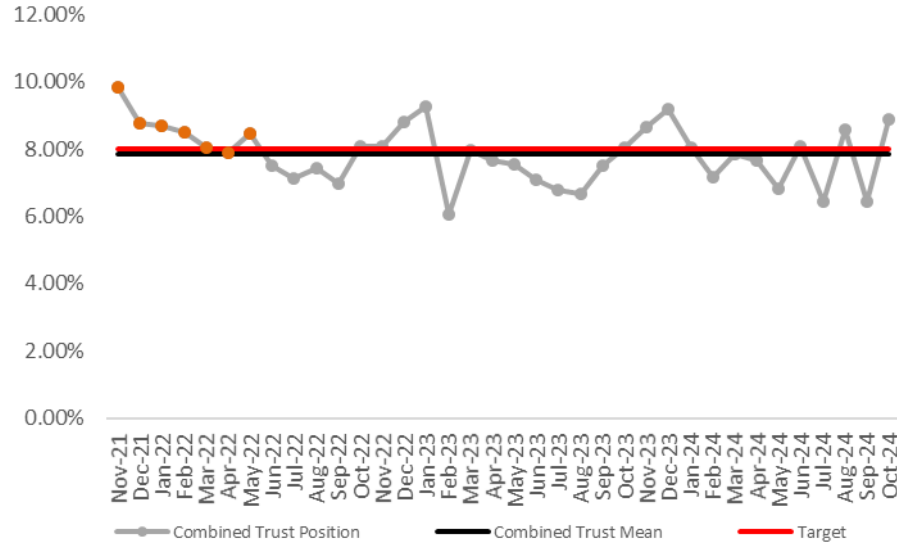
Senior Responsible Owner: Pippa Nightingale, CEO, LNW
Committee: Acute provider collaborative executive management board

(Maternity) Preterm Births



TREND

Pre-term Birth Rate



8%

STANDARD

8.9%

PERFORMANCE



TREND



ASSURANCE

NARRATIVE

Performance: In month, the APC had a pre-term birth rate of 8.9% which is just above the standard. ICHT, THH and LNW's rates are above the standard. ICHT is a net importer of all categories of preterm IUTs and EUTs due to its status as a medical level 3 NICU. There are no concerns to escalate. LNW rates are under review as per the improvement plan below.

Recovery Plan: Not applicable.

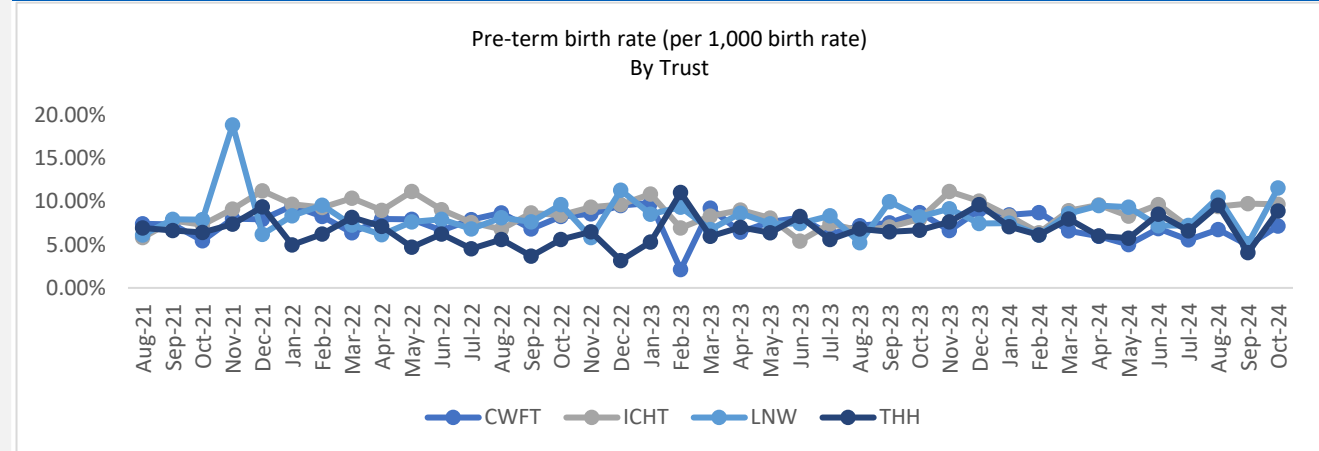
Improvements: LNW has appointed a Preterm birth midwifery lead and set up a preterm birth working group focusing on their local data/audit/guidelines and some wider QI initiatives to review rates. The APC is undertaking a review of all preterm births and IUT across both sites at CWFT as part of the business case development to support service redesign of the level 2 NICU as well as the preterm birth antenatal service at WM site. WM has a newly appointed pre-term birth lead MW to work as part of the MDT.

Forecast Risks: No risks identified.

CURRENT PERFORMANCE

	Number of Pre-Term Births	Early Preterm births	Late Preterm births	Total Births	Pre-term Birth Rate	Difference from Threshold	Pre-Term Births FYTD	Pre-Term Births rate (per 1000 birth rate) FYTD
CWFT	63	5	58	882	7.1%		355	6.0%
ICHT	75	19	56	776	9.7%	1.66%	476	9.0%
LNW	39	5	34	338	11.5%	3.54%	192	8.7%
THH	29	4	25	327	8.9%	0.87%	130	5.7%
APC	206	33	173	2323	8.9%	0.87%	1153	7.4%

STRATIFICATION

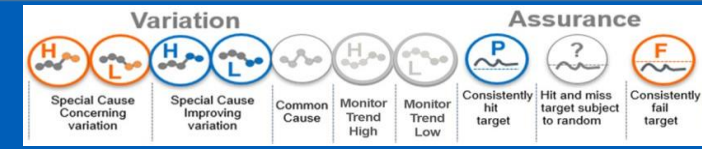


GOVERNANCE

Senior Responsible Owner: Pippa Nightingale, CEO, LNW

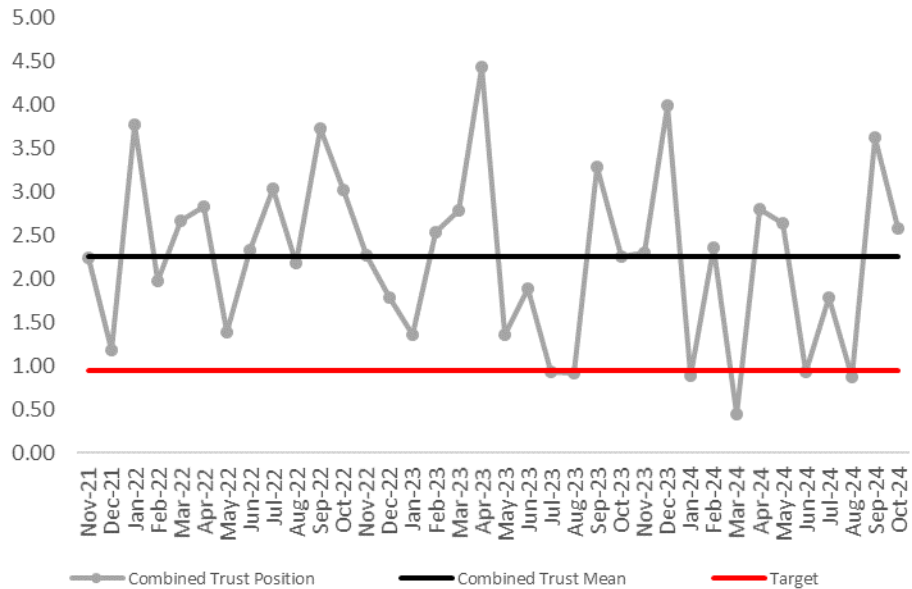
Committee: Acute provider collaborative executive management board

(Maternity) Neonatal Crude Deaths



TREND

Crude neonatal death rate (per 1000 birth rate)



0.94

STANDARD

2.6

PERFORMANCE



TREND



ASSURANCE

NARRATIVE

Performance: This metric now includes all neonatal deaths between 22+0 and 40+ weeks in alignment with the national metrics. The crude neonatal death rate at APC level is above the standard in October, and for this financial year. There were 6 cases across the APC in October. All cases are being appropriately investigated.

Recovery Plan: A review of neonatal deaths cross-site in 23/24 has been completed at CWFT. No recurrent themes were identified in addition to those identified via the PMRT process. Actions are tracked via the MNSI or PMRT processes and updates are provided in the quarterly Q&S report.

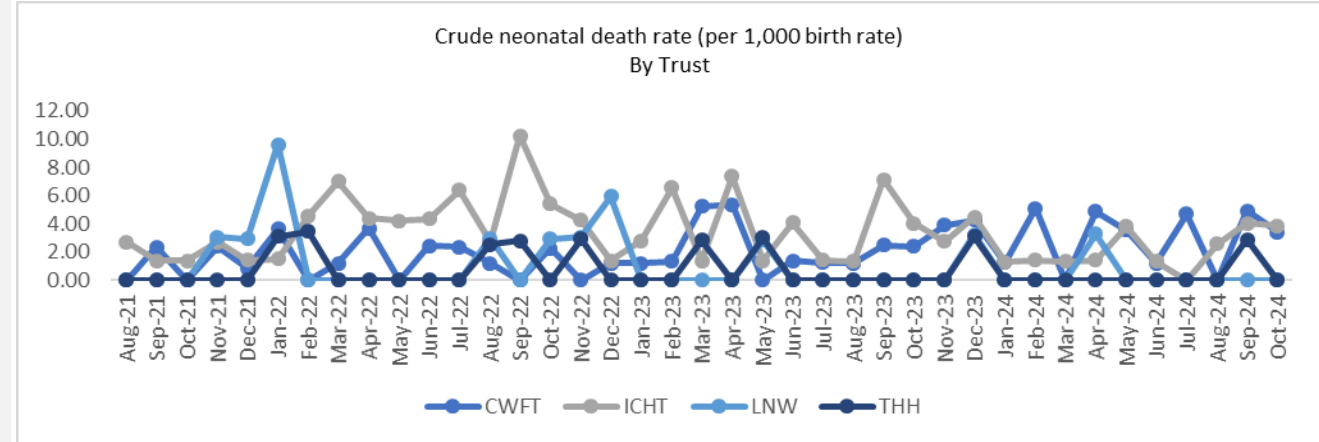
Improvements: The Neonatal CRG and the Trust teams will continue to monitor any new cases.

Forecast Risks: None identified.

CURRENT PERFORMANCE

	Number of Neonatal Deaths	Number of neonatal deaths (22+0- 23+6 weeks)	Number of neonatal deaths (24+0 - 40+ weeks)	Total Births	Crude neonatal death rate (per 1000 birth rate)	Difference from Threshold	Neonatal Deaths FYTD	Crude neonatal death rate (per 1000 birth rate) FYTD
CWFT	3	1	2	882	3.4	2.5	19	3.23
ICHT	3	0	3	776	3.9	2.9	13	2.47
LNW	0	0	0	338	0.0		1	0.45
THH	0	0	0	327	0.0		1	0.44
APC	6	1	5	2323	2.6	1.6	34	2.17

STRATIFICATION

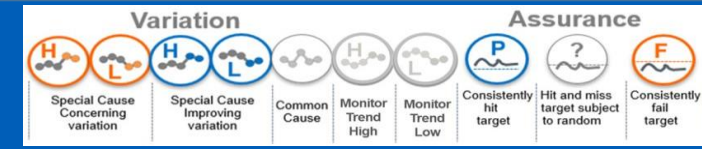


GOVERNANCE

Senior Responsible Owner: Pippa Nightingale, CEO, LNW

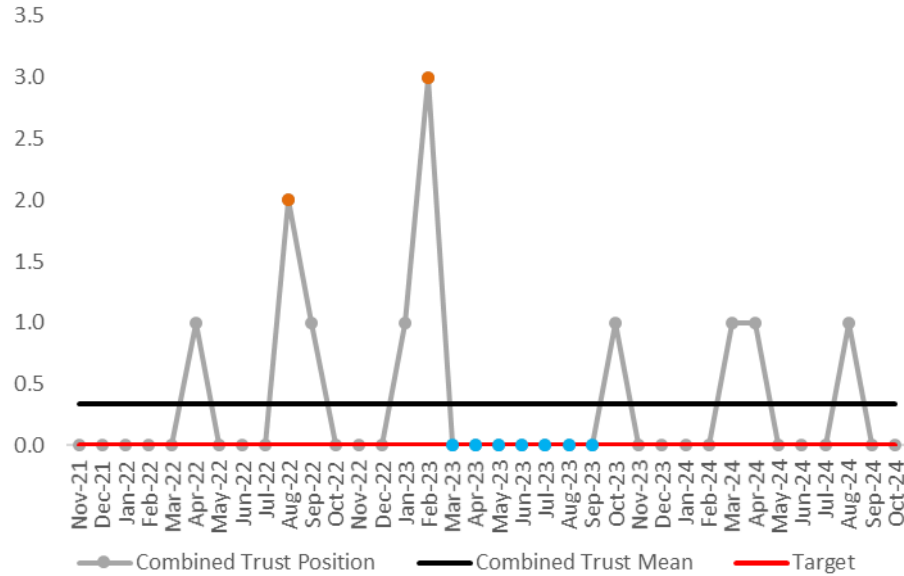
Committee: Acute provider collaborative executive management board

(Maternity) Maternal Deaths



TREND

Maternal Deaths



0
STANDARD

0
PERFORMANCE

TREND

ASSURANCE

NARRATIVE

Performance: There were no maternal deaths reported in October 2024. There have been two indirect cases reported so far this financial year, 1 at ICHT and 1 at CWFT.

Recovery Plan: N/A

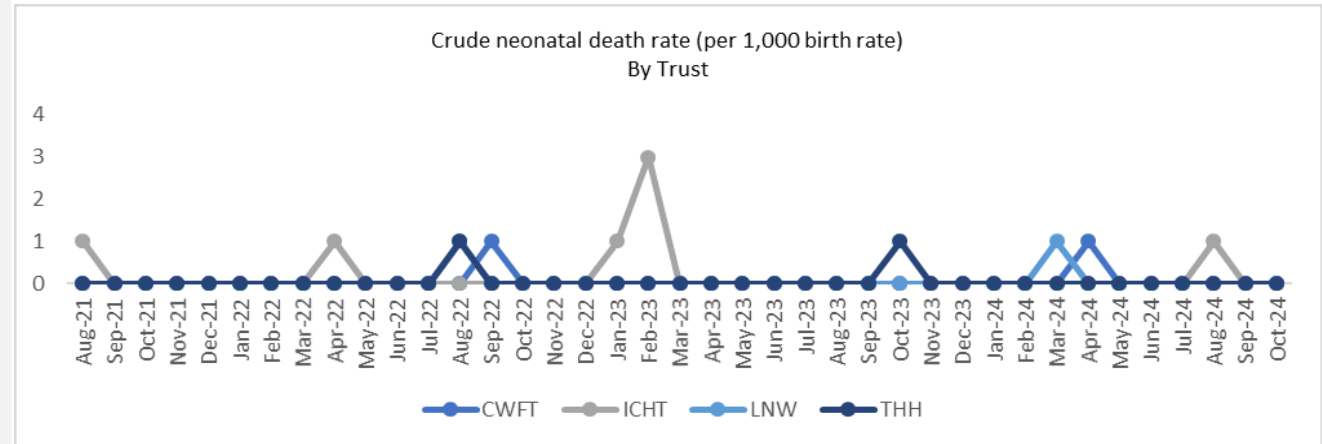
Improvements: A review by the ICB has looked at the 16 maternal deaths of birthing people who were residents of NWL in the last 5 years. This has been identified as an area of focus for the MNQPSG. A gap analysis of the recommendations from the cases is underway to identify areas of focus.

Forecast Risks: No current risks.

CURRENT PERFORMANCE

	Number of Maternal Deaths	Total Births	Difference from Threshold	Number of maternal Deaths FYTD
CWFT	0	882		1
ICHT	0	776		1
LNW	0	338		0
THH	0	327		0
APC	0	2323		2

STRATIFICATION

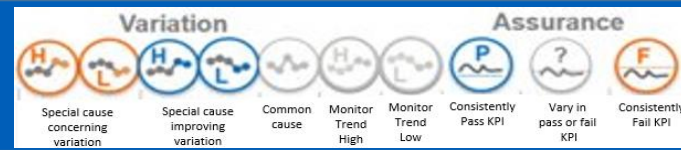


GOVERNANCE

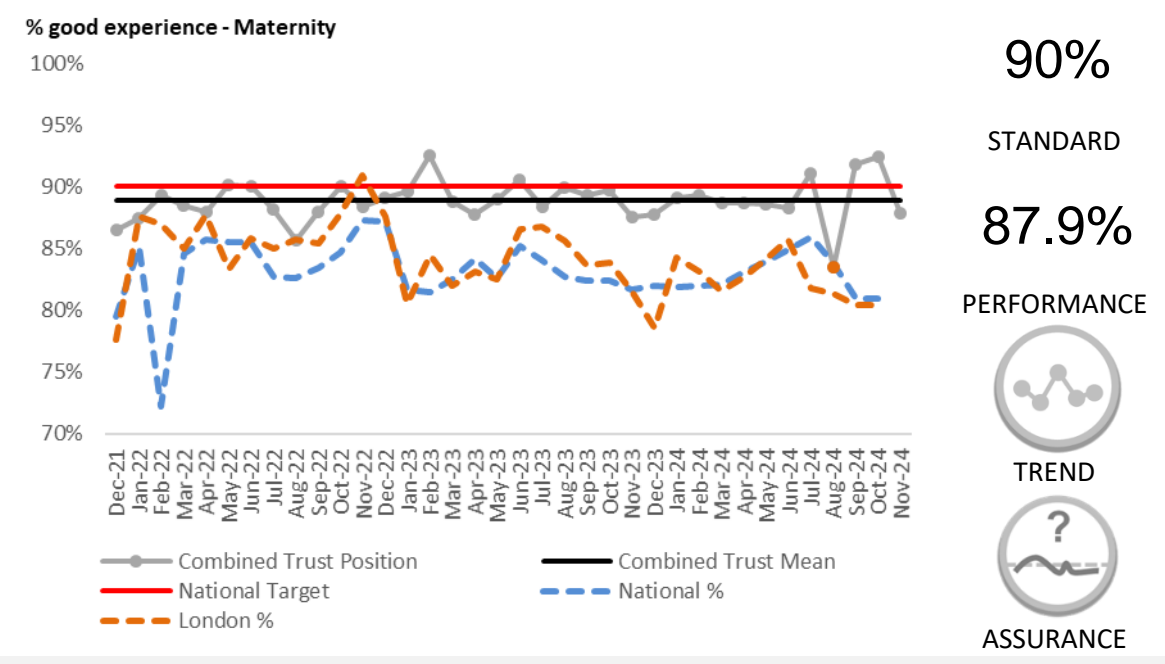
Senior Responsible Owner: Pippa Nightingale, CEO, LNW

Committee: Acute provider collaborative executive management board

(Patient) Maternity Friends & Family Test



TREND



NARRATIVE

Performance: At APC level, the percentage of maternity patients who report a good experience varies and although we are consistently above national and London averages, we are below the 90% standard across the last 12 months of data. There was a decrease in November, with only CWFT achieving the standard.

Recovery Plan: The number of responses is low at LNW as this is currently a manual process, a digital solution to prompt patients to complete the survey via SMS is expected to go live by January. An interim plan to ensure timely upload of paper responses is in progress. A patient experience action plan is under development as wider response to the CQC national maternity survey. At ICHT, user feedback is showing the pressure that current high activity levels is having on experience, a plan for improvement is being developed. THH is working to improve experience of our women, birthing people and their families particularly in times of high activity.

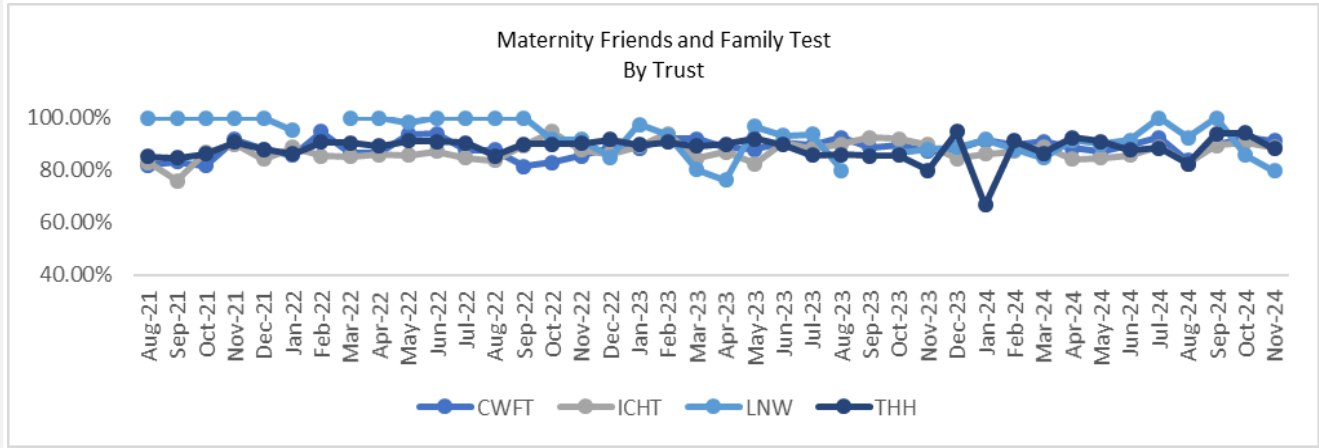
Improvements: The work to improve maternity care and patient experience within each organisation is ongoing. All services have a detailed Maternity and Neonatal Voices Partnership (MNVP) workplan in place to co-produce improvements in their services based on the results of the CQC maternity survey.

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

CURRENT PERFORMANCE

	Responses Received	Good Experience	Difference from Target	Recommended Care	12 Month Rolling Good Experience
CWFT	149	91.3%		136	89.7%
ICHT	222	88.7%	-1.3%	197	87.0%
LNW	94	79.8%	-10.2%	75	89.6%
THH	187	88.2%	-1.8%	165	90.2%
APC	652	87.9%	-2.1%	573	89.0%

STRATIFICATION



GOVERNANCE

Senior Responsible Owner: Pippa Nightingale, CEO, LNW

Committee: Acute provider collaborative executive management board

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

Overall page 120 of 306

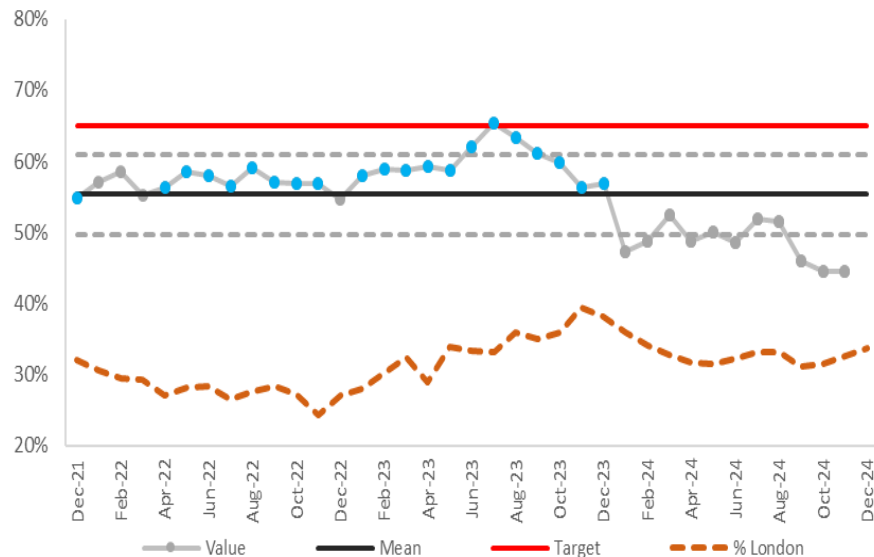
Patient Access

November 2024, except Cancer service metrics October 2024

Operations Ambulance Handover Waits

TREND

15 mins Breach Performance (LAS)



65%
STANDARD
44.5%
PERFORMANCE

NARRATIVE

Performance: NWL continues to have some of the best Ambulance handover times across London. However, there has been a decrease in performance in 15-minute handovers across the APC. In November 2024, 44.5% of ambulances were handed over within 15 minutes against the target of 65%.

Recovery plan: The sector is participating in transformation work with LAS and the ICB to maximise the use of alternatives to ED and expand the use of direct referral routes and direct booking. We have reviewed how we use the system escalation process at times of peak pressure and have agreed new arrangements to support LAS as part of their winter plan

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

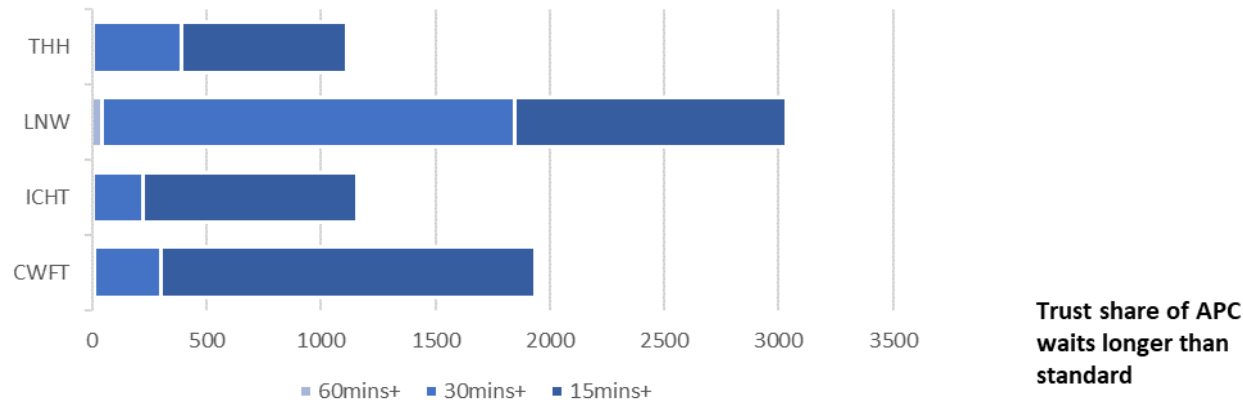
Forecast risks: Continued increases in the number of conveyances.

CURRENT PERFORMANCE

LAS Handover Waits within the fifteen minute standard Nov-24

	Total Handover	15mins Performance	Difference from target	15 min + delays	Of which		Impacts on LAS time lost (hours)
					30min + delays	60 min + delays	
CWFT	3336	42.0%	-23.0%	1936	300	12	302
ICHT	3338	65.4%		1156	224	3	169
LNW	4126	26.5%	-38.5%	3034	1846	41	2010
THH	2253	50.5%	-14.5%	1116	390	2	281
APC	13053	44.5%	-20.5%	7242	2760	58	2762

STRATIFICATION



GOVERNANCE

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

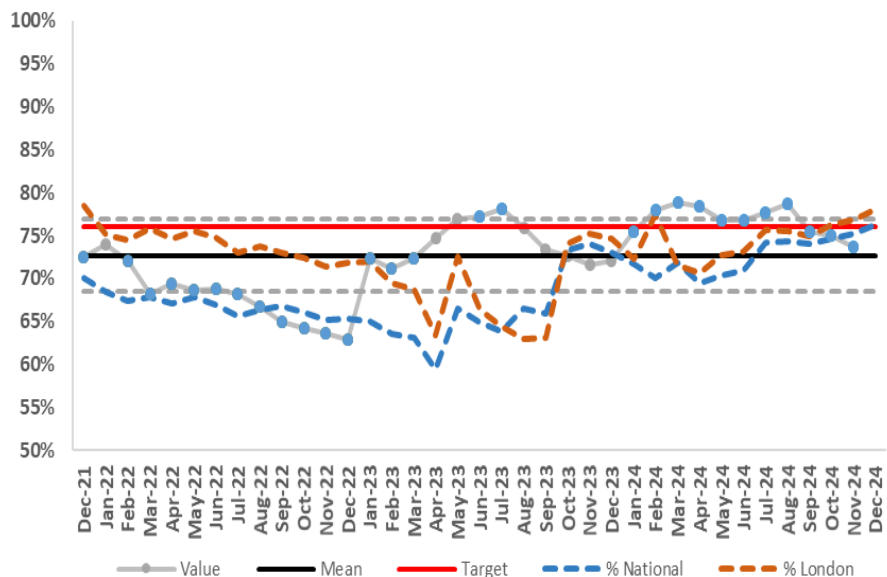
Committee: APC EMB (Chair: Tim Orchard); NWL UEC Board (Chair: Rob Hurd)

Data Assurance: These figures are provided by LAS

Operations Urgent & Emergency Department Waits

TREND

A&E 4 hour performance



76%
STANDARD

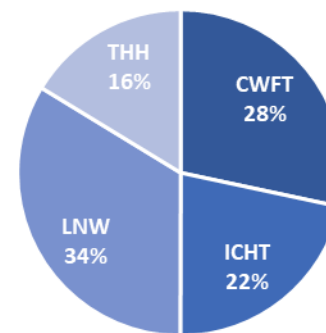
73.7%
PERFORMANCE

CURRENT PERFORMANCE

Time spend in Emergency Department: 4-Hour Standard Nov-24

	Total attendances (All Types)	4 hour Performance	Difference from target	4 hour + delays (All Types)	Of which (Number and Performance)			Impacted by Referrals to SDEC	
					Type 1 / 2 breaches	Type 3 breaches			
CWFT	26822	74.27%	-1.7%	6902	6684	67.1%	218	96.7%	1563
ICHT	23292	77.3%		5280	4824	68.8%	456	94.2%	4904
LNW	29173	71.9%	-4.1%	8202	7833	43.4%	369	97.6%	1102
THH	13208	70.0%	-6.0%	3967	3743	40.3%	224	96.8%	2663
APC	92495	73.7%	-2.3%	24351	23084	58.7%	1267	96.5%	10232

STRATIFICATION



Trust share of APC waits longer than standard

NARRATIVE

Performance: In November 73.7% of patients attending A&E were admitted, transferred or discharged within four hours of their arrival. Increased demand, combined with a rise in respiratory illness, has contributed to longer waits.

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

Improvements: The improvement plans are built on progress made during 2023/24 as well as the NHSE best practice guidance for Urgent and Emergency Care issued earlier this year.

Forecast risks: Further increases in demand, rising levels of respiratory infection, continued delays with discharge for medically optimised patients

GOVERNANCE

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

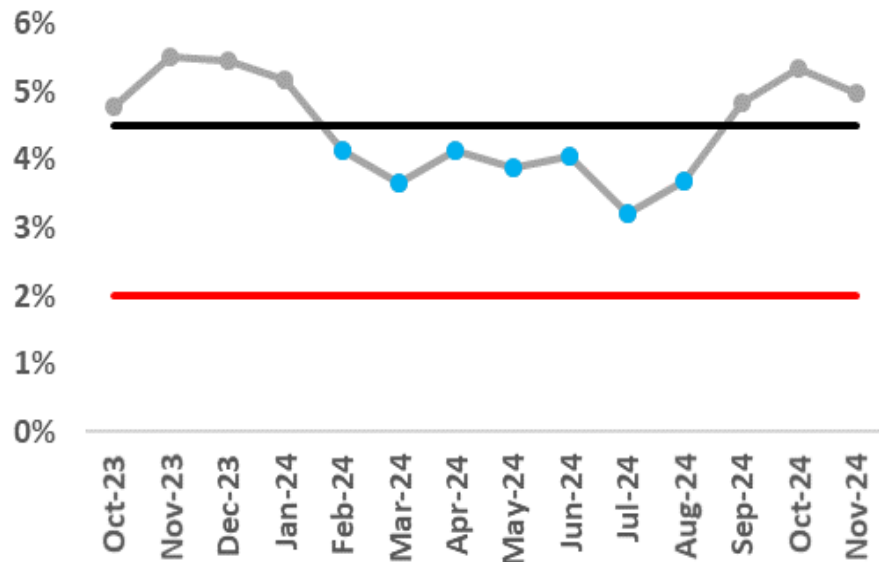
Committee: APC EMB (Chair: Tim Orchard); NWL UEC Board (Chair: Rob Hurd)

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

Operations Urgent & Emergency Department Long Waits

TREND

% of Patients > 12 Hours



2.0%

ALLOWANCE

5.0%

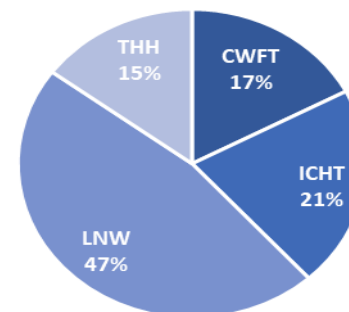
PERFORMANCE

CURRENT PERFORMANCE

Unacceptable Waits for Treatment: 12-Hour waits Nov-24

	Total attendances (All Types)	12 hour Performance	Difference from target	12 hour + delays	Of which		Impacted by
					Type 1 / 2 breaches	Type 3 breaches	12 hour DTA waits
CWFT	26822	3.0%	-1.0%	795	795	0	52
ICHT	23292	4.2%	-2.2%	972	972	0	312
LNW	29173	7.4%	-5.4%	2159	2159	0	557
THH	13208	5.2%	-3.2%	686	686	0	14
APC	92495	5.0%	-3.0%	4612	4612	0	935

STRATIFICATION



Trust share of APC waits longer than standard

NARRATIVE

Performance: In November 2024 there has been an improvement in performance with a further reduction in the proportion of patients waiting 12-hours or more from their time of arrival. Increased demand, patient flow through the hospital and those waiting for beds outside the hospital are all factors impacting long waits in ED.

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

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

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

GOVERNANCE

Senior Responsible Owner: Sheena Basnayake, Deputy Chief Operating Officer,

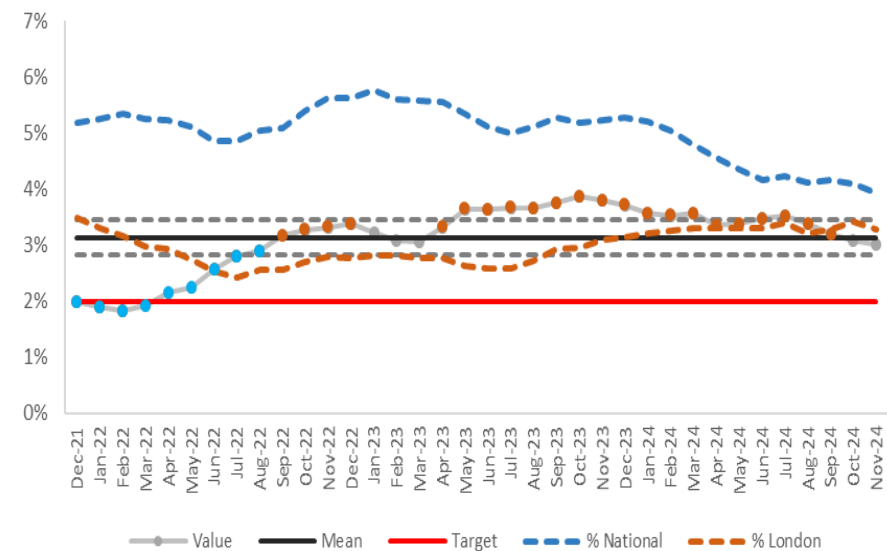
Committee: APC EMB (Chair: Tim Orchard); NWL UEC Board (Chair: Rob Hurd)

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 (RTT)



2.0%
ALLOWANCE
3.0%
PERFORMANCE

NARRATIVE

Performance: Long waits are being monitored at the patient level. All Trusts are committed to the operating plan targets, at the end of Dec NWL had 387 elective patients waiting over 65ww.

Recovery: Trusts are enhancing productivity alongside insourcing efforts. The most challenged specialties in NWL remain ENT, Trauma & Orthopaedics, General Surgery, Urology, and Gynaecology. Mutual aid is active across the APC meaning that some breaches will be reported at the treating organisation. All 65 and 78ww breaches at THH were Mutual Aid patients.

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

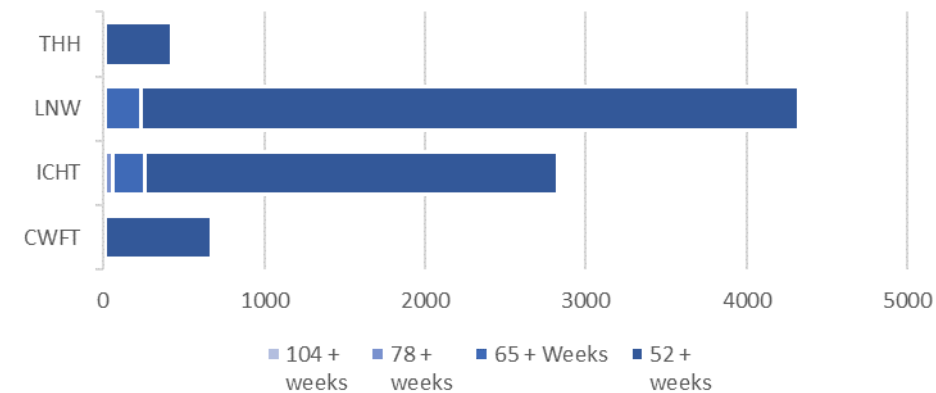
Forecast Risks: Risks to RTT reduction include overall capacity shortfalls, anaesthetic staffing shortages and consultant toil.

CURRENT PERFORMANCE

Unacceptable Waits for Treatment: 18-Week Standard Nov-24

	Total Waiting List	Waits > 52 weeks	Difference from target	52 + weeks	Of which		Impacted by 104 + weeks	Impacts on OTDCs not booked < 28 days	Average wait (weeks)
					65 + Weeks	78 + weeks			
CWFT	62274	1.1%		674	14	0	0	1	15.64
ICHT	91653	3.1%	-1.1%	2824	261	58	1	10	18.76
LNW	92422	4.7%	-2.7%	4322	238	9	0	0	21.65
THH	27009	1.6%		424	8	3	0	0	18.15
APC	273358	3.0%	-1.0%	8244	521	70	1	11	18.97

STRATIFICATION



Trust share of APC waits longer than standard

GOVERNANCE

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

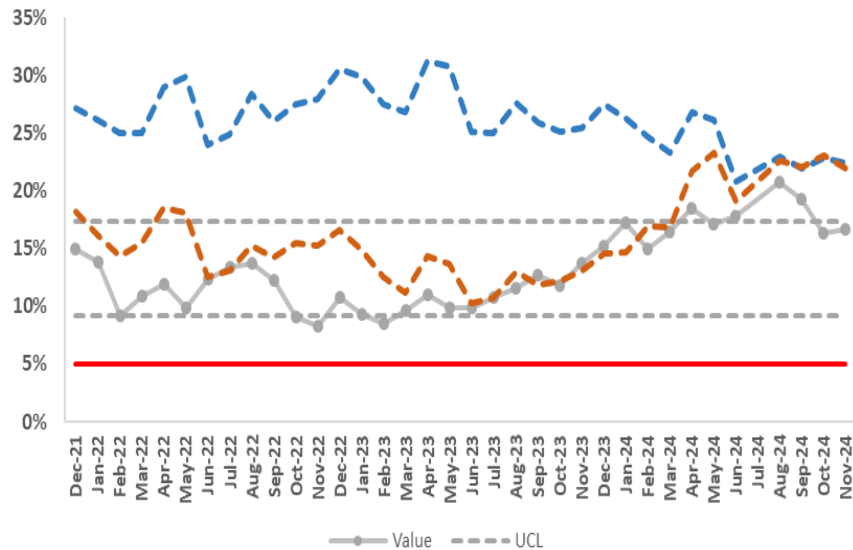
Committee: NWL Acute Care Board (Chair: Tim Orchard); NWL Elective Care Board (Chair: Roger Chinn);

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

Operations Access to Diagnostics

TREND

% of Breaches > 6 Weeks (Diagnostics)



5.0%

ALLOWANCE

16.7%

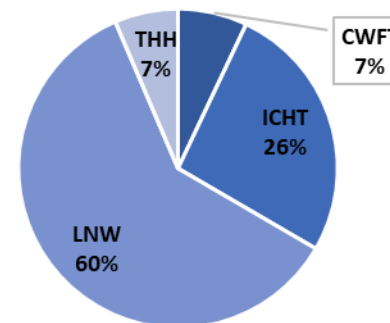
PERFORMANCE

CURRENT PERFORMANCE

Waits for Diagnostic Tests: 6-Week Standard Nov-24

	Total Waiting List	Waits > 6 weeks	Difference from target	6 + weeks	Of which 13 + weeks
CWFT	11856	5.8%	-0.8%	689	137
ICHT	18555	13.9%	-8.9%	2582	508
LNW	20905	28.2%	-23.2%	5895	1996
THH	7375	8.5%	-3.5%	630	17
APC	58691	16.7%	-11.7%	9796	2658

STRATIFICATION



Trust share of APC waits longer than standard

NARRATIVE

Performance: Overall delivery remains below target. Recovery plans are in place but the APC is unlikely to meet target until later in the financial year.

Recovery Plan: The target is to recover overall delivery by the end of the year 2024/25. LNW have some external support to correct the data flows driving the poor performance. CWFT have made significant improvement.

Improvements: CWFT have made significant improvement and is not just 0.8 below compliance.

Forecast Risks: MRI, Neurophysiology and Ultrasound face capacity challenges due to staffing shortages and ageing equipment.

GOVERNANCE

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

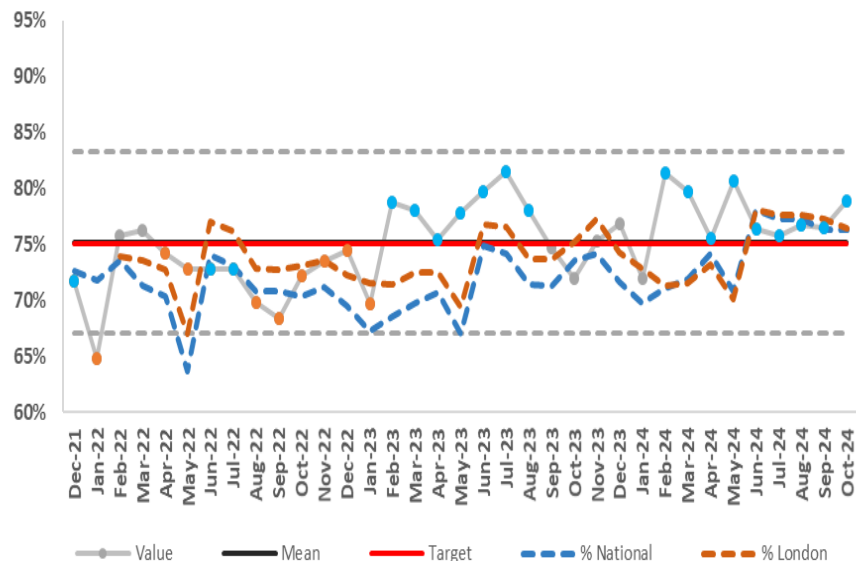
Committee: NWL Acute Care Board (Chair: Tim Orchard); NWL Elective Care Board (Chair: Roger Chinn);

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

Operations Access to Cancer Care (Faster Diagnosis)

TREND

% Contacted within FDS Cancer standard



75%
STANDARD

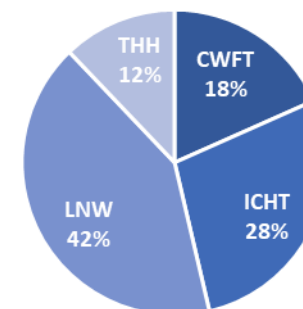
78.9%
PERFORMANCE

CURRENT PERFORMANCE

Access to Cancer Care (Faster Diagnosis) Oct-24

	Total Contacts	Faster Diagnosis performance	Difference from target	28 + days	Of which 62 + days
CWFT	2724	84.3%		427	77
ICHT	3247	80.0%		651	0
LNW	3646	73.5%	-1.5%	967	139
THH	1392	79.7%		282	75
APC	11009	78.9%		2327	291

STRATIFICATION



Trust share of APC waits longer than standard

NARRATIVE

Performance: NWL overall met the FDS standard again in Oct, with a whole provider position being posted of 78.9% against 75% target. LNW however remain non-compliant due to ongoing capacity challenges in GI. THH improved from the previous month and are now compliant.

Recovery Plan: Maintain collaboration with all Trusts to strengthen the delivery of cancer pathways within the standard. Efforts are ongoing to improve the diagnostic part of the GI pathway at LNW, along with additional staffing and extra sessions in dermatology to boost capacity. THH have been provided funding from RMP to run additional hysteroscopy clinics to reduce waits and intensive support from the national team have offered to undertake review of the breast FDS pathway.

Improvements: LNW have seen improvements over the past 6 months but still require further work to meet the target.

Forecast Risks: Continued planning of capacity for pinch points in pathways to protect cancer delivery as much as possible. Plan to counteract impact of seasonality through

GOVERNANCE

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

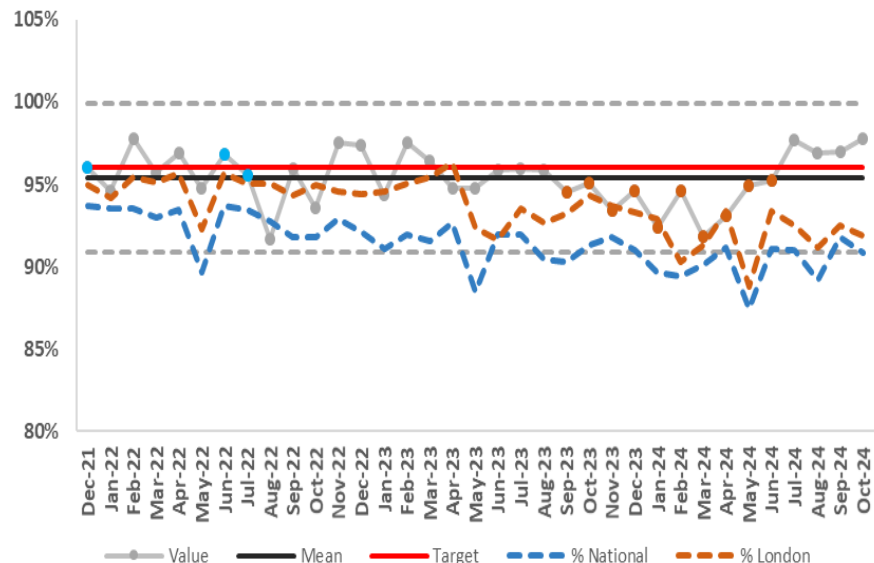
Committee: NWL Acute Care Board (Chair: Tim Orchard); NWL Elective Care Board (Chair: Roger Chinn);

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

Operations Cancer 31-Day Decision to treatment Combined Standard

TREND

% Treated within 31 Day Cancer standard



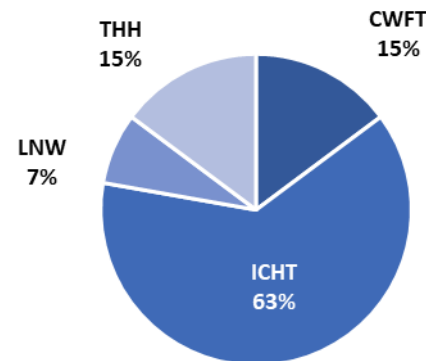
96%
STANDARD
97.8%
PERFORMANCE

CURRENT PERFORMANCE

Cancer 31-day decision to treatment combined standard Oct-24

	Total Treated	31 day performance	Difference from target	31 + days	Of which 62 + days
CWFT	175	97.7%		4	0
ICHT	753	97.7%		17	0
LNW	196	99.0%		2	0
THH	96	95.8%	-0.2%	4	1
APC	1220	97.8%		27	1

STRATIFICATION



Trust share of APC waits longer than standard

NARRATIVE

Performance: 31-day standard met for the fourth time in 2024/25 in Oct with only THH narrowly missing out on the target.

Recovery Plan: The Trusts are working closely with RM Partners to conduct audits and develop targeted, tumour-specific action plans, with a particular focus on skin and Head and Neck at LNW.

Improvements: Improvements at Imperial have seen their performance stabilise in the past 4 months.

Forecast Risks: As referral rates continue to stay high, there is a continued risk of a significant gap between demand and capacity due to workforce challenges. Increased lung treatments (as a result of TLHC) will also mean surgical capacity is more challenged

GOVERNANCE

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

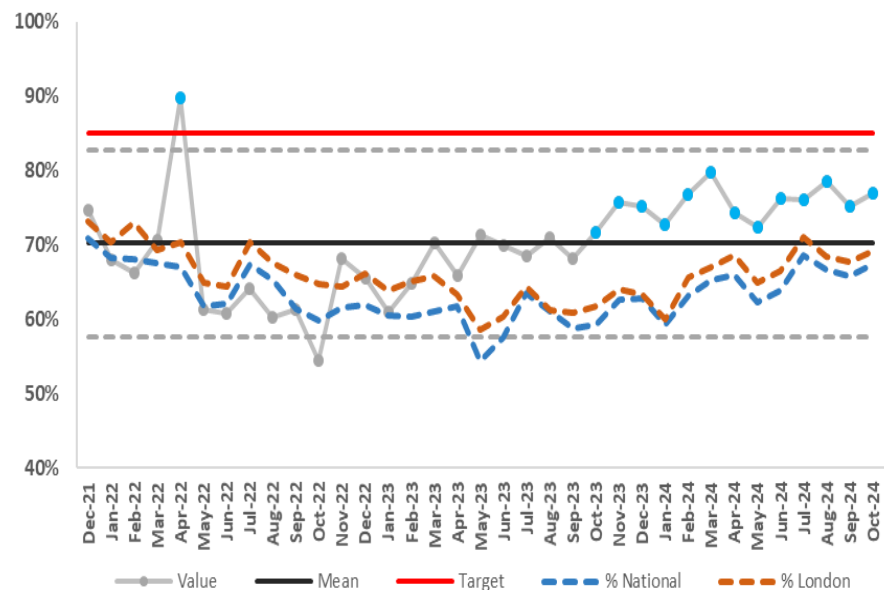
Committee: NWL Acute Care Board (Chair: Tim Orchard); NWL Elective Care Board (Chair: Roger Chinn);

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

Operations Referral to Cancer Treatment Pathways

TREND

% Treated within 62 Day Cancer standard



85%
STANDARD

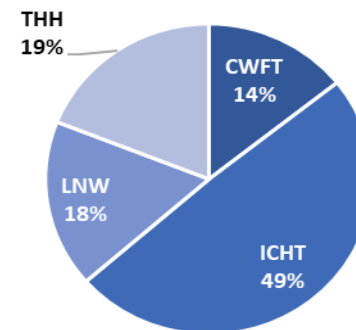
77.0%
PERFORMANCE

CURRENT PERFORMANCE

Unacceptable Waits for the Treatment of Cancer: 62-day Combined Standard Oct-24

	Total Treated	62 day performance	Difference from target	62 + days	Of which 104 + days	Impacts on Backlog 104 + days
CWFT	178	87.1%		23	20	0
ICHT	229	65.5%	-19.5%	79	0	59
LNW	195	85.6%		28	11	26
THH	94.5	67.7%	-17.3%	30.5	7	4
APC	696.5	77.0%	-8.0%	160.5	38	89

STRATIFICATION



Trust share of APC waits longer than standard

NARRATIVE

Performance: Performance against the 62-day standard remains challenged across NWL against the 85% standard - although the sector remains well above the national expectation of 70%. There are system-wide pressures that are contributing to this including delays in inter-Trust transfers. Furthermore, Imperial and THH have issues in breast and urology. However, NWL is one of the best performing ICBs nationally on 62-day performance comparatively.

Recovery Plan: Actions to focus on inter-trust transfers (Urology in particular), earlier onward referral and maximising surgical capacity are continuing to be worked through. Demand-reduction pathways, such as those for breast, pain, and gynaecology, are being implemented to accelerate the diagnostic process leading to treatment. Additionally, resilience funding has been allocated to expand diagnostic and treatment capacity in preparation for the winter season. Furthermore, Imperial have been awarded funding for breast to reduce the time from diagnosis to treatment.

Improvements: Performance improved across the sector in October, although Imperial and THH saw a drop in performance. Both Trusts are expected to improve in November.

Forecast Risks: Lung diagnostics demand (particularly for navigational bronchoscopy) is likely to see additional challenges in this pathway. Increased demand for Breast services due to Breast Cancer Awareness month in October will increase demand too. RMP have offered additional support to both pathways to add capacity across the sector.

GOVERNANCE

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

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

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

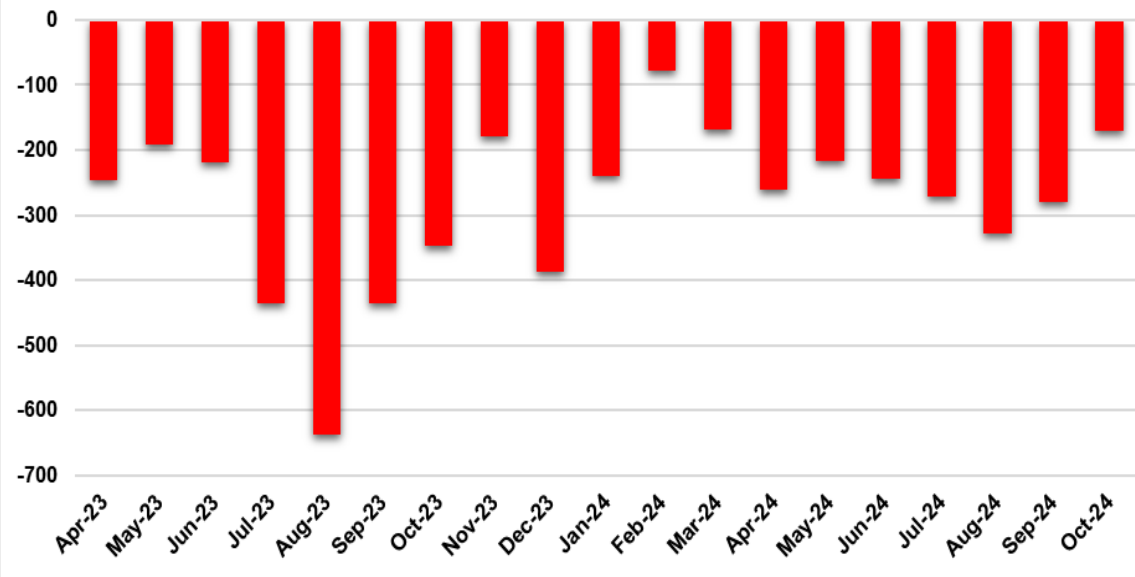
Operating Plan and Capacity

October 2024

Operating Plan Performance: Elective Inpatient

TREND

Elective Inpatients variance from Plan



NARRATIVE

Performance: Elective activity improved following industrial action earlier in the year ICHT and LNWH are currently under target.

Recovery Plan: Additional insourcing is happening for Quarter 4 and into the new financial year providing this is below tariff and elective funding remains available.

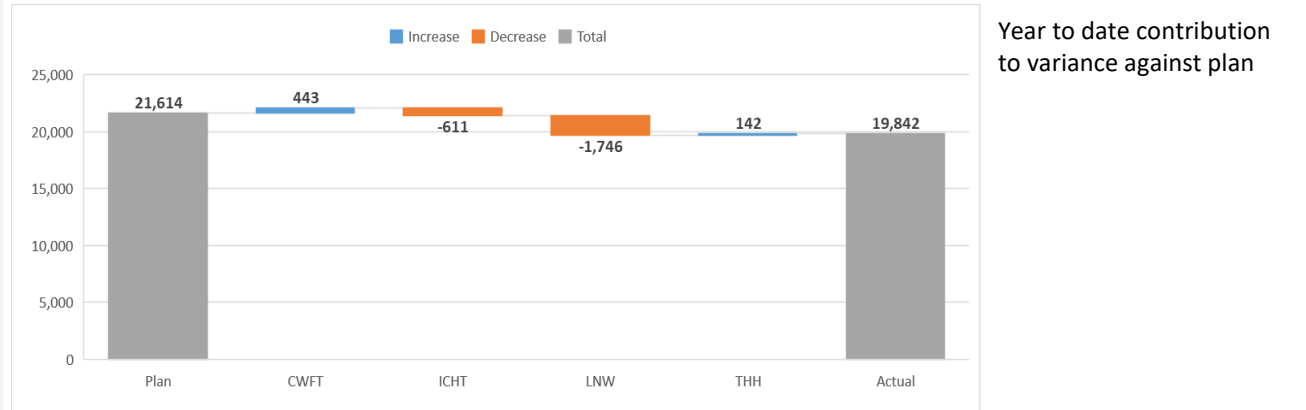
Improvements: CWFT/ THHFT are over-delivering.

Forecast Risks: None

CURRENT PERFORMANCE

	Current Month - Oct-24				Quarter to Date				Year to Date			
	Plan	Actual	Var	% Var	Plan	Actual	Var	% Var	Plan	Actual	Var	% Var
CWFT	582	641	59	10.1%	582	641	59	10.1%	3,673	4,116	443	12.1%
ICHT	1,538	1,486	-52	-3.4%	1,538	1,486	-52	-3.4%	9,626	9,015	-611	-6.3%
LNW	1,064	841	-223	-21.0%	1,064	841	-223	-21.0%	6,933	5,187	-1,746	-25.2%
THH	209	255	46	22.0%	209	255	46	22.0%	1,382	1,524	142	10.3%
APC	3,393	3,223	-170	-5.0%	3,393	3,223	-170	-5.0%	21,614	19,842	-1,772	-8.2%

STRATIFICATION



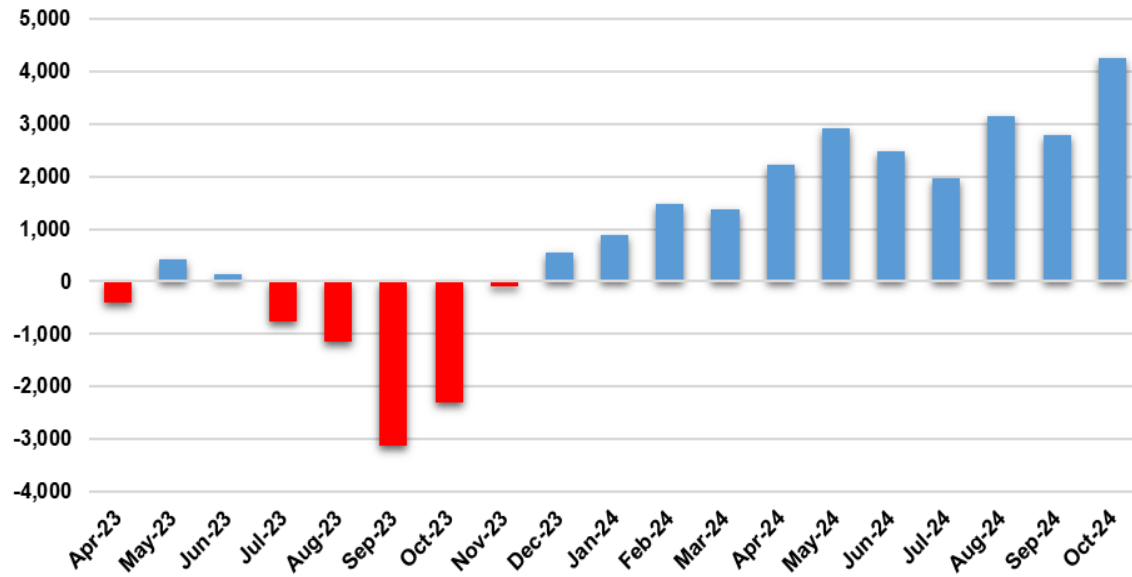
GOVERNANCE

Senior Responsible Owner: Tina Benson, COO, THH
Committee: NWL Acute Care Board (Chair: Tim Orchard); NWL Elective Care Board (Chair: Roger Chin);
Data Assurance: tbc

Operating Plan Performance: Day Case

TREND

Elective Daycase variance from Plan



NARRATIVE

Performance: Day case activity is showing variation across Trusts with all Trusts over performing year to date..

Recovery Plan: Insourcing is supporting delivery

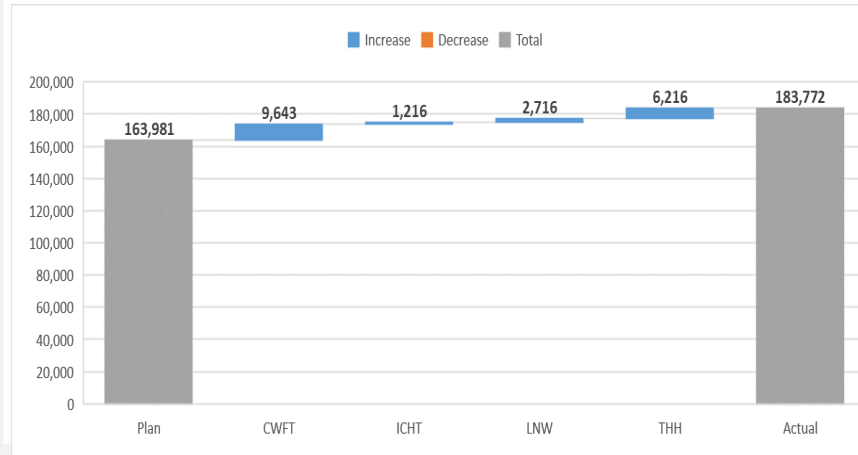
Improvements: LNW are still in a recovery process with weekly oversight meetings which has improved performance this quarter.

Forecast Risks: None forecast

CURRENT PERFORMANCE

	Current Month - Oct-24				Quarter to Date				Year to Date			
	Plan	Actual	Var	% Var	Plan	Actual	Var	% Var	Plan	Actual	Var	% Var
CWFT	5,073	6,602	1,529	30.1%	5,073	6,602	1,529	30.1%	33,070	42,713	9,643	29.2%
ICHT	10,679	10,665	-14	-0.1%	10,679	10,665	-14	-0.1%	67,176	68,392	1,216	1.8%
LNW	7,510	9,337	1,827	24.3%	7,510	9,337	1,827	24.3%	48,973	51,689	2,716	5.5%
THH	2,316	3,240	924	39.9%	2,316	3,240	924	39.9%	14,762	20,978	6,216	42.1%
APC	25,578	29,844	4,266	16.7%	25,578	29,844	4,266	16.7%	163,981	183,772	19,791	12.1%

STRATIFICATION



Year to date contribution to variance against plan

GOVERNANCE

Senior Responsible Owner: Tina Benson, COO, THH

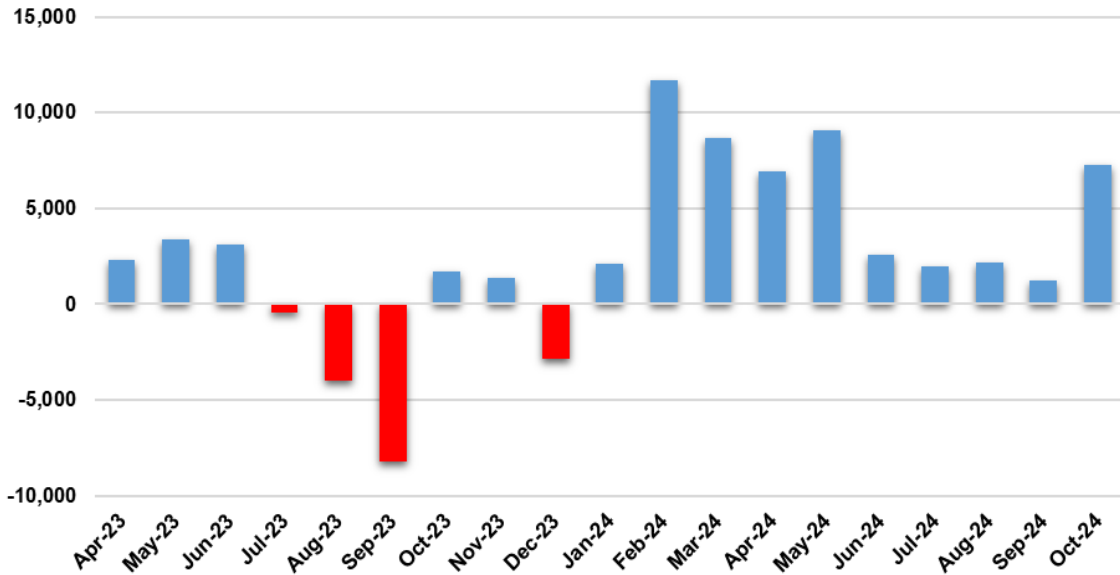
Committee: NWL Acute Care Board (Chair: Tim Orchard); NWL Elective Care Board (Chair: Roger Chin);

Data Assurance: tbc

Operating Plan Performance: Outpatient New

TREND

Outpatient New variance from Plan



NARRATIVE

Performance: Outpatient New activity across the sector is above plan in-month and is on plan at year-end.

Recovery Plan: THH are investigating a reporting/mapping issue affecting both outpatient new and procedures

Improvements: All other sites have seen significant improvement in-month, bringing the APC very close to target.

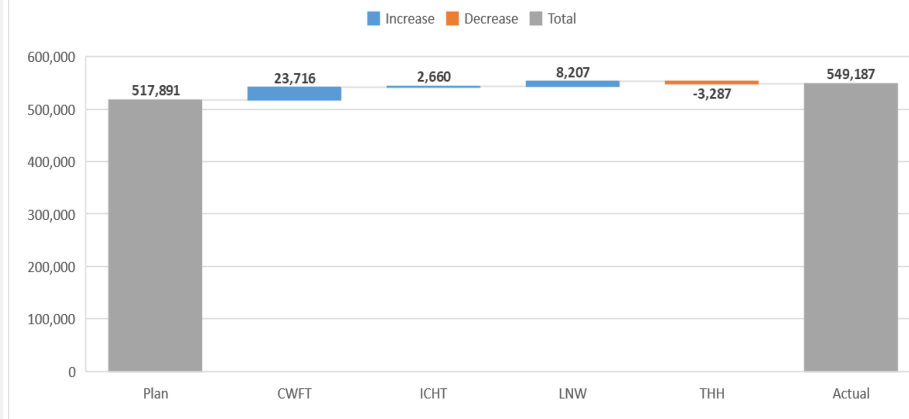
Forecast Risks: None forecast

CURRENT PERFORMANCE

Year to Date: Oct-24

	Plan	Actual	Var	% Var	Follow ups	FU Rate
CWFT	118,424	142,140	23,716	20.0%	214,117	1.5
ICHT	161,649	164,309	2,660	1.6%	371,780	2.3
LNW	174,189	182,396	8,207	4.7%	239,982	1.3
THH	63,629	60,342	-3,287	-5.2%	110,329	1.8
APC	517,891	549,187	31,296	6.0%	936,208	1.7

STRATIFICATION



Year to date contribution to variance against plan

GOVERNANCE

Senior Responsible Owner: Tina Benson, COO, THH

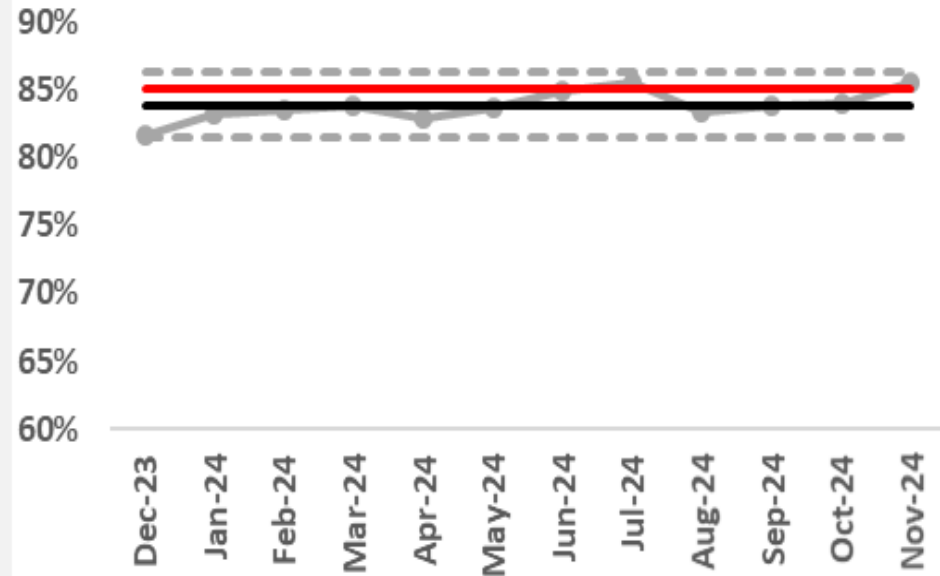
Committee: NWL Acute Care Board (Chair: Tim Orchard); NWL Elective Care Board (Chair: Roger Chin);

Data Assurance: tbc

Operations Theatre Utilisation (Uncapped)

TREND

Theatre Utilisation



85%

STANDARD

85.6%

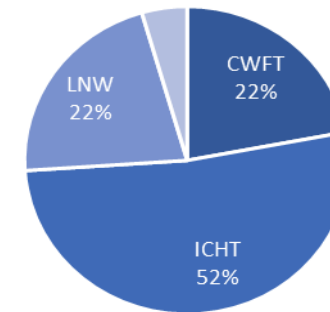
PERFORMANCE

CURRENT PERFORMANCE

Theatre Utilisation Nov-24

	Planned operating time (hours)	Theatre utilisation	Difference from target	Unused time (hours)
CWFT	2882	85.4%		419
ICHT	5554	82.2%	-2.8%	988
LNW	3730	89.0%		410
THH	1018	91.6%		86
APC	13184	85.6%		1904

STRATIFICATION



NARRATIVE

Performance: Theatre utilisation improved from previous months and is now above standard at 85.6%.

Recovery plan: ICHT performance remains below target but CWFT has improved to join THH and LNW above standard.

Improvement: Trust-wide improvement programme for ICHT across the full surgical pathway as well as in theatres themselves.

Future risk: Shortages in critical staffing groups.

GOVERNANCE

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

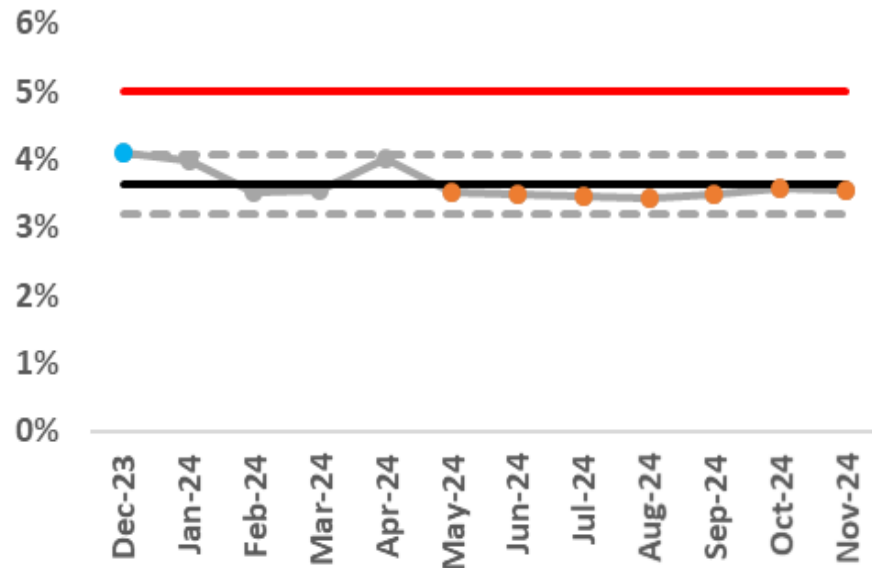
Committee: NWL Acute Care Board (Chair: Tim Orchard); NWL Elective Care Board (Chair: Roger Chinn)

Data Assurance: tbc

Operations Outpatient Transformation

TREND

Discharged to PIFU



5%
STANDARD

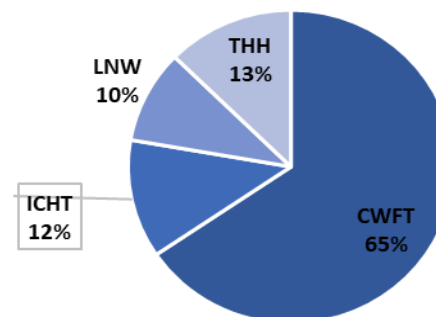
3.6%
PERFORMANCE

CURRENT PERFORMANCE

Outpatient Transformation Nov-24

	Total OP contacts	Discharged to PIFU	Difference from target	Moved / Discharged to PIFU	Impacts on		
					OPFA DNAs	OPFU DNAs	Virtual contacts
CWFT	73444	7.7%		5686	10.8%	7.8%	8427
ICHT	55753	1.9%	-3.1%	1061	10.7%	8.8%	20511
LNW	77691	1.1%	-3.9%	833	9.3%	8.7%	15273
THH	32623	3.0%	-2.0%	1098	7.4%	8.4%	5154
APC	239511	3.6%	-1.4%	8678	9.9%	8.5%	49365

STRATIFICATION



Trust share of APC discharges lower than standard

NARRATIVE

Performance: Pathways discharged to PIFU are under target and has reduced in November. A programme of work looking at those services with the greatest opportunity to utilise PIFU using GIRFT as a guide. A Cerner flow meeting to improve the usability of PIFU and standardisation has been held and which will now support clinical decisions. A clinical audit is being undertaken currently, with variation between specialities being reviewed.

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

Improvement: The APC is above the peer average of 1.8% and meeting the national average of 3.1%

Future risks: Stability, usability and interoperability of digital infrastructure

GOVERNANCE

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

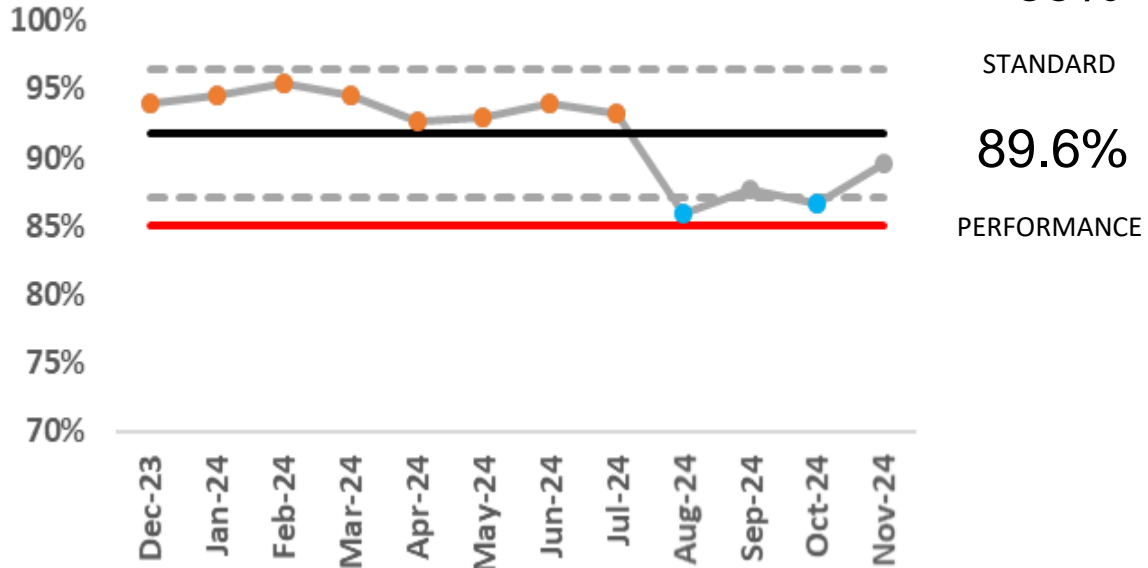
Committee: NWL Acute Care Board (Chair: Tim Orchard); NWL Elective Care Board (Chair: Roger Chinn)

Data Assurance: tbc

Operations Critical Care

TREND

Critical Care Bed Occupancy



<85%

STANDARD

89.6%

PERFORMANCE

NARRATIVE

Performance: Critical Care bed occupancy is effected by seasonal variation.

Recovery Plan: There is a revised mutual aid policy and a surge plan if additional flow should be required across the APC.

Improvements: Not required at this time.

Forecast Risks: None.

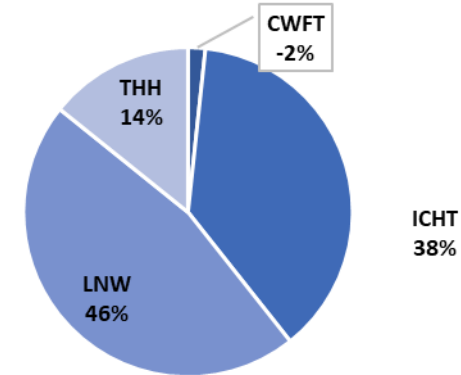
Note: There is a review in progress to ensure alignment of occupancy reporting

CURRENT PERFORMANCE

Critical Care Nov-24

	Available critical care beds	Bed occupancy	Difference from target	Unoccupied critical care beds
CWFT	20	101.7%	16.7%	-0.3
ICHT	94	92.1%	7.1%	7.4
LNW	56	83.7%		9.1
THH	12	76.7%		2.8
APC	182	89.6%	4.6%	19.0

STRATIFICATION



GOVERNANCE

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

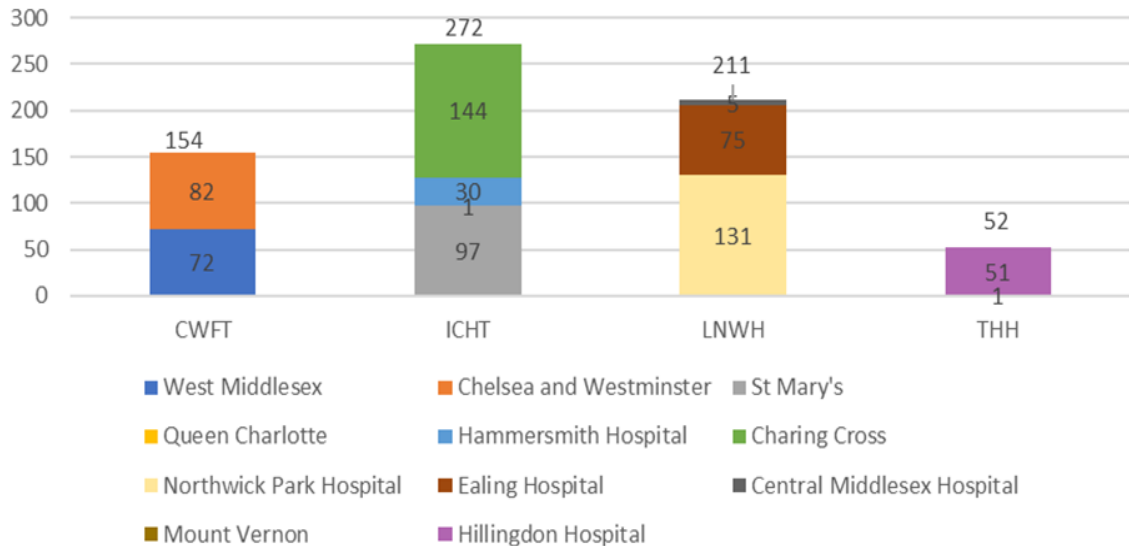
Committee: NWL Acute Care Board (Chair: Tim Orchard); NWL Critical Care Board (Chair: Julian Redhead)

Data Assurance: tbc

Discharge – patients not meeting the criteria to reside

TREND

Patient not meeting CTR by Trust and Site



NARRATIVE

Performance: Overall, the number of CTR bed occupancy continues to improve - now ~40% of patients not discharged have no CTR. This was 60% last year and is steadily improving. Bed occupancy % of NCTR has steadily improved and is now between 7-8% for NWL compared to 14-15% in 2023/24

P1 is on trajectory and confident we can achieve the 14,500k going through bridging and saving of 1.5 average delay days. Overall delay days are reducing across system and the systemic schemes for P1. Around 80% of P1 are going through bridging and leave within 12-24hrs hours. P3 delays have improvement targets which we are monitoring. P3 only recently mobilised so any impacts are emerging and are being tracked monthly. Plans are in place to evaluate all the P1 & P3 schemes in Jan 2025.

Recovery: All sites have additional beds open to manage the overall volume of patients. These beds are in essence unfunded for M1-6 of this financial year.

Improvement: Ongoing work with each local authority to improve P1 discharges.

Forecast risks: Ongoing pressure on G&A bed occupancy, continued delays for patients waiting for admission to mental health beds and all escalation beds across the APC remain open.

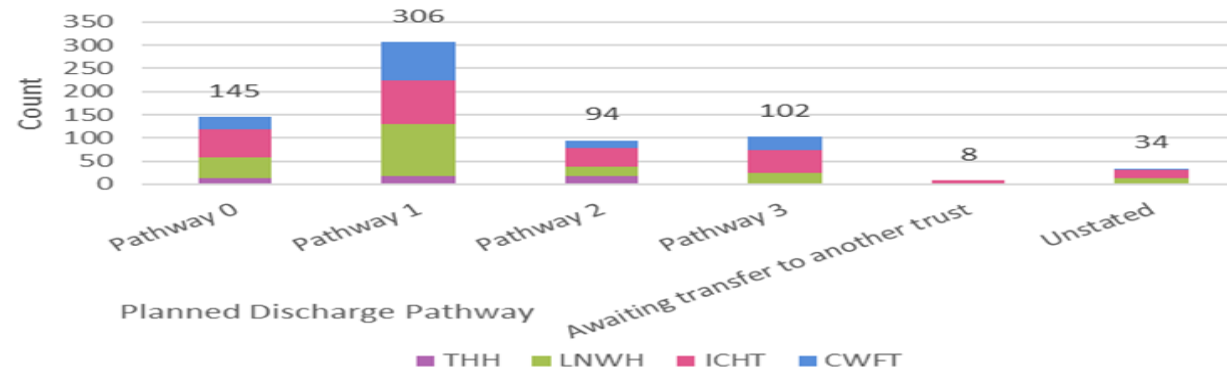
CURRENT PERFORMANCE

12-month trend Oct 23-Oct 24

Local Authority	CWFT	ICHT	LNW	THH	Total	List Size	Rate r per 10,000
Brent	1	41	44	0	86	388,755	2.21
Ealing	12	38	73	2	125	433,858	2.88
H&F	18	52	0	0	70	224,022	3.12
Harrow	0	3	55	3	61	256,630	2.38
Hillingdon	0	4	17	36	57	324,843	1.75
Hounslow	47	19	5	2	73	327,779	2.23
Kensington & Chelsea	24	23	2	0	49	268,576	1.82
Westminster	6	56	0	0	62	253,186	2.45
Out of area	46	36	15	9	106		
Total	154	272	211	52	689		

STRATIFICATION

Patient not meeting CTR by Trust and Pathway



GOVERNANCE

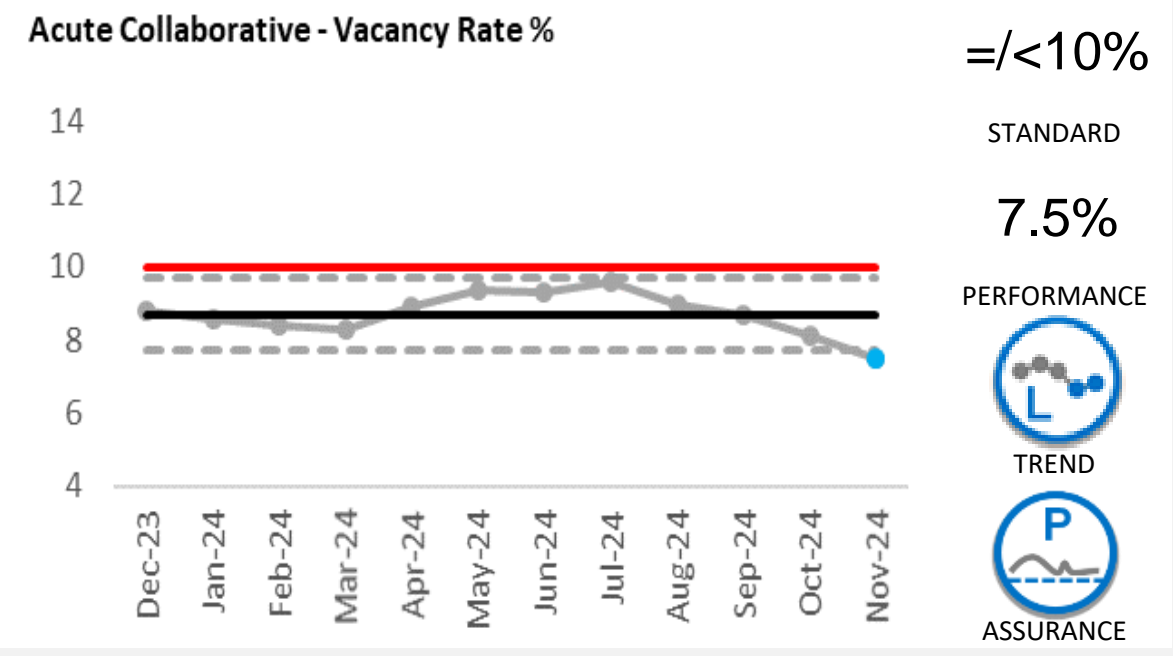
Senior Responsible Owner: Sheena Basnayake, Deputy Chief Operating Officer

Committee: APC EMB (Chair: Tim Orchard); NWL UEC Board (Chair: Rob Hurd)

Data Assurance: These figures come for the FDP via the ICB

Workforce

TREND



NARRATIVE

Performance: Vacancy rates at collaborative level are consistently hitting target and are common cause variation. Since November 2023, the collaborative vacancy level has maintained below the agreed target of 10.0% and in November 2024 was 7.5%. This performance is the result of targeted recruitment campaigns, both at home and abroad, with a continuing focus to drive further improvement.

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

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

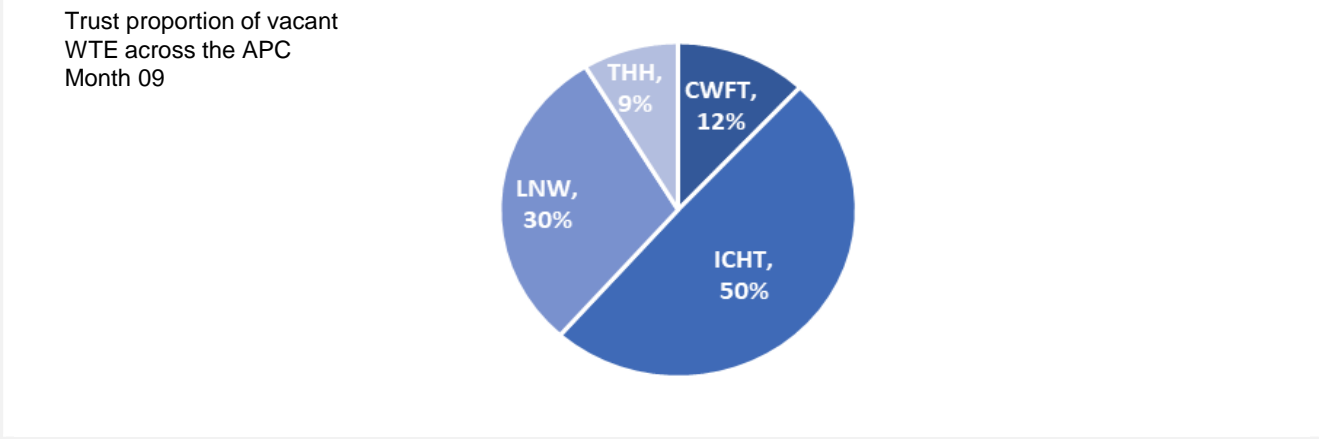
We continue to see increasing numbers of internationally appointed nurses, and this continues to have a positive impact on general nursing vacancies and we have a strong pipeline to over the coming months. Also of continued focus is the recruitment of midwives and maternity staff, with appointments to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

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

CURRENT PERFORMANCE

Vacancies	Target %	Month 08 Vacancy Rate %	Variance to Target %	Vacancy WTE
CWFT	10%	4.4%	5.6%	329
ICHT	10%	8.7%	1.3%	1,362
LNW	10%	8.4%	1.6%	818
THH	10%	6.4%	3.6%	239
APC	10%	7.5%	2.5%	2,748

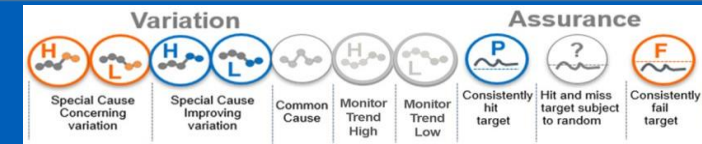
STRATIFICATION



GOVERNANCE

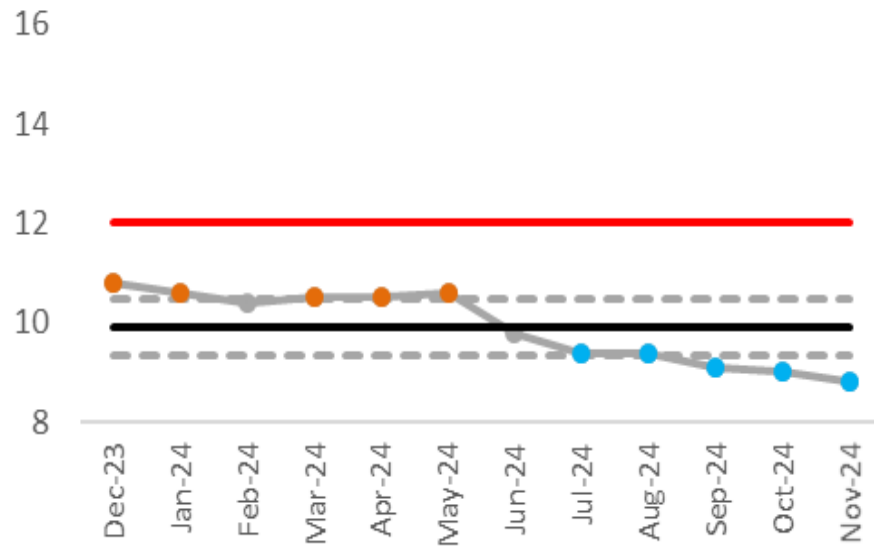
Senior Responsible Owner: Pippa Nightingale
Committee: APC People Committee
Data Assurance: tbc

Workforce Voluntary Turnover



TREND

Acute Collaborative - Turnover Rate %



= / < 12%

STANDARD

8.8%

PERFORMANCE



TREND



ASSURANCE

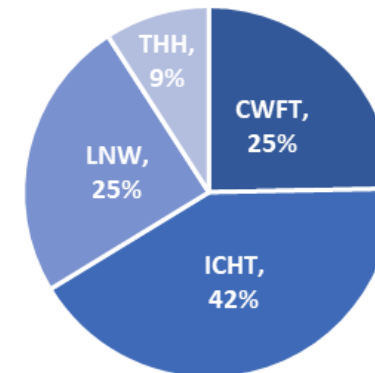
CURRENT PERFORMANCE

Voluntary Turnover

	Target %	Month 08 Turnover Rate %	Variance to Target %	Voluntary Leavers WTE (rolling 12 months)
CWFT	12%	10.6%	1.4%	594
ICHT	12%	8.8%	3.2%	1,001
LNW	12%	7.8%	4.2%	591
THH	12%	8.4%	3.6%	220
APC	12%	8.8%	3.2%	2,406

STRATIFICATION

Trust proportion of voluntary leavers wte (rolling 12 months) across the APC Month 09



NARRATIVE

Performance: Voluntary turnover continues as a special cause improving variation as, over the past year, there has been a steady reduction from 11.2% to the current position of 8.8% which is below the APC target of 12.0% and a special cause improving variation.

All Trusts have active retention projects and are part of a retention programme, supported by national resource, initiated across the NWL ICS. Acute Collaborative CPOs have shared details of existing retention initiatives to inform planning for future local or collaborative action.

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

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

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

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

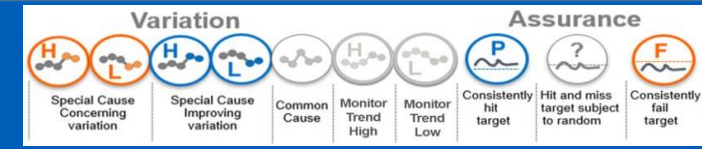
GOVERNANCE

Senior Responsible Owner: Pippa Nightingale

Committee: APC People Committee

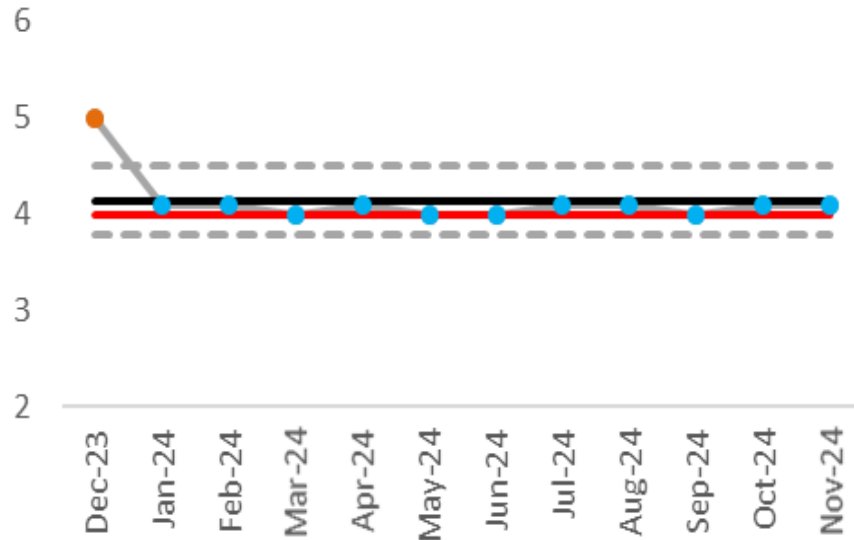
Data Assurance: tbc

Workforce Sickness Absence



TREND

Acute Collaborative - Rolling Sickness Rate %



= / < 4%

STANDARD

4.1%

PERFORMANCE



TREND



ASSURANCE

NARRATIVE

Performance: Within seasonal normal range and for November 2024 we are collectively at 4.1%; slightly above the agreed 4.0% target and a common cause variation.

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

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

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

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

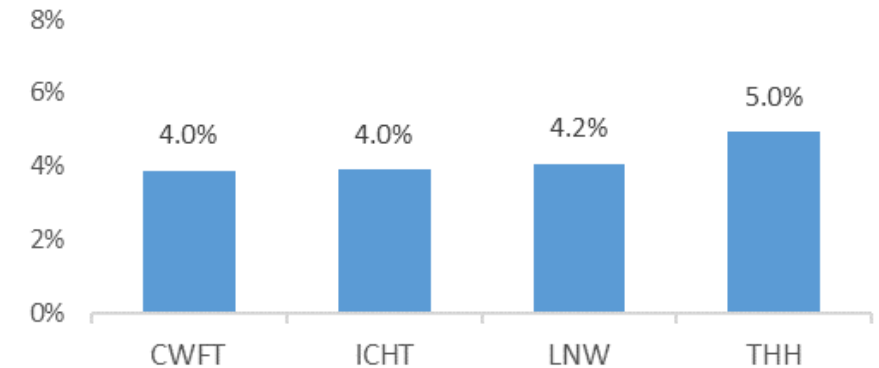
CURRENT PERFORMANCE

Rolling Sickness Absence

	Target %	Month 08 12 Month Rolling Sickness Absence Rate %	Variance to Target %	Month 09 In-Month Sickness Absence Rate %
CWFT	4%	4.0%	0.0%	4.0%
ICHT	4%	4.0%	0.0%	4.3%
LNW	4%	4.2%	-0.2%	4.7%
THH	4%	5.0%	-1.0%	5.5%
APC	4%	4.1%	-0.1%	4.4%

STRATIFICATION

12 Month Rolling Sickness Absence Rate % across the ACC Month 09



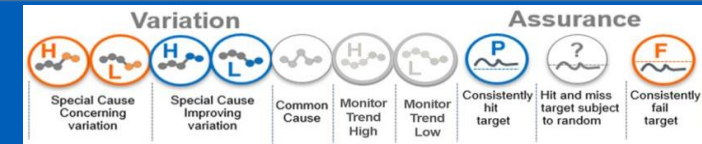
GOVERNANCE

Senior Responsible Owner: Pippa Nightingale

Committee: APC People Committee

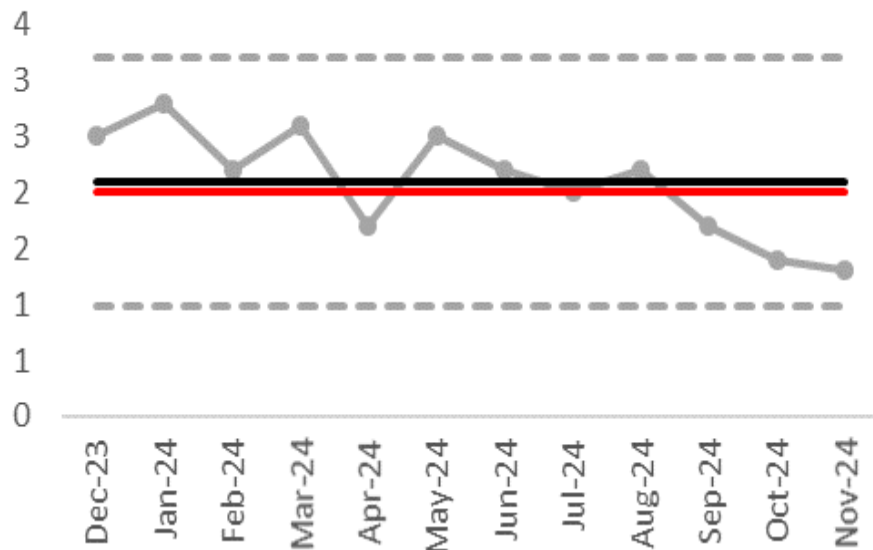
Data Assurance: tbc

Workforce Productivity - Agency Spend



TREND

Acute Collaborative - Agency Spend % of Paybill



= / < 2%

STANDARD

1.3%

PERFORMANCE



TREND



ASSURANCE

NARRATIVE

Performance: Agency spend, as a proportion of overall pay bill, is our productivity measure with a collective target set at 2%. Current performance for November 2024 was 1.3% and within target and is a common cause variation.

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

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

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

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

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

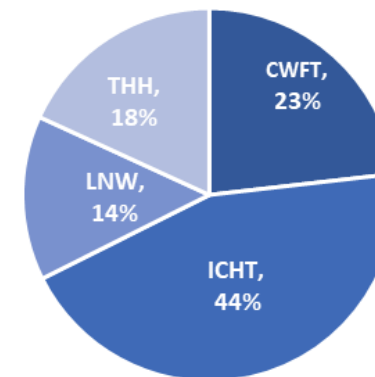
CURRENT PERFORMANCE

Productivity - Agency Spend

	Target %	Month 08 Agency Spend Rate %	Variance to Target %	Agency Spend £ (in Month)
CWFT	2%	1.1%	0.9%	673,697
ICHT	2%	1.4%	0.6%	1,291,098
LNW	2%	0.8%	1.2%	413,652
THH	2%	2.3%	-0.3%	527,497
APC	2%	1.3%	0.7%	2,905,497

STRATIFICATION

Proportion of agency spend (£) by Trust across the APC For Month 09



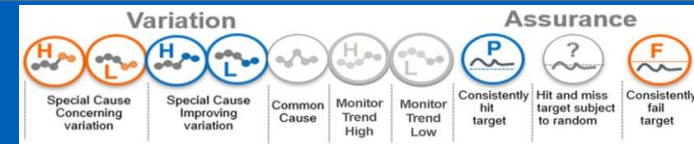
GOVERNANCE

Senior Responsible Owner: Pippa Nightingale

Committee: APC People Committee

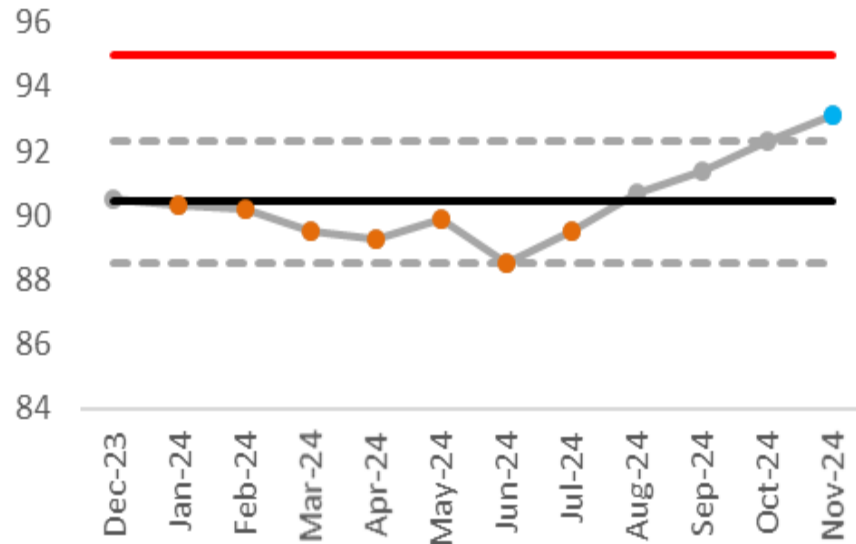
Data Assurance: tbc

Workforce Non-Medical PDR



TREND

Acute Collaborative - PDR Completion Rate %



= / < 95%

STANDARD

93.1%

PERFORMANCE



TREND



ASSURANCE

NARRATIVE

Performance: Completion rates for non-medical **Performance Development Reviews** (PDR), is an area of focus, albeit we have seen an improvement on the performance of this metric over the past ten months.

The APC at Month 09 has a medical PDR rate of 88.7%, which is split as follows CWFT 87.0%; ICHT 94.0%; LNW 89.3% & THH 85.4%.

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

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

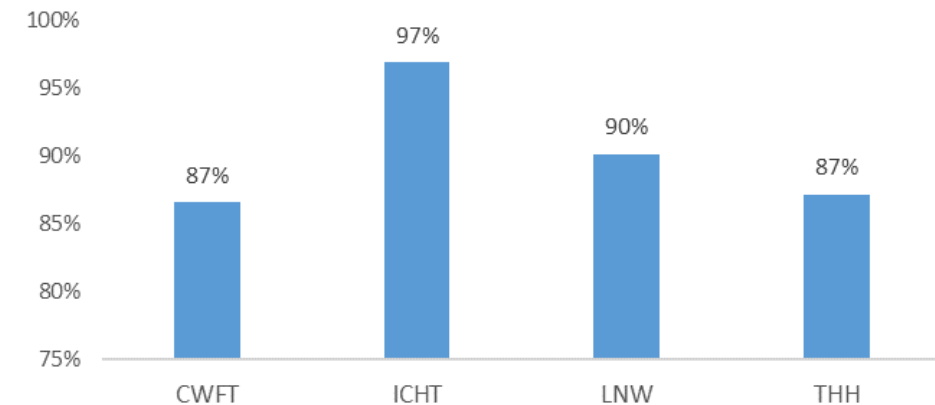
CURRENT PERFORMANCE

Non Medical PDR

	Target %	Month 08 PDR / Appraisal Rate %	Variance to Target %
CWFT	95%	86.6%	-8.4%
ICHT	95%	96.9%	1.9%
LNW	95%	90.1%	-4.9%
THH	95%	87.2%	-7.8%
APC	95%	93.1%	-1.9%

STRATIFICATION

Month 09 Non-Medical PDR Rate % by Trust across the APC



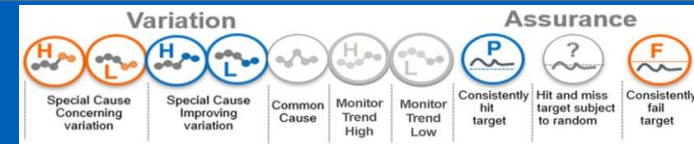
GOVERNANCE

Senior Responsible Owner: Pippa Nightingale

Committee: APC People Committee

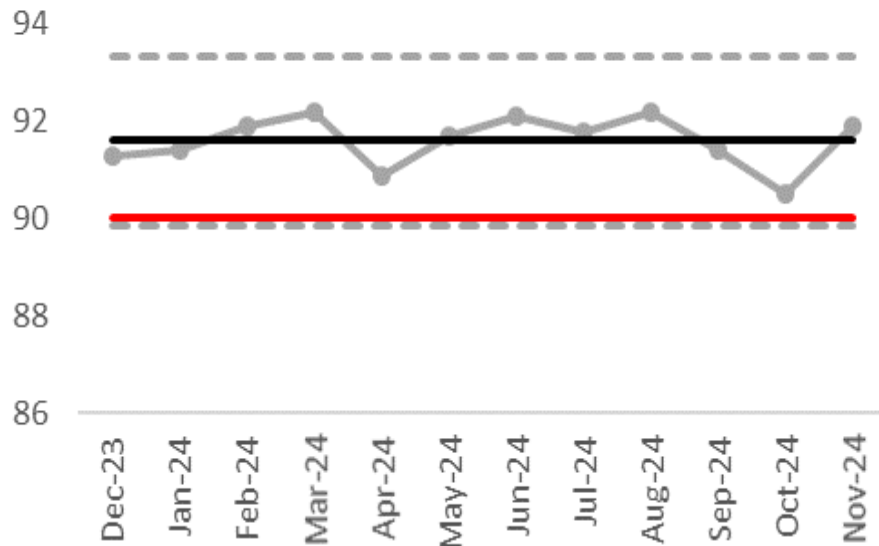
Data Assurance: tbc

Workforce Core Skills Compliance



TREND

Acute Collaborative - Core Skills Rate %



=/ \leq 90%

STANDARD

91.9%

PERFORMANCE



TREND



ASSURANCE

NARRATIVE

Performance: Core Skills (statutory & mandatory training) compliance is essential in the delivery of safe patient care as well as supporting the safety of staff at work and their ability to carry out their roles and responsibilities in an informed, competent and safe way.

All Trusts across the collaborative continue to perform well against the target for Core Skills compliance and it is not an area of concern at collaborative level.

Recovery Plan / Improvements: Topic level performance monitoring and reporting is key to driving continual improvement with current areas for focus. The induction programmes for doctors in training includes time for them to complete the online elements of their core skills training, which is essential during high rotation activity including November and November.

Where possible, auto-reminders are in place for both employees and their line managers to prompt renewal of core skills training as are individual online compliance reports as well as previous mandatory training accredited for new starters and doctors on rotation to support compliance.

Forecast Risks: None

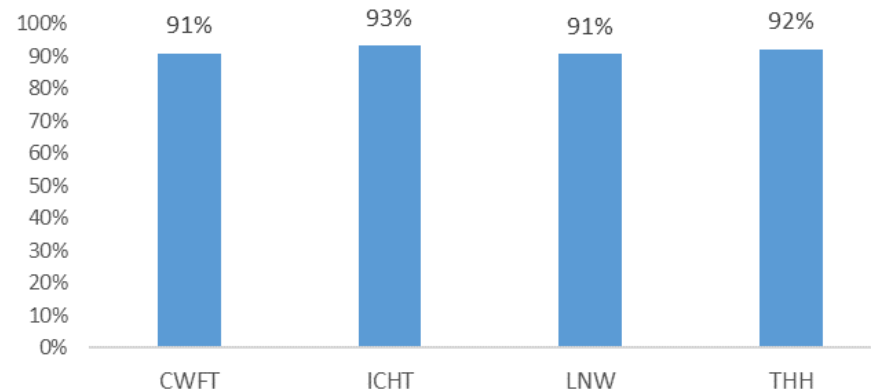
CURRENT PERFORMANCE

Core Skills Compliance

	Target %	Month 08 Core Skills Compliance Rate %	Variance to Target %
CWFT	90%	91.0%	1.0%
ICHT	90%	93.3%	3.3%
LNW	90%	90.8%	0.8%
THH	90%	92.3%	2.3%
APC	90%	91.9%	1.9%

STRATIFICATION

Month 09 Core Skills Compliance Rate % by Trust across the APC



GOVERNANCE

Senior Responsible Owner: Pippa Nightingale

Committee: APC People Committee

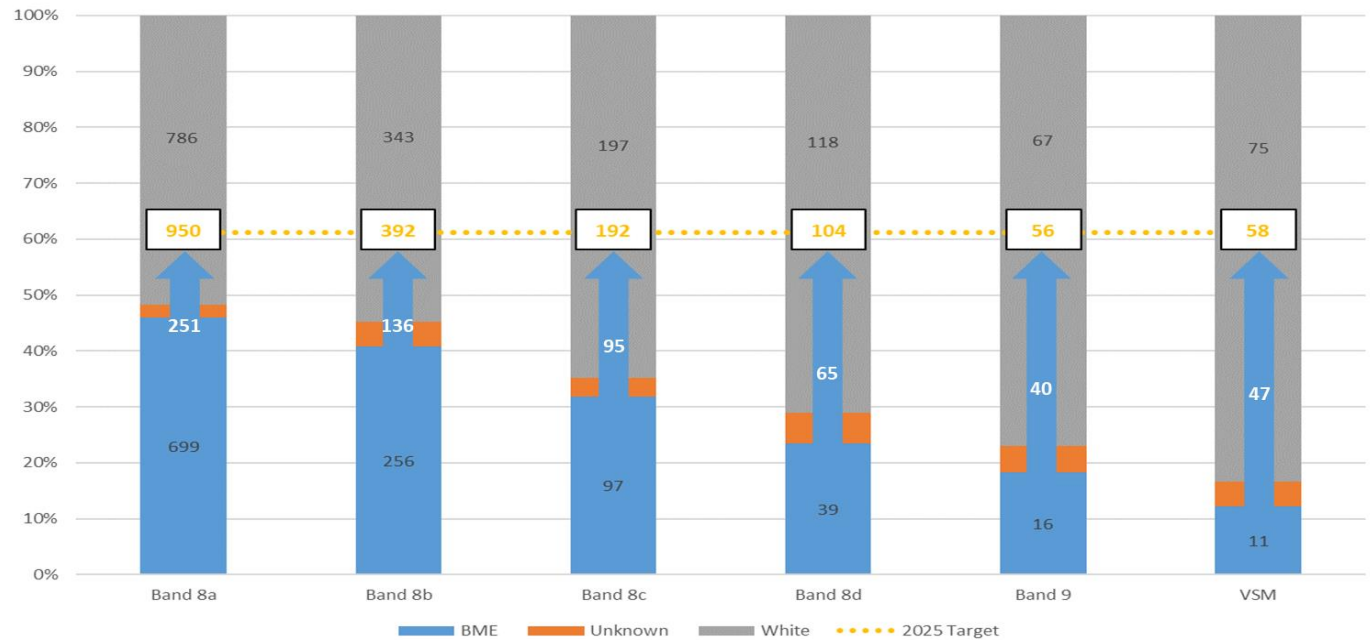
Data Assurance: tbc

Workforce Equity

It has been agreed that for Equality, Diversity and Inclusion there will be a quarterly update on progress towards the Model Employer Goals. At Acute Collaborative Provider (ACP) Level BAME employees represent 62% of total workforce. To enable the ACP to achieve its 2025 MEG goals, each senior pay band needs to reflect 61% of BAME staff within each pay band. Included in this report is the latest quarterly update.

Workforce Model Employer Goals - Overview

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

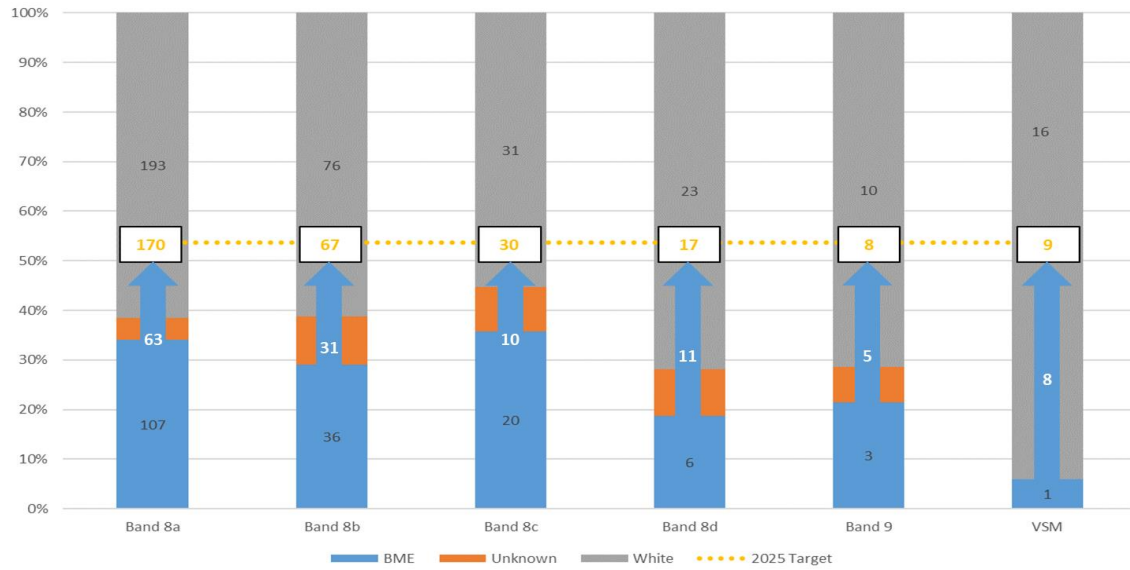


Actions being taken and developed to support MEG goals across the ACP at trust level are as follows (but not limited to);

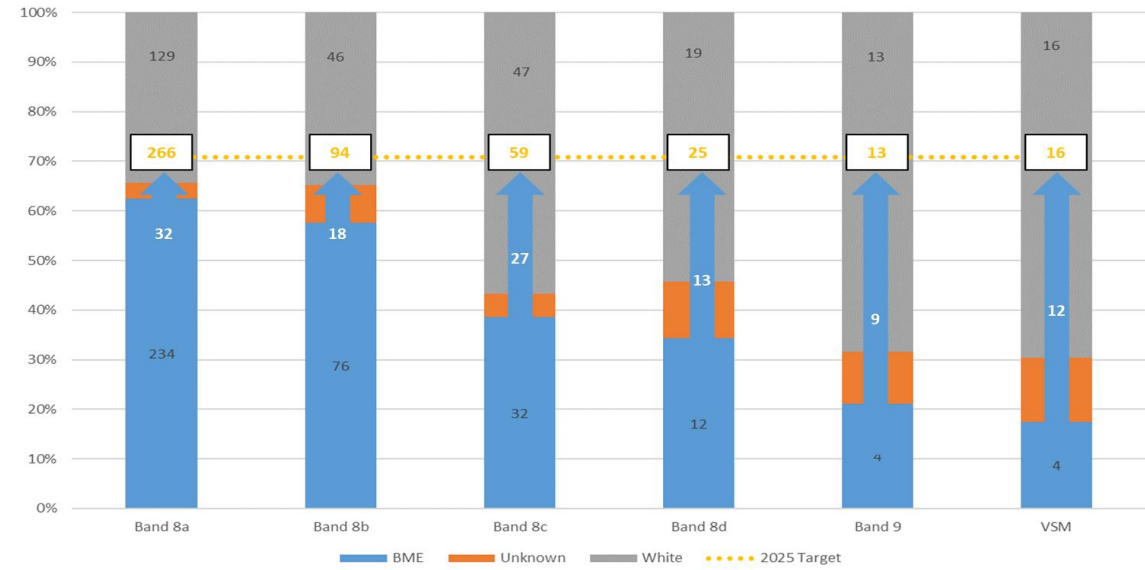
- Inclusive talent management strategies
- Succession planning to enable identifying, support and promotion of talent
- Inclusive recruitment means panels are gender-diverse and ethnically inclusive
- Diverse recruitment panels for all roles above band 7
- Regular monitoring and reporting on MEG targets

Workforce Model Employer Goals - Provider

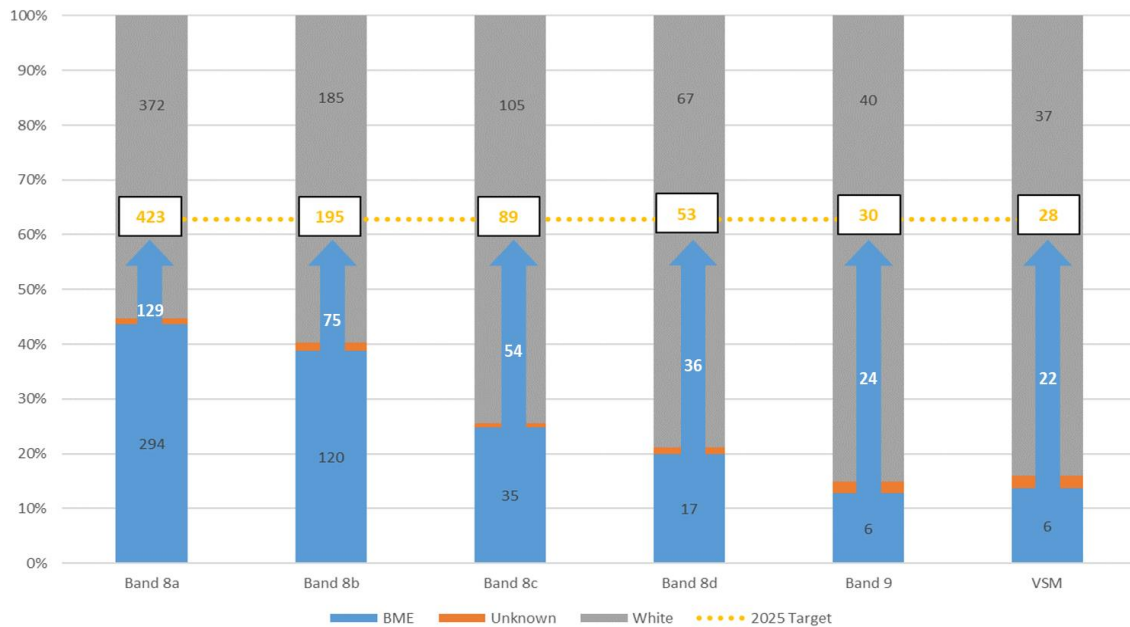
CWFT



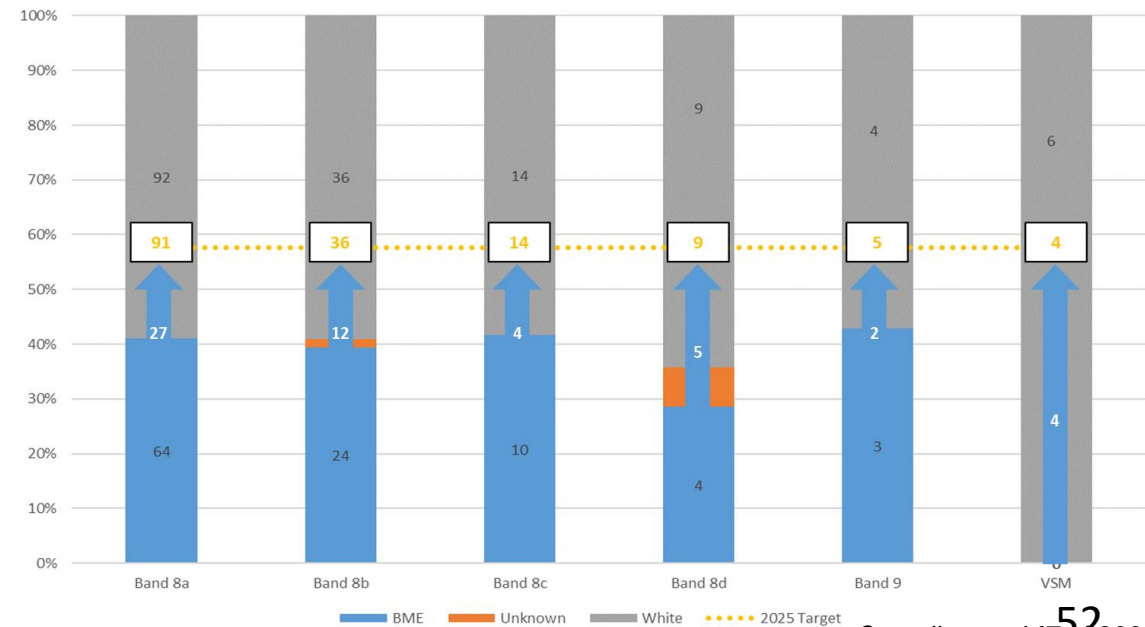
LNW



ICHT




THH



5.2 COLLABORATIVE SAFEGUARDING ANNUAL REPORT 2023/24 (JANICE SIGSWORTH)

REFERENCES

Only PDFs are attached

 5.2 APC Safeguarding Annual Report 2023 24 for BiC.pdf

NWL Acute Provider Collaborative Board in Common (Public)

21/01/2025

Item number: 5.2

This report is: Public

Collaborative Safeguarding Annual Report 2023-24

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

Accountable director: Chief Nursing Officers

Purpose of report

Purpose: Assurance

The Board in Common is asked to:

-Note this summary of the Safeguarding Annual Reports (both Adult and Children) for each Trust in the Collaborative covering the period 1 April 2023 to 31 March 2024.

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

-Note that each local Trust has publish their detailed Safeguarding Annual Report on their website.

Report history

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

Collaborative Quality Committee	Committee name	Committee name
17/12/2024	Click or tap to enter a date.	Click or tap to enter a date.
Noted	What was the outcome?	What was the outcome?

Executive summary and key messages

This paper summarises the key findings of the statutory safeguarding reports for the period 1 April 2023 to 31 March 2024 for the four Trusts comprising the North West London Acute Provider Collaborative. The four Trusts (in alphabetical order) are:

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

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

Strategic priorities

Tick all that apply

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

Click to describe impact

Impact assessment

Tick all that apply

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

Reason for private submission

Tick all that apply

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

Main report

North West London (NWL) Acute Provider Collaborative Safeguarding Annual Report 2023-24

1. Introduction

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

2. The Governance of Safeguarding across the Collaborative

- 2.1 The NHSE Safeguarding Children, Young People and Adults at Risk Accountability and Assurance Framework (2024), sets out the safeguarding roles, duties, and responsibilities of all organisations in the NHS.
- 2.2 Working Together to Safeguard Children (2023) requires that each organisation has a named nurse for children, a named midwife and a named doctor. The NHS Standard Contract states that there must be leads in Child sexual abuse/exploitation; mental capacity and Liberty Protection Safeguards (LPS), plus a Prevent Lead.
- 2.3 Each of the four Trusts within the Collaborative can provide assurance that:
- They have a Safeguarding Policy (for both adults and children) that is in date and reflects national legislation and regulatory requirements
 - They have a dedicated and established safeguarding service
 - They have a named Executive Director responsible for the Safeguarding function and process – this is the Chief Nurse at each Trust.
 - Partnership working is a statutory requirement of The Children Act (2004) and Care Act (2014). Each Trust works collaboratively with all local authorities (and beyond) in which each organisations sits and the Integrated Care Board (ICB) to safeguard our patients and staff. The joint Children and Adults Integrated Safeguarding Board (ISB) meets quarterly with Trust and Integrated Care Board (ICB) representatives. The ISB provides assurance to the Trust Board from the strategic objectives and the North

West London ICB Safeguarding Health Outcomes Framework (SHOF) to ensure the Trust is meeting its statutory safeguarding functions.

- Each Trust also provides safeguarding assurance to the Care Quality Commission (CQC), and (NWL) Integrated Care Board (ICB).
- Each Trust has a named nurse, named doctor and named midwife for safeguarding children and young people.

2.4 Each Trust has a local safeguarding committee which oversees the provision of safeguarding services across its Trust and seeks assurance that these services are in place and effective. Membership includes Trust named professionals, designated professionals from the Integrated Care Board (ICB), local authority safeguarding representatives and senior nurses from the clinical divisions. These committees focus on assurance, key decision-making, professional challenge and transferring knowledge and learning back to frontline staff. Each Trust provides regular updates throughout the year as well as the annual reports, to its local Trust Quality Committee.

3 Key priorities

3.1 NHS England key safeguarding work streams for 2023 -24 relevant to the Trusts within the Acute Provider Collaborative were identified as:

- Mental Capacity (Amendment) Act 2019
- Domestic Abuse Act 2021 and Serious Violence Duty 2022
- Female genital mutilation information system
- Safeguarding in Specific Contexts:
 - Sexual abuse in sports and other organisational contexts, highlighting safeguarding responsibilities beyond traditional healthcare boundaries.
 - Mental health and suicide prevention, particularly in the context of safeguarding vulnerable individuals in acute settings
 - Addressing online harms, such as grooming and exploitation via digital platforms
- Data Sharing and Information Governance:
 - Ensuring Trusts understand their responsibilities for effective information sharing to protect individuals while maintaining confidentiality

3.2 A key area of focus for each Trust is the continued delivery of additional safeguarding families training at level 3 for children, adults and maternity, embedding the Oliver McGowan training and learning from any serious incidents.

3.3 The Trusts have made progress standardising the formats of the safeguarding reports; further work will focus on standardising the data where possible. This will take into consideration equality and diversity aspects in partnership with the ICB.

4 Training

- 4.1 The Intercollegiate Document Guidance underpins safeguarding training requirements for both safeguarding adults and children. The documents describe roles and responsibilities, and details the level of training required. Each level of training requires that staff need to complete a minimum number of hours training over a three-year period and that these training hours can be met by undertaking a variety of different training interventions.
- 4.2 The Key Performance Indicator (KPI) for safeguarding training is locally agreed by the North West London Integrated Care Board. This is set at 90%.
- 4.3 Each Trust achieved over 90% training compliance for level 1 & level 2 safeguarding training for both adults and children.
- 4.4 The Oliver McGowan training is an area for focused improvement across the collaborative having launched in November 2023.

5 Domestic Abuse

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

6 Learning Disabilities

- 6.1 Learning disabilities and autism remain a priority of the NHS Long Term Plan. Each Trust has a processes in place to ensure patients accessing one of our hospitals have timely and equitable care, and reasonable adjustments are made. There is also collaborative working with the multi-disciplinary teams in relation to assessing, planning, implementing, and evaluating care from admission to discharge.
- 6.2 Training remains a priority, to improve staff knowledge and skills, which will increase on-site expertise to provide person centred care. Learning disability awareness training is included in the safeguarding level 3 training,
- 6.3 Learning disability and autism awareness training became mandatory in November 2023 for all NHS and social care staff. Each Trust within the Collaborative has launched this training in 2023/24.

7 Mental capacity and Deprivation of Liberty

- 7.1 The Mental Capacity Act 2005 provides a legal framework for acting and making best interest decisions on behalf of people aged 16 and over who lack the capacity to make a particular decision at a specific time. The Deprivation of Liberty Safeguards (DoLS) is an

amendment to the Mental Capacity Act 2005. DoLS is a legal framework for individuals aged 18 and over who lack the capacity to consent. To deprive a person of their liberty, hospitals can apply urgent authorisation and apply for standard authorisation from the person's local authority.

- 7.2 Each Trust has an MCA policy, training, and the Safeguarding Team and Legal Team provide supervision and guidance for staff. The safeguarding teams continue to raise MCA and DoLS awareness through training, supervision and visibility on the wards to support staff to embed MCA and DoLS in practice.
- 7.3 In April 2022, the Mental Capacity (Amendment) Act (2019) was expected to come into effect to replace Deprivation of Liberty Safeguards (DoLS) with Liberty Protection Safeguards (LPS). However, this has been delayed and will be revisited after the review of the assisted dying bill. It is anticipated LPS will provide a more streamlined response by including persons aged 16 and over, transferring responsibility for authorising deprivations from local authorities to NHS bodies in certain cases; and reducing the number of cases in which specialist assessors are required. People who might have an LPS authorisation include those with dementia, autism and learning disabilities who lack the relevant capacity.

8 PREVENT

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

9. Data

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

increased in 2023/24 compared to the previous year in 3 out of the 4 Trusts, with a slight reduction in referrals at London North West Hospitals NHS Trust.

10. Conclusion

10.1 All four Trusts within the Acute Provider Collaborative have published their annual safeguarding reports for 2023/24; these provide assurance that their safeguarding frameworks and practices are compliant with the national statutory duties and mandatory requirements required to safeguard adults and children.

10.2 The annual reports for 2023/24 are available to view on the individual Trust websites:

[CWFT Annual Safeguarding Report 2023/24](#)

[ICHT Annual Safeguarding Review 2023/24](#)

[LNWH Annual Safeguarding Report 2023/24](#)


[THHFT Annual Safeguarding Report 2023/24](#)

5.3 LEARNING FROM DEATHS QUARTER 2 REPORT (JON BAKER)

Please note for BiC members, individual Trust reports can be found in the TeamEngine Reading Room. For members of the public these can be found in the appendix document on the NWL APC website

REFERENCES

Only PDFs are attached

 5.3 BiC learning from deaths Q2 v1.pdf

NWL Acute Provider Collaborative Board in Common (Public)

21/01/2025

Item number: 5.3

This report is: Public

Acute provider collaborative Learning from Deaths quarter two 2024/25 summary report

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

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

Purpose of report

Purpose: Information or for noting only

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

Report history

Trust Quality Committees

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

Acute Provider Collaborative mortality surveillance meeting

04/12/2024
Trust reports were reviewed and the contents of this paper discussed and agreed.

Acute Provider Collaborative Quality Committee

17/12/2024
The committee noted the findings within the report and the on-going work of the mortality surveillance meeting to standardise key processes and metrics. The report was approved for onward submission to Board-in-common.

Executive summary and key messages

- 1.1. In line with national guidance each Trust provides a quarterly report to their quality committee on mortality surveillance and other learning from deaths processes. This report presents a summary of the findings from the quarter two reports of 2024/25.
- 1.2. Individual Trust reports are in the reading room and provide assurance that deaths are being scrutinised in line with requirements and learning shared and acted upon through Trust governance processes.
- 1.3. Our mortality rates continue to be lower than, or as expected, when compared nationally, with regular review of these occurring both internally and through the APC quality committee. All Trusts have a “lower than expected” hospital standardised mortality ratio (HSMR) for the period June 2023 to May 2024. The Hillingdon Hospitals NHS Foundation Trust (THH) has an “as expected” standardised hospital mortality indicator (SHMI), although this is below the national benchmark of 100, with all others remaining “lower than expected”.
- 1.4. Changes have been made nationally to the HSMR methodology which are expected to result in an increase in rates across the APC. This includes removal of the adjustment for palliative care coding, implementation of a new comorbidity framework, use of a new deprivation scoring system and changes in the diagnostic groupings which make up the ratio. The impact of this will be reported in quarter 3.
- 1.5. There continue to be low numbers of cases where clinical concerns are identified through Level 2 reviews. There were six instances of sub-optimal care where different care might have made a difference compared to five last quarter. No common themes were identified across these cases.
- 1.6. Work to improve care at the end of life, a consistent theme across most quarters, continues with local actions in place. Care at the end of life is now included in the APC pathway improvement work.
- 1.7. All Trusts continue to investigate variations between observed and expected deaths by diagnostic group. Reviews undertaken in quarter two were presented to the APC mortality surveillance group in December, with no clinical concerns identified.
- 1.8. Work is ongoing to analyse ethnicity data for deceased patients. Using ethnicity data from the NWL Whole System Integrated Care (WSIC) as part of this ICHT has reduced the percentage of cases where ethnicity is unknown from 17% to 9%.
- 1.9. Medical Examiner services were successfully implemented by all four Trusts into local London Boroughs in September 2024, with no issues to escalate.

Strategic priorities

Tick all that apply

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

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

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

Impact assessment

Tick all that apply

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

Mortality case review following in-hospital death provides clinical teams with the opportunity to review outcomes and learning in an open manner. Effective use of mortality learning from internal and external sources provides enhanced opportunities to reduce in-hospital mortality and improve clinical outcomes and experience for patients and their families.

Main report

2. Learning and Improvements

- 2.1. Each Trust has processes in place to ensure learning happens after all in-hospital deaths and that this is shared and actions implemented where required.
- 2.2. There are no issues for escalation to this committee.
- 2.3. The key theme for improvement from reviews undertaken in this quarter relates to care at the end of life, including recognition and timely referral to palliative care, agreement and documentation of advanced care planning / treatment escalation plans and the involvement of patients and families in these processes. This theme is consistent with previous quarters with local trust work in place.
- 2.4. At individual trust level the reviews show evidence of improvements in some key areas, as well as some themes for improvement including:
 - **CWFT:** reviews continue to highlight areas for improvement around timely and accurate documentation of treatment escalation plans (TEP) and DNAR discussions. This includes communication with families and supporting understanding of the patient care plan and expectations. The Trust recognises the importance of delivering high quality end of life care and has laid out key areas of focus around earlier identification, advance care planning, timely discharge planning to patient's preferred place of care and death.
 - **ICHT:** reviews have identified examples of excellent team working and good communication with families. An area for improvement identified in a small number of cases is around the importance of effectively responding to patient deterioration. This is a safety improvement priority with a focus on management of patients with sepsis and

implementing the new NICE guidance and the pilot work to implement all stages of Martha's rule.

- **LNW:** reviews have identified examples of good utilisation of treatment escalation plans in collaboration with palliative care teams. Areas for improvement include better recording of discussions with the next of kin on Cerner, increased involvement of nursing staff when addressing family concerns, the approach to ceiling of care decisions and advanced care planning. Improvement plans are in place/development through appropriate governance processes.
- **THH:** reviews identified excellent communication with families by the clinical teams. There were some cases which identified areas for improvement, including timeliness of blood components for transfusion (one case), and timeliness of transfers to facilitate critical intervention (one case). Findings have been shared for further review at Specialty M&Ms which will in turn inform improvement work.

3. Thematic Review

3.1. A shared core data set has been created for use in all learning from death reports and is included in individual Trust reports.

3.2. Mortality rates and numbers of deaths

3.2.1 Data shows that each Trust continues to have a rolling 12-month HSMR below the national benchmark of 100 and are 'lower than expected' for the latest HSMR. THH remains 'as expected' for SHMI with all other Trusts 'lower than expected' for this indicator.

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

3.2.3 Changes have been made nationally to the HSMR methodology, this includes removal of the adjustment for palliative care coding, using a new comorbidity framework and deprivation scoring system and changes in the diagnostic groupings which make up the ratio. This is expected to cause a rise in the ratio across the APC, the impact of which will be reported in quarter 3. The SHMI methodology is not changing.

3.2.4 HSMR and SHMI diagnostic group data is reviewed by the APC mortality surveillance group, with variation noted. Trusts are now regularly reviewing HSMR and SHMI diagnostic groups with a score above 100, or where HSMR is increasing, to understand the differences. Reviews undertaken in quarter two include:

- **ICHT:** Review of an increase in crude deaths in maternity in August 2024 (n=7) has been completed with no new clinical concerns identified. A review of the Asthma and Acute Myocardial Infarction (AMI) diagnostic groups are underway. A review of non-AMI deaths in Cardiology has also begun following an increase in HSMR above the national benchmark of 100 in August 2024, although this is still within the expected range. These reviews will be completed in Q3 and included in the next Learning from Deaths report.
- **THH:** Reviews are continuing into the following areas: Other Perinatal Conditions, Hypertension complicating pregnancy, childbirth and the puerperium, Poisoning by other medications and drugs, and Gastroduodenal ulcer (except haemorrhage). Outcomes will be summarised in the quarter three report.

- 3.2.5 There were no diagnostic groups requiring further review at CWFT, and none reviewed at LNW in Q2.
- 3.2.6 Site level HSMR data has been provided by Telstra Health UK and was discussed at the APC mortality surveillance group. The table below shows most recent data available. All reported sites are below 100 and sites shown in green have a low relative risk.

Provider Rolling 12 month HSMR	June 23 to May 24
ICHT (St Mary's)	71.6
ICHT (Charing Cross)	71.9
ICHT (Hammersmith)	92.0
CWFT (ChelWest)	68.5
CWFT (West Middx)	86.3
THH (Hillingdon)	94.0
LNW (Northwick)	95.9
LNW (Ealing)	86.1
LNW (St Mark's)	50.1
National Benchmark	100.0

- 3.2.7 Queen Charlotte's and Chelsea Hospital (ICHT) and Mount Vernon (THH) have been removed from reporting as the numbers of deaths are very low which causes too much variation for the data to be used effectively. Deaths at these sites are still reviewed through standard learning from deaths processes.
- 3.2.8 There has been a period of recent increase at Hammersmith Hospital which is being reviewed by ICHT. This will be linked to the rising HSMR in Cardiology and recent alerts for the acute myocardial infarction diagnostic group due to the services operating on that site. Findings will be included in the quarter three report.

3.3. Medical examiner reviews

- 3.3.1 All Trusts have a medical examiner service in place who scrutinise in-hospital deaths. All in-patient deaths were scrutinised by respective offices in quarter two.
- 3.3.2 Following collaborative work via a NWL task and finish group, all Trusts successfully expanded medical examiner scrutiny to all non-coronial deaths occurring in NWL boroughs in September 2024, with no issues to escalate.
- 3.3.3 All four Trusts continue to provide weekend ME scrutiny, prioritising urgent cases i.e. deaths requiring urgent body release. Learning from each Trust continues to feed into collaborative work with an aim to establish a shared weekend medical examiner service future.
- 3.3.4 ICHT has continued work to improve the timeliness of issuing MCCDs for all deaths through a change in process. The service now provides 85% of urgent certificates within 24 hours of the death occurring and 63% of non-urgent certificates within 3 calendar days, both up from around 50% at the start of this quarter when improvement work began. This was in response to complaints and incidents involving delays. These KPIs will continue to be monitored and reported monthly by the service.
- 3.3.5 THH have worked towards resolving the issue with timely and accurate identification of new acute deaths since the implementation of Cerner in November 2023. Working groups are in

place to review Cerner End-Of-Life and discharge processes. The first outcome of this initiative is the creation of an on-demand report detailing all hospital confirmations of death, which includes links to the corresponding patient records.

3.4. Level 2 reviews

3.4.1 Deaths where there are concerns, or which meet agreed criteria, are referred by the medical examiner for a case note 'Level 2' review. The percentage of deaths referred during quarter two were 24% at LNW, 11% at THH, 13% at ICHT and 43% at CWFT.

3.4.2 A shared set of 'triggers' for these reviews were implemented at the end of quarter one to allow consistent reporting on themes. CWFT have also retained local triggers to be used where potential learning was identified at initial screening by consultants or for other local reasons such as requests from divisional mortality review groups, this explains the higher percentage referral data there.

3.4.3 All Trusts have implemented the CESDI scoring system to identify whether a death was avoidable in order to produce standard outputs from Level 2 reviews. Outcomes show low numbers of cases where definite issues are confirmed through Level 2 review which aligns with the lower-than-expected mortality ratios. Six cases where sub-optimal care might have contributed to the patient's outcome were identified from completed reviews for deaths in this quarter which is similar to the previous quarter.

3.4.4 For deaths which occurred in quarter two:

- **CWFT:** 42 Level 2 reviews completed with no cases of sub-optimal care that might have made a difference to the patient's outcome.
- **ICHT:** 43 Level 2 reviews completed with three cases of sub-optimal care that might have made a difference to the patient's outcome, being managed through the incident process.
- **LNW:** 115 Level 2 reviews completed with two cases of sub-optimal care that might have made a difference to the patient's outcome.
- **THH:** Four Level 2 reviews have been completed, with one case of sub-optimal care that might have made a difference to the patient's outcome. There were a further 23 reviews completed for deaths which occurred in previous quarters, with one case of sub-optimal care that might have made a difference to the patient's outcome. THH are reviewing their processes against those in place in the other APC Trusts to support improvements in turnaround time for Level 2 reviews. They are also undertaking focused work with the divisions with the aim of completing all outstanding Level 2 reviews from previous quarters by the end of quarter three.

3.5. Other mortality reviews

3.5.1 A number of other national processes are in place for review of deaths for specific cohorts of patients. These include the Perinatal mortality review tool (PMRT), Learning disability mortality review (LeDeR) and Child death overview panels (CDOP), which are described in the glossary below. Work has continued to align reporting of cases and outcomes from these processes in each Trust and data is now being presented in scorecards.

3.5.2 ICHT and LNW have identified an area for improvement following PMRT reviews in this quarter which is around better support for non-English speakers. This is a recurring theme with improvements underway. Other areas for improvement from PMRTs include elements

of antenatal care at LNW, including follow-up of assessment appointments, and timely review of blood results. THH have identified the lack of local and national guidance surrounding free birthing (unassisted childbirth without medical or midwifery assistance) as an issue in one case. This has been escalated to the National Child Mortality Database.

3.5.3 There were no LeDeR or CDOP reviews completed in quarter which identified significant concerns regarding the clinical care provided.

4. **Areas of focus**

4.1. All Trusts have started work to review ethnicity data relating to deceased patients and now include this data in their quarterly reports.

4.2. CWFT changed the recording of the patient's ethnicity within the Datix mortality module this quarter. The system was reconfigured to capture the patient's ethnicity from the patient's contact record instead of from a singular question within the mortality module. This enables triangulation of ethnicity data across all Datix modules including incidents, complaints, and claims. Work is ongoing to import ethnicity data from other data sources into Datix for cases reported prior to 1st April 2024.

4.3. At ICHT work has been completed to include ethnicity data from NWL whole system Integrated care (WSIC) platform with the aim of improving data quality and reducing unknown numbers, this has resulted in an improvement from 17% to 9%.

5. **Conclusion**

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

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

5.3. Local reviews into HSMR and SHMI diagnostic groups is overseen through trust governance process with themes shared at the APC mortality surveillance group and will continue to be summarised in this report going forward.

6. **Glossary**

6.1. **Medical Examiners** are responsible for reviewing every inpatient death before the medical certificate cause of death (MCCD) is issued, or before referral to the coroner in the event that the cause of death is not known or the criteria for referral has been met. The Medical Examiner will request a Structured Judgement Review if required or if necessary refer a case for further review and possible investigation through our incident reporting process via the quality and safety team. The ME will also discuss the proposed cause of death including any concerns about the care delivered with bereaved relatives.

6.2. **Level 2 reviews** are additional clinical judgement reviews carried out on cases that meet standard criteria and which provide a score on the quality of care received by the patient during their admission.

- 6.3. **Specialty M&M** reviews are objective and multidisciplinary reviews conducted by specialties for cases where there is an opportunity for reflection and learning. All cases where ME review has identified issues of concern must be reviewed at specialty based multi-disciplinary Mortality & Morbidity (M&M) reviews.
- 6.4. **Child Death Overview Panel (CDOP)** is an independent review process managed by Local integrated care boards (ICBs) aimed at preventing further child deaths. All child deaths are reported to and reviewed through Child Death Overview Panel (CDOP) process.
- 6.5. **Perinatal Mortality Review Tool (PMRT)** is a review of all stillbirths and neonatal deaths. Neonatal deaths are also reviewed through the Child Death Overview Panel (CDOP) process. Maternal deaths (during pregnancy and up to 12 month post-delivery unless suicide) are reviewed by Healthcare Safety Investigation Branch and action plans to address issues identified are developed and implemented through the maternity governance processes.
- 6.6. **Learning Disabilities Mortality Review (LeDeR)** is a review of all deaths of patients with a learning disability. The Trust reports these deaths to NHSE who are responsible for carrying out LeDeR reviews. SJRs for patients with learning disabilities are undertaken within the Trust and will be reported through the Trust governance processes.

Appendix – Clinical outcomes performance report mortality data

(Patient) Summary Hospital-level Mortality Index

TREND

100
England Average

STANDARD

n/a

PERFORMANCE

n/a

TREND

n/a

ASSURANCE

CURRENT PERFORMANCE

	Provider Spells	SHMI	SHMI- relative risk ranking
CWFT	99210	69.83	Lower than expected
ICHT	110545	73.66	Lower than expected
LNW	106735	86.38	Lower than expected
THH	44705	97.76	as expected

STRATIFICATION

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

NARRATIVE

Performance: For three of the four trusts (CWFT, LNW and ICHT), the rolling-12 month SHMI remains lower than expected with the most recent data available (May 2023 – April 2024). THH's rate is consistently 'as expected'. There has been a recent increase at LNW and THH, although they remain below the national benchmark of 100, which will be reviewed and any findings summarised in the next quarterly learning from deaths report to this committee.

Recovery Plan: Not applicable.

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

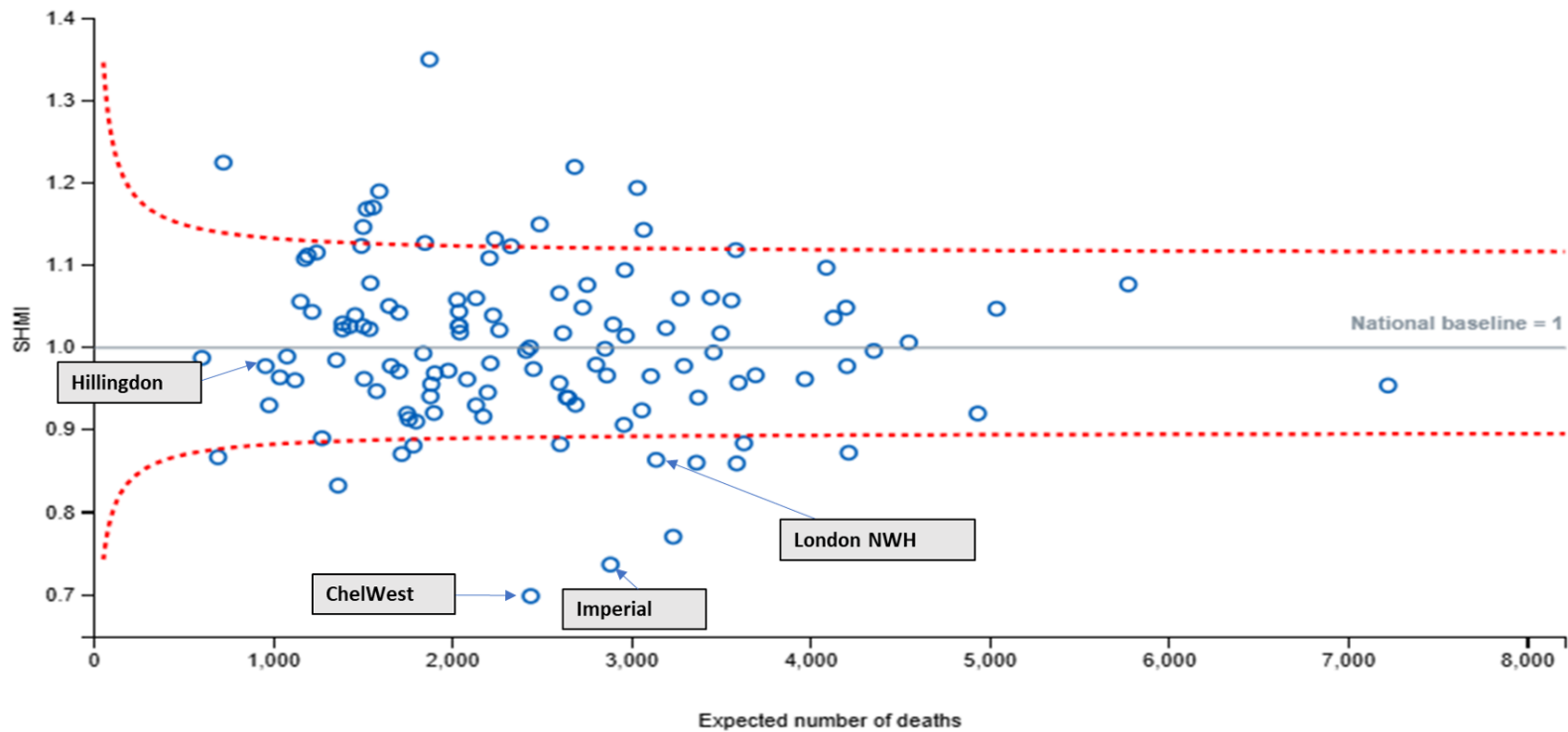
Forecast Risks: Not applicable.

GOVERNANCE

Senior Responsible Owner: Pippa Nightingale, CEO, LNW
Committee: Acute provider collaborative executive management board
Data Assurance: Data is supplied and quality assured by Telstra Health

13

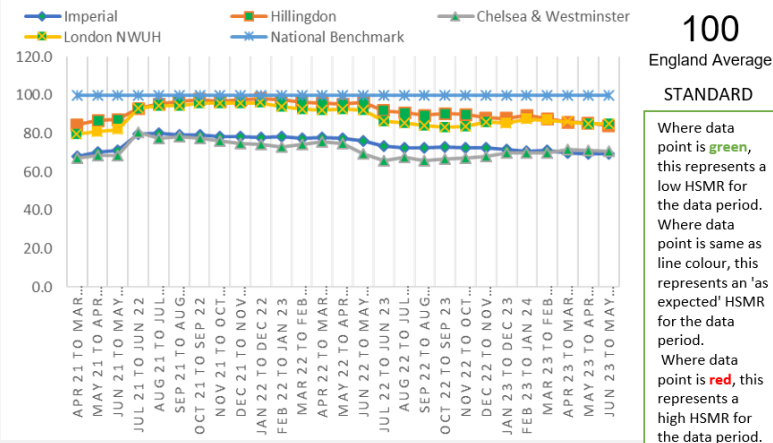
(Patient) Summary Hospital-level Mortality Index



Copyright © 2024 NHS England

(Patient) Hospital Standardised Mortality Ratio

TREND



NARRATIVE

Performance: The most recent data (for June 2023 – May 2024) shows that each trust has a rolling 12-month ratio which is lower than expected and below the national benchmark.

Recovery Plan: Not applicable.

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

Forecast Risks: Changes are being made nationally to the HSMR methodology which are expected to result in an increase in our rates. This includes removal of the adjustment for palliative care coding and changes in the diagnostic groupings which make up the ratio. Other providers are likely to see a similar increase.

CURRENT PERFORMANCE

	Provider Superspells	HSMR	HSMR- relative risk ranking
CWFT	51899	70.7	Lower than expected
ICHT	73143	69.4	Lower than expected
LNW	58717	85.1	Lower than expected
THH	19660	84.1	Lower than expected

STRATIFICATION

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

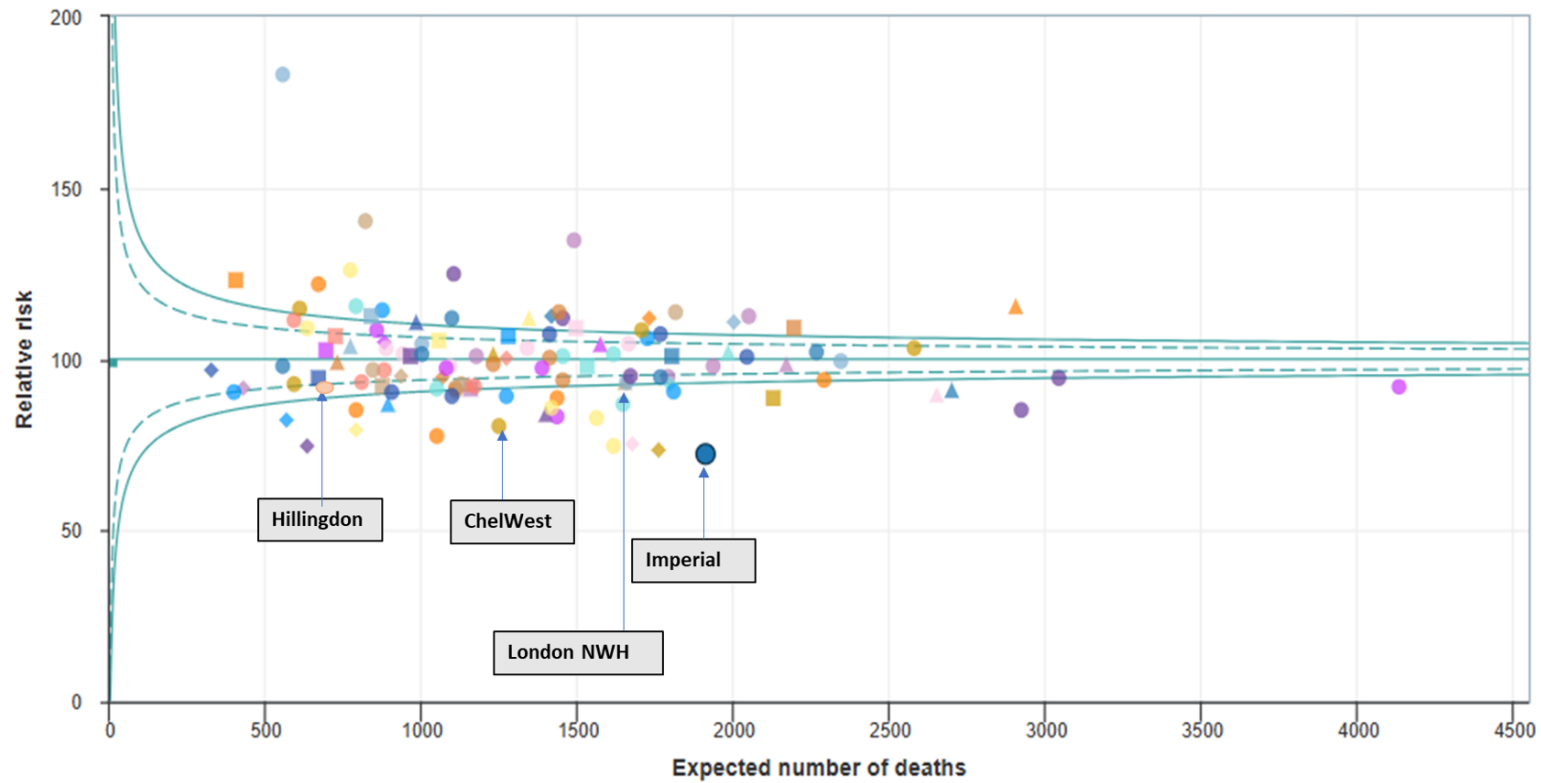
GOVERNANCE

Senior Responsible Owner: Pippa Nightingale, CEO, LNW

Committee: Acute provider collaborative executive management board

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


(Patient) Hospital Standardised Mortality Ratio



5.4 COLLABORATIVE QUALITY COMMITTEE CHAIR REPORT (PATRICIA GALLAN)

REFERENCES

Only PDFs are attached

 5.4 APC Quality Committee Chair's Report -December 2024.pdf

North West London Acute Provider Collaborative (NWL APC) Quality Committee Chair's Highlight Report to the NWL APC Board in Common (BiC) – for discussion December 2024

Highlight Report

1. Purpose and Introduction

1.1 The role of the NWL APC Quality Committee in Common (CiC) is:-

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

2. Key highlights

2.1. Deep Dive – Acute Provider Collaborative Infection Prevention & Control and AMS workstream

- 2.1.1. The Committee commenced a deep dive into the Infection Prevention & Control workstream which recognised the challenges and work undertaken by the group. The deep dive highlighted that following reviews of HCAI cases, Trusts had identified improvement plans which were aimed at addressing challenges identified. All Trusts had undertaken a different approach dependent on each of their local challenges. Key themes identified included education and training for staff, focused and improved audits and continued shared learning. The deep dive also highlighted that, for C.difficile infections, Trusts had identified challenges around inappropriate stool sampling and delayed time to isolation for suspected patients. Committee members discussed the increased in MRSA infections across the collaborative noting that all Trusts undertake a mandatory blood stream infection review and have robust processes for managing and investigating cases.
- 2.1.2 Committee members were assured that the through the workstream there was steady progress being made to address the issues identified.

2.2. Acute Collaborative Quality Performance Report

- 2.1.2. The Committee received the collaborative quality performance reports. Performance at acute provider collaborative level was similar to previous months with standards being met for the majority of metrics. Committee members noted that areas adverse to target included Infection Prevention & Control with all Trust exceeding trajectories for the majority of infections. Local improvement plans were in place. The Committee were assured that all areas of variance were being managed through action plans to support improvement.

2.2 Workstream Project Initiation Documents (PIDs) and Project updates

2.2.1 Deteriorating patients

Committee members received an update on the deteriorating patients workstream noting that there was a continued focus on the implementation of Martha's Rule with all four Trusts now launching their pilot response. The group had reviewed the latest NICE sepsis guidance and undertaken a review of standardisation of the approach to sepsis and the deteriorating patient's part of the same work. Work was continuing to bring together key reports and metrics related to the care of the deteriorating patients into a common dashboard.

2.2.2 Mental Health in Acute Trusts

The Committee received an update from the workstream noting that the group had continued to meet and refine the workstream with a focus on:

- An action plan concerning the tools for environmental compliance assessment based on evidence, expertise and professional guidance was being developed.
- A care plan for a safe and therapeutic environment for mental health patients was agreed and a Cerner build was requested for "saferooms" care plan.
- A recommended clinical assessment model for the emergency department was being refined.
- An acute provider collaborative Mental Health Strategy work had commenced.
- Joint quality and finance workstream and governance mechanism had been agreed with support data insights.

2.2.3. Committee members noted the progress of the workstream noting that good progress was being made in regards to patient safety however further work was required to manage the increasing demand of patients presenting with mental health support needs within the emergency departments in all the Trusts across the North West London Acute Provider Collaborative.

2.2.4. National Safety Standards for Invasive Procedures version 2 (NatSSIPs2)

Committee members received a progress update against the priority workstream to implement the recently revised national safety standards for invasive procedures. The Committee noted that each organisation had included a narrative regarding the NatSSIPs2 in its Quality Accounts and that group would be responsible for which areas of potential standardisation would benefit the collaborative. Committee members noted that the group had established five key organisational standard priorities with varying timelines whilst each Trust continued to independently update its policies and guidelines to embed the NatSSIPs 8 sequential steps.

2.2.5. The Procurement and Improvement of the Incident and risk management system

The Committee received an update on the progress of the implementation of a new Incident and Risk Management System. The Committee noted that the updated Project Initiation Document which reflected a new procurement timeline.

2.3 Maternity Inpatient Survey

2.3.1. The Committee received the report which summarised the individual Trust positions for the national inpatient experience 2023 survey, and associated actions being undertaken to improve services. Committee members noted that Chelsea and Westminster Hospital NHS FT Trust performed somewhat worse than expected in

two categories, Imperial College Healthcare NHS Trust and The Hillingdon Hospitals NHS Foundation Trust performed about the same across all areas, however London North West University Healthcare NHS Trust performed worse than expected in a number of areas.

2.4. Maternity Quarterly Report

2.4.1. The Committee received the report which provided an update on the measures in place to ensure safe midwifery staffing including birthrate plus workforce planning, Midwifery staffing metrics, Birthrate Plus Acuity Tool, Red-flag events, obstetric staffing, anaesthetic staffing and neonatal staffing.

2.5. Maternity Incentive Scheme Year 6 including the delivery of saving babies lives v3 bundle

2.5.1. The Committee received the report which summarised the changes and reporting timescales for the Maternity Incentive Scheme Year 6, and the position of each Trust against 10 of the safety actions. Committee members noted that three out of the four Trusts within the collaborative were signalling full compliance against the 10 safety actions.

2.5.2 The report also provided detail and assurance on the delivery of Saving Babies Lives v3 care bundle following its launch in July 2023.

2.6. Combined Risk Escalation Report from Local Trust Quality Committees

2.6.1. Committee members received the report which highlighted key points to note or areas of risk identified by each of the four Trust's Quality Committees where collaborative-wide interventions would speed up and improve the response.

2.6.2. Chelsea and Westminster Hospital NHS Foundation Trust highlighted their Infection Prevention & Control position, the national inpatient survey results and a recent coroners case where there had been discussion regarding the need for referral and criteria following a still birth/neonatal death.

2.6.3. The Hillingdon Hospitals NHS Foundation Trust highlighted that a formal letter had been received from the early notification scheme (NHS resolution) which would require action from the Trust. The declaration of a never event was noted.

2.6.4. The Imperial College Healthcare NHS Trust highlighted their Infection Prevention & Control position.

2.6.5. London North West University Healthcare NHS Trust highlighted risks across the maternity department, improving patient experience in the outpatients department and highlighted the risk around mental health.

2.6.6. The Committee noted that there were no common themes escalated through this round of meetings however noted that themes identified within the report were common across all four Trusts.

2.7. Acute Provider Collaborative Board Assurance Framework

2.7.1. The Committee approved the draft Board Assurance Framework at collaborative level noting the risks identified that are relevant to the Committee.

2.8. Health & Safety Annual Report 2023/24

2.8.1. The Committee received a summary of the health and safety annual report for all four Trusts within the collaborative. Committee members were assured that each Trust had local robust arrangements in place to scrutinise the management of health and safety.

2.9. Quarterly Complaints report for Q2 2024/25

2.9.1. Committee members received the quarter two report noting that there had been progress towards the target metrics agreed for all four Trusts and actions were in place that would deliver further progress. This would be reported in the next quarter.

2.9.2. Acute Provider Collaborative Learning from Deaths quarter 2 summary report

The Committee reviewed the combined NWL APC quarter 2 report incorporating all four Trusts which outlined the key themes and outcomes from the learning from deaths process.

2.10. Safeguarding Adults and Safeguarding Children's Annual report

Committee members received the annual report noting that each individual Trust had submitted their annual safeguarding report to their board committees who had scrutinised the consent and associated learning.

2.11. APC EDI patient equity workstream update

2.11.1. Committee members received the report noting the workstream's task and finish group had reviewed equity of the workforce and for patients. Work was progressing and a further update would be provided at the next meeting.

3. Positive assurances received

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

4. Key risks / topics to escalate to the NWL APC BiC

4.1 The Committee agreed to escalate the following to the Board in Common:

- Recognition that all 4 Trusts are above the KPIs for all IPC metrics not out of line with the national picture and each trust Quality Committee will monitor actions and process locally along with the APC work the IPC group are leading.
- Recognition and support that the APC are focusing their quality priority on implementing NatSSIPs2 national recommendations on theatre safety.
- Recognition that the Martha's law (call for concern) pilots are in operation now in all 4 Trusts.

5. Concerns outstanding

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

6. Key actions commissioned

6.1 None noted.

7. Decisions made

7.1 The Committee approved the Acute Provider Collaborative Board Assurance

Framework.

8. Summary Agenda

No.	Agenda Item	Purpose	No.	Agenda Item	Purpose
1.	Deep dive APC Infection Prevention & Control and AMS workstream	For discussion and noting	10.	Progress update on APC Clinical Pathway Work streams	For noting
2.	Acute Collaborative Quality Performance Report	To discuss	11.	APC EDI Patient equity work stream update	For noting
3.	Work Stream PIDs and Project Updates:	To discuss	12.	Any Other Business	To discuss
4.	National Inpatient Survey 2023	To discuss	13.	Quarterly complaints report Q2	To discuss
5.	Maternity Quarterly Report	To discuss	14.	Learning from deaths quarterly reports – Quarter two	To discuss
6.	Maternity Incentive Scheme Year 6 including the delivery of saving babies lives v3 bundle	To discuss	15.	Safeguarding Adults and Safeguarding Children's Annual report	To discuss
7.	Combined Risk Escalation report from local Trust Quality Committees	To discuss and noting	16.	APC EDI workstream update	For noting
8.	APC Board Assurance Framework	For approval	17.	Committee forward planner	For noting
9.	Health & Safety Annual report	To discuss			

9. Attendance

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

6. WORKFORCE

6.2 COLLABORATIVE PEOPLE COMMITTEE CHAIR REPORT (DAVID MOSS)

REFERENCES

Only PDFs are attached



6.2 APC People Committee Chair's Report December 24 v2.pdf

**North West London Acute Provider Collaborative
Collaborative People Committee Chair's Highlight Report to the Board
in Common – for noting
16 December 2024**

Highlight Report

1. Purpose and Introduction

1.1 The role of the People Collaborative Committee is:-

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

2. Key Highlights

- The Committee discussed the challenges of managing workforce numbers, including the impact of sickness and agency staff, emphasising the need for better management of rosters and cultural changes in staffing practices.
- The Performance Report highlighted improvements in vacancies, turnover, and sickness rates, noting the financial challenges of maintaining staffing levels and the need for careful workforce management.
- The Committee discussed the drivers of workforce growth and the need for better productivity measures, emphasising the importance of workforce redesign and the use of technology to improve efficiency.
- There was an update on the ICS workforce programs, focusing on new routes into employment, new ways of working, and a multi-professional education strategy. The importance of improving leadership diversity and cultural competence was highlighted.
- The Committee discussed the progress of the People Services Improvement Program, including the focus on recruitment, HR admin, and occupational health, emphasising the need for better standardisation and automation of processes.
- The Board Assurance Framework was presented noting the approach to risk management at the collaborative level, and the importance of aligning workforce sustainability with financial and productivity goals.
- Regarding the staff survey results, the Committee noted improvements in engagement across the Trusts and discussed the importance of sharing best practices to further improve staff satisfaction.
- The Committee received and noted the Escalation Reports from Local People Committees.

3. Positive Assurances Received

The Committee received positive assurance in the following areas:

- There were no workforce metrics currently performing as special concern, with four indicators meeting the APC agreed targets (vacancy, sickness, turnover, and core skills).
- The Workforce growth, operating plan and pay controls paper advised the Committee of the work happening to deliver the workforce operating plan, control pay costs and support to deliver the APCs financial plan and wider performance objectives. This will continue to receive scrutiny.

4. Key Risks to Escalate

- There is risk around not getting the workforce model right within the allocated budgets at each Trust, and therefore at collaborative level, on a sustainable basis.
- There are three schemes to go into corporate consolidation which are recruitment, streamlining automation of admin processes, and the ICS Occupational Health Partnership. These are the three to accelerate and worked through to deliver from the 1 April 2025.

5. Concerns Outstanding

- Concerns that the current headcount continues to exceed plan/budget.
- Concerns that the programme to standardise, automate and, where appropriate, centralise functions across the collaborative is not moving fast enough.

6. Key Actions Commissioned

- Ongoing focus on getting headcount within plan/budget
- A detailed plan for the recruitment programme, including automation and standardisation to be brought to the next meeting.
- A clear occupational health strategy for LNW and Imperial to be developed, considering the current ICS programme's limitations.
- To share the staff survey results and best practices for improving engagement across the four trusts.
- The BAF risks to be refined based on the committee's feedback and include the financial aspect of workforce sustainability.

7. Decisions Made

The Committee:

- Recommended the Board Assurance Framework (APC Strategic Risks) to be refined based on the Committee's feedback.

8. Summary Agenda

No.	Agenda Item	Purpose	No.	Agenda Item	Purpose
1.	Workforce Performance Report	Assurance	4.	People Services Improvement Programme Update	Noting/ Information
2.	Workforce Growth, Operating Plan and Pay Controls	Assurance	5.	Board Assurance Framework (APC Strategic risks)	Decision/ Approval
3.	NWL ICS Workforce Programme Update	Noting/ Information	6.	Combined Risk Escalation Report from Local People Committee	Noting


9. Attendance


Members:	December attendance
David Moss, Non-Executive Director, LNWH (Chair)	Y
Sim Scavazza, Non-Executive Director, ICHT	Y
Simon Morris, Non-Executive Director, THHFT	Y
Ajay Mehta, Non-Executive Director, CWFT	Y
Pippa Nightingale, Chief Executive (LNWH) and Collaborative Lead for People and Workforce	Y
Attendees:	
Matthew Swindells, Chair in Common	Y
Dawn Clift, Director of Corporate Affairs (LNWH)	N
Lindsey Stafford-Scott, Interim Chief People Officer (CWFT)	Y
Phil Spivey, Chief People Officer (THHFT)	Y
Tracey Connage, Chief People Officer, (LNWH)	Y
Kevin Croft, Chief People Officer (ICHT)	Y
Alexia Pipe, Chief of Staff to Chair in Common	Y

7. FINANCE AND PERFORMANCE

REFERENCES

Only PDFs are attached

 7.2 APC Fin Perf at Month 8 and Forecast cover.pdf

 7.2 NWL APC M8 financial performance.pdf

NWL Acute Provider Collaborative – Board In Common
21/01/2025
Item number: 7.2
This report is: Public

2024/25 NWL APC Month 8 Financial Performance & Forecast

Author: Helen Berry & Jazz Thind
Job title: Associate Director of Finance, NWL APC; CFO, ICHT

Accountable director: Lesley Watts
Job title: Chief Executive Officer, CWFT & THH.

Purpose of report

Purpose: Assurance

Report history

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

NWL Acute CFOs		
10/01/2025		
Noted and approved		

Executive summary and key messages

- This report notes the financial performance of the NWL APC up to the end of November 2024 and latest forecast, with the latter subject to review post the outcome of the national Investigation and Intervention process.
- At the end of month 8 the APC reported an actual deficit of £75.2m, which is £67.2m adverse to plan (£7.9m deficit).
- In-month, the APC reported a surplus of £4.5m, which is a favourable in-month variance of £5.9m against plan and £0.9m behind the expected position for November as per the month 7 recovery forecast.
- The key driver of the in-month surplus is a non-recurrent benefit at ICHT in line with the Trust’s recovery plan, with the lower than estimated elective income at THH leading to the adverse variance to forecast. The latter is now expected to materialise in the balance of the year.
- At present the North West London Integrated Care System formally continues to signal the delivery of a breakeven position for the 2024/5 financial year. However, all providers have been modelling and sharing internally through respective governance structures and with

the NWL Integrated Care Board, any risk to achieving the individual Trust plans (breakeven). All things being equal, this currently results in the APC having to adversely move its (and therefore the NWL ICS's) forecast to a £50.1m deficit position.

- Given the above, the APC year-to-date variance to plan, and the APC's requirement for cash support, NHS England has assessed the whole of the NWL ICS as requiring the highest level of support (segment 4) and instigated the Investigation and Intervention (I&I) process across of organisations. This has required engagement with an external supplier (supplemented by an NHSE Nominated lead) to support taking actions that ensure any adverse variance is mitigated and the plan achieved. This was commenced on 20 December 2024, with the outcome of this work likely to inform any formal change to forecast.

Strategic priorities

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

Delivery of our financial plan is driven by – and supports - recovery of our elective, emergency and diagnostic capacity, and supports our objective of improvement in efficiency.

Impact assessment

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

Reason for private submission

N/A



Chelsea and Westminster
Hospital NHS Foundation Trust



The Hillingdon Hospitals NHS
Foundation Trust



Imperial College Healthcare
NHS Trust



London North West University
Healthcare NHS Trust

2024/25 NWL APC Financial Performance & Forecast November (Month 8)

Helen Berry, Associate Director of Finance
For NWL APC CFO Group

Executive Summary

- This paper presents the NWL APC Month 8 (November '24) financial position including income and expenditure, capital and cash.
- At the end of November, the APC reported a year to date (YTD) actual deficit of £75.2m, which is £67.2m adverse to plan (£7.9m deficit).
- In-month, the APC reported a surplus of £4.5m, which is a favourable in-month variance of £5.9m against plan and £0.9m behind the expected position for November as per the month 7 recovery forecast. The key driver of the in-month surplus is a non-recurrent benefit at ICHT in line with the Trust's recovery plan, with the lower than estimated elective income at THH leading to the adverse variance to forecast. The latter is now expected to materialise in the balance of the year.
- The main drivers of the year-to-date adverse variance include:
 - **Efficiencies:** although there is a month-on-month improvement in efficiency delivery against month 7 (£17.5m M8; £11.7m M7 and £7.8m M6) the YTD delivery is £18.6m adverse to plan (£72.4m delivered against £91m plan), 24% (£21.8m) achieved via non recurrent means.
 - **Resident Doctors Industrial Action (IA):** (3 days in June, 1 day in July) - funding to cover the costs of IA of £4.6m has been included in the year-to-date position. Income loss estimated at £1.5m in not funded and is a (small) driver of the adverse variance.
 - **System Optimisation (planning item):** task force groups for both workstreams (1. Focus on discharges & medically optimised patients and 2. Mental Health Models of Care) are now merged with regular meetings convened and progress reported to both the APC Finance & Performance Workstream Meeting and the ICB Productivity Improvement Meeting. The programme is not expected to return a financial benefit in 2024/25.
 - **Operational pressures** including winter and supporting mental health patients continue.
 - **Excess inflation:** c£11m of inflation over funded levels has been identified as contributing to the overall adverse variance.

Executive Summary - continued

- **Elective Recovery Funding (ERF)** 2024/25 plan submissions assumed additional ERF income above contractually funded values; this has over performed by £35.4m YTD with a favourable movement of £4.6m in November.
- **YTD capital** spend is £89.6m against a £118.2m plan, £28.6m underspend to date. The key drivers of this position are: IFRS 16 related costs not yet in the position (timing issue) and underspends against nationally funded schemes. Capital plans were updated during Q1 and refreshed again in July, decreasing from £239.4m to £220.8m to reflect the reallocation of ICB capital reserves originally held at CWFT.
- The combined **cash balance** at the 30th November is £200.4m, a decrease of £138.1m (41%) since the end of the financial year and lower than the planned cash balance at the end of the month by £103.4m. Cash resilience in 2024/25 remains a key area of concern for at least two acute Trusts.

Financial Performance Escalation and Recovery:

- The financial performance escalation process implemented in 2023/24 is in place in 2024/25 due to the high risk in the financial plan. A set of escalation metrics are in place whereby a breach enacts escalation. This tests the variation from YTD plan, CIP delivery, ERF performance and annual plan. At Month 8, three trusts breached all or some of the escalation metrics. *Appendix 3* details the escalation metrics.

APC Forecast

- The latest updated APC forecast (at November 2024) is a deficit of £50.1m with detailed discussion on the drivers, mitigations, improvement opportunities discussed at Trust, APC and ICB wide meetings over recent months.
 - CWFT - £0m
 - ICHT – planned £0m
 - LNWH - £23m deficit
 - THH - £27.1m deficit
- At Month 7 and subsequently at Month 8 reporting to NHSE – in conjunction with the ICB CFO, it was agreed that all submissions would continue to signal a breakeven position, with the unmitigated risk position set out in the appropriate section of the monthly Provider Financial Return.
- Based on the NWL ICB's position at month 7, NHSE wrote to confirm the NWL ICS being moved into Segment 4 (high level of support required), thereby instigating the Investigation and Intervention (I&I) process.
- The I&I process commenced on 20th December 2024 and is supported by an external supplier (PA Consulting) and supplemented by an NHSE Nominated lead.
- It is highly likely that the decision to make a change to the published forecast will be delayed until such time that the current forecast; the underlying financial recovery plans; and all efforts to improve the position have been sufficiently scrutinised and concluded on by the I&I team.
- APC CFOs are in discussion with the ICS CFO to agree the timing of a change to the forecast as this would be the point at which the NWL ICS would formally declare it will not be able to deliver its breakeven position (the NHSE team is however aware of the range of the deficit that will be declared).

I&E Performance

NWL Acute Collaborative (Month 8 Financial Performance)

2024/25	In Month Plan £'000	In Month Actuals £'000	In Month variance £'000	Year to date Plan £'000	Year to date Actual £'000	Year to date Var £'000	YTD variance %	Annual Plan £'000	Annual Forecast £'000	Forecast Variance £'000
Income	352,386	357,704	5,318	2,633,694	2,796,008	162,314	6.2%	3,984,265	4,130,917	146,652
Pay	(228,440)	(219,555)	8,885	(1,641,263)	(1,748,828)	(107,565)	-6.6%	(2,488,421)	(2,551,496)	(63,075)
Non-Pay	(120,953)	(129,509)	(8,556)	(966,218)	(1,088,914)	(122,696)	-12.7%	(1,449,418)	(1,526,891)	(77,473)
Non Operating Items	(4,342)	(4,102)	240	(34,130)	(33,475)	655	1.9%	(46,426)	(52,530)	(6,104)
Total	(1,349)	4,538	5,887	(7,917)	(75,209)	(67,292)		0	0	0

The tables show the in month, YTD and forecast performance by I&E category and by Trust.

NWL Acute Collaborative (Month 8 Financial Performance by Trust)

2024/25	In Month Plan £'000	In Month Actuals £'000	In Month variance £'000	Year to date Plan £'000	Year to date Actual £'000	Year to date Var £'000	Year to date (deficit), surplus/income %	Annual Plan £'000	Annual Forecast £'000	Forecast Variance £'000
CWFT	37	(408)	(445)	(710)	(521)	189	0%	0	0	0
ICHT	224	9,218	8,994	(1,030)	(17,919)	(16,889)	-2%	0	0	0
LNWH	(1,149)	(1,809)	(660)	(2,510)	(30,335)	(27,825)	-4%	0	0	0
THH	(461)	(2,463)	(2,002)	(3,667)	(26,434)	(22,767)	-11%	0	0	0
Total	(1,349)	4,538	5,887	(7,917)	(75,209)	(67,292)	-3%	0	0	0

The bottom table shows the monthly and YTD performance against the recovery forecast.

NWL Acute Provider Collaborative : Variance to Recovery Plan

2024/25 Month 8	In month plan £'000	In month actual £'000	In month FRP £'000	In month var to plan £'000	In month var to FRP £'000	Year to date plan £'000	Year to date actual £'000	YTD FRP £'000	YTD variance to plan £'000	YTD var to FRP £'000
CWFT	37	(408)	(489)	(445)	82	(710)	(521)	(603)	189	82
ICHT	224	9,218	9,139	8,994	79	(1,030)	(17,919)	(17,998)	(16,889)	79
LNWH	(1,149)	(1,809)	(1,816)	(660)	7	(2,510)	(30,335)	(30,342)	(27,825)	7
THH	(461)	(2,463)	(1,444)	(2,002)	(1,019)	(3,667)	(26,434)	(25,415)	(22,767)	(1,019)
APC	(1,349)	4,538	5,390	5,887	(851)	(7,917)	(75,209)	(74,358)	(67,292)	(851)

M8 run rate

NWL APC		M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	Annual
IN MONTH		£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	
CWFT	Actual	(1,668)	(680)	1,120	(535)	(1,021)	1,085	1,585	(408)					
	Plan	(195)	(195)	(203)	(45)	(6)	(47)	(56)	37	(15)	144	284	297	0
	FRP	(1,790)	(816)	1,379	(535)	(1,021)	1,085	1,586	(489)	(489)	364	364	364	0
	Variance to plan	(1,473)	(485)	1,323	(490)	(1,015)	1,132	1,641	(445)					
	Variance to FRP	122	136	(259)	0	0	0	(0)	82					
ICHT	Actual	(766)	(3,319)	(3,448)	(7,367)	(6,971)	(3,566)	(1,700)	9,218					
	Plan	(766)	(1,819)	(375)	18	595	448	645	224	157	824	268	(219)	0
	FRP	(766)	(3,319)	(3,410)	(7,404)	(6,972)	(3,566)	(1,700)	9,139	333	2,173	4,401	11,091	(0)
	Variance to plan	0	(1,500)	(3,073)	(7,385)	(7,566)	(4,014)	(2,345)	8,994					
	Variance to FRP	0	1	(38)	36	1	(0)	1	79					
LNWH	Actual	(4,302)	(4,230)	(6,479)	(3,471)	(3,075)	(2,624)	(4,345)	(1,809)					
	Plan	(769)	(1,471)	(1,626)	1,773	(94)	(53)	879	(1,149)	(2,858)	(788)	7,464	(1,308)	0
	FRP	(4,302)	(4,232)	(6,478)	(3,471)	(3,075)	(2,624)	(4,343)	(1,816)	(2,177)	912	(958)	9,565	(23,000)
	Variance to plan	(3,533)	(2,759)	(4,853)	(5,244)	(2,981)	(2,571)	(5,224)	(660)					
	Variance to FRP	0	2	(1)	(1)	1	(0)	(2)	7					
THH	Actual	(3,367)	(5,594)	(2,637)	(1,693)	(3,790)	(2,654)	(4,236)	(2,463)					
	Plan	(441)	(456)	(467)	(459)	(469)	(455)	(459)	(461)	(413)	(488)	(488)	5,056	0
	FRP	(3,389)	(5,571)	(2,638)	(1,693)	(3,790)	(2,632)	(4,258)	(1,444)	(1,445)	(1,946)	(1,446)	3,152	(27,100)
	Variance to plan	(2,926)	(5,138)	(2,170)	(1,234)	(3,321)	(2,199)	(3,777)	(2,002)					
	Variance to FRP	22	(23)	1	(0)	0	(22)	22	(1,019)					
APC	Actual	(10,103)	(13,823)	(11,445)	(13,067)	(14,856)	(7,759)	(8,695)	4,538	0	0	0	0	
	Plan	(2,171)	(3,941)	(2,671)	1,287	26	(107)	1,009	(1,349)	(3,129)	(308)	7,528	3,826	0
	FRP	(10,247)	(13,938)	(11,148)	(13,103)	(14,858)	(7,737)	(8,716)	5,390	(3,778)	1,503	2,361	24,172	(50,100)
	Variance to plan	(7,932)	(9,882)	(8,774)	(14,354)	(14,882)	(7,652)	(9,704)	5,887					
	Variance to FRP	144	116	(296)	36	2	(22)	21	(851)					

- Table shows the in-month performance against plan and the recovery plan.
- Overall, there is a £851k adverse variance against the forecast recovery plan in month & YTD.
- THH's adverse variance to forecast stems mainly from assumed ERF income in month 8. This will come to fruition in Q4 when the planned coding adjustments have been actioned.

M8 ERF Performance

ERF Income under/overperformance YTD - M8 in I&E

	NWL ICB ERF	Spec Comm ERF	Non NWL ICB ERF	Total ERF	Forecast ERF
Trust	£'000	£'000	£'000	£'000	£'000
CWFT	17,878	6	(2,367)	15,518	26,837
ICHT	6,904	3,667	248	10,819	19,577
LNWH	11,092	(4,816)	72	6,349	9,350
THH	5,599	64	(2,933)	2,730	7,130
Total APC	41,473	(1,079)	(4,979)	35,415	62,895

- Annual and YTD plans have been adjusted to account for the Cost Uplift Factor (to fund pay award over that funded in original tariff)).
- ERF performance reports a £35.4m variance above the financial plan.
- The impact of ERF 23/24 closedown (8/12ths £5.4m) is included in the YTD performance.
- To note NHSE has signalled that ERF funding might be capped in 2024/25 at the value as at the Month 7 forecast. Teams are assessing the impact on the forecast outturn.

M8 Efficiency

Month 8

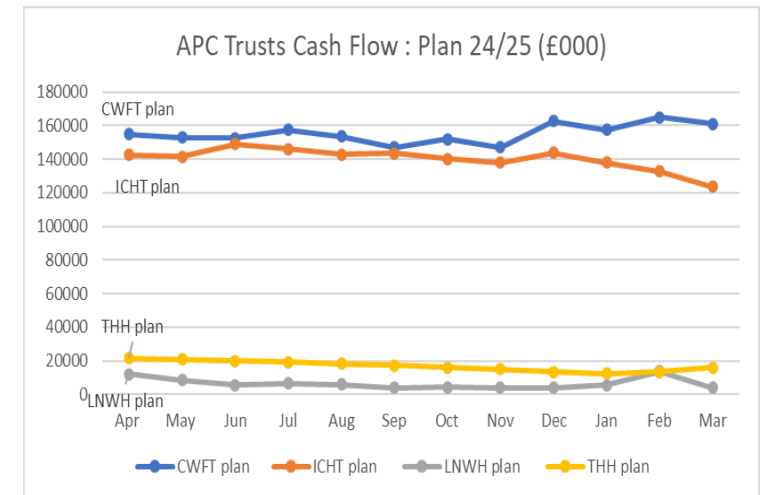
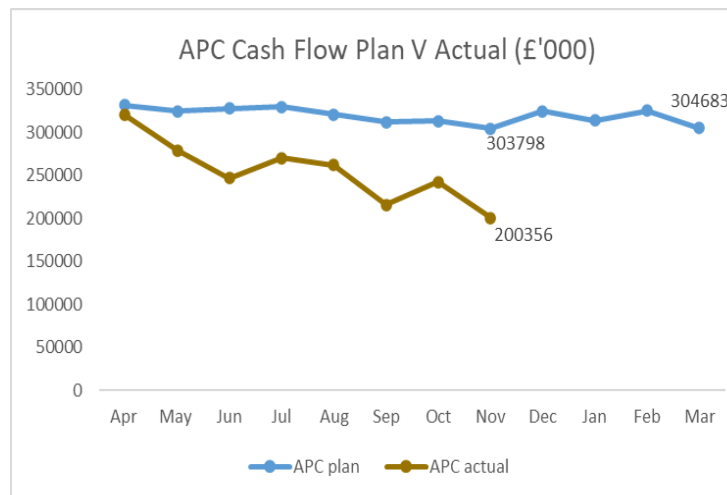
Efficiency Month 8	YTD plan			YTD actuals			YTD Var	In Month Plan	In Month Actuals	In Month Variance	Annual Plan			Annual Forecast			Fcast Variance
	R £'000	NR £'000	Total £'000	R £'000	NR £'000	Total £'000	£'000	Total £'000	Total £'000	Total £'000	R £'000	NR £'000	Total £'000	R £'000	NR £'000	Total £'000	Total £'000
CWFT	11,555	2,830	14,385	10,615	5,712	16,328	1,943	2,057	2,762	705	17,926	5,594	23,520	17,347	6,173	23,520	0
ICHT	42,148	0	42,148	21,555	10,903	32,458	(9,690)	5,276	9,743	4,467	63,400	0	63,400	31,228	32,171	63,400	(0)
LNWH	18,295	4,347	22,642	15,665	1,420	17,085	(5,557)	3,023	3,358	335	28,494	6,352	34,846	32,644	2,202	34,846	(0)
THH	11,773	0	11,773	2,755	3,766	6,521	(5,252)	1,780	1,658	(122)	18,900	0	18,900	6,409	7,261	13,670	(5,230)
Total	83,771	7,177	90,948	50,590	21,802	72,392	(18,556)	12,136	17,521	5,385	128,720	11,946	140,666	87,628	47,807	135,436	(5,230)
% delivery of plan				56%	24%	80%								62%	34%	96%	

- The full year APC efficiency plan is £140.7m, an increase of £21.2m or 18% compared to the 2023/24 plan with values profiled reasonable consistently across the APC and the year according to the profile agreed by the APC CFOs.
- The in-month delivery of £17.5m shows an improvement against month 7 (£11.7m) and is higher than the YTD average to the previous month (£7.8m).
- At month 8 the APC delivered £72.4m (80% of YTD plan), with 56% and 24% being achieved through recurrent and non-recurrent schemes, respectively. The YTD adverse variance against plan of £23.4m is a key driver of the YTD deficit and variance to plan.
- The forecast was revised (in month 6) from 100% delivery to a £5.2m under recovery, all at THH.

M8 Cash

- The APC combined cash balance stood at £200.4m at the end of November, a decrease of £138.1m (41%) from the end of the previous financial year; and £103.4m lower than the November cash plan.
- All trusts are reporting lower balances than plan.
- The lower cash balances are driven primarily by movement in working capital and deficit positions which are partially compensated for by the underspend on capital.
- THH and LNWH have reported challenges with their cash flow and have been in discussion with the ICB and NHSE to seek interim cash support and a way forward for the balance of the financial year.
- The graphs below set out cash flow plan per trust for 2024/25 and actual cash vs plan for the APC.

NWL APC Cash Balance					
Trust	31-Mar-24	30-Nov-24	Movement to YTD	30 Nov Cash plan	Variance from plan
	£m	£m	£m	£m	£m
CWFT	161.6	134.1	(27.5)	146.9	(12.9)
ICHT	136.7	60.4	(76.3)	137.9	(77.5)
LNWH	19.8	1.2	(18.6)	4.0	(2.8)
THH	20.3	4.7	(15.6)	14.9	(10.2)
Total	338.4	200.4	(138.1)	303.8	(103.4)
			-41%		-33%



M8 Capital

APC capital plan for 2024/25 is £220.8m, comprising schemes funded from trust cash and national funding.

The capital plan reduced in July (from £239.3m) to account for the reallocation of ICB capital funds previously held in reserves at CWFT.

The changes are:

ICHT - CORE CRL	3,918	Apportionment from add'l fair shares allocation - Data Comms
CWFT	2,950	Apportionment from add'l fair shares allocation - Various bids
CWFT	-27,959	Adjustment to Reserves held in CWFT
CWFT	2600	Anticipated allocation from NHSE
TOTAL	(18,491)	

To note: total capital expenditure might exceed the CRL (capital resource limit) where projects are funded from other sources such as additional grants and donations.

Year to Date

At Month 8, the APC's capital spend is £89.6m against a £118.3m plan; a £28.7m underspend YTD and £1.2m underspend in the month of November.

The YTD underspend stems from the plan profile of IFRS 16 impact at ICHT and NHP at THH. The full year capital allocation is expected to be spent.

The full year forecast variance stems from the New Hospital Programme spend (not Core capital where all trusts report breakeven) at ICHT and THH. THH have been signalling an underspend for several months. The ICHT forecast relates to additional MoU approvals for the NHP received in-year. The allocation for this sits with NHSE so it is approved variance to plan.

APC Capital Plan 2024/25 (refreshed July)	CWFT £'000	ICHT £'000	LNWH £'000	THH £'000	Total £'000
CRL (excluding IFRS 16)	42,427	74,703	21,873	14,636	153,639
Impact of IFRS 16	95	11,573	1,500	1,197	14,365
Total CRL (including IFRS)	42,522	86,276	23,373	15,833	168,004
PDC : National Schemes					
Diagnostic Digital Capability Programme	-	810	500	-	1,310
Elective Recovery/Targeted Investment Fund	20,206	-	-	-	20,206
Front Line Digitisation	-	-	780	-	780
New Hospital Programme (NHP)	-	1,281	-	26,100	27,381
PFI capital charges (e.g. residual interest)	2,126	-	1,032	1	3,159
					-
Total National Schemes	22,332	2,091	2,312	26,101	52,836
Total Capital Plan (Net CDEL)	64,854	88,367	25,685	41,934	220,840

Capital (CDEL)	M8 2024/25			Annual 2024/25		
	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Forecast £'000	Variance £'000
CWFT	32,192	24,200	7,992	64,854	64,854	0
ICHT	49,535	45,236	4,299	88,367	97,537	(9,170)
LNWHT	16,554	13,099	3,455	25,685	25,685	0
THH	19,976	7,086	12,890	41,934	30,659	11,275
Total	118,257	89,621	28,636	220,840	218,735	2,105



Chelsea and Westminster
Hospital NHS Foundation Trust



The Hillingdon Hospitals NHS
Foundation Trust



Imperial College Healthcare
NHS Trust



London North West University
Healthcare NHS Trust

Appendix 1

NWL APC Trust I&E at M8

I&E Performance : CWFT

CWFT

2024/25 M8	In Month Plan	In Month Actuals	In Month variance	YTD Plan	YTD Actuals	YTD variance	YTD variance	Annual Plan	Annual Forecast	Forecast Variance
	£'000	£'000	£'000	£'000	£'000	£'000	%	£'000	£'000	£'000
Income	75,522	85,690	10,168	599,892	670,781	70,889	12%	926,768	1,002,371	75,603
Pay	(43,887)	(51,917)	(8,030)	(347,682)	(385,623)	(37,941)	-11%	(547,968)	(577,639)	(29,671)
Non-Pay	(30,778)	(33,433)	(2,655)	(246,829)	(278,223)	(31,394)	-13%	(369,028)	(413,353)	(44,325)
Non Operating Items	(820)	(748)	72	(6,091)	(7,456)	(1,365)	-22%	(9,772)	(11,379)	(1,607)
Total	37	(408)	(445)	(710)	(521)	189		0	0	0

Key Messages :

- The Trust is reporting a YTD deficit of £0.52m, which is a £0.19m favourable variance to plan.
- CIP delivery has improved month on month and is reporting a YTD favourable position of £1.9m ahead of plan. Current CIP forecast shows full delivery for the year against the Trust's £23.5m target.
- Key drivers of the YTD position; escalation beds remaining open in Q1 net of any funding (£0.57m); RMN/ Specialising increase (£0.67m); non-pay inflation above the funded levels (£2.6m); which is partially offset by YTD non-recurrent benefits relating to the CNST Maternity Incentive Scheme and prior year over-performance income.
- Total ERF performance YTD equates to 141% compared to the target of 117% (19/20 baseline), which is an income over-performance of £15.5m and will be largely offset against additional costs.
- Forecast remains unchanged at breakeven.

I&E Performance : ICHT

ICHT

2024/25 M8	In Month Plan	In Month Actuals	In Month variance	YTD Plan	YTD Actuals	YTD variance	YTD variance	Annual Plan	Annual Forecast	Forecast Variance
	£'000	£'000	£'000	£'000	£'000	£'000	%	£'000	£'000	£'000
Income	139,774	151,682	11,908	1,115,187	1,173,887	58,700	5%	1,674,278	1,674,278	0
Pay	(87,512)	(90,198)	(2,686)	(702,138)	(732,142)	(30,004)	-4%	(1,052,164)	(1,052,164)	0
Non-Pay	(51,112)	(51,511)	(399)	(406,671)	(454,270)	(47,599)	-12%	(610,999)	(610,999)	0
Non Operating Items	(926)	(755)	171	(7,408)	(5,394)	2,014	27%	(11,115)	(11,115)	0
Total	224	9,218	8,994	(1,030)	(17,919)	(16,889)		0	0	0

Key Messages :

- The Trust is reporting a YTD deficit of £17.9m, which is a £16.9m adverse variance to plan. This is a £9.2m improvement on month 7 (which aligns with the FRP at month 7).
- ERF has over performed by £9.8m with VWA being 119.7% vs 19/20 baseline.
- Pay costs are £34.0m adverse YTD. Excluding R&D overspend of £6.3m which is fully offset by income, the residual variance is largely driven by overspends in relation to industrial action (off-set by income), RMN usage and specialising costs, premium costs to deliver additional activity and undelivered efficiency savings.
- Non-pay costs are £59.6m adverse YTD with the £12.2m overspend on pass through drugs & devices and £3.9m R&D costs, both offset by income. The residual variance is related to undelivered efficiency savings, impact of true-up adjustments relating to MES, and impact of unfunded inflation.
- YTD £32.5m of efficiencies have been accounted for against a plan of £42m (£9.7m under achievement). Forecast position is expecting delivery of the full savings plan of £63.4m although this is expected to be achieved via a number of non-recurrent schemes, some of which are linked to the Trust recovery plan.
- The Trust continues to forecast a breakeven position.

I&E Performance : LNWH

LNWH

2024/25 M8	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	100,926	88,534	(12,392)	674,025	701,494	27,469	4%	1,016,324	1,049,726	33,402
Pay	(71,413)	(54,642)	16,771	(431,110)	(451,699)	(20,589)	-5%	(647,808)	(660,566)	(12,758)
Non-Pay	(28,777)	(33,802)	(5,025)	(230,347)	(264,880)	(34,533)	-15%	(345,904)	(366,477)	(20,573)
Non Operating Items	(1,885)	(1,899)	(14)	(15,078)	(15,250)	(172)	-1%	(22,612)	(22,683)	(71)
Total	(1,149)	(1,809)	(660)	(2,510)	(30,335)	(27,825)		0	0	0

Key Messages

- The Trust is reporting a YTD deficit of £30.3m, £27.8m adverse to plan.
- Pay awards have now been paid in full, with additional costs (including arrears), reflected in the accounts in October and November.
- Industrial action is impact estimated at £0.7m YTD, linked to income loss. Cost impact £1.3m was re-imbursed in full in M6.
- CIP delivery is £5.6m behind plan
- Other key drivers include system factors, including winter beds, EOC, CDC and the system optimisation plan where activity / delivery is behind plan in addition to non-pay inflationary pressures.
- Total ERF income YTD exceeds plan by £6.3m despite underperformance in the EoC and St Marks.
- Externally reported forecast is breakeven, but discussions are ongoing within the Trust, the ICB and the region on further mitigations needed.
- The M08 cash balance was £1.1m, compared to £4.5m last month. This balance was achieved only after deferring, again, a very high level of supplier payments. The application for £21m PDC cash support for December was not approved and instead only £5m will be provided for December. The Trust has submitted an application for £26.4m PDC cash support for January. The trade creditor backlog will only be reduced back to year end levels if this application is approved. The forecast requirement for the financial year has been reduced from £38.1m to £35.2m following an increase in forecast receipts.

I&E Performance : THH

THH

2024/25 M8	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	36,164	31,798	(4,366)	244,590	249,846	5,256	2%	366,895	404,542	37,647
Pay	(25,628)	(22,798)	2,830	(160,333)	(179,364)	(19,031)	-12%	(240,481)	(261,127)	(20,646)
Non-Pay	(10,286)	(10,763)	(477)	(82,371)	(91,541)	(9,170)	-11%	(123,487)	(135,377)	(11,890)
Non Operating Items	(711)	(700)	11	(5,553)	(5,375)	178	3%	(2,927)	(8,038)	(5,111)
Total	(461)	(2,463)	(2,002)	(3,667)	(26,434)	(22,767)		0	0	0

Key Messages:

For Month 8 of 2024/25 THH reports a position of £22.8m adverse to our plan. The drivers of the YTD position are:

- Income is in total overperforming by 6.9m, largely due to overperformance in elective recovery and on Drugs & Devices, however income is down against plan due to a contractual dispute with NHS England, reduced activity from non NWL patients and planned support from ICB not being received.
- In Month income includes income received to offset the 2023/24 element of back dated pay award.
- Under achievement of savings £3.9m year to date against the internal budget (£6.1m compared to the submitted plan).
- Operational variances to Budget for pay and and non pay:
 - Pay £18.8m Unplanned Care £7.7m, Planned Care £4.1m, MVCSS £1.3m, Estates and Facilities £0.1m, Corporate and Central £5.6m
 - Non Pay £9.7m Unplanned Care £4.8m, Planned Care £1.7m, MVCSS £3.7m, Estates and Facilities £0.8m, Corporate and Central -£0.8m
 - Overperformance against plan for block activity is driving higher costs, particularly on the UEC pathway.
- Cashflow continues to be a significant concern and the Trust is working with the ICB to agree some short-term mitigations.
- Capital Expenditure has increased in the month, with budget holders reporting they forecast to spend allowances, where appropriate this is being reviewed due to cashflow restrictions.



Chelsea and Westminster
Hospital NHS Foundation Trust



The Hillingdon Hospitals NHS
Foundation Trust



Imperial College Healthcare
NHS Trust



London North West University
Healthcare NHS Trust

Appendix 2

NWL APC Run Rates

Run Rates

- This appendix shows the monthly run rates of income, pay and non-pay for the APC and trusts 23/24 to 24/25. Month 7-12 23/24 is compared to M1-8 24/25 (average).
- Non pay excludes non-operating items.
- The spike in M12 March 24 in pay and income relates primarily to the accrual for additional employer's pension costs.
- The increase in M7 24/25 on pay and income accounts for the additional 3.3% tariff uplift to income and payment of the 2024/25 pay award (including backpay). Previously Teams were accruing 2% per national planning assumptions.
- The table below shows the percentage changes comparing the average month YTD 24/25 with the average of M7-M11 23/24:

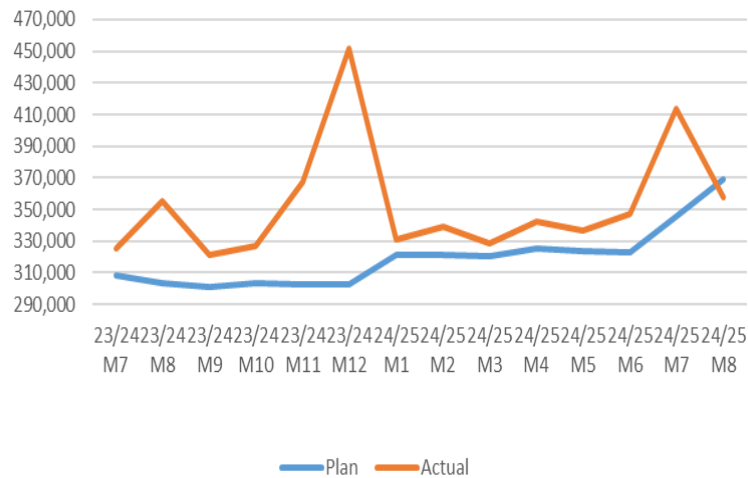
	% change M7-M11 23/24 to M1 - M8 24/25 (average)				
	APC	CWFT	ICHT	LNWH	THH
Income	3.0%	5.6%	3.9%	2.6%	(5.4%)
Total Expenditure	7.3%	5.6%	6.4%	10.9%	6.7%
Pay	8.4%	9.5%	8.5%	8.2%	6.7%
Non Pay	5.6%	0.7%	3.2%	15.8%	6.7%

- Overall, for the APC income has increased by 3% and expenditure increased by 7.3%.
- All trusts report increases in income except THH (5.4% lower).
- Pay has increased across all trusts as expected to account for the pay awards, %'s are variable across the trusts with THH reporting a couple of percentage points lower than the other three trusts.
- Non pay reports increases across the Trusts but at the % varies from 0.7% at CWFT to 15.8% at LNWH.

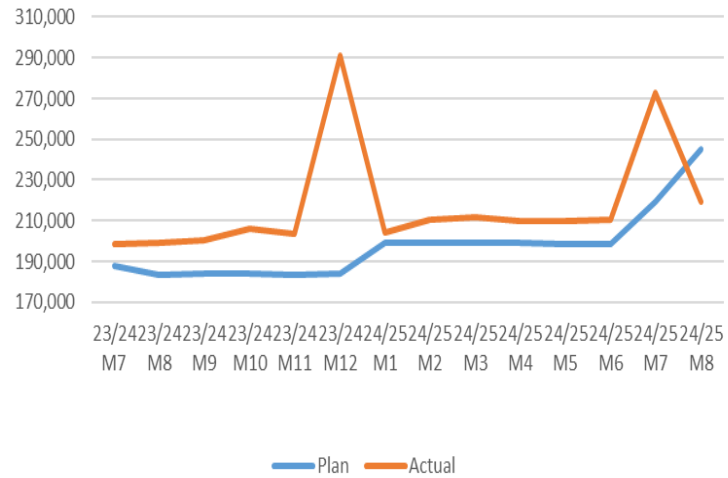
Run rate - APC

			23/24 M7	23/24 M8	23/24 M9	23/24 M10	23/24 M11	23/24 M12	24/25 M1	24/25 M2	24/25 M3	24/25 M4	24/25 M5	24/25 M6	24/25 M7	24/25 M8
Acute	Income	Plan	308,438	303,436	301,481	303,602	302,955	302,293	321,475	321,666	320,539	325,500	323,565	322,848	345,715	369,084
		Actual	325,571	355,041	321,160	326,872	367,546	451,692	331,115	338,746	328,474	342,410	336,354	347,443	413,762	357,704
	Pay	Plan	187,596	183,686	184,110	184,002	183,632	183,778	198,923	199,417	198,901	199,285	198,655	198,357	219,285	245,138
		Actual	198,686	199,395	200,686	206,006	203,442	291,212	204,087	210,445	211,972	209,651	209,640	210,436	273,043	219,555
	Non-pay	Plan	117,704	116,905	116,902	116,924	116,913	117,366	120,626	121,971	120,082	120,678	120,626	120,244	121,038	120,953
		Actual	132,394	133,934	117,693	128,490	131,876	140,753	133,376	137,970	123,814	141,375	136,793	140,852	145,225	129,509

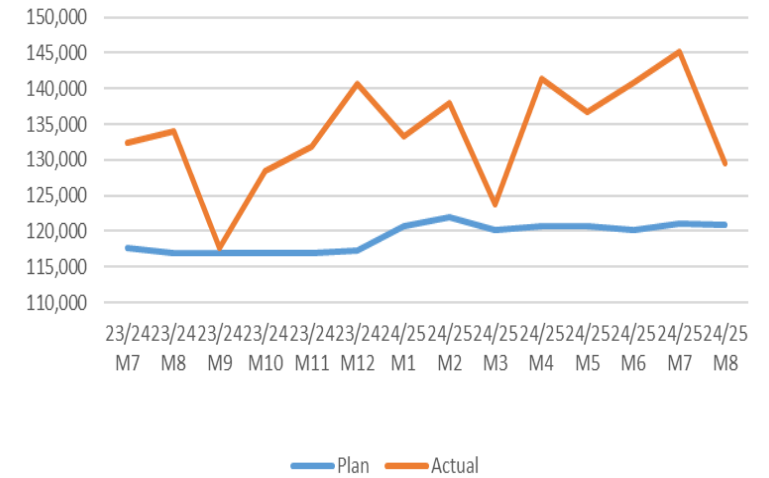
Acute Providers Income Run Rate vs Plan



Acute Providers Pay Run Rate vs Plan



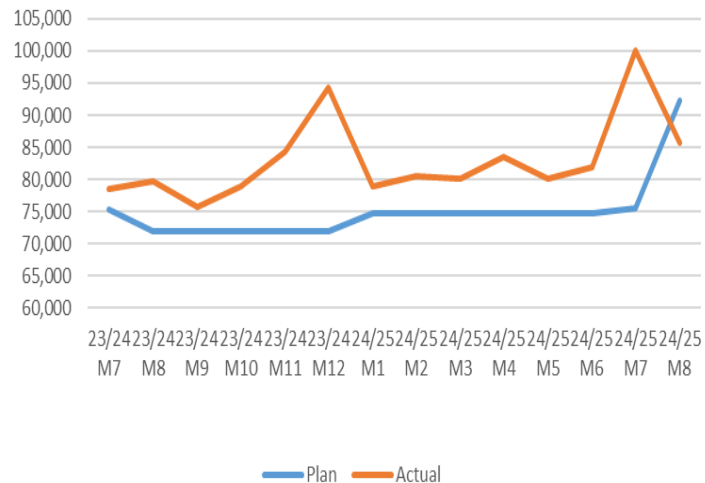
Acute Providers Non Pay Run Rate vs Plan



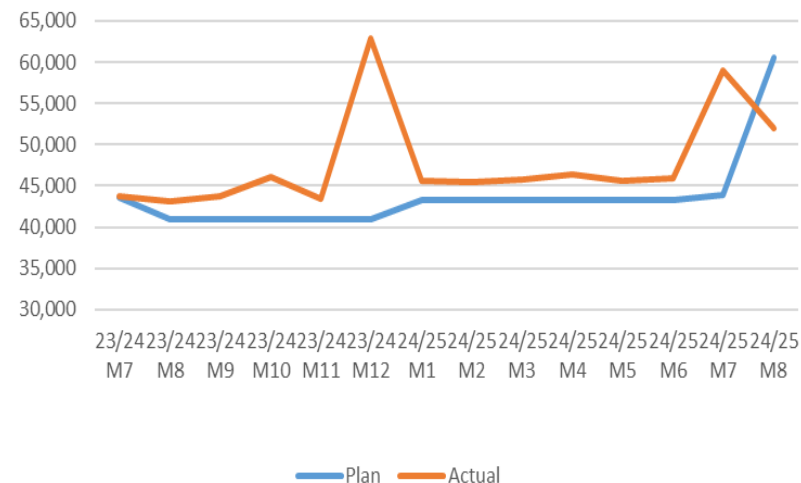
Run rate - CWFT

TRUST	SOURCE CATEGORY	PLAN OR ACTUAL	23/24 M7	23/24 M8	23/24 M9	23/24 M10	23/24 M11	23/24 M12	24/25 M1	24/25 M2	24/25 M3	24/25 M4	24/25 M5	24/25 M6	24/25 M7	24/25 M8	
CWFT	Income	Plan	75,414	71,978	71,978	71,978	71,978	71,978	71,974	74,808	74,808	74,808	74,808	74,808	74,808	75,522	92,220
		Actual	78,497	79,753	75,742	78,892	84,282	94,262	78,860	80,560	80,031	83,602	80,140	81,936	99,962	85,690	
	Pay	Plan	43,629	41,001	41,001	41,001	41,001	40,948	43,318	43,318	43,318	43,318	43,318	43,318	43,318	43,887	60,585
		Actual	43,759	43,167	43,700	46,134	43,431	62,931	45,623	45,403	45,770	46,468	45,650	45,857	58,936	51,917	
	Non-pay	Plan	30,893	30,083	30,079	30,100	30,102	30,156	30,985	31,036	30,968	30,787	30,750	30,695	30,830	30,778	
		Actual	33,791	36,003	29,685	35,948	37,171	27,887	34,204	35,181	31,808	36,661	34,507	34,006	38,423	33,433	

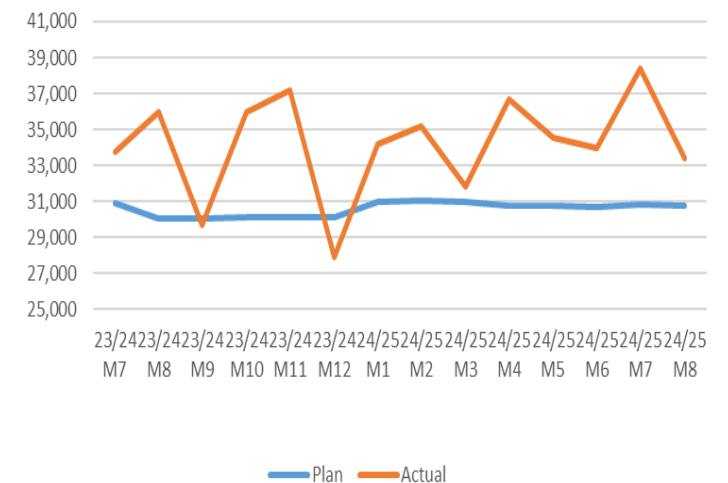
CW Income Run Rate vs Plan



CW Pay Run Rate vs Plan



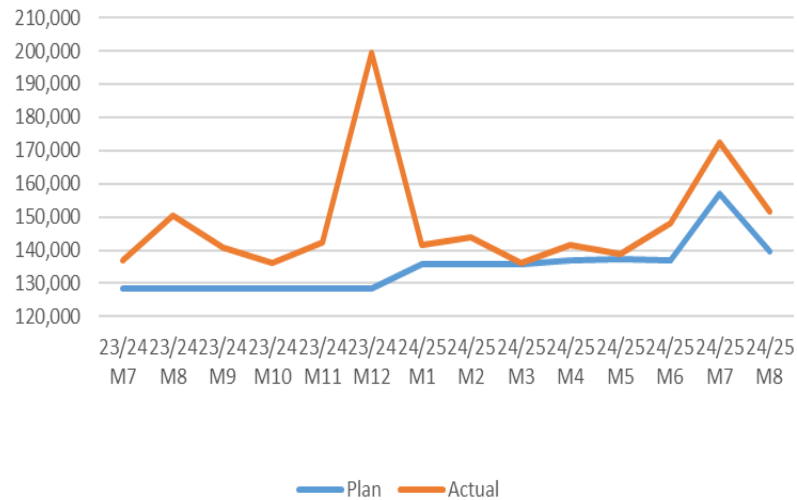
CW Non Pay Run Rate vs Plan



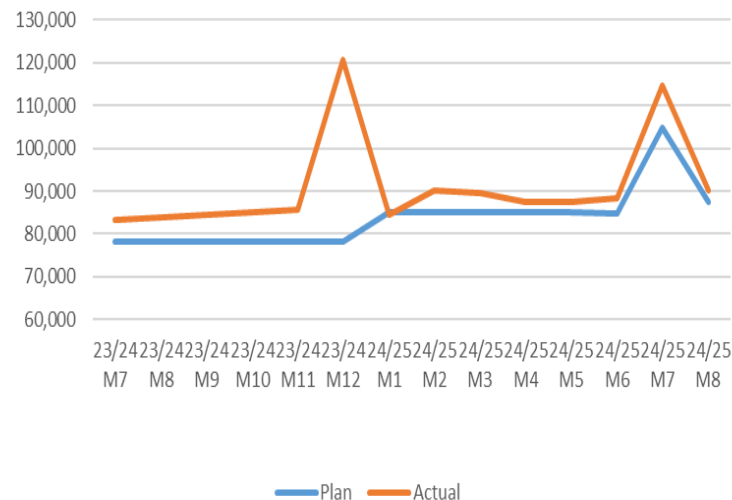
Run rate - ICHT

TRUST	SOURCE CATEGORY	PLAN OR ACTUAL	23/24 M7	23/24 M8	23/24 M9	23/24 M10	23/24 M11	23/24 M12	24/25 M1	24/25 M2	24/25 M3	24/25 M4	24/25 M5	24/25 M6	24/25 M7	24/25 M8
ICHT	Income	Plan	128,530	128,530	128,508	128,530	128,526	128,506	135,760	135,760	135,760	136,804	137,429	136,905	156,995	139,774
		Actual	136,803	150,589	140,630	136,304	142,143	199,604	141,488	143,780	136,157	141,580	138,705	147,961	172,534	151,682
	Pay	Plan	78,172	78,173	78,149	78,173	78,168	78,158	84,996	84,996	84,995	85,100	85,163	84,640	104,736	87,512
		Actual	83,311	83,728	84,330	85,005	85,558	120,712	84,497	90,113	89,439	87,398	87,520	88,430	114,547	90,198
	Non-pay	Plan	49,600	49,599	49,601	49,599	49,600	49,582	50,604	51,657	50,214	50,760	50,745	50,891	50,688	51,112
		Actual	57,223	56,855	51,116	55,055	54,960	64,683	57,121	56,091	49,976	60,744	57,005	62,810	59,012	51,511

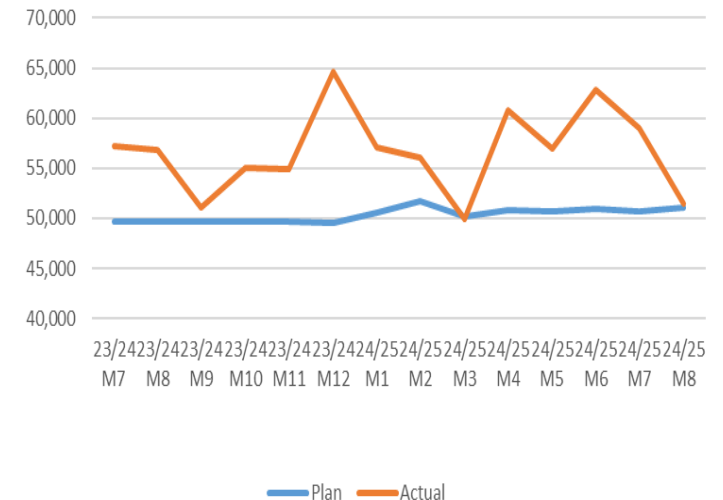
ICHT Income Run Rate vs Plan



ICHT Pay Run Rate vs Plan



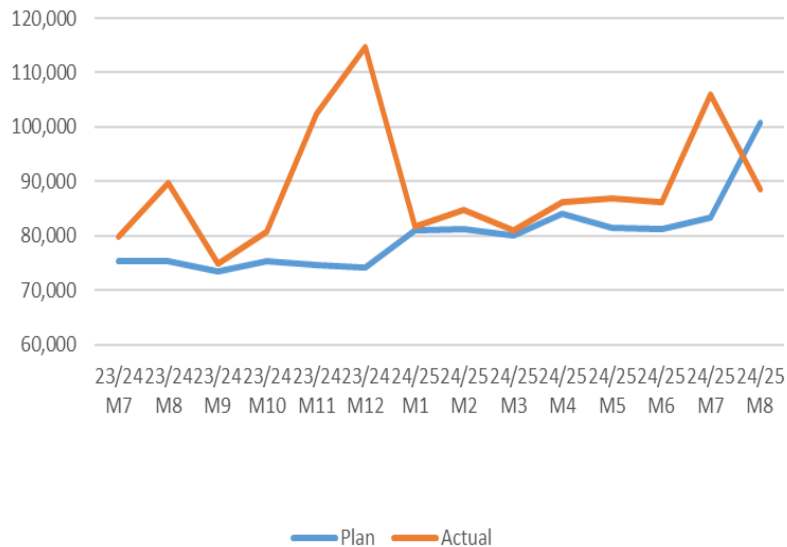
ICHT CW Non Pay Run Rate vs Plan



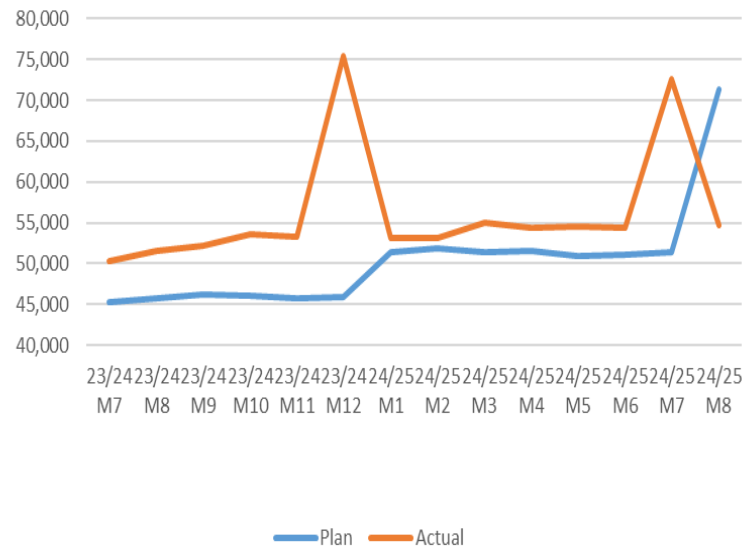
Run rate - LNWH

TRUST	SOURCE CATEGORY	PLAN OR ACTUAL	23/24 M7	23/24 M8	23/24 M9	23/24 M10	23/24 M11	23/24 M12	24/25 M1	24/25 M2	24/25 M3	24/25 M4	24/25 M5	24/25 M6	24/25 M7	24/25 M8
LNW	Income	Plan	75,407	75,407	73,471	75,406	74,762	74,116	81,131	81,323	80,195	84,113	81,553	81,361	83,423	100,926
		Actual	79,784	89,703	74,786	80,717	102,490	114,750	81,741	84,681	81,061	86,270	86,948	86,306	105,953	88,534
	Pay	Plan	45,330	45,755	46,202	46,070	45,705	45,914	51,360	51,854	51,339	51,627	50,934	51,159	51,424	71,413
		Actual	50,335	51,548	52,167	53,644	53,339	75,502	53,080	53,112	54,937	54,399	54,560	54,419	72,550	54,642
	Non-pay	Plan	28,104	28,175	28,174	28,177	28,162	28,175	28,735	28,977	28,597	28,828	28,828	28,370	29,235	28,777
		Actual	30,673	29,830	27,260	26,019	29,168	31,722	31,164	33,883	30,679	33,428	33,559	32,591	35,774	33,802

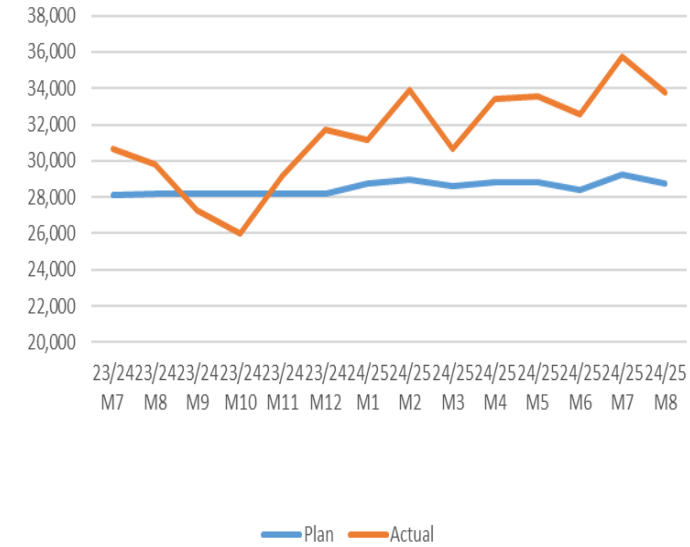
LNW Income Run Rate vs Plan



LNW Pay Run Rate vs Plan

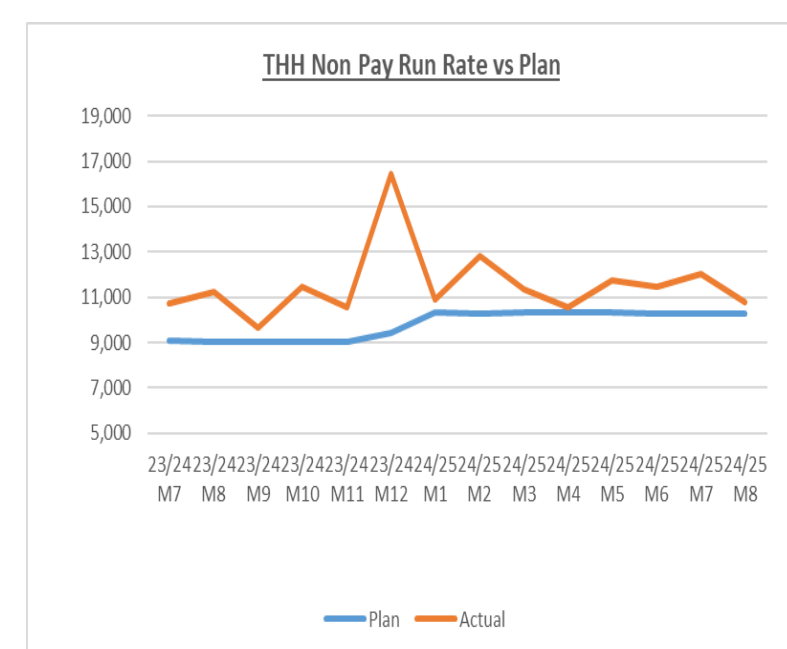
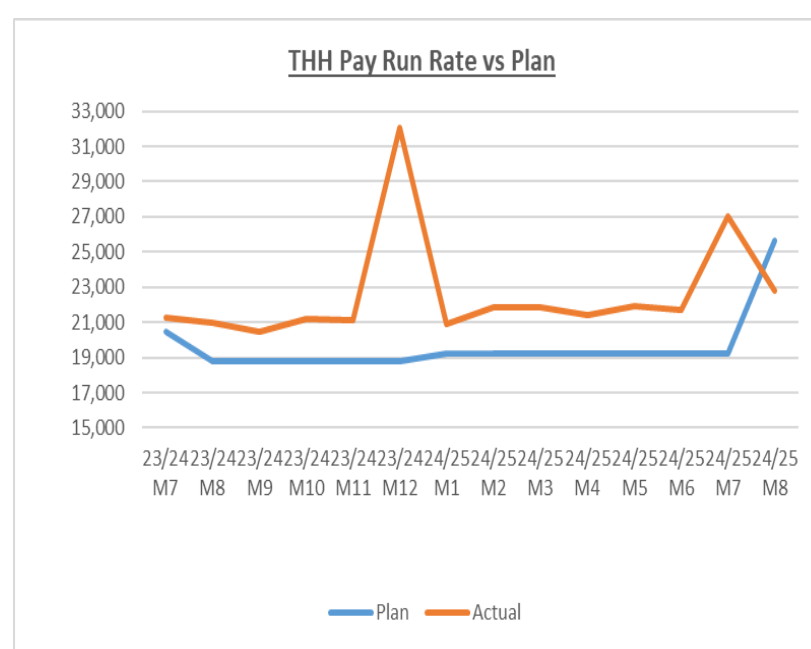
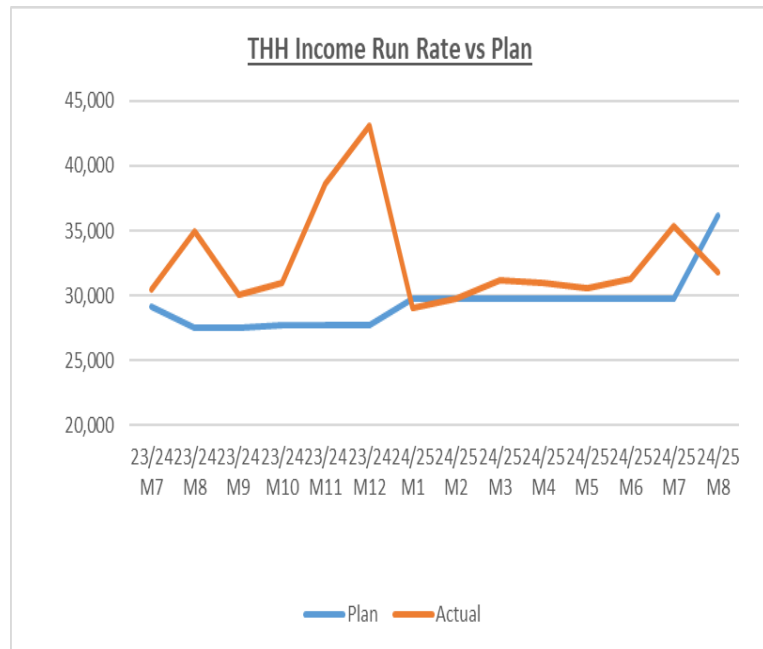


LNW CW Non Pay Run Rate vs Plan



Run rate - THH

TRUST	SOURCE CATEGORY	PLAN OR ACTUAL	23/24 M7	23/24 M8	23/24 M9	23/24 M10	23/24 M11	23/24 M12	24/25 M1	24/25 M2	24/25 M3	24/25 M4	24/25 M5	24/25 M6	24/25 M7	24/25 M8
THH	Income	Plan	29,087	27,521	27,524	27,689	27,689	27,698	29,776	29,775	29,776	29,775	29,775	29,774	29,775	36,164
		Actual	30,487	34,996	30,002	30,959	38,631	43,076	29,026	29,725	31,225	30,958	30,561	31,240	35,313	31,798
	Pay	Plan	20,465	18,757	18,758	18,758	18,758	18,758	19,249	19,249	19,249	19,240	19,240	19,240	19,238	25,628
		Actual	21,281	20,952	20,489	21,223	21,114	32,067	20,887	21,817	21,826	21,386	21,910	21,730	27,010	22,798
	Non-pay	Plan	9,107	9,048	9,048	9,048	9,049	9,453	10,302	10,301	10,303	10,303	10,303	10,288	10,285	10,286
		Actual	10,707	11,246	9,632	11,468	10,576	16,461	10,887	12,815	11,351	10,541	11,723	11,445	12,016	10,763





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

Financial Performance Escalation

Financial Performance Escalation - 1

- The financial performance escalation process implemented in 2023/24 is followed in 2024/25 due to the high risk in the financial plan.
- A set of escalation metrics are in place whereby a breach enacts escalation.
- This tests the variation from YTD plan, CIP delivery, ERF performance and annual plan.
- Upon breaching the metrics, the levels of escalation are shown in the table below.
- This is the 2023/24 process which has agreed to be followed in 2024/25.
- To note for 2024/25 there is no risk pool support funding.

Level	Escalation Process	ICB
1	Peer review by peer CFO to challenge recovery and support identification of mitigations Notification to CEOs	N/A
2	As 1 above Turnaround plan developed and presented to CEOs Implementation of turnaround controls e.g. vacancy review, discretionary spend review Report to Trust F&P	Inform (i.e. advise of proposals)
3	As 1 & 2 above Trust in formal turnaround requiring APC led SOM style meeting to agree recovery plan and actions Turnaround controls reviewed by multi-trust panel (double lock) Report to CIC F&P Release of support from APC to mitigate the financial position *	Engage (discuss and agree proposals)
4	As 1-3 above Turnaround controls reviewed by ICS panel (triple lock) Report to CIC Board	Involve (likely to be part of wider escalation process)

M8 Escalation Trigger Summary													
Measure	Basis	Level 1	Level 2	Level 3	Level 4	CW	ICTH	LNW	THH	CW	ICTH	LNW	THH
Year to Date deterioration against plan *	T/over	0-0.5%	0.5-1%	0-1%	>1%	1	4	4	4	0.0%	-1.4%	-3.9%	-9.0%
Year to Date Run Rate - deficit *	T/over	0-0.75%	0.75-1%	0-1%	>1%	1	4	4	4	-0.1%	-1.5%	-4.2%	-10.5%
CIP non-delivery against plan	CIP Value	0-10%	20-30%	30-40%	>30%	1	4	4	4	12%	-53%	-33%	-81%
Forecast Outturn '000	T/over	0	0-0.5%	0.5-0.75%	>0.75%	1	1	1	1	0	0	0	0
Ave score						1.0	3.3	3.3	3.3				

REFERENCES

Only PDFs are attached

 7.3 Business Planning Process 2025-26 cover.pdf

 7.3 Business Planning Process 2025-26.pdf

NWL Acute Provider Collaborative – Board in Common Committee
21/01/2025
Item number: 7.3
This report is: Public

APC Financial Planning 2025/26

Author: Helen Berry & Jazz Thind
Job title: Associate Director of Finance, NWL APC; CFO, ICHT

Accountable director: Lesley Watts
Job title: Chief Executive Officer CWFT & THH.

Purpose of report

Purpose: Assurance

Report history

This paper was considered by the Acute CFOs.

NWL Acute CFOs 10/01/2025 Noted and approved		
--	--	--

Executive summary and key messages

This paper seeks to set out some of the key highlight pertaining to the APC planning process for 2025/26.

Initial North West London Integrated Care Board (NWL ICB) Strategic Planning Assumptions

The NWL ICB is expecting to have an underlying deficit going into 2025/26 and at this stage growth funding has not been confirmed. On the back of this position it has stated that all proposals for strategic change will need to have an identified funding source and support the following key themes:

- Moving the curve on demand on secondary care (referral management in primary care)
- Prescribing growth to meet known demand (e.g. weight loss drugs)
- Ensuring resource allocation change to cover core historic decisions
- Link between unclear commissioning improvements & S117 costs
- Moving to Mental Health / Community core offers
- Targeted efficiency
 - Continuing Health Care
 - Acute demand reduction

➤ Provider establishment re-set

However, these may be subject to change on the back on current and any upcoming government announcements regarding deliverables for the NHS.

APC 2025/26 planning

Each Trust commenced its internal business planning process in late autumn to ensure there was sufficient time to collate and iterate the outputs as required.

The work has been underpinned by an overarching set of planning assumptions proposed by the Acute Provider Collaborative (APC) / North West London Integrated Care System (NWL ICS) whilst national guidance is awaited. The cost uplift factor (CUF) currently used is the one based on the assumptions within the ICBs medium term financial plan is shown below. The actual 2025/26 CUF will be published as part of the national planning guidance.

Cost Uplift Factor (CUF)	2025/26
Pay	2.1%
Drugs	0.5%
Other Operating Costs	1.3%
Unallocated CNST	0.0%
Capital	1.3%
Cost Uplift Factor (CUF)	1.9%
Efficiency factor	-1.1%
Net CUF	0.8%

Where a difference in view / divergence occurs, this will be discussed with the NWL ICB, and we will work together to agree a common way forward.

Draft provider allocations have been shared with the APC trusts (w/b.02/12) which notes the opening and closing NWL ICB contract income values and includes adjustments such as: the impact of the 2024/25 pay award; non-recurrent funding etc. The detailed workings of the adjustments are being reviewed with the outcome of the planning conversations a key factor in the finalisation of the cash envelopes.

The planning submission will cover:

- Income and expenditure planning, which includes:
 - Operational demand and capacity modelling, maximising delivery within an acceptable cost base
 - Workforce requirements to achieve the above
 - Review and reset of funding arrangements in cash envelope to rebase activity baselines to reflect planned 2025/26 activity considering Non-Elective (NEL) overperformance in 2024/25, recording and coding of activity, new or changed service models and changes associated with the introduction of the electronic patient record (CERNER)
 - Triangulation of activity, workforce, and finances to ensure alignment.

- Capital investment planning
 - NHSE announced a 3-year core capital allocation 22/23 to 24/25. No settlement has been announced for 2025/26, however the ICS has assumed an indicative value of £257.5m (core allocation of £206.7m and IFRS 16 of £50.7m). This gives an indicative reduction in 2025/26 of £45m. The trusts' share of this allocation has been used to inform the rolling capital planning exercise since 2022/23 and is in the process of being updated to reflect the latest priorities.
 - The Autumn 2024 budget announcement did include a number of capital spending commitments which may provide some headroom for additional capital. The new capital funding commitments announced include:
 - £1.5bn for new surgical hubs and diagnostic scanners, enabling over 30,000 additional procedures and more than 1.25 million diagnostic tests. This funding will also expand capacity by delivering new beds, creating more treatment space in emergency departments and facilitate more community-based care.
 - £70m for new radiotherapy machines to enhance cancer treatment.
 - Over £1bn allocated to address dangerous reinforced autoclaved aerated concrete (RAAC) and reduce the maintenance backlog across the NHS estate.
 - A new capital fund to deliver c200 upgrades to GP surgeries across England by improving use of existing buildings and space.
 - £460m for the UK's pandemic preparedness and health protection
 - £26m to establish new mental health crisis centres, to alleviate pressure on A&E services.
 - Continued investment in the NHP, with the seven hospitals most at risk regarding RAAC to be prioritised. Further details on the outcome of the government's review of the New Hospital Programme will be set out in the new-year.
 - Commitment to publish a 10-year infrastructure strategy alongside Phase 2 of the Spending Review, as well as setting five-year capital budgets at regular spending reviews to provide greater certainty for capital projects.
 - It will be important to understand what of this is cash backed and whether there will continue to be national revenue support made available to offset the capital charges associated with key strategic nationally funded schemes.
- Cash planning
 - This will be tested thoroughly to ensure it clearly reflects the cash and non-cash assumptions in the income and expenditure and capital plans, to ensure variation in year can be tracked more explicitly against the key assumptions.

Submission

NHS England has informally communicated that it is expecting the planning process to be concluded (with Board approved submissions) by 27th March 2025. A comprehensive timetable of all key governance points (Trust, Acute Provider Collaborative, and Integrated Care System) is being drafted to aid the APC meeting this deadline. At present, the ICB's draft timetable notes

requirements to make Trust level submissions on the 6th of February 2025 and 6th March 2025, this may change subject to the receipt of planning guidance. To note it may be necessary to schedule an Extraordinary BiC cabinet once the timetable is confirmed.

Elective Care Reform Plan

At the time of writing, although the 2025/26 National Planning Guidance has not been released, NHS England has published the “Elective Care Reform Plan” (6th January) setting out the requirements for elective care provision and what is required of commissioners and providers of elective care to deliver the key aims:

1. cutting waiting times (1st milestone being 65% waiting less than 18 weeks by March 2026);
2. providing convenient access for patients; and
3. improving patient experience.

To meet the headline 18-week standard and reform elective care by March 2029 NHSE will focus on the following areas:

- Empowering Patients - more choice and control
- Reforming Delivery - working more productively, consistently, differently.
- Delivering care in the right place
- Aligning funding, performance oversight and delivery standards:
 - Clear responsibilities and incentives for reform
 - Robust and regular oversight of performance
 - Clear expectations for how elective care will be delivered at a local levels

It is understood that providers will continue to be paid in line with the number of patients they treat, based on a planned level of activity agreed with commissioners. However, there may be nuances as to how this will operate which will need to be considered once the technical guidance is shared. The government also wants to create better links between payment and activity that directly ends patient waits – but no further details have been given in the plan as to how this will be delivered. The appendix provides the key highlights of the proposals contained within the Elective Care Reform Plan.

Strategic priorities

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

Impact assessment

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

Reason for private submission

N/A



Chelsea and Westminster
Hospital NHS Foundation Trust



The Hillingdon Hospitals NHS
Foundation Trust



Imperial College Healthcare
NHS Trust



London North West University
Healthcare NHS Trust

Reforming Elective Care for Patients

Board In Common
21st January 2025

NHSE Guidance - Reforming Elective Care For Patients (6th January 2025)

To meet the 18-week standard and reform elective care by March 2029 NHSE will focus on the following areas :

- **Empowering Patients** - more choice and control
- **Reforming Delivery** - working more productively, consistently, differently
- **Delivering care in the right place**
- **Aligning funding, performance oversight and delivery standards**
 1. Clear responsibilities and incentives for reform
 2. Robust and regular oversight of performance
 3. Clear expectations for how elective care will be delivered at a local level

Meeting the 18-week standard – Targets

- Meet 18-week standard by March 2029
- 65% of patients waiting <18 weeks for elective treatment by March 2026
- A minimum 5% improvement by March 2026 for every trust.
- Sufficient increases annually to reach 92% in 2029
- Improvements in cancer waiting time standards performance

Details to be set out in:

- *Annual operational planning guidance*
- *A dedicated national cancer plan*

Empowering Patients

NHSE

- Publish the minimum standards patients should expect to experience in elective care by September 2025 and actively promote and monitor patients' right to choose when and where they receive care.
- Expand the NHS App and Manage Your Referral website to improve information and appointment management on elective care for patients, as well as parents and carers through proxy access by March 2027; and work with providers to make the NHS App and Manage Your Referral website the default route.
- Collate and publish data to help improve the uptake of national health inequalities initiatives, throughout 2025/26

ICBs

- Ensure patients and carers are aware of new experiences expectations and their right to choose.
- Set a clear local vision for how health inequalities will be reduced as part of elective care reform.
- Ensure interventions are in place to reduce disparities for groups who face additional waiting list challenges by March 2025.

Providers

- Name an existing director who is responsible for improving experience of care in each ICB and provider by April 2025
- Make customer care training available to non-clinical staff with patient-facing roles
- Ensure take up of the training already available on the eReferral Service (e-RS) to support effective referral, booking and waiting list management processes.
- Implement agreed local interventions to reduce disparities for groups who face additional challenges accessing healthcare.
- By the end of March 2025, 85% of acute trusts will enable patients to view appointment information via the NHS App
- By March 2027, the NHS App will be significantly expanded to improve information for patients in elective care, as well as their parents and carers through proxy access.
- Make the NHS App and Manage Your Referral website the default route so patients can choose their elective provider or decide not to make that choice themselves.

Reforming Delivery

NHSE

- Provide quicker access for patients to common surgical procedures by launching 17 new and expanded surgical hubs by June 2025.
- Deliver significantly improved elective pathways by extending the minimum standards for community diagnostic centres (CDCs) to open 12 hours/day, 7 days/week, delivering same-day tests and consultations, an expanded range of tests, with direct referral from primary and community care, new consulting rooms, and at least 10 straight to test pathways by March 2026.
- Boost Bone density scanning (DEXA) capacity by investing in up to 13 DEXA scanners in the highest priority locations (extra 29,000 scans).
- Refresh the relationship with the independent sector with a new **partnership agreement**.

ICBs

- Implement the new standards for CDCs particularly increasing direct referrals and rolling out at least 10 straight-to-test pathways by March 2026
- Ensure contracts with the independent sector are in place to mitigate the waiting list challenges in each system, as well as a broader range of diagnostic tests

Providers

- Make optimal use of the new diagnostic capacity by implementing the new standards for CDCs particularly:
 - extended opening hours.
 - increasing same day tests and consultations.
 - expanding range of tests offered.
- Ensure a range of options are in place for patients to have more responsive and accessible follow-up care, including:
 - standardising remote consultations.
 - remote monitoring.
 - digital support for patient-initiated follow-up (PIFU) across all major specialties.

Delivering care in the right place (1 of 2)

NHSE

- To ensure both primary and secondary care are funded to deliver advice and guidance (A&G), by **splitting the existing elective tariff to deliver better outcomes for patients: GPs will receive £20 per A&G request**. NHSE expect more patients to benefit from their GP accessing rapid specialist advice, so they receive the care they need in primary and community care settings, as opposed to being added to the elective waiting list. This expansion will deliver up to 4 million advice requests from GPs in 2025/26 (up from 2.4 million in 2023/24), which NHSE expect could increase diversions from elective care from 1.2 million in 2023/24 to 2 million in 2025/26.
- Support systems to optimise the use of A&G by providing access to a range of metrics, dashboards and toolkits
- Work with patients, carers and clinicians to establish a consistent model of 'collective care' approaches, including group appointments and one-stop clinics, so that patients can benefit from this innovative practice by September 2025.
- Set out clear expectations for significant elective care reform to be delivered in at least five specialties – ENT, gastroenterology, respiratory, urology and cardiology
- Increase the quality and expand the availability of elective reform Federated Data Platform (FDP) products, and support adoption of the FDP to 85% of all secondary care trusts by March 2026
- Work with primary and community care clinicians to expand functionality within NHS e-RS and the NHS App to support delivery of expectations on referral optimisation and patient choice.

Delivering care in the right place (2 of 2)

ICBs

- Consistently optimise referrals using A&G and effective triage, increasing the proportion of patients being treated in the most appropriate care setting by March 2026.
- Expand remote monitoring across all long-term conditions where clinically appropriate, helping to remove up to 500,000 lower value follow-up appointments per year from 2026/27 onwards
- Implement all requirements in the delivery plan for recovering access to primary care, including those that support effective working across primary and secondary care
- Standardise pathway referral criteria, maximise A&G opportunities, and put in place clinical triage standard operating procedures for high-volume specialties
- By September 2026, dedicated system leadership will focus on reducing variation in discharge processes and expand opportunities for self-management through shared decision-making tools
- Transform pathways with opportunity to deliver activity in the community, starting with at least the following five priority specialties; ENT, gastroenterology, respiratory, urology and cardiology

NHS elective care providers

- Ensure PIFU is offered as standard in all appropriate pathways by March 2026.
- Significantly increase the uptake of PIFU to at least 5% of all outpatient appointments, including through the enhanced identification of suitable patients using AI and automation by March 2029
- Implement a consistent model of 'collective care' approaches, including group appointments and one-stop clinics, so that patients can benefit from this innovative practice
- Work with system partners to implement standardised pathway referral criteria, maximise A&G opportunities, and put in place clinical triage standard operating procedures for high-volume specialties.

Aligning funding, performance oversight and delivery standards

NHSE

- Update the payment scheme to reflect elective priorities, with a stronger focus on activity that directly ends a patient's wait for their care (details tbc), and by developing, testing and introducing relevant tariffs throughout the duration of this plan including:
 - **Prices for some ENT and gynaecology procedures with the largest waiting lists will be increased starting from 2025/26, with further tariffs expected to be reviewed to incentivise the most productive activity.**
 - **Best practice tariffs will be used to encourage a shift of activity from day case to outpatient settings for six procedures.** And new best practice tariffs will be developed and introduced system-wide in 2026/27.
 - **Current Advice & Guidance (A&G) tariff to be split and £20 given to primary care to incentivise A&G.**
- Run a **capital incentive scheme for providers that improve the most in meeting Referral To Treatment (RTT) standards**
- **Deliver the NHS IMPACT Clinical and Operational Excellence Programme** to apply proven improvement approaches for elective reform, **including training for at least 8,000 clinical and operational leaders in effective elective pathway management by March 2026.**
- Run a **strong elective performance oversight programme**, including through tiering which contributes to the new NHS Oversight and Assessment Framework, with greater transparency on the performance and delivery of elective care.
- **Set expectations for outpatient activity as part of job planning** within providers, to clearly describe the types and balance of activity, including sessions within the community.

ICBs

- Integrated care boards will be expected to reflect elective activity targets and funding allocations in local commissioning arrangements.
- Providers will continue to be paid in line with the number of patients they treat, based on a planned level of activity agreed with commissioners.

Providers

- Put robust arrangements in place to performance manage and deliver elective care targets and standards.
- Make best use of NHS IMPACT improvement support, national metrics, dashboards and toolkits.
- Work with system partners to ensure adoption of best practice including reformed patient pathways, improved clinical job planning and partnership with the independent sector.

Strengthening the relationship with the independent sector

- NHSE published a partnership agreement between the NHS and the independent sector – the first of its kind in 25 years.
- The plan acknowledges the need for the NHS to use all available capacity to bring down the waiting list, including in the independent sector, paid for at NHS prices and free at the point of use for patients.
- The agreement sets out the expectations for reducing the elective care waiting list, maintaining quality and patient safety, and how both parties will support the most challenged specialties such as gynaecology and ENT.
- The agreement also ensures patients in deprived areas are offered choice of provider as a priority.
- The plan sets out how NHSE and the independent sector will review prices for activity where the independent sector can provide significant help to reduce waits.
- NHSE will also work with the independent sector to review clinical exclusion criteria with the expectation that a broader range of patients will be safely treated by the independent sector as a result.
- Additionally, work will be carried out to better align systems:
 - so patients can see appointments on the NHS app and
 - ICBs are encouraged to put in place longer-term contracting agreements to ensure greater choice for patients.

7.4 COLLABORATIVE FINANCE AND PERFORMANCE COMMITTEE CHAIR REPORT (CAROLYN DOWNS)

REFERENCES

Only PDFs are attached

 7.4 APC Finance and Performance Chair's Report.pdf

North West London Acute Provider Collaborative Collaborative Finance and Performance Committee Chair's Highlight Report to the Board in Common – for discussion

January 2025

Highlight Report

1.0 Purpose and Introduction

- 1.1 The purpose of this report is to provide the Board in Common (BiC) with assurance of the work undertaken by the Collaborative Finance and Performance Committee (FPC) at its last meeting held on 20 December 2024. The report is intended to provide any feedback to the BiC and request if further work within the Committee's remit is required.
- 1.2 The role of the Collaborative Committee, which has changed in light of the recent governance developments and establishment of Trust Standing Committees, is:
- To identify, prioritise, oversee and assure strategic change programmes to support the delivery of the Acute Provider Collaborative (APC) strategy and to drive collaborative-wide and Integrated Care System (ICS) integrated improvements.
 - To identify areas of risk where collaborative-wide interventions would speed and improve the response.
 - To oversee and receive assurance relating to the implementation of collaborative-wide interventions for short and medium term improvements
 - To identify, prioritise, oversee and assure strategic change programmes to drive collaborative-wide and ICS integrated improvements

2.0 Key Highlights

2.1 Operational performance

The Committee considered month seven (M7) data (M6 for Cancer). Overall performance is stable across the majority of the 'scorecard' at APC level, with some variation at individual trust level and winter beginning to have an impact. Plans are in place to improve trajectories where needed. Work is underway to explore the drivers of variability and spread best practice.

2.1.1 Urgent and Emergency Care (UEC): while it was noted that the APC benchmarks well in terms of London performance, October was a challenging month. The variation in performance between Imperial and Chelsea and Westminster NHS FT (CWFT) which was generally positive, and London North West (LNW) and Hillingdon was highlighted as a matter of concern for further review. The increase in London Ambulance Service (LAS) conveyances and adverse impact on performance was discussed. The different arrangements in each Trust were noted, however 'type one' attendances in each organisation were identified as an issue. Through the Flow Board a demand and capacity review was considered which identified where the pressures were in each Trust. The Committee agreed that if performance did not improve over the next two months and variation continued, there should be a further specific focus at the next meeting.

2.1.2 Elective care: the Committee heard that overall the waiting lists are being driven down, noting an exception with neuro surgery challenges at Imperial – a particularly specialist service. There are some 65 week waits (ww) outstanding, with common challenges making mutual aid difficult for some specialities.

2.1.3 Cancer: Cancer performance was overall cited as positive and compliant on the faster diagnostic standard (FDS), enhanced by the good work at Imperial and CWFT mitigating the LNW and Hillingdon positions. LNW had improved since and were compliant for November. All Trusts were compliant for the 31 day standard, however for the 62 day standard all were compliant with the London level of 75%, but not the Royal Marsden Partners' higher target.

2.1.4 Diagnostics: The position was overall improved, however aging equipment and staffing challenges continued to have an adverse impact. Trusts are out to international recruitment through the NWL Academy. CWFT have made particular improvements since last time due to the additional MRI capacity put in place.

2.2 Winter Plans

The Committee received a further update on the winter plans and effectiveness noting that the last meeting had received the initial proposals. The Chief Operating Officers (COOs) advised on the work with LAS to ensure plans were aligned. All plans were largely compliant with national guidance, except for relatively minor matters for each organisation to address. The plans provided assurance that in high demand scenarios each Trust remained committed to delivering national requirements and meeting elective plans, however there will be peaks whether there will be an impact where patients will have to wait for longer. The Committee was informed that if demand exceeds the anticipated scenarios there are plans in place to address this, but there will be consequences in terms of the impact on operational performance. Concern regarding the increased and likely further growth in ambulance conveyances through the next few months was raised, noting improved turnaround times within trusts, but continued impact given the volume.

2.3 Financial report, including cost improvement programme (CIP) delivery, financial recovery and update on investigation and intervention (I&I)

The Committee noted the month 8 report which showed the APC had reported an in-month actual surplus of £4.5m, (£5.9m favourable against plan and £0.9m behind the expected position for month 8 as per the month 7 recovery forecast) bringing the overall year to date (YTD) position to a £75.2m deficit (£67.3m behind plan). The Committee was advised that the coding changes in Cerner at Hillingdon originally forecast to have an impact in month 8 were now likely to materialise towards the back end of the financial year. All trusts are focused on 'de-risking' the position and ensuring recovery actions are having the necessary traction.

The latest forecast remains unchanged with the APC continuing to show a £50m deficit position (LWN and THH).

The Committee requested further detail on the drivers for the financial position, setting out the split between a) demand including activity and discharge projections and b) grip and control measures that explores and addresses the variance between trusts. Chief Finance Officers (CFOs) agreed to work together to learn from each other and ensure the up to date position was shared, noting that some of the draft scoring against key lines of enquiry (KLOEs) was not done in a consistent way. This would also be tested as part of the I&I process.

The Committee was updated on the national decision to put the North West London integrated care system (ICS) into the Investigation and Intervention (I&I) regime, with the

discussion noting that the process would support validation of the position and likely outturn. It was confirmed that while the consultants appointed under I&I would look at the wider system, they will initially be specifically focussing on each trust covering a review of demand and capacity plans in acute trusts; looking at whether these have been met; is the financing appropriate; and the impact of patients in acute beds who should be in other care. Workforce plans will also be scrutinised in each part of the system. Trusts advised that they will be reviewing and responding to the key lines of enquiry (KLOE) pertaining to I&I and would provide assurance to local Finance and Performance Committees (FPCs).

Issues with the cash position at LNW and Hillingdon were noted, with national bids for support approved for both with a need to review the position in January. Although it has been agreed that the outstanding payments to Imperial for North West London Pathology services will be deferred, this was not a sustainable position and payments would need to be made due course.

The capital position was noted with CWFT currently forecasting an underspend due to factors relating to the Ambulatory Diagnostic Centre (ADC) (timing issue), however discussions were underway on how to mitigate this and make best use of the resources 'freed up'.

2.4 Financial and Productivity Position by Trust

The Committee discussed the report and raised queries about the content and format of the report, with suggestions for improvements in the next version e.g. the national data which had shown the APC as one of the most efficient in productivity terms when compared with peers was not aligned with the ICB data which shows a significant reduction in productivity. Workforce activity growth was noted as the main area for focus, however new services and requirements (e.g. in maternity services) were noted as a factor. It was agreed that there needs to be a further review and clarification of the data, with a revised report to come to the next meeting.

2.5 Update re Financial Shared Services Programme

The report provided an update on the programme following the agreement of the outline business case (OBC) last February and plans to develop the full business case (FBC) for January 2025. Committee members were reminded that the programme covers acute, mental health and community ICS partners, with the tender outcome due by end of December. The Committee noted the wide number of clients and importance to be clear regarding expectations up front. LNW colleagues advised that the case had only been agreed in principle locally, with responses on some matters expected and which would need to be addressed when the full case is presented for approval. Overall the progress was welcomed, noting the importance of linking in with digital plans.

2.6 Equality, diversity and inclusion (EDI) update

This Committee discussed the report noting the progress since September, with improvements within Cerner to improve data supporting initiatives. There are two pilots underway, one with free text messages which are available in different languages and another re letters in preferred languages for patients. The approach is intended to support greater access and to limit the numbers of those who 'did not attend' (DNA). The good progress was noted.

2.7 APC Business Plan – Finance and Performance objectives

The Committee was asked whether the report was covering the key elements required, and invited members to advise on what would provide the right level of focus and assurance for the Committee. It was agreed that the financial and productivity priorities should be the focus for this Committee, with the detail on the other elements taken up by the relevant committees. It was however noted that the Committee should be sighted on any financial impact of the other items – e.g. impact of workforce numbers and efficiency opportunities. A request to include figures to demonstrate the financial benefits of the programmes was made. It was agreed the business plan priorities will be reset for 2025/26 with three elements to be considered at each quarterly meeting.

2.8 Elective Orthopaedic Centre (EOC) Update

The Committee welcomed the report which updated members on the positive progress since the last meeting. The EOC saw the highest levels of activity in November and December continued to show an improving position, achieved by taking an increased number of bookings. There is further focus to improve the position from CWFT. The impact of the festive break on activity was noted, with a challenging trajectory set for the next year. Overall the EOC receives high satisfaction levels from patients, is working to 'getting it right first time' (GIRFT) standards and has full accreditation in place. Work is underway to ensure effective use of resources, including costs for prosthesis, by working with clinicians to ensure consistent use of products and kit.

2.9 Board Assurance Framework (BAF)

The Committee agreed the risks aligned to the Committee with the exception of the risk regarding system partnerships which was suggested as a risk relevant to all collaborative committees.

3. Key risks / topics to escalate to the NWL APC BiC

- Risk to the year-end position and need to clarify this.
- Impact of I&I.
- Operational pressures impacting further during the winter months.

4. Concerns outstanding

The risks above set out the key concerns, with the actions below covering the key items the Committee requires further detail and assurance on.

5. Key actions commissioned

- Further review of variation in A&E performance if position not improved in next two months.
- More detailed work on productivity position by Trust and across APC.

6.0 Decisions Made

6.1 None specifically in terms of strategy or business cases, but to note the actions agreed by the Committee as above.

7.0 Summary Agenda

No.	Agenda Item	Purpose	No.	Agenda Item	Purpose
1.	Integrated Performance Report and operational performance updates on UEC, elective care, cancer	To note	7.	NWL APC Business Plan Update	To note
2.	Update on Winter Plans	To note	8.	Elective Orthopaedic Centre (EoC) update	To note
3.	Finance Report including Cost Improvement Programme (CIP) Delivery, Financial Recovery and update on Investigation and Intervention (I&I)	To note	9.	APC FPC Board Assurance Framework	To note
4.	Financial and Productivity Position by Trust	To note	10.	Escalation report from local Trust committees	To note
5.	Update on the Financial Shared Services Programme	To note	11.	Review of Forward Planner	To note
6.	Equality Diversity and Inclusion (EDI) Update	To note			To note

8.0 Attendance

Members:	Attendance
Carolyn Downs, Non- executive director (NED) of THHT F&PC - (Chair)	Y
Mike O'Donnell, NED, Chair of CWFT F&PC	Y
Bob Alexander, NED, Chair of Imperial F&PC	Y
Loy Lobo, NED, Chair of London North West (LNW) F&PC	Y
Lesley Watts, CEO, Chelsea and Westminster NHS FT (CWFT) and Collaborative Lead for Finance and Performance	Y
Attendees:	
Matthew Swindells, Chair of NWL Board in Common and Collaborative	Y
Tina Benson, Chief Operating Officer – Hillingdon	Y
Tracey Cotterill, Interim Chief Financial Officer - Hillingdon	Y
Claire Hook, Chief Operating Officer - Imperial	Y
Jazz Thind, Chief Financial Officer - Imperial	Y
Virginia Massaro, Chief Finance Officer - CWFT	Y
Laura Bewick, Hospital Director – CW - CWFT	Y
Sheena Basnayake, Hospital Director WM - CWFT	Y
James Walters, Chief Operating Officer - LNW	Y
Don Richards, Chief Financial Officer - LNW	Y
Helen Berry, Associate Director of Finance, NWL APC	Y
Fahim Lunat, Deputy Chief Financial Officer - Imperial	Y
Peter Jenkinson, Director of Corporate Governance	Y
Marie Price, Deputy Director Corporate Governance - CWFT	Y
Alexia Pipe, Chief of Staff to the Chair	Y

8.1 COLLABORATIVE DATA AND DIGITAL COMMITTEE REPORT (MATTHEW SWINDELLS)

REFERENCES

Only PDFs are attached

-  8.1 APC Digital and Data Committee Summary December 2024 Draft PWRC.pdf

North West London Acute Provider Collaborative (NWL APC) Digital and Data (D&D) Committee Chair's Highlight Report to the NWL APC Board in Common (BiC) – for discussion

December 2024

Highlight Report

1. Purpose and Introduction

The role of the Digital and Data Committee is:-

- To identify areas of risk where collaborative-wide interventions would speed and improve the response.
- To oversee and receive assurance relating to the implementation of collaborative-wide interventions for short and medium term improvements.
- To prioritise, oversee and assure strategic change programmes to drive collaborative wide and ICS integrated improvements in the management of digital/data infrastructure.
- To draw to the NWL APC Board in Common's attention matters they need to agree or note.

2. Key Highlights

2.1 Digital and Data Priorities for 2024/2025

2.1.1 Digital strategy

The committee received an update on the main project areas of the NWL APC Digital Strategy, and the seven steps.

Discussions centred around the issue of patients receiving multiple appointment letters, causing frustration, attributed to the presence of multiple overlapping products, each offering distinct values and access methods. A mapping exercise has been conducted on patient-facing applications across all four Trusts, revealing significant variations. The Committee was advised that the next step is to formalise the work into a programme of work across the APC. An update detailing the current systems, their functionalities, and how to optimise their use to improve patient communication will be provided at the next meeting.

2.1.2 Digital Record

The Committee discussed the latest position on benefits realisation plans for LNWH and THHFT following the deployment of the Oracle Health Cerner EPR solution. The proposal is to merge the benefits realisation plans with Cerner optimisation work, creating a comprehensive programme that will unfold over the next couple of years. Cerner will conduct a staged overview of the system's usage at both organisations, commencing on 3 March 2025, to assess clinicians' and staff's use of the system and compare it to established best practice. Additionally, opportunities for further growth include a clinical administration support function, which will be piloted to demonstrate how administration teams can be brought together.

An update on the EPR Ecosystem programme and progress on projects was provided.

NWL APC and Oracle Health (OH) have entered the Oracle Health Global Partnership Program. This allows NWL APC to be involved in the design and development of new OH products, test and pilot them, and then scale as an early adopter if the products are seen to be beneficial to the APC. This will be dependent on business case approval if additional costs are to be incurred.

2.1.3 Data Strategy

An update on the development of a Data Strategy for NWL APC was provided. Work was undertaken to ensure alignment with the NWL APC business planning process for 2025/26. The estimated costs required to deliver the data strategy were presented, including a capital increase of £0.81m and a revenue increase of £1.34m for 2025/26. The Committee confirmed the mandate to produce a business case for investment to implement the NWL APC data strategy, but acknowledged the need for investment which was not currently funded.

2.1.4 Population Health Management

The committee received an update on the work to improve health equity, which requires accurate data to measure the impact of changes. The Digital and Data Committee identified three EDI priority actions in 2024/25, with the first being to increase the percentage of patients with complete EDI characteristics recorded in their care records. Work has been undertaken by an RPA Bot to extract WSIC ethnicity data and update Cerner records.

The comprehensive dataset will benefit the equity index developed by the Transformation team at LNWH, which considers deprivation, race, and other important characteristics to quantify equity or inequity.

The proposed areas of focus for 2025/26 were agreed as: -

- High digital literacy
- Access to technology
- Narrowing health inequalities

2.1.5 Innovation

A new committee, the NWL ICS New Systems committee, has been established to review system-wide proposals, including AI. This committee will oversee the introduction of AI technology at a NWL level, with a process and structure that will be periodically reviewed as the understanding of AI technology adoption evolves.

The committee also discussed the development of a policy for AI in the Sector that can be localised if required.

2.2 Federated Data Platform (FDP)

The Committee received an update on the Federated Data Platform (FDP). Deployment efforts are focused on increasing tool adoption across the APC despite challenges with data latency affecting new developments and deployed tools.

To reduce data latency and enable writeback into Cerner, a pilot has been agreed on a new data extraction method to allow real time data to be available in less than 3min. Agreed to move to production write-back in Timely Care Hub.

The Committee also received the proposal to use the FDP for submitting emergency care data to NHS England. This data is currently submitted through the Emergency Care Data Set (ECDS) standard submission. The aim is to automate the submission process, eliminating the need for manual intervention by staff.

2.3 ICT Risk Register

The NWL APC Digital and Data risk group met on November 4th to review the top-scoring risks. A review of IT suppliers identified 30 third-party suppliers providing critical services across more than one Trust.

The committee discussed the need to ensure that digital upgrades and cybersecurity in risk registers are standardised appropriately across the four Trusts to ensure consistent risk management and mitigation strategies.

A bid was submitted to the national cyber security fund for £250k to design and develop a third-party risk management framework. Additionally, the APC has submitted cyber security funding bids totalling £672k.

A national directive has been received and an ICB cyber security strategy is being developed, with a deadline of the end of March 2025. The first draft is expected to be submitted on December 18, 2024.

The APC Board Assurance Framework has been shared, and work is underway to categorize ICT risks as local or APC, aligning them with the APC strategy. This will help clarify ownership and ensure common risks across the four trusts are recognised through escalation and governance processes.

3. Key risks / topics to escalate to the NWL APC BiC

- Cyber security risks

4. Concerns outstanding

- No additional APC level concerns which require escalation to the Board.

5. Key actions commissioned

- An update on improving patient communication will be provided at the next meeting.
- More work to be undertaken on validation of the ethnicity data and further update at the next meeting.
- Focus on the three key EDI areas for the next year to be further developed, with detailed project proposals at the next meeting.
- AI Strategy to be discussed in more detail at the next meeting.
- Standardising the risk register across the APC.

6. Decisions made

- The Committee agreed the mandate to produce a business case for investment to implement the NWL APC data strategy.
- Agreement on the 3 EDI priorities for 25/26.

7. Summary Agenda

No.	Agenda Item	Purpose
1.	Digital Strategy	For Information and Discussion
2.	Digital Record <ul style="list-style-type: none"> • Cerner Benefits Realisation • EPR Ecosystem Programme Update • Update from the Cerner Conference 	For Information and Discussion
3.	Data Strategy	For Decision
4.	Population Health Management <ul style="list-style-type: none"> • EDI Update • Proposed EDI priorities 25/26 	For Information and Discussion
5.	Innovation <ul style="list-style-type: none"> • Use of AI 	For Information and Discussion
6.	Federated Data Platform Update <ul style="list-style-type: none"> • Focus on incubator work and roll out across NWL 	For Information and Discussion
7.	ICT Risk Register	For Information and Discussion

8. Attendance



Members	September attendance
Matthew Swindells (NWL APC Chair in Common) – Chair of the NWL APC D&D Committee	Y
Patricia Wright (Lead CEO - THHT)	Y
Simon Crawford (Director of Strategy – LNWH & Senior Information Risk Owner (SIRO) Representative)	Y
Robbie Cline (Joint Chief Information Officer – LNWH/THHT/ICHT/C&WFT)	Y
Sanjay Gautama (Consultant anaesthetist & Chief Clinical Information Officer (CCIO) Representative)	Y
Bruno Botelho (NWL APC Programme Director & Operations Representative)	Y
Mathew Towers (Business Intelligence (BI) Representative)	Y
Nick Gash (NED – ICHT/THHT)	Y
Janet Campbell (NED THHT)	Y
Loy Lobo (NED – LNWH/ICHT)	N
In Attendance	
Alexia Pipe (Chief of Staff to the Chair in Common)	Y
Peter Jenkinson (Director of Corporate Governance)	Y
John Keen (Deputy CIO LNWH & THHT)	Y
Leigh Franklin (Assistant Trust Secretary- minutes)	Y

9.1 COLLABORATIVE ESTATES AND SUSTAINABILITY COMMITTEE REPORT

(BOB ALEXANDER)

REFERENCES

Only PDFs are attached

-  9.1 APC Strategic Estates and Sustainability Committee - Dec 24.pdf
-  9.1a NWLAPC Strat Estates Sustainability Committee - updated ToR - Dec 24.pdf

**North West London Acute Provider Collaborative (NWL APC)
Strategic Estates and Sustainability Committee Chair's Highlight Report to
the NWL APC Board in Common (BiC) – for discussion
December 2024**

Highlight Report

1. Purpose and Introduction

The role of the Collaborative Strategic Estates and sustainability Committee is:-

- To oversee and receive assurance that the Trust level processes governing estates maintenance and development are functioning properly and identify areas of risk where collaborative-wide interventions would accelerate and improve the response.
- To oversee and receive assurance relating to the implementation of collaborative-wide interventions for short and medium term improvements in estates optimisation and usage, and sustainability.
- To receive assurance regarding capital planning and prioritisation across the Collaborative.
- To oversee the development of an estates strategy across the Collaborative, including site optimisation and redevelopment, and to inform the design of the human resource required to deliver the strategy.
- To oversee the strategic consideration of opportunities across the Collaborative in relation to soft facilities management contracts.
- Ensuring equity is considered in all strategic estates development.

2. Key highlights

2.1 The Strategic Estates and Sustainability Collaborative Committee met on 11 December. The following papers were discussed.

2.2 Updated Strategic Estates and Sustainability Collaborative Committee Terms of Reference

2.2.1 The Terms of Reference had been updated as part of the annual review and following discussions at the September 2024 meeting to extend the scope to include strategic investment in major infrastructure / equipment across the APC. Reflecting this extension in duties, it was recommended that the name of the committee be changed to NWL APC Strategic Estates, Infrastructure and Sustainability Committee.

2.2.2 The Committee discussed a number of further amendments to the terms of reference, including:

- ensuring major equipment are justified by strategic importance as well as value
- extending the membership to include one Chief Operating Officer (COO) to represent all four Trusts to include the correlation with performance. This will be discussed at the APC Executive Management Board.
- Clarification that digital and IT infrastructure remained under the remit of the Digital and Data Collaborative Committee.

2.2.3 The Committee agreed to recommend these amendments. The revised terms of reference are attached for approval by the Board in Common.

2.3 Update on Sustainability / Green Plans

2.3.1 The paper provided an update on the Green Plans of the four Trusts within the North West London APC, with a specific focus on updating the committee on progress made on the standardisation of data collection for anaesthetic gasses.

2.3.2 The Committee noted the volume of anaesthetic gasses purchased had decreased by 28% between 2019/20 and 2023/24.

2.3.3 The Committee noted good progress had been made around improving commonality across the four Trusts and noted it would be helpful to benchmark against other Trusts across the country.

2.4 Implications of the Budget on strategic capital planning

2.4.1 The Committee considered a summary of the key messages and implications from the capital spending review outlined in the Autumn Budget. Detailed guidance from NHS England was awaited and would be shared once available. An additional £3.1bn had been allocated in 2025/26

2.4.2 A number of the priority areas outlined in the budget statement aligned to the APCs capital forward plan and 10-year infrastructure plan, in particular the surgical hubs and diagnostics and addressing backlog maintenance. The Committee noted the need for the APC to be ready to bid for capital once it was available.

2.4.3 The Committee highlighted the need to strengthen capital business cases to set clear expectations around what return on investment would be achieved for capital investment. This would be discussed at a future APC Joint Executive Group meeting.

2.5 High-level contingency planning

2.5.1 The Committee received a verbal update on estates contingency planning. Contingency plans needed to be refreshed and brought to individual trust Redevelopment Committees.

2.5.2 The Committee noted the importance of understanding the scale of risk and cost of two vulnerable sites (Hillingdon and SMH) having a catastrophic failure, the likelihood of which increased as time went on. Individual Trust Standing Committees therefore needed to receive assurance regarding the robustness of contingency planning for estates failures.

2.5.3 An update on contingency planning would be brought to the March 2025 meeting.

2.6 Benchmarking the APC Estate and Workplan

2.6.1 From the latest Estates Return Information Collection (ERIC) 2023/24 data benchmarking exercise including Premises Assurance Model (PAM) and Patient-led Assessments of the Care Environment (PLACE) data, the Estates and Sustainability Working Group had compiled a Collaborative level workplan which identified 18 workstreams. Many of which had the potential to be cash releasing or at least cost pressure avoiding over the next 30 months.

2.6.2 The Committee recognised the benefits of identifying opportunities to maximise the use of land and buildings in mitigating any continuity risks and asked that a register of land, including land owned but not currently occupied by buildings and current usage, be developed across the APC. It was agreed this would be brought to the March 2025

meeting.

2.7 Non-Emergency Patient Transport – Procurement Strategy

2.7.1 The paper outlined a procurement strategy for the replacement of the APC Trusts' non-emergency patient transport services (NEPTS) contracts. The proposal had been approved by the APC Executive Management Board and had moved into implementation phase.

2.7.2 The Committee noted the aim to align contract end dates to create an opportunity for future consolidation of service, and to share specification requirements and KPIs to ensure procured services were consistent and comparable on a like for like basis. The Committee also noted the potential benefit for service improvement and provision of better value for money; however, the Committee cautioned against creating conditions that would encourage supplier consolidation, thereby reducing competition.

2.7.3 The Committee noted the need to ensure the availability of requisite skills within Trusts to write ITT specifications and to manage contracts.

2.8 Register of forward business cases and capital plan

2.8.1 The Committee welcomed the first iteration of a register of planned business cases and capital plan, developed following a discussion at a previous Committee. Given the financial situation, it was noted that the current list of business cases would need to be prioritised.

2.8.2 The next step would be to see themes of the business cases and productivity implications of not funding cases. It was suggested a small Executive Collaborative group be established with membership of Medical Directors and Chief Operating Officers to work out the right way of dividing up business cases.

2.8.3 The register of forward business cases would be discussed and challenged at APC EMB and would be updated to reflect the comments of the Committee.

2.9 APC Board Assurance Framework (BAF)

2.9.1 The Committee considered a paper summarising the development of a collaborative approach to risk and the first iteration of an APC level BAF.

2.9.2 The Committee reviewed the draft risks aligned to this Committee and made several suggestions to include in the BAF. A revised APC BAF would be taken to the APC Executive Management Board in January and then be brought back to this committee on a regular basis.

2.10 Update on redevelopment plans

2.10.1 The papers outlined confidential briefings on the redevelopment plans for The Hillingdon Hospitals NHS Foundation Trust and Imperial College Healthcare NHS Trust respectively.

2.11 Summary report from the Estates and Sustainability Executive Group

2.11.1 The paper provided a summary of the Estates and Sustainability Executive Group discussions since September 2024.

3 Positive assurances received

3.1 The Committee noted the positive work on the green / sustainability plans, the APC estate and collaboration workplan and business forward plan.

3.2 The Committee noted the quality of discussion and reflected on the hard work of Executive colleagues to get tangible progress on agenda items.

4 Key risks to escalate

4.1 The condition of the estate across the Collaborative and cost of backlog maintenance remains a significant risk. Contingency plans for estates needed to be refreshed and considered by individual trust Redevelopment Committees, with each Trust Standing Committee receiving assurance regarding the robustness of contingency planning.

5 Key actions commissioned

5.1 The Committee asked for a register of land be compiled, including land owned across the APC but not occupied by buildings and what the current use is.

6 Decisions made

6.1 N/A

7 Summary Agenda

No.	Agenda Item	Purpose	No.	Agenda Item	Purpose
1.	Updated Terms of Reference	For approval	6.	Non-emergency Patient Transport – Procurement Strategy	To note
2.	Update on green plan and sustainability plans, including decarbonisation	To note	7.	Register of forward business cases and capital plan	To note
3.	Implications of the Budget on strategic capital planning	To note	8.	APC Board Assurance Framework	To consider
4.	High-level Contingency Planning	Verbal update	9.	Update on redevelopment programmes - THHFT - ICHT	To receive
5.	Benchmarking the APC Estate and Collaboration Workplan	To note	10.	Summary report from the Estates and Sustainability Executive Group	To note

8. Attendance Matrix

Members:	September Meeting
Bob Alexander, Vice Chair (ICHT) (Chair)	Y
Aman Dalvi, NED (CWFT/ICHT)	Y
Vineeta Manchanda, NED (THHFT/CWFT)	Y
David Moss, NED (LNWH/ICHT)	Y
Matthew Swindells, Chair in Common	Y
Tim Orchard, Chief Executive (ICHT)	Y
Bob Klaber, Director of Strategy, Research and Innovation (ICHT)	Apologies
Virginia Massaro, CFO (CWFT)	Y
Gary Munn, Interim Director of Estates (LNWH)	Y
Janice Sigsworth, Chief Nurse (ICHT)	Y
Steve Wedgwood, Director of Estates (THHFT)	Y
Jason Seez, Deputy CEO (THHFT)	Y
In attendance:	
Huda As'ad, Associate NED (LNWH)	Y
Rachel Benton, Redevelopment Programme Director (THHFT)	Y
Philippa Healy, Business Manager (minutes)	Y

Peter Jenkinson, Director of Corporate Governance (ICHT and CWFT)	Y
Eric Munro, Director of Estates and Facilities (ICHT)	Y
Darshan Patel, Sustainability and Improvement Programme Manager (ICHT)	Y
Mark Titcomb, Managing Director of NWL EOC, CMH and Ealing Hospital, Executive Director for Estates and Facilities (LNWH)	Y
Alexia Pipe, Chief of Staff – Chair’s office	Y
Matt Tulley, Redevelopment Director (ICHT)	Y
Iona Twaddell, Senior Advisor to the CEO	Y

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

1. Overarching Purpose

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

Considering and contributing to the development of a capital prioritisation framework for the Collaborative.

2. Specific Duties and Responsibilities

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

assessments for estates developments and that any developments support the achievement of the Collaborative aims relating to equality, diversity and inclusion.

3. Composition

3.1 Membership

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

- A Vice Chair of one of the Trusts, appointed as the Chair of this Committee
- One non-executive director from each of the four Trusts
- Lead CEO for Estates for the Collaborative (Chair of the APC Executive Management Board)
- Executive directors of estates, one from each of the four Trusts
- Executive directors of sustainability, one from each of the four Trusts
- [Chief Financial Officer, one from across the four Trusts to represent the Collaborative on capital matters](#)
- [Chief Operating Officer, one from across the four Trusts to represent the Collaborative on aligning operational issues with capital matters](#)

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

- Associate non-executive directors with special expertise
- SROs for the Redevelopment Programme / Directors of Redevelopment (THHFT and ICHT)
- Directors of Strategy, or equivalent

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

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

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

4. Meeting Arrangements

4.1 Attendance

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

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

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

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

4.2 Meetings

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

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

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

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

5. Declaration of Interest

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

6. Reporting responsibilities

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

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

7. Other matters

7.1 The Committee will:

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

8. Authority

8.1 The Committee is authorised:

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

Approved: September 2023

Revised: ~~April~~ ~~November~~ ~~December~~ 2024

Review date: September 2025~~4~~

10. CHIEF EXECUTIVE OFFICERS

10.1 ACUTE PROVIDER COLLABORATIVE EXECUTIVE MANAGEMENT BOARD (EMB) SUMMARY (TIM ORCHARD)

REFERENCES

Only PDFs are attached

 10.1 APC EMB Chair's Report - Jan 2025 v02.pdf

North West London Acute Provider Collaborative (NWL APC) Executive Management Board (EMB) Highlight Report to the NWL APC Board in Common (BiC) – for discussion

January 2025

Highlight Report

1. Purpose and Introduction

The role of the NWL APC Executive Management Board (EMB) is:

- To oversee the delivery of the Collaborative strategy and business plan, including the financial and operational plan.
- To be the executive decision-making body for the Collaborative, commissioning and approving Collaborative programmes and associated resources, ensuring that the various programmes are aligned in their objectives and delivering against agreed milestones.
- To draw to the NWL APC Board in Common's (BiC's) attention matters they need to agree or note.

2. Key highlights

The APC EMB met on 9 October 2024, 13 November 2024, 10 December 2024 and 9 January 2025. The APC EMB met for extraordinary finance meetings on 28 October and 18 November 2024. Key discussion items are summarised below.

2.1. Performance reporting

- 2.1.1. At each meeting, the APC EMB reviewed quality, workforce, operational and financial performance across the Trusts, receiving assurance on outliers and activity ongoing to address variation.
- 2.1.2. The APC EMB also discussed changes to the performance report taking into account further indicators on EDI and quality.

2.2. Finance reporting and recovery

- 2.2.1. The APC EMB discussed the financial performance and forecast in detail, in the regular EMB meetings as well as extraordinary meetings focused on finance. APC EMB discussed the activities in place to recover the financial position in each trust and ensuring appropriate grip and control, as well as the cash position of the trusts in the APC and the investigation and intervention process. In addition, APC EMB discussed how to optimise the elective orthopaedic centre activity. APC EMB asked for and discussed further work on nurse staffing and use of mental health nurses.

2.3. APC strategy and clinical pathways

- 2.3.1. The APC EMB received a six-month update on progress on the APC strategy. The group noted the progress that had been made on some areas on the

strategy, in particular clinical pathways. APC EMB noted the need to focus on specific areas of the strategy, particularly those that will help us meet our financial and operational goals.

- 2.3.2. The APC clinical pathways project operationalises a key strand of the APC strategy by aligning 28 pathways across the APC to best practice, each led by one of the CEOs. APC EMB has now approved all the chosen pathways for the APC clinical pathways programme.
- 2.3.3. APC EMB also received updates on the progress of the pathways, including metrics to measure progress and implementation plans. Pathways are progressing well, with specialty leadership groups in place and progress towards implementing the changes. APC EMB received updates on dependencies for the pathways including a defined process for making Cerner changes as a result of the pathways work, risks around BI capacity and an engagement approach for the pathways changes.
- 2.3.4. The pathways are due to be implementable by April 2025 and APC EMB will continue to receive updates and assurance on process.

2.4. APC governance

- 2.4.1. The APC EMB discussed the draft collaborative board assurance framework (BAF), following discussion at the collaborative committees in December. EMB noted the importance of alignment with the Trust BAFs, with the APC BAF focusing on management of risks to achievement of APC strategic priorities and each Trust BAF focusing on management of Trust level risks. Comparison of Trust BAFs had helped to identify variation in risks across Trust BAFs but each Trust would need to agree their risks. The APC EMB considered the draft risks included in the APC BAF, and agreed that some of the risks could be rationalised, and an additional risk should be included regarding the governance of the APC, in particular the potential conflict of interests among non-executive directors serving on the Trust Boards of two of the trusts and the understanding of the APC governance by external regulators such as CQC.

2.5. Collaborative projects

- 2.5.1. The APC EMB receives monthly updates on progress in developing and implementing the Collaborative business plan and strategic priorities. These include the projects within the quality, workforce, finance and performance and digital transformation workstreams.
- 2.5.2. The APC EMB received an update on sector priorities, including Urgent and Emergency Care (UEC), diagnostics and planned care. The APC EMB also reviewed the winter plans for the APC and noted that all Trusts were compliant with relevant NHSE guidance.
- 2.5.3. The APC EMB noted the collaborative business case pipeline, which sets out upcoming business cases across the collaborative.
- 2.5.4. The APC EMB also received updates and assurance on the Maternity & Neonatal Improvement Programme (MNIP) at Hillingdon.

2.5.5. The APC EMB were also provided with assurance and decisions on key collaborative projects. This included:

- **Non-emergency-patient transport:** APC EMB approved a procurement strategy for non-emergency patient transport across the collaborative. This will involve alignment of contracts in future where feasible and beneficial. This strategy was also taken to the strategic estates and sustainability committee for approval.
- **Elective orthopaedic centre (EOC):** The APC EMB discussed the EOC optimisation plan, seeking assurance on the trajectory of increasing activity and productivity. The optimisation plan focuses on four areas: POA patient flow, surgeon job planning, cases per list and reducing cancellations.
- **Corporate consolidation and transformation:** APC EMB discussed the corporate transformation programme which will focus on digital, HR, finance and NWL procurement services.
- **Data strategy:** The APC EMB received an update on the NWL APC data strategy and were supportive of the work. They confirmed that work could continue to develop the data strategy and associated business case, recognising the importance of the people and workforce elements.
- **Cerner training** – The APC EMB received an update on plans to improve how we deliver staff training to make the most of Cerner, with a detailed proposal coming back to the next meeting.

3. Attendance of members

The APC EMB is attended by all 4 CEOs and a representative of each 'functional group' of executive roles. The executive representatives will rotate every six months.

The current membership as of January 2025 is:


- **CEOs** – Tim Orchard, ICHT (Chair), Lesley Watts, CWFT, Pippa Nightingale, LNWH, Patricia Wright, THHFT
- **Chief Financial Officer** representative – Jazz Thind, ICHT
- **Chief Operating Officer** representative – Tina Benson, THHFT
- **Medical Director** representative – Raymond Anakwe, ICHT
- **Chief Nurse** representative – Lisa Knight, LNWH
- **Chief People Officer** representative – Lindsey Stafford-Scott, CWFT
- **Strategy lead** representative – Bob Klaber, ICHT
- **Chief Information Officer** representative – Robbie Cline, Collaborative
- **Collaborative Director of Corporate Governance** – Peter Jenkinson, Collaborative
- **Communications** representative – Emer Delaney, CWFT

10.2 REPORTS FROM THE CHIEF EXECUTIVE OFFICERS AND TRUST

STANDING COMMITTEES

REFERENCES

Only PDFs are attached

-  10.2a LNWH CEO report January 2024 FINAL.pdf
-  10.2ai LNWH TSC Escalation Report.pdf
-  10.2b THHFT CEO Public Report - January 2025 FINAL.pdf
-  10.2bi CQC interim feedback final 31 Oct 2024.pdf
-  10.2bii THHFT SC Chairs Report January 2025 Final.pdf
-  10.2c ICHT CEO Public Report - January 2025.pdf
-  10.2ci ICHT Standing Committee Chair's report to BiC January 2025 final.pdf
-  10.2d CWFT CEO Report January 2025 FINAL.pdf
-  10.2di CWFT Standing Committee Chair's Report - Jan 2025.pdf

Chief Executive Officer's Report

Accountable director: Pippa Nightingale
Job title: Chief Executive Officer

Executive summary and key messages

1. Key messages

- 1.1 The Children and Young Person's Emergency Department at Northwick Park Hospital was formerly opened in October. The department will treat all young people under the age of 18. This means they are seen in a suitable environment, separate from the adult pathways, with the right multi-disciplinary teams and support from other specialities when needed. This includes support from the St. Giles Trust, a charity that runs a youth violence and exploitation support service. This is the first unit in north west London to adopt such an approach, combining medical care and psychosocial support in the footprint of our emergency department.
- 1.2 Ealing Hospital Endoscopy Service has been awarded Joint Advisory Group (JAG) accreditation for clinical excellence. JAG accreditation puts the service, which carries out more than 4,800 procedures a year, among the top-performing endoscopy units in the UK. The service will need to submit documentation annually for the next four years to maintain accreditation. This includes an ongoing commitment to improvement and expansion along with better patient experience and care.
- 1.3 The NW London Elective Orthopaedic Centre (EOC) based at Central Middlesex Hospital has been awarded Getting It Right First Time (GIRFT) accreditation. The GIRFT Hub Accreditation Scheme enables trusts to seek formal assessment of their surgical hub sites against a defined set of criteria. The assessors noted an 'engaged and passionate team, full of ideas, solutions and innovations' in a 'fabulous building with excellent facilities for patients.' GIRFT accreditation is a huge achievement and recognition of the clinical and operational excellence at the EOC.
- 1.4 LNWH is piloting 'high intensity' surgical lists to help reduce the backlog of patients that built up during the pandemic. The first surgical list cleared 30 young patients with ear,

nose and throat (ENT) conditions with two theatres working back-to-back over a weekend. Paediatric ENT is one of the areas with the biggest backlogs. High intensity lists focus on procedures with the least risk of complication. They are being piloted in the hope that the initiative can be expanded to include other types of surgery.

2. Quality and safety

- 2.1 LNWH has launched a new catering policy for patients with a food allergy, intolerance or coeliac disease. Our inpatient allergy menu provides suitable options for patients with an allergy to one of the 14 major allergens. However, patients who are allergic or intolerant to other ingredients will be flagged because the 'allergy menu' will still not be suitable. Information and advice are available to prompt patients, their families or carers to inform staff if they have a food allergy, intolerance or coeliac disease. Information for staff outlines the steps that must be taken when patients and families declare them.
- 2.2 The use of Lidocaine (medicated pain relief) patches is reducing the time patients with rib fractures are spending in the Emergency Department. Patients are now often able to safely go home while their ribs heal naturally, avoiding the need for an overnight stay purely to be given pain relief. This means more beds are kept available for those in serious need of hospital care. The initiative came about when trainee advanced practitioner Ivey Alex noticed that some patients with diagnosed rib fractures were waiting a long time in the ED.
- 2.3 With support from the NWL ICB a new dedicated early stroke discharge service for Harrow residents will help reduce the time patients stay in our hospitals. The service will ensure patients whose stroke has caused mild to moderate disability will be assessed and treated within 24 hours, the same timeframe achieved in neighbouring Brent. Harrow residents previously waited six to eight weeks for rehabilitation support, despite Harrow having a higher-than-average incidence of stroke given the age and ethnicity of its population. Rehabilitation will reduce the risk of readmission to hospital after acute discharge. The community rehab programme will also be available in residential and nursing homes and the team will be working towards the gold medal standard of care (see 9.5).
- 2.4 LNWH have worked with Cerner and colleagues in the sector to improve the design of patient wristbands. The redesign follows concerns about the size of the font being too small, as well as confusion about which barcode to scan. Extensive testing has been completed to ensure the new designs make scanning easier.

3. Operational performance

3.1 Emergency department performance:

- A&E performance reported 74.5% for October 2024 against the 4-hour standard. This is the ninth highest performance in London for the 18 acute Trusts reporting against this standard.
- 92.5% of patients were treated within 12 hours against the 98% standard

Key actions include:

The internal UEC Action Plan continues to create admitted and non-admitted flow. Further internal improvements continue to be discussed across divisions and through the Inpatient Standards Group.

The annual bed plan is in place to flex capacity against the seasonal demands, with a plan for additional capacity in place for this winter.

The ambulance 45-minute London wide handover process continues alongside the REACH pilot and SPA.

The Trust's UEC Delivery Board is overseeing external pathway constraints working with primary, mental health, community and social care partners to manage admission avoidance and discharge pathways.

Joint planning continues across the sector regarding the expansion of the Optica (Optimised Patient Tracking & Intelligent Choices Application) digital platform to support bed flow across health and social care partners.

3.2 Cancer waiting times:

The Trust has successfully sustained the reduction in the number of patients waiting over 62 days for diagnosis and treatment and remains within trajectory.

The final position for September 2024 (reporting a month in arrears) was:

- 2-week wait for suspected cancer: reported 82.9% against the 93% standard
- 28-day faster diagnosis: reported 71.8% against the 75% standard
- 62-day wait for first treatment all referrals combined: reported 76.9 against the 85% national standard

Key priorities and focus include:

- Services to continue with the actions agreed to deliver a month on month improvement in FDS performance.
- Continue to focus on reducing the number of patients on the 62-day backlog who are awaiting diagnosis and treatment, with a special emphasis on those who have been waiting for more than 104 days.
- Continue to manage demand and capacity while prioritising timely access to diagnostics and histology through initiatives like waitlist management, recruitment efforts, and collaborations with external teams.

3.3 18 weeks referral to treatment:

- As per the national focus the Trust continues to reduce the number of patients waiting over 78 weeks as well as 65 weeks.
- This has resulted in the 78ww cohort reporting 15 at the end of Oct, with 9 of these being patient choice agreement on the dates.
- The 65-week cohort reported 390 for October and the Trust is on track for delivering its trajectory for the end of December.
- The focus on reducing patients over 52 weeks continues.
- The Trust total PTL has also reduced significantly as a result of the validation campaigns that the Trust has invested in.
- The Trust is progressing a sustainable solution looking at training as well as digital solutions.

Diagnostics 6 week waits

- Diagnostics 6 week wait final position for October 2024 reported 74.5% with 5,504 patients waiting over 6 weeks.
- The DM01 remains below the ambition due to the prolonged impact of industrial actions, data quality issues and diagnostic capacity across some modalities, a recovery plan is underway to address.
- Non data quality issues remain in non-obstetric ultrasound, audiology and echocardiography. The Trust commissioned an external in-depth review and the report has highlighted some issues with PTL logic, training, missing workflows for certain tests, which will result in some pathways coming off the PTL but potential risk for some to go on.

- The Operational and BI team are working to resolve the logic and the workflow issues on this.

Finance and estates

4.1 **Finance:** As reported in the last Standing Committee meeting, the Trust, along with other trusts in the sector and the Integrated Care Board (ICB) for North West London, outlined a challenging break-even plan for the 2024/25 fiscal year. We recognise that this plan will be particularly difficult to achieve due to expected pressures from emergency demand, which must be managed within a financial framework that restricts funding for emergency care to fixed amounts.

Additionally, we anticipate challenges in securing funding from the Elective Recovery Fund to address waiting list reductions, compounded by the implementation of the Cerner Electronic Patient Record system, which has not yet been fully integrated to capture all elective activities reliably and consistently.

The previous Standing Committee highlighted significant overspends, which persist due to several factors including: slower-than-expected realisation of planned savings; increased emergency activity; unanticipated pressures from system optimisation plans that have not yielded expected outcomes; underperformance in our elective orthopaedic centre activities; pathology-related pressures; and unfunded inflation in several areas.

In response to these challenges, the Trust has formulated a financial recovery plan aimed at limiting the financial deficit. The capital programme is currently set at a reduced level of £27 million and is being closely monitored by the Capital Review Group; we aim to keep expenditure within this limit. However, due to the revenue deficit, the Trust is experiencing cash flow pressures and has submitted applications for additional Public Dividend Capital (PDC) support.

We acknowledge that our forecasts are optimistic, reflecting a positive outlook on cost containment during winter and an expectation that a significant land sale arrangement will generate revenue before year-end. However, our primary goal regarding the sale remains to deliver maximum value for the NHS.

We continue to collaborate closely with the NWL ICB to ensure that the overall financial forecasts for the health system stay within resources available.

4.2 **Estates and Facilities:** Following completion of some major new facilities over the summer, the estates and facilities team has been in supporting the bedding-in of the new clinical services (the Elective Orthopaedic Centre at Central Middlesex, the Community Diagnostic Centre at Ealing, and the Acute Medical Unit ward at Northwick Park) and making sure that any snagging and final adjustments are completed swiftly.

Currently, the core focus of the estates and facilities teams has been working to maintain and refresh the infrastructure of the Trust's sites. Recent improvements to clinical areas include refurbishing Ealing ED resus and theatre recovery facilities, ward refurbishment at Northwick Park on Fielding and Edgar wards, and several smaller improvements within the dermatology and gynaecology outpatient areas at Ealing.

A major programme of work is also underway to reprocur the Trust's 'soft facilities management' contract, which provides cleaning, portering, catering and other facilities for patients and staff. This procurement process will run through to October 2025 when the new contract is expected to start.

The team are also supporting the Trust's winter arrangements through the improvement of the patient transport service and ensuring the arrangements for supporting staff working over the festive period.

Finally, further work is taking place to strengthen the Trust's sustainability and green plan and to more closely link this work with future planning for climate change and the NHS wider plan to achieve net-zero.

5 People

- 5.1 I am pleased to announce that Bimal Patel has been appointed as our new Chief Financial Officer (CFO). Bimal joins us this month (January) from North Middlesex University Hospital NHS Trust. Bimal has been the CFO there since 2020 including a 10-month secondment as CFO for the North Central London Integrated Care Board. Don Richards remains with us as Interim CFO prior to handover.
- 5.2 Clinical Lead for Ophthalmology Evelyn (Evie) Mensah has been appointed as the new President of the Ophthalmology Section of the Royal Society of Medicine. Evie will oversee a range of educational programmes during her two-year tenure as president and is keen to expand the society's membership to include Allied Health Professionals who provide invaluable support to the specialism.

6. Equity, diversity and inclusion

- 6.1 LNWH has been highly commended for its anti-racism work at the Health Service Journal (HSJ) awards. The commendation was presented to LNWH by the NHS Race and Health Observatory, jointly with the HSJ. This recognition reflects fantastic progress on our journey towards ensuring everyone feels safe at our hospitals, and I am proud of the ongoing work we are doing here.

- 6.2 On Remembrance Day special memorial events were held at all three of our hospital sites to remember those who died in conflict. This included a two-minute silence at 11am.
- 6.3 Our Equality Diversity and Inclusion (EDI) Festival ran throughout the autumn. The festival is designed to help us build an inclusive and anti-racist workplace. This year's theme is *'What Really Matters? What Matters to You?.'* The festival started with National Inclusion Week, leading into Black History Month (October) and concludes with Disability History Month (November/December). Events and activities were held across themes, including an Autism Reality Experience – an innovative training session designed to give participants a virtual experience of living with autism.

7. LNWH updates

- 7.1 The Education and Learning Management System (ELMS) has now been switched off. It was replaced on the 18 December with a brand-new learning management system - Chil learning hub. This is the same learning management system now used across the NW London Acute Provider Collaborative. Whilst it is not a merged system like Cerner, it will help staff more easily move between trusts because it has a consistent layout and shared learning packages for mandatory training.
- 7.2 We were delighted to welcome Kieran and Thomas Bugler from the Bugler Foundation, to the neonatal unit at Northwick Park Hospital. The Bugler Foundation have fundraised for the unit for many years, with their latest efforts raising £13,000. Bugler Group is a family-owned construction and property development business. The Foundation was set up in 2016 to give back to the communities Bulger Group work in. The donation will be used to make the unit more welcoming and comfortable or to purchase equipment to improve services for premature babies and their families.
- 7.3 LNWH has introduced 'Loop', a new smartphone app and the successor to Employee Online. With Loop staff can view and manage their roster on the go, request shifts, manage annual leave and study requests, and see who they are working with by viewing team schedules. Employee Online will be retired in March 2025.

8. Research and innovation

- 8.1 We have been awarded £7million of Government investment to increase delivery of commercial trials across north west London. This is part of £100m UK health research investment supporting a 10-year plan to shift clinical trials into community settings so that those in under-served regions will be better able to participate in research. Our Clinical Research Facility, based at Northwick Park Hospital, already supports research studies across many medical fields and delivers complex studies for health professionals involved in research and clinical trials.

- 8.2 Three teams – Resus, Critical care and Site managers – are piloting Alertive, a new bleep (pager) system. Alertive is a faster, smarter system compared to traditional bleep systems. Once fully rolled out at LNWH, it will provide instant two-way communication between colleagues. This is another move towards consistency across the Acute Provider Collaborative as the system is already in use at Imperial and Chelsea and Westminster.
- 8.3 Patients in some services are being asked if they still require an appointment, as part of a process called Patient-Led Validation (PLV). The aim is to reduce the overall waiting list by removing people who no longer feel they need care. This process is already in place at some other NHS trusts and is receiving positive feedback from clinicians and patients. Those who ask to be removed from the waiting list will have their request reviewed by a clinician to ensure it is appropriate, with GPs kept informed. PLV is part of the NHS Federated Data Platform and integrated with other Trust digital communications to provide a range of ways for patients to communicate their wishes.

9. Stakeholder engagement

- 9.1 Celebrity guest Myleene Klass visited Northwick Park maternity in November to celebrate and formally open our refurbished birth centre and maternity triage units. Kate Brintworth Chief Midwifery Officer for England was also present, along with Prof Don Peebles National Clinical Director for Maternity, Gareth Thomas MP for Harrow West, and Barry Gardiner MP for Brent West.
- 9.2 Ealing’s Council’s Cabinet Member for Healthy Equal Lives, Cllr Polly Knewstubb, visited the Ealing Community Diagnostic Centre and Ealing Hospital in November. She met several staff and was given a tour of facilities by Managing Director Mark Titcomb.
- 9.3 Dierdre Costigan MP for Ealing Southall also visited the Ealing Community Diagnostic Centre in November. She met with several staff including the MRI team and was given a tour of facilities by Managing Director Mark Titcomb.
- 9.4 Ealing Community Diagnostic Centre held its official opening in November. Neha Unadkat, Borough Director Ealing NHS North West London, and Councillor Ben Wesson Chair of the Health and Adult Social Services Scrutiny Panel, cut the ribbon on the new £30m centre which will help ease pressure on existing hospital services and reduce waiting times for diagnostic tests. The event coincided with the centre treating its 2,000th patient.
- 9.5 In November Deputy CEO Simon Crawford joined over 30 community providers, GPs, ICB and Stroke Association representatives at the ‘Bridging the Blues’ event at Harrow Leisure Centre. The event highlighted our Adult Therapies team’s partnership work with

Chelsea FC Foundation to tackle healthcare inequalities for stroke survivors in north West London. Aimed at moving towards more out of hospital care and prevention, the programme delivers targeted education sessions, empowering stroke survivors to make positive lifestyle changes to reduce their risk of subsequent strokes.

10. Recognition and celebrating success

- 10.1 In early December we held our ninth staff excellence awards, where we celebrated the vital work of our all staff – clinical and non-clinical. Celebrity guest Myleene Klass joined around 500 staff at Wembley Stadium. It was fantastic to see so many joyfully celebrating each other's achievements. We had over 900 very strong nominations for awards this year. Our thanks and gratitude go to LNWH Charity and all our sponsors; without who we could not put on this fantastic and well-deserved staff event.
- 10.2 St Mark's Intestinal rehabilitation team has won a Leadership award from the British Dietetic Association Parenteral and Enteral Nutrition Specialist Group. The team won the award for supporting patients when a national supplier of parenteral nutrition unexpectedly stopped production following safety concerns. As one of the largest treatment centres in the UK St. Mark's arranged alternatives at pace, as well as acting as an advisor to NHS England. Northwick Park Hospital opened one of the largest 'aseptic' facilities in London earlier this year and is hoping to gain a commercial license to start production of its own Parenteral Nutrition products in the future.
- 10.3 Luxmi Dhoonmoon, Nurse Consultant Tissue Viability, has been awarded for her pioneering work in highlighting the use of skin tone cards to spot early signs of pressure ulcers and other skin damage among Black and Asian patients. Luxmi was presented with her award by Cllr Ketan Sheth, Chair of the North West London Joint Overview and Scrutiny Committee, at the recent ICS Health Equity Summit in central London.
- 10.4 LNWH theatre matron Rose Amankwaah, who retired earlier this year after 49 years at Central Middlesex Hospital has been awarded a Lifetime Achievement Award at the NHS Parliamentary Awards. Rose was nominated by Bob Blackman CBE MP and was invited to the Palace of Westminster to meet Mr Blackman in December.

**North West London Acute Provider Collaborative
London North West University Healthcare NHS Trust Standing
Committee report to the Board in Common – for noting
January 2025**

Highlight Report

1. Purpose and Introduction

1.1 The role of the Trust Standing Committee is:-

To oversee the delivery of the Trust strategy and strategic priorities, the achievement of constitutional and regulatory standards, and to provide assurance to the Trust Board that Trust risks and issues relating to this are being managed.

2. Key Highlights

- The Committee received and discussed a range of statutory Annual Reports which had been scrutinised and approved at local Committee's as follows:-
 - Seven Day Services 2023/24
 - Guardian of Safe Working 2023/24

- The Committee was attended by the Deputy Chief Midwife of NHSE who provided feedback on the considerable improvements to maternity services at LNWH and who sought approval for the Trust to formally exit the National Maternity Safety Programme. This was approved by the Committee and next steps include regional and national level approval.

- The Committee heard directly from a member of staff who had experienced sexual misconduct from a patient and received assurance on the improvements made to the working environment in response to this incident. This included core aspects of wellbeing for the member of staff as well as other logistical improvements.

- The Committee received and discussed the Board Assurance Framework with local Committees providing assurance on the management of strategic risks to which they are aligned. This included an overview of assurance as to the system of control of the Board Assurance Framework via the Audit and Risk Committee. There had been an increase in the strategic risk score aligned to the delivery of the financial plan moving from a score of 16 to a score of 20. This risk was well understood by the Committee and is subject to a number of additional controls. The Board Assurance Framework is published and available on the London North West University Healthcare NHS Trust website fulfilling public transparency requirements.

- Escalation reports were presented by each of the local Committee Non-executive Director Chairs providing assurance on the delivery of delegated duties and responsibilities during Quarter 3 of the year. This included assurance from:-
 - Audit and Risk Committee
 - Finance and Performance Committee

- Quality and Safety Committee
 - People Equity and Inclusion Committee
 - Board Appointments and Remuneration Committee
 - Charitable Funds Management Committee
- The Committee received and considered the integrated quality and performance report and the finance report.

3. Positive Assurances Received

The Committee received positive assurance in the following areas:

- Strategic risks are being appropriately governed through the Local Committee Structure
- Maternity services – exit arrangements from the National Maternity Safety Programme
- Publication of Nursing Midwifery and Allied Health Professionals Strategy

4. Key Risks to Escalate

- A continued system wide focus is required to respond to a risk that the volume of acutely unwell patients with complex mental health needs attending the emergency department is impacting on patient outcomes and patient flow, alongside staff and patient experience.
- There is a financial challenge to recover the in-year financial position. Detailed work is taking place to ensure that all opportunities for recovery are fully exploited and as part of these measures the Finance and Performance Committee will continue to increase its meeting frequency to monthly.

5. Concerns Outstanding

6. Key Actions Commissioned

- Board development session to take place to refresh the Trust’s Risk Appetite and Risk Tolerance statements and associated levels.

7. Decisions Made

Terms of Reference of the Trust Standing Committee were approved.
Trust Standing Committee approval to the Trust existing the National Maternity Safety Programme was given.

8. Summary Agenda

No.	Agenda Item	Purpose	No.	Agenda Item	Purpose
-----	-------------	---------	-----	-------------	---------

1.	Staff Story	Noting	7.	Chief Executive's Report	Noting
2.	Exit Arrangements – National Maternity Safety Programme	Approval	8.	Committee Escalation Reports	Assurance
3.	Seven Day Services Annual Report 23/24	Noting	9.	Board Assurance Framework	Assurance
4.	Guardian of Safe Working Annual Report 23/24	Noting	10.	Integrated Quality and Performance Report	Noting
5.	Griffin Institute	Decision	11.	Financial Report	Noting
6.	Nursing Midwifery and Allied Health Professional Strategy	Noting	12.	Board Assurance Framework	Assurance
7.	Trust Standing Committee Terms of Reference	Approval			

9. Attendance

Members:	January attendance
Matthew Swindells, LNWH Chair and Chair in Common on NWL APC	Y
David Moss, Non-Executive Director Vice Chair	Y
Loy Lobo, Non-Executive Director	Y
Simon Morris, Non-Executive Director	N
Ajay Mehta, Non-Executive Director	Y
Dr Syed Mohinuddin, Non-Executive Director	Y
Bob Alexander, Non-Executive Director	Y
Martin Lupton, Non-Executive Director	N
Baljit Ubhey, Non-Executive Director	Y
Sim Scavazza, Non-Executive Director	Y
Huda Assad, Associate Non-Executive Director	Y
Pippa Nightingale, Chief Executive	Y
Simon Crawford, Deputy Chief Executive	Y
Lisa Knight, Chief Nursing Officer	Y
Jonathan Reid, Chief Financial Officer	Y
James Walters, Chief Operating Officer	Y
Tracey Connage, Chief People Officer	Y
Dawn Clift, Director of Corporate Affairs	Y
James Biggin-Lamming, Director of Transformation	Y
John Baker, Chief Medical Officer	Y
Tracey Beck, Director of Communications	Y
Mark Titcomb, Managing Director Ealing and CMH	Y
Attendees:	
David Jenkinson, Managing Director LNW Charity	Y
Alexia Pipe, Chief of Staff to Chair in Common	Y

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

Accountable director: Lesley Watts
Job title: Chief Executive Officer

Executive summary and key messages

1. Key messages

- 1.1 On 13 January 2025 I was privileged to take up the new joint CEO role for The Hillingdon Hospitals NHS Foundation Trust and Chelsea and Westminster Hospital NHS Foundation Trust
- 1.2 The new leadership model will increase joined-up decision making for local people, improve care, share best practice and expertise and make better use of NHS resources and I look forward to meeting with staff and leading the next phase of the Trust's journey.
- 1.3 In view of the challenging financial position, in December 2024 the integrated care system (ICS) entered the NHS England (NHSE) Investigation and Intervention regime (I&I) and has appointed PA Consulting to support in this process.

2. Quality and Safety

- 2.1 **Winter pressures:** We continue to experience higher-than-normal Norovirus incidence in our community, incidences of acute respiratory infections such as flu, RSV and Covid-19, which have caused severe pressure on emergency department (ED) and patient flow in the weeks between Christmas and New Year and continues into early January. Our staff have worked hard to meet the increased pressure.
- 2.2 Our Infection Prevention and Control Team has been reinforcing the simple steps our colleagues can take to reduce the spread of infection.
- 2.3 Following the CQC Well-led review in September 2024, the Trust received an interim letter from the CQC (attached at Appendix 1). The Board is asked to note the content of the letter. The full report(s) on inspections in 2024-25 are awaited.

3. Operational performance

- 3.1 52 week waits (ww), Referral to Treatment (RTT) reduction and diagnostic performance remains a special cause improvement for the Trust.
- 3.2 Cancer 62 day position is showing continuing improvement towards the end of year target line and at 37 is well below Sector target of <60. This is both a performance and a quality measure as faster diagnosis is linked with improved outcomes.
- 3.3 Faster Diagnosis Standard for Cancer has recovered after unexpected sickness absence in the team over summer.
- 3.3 Urgent and Emergency Care - 12 hour waits in the department were at 5% for November 2024. All Types performance was at 70% for November and Type 1 performance was at

40% against a target of 55%. Emergency performance has remained challenged through December 2024.

- 3.4 The Emergency Improvement Programme has been relaunched with a focus on rapid patient assessment coupled with the use of alternative emergency pathways to ensure patients are treated in the most appropriate environment.

4. Financial performance

- 4.1 At month 8, the Trust is reporting a year-to-date deficit of £26.6m, which is £22.9m adverse to our plan, £21.5 adverse to our internal budget (realigned for CIP delivery).
- 4.2 The Trust's financial performance has continued to run at significant deficit, despite actions taken to respond to the YTD position previously reported; however some improvements have been noted within month 8.
- 4.3 In month 8 we are continuing to report a forecast of £27.1m deficit internally; however the ICB is not authorised to move from a breakeven ICB position until the Investigation and Intervention review is complete.

5. People

- 5.1 Annual NHS Staff Survey - Our Trust achieved a 52% completion rate for the staff survey - 4% up on last year.
- 5.2 Our new HR Hub has gone live, with easy access for colleagues via the intranet homepage. The hub puts digital forms at the user's disposal, making for a more user-friendly experience and removing the need for paper forms.
- 5.3 I would like to welcome Mike O'Donnell who has joined our Board as Non-Executive Director (NED). Mike is a member of the Trust Audit and Risk Committee and Quality and Safety Committee. Mike is also a NED Board member at Chelsea and Westminster Hospital NHS Foundation Trust where he will chair the Finance and Performance Committee.

6. Updates from the Council of Governors (CoG)

- 6.1 The CoG formally met in public on 24th October 2024, and received a briefing on the 'Place Based Transformation Strategy' on 21st November.
- 6.2 On 3rd December 2024, the CoG held a productive away day session. The day was centred around strengthening the CoG moving into 2025/26.

7. Research and innovation

- 7.1 Our Trust has been awarded a £126,000 government grant to help us make our two hospitals 'better by design' for our patients. The funding is part of the Knowledge Transfer Partnerships scheme of Innovate UK and is usually only awarded in the private sector. We will be working with Brunel University of London. The aim of the collaboration is for patients to experience smoother services and better-designed spaces.

8. Recognition and celebrating success

- 8.1 Rajesh Bhalla, head of clinical engineering, won the Team Leader of the Year Award and Hyder Mohammad, Trust sustainability lead, won the Emerging Leader of the Year Award at the national Ethnic Minorities into Leadership Awards for the civil service and public sector. The annual awards celebrate the outstanding contributions of ethnic

minorities across the civil service and wider public sector, honouring achievements which inspire and empower, highlighting leadership, innovation, and dedication.

- 8.2** At the Big Sustainability Awards in October 2024, our Trust won the Outstanding Sustainability Campaign Award for 2024, for our ongoing work towards being a 'net zero' Trust and in reducing carbon emissions.
- 8.3** Jenny Jean-Jacques, information governance manager for our Trust and London North-West University Healthcare NHS Trust, who is also a committee member of the Caribbean Nurses' and Midwives' Association, met King Charles and Queen Camilla at a reception at St James' Palace in October for guests from across the Commonwealth.

Via email

Care Quality Commission
Citygate
Gallowgate
Newcastle Upon Tyne
NE1 4PA

Telephone: 03000 616161
Fax: 03000 616171

www.cqc.org.uk

Date: 31 October 2024

CQC Reference Number: AP6087

Dear Patricia,

Re: CQC Well-led assessment of The Hillingdon Hospitals NHS Foundation Trust.

Following your feedback meeting with myself, Ziyana Shiripinda (CQC – Operations Manager) and Antoinette Smith (CQC Deputy Director of Operations) on 30 October 2024. I thought it would be helpful to give you written confirmation of the feedback given to you and your colleagues at the meeting.

This letter does not replace the draft report we will send to you, but simply confirms what we fed back on 30 October 2024 and provides you with a basis to start considering what action is needed.

We would encourage you to discuss the findings of our inspection at the public session of your next board meeting. If your next board meeting takes place prior to receiving a final or draft inspection report and evidence log, this correspondence should be used to inform discussions with the board. When scheduling a discussion of this letter, or the draft report, please inform your CQC Regional Communications Manager, who is copied into this letter.

An overview of our feedback

The feedback to you was:

Overall, we thanked you and your teams for their support for this well-led assessment. In particular, thank you to Vikas Sharma, Leigh Franklin, and the hospitality team. Vikas' input was instrumental in helping us to get a better understanding of the organisation.

The trust's strategy and annual plans consider the wider local and national context and are aligned with the strategies and plans of relevant integrated care partnerships, health and wellbeing boards, integrated care boards, and provider collaboratives. You have told us that there are actions being taken to strengthen place-based relationships. We heard that the trust is developing its clinical strategy

as part of the acute provider collaborative (APC) and this was in its infancy. The trust is in the process of upgrading the estates and the new hospital project is an integral part of this. We were unsure of the plans in place should the new hospital build not be approved.

The trust has processes in place to ensure that leaders meet the Fit and Proper Persons Test in line with NHS England guidance. The trust has identified gaps in leadership development and succession planning. Whilst current efforts provide some structure, there is a clear need for more comprehensive strategies to ensure senior leaders and board members are properly equipped with the necessary skills to ensure robust scrutiny and that leadership continuity is maintained. A stronger focus on these areas will enhance leadership effectiveness and long-term sustainability.

Senior leaders acknowledge that there is more work to be done to improve workforce equality, diversity and inclusion. We acknowledged that there is ongoing work to address WRES and WDES performance indicators. For staff equality networks to be successful, they must receive practical support from senior leaders. This includes dedicated time, development, and visible commitment to the goals of these networks. Without active involvement from leadership, the networks risk being symbolic rather than impactful, limiting their ability to foster true inclusion and equality across the Trust.

Governance arrangements have evolved over the last 12 months. The trust governance systems and processes are reviewed from ward to board and aligned to the APC. However, the feedback from the recent CQC assessments of Urgent and Emergency Care and Surgery demonstrates that there may be gaps in assurance mechanisms, particularly in medicines optimisation.

The trust was successful in exiting the highest level of financial scrutiny by NHS England in 2023. At the time of the inspection, the trust had reported a year-end deficit which was not in line with the agreed plan. In addition, there had been some changes in the financial leadership of the trust and the audit committee had not yet received the action plans from the external auditor's value-for-money recommendations.

Our interviews with senior leaders demonstrated that the trust's leaders are committed to environmental sustainability. The trust has appropriate governance and support from leaders, with a board member who is responsible for approving and delivering their net zero targets and Green Plan. We were encouraged to see the trust has won 9 national awards for sustainability and 2 international awards.

There is a commitment to embedding quality improvement methodology throughout the organisation. Our interviews with senior leaders demonstrate that there are key individuals who are dedicated to driving the improvement agenda for the trust. There is a recognition that this will take time with limited resources available.

A draft inspection report will be sent to you once we have completed our due processes, and you will have the opportunity to check the factual accuracy of the report. I am also copying this letter to Jane Clegg (Chief Nurse) at NHS England.

Could I take this opportunity to thank you once again for the arrangements that you made to help organise the inspection, and for the cooperation that we experienced from you and your staff.

If you have any questions about this letter, please contact me through our National Customer Service Centre using the details below:

Telephone: 03000 616161

Write to: CQC
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

If you do get in touch, please make sure you quote or have the reference number (above) to hand. It may cause a delay if you are not able to give it to us.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Gill Hodgson-Reilly', with a long horizontal flourish extending to the right.

Gill Hodgson-Reilly
Deputy Director of Operations

c.c. Simon Swindells – Chair of Trust
Jane Clegg – Chief Nurse NHS England
Jennifer Fung - CQC regional communications manager

The Hillingdon Hospitals NHS Foundation Trust

Trust Standing Committee report to the North West London Acute Provider Collaborative Board in Common (BiC) – for discussion 21 January 2025

Highlight Report

1. Purpose and Introduction

1.1 The role of The Hillingdon Hospitals NHS Foundation Trust Standing Committee is: -

- 1.1.1 To oversee the delivery of the Trust strategy and strategic priorities, the achievement of constitutional and regulatory standards, and to provide assurance to the Trust Board that Trust risks and issues relating to this are being managed.

2. Key highlights from the Trust Standing Committee

2.1 CEO Report

The Committee noted the CEO report, key highlights and messages. The CEO's full report will be provided in the Board in Common papers.

2.2 CQC Well-Led Feedback Letter

The Committee acknowledged the further delay in receiving the CQC report and noted receipt of the CQC well-led feedback letter. It was agreed to share the letter at the next Board in Common meeting, whilst we await the full report.

2.3 Board Committee Report and IQPR update – Quality & Safety

Highlights provided included: -

The Committee at the October meeting received a story from a patient's family detailing the care the patient experienced at end-of-life. Areas highlighted for improvement were oral care, hygiene, hydration, pain management, continence management and escalation to the end-of-life care team. Actions are in place to ensure the issues experienced do not occur again with regular audits and training sessions in place.

The Infection Prevention and Control (IPC) Q2 report provided an update in relation to the current Trust healthcare associated infections (HCAI) performance as compared to the same period in the previous year 2023/24. The Trust had exceeded its limits for certain HCAs e.g., MSSA and Clostridium difficile. Each HCAI is reviewed by the IPC team and any lessons learnt disseminated through communication across the organisation. The Trust has established a monitoring group for bacterial sepsis infections and undertakes regular hand hygiene audits.

A review by NHS England on the Trust's Maternity litigation claims over the past ten years identified that the Trust had a higher rate of litigation claims in two or three years compared to the NHS average. Work will be undertaken on a gap analysis and to ensure all actions are covered in the maternity improvement programme.

2.4 Board Committee Report and IQPR update – People

Highlights provided included: -

The initial results of the staff survey will be available in February 2025. The Trust achieved a 52% response rate which was an extremely positive outcome.

The People Strategy is on track with ongoing efforts to address areas where progress is behind expected.

Significant improvements were reported in the Workforce Race Equality Standard (WRES) indicators, including improvements in the likelihood of BME applicants being appointed compared to white applicants and fairness in disciplinary processes. Positive changes in the WDES indicators were also discussed, such as a reduction in the percentage of disabled staff experiencing harassment from patients and managers. The gender pay gap has also reduced.

2.5 Board Committee Report and IQPR update – Finance & Performance

Highlights provided included: -

There continues to be a Trust wide focus on monitoring and supporting ED with 'All types' performance below the national target, achieving 70% for November 2024.

At M8, the Trust is reporting a year-to-date deficit of £26.6m, which is £22.9m adverse to our plan and £21.5 adverse to our internal budget (realigned for CIP delivery).

The Trust's financial performance has continued to run at significant deficit, despite actions taken to respond to the year to date (YTD) position previously reported. However, some improvements have been noted at month 8. It was noted that the Executive team has undertaken a full review of the self-assessment against the criteria in the Grip and Control toolkit. There are many areas of good practice, but there are some recognised areas for improvement and an action plan has been pulled together to support the improvement process.

The Committee noted that NWL ICB has appointed PA Consulting to conduct the Phase 1 Investigation & Intervention review. PA had presented to the NWL CFOs and summarised the programme of work required.

2.6 Board Committee - Redevelopment Committee

Highlights provided included: -

Subject to a favourable outcome from the government review of the New Hospital Programme (NHP) in January 2025, it is anticipated that the Outline

Business Case (OBC) will be finalised in the summer of 2026, with the new hospital hopefully becoming operational by 2032. The progress of the enabling and decant programme has been updated, setting the date for a cleared site to January 2027, subject to finalisation of business case assurance timelines with NHP.

2.7 Maternity Improvement Plan Update

An update on the Maternity Neonatal Assurance Group (MNAG) was provided. It was noted that there was continued strong progress with delivering the plan. An upcoming Pulse survey will assess maternity staff satisfaction and will be conducted on a quarterly basis to provide assurance on the impact of changes being made.

2.8 Board Committee Report – Audit & Risk

Highlights provided included: -

The committee received the report on progress against external audit recommendations and noted the additional capacity required within the finance team to address the recommendations ahead of the 2024/25 audit to ensure timely completion of tasks. The Finance team is meeting fortnightly to review progress and address any challenges. Work is underway to secure additional capacity within the team. The committee noted that the already stretched finance resource is currently being diverted into cash management activity.

The committee received the Counter Fraud report which provided an update on new referrals, closed cases and current proactive work. There are 6 open cases under active investigation by the LCFS and one being led by another NHS body.

Report from People Committee - The committee discussed the need for an internal audit review on job planning and implementation in next year's internal audit plan.

2.9 Bodycam Camera Analysis

The Committee discussed the use of body-worn cameras for security and clinical areas and stated that it would support the wider use of body-worn cameras subject to the relevant capital funding being available.

2.10 Losses and Special Payment

The Committee approved the recommendation from the Audit & Risk committee to write-off multiple aged debts where the Trust conclusion is that no further action is viable, and these accounts have been deemed unrecoverable.

2.11 Clinical Services Strategy

The Committee received and approved the updated clinical services strategy, which has been reviewed by various committees and stakeholders. A focused communication plan will be undertaken to ensure awareness of the refreshed CSS across the wider organisation. Delivery of the clinical strategy is through the 3-5 year operational plan, developed and overseen by the Chief Operating Officer.

2.12 Implementation of Shared Leadership Model for CQFT & THHFT

The Standing Committee noted the update, following completion of the process agreed by the Trust Boards of CWFT and THHFT in October 2024, resulting in the appointment of Lesley Watts as the Chief Executive Officer for CWFT and THHFT. They also noted the current board governance arrangements will remain as is until at least the end of this financial year.

3. Positive assurances received

Good performance remains across a number of areas within the IQPR.

4. Key risks / topics to escalate to the NWL APC BiC

The Trusts continuing financial position, covered in the BIC Finance report.

5. Concerns outstanding

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

6. Key actions commissioned

Undertake a review of complaints to understand the increase in numbers and the reasons for the complaints. A formal report will be presented at the next THH Standing Committee meeting.

7. Decisions made

The Committee approved the updated Standing Committee terms of reference with some minor amendments.

The Committee received and approved the updated clinical services strategy.

8. Summary Agenda 07 January 2025

No.	Agenda Item	Purpose	No.	Agenda Item	Purpose
1.	Chief Executive's report	To note	8.	Finance Report & I&I and Grip and control	To discuss
2.	CQC Well-Led feedback letter	To note	8.	Board committee report – Audit	To discuss
3.	Integrated Quality and Performance Report	To note	9.	Maternity Improvement Update	To discuss
4.	Board Committee report & IQPR – Quality & Safety	To discuss	10.	Body Camera Analysis	To discuss
5.	Board Committee report & IQPR – People	To discuss	11.	Clinical Services Strategy (Refresh) 2024 - 2034	To discuss
6.	Board Committee report - Redevelopment	To discuss	12.	Draft Standing Committee Terms of Reference	For approval
7.	Board Committee report & IQPR – Finance & Performance	To discuss	13.	AOB Implementation of shared leadership model for CWFT & THHFT	For assurance

9. Attendance

Members	07 January 2025 attendance
Carolyn Downs, Vice Chair (Standing Committee Chair)	Y
Matthew Swindells, Chair – North West London Acute Provider Collaborative	Y
Baljit Ubhey, Non-Executive Director	Y
Linda Burke, Non-Executive Director	Y
Martin Lupton, Non-Executive Director	Y
Nick Gash, Non-Executive Director	Y
Patricia Gallan, Non-Executive Director	N
Simon Morris, Non-Executive Director	N
Mike O'Donnell, Non-Executive Director	Y
Vineeta Manchanda, Non-Executive Director	Y
Patricia Wright, Chief Executive Officer	Y
Jason Seez, Deputy Chief Executive Officer, SRO New Hillingdon Hospital Programme	Y
Alan McGlennan, Chief Medical Officer	Y
Tracey Cotterill, Chief Finance Officer	Y
Sarah Burton, Chief Nursing Officer	Y
Tina Benson, Chief Operating Officer	Y
In attendance	
Janet Campbell, Associate Non-Executive Director	Y
Philip Spivey, Chief People Officer	Y
Steve Wedgwood, Director of Operational Estates and Facilities	Y
Lesley Watts, CEO Chelsea and Westminster Hospital NHS Foundation Trust	N
Vikas Sharma, Trust Secretary	N

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

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

1 Key messages

- 1.1 While October's Budget Statement reiterated the government's commitment to "continue the delivery of the New Hospital Programme on a more sustainable and deliverable footing" - and included some additional funding for the NHS – there was no news for individual redevelopment schemes like ours, at St Mary's, Charing Cross, and Hammersmith. We welcomed the announcement that the government will undertake more transparent and longer-term capital planning but pressed for the New Hospital Programme review to be concluded as soon as possible given the increasing problems with our crumbling estate and the urgent need for clear, next steps. We expect to receive the outcome of the review in January 2025 and are continuing to highlight the need for redevelopment of St Mary's.
- 1.2 We have been running a design competition with the Royal Institute of British Architects (RIBA) for the Fleming Centre to be built at St Mary's Hospital. The Fleming Centre, set to open in 2028, is part of the wider Fleming Initiative that we have established jointly with Imperial College London to find solutions to antimicrobial resistance at a global scale. The RIBA competition has been highly successful with five innovative and high-quality proposals from the short-listed architects. The Trust held a three-day public exhibition of the shortlisted proposals which was attended by around 300 people and solicited over 100 written comments. We anticipate appointing the architects in January and commencing design early in the New Year. The Fleming Centre Strategic Outline Case was also approved by the government's Joint Investment Committee on 10 December 2024.
- 1.3 We submitted a response to the 10-year health plan being developed by the Department of Health and Social Care and NHS England. We engaged with our staff through a webinar with almost 500 attendees and spoke to our strategic lay forum. We also encouraged staff and patients to send in individual responses to the consultation. Our response highlighted the importance of integrating across healthcare settings, the role of acute providers in prevention and the barriers and enablers for implementing new technology in the NHS. You can read the submission here <https://intranet.imperial.nhs.uk/page/17614>
- 1.4 Operationally, we continue to have some of the fastest ambulance handover times in London, performing at 93.3 per cent against the 30 minute handover standard in November 2024. Our four-hour performance was 77.3 per cent in November, against a target of reaching 78 per cent target by March 2025. We are working to reduce our long waiters, with 261 patients waiting over 65 weeks at the end of November, and expect to have eradicated nearly all 65-week breaches by the end of December, except for patient choice and neurosurgical pathways.
- 1.5 In month eight the Trust delivered a £9.2m surplus largely due to the release of the onerous lease provision, improving the year-to-date deficit from £26.9m to £19.6m. We have plans in place to recover our position and so continue to forecast that we will deliver our break-even plan for the end of the financial year.

2 Quality and safety

- 2.1 We continue to maintain good performance against key quality measures. Mortality rates are consistently amongst the lowest in the NHS and incident reporting rates remain high, which is a positive reflection of our safety culture. Our harm levels remain below national averages with a small recent increase. This is in part driven by operational pressures, including delays for patients in our emergency department. We are also experiencing some delays in the initial incident reviews as we continue to learn as we implement PSIRF. The trust winter plan is in place to mitigate risks, we have an enhanced clinical harm dashboard for the emergency departments that reports weekly to the executive weekly and we have reinstated our PSIRF task and finish group. Our quality and safety improvement programme continues to make good progress, with focus including thrombosis prevention, hand hygiene improvement and the launch of our pilot work for component 3 of Martha's rule.
- 2.2 We continue to see increasing pressure and activity in our maternity services due to increasing demand for our 'Outstanding' maternity services. While we have not seen a deterioration in our key safety metrics, the insights from users (including patients and staff) are giving cause for concern. In September we implemented the first phase of a demand management plan and additional resource is in place to support the teams. Despite these pressures we are on track to declare full compliance with the Maternity Incentive Scheme Year 6 ten safety actions.
- 2.3 Preventing hospital acquired infections continues to be a priority with challenges in meeting nationally set targets. There has been a rise in infection rates nationally and we continue to benchmark well against the Shelford Group of trusts for most metrics except bacteraemias. Through additional deep dive meetings, we have identified that we need to make changes to our routine infection screening processes. We are continuing to make progress with our Trust-wide improvement plans, including hand hygiene compliance and invasive line care. Training, audit and improvement work continues with hand hygiene compliance starting to show positive impacts.
- 2.4 Our pharmacy team is leading on a comprehensive remediation plan in response to concerns identified following an inspection by MHRA (Medicines and Healthcare products Regulatory Agency) of our aseptic units in September 2024. We are making progress with additional resource invested which is being regularly reviewed to ensure it is sufficient.
- 2.5 We are continuing to manage quality issues within neurosurgery specialities, particularly in response to GMC National Training Survey results. The specialty was moved into the division of Surgery and Cancer and we have undertaken a detailed review of the service and taken actions to mitigate risks to quality and safety as well as address the issues raised by the resident doctors and NHS England. Progress is being made but not as quickly as we would want, and we have governance processes in place to ensure improvement.

3 Operational performance

- 3.1 We continue to have some of the fastest ambulance handover times in London. Our November 2024 performance against the 30-minute handover standard was 93.3 per cent and we achieved 98.5 per cent against the London wide standard for handovers within 45 minutes. In November, 77.3 per cent of patients were admitted, transferred or discharged from the emergency department within four hours. This met our improvement trajectory target of 76.0 per cent for the month, but is below the target of 78 per cent to be reached by March 2025.

- 3.2 The number of patients waiting for treatment on our referral to treatment waiting list is reducing and stood at 91,653 at the end of November 2024. This was 14 per cent lower than its peak of 106,192 in August 2023. The number of waits of more than 65 weeks for treatment has significantly reduced since October, and there were 261 at the end of November. We expect to have eradicated nearly all 65-week breaches by the end of December, except for patient choice and neurosurgical pathways. We have a significant capacity challenge in neurosurgery across both our admitted and non-admitted pathways which means that eradicating 65 week waits in a sustainable way will be very difficult to achieve without additional actions and capacity. We are working with NHS England to explore all options and we are in the process of carrying out a detailed demand, capacity and options appraisal to support these conversations and next steps in 2025.
- 3.3 Diagnostics performance improved with 13.9 per cent of patients waiting over six weeks for their diagnostic tests or procedures at the end of November 2024, against the goal of 5 per cent by March 2025.
- 3.4 In terms of cancer performance, we continue to meet the faster diagnostic standard of at least 77 per cent of patients given a positive or negative cancer diagnosis within 28 days of referral, with performance of 80 per cent in October 2024. We met the national standard for 96 per cent of patients to receive treatment within 31 days from decision to treat (our performance was 97.7 per cent in October 2024). 65.5 per cent of cancer patients were under 62 days between referral and starting treatment, falling short of the national NHS objective of 70 per cent for 2024/25, and below our more ambitious improvement trajectory target. Specialty-level trajectories and improvement plans have been revised and agreed with the Cancer Recovery Group.

4 Financial performance

- 4.1 In November 2024, the Trust delivered a £9.2m surplus. This is marginally better than the value agreed when developing the forecast at month seven and brings the year-to-date actual deficit down to £17.9m (£16.9m adverse to plan). There is continued good performance on income with elective activity year to date equating to 119.7 per cent of pre-pandemic levels with the key drivers of deficit remaining the under achievement of the planned system wide benefits and lower than planned delivery of efficiencies (year to date equally phased target £42.1m versus the £27.6m transacted). The Trust put in place a financial recovery plan during quarter two, which it is continuing to deliver against, and all things being equal, should lead to the achievement of a breakeven position, our original plan.
- 4.2 Year-to-date the Trust has incurred £53.4m of total capital spend. This is £11.1m behind plan and is mainly driven by expenditure relating to IFRS 16 leases, which will be transacted in the coming months. This is a timing issue only and does not at present alter the full year forecast.
- 4.3 At 30 November, the Trust had a cash balance of £60.4m, totalling a reduction of £76.3m since the beginning of the financial year. The Finance team is undertaking a deep dive on cash forecasting and this will be presented at the January meeting of the Finance, Investment and Operations Committee.

5 Workforce update

- 5.1 The 2024 staff survey closed on 19 November and we had our highest response rate yet with 65 per cent of our substantive staff responding (9,512 responses), 22 per cent of bank only staff (272 responses) and an additional 190 responses from a separate survey

we ran for honorary staff. This totals 9,974 total responses, just 26 short of our target of 10,000 voices.

- 5.2 We launched our winter wellbeing programme in December, delivering breakroom supplies to staff to show our appreciation as well as various food offers for staff working across the Christmas and New Year bank holidays.
- 5.3 We held our Leadership Forum in October with over 180 delegates across our leadership community, clinical leaders, network chairs, lay partners and charity. Our focus was on our EDI commitments which were launched in September, user-centred safety and the use of user insight for transforming our services.
- 5.4 We continue our focused work on supporting staff in managing violence and aggression, with the launch of a number of new policies, continued additional training and weekly review of all physical violence incidents.

EDI update

- 5.5 86 sessions on Equity, Diversity and Inclusion have been booked between September 2024 and January 2025 following the launch of our Forward Together EDI Workforce Plan 2024-2027 and our Anti-Racist and Anti-Discrimination Commitments. In addition, the first planning sessions for the EDI strand of a new Community and patient strategy took place in November 2024.
- 5.6 We have been supporting NHS England nationally on sessions and guidance on Ethnicity pay gap reporting.

Senior leadership change

- 5.7 Dr Dominique Allwood, consultant in public health medicine, has been appointed chief executive of Imperial College Health Partners – the health innovation network for north west London. Dominique will step into this role in February 2025 and will retain her part-time role as director of population health at the Trust.
- 5.8 Mr Barry Paraskeva has been appointed as the Hospital medical director for St Mary's and Western Eye hospitals. Barry is a consultant general and colorectal surgeon and an educator and lecturer for Imperial College London. Many thanks to Debbie Gould, consultant gynaecologist, who stepped down from the role recently.
- 5.9 Susan Barry, currently associate director for midwifery, has been appointed into the new post of director of midwifery. Susan will be the most senior midwife at the Trust, leading maternity and neonatology services at St Mary's and Queen Charlotte's & Chelsea hospitals and for our community maternity services.
- 5.10 Professor Alison Holmes has been appointed as the first Director of the Fleming Initiative. Alison is a former director of infection and prevention control at the Trust and was most recently the David Price Evans Chair of Global Health, Infectious Diseases at the University of Liverpool and is a Professor at Imperial College London.

Vaccination programme

- 5.11 The seasonal vaccination programme for healthcare workers started on 3 October 2024. As of 11 December, our rates for both flu and Covid vaccination remain lower than this time last year (16 per cent and 27 per cent respectively). Although more of our staff have had their Covid vaccination compared to the London and NWL average, our flu vaccination rate is lower. Encouragingly though, almost 50 per cent of all medical staff have had their flu vaccine, the highest uptake rate of any staff group.
- 5.12 In addition to our peer and roaming vaccination services, we ran three trust wide ‘jab-a-thon’ events in December. The national campaign has been extended to 25 January so we will continue to offer vaccinations into January. Sickness rates are being closely monitored as flu rates rise nationally.

6 Research and innovation

- 6.1 At this point in the financial year, we have recruited 36,184 participants into NIHR Portfolio studies. This recruitment was generated from 306 individual studies (80 of these commercially sponsored) across 28 different specialties. We have opened 225 new studies at ICHT in the calendar year to date.
- 6.2 Commercial trials recruitment continues to be healthy, and the Trust continues to deliver UK, European and global first patient recruits into commercial studies, many of which are oncology studies. In November, the Peart Rose Research Team dosed the first patient globally in a Merck Sharp Dohme pulmonary hypertension trial.
- 6.3 With funding from the NIHR Imperial BRC and the North London Regional Research Delivery Network (RRDN), we have now established two primary care research sites (in Hammersmith & Fulham, and in Hounslow). These will provide more community-based options for patients to get involved in clinical research studies. We are about to appoint a Primary Care Research lead who will oversee the expansion of this initiative to include another three GP practices across west London.
- 6.4 We have launched our approach to artificial intelligence (AI) publicly with a blog by Professor Bob Klaber¹, emphasising commitment to using AI safely, ethically and transparently. We are also implementing some AI use cases, with several colleagues piloting Microsoft Copilot to support day to day administrative tasks and beginning pilots of ambient AI and automated clinical coding.
- 6.5 Paddington Life Sciences continues to develop positively, and we formally welcomed Ipsen (pharmaceutical company) to the partnership. The NWL Applied Research Collaborative has also joined as an associate partner. We are establishing a sustainability workstream in the new year. We held a Paddington Life Sciences Symposium on 9 October to mark the first year of the partnership, with a virtual keynote speech from Lord Patrick Vallance, Minister of State for Science, Research and Innovation. Paddington Life Sciences also published its first report² in October 2024. *The Life Sciences Skills Mapping* report highlights the skills required across the life sciences landscape in Paddington and the accessible career pathways that are needed to support local employment.

¹ <https://intranet.imperial.nhs.uk/public/page/futureproofingourapproachtoAI>

² https://www.imperial.nhs.uk/about-us/news/paddington-life-sciences-skills-mapping-report?&utm_source=251024email&utm_medium=email&utm_campaign=skillsmapping

- 6.6 The Trust has been successful in winning the following competitive NIHR research awards:
- Gemma Clunie (Senior Clinical Academic Speech and Language Therapist), NIHR Senior Clinical and Practitioner Research Award (£270k)
 - Kevin Croft (Chief People Officer), collaborator on NIHR Research for Patient Benefit Award with University of Surrey on staff well-being project
 - Toby Ellmers (Psychologist), NIHR Research for Patient Benefit Award (£151k)
 - Nipun Lakshitha de Silva (Endocrinologist), NIHR Research for Patient Benefit Award (£200k)
 - Mr Carl Wong (Senior MSK Physiotherapist), NIHR ICA Pre-doctoral Clinical and Practitioner Academic Fellowship (£66k)
 - Camelia Vladescu (Non-malignant Haematology Research Unit Leader), NIHR Pre-Application Support Fund Award
- 6.7 Recent Imperial research highlights include:
- A study supported by the NIHR Imperial BRC, in partnership with the College's Centre for Doctoral Training for AI in Healthcare, has found that new AI software can read the brain scans of patients who have had a stroke to more accurately pinpoint when it happened and help doctors work out whether it can be successfully treated.³
 - A group of investigators from Imperial College London and Imperial College Healthcare NHS Trust, have developed an innovative artificial intelligence (AI) system that has the potential to revolutionise how we predict health risks using electrocardiograms (ECGs)⁴

7 Redevelopment update

- 7.1 All schemes that are "in-scope" of the New Hospital Programme review have been instructed stop work until the outcome of the review is announced, which we expect in January 2025. The Trust has made the clinical risk and cost of further delaying the Imperial redevelopment plans known to the New Hospital Programme. We have also been engaging with local MPs and stakeholders to highlight the need for the redevelopment including that every six-month delay costs a further £63-73 million due to inflation, productivity, and benefits-realisation impacts. We are also highlighting the economic benefits of rebuilding St Mary's Hospital in terms of investment in life sciences.
- 7.2 In October 2024, the Trust signed and returned memoranda of understanding for Public Dividend Capital (PDC) awards of £3.6m for St Mary's Hospital (SMH) and £5.7m for Charing Cross & Hammersmith Hospitals (CXH/HH), enabling project advancement once the review concludes.

8 Stakeholder engagement and visits

- 8.1 Below is a summary of significant meetings I have had with stakeholders.
- Cllr Butler-Thalassis and Cllr McAllister (Westminster), 4 October 2024, 2 December 2024
 - Andy Slaughter (MP) and Ben Coleman (MP), 18 October 2024
 - Cllr Nerva (Brent), 29 October
 - Cllr Cowan and Cllr Sanderson (Hammersmith and Fulham), 13 November 2024
 - Cllr Perez and Cllr Sanderson (Hammersmith and Fulham), 14 November 2024

³ <https://imperialbrc.nihr.ac.uk/2024/12/06/new-ai-model-can-pinpoint-stroke-timing-leading-to-better-patient-outcomes>

⁴ <https://imperialbrc.nihr.ac.uk/2024/10/23/ai-enabled-ecgs-for-early-detection-of-health-risks/>

- Ben Coleman (MP) and MS patients, 18 November 2024
 - Andy Slaughter (MP), 22 November 2024
 - Hammersmith and Fulham Save our NHS and other north west London campaign groups, 4 December 2024
- 8.2 We hosted the Minister for Social Security and Disabled People, Sir Stephen Timms, at our Macmillan Coffee Morning at Charing Cross Hospital on 26 September.
- 8.3 The Lord Mayor of Westminster visited St Mary's Hospital on 28 November and toured the major trauma ward.
- 9 APC clinical pathways project**
- 9.1 The specialties I am responsible for as part of the APC clinical pathways work are: cancer, endoscopy, gastroenterology, imaging, neurology and stroke, cardiology and hepatology. All have agreed their chosen pathway to align to best practice and are developing implementation plans and metrics to measure progress. The programme was discussed at the Board in Common development day on 19 November.
- 10 Recognition and celebrating success**
- 10.1 Congratulations to Dr Gillian Chumbley, a consultant nurse, and Professor Shehan Hettiaratchy, a consultant plastic and reconstructive surgeon, who have been named in the New Year Honours List 2025. Gillian, who has been part of Imperial College Healthcare for over 20 years, has been awarded an OBE for services to nursing. Shehan, who is also the Trust's major trauma director, has been at the Trust for about 15 years and was also awarded an OBE, in the overseas and international honours list for services to the UK's emergency health response overseas.
- 10.2 We have achieved an advanced rating (level six of seven) for the digital maturity of our clinical services, following an assessment by the Healthcare Information and Management Systems Society. This is an internationally recognised standard for electronic medical record transformation, and we join a small group of organisations that have achieved this standard in England.
- 10.3 In October 2024, North West London Pathology won a Health Tech Award in recognition of a network transformation project. The six-year project replaced multiple legacy lab management systems with a single system, enabling smoother access to pathology services for both staff and patients.
- 10.4 Imperial College Healthcare has won the Supported Workforce Award at the RLDatix Awards 2024 for our team based rostering system which has empowered colleagues to request shift patterns that let them balance work and home life.
- 10.5 We were shortlisted for six awards in the London Healthcare Support Worker (HCSW) Awards 2024 including Trust of the Year, Sustainable Retention Initiative and HCSW Team of the Year.
- 10.6 Congratulations to colleagues who have won accolades recently including:
- Professor Alex Comminos, consultant endocrinologist, who has won the prestigious researcher award in this year's Royal College of Physicians' Awards, run jointly with the National Institute for Health and Care Research.
 - Consultant radiologist Professor Wladyslaw Gedroyc has been awarded the Clinical Adopter Award as part of the 2024 Focused Ultrasound Foundation awards.

- Carys Barton, heart failure nurse consultant, has won the prestigious Lynda Blue Award for excellence from the British Society for Heart Failure.
- Professor Suks Minhas who has been awarded the St Peters Medal by the British Society of Urological Surgeons.
- Three members of our nursing team have been named among the winners of the Royal College of Nursing's Rising Star Awards 2024. Congratulations to Lauraun Green, gynae oncology clinical nurse specialist, Kapsa Fohtung, nursing associate, and Fran-Marie Macainan, practice education facilitator for international nurses.

10.7 Of over 180 people awarded academic promotions by Imperial College London in 2024, 18 have clinical roles in our hospitals. Many congratulations to them all:

- Dr Ali Abbara - honorary consultant in reproductive endocrinology and reader in endocrinology
- Professor Raymond Anakwe – consultant orthopaedic surgeon, medical director and Professor of practice (trauma & orthopaedic surgery)
- Dr Soma Banerjee - head of specialty and consultant in stroke medicine and Professor of practice
- Professor Rajarshi Bhattacharya – consultant orthopaedic and trauma surgeon, divisional director of surgery and cancer and Professor of practice
- Professor Colin Bicknell – consultant vascular surgeon, head of specialty, vascular surgeon and Professor of vascular surgery
- Dr Matthew Harris - honorary consultant in public health medicine and clinical reader in public health innovation
- Professor Jethro Herberg - honorary consultant, paediatric infectious disease and clinical Professor in paediatric infectious disease
- Professor Shehan Hettiaratchy - consultant plastic and reconstructive surgeon, major trauma director and Professor of practice plastic and reconstructive surgery
- Professor Ramzi Khamis - consultant cardiologist, clinical director of cardiology and cardiothoracic surgery and Professor of cardiology
- Dr Jonathan Krell – honorary consultant in medical oncology and reader (clinical) in medical oncology
- Dr Pinelopi Manousou - consultant in hepatology and general internal medicine and Professor of practice (metabolic liver disease)
- Professor Padmanabhan Ramnarayan – honorary consultant in paediatric intensive care and Professor of paediatric critical care (clinical)
- Dr Victoria Salem - honorary consultant in diabetes, endocrinology and acute medicine and reader in diabetes and metabolism
- Dr Lynne Sykes – consultant obstetrician and clinical reader in obstetrics
- Professor Paul Turner - honorary consultant in paediatric allergy and immunology and clinical Professor in anaphylaxis, paediatric allergy and clinical immunology
- Professor Zachary Whinnett - consultant cardiologist and Professor of cardiology
- Professor Elizabeth Whittaker - consultant paediatric infectious diseases and Professor of practice (paediatric infectious diseases and immunology)
- Dr Horace Williams - consultant gastroenterologist and Professor of practice (gastroenterology)

Imperial College Healthcare NHS Trust (ICHT) Trust Standing Committee Chair's Highlight Report to the North West London Acute Provider Collaborative Board in Common (BiC) – for discussion

7 January 2025

Highlight Report

1. Purpose and Introduction

The role of the ICHT Trust Standing Committee is:-

- To oversee the delivery of the Trust strategy and strategic priorities, the achievement of constitutional and regulatory standards, and to provide assurance to the Trust Board that Trust risks and issues relating to this are being managed.

2. Key highlights

2.1 Chief Executive's report

The Committee received and noted the updates within the Chief Executive's report. The key points included:

- Five high quality entries had been received for the design competition, run with the Royal Institute of British Architects, for the Fleming Centre.
- The Trust had submitted a response to the 10-year health plan consultation.
- An update on operational performance.
- An update on in-year financial performance and business planning for 2025/26.
- A confidential briefing on neurosurgery services. Further oversight of improvement actions will be provided by the Quality Committee.
- An update on management of demand and capacity pressures in maternity services.
- The Committee added their congratulations to Dr Gillian Chumbley and Professor Shehan Hettiaratchy who were awarded OBEs in the New Years Honours List 2025.

2.2 Board Assurance Framework (BAF) Deep Dive

The Committee conducted a deep dive review of the Trust's Board Assurance Framework (BAF), including alignment with the Trust strategic priorities and the Trust risk appetite. The Committee noted that the BAF was regularly reviewed at Executive meetings including EMB Risk, which would be attended on occasion by the Chair of the Audit, Risk and Governance Committee, and Board Committees. The BAF is refreshed on an annual basis against the strategic priorities. This would take place in the next few months and would be taken to the next round of Board Committees, with a further update to the next Trust Standing Committee. The risk appetite, which sets out the level of risk that the trust is prepared to accept, would also be refreshed over the next few months to align with the refreshed BAF.

The Committee noted the work done to date and next steps in the development of the BAF, including the development of target risk ratings and target risk rating dates and the development of the response to gaps between current and target risk ratings using the 4Ts (treat, tolerate, terminate or transfer). The Committee also noted the need to focus

on the multiplier (likelihood v consequence) in the target risk rating to be clear regarding which of the multiplier actions were aiming to reduce.

The Committee also reviewed the current content of the BAF in the context of the strategic priorities, potential changes in the environment including implementation of the 10-year plan, and the Trust risk profile, noting the need to capture additional risks regarding productivity in the context of business planning and workforce equality, diversity and inclusion.

The Committee noted next steps to refresh the BAF against the strategic objectives to 2026, review the current target risk scores and to refresh the risk appetite. The latter would be taken to the Audit Risk and Governance Committee for approval and brought back to the next Trust Standing Committee.

Noting the BAF would be taken through the next round of Board Committees, the Committee Chair asked that the governance team and Board Committees be rigorous in its review of risk definition and wording to avoid duplication / unnecessary overlap.

2.3 Maternity Incentive Scheme Compliance Report

The Committee received a report which provided assurance that the Trust has met the requirements to declare full compliance against the ten safety actions within the Maternity Incentive Scheme Year 6. The report had been presented for approval at the directorate and divisional Maternity and Neonatal Joint Quality and Safety meeting, EMB Quality and EMB and had been reviewed at the Maternity and Neonatal Oversight Group. Due to the timing of the meetings, the report was brought to the Trust Standing Committee ahead of the Quality Committee due to be held on 9 January 2025.

The Committee received the report and approved sign-off of the MIS Years 6 declaration form for submission to NHS Resolution.

2.4 Quality Assurance Report

The Committee received and noted the assurance report which summarised quality performance and emerging risks and actions / mitigations. Due to the timing of the meetings, the report contained data and information not yet presented to the Quality Committee (due to be held on 9 January 2025).

Key points to note were:

- The Trust harm profile, mortality and incident reporting rates remained good when compared nationally.
- In month, the Trust had the lowest Hospital Standardised Mortality Ratio (HSMR) in the NHS.
- There had been a slight increase in the percentage of incidents causing moderate and above harm; however, this was consistently below national average. Themes largely aligned with quality and safety improvement programmes.
- An increase in incidents reportedly caused by operational pressures had been noted and would be closely monitored.
- Performance challenges remained for some quality metrics, including the percentage of patients with sepsis who received antibiotics within one hour of diagnosis however no harm had been found as a result.
- The Trust continued to progress the action plan to improve standards of delivery in the

aseptics service, in response to the MHRA inspection in September.

- On-going issues related to water quality, primarily due to the estate, however a significant programme of remedial works was in place to mitigate this. No direct patient harm had been identified as a result.
- The Committee received a brief confidential update on an inquest due to commence.

The Committee noted the spike in complaints which was similarly reflected at another Trust within the APC and could be related to an increase in long waits. Work was taking place around communication to those patients waiting a long time. It was suggested the complaint trends within the Trust be picked up through the Quality Committee. There may be a piece of work for the Collaborative Quality Committee to look at complaint trends across the four Trusts.

2.5 GE Contract

The Committee approved an extension of the current GE contract for the maintenance of Imaging and Electro-Biomedical Equipment for a further 2+1 years to allow for integration with the planning for the Strategic Imaging Assessment Management (SIAM) programme.

2.6 Operational performance report

The Committee received and noted the operational performance report for month 8, noting that both emergency departments continued to perform well for ambulance handover times however 30 minute handover performance decreased in recent months which was linked to the increased delays at our Charing Cross Site. Of the patients attending our A&E departments in November, 77.3% were admitted, transferred, or discharged within four hours of their arrival (+0.64 percentage points on the previous month). This exceeded our improvement trajectory target of 76.0% for the month, aligning with the NHS objective of 78% performance by March 2025 which we expect to achieve.

The number of patients waiting for treatment on our elective waiting list has been gradually reducing. The number of patients waiting longer than 65 weeks for treatment had significantly reduced and we expect to have eradicated nearly all 65-week breaches by the end of December with the exception of patient choice and neurosurgical pathways. However, we have a significant capacity challenge in neurosurgery across both our admitted and non-admitted pathways which means that eradicating 65 week waits in a sustainable way will be very difficult to achieve without additional actions and capacity. We are working with NHS England to explore all options that are available, and we are in the process of carrying out a detailed demand, capacity and options appraisal to support these conversations and next steps in 2025.

The Committee noted the continuing work to improve diagnostic and cancer waiting times. However the 62-day referral to first treatment performance was 65.5%, a reduction on the previous month and fell below the national expectation of 70% for 2024/25.

A brief discussion took place around DNA rates and outpatient follow-ups. The Committee also discussed discharge performance which stood at 24% before noon for non-elective pathways. It was suggested it may be helpful to have a deep dive to the Finance, Investment and Operations Committee in 2025/26.

2.7 Finance update and financial recovery report

The Committee received and noted the forecast outturn position at month 8 and the

proposed recovery plan to ensure the Trust can continue to signal a break-even position.

2.8 People Assurance report

The Committee received and noted the People and Organisational Development (P&OD) Assurance report noting updates against the people priorities, workforce performance, and noting the risks on the P&OD risk register.

The Committee noted the key metrics on the people performance scorecard, the people productivity and efficiency scorecard, vacancies and turnover rates for month 7. Local induction remained an area of focus with compliance rate at 77.5% against a target of 95%. The Committee noted almost 10,000 responses to the staff survey and discussed violence and aggression on staff and measures being undertaken to mitigate. Attention was also drawn to the Freedom to Speak Up Annual report.

It was noted that the new Employment Rights Bill could be an emerging risk for 2025/26 and this would be reviewed once the data was available.

It was agreed it would be helpful to have a report, to either the Quality or People Committee around positive feedback for staff including 'we thank you' app, shout-out page on the intranet, gratitude rounds and Daisy awards.

2.9 Trust Standing Committee Terms of Reference

The Committee approved the updated terms of reference for the Trust Standing Committee subject to minor amendments regarding membership.

2.10 Trust Level Well-led Self-assessment

The Committee received and noted the Trust level well-led self-assessment update which was being used to inform areas for improvement against the well-led standards. Next steps include completion of the self-assessment, including executive and non-executive director input, and development of a Trust improvement plan. It was agreed to either extend a future Trust Standing Committee or arrange a Board session to ensure Board input.

2.11 Board Committee Reports

The Committee received summary reports from the Quality, Finance, Investment and Operations, People, Audit, Risk and Governance Committee meetings that took place in November and December 2024. The Committee received assurance that key risks overseen by each Board Committee were being managed appropriately.

3. Positive assurances received

The Committee received assurance that the Trust has met the requirements to declare full compliance against the ten safety actions within the Maternity Incentive Scheme Year 6.

4. Key risks / topics to escalate to the NWL APC BiC

There are no key risks which require escalation to the Board.

5. Concerns outstanding

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

6. Decisions made

The Committee approved:

- Sign-off of the MIS Years 6 declaration form for submission to NHS Resolution.
- An extension of the current GE contract for the maintenance of Imaging and Electro-Biomedical Equipment.
- updated terms of reference for the Trust Standing Committee subject to an amendments noted above.

7. Summary Agenda

No.	Agenda Item	Purpose	No.	Agenda Item	Purpose
1.	CEO report	To note	8.	Finance report	To note
2.	Board Assurance Framework Deep Dive	To discuss	9.	Board committee report – Finance, Investment and Operations	To note
3.	Maternity Incentive Scheme Compliance Report	To approve	10.	People Assurance report	To note
4.	Quality assurance report	To note	11.	Board committee report – People	To note
5.	Board Committee report – Quality	To note	12.	Trust Standing Committee Terms of Reference	To approve
6.	GE Contract for the maintenance of imaging and electro-biomedical equipment	To approve	13.	Trust-level well-led self-assessment update	To note
7.	Operational performance report	To note	14.	Board committee report – Audit, Risk and Governance	To note

8. Attendance

Members	January attendance
Bob Alexander, Non-Executive Director (Vice Chair)	Y
Matthew Swindells, Chair, Board in Common	Y (ex-officio)
Aman Dalvi, Non-Executive Director	Y
Nick Gash, Non-Executive Director	Y
Loy Lobo, Non-Executive Director	Y
David Moss, Non-Executive Director Designate	Y
Sim Scavazza, Non-Executive Director	Y
Helen Stephenson, Non-Executive Director	Y
Tim Orchard, Chief Executive Officer	Y
Jazz Thind, Chief Financial Officer	Y
Julian Redhead, Chief Medical Officer	Y
Janice Sigsworth, Chief Nursing Officer	Y
Claire Hook, Chief Operating Officer	Y



Chief Executive Officer's Report – Chelsea and Westminster Hospital NHS Foundation Trust

Accountable director: Lesley Watts
Job title: Chief Executive Officer

Executive summary and key messages

1.0 Key messages

1.1 Supporting services during winter

Winter is one of the most challenging times and this year is no exception with increased demand for our services. Thanks to the commitment of our staff, who stepped up measures to ensure that our patients receive the care they need, even as demand reaches unprecedented levels.

A focus on the wellness of our staff and ensuring our pathways are winter ready has been a key priority for our organisation. Planning was pivotal across all divisions to successfully prepare for high demand this winter. Staff COVID-19 and flu vaccinations were also rolled out from the start of October, with a focused vaccination Well-fest week. We also stepped up a wider 'ready for winter' programme aligned to NHS England winter priorities and see this as trust-wide aim.

1.2 I am proud to announce that our Trust has signed the HIV Confident Charter Mark, highlighting our commitment to promoting an inclusive and stigma-free environment for people living with HIV, whether as employees or patients. HIV Confident is a partnership between National AIDS Trust, aidsmap and Positively UK, supported by Fast Track Cities London. This supports our wider work in leading HIV care.

2.0 Quality and safety

2.1 We continue to achieve above the national benchmark for a number of our core services. The CQC published results for the 2024 Urgent and Emergency Care Survey, which summarises the experiences of people who attended our (A&E) or (Urgent Treatment Centre) between 1 January to 29 February 2024. The survey asked patients' views on: interactions with our staff, involvement in decisions and being treated with respect and dignity. We have been identified as performing 'better than expected' and above the national average.

The National CQC Maternity Survey 2024 published in November, with 18,951 responses from women who gave birth in February 2024 across England. The report covers all aspects of maternity care, and I am pleased to share that our services were rated 'Good' overall when compared nationally.

Overall patient responses for the three main sections were as follows: labour and birth (8.3/10), staff caring for you (8.7/10) and care in hospital after birth (7.8/10). These results reflect the care, dedication and compassion our teams provide to expectant mothers, their families and newborns.

2.2 Infections, such as C-difficile and MRSA continue to run above thresholds locally, which is consistent with the sector, regional and national picture. This remains a focus for all staff, with continued communications and engagement to ensure best practice in terms of infection prevention and control, particularly during the winter period. The Acute Provider Collaborative (APC) Infection Prevention and Control (IPC) Working Group is focussing on the analysis and learning from across all four trusts to support improvement.

3.0 Operational performance

3.1 Performance Summary

The Trust met the NHS England Cancer targets for 31-Day, 62-Day and the 28-Day Faster Diagnostics Standards in October 2024. Our performance in respect of A&E 4-hr waiting times was at 74.27%, a drop in our usual levels of performance with significant challenges reported across both sites.

Flow throughout the organisation has been challenged, with the Flow Board continuing to provide oversight of across all relevant areas. The elective Referral to Treatment (RTT) 18-week wait (ww) performance remained relatively stable in November 2024, standing at 63.37%.

While progress continues to be made in the backlogs and with the achievement of the 78 ww target, the focus has shifted to chronological booking for the 52ww backlog cohort and long-waiting pathways as enhanced oversight and targeted interventions continue for at-risk specialities: Urology, ear, nose and throat (ENT), Paediatrics ENT, Trauma & Orthopaedics, Colorectal Surgery, Plastic Surgery and General Surgery.

4.0 Finance and estates

4.1 Finance:

The Trust is reporting a year to date (YTD) deficit of £0.52m, which is a £0.19m favourable variance to plan. The month 8 in-month position was a £0.4m deficit, which was in line with the Trust's financial recovery plan.

Our cost improvement programme (CIP) delivery has improved month on month and is reporting a YTD favourable position of £0.65m ahead of plan, with the current CIP forecast showing full delivery for the year against our £23.5m target.

The key drivers of the YTD position include the impact of last year's industrial action (now funded), escalation beds remaining open, non-pay inflation above funded levels, and registered mental health nurse/specialising increases. The position has been partially offset by non-recurrent benefits YTD relating to the CNST Maternity Incentive Scheme and prior year over-performance.

The Trust's elective recovery fund YTD performance equates to 141% compared to the target of 117% (19/20 baseline), which is an income over-performance of £23.61m and will be largely offset against additional costs, but is in line with our priority to treat as many long-waiting patients as quickly as we can.

The forecast remains unchanged at breakeven. The cash balance at M8 is £134.05m. The YTD gross capital spend is £27.38m against a YTD plan of £41.10m.

The Trust, with system partners, is now part of the Investigation and Intervention regime. The Trust already meets many of the best practice requirements regarding financial governance and controls, however enhanced controls have been put in place in some areas – such as vacancy control.

4.2 Site Developments

Neptune Ward has been transformed thanks to a collaborative effort from our ward staff, the Play Team, Estates and Facilities Teams, the CW+ Arts in Health Team, West London Children's Healthcare. Together, they have created an innovative, playful space designed to appeal to children and young people aged from 0 to 16. The new features including bespoke artist commissions, lighting, cabinetry and built-in seating which come together to create a therapeutic environment that supports our patients, their families, and carers throughout their hospital experience. It is fantastic to see the new facilities become fully operational this week and I know the new space will be greatly appreciated by both patients and staff.

The Treatment Centre refurbishment continues with all demolition and strip out on the ground floor now complete. The revised date for completion is May 2025.

Ambulatory Diagnostic Centre works are fully underway with over 35% of the programme has been completed on site, and the ground floor slab successfully installed on time. In the recent weeks a mobile crane was delivered to site, with a steel frame erected on the 2 December 2024. We continue to meet with local residents which has proved beneficial with ongoing engagement for the development.

5.0 People

5.1 December saw us celebrate the contribution of our staff and volunteers through our Great Big Thank You week. A range of wellbeing and recognition events were delivered across all sites including complimentary food, live performances, sustainable Christmas decorations competition and massages and pamper sessions for our hard working staff. We received over 700 nominations from staff and members of the public for the work our teams do to deliver excellent patient care and supporting each other. The winners and runner ups were recognised at awards ceremonies at each hospital site, an excellent opportunity to celebrate our PROUD values.

The NHS Staff Survey closed and we are pleased to have seen an increased response rate. We look forward to receiving the results and working with our colleagues to continue to improve staff experience at the Trust.

We also finalised the review of our senior leadership structure and were pleased to confirm the appointment of Laura Bewick and Sheena Basnayake to the newly designated Board roles of Hospital Managing Directors at the Chelsea and West Middlesex sites respectively. These roles will assume accountability for operational performance and replace the previous Chief Operating Officer role.

My appointment as CEO of the Hillingdon Hospital NHS Foundation Trust was confirmed and communicated to staff across both Trusts and external stakeholders. I look forward to working with the teams at both hospital trusts in the coming months.

6.0 Equity, diversity and inclusion (EDI)

6.1 We continue to celebrate the diversity of our workforce and our patients with our staff networks increasing in popularity and impact. Our Disability Staff network led events in recognition of Disability History month held a festive tea and chat in December and are supporting us to review our approach to supporting colleagues with a disability.

We are actively seeking the views of our staff and patients through the annual Equality Delivery System and will be using the feedback to inform service developments.

7.0 Research and innovation

7.1 Dr Keerti Gedela, Consultant Physician at 56 Dean Street and the National Institute for Health and Care Research (NIHR) North London Regional Research Delivery Network, premiered their EDI Public Engagement film 'Trust; Overcoming Mistrust in Health Research' at our Medicinema to stakeholders and partner contributors.

The film highlights the critical issue of mistrust in clinical research and healthcare while uniting community research champions, patients, NHS Trusts and research teams across North London. The film features pioneering initiatives including a maternal health research project led by Natasha Singh, Consultant Obstetrician at the Trust. After the exclusive showing, a panel discussion focused on the systemic challenges related to mistrust in healthcare and research and actions to take forward.

7.2 We are taking part in a national Generation study to identify rare conditions in babies earlier. The Generation study will evaluate the utility and feasibility of using whole genome sequencing to screen newborns for a larger number of childhood-onset rare genetic conditions, with the aim of improving their health outcomes and quality of life through more timely diagnosis and access to care and treatment. To date, we have recruited over 550 participants – offering all parents of newborns to test for more than 200 rare conditions – where early awareness and intervention can make life changing differences.

7.3 We are now deploying AI to identify and discharge patients with benign lesions. We have led the way for artificial intelligence (AI) in dermatology, transitioning from pilot to standard practice, and now serving as a blueprint for other healthcare systems across the globe to follow suit. By doing this, we will be able to discharge and reassure patients with benign lesions more quickly whilst releasing up to 30% of appointments with consultants for patients with skin cancer and inflammatory skin diseases like eczema and psoriasis.

We are pleased to launch this innovative AI pathway for skin cancer. This technology represents a significant advancement in our ability to diagnose and manage skin cancer more effectively, allowing our specialist dermatologists to spend time with more urgent cases sooner – ultimately saving lives and improving the patient experience.

8.0 Recognition and celebrating success.

- 8.1 CQC National Report on Maternity- our maternity services were recognised in the latest national CQC report on maternity services for best practice, showcasing a number of initiatives led by the service, such as the telephone triage staffed by midwives. The service was also recognised for the 12 maternity cultural safety champions. The purpose of the cultural safety champions was to address inequalities and improve equity for staff and people using services with protected characteristics. The champions delivered cultural safety training as part of yearly mandatory training. Finally the adoption of a board safety champion was highlighted, mentioning the open forums run both virtually and in the maternity unit regularly to gather feedback from staff and listen to their concerns or queries.
- 8.2 Our staff were recognised in multiple categories at the London Health Care Support Worker (HCSW) Awards event. It was fantastic to see so many HCSWs recognised for the hard work, dedication and exemplary care they help provide to our community.
- 8.3 I would like to congratulate our maternity and neonatal colleagues, who recently won the Capital Midwife Health and Wellbeing Blueprint Bronze Award, sponsored by NHS England. Having a robust and utilised health and wellbeing programme is something we are extremely proud of at the Trust, and the Capital Midwife Maternity Staff Wellbeing Blueprint outlines the five core areas in which we support and improve the wellbeing of our maternity and neonatal staff. We were awarded for offering a best practice health and wellbeing programme that includes feedback from our staff.
- 8.4 We welcomed colleagues from NHS England in November, to share the work that has been achieved as part of the national People Promise Exemplar programme. The People Promise interventions aim to improve staff experience and staff retention at our Trust, which we are already seeing with early improvements in staff retention, turnover and vacancy rates. Staff from our nursing retention team, staff safety group, e-rostering team, HR Business Partners, employee services and ward managers involved in self-rostering, showcased the scale of work that has been achieved.
- 8.5 In partnership with our charity, CW+, we hosted a memorable evening of 'Arts for All' activities at the Wellcome Collection. Visitors joined in a range of performances including storytelling and dance, immersive puppetry and music and explored 'Jason and the Adventure of 254', a free exhibition by artist Jason Wilsher-Mills. The event was part of Wellcome Collection's Perspective Tours series, in which experts in connected fields are invited to bring their unique perspective to its exhibitions.

**Chelsea and Westminster NHS Foundation Trust (CWFT)
Standing Committee Chair's Highlight Report to the North West London
Acute Provider Collaborative (NWL APC) Board in Common (BiC) – for
discussion
January 2025**

Highlight Report

1. Purpose and Introduction

- 1.1 Each Trust within the North West London (NWL) Acute Provider Committee (APC) has established a local Trust Standing Committee following a decision at the April 2024 Board in Common (BiC) meeting in line with the wider review of the APC and local Trusts' governance.
- 1.2 The Committee will meet on a quarterly basis in advance of the BiC. The role of the Trust Standing Committee is to oversee the delivery of the Trust strategy and strategic priorities, the achievement of constitutional and regulatory standards, and to provide assurance to the Trust Board that Trust risks and issues relating to this are being managed.

2. Key highlights

2.1. Chief Executive's Report

The Chief Executive Officer (CEO) presented the report, which is provided in full to the BiC. The CEO reported on the current pressures within hospital sites and work underway to maintain safe care. The report recognised the positive work of staff and the focus through the 'Great Big Thank You Week' on thanking those who work for the Trust.

The CEO updated committee members on the impact of the new joint CEO role across the Trust and The Hillingdon Hospitals NHS Trust, with plans to ensure standards are maintained (and improved where necessary) at Chelsea and Westminster NHS FT, and the benefits of joint leadership and working having an overall beneficial impact to both organisations. The CEO set out the initial plans for covering leadership roles where there were gaps across both Trusts.

2.2. Integrated Quality and Performance Report (IQPR) – November (M8)

The Committee was updated on operational performance, which overall was positive, aside from the dip in the A&E four hour wait standard (75%) given the current winter pressures, an issue seen across the NHS. The Committee was assured that the winter plan actions are being followed with escalation activities daily and 'command and control' arrangements in place on both sites to improve flow, noting continued challenge at the front door.

Reductions in the longest waiting patients continued, with the Trust on track to eliminate 65 week waiters (ww) by the end of January except for potentially a small number relating to patient choice. The 52 ww patients were also being

tracked with weekly booking and plans to reduce the cohort. Overall referral to treatment (RTT) compliance was static in November and December.

Cancer 31-day and 28-day Faster Diagnosis Standard (FDS) were achieved in November.

Diagnostic performance continued the upward trajectory and was nearly fully recovered in November, noting a challenging month in December.

In response to questions about the impact of flu, Covid-19 and other respiratory viruses, members were advised that these were having an adverse impact, but that cases were tailing off from an overall high.

The Committee requested a year on year performance measure in relation to the A&E four hour target to show performance in relative terms, to understand whether the Trust is performing better or worse than this time last year.

2.3. Quality Report and Safeguarding Annual Report

The Committee was advised on the outcome of the most recent Quality Committee, with a number of areas highlighted for attention. These included the issue regarding infection prevention and control and rising infections, consistent with wider APC and national trends. The Committee was advised on the work underway internally and across the APC.

An update on coroner cases was provided including the Regulation 28 notification, which is being responded to, with a meeting with the Coroner requested by the CEO and Chief Medical Officer. There was one Never Event reported regarding a retained vaginal swab which is being investigated in line with patient safety methodology.

The work to roll out 'Martha's Rule' as part of the APC national pilot was noted, seeing a slight drop off in requests since the initial launch but a positive impact overall..

Full compliance against the 10 standards within the Maternity Incentive Scheme (MIS) was reported.

The Chief Medical Officer provided an update and assurance on the Trust's programme of work in relation to the former orthopaedic surgeon issue discussed previously.

In response to a question about the themes coming through patient experience, it was confirmed that communications comes up as a consistent theme, including the way some staff communicate with patients, including regarding their care plans. The wider issue of communications from contact via text and emails, to wayfinding and work required in line with the accessible information standard, was discussed. The project and positive work involving communications, nursing and planned care was highlighted. It was acknowledged that this is a common theme across the APC, so there was benefit in sharing findings and best practice across the collaborative.

The Committee noted the following report, which had been considered at the Quality Committee meeting:

- Safeguarding (Adults and Children) 2023/24 Annual Report

2.4. Finance Report, including Committee Chair's Report

The Committee was advised that the Trust is reporting a year to date (YTD) deficit of £0.5m, in line with the recovery plan to reach break-even.

Cost Improvement Programme (CIP) delivery was strong during M8, with the position recovered and ahead of plan. Elective recovery fund (ERF) performance continued to be good, with performance significantly above that of 2023/24.

Capital spend was advised as behind schedule due to the phasing of some schemes but mitigations and plans are being worked through to address the issue.

The Committee was updated on the Investigation and Intervention (I&I) process which the NWL ICS was now subject to. The Trust had submitted the required documentation and expected a report following analysis by the appointed consultants PA Consulting – the investigation phase, with the intervention phase to follow.

A discussion followed regarding the focus for the process, which was identified as understanding variance to plan rather than wider underlying 'unfairness' issues re allocation.

In summary, the 2024/25 full year forecast remains unchanged at breakeven, recognising that next year will be extremely challenging, hence the I&I process being embraced as an opportunity and one to fully engage in. It was agreed to explore consistent metrics for use across the APC to consider and address variation - including for example in relation to registered mental health nurse (RMN)/specialling.

2.5. People and Workforce Report, including Committee Chair's Report

The Committee considered the latest report which demonstrated overall positive performance, with a low vacancy rate and nearing achievement of the turnover target. Sickness rates were reported as down since the last meeting, however winter viruses were beginning to have an impact and the rate remained slightly above the target rate.

The areas cited for improvement were in line with the previous focus on personal development review (PDR) compliance which continues to sit below target and achievement of the Model Employer Goals (MEG) regarding increased diversity at senior leadership levels. The Committee heard that the last month had full participation of diversity and inclusion champions on 8a plus interview panels, and confirmed that this was also for medical and consultant roles.

The Committee requested data to highlight whether or not staff with protected characteristics are progressing to the degree we would expect in their careers and comparing this information.

The Committee was advised on the current campaign to encourage staff to declare their data, to help provide further analysis and better support to the workforce.

The People and Workforce Committee (PWC) Chair added further updates from the last committee meeting, citing the patient story from a trans member of staff and their experience, the positive update on the volunteering service and the focus on the 'belonging' element of the Trust's People Strategy.

2.6. Applied Research Collaboration (ARC) II Finance Bid Approval

The Bid, which had been agreed by e-governance by Finance and Performance Committee members, was approved by the Standing Committee. The risk, should the bid not be successful, of a potential redundancy cost was noted. Overall the bid was welcomed as beneficial to the Trust, APC and wider region.

2.7. Audit and Risk Committee (ARC) Chair's Report

The ARC Chair provided a summary of the November meeting, including the good progress in addressing previously outstanding audit actions. The current gap against best practice with regard to not having a current or former accountant in the membership of the ARC was noted, along with the mitigations in place. It was noted that this is not a statutory requirement and there is good experience within the current membership.

An update regarding the appointment of external auditors was provided.

2.8. Board Assurance Framework (BAF)

The BAF for Q3 was reviewed, noting that each Committee has considered their respective elements of the BAF, with the Audit and Risk Committee reviewing the full BAF. There was no movement in scores between Q2 and Q3.

The Committee noted the new format which had been developed in response to executive and non-executive director feedback, and internal audit recommendations. The Committee was advised on the further work underway to refine the BAF, with a proposed 'deep dive' session at the next Standing Committee, which would include looking at risk appetite.

2.9. Implementation of shared leadership model for CWFT and The Hillingdon Hospitals NHS FT (THHFT)- update

The Committee noted the report, with the CEO having discussed this within the earlier CEO report agenda item.

2.10. Terms of reference - update

The Committee approved the terms of reference but suggested that the list of statutory annual reports required review. This would be followed up via company secretaries based on feedback received and subsequent review. The need to be mindful of managing conflicts of interest in line with the joint arrangements at

THHFT was noted.

3. Key risks / topics to escalate to the NWL APC BiC

There are no key risks / topics from this report which require escalation to the BiC.

4. Concerns outstanding

There are no significant additional concerns outstanding which require escalation to the Board,

5. Key actions commissioned

- Audit Chairs to discuss arrangements for sign off of annual accounts and reports.
- Comparative data to show relative performance against the A&E four hour standard year by year.
- Data regarding career progress of staff with protected characteristics.

6. Decisions made

- Applied Research Collaboration (ARC) II Finance Bid
- Updates to terms of reference for the Standing Committee

7. Summary Agenda

The agenda for the January meeting of the Standing Committee was as follows:

No.	Agenda Item	Purpose	No.	Agenda Item	Purpose
1.	Chief Executive's report	To discuss	6.	Applied Research Collaboration (ARC) II Finance Bid Approval	To approve
2.	Integrated Quality and Performance Report	To discuss	7.	Board Committee Report – Audit & Risk	To discuss
3.	Quality Report Board Committee Reports: Safeguarding Annual Report	To discuss To note	8.	Board Assurance Framework	To discuss
4.	Finance Report Board Committee Report – Finance & Performance	To discuss	9.	Implementation of shared leadership model for CWFT and THHFT - update	To discuss
5.	People and Workforce Report Board Committee Report – People & Workforce	To discuss	10.	Terms of reference - update	To approve

8. Attendance

Members:	January attendance
Patricia Gallan, Vice Chair and Senior Independent Director (SID) - Chair	Y
Matthew Swindells, Chair in Common, NWL APC Chair in Common	Y
Mike O'Donnell, Non-executive Director	Y
Vineeta Manchanda Non-executive Director	Y
Ajay Mehta Non-executive Director	Y
Dr Syed Mohinuddin Non-executive Director	Y
Carolyn Downs Non-executive Director	N

Members:	January attendance
Aman Dalvi, Non-executive Director	Y
Dame Helen Stephenson, Non-executive Director	Y
Lesley Watts CBE, Chief Executive Officer	Y
Roger Chinn, Chief Medical Officer	Y
Robert Bleasdale, Chief Nursing Officer	Y
Virginia Massaro, Chief Financial Officer	Y
Lindsey Stafford-Scott, Chief People Officer	Y
Sheena Basnayake, Managing Director (West Mid - WM)	Y
Laura Bewick, Managing Director (Chelsea - CW)	Y
Natasha Singh, Board Adviser, Equality Diversity & Inclusion (EDI)	Y
Emer Delaney, Director of Communications	Y
Peter Jenkinson, Director of Corporate Governance	N
Chris Chaney, Chief Executive Officer, CW+	Y
Attendees:	
Faye McLoughlin, Corporate Governance Officer	Y
Marie Price, Deputy Director of Corporate Governance	Y
Alexia Pipe, Chief of Staff to NWL APC Chair in Common	Y

11. ANY OTHER BUSINESS

12. QUESTIONS FROM MEMBERS OF THE PUBLIC (MATTHEW SWINDELLS)

14. DATE AND TIME OF THE NEXT MEETING: 29 APRIL 2025, 9.30AM - 1.30PM,
HAMMERSMITH HOSPITAL