


























Committee in Common Part 1

Schedule	Wednesday 26 October 2022, 9:00 — 17:00 BST
Venue	The Lensbury, Barker Room Teddington
Organiser	Nicole Lancaster-Stock

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1. Welcome and Apologies

AGENDA

	Agenda Item	Purpose	Time	Enclosure	Presenter
1.	Welcome and Apologies for Absence	Information	09.30	Verbal	SKS
2.	Patient or Staff Story	Information	09.35	Verbal	SKS
3.	Declarations of Interest in Matters on the Agenda	Information	10.00	Verbal	SKS
	Minutes of the CiC 7 September 2022	Approval	10:00	1	SKS
4.	Chairman's Report	Information	10.05	Verbal	SKS
5.	Chief Executive's Report	Information	10.15	A	JF
QUALITY					
6.	Integrated Compliance Report and Scorecard	Assurance	10.30	B	Exec
7.	NHSE Patient Safety Incident Response Network	Information	11.15	C	NK
BREAK					
8.	Winter Plan	Approval	11.40	D	TM/AS
9.	Medical Appraisal and Revalidation Report (KH)	Assurance	11.55	E	BO
10.	Volunteering Strategy and Impact	Approval	12.05	F	NK/LG
SUSTAINABILITY					
11.	Finance Report	Assurance	12.15	G	YR
WELL LEAD					
12.	Reporter project: Values and Behaviours	Information	11:20	H	JF
COMMITTEE REPORTS					
13.	Workforce and Education Committee Report	Assurance	12:30 – 12:50	I	SH
14.	Finance (and Investment) Committee Report	Assurance		J	BS/JG
15.	Audit (and Risk) Committee	Assurance		verbal	PH/DR
16.	Joint Quality Governance Committee/Quality Governance Committee	Assurance		verbal	GC/CW
17.	Equality and Diversity Committee	Assurance		K	RH/BS
GOVERNANCE					
18.	Board Assurance Framework	Approval	12.50	L	SA/SC
19.	Veteran Covenant healthcare Alliance Accreditation	Approval	12:55	M	NK
20.	ANY OTHER BUSINESS (Matters to be notified to the Chair at least 48 hours prior to the date of the meeting)				
21.	Questions from Members of the Public				
	Date of next meeting of CiC: Wednesday 25 th January 2023 KHFT Board 30 November 2022 HRCH Board 30 November 2022				

2. Patient or Staff Story

3. Declarations of Interests in Matters on the Agenda

Minutes of the CiC 7 September 2022

CONFIDENTIAL**Minutes of the Hounslow and Richmond Community Healthcare NHS Trust
Committee held in common with the Kingston Hospital Foundation Trust
Committee on 7 September 2022 at 9:15am****Present HRCH**

Sukhvinder Kaur-Stubbs, Chair, SKS
Sam Armstrong, Director of Corporate Affairs and Trust Secretary, SA*
Kelvin Cheatle, Chief People Officer, KC*
Ginny Colwell, Non-Executive Director GC
Jo Farrar, Chief Executive in Common JF
Phil Hall, Non-Executive Director, PH,
Stephen Hall, Director of Performance and Planning SH*
Joanne Hay, Non-Executive Director JH
David Hawkins, Director of Corporate Infrastructure and Integration DH*
Nic Kane, Chief Nurse, NK
Denise Madden, Acting Director of Strategy*
Bill Oldfield, Chief Medical Officer, BO
Yarlini Roberts, Chief Financial Officer, YR
Bindesh Shah, Non-Executive Director, BS

Present KHFT

Sukhvinder Kaur-Stubbs, Chair, SKS
Sam Armstrong, Director of Corporate Affairs and Trust Secretary, SA*
Dr Nav Chana, Non-Executive Director NC
Kelvin Cheatle, Chief People Officer KC
Jo Farrar, Chief Executive in Common JF
Stephen Hall, Director of Performance and Planning SH*
Sylvia Hamilton, Non-Executive Director SH
Dr Rita Harris, Non-Executive Director RH
David Hawkins, Director of Corporate Infrastructure and Integration DH*
Nic Kane, Chief Nurse, NK
Denise Madden, Acting Director of Strategy*
Bill Oldfield, Chief Medical Officer, BO
Damien Regent, Non-Executive Director DR
Yarlini Roberts, Chief Financial Officer, YR
Tracey Moore, Chief Operating Officer (Acute) TM*

In attendance:

Suki Chandler, Trust Secretary HRCH
Natalie Douglas, Deputy Director Clinical Services for Richmond and Southwest
London (for Anne Stratton)
Tara Ferguson-Jones, Director of Communications and Engagement, TFJ, MS
Teams
Roz King, Chief Operating Officer Hounslow Consortium and Director Primary Care
Networks, RK, MS Teams

**non-voting members*

<p>1.</p>	<p>Welcome, apologies, exclusion of the press and public The Chair welcomed everyone to the meeting.</p> <p>Apologies were received from Cathy Warwick, Non-Executive Director at KHFT and Anne Stratton, Chief Operating Officer (Community) HRCH.</p> <p>The Chair extended the committee's thanks and farewell to Jo Hay, NED HRCH, for her time, insight and contribution to the HRCH Board, her colleagues and the HRCH Workforce and Education Committee.</p> <p>The Chair updated the committees that Dr Nav Chana had been appointed as the primary care NED in common across both trusts and would serve until the end of 31 March 2023. Sylvia Hamilton had been appointed as the workforce NED in common from 1 October 2022 to 30 September 2023.</p> <p>Associate NED roles for equality, diversity and inclusion and digital would be recruited with assistance from Odgers who were running the recruitment campaigns.</p> <p>The partnership work with Your healthcare and HRCH had been facilitated via a committee in common structure. The current meeting structure would end in September 2022 with partnership work continuing in the HRCH/KHFT partnership structure, with details to be developed in due course.</p>
<p>2.</p>	<p>Declarations of interest There were none reported.</p>
<p>3.</p>	<p>Joint Objectives</p> <p>Acting Director of Strategy presented the common set of objectives to the CiC which were included in the meeting pre-reading.</p> <p>A stakeholder engagement exercise with staff, governors and Healthwatch has been concluded. The responses were positive with feedback reflected in the final version.</p> <p>It was noted that the objectives were long-term strategic objectives with some in-year deliverables. The objectives were underpinned by four golden threads</p>

	<p>There would be a focus on research, the green agenda, sustainability and the integration of IT systems as a driver for better utilisation of estates.</p> <p>The HRCH committee approved the objectives The KHFT committee approved the objectives</p>
4.	<p>Partnership Branding</p> <p>The Director of Communications and Engagement introduced the item.</p> <p>The importance of establishing an identity to encompass the look and feel, tone of voice and who was involved was noted.</p> <p>The committees heard that a recognisable brand was a valuable asset. A brand shaped people's perception, enhanced stakeholder loyalty, and publishing the partnership as an employer of choice would aid recruitment and retention of staff.</p> <p>Any new name of the NHS partnership would need to adhere to set down NHS principles, which had been considered when creating the new draft brand.</p> <p>The committees noted the next steps and that a finalised brand would return for approval in due course.</p> <p>The HRCH committee noted the plan. The KHFT committee noted the plan.</p>
5.	<p>The meeting was closed at 9.30am.</p>

4. Chairman's Report - Verbal

5. Chief Executive's Report

Committee in Common

Date: 26 October 2022	Agenda item: 4
Report Title: CEO report to the Committee in Common	Enclosure: A
Executive summary: A summary of work at the Trusts, which is not discussed elsewhere in the meeting agenda.	
Implications: the report touches on the issues highlighted below: Patient Safety Financial Risk Legal / Regulatory Reputational Equality	
Action: For information <input checked="" type="checkbox"/> For assurance <input type="checkbox"/> To Discuss <input type="checkbox"/> To approve <input type="checkbox"/>	
Executive Lead (name and title):	Jo Farrar, Chief Executive
Author (name and title):	Tara Ferguson Jones, Director of Communications and Engagement
Item for: <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> HRCH <input type="checkbox"/> KHFT <i>check for item for both trusts or either</i>	
Link to strategic objectives:	Links to all objectives
Consultation and communication:	N/A
Decision / Recommendation: for information	
Appendix: Chief Executive's report	

Committee in Common

Report from the Chief Executive, Jo Farrar

Position in the Trusts

Elective work has continued at pace in Kingston Hospital where we have continued to perform at above the 104% planned activity to recover the elective backlog, associated with the pandemic. In a national statistics report released last month, Kingston Hospital was called out for high levels of performance in cancer waits and for our elective activity, which is good to hear. This performance is against a backdrop of increasing referrals for elective work in a number of specialties.

We continue to be challenged in our emergency department performance, with flow of patients through the hospital and in the management of timely discharge. Our Urgent Treatment Centres (UTC) and in particular the West Middlesex UTC are seeing levels of activity well above expected contract levels, with record numbers of patients on some days.

Due to the continued pressures within the hospital and a sense that we face a challenging few months ahead, winter planning work is well underway in both Trusts, and this is facilitated by good quality working relationships with local health, care and voluntary sector partners.

Additional funding has been allocated to us in South West and North West London this winter to help us to sustain flow and manage activity, and we are engaging with colleagues across health and care to agree how best to use the funding.

We have identified a COVID ward within the hospital, which is helping us to manage the COVID numbers which appear to have stabilised again over the past week or so.

In both Trusts we are continuing to follow all of the national infection prevention and control guidance which is in place for NHS Trusts, to keep people safe.

Financial update

In September 2022 (month 6) the collective finance position is broadly in line with plan. The financial position includes our work on elective recovery as well as the adverse impacts of our workforce challenges offset by non-recurrent support across both organisations.

Our capital spend at the end of month 6, is marginally behind plan by £0.3m mainly due to later than planned expenditure on estates and equipment as a result of extended lead times, although we envisage this being caught up by the end of the year. Our cash position remains strong.

Our focus for the remainder of the year, as overseen by both the Finance and Investment Committee and the Boards, is to ensure that we achieve plan and continue to make progress in reducing our underlying run rate predominantly through transformation so that we exit this financial year in as strong a position as we can for 2023/24, which we know is likely to be another challenging year.

We have a number of schemes in place including our proactive anticipatory care and frailty programmes both of which are joining up the care provided so as to reduce unplanned care needs. We are also developing further plans in relation to temporary staff spend reduction and working with place based partners on new workforce models to enable greater flexibility in how we use our collective resources.

We have further work to do with our acute colleagues across SWL to ensure that we are maintaining the elective recovery programme and reducing the waiting times for those with the highest clinical need, in a way that is making the best use of our resources.



CQC visits

CQC visits to NHS organisations have re-commenced and we have seen some recent visits in Kingston Hospital and at Your Healthcare.

Earlier this year, eight dental services were shortlisted for review, which included an unannounced visit to our dental service.

As this was not part of a routine CQC inspection, ratings were not awarded, but I am pleased to say that the findings of the report, which reviewed Kingston Hospital's services through the lenses of 'safe', 'effective' and 'well-led', were very positive, both in terms of what we do and how we do it. You can read the full report [here](#).

In early October, the CQC also visited our maternity services, which involved a team of inspectors onsite for a day, and interviews with staff and women who have used the services. We have been assessed through the lenses of 'safe' and 'well-led' and we look forward to receiving the feedback which we will share when we have it.

Report following independent investigation into East Kent Maternity and Neonatal Services

Last week saw the publication of 'Reading the Signals; Maternity and Neonatal Services in East Kent – the Report of the Independent Investigation.' The report sets out the devastating consequences of failings and unimaginable loss and harm suffered by families using the services.

Board members are encouraged to read the report which we will assess ourselves against, and also considering the findings from our recent CQC visit.

CQC overall 'good' rating for Your Healthcare Cedars Ward

In August, the CQC carried out an unannounced inspection at Cedars Ward, based at Teddington Memorial Hospital. This has been assessed as 'good' across each of the key lines of enquiry (safe, effective, caring, responsive and well-led.) This rating shows an improvement from the previous 2016 report, and the CQC noted this as an impressive achievement during a national pandemic.

The CQC praised staff for their hard work, and in particular the 'good' rating for the 'safe' element, including clear systems and processes being in place to safeguard patients, underpinning the dedication shown by staff to ensure patient safety was a priority.

Patient feedback was overwhelmingly positive and survey results showed that 100% of patients said they 'were treated with dignity and respect'. The report will be published on the CQC website.

New urgent response cars

Richmond Response and Rehabilitation Team, and Your Healthcare have joined a new urgent care initiative for people who call an ambulance but who could safely be treated at home. The integrated, urgent community response cars are staffed by London Ambulance Service paramedics and rapid response clinicians from the five community health trusts across South West London.

The new integrated pathway diverts 999 calls directly to the new service, to ensure vulnerable patients get the care they need more quickly. The service will take some of the pressure off London Ambulance and local acute hospitals, especially when LAS call rates are high and hospitals are busy.

Paramedics and rapid response clinicians will complete an electronic patient care record for each patient, which can be shared with the relevant community health trust and the patient's GP.

The cars will cover all six boroughs in South West London and operate from 8am to 8pm, with at least one car working seven days a week.

Inspiration Fund

Kingston Hospital Charity has pledged £100,000 to support the launch of an inspiration fund at Kingston Hospital and HRCH. We have promoted the opportunity to our staff to submit bids for ideas they have to improve care for our patients or make working here better for staff, but where they don't have the resources to make it happen.

We are looking for real imagination and ideas that will transform the way we do things. Colleagues can submit a bid as an individual, team or as a collaborative effort across teams.

A shortlisting panel will identify bids that will go forward to final selection, and we will share news on the successful bids in due course.

Our People

Recruitment and retention

Staff recruitment and retention remains an area of priority focus for us at both Trusts, where staff turnover has been a theme in the aftermath of the pandemic. We have begun to see turnover levelling off over the summer months, which is positive news, but we are still finding it challenging to recruit administration staff and allied health professionals.

Through our partnership working, last month we transferred HRCH recruitment activities to the SWL recruitment hub, and already we have seen the time to hire reduce to 65 days. We took this decision to increase resilience and levels of activity within a small in-house function.

We have introduced a new exit interview process at Kingston Hospital which is giving us some valuable insight into peoples' reasons for leaving, and we will be using this information to inform our workforce plans. We will also introduce this exit interview process at HRCH to improve our insight about peoples' reasons for leaving.

Cost of living

We have heard from colleagues about the difficulties some are facing due to the rising cost of living. Back in the summer, we ran a listening event for staff about this, and we have been taking steps to support people where we can.

We have produced signposting materials to point colleagues in the direction of sources of support, and we have funded the Blue Light discount card for all staff. We have also launched a financial counselling service and for staff who need to travel as part of their role, we have supplemented business mileage rates. We are providing additional financial support to our lowest banded colleagues (band 2) and we are offering recruitment and retention payments in some difficult to recruit roles.

We have a further listening event in the diary for early November, as we want to keep doing all we can to support staff in a meaningful way.

Away days

Following the success of a programme of away days for Kingston Hospital staff last year, our workforce team have re-introduced the initiative across both Trusts, to give teams who missed out the first time around the opportunity to spend time together and to connect with one another.

Last year's away days saw over 864 staff take part in team activities over a four-week period, with a positive effect on staff morale reported by participants. The events were funded by NHS Charities Together, who will also be contributing funds to this year's away days, which will take place over the next six months.

COVID-19 booster and flu vaccinations for staff

Flu and COVID-19 booster vaccine clinics have been running for our staff, with colleagues able to

book their vaccine appointments at Kingston Hospital, Teddington Health and Social Care Centre and Heart of Hounslow - whichever is most convenient.

It is safe to have both the flu and COVID booster vaccines at the same time if staff choose to do so. We are encouraging all staff to take up the vaccinations to help protect themselves, our patients, and each other, this winter, and will be promoting the vaccines and taking steps to make them as easily available as possible.

Annual staff survey

The annual NHS staff survey launched earlier this month. All colleagues are invited to complete the questionnaire which is managed by Quality Health. The survey provides an opportunity for staff to have their say about working at Kingston Hospital or HRCH, what is going well and what we can look at improving.

Alongside our regular Pulse surveys, the NHS staff survey gives us valuable insight to help inform our future plans and to ensure our staff are supported and valued.

Chief People Officer

Kelvin Cheatle has shared with me that he intends to step down from his role as our Chief People Officer, next spring. Kelvin has been with us as our Director of Workforce at Kingston Hospital since 2016 and last year he was appointed as Chief People Officer across both Kingston Hospital and HRCH. He has had a long career as a director of human resources in the NHS (26 years) and wants to move on to do other things.

Kelvin is a highly valued colleague and during his time with us he has transformed the workforce function at Kingston Hospital into an award-winning team, championed health and wellbeing and equality diversity and inclusion, and has been an invaluable source of advice and support to me personally, and to the wider executive team. Before he leaves us he will continue to bring our two workforce teams together into a unified support function and ensure we have a proper handover with his successor.

The Chief People Officer role is an extremely important role and so with Kelvin's news in mind I am now working with a recruitment agency to hire our next Chief People Officer and I will stay in touch with you on this, in the months ahead.



Developing our pharmacy workforce

Kingston Hospital's pharmacy team were recently successful in obtaining Health Education England (HEE) grants to support and develop our pharmacy workforce. The team had two successful bids accepted for a cross-sector trainee pharmacy technician and a trainee pharmacist who will have the opportunity to work within the GP sector, as well as at our Trust. The pharmacy team will be collaborating with Richmond General Practice Alliance (RGPA) on these training programmes, breaking down some of the traditional boundaries in training our workforce.

Developing this partnership between primary and secondary care, will also help us to gain a clearer understanding of transfer of care issues and how we can better support our patients through consistency of medicine management across care settings.

Changes to Radiology services at Kingston Hospital and HRCH

From this month, Kingston Hospital and HRCH are joining up the running of radiology pathways.

Historically, elements of radiology services at HRCH have been provided by Chelsea and Westminster Hospital. Going forward, these elements will be run by Kingston Hospital, and this joined up service means that patients will continue to be able to receive care at both Kingston Hospital and Teddington Memorial Hospital.

Following consultation with staff, radiology colleagues currently employed by HRCH will be integrated into the new Kingston Hospital led service. Bringing together expertise across organisations, will bring greater resilience to the clinical teams.

Patients should not experience any difference in the way radiology services are accessed, as a result of this change. Through our partnership, we are also working together on plans to further develop diagnostic services at Teddington Memorial Hospital, and this is likely to include x-ray, radiology and ultrasound services.

Sustainability

Sustainability plan

As Trusts, we are currently working to develop a sustainability plan to ensure we, and the systems that we operate in, are clinically and financially sustainable in the longer term. We will be asking for input from our staff to determine how current patterns of demand and service can be influenced to deliver the most clinically effective services within the expected resources, and in particular to identify areas where additional health gain can be achieved, and areas of relatively lower value activity might be reduced.

We will be assessing how our estates and workforce capacity might be reallocated to achieve this new equilibrium, working towards longer-term clinical models, workforce models and financial models.

This will require a fundamental mental shift in how we work and where resources are deployed, with a greater emphasis on prevention, proactively addressing inequalities, and operating differently and effectively at a neighbourhood level to support wellbeing and ill-health closer to home.

New ward welcome boards at Kingston Hospital

Aligned to the Trust's quality priorities, and to enhance the patient experience, new welcome boards have been designed and installed on all our medical and surgical wards in Kingston Hospital.

The welcome boards show who the senior nurse and the matron are for each ward. Work mobile phones have been issued to all matrons and these numbers are also displayed on the boards, so that carers and relatives can contact them directly with any queries they may have.

This is the first phase of a broader project - the next stage we will be to work with the Maternity team and other key patient-facing clinical services in both Trusts to create additional welcome boards.

Willow Building, Kingston Hospital

Earlier this month I was delighted to open our new gynaecology outpatient building located at the hospital entrance on Galsworthy Road. The new Willow Building is purpose-built for the Trust's gynaecology service and brings outpatient and procedure clinics under one roof, which will make a huge difference to our patients and our staff.

The gynaecology service sees over 2,000 patients each month and provides rapid access for diagnostics as well as performing outpatient day case procedures, improving patient experience, and reducing time spent in hospital.

New modular build for ENT and Audiology

Recently work started on the Kingston Hospital site to build our new ENT and Audiology outpatients department, located at the centre of the hospital site adjacent to Esher Wing. The new single storey modular build will provide dedicated audiology consultation rooms, audiology booths, exam/procedure rooms, a hearing aid lab, a histology room, and staff and administration areas, improving the environment and experience for patients and staff. Work is due for completion in early 2023.

QUALITY

6. Integrated Compliance Report and Scorecard

Committee in Common

Date: 26 October 2022	Agenda item: 6
Report Title: KHFT & HRCH Integrated Compliance Report and Scorecard	Enclosure: B
Executive summary: <p>The Board Scorecard presents both Trust's performance against key performance indicators.</p> <p>Indicators are organised under the five Care Quality Commission (CQC) Domains of Safe, Caring, Effective, Responsive and Well-Led.</p> <p>Where data allows information is presented in a Statical Process Control (SPC) chart.</p>	
Implications: <i>brief description against each or mark 'n/a'</i> Patient Safety – The Board Scorecard presents both Trust's performance against key patient safety metrics. Financial – N/A Risk – N/A Legal / Regulatory – N/A Reputational – The Board Scorecard presents both Trust's performance against key performance metrics, some of which could have reputational implications for the Trusts, e.g., performance against constitutional waiting times targets. Equality – N/A	
Action: For information <input checked="" type="checkbox"/> For assurance <input type="checkbox"/> To Discuss <input type="checkbox"/> To approve <input type="checkbox"/>	
Executive Lead (name and title):	Stephen Hall, Director of Performance and Planning
Presenter (name and title):	Executive Leads for each CQC domain.
Item for: <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> HRCH <input checked="" type="checkbox"/> KHFT <i>check for item for both trusts or either</i>	
Link to strategic objectives:	The Board Scorecard is linked to all Trusts objectives, (directly or indirectly).
Consultation and communication:	The Board Scorecard goes to EMC and SEMC.
Decision / Recommendation: <i>advise the body of preferred option of decision (i.e., to approve) or to note</i> <p>The CiC is asked to note the combined Board Scorecard.</p>	
Appendix: <i>list appendixes and files and indicate if slides will be presented at the meeting</i>	



Kingston Hospital NHS Foundation Trust and Hounslow & Richmond Community Healthcare NHS Trust

Board Scorecard 2022/23

Reporting Period: September 2022

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Kingston Hospital NHS Foundation Trust

Safe

Reporting Period: September 2022

Board Scorecard 2022/23

SAFE

Is Care Safe?

September 2022

Infection Control Report September 2022**Author: Fran Brooke-Pearce, CNS Infection Prevention & Control**

There were no Trust-apportioned MRSA bacteraemias.

There was one MSSA bacteraemia case in the Kingston Private Unit.

There was one HOHA (Hospital Onset Healthcare Associated) Clostridium difficile toxin positive case in Kennet ward. The PIR is in progress.

There was one Trust-apportioned E. coli bacteraemia case in ITU.

There were 12 cases of Influenza A, all diagnosed in ED.

There were no Norovirus cases.

There was a decrease in COVID-19 cases this month with a total of 131 cases with 85 of those cases admitted into the Trust. There were 23 HOHA cases (Hospital Onset Healthcare Associated, cases >14 days onset) and 13 HOPHA cases (Hospital Onset Probable Healthcare Associated, cases with onset within 8-14 days).

Serious Incidents**Author: Jemma Sibley**

New: 2 new Maternity investigations were declared in the month of September. Both incidents meet the HSIB reporting criteria.

Completed: 2 investigations were completed during September 2022 across AAU and Dental.

Duty of Candour: The Trust remains compliant with Duty of Candour. Of the ongoing investigations, one investigation is not currently applicable until it has been established whether any patients have been impacted by the incident (IM&T). Of the completed investigations, it was not possible to undertake Duty of Candour.

Ongoing: At the end of September 2022, there were 11 open and ongoing investigations.

Never Events: No Never Events were declared in the month of September.

Pressure Ulcers**Author: Berenice Constable, Deputy Chief Nurse**

The number of patients developing trust acquired pressure ulcers in September decreased compared to August. The total number of patients and those identified as having lapses in care were below the average number. The total number of patients where lapses in care were identified was equal to the average number. Average total number of patients developing trust acquired pressure ulcers using September 2021- September 2022 data is 10. Average total number of patients developing trust acquired pressure ulcers where lapses in care were identified using September 2021- September 2022 data is 6. Themes identified following investigation showed insufficient documentation to support the required care. Ward based actions have been developed and are monitored via PUMP.

Board Scorecard 2022/23

SAFE

Is Care Safe?

September 2022

Author: Berenice Constable, Deputy Chief Nurse

Safer Staffing:

Staffing levels continue to be discussed and monitored daily at the site meetings, and any deviation from the agreed ratios is escalated and discussed with the Heads of Nursing or the Deputy Chief Nurses on the day, and as part of the monthly Safer Staffing meeting. Staffing ratios across all areas are monitored to ensure safe staffing, with incident reports completed and Red Flag Route Cause Analysis discussed at Safer Staffing if levels do not meet the agreed standards. This includes any adjustments to skill mix related to gaps in registered nurse cover, with backfill provided by Healthcare Assistants. Staffing is reviewed and managed as a whole across all wards and departments, with Band 7's reverting into the numbers to cover any gaps as required. Escalation beds remained open during this period; however, the staffing position was much improved across all areas with fewer gaps to cover. Extra HCA's remain in place to the day and night shifts in ED to support the high numbers of patients waiting for beds every morning. Maternity staffing remains significantly challenged during this period, with the Senior midwifery team supporting clinically and working in the out of hours periods to provide cover

Falls:

55 reported falls in September

12 low harm

1 moderate harm in ED- ongoing

42 no harm

Of those 55 reported, 46 have been validated and closed with actions in place

Common themes remain challenges with bay-based supervision, falls assessments but a significant improvement in lying and standing blood pressure.

From November a trust wide falls tracker will be implemented, where all falls will be discussed/validated between the senior nurses on each ward, also identifying any lapses and making sure actions are appropriate and realistic. Bathroom falls alarms are now in place trust wide and the charity have recently agreed to fund a new project called "think yellow" with all patients meeting the criteria receiving a yellow blanket and socks to raise awareness of their risk of falls

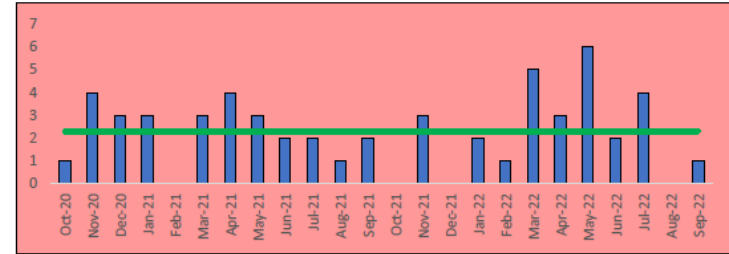
Board Scorecard 2022/23

Sep-22
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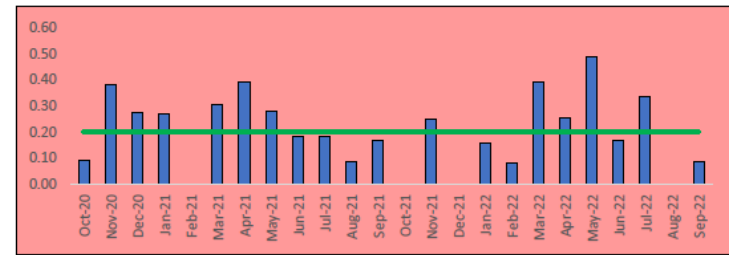


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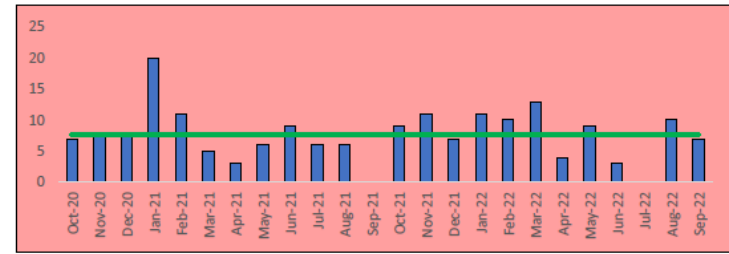
KPI Ref	KPI Description	Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	FY 21/22	YTD 22/23	
K1.01	Number of patients with hospital acquired pressure ulcers (Grade 3&4)	Value	3	6	2	4	0	1	25	16	
		Numerator									
		Denominator									
		Target	1	1	1	1	1	1	1	12	6
		RAG	R	R	R	R	G	G	R	R	



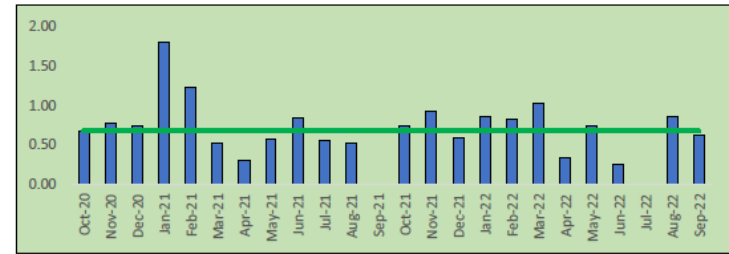
KPI Ref	KPI Description	Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	FY 21/22	YTD 22/23	
K1.02	Number of patients with hospital acquired pressure ulcers (Grade 3&4) per 1000 beddays	Value	0.25	0.49	0.17	0.34	0.00	0.09	0.18	0.23	
		Numerator	3	6	2	4	0	1	25	16	
		Denominator	12	12	12	12	12	11	140	71	
		Target	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10	0.10
		RAG	R	R	R	R	G	G	R	R	



KPI Ref	KPI Description	Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	FY 21/22	YTD 22/23	
K1.03	Number of patients with hospital acquired pressure ulcers (Grade 2)	Value	4	9	3	0	10	7	91	33	
		Numerator									
		Denominator									
		Target	3	3	3	3	3	3	3	36	18
		RAG	R	R	G	G	R	R	R	R	



KPI Ref	KPI Description	Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	FY 21/22	YTD 22/23	
K1.04	Number of patients with hospital acquired pressure ulcers (Grade 2) per 1000 beddays	Value	0.34	0.74	0.25	0.00	0.86	0.62	0.65	0.46	
		Numerator	4	9	3	0	10	7	91	33	
		Denominator	12	12	12	12	12	11	140	71	
		Target	0.51	0.51	0.51	0.51	0.51	0.51	0.51	0.51	0.51
		RAG	G	R	G	G	R	R	R	G	



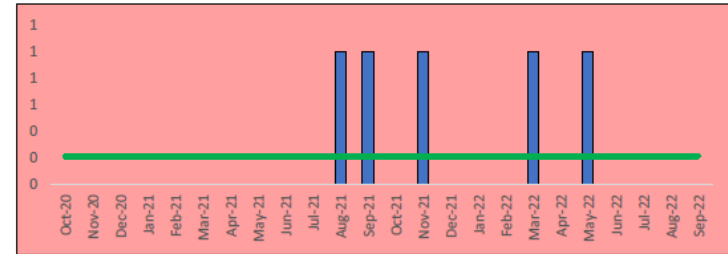
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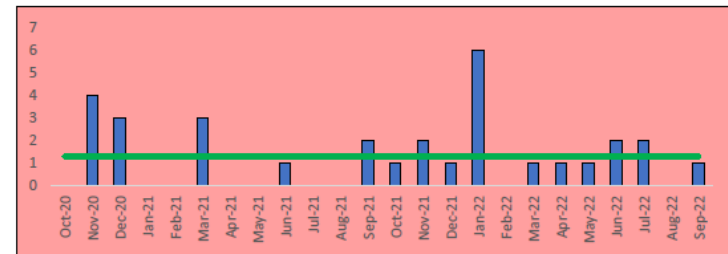


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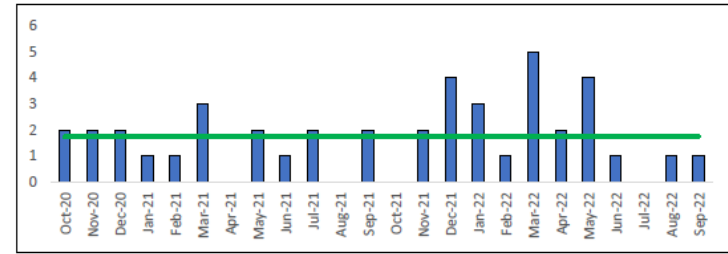
KPI Ref	KPI Description	Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	FY 21/22	YTD 22/23
K1.05	MRSA Bacteraemias (Hospital assigned)	Value	0	1	0	0	0	0	4	1
		Numerator								
		Denominator								
		Target	0	0	0	0	0	0	0	0
		RAG	G	R	G	G	G	G	R	R



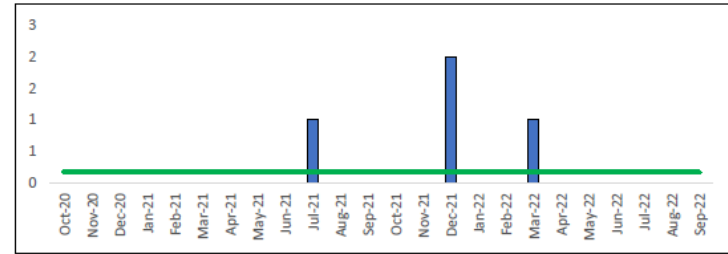
KPI Ref	KPI Description	Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	FY 21/22	YTD 22/23	
K1.06	MRSA Bacteraemias (Hospital apportioned)	Value	1	1	2	2	0	1	14	7	
		Numerator									
		Denominator									
		Target	1	1	1	1	1	1	1	12	6
		RAG	G	G	R	R	G	G	R	R	



KPI Ref	KPI Description	Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	FY 21/22	YTD 22/23	
K1.07	Clostridium difficile infections (Hospital apportioned)	Value	2	4	1	0	1	1	22	9	
		Numerator									
		Denominator									
		Target								8	
		RAG								R	



KPI Ref	KPI Description	Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	FY 21/22	YTD 22/23	
K1.08	Clostridium difficile infections (Hospital apportioned) due to confirmed lapse in care	Value	0	0	0	0	0	0	4	0	
		Numerator									
		Denominator									
		Target								8	
		RAG								G	



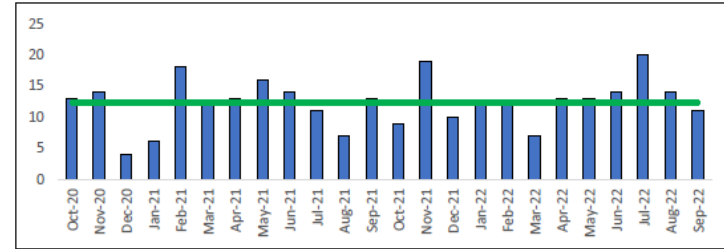
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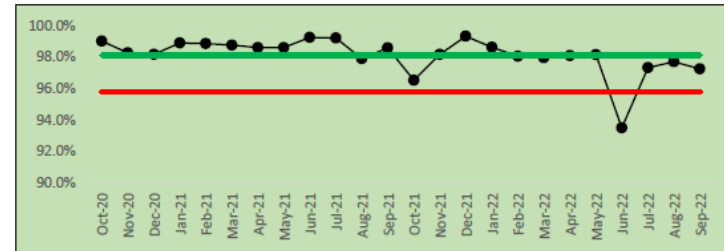


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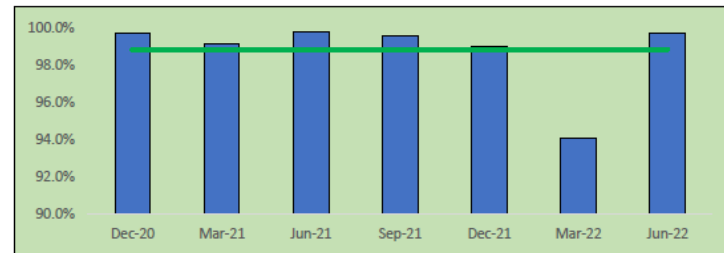
KPI Ref	KPI Description	Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	FY 21/22	YTD 22/23
K1.19	Number of Escherichia (E.coli) bacteraemia	Value	13	13	14	20	14	11	143	85
		Numerator								
		Denominator								
		Target								
		RAG								



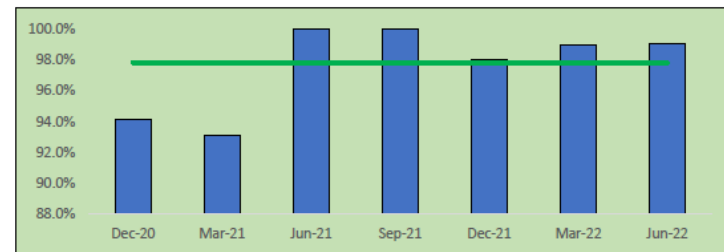
KPI Ref	KPI Description	Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	FY 21/22	YTD 22/23
K3.15	Hand hygiene	Value	98%	98%	94%	97%	98%	97%	98%	98%
		Numerator	2,376	2,326	187	2,507	2,591	1,978	23,466	11,965
		Denominator	2,422	2,370	200	2,576	2,652	2,034	23,902	12,254
		Target	95%	95%	95%	95%	95%	95%	95%	95%
		RAG	G	G	R	G	G	G	G	G



KPI Ref	KPI Description	Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	FY 21/22	YTD 22/23	
K1.09	Completed patient observations - adults inpatients (NEWS)	Value			99.7%				99.7%	98.1%	99.7%
		Numerator			718				686	2,634	1,404
		Denominator			720				688	2,684	1,408
		Target			97%				97%	97%	97%
		RAG			G				G	G	G



KPI Ref	KPI Description	Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	FY 21/22	YTD 22/23	
K1.10	Completed patient observations - paediatrics inpatients (NEWS)	Value			99%				99%	99%	99%
		Numerator			106				127	351	233
		Denominator			107				128	354	235
		Target			97%				97%	97%	97%
		RAG			G				G	G	G



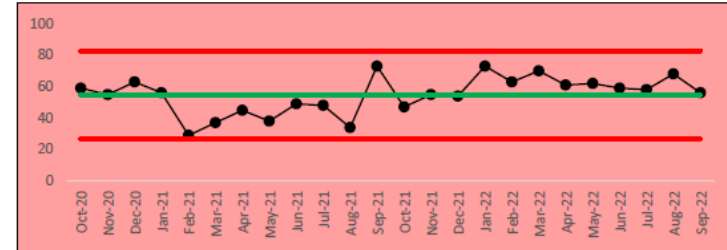
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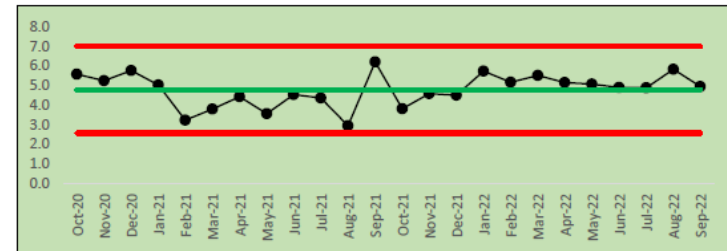


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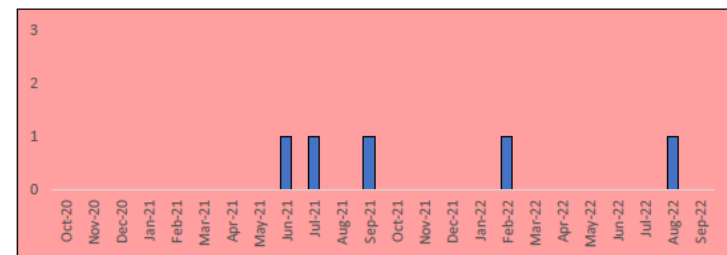
KPI Ref	KPI Description	Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	FY 21/22	YTD 22/23	
K1.12	Number of patient safety incident (PSI) falls	Value	61	62	59	58	68	56	649	364	
		Numerator									
		Denominator									
		Target	58	58	58	58	58	58	58	696	290
		RAG	R	R	R	G	R	G	G	R	



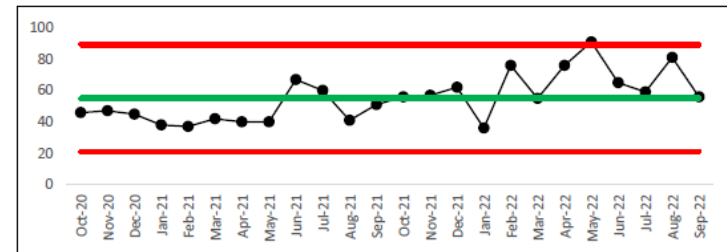
KPI Ref	KPI Description	Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	FY 21/22	YTD 22/23	
K1.13	Number of patient safety incident falls per 1000 G&A beddays	Value	5.16	5.07	4.90	4.88	5.83	4.95	4.64	5.13	
		Numerator	61	62	59	58	68	56	649	364	
		Denominator	12	12	12	12	12	11	140	71	
		Target	5.30	5.30	5.30	5.30	5.30	5.30	5.30	5.30	5.30
		RAG	G	G	G	G	R	G	G	G	



KPI Ref	KPI Description	Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	FY 21/22	YTD 22/23	
K1.15	Never events	Value	0	0	0	0	1	0	4	1	
		Numerator									
		Denominator									
		Target	0	0	0	0	0	0	0	0	0
		RAG	G	G	G	G	R	G	R	R	



KPI Ref	KPI Description	Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	FY 21/22	YTD 22/23	
K1.16	Medication incidents	Value	76	91	65	59	81	56	641	428	
		Numerator									
		Denominator									
		Target									
		RAG									



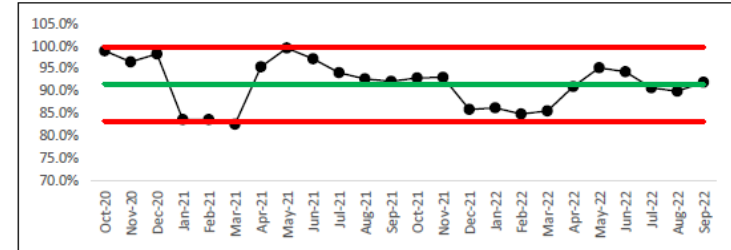
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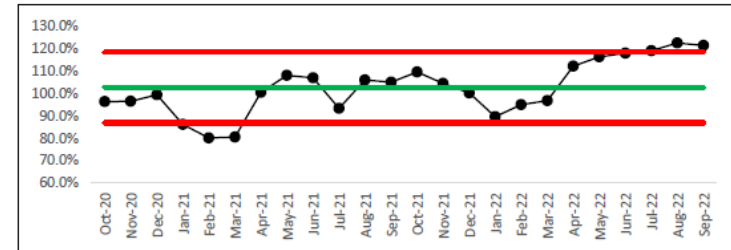


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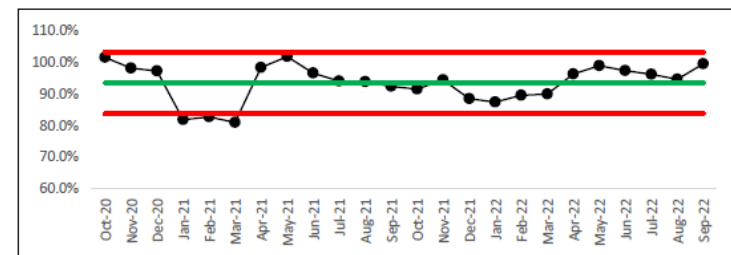
KPI Ref	KPI Description	Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	FY 21/22	YTD 22/23
K4.01	Day - registered midwives / nurse fill rate	Value	91.0%	95.2%	94.3%	90.7%	89.9%	91.9%	91.6%	92.2%
		Numerator	38,115	41,248	39,712	39,117	38,101	38,614	483,306	234,906
		Denominator	41,902	43,338	42,123	43,149	42,372	42,005	527,810	254,888
		Target								
		RAG								



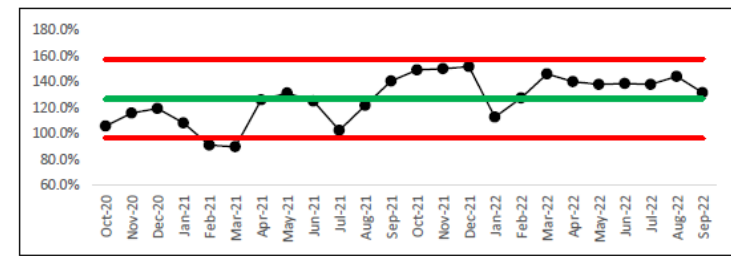
KPI Ref	KPI Description	Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	FY 21/22	YTD 22/23
K4.02	Day - assistant fill rate	Value	111.9%	116.1%	117.7%	118.9%	122.3%	121.2%	101.0%	118.0%
		Numerator	22,822	24,486	24,132	25,129	25,815	24,600	256,282	146,984
		Denominator	20,388	21,094	20,499	21,138	21,105	20,292	253,722	124,516
		Target								
		RAG								



KPI Ref	KPI Description	Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	FY 21/22	YTD 22/23
K4.03	Night - registered midwives / nurse fill rate	Value	96.3%	98.9%	97.4%	96.2%	94.6%	99.5%	93.1%	97.2%
		Numerator	28,385	30,083	28,554	28,599	28,078	28,768	341,988	172,466
		Denominator	29,475	30,414	29,326	29,722	29,672	28,909	367,318	177,516
		Target								
		RAG								



KPI Ref	KPI Description	Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	FY 21/22	YTD 22/23
K4.04	Night - assistant fill rate	Value	139.9%	137.7%	138.4%	137.7%	144.0%	131.4%	131.2%	138.1%
		Numerator	18,667	19,381	18,530	18,323	19,527	18,466	215,900	112,893
		Denominator	13,340	14,076	13,386	13,308	13,558	14,053	164,617	81,721
		Target								
		RAG								

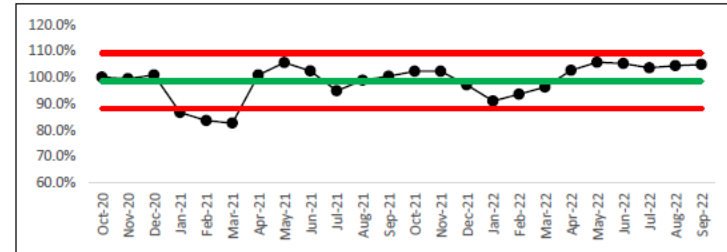


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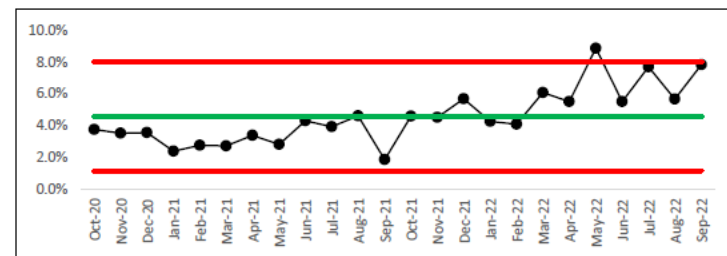
Sep-22
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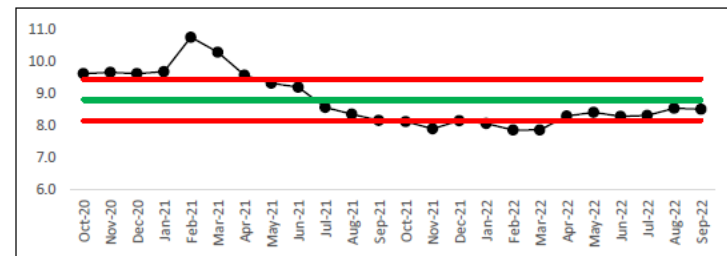
KPI Ref	KPI Description	Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	FY 21/22	YTD 22/23
K4.05	Overall trust fill rate	Value	102.7%	105.8%	105.3%	103.6%	104.5%	104.9%	98.8%	104.5%
		Numerator	107,988	115,198	110,927	111,167	111,521	110,448	1,297,476	667,249
		Denominator	105,104	108,922	105,334	107,317	106,706	105,258	1,313,467	638,640
		Target								
		RAG								



KPI Ref	KPI Description	Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	FY 21/22	YTD 22/23
K4.06	% of Registered nurse and midwife expenditure on agency staff	Value	5.5%	8.9%	5.5%	7.7%	5.6%	7.8%	4.1%	6.9%
		Numerator	323	590	334	467	335	531	2,777	2,520
		Denominator	5,871	5,980	6,074	6,081	5,938	6,783	67,038	36,727
		Target								
		RAG								



KPI Ref	KPI Description	Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	FY 21/22	YTD 22/23
K4.07	Care hours per patient day (CHPPD)	Value	8.3	8.4	8.3	8.3	8.5	8.5	8.4	8.4
		Numerator	107,988	115,198	110,927	111,167	111,521	110,448	1,297,476	667,249
		Denominator	13,019	13,699	13,390	13,367	13,063	12,983	154,553	79,521
		Target								
		RAG								

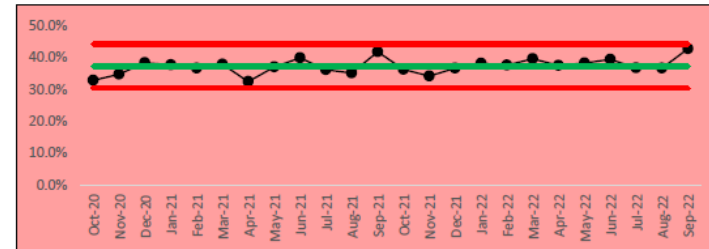


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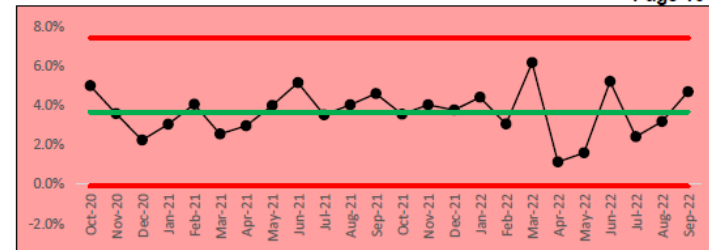


KPI Ref	KPI Description	Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	FY 21/22	YTD 22/23
K5.01	Caesarean section rate	Value	37.6%	38.3%	39.5%	36.8%	36.7%	42.8%	37.1%	38.7%
		Numerator	132	143	151	137	138	173	1,831	874
		Denominator	351	373	382	372	376	404	4,936	2,258
		Target	26%	26%	26%	26%	26%	26%	26%	26%
		RAG	R	R	R	R	R	R	R	R

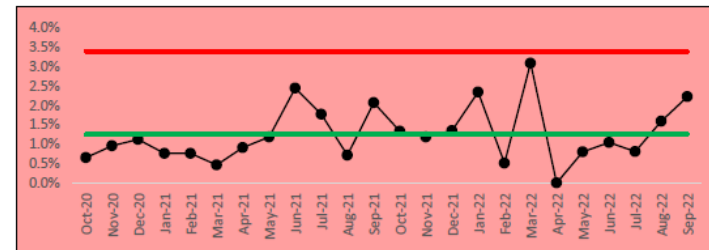


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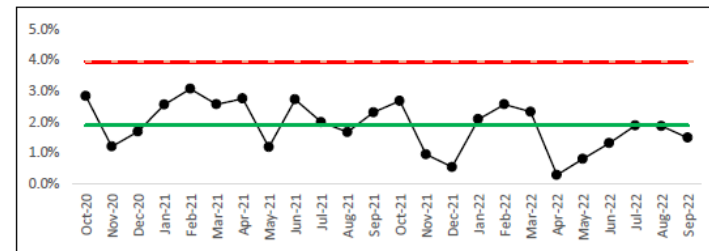
KPI Ref	KPI Description	Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	FY 21/22	YTD 22/23
K5.02	% women with a primary postpartum haemorrhage of 1500ml or more	Value	1.1%	1.6%	5.2%	2.4%	3.2%	4.7%	4.1%	3.1%
		Numerator	4	6	20	9	12	19	202	70
		Denominator	351	373	382	372	376	404	4,936	2,258
		Target	3.1%	3.1%	3.1%	3.1%	3.1%	3.1%	3.1%	3.1%
		RAG	G	G	R	G	R	R	R	R



KPI Ref	KPI Description	Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	FY 21/22	YTD 22/23
K5.03	% woman with a primary postpartum haemorrhage of 2000ml or more	Value	0.0%	0.8%	1.0%	0.8%	1.6%	2.2%	1.6%	1.1%
		Numerator	0	3	4	3	6	9	77	25
		Denominator	351	373	382	372	376	404	4,936	2,258
		Target	1%	1%	1%	1%	1%	1%	1%	1%
		RAG	G	G	R	G	R	R	R	R



KPI Ref	KPI Description	Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	FY 21/22	YTD 22/23
K5.04	Significant perineal trauma	Value	0.3%	0.8%	1.3%	1.9%	1.9%	1.5%	2.0%	1.3%
		Numerator	1	3	5	7	7	6	98	29
		Denominator	351	373	382	372	376	404	4936	2258
		Target								
		RAG								



Hounslow & Richmond Community Healthcare NHS Trust

Safe

Reporting Period: September 2022

SAFE Domain

KPI Description		Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	YTD 21/22	YTD 22/23	Trend	SPC Process Change		
S13	Occ Bed Days		799	832	792	833	788	804	4,230	4,848		 Variation: Common Cause	 Capability: Capable Not Assured	
	Inpatient Falls per 1,000 Occupied Bed Days		8	4	3	7	5	9	39	36				
	Falls		10.01	4.81	3.79	8.40	6.35	11.19	9.22	7.43				
	Fall/1000 OBD		8.60	8.60	8.60	8.60	8.60	8.60	8.60	8.60				
	Target		R	G	G	A	G	R	R	G				
GA/R														
Reason for performance gap:		Background: There were nine incidents that were categorised as falls in September 2022. Two of these were controlled falls/near misses. All falls were attributable to three patients, of which one sustained no harm and two sustained low harm. Dependency on the ward remains high with a mean Sunderland score of 25 on admission. Two of the patients were for rehabilitation, one was a step down patient. Risk assessment: All patients had a risk assessment completed and the repeat faller was in a cohort bay with 24hr supervision. Risk mitigation: Of the three patients, two had risk mitigations in place such as sensor mats, with the sixth having risk mitigations in place following risk assessment after their initial fall. Falls history: One patient had prior history of falls, two patients were deemed to be medium risk. Contributory factors: The repeat faller had been assessed as cognitively impaired, the other two patients were both cognitively intact, one mobilised with a staff member and had a controlled fall while mobilising and the other patient slipped from the riser recliner chair when he used the controls to reposition himself. The AFLOAT Avoiding Falls Level of Observation Tool has continued to be used, training has been undertaken by the team in falls prevention and liaison with the falls prevention service and falls lead available to assist staff and facilitate training. Safe levels of staffing has been observed with high risk patients being placed with increased observation. Causal Factors: Reduced cognition, increased frailty and higher dependency have been causal factors in the falls. On-going staff training was cited as a factor in all incidents. Increased use of agency staff due to staff vacancies was reported as impacting due to lack of falls training for agency staff. Staff vacancies have also impacted on ability of staff to maintain specialist training in falls outside of statutory and mandatory training requirements as releasing staff can impact on achieving day to day safe staffing ratios.												
Action Plan											Start Date	End Date	Status	Outcome
Team to continue to undertake 'Preventing Falls in Hospital: Fallsafe/Carefall - eLearning for healthcare (e-lfh.org.uk)' training. Team has band 7 falls lead, will instigate falls ambassadors to support the falls lead and staff in ensuring best practice and specialist advice.											01/09/2022	ongoing	active	
Clinical Lead for falls to work with ward team to create falls champions to share the learning with new staff and agency staff while the wait to access formal training											01/09/2022	ongoing	active	
Ensure induction pack for agency staff includes section on falls management											16/10/2022	31/10/2022	active	
Author:	Anna McNulty-Howard		Date	11/10/2022										

SAFE

S01	Incidence of Clostridium difficile	Detail to be Displayed by Exception Only. Last incident occurred on May-18
S02	Incidence of MRSA Bacteraemia	Detail to be Displayed by Exception Only. No incidents have occurred Since April-16
S03	Never Events occurring in month	Detail to be Displayed by Exception Only. No incidents have occurred Since April-16
S04	Medication errors causing serious harm	Detail to be Displayed by Exception Only. No incidents have occurred Since April-16

KPI Description		Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	YTD 21/22	YTD 22/23	Trend	SPC Process Change
S06	Number of reported safety incidents (Harmful) - HRCH-Attributable	All Incidents	84	105	113	135	91	93	676	621		
		Reported as harmful	47	54	72	78	54	52	398	357		
		%	56.0%	51.4%	63.7%	57.8%	59.3%	55.9%	58.9%	57.5%		
		Target										
		-										

KPI Description		Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	YTD 21/22	YTD 22/23	Trend	SPC Process Change
S13	Inpatient Falls per 1,000 Occupied Bed Days	Occ Bed Days	799	832	792	833	788	804	4,230	4,848		
		Falls	8	4	3	7	5	9	39	36		
		Fall/1000 OBD	10.01	4.81	3.79	8.40	6.35	11.19	9.22	7.43		
		Target	8.60	8.60	8.60	8.60	8.60	8.60	8.60	8.60		
		GA/R	R	G	G	A	G	R	R	G		

KPI Description		Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	YTD 21/22	YTD 22/23	Trend	SPC Process Change
E03	Clinical Supervision - within 3 months	Clinical Staff	782	781	779	772	782	770	4,515	4,666		
		Compliant	646	654	671	682	668	660	4,101	3,981		
		%	82.6%	83.7%	86.1%	88.3%	85.4%	85.7%	90.8%	85.3%		
		Target	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%		
		RA/G	A	A	A	A	A	A	G	A		

Kingston Hospital NHS Foundation Trust

Caring

Reporting Period: September 2022

Board Scorecard 2022/23



CARING

Are we caring?

September 2022

Clare Parker: Head of Legal, Complaints, PALS/Bereavement

The trust received 34 complaints in September 2022 compared to 46 in September 2021.

Unplanned Care received the highest number of complaints accounting for 53% of the total received followed by Planned Care 41% and Corporate Services 6%.

Within Unplanned Care the following areas received in September 2022:

Emergency Department (9), Acute Assessment Unit (2), Intensive Care Unit (2), Blyth Ward (1), Derwent Ward (1), Pharmacy (Boots) (1), Radiology (1) and Respiratory (1).

The complaints under the Emergency Department have been reviewed, three of the complaints were regarding inappropriate discharge and two of the complaints were regarding poor basic nursing care.

Within Planned Care the following areas received in September 2022:

Maternity (4), Wolverton Centre (2), Anaesthetics (1), Dermatology (1), ENT Offices (1), Gastroenterology (1), Gynaecology (1), Paediatrics (1), Rheumatology (1), Trauma & Orthopaedics (1).

No trends were identified with the complaints under Maternity

Subjects - The most frequent subjects were Care and Treatment (35%), Communication (29%) and Admission/Discharge (12%).

Reopened Complaints

11 complaints were reopened in September 2022. The reasons for these complaints reopening were Facts Challenged (5), Further Questions (5) and new information received (1). It is recognised that this number of reopened complaints is high. It reflects the increased volume of complaints in recent months and the challenging nature of many complaints.

De-escalated complaints - There were 7 formal complaints de-escalated and resolved informally in September 2022. The following areas resolves these complaints;

Ophthalmology (2), Audiology (1), Anticoagulation (1), Emergency Department (1), Urology (1) and Respiratory (1).

Ombudsman - No complaints were referred to the Ombudsman in September 2022.

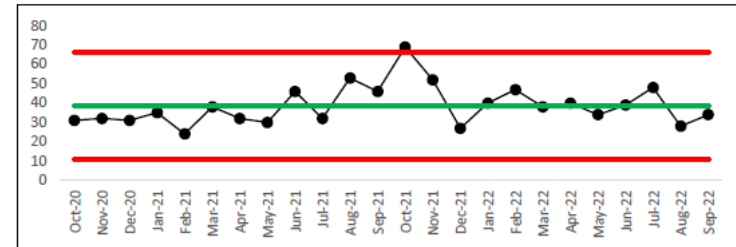
Board Scorecard 2022/23

Sep-22
CARING

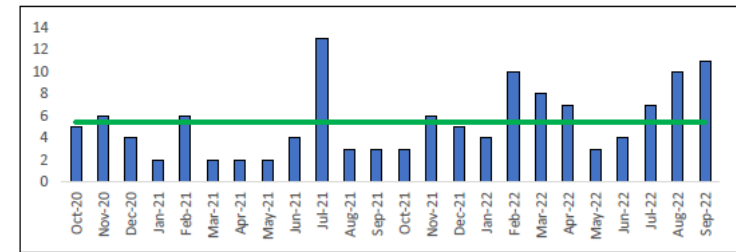


Kingston Hospital
NHS Foundation Trust

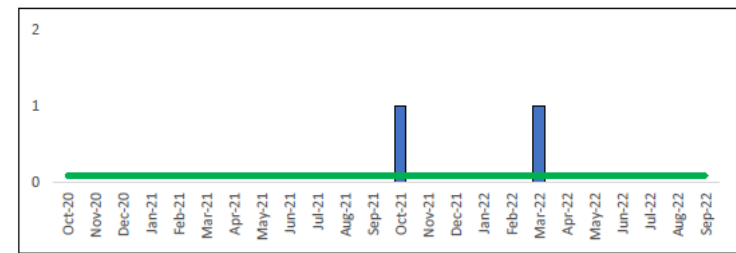
KPI Ref	KPI Description	Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	FY 21/22	YTD 22/23	
K3.01	Number of complaints received	Value	40	34	39	48	28	34	512	223	
		Numerator									
		Denominator									
		Target									
		RAG									



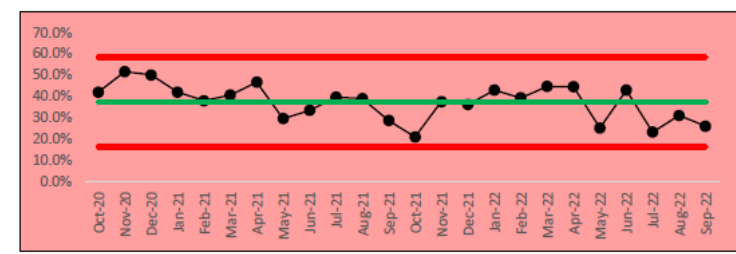
KPI Ref	KPI Description	Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	FY 21/22	YTD 22/23	
K3.02	Number of complaints reopened	Value	7	3	4	7	10	11	63	42	
		Numerator									
		Denominator									
		Target									
		RAG									



KPI Ref	KPI Description	Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	FY 21/22	YTD 22/23	
K3.03	Number of complaints referred to ombudsman	Value	0	0	0	0	0	0	2	0	
		Numerator									
		Denominator									
		Target									
		RAG									



KPI Ref	KPI Description	Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	FY 21/22	YTD 22/23	
K3.14	% Complaints responded to within 25 working days (or date as agreed with complainant)	Value	44%	25%	43%	23%	31%	26%	37%	32%	
		Numerator	16	9	12	9	13	7	161	66	
		Denominator	36	36	28	39	42	27	436	208	
		Target	80%	80%	80%	80%	80%	80%	80%	80%	80%
		RAG	R	R	R	R	R	R	R	R	R

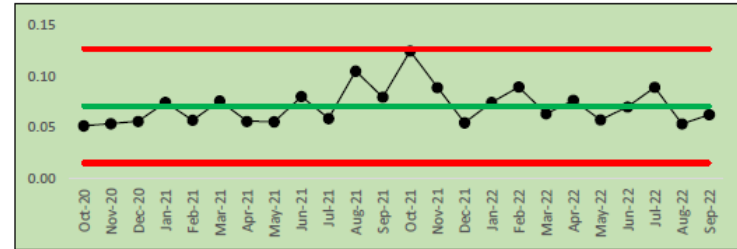


Board Scorecard 2022/23

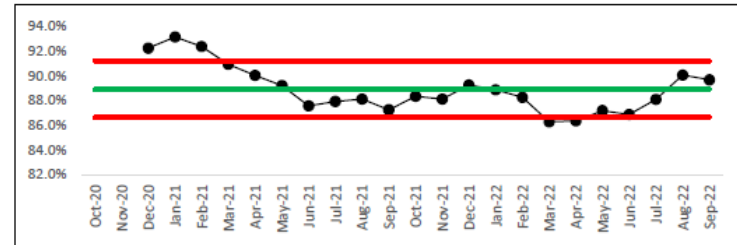
**Sep-22
CARING**



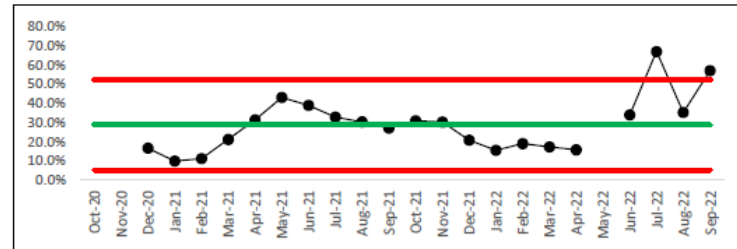
KPI Ref	KPI Description	Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	FY 21/22	YTD 22/23
K3.2	Complaints per 100 patient contacts	Value	0.08	0.06	0.07	0.09	0.05	0.06	0.08	0.07
		Numerator	40	34	39	48	28	34	512	223
		Denominator	52,342	59,350	55,632	53,771	52,480	54,546	661,314	328,121
		Target	0.07	0.07	0.07	0.07	0.07	0.07	0.07	0.07
		RAG	R	G	R	R	G	G	R	G



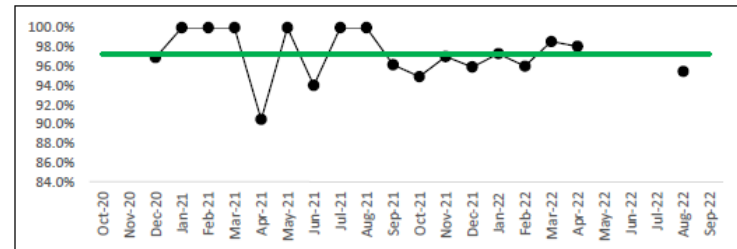
KPI Ref	KPI Description	Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	FY 21/22	YTD 22/23
k3.05b	Friends and Family Score - Trust	Value	86%	87%	87%	88%	90%	90%	88%	88%
		Numerator	3,893	313	2,969	3,198	3,235	2,609	52,451	16,217
		Denominator	4,508	359	3,417	3,630	3,592	2,909	59,429	18,415
		Target								
		RAG								



KPI Ref	KPI Description	Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	FY 21/22	YTD 22/23
K3.21a	Friends and Family Response Rate - Inpatients (excluding daycases)	Value	16%		34%	67%	35%	57%	29%	40%
		Numerator	186	0	360	695	538	416	4,253	2,195
		Denominator	1,174	0	1,059	1,036	1,520	730	14,771	5,519
		Target								
		RAG								



KPI Ref	KPI Description	Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	FY 21/22	YTD 22/23
K3.07	Friends and Family Score - Paediatric inpatients	Value	98%				95%		97%	97%
		Numerator	51	0	0	0	42	0	535	93
		Denominator	52	0	0	0	44	0	554	96
		Target								
		RAG								



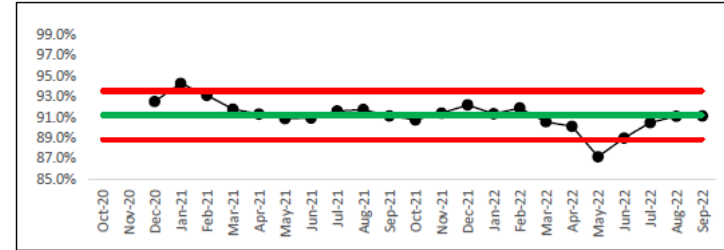
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**Sep-22
CARING**

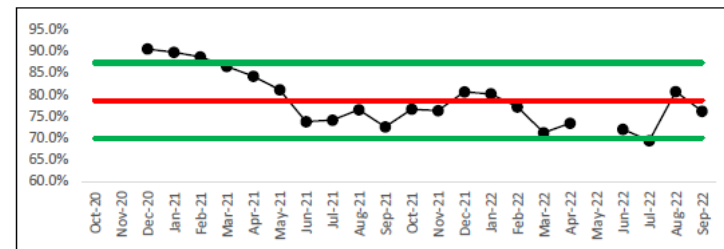


Kingston Hospital
NHS Foundation Trust

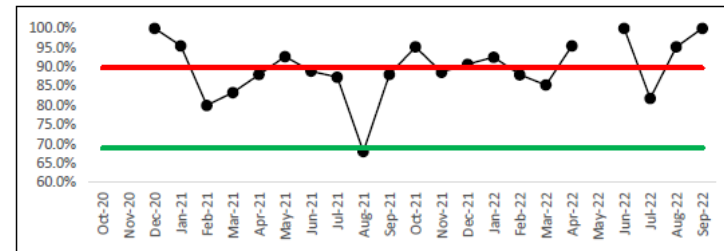
KPI Ref	KPI Description	Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	FY 21/22	YTD 22/23	
k3.08a	Friends and Family Score - Outpatients	Value	90%	87%	89%	90%	91%	91%	91%	91%	90%
		Numerator	2,862	313	2,267	2,162	2,244	1,871	36,792	11,719	
		Denominator	3,175	359	2,547	2,389	2,463	2,053	40,300	12,986	
		Target									
		RAG									



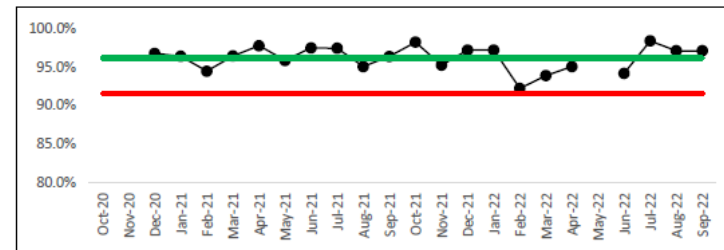
KPI Ref	KPI Description	Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	FY 21/22	YTD 22/23
k3.09a	Friends and Family Score - A&E	Value	73%		72%	69%	81%	76%	77%	74%
		Numerator	810	0	365	356	427	288	10,644	2,246
		Denominator	1,103	0	507	513	529	378	13,811	3,030
		Target								
		RAG								



KPI Ref	KPI Description	Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	FY 21/22	YTD 22/23
k3.10c	Friends and Family Score - Maternity	Value	95%		100%	82%	95%	100%	90%	95%
		Numerator	42	0	3	27	59	62	957	193
		Denominator	44	0	3	33	62	62	1,065	204
		Target								
		RAG								



KPI Ref	KPI Description	Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	FY 21/22	YTD 22/23
K3.11	Friends and Family Score - Daycases	Value	95%		94%	98%	97%	97%	96%	96%
		Numerator	325	0	113	238	233	133	4,710	1,042
		Denominator	342	0	120	242	240	137	4,898	1,081
		Target								
		RAG								

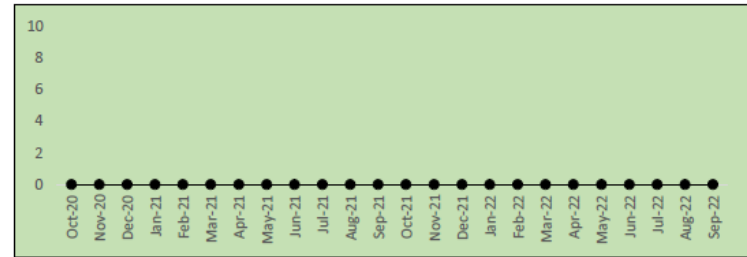


Board Scorecard 2022/23

**Sep-22
CARING**



KPI Ref	KPI Description	Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	FY 21/22	YTD 22/23
K3.13	Number of Mixed Sex Accommodation breaches	Value	0	0	0	0	0	0	0	0
		Numerator								
		Denominator								
		Target	0	0	0	0	0	0	0	0
		RAG	G	G	G	G	G	G	G	G



Hounslow & Richmond Community Healthcare NHS Trust

Caring

Reporting Period: September 2022



CARING

NHS England revised FFT guidance for implementation from April 2020. Due to Covid-19 pandemic FFT data submissions were suspended from March 2020 and resumed in December 2020. The FFT's main question has changed slightly from "Would you recommend the service to your friends and family?" to "Overall, how was your experience of our service?" Trust Composite FFT % KPI description has been updated to Positive/Negative Experience.

KPI Description		Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	YTD 21/22	YTD 22/23	Trend	SPC Process Change
C04Y	Trust Composite FFT - % recommend (Positive Experience)	Responses	1,772	1,776	1,314	1,684	1,705	2,114	8,085	10,365		From Jan-22 includes feedback from vaccination clinics Variation: Common Cause Capability: Capable Not Assured
		Positives	1,709	1,731	1,240	1,617	1,674	2,065	7,654	10,036		
		%	96.4%	97.5%	94.4%	96.0%	98.2%	97.7%	94.7%	96.8%		
		Target	95%	95%	95%	95%	95%	95%	95%	95%		
		R/AG	G	G	R	G	G	G	R	G		
C04N	Trust Composite FFT - % not recommend (Negative Experience)	Responses	1,772	1,776	1,314	1,684	1,705	2,114	8,085	10,365		From Jan-22 includes feedback from vaccination clinics Variation: Common Cause Capability: Capable Assured
		Negatives	24	18	20	17	13	13	152	105		
		%	1.4%	1.0%	1.5%	1.0%	0.8%	0.6%	1.9%	1.0%		
		Target	10%	10%	10%	10%	10%	10%	10%	10%		
		GA/R	G	G	G	G	G	G	G	G		
W01	IP FFT response rate	Discharges	24	17	15	20	18	21	99	115		Sep-22 - 24 Responses and 21 Discharges Variation: Common Cause Capability: Capable Not Assured
		Responses	13	12	14	11	12	24	38	86		
		%	54.2%	70.6%	93.3%	55.0%	66.7%	114.3%	38.4%	74.8%		
		Target	30.0%	30.0%	30.0%	30.0%	30.0%	30.0%	30.0%	30.0%		
		R/AG	G	G	G	G	G	G	G	G		
W02	A&E FFT response rate	Patients	9,871	11,168	11,094	11,002	10,070	10,231	64,726	63,436		Variation: Common Cause Capability: Capable Not Assured
		Responses	483	525	542	495	510	554	3,342	3,109		
		%	4.9%	4.7%	4.9%	4.5%	5.1%	5.4%	5.2%	4.9%		
		Target	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%		
		RA/G	A	A	A	R	G	G	G	A		

CARING



KPI Description		Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	YTD 21/22	YTD 22/23	Trend	SPC Process Change
W03	Community FFT response rate	Patients	30,858	32,121	25,205	27,258	23,823	26,338	156,684	165,603		From Jan-22 includes feedback from vaccination clinics
		Responses	1,276	1,239	758	1,180	1,183	1,536	4,705	7,172		
		%	4.1%	3.9%	3.0%	4.3%	5.0%	5.8%	3.0%	4.3%		
		Target										
		-										
KPI Description		Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	YTD 21/22	YTD 22/23	Trend	SPC Process Change
W04	Trust Composite FFT response rate	Patients	40,753	43,306	36,314	38,280	33,911	36,590	221,509	229,154		From Jan-22 includes feedback from vaccination clinics
		Responses	1,772	1,776	1,314	1,684	1,705	2,114	8,085	10,365		
		%	4.3%	4.1%	3.6%	4.4%	5.0%	5.8%	3.6%	4.5%		
		Target										
		-										
KPI Description		Previous Quarters	Jun-21	Sep-21	Dec-21	Mar-22	Jun-22	Sep-22	YTD 21/22	YTD 22/23	Trend	SPC Process Change
COSY	Staff FFT - recommend as a care-provider	Responses	98	247	794	194	85	100	345	185		FY 2021/22 New National People Pulse Survey.
		Positives	77	187	638	146	55	76	264	131		
		%	78.6%	75.7%	80.4%	75.3%	64.7%	76.0%	76.5%	70.8%		
		Target	67%	67%	67%	67%	67%	67%	67.0%	67.0%		
		R/AG	G	G	G	G	R	G	G	G		
KPI Description		Previous Quarters	Jun-21	Sep-21	Dec-21	Mar-22	Jun-22	Sep-22	YTD 21/22	YTD 22/23	Trend	SPC Process Change
COSN	Staff FFT - not recommend as a care-provider	Responses	98	247	794	194	85	100	345	185		FY 2021/22 New National People Pulse Survey.
		Negatives	5	10	27	0	6	6	15	12		
		%	5.1%	4.0%	3.4%	0.0%	7.1%	6.0%	4.3%	6.5%		
		Target	33%	33%	33%	33%	33%	33%	33.0%	33.0%		
		GA/R	G	G	G	G	G	G	G	G		



CARING

KPI Description		Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	YTD 21/22	YTD 22/23	Trend	SPC Process Change
C06	Patient Survey: patients felt respected	Responses	95	59	83	173	216	161	778	787		From Dec-20 includes feedback from virtual clinics
		Positives	93	59	83	172	212	161	765	780		
		%	97.9%	100.0%	100.0%	99.4%	98.1%	100.0%	98.3%	99.1%		
		Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%		
		R/AG	G	G	G	G	G	G	G	G		
C07	Patient Survey: patients felt care was right	Responses	95	55	82	170	213	157	741	772		From Dec-20 includes feedback from virtual clinics
		Positives	92	52	82	168	210	155	718	759		
		%	96.8%	94.5%	100.0%	98.8%	98.6%	98.7%	96.9%	98.3%		
		Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%		
		R/AG	G	R	G	G	G	G	G	G		
C09	Mixed Sex Accommodation Breaches										Detail to be Displayed by Exception Only.	
C10	Formal complaints received	Complaints	3	2	3	4	6	1	37	19		
		-	-	-	-	-	-	-	-	-		
		-	-	-	-	-	-	-	-	-		
		Target										
		-										

Kingston Hospital NHS Foundation Trust

Effective

Reporting Period: September 2022

Board Scorecard 2022/23



EFFECTIVE

Is Care Effective?

September 2022

Sophie Calas, Head of Clinical Audit and Effectiveness:

Kingston Hospital NHS Foundation Trust improves rate of case submission to the National Cardiac Arrest Audit

The National Cardiac Arrest Audit (NCAA) is an ongoing national clinical audit of in-hospital cardiac arrests in the UK and Ireland which commenced data collection in October 2009. It is a joint initiative between the Resuscitation Council UK and the Intensive Care National Audit and Research Centre (ICNARC).

The aim of the audit is to improve patient outcomes, decrease incidence of avoidable cardiac arrests, decrease incidence of inappropriate resuscitation, and promote adoption and compliance with evidence-based practice.

Latest Trust Performance:

The audit requires data to be submitted for resuscitation events commencing in-hospital where an individual receives chest compression(s) and/or defibrillation and is attended by the hospital-based Resuscitation Team in response to a 222 call.

Regular NCAA reporting allows the Trust to benchmark local data against the 'national picture' with the latest data from 1st April 2021 to 31st March 2022 demonstrating that the Trust is performing within or above the predicted range for the following two key outcomes:

- Risk-adjusted survival to hospital discharge
- Risk-adjusted return of spontaneous circulation (ROSC) >20 minutes (where ROSC was sustained for greater than 20 minutes)

Furthermore, the Trust has achieved a significant increase in case submissions to the audit, from 20 cases in 2020/21 to 50 cases in 2021/22. Good case ascertainment helps to ensure that data is useful in terms of driving both local and national improvements in patient safety and care.

This improvement in submissions was led by former Trust Resuscitation Officer, Therese Sidney, who introduced daily Resus Team huddles where a member of the responding team is designated to complete the required data collection at the time of receipt of the 222 call for arrests and peri arrests.

Therese also reviewed and restructured the pro forma for completion following a 222 call to ensure that it aligned with the requirements for the audit. Post-arrest, a scanned copy of this form is then sent to the Resuscitation Team where follow up data is collected and submitted to the audit provider.

Board Scorecard 2022/23



EFFECTIVE

Is Care Effective?

September 2022

Richard Sandham has since taken over the role of Trust Resuscitation Officer as well as responsibility for submissions to the National Cardiac Arrest Audit for Kingston Hospital NHS Foundation Trust. Richard plans to focus on sustaining the current process for ensuring excellent case ascertainment for the 2022/23 cohort and will continue to monitor results on a regular basis to identify potential areas for further improvement.

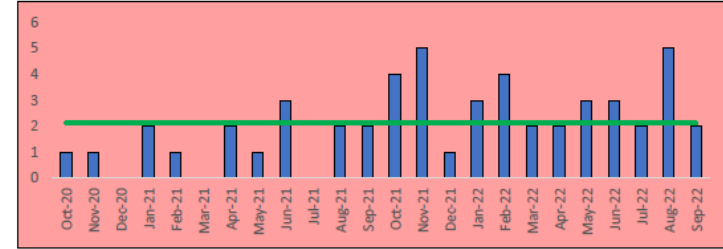
Board Scorecard 2022/23

Sep-22
EFFECTIVE

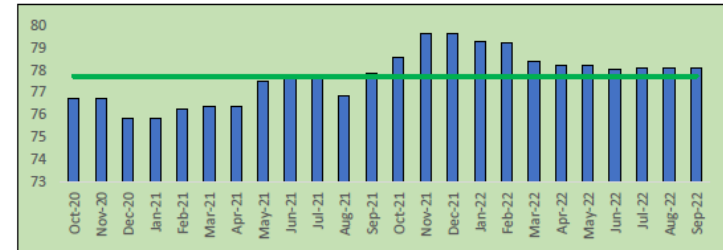


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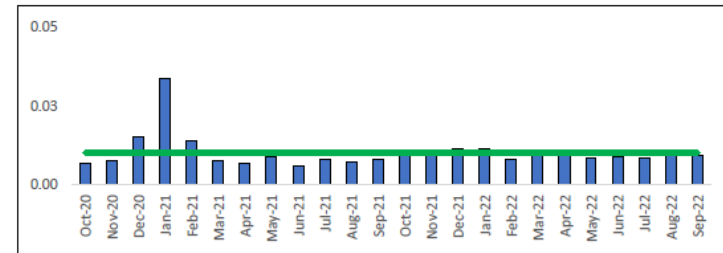
KPI Ref	KPI Description	Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	FY 21/22	YTD 22/23
K1.18	Number of serious untoward incidents	Value	2	3	3	2	5	2	29	17
		Numerator								
		Denominator								
		Target	0	0	0	0	0	0	0	0
		RAG	R	R	R	R	R	R	R	R



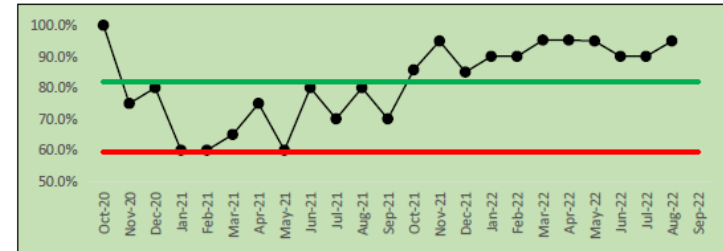
KPI Ref	KPI Description	Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	FY 21/22	YTD 22/23
K2.01	SHMI	Value	78	78	78	78	78	78	78	78
		Numerator								
		Denominator								
		Target	95	95	95	95	95	95	95	95
		RAG	G	G	G	G	G	G	G	G



KPI Ref	KPI Description	Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	FY 21/22	YTD 22/23
K2.02	Unadjusted mortality rate	Value	0.010	0.008	0.009	0.008	0.009	0.009	0.009	0.009
		Numerator								
		Denominator								
		Target								
		RAG								



KPI Ref	KPI Description	Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	FY 21/22	YTD 22/23
K2.03	Sepsis - % of eligible patients screened for sepsis - Emergency Department	Value	95%	95%	90%	90%	95%		81%	93%
		Numerator	20	19	18	18	19	0	197	94
		Denominator	21	20	20	20	20	0	242	101
		Target	90%	90%	90%	90%	90%	90%	90%	90%
		RAG	G	G	G	G	G	G	R	G

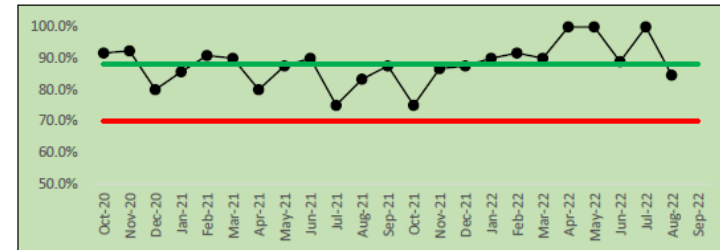


Board Scorecard 2022/23

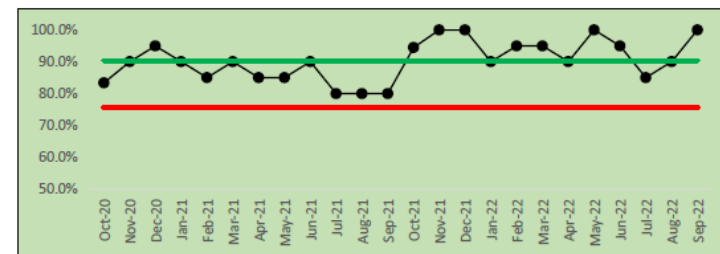
Sep-22
EFFECTIVE



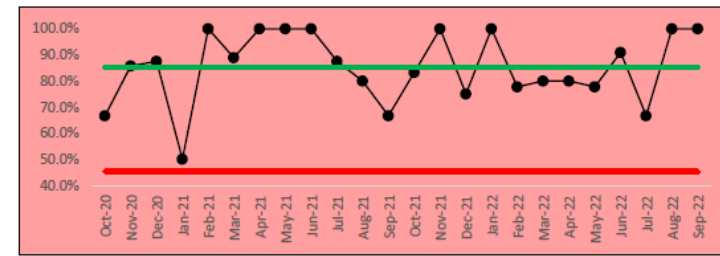
KPI Ref	KPI Description	Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	FY 21/22	YTD 22/23
K2.04	Sepsis - % of eligible patients who received antibiotics within 1 hour or arrival - Emergency Department	Value	100%	100%	89%	100%	85%		85%	95%
		Numerator	11	13	8	12	11	0	105	55
		Denominator	11	13	9	12	13	0	123	58
		Target	90%	90%	90%	90%	90%	90%	90%	90%
		RAG	G	G	R	G	R	G	R	G



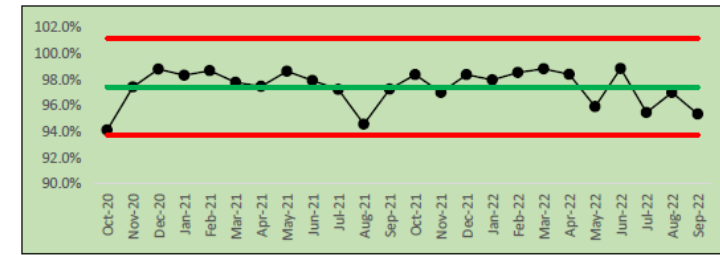
KPI Ref	KPI Description	Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	FY 21/22	YTD 22/23
K2.13	Sepsis - % of eligible patients screened for sepsis - Inpatients	Value	90%	100%	95%	85%	90%	100%	89%	93%
		Numerator	18	20	19	17	18	15	213	107
		Denominator	20	20	20	20	20	15	238	115
		Target	90%	90%	90%	90%	90%	90%	90%	90%
		RAG	G	G	G	R	G	G	R	G



KPI Ref	KPI Description	Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	FY 21/22	YTD 22/23
K2.14	Sepsis - % of eligible patients who received antibiotics within 1 hour or arrival - Inpatients	Value	80%	78%	91%	67%	100%	100%	88%	86%
		Numerator	4	7	10	2	4	4	83	31
		Denominator	5	9	11	3	4	4	94	36
		Target	90%	90%	90%	90%	90%	90%	90%	90%
		RAG	R	R	G	R	G	G	R	R



KPI Ref	KPI Description	Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	FY 21/22	YTD 22/23
K2.05	Prevention of Hospital acquired VTE (% patients risk assessed)	Value	98%	96%	99%	95%	97%	95%	98%	97%
		Numerator	1,100	1,104	1,108	988	935	962	14,283	6,197
		Denominator	1,118	1,151	1,121	1,035	964	1,009	14,614	6,398
		Target	95%	95%	95%	95%	95%	95%	95%	95%
		RAG	G	G	G	G	G	G	G	G

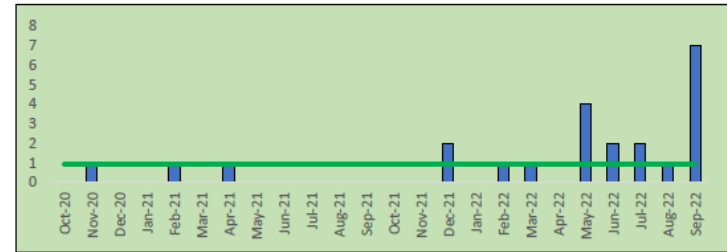


Board Scorecard 2022/23

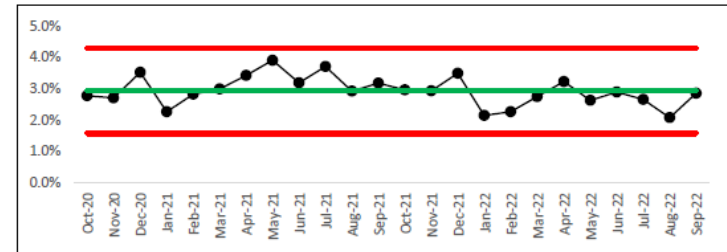
**Sep-22
EFFECTIVE**



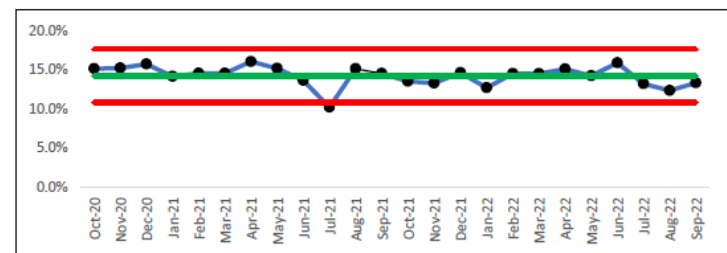
KPI Ref	KPI Description	Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	FY 21/22	YTD 22/23
K2.06	Incidence of Hospital acquired VTE (HAT)	Value	0	4	2	2	1	7	5	16
		Numerator	0	4	2	2	1	7	0	0
		Denominator	0	0	0	0	0	0	0	0
		Target	3	3	3	3	3	3	3	18
		RAG	G	R	G	G	G	R	R	G



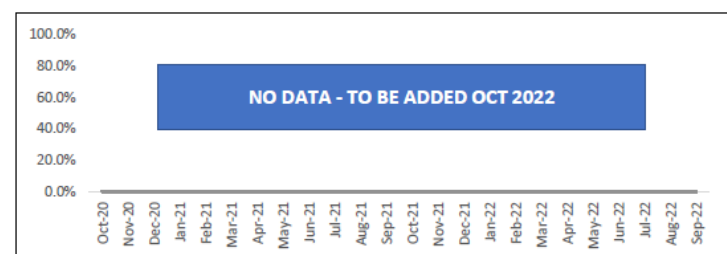
KPI Ref	KPI Description	Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	FY 21/22	YTD 22/23
K2.09	% Emergency readmissions following an elective admission - 30 days	Value	3.2%	2.6%	2.9%	2.7%	2.1%	2.8%	3.1%	2.7%
		Numerator	87	82	89	79	65	89	1,074	491
		Denominator	2,701	3,122	3,076	2,977	3,140	3,128	35,055	18,144
		Target								
		RAG								



KPI Ref	KPI Description	Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	FY 21/22	YTD 22/23
K2.10	% Emergency readmissions following an emergency admission - 30 days	Value	15.1%	14.2%	15.9%	13.2%	12.3%	13.3%	13.9%	14.1%
		Numerator	431	436	457	357	296	324	5,285	2,301
		Denominator	2,862	3,068	2,881	2,707	2,407	2,437	37,982	16,362
		Target								
		RAG								



KPI Ref	KPI Description	Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	FY 21/22	YTD 22/23
K3.16	Number of patients with Covid-19 on Part 1 of the Death Certificate	Value								
		Numerator								
		Denominator								
		Target								
		RAG								

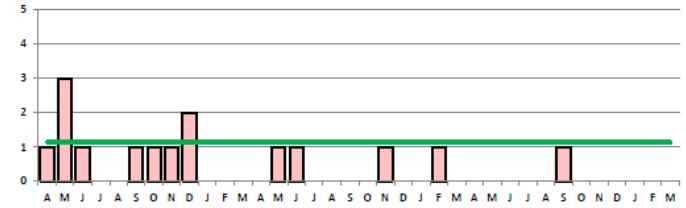


Hounslow & Richmond Community Healthcare NHS Trust

Effective

Reporting Period: September 2022

EFFECTIVE

KPI Description		Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	YTD 21/22	YTD 22/23	Trend	SPC Process Change
S10	New SIs		0	0	0	0	0	1	2	1		
	-		-	-	-	-	-	-	-	-		
	-		-	-	-	-	-	-	-	-		
	Target		-	-	-	-	-	-	-	-		
	-		-	-	-	-	-	-	-	-		

Kingston Hospital NHS Foundation Trust

Responsive

Reporting Period: September 2022

Board Scorecard 2022/23

RESPONSIVE

Is Care Responsive?

September 2022

Author: Tamsin Day, Associate Director, Unplanned care.

Emergency Department (ED): Performance in September against the 4-hour standard was 67.9% a decrease from 72.7% last month.

As part of the ED flow program we have commenced formal redirection of ambulances into of UTC and SDEC. We continue to work on streaming minor illness into UTC have seen a sustained number of patients seen in SDEC and work continues to understand the impact this is having on waits in the majors waiting room. We are undertaking a deep dive with the BI team to better understand capacity activity and demand across the 24 hour period and have invited the Emergency Care Intensive Support Team (ECIST) to review our patient pathways, structure and performance with a view to learning from best practice.

Ambulance handover delays continues to be a challenge with 137 x 30 min delays (89 in Aug) and 62 x 60 min delays (43 in August).

The number of 12 hours breaches remains stable at 411 (415 in August).

Flow remains challenging due to pressure in ED and delays in securing timely discharge for patients requiring large packages of care, inpatient rehabilitation, and new nursing home placements. We continue to work with community partners to strengthen the work of the Transfer of Care Hub as part of the System Flow programme.

Length of stay and discharge: The stranded and super stranded performance have both remained high - Stranded 206 and Super Stranded 90.

The Trust's Flow group continues to work on key priorities including:

- Implementation of electronic whiteboards on the wards - with the final 2 wards expected to be complete by November.
- Accurate recording of Criteria to Reside continues to be focused piece of work. Reporting has improved, this information is being used by the flow managers and the clinical teams to identify ward level discharge actions and progress timely discharge with the Transfer of Care Hub.
- We are also working closely with partners to revise the current Discharge to Assess form such that discharge information is sent earlier in the patient's admission.

The Trust continues to work closely with community partner is all aspects of discharge planning, we are also currently working on our winter plan with the system and partners to ensure a cohesive and collaborative plan which we expect to mitigate the increase in pressures this winter. Our new system discharge lead started work this month.

All of these initiatives are expected to support the ward teams in identifying blockages to timely care and discharge and to improve flow.

Board Scorecard 2022/23



RESPONSIVE

Is Care Responsive?

September 2022

Author: Rob Jeffries, Associate Director, Planned care.

RTT

Month 6 (September 2022) saw compliance against the 18 week standard decline slightly from 77.36% to 75.29% of patients having waited less than 18 weeks for treatment, excluding patients awaiting triage and registration (including these would increase performance by 3-5%). The Trust continued to accept mutual aid requests from neighbouring Trusts which impacted on compliance. Despite this, Kingston saw a further fall in the number of patients waiting over 52 weeks from 32 to 21. The Trust continued to have zero over 104 week waiters.

Diagnostic Waits

The proportion of patients waiting for their diagnostic test within 6 weeks of request increased from 59% at the end of August to 65% end the end of September. Many modalities improved their compliance with the standard. Although Audiology (40%) continued to struggle to meet demand as a result of staff vacancies compounded by sickness, and echocardiography (22.5%) remains significantly challenged with some additional capacity coming on stream through investment in the community diagnostic centres, although this is anticipated to only make a marginal difference. Endoscopy continued to largely meet the standard of 99% of patients having their test within 6 weeks with just 9 people having to wait longer than the standard. Non-obstetric ultrasound compliance continued its recovery and achieved 75.8% of patients seen within 6 weeks (it was 39.5% in June).

Cancer (August position)

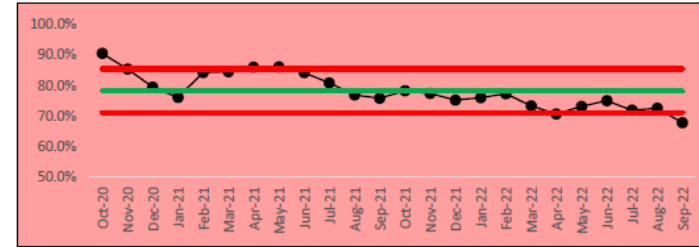
The Trust met the core 62 day cancer standard in August 2022 (achieving 85.3%), and also continues to lead in performance against the 28 day Faster Diagnosis Standard (FDS), with Kingston achieving 86.5% against a standard of 75%. The August performance was impacted by ongoing delays in imaging-guided biopsy and particularly by long waits for diagnostic tests (eg EUS, PET scan) at the Royal Marsden. September performance is very tight again for the 62 day standard with likely achievement or failure being down to one patient. The overall number of patients waiting over 62 days increased, although this is mostly driven by benign patients who have not had their negative findings sent in writing, and also by patients awaiting treatment at the Royal Marsden and St George's Hospitals.

Board Scorecard 2022/23

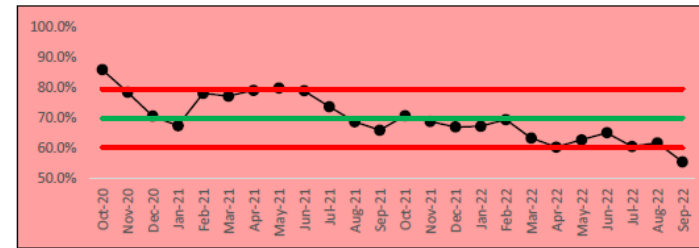
**Sep-22
RESPONSIVE**



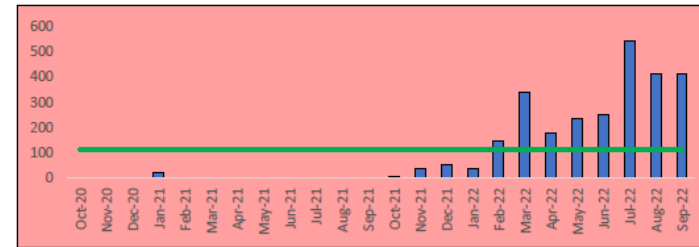
KPI Ref	KPI Description	Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	FY 21/22	YTD 22/23
K8.01	A&E 4 hour waiting time (all types)	Value	70.8%	73.2%	75.1%	72.0%	72.7%	67.9%	79.0%	72.0%
		Numerator	7,155	8,227	8,474	7,744	6,872	6,846	96,202	45,318
		Denominator	10,106	11,239	11,278	10,757	9,456	10,079	121,736	62,915
		Target	95%	95%	95%	95%	95%	95%	95%	95%
		RAG	R	R	R	R	R	R	R	R



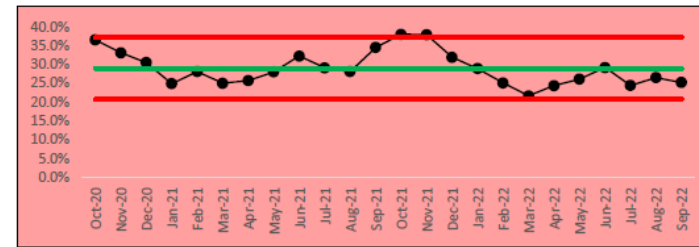
KPI Ref	KPI Description	Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	FY 21/22	YTD 22/23
K8.02	A&E 4 hour waiting time (type 1)	Value	60.4%	62.8%	65.2%	60.7%	61.8%	55.7%	71.1%	61.2%
		Numerator	4,362	4,889	4,981	4,432	4,028	3,845	61,179	26,537
		Denominator	7,217	7,780	7,643	7,302	6,515	6,909	86,087	43,366
		Target	95%	95%	95%	95%	95%	95%	95%	95%
		RAG	R	R	R	R	R	R	R	R



KPI Ref	KPI Description	Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	FY 21/22	YTD 22/23
K8.03	Number of A&E 12 hour trolley waits	Value	180	235	250	544	415	411	625	2,035
		Numerator								
		Denominator								
		Target	0	0	0	0	0	0	0	0
		RAG	R	R	R	R	R	R	R	R



KPI Ref	KPI Description	Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	FY 21/22	YTD 22/23
K8.04	LAS Ambulance Handovers - % within 15 minutes	Value	24%	26%	29%	24%	27%	25%	30%	26%
		Numerator								
		Denominator								
		Target	0%	0%	0%	0%	0%	0%	0%	0%
		RAG	R	R	R	R	R	R	R	R

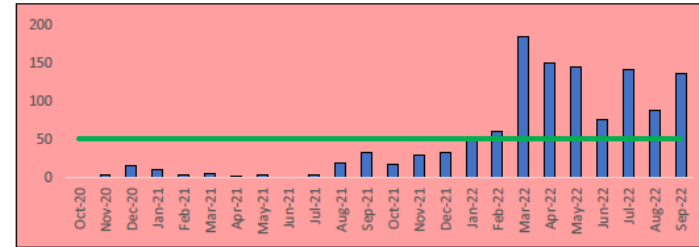


Board Scorecard 2022/23

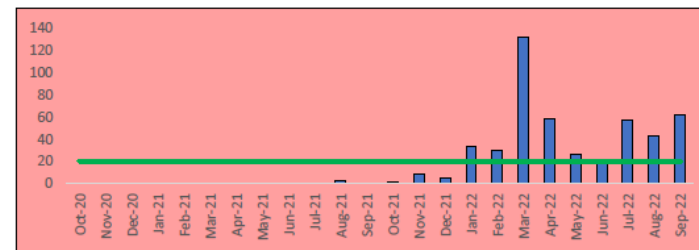
**Sep-22
RESPONSIVE**



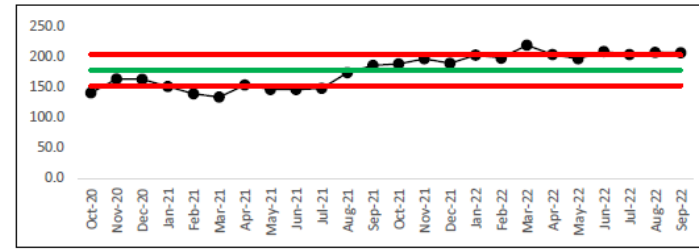
KPI Ref	KPI Description	Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	FY 21/22	YTD 22/23
K8.05	LAS Ambulance Handovers - 30 min waits	Value	150	146	76	141	89	137	438	739
		Numerator								
		Denominator								
		Target	0	0	0	0	0	0	0	0
		RAG	R	R	R	R	R	R	R	R



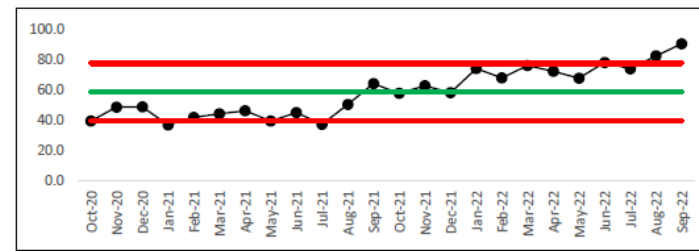
KPI Ref	KPI Description	Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	FY 21/22	YTD 22/23
K8.06	LAS Ambulance Handovers - 60 min waits	Value	59	27	21	57	43	62	217	269
		Numerator								
		Denominator								
		Target	0	0	0	0	0	0	0	0
		RAG	R	R	R	R	R	R	R	R



KPI Ref	KPI Description	Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	FY 21/22	YTD 22/23
K8.07	Stranded patients (>=7 days)	Value	204	196	208	204	207	206	2147	1226
		Numerator	6,108	6,091	6,254	6,315	6,427	6,192	65,287	37,387
		Denominator	30	31	30	31	31	30	365	183
		Target								
		RAG								



KPI Ref	KPI Description	Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	FY 21/22	YTD 22/23
K8.08	Super-stranded patients (>=21 days)	Value	72	67	78	74	82	90	677	463
		Numerator	2,163	2,090	2,338	2,283	2,549	2,705	20,562	14,128
		Denominator	30	31	30	31	31	30	365	183
		Target								
		RAG								

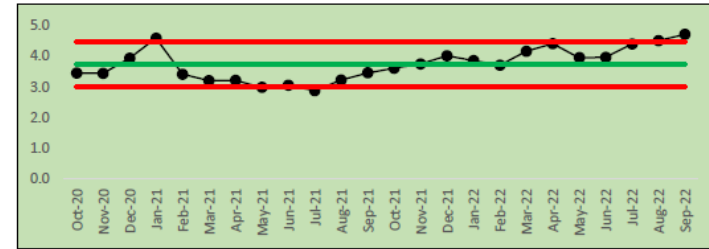


Board Scorecard 2022/23

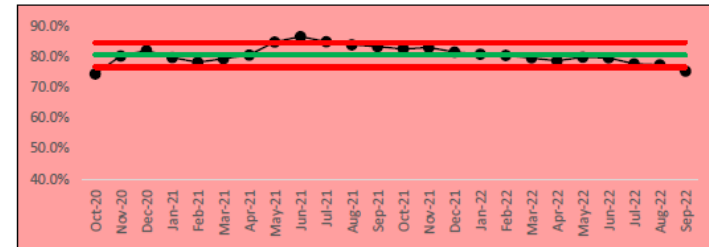
**Sep-22
RESPONSIVE**



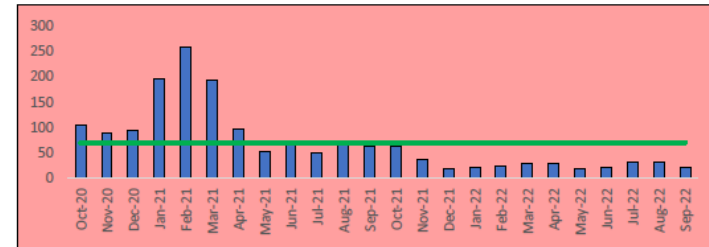
KPI Ref	KPI Description	Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	FY 21/22	YTD 22/23
K8.11	Average length of stay - Emergency admissions	Value	4.41	3.96	3.97	4.41	4.52	4.72	3.48	4.31
		Numerator	12,461	11,634	11,547	11,504	10,924	11,539	128,196	69,609
		Denominator	2,825	2,941	2,907	2,610	2,419	2,446	36,809	16,148
		Target	5.23	5.23	5.23	5.23	5.23	5.23	5.23	5.23
		RAG	G	G	G	G	G	G	G	G



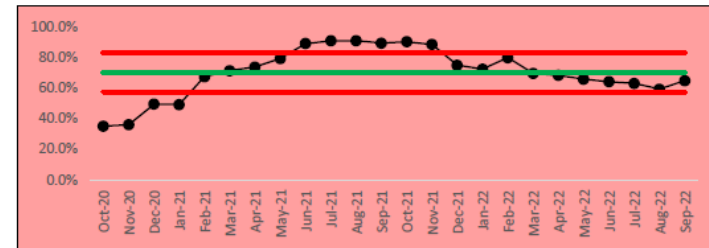
KPI Ref	KPI Description	Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	FY 21/22	YTD 22/23
K8.12	18 Weeks Referral to Treatment - Incomplete pathway	Value	78.6%	79.8%	79.6%	77.7%	77.4%	75.2%	82.5%	78.0%
		Numerator	22,057	22,934	23,433	22,863	23,665	23,368	245,989	138,320
		Denominator	28,060	28,723	29,445	29,434	30,592	31,059	298,052	177,313
		Target	92%	92%	92%	92%	92%	92%	92%	92%
		RAG	R	R	R	R	R	R	R	R



KPI Ref	KPI Description	Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	FY 21/22	YTD 22/23
K8.13	18 Week Referral to Treatment - number of incomplete over 52 week waiters	Value	28	20	21	33	32	21	597	155
		Numerator								
		Denominator								
		Target	0	0	0	0	0	0	0	0
		RAG	R	R	R	R	R	R	R	R



KPI Ref	KPI Description	Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	FY 21/22	YTD 22/23
K8.14	Diagnostic test - % waiting 6 weeks or less	Value	68%	66%	64%	63%	59%	65%	81%	64%
		Numerator	5,221	5,584	5,897	5,340	4,418	5,473	56,731	31,933
		Denominator	7,664	8,510	9,220	8,492	7,471	8,468	69,687	49,825
		Target	99%	99%	99%	99%	99%	99%	99%	99%
		RAG	R	R	R	R	R	R	R	R

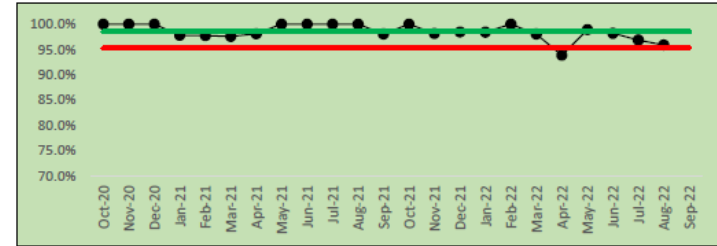


Board Scorecard 2022/23

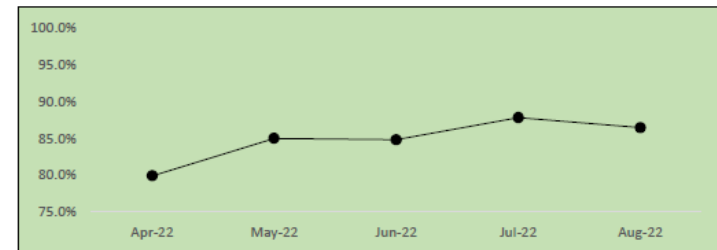
**Sep-22
RESPONSIVE**



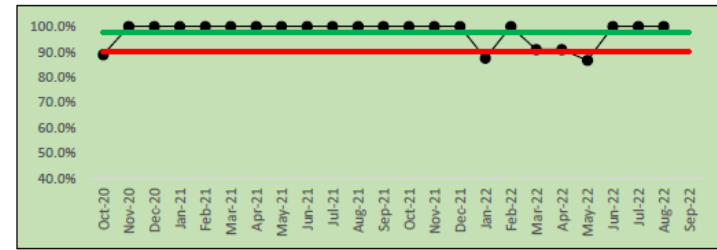
KPI Ref	KPI Description	Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	FY 21/22	YTD 22/23
K8.17	Cancer - Patients receiving first definitive treatment within one month (31 days) of a cancer diagnosis	Value	94%	99%	98%	97%	96%		99%	97%
		Numerator	107	91	109	93	116		660	516
		Denominator	114	92	111	96	121		666	534
		Target	96%	96%	96%	96%	96%		96%	96%
		RAG	R	G	G	G	R		G	G



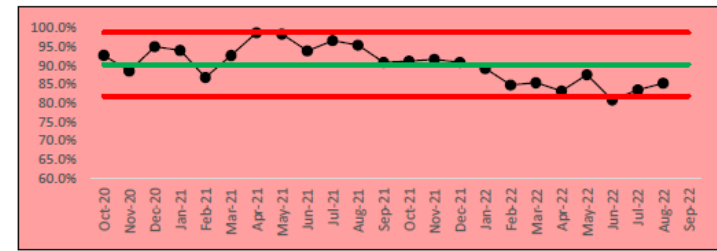
KPI Ref	KPI Description	Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	FY 21/22	YTD 22/23
K8.18a	Cancer -28 Day FDS Patients	Value	80%	85%	85%	88%	86%			85%
		Numerator	1229	1418	1309	1461	1585			7002
		Denominator	1538	1668	1543	1663	1833			8245
		Target	75%	75%	75%	75%	75%			75%
		RAG	G	G	G	G	G			G



KPI Ref	KPI Description	Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	FY 21/22	YTD 22/23
K8.19	Cancer - 31 day second or subsequent treatment - surgery	Value	91%	87%	100%	100%	100%		98%	95%
		Numerator	10	13	11	11	16		106	61
		Denominator	11	15	11	11	16		108	64
		Target	94%	94%	94%	94%	94%		94%	94%
		RAG	R	R	G	G	G		G	G



KPI Ref	KPI Description	Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	FY 21/22	YTD 22/23
K8.20	Cancer - 62 day urgent referral to treatment wait	Value	83%	88%	81%	84%	85%		91%	84%
		Numerator	75	67	64	61	79		615	345
		Denominator	90	77	79	73	92		674	410
		Target	85%	85%	85%	85%	185%		85%	85%
		RAG	R	G	R	R	R		G	R



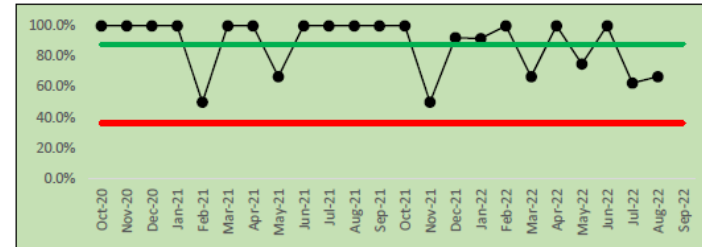
Board Scorecard 2022/23

Sep-22

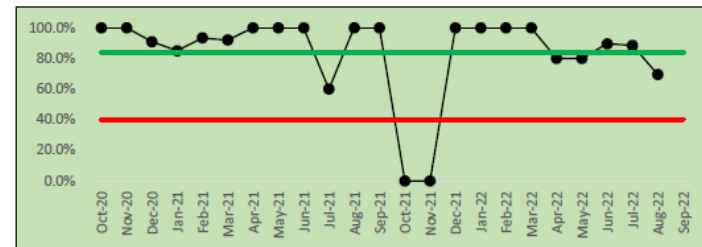
RESPONSIVE



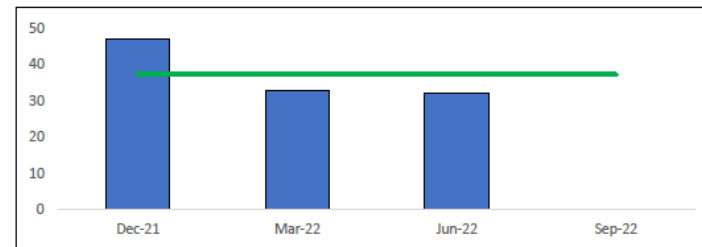
KPI Ref	KPI Description	Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	FY 21/22	YTD 22/23
K8.21	Cancer - 62 day wait for first treatment following referral from a NHS Cancer Screening Service	Value	100%	75%	100%	63%	67%		89%	83%
		Numerator	4	3	5	3	1		41	15
		Denominator	4	4	5	4	2		46	18
		Target	90%	90%	90%	90%	90%		90%	90%
		RAG	R	G	R	G	G		G	G



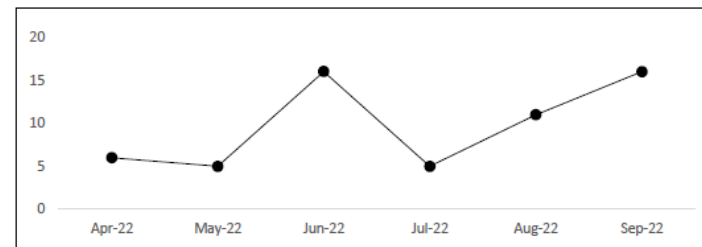
KPI Ref	KPI Description	Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	FY 21/22	YTD 22/23
K8.22	Cancer - 62 day wait for first treatment following consultant upgrade	Value	80%	80%	89%	88%	70%		92%	82%
		Numerator	6	4	9	12	8		33	38
		Denominator	8	5	10	13	12		36	47
		Target	85%	85%	85%	85%	85%		85%	85%
		RAG	G	G	R	R	G		R	G



KPI Ref	KPI Description	Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	FY 21/22	YTD 22/23	
K8.24	Number of cancelled operations	Value			32				80	32	
		Numerator									
		Denominator									
		Target									
		RAG									



KPI Ref	KPI Description	Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	FY 21/22	YTD 22/23
K8.26	Number of patients on Virtual Ward	Value	6	5	16	5	11	16	19	59
		Numerator								
		Denominator								
		Target								
		RAG								

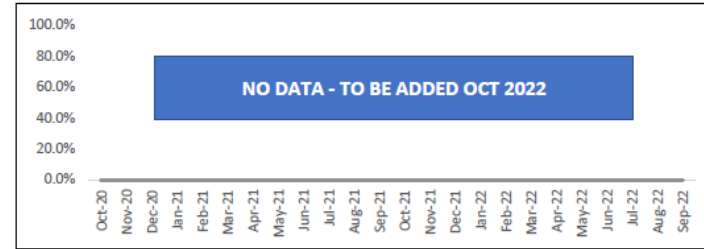


Board Scorecard 2022/23

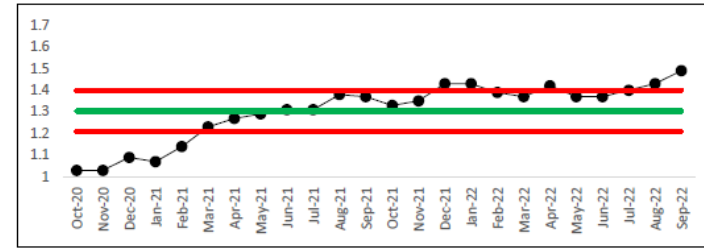
**Sep-22
RESPONSIVE**



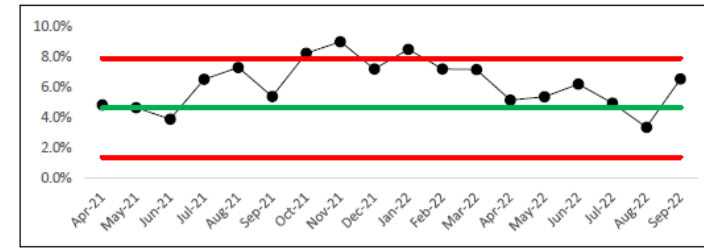
KPI Ref	KPI Description	Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	FY 21/22	YTD 22/23
K8.27	Number of PIFU appointments	Value								
		Numerator								
		Denominator								
		Target								
		RAG								



KPI Ref	KPI Description	Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	FY 21/22	YTD 22/23
K8.28	Outpatient New:Follow-Up ratio	Value	1.42	1.37	1.37	1.4	1.43	1.49	1.35	1.41
		Numerator	21484	24544	22982	22926	23333	24383	266944	139652
		Denominator	15093	17951	16743	16420	16352	16415	197797	98974
		Target								
		RAG								



KPI Ref	KPI Description	Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	FY 21/22	YTD 22/23
K8.29	% of NEL admitted through SDEC	Value	5.1%	5.3%	6.2%	4.9%	3.3%	6.5%	6.7%	5.2%
		Numerator	28	36	37	35	21	40	424	197
		Denominator	545	674	599	711	627	614	6344	3770
		Target								
		RAG								



Hounslow & Richmond Community Healthcare NHS Trust

Responsive

Reporting Period: September 2022

RESPONSIVE Domain

KPI Description		Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	YTD 21/22	YTD 22/23	Trend	SPC Process Change		
RO2	RTT WT completed non-admitted pathways	All Completed	125	148	176	134	156	96	567	835				
		Within 18 wks	87	96	111	86	90	52	558	522				
		%	69.6%	64.9%	63.1%	64.2%	57.7%	54.2%	98.4%	62.5%				
		Target	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%				
		R/AG	R	R	R	R	R	R	G	R				
Reason for performance gap:		<p>Activity in Sept was lower due to annual leave and sickness of substantive staff in Community Paediatric. Priority has been given to the CP referrals, then LAC Initial Health Assessments, (80% of which were Unaccompanied Asylum-Seeking Children - UASC), then SEN and then the CDC long waiters. The service is impacted by reduced capacity of 1.5wte staffing due to staff sickness (1.0wte) and vacancy (0.5wte) being covered by 3 part time locums collectively working 1.0wte this month.</p> <p>Capacity modelling for the CDC workload has identified that the team has the correct establishment for the rate of referrals, however vacancies and other absence and demands in high risk areas such as LAC, CP and SEN have resulted in a capacity gap for referral rate. A more extensive demand and capacity review is being undertaken and analysis will be supported by the Medical Director. However, the increased rate of referrals continues to widen this gap. Based on this the current establishment, there is not sufficient capacity to impact the back log volume, as well as achieve waiting time targets for new referrals. Thus the length of wait will not reduce without additional resource. A locum had been sourced to provide this additional resource, however due to another substantive staff now off sick, this will not increase capacity as quickly as expected, but will instead help maintain activity until the service is back at full staffing. We are piloting a skill mix approach using nursing to support medical staff. Work has taken place with commissioners to identify the additional resource needed for the LAC service and we are awaiting a decision on this. We are piloting a skill mix approach using nursing to support medical staff. Work has taken place with commissioners to identify the additional resource needed for the LAC service and we are awaiting a decision on this.</p>												
Action Plan											Start Date	End Date	Status	Outcome
		The team are prioritising CP, LAC initial health assessments, SEN and offering appointments to long waiters via a combination of virtual consultations and face to face, as appropriate. Follow up appointments have been reduced to increase the number of first appointments.									01/10/2021	30/11/2022	In progress	Timely response for all referrals
		Source additional locum to cover establishment gap, plus additional capacity to reduce waiting list.									01/10/2021	30/11/2022	Weekly contact to source locums	x1 locum sourced to cover x2 days for CDC only and x1 locum sourced to cover x1 day for LAC only (sickness cover)
		Awaiting outcome of NW London Clinical Commissioning Group (CCG) review of LAC services.									01/04/2022	31/01/2023	HRCH have been informed that NWL will not update on plans until after Christmas.	Standardised service specification/ service delivery
		Discussing service delivery in partnership with West London Trust (long term resilience not short term solution to current issues).									05/01/2022	30/11/2022	In progress	Long term resilience
		Discussing options such as costing of 'insourcing' with companies such as KPI Ltd									16/06/2022	30/11/2022	In progress	To clear the backlog
Author:		Uma Sai		Date	12/10/2022									

RESPONSIVE Domain

KPI Description		Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	YTD 21/22	YTD 22/23	Trend	SPC Process Change		
RO3	RTT WTs incomplete pathways	All Waiting	517	592	533	519	476	494	1,689	3,131				
		Waiting <18 wks	408	496	455	442	408	400	1,668	2,609				
		%	78.9%	83.8%	85.4%	85.2%	85.7%	81.0%	98.8%	83.3%				
		Target	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%				
		R/AG	R	R	R	R	R	R	G	R				
Reason for performance gap:		<p>Activity in Sept was lower due to annual leave and sickness of substantive staff in Community Paediatric. Priority has been given to the CP referrals, then LAC Initial Health Assessments, (80% of which were Unaccompanied Asylum-Seeking Children - UASC), then SEN and then the CDC long waiters. The service is impacted by reduced capacity of 1.5wte staffing due to staff sickness (1.0wte) and vacancy (0.5wte) being covered by 3 part time locums collectively working 1.0wte this month. Numbers waiting over 18 weeks have continued to reduce in September from the peak in May.</p> <p>Capacity modelling for the CDC workload has identified that the team has the correct establishment for the rate of referrals, however vacancies and other absence and demands in high risk areas such as LAC, CP and SEN have resulted in a capacity gap for referral rate. A more extensive demand and capacity review is being undertaken and analysis will be supported by the Medical Director. However, the increased rate of referrals continues to widen this gap. Based on this the current establishment, there is not sufficient capacity to impact the back log volume, as well achieve waiting time targets for new referrals. Thus the length of wait will not reduce without additional resource. A locum had been sourced to provide this additional resource, however due to another substantive staff now off sick, this will not increase capacity as quickly as expected, but will instead help maintain activity until the service is back at full staffing.</p>												
Action Plan											Start Date	End Date	Status	Outcome
		The team are prioritising CP, LAC initial health assessments, SEN and offering appointments to long waiters via a combination of virtual consultations and face to face, as appropriate. Follow up appointments have been reduced to increase the number of first appointments.								01/10/2021	30/11/2022	In progress	Timely response for all referrals	
		Source additional locum to cover establishment gap, plus additional capacity to reduce waiting list.								01/10/2021	30/11/2022	Weekly contact to source locums	x1 locum sourced to cover x2 days for CDC only and x1 locum sourced to cover x1 day for LAC only (sickness cover)	
		Discussing service delivery in partnership with West London Trust, (long term resilience not short term solution to current issues).								05/01/2022	30/01/2023	HRCH have been informed that NWL will not update on plans until after Christmas.	Long term resilience	
		Awaiting outcome of NW London Clinical Commissioning Group (CCG) review of LAC services.								01/04/2022	30/11/2022	Commenced	Standardised service specification/service delivery	
		Discussing options such as costing of 'insourcing' with companies such as KPI Ltd								16/06/2022	30/11/2022	In progress	To clear the backlog	
Author:		Uma Sai		Date	12/10/2022									

RESPONSIVE

KPI Description		Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	YTD 21/22	YTD 22/23	Trend	SPC Process Change
R01	A&E: maximum time of four hours: Arr to Dep	Within 4 hrs	11,726	13,735	13,398	13,452	12,492	13,027	78,535	77,830	<p>Period of consistent high performance during pandemic a result of reduced demand Mar-20 to Mar-21</p>	
		All Attends	12,760	14,499	14,473	14,572	12,964	13,514	80,336	82,782		
		%	91.9%	94.7%	92.6%	92.3%	96.4%	96.4%	97.8%	94.0%		
		Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%		
		R/AG	R	R	R	R	G	G	G	R		
R02	RTT WT completed non-admitted pathways	All Completed	125	148	176	134	156	96	567	835		
		Within 18 wks	87	96	111	86	90	52	558	522		
		%	69.6%	64.9%	63.1%	64.2%	57.7%	54.2%	98.4%	62.5%		
		Target	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%		
		R/AG	R	R	R	R	R	R	G	R		
R03	RTT WTs incomplete pathways	All Waiting	517	592	533	519	476	494	1,689	3,131		
		Waiting <18 wks	408	496	455	442	408	400	1,668	2,609		
		%	78.9%	83.8%	85.4%	85.2%	85.7%	81.0%	98.8%	83.3%		
		Target	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%		
		R/AG	R	R	R	R	R	R	G	R		
R05	Diagnostic waiting times: over 6 weeks	All Seen	199	183	208	203	236	137	863	1,166		
		Waited > 6wks	0	0	0	1	0	1	8	2		
		%	0.0%	0.0%	0.0%	0.5%	0.0%	0.7%	0.9%	0.2%		
		Target	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%		
		GA/R	G	G	G	G	G	G	A	G		

RESPONSIVE

KPI Description		Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	YTD 21/22	YTD 22/23	Trend	Comment
R11A	Richmond UTC Triage/ Streaming Time of 15 minutes	All Patients	3,710	4,343	4,387	4,626	4,417	4,623	23,949	26,106		Since May 20, performance close to 100%, so SPC limits redrawn
		Waiting 15 Mins <	3,709	4,343	4,384	4,623	4,414	4,622	23,920	26,095		
		%	100.0%	100.0%	99.9%	99.9%	99.9%	100.0%	99.9%	100.0%		
		Target	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%		
		RA/G	G	G	G	G	G	G	G	G		
KPI Description		Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	YTD 21/22	YTD 22/23	Trend	Comment
R11B	Hounslow UTC Triage/ Streaming Time of 15 minutes	All Patients	9,062	10,173	10,171	9,957	8,545	8,907	56,475	56,815		Since May 20, performance close to 100%, so SPC limits redrawn
		Waiting 15 Mins <	8,123	9,426	8,763	8,352	7,872	7,931	52,123	50,467		
		%	89.6%	92.7%	86.2%	83.9%	92.1%	89.0%	92.3%	88.8%		
		Target	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%		
		RA/G	A	G	A	A	G	A	G	A		
KPI Description		Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	YTD 21/22	YTD 22/23	Trend	Comment
R12	ICRS/RRRT Referrals responded to within 2 hrs	All Referrals	175	207	200	218	189	180	806	1,169		Sept-22 RRRT - 59/66 ICRS - 113/114
		Within 2 Hrs	169	204	198	186	180	172	794	1,109		
		%	96.6%	98.6%	99.0%	85.3%	95.2%	95.6%	98.5%	94.9%		
		Target	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%		
		R/AG	G	G	G	R	G	G	G	G		

Kingston Hospital NHS Foundation Trust

Well-Led

Reporting Period: September 2022

Board Scorecard 2022/23



WELL-LED

Are we Well-Led

September 2022

1. Vacancy (target 7%)

Vacancy rates have decreased this month to 9.88%, this is the first time since May-22 the measure has been below 10%. The staff groups requiring focus to achieve an improved overall rate are Additional Clinical Services (34wte from target) and Nursing and Midwifery Registered (29wte from target). So it is the Nursing staff group that are still the areas most impacted even though the vacancies have decreased for these groups again this month. Vacancy rates have risen in 3 of the 9 staff groups, the highest increase being in the Estates and Ancillary group, up by 3.99% to 16.38%. This is a small staff group so percentages will rise and fall quicker here. Unplanned Care has the highest rate of the Clinical divisions (10.58%) although all divisions have taken a downturn this month with the combined Central Directorates reached a green rating for the first time this year (6.87%). There are 20 Service Lines/Directorate recording a red rate, the top five with the largest WTE vacant are: Radiology (41wte), Elderly Care (34wte), A&E (30wte), Surgery & Urology (25wte) and Trauma & Orthopaedics (24wte). These are the same Services as last month. Vacancies are currently 2.88% above the target rate and in comparison to our colleagues in the SWL Hub we now have the lowest vacancy rate.

2. Turnover (target 14%)

Turnover has increased this month to be back over 18% at 18.83%. This is because the largest number of leavers for over 3 years were recorded this month (65), over double what it should be to reach target. The largest turnover is within the staff groups Allied Health Professionals (22.57%), Additional Clinical Services (21.51%) and Administrative & Clerical (19.69%). Despite these high rates the number of leavers has decreased in two of these groups this month, the only increase occurring in the AHP group. The highest number of leavers are within Cluster 5, although the numbers have been decreasing here since May-22. Conversely leavers are increasing month on month in Cluster 3, up by 16 since the start of the financial year (20.03%) and continues to be an area of concern. There are 22 Service Lines/Directorates that record a red rate, the top 5 being: Medical Director (40.85%), Pharmacy (27.67%), Haematology (25.90%), Corporate Affairs (25.05%) and Strategy (24.41%). These are all small and so percentages can appear disproportionate. The highest number of leavers are in Maternity (76), Elderly Care (43), Anaesthetics, Theatres & DSU (35) and A&E (35). Turnover is currently 4.33% above the target rate.

3. Sickness (target 3.50%)

Sickness has decreased this month remaining at an amber rating 4.06%. Staff groups with the highest rates are Estates and Ancillary (6.45%), Additional Clinical Services (6.23%) and Nursing and Midwifery Registered (4.55%). Unplanned Care has highest rate of the divisions at 4.62%, and 3 of the Clusters record a red-rating the highest of which is Cluster 1 (5.54%). There are 8 Service Lines/Directorates recording a red rate, the top five being; AAU (8.94%), Haematology (8.55%), Corporate Affairs (6.61%), Outpatients and Records (6.52%) and Cardiology (5.88%). The top reasons cited for Sickness this month is Cold, Cough, & Flu (21%) and 88% of sickness is short term. Clusters 2, 1 and 6 record short-term sickness over 100wte in month. Sickness is currently 0.56% above the target rate

Board Scorecard 2022/23



WELL-LED

Are we Well-Led

September 2022

4. Mandatory Training (target 90%)

This month the compliance rate has increased again to 85.85%. Medical & Dental continues to be the only red rated staff group at 71.57%, although improvements have been made in this staff group again this month. Allied Health Professionals and Estates & Ancillary record a green rating of over 90% this month as well as 15 Service Lines/Directorates. Lowest compliance rates for divisions are recorded in Unplanned Care (84.68%). There are only 4 red rated Service Lines/Directorates: Corporate Affairs (63.03%), Haematology (76.62%), Surgery & Urology (77.98%) and Maternity (79.39%). Mandatory Training is currently under target by 4.15%.

6. Appraisals (target 90%)

Appraisal rates have increased again this month by 2% to 81.67% and amber rated for the first time in three years. The lowest compliance, and red rated, are the Administrative & Clerical staff group (76.23%), Cluster 5 (70.33%) and the combined Central Directorates and Planned Care 74.45% and 79% respectively. There are 14 Service Lines/Directorates recording a red rating the top five being: Finance (48.72%), Corporate Affairs (51.02%), Cancer (53.57%), Strategy (62.50%) and Gynaecology & Breast (65.56%). There are 9 Services that record a green rating over 90%. Appraisals are currently under target by 8.33%.

10. Stability (target 90%)

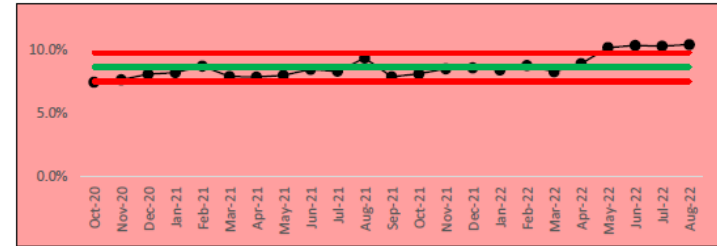
Stability has decreased this month to a red rating of 82.48%. The least stable, and red rated, are staff groups Additional Clinical Services (75.05%) and Allied Health Professionals (79.75%), Unplanned Care (79.28%) and Clusters 2 and 3; 75.91% and 80.57% respectively. There are 16 Service Lines/Directorates with a red rating the top 5 being: Pharmacy (67.92%), Cardiology (71.58%), Therapies 73.64%), Strategy (75.69%) and Elderly Care (75.91%). In the rolling year 143 employees have left the Trust with less than a year's service (23%). 38% of these leavers are from the Administrative and Clerical Staff Group, 29% from Additional Clinical Services and 24% from Nursing and Midwifery Registered. This month 32% of the in month leavers left with under a year's service, which is 13% higher than last month. Stability is under target by 7.52%.

Board Scorecard 2022/23

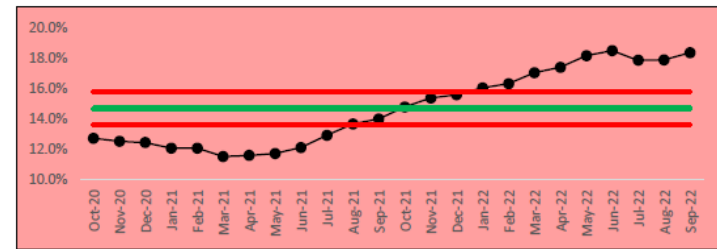
Sep-22
WELL-LED



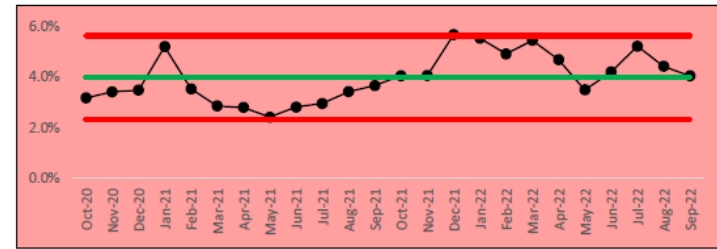
KPI Ref	KPI Description	Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	FY 21/22	YTD 22/23
K7.01	Vacancy rate	Value	8.9%	10.2%	10.3%	10.3%	10.4%		8.4%	10.0%
		Numerator	326	377	384	382	386			1855
		Denominator	3660	3698	3708	3708	3703			18477
		Target	7%	7%	7%	7%	7%			7%
		RAG	R	R	R	R	R			R



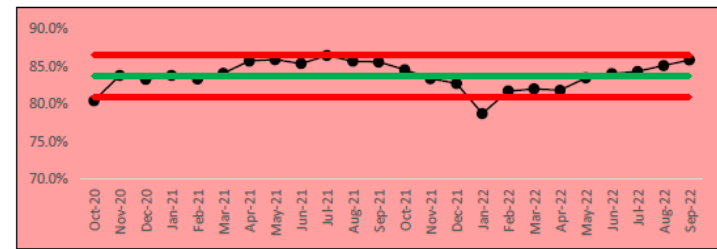
KPI Ref	KPI Description	Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	FY 21/22	YTD 22/23
K7.02	Turnover rate	Value	17.4%	18.1%	18.5%	17.8%	17.9%	18.3%	14.3%	18.0%
		Numerator	574	600	612	592	594	610		3582
		Denominator	3305	3309	3314	3320	3324	3328		19899
		Target	14%	14%	14%	14%	14%	14%		14%
		RAG	R	R	R	R	R	R		R



KPI Ref	KPI Description	Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	FY 21/22	YTD 22/23
K7.03	Sickness rate	Value	4.7%	3.5%	4.2%	5.2%	4.4%	4.1%	4.0%	4.4%
		Numerator	4707	3610	4200	5395	4582	4069		26562
		Denominator	100110.62	103094.77	99720.44	102965.49	103237.69	100228.78		609358
		Target	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%		3.5%
		RAG	R	R	R	R	R	R		R



KPI Ref	KPI Description	Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	FY 21/22	YTD 22/23
K7.04	Mandatory training	Value	81.8%	83.5%	84.0%	84.3%	85.1%	85.9%	84.0%	84.1%
		Numerator								
		Denominator								
		Target	90%	90%	90%	90%	90%	90%		90%
		RAG	R	R	R	R	R	R		R

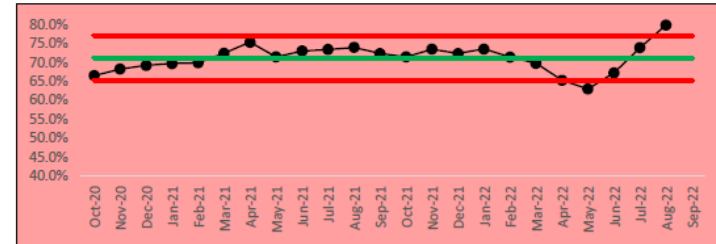


Board Scorecard 2022/23

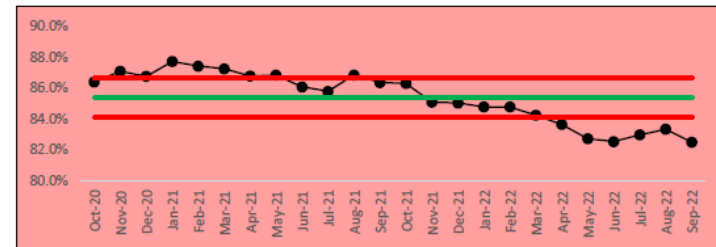
Sep-22
WELL-LED



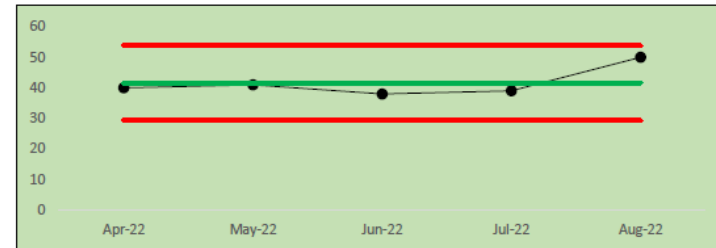
KPI Ref	KPI Description	Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	FY 21/22	YTD 22/23
K7.05	Appraisals / PDRs completed	Value	65.3%	63.0%	67.3%	73.9%	79.9%	81.7%	72.6%	71.8%
		Numerator								
		Denominator								
		Target	90%	90%	90%	90%	90%	90%		90%
		RAG	R	R	R	R	R	R		R



KPI Ref	KPI Description	Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	FY 21/22	YTD 22/23
K7.10	Stability (% of staff retained > 1 year)	Value	83.6%	82.7%	82.5%	83.0%	83.3%	82.5%	85.7%	82.9%
		Numerator	2493	2479	2461	2489	2473	2481		14877
		Denominator	2981	2997	2982	3000	2968	3008		17937
		Target	90%	90%	90%	90%	90%	90%		90%
		RAG	R	R	R	R	R	R		R



KPI Ref	KPI Description	Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	FY 21/22	YTD 22/23
K7.11	Time to hire	Value	40	41	38	39	50			208
		Numerator								
		Denominator								
		Target	45	45	45	45	45			225
		RAG	G	G	G	G	R			G



Hounslow & Richmond Community Healthcare NHS Trust

Well-Led

Reporting Period: September 2022

WELL-LED Domain

KPI Description		Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	YTD 21/22	YTD 22/23	Trend	SPC Process Change		
W07A	Staff Sickness - In-Month	Available FTE x Days	33,303	34,434	33,666	34,761	34,835	34,019	195,018	205,019				
		Time Lost FTE x Days	1,427	1,318	1,483	2,004	1,392	1,657	7,234	9,280				
		%	4.30%	3.80%	4.40%	5.80%	4.00%	4.90%	3.71%	4.53%				
		Target	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%				
		G/AR [HR]	A	A	A	R	A	R	A	R				
Reason for performance gap:		<p>Overall sickness was 4.9% in September. Anxiety/Stress/depression was the main reason for absence accounting for 21.6% of sick absence. Anxiety/Stress/depression absence days increased to 425 days in September from 288 days in August an increase of 47.6%. Covid absence has reduced, but still accounts for 9.5% of all absence in September.</p> <p>Five of the 13 divisions are red for sickness absence: Clinical Support service 8.5% Community Nursing 8.2% Hounslow Adults Unplanned & Integrated Care 7.1% Hounslow Children's Services 4.6% Richmond Adults Planned & Inpatient Services 6.8%</p> <p>Out of the 3 main staff groups Admin is red for sickness absence in September at 4.8% and Nursing is red at 6.8%.</p>												
Action Plan											Start Date	End Date	Status	Outcome
		NHS Employers have released new guidance and Covid from 7/7/2022 is no longer exempt from the sickness absence policy and will be monitored as part of the monthly trigger reports sent out. The monthly trigger reports were restarted in April 22									01/08/2022		Ongoing	
		HR will continue to support managers in managing sick absence									01/04/2022		Ongoing	
		The Trust continues to hold welfare events and encourages staff to access welfare resources.									01/12/2021		Ongoing	
Author:		Ian Hughes		Date	12/10/2022									

WELL-LED Domain

KPI Description		Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	YTD 21/22	YTD 22/23	Trend	SPC Process Change		
W09	Vacancy rate	Established WTE	1,174	1,217	1,215	1,202	1,231	1,255	6,859	7,294				
		Vacancy WTE	105	143	135	133	158	186	651	860				
		%	9.0%	11.8%	11.1%	11.1%	12.8%	14.8%	9.5%	11.8%				
		Target	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%				
		G/AR [HR]	G	R	R	R	R	R	G	R				
Reason for performance gap:		<p>The Trust definition of a vacancy is the NHSi definition is a post being actively recruited to. Using this definition the Trust had 185.7 WTE vacant posts September 22 compared to 158.2 WTE August 22 being actively recruited to with 87.6 WTE of those being nursing posts. 27.49 WTE post were created or reopened for recruitment in September 22.</p> <p>The 3 main staff groups; Nursing has a 14.3% vacancy rate, AHP 13.5% and Admin 9.5%. Turnover for Nursing and AHP remain red at 16.1% and 19.3% respectively.</p> <p>There are 7 divisions red for vacancy two of which Clinical Improvement and Clinical Managers are relatively small divisions 6 WTE and 11.9 WTE staff in post respectively.</p> <p>Clinical Support service 13.2% Community Nursing 31.3% Hounslow Adults Unplanned & Integrated Care 15.9% Hounslow Children's Services 14.3% Richmond Children Services 17.7%</p>												
Action Plan											Start Date	End Date	Status	Outcome
		Recruitment and Retention groups have been set up to look at the issue around AHP's and to target specific nursing areas. We have recently recruited 4 international nurses into community nursing teams and have will be onboarding a further 10 nurses over the course of the year. In addition we have offered a further 7 international AHP to the Trust who will expect to join the Trust once agency checks have been undertaken.									01/11/2021		ongoing	
		Post covid positions have been e-mailed to divisional mangers to check the establishment and will be issued every 2 months as a regular check									01/04/2022		ongoing	
		Community Nursing posts have been bucketed to allow easier transparency around over recruitment, the finance post list is being reviewed by operations to ensure correct									20/09/2022	31/10/2022	ongoing	
		Continue working with finance around post creation and deletion.									01/07/2017		ongoing	
Author:		Ian Hughes		Date	11/10/2022									

WELL-LED

KPI Description		Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	YTD 21/22	YTD 22/23	Trend	SPC Process Change
E01	Percentage of Staff Appraised	All Staff	984	979	977	969	965	956	5,757	5,830		Appraisals paused Apr-Jul-20 and Jan-21 due to pandemic Variation: Common Cause Capability: Capable Not Assured
		Appraised	768	805	818	839	844	828	5,217	4,902		
		%	78.0%	82.2%	83.7%	86.6%	87.5%	86.6%	90.6%	84.1%		
		Target	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%		
		RA/G	R	A	A	A	A	A	G	A		
E02	Percentage of Staff - Stat. & Mand. Training	Staff x Courses	12,627	12,637	12,777	12,733	12,861	12,713	72,467	76,348		Variation: Special Cause Negative Capability: Capable Not Assured
		Compliant	11,178	11,180	11,168	11,285	11,465	11,407	66,269	67,683		
		%	88.5%	88.5%	87.4%	88.6%	89.1%	89.7%	91.4%	88.7%		
		Target	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%		
		RA/G	A	A	A	A	A	A	G	A		
W07	Staff Sickness - Rolling 12 Months	Available FTE x Days	400,763	401,563	402,731	403,709	404,850	406,231	388,331	406,231		RAG rating for information only, exception report triggered by W07A. Variation: SPC Not Suitable Capability: SPC Not Suitable
		Time Lost FTE x Days	17,340	17,522	17,835	18,548	18,743	19,140	14,979	19,140		
		%	4.33%	4.36%	4.43%	4.59%	4.63%	4.71%	3.86%	4.71%		
		Target	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%		
		G/AR [HR]	A	A	A	R	R	R	R	R		
W07A	Staff Sickness - In-Month	Available FTE x Days	33,303	34,434	33,666	34,761	34,835	34,019	195,018	205,019		Variation: Common Cause Capability: Capable Not Assured
		Time Lost FTE x Days	1,427	1,318	1,483	2,004	1,392	1,657	7,234	9,280		
		%	4.30%	3.80%	4.40%	5.80%	4.00%	4.90%	3.71%	4.53%		
		Target	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%		
		G/AR [HR]	A	A	A	R	A	R	A	R		

WELL-LED

KPI Description		Latest 6 Months	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	YTD 21/22	YTD 22/23	Trend	SPC Process Change
W08A	Staff Turnover	Headcount	1,273	1,277	1,279	1,275	1,275	1,281	7,397	7,660		
		Leavers	201	207	209	208	208	195	830	1,228		
		%	15.80%	16.20%	16.30%	16.30%	16.30%	15.20%	11.2%	16.0%		
		Target	14.0%	14.0%	14.0%	14.0%	14.0%	14.0%	14.5%	14.0%		
		G/AR [HR]	A	R	R	R	R	A	G	R		
W09	Vacancy rate	Established WTE	1,174	1,217	1,215	1,202	1,231	1,255	6,859	7,294		
		Vacancy WTE	105	143	135	133	158	186	651	860		
		%	9.0%	11.8%	11.1%	11.1%	12.8%	14.8%	9.5%	11.8%		
		Target	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%		
		G/AR [HR]	G	R	R	R	R	R	G	R		
W10	Temporary and overtime costs	Total Pay '000s	0	10,043	5,030	5,031	5,022	6,178	28,869	31,304		
		Temp & O/T '000s	0	1,595	871	882	888	953	3,238	5,189		
		%	-	15.9%	17.3%	17.5%	17.7%	15.4%	11.2%	16.6%		
		Target	20.0%	20.0%	20.0%	20.0%	20.0%	20.0%	20.0%	20.0%		
		GA/R	-	G	G	G	G	G	G	G		

Glossary

Reporting Period: September 2022

Domain	Indicator reference	Description	Indicator Methodology	Data source
Caring	K3.01	Number of complaints received	Number of complaints received this month	Datix
Caring	K3.02	Number of complaints reopened	Number of complaints reopened this month	Datix
Caring	K3.03	Number of complaints referred to ombudsman	Number of complaints referred to ombudsman this month	Datix
Caring	k.3.05b	Friends and Family Score - Trust	Number of patients who would recommend the Trust to friends and family, as a percentage of all respondents.	FFT
Caring	K3.07	Friends and Family Score - Paediatric inpatients	Number of patients who would recommend the Trust to friends and family, as a percentage of all respondents.	FFT
Caring	k3.08a	Friends and Family Score - Outpatients	Number of patients who would recommend the Trust to friends and family, as a percentage of all respondents.	FFT
Caring	k3.09a	Friends and Family Score - A&E	Number of patients who would recommend the Trust to friends and family, as a percentage of all respondents.	FFT
Caring	k3.10c	Friends and Family Score - Maternity	Number of patients who would recommend the Trust to friends and family, as a percentage of all respondents.	FFT
Caring	K3.11	Friends and Family Score - Daycases	Number of patients who would recommend the Trust to friends and family, as a percentage of all respondents.	FFT
Caring	K3.13	Number of Mixed Sex Accommodation breaches	Number of Mixed Sex accommodation breaches	CRS
Caring	K3.14	% Complaints responded to within 25 working days (or date as agreed with complainant)	Percentage of complaints that have received a response within the agreed time frame, based on the month in which the response was due.	Datix
Caring	K3.2	Complaints per 100 patient contacts	The number of patient complaints divided by the number of 'patient contacts' multiplied by 100. KPI defined to be the same as that at Frimley Hospital A 'patient contact' is defined as one of: An inpatient discharge, a outpatient appointment or DNA, or an A&E attendance, or a daycase attendance.	CRS and Datix
Caring	K3.21a	Friends and Family Score - Inpatients (excluding daycases)	Number of patients who would recommend the Trust to friends and family, as a percentage of all respondents.	FFT
Effective	K1.18	Number of serious untoward incidents	Total number of serious untoward incidents reported	Datix
Effective	K2.01	SHMI	This ratio demonstrates the ratio between the actual number of deaths following hospital care in relation to the number of patients who were expected to die based on the patient's characteristics and comorbidities.	HSCIC
Effective	K2.02	Unadjusted mortality rate	The number of deaths as a percentage of all discharges, including daycase patients	CRS
Effective	K2.03	Sepsis - % of eligible patients screened for sepsis - Emergency Department	The percentage of patients sampled who met the criteria of the local protocol and were screened for sepsis.	Clinical Audit
Effective	K2.04	Sepsis - % of eligible patients who received antibiotics within 1 hour or arrival - Emergency Department	The total number of patients sampled who received antibiotics within 1 hour of arrival as a percentage of those who should have received antibiotics within 1 hour of arrival.	Clinical Audit
Effective	K2.05	Prevention of Hospital acquired VTE (% patients risk assessed)	Percentage of patients risk-assessed for Venous-Thromboembolism within 24 hours of admission	CRS
Effective	K2.06	Incidence of Hospital acquired VTE (HAT)	Number of recorded instances of VTE acquired while admitted	Datix
Effective	K2.09	% Emergency readmissions following an elective admission - 30 days	Percentage of patients re-admitted within 30 days of a previous elective admission	CRS
Effective	K2.10	% Emergency readmissions following an emergency admission - 30 days	Percentage of patients re-admitted within 30 days of a previous emergency admission	CRS
Effective	K2.13	Sepsis - % of eligible patients screened for sepsis - Inpatients		
Effective	K2.14	Sepsis - % of eligible patients who received antibiotics within 1 hour or arrival - Inpatients		
Effective	K3.15	Hand hygiene	Compliance rate with the Infection Control Saving Lives Audit	Infection Control
Responsive	K8.01	A&E 4 hour waiting time (all types)	Percentage of patients who received treatment and were admitted or discharged within 4 hours of arrival - Both Main A&E and Royal Eye Unit	UNIFY2 / NHS England
Responsive	K8.02	A&E 4 hour waiting time (type 1)	Percentage of patients who received treatment and were admitted or discharged within 4 hours of arrival - Main A&E Only	UNIFY2 / NHS England
Responsive	K8.03	Number of A&E 12 hour trolley waits	A&E 12 hour trolley waits	UNIFY2 / NHS England
Responsive	K8.04	LAS Ambulance Handovers - % within 15 minutes	Percentage of Ambulance handovers completed within 15 minutes of Arrival at A&E	LAS portal
Responsive	K8.05	LAS Ambulance Handovers - 30 min waits	LAS Ambulance Handovers - 30 min waits	LAS portal
Responsive	K8.06	LAS Ambulance Handovers - 60 min waits	LAS Ambulance Handovers - 60 min waits	LAS portal

Domain	Indicator reference	Description	Indicator Methodology	Data source
Responsive	K8.07	Stranded patients (>=7 days)	Daily average number of patients in hospital for over 6 days.	CRS
Responsive	K8.08	Super-stranded patients (>=21 days)	Daily average number of patients in hospital for over 20 days.	CRS
Responsive	K8.11	Average length of stay - Emergency admissions	The mean length of stay for patients, calculated by dividing the total inpatient days by the number of discharges	CRS
Responsive	K8.12	18 Weeks Referral to Treatment - Incomplete pathway	RTT 18 weeks - incomplete pathway	UNIFY2 / NHS England
Responsive	K8.13	18 Week Referral to Treatment - number of incomplete over 52 week waiters	RTT 18 weeks - incomplete pathway 52+ week waiters	UNIFY2 / NHS England
Responsive	K8.14	Diagnostic test - % waiting 6 weeks or less	Diagnostic test waiting times	UNIFY2 / NHS England
Responsive	K8.17	Cancer - Patients receiving first definitive treatment within one month (31 days) of a cancer diagnosis	Percentage of patients who began first definitive treatment within 31 days of receiving a cancer diagnosis	Infoplex
Responsive	K8.18	Cancer - 31 day second or subsequent treatment - drug	Percentage of patients who began treatment within 31 days of diagnosis, where the required treatment was an anti-cancer drug regimen	Infoplex
Responsive	K8.19	Cancer - 31 day second or subsequent treatment - surgery	Percentage of patients who began treatment within 31 days of diagnosis, where the required treatment was surgery	Infoplex
Responsive	K8.20	Cancer - Two month urgent referral to treatment wait	Percentage of patients treated within two months of an urgent GP referral	Infoplex
Responsive	K8.21	Cancer - 62 day wait for first treatment following referral from a NHS Cancer Screening Service	Percentage of patients treated within two months of an urgent referral from an NHS Cancer Screening Service	Infoplex
Responsive	K8.22	Cancer - 62 day wait for first treatment following consultant upgrade	Percentage of patients treated within two months of a consultant's decision to upgrade their priority	Infoplex
Responsive	K8.24	Number of cancelled operations	Number of operations cancelled within 24 hours of the planned operation	
Responsive	K8.26	Number of patients on Virtual Ward	Number of patients on virtual wards	Ross Whelan Report
Responsive	K8.27	Number of PIFU appointments		
Responsive	K8.28	Outpatient New:Follow-Up ratio	Number of Follow Ups Divided by Number of First Appointments	OP_DS Outpatient
Responsive	K8.29	% of NEL admitted through SDEC	SDEC admissions that go onto be admitted to IP ward as a proportion of total NEL admissions	CRS
Safe	K1.01	Number of patients with hospital acquired pressure ulcers (Grade 3&4)	Number of patients with a newly hospital acquired pressure ulcers (Grades 3 & 4)	Datix
Safe	K1.02	Number of patients with hospital acquired pressure ulcers (Grade 3&4) per 1000 beddays	Number of patients with a newly hospital acquired pressure ulcers (Grades 3 & 4) divided by number of General and Acute (G&A) occupied bed days	(n) Datix (d) Internal bedstate summary
Safe	K1.03	Number of patients with hospital acquired pressure ulcers (Grade 2)	Number of patients with hospital acquired pressure ulcers (Grade 2)	Datix
Safe	K1.04	Number of patients with hospital acquired pressure ulcers (Grade 2) per 1000 beddays	Number of patients with a newly hospital acquired pressure ulcers (Grade 2) divided by number of General and Acute occupied bed days	(n) Datix (d) Internal bedstate summary
Safe	K1.05	MRSA Bacteraemias (Hospital assigned)	Number of hospital assigned MRSA bacteraemia. This includes all cases that are assigned through a post infection review (PIR). Any 'hospital apportioned' MRSA cases with an ongoing PIR investigation will also be reported - this includes all MRSA cases that where the patients' first positive test for MRSA was taken on their third day of admission or afterwards.	Infection Control team - as reported to PHE
Safe	K1.06	MRSA Bacteraemias (Hospital apportioned)	Number of hospital apportioned cases of MSSA bacteraemia. This includes all MSSA cases that where the patients' first positive test for MSSA was taken on their third day of admission or afterwards.	Infection Control team - as reported to PHE
Safe	K1.07	Clostridium difficile infections (Hospital apportioned)	Number of hospital acquired C diff bacteraemia. Includes all CDiff cases that where the patients' first positive test for CDiff was taken on their fourth day of admission or afterwards.	Infection Control team - as reported to PHE
Safe	K1.08	Clostridium difficile infections (Hospital apportioned) due to confirmed lapse in care	Number of Clostridium Difficile Infections which are attributable to a lapse in care. Only applies to Cliff cases here the patients' first positive test for CDiff was taken on their fourth day of admission or afterwards.	Infection Control team - as reported to PHE
Safe	K1.09	Completed patient observations - adults inpatients (NEWS)	The percentage of patients who have received 2 or more completed sets of NEWS observations within a 24 hour period - Inpatients Only (Excluding Paeds)	Clinical Audit
Safe	K1.10	Completed patient observations - paediatrics inpatients (NEWS)	The percentage of patients who have received 2 or more completed sets of NEWS observations within a 24 hour period - Paeds only	Clinical Audit
Safe	K1.12	Number of patient safety incident (PSI) falls	Number of falls reported	Datix

Domain	Indicator reference	Description	Indicator Methodology	Data source
Safe	K1.13	Number of patient safety incident falls per 1000 G&A beddays	Number of reported falls divided by number of General and Acute (G&A) occupied bed days	(n) Datix (d) Internal bedstate summary
Safe	K1.15	Never events	"Never events" are very serious, largely preventable patient safety incidents that should not occur if the relevant preventative measures have been put in place.	
Safe	K1.16	Medication incidents	The number of incidents which actually caused harm or had the potential to cause harm involving an error in administering, prescribing, preparing, dispensing or monitoring medication.	Datix
Page				
Safe	K1.19	Number of Escherichia (E.coli) bacteraemia		
Safe	K4.01	Day - registered midwives / nurse fill rate	Total hours worked by registered nurses and midwives as a percentage of the planned hours - Day shift	HealthRoster
Safe	K4.02	Day - assistant fill rate	Total hours worked by healthcare assistants as a percentage of the planned hours - Day shift	HealthRoster
Safe	K4.03	Night - registered midwives / nurse fill rate	Total hours worked by registered nurses and midwives as a percentage of the planned hours - Night shift	HealthRoster
Safe	K4.04	Night - assistant fill rate	Total hours worked by healthcare assistants as a percentage of the planned hours - Night shift	HealthRoster
Safe	K4.05	Overall trust fill rate	Total hours worked as a percentage of the planned hours - All shifts	HealthRoster
Safe	K4.06	% of Registered nurse and midwife expenditure on agency staff	Safer Staffing - % of Registered Nurse and Midwife expenditure on agency staff	HealthRoster
Safe	K4.07	Care hours per patient day (CHPPD)	Total hours worked by staff proportionate to the number of occupied beds at midnight	HealthRoster/CRS
Safe	K5.01	Caesarean section rate	Percentage of caesarean sections relative to all births	CRS/Maternity Forms
Safe	K5.02	% women with a primary postpartum haemorrhage of 1500ml or more	Maternity - % of women with a primary postpartum haemorrhage of 1500ml or more	CRS/Maternity Forms
Safe	K5.03	% woman with a primary postpartum haemorrhage of 2000ml or more	Maternity - % of women with a primary postpartum haemorrhage of 2000ml or more	CRS/Maternity Forms
Safe	K5.04	Significant perineal trauma	Maternity - Significant Perineal Trauma	CRS/Maternity Forms
Well Led	K7.01	Vacancy rate	Vacancy rate	Human Resources
Well Led	K7.02	Turnover rate	Turnover rate	Human Resources
Well Led	K7.03	Sickness rate	Sickness rate	Human Resources
Well Led	K7.04	Mandatory training	Mandatory Training	Human Resources
Well Led	K7.05	Appraisals / PDRs completed	Appraisals / PDRs completed	Human Resources
Well Led	K7.10	Stability (% of staff retained > 1 year)	The proportion of permanent staff with a length of service of over 1 year	Human Resources

7. NHSE Patient Safety Incident Response Network

Committee in Common

Date: 26 October 2022	Agenda item: 7
Report Title: PSIRF initial presentation	Enclosure: C
Executive summary: This presentation is for information about the new Patient Safety Incident Response Frame Work (PSIRF) which will be implemented in Kingston Hospital and HRCH over the next 12 months. This is a mandated change that all NHS organisations are expected to do.	
Implications: Patient Safety – Changes to the way incidents are reported and reviewed / considered for investigation. Financial – n/a Risk – n/a Legal / Regulatory – n/a Reputational – n/a Equality – n/a	
Action: For information <input checked="" type="checkbox"/> For assurance <input type="checkbox"/> To Discuss <input type="checkbox"/> To approve <input type="checkbox"/>	
Executive Lead (name and title):	Nic Kane
Presenter (name and title):	Jemma Sibley, Patient Safety Manager, Lead for Serious Incidents Melanie Whitfield, Associate Director for Patient Safety
Item for: <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> HRCH <input type="checkbox"/> KHFT check for item for both trusts or either	
Link to strategic objectives:	Quality, deliver of high quality care
Consultation and communication:	This presentation has been presented to EMC and is due to go to QAC and PSRM committees over the next few weeks.
Decision / Recommendation: This presentation is for information.	
Appendix: PSIRF presentation will be presented in the meeting for information.	

NHSE Patient Safety Incident Response Framework

By Jemma Sibley



Living our values *every day*



Objectives for this presentation

- Overview of the PSIRF
- Highlight the differences are between the old (SIF) and new (PSIRF) systems
- Preparation required to adopt the new framework
- Key stakeholders
- Support required
- Agreement of implementation



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What is the PSIRF

- Patient Safety Incident Response Framework (PSIRF)
- Part of the national NHSE Patient Safety Strategy
- Mandated requirement for every contracted NHS healthcare provider
- NHSE based and supporting information and resources available on the NHSE website [NHS England » Patient Safety Incident Response Framework](#)



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What is PSIRF

- The PSIRF will move away from the current Serious Incident Framework (SIF)
- PSIRF moves away from reactive and hard-to-define thresholds for 'Serious Incident' investigation and moves towards a proactive approach to learning from incidents
- Promotes a range of proportionate safety management responses



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What is PSIRF

- Quality of investigation is the priority
- Investigations based on opportunity for learning
- Need to cover a range of incident outcomes
- Experience for those affected by incidents (staff / patients)
- Organisations must implement a Just Culture approach



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The future of Patient Safety Investigations

Committee in Common Part 1

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- Investigator must have expertise, experience, time and authority
- Investigation training is mandated
- PSIRF clarifies investigations must be led by those trained and experienced in patient safety incident investigation (PSII), with the authority to act autonomously and with dedicated time and resource
- Investigation timeframe is more flexible and set in consultation with the patient and/or family. They should average three months and never exceed six
- Timeframe to be considered and decided by the board



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The future of Patient Safety Investigations

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- Terminology - 'systems-based PSII' replaces the term root cause analysis (RCA)
- Governance and oversight is strengthened, with commissioners and local system leaders assuring plans and co-ordinating investigations spanning multiple settings.
- Provider boards now sign off PSII quality and safety improvements



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Key differences between old and new system

- Change in how we review incidents
- Move from reactive and hard-to-define thresholds for Serious Incident investigation and towards a proactive approach to safety and learning investigations
- Selects incidents for PSII based on the opportunity for learning
- Selects PSII for learning to ensure the wide range of outcome severities is covered
- Introduces local provider patient safety incident response plans (PSIRPs) to be agreed with commissioners



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Key differences between old and new system

- Highlights alternative, proportionate and effective responses to incidents (eg case note review, timeline mapping, 'being open' conversations, after action review, audit, to better describe common review activities and address queries
- Prioritises the quality of PSII to support and focus on safety and quality improvement
- Supports more balanced allocation of resources to develop improvements and equity of care from PSII findings



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Key differences between old and new system

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- PSII to be led by those with PSII training
- Experience of conducting quality PSII
- Authority to act autonomously
- Dedicated time and resource to conduct a good quality PSII
- PSII methodology



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Key differences between old and new system

- ‘Systems-based PSII’ or a ‘systems approach to investigation’ replaces the term ‘root cause analysis’ (RCA)
- PSII relates only to ‘comprehensive’ and ‘independent’ investigations
- Replaces previously termed ‘concise investigations’ with techniques such as audits and reviews
- Discontinues use of the ‘5 Whys’ technique as it is inadequate when used literally, in a linear fashion or as the sole analysis technique



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Key differences between old and new system

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- Promotes analysis techniques that facilitate a systems approach to identification of the interconnected contributory, human and causal factors
- Moves from over-reliance on documentation and statements to increased use of listening, interviews, discussion and observation
- Identifies system strengths as well as problems (together with their associated mitigating and contributory factors)



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Prepare for incidents (4 steps)

Establish behaviours of reporting, learning and a culture of quality improvement



Develop your Strategic Safety Plan based on your organisation incident history (Datix)



Design your system to support the needs of those affected by the incidents you are seeing (staff and patients)



Prepare, test and retest your response to incidents to identify and improve on any weaknesses

Incident response (4 steps)

Take immediate remedial action when the need is identified



Select and undertake investigations into the appropriate incidents based on your strategic safety plan



Provide support for all those affected (staff and patients)

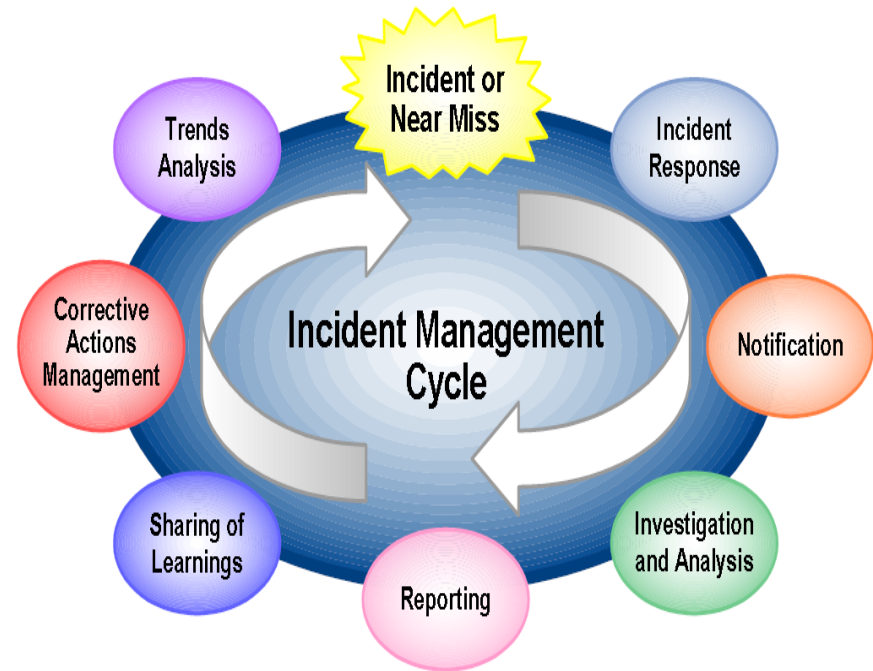


Develop, implement and monitor all improvements made using the QI cycle



Preparation

- Oversight of Incident Management
- Design your system wide governance and risk share arrangements with commissioners providers and partners
- Designate specific roles and ensure all appropriate experience and training of those involved



What happens now

- The new framework will be imbedded into the Trust over the next 12 months
- Currently reviewing all PSIRF documentation and networking to support the implementation
- Engagement with teams who are likely to be involved in this new framework QI / Complaints
- Reviewing systems and processes within the PS team



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Challenges

- Training for investigators and board members
- Patient and staff support (KHFT SoS)
- Resource / time whilst implementing and continuing to undertake SI's



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BREAK

8. Winter Plan

Committee in Common

Date: 26 October 2022	Agenda item: 8
Report Title: Winter plan 2022/23	Enclosure: D
Executive summary: To recommend to the committee in common a plan for the management of winter surge in Kingston and Richmond and to seek approval for the principles, the areas of focus and contingency planning.	
Implications: <i>the plan applies to all of the following</i>	
Patient Safety – Financial – Risk – Legal / Regulatory – Reputational – Equality –	
Action: For information <input type="checkbox"/> For assurance <input type="checkbox"/> To Discuss <input type="checkbox"/> To approve <input checked="" type="checkbox"/>	
Executive Lead (name and title):	Tracey Moore
Presenter (name and title):	Anne Stratton
Item for: <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> HRCH <input type="checkbox"/> KHFT <i>check for item for both trusts or either</i>	
Link to strategic objectives:	All objectives, Our people, Quality, Systems & partnerships and Sustainability
Consultation and communication:	19 October 2022 SEMC
Decision / Recommendation: to seek support for the recommended approach	
Appendix: Winter plan	

Winter Plan 2022-2023

Kingston and Richmond

Contents

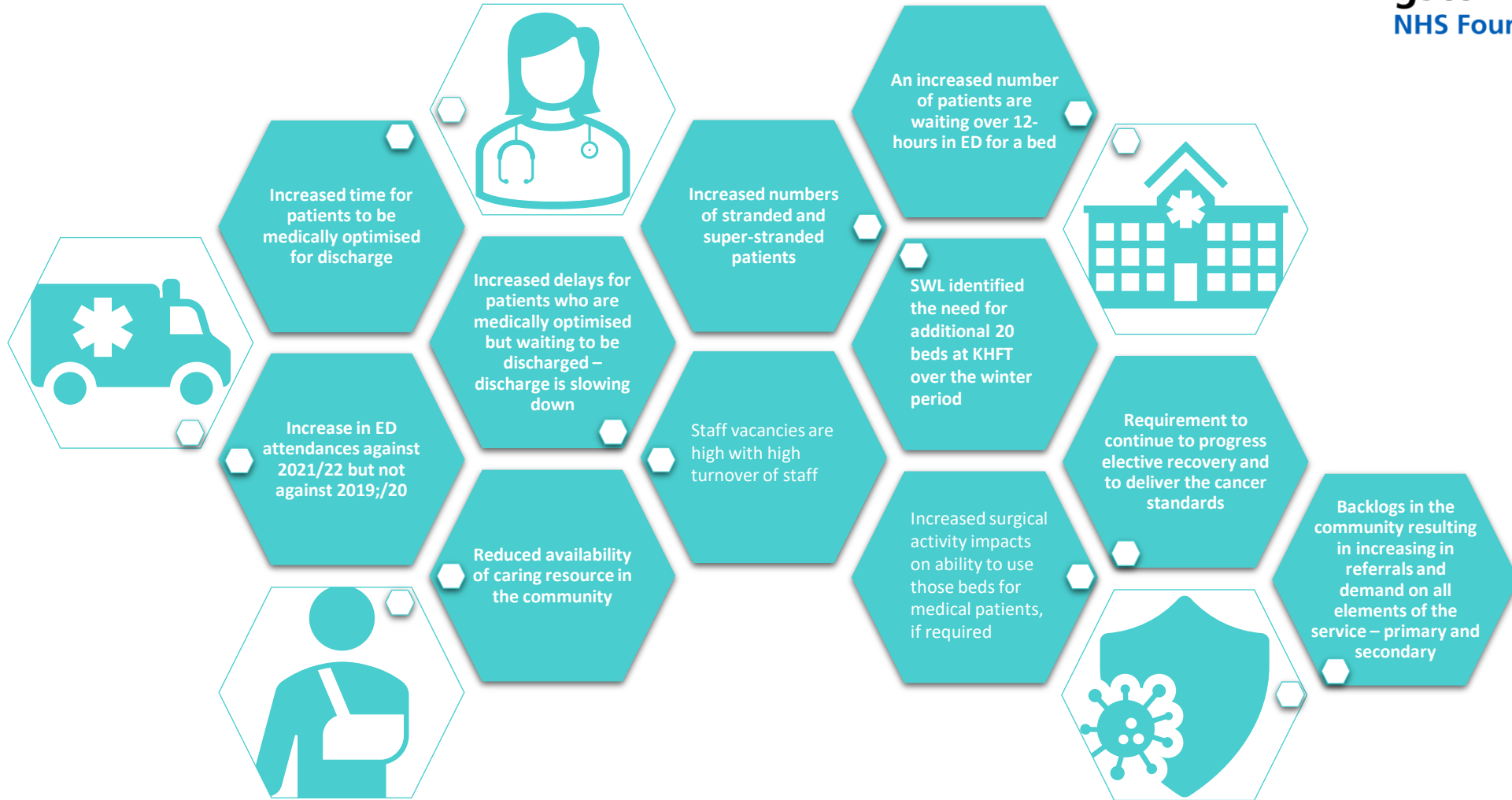
Describe the purpose of the Kingston and Richmond winter plan	
Describe the context in which our system is operating	
Set out principles on which our system has developed our winter plan	
Set out the resource available	
Outline work being undertaken by our system to manage winter	
Describe the management of the plan	

Kingston and Richmond system has an excellent track record of producing and implementing practical, comprehensive winter plans which have supported the urgent and emergency care pathway through challenging winters.

This year, we head into winter in uncharted territory; the previous two winters (2020/21 and 2021/22) saw the NHS in the midst of the Covid pandemic and then in a period of significant recovery which have impacted on activity, acuity and flow.

The system has been under significant pressure since the winter of 2021/22 and it now critical that our winter plan is flexible and responsive enough to navigate the months ahead.

Heading into winter 2022/23, the system finds itself in uncharted territory with:

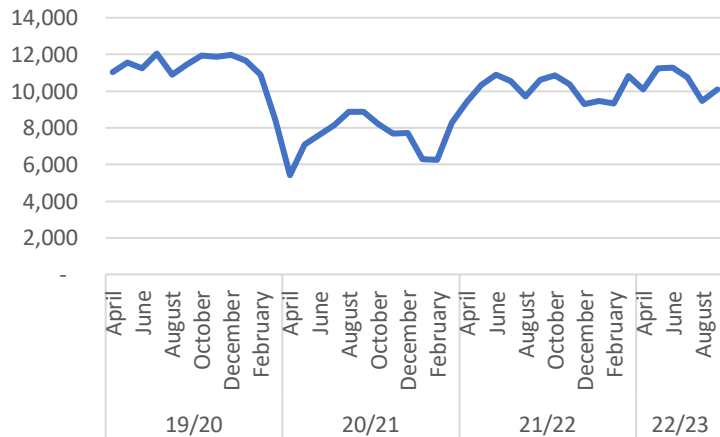


Emergency Department

- Urgent and emergency care has continued to be under significant pressure across the county with the summer seeing record numbers of Emergency Department attendances and urgent ambulance call outs
- Emergency Departments have become routinely overcrowded
- Emergency Department activity has returned to pre pandemic levels
- Waits in the Emergency Department have increased
- The number of patients waiting in ED for a bed has increased by 42%

Kingston AE attendances

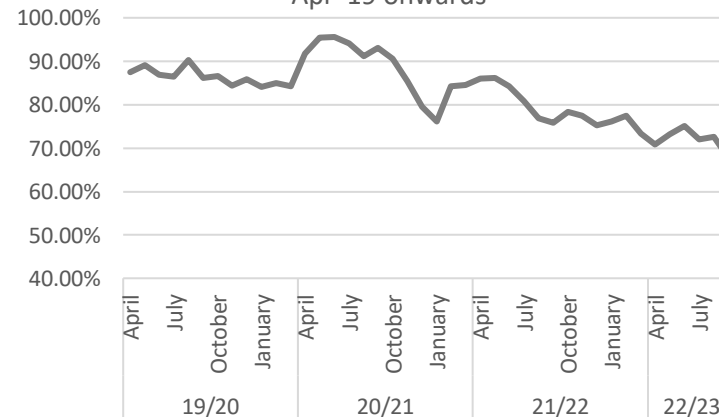
Apr' 19 onwards



Kingston AE Performance (note: axis begins at 40%)

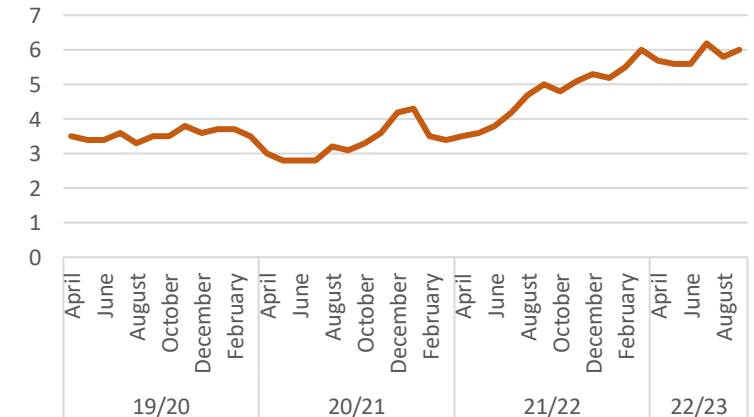
40%)

Apr' 19 onwards



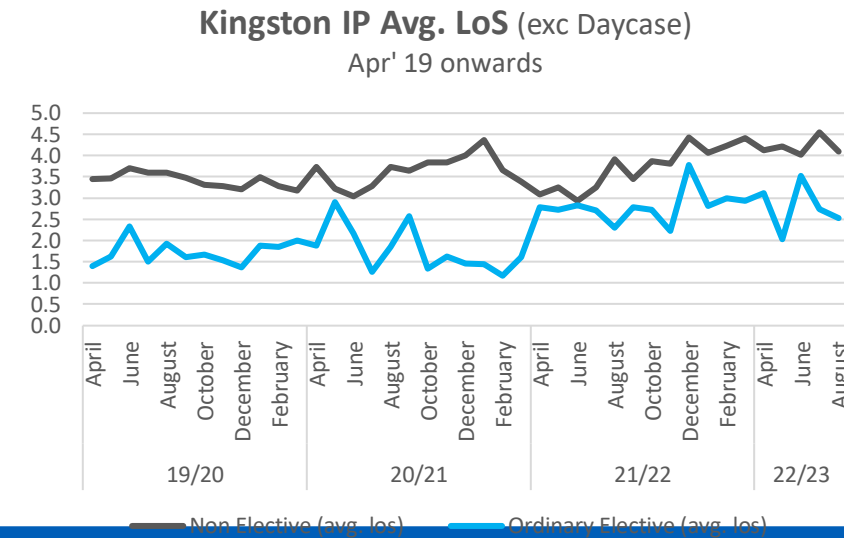
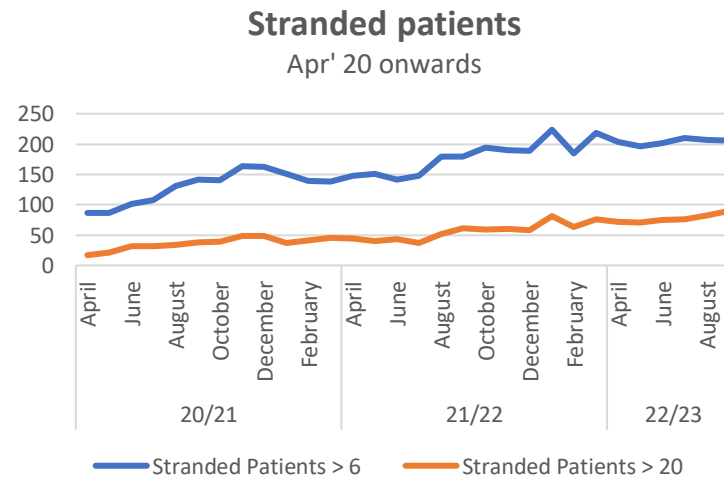
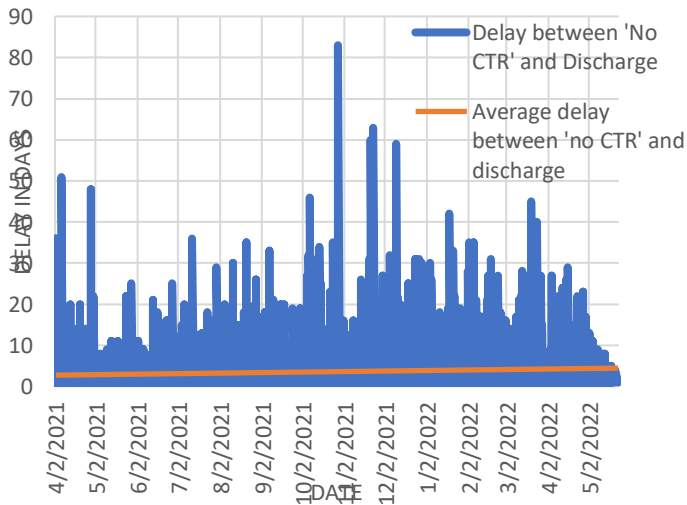
Avg hours spent in Kingston AE

Apr' 19 onwards



Inpatient wards

- Flow through hospital systems has slowed with longer length of stay and delays in discharging patients safely
- Care provision in the community has become less available, putting pressure on packages of care and nursing home placements
- The average length of stay on the wards has increased
- The length of stay of patients who no longer require acute care has increased.



Set out principles on which our system has developed our winter plan

Recognition that winter 2022/23 is going to be challenging:

Ensure the safety of patients and the health and well being of staff

Be a system response including primary care, acute unit, local authorities, community trusts and voluntary organisations

Involve patient and carers and ensure that information and communication regarding their pathway is clear

Focus on supporting patients at home as much as possible, with reduced attendance and admission to hospital

Focus on facilitating early discharge – ideally home – as soon as the patient is medically optimised

Maximise the number of patients who can be assessed, treated and discharged with 0 length of stay

Balance risk across the Emergency Department and the wards and across the organisations in our system

Have contingencies prepared, in the event, that the plan is not enough

Make optimal use of the funding made available and recognise manpower constraints – i.e. be realistic and avoid the use of escalation beds

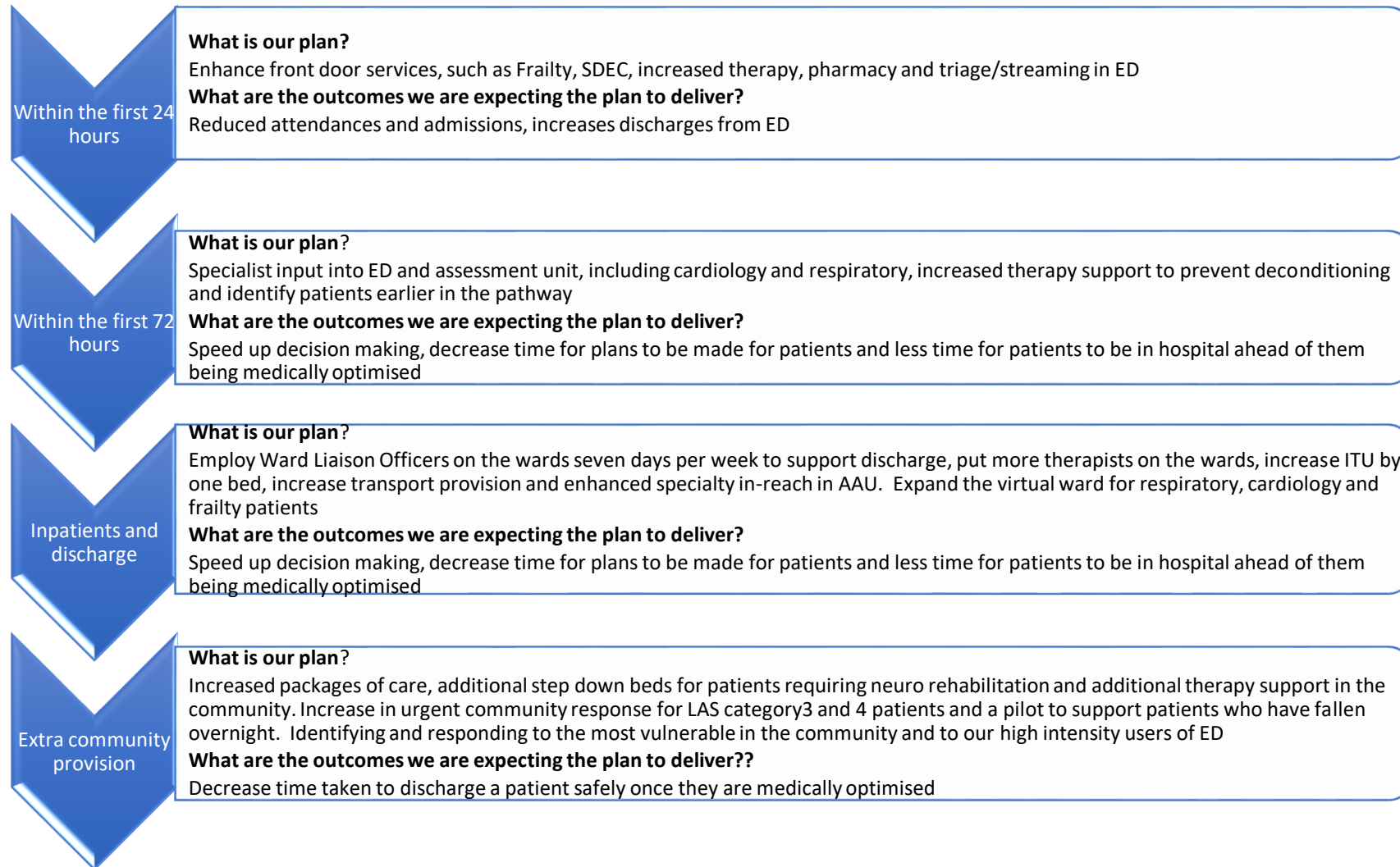
Maintain elective flow

Ensure that ITU capacity is available – in conjunction with other Trusts in SW London.

- £2.6m has been allocated to Kingston and Richmond following the submission of a bid to SWL ICS
- Of the above allocation:
 - £1.3m has been allocated to schemes managed by Kingston Hospital.
 - £1.3m has been allocated to schemes managed by the Local Authority and Community Trusts with Kingston receiving 60% of the fund allocation and Richmond receiving 40% in line with activity
- £735k is already in the Kingston Hospital budget, as agreed at budget setting for elements of the winter plan at Kingston Hospital including the opening of escalation beds on Hardy and Bronte Wards.
- Additional funds are in reserves for winter pressures at Kingston Hospital. Every effort will be made to avoid the use of this resource, but if in extremis, additional funding is required, EMC will be asked to consider the use of this money.
- SWL has identified two additional schemes which will support all systems - the purchase of 60 additional nursing home beds for the use of patients requiring step down (with a maximum length of stay of 14 days) and 11 nursing home beds for patients with Covid.

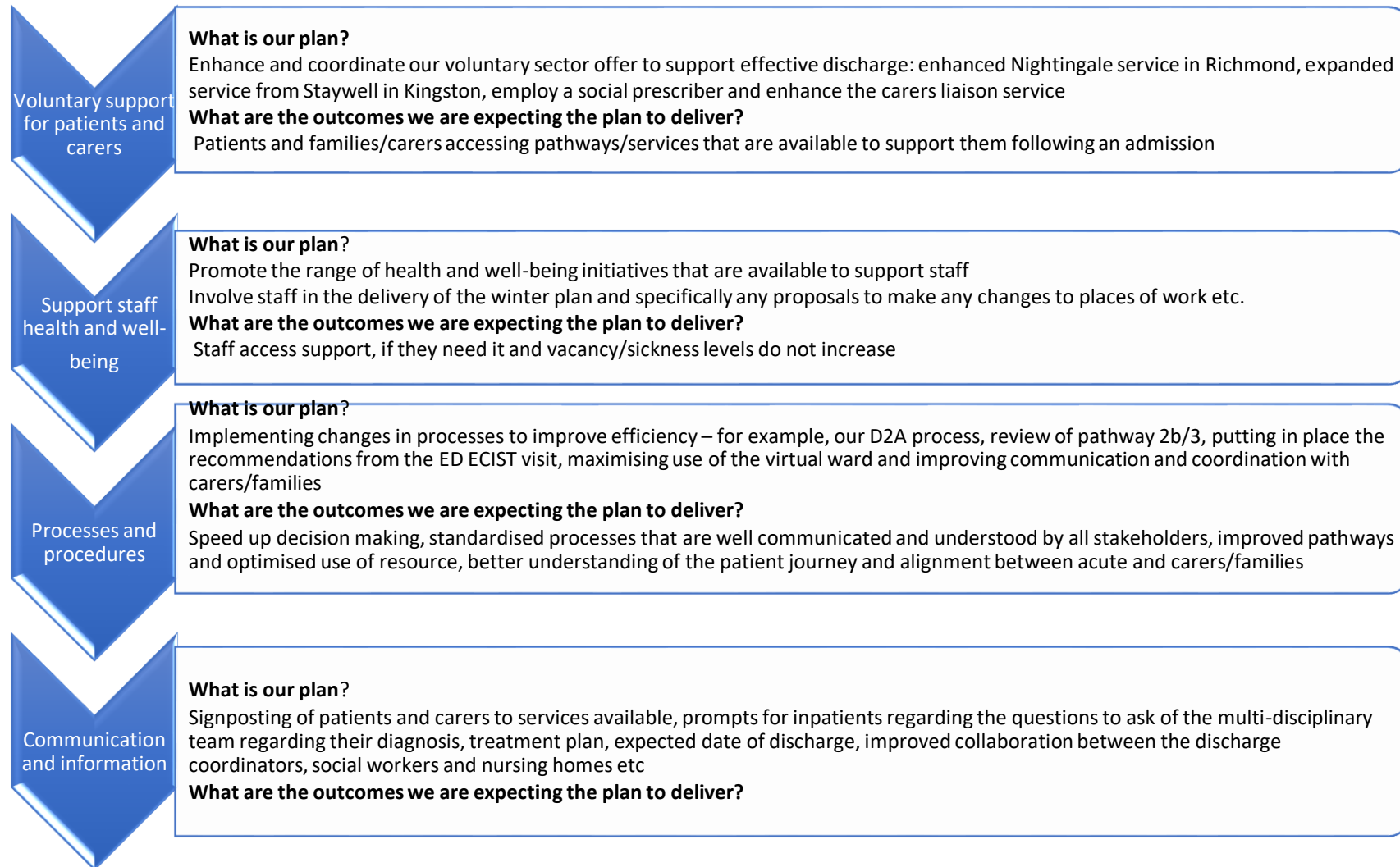
Outline work being undertaken by our system to manage winter

Committee in Common Part 1



Outline work being undertaken by our system to manage winter

Committee in Common Part 1



Enhanced Access Wrap Around Service in primary care(Kingston and Richmond)

1 October 2022 – 31 March 2023

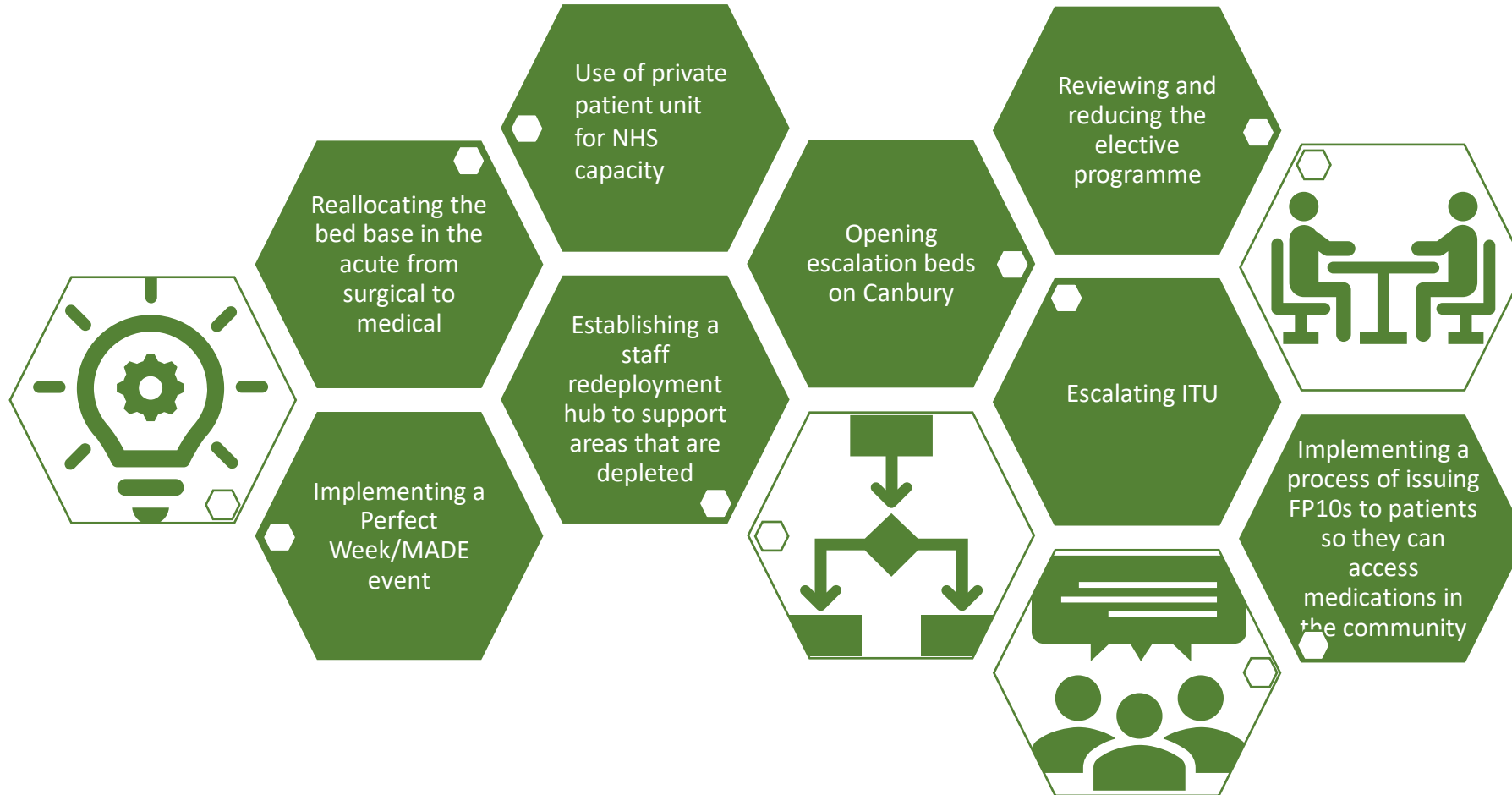
The Network Standard Hours for the new Enhanced Access Service which commenced on 1 October 2022 covers 6.30-8pm Monday-Friday and 9am-5pm Saturday. A wrap around service has been commissioned to cover Saturdays 5-8pm and Sundays and bank holidays 8am-8pm in order to maintain historic levels of provision. The details of each service are below:

	Kingston	Richmond
Hubs & Operational Hours	<p>Surbiton Health Centre, Ewell Road, Surbiton KT6 6EZ</p> <ul style="list-style-type: none"> • 5-8pm Saturday • 8am-8pm Sunday • 8am-8pm bank holidays <p>Kingston Health Centre, 10 Skerne Road, Kingston Upon Thames KT2 5AD</p> <ul style="list-style-type: none"> • 5-8pm Saturday • 8am-2pm Sunday 	<p>Essex House Surgery, Station Road, Barnes, SW13 0LW</p> <ul style="list-style-type: none"> • 5-8pm Saturday • 8am-8pm Sunday • 8am-8pm bank holidays <p>York Medical Practice, St. Johns Health Centre Oak Lane, Twickenham TW1 3PA</p> <ul style="list-style-type: none"> • 5-8pm Saturday <p>Hampton Medical Centre, 49A Priory Road, Hampton TW12 2PB</p> <ul style="list-style-type: none"> • 5-8pm Saturday
Number of Appointments	4 per hour (c385 additional appointments per month, with additional 48 appointments on Bank Holidays). This is the same level of provision that was in place prior to PCN Enhanced Access being implemented in October 2022.	4 per hour (c430 additional appointments per month, with additional 48 appointments on Bank Holidays). This is the same level of provision that was in place prior to PCN Enhanced Access being implemented in October 2022.
Work Force Mix	GP only	GP only
Access Routes	Pre-bookable appts, 111 appts	Pre-bookable appts, 111 appts

Describe the management of the plan

Committee in Common Part 1

Alongside the winter plan schemes which are being implemented, we have also prepared contingencies which are set out in the graphic below:



Management of the plan

- Weekly system meetings to monitor progress in recruitment, implementation of scheme
- Weekly hospital meetings with representatives of all relevant departments to monitor progress, to identify contingency plans where required and to consider impacts of the plan
- Reporting of progress to the AE Delivery Board, SW London Urgent and Emergency Care Board and EMC
- Use of the surge plan, agreed by all system partners
- Strategic and tactical command for the management of the site and the communication with partners, during the first two months of the new year
- Situation reports and trend analysis to support any adaptation to the plans.

- Kingston and Richmond system has a track record of producing and implementing practical, comprehensive winter plans which have supported the urgent and emergency care pathway through challenging winters
- This year we will face a different challenge – with no let up in the demand for emergency services, a backlog of elective work which cannot be compromised, an increase in surgical emergency activity which impacts on our medical capacity, very high stranded and super stranded patients, an exceptionally busy ED and staff vacancies and turnover is high
- Our plan this year does not assume that we can simply open additional beds, but focuses instead on providing:
 - Enhancements to those services which we know have an impact on attendances, admission and discharges
 - Increasing the level of senior decision making available at every stage of the pathway
 - Simplifying processes and clarifying roles
 - Reducing the non-clinical burden on clinical staff to facilitate discharge
 - Improving communication to patients, families and carers
 - Enhancing the capacity available in nursing homes, packages of care and step down facilities.
 - Having clear contingency plans, that can be implemented in the event that demand for services is higher than anticipated.
- Our winter plan has a robust management framework which includes the ongoing monitoring and evaluation of our schemes.

9. Medical Appraisal and Revalidation Report (KH)

Committee in Common

Date: 26 October 2022	Agenda item: 9
Report Title: Medical Appraisal & Revalidation Report	Enclosure: E
Executive summary: To provide assurance to the CiC regarding the Medical Appraisal and Revalidation process.	
Implications: Ongoing compliance with the medical appraisal and revalidation regulations. Reflects on all the areas below. Patient Safety Risk Legal / Regulatory Reputational Equality Financial – N/A	
Action: <u>For information</u> <input checked="" type="checkbox"/> For assurance <input type="checkbox"/> To Discuss <input type="checkbox"/> To approve <input type="checkbox"/>	
Executive Lead (name and title):	Dr Amira Girgis, Deputy Medical Director & Responsible Officer
Presenter (name and title):	Dr Amira Girgis, Deputy Medical Director & Responsible Officer
Item for: <input type="checkbox"/> Partnership <input type="checkbox"/> HRCH <input checked="" type="checkbox"/> KHFT <i>check for item for both trusts or either</i>	
Link to strategic objectives:	Quality – deliver high quality care
Consultation and communication:	Presented to the October SEMC
Decision / Recommendation: To note ongoing compliance with medical appraisal and revalidation regulations.	
Appendix: Medical Appraisal & Revalidation Report	

Medical Appraisal and Revalidation - Performance Update September 2022

1.0 Introduction & Context

Every licensed doctor must revalidate. Revalidation supports doctors to develop their practice, drives improvements in clinical governance and gives patients confidence that doctors are up to date. The process is also used to provide assurance to the General Medical Council (GMC) that a doctor has fulfilled the necessary criteria to maintain their licence to practice, based on the Good Medical Practice Framework published by the GMC.

All doctors are required to have a prescribed connection to a Designated Body. Designated Bodies include NHS Trusts, Local Education and Training Boards (LETB), Locum Agencies and other organisations. Each Designated Body has a Responsible Officer (RO) who is responsible for the appraisal and revalidation processes.

All non-training doctors who perform the majority of their practice at Kingston Hospital are connected to the Trust. Doctors connected to Kingston Hospital fall under the responsibility of Dr Amira Girgis, Deputy Medical Director, as the Trust's Responsible Officer (RO). Doctors in training are connected to the Local Education and Training Board (LETB) with the relevant Dean as their Responsible Officer.

The Trust submits quarterly and annual confirmation of appraisal rates to the London Revalidation Team (NHS England). The reports are based on appraisal rates for those with a prescribed connection to the Trust. The figures do not include any doctor not connected to Kingston Hospital or dental posts.

The following paper is to provide assurance to the Trust Board that the appropriate processes are in place within Kingston Hospital for the management of medical appraisals and revalidation, as well as providing an update on the recommendations for further improving the process.

1.1 Adjustments due to Covid-19 pandemic

In-line with national guidance, all appraisal activity was cancelled on 20th March 2020. All appraisals due up to 30th September 2020 were re-set for 2021. The GMC also automatically deferred all revalidation dates due until 30th September 2020.

Submission of the Annual Organisational Audit (AOA) reports for 2019-20 and 2020-21, and Quarterly Reports for 2020-21 were also cancelled.

With effect from June 2020, the GMC extended the automatic revalidation deferral period from 1st October 2020 – 16th March 2021, however, added the ability to submit revalidation recommendations for any doctor who has satisfied the requirements already. These changes affect all doctors with revalidation dates due until 16th March 2022.

Appraisal activity restarted from 1st October 2020 with a reduction in expected evidence requirements, and a greater emphasis on the role of the appraiser to prompt sufficient reflection during the appraisal discussion. There is also a greater focus on health and wellbeing including new questions within the appraisal Input Form specifically relating to Personal and Professional Wellbeing.

2.0 Annual Organisational Audit (AOA) report 2021-22 (formal submission not required but figures calculated for information purposes).

A summary of the figures normally submitted to the London Revalidation Team (NHS England) as part of the Annual Organisational Audit (AOA) report is shown below:

	Number of Prescribed Connections	Completed Appraisals	Approved Incomplete or Missed	Unapproved Incomplete or Missed
Consultants	223	191 (86%)	20 (9%)	12 (5%)
SAS Doctors	31	28 (91%)	2 (6%)	1 (3%)
Doctors on Performers Lists	0	0	0	0
Doctors with practising privileges	1	1 (100%)	0	0
Temporary or short-term contract holders	101	63 (62%)	33 (33%)	5 (5%)
Other doctors with a prescribed connection	29	19 (66%)	9 (31%)	1 (3%)
TOTAL	385	302 (78%)	64 (17%)	19 (5%)

Additional information re 64 appraisals “Approved Missed” for 2021-22:

- Additional Information re 64 “Approved Missed”:
- 22 x 1st job in NHS,
- 15 x Maternity Leave
- 11 x Update underway (but not yet completed)
- 8 x Appraiser Capacity Exceeded
- 4 x Update Missed pre-start at KHT
- 3 x Ill-Health,
- 1 x Career Break.

Of the 19 appraisals “Unapproved Missed” for 2021-22, 4 were completed. The remaining 15 were not completed (next update reset for 2022-23).

3.0 Revalidation Overview

	Number of Recommendations Submitted								
	13-14	14-15	15-16	16-17	17-18	18-19	19-20	20-21	21-22
Revalidated	48	77	81	15	11	61	93	35	95
Deferral Requested	8	22	9	2	3	21	14	0	35
Non-Engagement Indicated	0	0	1	0	0	0	0	0	0
TOTAL	56	99	91	17	14	82	107	35	130

4.0 Prescribed Connection Increase Overview

Prescribed Connection Increase	Number of Prescribed Connections								
	13-14	14-15	15-16	16-17	17-18	18-19	19-20	20-21	21-22
Consultants	159	173	183	192	209	209	223	226	223
SAS Doctors	17	16	17	15	20	25	30	31	31
Doctors on Performers Lists	0	0	0	0	0	0	0	0	0
Doctors with practising privileges	0	0	0	0	0	0	1	1	1
Temporary or short-term contracts holders	20	35	43	46	43	54	78	90	101
Other doctors with a prescribed connection	20	8	12	18	24	27	22	22	29
TOTAL	216	232	255	271	296	315	354	370	385

Increase of 169 additional connections since 2013-14.

5.0 Conclusion

During the pandemic, medical appraisal & revalidation were appropriately paused to allow staff to focus on clinical duties. The reinstatement of medical appraisal coincided with the second wave of the pandemic, resulting in a number of staff being unable to complete their appraisals on time. The vast majority of these outstanding appraisals have now been completed. Going forwards, the Trust's investment in a second Deputy Medical Director with responsibility for workforce and professional development will enable further quality improvement plans to be delivered.

10. Volunteering Strategy and Impact

Committee in Common

Date: 26 th October 2022	Agenda item: 10
Report Title: Volunteering Report for Q2 2022/23 and Vision for 'Better Together' Volunteering	Enclosure: E
Executive summary: This report covers Quarter 1, April – June 2022 activity, performance and impact of the Volunteering Service and volunteer communities across KHFT and HRCH. It also outlines the model that HRCH will follow in order to join Kingston Hospital as a sector leader in community based, NHS volunteering.	
Implications: <i>brief description against each or mark 'n/a'</i> Patient Safety – improved clinical outcomes (Falls Prevention) Financial – NA Risk – lack of operational clinical involvement can leave volunteers without clear supervision Legal / Regulatory – Ensuring volunteering does not creep into parameters of paid employment. Reputational – Getting it right first time, positive volunteering experiences and high impact roles. Equality – Equity of access to volunteering roles and opportunity regardless of protected characteristics; diversity of volunteers mirrors that of local populations	
Action: For information <input checked="" type="checkbox"/> For assurance <input checked="" type="checkbox"/> To Discuss <input checked="" type="checkbox"/> To approve <input type="checkbox"/>	
Executive Lead (name and title):	Nichola Kane, Chief Nurse
Presenter (name and title):	Nichola Kane, Chief Nurse
Item for: <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> HRCH <input type="checkbox"/> KHFT <i>check for item for both trusts or either</i>	
Link to strategic objectives:	<i>Note objective 1 Our People and 2 Quality</i>
Consultation and communication:	<i>Joint EMC have previously considered. Available for publication in accordance with FOI</i>
Decision / Recommendation: To note content and x3 key messages. A new joint strategy for KHFT and HRCH Volunteering 2023 - 2026 to be developed for Board approval early in 2023.	

Appendix 1: *British Geriatric Society Autumn Meeting 2022 Poster – Falls Prevention: Community Exercise Programme. Reducing risk of deconditioning, falls and loneliness in older patients.*

Appendix 2: *Back to Health model*

No slides. X3 key messages will be presented. The report will be taken as read.

Volunteering Report for KHFT Quarter 2 (July – September) 2022/23 and Better Together Vision for Volunteering

1. Introduction

This report covers Quarter 2, July - September 2022 activity, performance and impact of the Volunteering Service and volunteer communities across KHFT and HRCH. It also outlines the model that HRCH will follow in order to join Kingston Hospital as a sector leader in NHS volunteering. This quarter has seen the recruitment of 26 new volunteers, bringing our community of volunteers to 358. This figure also reflects the exit of 96 volunteers during this quarter, which is accounted for via our regular data cleansing activity and the exit of many of our younger volunteers due to increased study commitments or moving away from our locality to university. This volume of attrition is always anticipated to be high in Q2 and has been routinely mitigated with the recruitment outlined above.

The team dynamic has changed in a short space of time with the recruitment of 2 part time substantive staff to cover long-standing vacancies in our establishment, an anticipated return from maternity leave end of September and the appointment of a long-awaited Volunteer Services Co-ordinator leading on new projects and services. Alongside the opportunities and challenges of staff changes and embedding new team members, we are incredibly proud of the achievements of volunteers, demonstrating robust results from our services, good retention of our stable core of long-service volunteers, innovation in volunteering roles, and, new partnerships with clinical teams.

The financial year to date has also seen the HRCH Volunteering Service established, with a Lead for Volunteering from 1st April and a new Volunteering Service Manager commencing June and a Co-ordinator due to commence October 2022. This report therefore takes the opportunity to articulate the vision for volunteering at HRCH.

2. Strategic Alignment

The ambition for Volunteering across KHFT and HRCH aligns directly with the shared objectives for KHFT, HRCH and Your HealthCare.

Strategic Objective 1: Our people – to be great and inclusive places to work.

“Maximise recruitment and retention focusing on local supply to ensure safe staffing levels and meet patient demand”

3. Covid-Recovery: Re-building the community of volunteers

Between June 2021 and April 2022, the Volunteering Team facilitated the safe, phased return of 200 volunteers in accordance with the demand for the return of each role, whilst prioritising those with high impact on patients, low footfall by volunteers. As of June 2022, all 20 volunteering core roles have been re-assessed and re-activated with MOPD Welcomers and Macmillan Centre Volunteers most recently resumed, June and July 2022 respectively.

As of September 2022, there are 358 accepted and active volunteers and 105 people progressing with recruitment in order to commence their roles in Quarter 3, Oct – Dec 2022.

3.1 Training and compliance

In April 2022, we relaunched the Volunteering Induction Day, seeing 146 total (120 in Q1 and 26 for Q2 newly recruited) volunteers come through this statutory and mandatory training programme between April – September 2022. This included new recruits, with the addition of established

volunteers refreshing their mandatory training following our use of e-learning during the Covid-19 period of recruitment.

Our face to face training delivers an inspiring Patient Experience workshop and Protected Characteristics & Neurodiversity workshop, both in partnership with the Patient Experience & Improvement Team, receiving positive evaluation feedback. Volunteers are therefore well equipped with de-escalation skills to contain issues locally and offer resolution before they become complaints using the HEAT method (Hear, Empathise, Apologise, Take Action) as pioneered by World Host, the company which trained the London 2012 Olympics Games Makers' customer services skills.

Volunteers are also equipped with skills to ask patients about their communication needs, offering and advocating for accessible information and reasonable adjustments, removing inequalities in patients' access to healthcare and involvement in decisions about them. An Infection Control workshop and Q&A is also delivered in person, along with a Trust wide orienteering activity and bespoke training or local inductions.

Statutory training: Information Governance, Health & Safety, Safeguarding Adults & Children, Fire Safety, Security and a written briefing on Infection Control is delivered through a comprehensive Mandatory Training Handbook, authored by subject matter experts. Volunteers receive their Handbooks in hard copy on the day of Induction, and a Volunteer Agreement and Confidentiality Agreement, to confirm they have read and understood its contents. Volunteers are then obliged to update this training annually, utilising the approved modules on NHS Education's E-learning for Health Volunteering Certificate.

Compliance of returning volunteers (those returning to volunteering post-pandemic who have not yet attended F2F training) with annual refresher training will be addressed in Quarters 3 and 4 to reflect 100% compliance.

3.2 Peer to Peer Learning

The team have also been recruiting Buddies from the existing cohort of experienced volunteers to embed the volunteer-train-volunteer peer support system that has worked effectively for pre Pandemic. This has been implemented since April 2022 combined with staff-led inductions and we aim to be fully peer-to-peer led from October 2022.

4. Retention & Community Engagement:

4.1 Data Accuracy and DBS

A large data cleanse and DBS Check refresh is complete, ensuring our data of active, paused and archived/resigned volunteers remains accurate at all times. Since July 2022, 100% of active volunteers have a current, in date DBS Check. 5 Volunteers are currently paused as they await receipt of their DBS Check; as soon as they receive their DBS to their home address and bring this onsite for validation, they will be eligible to re-start.

There have been 96 leavers in Quarter 2 and work continues with volunteer welfare and check-in calls to ensure that our data is current and reflective of our active, paused and resigned volunteer community. Whilst high for a single quarter, the majority of these 96 leavers reflect people who became 'inactive' during the Pandemic and have been reached through a proactive data cleanse to ascertain their status, re-engage and exit gently and with the personal-touch of a welfare call. No one has left our community without due thanks and the opportunity to give constructive feedback through a personal phone call and online exit survey.

4.2 Volunteer Engagement

Over 70 volunteers attended Summer Volunteering Values Awards & Summer Tea Party showcasing the best examples of volunteers leading our values. This was the culmination of National Volunteering Week 2022 during which activities included a well-attended picnic in Bushey Park, individual thank you cards, and the launch of our Volunteering Values Awards 2022.

We have re-commenced our popular Coffee mornings / feedback sessions planned for September – December 2022 and regularly keep in touch digitally with our volunteers via a quarterly newsletter.

Volunteers also remain keen to get involved across the organisation with 8 volunteers supporting the Health & Wellbeing Fayre and 13 to date volunteering to support A Night to Remember, October 2022.

4.3 Volunteer Satisfaction Survey 2022

This is an annual survey sent to all active volunteers to ascertain their feedback on all aspects of volunteering, from customer service standards to how far their volunteering increases their sense of life purpose and connectivity with local community. At the time of writing the survey remains open with 25 responses, however we are seeing strong positive trends in:

- 94% of our volunteers are either Likely or Extremely Likely to recommend volunteering at KHFT if friends and family wanted to volunteer

“I have received a very warm welcome and I’m enjoying the experience. I am impressed with the training and preparation for volunteering.”

“Serving others is one of the cornerstones of fulfilment. This role allows the doctors and nurses to do their jobs more effectively, whilst us volunteers take care of the more mundane jobs for them. It’s a fascinating role, no two shifts are the same and I love it.”

However, there are some trends emerging which can be improved, for example:

- 88% of volunteers agree or strongly agree that their volunteering makes a difference for patient experience.¹
- 76% feel that their volunteering is improving patients’ actual health and wellbeing.
- 72% feel that their volunteering is making a positive difference for staff wellbeing

Given the goals of our Volunteering Strategy and its forthcoming 2023-2026 iteration, we would like to see all of these figures at 100%.

The areas of key learning from volunteers’ qualitative feedback are not surprising, but their redress is crucial to our performance and impact.

4.3.1 Continuous staff-culture of safe and appropriate referral of patients to volunteers – the centrality of clinical staff to optimising volunteers’ time by guiding and directly referring patients to receive their services is not consistently achieved at ward/service level.

“It is a very privileged role but it can be stressful or anxiety producing with the amount of patient contact involved. I would like more guidance from staff on what to do when a patient is ill.”

¹ 12% neither agree nor disagree

4.3.2 Connectedness to the local community – Volunteers continue to express feelings of being ‘an add on’ and ‘unseen’ on a day to day basis by the hospital staff they volunteer alongside.

“I do feel that staff don’t always have the time to acknowledge you. They are polite and normally ‘thank you’. Not so sure it’s sensitively done. No one on one of my dept is at all interested in who I am.”

The next Volunteering Strategy will actively and swiftly address these themes. Actions that the Volunteering Team has taken as immediate redress of this feedback includes:

- **Re-instating regular monthly Volunteer Management Training** sessions for staff, in addition to maintaining our regular training presence on Nursing & HCA Core Induction.
- **Ongoing recruitment and upskilling of volunteer buddies** for an increased presence of experienced volunteers guiding and supporting new volunteers.
- Buddies also play an integral role of **engaging and encouraging clinical staff** in the safe and appropriate referral of patients to volunteers delivering these services (until volunteers develop and skill, experience and confidence to do this intuitively for themselves.)
- **Regular walk-about by the Volunteering Team** to support, encourage and upskill staff in volunteer management and supervision
- **Introduction of role specific coffee mornings** to enable regular and detailed feedback from volunteers about their experiences and its communication for improvement using the PDSA model with relevant clinical leads for each volunteering role.

5. Strategic Objective 2: Quality – deliver high quality care

“To provide the highest quality of care across all services ensuring care is individualised for both patients and their carers”

The Volunteering Service operates two ‘direct to patient’ services, the Volunteering Discharge Support Service and the Falls Prevention: Community Exercise Programme.

Now in its 7th year of operation, the Discharge Support Service serves a case-load of 30 patients (distributed amongst 11 Discharge Support Volunteers) at any one time supported by core funding. Patients receive up to 6 week of follow-up calls by trained volunteers, offering services that support patients’ independence to cope well at home following an inpatient stay.

Launched in November 2021, The Falls Prevention: Community Exercise Programme provides a home-based 8 – 10 week intervention for patients discharged with a risk of falls, deconditioning or high fear of falling. The programme can serve up to 9 patients (distributed amongst 9 Community Exercise Volunteers) at any one time, funded by the Kingston Hospital Charity until September 2023; we hope the data will be significantly robust to formulate a business case for its adoption by the Trust at this time.

5.1 Falls Prevention: Community Exercise – Impact (Appendix 1)

We are delighted to highlight strong early outcomes from the evaluation of the first 5 patients to complete the CEV programme, including 100% of the 5 patients seeing improvements in functional fitness (range from 14% improvement in Time Up and Go to 34% improvement in 180 degree turn). We were also delighted to witness improvement in patients’ quality of life indicators, including up to

50% reduction in patients' self-reported pain, 25% reduction in patients' problems washing and dressing and 25% reduction in patients' anxiety and depression. We hope to see similar improvement trends as our cohort of patients increases in scale.

There has been significant interest from other Trusts in response to these early results, culminating in a poster presentation at the British Geriatric Society Frailty & Urgent Care Conference in July 2022, and a HelpForce Webinar to scale and spread across other NHS Trusts, September 2022

The early success of this pilot phase has delivered promising avenues to extend this service for KHFT, including a business case submitted along with the clinical leads for the extension of Physiotherapy Services in Pre Operative Assessment.

"It gave this patient a purpose, with all the benefits that mobilisation around the home and a renewed sense of self-respect and dignity." Juliet, Ward Physiotherapist

"The exercises were enjoyable and there was a good variety. I liked being able to choose and tailor the programme to suit my needs. I chose what I wanted to work on which was lower body and balance, then we found the best exercises for this. The sessions went on for a good amount of time - once a week for 8 weeks felt like enough time to build up confidence. It was nice to be able to see the volunteer ... it really boosted my mood and confidence." Richard, Patient.

5.2 Independent evaluation of Discharge Support Volunteers

Although a discharge support volunteer role was introduced by the trust as far back as 2016, the data set out in an independent evaluation by HelpForce largely relates to activity undertaken since the beginning of 2020, a period which has seen considerable growth in the scale and impact of the service. The service adapted to become a 'remote' telephone-based service during the Pandemic and has returned to some onsite activity since September 2022. Our core patients tend to be frail and elderly, discharged on Pathway 0 without package of care.

The service has supported 77 patients in Quarter 1 and a decline to just 32 patients in Q2 which reflects volunteers' absence and low levels of staff referrals over the Summer period. As of October 2022, we are now back up to full capacity and actively recruiting new Discharge Support Volunteers to increase this further for the Winter months.

Key findings:

1. The volunteers appear to deliver statistically significant improvements in confidence levels amongst the patients who receive their support (up by 19%).
2. Volunteer support also appears to deliver improvements in links to local groups or support services. The proportion of patients understood to be in contact with a local group or support service at the point of discharge from the service was 31% higher than the proportion of patients in contact with a local group or support service at the point of first contact with the service.
3. Patients are overwhelmingly positive about the service with 72% of those who received volunteer support using the maximum possible rating, ten, to describe their likelihood of recommending the service (the scale used was from 1 to 10)

We are delighted to continue to offer this service which tangibly improves patients' confidence to leaving hospital and cope independently back home.

Building on these positive results, the Volunteering Team is partnering with the Frailty Team Occupational Therapy Inpatient teams, and has also been adopted by Virtual Ward who referred their first patient to Volunteer Discharge Support Service in September 2022.

It is also noteworthy that the Message To A Loved One services has delivered 2,000 messages to patients from friends and family members, supported by the nursing teams who read these messages to patients, since March 2020. This is a small moment of kindness, facilitated by a partnership between the Volunteering and Nursing Teams which is providing much comfort to patients and families alike.

"Thank you so much for this service, I'm immeasurably grateful. I wish other hospitals were as compassionate." Family member.

6. Innovation

6.1 New roles

The Volunteering Team has a reputation for innovation and has implemented three new roles for this quarter: Infant Bonding Volunteer for Post-Natal Maternity Services, Patient Safety Partners, and the re-development of Pets As Therapy Volunteering which is integrated with the inpatient Speech & Language teams and Paediatric Play Therapy Teams.

6.2 Planned roles

There are a number of roles currently at planning stage which remain likely to launch in the 2022/23 financial year. These include:

- Integration of volunteering with the End Of Life Care Strategy – including community-based **Advance Care Planning Volunteers and EOLC Companions (also known as Butterfly Volunteers)**.
- **Learning Disability Response Volunteers** – a focus group with parents of adults with LD is planned for Q3.
- **Hear Here Volunteers** – community-based Hearing Aid clinics aligned with Churches in the Kingston Borough will re-commence in November 2022 with a lead volunteer now recruited.
- **Virtual Visiting** – funding secured from NHS England, November 2021, there have been challenges in recruiting a project lead for this work, however a new postholder will commence her role in August 2022. We therefore hope to deliver a Virtual Visiting service to our inpatient wards from November 2022 and throughout the winter months. The iPad technology has already been purchased with the support of the Kingston Hospital Charity.

7. Vision for HRCH Volunteering

7.1 Vision statement

The strategic alignment of KHFT, HRCH and Your Health Care is a phenomenal opportunity for a vision for volunteering that crosses boundaries and place.

This vision is modelled on the HelpForce Back 2 Health approach, which exemplifies four pillars: Living Well, Waiting Well, Getting Well and Recovering Well (Appendix 3).

The draft vision for volunteering which encapsulates all three providers is therefore:

A Better Together system in which well designed, impactful volunteering roles are integrated into every person's health and care journey regardless of where care is received.

7.2 HRCH Volunteering - Adopting and Adapting Existing Volunteering Roles & Services

Since 1st April, the core HRCH Volunteering Team have been engaging with HRCH, Your HealthCare corporate staff and clinical leads to explore how this vision will be realised. This has involved modelling and planning new services that adopt good practice from KHFT and elsewhere and adapt volunteering roles and services to the community setting.

- 7.2.1 Living Well** – We are working with the Proactive and Anticipatory Care Team at SW London ICS to explore a volunteering service which supports patients at high risk of deterioration and service dependency to live well and independently in their homes through 121 support in the home and social prescribing.

We will also explore which HRCH and Your HealthCare populations struggle to access healthcare and its associated health inequalities. We will connect with the newly appointed Clinical Director for Health Inequalities in order to identify volunteering roles which promote early presentation and support people to overcome barriers to accessing healthcare.

- 7.2.2 Waiting Well** – We are working with the Richmond Response and Rehabilitation Team to explore how an adapted Falls Prevention: Community Exercise Programme could improve health outcomes for patients who are at risk of deterioration whilst waiting for their treatment to commence. We are exploring a similar model and approach with the Hounslow Community Neuro-Rehabilitation Team.
- 7.2.3 Getting Well** – This programme of work will focus on Teddington Memorial Hospital Inpatient Wards with focus on: patient experience (Friends of Teddington Memorial Hospital Shop, Welcomers, UTC Volunteers), reducing pressure on staff (Hydrotherapy Support Volunteers, Eyes-On Volunteers (Falls Prevention) and improving flow, e.g. a Discharge Support Service dedicated to discharges from TMH inpatient wards and longer-term, community based services.
- 7.2.4 Recovering Well** - at KHFT, we are working with the Occupational Therapists in the ED Frailty Team to implement volunteer-led follow-up calls with patients discharged with a D2A from the Emergency Department; we are keen to explore similar Urgent Treatment Centre Follow-Up calls to check on patients' wellbeing, their ability to cope independently at home and follow-up on recommendations made by clinicians and community partners to seek ongoing support in their local community.
- 7.2.5** We will also be launching a new '**Compassionate Neighbours**' programme under this last pillar, with volunteers developing supportive relationships with patients following discharge to increase confidence in acts of daily living, promote independence, increase resilience and confidence to cope at home and improve volunteer morale and satisfaction.

7.3 To implement our vision for HCRH the following objectives have been set:



- By January 2023, to have a new Volunteering Strategy 2023 – 2026 agreed which encapsulates the vision and implementation of innovative, responsive and proactive volunteering roles and services across place to reflect the needs of patients and their pathways across Kingston, Hounslow & Richmond boroughs.
- Specifically for HRCH and Your HealthCare, by January 2023 to recruit 20 volunteers, operational across x3 high impact roles by January 2023
- By January 2024, to recruit 100 volunteers (5 recruitment rounds) across 8-10 roles in the community setting.

8. Progress Update: Developing a new joint 'Better Together' Volunteering Strategy 2023 – 2026

The Volunteering Team have commenced planning and research for the next iteration of the Volunteering Strategy to reflect the working vision set out above. The methodology includes workshops with core staff, Volunteering Survey and interviews as well as taking our strategic lead from priorities for healthy communities set out by:

- SW London Integrated Care System
- Better Together strategy and planning
- Joint Trust strategic priorities
- Joint Trust Quality Priorities
- Trust strategy and policy, e.g. Carers' Policy, Learning Disability Policy, Dementia Strategy
- FFT feedback and volunteer feedback for quality and service improvement.

The framework for the strategy is in development, however some key principles and content can be set out as follows:

8.1 What does Outstanding mean for us?

We are an Outstanding CQC rated Hospital and Good CQC Rated Community Healthcare Trust. We have therefore consulted multiple stakeholders to identify the Better Together hallmarks of an Outstanding Volunteering offer to patients, to volunteers, to staff and our communities.

- **Complete alignment** with ICS, @ Place, Better Together and Trust wide strategic objectives and priority areas of need
- **Head turning impact** – for patients, for staff, for organisations and for our communities.
- **Retention** of a golden core of volunteers: A high proportion of our volunteers giving long-service
- **Professional**, timely, regular and efficient recruitment
- **Strong senior leadership engagement** – opening doors and proactively seeking out solutions when new priorities are identified
- **Strong clinical management** of core volunteering roles, getting volunteers to the right patient at the right time.
- **Volunteers report strong satisfaction and meaningful connections** with patients, the team, the hospital, the community
- **Optimal team structure** – well resourced and designed team, with strong and sustainable external and core income streams



- **Well trained, confident volunteers** performing their roles with proportionate levels of supervision
- **Strong visible presence for Volunteering** onsite, in clinics/services and online – branding, webpages, office space, signage, facilities e.g. tea & coffee for volunteers, lockers for belongings e.t.c.
- A celebrated, **well informed community of volunteers underpinned by robust data** management and full compliance assured in the management of volunteer data.
- **A vocal community of volunteers** with clear ways to listen, react and respond to volunteers' feedback as **part of our continuous cycle of quality improvement, Patient Safety and patient experience improvement.**
- **Volunteer wellbeing is considered and anticipated during every contact** with volunteers with a clear offer of support is available (e.g. customer service - team, Volunteer 2 career, Care First, Wellbeing Chaplaincy, Group and individual supervision on a professional/pastoral basis) when it is needed.

We are not there *yet*. This is our definition of Gold Standard. The Volunteering Strategy will have a clear action plan for mapping current practice and then progressing through bronze, silver and gold standards to achieve Outstanding.

9. **Gap Analysis** – where will we place our focus and resource in the next Strategy to achieve and maintain Outstanding standards of volunteering across our Place?
 - **Resourcing** the implementation of volunteering services and programmes. A re-focus on how we nurture and enable volunteers post-placement so that they're getting a consistently A* service from us, rather than just 5 or 10% of our resource post placement support.
 - **Prioritising volunteer wellbeing** – setting pastoral and professional supervision, as well as regular and active forums for volunteers to feedback their learning and insights. Who's listening? – PEC/QAC/PSR
 - **Capacity building with clinical and administrative staff** who commission and supervise volunteers (business partner model)– reinstating training and staff handbook and re-structuring the design of volunteering roles or services to wards and departments so that staff understand their role in overseeing volunteering and embedding it into their teams and delivery of care/services. Re-shape what the “design consultancy” role looks like and what partners (clinical leads and operational supervisors) need to do differently when agreeing to host volunteers. Asking difficult questions – do you have the capacity to support your volunteers? If not, we can advise on capacity building, business case development and funding opportunities, but not run the programme for them. How is this monitored and reviewed with regular PDSA approach?
 - Proactive (targeted) recruitment, focusing on **rebuilding our 'golden core'** of long-standing volunteers and reporting on volunteer longevity as a measure of success.
 - **Volunteering and Patient Experience** – volunteering is a prime method for collecting patient feedback and delivering insights into patient experience. A closer working relationship with the Patient Experience team to design ways for volunteers to routinely collect patient feedback, contribute their own insights picked up through their volunteering experience and advocating for the changes that, as representatives of the patients they've spoken to, they feel will make the biggest difference to patient experience and service improvement.



- **Re-introducing the evaluation of volunteering and patient experience.** Re-introducing a question to the FFT and exploring correlation, or, setting up our own post-volunteering evaluation survey which volunteers routinely do 'mystery shopping' and sampling to establish broadly what % of patients receive help and support from volunteers. And of those that do, how do they rate that help and support?
- **As an anchor organisation, support capacity building across the voluntary sector.** Recognising where the voluntary sector has strong expertise that can have significant impact when brought to the patient earlier in their diagnosis/patient journey. Building strong partnerships, e.g. Kingston Carers Network, RUILS, Alzheimer's Society, Stay Well, Age Concern Hounslow e.t.c. to deliver on the early intervention of these services in the course of patient journeys and clinical pathways.

10. Conclusion

With the strategic alignment of KHFT, HRCH and Your HealthCare through the Better Together Programme, volunteering has organically gravitated towards the 'place based' model of care, mapping its interventions to where the patient is in their wellness and patient journey/pathway. This goes beyond the traditional model of hospital-based volunteering and, as is good practice with all healthcare, follow the patient journey beyond the walls of the hospital. Volunteers will be delivering services and care so that patients receive ongoing support whilst 'Getting Well', when accessing acute and community healthcare services. Volunteering will also follow patients' through and beyond discharge through targeted services and the concept of 'compassionate neighbours' – local people helping local people. We take our lead from the HelpForce Back To Health model (Appendix 2), with volunteering spanning a 4 pillar model of helping people to 'Live Well', 'Wait Well', 'Get Well' and 'Recover Well'.

It is early days for volunteering at HRCH and Your HealthCare, however we are extremely grateful for the warm welcome and positivity of HRCH staff towards volunteering and its potential for their services and their patients. Jointly as Volunteering Services at KHFT and HRCH, we are excited to work closely together and share a vision that truly represents the needs of patients from wellness to ill-health and back through recovery.

Falls Prevention: Community Exercise Programme; reducing risk of deconditioning, falls and loneliness in elderly patients

Authors: Butler, J; Shalev Greene, L, Dagnin, H, Griffith, M.

Background & Introduction: Covid 19 has had a devastating effect on the Elderly, resulting in deconditioning, increased falls and loneliness. Tailored exercises can reduce falls in people aged over 65 by 54% and participation in physical activity reduces the risk of hip fractures by 50%, currently costing the NHS £1.7 billion per year in England. This 8 week intervention delivered by trained volunteers in patient’s homes, aims to reduce deconditioning, loneliness and the risk, incidence and fear of falling (FOF) amongst elderly patients post-discharge from hospital whilst improving quality of life.

Aims: Proactively reduce patients’ risk of falls following discharge home from an acute hospital by:

- Reducing fear of falling
- Improved balance, strength and coordination
- Increased social connectivity

Sample Size:

Launched in November 2021 the sample size of patients who completed the 8 week programme was 5 patients. These early findings showcase promising results in a small patient cohort and a second cohort of 5 patients is underway, due to complete Summer 2022. Tests will be repeated once the sample size has increased to prove any statistical significance of these early trends.

Overall Results:

Qualitative and quantitative outcome measures were taken at week 1 and week 8 of the intervention. We are seeing extremely promising results and positive trends.

Method: A gap in service was identified in elderly patients discharged from hospital, at risk of falling and awaiting community physiotherapy. A steering group was set up including acute and community therapists, HelpForce, volunteers and carers to design a collaborative intervention to bridge the gap. At risk patients were identified and referred by ward therapists supported by the hospital volunteering team.

Volunteers visit patients in their homes on a weekly basis for the first 8 weeks following discharge home from hospital, with additional telephone support in weeks 1-4. Volunteers’ supervise a programme of progressive exercises in patients’ homes offering support, encouragement and companionship with additional signposting to appropriate statutory and voluntary services.

Lessons learned and benefits:

- ❑ Sample size remained small due to challenges of identifying eligible patients amongst the population of unwell patients of high acuity.
- ❑ Volunteers are not a free resource – whilst they give their time altruistically, Trusts must invest significant resource into the recruitment, training and management of skilled, community based volunteers
- ❑ There is immense social and functional value in volunteers visiting patients in the home post discharge.
- ❑ Increased collaboration between primary, secondary and tertiary care has improved working relationships, putting the patient first.

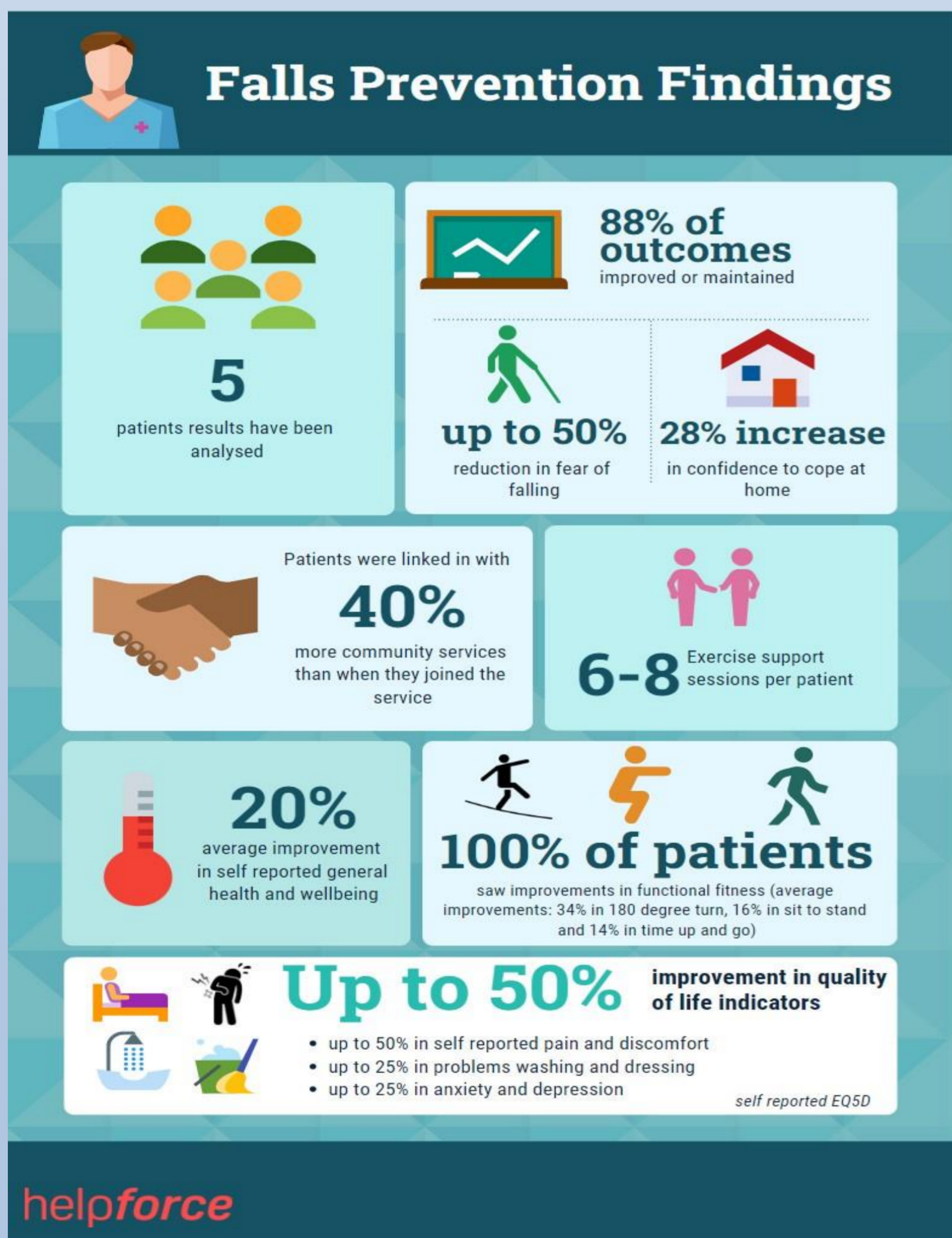
“It gave this patient a purpose, with all the benefits that mobilisation around the home and a renewed sense of self-respect and dignity.” Juliet, Ward Physiotherapist

Conclusions:

Targeted exercise at home with skilled volunteers can improve functional fitness and health outcomes in an elderly population at risk of falls when immediately discharged home from hospital. The programme increases patients’ connectivity to local voluntary and community sector services. Volunteers’ mental health improves by engaging in meaningful service.

Forward Plans:

This service is not an attempt to replace community therapy. Rather, to bridge a gap in service as patients move between hospital and home. Aligned with Helpforce’s vision, Back to Health, we see potential to adapt and expand this initiative into Care Homes and areas such as pre-hab and pre assessment with future collaboration and innovation.



“The exercises were enjoyable and there was a good variety. I liked being able to choose and tailor the programme to suit my needs. I chose what I wanted to work on which was lower body and balance, then we found the best exercises for this. The sessions went on for a good amount of time– once a week for 8 weeks felt like enough time to build up confidence. It was nice to be able to see the volunteer... it really boosted my mood and confidence.” Richard, Patient.

Why are Helpforce interested in this?

Helpforce's Back to Health Framework



LIVING WELL

- Building and strengthening existing community volunteering capacity and capability
- Preventing ill health, making every contact count
- Tackling health inequalities

WAITING WELL

- Reducing deterioration whilst waiting
- Reducing pressure on hospital services
- Reducing the impact on primary care services
- Building and strengthening existing community volunteering capacity and capability
- Improving accessibility and inclusivity of services

GETTING WELL

- Improving patient flow
- Reducing the number of people who do not turn up for their appointments
- Ensuring all patients are best prepared for appointments/ procedures/ treatment
- Reducing length of stay
- Reducing pressure on staff

RECOVERING WELL

- Improving discharge support
- Reducing readmissions
- Reducing inappropriate attendance at Emergency Department

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SUSTAINABILITY

11. Finance Report

WELL LED

12. Reporter project: Values and Behaviours

Committee in Common

Date: 26 October 2022	Agenda item: 12
Report Title: Reporter project: values and behaviours	Enclosure: H
Executive summary: This paper provides an update to the CiC about a programme of staff engagement across HRCH and Kingston Hospital, to inform development of an aligned set of values and behaviours for our emerging partnership.	
Implications: This piece of work is linked to all of the below (except for legal / regulatory) Patient Safety Financial Risk Legal / Regulatory <i>n/a</i> Reputational Equality	
Action: For information <input checked="" type="checkbox"/> For assurance <input type="checkbox"/> To Discuss <input type="checkbox"/> To approve <input type="checkbox"/>	
Executive Lead (name and title):	Jo Farrar, Chief Executive
Presenter (name and title):	Tara Ferguson Jones, Director of Communications and Engagement
Item for: <input type="checkbox"/> Partnership <input type="checkbox"/> HRCH <input type="checkbox"/> KHFT <i>check for item for both trusts or either</i>	
Link to strategic objectives:	This links to all of our strategic objectives (Our People. Quality, Systems and Partnerships and Sustainability)
Consultation and communication:	This paper has been informed by a staff reference group, discussed and agreed at EMC.
Decision / Recommendation: to note	
Appendix:	

Reporter project: values and behaviours

- Background and objectives of the programme
- How we will recruit reporters
- Project timeline and next steps

This paper provides an update to the CiC about a programme of staff engagement across HRCH and Kingston Hospital, to inform development of a refreshed set of values and behaviours for our emerging partnership.

Background

Through our staff surveys and pulse surveys, we have heard about the challenges many people face at work around behaviours from colleagues and in some cases negative working relationships within and across teams.

Through engagement we want to identify a single set of **values and behaviours** to promote a culture of compassion and kindness across HRCH and Kingston Hospital. We will build on the values which were informed by staff and are already an important part of the culture at HRCH and Kingston Hospital.

We would also like to weave the themes of **equality, diversity and inclusion, and quality improvement** into this work.

We plan to do this piece of work now, across Kingston Hospital and HRCH, as we emerge from the command and control ways of working of the pandemic. We are engaging with staff on the annual staff survey during October, and so we plan to launch this programme in November, when we have assurance that our rate of return for the staff survey is good.

The objectives of the work are to:

Be outstanding places in which to work and provide health and care services.

Establish a working environment exemplified by compassion and kindness.

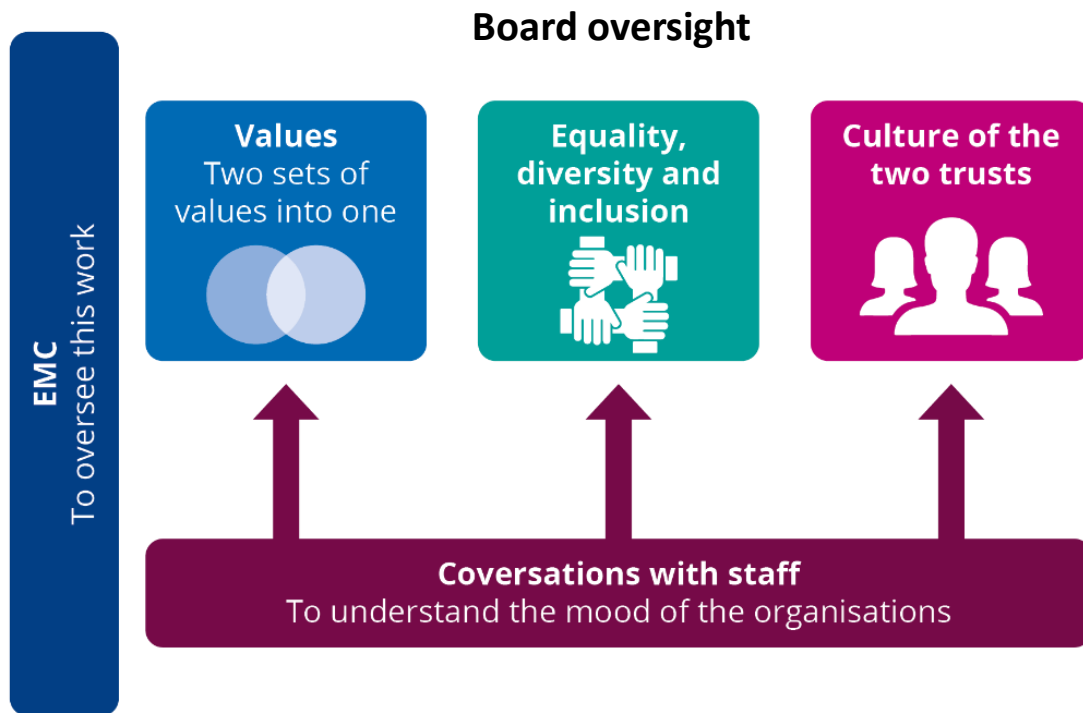
Develop a culture and ways of working that:

- reinforce positive behaviours
- are role modelled by people at all levels
- equip all colleagues to be at their best
- empower staff to champion equality, diversity and inclusion

To inform this work, we would like to launch an initial phase of engagement where we will empower a group of staff to act as 'reporters' to curate stories from colleagues about experiences that foster or hinder compassionate working. 'Reporters' will be supported to do this work.

On the back of what we hear from staff, it's likely that we will also identify a series of actions that we need to take at the Trust.

The project has a reference group which has met already to review the programme and steer it. Feedback from the reference group has been taken onboard in writing this paper. The reference group will convene later in the programme to review the work which has been done.



Why are workplace values important: *our values define who we are; they guide our behaviour and interactions with one another. When we share common values, we feel a sense of unity and understanding.*

They shape workplace culture, motivate employees, and influence how we're perceived by stakeholders and members of the public.

Values support our post-pandemic purpose of increasing autonomy of practice - it's easier to take decisive action when you know what you stand for.

How we will recruit reporters

We anticipate recruiting **30 'reporters'** drawn from across HRCH and Kingston Hospital and to ensure our sample is representative, we will ask colleagues to fill in a short online form (based on the monitoring form we use to recruit staff.) We will be internally communicating with colleagues about this programme so will share the list of reporters in due course.

We will use the internal staff communications in both organisations to recruit (using the messaging which is included below.) We will also promote the opportunity in a more targeted fashion to our diversity champions, staff governors and staff network chairs.

Reporters will be asked to talk to five individuals, from their networks, using a set of agreed questions. Conversations will be recorded in confidence and anonymously, however if people wish to say who they are and where they work, they can do so.

Reporters will be invited to a short training session to prepare them for the work (we anticipate running two face to face and one online session.) Additional online drop-in sessions will be arranged for reporters to 'check-in' during the period of the interviews. Reporters will also be asked to attend a final session to share their feedback with the team running this work programme.

Reporter job ad – message from the CEO

Dear colleagues,

We are looking to recruit a group of staff 'reporters' to help us with an important piece of staff engagement work, between now and the end of November.

Through our staff surveys, we have heard about the challenges many people face at work around behaviours from colleagues and in some cases negative working relationships within and across teams. I know too that many staff are under increased pressure now as they deal with the rising cost of living.

As we move beyond the pandemic, it feels like the right time to take some action to re-set the tone of our interactions with one another, and agree an updated, common set of values.

Our aim is to hear what everyone has to say about how to make Kingston and HRCH better places to work and where we can continue to provide excellent care.

We want our 'reporters' to reflect the wide diversity of our staff and come from a variety of job roles.

We want people who can encourage those who might not normally speak up to anonymously share their stories and experiences.

To be effective, our reporters will need to be sensitive to the needs of our various staff groups and understand the way that hierarchy and different protected characteristics can affect how people feel at work.

We anticipate that in total the reporter role can be completed in no more than two working days (spread out during November and December).

Staff reporters will attend a short information session before being asked to interview (anonymously) five colleagues from within their networks. This information will help us to agree the expected behaviours and a revised set of values for HRCH and Kingston Hospital, to support our developing partnership.

There is a great deal to be proud of at Kingston Hospital and HRCH, not least the outstanding care and compassion shown by colleagues as recognised by patients, their families and regulators alike.

I am committed to doing everything possible to ensure that our Trusts are inclusive, diverse and fair places in which to receive care, and in which to work.

If you are a good listener, and if you are interested in supporting us with this important piece of work, please fill out our short form to register your interest and we will be back in touch soon.

Thank you, Jo

Jo Farrar

Chief Executive

DRAFT reporter questions

1. Please give a recent example of where you were treated with kindness and compassion at work. What did this look like and what was the impact on you?
2. How do you feel about work today?
3. Where do you think we can improve to become more inclusive?
4. What behaviours from others make your life at work more difficult than it needs to be? Please give examples...
5. What do we do really well here? Please give examples....
6. Thank you for being so open with me today, before we finish is there anything more you're thinking, feeling or want to say?

Project timeline

TASK	October	November	December	January	February
Reference group	3 October			Date tbd	
Recruit reporters		Launch recruitment			
EMC / Committee in Common	Discussion at EMC and CIC				Update EMC UpdateCIC
Run training sessions for reporters		3 sessions			
Reporters to interview staff			Virtual check ins for reporters		
Run further session with reporters to hear the feedback					
Pull out the themes and key stories to support these themes					
Decision on next steps – other interventions needed					

COMMITTEE REPORTS

13. Workforce and Education Committee Report

Committee in Common

Date: 26 th October 2022	Agenda item: 13
Report Title: Workforce and Education Committee in Common Update	Enclosure: I
Executive summary: To report on the main areas of discussion at the Workforce and Education Committee in Common meeting held on 20 th October 2022.	
Implications: <i>brief description against each or mark 'n/a'</i> Patient Safety – Financial – Risk – Legal / Regulatory – Reputational – Equality –	
Action: For information <input checked="" type="checkbox"/> For assurance <input checked="" type="checkbox"/> To Discuss <input type="checkbox"/> To approve <input type="checkbox"/>	
Executive Lead (name and title):	Kelvin Cheatle, Chief People Officer
Presenter (name and title):	Sylvia Hamilton, Non-Executive Director
Item for: <input type="checkbox"/> Partnership <input type="checkbox"/> HRCH <input type="checkbox"/> KHFT <i>check for item for both trusts or either</i>	
Link to strategic objectives:	Strategic Objective 2 - To have a committed, skilled and highly engaged workforce who feel valued, supported and developed and who work together to care for our patients.
Consultation and communication:	N/A
Decision / Recommendation: The Committee is asked to note the main areas of discussion at the October 2022 Workforce and Education Committee in Common meeting.	
Appendix: <i>list appendixes and files and indicate if slides will be presented at the meeting</i>	

Issues Discussed	Actions/Update/Comments
Terms of reference/ membership	The Committee discussed the proposed revised terms of reference and membership following the consultative workshop held on 2 nd August. It was agreed the Chief Medical Officer and Chief Executive should both be added to the membership and that, subject to any further comments in writing, the terms of reference were acceptable and a good base for the Committee to work.
Workforce at Place key decision points	The Associate Director of People Transformation presented a summary of progress on the Workforce at Place project. The Committee noted the extensive work undertaken on the base position in each of the partner organisations, some of the key risks and gaps and the plan for the future work programme. The Committee asked to be briefed at various stages particularly around the work in each of the four pillars encompassing resourcing, mobility, pay and conditions, and role design.
Apprenticeship Strategy	The Deputy Chief People Officer presented an update on the apprentice strategy for both KHFT and HRCH, noting the opportunities this presented for both workforce development and retention.
Update on Workforce team integration	The Chief People Officer presented the outputs from the recent staff consultation exercise and noted that the SEMC had signed off the new structure. The Chief People Officer outlined the various areas of responsibility in the new integrated structure, the timetable for appointments and the need for development work within the team to create a common ethos. Progress on service improvements around recruitment, training records and temporary staffing were also noted.
Workforce KPIs & key issues arising	The Deputy Chief People Officers gave a joint presentation on the latest workforce KPIs for both HRCH and Kingston. Turnover in Kingston had increased in September after a period of reducing turnover, but it was noted this was a common pattern for September. There was a focus on the use of exit interviews and how this could help improve retention going forward. KPIs around recruitment, statutory and mandatory training, appraisals and sickness were largely positive and the Committee noted the positive impact of health and wellbeing initiatives.
ER Cases Review	The Associate Director of Workforce (Planned Care) for Kingston presented the joint figures for both trusts. The excellent work of the Resolution Hub in HRCH was noted, as was the spike in difficult and challenging cases post pandemic. The Chairman asked for triangulation of the formal case data with informal resolution intelligence going forward.
Any Other Business	Dr. Harris drew the Committee's attention to the auditor's red rating on job planning for doctors. The Chief Executive was asked to ensure a collective response to this on behalf of the executive directors, given this was an area of concern for the Committee.

14. Finance Committee Report

Committee in Common

Date: 26 October 2022	Agenda item: 14
Report Title: HRCH Finance and Performance Committee chair's assurance report	Enclosure: J
<p>Executive summary: In line with governance arrangements, this report provides assurance to the Trust Board on the items considered at the September 23rd 2022 meeting of the Committee.</p> <p>Areas of assurance:</p> <ul style="list-style-type: none"> • July 2022 Scorecard and exception report • July 2022 Finance Report • NCC and PLICCS cost collection • Trust CIP & Cost Pressures Programme Plan for 2022-23 <p>In addition, the Committee also discussed the risks and the committee forward plan.</p> <p>There are no items on which the Committee is reporting partial or no assurance to Board Directors.</p>	
<p>Implications: <i>brief description against each or mark 'n/a'</i></p> <p>Patient Safety – n/a</p> <p>Financial – assurance that the trust has a governance structure to monitor the trust's financial position</p> <p>Risk – n/a</p> <p>Legal / Regulatory – n/a</p> <p>Reputational – n/a</p> <p>Equality – n/a</p>	
<p>Action: For information <input type="checkbox"/> For assurance <input checked="" type="checkbox"/> To Discuss <input type="checkbox"/> To approve <input type="checkbox"/></p>	
Executive Lead (name and title):	Yarlina Roberts, Chief Financial Officer
Presenter (name and title):	Yarlina Roberts, Chief Financial Officer
Item for: <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> HRCH <input type="checkbox"/> KHFT <i>check for item for both trusts or either</i>	
Link to strategic objectives:	Sustainability, live within our means to ensure lasting improvement and clinical sustainability
Consultation and communication:	The chair's assurance report following the Finance and Performance committee held on 23 September 2022.

Decision / Recommendation: <i>note the committee assurance</i>
Appendix:

Name of Committee	Finance and Performance Committee
Date of meetings	23 rd September 2022
Summary of assurance	

The Committee can report assurance to the trust Board on the following areas:

Item	Assurance / action	Lead
July 2022 scorecard and exception reports	<p>The Committee reviewed the July 2022 Board scorecard and exception reports and was assured on the trust performance position.</p> <p>The A&E Maximum time of 4 hours Arrival to Department was rag rated as RED due to a combination of increased demand and staffing difficulties. This is a common theme across the country and the national UTC conferences are exploring this.</p> <p>An increase in demand across services with high staff vacancies and sickness rates, has had a negative impact on performance. HR are exploring innovative ways to recruit and retain staff. There is also the Workforce at place project which will look at recruitment across organisational boundaries.</p>	Director of Performance & Planning
August 2022 Financial report	The committee was assured on the trust's financial position in August 2022. Agency spend remains a concern, but there are plans in place to track this with a view to reduce agency usage.	Chief Financial Officer
Trust CIP & Cost Pressures Programme Plan for 2022-23	The committee was assured that the trust will achieve its target via its integrated working across trusts and partners across the system.	Director of Performance & Planning

There were no items that the Committee considered for partial assurance to the trust Board.

There are no items that the Committee considered for which it can provide no assurance to Board Directors.

15. Audit and Risk Committee

16. Joint Quality Governance Committee

17. Equality and Diversity Committee

Committee in Common

Date: 26 th October 2022	Agenda item: 17
Report Title: Equality, Diversity & Inclusion Committee in Common Update	Enclosure: K
Executive summary: To report on the main areas of discussion at the Equality, Diversity & Inclusion Committee in Common meeting held on 20 th October 2022.	
Implications: <i>brief description against each or mark 'n/a'</i> Patient Safety – Financial – Risk – Legal / Regulatory – Reputational – Equality –	
Action: For information <input checked="" type="checkbox"/> For assurance <input checked="" type="checkbox"/> To Discuss <input type="checkbox"/> To approve <input type="checkbox"/>	
Executive Lead (name and title):	Kelvin Cheatle, Chief People Officer
Presenter (name and title):	Rita Harris, Non-Executive Director (KHFT) Bindesh Shah, Non-Executive Director (HRCH) Co-Chairs of the ED&I CIC
Item for: <input type="checkbox"/> Partnership <input type="checkbox"/> HRCH <input type="checkbox"/> KHFT <i>check for item for both trusts or either</i>	
Link to strategic objectives:	Strategic Objective 2 - To have a committed, skilled and highly engaged workforce who feel valued, supported and developed and who work together to care for our patients.
Consultation and communication:	N/A
Decision / Recommendation: The Committee is asked to note the main areas of discussion at the October 2022 Equality, Diversity & Inclusion Committee in Common meeting.	
Appendix: <i>list appendixes and files and indicate if slides will be presented at the meeting</i>	

Report for Trust Board from the Equality, Diversity and Inclusion Committee in common, 26th September 2022

The Committee discussed the following key topics:

1. Reverse mentoring

The committee were updated on the reverse mentoring programme that was launched across both Kingston Hospital NHS foundation Trust (KHFT) and Hounslow & Richmond Community Healthcare (HRCH). Across KHFT and HRCH the initiative was piloted with BME staff and were paired with Board members including non-executives. The committee watched a video which highlighted the journey of a mentor and mentee showcasing the importance of the initiative and the benefits. Both Trusts are reviewing how to evaluate the impact of the initiative and plan action learning sets to support the learning and explore how it can be developed further and expanded out to other protected characteristics.

2. Terms of Reference/ Subgroups (Compassion and Respect Oversight Group, EDI Working Group)

KHFT and HRCH discussed and reviewed the current terms of reference to tighten core membership. Individuals who would no longer participate had formally been written to and thanked for their commitment to date. After receiving feedback from existing members, it was decided a stakeholder meeting would be formed to further discuss core membership. As part of the stakeholder meeting the purpose of the EDI working group and Compassion and Respect Oversight Group will also be discussed. TOR to be agreed for both the EDI CIC and EDI working group and signed off at the next EDI CIC.

3. Veteran Covenant healthcare Alliance Accreditation

The Veteran Covenant healthcare Alliance Accreditation paper was presented for information. This is in line with the NHS Long Term Plan and the underpinning document called Healthcare for the Armed Forces community, which outlines the commitments and guidance for providing care for veteran communities

- KHFT and HRCH have submitted their organisational pledges
- We have 18,000 veteran communities across Richmond, Hounslow, and Kingston boroughs.
- All NHS Trusts in England will need to be accredited as 'Veteran Aware' by March 2023.
- A working group has been established across KHFT and HRCH which includes representatives across both organisations and clinical leads have been appointed to support the project plan that has been established
- This piece of work will be included as part of the patient engagement EDI action plan which Alison Smith, Patient experience lead will be leading on going forward.

4. Equality Standard Reports (WRES/WDES/PSED)

The committee were presented with the following equality reports in line with our NHS contact and annual submission.

- The public sector equalities duty (PSED) annual report – HRCH
- Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) annual reports and action plans for both KHFT and HRCH

KHFT

At KHFT we can see continuous progress being made against the WRES indicators. Kingston Hospital was mentioned as one of the top ten best performing Trusts for indicator 3 (Relative likelihood of BME staff entering the formal disciplinary process compared to white staff) which has now further reduced to zero which is a great achievement, indicating we are a positive outlier. The WDES figures on the other hand need further attention, a robust action plan has been put into place addressing some key concerns around data disclosure. It is anticipated improvements can be made against the WDES metrics in the coming months.

For HRCH

Similarly, at HRCH there has been some progress made against the WRES indicators, with a decrease in indicator 2 (Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BME applicants) which was welcomed. Indicator 3 (Relative likelihood of BME staff entering the formal disciplinary process compared to white staff) still requires further attention. Learning can be adopted from the KHFT approach. Additionally, the recently introduced resolution process will help to support further progress. The national WRES report listed HRCH in the top performing Trusts for the percentage of minority communities experiencing harassment, bullying or abuse from other staff.

For WDES there has been a great improvement in the disclose rates for disabled staff and the unknowns have been reduced considerably, which is also something KHFT can learn from and adopt. Board representation at the time of data collection was also a lot more diverse with 14.2% of the board identifying as having a disability.

Across both Trusts it is recognised there is still more to be done and a number of workstreams have been implemented to tackle bullying and harassment alongside interventions for a more targeted approach through the Trust's Compassion and Respect Group. The EDI working group will also provide a platform where members are able to discuss progress made against each standard. This will be reported back to the EDI CIC for board assurance. Additionally, all the staff networks across both Trusts are coming together, this will further support the work around both race and disability equity.

5. BME Development programme

The committee were sighted on the BME Development programme which is a local positive action initiative aimed at developing Black and Asian Minority Ethnic talent and retaining staff. The programme has been developed to help individual staff members across Kingston Hospital and Hounslow and Richmond Community health care take the next step in their career. Aimed at leaders who are already at Band 7, this programme has been designed to provide the additional aspects needed to move into the next role at Band 8A and above. The programme was endorsed and supported by the EDI CIC.

The committee chair thanked everyone involved in the reverse mentoring video as well as those involved in preparing for the committee papers.

GOVERNANCE

18. Board Assurance Framework

Committee in Common

Date: 26 October 2022	Agenda item: 18
Report Title: BAF	Enclosure: L
<p>Executive summary: Board Assurance Framework (BAF)</p> <p>The role of the BAF is to provide assurance to the Board that the principal risks that threaten the achievement of the strategic objectives are managed adequately and that appropriate assurances around the management are demonstrated.</p> <p>BAFs typically consist of the Trust strategic objectives, the principal risks that threaten the achievement of these objectives and detail any controls and assurances that are currently in place. It should demonstrate any identified gaps and actions to reduce gaps or risk rating.</p> <p>At the recent joint away day with KHFT and HRCH, a formal CiC meeting was convened where the trusts agreed the joint objectives. These are reflected in the joint BAF between the trusts. All risks have been recently reviewed by the named executive and updated where needed. There is still further development required to provide better details, however the fundamentals are now in place.</p>	
<p>Implications: The BAF covers all areas of the strategic objectives listed below.</p> <p>Patient Safety –</p> <p>Financial –</p> <p>Risk –</p> <p>Legal / Regulatory –</p> <p>Reputational –</p> <p>Equality –</p>	
<p>Action: For information <input type="checkbox"/> For assurance <input type="checkbox"/> To Discuss <input type="checkbox"/> To approve <input checked="" type="checkbox"/></p>	
Executive Lead (name and title):	Sam Armstrong, Director of Corporate Affairs
Presenter (name and title):	Suki Chandler, Trust Secretary, HRCH
Item for: <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> HRCH <input type="checkbox"/> KHFT <i>check for item for both trusts or either</i>	
Link to strategic objectives:	All strategic objectives between HRCH and KHFT
Consultation and communication:	Earlier versions of BAF have been reviewed by both trust Audit Committees, and it can be published.
<p>Decision / Recommendation: The BAF was approved at the October SEMC. The Committee in Common is asked to ratify the BAF.</p>	
<p>Appendix: Board Assurance Framework.</p>	

Strategic objectives	Principal risk to the delivery of the strategic objectives	Lead Director	Lead Committee	Impact	Likelihood	Current Rating	RR Ref	Control	Assurance	Gaps in Control / Assurance	Actions / Updates	Residual Risk	Review Date
To provide high quality care to our local populations	That operational pressures shift focus and prevent the delivery of high quality care	Chief Nurse	Quality	4	3	12		<ul style="list-style-type: none"> Daily review of staffing levels and response to ensure best levels at each trust QI methodology to achieve improvements that sustain operational pressures Trust surge plans Daily sitrep reports Beyond the Pandemic work (staff welfare) 	<ul style="list-style-type: none"> Bi-annual safe staffing paper to KHFT board Integrated Board report FFT reports Inpatient survey reported to CiC / Board CQC visits and reports Complaints and compliments 	<ul style="list-style-type: none"> Emergency planning reporting Ability to predict pressure 	<ul style="list-style-type: none"> review reporting requirements Review operational planning 	8	Oct-22
Identify and redesign an element of an integrated pathway as a pilot and use the methodology across other pathways	Pathway of focus not clearly identified and / or defined, which leads to a lack of progress to improve a specific pathway and use lessons for development of other pathways	Chief Nurse	Quality	4	2	8		To be developed once pathway confirmed	to be developed once pathway confirmed	<ul style="list-style-type: none"> Gap – pathway and implement work not yet confirmed Gap – no group established to oversee and scrutinise progress 	<ul style="list-style-type: none"> provisional pathway identified to progress through governance process establish governance and management groups as needed 	6	Oct-22
Design new multi-disciplinary job roles to work across place in an agile way to meet patient needs	That academic and training institutions may prove unable to support the Trust's development needs at pace leading to roles not being established or appointments, occurring very late, or inadequately designed roles being established	Chief People Officer	WEC	3	3	9		<ul style="list-style-type: none"> Pursue contracts and relationships with local academic and training providers Establish multi-disciplinary job role review process Job planning processes for clinical and non-clinical roles Work of recruitment hub 	<ul style="list-style-type: none"> New fit for purpose roles appointed in given time period as reported to WEC Improved workforce metric outcomes reported at WEC and Board Improved staff survey responses in relevant areas 	<ul style="list-style-type: none"> mechanism for establishing relationships with providers related procurement strategy 	<ul style="list-style-type: none"> Develop processes for reporting to WEC 	6	Oct-22
Maximise recruitment and retention focusing on local supply to ensure safe staffing levels and meet patient demand	That a lack of adequate supply in the local market leads to either gaps in staff or the need to source staff from somewhere other than local areas	Chief People Officer	WEC	5	3	15		<ul style="list-style-type: none"> Outreach work with local community including schools and colleges via the SWL recruitment hub 	<ul style="list-style-type: none"> Detailed vacancy data at WEC Application and appointment data reported to WEC 	<ul style="list-style-type: none"> Targeted recruitment campaign 	<ul style="list-style-type: none"> Recruitment Hub to advise on campaign for consideration by Trusts 	10	Oct-22
Embed compassionate and respectful leadership	That Trust and system operational pressures impede staff from fulfilling training needs and commitments and lead to instances of poor management behaviours	Chief People Officer	WEC	3	3	9		<ul style="list-style-type: none"> Board and Executive Team level commitment to ensure training time is effectively ringfenced FTSU Guardians and processes across both Trusts 	<ul style="list-style-type: none"> Percentage of cancelled training at WEC Completed training at WC Staff survey results 	<ul style="list-style-type: none"> Joint policy across both Trusts needed Ability to ring-fence time for staff to complete relevant training Not yet decided on assurance pathway for FTSU 	<ul style="list-style-type: none"> Develop policy for approval at WEC 	6	Oct-22
Refresh and implement health and wellbeing strategy to address the recovery from COVID and the cost of living	That Trust and partners cannot support measures to be put in place due in part to financial constraints, which leads to staff not receiving the assistance they need	Chief People Officer	WEC	3	3	9		<ul style="list-style-type: none"> Clear priorities of measures to ensure any implementation is full and successful Detailed planning and implementation 	<ul style="list-style-type: none"> Cost benefit improvement in HR annual report to Board Improved morale as indicated in survey responses Beyond the Pandemic and Cost of Living regularly reported to EMC, Board and CiC 	<ul style="list-style-type: none"> Report on activities from Trust partners, including comparison data 	<ul style="list-style-type: none"> Work with partners to produce reporting for assurance 	6	Oct-22
Ensure our workforce represents the communities we serve at all levels, and compliance with statutory and good practice requirements	That there will be a lack of representative applications from people with sufficient experience and skills to allow a full choice of hiring by the Trust	Chief People Officer	WEC	3	3	9		<ul style="list-style-type: none"> Recruitment processes at the Trusts, including advertising Use of recruitment specialists for senior roles 	<ul style="list-style-type: none"> Turnover and Stability data reported to WEC and Board Deep dives at WEC 	<ul style="list-style-type: none"> Measurements of outcome not yet identified Assurances to be developed 	<ul style="list-style-type: none"> Choose appropriate measures and link to assurances for the Board as part of the WEC development work 	6	Oct-22

Strategic objectives	Principal risk to the delivery of the strategic objectives	Lead Director	Lead Committee	Impact	Likelihood	Current Rating	RR Ref	Control	Assurance	Gaps in Control / Assurance	Actions / Updates	Residual Risk	Review Date
Be a responsible partner and continue to be a trusted and significant partner in Hounslow and SWL adding value to all partnerships we are members of	That organisational pressures detract from the focus on systems and partnership goals to advance short-term trust-related activities and responses	Director of Strategy	Board	3	2	6		<ul style="list-style-type: none"> Community COO – Lead ICP Director in NWL CEO member of ICB in SWL 	<ul style="list-style-type: none"> Monthly reports on Partnership Working to EMC/Board 	<ul style="list-style-type: none"> Mitigations for effects on partnership work due to pressures 	<ul style="list-style-type: none"> Review work and action plan to be developed 	4	Oct-22
Take a leadership role in the ongoing development of the Integrated Care Systems	Uncertainty in the development of the ICS and Place structures may hinder the trusts' leadership role within it	Director of Strategy	Board	4	2	8		<ul style="list-style-type: none"> Appointment of CEO to Kingston & Richmond as Executive Lead for both places, and a member of the ICB 	<ul style="list-style-type: none"> Place and system updates to Board 	<ul style="list-style-type: none"> Lack of established roles for Trusts' senior leadership across SWL <ul style="list-style-type: none"> Difficulty for the Trusts to lead in NWL 	<ul style="list-style-type: none"> Review influence metrics and stakeholder engagement plans Review development of ICS 	6	Oct-22
Support development of local PCNs to achieve Directed Enhanced Service (DES)	That a lack of engagement from PCNs to the trusts result in poor outcomes and failure to achieve DESs	Director of PNC	Board	2	4	8		<ul style="list-style-type: none"> CEO attends quarterly GP membership groups in both Kingston and Richmond DOS Chairs monthly meeting of joint Kingston and Richmond primary care Place leads Monthly meeting of PCN Clinical Directors 	<ul style="list-style-type: none"> Place and system updates to Board Reporting to EMC 	<ul style="list-style-type: none"> Monthly meeting of PCN Clinical Directors – gap: Kingston do not attend many of these meeting 	<ul style="list-style-type: none"> Review engagement plans 	6	Oct-22
Develop a place-based Sustainability Plan	Lack of resilience and headroom (including winter pressures) leads to the plan not being produced and implemented	CFO	Finance	4	3	12		<ul style="list-style-type: none"> External support for scoping and plan development Trust have surge plans and escalations to gold and silver when necessary Trusts' Winter Plans 	<ul style="list-style-type: none"> Place and System updates to FIC Winter Plan approved at Boards / CiC 	<ul style="list-style-type: none"> Further controls and assurances to be identified 	<ul style="list-style-type: none"> CEO and CFO to scope with Richard Lewis Produce action plan for implementation in Q4 Counter factual presented to CiC development day 	8	Oct-22
Deliver higher value from our resources by offering the right intervention at the right time and in the right place	Pressures of BAU, competing demands across the system and lack of headroom prevent innovation and change	COOs (Acute and Community)	Finance	4	3	12		<ul style="list-style-type: none"> National research on virtual appointments Feedback from patients ED recovery and flow programme Elective recovery programme SWL outpatient programme 	<ul style="list-style-type: none"> Patient outcomes of research and feedback reported to JQGC Operational Portfolio Board ICB 	<ul style="list-style-type: none"> Local / Trusts research and feedback needed Working with BI to improve relevant information 	<ul style="list-style-type: none"> Community research is being planned Update: ECIST coming to KHFT to focus on ED improvements 	8	Oct-22
Stop unnecessary interventions [including blood tests, imaging, prescriptions of medications] that don't add value to the patient	Lack of resources in clinical leads, and necessary infrastructure (such as IT) prevents policy and behavioural change to occur	COO (Acute)	Quality	4	3	12		<ul style="list-style-type: none"> Working group led by Chief of Medicine to manage this programme of work (focus on blood tests in the first instance) 	<ul style="list-style-type: none"> Finance report (activity and costs within the divisions and outputs from SWL pathology) 	<ul style="list-style-type: none"> Further controls and assurances to be identified 	<ul style="list-style-type: none"> Produce a plan to extend this work to other clinical areas - radiology and pharmacy 	8	Oct-22
Continue to deliver our 'Green Agenda' including improvements in our management of waste, energy, and medicines optimisation.	There is a risk that both Trusts will not achieve the strategic goals within the NHS national requirements for 2022/23	Director of Corporate Infrastructure	Finance	3	3	9		<ul style="list-style-type: none"> Both plans align with overarching SWL Green Plan Annual ERIC return and analysis use of renewable energy suppliers in place at HRCH 	<ul style="list-style-type: none"> Board approved Green Plan at both organisations Internal Audit report Has been included on the HRCH internal audit plan 	<ul style="list-style-type: none"> further development and clarity of specific KPIs (control) local monitoring forum and process needed (assurance) need to ensure that all building renovations/rebuilds incorporate environmental consideration 	<ul style="list-style-type: none"> Management planning and oversight to be established Long term decision to be made on reimbursement in respect of ULEZ charge post 31st March 2023 Progress replacing lights with LED lights at KHFT 	4	Oct-22

19. Veteran Covenant healthcare Alliance Accreditation

Committee in Common

Date: 26 th October 2022	Agenda item: 16
Report Title: Veteran's Charter	Enclosure: M
<p>Executive summary: The report provides an update on veteran Covenant healthcare alliance (VCHA) accreditation for Kingston hospital foundation trust and Hounslow and Richmond community healthcare trust.</p> <p>A project manager has been appointed to co-ordinate the applications for accreditation and progress on the project will be reported to both quality and equality, diversity and inclusion committees.</p>	
<p>Implications:</p> <p>Patient Safety – n/a</p> <p>Financial – n/a</p> <p>Risk – n/a</p> <p>Legal / Regulatory – n/a</p> <p>Reputational – enhances reputation of the trusts in relation to supporting veterans' healthcare and wider engagement with veterans in our local population.</p> <p>Equality – supports improvements to equality of access to services for veterans.</p>	
<p>Action: For information <input type="checkbox"/> For assurance <input type="checkbox"/> To Discuss <input type="checkbox"/> To approve <input checked="" type="checkbox"/></p>	
Executive Lead (name and title):	Nic Kane, Chief Nurse Kelvin Cheatle, Chief People Officer
Presenter (name and title):	Nic Kane, Chief Nurse
Item for: <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> HRCH <input checked="" type="checkbox"/> <i>KHFT check for item for both trusts or either</i>	This is a single project covering accreditation for both trusts which will be awarded separately.
Link to strategic objectives:	<i>Quality, deliver high quality care</i>
Consultation and communication:	This update was approved by the SEMC on 31 August 2022
<p>Decision / Recommendation:</p> <p>The Committee in Common are asked to ratify the decision of the SEMC to commit and apply for Veteran's Charter.</p>	
Appendix: Signed pledge documents for each trust	

Executive summary

This summary report provides an update on veteran Covenant healthcare alliance (VCHA) accreditation for Kingston hospital foundation trust and Hounslow and Richmond community healthcare trust.

Part of the patient engagement EDI action plan is to work on the trust gaining Veteran's covenant healthcare alliance accreditation. The NHS Long Term Plan and the underpinning document called Healthcare for the Armed Forces community: a forward view, outlines the commitments and guidance for providing care for veteran communities. An update was given at Divisional managers meeting last year and at Joint Quality and governance committee with agreement to set up a working group with a plan to progress this action to support the 18,000 veteran communities across Richmond, Hounslow, and Kingston boroughs.

All NHS Trusts in England will need to be accredited as 'Veteran Aware' by March 2023.

We have established a working group with representation across both organisations and have established a project plan. An external ex veteran and Ministry of defence employee has volunteered to be a member of our working group, his contribution is sharing knowledge and his experience being a veteran and how this impacts access and experience of care and employment. The London regional lead for the VCHA is also a member and they support us with the tools and information required to support accreditation.

There are 5 core areas below, with varies leads supporting and working on achieving veteran aware status.

- Marketing and comms
- Training and educations
- Systems
- Recruitment
- Policies and procedures

To gain accreditation we must be able to evidence the below. Accreditation normally takes roughly 6-9 months.

1. This Trust understands and is compliant with the Armed Forces Covenant
2. This Trust has a clearly designated veterans' champion
3. This Trust supports the UK Armed Forces as an employer
4. Staff in this Trust are trained and educated in the needs of veterans
5. This Trust has established links to appropriate nearby veteran services
6. This Trust identifies veterans to ensure they receive appropriate care
7. This Trust will refer veterans to other services as appropriate
8. This Trust raises awareness of veterans

The first step in becoming Veteran aware trusts is to sign a principles and pledge document please see appendix 1 and 2, stating that We, commit to honour the Armed Forces Covenant and support the Armed Forces Community. That we recognise the value Serving Personnel, both Regular and Reservists, Veterans, and military families that contribute to our society and country.



Hounslow and Richmond Community Healthcare NHS Trust

We, the undersigned, commit to honour the Armed Forces Covenant and support the Armed Forces Community. We recognise the value Serving Personnel, both Regular and Reservists, Veterans and military families contribute to our business and our country.

Signed on behalf of:
Hounslow and Richmond Community Healthcare NHS Trust

Signed:

Name:

Position:

Date:


**Hounslow and Richmond
Community Healthcare**
NHS Trust

The Armed Forces Covenant

An Enduring Covenant Between

The People of the United Kingdom
Her Majesty's Government

– and –

All those who serve or have served in the Armed Forces of the Crown
And their Families

The first duty of Government is the defence of the realm. Our Armed Forces fulfil that responsibility on behalf of the Government, sacrificing some civilian freedoms, facing danger and, sometimes, suffering serious injury or death as a result of their duty. Families also play a vital role in supporting the operational effectiveness of our Armed Forces. In return, the whole nation has a moral obligation to the members of the Naval Service, the Army and the Royal Air Force, together with their families. They deserve our respect and support, and fair treatment.

Those who serve in the Armed Forces, whether Regular or Reserve, those who have served in the past, and their families, should face no disadvantage compared to other citizens in the provision of public and commercial services. Special consideration is appropriate in some cases, especially for those who have given most such as the injured and the bereaved.

This obligation involves the whole of society: it includes voluntary and charitable bodies, private organisations, and the actions of individuals in supporting the Armed Forces. Recognising those who have performed military duty unites the country and demonstrates the value of their contribution. This has no greater expression than in upholding this Covenant.

Section 1: Principles of The Armed Forces Covenant

1.1 We **Hounslow and Richmond Community Healthcare Trust** will endeavour in our business dealings to uphold the key principles of the Armed Forces Covenant, which are:

- *no member of the Armed Forces Community should face disadvantage in the provision of public and commercial services compared to any other citizen*
- *in some circumstances special treatment may be appropriate especially for the injured or bereaved.*

Section 2: Demonstrating our Commitment

2.1 We recognise the value serving personnel, reservists, veterans and military families bring to our business and to our country. We will seek to uphold the principles of the Armed Forces Covenant, by:

- **Promoting the Armed Forces:** promoting the fact that we are an Armed Forces-friendly organisation, to our staff, patients, suppliers, contractors and wider public.
- **Veterans, Service Spouses & Partners:** supporting the employment of veteran's service spouses and partners, recognising military skills and qualifications in our recruitment and selection process and providing flexibility in granting leave for Service spouses and partners before, during and after a partner's deployment
- **Reserves:** supporting our employees who are members of the Reserve Forces; granting additional paid/unpaid leave for annual Reserve Forces training; supporting any mobilisations and deployment; actively encouraging members of staff to become Reservists.
- **Training and awareness:** supporting our staff through training and education in the needs of veterans. We will firstly identify veterans to ensure they receive appropriate care and refer them to other services as appropriate
- **Cadet Organisations:** supporting our employees who are volunteer leaders in military cadet organisations, granting additional leave to attend annual training camps and courses; actively encouraging members of staff to become volunteer leaders in cadet organisations; supporting local military cadet units; recognising the benefits of employing cadets/ex-cadets within the workforce.
- **National Events:** supporting Armed Forces Day, Reserves Day, the Poppy Appeal Day and Remembrance activities.

2.2 We will publicise these commitments through our literature and/or on our website, setting out how we will seek to honour them.



Kingston Hospital NHS Foundation Trust

We, the undersigned, commit to honour the Armed Forces Covenant and support the Armed Forces Community. We recognise the value Serving Personnel, both Regular and Reservists, Veterans and military families contribute to our business and our country.

Signed on behalf of:
Kingston Hospital NHS Foundation Trust

Signed:

Name:

Position:

Date:

The Armed Forces Covenant

An Enduring Covenant Between

The People of the United Kingdom
Her Majesty's Government

– and –

All those who serve or have served in the Armed Forces of the Crown
And their Families

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20. ANY OTHER BUSINESS (Matters to be notified to the Chair at least 48 hours prior to the date of the meeting)

21. Questions from Members of the Public