Chelsea and Westminster Hospital NHS
NHS Foundation Trust

22 April 2014

Dear Colleagues,

Board of Directors Meeting (PUBLIC)
Thursday, 24 April 2014

Please find enclosed the Agenda and Papers for next week's meeting which will be held at 4pm in the Hospital Boardroom.

Please also note that papers which have been 'starred' will not be discussed unless an advance request is made to the Chairman.

Light refreshments will be provided from 3.30pm in the Atrium area.

Yours sincerely,

Vida Djelic
Board Governance Manager

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting (PUBLIC)

Location: Hospital Boardroom, Lower Ground Floor, Lift Bank C
Chair: Sir Tom Hughes-Hallett
Date: Thursday, 24 April 2014 Time: 4.00pm

Agenda

Ref	Item	Lead	Time
1	**GENERAL BUSINESS**		**4.00pm**
1.1	Welcome and Apologies for Absence	TH-H	
1.2	Chairman's Introduction	TH-H	
1.3	Declaration of Interests	TH-H	
1.4	Draft Minutes of the Meeting of the Board of Directors held on 30 January 2014	TH-H	
1.5	Matters arising	TH-H	
1.6	Chairman's Report	TH-H	
1.7	Chief Executive's Report	APB	
1.8	Council of Governors Report including Membership Report	TH-H	
2	**QUALITY**		**4.10pm**
2.1	Patient Experience (oral)	EM	
2.2	Health and Wellbeing Strategy 2014-2017	ZP	
2.3	Assurance Committee Report – January, February and March 2014	KN	
2.4	Inpatient Survey 2013 Results and Action Plan	EM	
2.5	Staff Survey 2013 Results and Action Plan	SY	
3	**STRATEGY**		**4.45pm**
3.1	Strategy Update (oral)	APB	
4	**PERFORMANCE**		**4.50pm**
4.1	Finance Report Commentary – March 2014	LB/RP	
4.2	Performance Report Commentary – March 2014	DR	
4.2.1	Patient Experience		
5	**ITEMS FOR DECISION/APPROVAL**		
	FINANCE		**5.00pm**
5.1	Annual Budget and Corporate Plan 2014/15	LB	
	GOVERNANCE		**5.15pm**
5.2	Monitor In-Year Reporting & Monitoring Report Q4	LB	
5.3	Board Assurance Framework and Risk Report Q4	APB/EM	
5.4	Register of Seals Report Q4*	LH	
5.5	Code of Governance Compliance	LH	
5.6	Third Party Bodies Schedule	TH-H	
5.7	Board of Directors Governance Arrangements Policy	TH-H	

6	**ITEMS FOR INFORMATION**	
6.1	Audit Committee Minutes – 29 January 2014	JB
7	**ANY OTHER BUSINESS**	
8	**QUESTIONS FROM THE PUBLIC**	
9	**DATE OF NEXT MEETING – 27 May 2014**	
	CLOSE	**5.30pm**

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 24 April 2014 (PUBLIC)

AGENDA ITEM NO.	1.4/Apr/14
PAPER	Draft Minutes of the Meeting of the Board of Directors held on 30 January 2014
AUTHOR	Vida Djelic, Board Governance Manager
LEAD	Sir Tom Hughes-Hallett, Chairman
PURPOSE	To provide a record of any actions and decisions discussed at the meeting
LINK TO OBJECTIVES	Strategic direction/patient experience
RISK ISSUES	None in addition to those included in the minutes
FINANCIAL ISSUES	None in addition to those identified in the minutes
OTHER ISSUES	None
LEGAL REVIEW REQUIRED?	No
EXECUTIVE SUMMARY	This paper outlines a record of the proceedings of the public meeting of the Board of Directors on 30 January 2014
DECISION/ ACTION	1. The meeting is asked to agree the minutes as a correct record of proceedings 2. The Chairman is asked to sign the agreed minutes

Board of Directors Meeting 30 January 2014 PUBLIC
Draft Minutes

Time: 4.00pm
Location: Chelsea and Westminster Hospital NHS Foundation Trust – Hospital Boardroom

Present

Non-Executive Directors	Prof. Sir Christopher Edwards	CE	Chairman
	Sir John Baker	JB	
	Jeremy Loyd	JL	
	Prof Richard Kitney	RK	
	Karin Norman	KN	
Executive Directors			
	Tony Bell	APB	Chief Executive
	Lorraine Bewes	LB	Chief Financial Officer
	Elizabeth McManus	EM	Director of Nursing and Quality
	Zoe Penn	ZP	Medical Director
	David Radbourne	DR	Chief Operating Officer
In attendance			
	Sir Tom Hughes-Hallett	TH-H	Incoming Chairman
	Rakesh Patel	RP	Director of Finance
	Susan Young	SY	Director of Human Resources and Organisational Development
	Layla Hawkins	LH	Interim Head of Corporate Affairs/Company Secretary
	Vida Djelic	VD	Board Governance Manager

1.1 Welcome and Apologies for Absence **CE**

CE welcomed members of the public and Governors to the meeting. CE also welcomed Sir Tom Hughes-Hallett, incoming Chairman.

There were no apologies received.

1.2 Chairman's Introduction **CE**

CE noted Sir Geoff Mulcahy's contribution to the Board, in particular one relating to his help on developing the concept of an Accountable Care Organisation (ACO) at the Trust. CE informed the Board that it was Cathy Mooney's last Board meeting and thanked her for work on Board governance.

1.3 Declaration of Interests **CE**

There were no declarations of interest.

1.4 Draft Minutes of the Meeting of the Board of Directors held on 31 October 2013 **CE**

Minutes of the previous meeting were accepted as a true and accurate record.

1.5 Matters Arising **CE**

Ref 1.5/Oct/13
APB noted that a letter had been sent to the Chief Executive of the Care Quality Commission (CQC) in respect of the results of the Intelligent Monitoring Report. It was also noted that APB and EM met with CQC representatives to understand the metrics they use when calculating the banding.

ZP said that the Trust is examining why the caesarean section rates at Chelsea and Westminster Hospital are at the upper scale; some reasons relate to having older patients and those with medical conditions that mean they are classified as high risk pregnancies. She highlighted that the Trust encourages natural delivery where clinically possible and do an audit of all caesarean section cases.

APB noted that the next CQC Intelligent Monitoring Report is due out in March.

JB queried if the methodology on how risks are aggregated can be debated with the CQC and if a version of our report can be shared in advance. ABP responded that the CQC are using their own methodology, are trying to develop it further and it was not possible for them to advise Foundation Trusts of reports in advance of formal publication.

EM said the Board can be assured that the Trust had challenged that data appropriate.

3.3/Oct/13 Response to Francis and Keogh Reports
EM said that the Trust action plan is aligned with the Berwick, Keogh and Francis reports. No further action is required.

CE noted that all other matters arising were complete.

1.6 Chairman's Report **CE**

CE announced that the official opening of Chelsea Children's Hospital will be held on 18 March 2014.

CE noted that the Royal Borough of Kensington and Chelsea public meeting about Chelsea and Westminster Hospital will be held on 24 February at 6:30pm in Kensington Town Hall. All Trusts in the catchment area will be holding such public meetings. All are welcome to attend.

1.7 Chief Executive's Report **APB**

APB highlighted the key points from his report. These included:

Shaping a Healthier Future (SaHF): We are looking at developing a medium-term estates solution to ensure the Trust is prepared for the future.

Clinical summit: The second clinical summit was held in December 2013 with a keynote address from Professor Sir Bruce Keogh. The outputs of the summit and the follow-up discussions will be used in the business planning process to establish a Clinical Services Strategy, which will be produced by April 2014.

Dean Street Express: This new service is due to open in March 2014.

Dr Foster: Dr Foster Intelligence has announced in this year's Good Hospital Guide that we have one of the most improved weekend readmission rates in the country.

Private Patients update: Aiden O'Neill has joined as Commercial Director to shape the Private Patient Strategy. We have introduced a call centre streamlining processes to achieve the direct access to services that both consultants and patients desire.

National Integrated Care Pilot Programme: It was noted that the Trust has submitted a expression of interest in being part of this pilot. Clinical Commissioning Groups will consider expressions of interests received on 6 February 2014.

Electronic Document Management: The Trust started converting paper documents in patient case notes into electronic images last year. This began with case notes for outpatients in urology clinics and then for outpatients attending dermatology clinics. We are in the early stages of implementation in other areas.

Awards and congratulations:

We led a successful bid for an education network with key partners the Royal Marsden, social services teams from the three local boroughs, the Clinical Commissioning Group, Macmillan Cancer Support, Bucks New University, Central London Community Healthcare, Trinity Hospice and Skills for Care.

Sexual health services at 56 Dean Street have won the *Improving Care with Technology* award from the Health Service Journal for the Dean Street at Home service.

Dr Mark Nelson (Lead Clinician, Ron Johnson Ward) has been awarded a Readership in Infectious Disease and an Adjunct Professorship by Imperial College for his research and educational achievements.

Ms Gubby Ayida (Consultant Obstetrician) has been appointed to the post of Divisional Medical Director for Women's, Neonates, Children's and Young People, HIV/GUM and Dermatology Services.

APB thanked Jeremy Thompson, outgoing Divisional Director for Medicine and Surgery and welcomed Dr Richard Morgan, Interim Divisional Director for Medicine and Surgery.

TH-H said that he was told by private GPs in the area that A&E patient details are not being bshared with private GPs. **APB to check if this is correct.** **APB**

1.8 Council of Governors Report including Membership Report and Quality Awards **CE**

CE noted that a high volume of membership movement displayed in the paper was due to a cleanse of the staff database. The Board noted the reports and the Council of Governors quality award winners.

2.1 Finance Report – December 2013 **LB**

LB highlighted the main points.

The year to date position is a surplus of £0.5m, which is an adverse variance against plan of £3.5m. The year to date EBITDA is 6.7% against a planned EBITDA of 8.0%. The key elements of adverse variance are:

- Unachieved CIPs – currently £4.8m under-delivered
- Under-recovery on income on key service lines

- Although there was a small reduction in pay costs in December, pay remains on average £400k per month higher than last year's monthly average.

The executive team have put in a command and control process. DR, RP and LB lead weekly meetings.

EM and SY are monitoring requests for agency staff. This has identified a number of opportunities for long term savings.

CE noted that there are more patients to be treated and insufficient funding. In these circumstances accumulating non-NHS income and exploring the opportunities how to grow it are important areas to consider.

2.2 Performance Report – December 2013 **DR**

DR noted that the Trust continues to meet all key performance indicators. We are on track to deliver the NWL CQUIN compliance position of 5%.

December saw an improvement in a number of quality measures including HCAI, best practice care bundles and A&E, despite challenging winter pressures. Monitor has assessed the Trust as being in the lowest risk category under their winter assurance regime.

KN queried if there will be a reduction in activity due to the incoming Tube for London strike action. APB responded that there is with communication in place for both patients and staff with services running as normal.

2.2.1 Access

The Board noted the report.

3.1 Assurance Committee - October and November 2013 **KN**

KN provided a summary of the issues discussed at the meetings in October and November 2014. Main points included:

- Need for a continued focus on IT and the IM&T Management Strategy
- Mandatory training rates have increased over the year but there are some further improvements to be made to meet the expected target
- Congratulations to staff on achieving the NHSLA Level 3
- Stress report on p.5 refers to results in 2011/12

Given the high turnover of staff who were Health Care Assistants (HCAs), detailed analysis had been done of the reasons for leaving over the past 6 months. More than half of those who left the Trust had done so to pursue further studies, for example nursing or medical degrees. Relatively few appear to have left because they were dissatisfied with the organisation.

3.2 NHS Staff Survey – Summary of Results (oral) **SY**

At the time of the meeting the national staff survey results were under embargo so it was not possible to give detailed results. However SY outlined the survey results expected:

- staff engagement levels are expected to continue at their high level, and better than many other acute trusts on a national level

- there is expected to be an increase in the uptake of the health and safety training
- there is likely to be high staff recommendation of the Trust as a place to work and be treated

3.3 Strategy Update (oral)

APB noted that there is ongoing work on strategy.

CE noted that a good progress has been made and pursuing this further and hope the new Chairman will make sure we achieve this.

3.4 Monitor In-Year Reporting & Monitoring Report Q3 **LB**

LB noted that the Trust is submitting a green governance risk rating having met all of its clinical targets in Q3. However, the Trust is behind plan with delivering the Cost Improvement Plans (CIPS) - £3.3m behind on its CIP plan year to date.

The Board approved the in year governance statement.

3.5 Review of Strategic Objectives, Board Assurance Framework and Risk Report Q3 **APB /EM**

APB highlighted that the Board Assurance Framework is a live working document and it reflects changes in corporate risks. A new Board Assurance Framework will be brought to the April Board to reflect our strategic objectives The Board noted the Risk report Q3.

3.6 Register of Seals Report Q3* **LH**

This item was starred and therefore taken as read.

3.7 Declaration of Interests Annual Review **CE**

It was noted that the paper requires updating by the allocated timescale.
All Board members to ensure they have submitted their declaration of interests within the allocated timescale. **All**

3.8 Remuneration Committee Terms of Reference* **CE**

This item was starred and therefore taken as read.

3.9 Trust Annual Report Process **APB**

This item was starred and therefore taken as read.

3.10 Safeguarding Children Declaration 2014 **EM**

The Board approved the Safeguarding Children Declaration 2014.

DK left.

4 ITEMS FOR INFORMATION

4.1 Audit Committee Minutes – 21 October 2013 **JB**

This was noted.

4.2 Clinical Excellence Awards **SY**

This item was noted.

5 ANY OTHER BUSINESS

CE announced that it was his last Board meeting and that it has been a great privilege to be the Chairman. JB thanked CE for his contribution to making Chelsea and Westminster Hospital a success. APB stressed his gratitude to CE for his support.

JL said he was impressed with the Chelsea and Westminster Health Charity work on helping the Trust improve the patient experience in the areas of music, artwork and environment. This will be considered in the A&E refurbishment and the front of house development.

6 QUESTIONS FROM THE PUBLIC

1. A Governor queried the register of interest, in particular interests of new Chair and which local authority the paper refers to? TH-H responded that his interests recorded on the register require amending.

2. A Governor said that he has recently been to a Wandsworth Clinical Commissioning Group meeting and the finance report was not presented. He was told that they are querying funding with providers. They stated that they are not paying for consultant to consultant referrals. LB said there are two elements to this, one is enormous changes in the commissioning landscape and the other is the commissioning budget. We do not have any disputes, but need to improve timely payment.

3. A Governor queried if there is a Trust representative on the CQC's planned inspections. APB responded that he has put his and all executives names forward to participate in the exercise.

4. A Governor queried what actions the Trust takes about patients who should not be using A&E services if their condition is not urgent. DR said that we have a GP led Urgent Care Centre (UCC). APB responded that we are working hard to enable 7 day a week access to consultants for patients.

7 DATE OF NEXT MEETING – 24 April 2014

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 24 April 2014 (PUBLIC)

AGENDA ITEM NO.	1.5/Apr/14
PAPER	Matters Arising – 30 January 2014
AUTHOR	Vida Djelic, Board Governance Manager
LEAD	Sir Tom Hughes-Hallett, Chairman
PURPOSE	To provide a record of actions raised in the Board of Directors meeting and any subsequent outcomes.
LINK TO OBJECTIVES	NA
RISK ISSUES	None
FINANCIAL ISSUES	None
OTHER ISSUES	None
LEGAL REVIEW REQUIRED?	No
EXECUTIVE SUMMARY	This paper outlines matters arising from the meeting of the Board of Directors held on 30 January 2014 with any subsequent actions or outcomes.
DECISION/ ACTION	The Board is asked to note the actions or outcomes reported by the respective leads.

Board of Directors Meeting, 30 January 2014

Ref	Description	Lead	Subsequent Actions/Outcomes
1.7/Jan/14	**Chief Executive's Report**		
	TH-H said that he was told by private GPs in the area that A&E patient details are not being shared with private GPs. **APB to check if this is correct.**	**APB**	A Private GP will receive a copy of the A&E discharge summary if the private GP is the referring clinician for a patient's admission to A&E or if the Private GP is listed as the registered GP for the patient. We have updated the reference list of Private GPs within the Hospital patient administration system. Additionally the hospital clinical system is being developed to accommodate those patients who have both an NHS and a Private GP to ensure we can capture both GPs going forward. Once this development is complete, a programme of staff training on the importance of recording and verifying both a patient's NHS and private GP will be rolled out across the Trust.
3.7/Jan/14	**Declaration of Interests Annual Review**		
	All Board members to ensure they have submitted their declaration of interests within the allocated timescale.	**All**	

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 24 April 2014 (PUBLIC)

AGENDA ITEM NO.	1.6/Apr/14
PAPER	Chairman's Report
AUTHOR	Sir Tom Hughes-Hallett, Chairman
LEAD	Sir Tom Hughes-Hallett, Chairman
PURPOSE	This paper is intended to provide an update to the Board on key issues
LINK TO OBJECTIVES	Strategy and finance are the main corporate themes to which the paper relates
RISK ISSUES	No
FINANCIAL ISSUES	No
OTHER ISSUES	No
LEGAL REVIEW REQUIRED?	No
EXECUTIVE SUMMARY	This report updates the Board on a number of key developments and news items that have occurred since the last meeting.
DECISION/ ACTION	For information

CHAIRMAN'S REPORT
April 2014

1.0 First reflections on Chairmanship at Chelsea and Westminster Hospital

I started as Chairman on Saturday 1 February 2014 and have been busily working my round all clinical areas, meeting staff, patients, families and volunteers. I have been delighted by the excellent standards of care and experience I have witnessed during this time and keep Wednesday mornings free in order to visit different areas of the hospital to get a real time view on the quality of service we provide. I would like to thank my predecessor, Professor Sir Christopher Edwards, for his great contribution to the good running of the hospital.

2.0 Innovative guidance on palliative or end of life care

Chelsea and Westminster Hospital NHS Foundation Trust has published the first ever guidance of its kind to support staff caring for very young babies with life limiting conditions who need palliative or end of life care.

The 'Practical guidance for the management of palliative care on neonatal units' was formally launched on Thursday 13 February and I was very moved by some of the speeches made to mark the launch, in particular Caroline Friel, mother of baby Brigid. I have a particular interest in this area of care, as I am also Chairman of the End-of-Life Care Implementation Advisory Board and have written a number of independent reports on this topic.

3.0 Council of Governors

I presided over my first Council of Governors meeting in March and found it an excellent opportunity to engage with my Governor colleagues to ensure that they are fully informed of the business of the organization and have the opportunity to praise, challenge, ask questions and ultimately represent the views of those in their membership area.

At the Council of Governors meeting I expressed my desire to work with Governor representatives to review the current Governor Committee structure so that we can make sure that their time is utilized to provide the best advice and support they can to the Executive Team. A further update will be provided at the May Council of Governors meeting.

I enjoyed attending the induction of our new Governors and thank those that took the time to present to them so that those on the Council of Governors are sufficiently informed to be able to represent their constituency to the best of their ability. The Corporate Team have asked Governors for feedback on the event so that they can make sure future inductions are as informative as possible. The range of experience that our Governors hold means that we have a wealth of knowledge in which the Board of Directors can utilize for the benefit of the good governance of the organization.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 24 April 2014 (PUBLIC)

AGENDA ITEM NO.	1.7/Apr/14
PAPER	Chief Executive's Report
AUTHOR	Tony Bell, Chief Executive
LEAD	Tony Bell, Chief Executive
PURPOSE	This paper is intended to provide an update to the Board on key issues
LINK TO OBJECTIVES	Strategy and finance are the main corporate themes to which the paper relates
RISK ISSUES	No
FINANCIAL ISSUES	No
OTHER ISSUES	No
LEGAL REVIEW REQUIRED?	No
EXECUTIVE SUMMARY	This report updates the Board on a number of key developments and news items that have occurred since the last meeting.
DECISION/ ACTION	For information

CHIEF EXECUTIVE'S REPORT
April 2014

1.0 Royal opening of Chelsea Children's Hospital

Chelsea Children's Hospital was opened by Their Royal Highnesses The Prince of Wales and The Duchess of Cornwall on Monday 18 March. Their Highnesses had a tour of the new facilities followed by a reception where they unveiled the plaque.

A full write-up and photos from the event are in the next issue of Trust News which will be published at the end of this month.

2.0 Intelligent Monitoring Report

The Care Quality Commission (CQC), the independent regulator of health and social care in England, has given Chelsea and Westminster Hospital NHS Foundation Trust the best risk banding possible, band 6, in their latest Intelligent Monitoring Report.

3.0 Royal Borough of Kensington and Chelsea public meeting

The Royal Borough held a public meeting in February in order for the Trust to talk to residents about current performance, our response to key reports such as Francis and our future plans. The presentation, led by the Chief Executive and Director of Nursing and Quality, was well received and it was both helpful and enlightening to get direct feedback from residents about their personal experiences of healthcare at the hospital.

4.0 Inpatient Survey results

Patients scored Chelsea and Westminster Hospital the top acute trust in London for two findings in the 2013 inpatient survey, which was published by the Care Quality Commission on Tuesday 8 April.

The Trust scored 9 out of 10 for the A&E department overall, better than other Trusts in the country and joint top acute Trust in London with Guys and St Thomas' for this measure.

The Trust was also the top acute Trust in London for the finding transitions between services, which looks at communication between clinicians; this could be a GP or another doctor in the hospital. The Trust was ranked better than other hospitals in the country for this measurement with a score of 9.4 out of 10.

80% of respondents rated their overall care they received as 7/10 or higher and compared to the 2012 results, the Trust scored significantly better on four out of the 70 questions.

There also areas where the Trust needs to make improvements. The Trust scored worse than 2012 for changing patients' planned admission dates and delaying

discharges by more than one hour. The Trust also scored worse than other hospitals for nursing staff not acknowledging patients during discussions.
The full inpatient survey results can be found:
http://www.cqc.org.uk/survey/inpatient/RQM

5.0 Star Awards

We are delighted to announce that Sophie Ellis Bextor will be compering the Star Awards ceremony on Thursday 15 May. The event, held annually, celebrates staff that have gone the extra mile to provide excellent and compassionate care to patients.

6.0 Open Day

The Chelsea and Westminster Hospital open day is taking place on Saturday 14 June between 11am-3pm at the main hospital site.

We are thrilled to announce that actress Joanna Lumley will be attending to open the event have a look around the hospital and the stands.

The event will feature all the popular stands and behind-the-scenes tours from previous years. The theme of this year's event is "Keeping you well". We will be asking for your opinions on our public health strategy and offering advice on keeping healthy and well and out of hospital. Our healthcare professionals will once again be running health MOTs where you can get a quick and easy check-up and advice on how to lead a healthy lifestyle, with everything from help to stop smoking to tips on eating well.

7.0 Awards and congratulations

The Intensive Care Unit (ICU) has been successful in retaining their customer service standard award. The customer service standard award is a government award for which any public service can apply and it involves producing a portfolio of evidence against the five key standards.

Dr Simon Barton (Clinical Director for Sexual Health) has been awarded an Adjunct Chair—this is a personal Chair—a very well deserved accolade after many years of distinguished work.

The Trust's state-of-the-art Birth Centre has seen its 100th baby born. Baby Cochrane was born on 23 March to proud dad and mum Thomas and Emma.

Dean Street Express, the Trust's new sexual health clinic, has seen 6,523 patients between its opening on 6 February and 27 March.

8.0 External meetings attended by the Chairman and CEO 24h January – 11th April

CEO	Dr Foster Highly Commended Awards
CEO	CLCH Meeting with local Councilors
CHAIRMAN	Royal Brompton University Hospital
CEO	Kings Fund Leadership Programme
CEO	West London Clinic for Sexual Health
CEO	Adult Social Care Health Scrutiny Committee
CEO	SaHF
CEO	NIHR CLAHRC NW London Launch
CEO	West Mid Transaction Board
CEO	NHS England
CHAIRMAN	Chelsea and Westminster Charity
CEO	Reform Conference
CEO	Royal Marsden
CEO and CHAIRMAN	BCG
CEO	NW London NHS
CEO and CHAIRMAN	St Mary's
CEO and CHAIRMAN	Imperial College Health Partners

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 24 April 2014 (PUBLIC)

AGENDA ITEM NO.	1.8/Apr/14
PAPER	Council of Governors Report including Membership Report
AUTHOR	Vida Djelic, Board Governance Manager Sian Nelson, Membership Manager
LEAD	Prof Sir Christopher Edwards, Chairman
PURPOSE	Part A – provides highlights of the Council of Governors meeting held on 6 March 2014 Part B – updates the Board on its membership numbers and engagement activities
LINK TO OBJECTIVES	Links to the Trust's patient safety, effectiveness and patient experience objectives
RISK ISSUES	None
FINANCIAL ISSUES	None
OTHER ISSUES	None
LEGAL REVIEW REQUIRED?	No
EXECUTIVE SUMMARY	This paper highlights the pertinent issues discussed at the Council of Governors meeting held on 6 March 2014, including report on membership numbers.
DECISION/ ACTION	To note

Part A **Council of Governors Report**

The Trust held the Council of Governors meeting on 6 March 2014.

1.0 Chairman's Report

The Governors noted that the new Chairman was in the process of being inducted.

2.0 Chief Executive's Report

The Governors noted that the Board made a decision in October 2013 to proceed to an Outline Business Case regarding West Middlesex Hospital. A decision to proceed to a Full Business Case should be made in May.

The Governors noted that the Royal Brompton Hospital strategic outline case would be discussed by the Board.

Progress with a *Shaping a Healthier Future* (SaHF) programme was noted.

3.0 Council of Governors performance evaluation – results

The Council of Governors received the results of the performance evaluation. A small group of governors will be formed to identify areas for improvement post the results.

5.0 Business Planning 2014/15

An update on the business planning process was provided. A plan is to have a session with governors in May covering the Financial Strategy as requested by Dr Cadman.

6.0 Nurse Staffing

Governors noted a recent publication of *'Guidance on safe nurse staffing levels in the UK'*. The guidance helps understand how we decide on deploying nursing staff to ensure each clinical area has the right number and skill mix of staff.

7.0 End of Life Care Strategy – update

An overview of the End of Life Care Strategy was provided to Governors. A proposal by the executive to develop an action plan was noted.

8.0 Chelsea and Westminster Star Awards 2014

Governors noted that noted that the Star Awards ceremony will be held on 15 May 2014.

9.0 Staff survey – results

Governors noted that the survey results were released. The results will be presented at the May Council of Governors meeting.

Part B **Membership Report Q4**

1.0 Membership joiners and leavers January-March 2014

During Q4 2013/14, 27 members joined and 86 left the Trust membership.

Membership numbers are broken down (below) to reflect patient, public and staff membership representation for Q4 2013/14.

Start Period	03/01/2014	01/02/2014	01/03/2014
End Period	31/01/2014	28/02/2014	31/03/2014
Totals	**Jan**	**Feb**	**Mar**
Period Start	**15,335**	**15,264**	**15,279**
Joiners	7	15	5
Leavers	78	0	8
Period End	**15,264**	**15,279**	**15,276**
Public	**Jan**	**Feb**	**Mar**
Period Start	**5,677**	**5,642**	**5,650**
Joiners	6	8	2
Leavers	41	0	3
Period End	**5,642**	**5,650**	**5,649**
Patient	**Jan**	**Feb**	**Mar**
Period Start	**6,263**	**6,227**	**6,234**
Joiners	1	7	3
Leavers	37	0	5
Period End	**6,227**	**6,234**	**6,232**
Staff	**Jan**	**Feb**	**Mar**
Period Start	**3,395**	**3,395**	**3,395**
Joiners	0	0	0
Leavers	0	0	0
Period End	**3,395**	**3,395**	**3,395**

2. Membership ethnicity

Figure 1.0 shows overall members ethnicity. At the end of Q4 2013/14, the highest proportion of representation is within the White category and the lowest representation remains in the Mixed group.

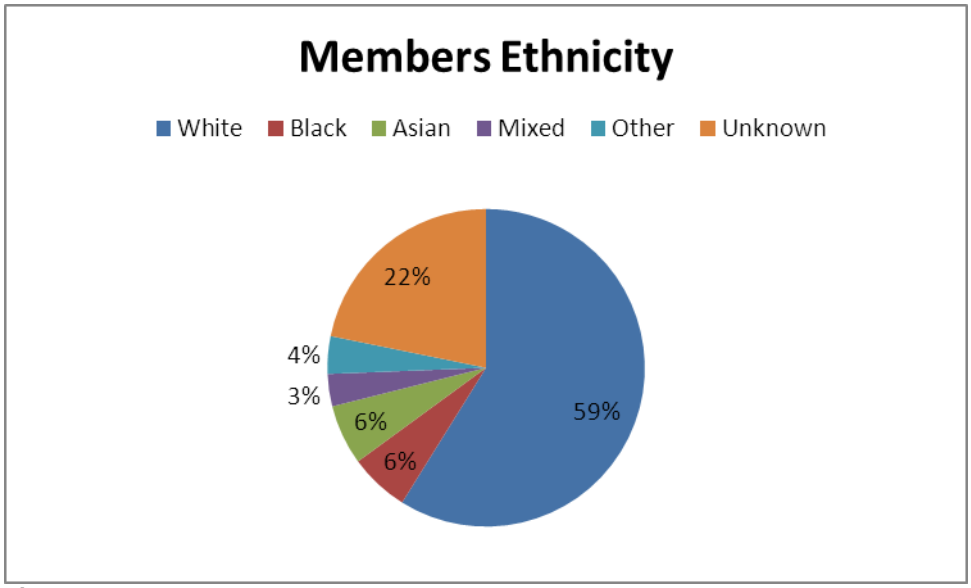
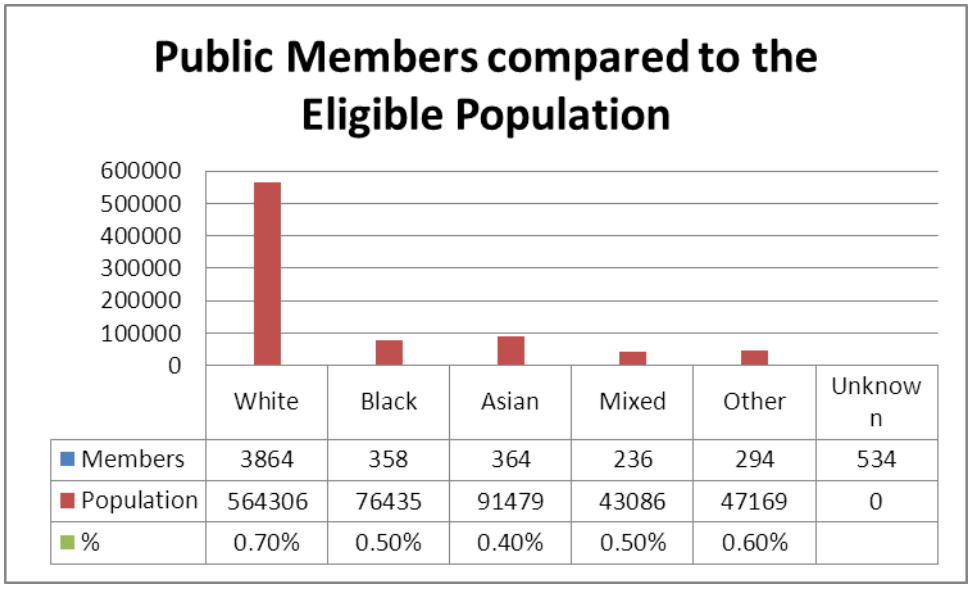


Figure 1.0

Figure 2.0 specifically shows public members ethnicity compared to the local population. Representation remains strongest in the White population and lowest in the Asian population.

The table shows that membership ethnicity is more balanced when we compare Trust membership to the populations that we typically serve including Hammersmith and Fulham, Kensington & Chelsea, Westminster and Wandsworth.



	White	Black	Asian	Mixed	Other	Unknown
Members	3864	358	364	236	294	534
Population	564306	76435	91479	43086	47169	0
%	0.70%	0.50%	0.40%	0.50%	0.60%	

Figure 2. 0

3.0 Membership recruitment campaigns and strategy

The Council of Governors Membership Sub-Committee develops and reviews the Membership Recruitment Strategy. Recruitment activity is focused on both maintaining our membership numbers whilst also enabling a diverse and representative membership. Alongside recruitment, engagement activities are hosted throughout the year and offer members the opportunity to attend events and seminars at the hospital.

Quarter 4 analysis shows that despite the high numbers of joiners and leavers throughout the year, we have managed to maintain membership numbers. The membership ethnic profile also demonstrates balance of representation.

Governors continue to host ‘Meet a Governor’ session at the Ground Floor Information Zone. Patients, public, staff and members have the opportunity to meet a Governor to discuss issues important to them. It is important this good work continues so that members and Governors have the opportunity to share information about their care and services delivered by the trust and raise any issues.

This is a condensed Membership Report but further analysis of membership demographics is conducted and can be requested through the Membership and Engagement Manager.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 24 April 2014 (PUBLIC)

AGENDA ITEM NO.	2.2/Apr/14
PAPER	Health and Wellbeing Strategy 2014-2017
AUTHOR	Abigail Knight, Public Health Registrar
LEAD	Zoe Penn, Medical Director
PURPOSE	The purpose of this paper is to advise the Board on strategic plans to deliver the health and well-being agenda.
LINK TO OBJECTIVES	Strategic Clinical excellence and patient experience
RISK ISSUES	None
FINANCIAL ISSUES	None
OTHER ISSUES	Ongoing progress against this strategy has been requested by the Kensington and Chelsea Health and Well-being Board
LEGAL REVIEW REQUIRED?	No
EXECUTIVE SUMMARY	This paper sets out the proposed strategic approach to delivering preventative and proactive care, in alignment with the local health economy's health and well-being agenda.
DECISION/ ACTION	The Board is requested to approve this strategy.

ChelWest Health and Wellbeing Strategy 2014-2017

Foreword: Our Vision

Our task, as a provider of health care services, is to help people live healthier lives for longer and to maximise their potential. The NHS must meet the rising costs of care delivery and rising demand for services caused by an ageing population. At Chelsea and Westminster Hospital NHS Foundation Trust, we recognise that our local community is the best asset we have to meet these challenges. We appreciate that a community-facing organisation is one that is best equipped to deliver the best outcomes for our service users and their families, to achieve the greatest patient satisfaction and to attain it in the most cost-effective way. Our Health and Wellbeing Strategy sets out how we intend to develop as a health promoting organisation, working in partnership to meet the needs of our community, our patients and our staff.

We want to support all our patients, visitors and staff to live healthy and productive lives and we want to work collaboratively with them to do this. Being a health promoting organisation involves acting to prevent ill-health as well as curing disease. It also means understanding our local communities and responding to their needs. We recognise that there are many individual factors, such as living situation or ease with which we access services, which will impact on how able we each are to stay healthy or to recover from periods of ill-health. We are committed to ensuring that we act responsibly to minimise the impact of these inequalities on the quality of care and outcomes for patients that we provide. We will continue to welcome the feedback and support of our partner organisations, local residents, service users and our workforce on how we can best do this.

Tony Bell, Chief Executive

Understanding our Population

Chelsea and Westminster Hospital NHS Foundation Trust is committed to not only providing world-class health care but to improving and maintaining the health and well-being of the communities it serves. This begins by understanding our population to ensure we deliver the best possible care at the *right time*, in the *right place* and to the *right people*.

We deliver health care to people across London, England and beyond. Typically, the trust serves a more affluent population than average, though this conceals clusters of greater deprivation within this population.

Figure 1: Proportion of patients who attend ChelWest Outpatients department by LSOA in Hammersmith & Fulham, Kensington & Chelsea, Wandsworth and Westminster

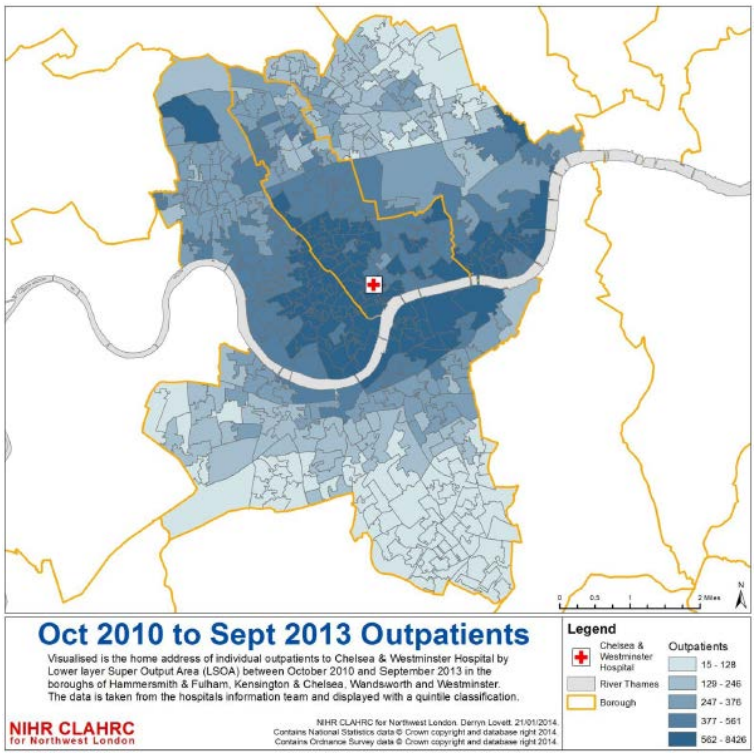
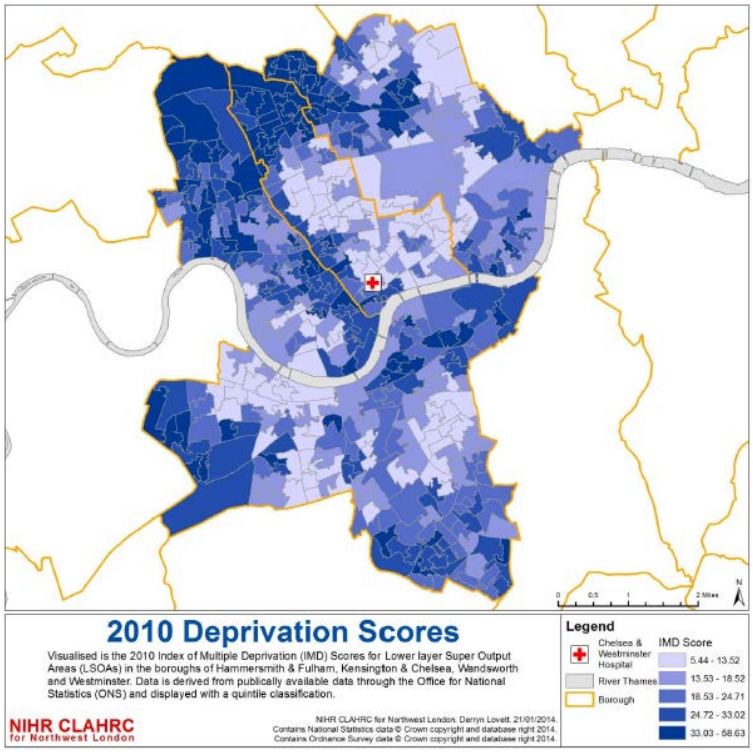


Figure 2: Deprivation by LSOA in Hammersmith & Fulham, Kensington & Chelsea, Wandsworth and Westminster



People come from all over the country, and beyond, to use the services provided by ChelWest. The highest concentration of service users live in the four boroughs surrounding the hospital's main site: Kensington and Chelsea (21.2%), Hammersmith and Fulham(18.7%), Wandsworth(13.8%) and Westminster(11.3%), respectively. There are higher rates of service use among people living closest to the hospital in each of these boroughs, figure 1.

Figure 2 illustrates that ChelWest provides care to some of the most deprived communities in the local area. Deprivation is associated with worse health outcomes (10) and poorer access to services(11). This informs this strategy in a number of ways: the public health priorities facing these boroughs will be felt most keenly by these groups, care and support for health and well-being should be available to all and proportionate to need, 'proportionate universalism', and attention should be paid to facilitate access to services among more deprived groups.

Residents of these boroughs are in relatively good health. They experience average or better rates of common complaints seen in health care services, such as cancer, heart disease, diabetes or hip fractures. However, there is a high prevalence of mental ill-health, childhood obesity, sexually transmitted infection, tuberculosis, and poor outcomes from smoking and substance misuse. There is low coverage of immunisation and screening programmes. Improving the health of the population involves action on all of these health priorities, proportionate to need. Taking on this challenge will involve changing the way the trust operates – working with the community and its partners.

Indicator	H&F	K&C	Wandsworth	Westminster	England
% people attending C&W	18.7%	21.2%	13.8%	11.3%	-
Life expectancy - male[1]	78.6	81.6	78.8	81.2	78.9
Life expectancy – female[1]	83.4	86.1	83.1	85.1	82.9
Infant deaths[2]	3.5	4.1	3.4	3.8	4.3
Obese children[3]	25.8	22.4	20.0	24.8	19.2
Hospital stays for alcohol related harm[4]	2554	1353	1840	1621	1895
Drug misuse[5]	11.3	13.3	7.4	13.9	8.6
New cases of TB[6]	38.7	26.2	31.1	27.1	15.4
Acute sexually transmitted infections[7]	1937	1652	1838	1910	804
Smoking related deaths[8]	225	164	198	172	201
Early deaths from heart disease and stroke[9]	66.5	45.0	64.4	61.5	60.9
Early deaths from cancer[9]	116.9	89.9	101.4	95.1	108.1

Source: Association of Public Health Observatories, Health Profiles, 2013

Key: Red = significantly greater than national average, Amber = no significant difference to the national average, Green = significantly lower than the national average

Celebrating what we do

The Marmot Review[10] provided a compelling account of the importance of addressing health and wellbeing needs across the life-course. Here we outline some of ways in which ChelWest is already promoting and supporting these needs.

[1] At birth, 2009-11
[2] Rate per 1000 live births, 2009-11
[3] % children in year 6 (age 10-11), 2011/12
[4] Directly age sex standardised rate per 100,000, 2010/11
[5] Estimated users of opiate and/or crack aged 15-64, crude rate per 1000, 2010/11
[6] Crude rate per 100,000 population, 2010/11
[7] Crude rate per 100,000 population, 2012
[8] Directly age standardised rate per 100,000 population aged 35 and over, 2009-11
[9] Directly age standardised rate per 100,000 population aged under 75, 2009-11
[10] Fair Society Healthy Lives (Marmot Review) 2010 http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review

Maternal Health and Wellbeing	- Pre-conception nutritional advice is available - Pre-conception clinics for prospective mothers with diabetes - Dietetics support for expectant mothers who are under or over-weight - Mothers at high risk of mental ill-health are systematically identified and referred for psychiatric assessment
Early Years	- Immunisations campaign ran in October/November 2013 - Early multi-disciplinary review and intervention for children with neuro-disability - Receive referrals for health assessment of vulnerable children - Parental education for children with chronic conditions, eg epilepsy
Dental Health	- Dental nurses provide dental hygiene education to patients and parents - Brushathon campaign ran in September 2012 in partnership with with QPR FC
Smoking Cessation	- In-house smoking cessation service available 2 days per week - Brief intervention training for smoking cessation offered to staff - Smoking cessation support offered through bariatric service, Kobler clinic and pulmonary rehab - Stoptober campaign ran annually
Diet	- Nutritional assessment and reassessment for all inpatients, with dietetics support for those with increased risk. - SMART weight loss programme (1:1 intervention and some group work) - Tier 3 weight management service to support patients pre-bariatric surgery - Self-management support to HIV positive patients
Exercise	- Dieticians refer into Kensington and Chelsea exercise on referral classes - Occasional exercise promotion classes for staff, patients and carers held in the hospital atrium - MSK outpatient gym offers out of hours class for discharged patients
Alcohol and Substance Misuse	- Alcohol screening on acute admission - Patients referred from A&E to detox unit - Colocation with drug dependency unit and party drugs clinics
Long Term Conditions Secondary Prevention	- Diabetes education and self-management classes - COPD discharge care bundle, includes smoking cessation, inhaler techniques, follow-up after 4 weeks, health education literature, pulmonary rehabilitation - Slips, trips and falls assessment and advice on falls avoidance in and out of hospital - Cardiac rehabilitation and heart failure exercise programme - PREVEnt programme - Patient Risk Modification and Education to prevent vascular events, secondary prevention of stroke - HIV rehabilitation, self-management and healthy lifestyle classes
Sexual Health and Wellbeing	- Postal testing service - Dean Street Direct service for asymptomatic sexual health screening - Contact clinic for under 18s - Sex and relationship education work with schools - Targeted service for MSM community
Mental Health and Wellbeing	- Dementia-friendly wards and systematic dementia screening - Older Persons mental health liaison service for inpatients - A&E mental health liaison nurses, particularly for over-doses and self-harm

	- Mental health nurse input where there is a large psychological component to care, including for bariatrics, burns, HIV and sexual health, pain management - Delivery of mental health training to staff

In view of the outlying health priorities for our population and the existing services offered at ChelWest, we recognise that further attention is required to the prevention of childhood obesity and scaling up our smoking cessation services. We need to ensure we measure what we do in order that we can evidence benefits to the population, and identify areas where more can still be done.

We recognise that health care organisations have a critical role to play in addressing health inequalities. Access to health services is one area in which deprived groups are known to be disadvantaged[11], and further inequalities are created as a result of ill-health[12]. Here are some ways in which ChelWest takes action to mitigate inequalities.

Continuity of Care	- Extended support discharge team provide up to 48 hours additional support to help patients return home safely from A&E - Care homes assessment conducted in hospital, in order to communicate patient condition in different care settings - Complex discharge team liaises with social services and community health
Carers	- Carers assessment including health and access to exercise classes and financial advice - Carers network and joint group with Carers UK and social services
Homeless	- Hepatitis C homeless pathway established - Links to Homeless GP services to deliver HIV / GUM services
Men's Health	- Men's Health awareness event

We pledge to use health intelligence to ensure that our outreach services target those at greatest need. We also want to look at further ways in which we can help limit the effect of ill-health on people's lives by working with our partners in the community, such as local authorities and the third sector.

Our Strategy

Our aim is to support the communities we serve to lead healthy lives and fulfil their potential. We will involve patients and the public in shaping our health and wellbeing programme to best suit their needs and preferences. We are committed to working with partners in primary care, community care, mental health care and local authorities, to deliver proactive care to those who most need it. We aim to embed this approach in everything we do, establishing the trust as a key community asset.

ChelWest has a pivotal role to play in promoting health and wellbeing in each borough. The accumulation of social, environmental and lifestyle factors over the life-course result in people presenting to health services. We are in a unique position to identify these causes and act on them, both through secondary prevention for those seen by the health services and primary prevention for others in the community in similar circumstances. By focussing on improving health, it frees up our services to deliver the specialist care at which they excel.

The WHO's Health Promoting Healthcare initiative provides a framework of standards to improve health and wellbeing[13]. This sets out five key standards:

[11] Tudor Hart, The Inverse Care Law, 1971

[12] Index of Multiple Deprivation components

[13] WHO. Standards for Health Promotion in Hospitals 2004, http://www.euro.who.int/document/e82490.pdf

1. The organisation has a written policy for health promotion. This policy must be implemented as part of the overall organisation quality system and is aiming to improve health outcomes. It is stated that the policy is aimed at patients, relatives and staff.
2. The organization ensures that health professionals, in partnership with patients, systematically assess needs for health promotion activities.
3. The organisation provides patients with information on significant factors concerning their disease or health condition and health promotion interventions are established in all patient pathways.
4. The management establishes conditions for the development of the hospital as a healthy workplace.
5. The organisation has a planned approach to collaboration with other health service levels and other institutions and sectors on an ongoing basis.

A gap analysis against these standards has indicated that the priorities for ChelWest should be the development of a trust-wide policy for health promotion, or health and wellbeing, as well as ensuring that health promotion intervention is embedded in all patient pathways with monitored outcomes. However, there is room for improvement in all areas.

The Institute for Health Equity has developed further guidance for health professionals in their promotion of health equity[14]. This guidance focussed on the following areas:

1. *Workforce education and training*. Recommendations focus on the content of undergraduate and postgraduate courses, as well as the need for junior clinicians to experience both health and non-health placements. Continued Professional Development is cited as another important component to improve knowledge about the social determinants of health and the necessary skills to address them.
2. *Working with individuals and communities.* Recommendations emphasise the importance of building relationships with patients and understanding local communities, gathering information to enable appropriate referral and planning of services, and the provision of information to patients about a range of services.
3. *NHS organisations.* Recommendations consider the role of the NHS as an employer and business in providing good quality work, using its purchasing power to benefit local populations, and embedding policies on health inequalities at all levels of the organisation.
4. *Working in partnership.* Recommendations outline priority working relationships within the health sector, with external bodies and with commissioners and Health and Wellbeing Boards.
5. *Workforce as advocates.* Recommendations detail the levels at which health professionals should advocate for health equality: individual patients, local policy, improving the work of the health profession, and national policy.
6. *The health system – challenges and opportunities.* This section provides initial conclusions about how the Health and Social Care Act 2012 and new health care structure in England can be used to address health inequalities.

The goals set out in this strategy have been developed on the basis of best available evidence and local engagement. We will engage staff and patients within ChelWest, governors and executives, local HealthWatch organisations, Clinical Commissioning Groups, and local authorities. These partners are crucial to the successful delivery of this strategy.

[14] UCL Institute of Health Equity. Working for Health Equity: The Role of Health Professionals 2013. http://www.instituteofhealthequity.org/projects/working-for-health-equity-the-role-of-health-professionals

Governance

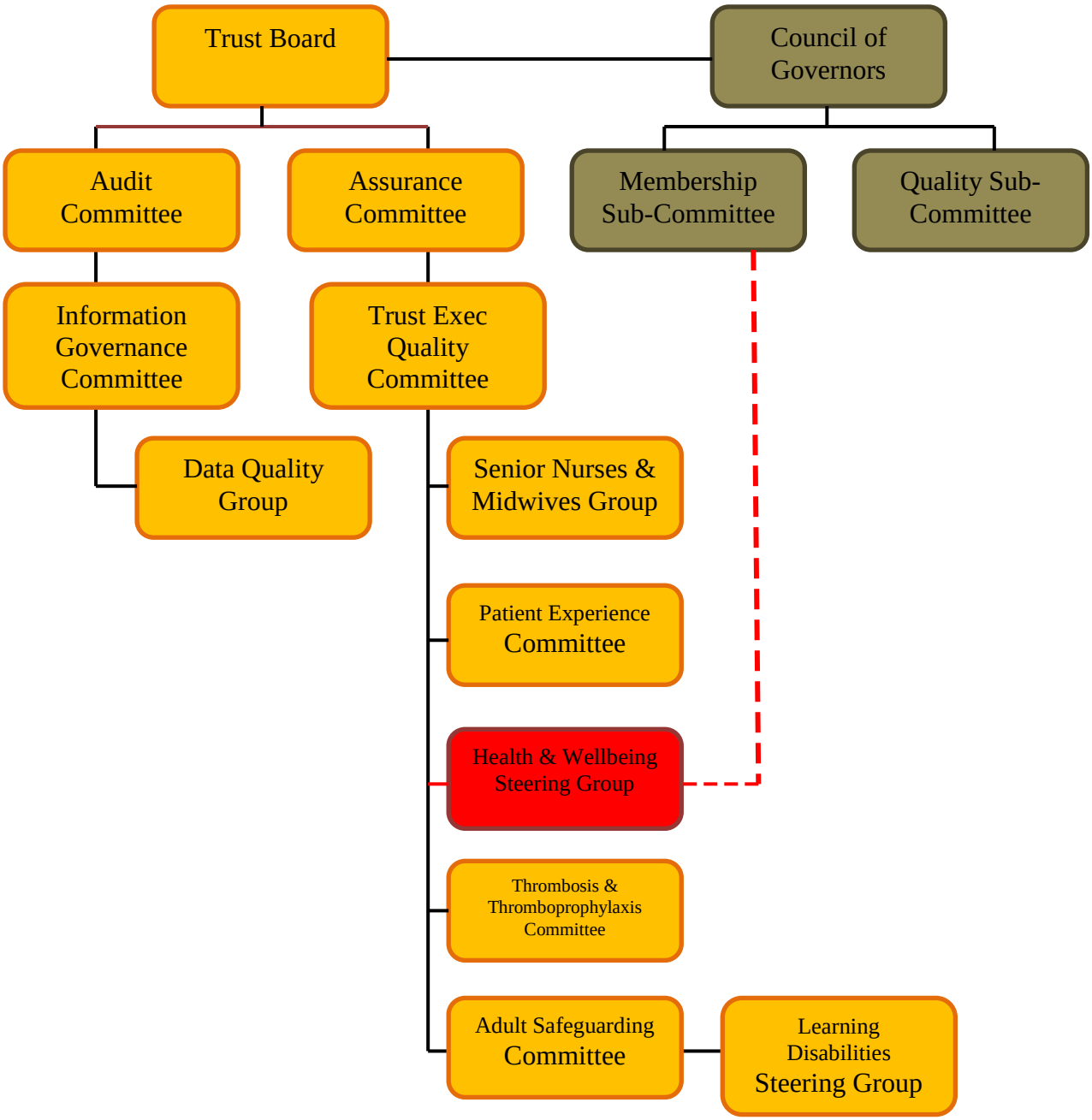
As of April 2013, the responsibility for public health and some health service commissioning passed to local authorities, Clinical Commissioning Groups took on the responsibility for commissioning local health services and HealthWatch now holds the mechanisms for ensuring that the public voice is at the heart of these plans. Health and Wellbeing Boards are the forum where these organisations come together to provide oversight of plans to improve health and wellbeing in each borough. They ensure that the recommendations of the Joint Strategic Needs Assessment (JSNA) of each borough are acted on, and the social, environmental and lifestyle determinants of health are addressed.

ChelWest will forge close links with the Health and Wellbeing Boards in Hammersmith & Fulham, Kensington & Chelsea, Wandsworth and Westminster. We have established a ChelWest Health & Wellbeing Steering Group, with executive-level representation, to provide oversight of this strategy and to mirror the work of the borough-based Boards. We anticipate that these Boards will work in an iterative fashion allowing ChelWest's participation in borough priorities and providing opportunity for the Trust to share its plans and health and wellbeing intelligence. We will work closely with Directors of Public Health and their teams in each borough to manage this process and share information.

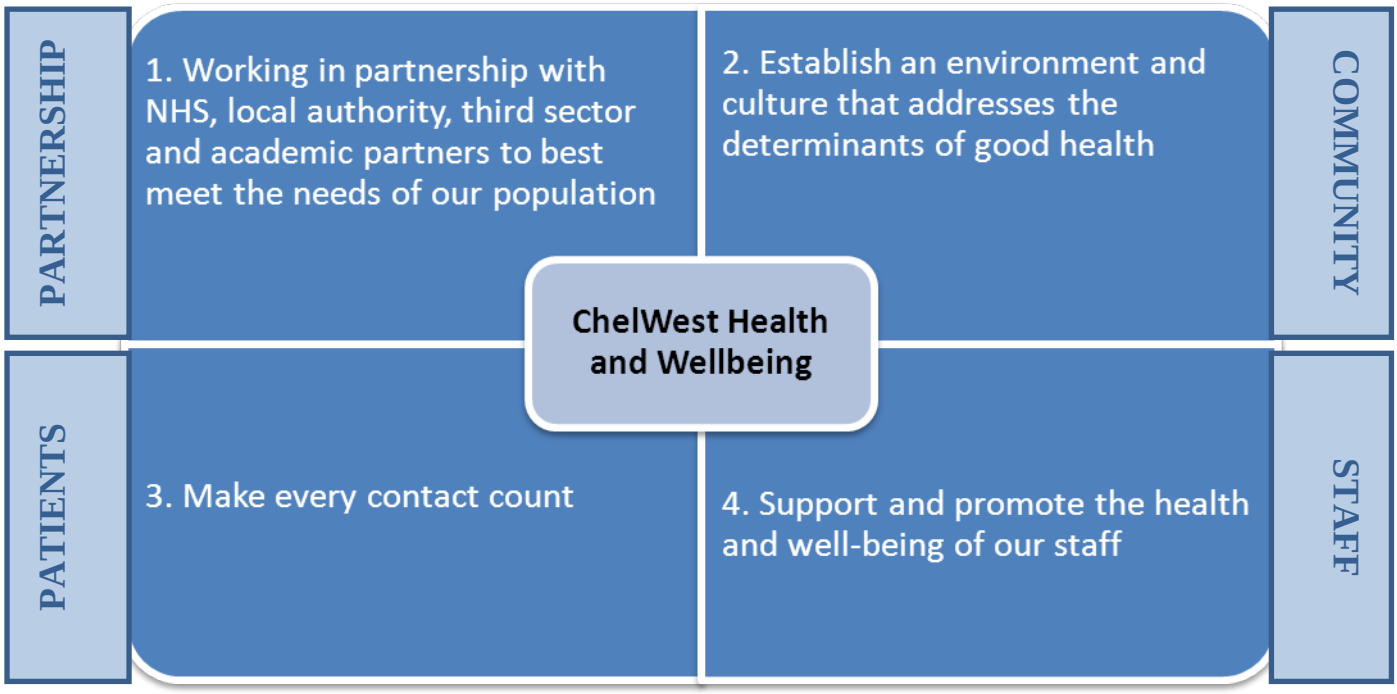
Membership of the ChelWest Health and Wellbeing Steering Group

- Chief Executive
- Governors
- Medical Director
- Director of Nursing
- Director of HR
- Associate Medical Director of Accountable Care Group
- Head of Corporate Affairs
- Staff and Patient Engagement Manager
- Healthwatch representative
- Clinical Commissioning Group representative
- Local Authority Public Health representative
- ChelWest Public Health lead

The below diagram illustrates how the Health and Wellbeing Steering Group is embedded into the Trust's Committee structure (as taken from the Quality Accounts 2012/13).


Trust Board
Council of Governors
Audit Committee
Assurance Committee
Membership Sub-Committee
Quality Sub-Committee
Information Governance Committee
Trust Exec Quality Committee
Data Quality Group
Senior Nurses & Midwives Group
Patient Experience Committee
Health & Wellbeing Steering Group
Thrombosis & Thromboprophylaxis Committee
Adult Safeguarding Committee
Learning Disabilities Steering Group

Our Goals
We have developed a number of interlocking goals to achieve our vision.



1. Work in partnership with NHS, local authority, third sector and academic partners to best meet the needs of our population

The cornerstone of this Health and Wellbeing strategy is to ensure that the care we deliver is aligned with our population's health and wellbeing needs and improves outcomes. Joint Strategic Needs Assessments are the mechanism by which Local Authorities and Clinical Commissioning Groups set their commissioning intentions. Borough-level Health and Wellbeing Boards provide oversight of these commissioning intentions to ensure they adequately address the current and emerging needs of the local population and to mitigate the effects of fragmented service arrangements. It is therefore essential that there is an ongoing dialogue between ChelWest and the local Health and Wellbeing Boards to both share intelligence about planned changes to services, and to proactively understand and tackle local priorities.

The way that health care is commissioned and delivered is changing. We must move from an outdated model of 'volumes' based service provision to a 'values' based model in order to meet the demographic and financial challenges faced by the NHS. ChelWest believes it can best meet these challenges by joining with community partners to develop an Accountable Care Group (ACG). The premise of the ACG is that expertise from primary care, community care, mental health care, specialist care and social care will combine to deliver services appropriate to population needs free of organisational boundaries. With commissioning moving towards a capitated payment model, the ACG is incentivised to support people to lead healthy and productive lives for as long as possible. We believe this approach will achieve the triple aim of improved patient satisfaction, improved patient outcomes and improved efficiency.

This approach to health care delivery recognises that many of the solutions may lie outside the medical model. For example, social isolation may drive attendance in health care settings where the needs may be more appropriately met through community asset approaches, such as befriending services or time banking. The role of self-care and expert patients is also critical to supporting patients to take control of their condition and to build self-esteem, an important protective factor for health. We will engage with third sector partners to ensure our patients' needs are met comprehensively. Improving communication between provider settings is fundamental to integrated care, and we will prioritise

implementation of the Single Electronic Record to support this. We will also engage with academic partners to ensure that these new ways of working are evidence-based, and that we monitor and evaluate everything we do as part of ongoing service improvement.

What will we do?

- Actively engage with local Health and Wellbeing Boards to facilitate information sharing and joint working
- Work with health and social care partners in the development of an ACG model, which realigns incentives to better support the delivery of population health outcomes
- Prioritise implementation of the Single Electronic Record
- Explore interventions outside the medical model that can more comprehensively meet the needs of our population
- Support the Joint Strategic Needs Assessment programme with provision of data nad intelligence
- Embed a monitoring and evaluation culture in our delivery of health and wellbeing interventions at ChelWest to inform ongoing service improvement

2. Establish an environment and culture that addresses the determinants of good health

Social and environmental determinants are the underlying causes of health outcomes and health inequalities. ChelWest has privileged access to information about these wider determinants and the impact they are having on health in our local population. For example, clusters of asthma exacerbations from residents living in the same housing estate could be tracked back to a mould problem. The families of patients seen in bariatric services may be struggling with the same risk factors that led to the patient's obesity problem. There is a role for responsible action in these and other instances.

Changing staff and service behaviour to include preventative as well as curative care requires a cultural shift. We are grateful to have the opportunity of working with our public health colleagues who have developed a programme of training within the local authorities to support staff to capture these 'public health moments'[15]. Identifying health and wellbeing champions is a proven way of identifying interested personnel within an organisation who can help disseminate learning and practice in their respective areas. This is one approach of shaping culture from within.

The health care environment also plays a role in determining the degree to which the causes of ill-health can be prevented. For example, the current obesity epidemic in the UK has been ascribed in no small part to the obesogenic environment in which we live, which promotes high energy intake and sedentary behaviour[16]. We will shape our environment to nudge people into making healthier choices where available.

What will we do?

- Identify and train health and wellbeing champions throughout the trust
- Work with our local authorities to find solutions to the causes of the causes of ill-health
- Establish a trust-wide Healthy Environment Policy that includes consideration of healthy food, health promotion information, smoke-free hospital site and links to the trust's Travel Plan for active travel

[15] Shaffelburg S, May K. (2003) Public Health Presents Capturing Your Public Health Moments. Triborough Public Health.

[16] North East Obesogenic Environment Network, www.neoen.org.uk

3. Make every contact count

Behaviour change theory proposes that 'trigger' events cause people to move along the behaviour change cycle towards successful and sustained behaviour modification[17]. Experiencing an ill-health event that results in contact with health services can often act as such a trigger, particularly as certain behaviours, such as smoking or a sedentary lifestyle, are proven to have serious adverse consequences for health. Every interaction with health services therefore has the potential to be a teachable moment.

ChelWest has a number of screening and referral mechanisms in place, including alcohol liaison services, nutritional screening and dementia screening. Throughout our sexual health service department, staff are trained in motivational interviewing to encourage secondary prevention of risky sexual health behaviours. We want to scale-up this work across the hospital and across the five highest risks to health: smoking, diet, physical activity, alcohol consumption and mental wellbeing. We will provide a 'call to action', providing links to services in the community that support lifestyle change. We will link with local boroughs to ensure that appropriate referrals are made according to borough of residence, in order that patients will receive the support they need closer to home so that new lifestyles can be incorporated into their daily routine more easily.

In addition to referral mechanisms, we appreciate the importance of brief interventions for behaviour change within the trust setting. We have a smoking cessation service within the hospital which operates 2 days per week and also delivers brief intervention training to staff. In the last year 153 patients attended this service, of which 55 successfully quit smoking. This service is now only available to residents of the Triborough. We need to find ways to offer smoking cessation to all our patients, and to offer brief interventions within our services.

What will we do?

- Incorporate lifestyle factors as part of the initial assessment and care plan of patients to ensure systematic assessment of patients' prevention needs
- Establish an e-referral mechanism as a 'call to action' following this initial assessment, in order that patients can receive the behaviour change support they need at a place close to home and in accordance with the local public health commissioners
- Promote empathetic and effective assessments of lifestyle through a programme of motivational interviewing and brief intervention training for all staff
- Monitor recording and referral patterns throughout the trust to promote service quality improvement and increased uptake of services over time
- Find ways of delivering a universal smoking cessation service within the trust

4. Support and promote the health and well-being of our staff

As a responsible employer, ChelWest is committed to investing in the health and wellbeing of its staff. This involves providing meaningful roles for our staff over which they have control, supporting managers to support their staff, providing opportunities for ill-health prevention, taking early action and supporting staff who become unwell. We believe this is the most effective way of embedding a health promoting ethos in our work. Our belief is borne out by the litany of recent research evidencing the positive impact on trust performance, patient satisfaction and staff absence of promoting staff health and wellbeing[18].

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[17] Prochaska, JO; Velicer, WF. The transtheoretical model of health behavior change. Am J Health Promot 1997 Sep–Oct;12(1):38–48.

[18] Boorman S (2009) NHS Health and Wellbeing Report.
Black C (2008) Working for a Healthier Tomorrow. TSO: London.
The Marmot Review (2010) Fair Society, Healthy Lives: Strategic Review of Health Inequalities in England post-2010. The Marmot Review: London.

There are a number of policies in place to protect and promote the health of staff, including flexible working, breastfeeding at work, stress management and active travel plans. There are services available to staff including body MOTs, exercise groups and counselling. We want to build on this by shaping our policies and staff services so that they are proactive, preventative and systematic.

What will we do?

- Provide rewarding roles and development opportunities to our staff at all levels in the organisation
- Ask staff what is important to them to improve their health and wellbeing in the workplace
- Support managers to promote health and wellbeing in their staff and to identify and act on early signs of ill-health
- Take early action on the signs of mental ill-health and musculoskeletal problems in our staff: our two biggest causes of sickness absence
- Develop nudge policies to encourage healthy food choices and physical activity as part of the working day

Department of Work and Pensions, Department of Health and HSE (2005) Health, Work and Wellbeing. Caring for Our Future: A strategy for the health and wellbeing of working age people.
The Sainsbury Centre for Mental Health (2007) Policy Paper 8 – Mental Health at Work: Developing the business case.

The goals of this strategy are related to the WHO standards for Health Promoting Health care, and are intimately related to the trust board's priorities.

Health & Wellbeing Objective	**WHO HPH Standard**	**Corporate Objective**	**Strategic priorities 2013/14**
1. Work in partnership with local NHS, local authority, third sector, and academic partners to best meet the needs of our population	1. Management policy 3. Patient Information and Intervention 5. Continuity and Cooperation	2. Improve the patient experience 3. Deliver excellence in teaching and research 4. Ensure financial and environment sustainability	1. To deliver services that are accountable for population health outcomes 2. To integrate services inside and outside of hospital 3. To provide the right mix of unscheduled and scheduled services
2. Establish an environment and culture that addresses the determinants of good health	1. Management policy 2. Patient Assessment 3. Patient Information and Intervention 4. Promoting a Health Workplace	1. Improve patient safety and clinical effectiveness 2. Improve the patient experience 3. Deliver excellence in teaching and research	1. To deliver services that are accountable for population health outcomes 2. To integrate services inside and outside of hospital 4. To embed a relentless focus on improving safety, patient experience, clinical effectiveness and operational efficiency.
3. Make every contact count	1. Management policy 2. Patient Assessment 3. Patient Information and Intervention	1. Improve patient safety and clinical effectiveness 2. Improve the patient experience 3. Deliver excellence in teaching and research	1. To deliver services that are accountable for population health outcomes 2. To integrate services inside and outside of hospital 3. To provide the right mix of unscheduled and scheduled services

4. Support and promote the health and wellbeing of our staff	1. Management policy 4. Promoting a Health Workplace	1. Improve patient safety and clinical effectiveness 2. Improve the patient experience 3. Deliver excellence in teaching and research 4. Ensure financial and environment sustainability	1. To deliver services that are accountable for population health outcomes 4. To embed a relentless focus on improving safety, patient experience, clinical effectiveness and operational efficiency.

Our Three-Year Plan

	1. Work in partnership with local NHS, local authority, third sector, and academic partners to best meet the needs of our population	**2. Establish an environment and culture that addresses the determinants of good health**	**3. Make every contact count**	**4. Support and promote the health and wellbeing of our staff**
Year 1 2014/15	- engage Health and Wellbeing Boards - develop ACG business case - implement Single Electronic Record in A&E - build links with third sector - contribute to JSNA process	- develop health and wellbeing champions training programme - establish health and wellbeing champions forum - develop healthy environment policy	- develop Social Impact Bond approach to smoking cessation - pilot volunteer smokefree champion programme - deliver training in brief interventions to priority areas - alcohol pathway development	- develop staff health and wellbeing strategy - staff engagement in priorities for health and wellbeing - establish monitoring and evaluation mechanisms for staff programmes
Year 2 2015/16	- further develop ACG approach - include prevention component within commissioning round - embed third sector links within clinical pathways - contribute to JSNA process	- test ways of working with local authorities to take action on wider determinants of health - implementation of healthy food recommendations - develop health and well-being section of front-of-house redesign	- roll out of volunteer programme to other health messages if successful - identification of opportunities to intervene for childhood obesity prevention - full delivery of brief interventions training	- engage occupational health in proactive care delivery - deliver programme for managers - promotion of mental well-being

Year 3 2016/17	- evaluation of ChelWest Health and Wellbeing Strategy	- implement agreed ways of working with local authorities - evaluate healthy environment improvements	- mental wellbeing pathway development - expansion of systematic screening and referral programme to include broader risk factors for ill-health	- develop early intervention services for staff at risk of ill-health
How will we measure our progress? A detailed action plan and SMART objectives will be developed and progress reported into the local Health and Wellbeing Boards				

If you would like to discuss Health and Wellbeing at ChelWest, please contact the Public Health Lead at Abigail.knight@chelwest.nhs.uk

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 24 April 2014 (PUBLIC)

AGENDA ITEM NO.	2.3/Apr/14
PAPER	Assurance Committee Report - January, February and March 2014
AUTHOR	Melanie van Limborgh, Head of Quality and Assurance
LEAD	Karin Norman, Non-executive Director
PURPOSE	The Assurance Committee is responsible for assuring on a wide range of issues on behalf of the Board, including quality. This report informs the Board on the issues that have been discussed and the Assurance Committee's views on the level of assurance for each issue, where this is possible. The Assurance Committee will also escalate to the Board where appropriate. The paper is for information but also to allow any directors to raise any issues or queries about the matters in the paper.
LINK TO OBJECTIVES	The Assurance Committee assures on quality. The items discussed at the meetings are relevant to the Quality Priorities included in the Quality Account.
RISK ISSUES	None
FINANCIAL ISSUES	None
OTHER ISSUES	None
LEGAL REVIEW REQUIRED?	No
EXECUTIVE SUMMARY	A summary of the key issues discussed at the meeting in January, February and March 2014 is attached.
DECISION/ ACTION	For information.

ASSURANCE COMMITTEE REPORT FROM MEETINGS JANUARY, FEBRUARY & MARCH 2014

1.0 Introduction

The Assurance Committee is responsible for assuring on a wide range of issues on behalf of the Board, including quality. This report informs the Board on the key issues that have been discussed at the January, February and March meetings.

2.0 Background

The Assurance Committee receives matters to discuss or for information, from the Quality Committee, Facilities Committee, Health and Safety Committee and Risk Management Committee.

3.0 Items discussed at the Assurance Committee from January to March 2014

3.1 Health, Safety and Fire Committee Monthly Report (January 2014)

Health and Safety - positive with an active committee. A slight reduction in mandatory training levels, significant improvement on 2013 and now compares well with other Trusts.
Assurance agreed in place to remain an area of focus.

3.1.2 Health Safety and Fire Committee Monthly Reports (February 2014 and March 2014)

Assault cases on-going focus for support by the Director of Nursing and Local Security Management Specialist. Fire 'marshall' numbers will be reviewed by the Executive to ensure appropriate cover. On-line risk assessments will be available with a new incident reporting system. Trust reported to be compliant with the Health and Safety at Work Act as it stands. Still some gaps in Mandatory Training; further work needed for interfacing of risk and work required by contractors. Health and Safety KPIs will be provided to the Assurance Committee and to the Board from March 2014. Overall assurance rating to feature on cover sheets for all papers to Assurance Committee.

3.1.3 Top Concerns from Medical Director and Director of Nursing and Quality

Future reporting to be verbal to enable informal discussion. Themes: safety culture, agency staffing rates (need to facilitate timely recruitment), failure to follow up results, missed doses (medication), VTE, improvements on one of the ward areas, recognising deteriorating patients. Audit findings regarding deteriorating patients will be presented to future committees

3.1.4 Never Events Assurance Report (January 2014)

There was a missed swab Never Event despite substantial previous work.
This will be investigated and an update provided.

3.1.5 Claims Annual Report (January 2014)

The number of claims reported to the NHSLA by the Trust has reduced to below 10 per year. The Trust was previously in the top five in terms of claims filed.

3.1.6 Risk Management Report Q2 (January 2014)

A new online risk management and reporting system will integrate different aspects of risk management although some core functionality is not yet available and is under development. The Assurance Committee queried whether this was the most suitable system available at the time. October 2013 KPMG are auditing serious incident investigations failure to escalate, notification on STEIS where we are failing to meet 45 day requirement, change processes/comparison with best practice.

NHSLA level 3 achievement assures that controls are operating.

3.1.7 Maternity Report Risk Report (January 2014)

New departmental committees for safety, effectiveness and patient experience now well established. Top 5 incidents include post-partum haemorrhage and unanticipated admission to NICU. Status for the supervisory midwife ratio which is below national recommendations assured to Assurance Committee.
The Assurance Committee is assured on maternity performance.

3.1.8 Infection Control Quarterly Report (January 2014)

Improvement in surgical site infections noted. Continued external and internal reporting of below target hand washing material availability and compliance. Strong performance across all areas continues under Berge Azadian's team. London hospital vulnerability to antibiotic-resistant pathogens from overseas patients noted but cannot be addressed locally alone.
The Assurance Committee is assured on infection control performance.

3.1.9 Mandatory Training (January 2014) & Mandatory Training Q4 Report

Performance continues to improve overall although work pressures continue to interfere with staff availability on the day. Training compliance is 76%.

The importance of information governance training has been noted, especially for junior doctors. Staff numbers in training department is challenged, cover for one of the posts being addressed We will require mandatory training for consultant revalidation going forward as part of our implementation of the new national revalidation processes.

A pilot of pre-planning mandatory training being implemented in maternity to be taken forward in the Trust. A Pan London Streamlining project for mandatory training/skills for health is being taken forward and was welcomed by the committee.
The committee were assured although there continue to be ongoing challenges.

3.1.10 Monthly report on local quality indicators (February 2014)

It was agreed to reduce and concentrate on key indicators. This had been approved by the Council of Governors Quality Sub Committee and the Executive Quality Committee.
The Chief Nurse and Director of Quality to lead the establishment of the amended quality indicators. Executive and clinicians responsible - Assurance Committee and the Board to approve.

3.1.11 Progress on Quality Priorities 1) and 4) Q3 (March 2014)

VTE priority significantly progressed by Q3. This will be a priority for a further year due to some missed doses of thromboprophylaxis.
Steady progress continues on end of life care.

3.1.12 Quality Account – Quality Priorities for 2014/15 (March 2014)

The Assurance Committee agreed the four Quality Priorities should remain the same for 2014/15 with note that Priority 2, "…to focus on communication, discharge, safe and compassionate care "should be quantified and include specific goals. The other three Quality Priorities are 1) To have no hospitable associated preventable VTE, 3) To be in top 20% nationally for staff engagement and appraisals and to ensure Trust values inform everything we do, and 4) To improve choice and quality in end of life care.

3.1.13 Facilities Committee Report (March 2014)

There were no high areas of concern.
The committee was assured on facilities performance and note need to focus on contractors' health, fire and safety training and compliance.

3.1.14 Equality and Diversity 6 monthly report (March 2014)

6 dimensions of bullying and harassment identified. Focus groups established in 'high score' areas, findings identified, action plans in place. Trust needs to assure on any trends for equality and discrimination regarding BME and sexuality. It was agreed that this work should be linked to the Trust values and the Staff and Patient Experience Committee.
The Committee noted a high degree of process but lack of assurance.

3.1.15 Report from Trust Executive Quality Committee (Dec 2013/Jan 2014)

Reviewed Discharge Summary completion - 3 out of an audited 28 discharge summaries sent to GPs that were audited did not include patient death.

3.1.16 Report from Trust Executive Quality Committee (February 2014)

8 new subjects proposed for future national clinical audits out of a total possible number of 52. To be agreed as suitable and financially viable as audit is resource intensive and not clearly of patient benefit**.** Clinical leads to provide scrutiny and reporting to the Quality Committee, and Assurance Committees for audits chosen.
The programme for clinical audits will be presented to the Audit Committee going forward.

3.1.17 Quality Committee Terms of Reference (March 2014)

Agreed - to include changes relating to the NHSLA assessment programme.

3.1.18 Safeguarding Adults Committee (March 2014 - 6 monthly report)

Confidence in Trust processes outlined by the presenting lead with details of progress. Safeguarding Level 2 training for key Trust leads stands at 41.13% and a new IT system is in place for Trust response. **The Committee is assured with regard to safeguarding adults.**

3.1.19 Safeguarding Children Committee (March 2014 - 6 monthly report)

Training attendance for safeguarding children improved with multiagency collaboration. The Urgent Care Centre IT software does not link with Lastword but there is a manual workaround.
The Committee is assured with regard to safeguarding children.

3.1.20 Emergency Preparedness (EP) (March 2014 - 6 monthly report)

A former red risk reduced to amber after consideration by the Director of Quality Assurance and the Chief Operating Officer regarding the storage of Chemical, Biological, Radiological, Nuclear and Explosives (CBRNE) equipment. An internal audit demonstrated adequate assurance in business continuity; some reduction in the number of separate local business continuity plans recommended. Actions in place as a result of a live evacuation exercise of Outpatients conducted with the Metropolitan Police. Further work recommended in relation to the oxygen delivery system following two managed incidents that required the response of the Hospital Incident Team. 61% of front line staff immunised against influenza (61%) was highest ever but below national target 75%. High failure rates 'fit testing' for staff on FFP3 protective masks and confusion around 12 kinds of disposable masks in use have resulted in a reduction in range and a new method of fit-testing. 'Masks' are a red risk on the Trust risk register.

Assurance of Trust processes can be demonstrated by a positive London audit and the recent internal audit.

3.1.21 Monthly report on Local Quality Indicators (March 2014)

Local Quality indicators now reported from 'Qlikview'. Separating out complaints information from that relating to PALS was recommended. A commentary should in future explain the indicators for greater clarity. A review should streamline the number of indicators to those that give most benefit in monitoring.

The committee were assured that the priorities were relevant and these were approved. The committee endorsed these for Quality Strategy inclusion.

3.1.23 Learning Disabilities (LD) - (March 2014 - 6 monthly report)

The Trust reported to be compliant to CQC standards. Nursing lead for Learning Disabilities provides training for relevant staff, involved in planning care with patients and their carers. In absence of the lead, this is supported by the Lead Nurse for Adult Safeguarding.

The Assurance Committee was assured but noted the on-going attention and work to include all staff groups in necessary training.

3.1.24 Report from Trust Executive Quality Committee, (March 2014)

The committee noted failure or delay to follow up results (blood and imaging). Concern also on communicating results for patients who have been discharged.

The committee would like confirmation that processes for following up test results are being adhered to and that they are effective.

3.1.25 Risk Management Committee Q3 Report (March 2014)

Amber incidents closed within the 45-day target have reduced by 3% in Q3. Internal and external incident reporting and follow-up remains challenging. The new on-line system that will be coming on–line should mitigate some pressures. The committee questioned the suitability of the new system which lacks some needed functionality which the providers are building, but were provided with assurance.

There is a Pathology Joint Governance Committee in place to monitor pathology related incidents.

The committee highlighted the need for greater assurance on adequacy of pathology clinical details.

NICU closed temporarily in December 2013 due to a staffing issue, which resulted in maternity closure. This will require further work. The committee was assured that processes exist to for bank/locum staff who we do not wish to re-employ.

There were queries around failure or delay in delivering results/diagnoses around cancer patients (4 orange or red incidents in Q3) and around failure to follow up results which has remained an area of concern for some time. The Assurance Committee may explore the value of a classification of internal never events.
The achievement of NHSLA Level 3 in October 2013 provides overall assurance on risk management.

3.1.26 Audit Committee Minutes (January 2014) – for information

No comments were received.

3.1.27 Any Other Business

Issues regarding Terms of Reference and Quorum were discussed for future amendment.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 24 April 2014 (PUBLIC)

AGENDA ITEM NO.	2.4/Apr/14
PAPER	Inpatient Survey 2013 Results and Action Plan
AUTHORS	Carol Dale, Lead for Patient and Staff Experience
LEAD	Elizabeth McManus, Chief Nurse and Director of Quality
PURPOSE	To inform the board of our latest Inpatient Survey results. The report will show where we have improved or worsened since last year, and how we compare to the other trusts surveyed by Picker Europe UK. These results will be used by the Care Quality Commission (CQC) to benchmark all Trusts nationally and we expect these results to be published on their website in April / May 2014.
LINK TO OBJECTIVES	Patient Experience
RISK ISSUES	The results form part of the evidence used by CQC to assess the quality of our services and it will inform their inspection programme and focus. These results, and the CQC rating, will be published on the CQC website and available to the general public. The results inform us about our quality of patient experience and are an indicator of our success to meet our stated quality priorities.
FINANCIAL ISSUES	None noted as yet.
OTHER ISSUES	No
LEGAL REVIEW REQUIRED?	No
EXECUTIVE SUMMARY	Picker Institute Europe was commissioned to conduct the 2013 Inpatient Survey on behalf of the Trust. The survey is based on a sample of patients discharged from the Trust in June, July and August 2013. A total of **1,700** patients were sent a questionnaire in September 2013 of which **579** patients returned completed questionnaires; a response

	rate of **35.1%**. The average response rate for Trusts surveyed by Picker Institute Europe was **46%**. There are 70 questions in total. Compared to the 2012 survey Chelsea and Westminster is: Significantly BETTER on 4 questions Significantly WORSE on 2 questions The other scores show no significant change Compared to the 76 other Picker Trusts the survey showed that Chelsea and Westminster is: Significantly BETTER than average on 8 questions Significantly WORSE than average on 9 questions Overall, the results of the 2013 Inpatient Survey shows stability in satisfaction since the previous survey in 2012, with some areas of improvement and worsening. Overall: 'rated experience as less than 7/10' has improved by 3% in 2013. The communications around surgical operations and procedures has improved, along with some quality aspects of our discharge process. Key areas for improvement are around confidence in our nursing staff, and speeding up the discharge process without affecting safety or quality. We would want to continue the improvements seen in asking patients to give their views on the quality of care, both through the Friends and Family Test and other methods to hear patient stories and feedback. 2014/15 will see us increase the use of real-time feedback through the Friends and Family Test and make better use of the net promoter score and the comments. We will also introduce the Staff Friends and Family Test, where staff will be asked if they would recommend this Trust as a place to be treated. This will be a rich source of feedback to help us engage with staff to discuss and improve the patient experience.
DECISION / ACTION	The Board is asked to note this information.

Inpatient Survey 2013 Results and Action Plan

1.0 Introduction

1.1 All NHS Trusts are required to undertake an annual Inpatient Survey. Elements of the survey are used by the Care Quality Commission (CQC) as part of its annual assessment of NHS Trusts.

1.2 A key objective for the Trust in 2013-14 was to achieve a progressive improvement in key issues identified in the annual NHS patient's survey relating to communication, discharge, and older people.

1.3. The Inpatient Survey 2013 has highlighted many positive aspects of patient experience and areas where we can improve.

1.3 80% of respondents rated their overall care they received as higher than 7/10.

2.0 Overview of the Inpatients Survey 2013

2.1 Picker Institute Europe was commissioned to conduct the Trust's 2013 Inpatient Survey. The survey is based on a sample of patients discharged from the Trust in June, July and August 2013.

2.2 A total of **1700** patients were sent a questionnaire in September 2013 of which **579** patients returned completed questionnaires; a response rate of **35.1%**. The average response rate for Trusts surveyed by Picker Institute Europe was **46%.**

2.3 The questionnaire contained a range of 70 questions in 9 sections:

1. Admission to Hospital
2. The Hospital and Ward
3. Doctors
4. Nurses
5. Your Care and Treatment
6. Operations and Procedures
7. Leaving Hospital
8. Overall (view of hospital admission)
9. About You

2.4. The Picker survey provides percentage 'problem scores' as a summary measure, to monitor results over time and to show comparison to the average score for all 'Picker' Trusts (76 other Trusts). Lower percentage scores indicate more positive results.

2.5. The CQC will standardises data between organisations to derive a comparative score between 1 and 10 which enables benchmarking between the best and worst performing organisations, though not all questions from the Picker Survey are used. This process is currently underway and we expect the CQC ratings in late April or May 2014.

3.0 Have we improved since the 2012 Survey?

3.1 Compared to the 2012 survey Chelsea and Westminster is:
Significantly BETTER on 4 questions
Significantly WORSE on 2 questions
The other scores show no significant change

3.2. Table 1 below shows those questions where the Trust has lower problem scores in 2013 to 2012 and compares this to the average for all Picker Trusts. **Lower scores reflect better performance.**

Table 1. Questions with significantly better scores than 2012

Ref	Question	Problem Score 2012	Problem Score 2013	Picker Average 2013
13	Hospital: patients in in more than one ward, sharing sleeping area with opposite sex	11%	4%	5%
45	Surgery: not told how to expect to feel after operation or procedure	45%	35%	42%
48	Surgery: results not explained in a clear way	33%	25%	31%
68	Overall: not asked to give views on quality of care	75%	64%	68%

3.3 Table 2 below shows those questions where the Trust has higher problem scores in 2013 to 2012 and compares this to the average for all Picker Trusts.

Table 2. Questions with significantly worse scores than 2012

Ref	Question	Problem Score 2012	Problem Score 2013	Picker Average 2013
7	Planned Admission: admission date changed by hospital	14%	22%	18%
53	Discharge: delayed by 1 hour or more	83%	91%	85%

4.0 How do we compare to the other 76 Trusts surveyed by the Picker Institute?

4.1 The survey showed that Chelsea and Westminster is:

Significantly BETTER than average on	8 questions
Significantly WORSE than average on	9 questions

4.2 The questions which the Trust scored significantly better than the Picker average are shown in Table 3. **Lower scores reflect better performance.** Comparisons with previous results in 2012 are included.

Table 3: Questions where the Trust is significantly better than the Picker average for 2013

Ref	Question	Problem Score 2012	Problem Score 2013	Picker Average 2013
3	A&E Department: not enough/too much information about condition or treatment	16%	17%	21%
5	Planned Admission: not	51%	47%	63%

	offered choice of hospitals			
45	Surgery: not told how to expect to feel after operation or procedure	45%	35%	42%
47	Surgery: anaesthetist / other member of staff did not fully explain how would put to sleep or control pain	15%	11%	15%
48	Surgery: results not explained in a clear way	33%	25%	31%
58	Discharge: not given completely clear/printed information about medicines	26%	21%	25%
65	Discharge: did not receive copies of letters sent between hospital doctors and GP	18%	18%	31%
69	Overall: not asked to give views on quality of care	75%	64%	68%

4.3 The questions where we scored significantly worse than the Picker average are shown in Table 4. Comparisons with previous results in 2012 are included.

Table 4: Questions where the Trust is significantly worse than the Picker average for 2013

Ref	Question	Problem Score 2012	Problem Score 2013	Picker Average 2013
15	Hospital: bothered by noise at night from other patients	46%	44%	38%
18	Hospital: toilets not very or not at all clean	9%	10%	6%
19	Hospital: felt threatened by other patients or visitors	4%	6%	3%
27	Nurses: did not always get clear answers to questions	37%	38%	31%
28	Nurses: did not always have confidence and trust	30%	32%	24%
29	Nurses: talked in front of patients as if they were not there	26%	26%	19%
53	Discharge: was delayed	42%	44%	40%
69	Discharge: delayed by one hour or more	83%	91%	85%

5.0 Areas where patients report most problems

5.1 Questions where more than 50% of respondents reported room for improvement are listed in Table 5 below. Picker UK suggests that focusing on these areas could potentially improve the patient experience for a large proportion of patients.

Table 5: Areas where patients reported the most problems

Ref	Question
53	Discharge: delayed by one hour or more
69	Overall: not asked to give views on quality of care
70	Overall: Did not receive any information explaining how to complain
34	Care: could not always find someone to discuss concerns with
59	Discharge: not fully told of danger signals to look for
56	Discharge: not fully told side effects of medications
61	Discharge: family not given enough information to help

6.0 Actions taken during 2013/14

6.1 The Trust has focused on 3 key themes: communication, discharge and care of older people.

6.2 Key Trust wide improvements have been based on the embedding of our Trust values with individuals, teams and across the Trust.

6.3 We have introduced comfort rounds on inpatient wards, and have specific improvement projects for pressure ulcer reduction and discharge processes.

6.4 We have introduced senior managers rounds to meet and discuss patient experience at ward level.

6.5 We included the patient experience results and feedback into our training programmes for clinical staff.

6.6 We have introduced the Friends and Family Test to inpatient wards and have 'You said We did' boards in each of the wards.

6.7 We have a steering group to design and deliver improvements for patients to have a good nights sleep.

6.8 We have introduced monthly Schwartz Rounds at the Trust to support staff the deliver compassionate care.

7.0 Commentary on the Inpatient Survey 2013

7.1 Overall, the results of the 2013 Inpatient Survey shows stability in satisfaction since the previous survey in 2012, with some areas of improvement and worsening. Overall: rated experience as less than 7/10 has improved by 3% in 2013 and stands at 80%.

7.2 The communications around surgical operations and procedures has improved, along with some quality aspects of our discharge process.

7.3 Key areas for improvement are around confidence in our nursing staff, and speeding up the discharge process without affecting safety or quality. It is disappointing that perception of delayed discharge has got worse since 2012.

7.4 We would want to continue the improvements seen in asking patients to give their views on the quality of care, both through the Friends and Family Test and other methods to hear patient stories and feedback.

8.0 Next steps

8.1 Results of the Inpatient Survey will be disseminated to divisions and teams. Key issues will be linked to divisional action plans for continuing improvement.

8.2 The survey findings will be presented to the Senior Nurses, Sisters / Charge Nurses and will be included in the 'You said We did' boards on each ward.

8.3 We will increase the use of real-time feedback through the Friends and Family Test and make better use of the net promoter score and the comments.

8.4 We will provide leadership training to enable managers to coach their teams to provide care in line with the Trust values.

8.5 We will continue to work collaboratively with our community and social services partners to improve discharge planning and the patient experience of transition out of hospital.

8.6 We will review and publish our nursing skill mix and staffing levels in line with the National Quality Board recommendations and as a Trust be transparent and open.

8.7 The Trust will review our monitoring and use of real time patient experience feedback to drive local improvements.

8.8 2014/15 will see the introduction of the staff Friends and Family Test where staff will be asked if they would recommend this Trust as a place to be treated. This will be a rich source of feedback to help us engage with staff to discuss and improve the patient experience.

9.0 Summary

9.1 This paper has provided a summary of the National Picker Inpatient Survey which was conducted in 2013. The paper outlined those areas in which we have improved against the previous year's results, and compares our results against those of 76 other hospitals who commission Picker as their providers. The survey enables us to define key areas of focus for our future work on improving the patient experience.

Carol Dale
Lead for Patient and Staff Experience

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 24 April 2014 (PUBLIC)

AGENDA ITEM NO.	2.5/Apr/14
PAPER	Staff Survey 2013 Results
AUTHORS	Susan Young, Director of HR and Organisational Development
LEAD	Susan Young, Director of HR and Organisational Development
PURPOSE	To present the 2013 staff results to the Board.
LINK TO OBJECTIVES	Patient and staff experience and all corporate objectives
RISK ISSUES	n/a
FINANCIAL ISSUES	n/a
OTHER ISSUES	n/a
LEGAL REVIEW REQUIRED?	No
EXECUTIVE SUMMARY	The results of 2013 National Staff Survey have now been published. The response rate at Chelsea and Westminster was over 60%. This was based on a full census of all of our staff. The overall results are very good and we compare very favourably with other acute trusts, scoring in the top 20% of acute trusts for 13 of the 28 key findings. Divisions and Directorates are now working on their action plans, focusing particularly on the areas where we have done less well. Divisions and Directorates will discuss the results with staff by end of April and develop action plans by the end of May 2014.
DECISION / ACTION	For information.

Staff Survey 2013 Results

1.0 Introduction

1.1 Chelsea and Westminster Hospital NHSFT undertook the NHS National Staff Survey 2013 between October and December for all staff

1.2 The results of the Annual NHS Staff Survey were published nationally by NHS England on the website nhsstaffsurveys.com.

1.3 All NHS organisations use the same staff survey and many organisations, including this Trust, use Capita to collate their reports.

1.4 1816 staff from Chelsea and Westminster completed the questionnaire in Autumn 2013.

2.0 Overview of Staff Survey 2013 Results

2.1 In 2013 there were 28 key findings (scores) and a measure of staff engagement, the same as in 2012.

2.2 The sample response rate for the Trust was 61% in 2013, which is in the top 20% when compared against other Acute Trusts.

2.3 The 2013 response rate is a deterioration on the 66% in 2012.

3.0 Summary of Key findings

- 13 issues in the best 20%
- 3 issues better than average
- 4 issues at the average
- 4 issues worse than average
- 4 issues in the worst 20%
- 1 issue improved since 2012
- 1 issue deteriorated since 2012

3.1 <u>Key findings where the Trust is in the best 20% of Trusts</u>

1. KF 3 - Work pressure felt by staff – (2.89)
2. KF 4 - Effective team working – (3.82)
3. KF 6 - Percentage receiving job-relevant training, learning or development in the last 12 months – (85%)
4. KF 8 - Percentage of staff having well-structured appraisals in the last 12 months – (48%)
5. KF 9 - Support from immediate managers – (3.76)
6. KF 14 - Percentage reporting errors, near misses or incidents witnessed in the last month – (94%)
7. KF 15 - Fairness and effectiveness of incident reporting procedures – (3.64)
8. KF 16 - Percentage experiencing physical violence from patients, relatives or the public in the last 12 months – (12%)
9. KF 20 - Percentage feeling pressure in the last 12 months to attend work when feeling unwell – (24%)

10. KF 21 - Percentage reporting good communication between senior management and staff – (42%)
11. KF 22 - Percentage able to contribute towards improvements at work – (74%)
12. KF 23 – Staff job satisfaction – (3.72)
13. KF 24 – Staff recommendation of the Trust a place to work – (4.04)

PLUS we are also in the top 20% for staff engagement.

3.2 Key findings where the Trust is in the worst 20% of Trusts (areas for improvement)

1. KF 5 - Percentage working extra hours – (75%)
2. KF 12 - Percentage saying hand washing materials are always available – (48%)
3. KF 26 – Percentage having equality and diversity training in the last 12 months – (47%)
4. KF 28 – Percentage experiencing discrimination at work in the last 12 months – (16%)

3.3 Key findings where the Trust has improved (statistically significantly) since 2012

1. KF 10 - Percentage receiving health and safety training in the last 12 months – (73%)

3.4 Key findings where the Trust has deteriorations (statistically significantly) since 2012

1. KF 5 - Percentage working extra hours – (75%)

3.5 2013 - Overall Staff Engagement

- Overall staff engagement score is 3.92 the Trust is in the top 20% compared to other Acute Trusts; and is no change on the 2012 score which was 3.87

- There are 3 sub-dimensions to employee engagement:
  - KF22: Staff ability to contribute towards improvement at work – Trust score 74% Top 20%
  - KF24: Staff recommendation of the Trust as a place to work or receive treatment – Trust score 4.04 Top 20%
  - KF25: Staff motivation at work – Trust score 3.90 Better than average

3.6 2013 - Overall Staff Engagement

- Overall staff engagement score is 3.92 the Trust is in the top 20% compared to other Acute Trusts; and is no change on the 2012 score which was 3.87

  There are 3 sub-dimensions to employee engagement:
  - KF22: Staff ability to contribute towards improvement at work – Trust score 74% Top 20%
  - KF24: Staff recommendation of the Trust as a place to work or receive treatment – Trust score 4.04 Top 20%
  - KF25: Staff motivation at work – Trust score 3.90 Better than average

4.0 Picture over the last 5 years (2009-2013)

4.1 Consistently in the top 20% on:

- Overall Staff Engagement indicator
- KF13: Percentage of staff having well-structured appraisals in the last 12 months
- KF22: Fairness and effectiveness of procedures for reporting errors, near misses or incidents
- KF30: Percentage of staff reporting good communication between senior management and staff
- KF31: Percentage of staff able to contribute towards improvements at work
- KF34: Percentage of staff that would recommend the trust as a place to work or receive treatment

4.2 Consistently in the worst 20% on:

- KF38: Percentage of staff experiencing discrimination at work in the last 12 months

5. Next Steps

The results have now been cascaded to Divisions and Directorates. The results will be discussed at this level with staff during April. Action plans are being developed for submission to Director of Human Resources and Organisational Development by end of May 2014.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 24 April 2014 (PUBLIC)

AGENDA ITEM NO.	4.1/Apr/14
PAPER	Finance Report Commentary – March 2014
AUTHOR	Carol McLaughlin, Financial Controller Virginia Massaro, Head of Financial Planning
LEAD	Rakesh Patel, Director of Finance
PURPOSE	To report the financial performance for March 2014 (draft subject to audit)
LINK TO OBJECTIVES	Ensure Financial and Environmental Sustainability Deliver 'Fit for the Future' programme
RISK ISSUES	Risk of Trust not delivering financial plan. Risk Rating: Impact 3 – Moderate Likelihood 3 – Almost certain Total Rating: **Orange**
FINANCIAL ISSUES	The Trust produced a surplus of £3.0m in March - £0.2m behind plan. The in-month EBITDA was 7.7% against a plan of 9.0%. The year to date position is a surplus of £6.2m, which is an adverse variance against plan of £2.8m. The year to date EBITDA is 7.5% against a planned EBITDA of 8.3%. The year to date surplus includes £3.6m of grants and donations towards capital expenditure therefore the true operational surplus i.e. excluding grants and donations, is £2.6m. The main reasons for the year to date £2.8m adverse variance against plan is underachievement on cost improvement programmes of circa £6.7m, which has been partially mitigated by the following: • Over performance on NHS contracts - £1.2m; • CCG non-recurrent pump-priming funding - £1.5m; The year to date COSR rating is a 4 compared to a planned 4, the improvement compared to previous months being due to the increased surplus in March. The cash position as at 31 March 2014 is £16.9m, which is approx. £5m below the year-end forecast position of £22m. Whilst cash collection improved during March, there were still some key NHS debtors who did not settle over performance invoices in time for 31 March. The lower cash position does not affect the COSR rating as the liquidity ratio does not

	distinguish between cash and debtors.
OTHER ISSUES	It should be noted that the financial results for the year are subject to external audit. The draft accounts will be submitted to Deloitte LLP on 23 April 2014, with the external audit beginning on site on 28 April 2014.
LEGAL REVIEW REQUIRED?	No
EXECUTIVE SUMMARY	Enclosed below.
DECISION/ ACTION	The Board is asked to note the financial position for March 2014.

Finance Report Month 12 – March

1. Income and Expenditure Summary

1.1. The Trust produced a surplus of £3m in March - £0.2m behind plan. The in-month EBITDA was 7.7% against a plan of 9.0%. The surplus for the year was £6.2m, which is an adverse variance against plan of £2.8m. The year to date EBITDA is 7.5% against a planned EBITDA of 8.3%.

1.2. CIP performance remained a significant challenge with an adverse variance of £0.8m in month 12, with £1m of CIP delivery this month. This means that for the past year, £12.1m of CIPs were identified and delivered – with a corresponding equivalent budget reduction – compared with the target set of £18.8m. The underachievement of £6.7m represents an on-going pressure and will need to be achieved in 2014/15. The underachievement has been added to the Trust's target for the new financial year, resulting in a new target of £24.9m.

1.3. Clinical Income finished the year £1.2m ahead of plan, after normalising for excluded drugs and devices and CCG transitional funding. Private Patient Income was ahead of plan in the month (by £0.3m) and finished the year circa £0.5m (3.5%) behind plan.

1.4. Non pay costs were again considerably higher than trend. Clinical supplies expenditure was a little higher than the pattern established for the year, but more than mitigated by reduced drugs expenditure. The main area of non-pay expenditure increases related to non-clinical supplies, which included accounting for consultancy and other project work relating to the strategic projects which the Trust is developing. However, there was corresponding income to offset this cost.

1.5. The improvement in pay expenditure was sustained for a further month, with total pay costs for the month being just under £15.0m. This compares well with a run-rate of £15.2m per month for January and February, and £15.4m per month for the April to December period. Progress on scrutinising and controlling spending on agency staff has been maintained; with spend on agency nursing staff at £0.36m in March, compared with typical monthly spending of £0.64m for the April to November period.

2. NHS and Local Authority Clinical Contract Income

2.1. NHS and Local Authority Clinical Contract Income was £0.2m behind plan in March and was £4.3m above plan for the year. However, this includes £2.0m of excluded drugs and devices which are offset by expenditure, £1.5m of emergency care transitional funding and £0.4m adverse impact from prior year, meaning that the Trust's underlying position is £1.2m ahead of plan for the year to date.

2.2. Overall in 2013/14, the over-performance has primarily been driven by outpatient and non-elective activity due to delivery of contractual metrics on the emergency care pathway, internally generated referrals and outpatient new to follow up ratios. This has been partly offset by an under-performance in elective surgical adult and paediatric inpatients and planned procedures without a threshold metric, which have, however, significantly improved in the last quarter of the year. The total value of agreed challenges for PPwT improved by 55% between months 7 and 10 (the most recent month for which a value has been agreed).

2.3. Elective inpatient activity and income improved in March, as expected, and was ahead of plan by £0.3m. Orthopaedic elective and day case spells were significantly ahead of plan in March (221 spells against a plan of 194) as additional capacity was laid on to address waiting list pressures. There was a significant improvement in Dermatology regular day admissions for

phototherapy in March which were in line with plan for the first time since April 2013. Non-elective inpatient income continued to be ahead of plan in March by £0.2m and £2.2m for the year. In Obstetrics, deliveries were slightly below plan in March which was consistent with a reduction in births across North West London in-month.

2.4. Outpatient new and follow-up attendances were above plan by £0.9m in March and were £2.9m above plan for the year. GUM significantly over-performed in-month and was £0.3m above plan largely as a result of the recent opening of the Dean Street Express.

2.5. NHS Clinical Contract Income relating to other points of delivery was £1.7m behind plan in March and £0.5m behind plan for the year. Excluded drugs significantly under-performed in-month (£1.5m behind plan), primarily for HIV anti-retroviral drugs but excluded drugs and devices income was £2.0m ahead of plan for the year. This income was off-set by expenditure. Adult Critical Care activity was significantly behind plan in March but Burns Critical Care, Paediatric HDU, NICU & SCBU performance was in line with plan in-month.

2.6. The Trust is working to agree contracts with commissioners for 2014/15. Contract financial values and Heads of Term have now been agreed with NHS England for both the specialised services and paediatric dental contracts. For 2014/15 the 8 Local Authorities in North West London are joining with 4 Local Authorities in North Central London to commission GUM services jointly, which should help to resolve some of the issues in 2013/14 and ensure a consistent approach across the area. Offers from Local Authorities have now been received for 2014/15, including a 4% reduction in tariff and a 50% marginal rate on growth, which the Trust has not agreed. The Trust is working to agree financial values and sign contracts for 2014/15 by the end of April.

2.7. Contract principles have been agreed with NWL CCGs for 2014/15, which include a block financial value for outpatients and emergency care, with all other elements on a cost and volume basis. This is to allow the Trust to work with commissioners to transform the way these services are provided during 2014/15, continuing the work to reduce emergency admissions and length of stay and targeting a reduction in outpatient activity by delivering care in a different way. Further work is required to finalise the baseline figures and agree the contract financial value, there is currently a £1.3m difference between the Trust and CCGs, with the aim to sign contracts by the end of April 2014.

3. Other Income

3.1 ***Private Patient Income:*** There was a significant increase in the level of income being earned from providing services to private patients in the month. The actual level of income recorded for March was £1.5m, compared with a little over £0.9m in February, and an average of £1.1m per month across the first 11 months of the year. The increase in March was across the Assisted Conception Unit, private maternity services and the Chelsea Wing.

3.2 The increase in the month was the result of an increase in activity in the month. Income earned from providing clinical services to private patients was just under £13.1m for the year, which is £0.5m (3.5%) lower than the target.

3.3 Education, Training, Research and Development: The underlying level of income being received to contribute towards education and training costs in the Trust remained consistent with earlier months. This area concluded the year circa £1.2m (9.3%) better than budget, but this was mainly due to one-off items which were agreed, but which might not continue in the new financial year. Income earned to contribute towards costs incurred on supporting research and development projects finished the year on plan.

3.4 Other Operating Income: Overall income in this area was almost £1m better than budget in the month of March, resulting in a favourable variance of £3.8m against the plan for the year.

4. Expenditure

4.1. There was an adverse variance for pay in month 12 of £0.3m, mainly the result of adverse variance in the CIP delivery (£0.8m), so indicating an under-lying pay position of a £0.5m underspend. Unachieved CIPs of £0.8m in month and £6.7m year to date remain the largest single factor, having a negative impact on the Trust's financial position. As noted above, progress on controlling spending on agency staff has been maintained. Focussing on agency nursing staff, average monthly spending in the period December 2013 to March 2014 of £0.4m compares well with recent monthly averages of:

4.1.1. £0.64m – April 2013- November 2013, inclusive;
4.1.2. £0.52m – April 2012-March 2013 inclusive;
4.1.3. £0.54m – April 2011-March 2012.inclusive.

The recent improvement is the result of a variety of actions put in place by senior nursing staff and their colleagues, and leadership and support from the Bank and Agency Focus Group. This progress needs to be sustained in the new financial year.

4.2. Spending on items classified under Clinical Supplies exceeded the budget in March by just over £0.5m, finishing the year circa £2.3m (6.4%) over budget. This overspending is partly mitigated by some of the additional NHS and non-NHS income being earned, but this is an area where trend is indicating a sustained increase in monthly spending which will need to be understood and addressed over the next couple of months. Drugs pressures were offset by additional income. Non-clinical supplies continued to reveal a range of further pressures and increases, partly relating to key strategic projects being pursued by the Trust.

5. Actual Outturn and Comparison With Previous Forecast Outturn

5.1. The actual outturn position for the Trust – subject to external audit– is an income and expenditure surplus of £6.2m. This compares with the previously forecast surplus of £5.4m. The improvement in the reported surplus relative to the forecast is the result of income being £2.5m higher than originally forecast, covering non-clinical and other operating costs being £1.7m greater than forecast.

6. Continuity of Services Risk Rating (COSR)

6.1. The Trust's COSR rating YTD at month 12 is a 4 compared to a planned 4, as shown below:

COSR Rating	Weighting	M12 Actual Score	M12 Actual Rating	M12 Planned Score	M12 Planned Rating
Capital Servicing Capacity (tim	50%	1.78x	3	1.97x	3
Liquidity (days)	50%	8.0	4	3.5	4
Total Rating			**4**		**4**

7. Loans

7.1. The Trust drew down the £20m ITFF loan on 24th March in order to complete the transaction to buy back the Doughty House lease, which completed on 28th March. Loan repayments will be £2.5m per annum with the first repayment due in September 2014.

7.2. The Trust also signed the loan agreement with the ITFF for the £10m ED loan on 24th March and the first draw down of £0.7m was made during the last week of March. The loan is will not be fully drawn down until Q2 of 2015/16 therefore no repayments are due during 2014/15.

7.3. Capital

7.4. Full year capital expenditure is £41.7m against an original Monitor plan of £49.9m; £8.2m (16%) behind the original plan but 2.9% below the reforecast plan of £43.0m.

7.5. The acquisition of Doughty House was successfully completed on 28th March 2014. Other major schemes completed this financial year are Adult Burns, Dean Street Express and the Midwifery Led Unit. The main building projects in progress are Outpatients 3 & Phlebotomy, Children's Outpatients and Emergency Department Expansion. In total the Trust has capitalised £12.3m of buildings. There was £3.5m capital spend on IT and £3.4m capital spend on medical equipment.

7.6. Following the acquisition of Doughty House and in order to ensure that the building assets are reflected at fair value, external valuers (Montagu Evans) were instructed to carry out a valuation of land and buildings including Doughty House as at 31st March 2014. The outcome of the valuation is that the Trust's land has increased in value by 7.6% (£3.8m) but the main building has reduced in value by £3.9m whilst the St Stephen's Centre has increased by £0.6m.The net movement is an increase to the revaluation reserve of £0.5m.

8. Cash Flow

8.1. The cash position as at 31st March 2014 is £16.9m, which is a £1.8m improvement compared to the month 11 position but a £5m under performance against the forecast. There was an improvement in cash collection during March, however the table below indicates those specific areas where the cash plan was not realised:

Key Element of Cash Forecast	Actual Position at 31st March 2014	Current Status as at 10th April 2014
NHSE Overperformance - **£1.9m** outstanding for M5-9 over performance by mid-March - all due for payment by 31st March, no issues known.	£0.6m paid for M5-7 freeze but **£1.3m** still outstanding by 31st March 2014.	**£0.8m** paid on 2nd April for M8 freeze. Remaining £0.5m expected to be paid on 15th April.
NHS Hammersmith & Fulham CCG - M7&8 and Q2 CQUIN due for payment by year-end - value **£0.9m**.	No payment received, **£0.9m** outstanding at 31st March 2014.	NW London CSU confirmed this should have been paid and will be paid in early April.
Tri-Borough GUM invoices for M7-12 - £1.8m outstanding and due for payment by 31st March.	£0.9m paid for M7-9 by 31st March 2014, remaining **£0.9m** still outstanding at year-end.	M10-12 invoices (**£0.9m**) now confirmed as approved for payment - payment expected by 15th April.
Other London GUM Debt - **£2m** expected in forecast for other London Local Authorities for outstanding 13/14 debt.	Not received by 31st March - **£2m** still outstanding.	**£1.2m** received from inner London Local Authorities since 1st April 2014.

8.2. A number of other NHS organisations made payments on 2nd April relating to 13/14 outstanding SLA and over performance invoices. In total £4m cash has been received since 1st April relating to NHS and Public Health 13/14 debt.

APPENDIX B

Financial Overview as at 31 March 2014 (Month 12)

DRAFT SUBJECT TO AUDIT

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Financial Performance

Financial Position (£000's)

	Full Year Plan	Plan to Date	Actual to Date	Mth 12 YTD Var	Mth 11 YTD Var
Income	(357,031)	(357,031)	(365,962)	8,931	6,472
Expenditure	324,047	324,047	334,974	(10,927)	(8,360)
EBITDA for FRR excl Donations/Grants for Assets	29,514	29,514	27,356	(2,158)	(1,958)
EBITDA % for FRR excl Donations/Grants for Assets	8.3%	8.3%	7.5%	-0.8%	-0.8%
Surplus/(Deficit) from Operations before Depreciation	**32,984**	**32,984**	**30,988**	**(1,996)**	**(1,888)**
Interest	829	829	671	158	(3)
Depreciation	12,907	12,907	13,208	(301)	(241)
Other Finance costs	0	0	(8)	8	8
PDC Dividends	10,241	10,241	10,887	(646)	(453)
Retained Surplus/(Deficit) excl impairments	**9,007**	**9,007**	**6,230**	**(2,777)**	**(2,576)**
Impairments	0	0	0	0	0
Retained Surplus/(Deficit) incl impairments	**9,007**	**9,007**	**6,230**	**(2,777)**	**(2,576)**

Comments

Risk Assessment

Impact 3 – Moderate . Likelihood 5 – Almost Certain. **Orange**

The YTD position is a surplus of £6.2m (EBITDA of 7.5%) which is an adverse variance of £2.8m against plan. However COSR target of 4 has been achieved.

I&E variance (£2.8m) includes the following material items:
- Un-achieved CIPs (£6.9m);
- Under recovery on Private Income (£0.5m);
- Continued budgetary pressures within Clincial Supplies (£2.3m)
- Un-utilised reserves of £4.1m have been released into the year to date position.
- Deferred Income from prior years released into the position £0.6m

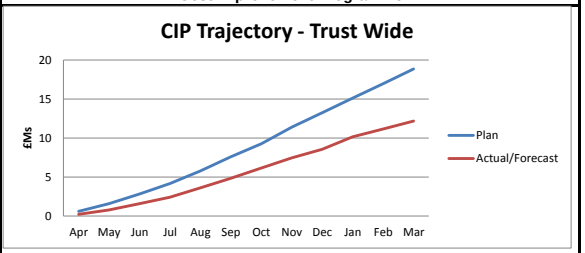
Risk Rating (year to date)

COSR Rating	Weighting	M12 Actual Rating	M12 Planned Rating
Capital Servicing Capacity	50%	3	3
Liquidity	50%	4	4
Total Rating		4	4

Comments

The year to date COSR rating is a 4 compared to a planned 4, with a capital servicing score of 3 and a liquidity score of 4. The improvement in the COSR rating at M12 is due to the improved surplus in March.

Cost Improvement Programme



Comments

CIPs 13/14

The CIP target for 13/14 is £18.9m (£16.9m for 13/14 + £1.9m b/f from 12/13).
The year to date position was a plan of £18.9m with delivery of £12.1m.
Thus there is slippage on CIPs of £6.7, impacting on the Trust's underlying financial poisition

Key Financial Issues

Key Issues

- I&E Surplus of £6.2m achieved of which ££3.6m was grants and donations towards capital expenditure.

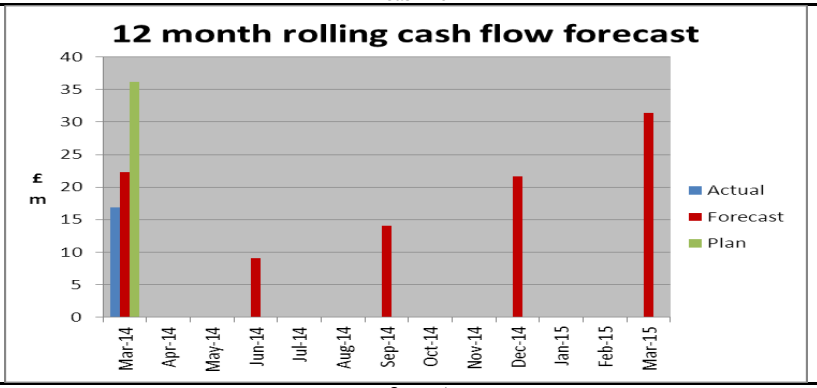
- CIP 13/14 under delivery of circa £6.7m.

-Ongoing emphasis on maintaining control of financial position and focussing on identification and delivery of 14/15 CIPs

- GUM Public Health commissioning & payment
- Delivery of the Trust's activity plan, particularly for elective inpatients
- Achievement of commissioner metrics & KPIs to minimise penalties and fines
- Achievement of CQUIN targets for 2013/14

Future Developments
- Strategic developments e.g. West Midd, SaHF
- West Middx at the Outline Business Case stage
- Operationalising the capital plan
- ED capital redevelopment
- Business Planning for 2014/15
- Delivery of increased Private Patient income plans

Cash Flow



Comments

The cash position at Month 12 is £16.9, which is an improvement of £1.8m compared to Month 11 but an under performance of approx £5m against the forecast. There was an improvement in cash collection in March from CCGs and other NHS bodies but a small number of significant NHS debtors did not pay outstanding invoices prior to year-end, notably NHS England. However £4m of cash has been received post -year end relating to 13/14 debt with CCGs, NHSE and Local Authorities.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 24 April 2014 (PUBLIC)

AGENDA ITEM NO.	4.2/Apr/14
PAPER	Performance Report – March 2014
AUTHOR	Jen Allan, Head of Performance Improvement
LEAD	David Radbourne, Chief Operating Officer
PURPOSE	The purpose of this report is to the summarise high level Trust performance, highlight risk issues and identify key actions going forward for March 2014.
LINK TO OBJECTIVES	This paper reports progress on a number of key performance areas which support delivery of the Trust's overarching aims.
RISK ISSUES	None.
FINANCIAL ISSUES /OTHER ISSUES	None.
LEGAL REVIEW REQUIRED?	No
EXECUTIVE SUMMARY	The Trust continues to meet all key performance indicators for Monitor and has shown good performance throughout 2013/14. An update on the commissioning process and progress towards negotiating our contracts for 2014/15 is provided. Good progress has been made in many areas although we have not yet reached full agreement with the NWL CCGs on our acute contract, and there are challenges in negotiating with the Local Authorities on our GU services. The Trust maintained its strong performance on patient safety and clinical effectiveness, meeting our challenging CDiff target and seeing an improvement in Pressure Ulcer incidence in March 2014. The Maternity team have sustained a reduction in the elective CS rate to be in line with other NWL providers. The A&E department experienced a high pressure month within March and some further work will be

	undertaken to understand the drivers and take appropriate action. A&E 4hr performance for 2013/14 overall was a best in class 98.3% and we were compliant with all Cancer access targets for the year. Areas for focus include Day case rate and Length of stay for elective patients, and Referral to Treatment times at specialty level, particularly in Surgery. Hospital cancellations and Choose and Book slot availability will also need ongoing management to ensure a good patient and GP referrer experience. These initiatives will be part of the Planned Care Pathway Transformation Programme in 2014/15. A patient experience deep dive report is appended to the monthly performance report for this meeting. Overall good work is ongoing to improve patient experience in line with our Quality Strategy. An improvement in our Friends and Family test response rate has been recorded following the implementation of text messaging, with further work to do in Maternity. Complaints are broadly stable and we saw good performance in national surveys, contributing to our excellent CQC rating in March 2014 as Band 6, the best possible.
DECISION/ ACTION	The Trust Board is asked to note this report.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Corporate Performance Report

Performance to 31st March 2014

At a Glance Performance – March 2014

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

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** The actual performance has been calculated as 97.97% but rounded up to 98% for this at a glance performance page.*

Trust Headlines – March 2014

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Contract Negotiation 2014/15

North West London Acute contract

- The Trust has now reached in principle agreement on the 2014/15 acute contract following a series of exec level negotiations. The contract will be a partial block contract with an "income guarantee" for Emergency Admissions and for Outpatients, and other activity including Obstetrics and Elective work paid via PbR.
- The baseline for the contract (based on 2013/14 projected outturn) is still under discussion with commissioners and must be urgently agreed in order to extrapolate the contract value.
- This approach has benefits for the Trust in terms of fixing the level of income for these areas, with no further contractual metrics applied, which allows us to focus on the Transformation programmes to improve the efficiency and effectiveness of emergency and outpatient care. Additionally, the CCGs will be providing transformation funding for each programme to support the work. A collaborative approach with GPs, community partners, social care, London Ambulance and Mental health is planned and the first Programme Boards are to be set up by the end of April.
- The remaining contract documentation including KPIs and Information requirements have been signed off ready for contract signature. The CQUIN schedule has also been agreed with the Trust required to implement national CQUINs including the further roll out of the Friends & Family Test, supporting people with Dementia and reducing Pressure ulcers through the use of the Safety Thermometer. Additionally there are regional CQUINs supporting the Emergency and Planned care pathway transformations, shared care records,7 day working and improved access to consultant advice for GPs, all of which support the Trust's strategic objectives.

NHS England specialised services and secondary dental services

- The contract values for both specialised services and dental services have been agreed (subject to finalisation of commissioner risk QIPP schemes on specialised services). However, the contract cannot yet be signed as NHSE are reviewing contracts across all their providers.
- The Trust has agreed that CQUIN will not be payable on pass-through payments in 2014/15 (primarily, HIV drugs) which is a loss of income but is in line with guidance. This has been offset against the QIPP expectation. The NHSE CQUIN requirements are primarily around developing service specific dashboards for performance monitoring.
- The Operational Delivery Networks will continue to develop during 2014/15. Funding for the year is top-sliced from CQUIN; it is anticipated this will move into tariff from 2015/16 (previously planned for this year). We continue to receive funding as centre for the Burns Network.

Local Authority GUM contract

- The 2013/14 GUM contract with the NWL Local Authorities has been concluded and payment received for most outstanding amounts. This has enabled the team to move forward with 2014/15 negotiations/
- The contract for 2014/15 is anticipated to use national tariff deflator (1.5%) against the baseline of 2012/13 PbR prices which are currently in use, and to apply a marginal tariff rate over a certain level of growth since commissioners are keen to limit their income risk. We are negotiating on this threshold level of growth to reflect the ongoing expansion of our GU services due to patient demand and new service models.

Overall the Trust is in a relatively good position to have agreed most contract principles, values and documentation at this stage in the year. It is hoped that contracts will be signed off by the end of April enabling us to move forward with delivery of high quality effective services in year

Performance Headlines

- MRSA – 1 further case in month but we remain under the de minimus target of 6 for the year.
- Cdiff – 1 further case in month but we achieved 9 cases YTD which is very impressive performance against a target of 13. This has been reduced to 8 for 2014/15 reflecting our best in class performance, so presenting a challenge for the new year.
- A&E Performance – was 97.97% so showing as red against our internal stretch target of 98% but is fully compliant with Monitor standard of 95%. This reflects a very challenging month in A&E, which continues into April, the A&E team are addressing this internally and with colleagues.
- RTT targets – are compliant at Trust level but ongoing problems at specialty level, particularly in Surgery. A recovery plan is in progress to address the backlog of Surgical admitted patients.
- Pressure Ulcers – greatly improved performance in month, reflecting the hard work of the teams in identifying and addressing causes of pressure ulcers
- Maternity CS rate – we have been successful in sustaining an improvement in the Elective CS rate and are now in line with other NWL providers
- Hospital Initiated Cancellations and Choose and Book Slot Availability – remain challenging to achieve our targets for these outpatient based indicators. Action plans for both are in place and will be reviewed under the Planned Care Pathway transformation programme

Monitor Compliance – March 2014

KPI Name	Target	YTD	Mar-14
Clostridium difficile cases	<13	9	1
MRSA objective	6	5	1
All cancers: 31-day wait from diagnosis to treatment	> 96%	98.6%	100%
All cancers: 31-day wait for second or subsequent treatment Surgery	> 94%	100%	No treatments
All cancers: 31-day wait for second or subsequent treatment anti cancer drug treatments	> 98%	100%	No treatments
All cancers:62-day wait for first treatment from urgent GP referral to treatment	> 85%	92%	91.3%
All cancers:62-day wait for first treatment from consultant screening referral	> 90%	100%	100%
Cancer: Two Week Wait from referral to date first seen comprising all cancers	> 93%	95.9%	96.5%
Referral to treatment waiting times < 18 Weeks - Admitted	> 90%	91.0%	90.06%
Referral to treatment waiting times < 18 Weeks - Non-Admitted	> 95%	97.7%	96.8%
Referral to treatment waiting times < 18 Weeks - Incomplete Pathways	> 92%	92.7%	92.08%
A&E: Total time in A&E < 4hrs	> 98%	98.3%	97.9%
Self-certification against compliance with requirements regarding access to healthcare for people with a learning disability	Compliant	Yes	Yes

Patient Safety

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

MonthYear	Mar-14	Feb-14	Jan-14	YTD
Confirmed Incidents of Hospital Associated VTE (Target: = 0.83)	0	0	1	5
Inpatient falls per 1000 Inpatient bed-days (Target: < 3.00)	3.26	3.29	3.3	3.2
Incidence - Newly Acquired Pressure Ulcers Grade 2 (Target: <1)	2	7	5	76
Incidence - Newly Acquired Pressure Ulcers Grade 3 and 4 (Target: <3)	1	3	1	13
Safety Thermometer - Newly Acquired Pressure Ulcers (Target: < 4)	1	4	2	48
Safety Thermometer - Harm score (Target: > 90%)	97.50%	91.60%	93.10%	94.40%
Clostridium difficile infections (Target: < 1.1)	1	0	1	9
MRSA Bacteraemia (Target: < 0.5)	1	0	0	5
Hand Hygiene Compliance (trajectory) (Target: > 90%)	95.10%			95.10%
Screening all elective in-patients for MRSA (Target: > 95%)	93.60%	91.20%	97.50%	94.70%
Screening Emergency patients for MRSA (Target: > 95%)	97.50%	98.00%	98.00%	98.40%
Rate of pt. safety incidents resulting in severe harm - death per 100 admissions (Target: >)	0	0	0	1
Never Events (Target: = 0)	0	1	1	3
Stroke: Time spent on a stroke unit (Target: > 80%)	100.00%	100.00%	100.00%	100.00%
Proportion of people with higher risk TIA who are scanned and treated within 24 hours. (Target: > 75%)	87.50%	100.00%	85.70%	86.90%
Fractured Neck of Femur - Time to Theatre < 36 hrs for Medically Fit Patients (Target: = 100%)	46%	100.00%	60.00%	86.00%
Mortality (HSMR) (2 months in arrears) (trajectory) (Target: < 71)	Awaiting latest position			73.7
Mortality SHMI (Target: < 77)	82.8	82.8	82.8	82.15

Commentary on key points

Pressure Ulcers:

The Mckinsey POP group work continues on AAU with success in identifying community acquired pressure ulcers on admission. The roll out of the McKinsey project is now moving to Lord Wigram Ward where they have had a cluster of pressure ulcers – most of which have been deemed unavoidable following RCA. Particular issues being considered include a rise in medical device related pressure ulcers .

Screening all elective in-patients for MRSA:

The Surgical team are working with infection control to manage the elective pathway and process better, as patients who are not screened cannot be sent MRSA swabs in the post, which results in high volume of patients being rescheduled at short notice or listed without an MRSA screen because they have not been able to access this at the time they were added to the waiting list.

MRSA Incidence

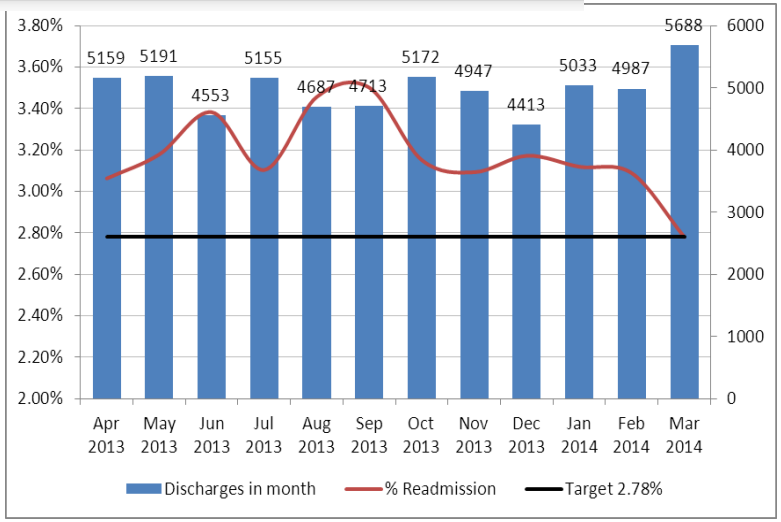
Further information is awaited from the Infection Control team through completion of the Root Cause Analysis.

Clinical Effectiveness

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Sub Domain	Trust Level Monthly Data – MonthYear	Mar 2014	Feb 2014	Jan 2014	YTD 01/04/2013
A&E	A&E Time to Treatment (Target: < 60)	68.0	57.0	56.0	61.0
	A&E waiting times (Target: > 98%)	98.0%	98.0%	98.4%	98.3%
	A&E: Unplanned Re-attendances (Target: < 5%)	6.46%	6.27%	6.37%	6.06%
	LAS arrival to handover more than 60mins (KPI 3) (Target: = 0)	0	1	0	1
Admitted Care	Day case rate Relative risk (Target: < 100)	103.4	106.7	104.5	103.0
	Elective length of stay relative risk (Target: < 100)	112.6	127.2	106.9	122.7
	Emergency Re-Admissions within 30 days (adult and paed) (Target: < 2.8%)	2.78%	3.09%	3.12%	3.16%
	Non-Elective length of stay relative risk (Target: < 100)	79.8	76.7	89.6	84.9
Best Practice	Time to theatre for urgent surgery (NCEPOD recommendations) (Target: > 95%)	90.0%	96.0%	94.0%	95.9%
	Central line continuing care—compliance with Care bundles (Target: > 90%)	100.0%	93.3%	100.0%	96.6%
	Peripheral line continuing care—compliance with Care bundles (Target: > 90%)	95.5%	95.0%	86.5%	85.1%
	Urinary catheters continuing care—compliance with Care bundles (Target: > 90%)	92.7%	94.3%	86.7%	92.9%
	% Patients Nutritionally screened on admission (Target: > 90%)	87.1%	87.8%	92.9%	91.7%
	% Patients in longer than a week who are nutritionally re-screened (Target: > 90%)	77.2%	83.3%	90.3%	78.4%
	Access to healthcare for people with a learning disability (Target: = 100%)	100%	100%	100%	100%
Best Practice CQUIN	VTE Assessment (Target: > 95%)	95.9%	95.9%	96.4%	95.9%
	Dementia Screening Case Finding (Target: > 90%)	96.3%	94.8%	92.7%	89.7%
	Appropriate referral Dementia specialist diagnosis (Target: > 90%)	0.0%	100.0%	100.0%	95.45%
	12 Hour consultant assessment - AAU Admissions (Target: > 90%)	66.9%	70.9%	70.6%	58.1%

Emergency re-admissions within 30 days:
In March there was a significant decrease in the rate of re-admissions within 30 days which has allowed the Trust to meet target for the first time this year. This may relate to reduced activity in medical specialties which carry the highest risk of readmission due to having a more complex, frail casemix. The number of discharges for the trust as a whole were very high in March, which also reduced the rate of re-admission .



Commentary on key points

Day case relative risk: A plan is in place for the Surgery Division to identify HRGs with lengths of stay over the expected, this plan has started with Mr Efthimiou identifying lap choles as one of the key procedures to focus on nurse delegated discharge. The process continues to identify other Daycases under Mr Efthimiou. The Division has process mapped from pre-assessment to admission to identify patients who are Lap chole Day case appropriate. The mapping will continue to ensure that we have standard pathways. This will support nurse delegated discharge and ensure that all consultants operate in the same framework. This has been identified to start in General Surgery and then will focus on T&O.
A wider focus on Day case rate and Elective LOS will be part of the Planned Care Transformation Programme commencing in 2014/15 in collaboration with GP colleagues.

A&E Waiting time:
Performance against the 4 hour wait target dipped below 98% in March to 97.97%. This was mainly due to winter pressures and high numbers of attendances (10,395), the pattern of attendances contributed in that the department experienced unpredicted surges in arrivals. Acuity of patients was felt to be high and maintaining flow through the hospital was challenging. A review of the month and beginning to April is underway to put into place further measures to improve performance.

A&E Unplanned Re-attendances: Performance against this indicator remains between 6% and 6.5% against the threshold of 5% and below the London average of 10%. The department is launching a new leaflet from Central London, West London, Hammersmith and Fulham CCG's aimed at guiding patients back to GP's the next time they require urgent care services, which appreciates the difficulties of redirection once patients are present in the department but educates for future attendances.

A&E Time to Treatment: Performance against this indicator dipped in March 2014 to 68 minutes. This is indicative of the volume of patients using the department during the month with this being the highest ever number of attendances in a given month, 10,395.

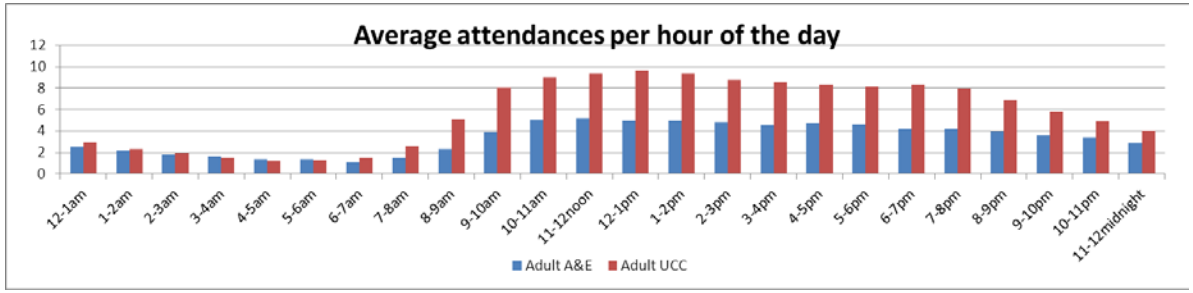
Nutritional Screening: The Trust did not reach the 90% target for initial screening and rescreening for Nutrition. There were significant bed and staffing pressures in February and March which contributed to lower performance. However, staff will be reminded again to focus on nutrition as a core part of care.

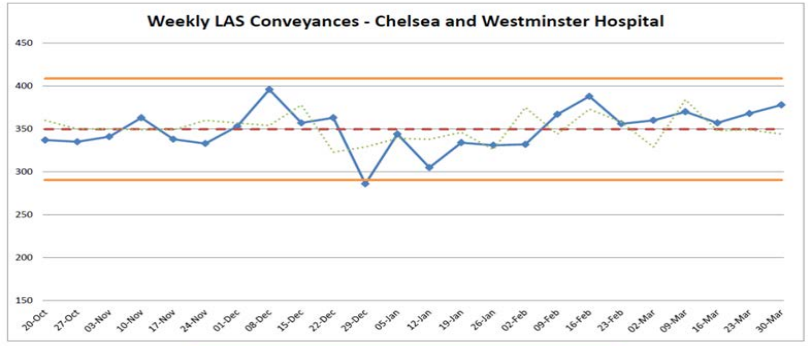
The lower performance was mainly within two ward areas:
Rainsford Mowlem; Related to staff pressures on Rainsford Mowlem. The ward are in the process of recruiting new nurses and NAS training is planned within their induction.
Nell Gwynne: This ward includes the Nell Gwynne Extra Capacity Unit which is an escalation area where patients tend to have a short stay and ensuring appropriate nutritional screening may be more challenging. The Extra Capacity Unit will be reported separately from April and the specific needs of patients in this area considered.

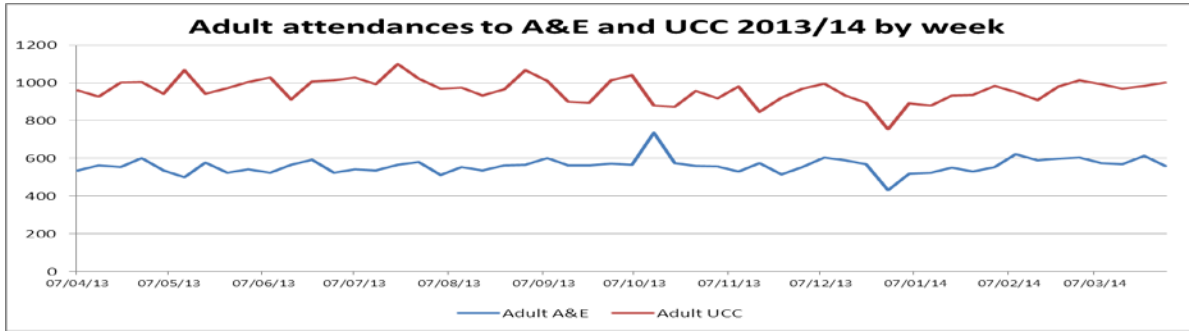
12hour Consultant Assessment: The Trust will be assessed on this indicator as a CQUIN for 2014/15 and the Medical and Surgical consultants are considering how best to address the need to more accurately record the assessments undertaken, since manual audit demonstrates that the compliance is actually higher than reported.

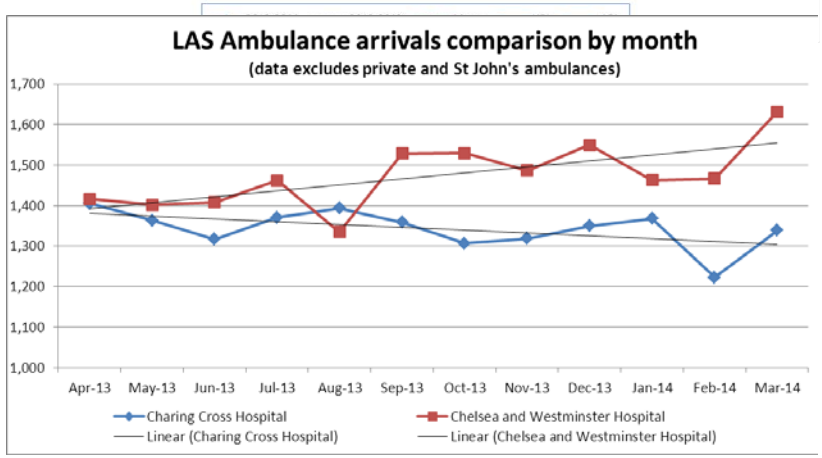
Clinical Effectiveness – Focus on Adult A&E

Chelsea and Westminster Hospital NHS
NHS Foundation Trust









The A&E department experienced a challenging month in March with 4hr target performance dropping just below 98% for the first time this year. The A&E clinical lead together with the service team have drawn up an analysis outlining pressure points and actions to address these

Within the Emergency Department:

- Space is being addressed through the rebuild, but we need to decide if this is adequate in the short term.
- Staffing issues are being addressed through business cases for a) 4x Band 5 nurses, and b) Consultant recruitment whilst there are strong candidates looking for positions. Extra night SHO cover is key, the department is currently incurring cost pressure as not funded.
- A review ill be undertaken to look at role of admin in assisting clinical staff to free them up to concentrate on clinical duties.

Across the Trust:

- We will engage with specialty teams to work through a range of operational issues which add delays and means patients are not moved to the most appropriate area in a timely way.
- The pathway between ED/AAU could be improved to reduce inefficiencies. Also with a particular look at how this works when both departments are full.

External:

- Lack of weekend and out-of-hour community services. This impacts on our ability to turn patients around in A&E and avoid admission, and thus creates delays within AAU.
- UCC attendances during GP hours. We are working with GP commissioners to try and address demand management and patient redirection
- LAS attendances have seen peaks especially with the reduced conveyances to Charing Cross A&E under SAHF transition, we are yet to see intelligent conveyancing fully work to avoid surges.

Clinical Effectiveness - Maternity

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

	Indicator		Target	Measure	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Activity	NHS Deliveries	Benchmarked to 5042 per annum	420 per month	NHS	400	424	418	437	408	393	405	364	437	394	356	410
	Private Deliveries	Benchmarked to 840 per annum	72 per month	PMU	52	61	56	67	52	65	85	69	46	74	54	77
	Trust Deliveries	Total Maternities (Mother)	492	Trust	452	485	474	504	460	458	490	433	483	468	410	487
	Estimated Date of Delivery	Forecast deliveries from Booking EDD			537	583	575	573	576	570	553	529	540	573	487	604
		Attrition Rate: EDD / Actual deliveries (all)			15.8%	16.8%	17.6%	12.0%	20.1%	19.6%	11.4%	18.1%	10.6%	18.3%	15.8%	19.4%
		Attrition Rate: EDD / Actual deliveries (NHS)			25.5%	27.3%	27.3%	23.7%	29.2%	31.1%	26.8%	31.2%	19.1%	31.2%	26.9%	32.1%
	Total NHS Births (infants)			NHS	407	431	431	447	415	402	414	377	446	402	361	422
	Births	Home births		% NHS Dels	1.5%	1.4%	1.2%	1.4%	0.5%	1.5%	1.0%	0.5%	0.7%	2.8%	1.4%	1.2%
	Norm. Vaginal Deliveries	SVD (Normal Vaginal Delivery)			184	197	190	204	214	189	191	164	228	199	200	223
		Maintain normal SVD rate	52%	SVD Rate	46.0%	46.5%	45.5%	46.7%	52.5%	48.1%	47.2%	45.1%	52.2%	50.5%	56.2%	54.4%
	C- Section	Total C/S rate overall	<29%		31.3%	38.2%	37.6%	33.0%	27.7%	32.1%	34.1%	31.6%	29.5%	33.2%	30.6%	29.5%
		Emergency C Sections		No. of patients	64	94	79	70	63	68	68	59	74	50	46	49
			<15%	%	16.0%	22.2%	18.9%	16.0%	15.4%	17.3%	16.8%	16.2%	16.9%	12.7%	12.9%	12.0%
		Elective C Sections		No. of patients	61	68	78	74	50	58	70	56	55	81	63	72
			<11%	%	13.5%	14.0%	16.5%	14.7%	10.9%	12.7%	14.3%	12.9%	11.4%	20.6%	17.7%	17.6%
	Assisted Deliveries	Ventouse, Forceps Kiwi	10-15% (SD)	No. of patients	91	65	71	89	81	78	76	85	80	64	47	66
				%	22.8%	15.3%	17.0%	20.4%	19.9%	19.8%	18.8%	23.4%	18.3%	16.2%	13.2%	16.1%
Clinical Indicators	PP Heamorrage	Blood loss >2000mls	<10	PPH>2L	4	3	9	10	4	5	5	8	9	7	4	8
		Blood loss >4000mls		No. of patients	0	1	2	1	0	1	0	0	2	0	0	0
	Perineum	3rd/4th degree tears	<5% (RCOG)		2	7	2	7	2	4	3	6	5	2	3	2
					2.5%	3.8%	1.5%	2.7%	1.0%	1.9%	3.0%	3.2%	2.3%	1.5%	1.2%	1.2%
	Stillbirths	Number of Stillbirths			2	3	1	5	5	1	7	1	4	2	6	4
	Readmissions	Neonatal < 28 days of Birth (Feeding)			4	6	5	6	5	1	3	5	3	3	2	
		Of which were born at C&W			4	6	5	6	5	1	3	5	2	2	2	
PbR	Pathways	GP referrals received			613	608	576	653	628	607	706	652	560	901	677	801
		Antenatal Bookings completed	528		585	507	520	572	558	493	517	530	422	576	498	526
		Ref by 11w			469	367	404	442	450	368	404	409	309	419	378	418
		% Ref by 11w			80%	72%	78%	77%	81%	75%	78%	77%	73%	73%	76%	79%
		KPI: % Ref by 11w and seen by 12+6w	95%		91.0%	94.8%	95.3%	98.2%	97.6%	92.7%	96.0%	98.5%	97.4%	97.6%	94.7%	95.9%
		Breaches (11w ref and booked >12+6w			75	19	19	8	11	27	16	6	8	10	20	17
		Postnatal discharges	250		213	194	183	201	238	247	227	295	213	232	211	140
	Antenatal Casemix	Standard	64.6%	Risk factors at Booking	59.2%	60.6%	63.8%	59.8%	60.1%	65.0%	65.6%	62.9%	64.9%	62.5%	64.3%	61.6%
		Intermediate	28.5%		28.7%	28.2%	25.1%	26.5%	27.4%	25.6%	24.1%	26.7%	26.0%	27.6%	25.7%	27.9%
		Intensive	6.9%		12.1%	11.2%	11.1%	13.7%	12.5%	9.3%	10.3%	10.4%	9.1%	9.9%	10.0%	10.5%
Risk	Maternal Morbidity	Maternal Death		Incident Form	0	0	0	0	0	0	0	0	0	0	0	0
		ITU Admissions in Obstetrics	In 2 mths < 6	Patients	0	1	2	2	0	0	1	2	2	1	0	
	Serious Incidents	Serious Incidents (Orange Incidents)	0	Incidence	1	3	4	1	2	2	1	2	3	2	3	2
	VTE	Assessments	95%		98.3%	97.9%	98.6%	95.0%	97.4%	97.3%	98.5%	97.9%	97.7%	97.2%	94.2%	95.1%
KPI	Trust Level Indicators	NBBS - offered and discussed	100%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		Maternity Unit Closures		LSA Db	0	0	0	0	0	0	0	0	1	0	0	0
		1:1 care	100%		94.7%	88.2%	92.9%	93.7%	95.5%	93.1%	94.6%	100.0%	89.8%	93.0%	94.2%	94.7%
		Breastfeeding initiation rate	90%		91.3%	92.9%	91.1%	93.4%	91.4%	92.1%	90.4%	90.7%	90.2%	89.1%	91.0%	92.9%
		Women smoking at time of delivery	<10%		2.5%	1.4%	4.5%	3.7%	2.2%	2.0%	2.5%	1.4%	1.6%	1.8%	1.1%	2.4%
		Midwife to birth ratio - Births per WTE	1:30		1:36	1:39	1:36	1:38	1:36	1:34	1:32	1:36	1:35	1:32	1:28	
		DSUMs complete & sent in 24hrs	80%		86.5%	82.4%	83.2%	77.8%	72.7%	84.9%	78.9%	81.0%	77.3%	84.3%	80.1%	73.5%

Commentary on key points

Deliveries:

Births in March slightly below plan (410), with PP above plan at 77. This is consistent with a reduction in births across NWL for March. We have started some 'soft' market testing with a range of PR companies to develop a specification to increase referrals.

CS rate:

The trend for this year is seeing a sustained reduction in caesarean section and increase in normal births. The midwifery led birthing unit (opened in Feb) has had a significant influence on this.

Planned CS rate here at 18 % (Comparable to Croydon (17%) St Mary's (17%) and Whittington (21%)) Instrumental births down from 23% in Nov 13 to 13% in February & 16% March.

Discharge Summaries:

Current reporting includes postnatal discharges which should be excluded as discharge summaries for these women are completed on the CMiS maternity system we are working with the Information team to review these. Separately, we have changed the recording of attendances to Maternity Triage from admissions to booked outpatient appointments as this better reflects the pathway of care and this will also reduce the volume of DSUMs associated with this pathway for antenatal care.

Patient Experience

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Sub Domain	Trust Level Monthly Data (XL)	Mar 2014	Feb 2014	Jan 2014	YTD (XL) 01/04/2013
	Month/Year				
Complaints	Complaints (Type 1 and 2) - Communication (Target: < 13)	20	22	15	211
	Complaints (Type 1 and 2) - Discharge (Target: < 2)	1	0	2	21
	Complaints (Type 1 and 2) - Attitude / Behaviour (Target: < 16)	18	13	15	161
	Complaints Re-opened (Target: < 5%)	N/A	1.0%	0.0%	1.5%
	Complaints upheld by the Ombudsman (Target: = 0)	1	0	1	1
	Formal complaints responded in 25 working days (Target: > 90%)	N/A	100.0%	88.0%	82.7%
	Total Formal Complaints (Target: NA)	30	20	25	287
	Hospital cancellations \ reschedules of outpatient appointments % of total attendances (Target: < 8%)	8.8%	8.9%	8.3%	8.8%
Friends & Family	Friends & Family Test - Local +ve score (Trust) (Target: > 90%)	93.0%	91.6%	94.1%	93.7%
	Friends & Family Test - Net promoter score (Target: > 62)	64.8	61.7	63.7	64.4
	Friends & Family Test - response rate (Target: > 20%)	31.7%	32.1%	20.6%	22.5%
Other	Breach of Same Sex Accommodation (Target: = 0)	0	0	0	0

Commentary on key points

Further detail on Patient Experience is provided in the Focus Report .

Hospital Initiated Cancellations

Directorate Name	Apr 2013	May 2013	Jun 2013	Jul 2013	Aug 2013	Sep 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014	Feb 2014	Mar 2014
MEDICINE	16.8%	12.8%	12.4%	12.7%	14.6%	19.2%	18.7%	18.1%	18.5%	16.7%	16.1%	15.2%
SURGERY	10.5%	9.7%	15.7%	17.3%	13.9%	11.6%	13.1%	13.7%	11.2%	11.7%	11.8%	11.5%
Total	**13.2%**	**11.0%**	**14.4%**	**15.4%**	**14.2%**	**14.9%**	**15.5%**	**15.5%**	**14.0%**	**13.8%**	**13.6%**	**13.0%**
CHELSEA CHILDRENS HOSPITAL	14.4%	11.8%	12.7%	12.3%	16.2%	14.4%	14.1%	13.5%	14.3%	12.3%	16.1%	15.5%
HIV/SEXUAL HEALTH AND DERMATOLOGY	4.6%	3.7%	4.7%	6.8%	6.6%	7.7%	7.7%	5.9%	5.6%	5.8%	4.6%	7.1%
WOMENS SERVICES	4.4%	4.1%	3.9%	4.8%	5.8%	5.7%	5.5%	6.1%	5.8%	4.5%	5.8%	5.6%
Total	**6.7%**	**5.9%**	**6.3%**	**7.4%**	**8.3%**	**8.5%**	**8.4%**	**7.9%**	**7.9%**	**6.9%**	**8.0%**	**8.6%**
DIAGNOSTICS	3.4%	2.4%	3.8%	1.3%	1.1%	4.2%	1.5%	1.2%	1.3%	1.8%	1.8%	1.8%
PERI-OPERATIVE THEATRES & ANAESTHETICS	0.0%	0.0%	0.0%	0.0%	0.0%	3.0%	0.0%	3.7%	14.8%	3.3%	0.0%	3.0%
THERAPIES	1.0%	0.9%	1.0%	1.0%	0.8%	0.9%	1.1%	1.0%	1.0%	0.8%	1.0%	0.8%
Total	**1.5%**	**1.2%**	**1.6%**	**1.1%**	**0.8%**	**1.6%**	**1.2%**	**1.1%**	**1.1%**	**1.0%**	**1.1%**	**1.0%**
	8.1%	**6.9%**	**8.4%**	**9.2%**	**9.2%**	**9.5%**	**9.8%**	**9.5%**	**9.0%**	**8.3%**	**8.9%**	**8.8%**

Hospital cancellations/reschedules of outpatient appointments:
Surgery have seen a high number of HICs due to a gap in the vascular service and are working hard to address this in the short term (due to a registrar leaving early).

The outpatient improvement board continues to monitor HICs due to their significant impact on both efficiency and patient experience and this will be part of the Planned Care Transformation Programme for 2014/15

Access and Efficiency (1)

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Sub Domain	Month/Year	Mar-14	Feb-14	Jan-14	YTD
RTT	18 week referral to treatment times Admitted Patients (Target: > 90%)	90.06%	90.%	91.2%	90.4%
	18 week referral to treatment times Non Admitted Patients (Target: > 95%)	96.8%	97%	97.5%	97.1%
	18 week RTT incomplete pathways (Target: > 92%)	92.08%	92.1%	92.3%	92.2%
	RTT Incomplete 52 Wk. Patients @ Month End (Target: = 0)	0	0	0	2
OP	Choose and Book slot issues (Target: < 2.0%)	4.6%	6.6%	2.4%	3.3%
Cancer	Cancer urgent referral Consultant to treatment waiting times (62 Days) (Target: > 90%)	100%	N/A	N/A	100%
	Cancer urgent referral GP to treatment waiting times (62 Days) (Target: > 85%)	91.3%	92.0%	93.8%	92%
	Cancer diagnosis to treatment waiting times - Subsequent Surgery (Target: > 94%)	No Pts.	100.%	100%	100%
	Cancer diagnosis to treatment waiting times - Subsequent Medicine (Target: > 98%)	No Pts.	100%	100%	100%
	Cancer urgent referral to first outpatient appointment waiting times (2WW) (Target: > 93%)	96.5%	95.2%	92.8%	95.9%
	Cancer diagnosis to treatment waiting times - 31 Days (Target: > 96%)	100%	N/A	N/A	98.6%
Referrals	Number of GP referrals (Target: = NA)	8.318	7,517	8,548	94,001
OP/ IP Waits	Average week wait for new outpatient appointment (Target: = NA)	5.3	5.4	5.8	5.3
	Average week wait for new inpatient appointment (Target: = NA)	8.5	9.1	8.9	8.9

Commentary on key points

Choose and book slot issues:

The Colorectal service continues to be a challenge due to the availability of surgeons to support the service. There is a long term solution with regards to recruitment however in the short term we are looking to source locums to support the service.

Ophthalmology have made the template change to ensure that there are enough general ophthalmology slots available and therefore should no longer have slot issues. However this does not appear to have taken effect as quickly as anticipated and will be taken up with the Service management team,

Access and Efficiency (2)

MonthYear	Mar 2014	Feb 2014	Jan 2014
Delayed transfers - Patients affected (Target: < 0)	Under Review		
No urgent op cancelled twice (Target: < 0)	0	0	0
On the day cancellations not rebooked within 28 days (Target: = 0)	0	0	0
Theatre booking conversion rate (Target: > 80%)	88.1	87.4	87.9
Theatre Active Time - % Total of Staffed Time (Target: > 70%)	67.7%	69.5%	71.3%
GP notification of an A&E-UCC attendance < 24 hours (Target: > 90%)	100%	96%	95%
GP notification of an emergency admission within 24 hours of admission (Target: >)	100%	100%	100%
GP Notification of discharge planning within 48 hours for patients >75 (Target: > 75%)	73%	68%	69%
OP Letters Sent < 7 Working Days (Target: > 90%)	86%	87%	88%
Discharge Summaries Sent < 24 hours (Target: > 80%)	82%	82%	81%
DNA Rate (Target: <11.1%)	9%	9%	10%

Commentary on key points

Delayed Transfers of Care
The Trust is currently reviewing its Delayed Transfers of Care reporting as it has been identified it may be inaccurate. A new electronic discharge planning module has been launched, initially this will be used by the Discharge Team who manage all complex discharges which generate the majority of significant discharge delays. The roll out of this system alongside a focus on completing Predicted Date of Discharge, Medically Fit and Team Fit dates to provide a more complete discharge record, is anticipated to enable accurate DTOC reporting early in 2014/15

Theatre Active Time:
This indicator has fallen below target and will be reviewed as part of the Planned Care Pathway Programme

GP notification of discharge planning within 48 hours of admission for patients >75 admitted as emergencies:
Performance has improved against this indicator in line with trajectory to 75% at year end, narrowly missing that target with 73.1% compliance achieved. This is a CQUIN target with proportional achievement so there will be minimal loss since we are very close to the target. The timely completion of Predicted Date of Discharge is an important part of improving Delayed Transfers of Care as mentioned above so will be picked up through the Discharge Improvement part of the Emergency Care Pathway Programme.

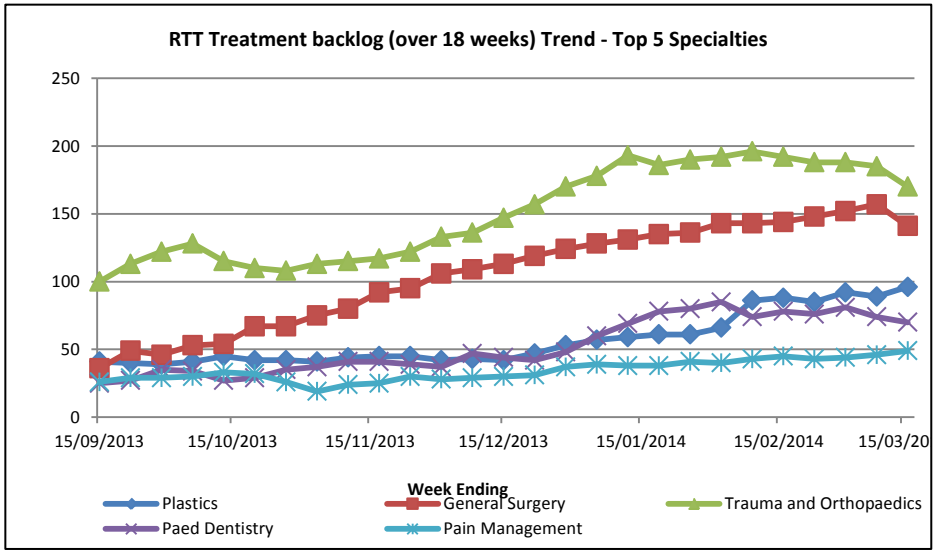
OP Letters sent <7 days:
We have narrowly missed the target to send GPs letters electronically within 7 days in 90% of cases, achieving 86.1%, This reflects ongoing focus from the divisional teams and the implementation of Speech Recognition technology should help sustain and improve performance going forward.

Focus on RTT Specialty waits

Although the Trust has maintained compliance with all three RTT standards (Admitted, Non Admitted and Incomplete pathways) throughout 2013/14, RTT Specialty level performance has been variable in the latter part of the year, particularly in Surgery directorate.

This relates to the accumulation of a backlog of longer waiting patients in Surgical specialties, due to a number of factors, including capacity constraints, data quality issues and a mis-match between clinical demand and sub-specialisation of consultants in some areas. A recovery plan is now in place within Surgery in order to treat patients as quickly as possible, and to resolve the capacity issues at source through greater efficiency and utilisation of outpatient and theatre sessions.

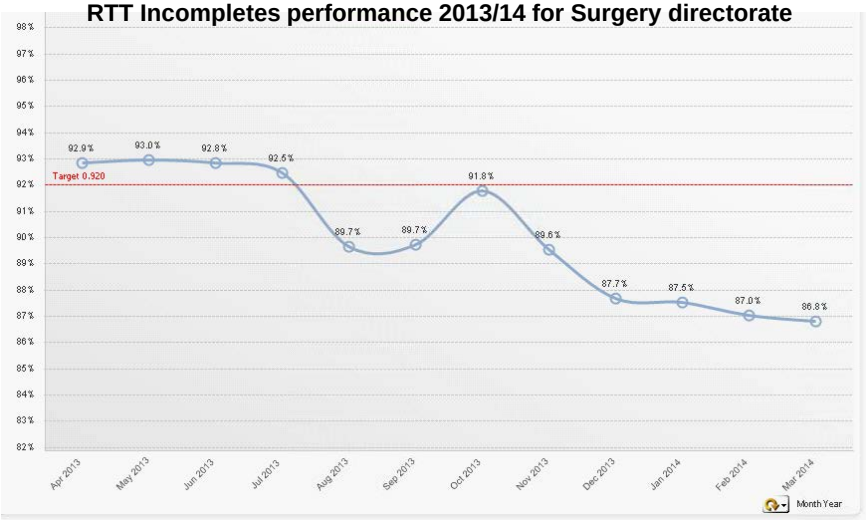
RTT performance within Paediatrics is also under review, since demand is highly variable particularly for high volume services such as paediatric dentistry, and therefore requires agile management to ensure performance is maintained. It should be noted that Paediatrics is reported in aggregate for RTT purposes under "Other" and the aggregate performance of Other Specialties on Admitted is compliant. Similarly, CSS is reported under "Other" for the purposes of Incomplete Pathways, and is compliant.



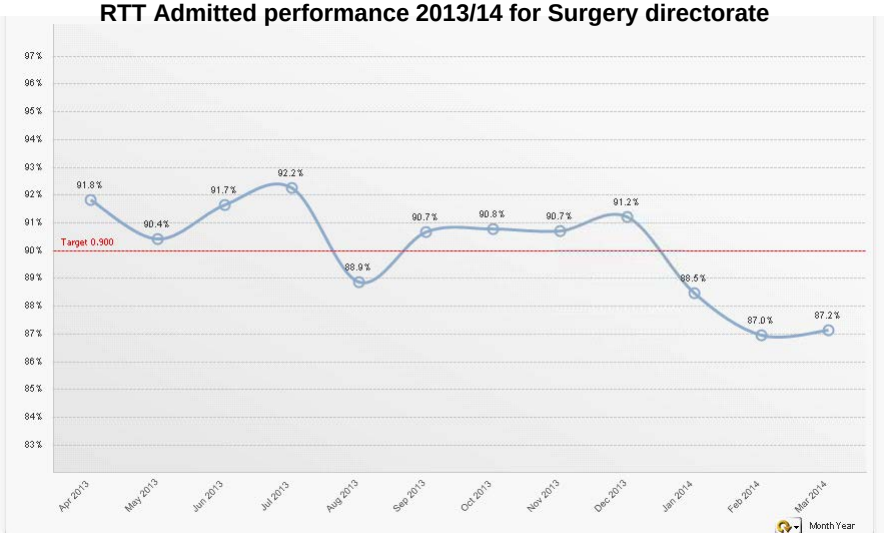
RTT performance 2013/14 by Directorate

	Incompletes	Admitted	Non Admitted
Trust	**92.69%**	**90.99%**	**97.65%**
CHELSEA CHILDRENS HOSPITAL	94.22%	88.58%	96.51%
HIV/SEXUAL HEALTH AND DERMATOLOGY	97.54%	96.88%	99.01%
WOMENS SERVICES	97.08%	97.67%	99.19%
MEDICINE	94.22%	96.36%	97.72%
SURGERY	89.79%	89.93%	96.19%
CSS	91.80%	98.44%	99.11%

RTT Incompletes performance 2013/14 for Surgery directorate



RTT Admitted performance 2013/14 for Surgery directorate



Health & Safety and Mandatory Training

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Division	Total	Clinical Support Services Division	Management Exec & Corporate Services...	Medicine,Surgery & Private Patients...	Womens, Childrens and Sexual Health Di...
Fire	**66%**	71%	70%	57%	65%
Moving & Handling	**76%**	81%	73%	71%	77%
Safeguarding Adults Level 1	**100%**	100%	100%	100%	100%
Slips Trips and Falls	**72%**	77%	77%	67%	71%
Harrassment & Bullying	**84%**	89%	84%	83%	81%
Information Governance	**77%**	86%	86%	73%	71%
Hand Hygiene	**75%**	78%	78%	71%	75%
Health & Safety	**73%**	78%	78%	67%	74%
Child Protection Level 1	**100%**	100%	100%	100%	100%
Innoculation Incident	**82%**	84%	77%	89%	78%
Basic Life Support	**73%**	82%	81%	63%	74%
Health Record Keeping	**81%**	79%	90%	80%	82%
Medicines Management	**89%**	90%	97%	90%	88%
VTE	**86%**	81%	90%	82%	92%
Blood	**78%**	80%	90%	74%	79%
Safeguarding Children Level 2	**84%**	88%	89%	77%	87%
Safeguarding Children Level 3	**69%**	82%	50%	92%	65%
Corporate Induction	**82%**	84%	77%	89%	78%
Local Induction	**57%**	67%	62%	49%	52%
Mandatory Training Compliance %	**79%**	83%	82%	78%	78%

A summary of Mandatory Training and Health & Safety training compliance is provided here

Mandatory training figures remain at 79%. Plans are in place with Divisions to address Mandatory training and the compliance data is shared on a regular basis through the online reporting system.

Health & Safety training stands at 73% (compliance rate of staff trained within the two year refresher period across all staffgroups)

Health and Safety Indicators NB: DATA INCOMPLETE	Total	Clinical Support Services Division	Management Exec & Corporate Services Division	Medicine, Surgery & Private Patients Division	Womens, Childrens and Sexual Health Division
Fire Evacuation Drill	**21.30%**	16.70%	62.50%	0.00%	9.10%
Inspection Audit	**43.30%**	26.10%	0.00%	69.20%	47.80%
Lone Working Risk Assessment	**11.60%**	25.00%	3.70%	8.30%	7.10%
Security Risk Assessment	**33.00%**	25.90%	23.10%	84.60%	24.00%
Slip Trips and Falls RA	**2.00%**	3.60%	3.30%	0.00%	0.00%
Total	**16.30%**	**15.40%**	**14.00%**	**26.90%**	**13.90%**

It should be noted that the Health and Safety Indicators data is newly provided and as yet incomplete, since not all areas have provided their evidence of compliance in the requested timescales. The position below is the Trust's minimum compliance as more evidence is awaited. However, it is extremely helpful that these indicators can now be routinely reported and they will be shared regularly.

The H&S team are in the process of reviewing compliance with each Division. Moving forward the target will be to confirm the position and then identify actions to address any non-compliant areas within Q1 2014/15.

Sub Domain	Trust Level Monthly Data XL	Mar 2014	Feb 2014	Jan 2014	YTD XL 01/04/2013
	Month Year				
HR Efficiency	Agency Staff % (Target: < 3.1%)	2.4%	2.0%	2.6%	4.0%
	Average Recruitment Time (Target: < 70)	78.8	73.7	75.1	78.4
	Vacancy Rate (Target: < 8%)	9.6%	8.8%	8.8%	8.7%
Staff Satisfaction	Appraisal completion rate (Target: > 90%)	78.3%	80.5%	N/A	84.1%
	Sickness Rate (Target: < 4%)	3.7%	3.6%	4.0%	3.4%
	Staff satisfaction - NHS Staff Survey (Target: >N/A)	N/A	N/A	372.0%	372.0%
	Staff Satisfaction Index (Target: > 60%)	N/A	N/A	N/A	N/A
	Turnover Rate (Target: < 13.5%)	14.0%	15.1%	15.0%	15%

* NB- average recruitment time above excludes management executive (with ME the average is 70.5 days)

Sickness Absence

The Trust's sickness absence rate in March 2014 was 3.73% (3.44% YDT.) This was an increase of 0.42% on March 2013. All Divisions with the exception of Medicine & Surgery registered an increase on the same period last year. YTD sickness absence was below the target for the year which following a review was reduced to 3.5%. The QIPP project which begun in 2012, continued through 2013/4, supporting this reduction. HR is currently reviewing the issue of non-reporting and will be implementing changes to improve compliance.

Bank & Agency Usage

Bank and Agency usage marginally increased between February 2014 and March 2014 by 16.67 WTE. Agency usage decreased by 57.26 WTE in March 2014 compared to the previous year, which represents a 40.6% decrease, with all Divisions registering a decrease in the WTE of agency staff used. This reduction has mainly been driven by Medicine, Surgery and HIV/GUM. It is worth noting that while agency bookings have dropped considerably, bank bookings have not increased at the same rate, causing the percentage of unfilled shifts to increase to 22% which is an increase of 100% compared to March 2013. Several workstreams across the Divisions supported by HR and Finance have been established to increase controls for Agency usage in the Trust with a greater focus on the use of MAPS to more efficiently manage peaks in workforce demand. Staffbank recruitment campaigns are planned for the remainder of the year to increase our pool of available temporary workers. A significant amount of work is also being done to ensure that nursing staffing levels are safe and effective, in-line with National Quality Board guidance.

Appraisals & Training

The non-medical appraisal rate decreased to 78% for March 2014, which is 12% below target for the year. Reports have been issued to managers to ensure that this issue is addressed. Consultant appraisal rates currently stand at 68%, with on-going work to support medical appraisals being undertaken.

Mandatory training figures for February 2014 have remained at 79%. Health & Safety training stands at 73% (compliance rate of staff trained within the two year refresher period across all staff groups)

Staff Engagement

The 2013 NHS Staff Survey was carried out in the Trust between October and December with 1816 employees (62.3% of eligible staff) completing the survey. The results will be presented to the Board in April. Divisions are currently discussing the results with their staff and will develop action plans by the end of May.

Revised workforce measures will be introduced next month to ensure that we are measuring against any key indicators as required externally, alongside our own People Strategy and plan. Finance have been unable to provide information on Corporate Contractors for March 2014 and 2013. The equivalent data has therefore been excluded from the March 2014 and 2013 data tables.

Staff in Post

In March 2014 the Trust staff in post position stood at 3038.25 WTE (whole time equivalents) with the substantively employed workforce increasing by 89.23 WTE (3.02%) since March 2013. The greatest increase was seen in the Medicine & Surgery Division (31.03 WTE).

Turnover

Unplanned turnover (i.e. resignations) decreased to 14.01% in March 2014 (14.70% Year to date). This is 2.2% above the target of 13.5% set for the financial year. Analysis of 104 exit questionnaires received over 2013/14 financial year showed that 'Promotion/Career Development' was the most common reason for leaving, with 79% of employees rating their experience of working at the Trust as either Good or Excellent and 80% stating that given the right opportunity would return to the Trust. More in-depth analysis continues to be conducted for Band 2 Healthcare Assistants and Band 5 Nurses whose turnover rates remain the areas of most concern. Human Resources working with senior Nurses recently carried out a series of listening events to understand these staff experience and identify ways in which we can improve retention. These events will continue throughout 2014 and help inform the retention strand of the People & OD strategy currently in development. An action plan on HCA recruitment is being worked on jointly by Nursing and HR colleagues.

Vacancies

The Trust's vacancy rates are calculated using the budgeted WTE (based on reconciliations with the Finance department), and the WTE of staff inpost at the end of the month. This represents the 'total vacancy' position. The total Trust vacancy rate for March 2014 was 9.64%, which represents an increase of 2.00% on the previous year. It is important to recognise that not all vacancies are being actively recruited to, and a large proportion of these vacancies are held on the establishment to support the Cost Improvement Programme (CIP). Finance & Human Resources are continuing a full reconciliation of their establishments which will be completed by Month 1 of 2014/15

A truer measure of vacancies is those posts being actively recruited to, based on the WTE of posts being advertised through NHS jobs throughout March 2014. The active vacancy rate for March was 3.20% which is marginally below the monthly target of 3.25% and YTD figure of 3.02%. A new central establishment process also came into effect at the end of January which has contributed to more posts being queried, held, or covered by alternative means.

The average time to recruit (between the authorisation date and the start date of the employee) for March starters was 72 days (once international, Deanery and planned recruitment was excluded). This was slightly above target for the month; however the end of year figure remained under target.

Finance Balanced Scorecard

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

APPENDIX B

Financial Overview as at 31 March 2014 (Month 12)

DRAFT SUBJECT TO AUDIT

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Financial Performance

Financial Position (£000's)

	Full Year Plan	Plan to Date	Actual to Date	Mth 12 YTD Var	Mth 11 YTD Var
Income	(357,031)	(357,031)	(365,962)	8,931	6,472
Expenditure	324,047	324,047	334,974	(10,927)	(8,360)
EBITDA for FRR excl Donations/Grants for Assets	29,514	29,514	27,356	(2,158)	(1,958)
EBITDA % for FRR excl Donations/Grants for Assets	8.3%	8.3%	7.5%	-0.8%	-0.8%
Surplus/(Deficit) from Operations before Depreciation	**32,984**	**32,984**	**30,988**	**(1,996)**	**(1,888)**
Interest	829	829	671	158	(3)
Depreciation	12,907	12,907	13,208	(301)	(241)
Other Finance costs	0	0	(8)	8	8
PDC Dividends	10,241	10,241	10,887	(646)	(453)
Retained Surplus/(Deficit) excl impairments	**9,007**	**9,007**	**6,230**	**(2,777)**	**(2,576)**
Impairments	0	0	0	0	0
Retained Surplus/(Deficit) incl impairments	**9,007**	**9,007**	**6,230**	**(2,777)**	**(2,576)**

Comments

Risk Assessment

Impact 4 – Major (Loss of between £1.0m & £4.9m). Likelihood 4 – Likely. **Orange**

The YTD position is a surplus of £6.2m (EBITDA of 7.5%) which is an adverse variance of £2.8m against plan. However COSR target of 4 has been achieved.

I&E variance (£2.8m) includes the following material items:

- Un-achieved CIPs (£6.9m);
- Under recovery on Private Income (£0.5m);
- Continued budgetary pressures within Clincial Supplies (£2.3m)
- Un-utilised reserves of £4.1m have been released into the year to date position.
- Deferred Income from prior years released into the position £0.6m

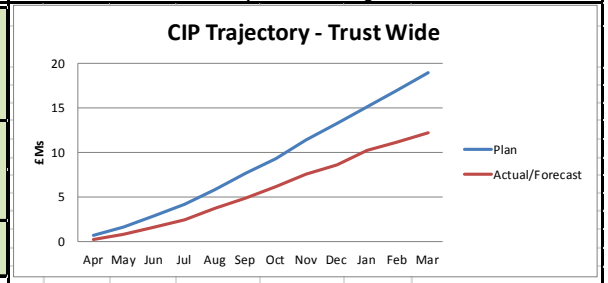
Risk Rating (year to date)

COSR Rating	Weighting	M12 Actual Rating	M12 Planned Rating
Capital Servicing Capacity	50%	3	3
Liquidity	50%	4	4
Total Rating		4	4

Comments

The year to date COSR rating is a 4 compared to a planned 4, with a capital servicing score of 3 and a liquidity score of 4. The improvement in the COSR rating at M12 is due to the improved surplus in March.

Cost Improvement Programme



Comments

CIPs 13/14

The CIP target for 13/14 is £18.9m (£16.9m for 13/14 + £1.9m b/f from 12/13).
The year to date position was a plan of £18.9m with delivery of £12.1m.
Thus there is slippage on CIPs of £6.7, impacting on the Trust's underlying financial poisition

Key Financial Issues

Key Issues

- I&E Surplus of £6.2m achieved of which ££3.6m was grants and donations towards capital expenditure.

- CIP 13/14 under delivery of circa £6.7m.

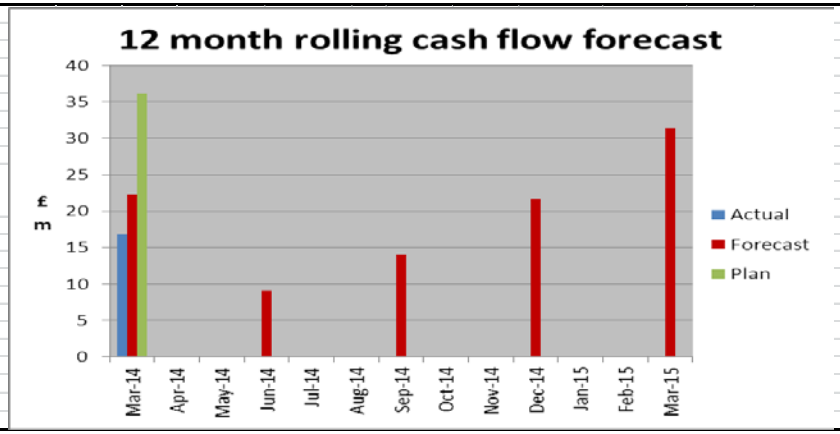
-Ongoing emphasis on maintaining control of financial position and focussing on identification and delivery of 14/15 CIPs

- GUM Public Health commissioning & payment
- Delivery of the Trust's activity plan, particularly for elective inpatients
- Achievement of commissioner metrics & KPIs to minimise penalties and fines
- Achievement of CQUIN targets for 2013/14

Future Developments

- Strategic developments e.g. West Midd, SaHF
- West Middx at the Outline Business Case stage
- Operationalising the capital plan
- ED capital redevelopment
- Business Planning for 2014/15
- Delivery of increased Private Patient income plans

Cash Flow



Comments

The cash position at Month 12 is £16.9, which is an improvement of £1.8m compared to Month 11 but an under performance of approx £5m against the forecast. There was an improvement in cash collection in March from CCGs and other NHS bodies but a small number of significant NHS debtors did not pay outstanding invoices prior to year-end, notably NHS England. However £4m of cash has been received post -year end relating to 13/14 debt with CCGs, NHSE and Local Authorities.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Patient Experience Report

Performance to 31st March 2014

Executive Summary

This report covers current performance on a range of indicators around patient experience at Chelsea and Westminster Hospital, and summarises changes since April 2013. More detailed reports are available for different clinical services and an overview of all elements is shown below.

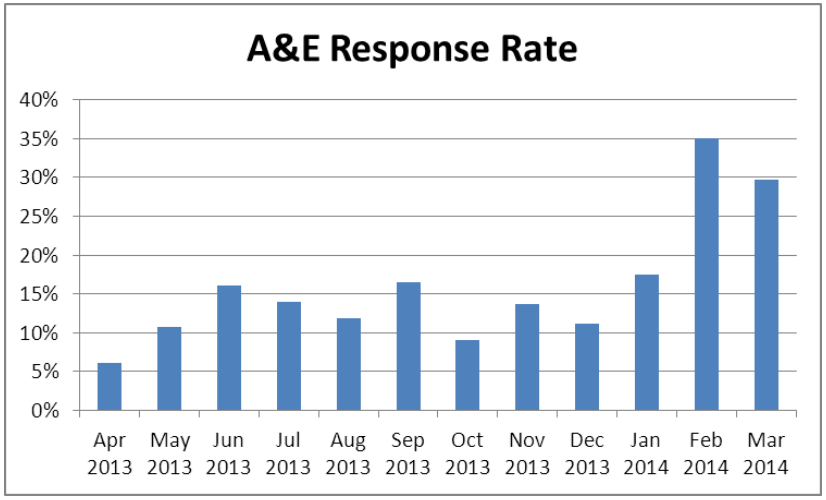
FFT → National Surveys → Complaints → Values → Best practice work

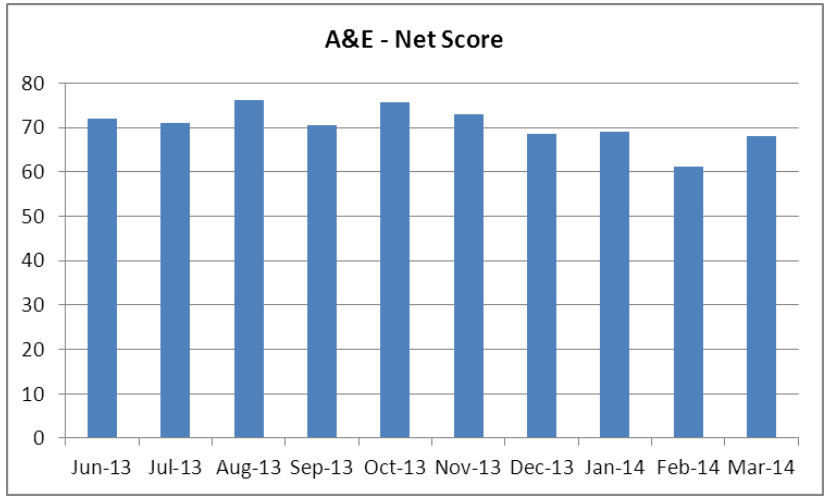
Summary position	Meeting national roll out programme. Positive results with variable response rates	More areas of improvement than deterioration.	Broadly stable	Embedding continues	Improvement projects in several areas, especially outpatients
Challenges	Using the feedback effectively in practice. Maintaining response rate. Roll out to outpatient areas October 2014 and implementation of staff FFT April 2014	Some difficult challenges around communication, confidence and trust, and discharge.	Reaching local resolution more often, learning form complaints Complaint turnaround time	Emphasis on leadership to challenge and recognise values and behaviours.	Bringing together staff and patient experience. Leadership and ownership realtime feedback. Addressing Hospital Initiated Cancellations
Achieve-ments	Reasonable response rate with determined effort and mixed approach.	High overall rating of care, more patients being asked about the quality of their care	2 complaints upheld by ombudsman.	Embedded into HR practices and rewards. Linked to appraisals	You said we did approach in wards, customer service standards in Outpatients

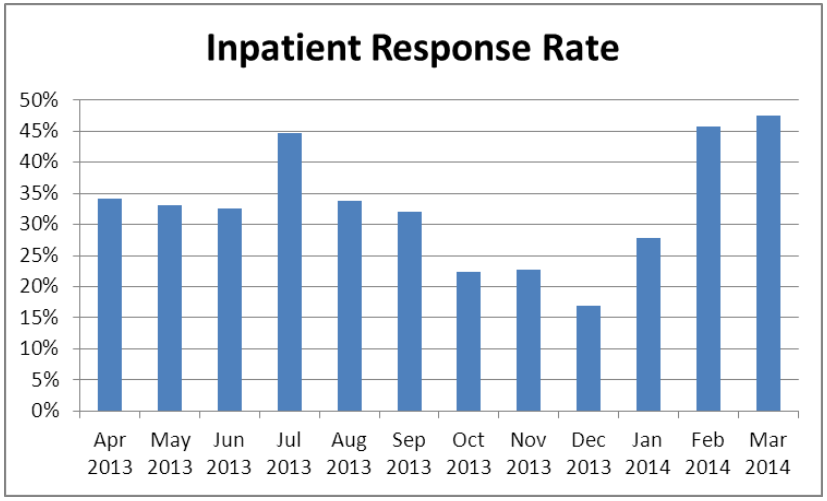
FFT 2013/14

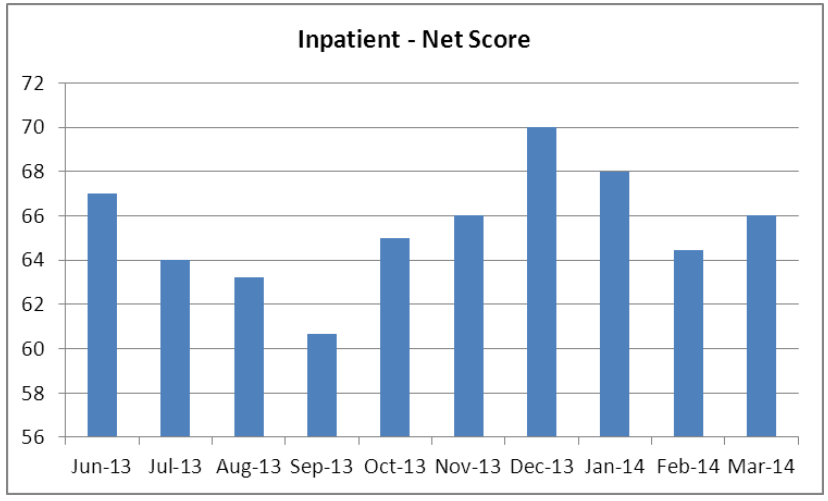
Chelsea and Westminster Hospital NHS
NHS Foundation Trust

The following question is asked of patients as they leave our care: "How likely are you to recommend our [ward/A&E department/maternity service] to friends and family if they needed similar care or treatment?" with answers on a scale of extremely likely to extremely unlikely.







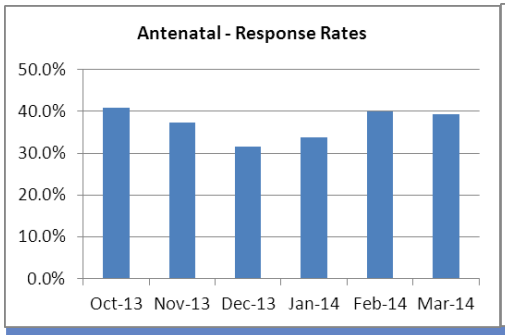


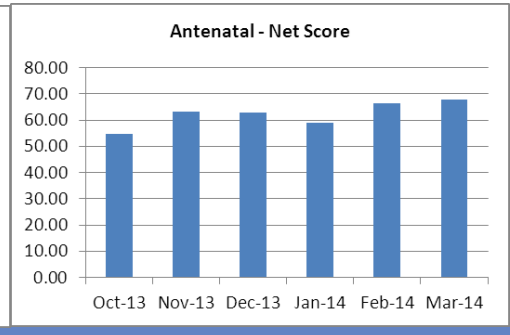
The proportion of DETRACTORS is subtracted from the proportion of PROMOTERS to calculate the NHS Friends and Family Score – Net Promoter Score. The results are published at monthly intervals on both NHS England and NHS Choices websites.

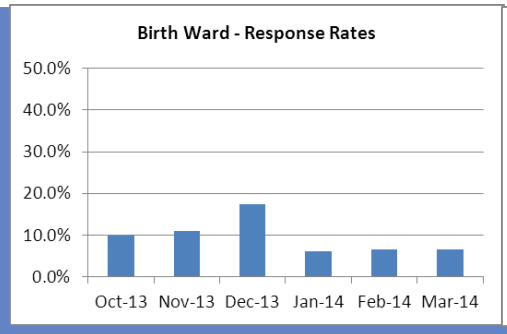
- The Trust has rolled out the patient FFT during 2013 to Maternity services.
- We have good net promoter scores for A+E and Inpatient results
- The response rates have been variable whilst we find the best methods to collect feedback
- CQUIN target achieved - a baseline response rate of 15% and achieve by Q4 a response rate that is both a) higher than Q1 baseline and b) higher than 20%.

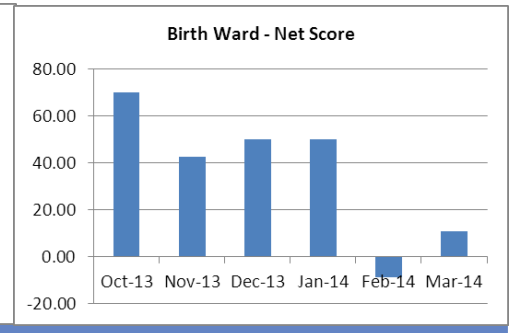
FFT 2013/14

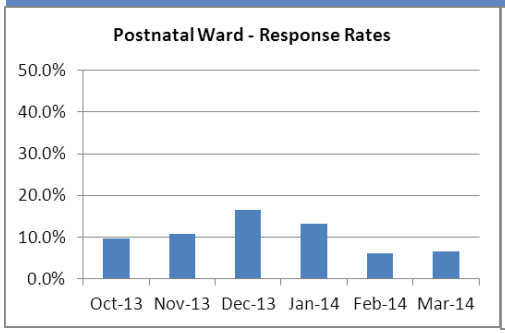
Chelsea and Westminster Hospital NHS
NHS Foundation Trust

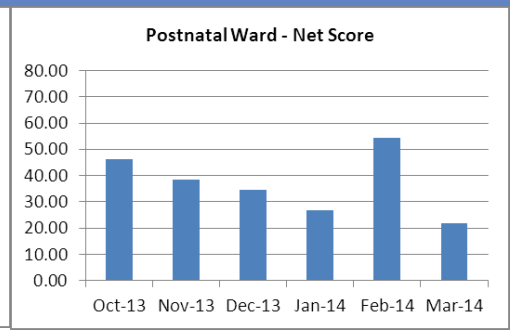


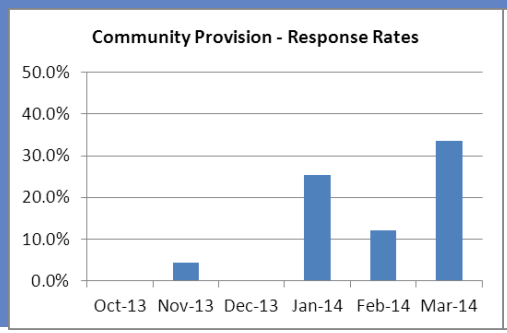


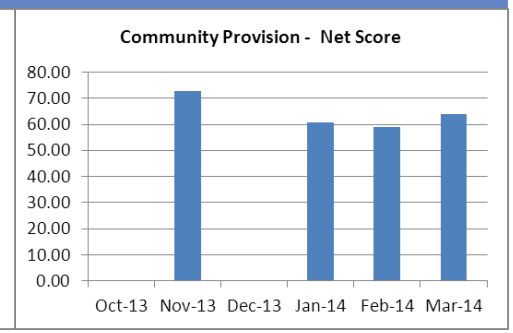












Maternity patients are asked the FFT question 4 times during their care to give us specific feedback at each stage of the pathway. This was implemented from October 2013.

Commentary

- Good response rates (& net scores) for questions 1 & 4 which are sent by text message to women.
- Low response rates seen in birth & postnatal ward (Q 2&3) due to the failure of the original electronic capture (this has now moved to paper based system temporarily until text message can be introduced)
- We now have dedicated people responsible for distribution & collection of all paper based forms, so it is anticipated that response rate will show a significant improvement for April.
- The plan is to move to text based messaging for the birth and postnatal ward questions, which we can see from the antenatal & community (text in place from Jan 14) is a successful way to collect data.

- Low scores seen in Feb/March coincide with the above loss of responses through the electronic solution, with the addition that the paper based forms were missing the 'extremely likely' box to check. This has now been corrected and communicated externally.
- The February dip in postnatal responses is due to incomplete data. The text system relies on midwifery teams submitting patient data quickly& there is some challenge with this turnaround time (in February , one team's data was missing from the responses which is reflected above).

National Surveys 2013/14

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Themes from surveys 2013/14

Report 2013/14	What we have done well	Where we could improve	Overall rating of care
Inpatient Survey	Patients being asked to give views on their care, communication with surgical patients	Delayed discharge and process, nursing confidence and trust, changing admission dates	84% 7/10 or above
Maternity Survey	Skin to skin contact and clear communication in labour ward	Seeing the same Midwife ante-natally, Cleanliness of toilets and bathrooms in the postnatal ward, information and support at home	Not applicable
Cancer Survey	Knowing who the specialist nurse is, taking part in cancer research, and families having the opportunity to talk to a doctor	Communication around cancer diagnosis and treatment, confidence and trust in nurses and doctors	84% 7/10 or above
Outpatient Survey	More clinics are starting on time Overall rating of experience has improved	Accurate updates on how long a wait will be	93% 7/10 or above
Paediatric inpatient survey	Better than other Trusts in most areas	Invitation to attend department prior to admission, changing the date of planned admission	96% parents rated care good, very good or excellent
Paediatric outpatient survey	Choice of appointment dates, who to contact if worried, given clear instructions on child's new action plan	Waiting times and booking in process.	97% of parents rated overall care good/very good or excellent

CQC Intelligent Monitoring March 2014 (using 2013 survey results)

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

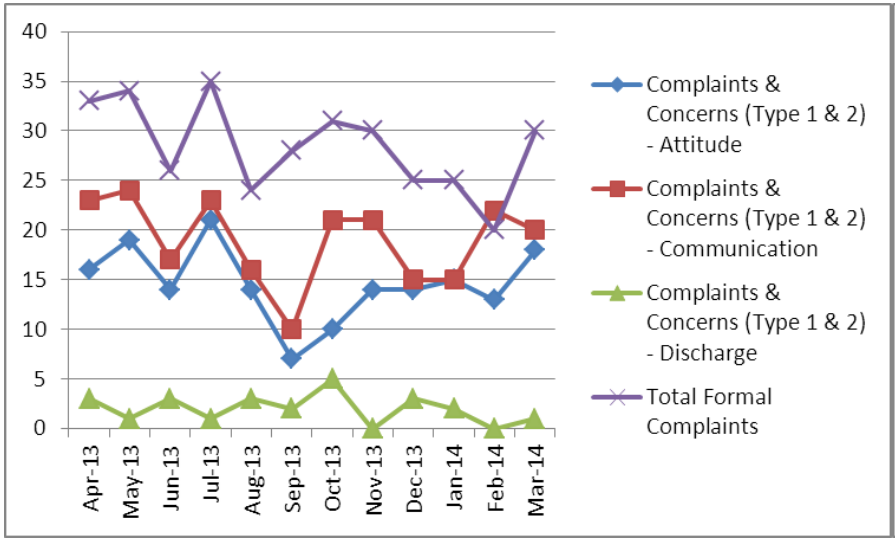
CQC use a range of indicators to raise questions about the quality of care. Those related to patient experience are shown here. Their judgements will always be based on an inspection which will take into account this intelligent monitoring. We currently have 2 areas flagged as an amber risk.

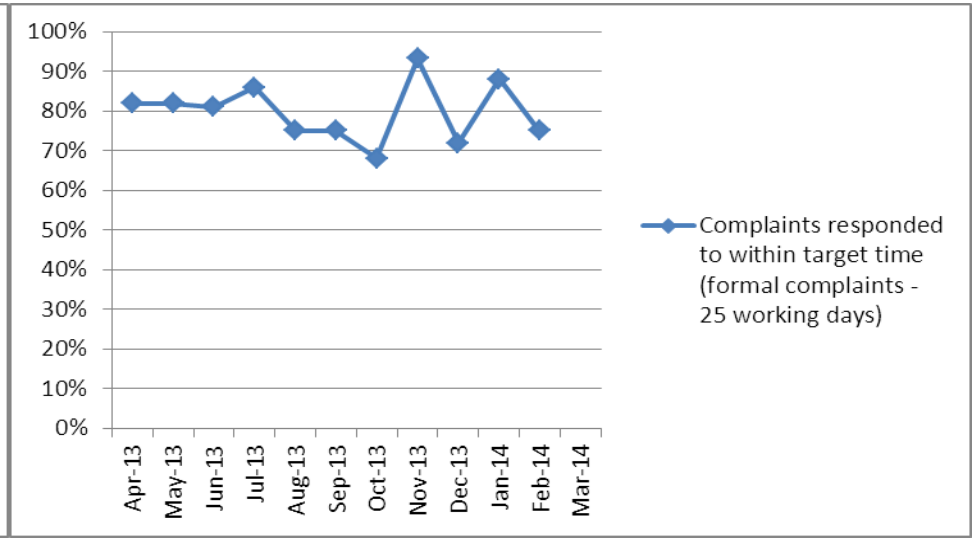
Source	Indicator	Rating	Risk
Inpatient Survey	Did you find someone on the hospital staff to talk to about your worries and fears?	5.14	0
Inpatient Survey	Do you feel you got enough emotional support from hospital staff during your stay	6.62	0
Inpatient Survey	Did you get enough help from staff to eat your meals?	7.44	0
Inpatient Survey	Were you involved as much as you wanted to be in decisions about your care and treatment?	7.24	0
Inpatient Survey	Did you think the hospital staff did everything they could to help control your pain?	8.08	0
Inpatient Survey	Overall I had a poor/good experience	7.86	0
Inpatient Survey	Overall did you feel you were treated with respect and dignity while you were in hospital?	8.71	0
Inpatient Survey	Did you have confidence and trust in the doctors treating you?	8.95	0
Inpatient Survey	Did you have confidence and trust in the nurses treating you?	8.13	Amber
Maternity Survey	At the very start of your labour, did you feel that you were given appropriate advice and support when you contacted the midwife or the hospital	9.05	0
Maternity Survey	During your labour, were you able to move around and choose the position that made you most comfortable?	8.69	0
Maternity Survey	Thinking about your stay in hospital, how clean were the toilets and bathrooms you used?	6.47	Amber
Maternity Survey	Thinking about the care you received in hospital after the birth of your baby, were you given the information or explanations you needed?	7.31	0
Maternity Survey	Did the staff treating and examining you introduce themselves?	9.41	0
Maternity Survey	If you raised a concern during labour and birth, did you feel it was taken seriously enough?	7.72	0
Maternity Survey	Thinking about your care during labour and birth, were you treated with dignity and respect?	9.4	0
Maternity Survey	Were you and / or your partner or a companion left alone by midwives or doctors at a time when it worried you?	7.36	0

Complaints related to the three quality account priorities

KPI Name	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Complaints & Concerns (Type 1 & 2) - Attitude	16	19	14	21	14	7	10	14	14	15	13	18
Complaints & Concerns (Type 1 & 2) - Communication	23	24	17	23	16	10	21	21	15	15	22	20
Complaints & Concerns (Type 1 & 2) - Discharge	3	1	3	1	3	2	5	0	3	2	0	1
Total Formal Complaints	33	34	26	35	24	28	31	30	25	25	20	30
Complaints responded to within target time (formal complaints - 25 working days)	82%	82%	81%	86%	75%	75%	68%	93.33%	72%	88%	75%	N/A

N.B. Total number of formal complaints can be lower than the above summed figures as a single complaint can be multiply themed





Complaints 2013/14

344 Type 2 complaints were received this year 1st April 2013 – 31st March 2014 compared with 350 being received in the previous year.

The majority of the complaints relate to clinical care, however communication issues were the next most complained aspect of service delivery receiving 101 complaints - this is a significant rise compared with last year when 61 complaints were received.

Attitude and behaviour received 96 complaints this year which is a decrease on last year when 128 complaints were received.

The amount of complaints regarding discharge issues remained static, with 18 being received this year compared with 17 last year.

The Ombudsman

There has been a change in practice whereby the PHSO (Parliamentary and Health Service Ombudsman) are now investigating almost all of the complaints that are referred to them. They have been adopting this practice since the beginning of the year.

We currently have 8 complaints with them, most of which are awaiting for their investigations to be completed but two of them have been upheld - they both relate to clinical care provided by medical teams although one in part also highlights shortfalls in communication; they both come under the Division of Medicine.

Learning from complaints

- 'There is a new process for communicating early pregnancy loss between our hospital departments to ensure patients are not contacted unless this is confirmed by our EPAU'
- 'A teaching session on good communication and patient interaction will occur for all doctors in the ED'
- 'Divisional nurse to meet with facilities manager and produce booklet for all ward staff on each ward (Surgery)'
- 'The MRI team are changing the letters to include more specific advice from the drug manufacturer about possible side effects.

The outpatient department have focused on customer service during 2013/14. Detailed customer service standards and these top 10 reminders have been developed by staff and agreed at the Outpatient Improvement Board where we have a patient representative. The idea, following our Disney Patient Experience Improvement Programme, is that they are "off stage" and are expectations of what behaviour is expected from staff.

These top 10 reminders and the more detailed "Customer Service Standards" are kept live by inclusion in recruitment packs, discussed at interview, discussed by Director of Operations at her induction session with all new Clinical Support staff, included in the new customer service training, discussed at team meetings, visible on posters in staff areas and discussed at staff appraisals.

The Clinical Support Division have introduced a bleep system to resolve any concerns raised at PALS either immediately or within 24 hours. The system has a 1st line contact and a second and third bleep holder for the Division. This has helped to change the culture to prioritising these day to day issues that affect patient experience.

New customer service training has been piloted using the best of the Disney approach to customer service and this will continue to rolled out in 2014.
They have improved the access to patient view screens so that any person answering a call in appointments office can see all aspects of the patients journey, reducing the need to pass patients from person to person

Specifically in Dermatology through our work with McKinsey changes have been made to outpatient letters, improving the ability for patients to book for follow up appointments before they leave the clinic, and reducing queuing at reception by using to touch screens

Outpatient Customer Service Reminders

- **Make eye contact and smile:**
  Even if you cannot speak to the patient until you have finished an important task
- **Welcome patients in a respectful and friendly manner:**
  Welcome to...(Your department) and introduce yourself by name
  Ask "How can I help you?" and "Who are you here to see"
- **Help patients yourself rather than pass them on:**
  The first person the patient comes into contact with should be the person that deals with any queries wherever possible.
- **Update patients about any potential delays in them being seen:**
  Keep patients informed at check-in of waiting times and while they are seated in the waiting area
  Apologise for any delays
- **Appreciate the diverse needs of our patients:**
  Remember to consider whether they require an interpreter, large print letter, an appointment reminder by sms
- **Privacy and confidentiality is essential:**
  When speaking with a patient, maintain a discrete tone
  Offer a quiet are if available or ask other patients to remain out of earshot
- **Listen to patients:**
  Allow them to finish speaking and hear what they are saying without rushing them
- **Refrain from having personal conversation or discussing work issues when in public areas of the Hospital**
- **Help patients resolve all issues and concerns before they leave the department:**
  Seek assistance from other staff if you are busy with another patient
  Escalate to a senior member of the team if you are cannot solve the issue yourself or require advice
- **Escort patients:**
  Who are elderly and vulnerable to their destination to avoid them getting lost
  Offer to show the way even for those that can help themselves

Quality is our guiding principle and we will ensure that the Trust Quality Strategy will bring together patient experience with safety and efficiency

- We will increase the use of real-time feedback through the Friends and Family Test and make better use of the results and the comments
- 2014/15 will see the introduction of the Staff Friends and Family Test where staff will be asked if they would recommend this trust as a place to be treated. This will be a rich source of feedback to help us engage with staff to discuss and improve the patient experience.
- We will find ways to develop local resolution of patient concerns within Divisions and listening to patient stories at the Trust board
- We will provide 'Great Expectations' leadership training to enable managers to coach their teams to provide care in line with the Trust values.
- We will continue to work collaboratively with our community and social services partners to improve discharge planning and the patient experience of transition out of hospital.
- We will review and publish our nursing skill mix and staffing levels in line with the National Quality Board recommendations and as a Trust be transparent and open.
- We will improve the environment for our patients particularly through improvements in the Emergency Department and the 'Front of House' reception
- We will bring together patient and staff experience through different projects working with partners such as Macmillan Cancer Support (Value Based Standards)

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 24 April 2014 (PUBLIC)

AGENDA ITEM NO.	5.1/Apr/14
PAPERS	Annual Budget and Corporate Plan Sign-Off 2014/15
AUTHORS	Carol McLaughlin, Financial Controller
LEAD	Rakesh Patel, Director of Finance
PURPOSE	The draft two year operational plan for 2014/15 and 2015/16 was submitted to the Directors' Strategy meeting on 27th March, prior to submission to Monitor on 4th April. It was agreed that approval of the 2014/15 budgets would be delegated to the Chairman and Chief Executive. This paper sets out in further detail the key components of the 2014/15 revenue and capital plan and provides detail on assumptions and risks contained within the plan.
LINK TO OBJECTIVES	2014/15 Budget – Financial Sustainability Strategic Objective.
RISK ISSUES	
FINANCIAL ISSUES	Risk of non-delivery of the Cost Improvement Programme Risk of non-delivery of income plan Risk of delayed payments from commissioners
OTHER ISSUES	
LEGAL REVIEW REQUIRED?	No.
EXECUTIVE SUMMARY	
DECISION/ ACTION	For information.

1. Introduction

1.1. In prior years the Trust Board were presented with a one year budget paper for approval in March and a three year Monitor financial plan paper for approval In May. Monitor has changed the regulatory reporting from this year and the Trust is now required to submit the detailed Monitor plan on 4th April covering two years and to submit a further three years on 30th June. Therefore the March Board of Directors Strategy meeting received a two year financial plan for approval which was delegated to the Chairman and Chief Executive. The first year of this plan (2014/15) comprises the Trust 2014/15 budget.

1.2. For the financial year 2013/14 the Trust is forecasting to achieve a surplus of £5.4m against a plan of £9.0m. The shortfall was driven by a number of in-year pressures and non-delivery of CIPs (circa £6.7m against a target of £18.9m), including on income generation and procurement schemes.

1.3. There were increased pay costs in 2013/14 arising from agency expenditure in all staffing groups in the first half of the financial year, however following implementation of tighter controls usage reduced in the final quarter and this is expected to continue into 2014/15. The Trust also received £4.9m non-recurrent income and undertook non-recurrent cost reduction initiatives during 2013/14. Following a detailed analysis, the Trust forecasts that the underlying 2013/14 financial position is a deficit of £0.5m.

2. Financial plan summary 2014/15

2.1. The Trust's Financial Strategy is to maintain a sustainable Continuity of Service Rating (COSR) of 3 over a five to ten year period to enable the delivery of the Trust's Clinical Strategy and the local health economy reconfiguration. Next year's budget is planned to deliver a surplus of £7.1m and a COSR of 3. The 2014/15 CIP target is £24.9m (6.8% of income) which is significantly higher than tariff efficiency.

2.2. During February and March business planning bilateral meetings have taken place between Divisions/Corporate Directorates and the Trust Executive in order to agree activity, income and cost changes for 2014/15. The outcomes of these meetings have been incorporated in the financial plan 2014/15. Some of the proposals are dependent on contract negotiation but there is not expected to be any material deviation as a result of the conclusion of contract negotiations. The table below summarises the 2013/14 outturn and key financial data for 2014/15.

Table 1 – Summarised Trust Financial Plan 2014/15

	2013/14 Forecast Outturn	2014/15 Plan
	£m	£m
Operating Revenue	362.9	367.5
Employee Expenses	(185.2)	(186.2)
Other Operating Expenses	(160.7)	(162.2)
Non-Operating Income	0.1	0.1
Non-Operating Expenses	(11.7)	(12.1)
Surplus/(Deficit)	5.4	7.1
Net Surplus %	1.5%	1.9%
Total Operating Revenue for EBITDA	359.4	367.5
Total Operating Expenses for EBITDA	(332.7)	(334.4)
EBITDA	26.7	33.1
EBITDA Margin %	7.4%	9.0%
Period-end cash	22.3	21.0
CIP	12.5	24.9
Liquidity Ratio Rating	4	3
Capital Servicing Capacity Rating	2	3
Continuity of Service Risk Rating	3	3

2.3. The Trust is planning to generate EBITDA of £33.1m (9.0%) and a net operating surplus of £7.1m from total income of £367.5m. To achieve this, the Trust will need to deliver a CIP of £24.9m (6.8% of income). All of this CIP has been identified and is split between 'income' CIPs and cost CIPs as follows:

- £5.2m of income CIPs
- £19.7m of cost CIPs

2.4. The Financial Plan for 2014/15 delivers an overall COSR rating of 3. The ratios within the COSR metric are shown in Table 2 below.

2.5. The bridging statement showing the move from an I&E forecast outturn of £5.419m surplus in 2013/14 to 2014/15 planned surplus of £7.061m is shown in the detail in Appendix 1 by I&E analysis and in Appendix 2 by division (indicative).

Table 2 – COSR rating for 2014/15 Plan

	2013/14 Forecast Outturn	2014/15 Plan
Capital Service Cover Metric	1.73x	1.82x
Capital Servicing Capacity Rating (>1.75x is a 3 rating)	2	3
Liquidity Metric	5.8 days	-1.9 days
Liquidity Ratio Rating (>0 days is a 4 rating; >-7 days is a 3 rating)	4	3
Continuity of Service Risk Rating	3	3

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 24 April 2014 (PUBLIC)

AGENDA ITEM NO.	5.2/Apr/14
PAPER	Monitor In-Year Reporting & Monitoring Report Q4
AUTHOR	Carol McLaughlin, Financial Controller
LEAD	Lorraine Bewes, Chief Financial Officer
PURPOSE	Submission of commentary to Monitor on the Quarter 4 2013/14 In year Financial Return
LINK TO OBJECTIVES	Ensure Financial and Environmental Sustainability Deliver 'Fit for the Future' programme
RISK ISSUES	None noted.
FINANCIAL ISSUES	The Trust has achieved a year-to-date (YTD) Continuity of Service Rating (COSR) of 4 as at 31st March 2014, which is in line with plan. Within this, the liquidity element achieves a score of 4, and the capital servicing ratio a score of 3. Both elements are in line with plan. Improved performance in the final quarter meant that the Trust concluded the year with an Earnings Before Interest, Taxation, Depreciation and Amortisation (EBITDA) level of £27.4m (7.5%) of relevant turnover. This was £2.2m lower than the planned EBITDA of £29.6m (8.5%). This improved performance in the final quarter resulted in a net surplus of £6.3m – lower than the planned figure of £9m, but an improvement on the revised forecast target.
OTHER ISSUES	At the time of writing, there are nine indicators to be reported per the Risk Assessment Framework for which the data is not yet available. The Trust has met all of its indicators reported in the quarter thus far and anticipates that the remaining nine indicators will also be achieved. An update

	will be provided at the Board.
LEGAL REVIEW REQUIRED?	No.
EXECUTIVE SUMMARY	As below.
DECISION/ ACTION	The Board is asked to: 1) Delegate approval to the Chief Financial officer to approve, on behalf of the Board, submission of the Quarter 4 2013/14 in-year financial reporting return to Monitor. 2) Approve the commentary for submission to Monitor. 3) Approve the In Year Governance Statement (attached at Appendix 1) which includes the following elements: a. Approve the Finance declaration that the Trust will continue to maintain a **Continuity of Service Rating** of at least 3 over the next 12 months. b. Approve the Governance declaration that the Board is 'satisfied that plans in place are sufficient to ensure: ongoing compliance with all existing targets as set out in Appendix A of the Risk Assessment Framework; and a commitment to comply with all known targets going forwards' and there are no matters arising in the quarter that require exception reporting to Monitor.

Monitor In-Year Reporting & Monitoring Report Q4

1. Governance Declaration

1.1. The Trust is forecasting to achieve its performance indicators as required per the Risk Assessment framework in quarter 4 (Q4) however at the time of writing there were nine indicators for which data was not yet available (due to earlier scheduling of the Board meeting). An update will be provided at the Board.

1.2. In the final quarter of 2013/14 there were no elections to the Council of Governors, with one stakeholder governor resigning in February following her retirement.

1.3. One Non-Executive Director on the Board of Directors resigned with effect from 1st January 2014. At the end of January, Sir Christopher Edwards stood down as Chairman, to be replaced by Sir Thomas Hughes-Hallett (detailed in Appendix 2).

2. Finance

2.1. The Trust recorded a Continuity of Service Rating (COSR) of 4 YTD at Quarter 4 compared to a plan of 4.

2.2. The individual components of the rating and the plan at Quarter 4 are shown in the table below:

Table 1: Continuity of Service Rating

COSR Rating	Weighting	M12 Actual Score	M12 Actual Rating	M12 Planned Score	M12 Planned Rating
Capital Servicing Capacity (times)	50%	1.78x	3	1.92x	3
Liquidity (days)	50%	8.0	4	2.5	4
Total Rating			**4**		**4**

2.3. The financial performance for the year ended 31st March 2014 (derived from the draft annual accounts, and subject to external audit) is summarised below:

Table 2: Finance Performance Summary

	Plan YTD	Act YTD	Var YTD F/(A)
	£m	£m	£m
Operating Revenue	349.8	366.0	16.2
Employee Expenses	(177.6)	(184.3)	(6.7)
Other Operating Expenses	(152.1)	(163.9)	(11.8)
Non-Operating Income	0.1	0.1	(0.0)
Non-Operating Expenses	(11.2)	(11.6)	(0.4)
Surplus/(Deficit)	9.0	6.3	(2.7)
Net Surplus %	2.6%	1.7%	(0.9%)
Total Operating Revenue for EBITDA	346.4	362.3	15.9
Total Operating Expenses for EBITDA	(316.8)	(334.9)	(18.1)
EBITDA	29.6	27.4	(2.2)
EBITDA Margin %	8.5%	7.6%	(1.0%)
Capex (Cash Spend)	(49.9)	(41.7)	8.2
Net Cash Inflow / (outflow)	(5.4)	(24.8)	(19.4)
Period end cash	36.2	16.9	(19.4)
CIP	16.9	12.1	(4.8)
COSR	4	4	0

NB: There are a number of items excluded from both revenue and expenses that are not included in the EBITDA calculation.

2.4. The Trust achieved a net surplus of £6.3m, compared with a plan of £9.0m. The EBITDA was £27.4m (7.5%), against a plan of £29.6m (8.5%).

2.5. The net surplus was £2.7m lower than originally planned due to under-achievement of the Trust's cost improvement plans (CIPs) (£4.9m) partly mitigated by over-performance on NHS and Local Authority revenue. Temporary staffing costs and consultancy costs (the latter largely offset by specific income items) continued to impact the overall position.

2.6. Actual CIP performance in the final quarter is summarised in Table 3, below. The actual level of achievement in Q4 of £3.6m represented a £1.5m under-achievement on the plan for the quarter. The actual achievement in Q4 was a little lower than the £3.7m achieved in Q3.

Table 3 – CIP Achievement in Q4 (£m)

CIP Achievement in Q4	Q4 Actual
Revenue Generation	1.152
Pay Expense savings CIP recurrent	1.092
Drugs Expense savings CIP recurrent	0.065
Clinical Supplies savings CIP recurrent	0.43
Non-Clinical Supplies savings CIP recurrent	0.836
Sub-Total	**3.575**

3. Statement of Comprehensive Income

3.1. NHS Clinical Revenue

3.1.1. NHS Clinical revenue on plan in Q4, which excludes Sexual Health clinical income, which was reclassified in Q3 to Non-Mandatory/Non protected clinical revenue, as it is now commissioned by Local Authorities. This would have resulted in an underlying £3.3m above plan in the quarter. The main driver for this is high elective and day case activity in the final quarter of 2013/14 combined with improvements in contractual productivity metrics and the receipt of £1.5m of emergency care transformational funding.

3.1.2. Planned admitted patient care activity was £1.1m ahead of plan in the quarter, with a £0.3m over-performance in Elective activity and a £0.7m over-performance in Day Case income. This represents an overall £0.7m favourable variance for the year. The over-performance is primarily driven by higher activity than planned in the quarter including a catch up from quarter 3. This was primarily in paediatric dentistry and orthopaedics to address waiting list pressures.

3.1.3. The Trust reported a £0.8m favourable variance against plan for non-elective income in the quarter and £0.6m for the full year, which comprised of lower levels of emergency inpatient activity than planned resulting in under-performance on activity, but with an offsetting benefit due to improvements against locally agreed and national commissioner productivity and efficiency metrics aimed at reducing emergency admissions, length of stay and readmissions within 30 days, primarily on the non-elective threshold 30% marginal rate.

3.1.4. Outpatient income was £1.9m behind plan in the 4th Quarter and £10.1m for the year, due to a reclassification of £13.8m of Sexual Health outpatient income commissioned by Local Authorities from NHS Clinical Income to other non-mandatory/ non protected clinical revenue. The underlying position for outpatient income is therefore an over-performance of £3.7m for the full year and £1.4m in the quarter. This has been driven by achievement of the paediatric diabetes best practice tariff reported in Q4 (£0.4m), continued high activity in paediatric dentistry to address waiting list pressures as well as a continued improvement in the quarter for outpatient new to follow up ratios and

local commissioner metrics targeting internally generated referrals. A&E and UCC activity was £0.2m behind plan in the quarter, due to lower activity than planned over the winter period, also resulting in lower non-elective admissions.

3.1.5. Other NHS income reported a £0.2m favourable variance in the final quarter of 2013/14 and a £1.8m for the year. This was primarily due to emergency care transformation fund of £1.5m from local CCGs to support the successful implementation of emergency care pathway initiatives in four key areas; shared care records, access to services, the expansion of rapid access clinics and a further reduction in short stay admissions. This was offset by lower income than planned on excluded drugs and HIV anti-retroviral drugs, which are compensated by a reduction in expenditure.

3.2. Other Non-Mandatory/Non protected revenue

3.2.1. Other Non-Mandatory/Non-Protected income over-performed by £3.4m in Q4, mainly due to the reclassification of income in respect of GUM activity. Following on from the reclassification made in Q3, the actual income earned in this area is classified under this category because Local Authorities commission this service. The original plan incorporated income from this area under NHS Clinical Income. The Trust concluded the year with a £13.1m favourable variance in this area, mainly the result of the reclassification.

3.3. Income from non-NHS sources (formerly Private Patient Income Cap)

3.3.1. The Trust earned almost £13.4m from providing services to private patients, meaning there was no breach of the limits on earning income from non-NHS sources (the broad requirement being that income received from providing goods and services for the NHS is greater than income earned from other sources).

3.3.2. Improvement in activity and associated income in Q4 (principally from private maternity services and the assisted conception unit) resulted in a favourable variance of £0.4m against the plan for the final quarter. This meant that the total income earned was virtually on plan for the year

3.4. Other Operating Income

3.4.1. Income earned from the Trust's Research and Development activities, along with income contributing to Education and Training costs were both ahead of plan in Q4, by £1.6m in total. Performance built on previous quarters' favourable variances, with a significant favourable position against plan from a one-off allocation of £0.75m training funding.

3.4.2. The other main variances are the result of the continued reclassification of salary recharges from net to gross accounting (as explained previously). This has accounted for circa £0.8m of increasing pay expenditure, but also increasing income. In addition there were continued income streams in respect of securing income to cover consultancy and other costs incurred by the Trust in connection with due diligence on the potential West Middlesex Hospital acquisition, and other strategic projects.

3.5. **Operating Expenditure**

3.5.1. Operating Expenditure within EBITDA was £9.1m higher than plan during Quarter 4. The key variances are listed below:

3.5.2. **Employee Benefits (£2.1m over-spent):** A large element of the over-spend is due to the reclassification (during Q2) in the accounting for recharged staff costs, where the Trust has moved from the netting off of salary recharges invoiced to other organisations, to the grossing-up of staff costs, where the invoicing is now coded to operating income (this accounts for £0.8m in Q4 and £2.6m for the year). Under-achievement on CIPs added circa £0.4m to the over-spending; with the balance of £0.9m over-spending mainly the result of the additional costs associated with employing agency staff to cover key vacancies.

3.5.3. **Drugs Costs (£0.4m under-spent):** After consistent levels of over-spending relative to plan (but in areas where additional drugs costs are passed through directly to NHS commissioners), expenditure was slightly lower than planned in Q4.

3.5.4. **Clinical Supplies (£1.2m over-spent):** The adverse position is across a number of clinical supplies categories, combined with CIP slippage on some procurement led initiatives. Pathology costs have continued to increase, with the main specialty (Sexual Health) that drives these costs seeing increased activity.

3.5.5. **Other Raw Materials & Consumables (£0.2m over-spent):** After the non-recurrent benefit of the rents rebate in Q3, spending returned to more normal levels in Q4, with a small over-spend against plan being recorded.

3.5.6. **Other Operating Expenditure (£5.8m over-spent):** The adverse variance in Q4 mainly comprises £0.8m in respect of CIP under-achievement, £1.9m for increasing provisions to cover possible future costs and liabilities and £3.1m for additional consultancy work in connection with the various transformation and strategic projects underway in the Trust.

3.5.7. **CIP (£1.5m below target):** The Trust set a CIP target for 2013/14 of £16.9m and has achieved £3.6m in Q4 against a plan of £5.0m; the year to date position is delivery of £12.1m at the end of Q4, against a plan of £16.9m.

3.5.8. The table below shows the Q4 and year-to date position:

Table 4- CIP Achievement in Q4 and Year-to-Date (£m)

CIP as Per Monitor Template	Q4			YTD		
	Plan	Actual	Variance	Plan	Actual	Variance
Revenue Generation	1.264	1.152	(0.112)	4.247	4.158	(0.089)
Pay Expense savings CIP recurrent	1.447	1.092	(0.355)	4.858	4.312	(0.546)
Drugs Expense savings CIP recurrent	0.083	0.065	(0.018)	0.280	0.260	(0.020)
Clinical Supplies savings CIP recurrent	0.589	0.430	(0.159)	1.978	1.359	(0.619)
Non-Clinical Supplies savings CIP recurrent	1.663	0.836	(0.827)	5.585	2.041	(3.544)
Sub-Total	**5.046**	**3.575**	**(1.471)**	**16.948**	**12.130**	**(4.818)**

3.5.9. With CIP under-performance continuing as the main factor impacting negatively on EBITDA and overall financial performance, it is planned to continue the process of regular performance review meetings. In addition, actions have already been taken to establish and develop improved governance and monitoring arrangements for CIP planning and delivery in 2014/15 and beyond. Importantly, there have continued to be improvements in the run rate for the use of temporary staffing, and associated costs, especially for nursing. This will need to be maintained, with the work undertaken here being extended to other staff groups.

4. Statement of Financial Position

4.1. Property, Plant and Equipment

4.1.1. Capital spend in Q4 is reported at £27.5m against the original plan for the quarter of £22.0m, and the full year outturn is £41.7m of expenditure against the reforecast Monitor plan of £43.0m (3% behind plan).

4.1.2. The Trust's acquisition of Doughty House was successfully completed on 28th March 2014. Other major schemes completed this financial year are Adult Burns, Dean Street Express and the Midwifery Led Unit. In total the Trust has capitalised £31.2m of buildings including the acquisition of Doughty house.

4.1.3. Capital spend in Q4 is profiled in the capex table (below) by Monitor categories.

Table 5- Property Plant and Equipment including Intangibles Capex at Q4

Monitor Scheme Categories	Q4 Budget £'m	Q4 Actual £'m	Q4 Var £'m	Q4 Var %
Property - New land, buildings or dwellings	3.575	20.237	(16.662)	(466.1%)
Property - Maintenance expenditure	0.475	2.235	(1.760)	(370.1%)
Plant and equipment - Information Technology	3.928	0.672	3.255	82.9%
Plant and equipment - Other equipment	1.941	0.962	0.979	50.4%
Property, plant and equipment - Other expenditure	9.884	3.181	6.702	67.8%
Purchase of Intangible Assets	2.222	0.211	2.011	90.5%
Grand Total	**22.025**	**27.499**	**(5.474)**	**(24.9%)**

4.2. Receivables and Other Current Assets

4.2.1. Receivables and other current assets (£42.3m excluding cash and inventories) are £29.0m above plan as at 31st March 2014. The key variance against plan is in NHS trade receivables, which are £25.2m higher than plan.

4.2.2. The factors causing this variance continue to be the issues arising from the change in commissioning arrangements for sexual health activity (moving from NHS to local authority commissioning) together with administrative delays around CCGs validating and paying for over performance invoices.

4.2.3. Cash collection improved during the final month of the year, with many CCGs clearing over performance up to month 8 and the Tri-borough public health service clearing sexual health invoices up to month 9, however this improvement was not sufficient to bring cash collection back in line with plan.

4.2.4. The issues outlined above have contributed to a higher than planned value of debt > 90 days as at quarter 4 (16% of total debt), although the >90 days old balance improved by £4m over the final quarter. Of the total balance >90 days old (£7.1m), approx. £2.5m relates to GUM invoices to Local Authorities.

4.3. Trade and Other Payables – Current

4.3.1. The total of trade and other payables, accruals and other current liabilities is £39.9m at the end of quarter 4, which is £3.5m above plan. This is mainly due to trade payables being above plan in the quarter however this is largely due to a timing difference in payment of the Trust's pathology SLA invoices.

4.4. Cash Flow

4.4.1. The cash balance at the end of quarter 4 is £16.9m, which is £19.4m below plan. Cash collection improved during the last quarter, however there were still issues around payment for sexual health activity by local authorities which resulted in £6.9m of outstanding debt at 31st March 2014. In addition there was £3.5m outstanding with NHS England in respect of over performance invoices and £2.3m outstanding with the Trust Development Authority. At the time of writing approximately £5m of cash has been received relating to 2013/14 debt after the year end.

5. Explanations required in the Financial templates

5.1. There are three 'explains' in the financial templates relating to the Statement of Financial Position as follows:

5.2. The movement in the I&E reserve includes £2.826m transfer from the revaluation reserve in respect of the reserve associated with the Doughty

House finance lease (due to the disposal of this asset as part of the Doughty House acquisition transaction).

5.3. The movement in the revaluation reserve includes a corresponding reduction of £2.826m relating to the above finance lease disposal.

5.4. The PDC dividend creditor is a balance of £0.138m at 31st March, which is the additional creditor calculated on the final year-end net relevant asset position.

6. Finance Declaration

6.1. The Trust has achieved a COSR of 4 YTD at the end of Quarter 4 of 2013/14 compared to a plan of 4.

Appendix 1 – In Year Governance Statement

In Year Governance Statement from the Board of Chelsea and Westminster

The board are required to respond "Confirmed" or "Not confiirmed" to the following statements (see notes below)

		Board Response
	For finance, that:	
4	The board anticipates that the trust will continue to maintain a Continuity of Service risk rating of at least 3 over the next 12 months.	Confirmed
	For governance, that:	
11	The board is satisfied that plans in place are sufficient to ensure: ongoing compliance with all existing targets (after the application of thresholds) as set out in Appendix A of the Risk Assessment Framework; and a commitment to comply with all known targets going forwards.	Confirmed
	Otherwise	
	The board confirms that there are no matters arising in the quarter requiring an exception report to Monitor (per the Risk Assessment Framework page 21, Diagram 6) which have not already been reported.	Confirmed

Signed on behalf of the board of directors

Signature	Sign Here.	Signature	Sign Here.
Name	Tony Bell	**Name**	Lorraine Bewes
Capacity	Chief Executive Officer	**Capacity**	Chief Financial Officer
Date	30th April 2014	**Date**	30th April 2014

0

Notes: *Monitor will accept either 1) electronic signatures pasted into this worksheet or 2) hand written signatures on a paper printout of this declaration posted to Monitor to arrive by the submission deadline.*

In the event than an NHS foundation trust is unable to confirm these statements it should NOT select 'Confirmed' in the relevant box. It must provide a response (using the section below) explaining the reasons for the absence of a full certification and the action it proposes to take to address it.

This may include include any significant prospective risks and concerns the foundation trust has in respect of delivering quality services and effective quality governance.

Monitor may adjust the relevant risk rating if there are significant issues arising and this may increase the frequency and intensity of monitoring for the NHS foundation trust.

The board is unable to make one of more of the confirmations in the section above on this page and accordingly responds:

A

B

C

Appendix 2

In the fourth quarter of 2013/14:

I. ELECTIONS

There were no elections to fill posts on the Council of Governors.

There have been changes to the Council of Governors stakeholder appointments.

II. BOARD OF DIRECTORS

There have been changes in the composition of the Board of Directors.

Sir Geoff Mulcahy, Non-Executive Director resigned on 01.01.2014.

Following departure of Sir Christopher Edwards, Chairman on 31.01.2014 Sir Tom Hughes-Hallett was appointed as the Chairman of the Trust on 01.02.2014.

Role	Date of change	Full Name
Chairman	01/02/2014	Sir Thomas Hughes-Hallett

III. COUNCIL OF GOVERNORS

a. Retirements and Resignations

i. Elected

There were no changes.

ii. Stakeholders

Alison While retired from Kings College on 28.02.2014 and therefore resigned from the Council of Governors.

b. Appointments (stakeholder)

There were no changes.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 24 April 2014 (PUBLIC)

AGENDA ITEM NO.	5.3/Apr/14
PAPER	Board Assurance Framework and Risk Report Q4
AUTHORS	Layla Hawkins, Interim Head of Corporate Affairs Ron Agble, Head of Programme Delivery Susan Young, Director of HR and OD
LEAD	Tony Bell, Chief Executive
PURPOSE	The purpose of this paper is to advise the Board on progress against our broad strategic plans, advise on relevant risks and propose how we could provide future updates on this topic.
LINK TO OBJECTIVES	All Strategic Objectives.
RISK ISSUES	As described in the attached
FINANCIAL ISSUES	As described in the attached
OTHER ISSUES	None
LEGAL REVIEW REQUIRED?	No
EXECUTIVE SUMMARY	The three parts of this paper outline progress on the Strategic Objectives, describe other relevant risks and propose we could update the Board of Directors about these in future.
DECISION/ ACTION	The Board is asked to: • Note progress in Q4 2013/14; • Note risks and risk management going forward; and • Feedback about the design and content of the proposed updates during 2014/15

PART 1 – BOARD ASSURANCE FRAMEWORK 2013/14 – Quarter 4

The tables below provide an update to the document provided for the January 2014 Board of Directors meeting regarding achievement of our 2013/14 Strategic Objectives – outlining progress, risks and commensurate actions to manage the risks identified.

A Vision and Strategic Objectives have been developed for 2014/15. We have also reviewed the structure of the BAF report and feel that it could be revised to provide greater clarity and focus. So, a new BAF, with an updated structure, that aligns to the new Vision and Strategic Objectives will be presented at the Board of Directors meeting in May 2014: however, an illustrative draft has been provided for this month's meeting for discussion and feedback. This is included in **PART 3** further below.

A. Objectives

Strategic Objective 1: Maintaining and developing our key clinical specialties	**Quarterly Performance Against Objectives Q4**	**On/Off Trajectory**	**BAF Risk (red and orange risks only)**
a) Maintain our key specialties (W&C, HIV, Burns, A&E, Surgery) to secure our future both in terms of financial sustainability and reputation (**DRa)**	• Local Commissioner funding secured to help address winter pressures in A&E. • A&E Access performance exceeded the national target and was the best in England during 2013/14.	On	No
b) Engage fully in the *Shaping a healthier future* public consultation on service reconfiguration in North West London and develop the Trust's response to ensure the best outcome for Chelsea and Westminster, which would be Option A **(TB/DRa)**	• Option A approved by SoS for Health during Q3. • Trust Business Case for SaHF completed.	On	Yes
c) Support services that are subject to externally driven opportunities and challenges including HIV, Cancer and Burns because there is a drive in North West London and across London for greater centralisation of specialist services (**DRa)**	• The Trust is actively engaged in key developments regarding HIV and Burns designation processes. • As part of the Clinical Services Strategy development, the Trust is reviewing the approach to delivery of Oncology services.	On	No
d) Influence the review of tertiary Paediatrics in North West London to secure a positive outcome for patients and Chelsea Children's Hospital (**TB/DRa)**	• The Chelsea Children's Hospital was opened in March by HRHs Prince Charles and the Duchess of Cornwall. • Strategic Outline Case developed with RBH	On	No
e) Develop a high quality clinical space to accommodate diagnostic services in a single location in the hospital—the Diagnostic Centre will be	• New Diagnostics Centre opened in February 2013.	On	No

developed this year with capacity to accommodate the anticipated growth in demand for endoscopy services **(DRa)**			

A. Objectives

Strategic Objective 2: Exploring opportunities for growth	Quarterly Performance Against Objectives Q4	On/Off Trajectory	BAF Risk (red and orange risks only)
a) Work in collaboration with partners in North West London on a number of priority projects through the Imperial College Health Partners **(ZP)**	Collaboration with commercial partners on key patient safety objectives brokered and facilitated by the Academic Health Sciences Partnership	On	No
b) Proactively develop business propositions in areas that are likely to grow in the years to come including community services (**DRa)**	• Refurbished Burns Unit, Midwifery Led Unit and Dean Street Express have opened. • Exploring opportunities through the diagnostics tender. • Key local partners (including CCGs, CLCH, Mental Health provider and Triborough Social Care) have agreed set of guiding principles for how to develop Integrated / Accountable Care in the Local Health Economy.	On	No
c) Grow private patient income through short-term and long-term opportunities, following changes to the cap on private patient activity (**LB)**	• Private Patient Outline Strategy and Plan developed.	Off	Yes
d) Respond to tenders from commissioners and initiate service developments in line with our strategic priorities, with the aim of growing and strengthening our service portfolio (**DRa)**	• Tenders are brought to the wider executive group on a fortnightly basis, with a decision taken on whether or not to bid.	On	No

B. Designated Red and Orange Risks

Ref	Principal Risks	Key Controls	Assurances on Controls	Gaps in Control	Gaps in Assurance	Initial Risk Rating	Current Risk Rating	Target risk rating	RR Ref
	What could prevent this objective being achieved	*What controls/systems are in place to assist securing the delivery of our objective*	*Where can we gain evidence that our controls/systems, on which we are placing reliance, are effective? Indicate if management, internal audit or external*	*Where are we failing to put controls/systems in place/where are we failing to make them effective*	*Where are we failing to gain evidence that our controls/systems on which we place reliance are effective*				

			assurance.						
2c	Operational enablers to deliver growth required	Commercial Director in post to drive Private Patient agenda and income, reporting to Chief Financial Officer. Restructure of the provision of private patients to provide best service possible for patients.	PP Strategic Advisory Board and Operational Group in place to oversee developments and resolve issues / risks. Finance report contains update on private patient income.	Ensuring that all issues regarding slot availability are managed by PP manager as one point of contact instead of direct communication between theatre staff and consultants. Dedicated finance support is being recruited to now. Commercial directorate with appropriate support for overseas work to be presented to Feb FIC and in place by 1st April 14. Capital refresh of Chelsea Wing required when optimal service mix determined.	Additional daily/weekly reporting on PP activity delivery and order book at Exec level will commence w/b 27/01. Escalation of slots turned down or cancelled direct to CEO/COO	Orange	Red	Green	880

A. Objectives

Strategic Objective 3: Ensuring Sustainability	Quarterly Performance Against Objectives Q4	On/Off Trajectory	BAF Risk (red and orange risks only)
a) Develop and embed our values through the 'It's who we are' project to improve the patient and staff experience **(EM/SY)**	Our values now form a core part of our systems and processes from recruitment through to induction and ongoing staff appraisals and development. The Patient and Staff Experience Committee oversees this work	On	No
b1) Maintain financial and environmental sustainability **(LB)**	• Outstanding payments Sexual Health services received. • Acquisition Business Case for WMUH developed. • Identify CIP plans for 14/15	Off	Yes
b2)* Focus on the potential sharing of 'back office' functions with other partner organisations **(LB)** *These objectives have been split for greater clarity	Joint Procurement Director with RMH continues to review all back office opportunities Finance and procurement transactions outsourcing in progress For IT shared services the project is underway Corporate departments still to identify CIP of 15% in total	Off	No
c) Drive efficiency by building on the successful first wave of service line reviews **(LB)**	Service line reviews halted due to other strategic priorities and focus on developing clinical strategies at service line level for business planning. We will build a Trust-wide quality and efficiency improvement programme as the underpinning for our 5 year CIP and quality improvement delivery.	Off	Yes

B. Designated Red and Orange Risks

Ref	Principal Risks	Key Controls	Assurances on Controls	Gaps in Control	Gaps in Assurance	Initial Risk Rating	Current Risk Rating	Target risk rating	RR Ref
	What could prevent this objective being achieved	*What controls/systems are in place to assist securing the delivery of our objective*	*Where can we gain evidence that our controls/systems, on which we are placing reliance, are effective? Indicate if management, internal audit or external assurance.*	*Where are we failing to put controls/systems in place/where are we failing to make them effective*	*Where are we failing to gain evidence that our controls/systems on which we place reliance are effective*				
3 b1	Delivery of CIP Delivery of income growth Local Authority commissioning of sexual health services and agreement of payment for activity	Control totals have been set for each Division and corporate department Fortnightly financial recovery meetings monitor progress against divisional plans. Additional controls over temporary staffing, discretionary non-pay and minimising contractual penalties have been agreed with oversight from named Executive. Weekly review at execs Further central controls in place with oversight from executives	Delivery of financial plan	Turnaround process instituted led by COO/CFO/DF which will track centrally cost reductions mandated through recovery meetings and weekly case mix activity to ensure income plan delivered for remainder of the year. Evidence of holding to account for actions agreed.	Financial plan at this point in the financial year	Orange	Orange	Yellow	881

3c	Lack of engagement from services for service line reviews and lack of follow through on implementation leading to no change	Facilitators identified - clinicians - strategy - Performance - Finance Been trained. Overseen by COO and Director of Finance to ensure progress Clinical summit held Dec 2013	SLR and more detailed EBITDA information has now been issued to divisions and discussed at wider Executive. EBITDA improvement targets to be issued as part of the financial planning round	Trust-wide quality and efficiency programme chaired by CEO based on bottom-up review of clinical and admin processes by service line to be established as basis for 5 year strategic quality and efficiency (CIP) delivery programme. Requires redesignation of PMO resource and transformation funds to invest in strategic partner to deliver lean transformation across hospital and out of hospital pathways, clinical lead sessions and finance support.		Orange	Orange	Yellow	803

Part 2 – Draft Proposed Board Assurance Framework Template for 2014/15

A new Vision and Strategic Objectives have been agreed for 2014/15. We have also reviewed the structure of the BAF report and feel that it could be revised to provide greater clarity and focus, taking account of Monitor's guidance to providers in relation to quality governance.

Therefore the BAF template will be revised to:

- Reflect the new Vision and Strategic Objectives;
- Incorporate the key risks identified in the Risk Report;
- Help focus discussion on current risk and the action being taken to manage them.

This is a draft proposed template (with illustrative content) for discussion at today's meeting. Based on feedback, a final draft version will be tabled at the next meeting and used formally for the next quarterly update in July 2014.

Strategic objective (owner) *[What are we intending to achieve?]*	**Principal Risks** *[What could prevent this objective being achieved?]*	**Key Controls** *[What controls/systems are in place to assist securing the delivery of our objective?]*	**Assurances on Controls** *[Where can we gain evidence that our controls/systems, on which we are placing reliance, are effective? E.g. management checks, internal audit, clinical audit, CQC, external audit, counter fraud reports, NHSLA and other reviews*	**Gaps in Control** *[Where are we failing to put controls/systems in place/where are we failing to make them effective?]*	**Gaps in Assurance** *[Where are we failing to gain evidence that our controls/systems on which we place reliance are effective?]*	**Initial Risk Rating**	**Current Risk Rating**	**Target risk rating**

RISK REPORT QUARTER 4 2013/14 - APRIL 2014 UPDATE

The risks below are those that are rated orange or above, identified from previous reports to the Board. Risks not on this report have been mitigated or superseded by subsequent reports

Risks from board reports Q4 12/13 and Q3 13/14

Updates from Q3 13/14 are in italics and bold. There were two new risks from Board reports in January 2014.

Date	Source & Lead	Risk(s) Identified (Description)	Controls/actions	Risk Register ID and grade
July 13	Papers to Board 2.1/Jul/13 Finance report (Public) **Lorraine Bewes and Rakesh Patel**	Risk of Trust not delivering financial plan. **Risk Rating: Impact 3 Moderate- surplus delivered but it is behind plan.** **Likelihood: 5 Almost certain – draft surplus position is subject to audit** **Total rating: Orange**	The full year outturn position (subject to audit) delivers a surplus which is 2/3rds of the planned surplus. The additional controls put in place over temporary staffing, discretionary non pay and minimising contractual penalties supported delivery of this position. ***De-escalated risk – previously Red. Delivered the control total forecast, which is delivery of a surplus position.***	Orange 880
Feb 13	Papers to Board 12/13 **Lorraine Bewes and Rakesh Patel**	**Finance and Capital Plans for SAHF Reconfiguration** 1. The 'Do minimum' build, which forms the basis of the NPV evaluation for the capital requirement is not the preferred design solution though it is technically feasible. The Executive Directors have assurance from the NWL Programme sponsor that we will not be held to deliver this solution and there will be a fair risk share on any capital spend above the 'Do Minimum'. (cf Paragraph 13). 2. The outline timetable is too ambitious and the phasing of the Chelsea and	This risk is subject to the SaHF business case being developed during 2013/14. ***The business case clearly identifies the financial impact of implementing SAHF.*** ***The Trust has evaluated and quantified the financial risk and made it explicit on the business case.***	Orange 863

Date	Source & Lead	Risk(s) Identified (Description)	Controls/actions	Risk Register ID and grade
		Westminster build vis a vis the St Mary's build need to be more aligned. (cf Paragraph 14) 3. Alternative options for the local hospitals have been considered and are preferred in principle but these involve builds up to 6 times the level of the Do Minimum Capital Investment and would require a cumulative additional efficiency of 5% by 17/18 to maintain the target 1% net surplus position. The affordability to the whole reconfiguration plan therefore depends on the outcome of the next phase of OBCs and FBCs to be worked up by individual trusts. (cf Paragraph 20 – 23)		

Orange and red risks from risk register relating to previous BAF and from papers to the Board in 12/13

Date	Source	Risk(s) Identified (Description)	Controls/actions	Risk Register ID and grade
Apr 12	Papers to Board 12/13 **Elizabeth McManus**	**Inpatient Survey 2011** Reputational risk due to poor results on the inpatient survey. Also demonstrates potentially poor care.	The patient and staff experience committee is now established. A patient experience lead has been appointed to take forward key objectives within the patient and staff experience action plan. Real time and quarterly patient surveys are now in place to allow closed monitoring and action planning to address areas of poor performance. Trust values and linked behaviours have been developed and have been launched. Values have been sent to all staff and teams and departments have identified behaviours Values have been included	Yellow 783

Date	Source	Risk(s) Identified (Description)	Controls/actions	Risk Register ID and grade
			in the quality planning process, incorporated into appraisals and wok in on-going to incorporate into other HR processes such as recruitment. ***Latest survey now received and published. A new action plan to be developed based on areas for improvement.*** ***De-escalated risk – previously Orange.***	
April 11- June 11	Papers to Board 11/12 **Zoe Penn**	SUI Report – **gynaecology death** Risk of not having timely consultant reviews. Audit showed performance could improve.	The incident review actions were: • To introduce a system, including amending rotas, to ensure that patients admitted to gynaecology as an emergency are seen by a consultant at the earliest opportunity. Ideally this should be within 12 hours and should not be longer than 24 hours. • Documentation of the first consultant review should be clearly indicated in the clinical records and be subject to 6-monthly audit, or until assurance is provided to the Divisional Board that this is in place. ***Regular annual audit shows year on year improvement of compliance with post admission (post-take) review by a consultant, but this improvement has now plateaued to 70% compliance, as demonstrated in an audit in July 2013.*** **<u>Update on Consultant Attendance of Emergency</u>** Currently the majority of day time Emergency	Orange 715

Date	Source	Risk(s) Identified (Description)	Controls/actions	Risk Register ID and grade
			Consultant cover is provided by consultants from a rota where sessions are either providing care in an SPA or from other clinical sessions. However since July 2012, three dedicated daytime emergency gynaecology sessions have been resourced from a new appointment and also locum consultant sessions. These sessions are highly regarded with improvement in teaching, quality of care and responsive proactive consultant input from a consultant with dedicated session for emergency gynaecology. Simultaneously the Directorate have put forward a business case for 168 hours consultant cover for labour ward which includes provision of two consultant posts which mirror each other but who will also provide resident on call. Their duties will include responsibility for weekday consultant emergency care from leading emergency assessment/admissions, review of inpatient admissions and performing or supervising emergency gynaecology operating in the daytime. The two emergency gynaecology consultant roles will be in the first wave of phased resident consultant expansion. **Summary** There has been a year on year improvement of consultant attendance on emergency gynaecology inpatients. A repeat audit undertaken in July and August 2013 shows maintenance of a 70% adherence to post take ward rounds of emergency admissions. There has been in year strengthening of the provision of the emergency gynaecology consultant cover during the day with additional dedicated daytime sessions	

Date	Source	Risk(s) Identified (Description)	Controls/actions	Risk Register ID and grade
			There are firm plans to provide further robust dedicated care by the appointment of two emergency gynaecology consultants as part of the 168 hours Labour ward business case in 2014/15. ***Further improvements will require further investment in resource to enable post-take consultant ward rounds by clinicians with no other commitments at 8am on post-take days.***	
Mar 12	Papers to Board 11/12 Performance Report **Zoe Penn & Elizabeth McManus**	**Never events**	Schedule for review of controls and assurances in place for all never events. This continues to be monitored through the Quality Committee and Assurance Committee ***Confirmed remains orange; update report scheduled at the May 2014 Assurance Committee***	Orange 787
12/13	BAF **Elizabeth McManus & Susan Young**	**Develop and embed our values** Lack of engagement by staff means that there is no change to behaviour and therefore no impact on patient experience	We have embedded the values into all our induction and training programmes including 'Essence of Care' and new nurses development programme. The values are clearly linked to our work to improve patient experience and using feedback from patients to understand how we can improve. Recruitment interviews and assessment centres use the trust values as a basis to establish a good 'fit' with the organisational culture. The patient and staff experience committee oversee this work and we have developed a set of questions and expected examples of practice that managers can use in appraisals to discuss the Trust values. We have included the Trust values into our programme of	Green **to be closed** 801

Date	Source	Risk(s) Identified (Description)	Controls/actions	Risk Register ID and grade
			patient feedback alongside the friends and family test, and include questions about the values in our staff 'spotlight' surveys. We have adopted a 'You said we did' approach to the Spotlight survey results to ensure our staff are valued and listened to. ***This risk is linked to patient experience and was previously reported that it will remain orange until the patient experience results are satisfactory, however we have yet to agree what a "satisfactory " patient experience score looks like.*** ***This risk will be closed, and the Friends & Family (patient, visitors and staff tests) will be used to track issues.*** ***This work will be monitored via the Patient and staff Experience Committee. If a risk emerges, a new assessment will be undertaken and added to the register.*** ***De-escalated risk – previously Orange.***	
12/13	BAF **Rakesh Patel**	**Drive efficiency through service line reviews** Lack of engagement from services for service line reviews and lack of follow through on implementation leading to no change	SRL and more detailed EBITDA information has now been issued to divisions and discussed at wider Executive. EBITDA improvement targets to be issued as part of the financial planning round.	Orange 803
10/11	BAF **Zoe Penn & Elizabeth**	**Staff failure to recognise deteriorating patient.**	Actions for this covers two areas, early warning systems supported by documentation and a communication tool SBAR. • NEWS is in use throughout the organisation,	Orange 594

Date	Source	Risk(s) Identified (Description)	Controls/actions	Risk Register ID and grade
	McManus		SBAR training was an integral part of the roll-out and integrated into on-going resuscitation courses which include induction and updates. • MEWS – recent audit (April 2014) showed a greater than 75% compliance rate with respect to identification and escalation of patients with a 'score'. The team have been asked to include 'appropriate response' in the re-audit. ***Update: audit results presented to the Quality Committee in April 2014 highlighted deficiencies with respect to the correct calculation of NEWS scores.*** ***There are plans to introduce rolling audits in 2014 using available technology, to measure scoring, escalation and response, including the use of SBAR. Until this is in place there is an opportunity for improved compliance through regular audit and immediate feedback. Incident reporting is encouraged to be able to address any identified risks.***	
11/12	BAF **Susan Young**	**Staff not trained or competent which affects quality and ability to deliver safe care.**	The Trust's mandatory training rate has significantly improved during 13/14 to 79%. Induction processes have also been received to ensure staff receive the right level of training and orientation appropriate to their role. The newly developed People Strategy has 'skills and capability' as a major theme which will continue to be developed into 14/15 ***De-escalated risk – previously Orange.***	Green 663 834
11/12	BAF	**Agency staff - not familiar with the area and**	There has been a significant reduction in the reliance	Orange

Date	Source	Risk(s) Identified (Description)	Controls/actions	Risk Register ID and grade
	Susan Young	**level of competency unclear - can, therefore, affect quality of care to patients.**	on bank and agency staff in Q4. This has enabled better continuity of care for patients along with a significant reduction in costs. This has been achieved as a result of highly focussed divisional and corporate control in the use of agency staff. Other Policy changes have been made, for example to ensure that agency staff are not caring for patients at end of life. ***No change to risk grade/previous report***	664

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 24 April 2014 (PUBLIC)

AGENDA ITEM NO.	5.4/Apr/14
PAPER	Register of Seals Report Q4*
AUTHOR	Vida Djelic, Board Governance Manager
LEAD	Layla Hawkins, Interim Head of Corporate Affairs
PURPOSE	To keep the Board informed of the Register of Seals
LINK TO OBJECTIVES	NA
RISK ISSUES	None
FINANCIAL ISSUES	None
OTHER ISSUES	None
LEGAL REVIEW REQUIRED?	No
EXECUTIVE SUMMARY	There were no documents to which the seal was affixed during the period under review
DECISION/ ACTION	The Board is asked to note the paper

Register of Seals Report Q4

Section 12 of the Standing Orders provided below refers to the sealing of documents.

12.2 Sealing of documents

12.2.1 Where it is necessary that a document shall be sealed, the seal shall be affixed in the presence of two senior managers duly authorised by the Chief Executive, and not also from the originating department, and shall be attested by them.

12.2.2 Before any building, engineering, property or capital document is sealed it must be approved and signed by the Director of Finance (or an employee nominated by him/her) and authorised and countersigned by the Chief Executive (or an employee nominated by him/her who shall not be within the originating directorate).

During the period 1 January 2014 - 31 March 2014, there were no documents to which the seal was affixed.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 24 April 2014 (PUBLIC)

AGENDA ITEM NO.	5.5/Apr/14
PAPER	Monitor Code of Governance – Compliance
AUTHOR	Vida Djelic, Board Governance Manager
LEAD	Sir Tom Hughes-Hallett, Chairman
PURPOSE	To allow the completion of the Annual Report regarding disclosures.
LINK TO OBJECTIVES	Corporate objectives
RISK ISSUES	None
FINANCIAL ISSUES	None
OTHER ISSUES	None
LEGAL REVIEW REQUIRED?	No
EXECUTIVE SUMMARY	This paper outlines the Trust's position with compliance with the Monitor NHS Foundation Trust Code of Governance (the Code). Please see the supplementary paper for detail of the Code and the Trust position.
DECISION/ ACTION	To approve the Declaration of Compliance at Appendix 1.

Monitor NHS Foundation Trust Code of Governance

1. Introduction

The Board is asked to note the Trust's position with the Monitor *NHS Foundation Trust Code of Governance* (the Code) and to agree the disclosure statement. This will be inserted into the annual report.

An assessment of the position against the Code for each of the code provisions is outlined in the supporting paper.

2. Background

Under the Monitor NHS Provider Licence, the Trust is required to ensure the existence of appropriate arrangements to provide representative and comprehensive governance in accordance with the Act and to maintain organisational capacity to deliver goods and services.

The Code is issued by Monitor as best practice advice. It is not mandatory and accordingly, non-compliance with the provisions of the Code will not give rise to a breach of the duty to comply with principles of best practice on corporate governance (condition 5(2) of the terms of authorisation).

While it is expected that NHS Trusts will comply with the Code's provisions, it is recognised that departure from the provisions may be justified in particular circumstances. It is the responsibility of the Board of Directors to confirm that the Trust complies with the provisions of the Code or, where it does not, to provide an explanation which justifies the departure from the Code in the particular circumstances.

3. Review

The Board of Directors undertakes an annual review of the Trust's governance arrangements to assess compliance with the provisions of the Code. The Board received an update in May 2010 which outlined the new provisions of the code. The assessment was repeated for 2011, 2012 and 2013 and this is detailed in the supporting paper.

4. Outcome of review

The Board's attention is drawn to the following:

4.1 Partial Compliance

The following are partially complaint: B.5.3, B.5.6 and B.6.5.

B.5.3. The board should ensure that directors, especially non-executive directors, have access to the independent professional advice, at the NHS foundation trust's expense, where they judge it necessary to discharge their responsibilities as directors. Decisions to appoint an external adviser should be the collective decision of the majority of non-executive directors. The availability of independent external sources of advice should be made clear at the time of appointment.

B.5.6. Governors should canvass the opinion of the trust's members and the public, and for appointed governors the body they represent, on the NHS foundation trust's forward plan, including its objectives, priorities and strategy, and their views should be communicated to

the board of directors. The annual report should contain a statement as to how this requirement has been undertaken and satisfied.

B.6.5. Led by the chairperson, the council of governors should periodically assess their collective performance and they should regularly communicate to members and the public details on how they have discharged their responsibilities, including their impact and effectiveness on:

- holding the non-executive directors individually and collectively to account for the performance of the board of directors.
- communicating with their member constituencies and the public and transmitting their views to the board of directors; and
- contributing to the development of forward plans of NHS foundation trusts. The council of governors should use this process to review its roles, structure, composition and procedures, taking into account emerging best practice. Further information can be found in Monitor's publication: Your statutory duties: A reference guide for NHS foundation trust governors.

4.2 Non-Compliance

Area of non-compliance:

4.2.1 Code provision B.2.9

B.2.9 An independent external adviser should not be a member of or have a vote on the nominations committee(s).

Trust position

The Constitution states the following

12.5. Non-executive Directors are to be appointed by the Council of Governors using the following procedure.

12.5.1. The Council of Governors will maintain a policy for the composition of the non-executive directors which takes account of relevant Trust strategies, and which they shall review from time to time and not less than every three years.

12.5.2. The Board of Directors will work with an external organisation recognised as expert at appointments to identify the skills and experience required for non-executive Directors.

12.5.3. Appropriate candidates (not more than five for each vacancy) will be identified by a Nominations Committee through a process of open competition, which take account of the policy maintained by the Council of Governors and the skills and experience required;

12.5.4. The Nominations Committee will comprise the Chairman of the Foundation Trust (or the Vice Chairman unless they are standing for appointment, in which case another non-executive director, when a Chairman is being appointed), two elected Governors and one Appointed Governor. Another person nominated by the Nominations Committee will be invited to act as an independent assessor to the Nominations Committee.

There will be a review of the Constitution later this year where Code provision B.2.9 will be considered.

Appendix 1
Statement for the Annual Report
NHS Foundation Trust Code of Governance

Chelsea and Westminster Hospital NHS Foundation Trust is committed to effective, representative and comprehensive governance which secures organisational capacity and the ability to deliver mandatory goods and services. The Trust's governance arrangements are reviewed yearly against the provisions of Monitor's Code of Governance to ensure the application of the main and supporting principles of the Code as a criterion of good practice.

It is the responsibility of the Board of Directors to confirm that the Trust complies with the provisions of the Code or, where it does not, to provide an explanation which justifies departure from the Code in the particular circumstances.

For the year ending 31 March 2014 Chelsea and Westminster Hospital NHS Foundation Trust complied with all the provisions of the Code of Governance published by Monitor in December 2013 with the exception of Code provision B.2.9 An independent external adviser should not be a member of or have a vote on the nominations committee(s) which is inconsistent with Chelsea and Westminster NHS Foundation Trust constitution which specifies that another person nominated by the Nominations Committee will be invited to act as an independent assessor to the Nominations Committee for the appointment of Non-executive Directors.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 24 April 2014 (PUBLIC)

AGENDA ITEM NO.	5.6/Apr/14
PAPER	Third Party Bodies Schedule
AUTHOR	Vida Djelic, Board Governance Manager
LEAD	Layla Hawkins, Interim Head of Corporate Affairs
PURPOSE	To meet the requirements of Monitor's Code of Governance
LINK TO OBJECTIVES	None
RISK ISSUES	None
FINANCIAL ISSUES	None
OTHER ISSUES	None
LEGAL REVIEW REQUIRED?	No
EXECUTIVE SUMMARY	This paper outlines third parties with roles in relation to NHS Foundation Trusts and the provisions of the Code of Governance in relation to relationships and processes.
DECISION/ ACTION	The Board is asked to confirm that they are clear of the form and scope of the co-operation required with each of the third party bodies listed and that they are assured that effective mechanisms are in place for collaborative and productive relationships.

Third Party Bodies Schedule

1.0 Introduction

1.1 The Monitor Code of Governance (the Code) states that:

1.1.1 Schedule E.2.1. The board of directors should be clear as to the specific third party bodies in relation to which the NHS foundation trust has a duty to co-operate. The board of directors should be clear of the form and scope of the co-operation required with each of these third party bodies in order to discharge their statutory duties.

1.1.2 Schedule E.2.2. The board of directors should ensure that effective mechanisms are in place to co-operate with relevant third party bodies and that collaborative and productive relationships are maintained with relevant stakeholders at appropriate levels of seniority in each. The board of directors should review the effectiveness of these processes and relationships annually and, where necessary, take proactive steps to improve them.

2.0 Schedule

2.1 This is attached as appendix 1. It is based on the generic list in Monitor's Compliance Framework (replaced in October 2013 with Monitor Risk Assessment Framework which makes not reference to third party schedule) with additions identified by the executive team. It has been updated in April 2014.

3.0 Mechanisms and relationships

3.1 The lead directors have confirmed that there are effective relationships and processes in place with key stakeholders. The weekly Executive Team meeting has a regular item – strategic partnership initiatives which updates the Executive Team on stakeholder engagement.

4.0 Action from the Board

4.1 The Board is asked to confirm that they are clear of the form and scope of the co-operation required with each of the third party bodies listed and that they are assured that effective mechanisms are in place for collaborative and productive relationships.

Third Party Bodies schedule – March 2014

The Code provisions state

E.2.1. The board of directors should be clear as to the specific third party bodies in relation to which the NHS foundation trust has a duty to co-operate. The board of directors should be clear of the form and scope of the co-operation required with each of these third party bodies in order to discharge their statutory duties.

E.2.2. The board of directors should ensure that effective mechanisms are in place to co-operate with relevant third party bodies and that collaborative and productive relationships are maintained with relevant stakeholders at appropriate levels of seniority in each. The board of directors should review the effectiveness of these processes and relationships annually and, where necessary, take proactive steps to improve them.

The list is based on the generic list in Monitor's Compliance Framework (replaced in October 2013 with Monitor Risk Assessment Framework which makes no reference to third party schedule) with additions identified by the executive team. It was last updated in April 2013. Where there are two directors, the lead director is in bold.

Changes are inserted in bold.

Third Parties with statutory enforcement powers over NHS Foundation Trusts

Organisation	**Lead**	**Form and Scope of Co-operation**
Care Quality Commission	**Chief Nurse and Director of Quality**	Data submission External reviews Response to consultations Ongoing compliance with essential standards of quality and safety
Care Quality Commission - alerts	*Medical Director*	*Oversees response to alert and sign off for CEO*
Charities Commission	Chief Executive	As required

Environment Agency	Chief Operating Officer	Response to national guidance and consultations Statutory environmental enforcement
Equality and Human Rights Commission	Director of HR and OD	Response to guidance, consultations and guidance on interpretation of national policy
Fire Authorities	Chief Operating Officer	Response to requests to change buildings or operations. Statutory fire enforcement.
General Chiropractic, Dental, Medical, Optical, Osteopathic and Pharmaceutical Councils	Medical Director	Investigations on individual fitness to practice Accreditation of courses of education or training
General Pharmaceutical Council	Chief Pharmacist	Investigations on individual fitness to practice
Health and Safety Commissioner and Health and Safety Executive	**Chief Nurse and Director of Quality/**Chief Operating Officer	Response to national guidance and consultations Reporting of statutory incidents Statutory health & safety enforcement
Health Professions Council	Director of HR and OD	Response to national guidance and consultations
Home Office Disclosure and Barring Service	Director of HR and OD	Re DBS check
Home Office UK Border Agency	Director of HR and OD	Re immigration sponsorship applications
Human Fertilisation and Embryology Authority	Medical Director	Response to guidance, consultations and guidance on interpretation of national policy
Information Commissioner	**Chief Operating Officer**/Medical Director	Response to guidance, consultations and guidance on interpretation of national policy.
Nursing and Midwifery Council	Chief Nurse and Director of Quality	Investigations on individual fitness to practice Accreditation of courses of education or training
Pharmaceutical Society of Northern Ireland and Pharmaceutical Society of Great Britain	Chief Pharmacist	Accreditation of courses of courses of education or training.
Public Accounts Committee	**Chief Executive**/Director of Finance/Chairman	PAC has authority to call any accounting officer of a public body before it

Secretary of State for Health	**Chief Executive**/Chairman	Head of Department of Health whose overall purpose is to ensure better health and well-being, better care and better value for all. The DoH is responsible for overall strategy, policy, legislation and regulation, allocating resources, the NHS operating framework, local Area Agreements.
NHS Commissioning Board	**Chief Executive**/ Chairman/ Chief Operating Officer	The NHS Commissioning Board allocates resources to GP commissioning consortia and hold them to account for managing public funds. It also promotes health equalities in cooperation with Public Health England.
Local London NHS Commissioning Boards	**Chief Executive,** Director of Finance/Chief Operating Officer/ Commercial Director	Will commission non-specialised services that are not commissioned by CCGs on behalf of the NHS Commissioning Board
Medicines & Healthcare Regulatory Authority	**Chief Pharmacist**/Research Director/Chief Nurse and Director of Quality	Compliance
Monitor	**Chief Executive** Director of Finance Director of Governance and Corporate Affairs	Authorises and regulates NHS Foundation Trusts. Monitor is independent of central government. It determines whether NHS trusts are ready to become NHS Foundation Trusts; ensures that NHS foundation trusts comply with the conditions they signed up to and supports NHS foundation trust development. Now an economic regulator with responsibility for all providers of NHS care

Third Parties with a statutory role but no enforcement powers

Organisation	Director	Form and Scope of Co-operation
Cooperation and Competition Panel (CCP)	Director of Finance	Consult and seek guidance from the CCP on significant market changes and changes in ownership.
Clinical Commissioning Groups (CCGs)	**Director of Finance**/Chief Operating Officer/Medical Director/Commercial Director/Commissioning lead	Will be responsible for commissioning the vast majority of non-specialised services
Health Education North West London	Chief Nurse and Director of Quality	Responsible for strategy and commissioning of education and training
National Audit Office	Director of Finance	Participation in audits of accounts
NHS Blood and Transplant Authority	**Medical Director**/Chief Nurse and Director of Quality	Response to guidance, consultations and guidance on interpretation of national policy
Office for National Statistics	Director of HR and OD	Re monthly vacancy statistics
OFSTED	Chief Nurse and Director of Quality	School onsite
Overview and Scrutiny Committees (Royal Borough of Kensington and Chelsea, London borough of Hammersmith and Fulham, Westminster City Council)	**Chief Executive**, Chief Nurse and Director of Quality (lead on engagement)	Attend meetings Response to requests for information Consultation (Liaison re Quality Accounts)
Parliamentary and Health Service Ombudsmen	**Chief Executive**/Chief Nurse and Director of Quality	Respond to requests for information and investigations.
NHS Information Centre for Health and Social Care	Chief Operating Officer	Provision of information as required.
HM Inspectorate of Prisons	N/A	
Specialist London Commissioners	Executive Team - Mainly Director of Finance	Contract negotiation
Specialist commissioners	**Chief Executive**/ Executive/Commissioning lead	Contracts - commission specialised services such as Burns or HIV

Third Parties with no statutory role but a legitimate interest

Organisation	Director	Form and Scope of Co-operation
Clinical Pathology Accreditation Ltd	Chief Operating Officer	ICHT Contract
Committees, working groups and forums advising the Department of Health on topics across health and social care	Chief Executive	
Confidential Enquiries	Medical Director	Participation and action on recommendations Response to requests for information Response to guidance, consultations and guidance on interpretation of national policy
NHS Business Services Authority	Director of Finance	Local prevention of fraud services
NHS Litigation Authority	Chief Nurse and Director of Quality	Notification of clinical claims, participation in claims investigations, participation in Risk Management Standards accreditation.
Royal Colleges (medical and surgical, radiology and pathology)	Nominated leads	These are specified in the Trust Procedure for external visits
Royal College of Midwives	Director of HR and OD	Trade Union
Royal College of Nursing	Director of HR and OD	Trade Union
Royal College of Speech and Language Therapists	Director of HR and OD	Trade Union
Educational Institutions (Kings College London and South Bank Universities)	Chief Nurse and Director of Quality	Provision of education
Foundation Trust Network	**CEO**/Chairman/Director of Finance/FT Secretary	Attend relevant meetings
Health & Innovation Education Clusters (HIEC)	**CEO**/Chairman	Chair Board and host Sector Health Innovation and Education Cluster (HIEC)

Health Protection Agency	Chief Nurse and Director of Quality	Reporting Notification of outbreaks and SUIs
HealthWatch England	Chief Nurse and Director of Quality	Now established as a new independent consumer champion within CQC. Local HealthWatch bodies will provide an opportunity for patients to voice their views and influence health provision.
Health and Wellbeing Boards	**Chief Executive**/Medical Director	Every Local Authority must establish a Health and Wellbeing Board consisting of: (a) at least one councillor of the local authority; (b) the director of adult social services for the local authority; (c) the director of children's services for the local authority; the director of public health for the local authority; (e) a representative of the Local HealthWatch organisation for the area of the local authority and (f) a representative of each relevant commissioning consortium.
Imperial College	**Chief Executive**/ Chairman/ Medical Director	Teaching medical students Joint Academic Chairs SIFT Group CEO Relationship
Imperial College Healthcare NHS Trust	**Chief Operating Officer**/Finance Director	Pathology Contract. Trust lead is Divisional Operational Director for Clinical Support Services
West Middlesex University Hospital NHS Trust	**Chief Operating Officer/**service leads	Have service agreements with the Trust in various areas
Local HealthWatch Organisations		These organisations will be providing advice and information about access to local care services to HealthWatch England. They will also make recommendations about special reviews or investigations to conduct.
Royal Brompton Hospital NHS Foundation Trust	**Chief Executive** (Finance Director /Director of HR and OD re Shared Services) Chief Operating Officer	CEO Relationship Joint working initiatives Shared services
Royal Marsden Hospital NHS Foundation Trust	**Chief Executive** (Finance Director /Director of HR	CEO Relationship Joint working initiatives

	and OD re Shared Services) /Chief Operating Officer	Shared services
Unison	Director of HR and OD	Trade Union
Other Trade Unions	Director of HR and OD	Trade Union
Universities, postgraduate deaneries and the Postgraduate Medical Education and Training Board	Medical Director	Facilitate inspections and monitoring
Mental Health ICP	Medical Divisional Director	Nominated for clinical group
AUKUH Association of UK University Hospitals	**Chief Executive**/Chief Nurse and Director of Quality/ Director of HR and OD/Director of Finance/Medical Director	Member Nursing Group
North West London Delivery Unit	**Chief Operating Officer**/Chief Nurse and Director of Quality/ Commercial Director	Nominated for Community and Mental Health
North West London Reconfiguration Board	**Chief Executive**/ Commercial Director	Leading on NWL health reconfiguration
Integrated Care Pilot NHS NWL	**Divisional Medical Director**/Commercial Director	Participation in pilot
Imperial College London Health Partners	**Chief Executive**/Chairman	Company Limited by Guarantee with the aim to foster discovery, implementation of good practice, and education and training across NWL and beyond build around the Academic Health Science Centre
British Medical Association (BMA)	Director of HR and OD	Trade Union/Staff side body
NHS Employers	Director of HR and OD	Employer body representing employer interests

For information – future roles

Director of Public Health - Every Local Authority will have to appoint a Director of Public Health who will be responsible for ensuring sufficient local provision is available through the Joint Strategic Needs Assessment and working with the Health and Wellbeing Boards

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 24 April 2014 (PUBLIC)

AGENDA ITEM NO.	5.7/Apr/14
PAPER	Board of Directors Governance Arrangements Policy
AUTHOR	Layla Hawkins, Interim Head of Corporate Affairs
LEAD	Sir Tom Hughes-Hallett, Chairman
PURPOSE	
LINK TO OBJECTIVES	Good governance
RISK ISSUES	None
FINANCIAL ISSUES	None
OTHER ISSUES	None
LEGAL REVIEW REQUIRED?	No
EXECUTIVE SUMMARY	The Policy outlines the Annual Cycle of Business and the template and process for Board papers
DECISION/ ACTION	The board is asked to agree the Policy.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

BOARD OF DIRECTORS
GOVERNANCE ARRANGEMENTS POLICY

START DATE:	November 2006		**NEXT REVIEW:**	May 2011
COMMITTEE APPROVAL:	Board of Directors **DATE:** June 10	**CHAIR'S SIGNATURE:**		
	ENDORSED BY:		**DATE:**	
DISTRIBUTION:	Directors and authors of papers for the Board			
LOCATION:	Foundation Trust Secretary shared drive –Executive PAs shared drive			
RELATED DOCUMENTS:				
AUTHOR / FURTHER INFORMATION:				
STAKEHOLDERS INVOLVED:	Board of Directors			

DOCUMENT REVIEW HISTORY:			
Date	**Version**	**Responsibility**	**Comments**
05/10/06	1	Director of Governance and Corporate Affairs	
June 10	2	Director of Governance and Corporate Affairs	Main change is clarity on the meetings held, an increased focus on risk and to reflect changes in the management structure.
DATE EXPIRED	To be reviewed annually		

BOARD OF DIRECTORS GOVERNANCE ARRANGEMENTS POLICY

1.0 INTRODUCTION

1.1 This policy outlines the Annual Cycle of Business and the template and process for Board public, Board closed session and Directors Strategy papers.

2.0 ANNUAL CYCLE OF BUSINESS

2.1 The Annual Cycle of Business which includes regular items, quarterly and yearly reports is attached as Appendix 1. An annual cycle of business for each year is produced yearly and updated monthly.

3.0 TYPES OF MEETINGS

3.1 There are two Board of Directors meetings every quarter.

3.2 The Board of Directors Closed session is for discussions about confidential information exempt under the Freedom of Information (FOI) Act but where discussions and decisions need to be made by the Board of Directors.

3.3 The Board of Directors Public session is for discussions and decision making by the Board of Directors that is public business and/or in the interest of the public not confidential and therefore are held in public.

3.4 In addition to this there is a monthly Directors' Strategy Meeting where the Board of Directors meet for regular updates on key strategic issues affecting the Trust. Other people may be invited to attend in part as required. As this is not a Board of Directors meeting, minutes are not taken and decisions are not made.

4.0 FORMAT OF AGENDAS FOR THE ABOVE MEETINGS

4.1 The agenda will contain the Trust's logo and state the date, time and place of the meeting as well as the name of the Chairman.

4.2 The agenda headings will have a background colour of blue and will be as follows:

1. General Business
2. Performance
3. Items for Decision/Approval

   This will be further divided into sections as follows:

   - Quality
   - Strategy
   - Workforce
   - Finance
   - Governance
   - Other

   If there are no relevant items under the headings the heading will be removed. Approval of contracts will normally be under the finance heading. Other areas will be placed on the agenda according to the purpose of the paper.

4. Items for Information
5. Any Other Business
6. Date of the Next Meeting

4.3 Where a paper on the agenda is annotated with an asterisk, ('starred') the paper will be taken as read at the meeting unless the Chairman receives an advance request for further discussion. This will need to take place at least 24 hours prior to the meeting. If a decision is required this must be made clear on the cover. If a decision requires a choice between two or more options, the paper cannot be starred. The reasons for starred papers should be included into covering letter from the FT Secretary to the Board, which accompanies the papers. This allows any director to advise the Chairman if they wish a starred item to be discussed.

4.4 The Chairman reserves the right to change the order of papers at the meeting.

5.0 PROCESS FOR AGENDA APPROVAL

5.1 On the first Monday following the meeting, the draft Agenda for the next meeting will be prepared containing regular items as per the Annual Cycle of Business and any other papers that may have been identified at this time. This Agenda is approved by the Chief Executive and Chairman.

5.2 On the second Monday following the meeting, the agenda will be distributed at the Monday Executives Meeting for checking along with draft matters arising for notification of actions.

5.3 On the third (and fourth where applicable) Monday following the meeting, the revised agenda and matters arising will be distributed at the Monday Executives Meeting for update on actions.

5.4 The deadline for submitting board papers to the Director of Corporate Affairs/Head of Corporate Affairs (or Board Governance Manager in their absence) is Monday two weeks before the meeting. The deadline is printed on the draft Board agenda.

6.0 TEMPLATE FOR PAPERS

6.1 Each board paper is to be accompanied by a cover sheet, which is applicable to all meetings listed in this Policy. The prescribed form and contents of the cover sheet are attached at Appendix 2. This cover sheet is important as it highlights information to help with awareness and reinforcement of corporate objectives, identifies risk issues and any other relevant issues that the Board should be aware of.

6.2 The Board papers should have the following headings:

1.0 Introduction
2.0 Background
3.0 Content – different section breaks should be employed as appropriate.
4.0 Summary
5.0 Decision/action required

- Board papers should use the following formatting (exception being the Performance Report):

    - Type face should be 11pt Arial with section headings (1, 2, 3 etc) in **bold**.
    - Logo should be positioned in top right hand corner.
    - All papers should be a maximum of four sides (excluding the cover sheet). Variations on this must be discussed with the Chief Executive or Chairman.
    - Each paragraph should be numbered (e.g. 2.1, 2.2, 2.3) usually to a maximum of three numbers i.e. 2.1.1, 2.2.1, 2.3.1. *(To indent use the Tab button – if the text underneath does not correspond, adjust the ruler).*
    - There can be as many number headings for content as required (2.0, 3.0, 4.0, 5.0 etc).
    - The decision/action required should be the same as the Decision/Action on the cover sheet.
    - Page numbers must be inserted in the format X of Y in the middle of the page and should be applied to the cover sheet. *(To find this function go to Insert: Auto Text: Header/Footer: Page X of Y)*.
    - All reports should be in this format with the exception of reports where a different format has been agreed e.g. the Performance Report.
    - Each report should end with the author's name, job title and date on the right hand side of the paper.

7.0 PROCESS FOR PAPERS

7.1 Deadline for Papers

- All papers are to be submitted to the Director/Head of Corporate Affairs (or Board Governance Manager in their absence) by close of play on the Monday two weeks before the meeting. This deadline will be printed on the draft Board agenda.

- This deadline is absolute and any potential delays must be flagged with the Director/Head of Corporate Affairs as soon as possible. Papers will have an initial review on the Tuesday (nine days prior to the circulation of papers) by the Director/Head of Corporate Affairs who will flag any revisions required with authors and delays to the Chief Executive.

- The complete pack of papers will then be given to the Chief Executive on the Wednesday (eight days prior to the circulation of papers) for review who has said that any missing papers are likely to be removed from the agenda.

- All papers must have been signed off by the Lead executive or non-executive director before submitting. This must be confirmed in writing to the Director of Corporate Affairs/Head of Corporate Affairs before the paper will be accepted as final.

7.2 Format for Papers

- All papers must not exceed the four page limit plus cover sheet which should not run over more than two pages.

- Supporting papers can be submitted but these should only be where absolutely necessary and links to these supporting papers should be clearly identified in the main paper through the following format (see Supporting Paper XXX).

- For annual reports and policies longer than four pages a summary should be provided with the full report/policy included as the supporting paper.

- For annual reports the summary should include the main changes from last year and also highlights any key concerns that the Board should be aware of going forward.

- For policies the summary should include any key changes from the previous version as well as clearly stating why this needs to come to the Board, where else it has been approved and who will be expected to adhere to it (all staff etc).

- Policy Risk Issues should be completed in line with the Risk Assessment Grading System, More information on this grading system is provided in appendix 3.

- Regarding the cover sheet, this will generally remain the same although going forward we will include a heading called FoI Exemption on the papers for the closed session. We will expect authors to complete this and guidance on FOI exemptions is provided in Appendix 4.

8.0 EXTRACTS FROM BOARD OF DIRECTORS MINUTES

8.1 The Directors Strategy meeting is not a Board of Directors meeting and as such minutes are not produced.

APPENDIX 1
TRUST BOARD ANNUAL CYCLE

STANDARD AGENDA ITEMS	2013/14
Apologies for Absence	Jan/Apr/May/Jul/Oct
Declaration of Interest	Jan/Apr/May/Jul/Oct
Minutes of previous meeting	Jan/Apr/May/Jul/Oct
Matters Arising	Jan/Apr/May/Jul/Oct
Chairman's Report (Oral)	Jan/Apr/May/Jul/Oct
Chief Executive's Report	Jan/Apr/May/Jul/Oct
Council of Governors Report including Membership Report and Quality Awards	Jan/Apr/May/Jul/Oct
PERFORMANCE	
Finance Report	Jan/Apr/May/Jul/Oct
Performance Report	Jan/Apr/May/Jul/Oct
ITEMS FOR INFORMATION	
Assurance Committee Minutes	Jan/Apr/May/Jul/Oct
Audit Committee Minutes	Jan/Apr/May/Jul/Oct
Finance & Investment Committee Minutes	Jan/Apr/May/Jul/Oct
ITEMS FOR DISCUSSION/APPROVAL	
Report on Serious Incidents	Jan/Apr/May/Jul/Oct
Assurance Committee Report	Jan/Apr/May/Jul/Oct
Business planning Financial Assumptions	January
QUARTERLY REPORTS	
Board Assurance Framework Report and Review of Corporate Objectives & Risk Report	Jan/Apr/Jul/Oct
Monitor In-Year Reporting & Monitoring Report	Jan/Apr/Jul/Oct
Register of Seals Report	Jan/Apr/Jul/Oct
ANNUAL REPORTS	
Register of Interests Review	January
Trust Annual Report Process	January
Third Party Stakeholder Schedule	April
Patient Survey Results and Action Plan	April
Staff Survey Results and Action Plan	April
Annual Budget and Corporate Plan Sign off	April
Annual Plan sign off submission to Monitor	April
Standing Orders, Standing Financial Instructions and Scheme of Delegation	April
Code of Governance Compliance	April
Audit Committee Annual Report	May
Audited Annual Accounts and Audit Report	May
Annual Report including Quality Report Sign-Off	May
Complaints Annual Report	July
Workforce including E&D Annual Report	July
Risk Management Annual Report	July
Infection Control Annual Report	October

Research Strategy Annual Report	October
Assurance Committee Annual Report	October
Remuneration Committee Report (after each meeting)	October
Board future dates	October
ANNUAL POLICIES	
Board of Directors Governance Arrangements Policy	April
Complaints Policy and Procedure	July
Risk Policy and Strategy	July
Health and Safety Policy	October
ANNUAL DECLARATIONS	
Safeguarding Children Annual Declaration	January
ANNUAL TRAININGS	
E&D Board Training	March
Risk Awareness/Health and Safety Training	TBC
TERMS OF REFERENCE	
Remuneration Committee TOR	January
Assurance Committee TOR	July
Finance and Investment Committee TOR	July
Audit Committee TOR	October

Appendix 2
Board of Directors/Directors Strategy Meeting, DATE

AGENDA ITEM NO.	Number/Month/Year
PAPER	Name of Paper
AUTHOR	Author(s) of Paper
LEAD	This will normally be an executive director but in some instances papers may also be presented by a non-executive director (e.g. minutes of Assurance Committee). The lead executive director will be expected to have read the paper, approved it, assuring the quality and relevance of it prior to submitting it to the Chief Executive. They will also normally be expected to present it at the Board meeting.
PURPOSE	State the purpose of the paper e.g. whether the paper is intended as a monitoring report or an early warning or assurance mechanism, or an update on key issues, or whether it is to ask the Board to take action.
LINK TO OBJECTIVES	State the main corporate objectives to which the paper relates.
RISK ISSUES	State possible risk issues. The type of risk should be noted with reference to the Trust risk classification and graded using the risk matrix – see appendix 3. For risks graded orange or red, a full risk assessment should be undertaken.
FINANCIAL ISSUES	Note any financial issues, not covered in above.
OTHER ISSUES	Any other issues not addressed by the above e.g. equality and diversity in relation to the NHS constitution, impact on performance.
LEGAL REVIEW REQUIRED?	Yes/No/Uncertain
EXECUTIVE SUMMARY	The purpose of an executive summary is to summarise the

	key points of the document. If for the Closed session, the Executive Summary should begin with why it is exempt from the public meeting.
DECISION/ ACTION	State what action or decision you would like the Board to make, or that the paper is for information/discussion.

APPENDIX 3

RISK REGISTER/RISK ASSESSMENT GRADING SYSTEM

INSTRUCTIONS FOR USE

1. Define the risk(s) explicitly in terms of the adverse consequence(s) that might arise from the risk.
2. Use Table 1 to determine the Consequence(s) C, for the potential adverse outcome(s) relevant to the risk being evaluated. If several consequences are applicable, use the highest score to determine the consequence.
3. Use Table 2 to determine the Likelihood score(s) L, for those adverse outcomes.
4. Multiply the Consequence Score C with the likelihood score L to obtain the risk rating which should be a score between 1 and 25.
5. Use the risk matrix shown below to determine the risk rating.

Step 1: What is the likely/potential consequence?

Use Table 1 below to identify the most likely/appropriate level of how serious the consequence of the risk could be. Select the 'best fit' descriptors from the first column and map to the 'best fit' consequence descriptor from columns 1-5. This will provide the consequence score.

Table 1: Descriptors for Consequence/ Impact

Descriptor	1 Insignificant	2 Minor	3 Moderate	4 Major	5 Extreme
Achievement of corporate objectives	No effect.	Minor impact on achieving one or more objectives.	Moderate impact on achieving one or more objectives.	Major adverse effect on delivery of one or more key objectives.	Will not meet one or more key objectives.
Impact on the safety of patients, staff or public (physical/psychological harm)	Minimal injury requiring no/minimal intervention or treatment. No time off work	Minor injury or illness, requiring minor intervention Requiring time off work for >3 days Increase in length of hospital stay by 1-3 days	Moderate injury requiring professional intervention Requiring time off work for 4-14 days Increase in length of hospital stay by 4-15 days RIDDOR/agency reportable incident An event which impacts on a small number of patients	Major injury leading to long-term incapacity/disability Requiring time off work for >14 days Increase in length of hospital stay by >15 days Mismanagement of patient care with long-term effects	Incident leading to death Multiple permanent injuries or irreversible health effects An event which impacts on a large number of patients

Descriptor	1 Insignificant	2 Minor	3 Moderate	4 Major	5 Extreme
Human resources/ organisational development/ staffing/ competence	Short-term low staffing level that temporarily reduces service quality (< 1 day)	Ongoing low staffing level that reduces the service quality	Late delivery of key objective/ service due to lack of staff Unsafe staffing level or competence (>1 day) Low staff morale Poor staff attendance for mandatory/key training	Uncertain delivery of key objective/service due to lack of staff Unsafe staffing level or competence (>5 days) Loss of key staff Very low staff morale No staff attending mandatory/ key training	Non-delivery of key objective/service due to lack of staff Ongoing unsafe staffing levels or competence Loss of several key staff No staff attending mandatory training /key training on an ongoing basis
Service/ business interruption (will depend on criticality of service)	Loss/interruption more than 1-8 hour.	Loss/interruption more than 8-24hours.	Loss/interruption more than 1-7 days.	Loss/interruption more than 1 week.	Permanent loss of service or facility.
Financial	Local management tolerance level.	Loss less than £0.5M.	Loss between £0.5m and £0.999m.	Loss between £1m and £4.9m.	Loss of more than £5m.
Quality	Minor non-compliance with internal standards.	Single failure to meet internal standards or follow protocol.	Repeated failures to meet internal standards or follow protocols. Potential to affect external standards (e.g. CNST, Health Care Standards). Failure to comply with IR(ME)R.	Failure to meet one or more external standards.	Affects achievement of a significant amount of external standards.
Statutory duty/ inspections	No or minimal impact or breech of guidance/ statutory duty	Breech of statutory legislation Reduced performance rating if unresolved	Single breech in statutory duty Challenging external recommendations/ improvement notice	Enforcement action Multiple breeches in statutory duty Improvement notices Low performance rating Critical report	Multiple breeches in statutory duty Prosecution Complete systems change required Zero performance rating Severely critical report
Reputation	Rumours. No significant reflection on any individual or body. Media interest very unlikely	Damage to an individual and/or team's reputation. Some local media interest that may not go public. Local media—short term reduction in public confidence. Minor effect on staff morale.	Damage to a services reputation, or low key local media coverage. Local media—long term reduction in public confidence. Significant effect on staff morale.	Damage to an organisation's reputation with local or national media coverage. National Media less than 3 days. Major loss of confidence in organisation.	Damage to NHS reputation or national media coverage. National media more than 3 days. MP concern (questions in House). Severe loss of public confidence

Descriptor	1 Insignificant	2 Minor	3 Moderate	4 Major	5 Extreme
Data security	Potentially serious breach. Less than 5 people affected or risk assessed as low e.g. files were encrypted.	Serious potential breach and risk assessed high e.g. unencrypted clinical records lost. Up to 20 people affected.	Serious breach of confidentiality e.g. up to 100 people affected.	Serious breach with either particular sensitivity e.g. sexual health details or up to 1,000 people affected.	Serious breach with potential for ID theft or over 1,000 people affected.

Step 2: What is the likelihood of exposure to this event?
Use the descriptors in Table 2 to assess the likelihood of exposure to the risk, selecting from either the probability descriptors or the frequency descriptors, whichever is most accurate or appropriate. It may be possible to use supporting data such as incidents reported and audit. The likelihood score is a reflection of how likely it is that the adverse consequence described will occur. Like the assessment of the 'consequence', the likelihood of a risk occurring is assigned a 'best fit' number from 1-5; the higher the number, the more likely it is the consequence will occur.

Table 2: Likelihood descriptors

	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain
Probability Will it happen or not?	This is likely to occur in 1% of occasions.	This is likely to occur in 20% of occasions.	This is likely to occur in 50% of occasions.	This is likely to occur in 80% of occasions.	This is likely to occur in 90-99% of occasions.
Frequency How often might it/does it happen in a defined period	Not expected to occur for years.	Expected to occur at least annually.	Expected to occur at least monthly.	Expected to occur at least weekly.	Expected to occur at least daily.
Frequency How often might it/does it happen in general	This will probably never happen/ recur	Do not expect it to happen/recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur but it is not a persisting issue	Will undoubtedly happen/recur possibly frequently

Probability: The probability score is more relevant for risks related to one-off projects or business objectives where the likelihood score will need to be assessed on the probability of adverse consequences occurring within the project's time frame, for example, introduction of an electronic prescribing service as part of the 10 year NHS programme of IT. Probability likelihood scoring defines the chance the adverse consequence will occur in a given reference period. See table 2 above for probability score definitions.

Frequency: The frequency score uses quantitative descriptions by considering how often the adverse consequence being assessed will occur, for example, when assessing the risk of staff shortages, the likelihood of it occurring could be assessed as expected to occur daily or weekly depending on the staffing levels. Where staff shortages are likely, it could be graded as expected to occur annually. See table 2 above for time-framed definitions for frequency.
Step 3: Use Table 3, the risk matrix, to map your consequence score with your likelihood score and this combination of consequence x likelihood will provide your risk grade. For example if the consequence is moderate (3) and the likelihood is almost certain (5), the result is Moderate (Orange).

Table 3: RISK MATRIX (RISK [R] = CONSEQUENCE [C] * LIKELIHOOD [L])

	CONSEQUENCE				
LIKELIHOOD	**1 Insignificant**	**2 Minor**	**3 Moderate**	**4 Major**	**5 Catastrophic**
1 Rare	**Green**	**Green**	**Yellow**	**Orange**	**Orange**
2 Unlikely	**Green**	**Green**	**Yellow**	**Orange**	**Red**
3 Possible	**Green**	**Yellow**	**Yellow**	**Orange**	**Red**
4 Likely	**Green**	**Yellow**	**Orange**	**Red**	**Red**
5 Almost Certain	**Yellow**	**Yellow**	**Orange**	**Red**	**Red**

APPENDIX 4

Guidance for FOI exemptions

http://www.foi.gov.uk/guidance/exguide/index.htm

This Freedom of Information (FOI) Exemptions Guidance provides detailed guidance to officials who will be applying the FOI Act, following implementation on 1st January 2005. It aims to ensure that decisions taken by departments are considered, consistent and defensible.

The Exemptions Guidance is not intended to be a definitive restatement of the law. It provides the government's present views about what the FOI Act means. In the light of practical experience and developments in case-law, these views may change. This Exemptions Guidance will be continuously updated to reflect these developments. Officials must bear this in mind, and be sure to refer to the most recent version of the guidance available on this site, when relying on an exemption. If there is any doubt, departments should refer to their FOI practitioners in the first instance. The Clearing House, based at the Department for Constitutional Affairs, will be a point of reference for FOI practitioners and should be referred to if difficulties remain.

The Exemptions Guidance does not contain absolute rules. In the circumstances of a particular case, a Department may consider that it is appropriate to depart from the Guidance. Before doing so Departments should first obtain the agreement of the rest of Whitehall using the Clearing House procedures, to ensure a consistent approach across government.

At the bottom of the page you will find useful links through to the websites and documents referred to in this Guidance.

- Introduction: General Guidance on Use of Exemptions in the FOI Act
- Section 21: Information Accessible By Other Means
- Section 22: Information Intended For Future Publication
- Section 23: Information Supplied by, or Related to, Bodies Dealing with Security Matters
- Section 24: National Security
- Section 26: Defence
- Section 27: International Relations
- Section 28: Relations Within The United Kingdom
- Section 29: The Economy
- Section 30: Investigations And Proceedings Conducted By Public Authorities
- Section 31: Law Enforcement
- Section 32: Court Records
- Section 33: Audit Functions
- Section 34: Parliamentary Privilege
- Section 35: Formulation Of Government Policy
- Section 36: Prejudice to Effective Conduct of Public Affairs
- Section 37: Communications With Her Majesty, With Other Members Of The Royal Household, And The Conferring By The Crown Of Any Honour Or Dignity
- Section 38: Health And Safety
- Section 39: Environmental Information
- Section 40: Personal Information
- Section 41: Information Provided In Confidence

- Section 42: Legal Professional Privilege
- Section 43: Commercial Interests
- Section 44: Prohibitions On Disclosure

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 24 April 2014 (PUBLIC)

AGENDA ITEM NO.	6.1/Apr/14
PAPER	Audit Committee Minutes – 29 January 2014
AUTHOR	Helena Moss, Head of Technical Accounts
LEAD	Sir John Baker, Non-executive Director
PURPOSE	To inform the Board of matters discussed at the Audit Committee on 29 January 2014
LINK TO OBJECTIVES	Financial Sustainability
RISK ISSUES	None
FINANCIAL ISSUES	None noted
OTHER ISSUES	None
LEGAL REVIEW REQUIRED?	None
EXECUTIVE SUMMARY	This paper outlines a record of the proceedings of the Audit Committee on 29 January 2014
DECISION/ ACTION	For information

Date…….. **Signed……..**

Audit Committee, 29th January 2014
Minutes

Present:

Non-Executive Directors: Sir John Baker (JB) Chairman

In Attendance:
Tony Bell (TB), CEO
Rakesh Patel (RP) , Director of Finance
Carol McLaughlin (CMcL), Financial Controller
Helena Moss (HM), Head of Technical Accounts
Layla Hawkins (LH), Interim Head of Corporate Affairs
Neil Thomas (NT), KPMG
Joel Harrison (JH), KPMG
Simon Spires (SS), Parkhill
Heather Bygrave (HB), Deloitte
Trevor Post (TP), Local Security Management Specialist (for item 5.1)

1. GENERAL BUSINESS

1.1 Apologies for Absence

The following had given their apologies for the meeting:

Professor Richard Kitney (RK), Non-Executive Director.

JB noted that the meeting was not officially quorate due to not having the required two Non-Executive Directors present. However it was agreed that the meeting would go ahead on the basis that the business on the agenda was for noting and discussion rather than for decisions to be taken.

1.2 Declarations of Interest

None

1.3 Minutes of the Previous Meeting held 24th October 2013

The minutes were agreed as a true and accurate record.

1.4 Schedule of Actions

- 2.3 Counter Fraud Progress Report 1st April 2013 – 3rd July 2013 – JB updated the meeting that the action "CM to investigate using generic login by large number of staff and report back to the Committee" had been covered by a verbal update provided to him by CM prior to the start of the meeting. This action was therefore closed.

- 1.5 Recommendations Tracker – The action from the 24th October 2013 meeting was for outstanding internal audit recommendations with Fleur Hansen as the responsible officer to be followed up by Aiden O'Neill (marketing strategy) and LB (Board Governance) as FH was going on maternity leave in January 2014. This action was agreed as being covered by item 1.5 on the agenda.

- 2.1 Inaccurate References – RP reported that he had spoken to Susan Young, Director of HR, on the subject of whether it was possible within the NHS reference process to go back to an individual from another organisation who had provided a reference which was subsequently found to be unreliable. Susan Young had advised that the Trust would have no recourse to the referee in this situation since they would not be an employee of the Trust, however if a reference was found to be fraudulent then it would be possible to report this to the relevant professional body. JB stated that if the reference had come from a manager working for another NHS organisation then the Trust would have an obligation to write to the CEO of that organisation to inform them of the situation.

- 4.2 Trust submission to Monitor on future of healthcare in 10 years' time - TB reported that although the Trust did not make a submission to Monitor for this particular request, we had recently submitted a paper to the London Health Commission on this subject. TB noted that in his view the Trust was contributing to a number of forums and therefore its views were adequately represented on this subject.

- 6.2 Waivers of Tenders and Quotations – RP reported that the message had gone back to the Trust that the justification for a single tender waiver should not be lack of adequate planning, thus putting the Trust in the position of having to go with a single supplier due to lack of time. RP pointed out that this would be evidenced by the fact that the number of single tender waivers reported this month had come down.

1.5 Recommendations Tracker

RP presented the Internal Audit Recommendations Tracker and reported that there was now much better traction on these recommendations within the organisation with the Executive team being fully sighted on those that were outstanding. JB noted that some of the recommendations that were still outstanding were quite old, and RP responded that the Trust had been very good at actioning recent recommendations but that some of the older ones were proving harder to close off. RP also commented that the Trust would look to KPMG to ensure that the timescales attached to recommendations were reasonable.

TB commented on the outstanding recommendation relating to the Trust formalising a Marketing Plan – he felt that the fact that the Commercial Director was now in post was a sign that the Trust was progressing with this work stream. TB also noted that the absence of a formal documented plan had not disadvantaged the Trust's income generation capacity in terms of its relationship with CCGs, and pointed out that the Trust is currently capturing the majority of the relevant NHS activity from local CCGs therefore the key

focus of a marketing strategy must be to focus on private patient income streams.

JB raised a query relating to the recommendation about qualitative outcome based complaints reporting on page 4 of the report. TB and JB agreed that the Trust could do more in terms of improving complaints handling and LH noted that this was a big priority for the Trust. TB reported that he had explicitly emailed Divisional Directors to highlight that complaints needed to be dealt with immediately.

The internal audit recommendations tracker report was noted by the committee.

2. INTERNAL AUDIT

2.1 Progress Report

The Committee was informed by NT that two assignments had been completed by KPMG since the October audit committee and both related to finance and had been given "adequate assurance".

2.2 and 2.3 Financial Management and Financial Reporting Reports

In terms of the Financial Management audit, NT reported that the main issue was around contracts with commissioners being signed on a timely basis.

In terms of Financial Reporting, NT noted that recommendation made around COSR reporting was to help the Trust in delivering its strategy. He stated that in his view the Board should look at the Trust's own internal indicators of medium term strategy achievement rather than just relying on the Monitor indicators. JB stated that he felt comfortable with the current in-year reporting submitted to the Board – NT stated that his recommendation was to look 3-5 years ahead. NT also pointed out that in his experience other Foundation Trusts report to the Board on their performance against self determined indicators such as a target to improve their margin by 2%. RP agreed with this recommendation but stated that he felt that the information was already there in the Trust's Board papers but just needed to be brought out. JB commented that as a Foundation Trust the Trust has so many reporting requirements imposed on it that it can be difficult to pull out internal indicators. RP agreed to consider this recommendation further.

Action: RP to consider whether reporting to the Board needed to be changed in the light of the KPMG recommendation.

TB queried why on page 1 of the Progress Report the ACU report had been given a red rating of "limited assurance" – NT replied that this was around the assurance over the billing process for ACU. TB responded that he believed very good progress to have been made on this since the date of the report.

JB noted that page 5 of the Progress Report referred to updated Monitor guidance on Annual Reports – he requested that the Trust should not get too caught up in the detail of trying to follow this guidance.

JB thanked KPMG for their reports and noted that he found them to be helpful.

3. EXTERNAL AUDIT

3.1 Sector Developments

HB presented this report and directed the committee's attention to the section on average bed occupancy rates on pages 4 and 5. This suggested that the Trust's average occupancy rate was lower than the sector average – TB stated that this did not tie in with his experience at C&W. JB queried whether a low occupancy rate was good news, in terms of discharging patients quickly, or whether it was bad news because it implied the Trust was not sweating its assets sufficiently. TB responded that generally speaking a higher occupancy rate was not pleasant for patients, and that the Trust should aim to have an occupancy rate of about 87%. TB stated that the Trust would need to go back to check how the NAO got their data – HB agreed that it was important to check where the data came from if the Trust did not agree with it.

HB also directed the committee's attention to page 7 of the report, which noted that Monitor has assumed a tariff efficiency factor of 4% per annum. HB noted that not many corporate businesses would be able to take out 4% in efficiency savings every year and still survive. However she also noted that this was a politically sensitive issue, as no Trust would want to be the first to openly state that they could not meet this target.

RP stated that in an AUKUH meeting recently discussions had taken place as to how to handle this challenge. TB noted that he felt taking out 4% in efficiency savings was not possible year on year and reported that the Trust had already spoken to Monitor to highlight to them that this level of cost reduction would impact on patient care. He also noted that there were no longer the levers in the system to be able to release this level of saving and that the Trust had tried to have an open dialogue with Monitor about this issue. JB stated that the only way forward was for all FTs to agree together to be honest about the scale of the problem. TB highlighted that Monitor had expressed surprise when he and LB had told them that the Trust's COSR rating was going to move to a 3 in 2013/14 – in order to make the level of efficiency saving being requested the Trust would need to have significant economies of scale which were currently blocked by the Competition Commission.

The report was noted by the committee.

3.2 2013/14 Reporting Requirements

HB presented this report and noted that the Quality Accounts reporting requirements had not yet been published by Monitor – however it was expected that there would be minimal change from last year on mandated indicators. HB noted that the "severe harm" local indicator was difficult to report on and that Monitor had agreed to ask Trust Governors to pick which indicator they wished to report on. CM had stated that this was likely to be complaints in the case of C&W. HB felt that this might be more useful for the Trust.

HB drew the committee's attention to page 4 of the report concerning the updated FT code of governance and pointed out that this was applicable from 1st January 2014 and therefore would be applicable to the 31st March 2014 year-end. JB felt that the whole ethos of this additional set of requirements was not

helpful as it would be difficult for the Trust to achieve. He also advised that the Trust should find the "least damaging" way to meet these requirements.

HB pointed out that the Audit Committee would be required to feed into the Annual Report to a greater extent than in previous years, and in particular there was now a requirement for the Audit Committee to appraise the external auditors. JB queried how this would be done in practice and asked RP to look at this.

Action: RP to consider how the Audit Committee could meet the new requirements imposed on it by the updated Code of Governance in respect of the 2013/14 Annual Report and Accounts with the aim of devising a process that would be as straightforward as possible.

JB commented on page 6 of the report which highlighted the new board statement that is required – essentially the board are required to state that the Annual Report is "fair, balanced and understandable". JB stated that he was very happy with this idea, but not happy with the requirement to disclose the Trust's "business model". JB noted that the Trust does not have a business model as such, but rather a set of duties that are imposed on it by Monitor and other regulatory bodies. JB queried with HB as to how the Trust should approach this – HB agreed that the Trust works in a restrictive environment which makes it difficult to develop a business model in the usual sense. JB requested that TB should seek to satisfy this requirement in the least time consuming way possible, rather than dedicating significant resource to something that appeared to add little value.

HB highlighted that the 2013-14 Annual Reporting Manual had now been issued and stated that it contained little of any impact other than further guidance on the process around Losses and Special Payments. HB also noted the requirement to provide data about NHS charities, even in situations where the Trust was not proposing to consolidate the charity within its financial statements.

JB noted the section on page 12 about potential additional changes to the Annual Reporting Manual for 2013/14 arising from Companies Act changes and specifically the possible requirement to disclose information about Human Rights issues in the Strategic Report which was now required as part of the Annual report. HB agreed that Deloitte would be able to provide some examples of this type of disclosure.

Action: HB to provide the Trust with examples of appropriate human rights issues disclosures to help us in meeting the requirements of the Companies Act changes.

4. GOVERNANCE AND RISK MANAGEMENT

4.1 Report on Thefts

TP joined the meeting for this item.

TP explained that he had taken up the new role of Trust Local Security Management Specialist (LSMS) in November 2013. A key part of this role is to manage the hospital's sanctions policy – JB queried what this policy means

in practice. TP explained that this involves applying appropriate sanctions to patients who have been violent or aggressive towards staff or other patients whilst in the hospital – this can be done by writing to the patient or their GP and giving the patient a sanction for a certain period of time which means they are not allowed to enter the hospital except via the A&E department.

JB queried whether Trust staff can remove patients from the premises if necessary – TP replied that we would normally involve the police in this case. Patients can appeal against sanctions, but not many do this.

TP also noted that he would like to do more work on petty theft within the Trust and noted that hospitals generally were easy places for potential thieves to blend in and not be noticed. In particular there had been a spate of thefts across London involving gas cylinders so the Trust had increased its security around these.

Regarding the ward thefts noted in TP's reports, it was requested that TP should prepare a further piece of work for the next committee on safes within the Trust and procedures for handling patients' property. TP noted that he felt there was room for improvement within the Trust's current procedures.

Action: TP to bring a report to the next Audit Committee on procedures for handling patients' property and the operation of safes within the Trust.

JB thanked TP for his report and it was noted.

5. ITEMS FOR APPROVAL AND INFORMATION

5.1 Losses and Special Payments

The report was noted.

5.2 Waivers of Tenders and Quotations

RP presented the report and noted that only one single tender waiver related to a timing issue. RP also assured the committee that the process had been tightened up and that he had refused some requests for single tender waivers since the last meeting. RP also noted that under the item on "K2 Medical Services" the second sentence in the fourth column beginning "however" should not be in the report and had been included in error.

JB queried the item relating to Cook UK Ltd where it was stated that a longer term solution was required beyond this waiver – was this being pursued and by whom? TB responded that this was being pursued by ACU and the Procurement department.

The report was noted.

5.3 Forward Audit Committee Plan

The forward Audit Committee plan was noted.

6. ANY OTHER BUSINESS

None noted.

7. DATE OF THE NEXT MEETING

18th March 2014 1-3pm Main Hospital Boardroom