

23 May 2014

Dear Colleagues,

Board of Directors Meeting (PUBLIC)
Tuesday, 27 May 2014

Dear Colleagues,

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

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

Yours sincerely,

Vida Djelic
Board Governance Manager

Board of Directors Meeting (PUBLIC)

Location: Hospital Boardroom, Lower Ground Floor, Lift Bank C

Chair: Sir Tom Hughes-Hallett

Date: Tuesday, 27 May 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 24 April 2014	TH-H	
1.5	Matters arising – none	TH-H	
1.6	Chairman's Report	TH-H	
1.7	Chief Executive's Report	APB	
2	QUALITY		4.10pm
2.1	Patient Experience (oral)	EM	
3	PERFORMANCE		
3.1	Finance Report Commentary – April 2014	LB/RP	
3.2	Performance Report Commentary – April 2014	RH	
4	ITEMS FOR DECISION/APPROVAL		
	STRATEGY		
4.1	Strategy Update (oral)	APB	
	GOVERNANCE		
4.2	Corporate Governance Statement Sign-Off	LH	
5	ITEMS FOR INFORMATION		
6	ANY OTHER BUSINESS		
7	QUESTIONS FROM THE PUBLIC		
8	DATE OF NEXT MEETING – 31 July 2014		
	CLOSE		5.30pm

RH – Robert Hodgkiss, Divisional Director of Operations, Division of Womens, Neonates, Childrens and Young People, HIV/GUM and Dermatology Services in place of David Radbourne, Chief Operating Officer

Board of Directors Meeting, 27 May 2014 (PUBLIC)

AGENDA ITEM NO.	1.4/May/14
PAPER	Draft Minutes of the Meeting of the Board of Directors held on 24 April 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 24 April 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 24 April 2014 PUBLIC Draft Minutes

Time: 4.00pm

Location: Chelsea and Westminster Hospital NHS Foundation Trust
Hospital Boardroom

Present

Non-Executive Directors

Sir Tom Hughes-Hallett	TH-H	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

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 TH-H

TH-H welcomed members of the public and governors to the meeting.

There were no apologies received.

1.2 Chairman's Introduction TH-H

None.

1.3 Declaration of Interests TH-H

There were no declarations of interest.

1.4 Draft Minutes of the Meeting of the Board of Directors held on 31 October 2013 TH-H

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

1.5 Matters Arising TH-H

The Board noted that all matters arising were complete.

APB noted that there is an issue regarding some private GPs not being linked to

Chelsea and Westminster Hospital system and therefore not receiving a copy of the A&E discharge summary for their patients. The required changes will be made to the existing IT system to enable this.

1.6 Chairman's Report **TH-H**

TH-H noted that it was his first Chairman's written report and highlighted that a review of the current Governor Committee structure will take place soon.

1.7 Chief Executive's Report **APB**

APB highlighted the key developments from his report:

- Royal Opening of Chelsea Children's Hospital – APB thanked the clinical team, Ally Maffey, ISS and the Communications Department for organising a very successful event.
- CQC Intelligent Monitoring results
- Inpatient survey – APB noted that some improvements are required to be made following on the survey results.
- Star Awards – APB noted that the awards ceremony will be held on 14 May
- Open Day – APB noted that the event will be held on 14 June. Joanna Lumley will officially open the event.

APB noted that Lord Howe looked at the A&E department as part of his role at Department of Health and wanted to inform that Board and members of the public that he enjoyed the visit and was reassured by preparations for the development.

1.8 Council of Governors Report including Membership Report **TH-H**

A brief overview of the report was provided.

QUALITY

2.1 Patient Experience **EM**

EM noted that patient experience will be a standing item on the Board agenda.

The Board received a patient story relating to an issue in relation to improvement required regarding communication between doctors.

The Board also received a complimentary patient story relating to the improvement of food quality and excellent nursing care.

2.2 Health and Well-being Strategy 2014-2017 **ZP**

ZP noted that the strategy sets out proposed approach to delivering preventative care which is in line with the local health economy's well-being agenda. The aim is to support patients, visitors and staff to live healthy and productive lives and in order to achieve this we will work in collaboration with partner organisations.

We have established a Health and Well-being Strategy Steering Group to assist with four key areas to work on preventing illness, promoting active lifestyle, promoting good health and promoting exercise.

The Board approved the Health and Wellbeing Strategy 2014-17.

2.3 Assurance Committee Report – January, February and March 2014 **KN**

KN presented a combined three months report from the Assurance Committee and highlighted the key areas. These included:

- A significant increase in health and safety mandatory training uptake
- Work related stress which needs to be addressed further
- Infection control improvement in surgical site infections; hand washing has slightly dropped below the standard and will be looked into
- Best performance in emergency preparedness.

2.4 Inpatient Survey 2013 Results and Action Plan **EM**

EM noted that the results. The response rate is lower than the average response rate for Foundation Trusts surveyed. Key areas for improvement are around confidence in nursing staff, the group of which appears to be significantly younger than London average and speeding up the discharge process. EM highlighted that the survey results will be fed back to staff.

SS-G commented that discharge planning could be improved if information on the discharge time is delivered to the patient nearer the time of the discharge.

2.5 Staff Survey 2013 Results and Action Plan **SY**

SY noted that overall the staff survey results are good and Chelsea and Westminster Hospital is in the top 20% of Acute Trusts for 13 of 28 key findings.

SY highlighted that Divisions and Directorates are working on their action plans with key focus on areas where we did not perform well. Particular attention was drawn to consistent underperformance in relation to % of staff experiencing discrimination at work in the last 12 months. The Board noted that this area needs to be explored in more detail.

3 STRATEGY

3.1 Strategy Update **APB**

APB noted a number of key strategic themes. These included *Shaping a Healthier Future*, Royal Brompton Hospital, the development of accountable/integrated care and the potential acquisition of West Middlesex University Hospital.

APB noted that in relation to the West Middlesex further discussions will be held with the NHS Trust Development Authority before proceeding with further work.

4 PERFORMANCE

4.1 Finance Report Commentary – March 2014 **LB/RP**

LB noted that 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 Cost Improvement Programme (CIP) performance remains a challenge with an adverse variance of £0.8m in month 12.

The main reason for adverse variance against plan is due to the underachievement on CIP of £6.7m. The underachievement represents an on-going pressure and will need to be achieved in 2014/15.

The cash position as at end March is £16.9m, which is £5m below the year end forecast position of £22m.

The overall operating income was £1m better than budget in the month of March.

TH-H congratulated the Chief Executive and Executive Team on their excellent work with particular regard to Q4.

4.2 Performance Report Commentary – March 2014 DR

DR highlighted that the Trust continues to meet all key performance indicators with good performance throughout 2013/14.

The Board noted that referral to treatment times remains an area of focus. JB commented that some areas persistently remain red, in particular appointment cancellations. APB responded that this will be considered under the Planned Care Transformation Programme for 2014/15.

JL commented on the excellent A&E performance achieved in an environment 20 years old, however, it does not measure people's experience of using that service. TH-H said that the performance will be a key item on the May Board agenda.

4.2.1 Patient Experience

The patient experience deep dive report was noted.

5 ITEMS FOR DECISION/APPROVAL

FINANCE

5.1 Annual Budget and Corporate Plan 2014/15 LB

LB noted that the two year Operational Plan for 14/15 and 15/16 had been signed off by the Chief Executive and Chairman on behalf of the Board of Directors and submitted to Monitor.

KN queried if risks for non-delivery of the CIP targets can be included in the paper. RP responded that the next paper will reflect this.

GOVERNANCE

5.2 Monitor In-Year Reporting & Monitoring Report Q4 LB

LB noted that the Trust will continue to maintain a sustainable Continuity of Service Rating (COSR) of at least 3 over the next 12 months.

The Board noted the submission to Monitor.

- 5.3 Board Assurance Framework and Risk Report Q4** **APB/EM**
- The Board noted this paper.
- 5.4 Register of Seals Report Q4*** **LH**
- This paper was starred and therefore taken as read.
- 5.5 Code of Governance Compliance**
- TH-H highlighted that the paper stated deviation from the Code. He disagreed with submitting non-compliance with the Code provision B.2.9.
- The Board agreed that the Trust is compliant with all Monitor code provisions.**
- 5.6 Third Party Bodies Schedule** **LH**
- This paper was noted.
- 5.7 Board of Directors Governance Arrangements Policy** **TH-H**
- TH-H noted that clarity is required regarding the deadline for circulation of the Board papers.
- He suggested that the length of Board papers stipulated by the Policy should be complied with. A cross reference can be made on the main Board paper where some more information can be obtained from.
- 6 ITEMS FOR INFORMATION**
- 6.1 Audit Committee Minutes – 29 January 2014** **JB**
- This paper was noted.
- TH-H noted that the January Audit Committee meeting was not quorate due to a Non-executive Director resignation.
- 7 ANY OTHER BUSINESS**
- None.
- 8 QUESTIONS FROM THE PUBLIC**
1. A governor commented on TNT recently appearing in the press and queried when the procurement department plans to consider a new tender. APB responded that appointment letters are sent via the Royal Mail and the online appointment system will be introduced soon.
 2. A governor raised an issue of transport linked to appointment booking and in if there is a system in place so that any transport booking is automatically cancelled if the appointment is cancelled. SM said she has been involved in the patient appointment booking portal and this will allow patients to book appointment or rebook their own appointments and transport if required and transport is aligned to the appointment booking. DR said that it is one of our CIP target areas.
 3. A governor said he welcomes the proposal for a shorter Board agenda and

suggested if general items could be colour coded so that there is colour differentiation between general items and items for decision/approval. TH-H responded that he recognises that the time assigned for the Board business is not sufficient.

4. A governor asked if it is possible to provide more cycle racks for bikes. JL responded that this will be considered as part of front of house redevelopment project. Abigail Knight said that this will be also considered under the Health and Well-being Strategy.

5. A staff governor noted the usefulness of having staff changing facilities and rest rooms and asked if this can be considered. DR responded that work on this is underway.

9 DATE OF NEXT MEETING – 27 May 2014

Board of Directors Meeting, 27 May 2014 (PUBLIC)

AGENDA ITEM NO.	1.6/May/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 May 2014

1.0 Council of Governors appointment of Non-executive Directors

Following the unanimous recommendation from the Nominations Committee Interview Panel, to which I am Chair, I am delighted to announce on behalf of the Council of Governors the appointment of five new Non-executive Directors (two of whom will be non-voting initially), subject to references being taken.

The panel was very pleased with the high calibre of candidates interviewed. The panel was conscious of the opportunity to bring some stability, continuity and particularly strong and varied expertise to the Trust by appointing more than the three Non-executive Directors originally sought. In their review of the recommendation paper, the Council of Governors were pleased by the breadth of knowledge and skills the candidates displayed.

I have informed Monitor of the Council of Governors decision and will share more details in respect of the individuals' biographies, appointment date and terms of office once the formal recruitment process concludes.

Board of Directors Meeting, 27 May 2014 (PUBLIC)

AGENDA ITEM NO.	1.7/May/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 May 2014

1.0 Care Quality Commission (CQC) inspection

The CQC, the independent regulator of health and social care in England, have informed us that they are doing our announced (new style) visit from 8 July this year.

The new inspection teams will be large (over 20 people) and will be headed by a senior NHS clinician or executive, working alongside senior CQC inspectors. The teams include professional and clinical staff and other experts, including trained members of the public ('experts by experience').

The teams will spend at least two full days at the trust inspecting every site that delivers acute services, and eight key service areas: A&E; acute medical pathways including older people's care; acute surgical pathways; critical care; maternity and family planning; services for children and young people; end of life care and outpatients. The teams will look at other services where necessary, including community services where applicable.

Each inspection will provide the public with a clear picture of the quality of care in their local hospital, exposing poor and mediocre care and highlighting good and excellent care. We will look at whether the trust and each of the core services are safe; effective; caring; responsive to people's needs and well-led.

Hospitals are rated as outstanding; good; requires improvement; or inadequate. If a hospital requires improvement or is inadequate there will be an expectation to improve. Where there are failures in care, the CQC will work with colleagues at Monitor and the NHS Trust Development Authority to make sure that a clear programme is put in place to deal with the failure and hold people to account.

This visit will be quite different to other inspections and will include new angles such as public meetings. More information will be publicised later this month.

2.0 Chelsea and Westminster Hospital 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.

3.0 Star Awards winners

Congratulations to all of our winners at this month's Star Awards. Thank you to everyone who helped organise the evening and all of our judges who had the difficult task of choosing our winners. Special thanks to Chelsea and Westminster Health Charity who kindly supported the Star Awards, it wouldn't be possible without them. We were very lucky to have Sophie Ellis-Bextor join us to present the awards which made the night extra special for all of our winners.

HEALTHCARE ASSISTANT OF THE YEAR - Adnan Maan (Healthcare Assistant, Outpatients)

EDUCATOR/MENTOR OF THE YEAR - Jackie Tyler (Clinical Nurse Educator)

VOLUNTEER OF THE YEAR - Amanda Pitt-Brown

RESEARCHER OF THE YEAR - Vanessa Marvin (Professor, Pharmacy)

DIAGNOSTIC AND ALLIED HEALTH PROFESSIONAL OF THE YEAR - Sheena Patel (Specialist Anticoagulation Pharmacist)

SUPPORT SERVICES STAR OF THE YEAR - Rosalind Casaclang (Personal Assistant, Radiology)

FACILITIES SERVICES STAR OF THE YEAR - Mahmoud Aboudoukhane (Porter, Children's Theatres)

MANAGER OF THE YEAR - Harriet Reid (Clinical Service Lead, Diagnostics)

MIDWIFE OF THE YEAR - Becky Scott (Midwife)

NURSE OF THE YEAR - Laurie Brown (Staff Nurse, Children's Outpatients)

SENIOR NURSE OF THE YEAR - Anne Hickey (Sister, A&E)

DOCTOR OF THE YEAR - Dr Margaret Phelan (Consultant Radiologist)

OUTSTANDING LEADERSHIP AWARD - Karen Robertson (Divisional Director, Clinical Support Services)

IMPROVING THE PATIENT EXPERIENCE AWARD - Alex Mancini (Lead Nurse, Neonatal, Palliative and Complex Care)

TEAM OF THE YEAR - Medical Day Unit

PATIENT CHOICE AWARD - Nicole Rich (Podiatrist)

COUNCIL OF GOVERNORS SPECIAL AWARD - Ellie Shephard (Sister, Medical Day Unit)

CHIEF EXECUTIVE'S SPECIAL AWARD - Burns Team

Board of Directors Meeting, 27 May 2014 (PUBLIC)

AGENDA ITEM NO.	3.1/May/14
PAPER	Finance Report Commentary– April 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 April 2014
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 5 – Extreme Likelihood 3 – Possible Total Rating: Red
FINANCIAL ISSUES	The Trust delivered a deficit of £1.1m in April - £1.5m behind plan. The in-month EBITDA was 3.8% against a plan of 9.0%. The main reason for the adverse position is slower delivery of the Cost Improvement Programme (CIPs) than required to achieve the plan. The adverse position in month April incorporates the impact of only 42% of CIP schemes being approved meaning 58% of schemes out of the £24.8m target are under development or to be identified. In addition clinical costs (including clinical supplies and drug costs) are not in line with activity over-performance and Private Patient Income under-achieved in April. To address the adverse impact on the position there is to be a review of consumables costs and private patient income opportunities, to bring achievement back in line with plan. There continues to be weekly executive focus on CIP delivery with divisional and corporate teams. The year to date COSR rating is a 3 which is in line with plan. However within this position the Capital Servicing ratio is a 1 rather than planned 2. The cash position as at 30th April 2014 is £22.5m, an improvement of £5.6m compared to the position at year-end. The Trust Board is asked to approve the revised capital programme budget for 2014/15 of £30.1m to incorporate the carry forward of £1.5m for

	capital schemes in progress at the 31st March 2014 where it had been assumed at the time of setting the Capital plan, that the capital expenditure would have been incurred in March 14, therefore the cash remains available for the schemes.
OTHER ISSUES	
LEGAL REVIEW REQUIRED?	No
ACTION	The Trust Board is asked to note the financial position for April 2014. The Trust Board is asked to approve the revised capital programme budget for 2014/15 of £30.1m to incorporate the carry forward of £1.5m.

Finance Report Month 1 – April

1. Income and Expenditure Summary

- 1.1.** The Trust produced a deficit of £1.1m in April - £1.5m behind plan. The in-month EBITDA was 3.8% against a plan of 9.0%.
- 1.2.** Clinical Income reported a £0.1m favourable variance in April after normalising for Excluded Drugs and Devices. This included Private Patient Income which was behind plan in the month (by £0.3m) offset strong performance on NHS Clinical Contract Income with a favourable variance of £0.4m.
- 1.3.** CIP performance is a significant challenge with an adverse variance of £1.3m in April. Of the 2014-15 annual target of £24.9m, there is still a significant proportion (£14.4m) which does not have approved Project Initiation Documents (PIDs), of which £8.4m has PIDS under development leaving £6.0m to be identified. Schemes implemented in month 1 have achieved £0.6m..
- 1.4.** Pay costs were £1.0m higher than plan but after excluding unachieved CIPs, pay costs were underspent by £0.3m in April. The April pay run rate continued the trend delivered over January to March, which saw a reduction in pay costs compared with earlier months of last year following significant focus on pay across divisions. This included good progress achieved in Quarter 4 last year over reducing reliance on temporary staff by recruiting to permanent posts, which has continued in April. Compared to the adjusted prior year monthly average, pay spend in April has decreased by £0.2m - permanent staff costs have increased by £0.2m whereas temporary staff costs have decreased by £0.4m.
- 1.5.** Non Pay costs produced an adverse variance of £0.8m in Month 1 (£1.1m after normalising for underspent excluded drugs and devices, recoverable transaction costs and release of inflationary reserves).

2. NHS and Local Authority Clinical Contract Income

- 2.1.** NHS and Local Authority Clinical Contract Income was £0.2m ahead of plan in April. However, this includes under-performance in excluded drugs and devices of £0.2m, so the underlying position is £0.4m ahead of plan in month 1. The over-performance has primarily been in elective, maternity and outpatient points of delivery, particularly in elective surgical specialties to address waiting list pressures and GUM outpatients.
- 2.2.** Elective inpatient activity reported an over-performance of £0.2m in month 1, maintaining the higher levels of activity seen in the last quarter of 2013/14. This was primarily driven by adult surgical specialties, particularly orthopaedic and general surgery elective and day cases which were £0.2m ahead of plan, due to additional capacity put on to address waiting list and 18 week pressures. Dermatology phototherapy regular day attenders also continued the improvement seen in March and were £0.1m ahead of plan in the month, following the resolution of staffing issues.
- 2.3.** Non-elective inpatient income was £0.2m ahead of plan in April despite the block on emergency income agreed through the local CCG acute contract. This was primarily driven by over-performance in Obstetrics of £0.1m, which is outside the block contract agreement. This was driven by high levels of deliveries in April following the opening of the midwifery led unit towards the end of 2013/14. Outpatient new and follow-up attendances were also above plan, reporting a £0.3m favourable variance in month 1. There are two main over-performing specialties, GUM (£0.2m) following the opening of Dean Street Express at the end of

2013/14 and Obstetrics (£0.1m). These specialties are not included in the local CCG block on outpatients agreed for 2014/15, although a marginal rate on over-performance in GUM has been agreed with local councils.

- 2.4.** NHS Clinical Contract Income relating to other points of delivery was £0.2m behind plan in April; however this includes an under-performance on excluded drugs and devices of £0.2m, so the underlying activity and income was on plan in month 1. A&E and UCC activity was ahead of plan in April due to continued high levels of attendances and ambulance transfers following the trend from March.
- 2.5.** The Trust has now agreed contract documentation, CQUIN schemes and financial value with NWL CCGs for 2014/15, which include a block financial value for outpatients and emergency care (excluding maternity), 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. The agreed contract value is £105.5m and includes £1.0m of transformation funding to support delivery of the emergency and planned care pathways. The Trust is now looking to agree contract values with associate CCG commissioners using the same principles as agreed with North West London CCGs.
- 2.6.** The Trust is also working to agree contracts with NHS England for specialised services. The outstanding items for resolution relate to the value of NHS England's unidentified QIPP schemes and finalising the CQUIN schemes. For 2014/15 the 8 Local Authorities in North West London are joining with 4 Local Authorities in North Central London as the West London Alliance to commission GUM services jointly. The Trust has agreed contract principles with the West London Alliance including a 1.5% tariff deflator in line with NHS guidance and a 60% marginal rate on growth above 6%. The Trust is working to agree final contract documentation with the local councils including agreed timetables for payment and data provision to mitigate against some of the cash-flow and debtor problems that were experienced in 2013/14 relating to local authorities.

Table of expected contract values for 2014/15:

Contract Type	£000
NHSE - Specialised	105,127
NHSE - Dental	4,979
NWL CCGs	105,549
All other associate CCGs	49,243
Local Authorities - West London Alliance	10,342
Total	275,240

3. Other Income

- 3.1 Private Patient Income:** Revenue has reduced from March level and is now closer to the trend seen in last year. Month 1 income was £1.0m, just under the average of £1.1m per month across the first 11 months of the prior year. Private Maternity produced a favourable variance; however all other areas under-performed against budget with a net £0.3m behind budget.
- 3.2 Education, Training, Research and Development:** This is broadly on plan with a small anticipated reduction for tapering of the levy income.

3.3 **Other Operating Income:** Income was ahead of plan by £0.4m (including £0.3m of recovery of consultancy transaction costs chargeable to the Trust Development Authority. Car parking revenue performed well along with salary recharges.

4. **Expenditure**

4.1. Pay costs were over-spent by £1.0m in April including £1.3m of unidentified CIPS and under-spent payroll costs £0.3m. Consistent progress is being achieved in reducing reliance on temporary staff by recruiting to permanent posts. Compared to the adjusted prior year monthly average, pay spend in April has decreased by £0.2m - permanent staff costs have increased by £0.2m whereas temporary staff costs have decreased by £0.4m

4.2. Non Pay costs produced an adverse variance of £0.8m in Month 1. The normalised variance is significantly higher at £1.1m, after excluded drugs and devices (£0.3m), recoverable transaction consultancy costs (£0.3m) and release of inflationary reserves (£0.3m). The normalised clinical activity over-performance of £0.1m in month 1 was lower than the corresponding overspend again plan in non pay (Clinical supplies - £0.3m and Tariff Drugs - £0.2m). There were also non-clinical overspends in the Management Executive £0.4m (including IT support and maintenance costs £0.2m), Facilities Costs £0.1m, and Miscellaneous Costs in Clinical Directorates £0.2m.

5. **Continuity of Services Risk Rating (COSR)**

5.1. The Trust's COSR rating YTD at month 1 is a 3, comprising a capital servicing rating of 1 and a liquidity rating of 4 rounding up to a 3 overall. The actual ratios are shown in the table below:

COSR Rating	Weighting	M1 Actual Score	M1 Actual Rating
Capital Servicing Capacity (times)	50%	1.16x	1
Liquidity (days)	50%	0.2	4
Total Rating			3

6. **Loans**

6.1. The Trust has a loan balance with the Independent Trust Financing facility (ITFF) of £44.3m as at 30th April 2014, comprising the £20m Doughty House loan (drawn down in full at the end of March 2014), £0.7m of the ED expansion loan (£10m in total, to be drawn down in stages until Q2 of 2015/16) and the remaining portion of the Netherton Grove loan (£23.6m).

6.2. The next loan repayment of £1.8m against the Netherton Grove loan is due in June 2014, followed by the first loan repayment of £1.25m against the Doughty House loan in September 2014. No repayments are due against the ED loan until 2015/16 when the full loan has been drawn down.

6.3. **Capital**

6.4. Capital expenditure for Month 1 was £1.7m reflecting the continuing spend against capital schemes approved last financial year. 73% of the spend is in buildings and it is mainly for three major projects: Outpatients 3, Children Outpatients and the ED Expansion project.

Month 1 overspend of £0.4m is due to the phasing and there will be a corresponding underspend in a future month.

- 6.5.** Last year's capital programme budget was £52.3m (monitor plan £49.9m and PDC funded schemes £2.4m) of which £24.9m was planned to be funded via Independent Trust Financing facility (ITFF) loans (22.2m) and Public Dividend Capital (PDC) (£2.7m), resulting in a net £27.3m to be funded from internally generated cash (i.e. depreciation and brought forward cash). The actual capital expenditure for 2013/14 was £41.7m of which £23.2m was funded from loans and PDC leaving £18.5m of capital spend against internally generated cash. Within the underspend in last year's programme, £1.5m is required to be carried forward for completion of schemes in progress at the year end.
- 6.6.** The Capital budget 2014-15 submitted in the Monitor plan is £28.6m. Following agreement of the carried forward schemes the overall capital programme for 2014/15 would be revised from £28.6m to £30.1m, as shown below. The Board are asked to approve this revision to the capital programme for 2014/15.

Asset Category	Monitor Plan £'000	Carry forwards identified to be agreed £'000	Revised Plan £'000
Buildings	14,921	1,286	16,207
IT	10,459	207	10,666
Medical Equipment	2,870	0	2,870
Non Medical Equipment	390	0	390
Grand Total	28,640	1,493	30,133

- 6.7.** Subgroup meetings for equipment, buildings and IT have been held and approved allocation of budgets to the divisional arising through business planning.

7. Cash Flow

- 7.1.** The cash position as at 30th April 2014 is £22.5m, which is an improvement of £5.6m compared to the year-end cash position.
- 7.2.** Local Authority billed debt at 30th April 2014 totals £2.5m, which is a significant reduction from the £6.5m of billed debt outstanding at year-end – this is as a result of cash receipts during April totalling £3.9m. In addition to this, confirmation has been received from a number of London local authorities who had not made any payments during 2013/14 that their outstanding invoices are being validated and will be paid shortly.
- 7.3.** NHS billed debt at 30th April 2014 totals £16.3m compared to £21.1m at year-end. Approx £8.6m of cash has been received from NHS debtors relating to 13/14 debt at the time of writing this report, and 95% of April SLA invoices have been paid.

Financial Performance					Risk Rating (year to date)				Cost Improvement Programme						
Financial Position (£000's)															
	Full Year Plan	Plan to Date	Actual to Date	Mth 12 YTD Var					Current Status of 2014-15 Planned Schemes						
Income	(363,723)	(29,354)	(29,616)	263	COSR Rating	Weighting	M1 Actual Score	M1 Actual Rating	DIRECTORATE/SERVICE AREA	CIP Target 2014-15	Planned For 2014-15	Ambition	PID Developed and Signed Off	Implemented And Budget Savings Made M1	(Outstanding (Unidentified)
Expenditure	329,884	26,713	28,481	(1,768)											
EBITDA for FRR excl Donations/Grants for Assets	33,839	2,640	1,135	(1,505)											
EBITDA % for FRR excl Donations/Grants for Assets	9.3%	9.0%	3.8%	-5.2%											
Surplus/(Deficit) from Operations before Depreciation	33,839	2,640	1,135	(1,505)											
Interest	1,429	119	32	87	Capital Servicing Capacity (times)	50%	1.16x	1							
Depreciation	13,948	1,125	1,219	(94)	Liquidity (days)	50%	0.2	4		£000's	£000's	£000's	£000's	£000's	£000's
Other Finance costs	0	0	0	0	Total Rating			3	Totals	(24,900)	18,906	8,401	9,926	580	(5,994)
PDC Dividends	11,400	950	950	0					Proportion of CIP Target - %	100.0%	75.9%	33.7%	39.9%	2.3%	24.1%
Retained Surplus/(Deficit) excl impairments	7,062	446	(1,067)	(1,513)					Comments						
Impairments	0	0	0	0											
Retained Surplus/(Deficit) incl impairments	7,062	446	(1,067)	(1,513)											
Comments					Comments				Comments						
Risk Assessment									CIPs 14/15						
Impact 5 – Loss of over £5.0m. Likelihood 3 – possible.					Red				The CIP target for 14/15 is £24.9m (£18.9m for 14/15 + £6.0m b/f from 13/14). Schemes implemented in month 1 where a budget saving has been achieved is £0.6m or 2.3% of the annual target. Of the 2014-15 annual target of £24.9m, there is still a significant proportion (58%) which has not been PID developed and signed off - £14.3m.						
The YTD position is a deficit of £1.1m (EBITDA of 3.8%) which is an adverse variance of £1.5m against plan. However COSR target of 3 has been achieved.															
I&E variance (£1.1m) includes the following material items:															
- Un-achieved CIPs (£1.3m);															
- Under recovery on Private Income (£0.3m);															
- Continued budgetary pressures within Clincial Supplies and Drugs (£0.5m)															
- Inflationary reserves of £0.3m released into the position.															

Key Financial Issues

Key Issues

- CIP 14/15 under delivery of circa £14.4m representing £8.4 m schemes under development and £6.0m to be identified.

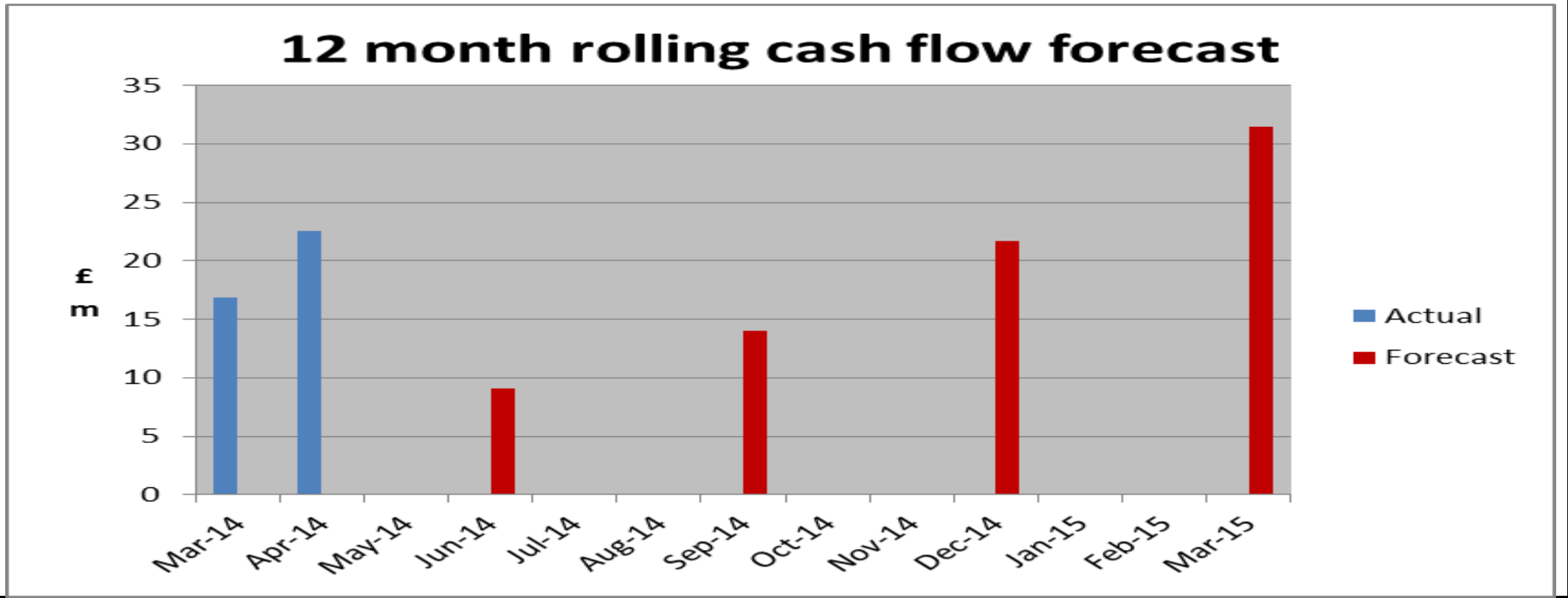
Other issues

- 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	
Operating Activities	
Net income	\$1,200,000
Depreciation and amortization	300,000
Loss on sale of equipment	50,000
Change in accounts receivable	(100,000)
Change in accounts payable	80,000
Change in inventory	(50,000)
Change in other assets and liabilities	(20,000)
Net cash provided by operating activities	\$1,360,000
Investing Activities	
Capital expenditures	(400,000)
Proceeds from sale of equipment	100,000
Net cash used in investing activities	(300,000)
Financing Activities	
Proceeds from issuance of common stock	200,000
Proceeds from issuance of bonds	100,000
Repayment of long-term debt	(150,000)
Net cash provided by financing activities	\$150,000
Net increase in cash	\$1,210,000
Cash at beginning of year	\$1,000,000
Cash at end of year	\$2,210,000



Comments	

The cash position at Month 1 is £22.5m, an improvement of £5.6m compared to the position as at 31st March 2014. As at the date of writing, approx 95% of the April 2014/15 SLA invoices billed to CCGs had been paid and the Trust has also received approx £8.6m of cash since 1st April relating to 2013/14 NHS debt. The Trust closed 2013/14 with £6.5m of invoiced debt relating to Local Authorities in respect of Sexual Health activity during 2013/14, however since year-end the position has improved in that £3.9m of cash has been received against this debt.

Board of Directors Meeting, 27 May 2014 (PUBLIC)

AGENDA ITEM NO.	3.2/May/14
PAPER	Performance Report – April 2014
AUTHOR	Jen Allan, Head of Performance Improvement
LEAD	David Radbourne, Chief Operating Officer
PURPOSE	The purpose of this report is to summarise high level Trust performance, highlight risk issues and identify key actions going forward for April 2014.
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 overall good performance throughout 2013/14 and April 2014. A summary of 2013/14 performance as well as of April 2014 performance is given in this report. A review of 2013/14 CQUINs achievement, and an overview of 2014/15 CQUIN proposals, is also included. Last year's CQUIN achievement was very strong at 96% and the Trust aims to achieve even better performance in 2014/15. The Trust maintained good performance on patient safety and clinical effectiveness, meeting our challenging C Diff target for 2013/14, with an even more ambitious target of 8 cases now set for this year. The Maternity team have sustained a reduction in the elective CS rate below 30% with the new Birthing Unit very successfully promoting natural birth, while continued compliance with VTE screening and Dementia screening reflects focus in these areas.

	The A&E department continued to be under pressure during April with higher acuity of cases and some evidence of ambulance conveyances clustering together and potentially transfer of trauma work from the Charing Cross area. These issues are under further investigation and discussion with LAS and commissioners. Although not meeting our internal stretch target of 98% of patients seen in under 4 hours in April, we were fully compliant with the Monitor and contractual target of 95% (at 97.3%) and remained one of the best performing A&E departments in the country. Areas for focus are primarily around the Planned Care Pathway where a planned reduction in RTT Admitted Pathways compliance is under way as we implement a recovery plan to treat as quickly as possible a backlog of patients awaiting surgery. Further work will be undertaken to ensure the root causes are understood and addressed and sustained compliant RTT performance is delivered. The Planned Care transformation work is also reviewing Theatre efficiency and Day case/Length of Stay and an update on the programme is included in the report. There is also ongoing work required on Pressure Ulcers and on a number of Best Practice clinical effectiveness measures such as care bundle compliance and nutritional screening. The Director of Nursing is introducing a new Ward Dashboard including key quality measures and staffing ratio data: this will be used to support clinical ownership of data and target performance improvement. On patient experience, improved performance was seen on complaints turnaround time at 94% within 25 days in April, but low response rates were reported for the Friends and Family Test due to the end of additional support and text messaging pilots. These have now been rejuvenated moving forward and we are on target to meet the FFT requirements for 2014/15.
DECISION/ ACTION	The Trust Board is asked to note this report.

Corporate Performance Report

Performance to 30th April 2014



Executive Summary

2013/14 was another high performing year for Chelsea and Westminster Hospital NHS Foundation Trust. The Trust maintained a Green governance rating throughout the year and complied with all Monitor targets each quarter, as well as being the best performing (non specialist) A&E in the country. Excellent performance was delivered across a range of KPIs in our four domains of Safety, Clinical Effectiveness, Patient Experience and Access & Efficiency, as summarised below. However, we are still ambitious to improve further and challenges for focus in 2014/15 are also identified below.

2013/14 Achievements

- Met our extremely challenging Healthcare Acquired Infections (HCAI) targets of fewer than 13 Cdiff cases (=9) and fewer than 6 MRSA cases (=5). These targets are reduced year on year and we are already one of the top Trusts on HCAI. We are now working towards meeting our further stretch target for 2014/15 of 8 Cdiff cases.
- Complied with Cancer and RTT standards throughout the year
- Maintained 4hour waits in A&E over 98% throughout the year and remained the best performing department in the country. This places the Trust in a strong position ahead of the changes in flows of emergency patients which may occur due to the Shaping a Healthier Future programme
- Delivered a significant (6%) reduction in Emergency Admissions to the Trust through our Emergency Care Pathway collaborative programme with commissioners and provider partners, setting a standard for improving emergency care in North West London sector
- Significantly improved on and sustained several key quality measures including Caesarean Section Rate (now under 30%), VTE assessment (over 95%) leading to fewer VTE incidents (down from 13 in 2012/13 to 5 in 2013/14) and Dementia screening (over 90% of at risk patients were screened).
- Over delivered on our CQUIN targets to achieve 96% compliance against an expectation of 90%

Monitor Dashboard

Trust Monthly Level Data
Performance from Apr 2013 to Mar 2014

Sub Domain	Trust Level Monthly Data				YTD
	Month/Year	Mar 2014	Feb 2014	Jan 2014	01/04/2013
Harm	Clostridium difficile infections (Target: < 1.1)	0	1	1	9
	MRSA Bacteraemia (Target: < 0.5)	1	0	0	5
Cancer	Cancer diagnosis to treatment waiting times - 31 Days (Target: > 96%)	N/A	N/A	N/A	98.5%
	Cancer diagnosis to treatment waiting times - Subsequent Surgery (Target: > 94%)	95.7%	100.0%	100.0%	99.3%
	Cancer diagnosis to treatment waiting times - Subsequent Medicine (Target: > 98%)	100.0%	100.0%	100.0%	100.0%
	Cancer urgent referral GP to treatment waiting times (62 Days) (Target: > 85%)	93.5%	92.0%	93.8%	92.2%
	Cancer urgent referral Consultant to treatment waiting times (62 Days) (Target: > 90%)	N/A	N/A	N/A	N/A
	Cancer urgent referral to first outpatient appointment waiting times (2WW4) (Target: > 93%)	96.5%	95.2%	92.8%	95.9%
	18 week referral to treatment times Admitted Patients (Target: > 90%)	90.1%	90.0%	91.3%	91.1%
	18 week referral to treatment times Non Admitted Patients (Target: > 95%)	96.8%	97.0%	97.5%	97.7%
RTT	18 week RTT incomplete pathways (Target: > 92%)	92.1%	92.1%	92.3%	92.7%
	A&E waiting times (Target: > 98%)	98.0%	98.0%	98.4%	98.3%
A&E	Self-certification against compliance with requirements regarding access to healthcare for pe...	Compliant	Compliant	Compliant	Compliant
LD					

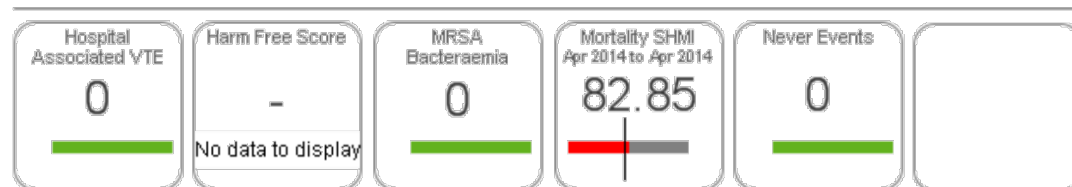
*The Monitor MRSA de minimus target is 6 cases, however we measure against a stretch target of 0

*The Monitor A&E target is 95% under 4hr wait, however we measure against an internal stretch target of 98%

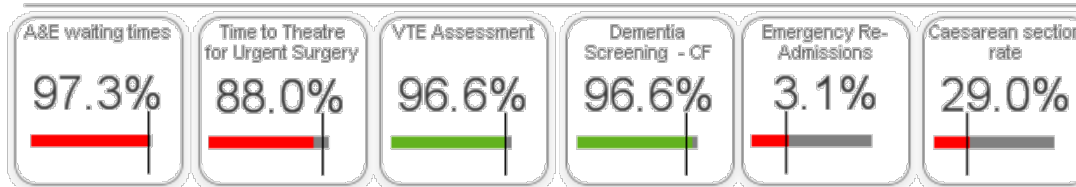
2013/14 Challenges and 2014/15 Ambitions

- We experienced specialty level variation against the RTT standard which towards the end of the year became more challenging to manage. The first part of 2014/15 sees the implementation of a RTT recovery plan with the ambition to deliver sustainable performance across both non-admitted (outpatient) and admitted (elective) waiting times for treatment
- We wanted to go further with the improvement of a number of measures of the efficiency and effectiveness of our planned care pathway, for example, Choose and Book slot availability, Hospital initiated cancellations of appointments, and Theatre efficiency. Work on these areas will now be accelerated through the Planned Care Transformation programme, which is a collaboration with GP partners as well as a development of our internal efficiency programmes.

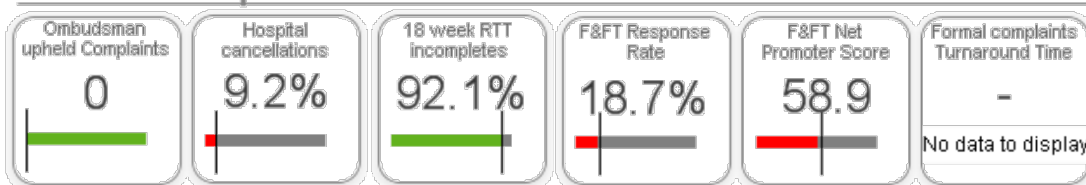
Patient Safety Domain



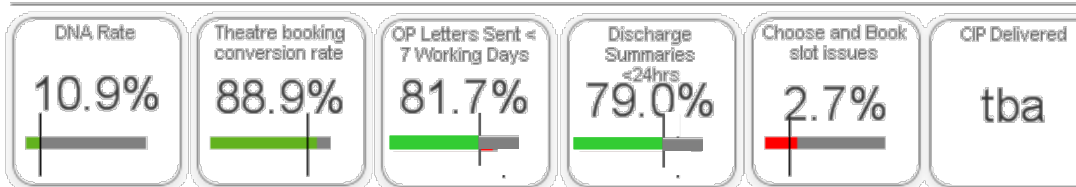
Clinical Effectiveness Domain



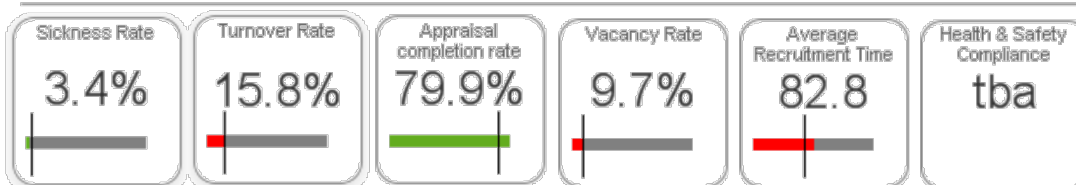
Patient Experience Domain



Access Domain & Process Efficiency Domain



Workforce Domain



Monitor Compliance – April 2014

MonthYear	Apr 2014	Mar 2014	Feb 2014	01/04/2014
Clostridium difficile infections (Target: < 0.7 2014/15 and previously <1.1 2013/14 per month)	2	0	1	2
MRSA Bacteraemia (Target: 0)	0	1	0	0
Cancer diagnosis to treatment waiting times - 31 Days (Target: > 96%)	100.0%	N/A	N/A	100.0%
Cancer diagnosis to treatment waiting times - Subsequent Surgery (Target: > 94%)	N/A	95.7%	100.0%	N/A
Cancer diagnosis to treatment waiting times - Subsequent Medicine (Target: > 98%)	N/A	100.0%	100.0%	N/A
Cancer urgent referral GP to treatment waiting times (62 Days) (Target: > 85%)	100.0%	93.5%	92.0%	100.0%
Cancer urgent referral Consultant to treatment waiting times (62 Days) (Target: > 90%)	N/A	N/A	N/A	N/A
Cancer urgent referral to first outpatient appointment waiting times (2WW) (Target: > 93%)	97.0%	96.5%	95.2%	97.0%
18 week referral to treatment times Admitted Patients (Target: > 90%)	86.4%	90.1%	90.0%	86.4%
18 week referral to treatment times Non Admitted Patients (Target: > 95%)	96.3%	96.8%	97.0%	96.3%
18 week RTT incomplete pathways (Target: > 92%)	92.1%	92.1%	92.1%	92.1%
A&E waiting times (Target: > 98%)	97.3%	98.0%	98.0%	97.3%
Self-certification against compliance with requirements regarding access to healthcare for people with learning disabilities (Target: Compliant)	Compliant	Compliant	Compliant	Compliant

*The Monitor MRSA de minimus target is 6 cases, however we measure against a stretch target of 0

*The Monitor A&E target is 95% under 4hr wait, however we measure against an internal stretch target of 98%

Performance Headlines

Improvements

- The Trust has complied with all Cancer standards
- Dementia case finding and referral continues to be very high
- VTE assessment well embedded in the clinical process
- CS Rate is now green against target of 30% for the first time
- Patient to nurse staffing levels have been published for the first time, and are now available daily in line with Safer Staffing – we are exceeding the base standard of no more than 8 patients per nurse but we aim to do much better. The Director of nursing will be working with ward teams to use this data to improve standards of care.
- Complaints turnaround is back on track over 90% and a new online tracker has been developed, launching in June
- DNA rate remains below London average

Challenges

- A&E has had a difficult month, falling below 98% but still the best in London. Acuity of patients has been high with an increase in ambulances from SW6 seen, possibly relating to SAHF.
- 2 Cases of Cdiff in month are under investigation
- RTT Admitted has failed the Trust standard in April following a Board decision that this is the most appropriate way to resolve the backlog of long waiting patients. An action plan is in place to recover to RTT compliance during early 2014/15
- Numbers of Pressure Ulcers have increased in month
- Nutritional screening continues to be difficult to achieve standards and requires focus from the ward teams
- FFT response rate was reduced in April due to lack of on the grounds support and the end of the text messaging pilot but this has been resolved going forward and we are on track to achieve the CQUIN
- Theatre efficiency has been challenging due to churn of 18 weeks recovery effort, there will be further focus in 2014/15 through the Planned Care Transformation Programme.

2013/14 CQUIN Achievement

A total of 96.3% of CQUIN targets were achieved, with a value of £5.67m out of an available total of £6.1m. This exceeded forecast of 90%, providing a benefit to the Trust.

	Commr	CQUIN Title	Potential Value (PLAN)	Year End Achievement (ACTUAL)
1	National	Friends and Family Test	£285k	100%
2	National	NHS Safety Thermometer	£285k	70%
3	National	Dementia	£285k	100%
4	National	VTE	£285k	100%
5	NWL	Supporting Care Outside Hospital (Emergency Care Pathway)	£1,881k	98%
6	NWL	GP Real Time Information	£473k	98.5%
7	NWL	Secondary Care Quality Standards (Labour Ward consultant cover and Reduced LoS for Total Hip Replacement)	£376k	100%
8	NWL	Near Patient Testing (Identification and Transfer of follow up patients to community clinics)	£376k	100%
9	NHSE	Cancer Best Practice Pathways (Lung and Colorectal)	£97k	97.5%
10	NHSE	HIV (GP Registration, GP Communication, ARV Home Delivery, Switching to Generic ARVs, Long Term Care Pathway development)	£1,028k	94%
11	NHSE	Burns (Monitoring refusals from the unit, Reducing LoS, Developing ODN)	£155k	90%
12	NHSE	NICU (Breast milk at Discharge, Timely TPN)	£175k	100%
		Overall Total	£5.7m (PLAN)	96.3%
		(Actual>plan due to over performance)	£6.1m (ACTUAL)	£5.67m (ACTUAL)

2014/15 CQUIN Summary

Proposed CQUIN schemes for this year are summarised below. We will be targeting even better achievement of 98% of CQUIN which would contribute to Trust CIP. At this stage of the year it would be expected that some CQUINs will carry moderate risk and planning is being actively undertaken in Q1 for all areas.

NB: There is no GU specific CQUIN Scheme as Local Authority commissioners will not pay CQUIN.

2014/15 CQUINs

	Commr	CQUIN Title	Summary	Lead (Exec)	Value	Risk Rating
1	National	Friends and Family Test	Implementation of staff FFT; Roll out Patient FFT to new areas (OP and DC); Increase response rate in A&E to 20% and Inpatients to 30%	Sian Nelson (Libby McManus)	£75k NHSE £186k NWL	Low risk – plans in place and good response rate in 13/14
2	National	NHS Safety Thermometer	Data collection and a 25% reduction in Pressure Ulcer prevalence by year end	Holly Ashforth (Libby McManus)	£75k NHSE £186k NWL	Medium risk – reduction includes community acquired PU
3	National	Dementia	Identification/Referral of 90% of patients at risk, clinical leadership and supporting carers	Sarah Bryan (Libby McManus)	£75k NHSE £372k NWL	Low risk – already achieving from 13/14
4	NWL	Shared Patient Records and Real Time Information Systems	Implementation of EPR Core to access GP record Provision of Discharge Summaries to GPs in real time and electronically Implementation of NWL Diagnostic Cloud	Bill Gordon (David Radbourne)	£447k	Medium risk – technical dependencies, and DSUM turnaround may be challenging
5	NWL	Improving the Emergency Care Pathway	Implementation of Day of Care Audits in A&E and wards and improvement in % of inappropriate admissions/stays. Notify to GP within 24hrs all non-elective admissions	Alison Kingston (David Radbourne)	£298k	Medium risk – audits are set up, but improving may be challenging as not entirely within Trust control
6	NWL	Improving the Planned Care Pathway	Complete roll-out of Co-ordinate My Care Improving the efficiency of planned care pathways to enable a reduction in outpatient activity	Karen Robertson (Libby McManus)	£670k	Medium risk – significant transformation of pathways required
7	NWL	Planning and implementation of "seven day services" program	An action plan towards key seven day services standards Weekend consultant cover 12hrs on site for A&E; Weekend acute surgical and medical ward rounds daily; Weekend nurse led discharge Seven day access to diagnostic services	Alison Kingston (David Radbourne)	£670k	Low risk – incremental improvements in standards
8	NWL	GP / Patient Access	GP Urgent Access Telephone number GP Routine Web Query form Single point of access for patient appointment / admission queries	Justine Currie / Mike Delahunty (Zoe Penn)	£894k	Medium risk – some details still to be defined and GP usage of such advice lines/forms is difficult to control
9	NHSE (Spec)	Dashboards	Development of specialty and service specific dashboards and data entry	Alison Kingston / Rob Hodgkiss	£102k	Low risk – most data in place
10	NHSE (Spec)	Endocrinology – OP Coding	Audit of casemix in adult endocrinology OPD and action plan to capture diagnosis coding	Dominic Clarke (Alison Kingston)	£100k	Low risk - Lastword already allows collection of data
11	NHSE (Spec)	Trauma & Orthopaedics – Network and MDT	A network MDT to be piloted to discuss and manage complex hip and knee revision surgery	Imogen Head (Alison Kingston)	£75k	Medium risk – involvement of many providers and requires NHS England to lead
12	NHSE (Spec)	Colorectal – Pelvic Floor Database	80% of patients with FI interventions to be registered on the national database	Imogen Head (Alison Kingston)	£50k	Medium risk – few patients but missing one could impact
13	NHSE (Spec)	NICU - ROP	An increase from 2013/2014 performance in ROP screening of NICU babies to 95%	Nicola Sprigens (Rob Hodgkiss)	£50k	Medium risk – audited performance is good, but DQ impacts report
14	NHSE (Spec)	Foetal Medicine – Opinion with 3 days	90% of patients referred being seen within 3 days	Nicola Sprigens (Rob Hodgkiss)	£35k	Medium risk – numbers of referrals likely to be low but consultant cover may be an issue
15	NHSE (Spec)	Burns	3 part scheme under review re data, network development and improvement	Imogen Head (Alison Kingston)	£195k	TBC
16	NHSE (Spec)	CQUIN Supporting QIPP	TBC – Not accepted by Trust as valid CQUIN	n/a	£606k	n/a
17	NHSE (Dental)	Development of Dental dashboard	Development of Dental specific dashboards and data entry	Nicola Sprigens (Rob Hodgkiss)	£75k	Low risk – most data in place

MonthYear	Apr 2014	Mar 2014	Feb 2014	01/04/2014
Confirmed Incidents of Hospital Associated VTE (Target: = 0.83)	0	0	0	0
Inpatient falls per 1000 Inpatient bed-days (Target: < 3.00)	4.23	3.79	3.29	4.23
Incidence - Newly Acquired Pressure Ulcers Grade 2 (Target: <1)	4	3	7	4
Incidence - Newly Acquired Pressure Ulcers Grade 3 and 4 (Target: <3)	4	1	3	4
Safety Thermometer - Newly Acquired Pressure Ulcers (Target: < 4)	4	1	4	4
Safety Thermometer - Harm score (Target: > 90%)	94.3%	97.5%	91.6%	94.3%
Clostridium difficile infections (Target: < 0.7 2013/14 and 1.1 previously)	2	0	1	2
MRSA Bacteraemia (Target: 0)	0	1	0	0
Hand Hygiene Compliance (trajectory) (Target: > 90%)	97%	95%	97%	97%
Screening all elective in-patients for MRSA (Target: > 95%)	93%	94%	91%	93%
Screening Emergency patients for MRSA (Target: > 95%)	96%	98%	99%	96%
Rate of pt. safety incidents resulting in severe harm - death per 100 admissions (Target: >)	0	0	0	0
Never Events (Target: = 0)	0	0	1	0
Stroke: Time spent on a stroke unit (Target: > 80%)	100%	100%	100%	100%
Proportion of people with higher risk TIA who are scanned and treated within 24 hours. (Target: > 75%)	100%	88%	100%	100%
Fractured Neck of Femur - Time to Theatre < 36 hrs for Medically Fit Patients (Target: = 100%)	100%	74%	100%	100%
Mortality (HSMR) (2 months in arrears) (trajectory) (Target: < 71)	N/A	N/A	16.1	N/A
Mortality SHMI	82.8	82.8	82.8	82.85

Falls

The Trust Preventing Harm group continues to monitor falls and are focusing on best practice and also further analysing any falls that occur at night and those causing low or very low harm to understand themes that can be addressed.

Pressure Ulcers

See slide 6 for narrative on pressure ulcers.

CDiff

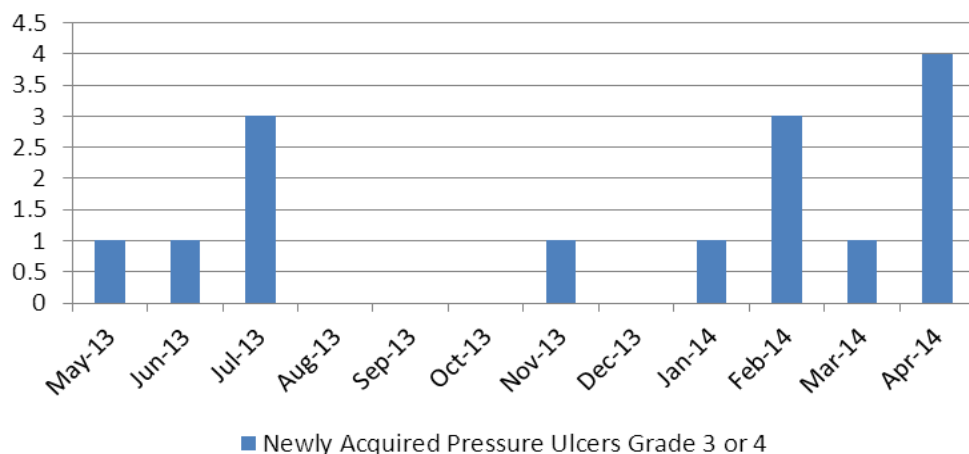
2 hospital acquired *Clostridium Difficile* infections occurred in April. Both cases were on Edgar Horne Ward, the first patient was admitted on 24/3/14 after a fall at home with a fractured pubic ramus. Patient developed Cdiff and confirmed positive on 5/4/14, root cause given as urinary tract infection and constipation, contributing factors given are laxatives for managing opioid induced constipation and antibiotics for urinary tract infection. Action identified as introducing Cdiff packs across the trust.

The second patient was admitted for extensive skin rash and LRTI on the 19/3/14, which were resolved, patient developed type 7 stools on the 10/4/14 with culture coming back on the 11/4/14 as Cdiff positive, diarrhoea was resolved by the 23/4/14 and patient discharged on the 24/4/14. The Root cause and contributing factors both indicate Antibiotics as the cause of the Cdiff infection. Actions indicated are to provide comprehensive report to insert in the patient's clinical details and to provide last word documentation re-isolation of patient.

MRSA Screening:

We have not quite achieved our target for elective screening although this is improving through monitoring and close working with the infection control, divisional and information teams.

Newly Acquired Pressure Ulcers Grade 3 or 4



Pressure Ulcers:

In April, we have seen a reduction of hospital acquired grade 2 pressure ulcers in comparison to February however; an increase of grade 3. We had no grade 4 hospital acquired ulcers. The Preventing Harm group continue to analyse all grade 3 and above hospital acquired pressure ulcers in order to identify what learning can be taken to reduce this. We are also working collaboratively with our health and social partners in Northwest London to reduce pressure ulcer incidence and reduce the variability of practice used in pressure ulcer management. The senior nursing team are also working with the Dietetic team to drive forward improvements in nutritional screening which in turn will contribute towards a reduced pressure ulcer rate.

Summary of Medicine Incidents for January 2014 - March 2014 (Q4 13-14) – new focus on improving reporting and reducing incidents 2014/15

	Pharmacy Department	Surgery and Private Patients	Imaging and Anaesthetics	HIV/Sexual health and Dermatology	Medicine and A&E	Women & Children Total	Women & Children				Total
							Paediatrics	Gynaecology	Neonatal Unit	Maternity	
Number of Reported Incidents:	14	23	6	18	29	72	17	3	28	23	233
Very Low grade:	11 (73%)	8 (35%)	5 (83%)	8 (45%)	15 (52%)	41 (57%)	12 (70%)	2 (67%)	16 (57%)	10 (43%)	128 (55%)
Low Grade:	3 (27%)	13 (57%)	1 (17%)	10 (55%)	12 (42%)	27 (38%)	5 (30%)	1 (33%)	10 (36%)	11 (48%)	93 (40%)
Moderate:	0	0	0	0	1 (3%)	0	0	0	0	0	1 (<1%)
High:	0	0	0	0	0	0	0	0	0	0	0
Unclassified incidents:	0	2 (9%)	0	0	1 (3%)	4 (5%)	0	0	2 (7%)	2 (9%)	11 (5%)

Medicines Incidents:

There were 233 incidents in quarter 4 of 2013/14, 55% of these were very low grade incidents, the majority of these (32%) occurred in Women and Children's. Of those, 7 incidents of over administration occurred in Paeds; 7 incidents of Parenteral Nutrition and 6 incorrect doses occurred in neonatal; with 5 incidents of delayed administration in Maternity. Actions have been taken to mitigate further incidents.

There was one moderate incident in Q4: in Medicine a patient was discharged home on weekend leave with s/c morphine injections. The intention was that a member of the community nursing team would visit the patient and administer the injection if required. However, a referral was never made so the patient's family administered the injection when the patient was in pain (ORANGE INCIDENT). Action taken: this was flagged as a SGA issue and a full panel review is taking place.

Sub Domain	Trust Level Monthly Data				YTD
	MonthYear ▼	Apr 2014	Mar 2014	Feb 2014	
A&E	A&E Time to Treatment (Target: < 60)	68.0	68.0	57.0	68.0
	A&E waiting times (Target: > 98%)	97.3%	98.0%	98.0%	97.3%
	A&E: Unplanned Re-attendances (Target: < 5%)	7.02%	6.46%	6.28%	7.02%
	LAS arrival to handover more than 60mins (KPI 3) (Target: = 0)	0	0	1	0
Admitted Care	Day case rate Relative risk (Target: < 100)	103.5	103.6	106.7	103.5
	Elective length of stay relative risk (Target: < 100)	136.7	115.6	127.1	136.7
	Emergency Re-Admissions within 30 days (adult and paed) (Target: < 2.8%)	3.06%	2.77%	3.09%	3.06%
	Non-Elective length of stay relative risk (Target: < 100)	81.9	79.4	77.1	81.9
Best Practice	Time to theatre for urgent surgery (NCEPOD recommendations) (Target: > 95%)	88.0%	93.1%	96.0%	88.0%
	Central line continuing care—compliance with Care bundles (Target: > 90%)	100.0%	100.0%	93.3%	100.0%
	Peripheral line continuing care—compliance with Care bundles (Target: > 90%)	75.0%	95.5%	95.0%	75.0%
	Urinary catheters continuing care—compliance with Care bundles (Target: > 90%)	89.1%	92.7%	94.3%	89.1%
	% Patients Nutritionally screened on admission (Target: > 90%)	83.4%	87.1%	87.8%	83.4%
	% Patients in longer than a week who are nutritionally re-screened (Target: > 90%)	64.9%	77.2%	83.3%	64.9%
	Access to healthcare for people with a learning disability (Target: = 100%)	100%	100%	100%	100%
	VTE Assessment (Target: > 95%)	96.6%	96.1%	96.0%	96.6%
Best Practice CQUIN	Dementia Screening Case Finding (Target: > 90%)	96.6%	97.0%	94.8%	96.6%
	Appropriate referral Dementia specialist diagnosis (Target: > 90%)	100.0%	100.0%	100.0%	100.00%
	12 Hour consultant assessment - AAU Admissions (Target: > 90%)	70.4%	66.7%	71.0%	70.4%

A&E

- A&E Waiting time: Performance against the 4 hour wait target has remained challenging for the department and fell to 97.3% in April 2014. The high acuity of patients attending was confirmed by our local London Ambulance Service representative, who have also felt the increase since around February time. In addition the change in policy relating to the conveyance of trauma patients to Chelsea and Westminster rather than Charing Cross Hospital has impacted on the department's ability to improve performance. A performance recovery plan is being put into action.
- A&E Unplanned Re-attendances: Performance against this indicator dipped a little to 7.02% against the threshold of 5% however it remains below the London average of 10%.
- A&E Time to Treatment: Performance against this indicator remained static in April 2014 at 68 minutes. Improvement plans are linked to the overall waiting time recovery plan.
- Ambulance Handover and Redirect: During April 2014 there has been significant pressure relating to ambulance arrivals. As an outcome there were two 60 minute handover breaches on 6th April and a one hour resuscitation redirect on 1st April. These have mainly been due to a lack of cubicle space, this in the long term will be addressed by the redevelopment of the department, interim alternatives are being explored but will have more impact on minors rather than majors.
- We are working with LAS and commissioners to seek to better understand if any changes in flows are contributing to challenges but also working with them to improve how Intelligent Conveyancing spreads demand across the system and avoids large numbers of ambulances arriving in a short amount of time.
- C&W normally has a similar number of 30min handover delays to comparable sized departments in NW London. However, when the sector comes under pressure, it would appear that ambulances are now directed to C&W rather than the other units, e.g. Charing Cross/Ealing. This leads to spikes in handover delays, decreasing our relative performance. However, despite these spikes, all patients that arrive by ambulance are clinically assessed upon arrival by an ED nurse to ensure that patients are offloaded in the most appropriate order – unfortunately this does not count as an official handover for the purposes of this indicator.

Admitted Care

- Mapping process in train to identify procedures to switch to daycase (mainly Laparoscopic cholecystectomy.)
- Infection control team to identify and risk stratify patients requiring MRSA swabbing and support.
- Work commencing with 'Medihome' provider to potentially enhance care for people requiring overnight care
- A wider focus on Day case rate and Elective LOS will be part of the Planned Care Transformation Programme commencing in 2014/15 with support from Dr Mike Weston in reviewing the intra-operative processes and procedures.
- Emergency re-admissions are slightly exceeding the target in April and as such will be subject to a specific audit to address the key reasons

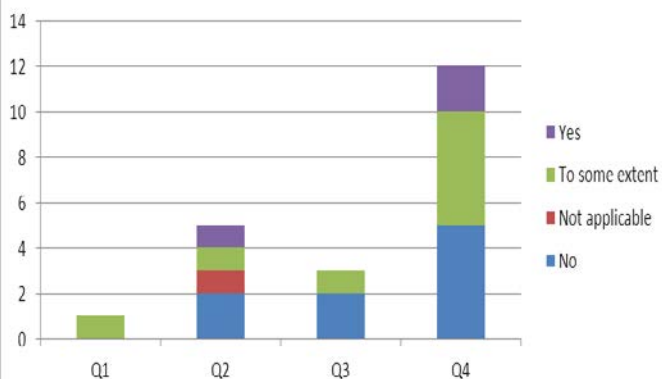
Best Practice

- The Reduction in number of patients reaching theatre within NCEPOD target times for urgent surgery maybe a reflection of increased number of cases, up from 450 to 600 the last 2 months.
- We are also further analysing a new subgroup that we formed within 1 of the categories, urgent which according to NCEPOD need treating within 24hours, we have sub divided this group into those requiring treatment in 6 hours and those that it is safe to wait up to 24 hours as this is a clinically useful marker of quality. I may be this group that is causing our performance to deteriorate although would still meet NCEPOD times. We will be able to answer this once we have done the additional analysis.

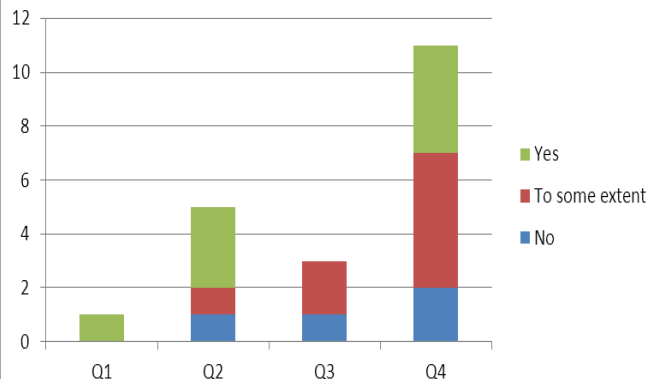
Providing appropriate support to carers of people with Dementia is a CQUIN requirement from 2013/14 which continues into 2014/15. This is assessed through a rolling survey, reported quarterly. The Dementia Case Manager works closely with the Discharge team to identify patients who have informal carers. The majority of patients discharged through this team have formal carers, so the numbers of informal carers to survey are relatively low. Equally, there is on average only one patient per day admitted within the hospital identified as potentially having Dementia following screening, so the potential cohort of patients whose carers could be surveyed is under 300 per year.

Moving forward, the nurse plans to work with ward teams expand the identification process to capture more informal carers, and this has started to have an effect as evidenced in the graphs below. There is also evidence that although many carers did feel supported while in hospital, there is more that we could do and the Dementia Case Manager is reviewing all feedback to formulate appropriate actions.

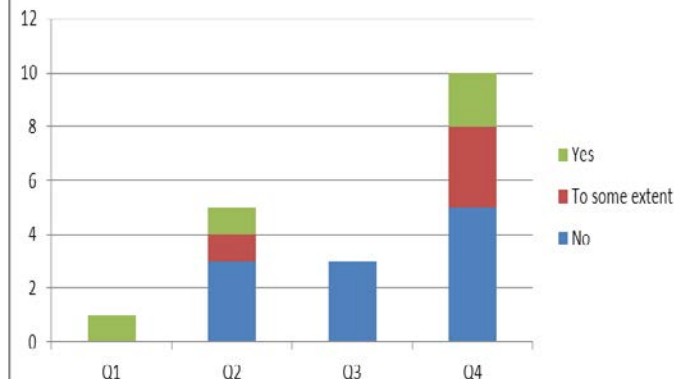
Count of Did staff discuss your role and needs with you when the person was admitted?



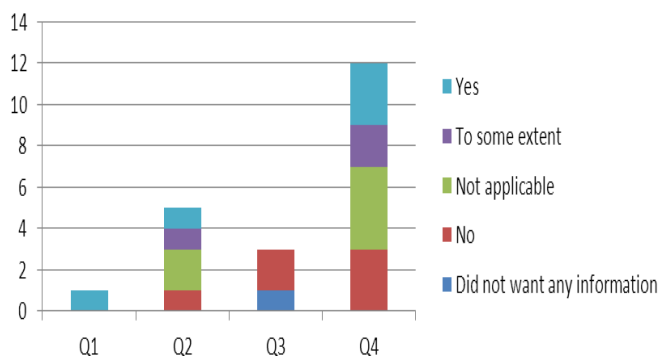
Count of Were you involved in the person's plan of care whilst they were in hospital?



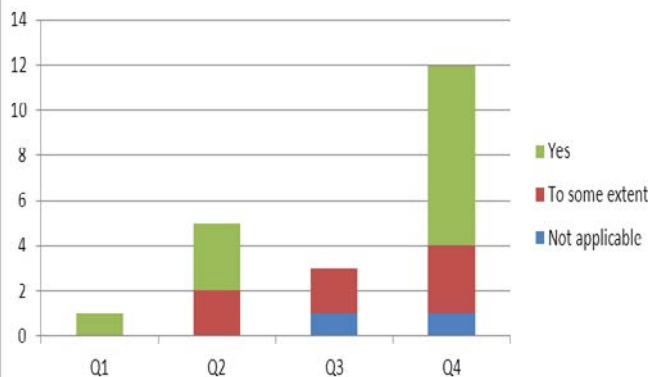
Count of Were your own health and support needs discussed with you whilst the person was in hospital?



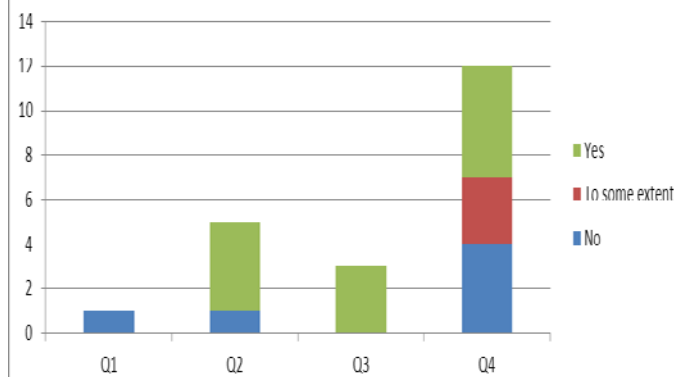
Count of Were you given information about carer support, advice and guidance that is available for you?



Count of Did you feel supported by staff whilst in hospital?



Count of Is there anything that we could do to support you during a subsequent admission to hospital?



Indicator			Target	Measure	Feb	Mar	Apr
Activity	NHS Deliveries	Benchmarked to 5042 per annum	420 per month	NHS	356	410	417
	Private Deliveries	Benchmarked to 840 per annum	72 per month	PMU	54	77	62
	Trust Deliveries	Total Maternities (Mother)	492	Trust	410	487	479
	Estimated Date of Delivery	Forecast deliveries from Booking EDD			487	603	554
		Attrition Rate: EDD / Actual deliveries (all)			15.8%	19.2%	13.5%
		Attrition Rate: EDD / Actual deliveries (NHS)			26.9%	32.0%	24.7%
	Total NHS Births (infants)			NHS	361	422	424
	Births	Birth Centre (excludes tranfers)		No. of patients	48	60	79
		Rate of Trust total SVD (NHS)		%	24.0%	26.9%	35.6%
		Home births - rate of NHS maternities		% NHS Dels	1.4%	1.2%	1.2%
	Norm. Vaginal Deliveries	SVD (Normal Vaginal Delivery)			200	223	222
		Maintain normal SVD rate	52%	SVD Rate	56.2%	54.4%	53.2%
	C- Section	Total C/S rate overall	<29%		30.6%	29.5%	29.3%
Emergency C Sections			No. of patients	46	49	59	
			<15%	%	12.9%	12.0%	14.1%
Assisted Deliveries	Elective C Sections		No. of patients	63	72	63	
		<11%	%	17.7%	17.6%	15.1%	
	Ventouse, Forceps Kiwi		No. of patients	47	66	73	
Clinical Indicators	PP Heamorrhage	Blood loss >2000mls	<10	PPH>2L	4	8	11
		Blood loss >4000mls		No. of patients			1
	Perineum	3rd/4th degree tears	<5% (RCOG)		3	2	5
				1.2%	1.7%	2.4%	
	Stillbirths	Number of Stillbirths		6	4	3	
	Readmissions	Neonatal < 28 days of Birth (Feeding)		2	3	n/a	
		Of which were born at C&W		2	2	n/a	
	PbR	Pathways	GP referrals received		680	820	998
			Antenatal Bookings completed	528	498	526	467
			Ref by 11w		378	418	358
% Ref by 11w				76%	79%	77%	
KPI: % Ref by 11w and seen by 12+6w			95%	94.7%	95.9%	93.0%	
Breaches (11w ref and booked > 12+6w				20	17	25	
Postnatal discharges			250	210	249	n/a	
Antenatal Casemix		Standard	64.6%	Risk factors at Booking	64.3%	61.6%	62.8%
		Intermediate	28.5%		25.7%	27.9%	25.5%
		Intensive	6.9%		10.0%	10.5%	11.7%
Risk	Maternal Morbidity	Maternal Death	Incident Form	0	0	0	
		ITU Admissions in Obstetrics	Patients	0	0	1	
	Serious Incidents	Serious Incidents (Orange Incidents)	Incidence	3	2	3	
KPI	VTE	Assessments	95%		94.3%	95.4%	97.2%
	Trust Level Indicators	NBBS - offered and discussed	100%		100.0%	100.0%	100.0%
		Maternity Unit Closures		LSA Db	0	0	0
		1:1 care	100%		94.2%	94.7%	93.5%
		Breastfeeding initiation rate	90%		91.0%	92.9%	90.2%
		Women smoking at time of delivery	<10%		1.1%	2.0%	1.2%
		Midwife to birth ratio - Births per WTE	1.30		1:28	1:32	n/a
		DSUMs complete & sent in 24hrs	80%		80.8%	80.8%	70.9%

Quality indicators (maternal & infant morbidity)

97.2% - VTE assessments, maternity remain a high performing area
100.0% - new born blood spot screening offered & discussed for all patients
90.2% - breastfeeding initiation rate remains high

14.1% NELCS continue green – overall working with flow midwife & BC has continued focus on this area.

15.1% ELCS – There is a pilot to start gatekeeping the 'request' form with minimum criteria and end direct booking. Proposed audit of individual consultant requesting patterns.

Overall CS rate is 29%, initial data from the birth centre shows CS rate, in these low risk women is <4%

Births in the MLU are continuing to increase with over 200 babies since the opening in mid Feb.

The MLU has been used as a backdrop (and credited) by the BBC & ITV main news reports on the NICE place of birth report.

PPH- There has been an increase in the PPH rate for this month to 11 with no obvious correlating cause – we will continue to monitor to make sure this is not a trend

Performance indicators

467 - Bookings looking low (PP looking good for May/Jun) – it is not yet know why this might be. Anecdotal evidence suggests the upcoming closure of Putney Bridge for repair might deter women from Wandsworth area. Further investigation needed into this.

93% - 12+6 failed - dashboard to go live improving feedback to team, breeches not excluded from this number. It is fully expected to meet target after this has been completed.

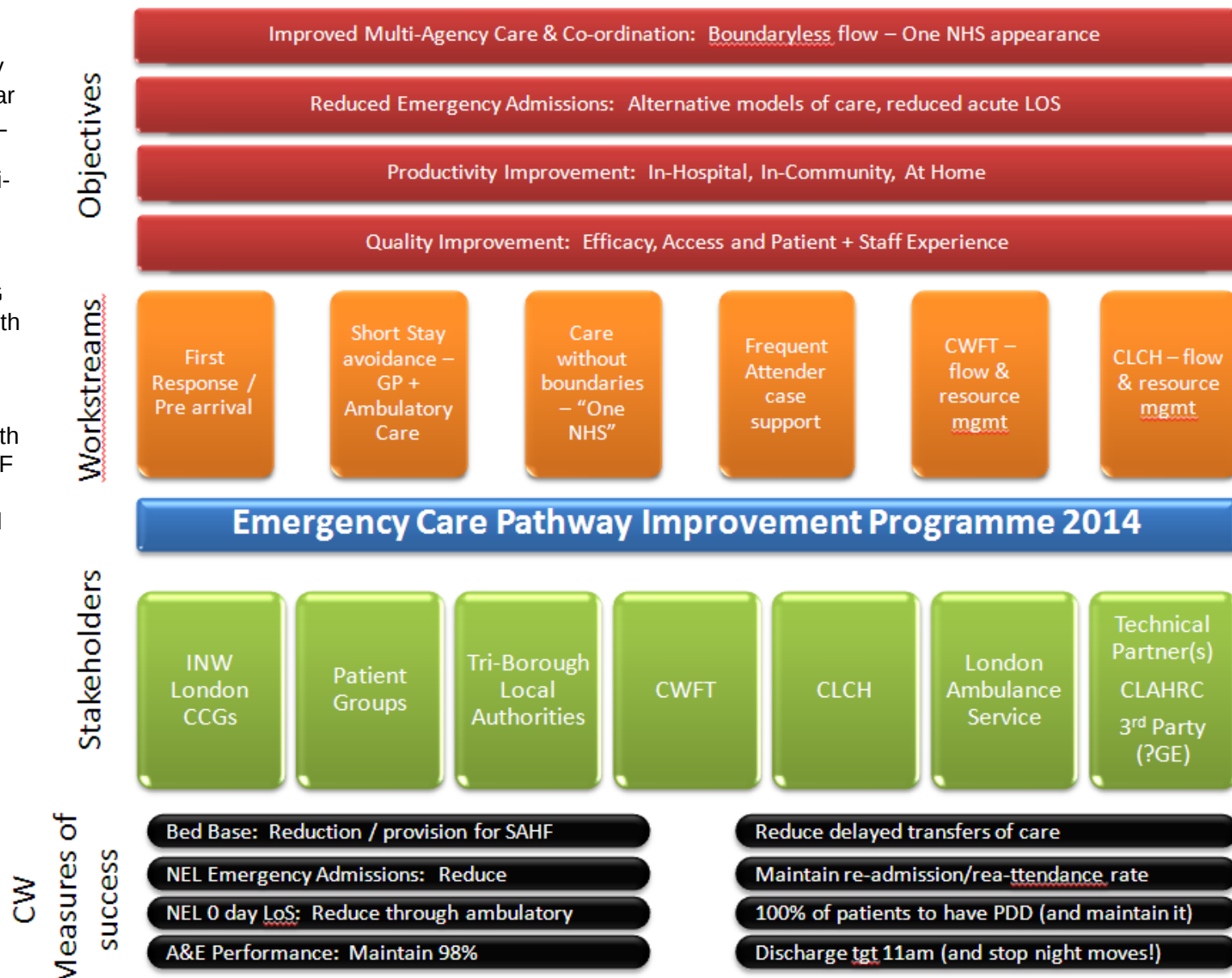
Executive Summary

This is Year 2 of the Emergency Care Pathway programme – year 1 established a reduction in NEL demand

The programme will take a multi-agency approach to enhancing emergency care, including controlling demand

It will be governed through CCG led Emergency Care Board – with local steering boards and workstreams as outlined here
Its criticality includes:

- Enabler for CWFT to cope with increased demand post-SAHF
- Maintains CWFT high A&E performance despite external pressures
- Works towards delivery the Accountable Care Concept



Aim:

The aim of the Planned Care Transformation Programme is to facilitate an improvement in both the efficiency and quality of care provided to elective patients, whether outpatients, inpatient or day-care patients and across both Primary and Secondary Care.

Objectives:

High level objectives have been discussed but these are likely to develop in the next month. Plans to deliver and metrics to monitor are being worked on in three work streams as follows:

Planned Care : Outpatients Transformation Objectives

- Enhance the referral process between GPs and Consultants, in particular to develop referral protocols which ensure the right diagnostics are undertaken prior to referral (or direct access routes used where appropriate) and that sufficient information is provided with the referral to reduce unnecessary hospital visits for the patient
- Benchmark and improve the proportion of patients who are able to agree a management / treatment plan at their first visit
- Increase the use of one-stop services, MDT clinics, and virtual clinics where appropriate
- Improve utilisation of outpatient clinics resource and the appointment booking / patient contact systems
- Benchmark and increase the flow of patients in appropriate clinical services out of hospital for follow up care / monitoring by their GP

It is expected that the enablers above will facilitate the achievement of a reduction of outpatient attendances which will be measured separately via the Outpatient Minimum Income Guarantee.

Planned Care : Theatres Transformation Objectives

- Review and improve processes regarding the surgical safety checklist (WHO)
- Delivery of human factors training using the simulation centre
- Review of scheduling processes to maximise use of theatre lists
- Develop the Treatment Centre and Surgical Assessment Lounge (SAL) to improve patient throughput and privacy and dignity
- Increase day case rates
- Improve pre-assessment and admission information for patients
- Reduce hospital & patient initiated cancellations , both short notice or on the day

Planned Care : Ward Transformation Objectives

- Delivery of enhanced care recovery and reduction in length of stay
- Improve the discharge process and communication provided to patient and GPs

Monitoring:

Specific dashboards for monitoring key indicators are being developed for the work streams. Benchmark data will be used for comparison , for the Trust to then aim to achieve best practice.

Governance:

The NHS Intensive Support Team (IST) are providing a review of planned care efficiency indicators and recommendations which will be incorporated into this project.

The ward dashboard brings together data from five information systems to present an at a glance view of performance of any ward at the Trust in near real time. Although still under development, MAPS workforce information on the ratio between qualified nurses and patients occupying beds at 8am is presented for the first time. This enables triangulation between the staffing levels, temporary staff usage and patient outcomes such as Harm Free Care and the Friends and Family Test.

The Director of Nursing and team are working with information to develop this dashboard and launch with Ward teams to ensure the most useful real time intelligence is available to pinpoint areas for improvement, and celebrate good practice.

Adult Wards Dashboard

Period Selected: Feb 2014 to Apr 2014

Max Patients in bed @ 8am = 309

Min Patients in bed @ 8am = 256

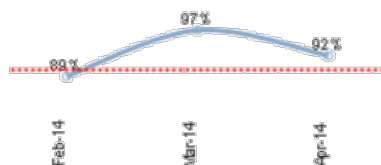
Last update 20/05/2014 10:10:49

Safety Thermometer - Harm Free Care

Internal Target > 90%



92.8%



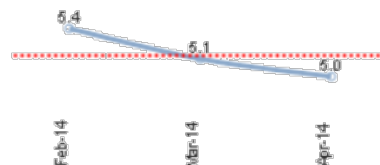
MonthYear	Total	Feb 2014	Mar 2014	Apr 2014
Harms	55	26	9	20
Patients Audited	754.0	238.0	259.0	257.0
% Active	92.8%	89.1%	96.5%	92.5%
HSMR (<100)	16.6	16.6	-	-

Average Length of Stay

Internal Target < Expected Long Stays (RR < 100)



5.2
RR = 101.4



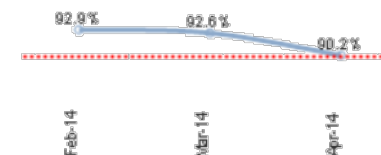
MonthYear	Total	Apr 2014	Mar 2014	Feb 2014
Distinct Patients	4,415	1,701	1,779	1,631
Discharges	4487	1448	1601	1438
Avg LoS	5.2	5.0	5.1	5.4
Elective RR	111.9	111.7	110.0	114.6
Non Elective RR	115.8	111.5	119.6	116.2

Friends & Family Test - Local Positive score

Internal Target > 90%



91.8%



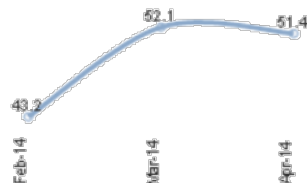
MonthYear	Total	Feb 2014	Mar 2014	Apr 2014
Positive Responses	1,724	527	602	595
Total Responses	1,877	567	650	660
Response Rate %	36.9%	46.9%	47.7%	21.9%
Net Promoter Score	62.0	64.0	64.6	57.7

Incident Reporting Rate Per 100 admissions

Internal Target > 8



48.9



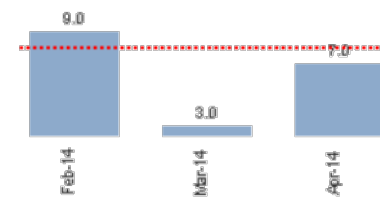
MonthYear	Total	Feb 2014	Mar 2014	Apr 2014
Incidents	434	128	164	142
Admissions	887.0	296.0	315.0	276.0
Reporting Rate	48.9	43.2	52.1	51.4

Developed Cat 3/4 Pressure Ulcers

Internal Target < 0.23 new 3/4 Pressure Ulcers per 1000 bed days



0.30



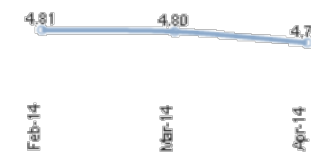
MonthYear	Total	Feb 2014	Mar 2014	Apr 2014
Grade 2	13	6	3	4
Grade 3	6.0	3.0	0.0	3.0
Grade 4	0	0	0	0
Rate per 1000	0.30	0.46	0.00	0.46

Staffing Levels - Ratio of Patients to Registered Nurses

Shifts covering 8am (data taken from MAPs) - Target < 8



4.78



MonthYear	Total	Feb 2014	Mar 2014	Apr 2014
Qualified Nurses	5171	1652	1842	1677
Patients in Bed	24,731	7,939	8,839	7,953

MonthYear	Apr 2014	Mar 2014	Feb 2014	01/04/2014
Complaints (Type 1 and 2) - Communication (Target: < 13)	21	20	22	21
Complaints (Type 1 and 2) - Discharge (Target: < 2)	0	1	0	0
Complaints (Type 1 and 2) - Attitude / Behaviour (Target: < 16)	14	18	13	14
Complaints Re-opened (Target: < 5%)	N/A	2%	1%	N/A
Complaints upheld by the Ombudsman (Target: = 0)	0	1	1	0
Formal complaints responded in 25 working days (Target: > 90%)	N/A	94%	74%	N/A
Total Formal Complaints (Target: NA)	0	33	19	0
Hospital cancellations \ reschedules of outpatient appointments % of total attendances (Target: < 8%)	9%	9%	9%	9%
Friends & Family Test - Local +ve score (Trust) (Target: > 90%)	91%	93%	92%	91%
Friends & Family Test - Net promoter score (Target: > 62)	58.9	64.8	61.7	58.9
Friends & Family Test A&E - response rate (Target: > 15%)	3.2%	29.7%	35.0%	3.2%
Friends & Family Test Inpatients - response rate (Target: > 25%)	21.9%	47.5%	45.7%	21.9%
Breach of Same Sex Accommodation (Target: = 0)	0	0	0	0

Hospital initiated cancellations/reschedules of outpatient appointments (HIC):

- The Surgical Directorate have seen a high number of HICs due to a gap (SpR) in the vascular service and are working hard to address this in the short term.
- The medical outpatient cancellation rate of 12%. Is mainly due to 3 specialties: Gastro, Neurology and Hepatology. This is due to insufficient consultant capacity and various actions are in train to address this, including the employment of locums.
- Surgery and Medicine will be implementing 'Medirota' in June 2014 which will support the management team to improve the management of annual leave.
- 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 improvements to be delivered via Planned Care Transformation Programme for 2014/15

Friends and Family Test

- The Friends and family response rate has reduced in April so the Division of Medicine will be renewing efforts of the matrons and ward managers to encourage patients to complete the questionnaire. The use of volunteers will be further explored to aid this, alongside working with the PALs team.
- During February and March (Q4 2013/14), in order to assure we met the CQUIN target of 25% response rate, investment in the form of personal support on ground level and text messaging was installed. A support worker attended all low performance wards and A&E to support staff and encourage methods of managing FFT. This boosted the paper questionnaire significantly (the support worker offered the survey to patients) and acted as a trigger for staff to remember to offer the test. There was a remarkable change in staff enthusiasm with the support worker and the expectation was that the good work should continue. Text messaging was piloted alongside, and we therefore boosted response further by capturing patients both by text message and paper. Both interventions discontinued in Q1 due to a) budget and b) end of text message pilot. Unfortunately staff engagement with FFT was low during April at A&E. The text message method has been reintroduced for May and we have already seen the response rate improve and will be on course to meet the baseline target of 15% in A&E and 25% for Inpatients for Q1 (current dashboard reflects 2013/14 target of 20%). We are awaiting sign off of a business plan to ensure the text message methods continue throughout the financial year.

Sub Domain	Trust Level Monthly Data				YTD
	MonthYear / ▼	Apr 2014	Mar 2014	Feb 2014	
RTT	18 week referral to treatment times Admitted Patients (Target: > 90%)	86.4%	90.1%	90.0%	86.4%
	18 week referral to treatment times Non Admitted Patients (Target: > 95%)	96.3%	96.8%	97.0%	96.3%
	18 week RTT incomplete pathways (Target: > 92%)	92.1%	92.1%	92.1%	92.1%
	RTT Incomplete 52 Wk Patients @ Month End (Target: = 0)	0	0	0	0
OP	Choose and Book slot issues (Target: < 2.0%)	2.7%	4.6%	6.6%	2.7%
Cancer	Cancer urgent referral Consultant to treatment waiting times (62 Days) (Target: > 90%)	N/A	N/A	N/A	N/A
	Cancer urgent referral GP to treatment waiting times (62 Days) (Target: > 85%)	100.0%	93.5%	92.0%	100.0%
	Cancer diagnosis to treatment waiting times - Subsequent Surgery (Target: > 94%)	N/A	95.7%	100.0%	N/A
	Cancer diagnosis to treatment waiting times - Subsequent Medicine (Target: > 98%)	N/A	100.0%	100.0%	N/A
	Cancer urgent referral to first outpatient appointment waiting times (2WW) (Target: > 93%)	97.0%	96.5%	95.2%	97.0%
	Cancer diagnosis to treatment waiting times - 31 Days (Target: > 96%)	100.0%	N/A	N/A	100.0%
Referrals	GP Referrals (Target: > NA)	7501	8304	7545	7501
OP/IP Wait Times	Outpatients - New Appointment Waiting Times (Target: > NA)	5.4	5.3	5.4	5.4
	Inpatient - New appointment waiting times (Target > NA)	11.8	8.6	9.1	11.8

Choose and book slot issues:

Choose and Book slots issues are a key access indicator for those GPs, with whom performance is regularly discussed at Clinical Quality Group.

The cause of slot issues falls into two broad categories: capacity issues and administrative issues.

- Capacity issues affect all patients irrespective of how they are referred and work is ongoing to address this in all areas where demand outstrips supply and to have a nimbler response to such issues.
- Administrative issues are fully within our control and frequently relate to available slots within our internal booking system not being made visible to Choose and Book. Therefore all areas have been tasked with reviewing every appointment slot to ensure that they are published to Choose and Book if appropriate. The process for establishing new clinic resources has also been tightened to ensure that the Central Booking team are aware of services and can provide a safety-net in case the appointments are not linked to Choose and Book.

The Access meeting will continue to focus on this area to ensure that improvements are made and sustained.

MonthYear	Apr 2014	Mar 2014	Feb 2014	01/04/2014
Delayed transfers - Patients affected (Target: < 0)	0.5%	1.4%	3.7%	0.5%
No urgent op cancelled twice (Target: < 0)	0	0	0	0
On the day cancellations not rebooked within 28 days (Target: = 0)	0	0	0	0
Theatre booking conversion rate (Target: > 80%)	88.8	88.2	87.4	88.8
Theatre Active Time - % Total of Staffed Time (Target: > 70%)	67.1%	67.5%	69.5%	67.1%
Coding Levels complete - 7 days from month end (Target: > 95%)	This indicator is currently under review – internal reporting shows as compliant against this target			
GP notification of an A&E-UCC attendance < 24 hours (Target: > 70%)	100%	100%	96%	100%
GP notification of an emergency admission within 24 hours of admission (Target: >)	100%	100%	100%	100%
GP Notification of discharge planning within 48 hours for patients >70 (Target: > 70%)	63.6%	72.9%	67.8%	63.6%
OP Letters Sent < 7 Working Days (Target: > 70%)	81.3%	85.9%	87.2%	81.3%
Discharge Summaries Sent < 24 hours (Target: > 70%)	79.0%	81.9%	81.6%	79.0%
DNA Rate (Target: <11.1%)	10.9%	9.0%	9.3%	10.9%

Theatre Productivity

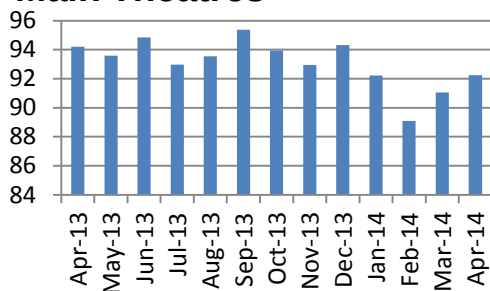
- The surgical management team have implemented a 'scrub in / scrub out' session, where patients are tracked to ensure that all daily planned procedures do actually take place. Where theatre sessions start late or finish early, these will be escalated to the general manager and clinical lead to address with the surgeon and admissions team.
- There have been a high number of short notice cancellations which has resulted in some productivity issues. The team have been advised to book all long waiting patients into theatre sessions over the next 3 – 4 months in order to ensure that the RTT backlog is significantly reduced

Discharge Summaries

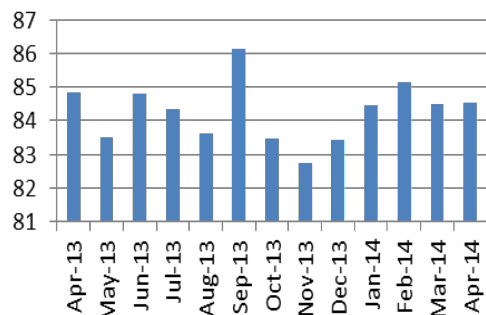
- The number of DSUMs sent < 24 hours has slipped below the 80% target and so the Division of Medicine and Surgery will be analysing which wards / departments have been affected and re-iterate the process with the junior medical and ward staff

Conversion rate % Booked to Complete

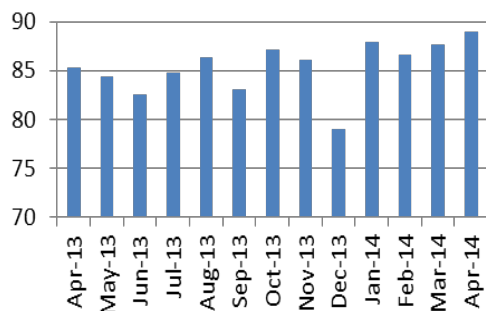
Main Theatres



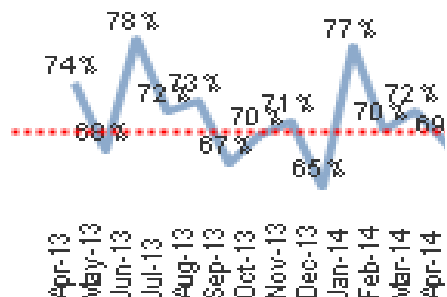
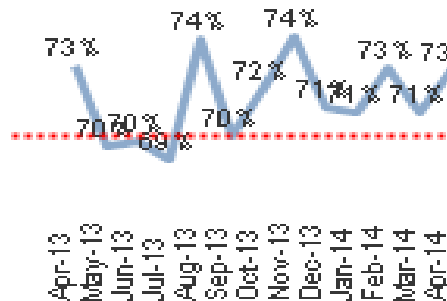
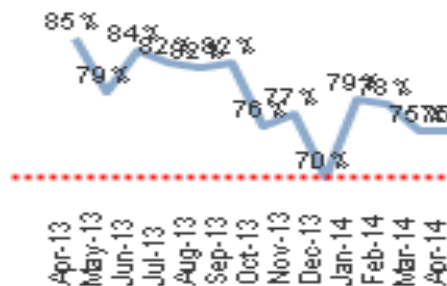
Treatment Centre



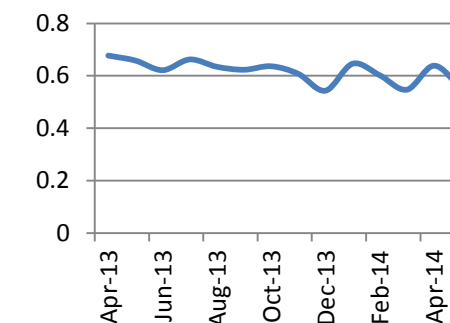
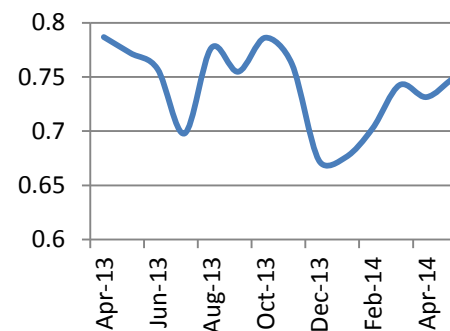
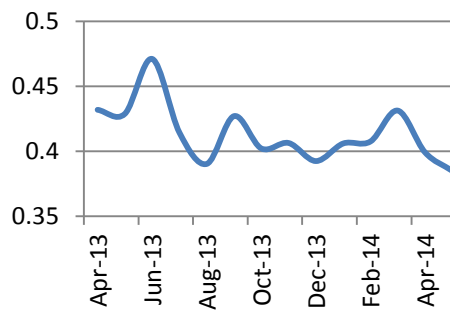
Paediatrics



% Time Active



Cases per staffed hour



Commentary on key points: Main Theatres

Main theatres have been running additional sessions in order to support the RTT backlog clearance, however the admissions team have experienced a high volume of short notice cancellations (per 4 weeks, 210 patients cancel with less than 14 days notice). The admissions team find these short notice slots difficult to fill, as most patients, requiring major surgery are not available at short notice.

For 12 months prior to October 2013 the average active time was 84%. October 2013 to April 2014 average is 76%, suggesting RTT and operational challenges may have impacted throughput. Two specialities appear to have seen the most notable changes for the same periods – T&O (88% to 79%) & Gen Surg (85% to 75%)

Commentary on key points: Treatment Centre

The treatment centre has continued to work on improving efficiency through a morning and evening de-brief. This helps prioritise the list and ensure that all patients are accounted for and that any changes that are required happen 'upstream' in the day.

Prior to 2013/14 Financial year treatment centre achieved an active time of 70% or above only twice. During 2013/14, the active time only dropped below 70% once. While there is still further room for improvement, it appears to be on the right improvement trajectory.

Commentary on key points: Paediatrics

Improved confirmation and calling to see if patient is fit for surgery the day before has led to a reduction in the number of patients cancelled on the day and improved conversion Rate, specifically in Dental.

Piloting 'patients on stand by' has led to last minute cancellations being covered.

Specialities with lists booking complex patients often taking the entire list have proved challenging when the patients is cancelled. This has impacted significantly on active theatre time. While the range for Paeds is between 65% & 78%, the overall average has been consistent throughout the year.

*Active Time is a measure of Surgical Time and Anaesthetic time. It does not include the time between cases, or Turn around time. Referencing the FT results the Trust turn around time is ~18%, therefore Active time can never be 100% of scheduled time. The Foundation Trust 2013 Target for active time was set at 70%. It appears we have over performance against this target and it is suggested the Trusts internal active time target is re-evaluated now that all theatre groups are performing above 70%.

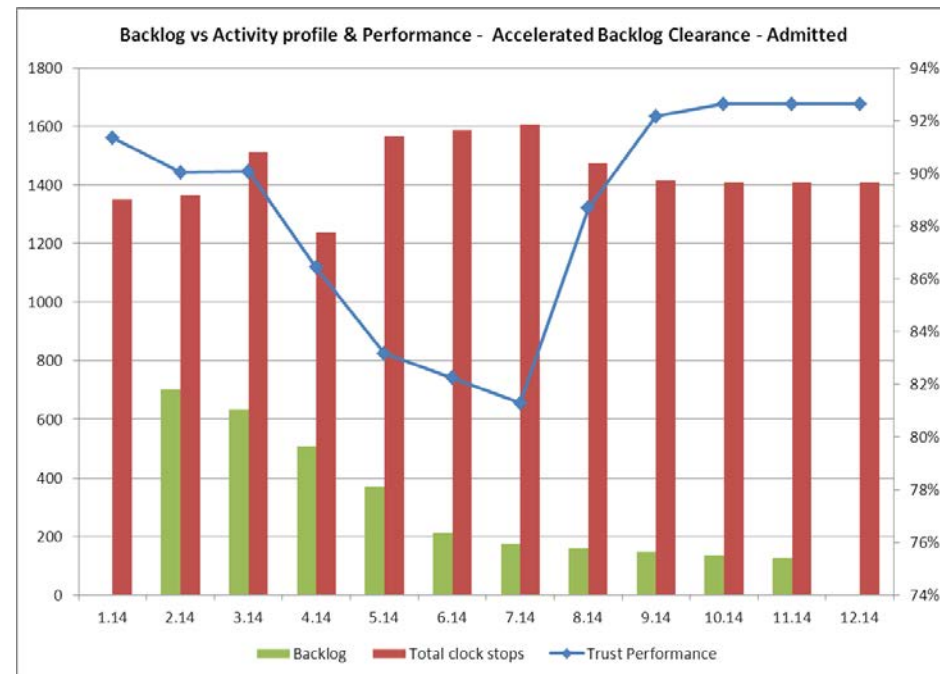
Each directorate has committed to further increase in run rate or throughput at as part of their respective 14/15 Strategy as well as releasing sessions to PP from June 2014.

Executive summary

The April 2014 Board agreed, with Monitor and with CCG Commissioners support, that C&W will pursue an accelerated RTT backlog clearance programme in order to treat as quickly as possible the long waiting patients identified in early 2014, in both Surgical Specialties and Paediatrics. This will result in the Trust RTT performance against the Admitted standard being non-compliant during Q1, and possibly during the early part of Q2. There will also be a risk of breaching the Incomplete Pathways standard during this period.

This programme has now been set up and is in progress since the beginning of May with the following actions taken:

- A trajectory for accelerated clearance has been developed and shared with Monitor and CCG Commissioners (see below). CCG Commissioners have agreed to reinvest applicable fines for non-compliance with RTT standards into the Trust's recovery plan from 1 April 2014.
- A weekly RTT Recovery meeting is in place chaired by DDO Med Surg/CSS and attended by Clinical Leads and General Managers, with Recovery Action Plan drawn up and monitored, and delivery against trajectory reviewed. This meeting feeds into the Access Meeting (weekly) where overall performance against RTT standards is monitored.
- A programme of work across Surgery and Paediatrics is in place to arrange additional lists, and to ensure effective scheduling and theatre efficiency.
- Outsourced capacity is being sought from other providers where appropriate, in particular to support specialties where internal capacity is constrained. This is currently anticipated to be primarily in Orthopaedic Hand Surgery with the outsourcing of approx. 50 patients. Plastic Surgery outsourcing is also being explored.
- The trajectory has been reviewed and assured by the NHS Intensive Support Team (IST) who will also undertake a review of scheduling processes and efficiency indicators to support the recovery plan.
- Programme management support has been procured to manage the recovery plan through to conclusion in Q2



April 2014 Admitted Referral to Treatment Performance				
Treatment Function	ClockStops <= 18Weeks	ClockStops > 18Weeks	Total Clock Stops	% Perf (Target 90%)
Overall Performance	1072	169	1241	86.4 %
Dermatology	19	2	21	90.5 %
General Surgery	74	37	111	66.7 %
Gynaecology	84	0	84	100.0 %
Neurology	1	0	1	100.0 %
Ophthalmology	72	6	78	92.3 %
Plastic Surgery	118	30	148	79.7 %
Trauma & Orthopaedics	96	21	117	82.1 %
Urology	62	9	71	87.3 %
Other	546	64	610	89.5 %

Division	Total	Clinical Support Services Division	Management Exec & Corporate Services Division	Medicine, Surgery & Private Patients Division	Womens, Childrens and Sexual Health Division
Fire	63%	66%	83%	55%	60%
Moving & Handling	75%	80%	71%	72%	75%
Safeguarding Adults Level 1	100%	100%	100%	100%	100%
Slips Trips and Falls	73%	78%	75%	71%	69%
Harrassment & Bullying	85%	90%	83%	84%	82%
Information Governance	65%	75%	74%	59%	58%
Hand Hygiene	75%	78%	75%	73%	74%
Health & Safety	74%	79%	76%	69%	72%
Child Protection Level 1	100%	100%	100%	100%	100%
Innoculation Incident	85%	87%	75%	90%	84%
Basic Life Support	74%	81%	90%	68%	73%
Health Record Keeping	82%	83%	96%	83%	81%
Medicines Management	87%	88%	100%	87%	85%
VTE	87%	83%	96%	84%	90%
Blood	80%	86%	96%	79%	78%
Safeguarding Children Level 2	86%	88%	90%	81%	87%
Safeguarding Children Level 3	70%	77%	100%	92%	67%
Corporate Induction	85%	87%	75%	90%	84%
Local Induction	46%	57%	50%	39%	41%
Mandatory Training Compliance %	78%	82%	85%	78%	77%

Health and Safety Indicators	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%

NB: Health and Safety Data not updated since last report. Awaiting updates from Divisions. This is work in progress. The data validity is to be checked against the records held by Divisions. The frequencies for inspections require ranking against level of risk with adjustment to be made to the data table.

The Mandatory Training records are accurate and can be relied upon.

HR Metric		Monthly Target	April	~2013/14 Out-turn	2014/15 Annual Target	12 Month Rolling YTD
Turnover rate***		15.40%	15.77%	14.82%	13.50%	14.93%
Vacancies	Total	8.00%	9.69%	8.74%	8%	8.92%
	Active	3.25%	3.99%	3.02%	3.25%	3.10%
Time to Recruit	Authorisation to pre-employment checks completed	<55 days	50 days	-	<55 days	**50 days
Sickness rate		3.50%	3.41%	3.44%	3.50%	3.45%
Agency % of WTE		3.15%	2.40%	4.00%	3.15%	3.80%
Appraisals	Non-Med	78%	80%	85%	85%	85%
	Medical	78%	79%	70%	85%	71%
Mandatory training*		79%	78%	77%	95%	77%

Appraisals & Training

The non-medical appraisal rate increased to 80% in April 2014 which is an increase of 2% on last month. Reports have been issued to managers to ensure that this issue is addressed. Consultant appraisal rates currently stand at 79%, with on-going work to support medical appraisals being undertaken.

Mandatory training figures for April 2014 decreased by 1% from March 2014 to 78%. An ambitious target of 95% compliance has been set for 2014/15. This is a highly aspirational target which will require a review of our policy and processes in relation to mandatory training. Health & Safety training stands at 73% (compliance rate of staff trained within the two year refresher period across all staff groups)

Average (Appraisal rate) across LATTIN Trusts = 69.84% (latest data available)

Average (Statutory mandatory training) across LATTIN Trusts = 74.21% (latest data available)

Vacancies

The Trust's vacancy rates are calculated using the budgeted WTE (based on reconciliations with the Finance department), and the WTE of staff in post at the end of the month. This represents the 'total vacancy' position. The total Trust vacancy rate for April 2014 was 9.69%, which represents an increase of 2.10% on last 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 but due to a delayed Month 1 close not all cost centres have been fully reconciled. A truer measure of vacancies is those posts being actively recruited to, based on the WTE of posts being advertised through NHS jobs throughout April 2014. The active vacancy rate for April was 3.99% which is above the monthly target of 3.25%. This increase was caused by bulk nursing recruitment in key areas over the period. A new central establishment process came into effect at the end of January 2014 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 date that all pre-employment checks were completed) for April starters was 50 days (once international, Deanery and planned recruitment was excluded). This was 5 days quicker than the 55 day monthly target set for 2014/15.

Average across LATTIN Trusts = 11.23% (latest data available)

Staff in Post

In April 2014 the Trust staff in post position stood at 3048.81 WTE (whole time equivalents) with the substantively employed workforce increasing by 77.04 WTE (2.59%) since April 2013. The greatest increase was seen in the Medicine & Surgery Division (34.53 WTE).

Turnover

Unplanned staff turnover (i.e. resignations) increased to 15.77% in April 2014. This is 2.27% 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.

Average across LATTIN Trusts = 11.33% (latest data available)

LATTIN = London Acute Training Trusts (Imperial College, King's College, Royal Free Marsden, UCLH, Chelsea & Westminster, and Guy's).

Board of Directors Meeting, 27 May 2014 (PUBLIC)

AGENDA ITEM NO.	4.2/May/14
PAPER	Corporate Governance Statement - Assurance for the governance statement from the Board for the Monitor Annual Plan
AUTHOR	Layla Hawkins, Interim Head of Corporate Affairs
LEAD	Layla Hawkins, Interim Head of Corporate Affairs
PURPOSE	To provide assurance for the Board to be able to sign off the corporate governance statement.
LINKS TO OBJECTIVES	Links to effective governance
RISK ISSUES	None
FINANCIAL ISSUES	None
OTHER ISSUES	None
LEGAL REVIEW REQUIRED?	No
EXECUTIVE SUMMARY	The Board is required to complete a corporate governance statement as part of the annual plan submission to Monitor which is attached. This paper outlines the response proposed for each question and the assurance in place.
DECISION/ ACTION	For agreement.

Corporate Governance Statement from the Board of Chelsea and Westminster for Monitor Annual Plan 2014

The Board are required to respond "Confirmed" or "Not confirmed" to the following statements, setting out any risks and mitigating actions planned for each one

Corporate Governance Statement

1. The Board is satisfied that the Trust applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.
Confirmed
Assurance: The position against the Quality Governance Framework was assessed at the Audit Committee in May 2013 and assurance for 13/14 will go to the Audit Committee in July.
2. The Board has regard to such guidance on good corporate governance as may be issued by Monitor from time to time
Confirmed
Assurance: Monitor Code of Governance compliance considered by the Board at its April meeting.
3. "The Board is satisfied that the Trust implements:
(a) Effective board and committee structures;
Confirmed
Assurance: Board member appraisal, Board Committees Terms of Reference

(b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and
Confirmed
Assurance: Board Committees Terms of Reference reviewed and approved by the Board annually.

(c) Clear reporting lines and accountabilities throughout its organisation.
Confirmed
Assurance: Terms of reference for committees, directors responsibilities stated in the Annual Report, organisational structure.
4. "The Board is satisfied that the Trust effectively implements systems and/or processes:
(a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively;
Confirmed
Assurance: Performance and Finance Reports.

(b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations;
Confirmed
Assurance: Performance and Finance Reports.

(c) To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State,

the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions;

Confirmed

Assurance: CQC Intelligent Reports, latest inspection September 2014 where we passed all six standards.

(d) For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern);

Confirmed

Assurance: External audit, monthly finance reports, quarterly Monitor returns.

(e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making;

Confirmed

Assurance: Papers and Minutes of Board and its Committees.

(f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence;

Confirmed

Assurance: A paper on how the Trust ensures compliance with the Licence will be considered by the Audit Committee on 8 July 2014.

(g) To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and

Confirmed

Assurance: Audit Committee Annual Report; Internal Audits; Assurance Committee Reports; Finance and Investment Committee minutes.

(h) To ensure compliance with all applicable legal requirements.

Confirmed

Assurance: Constitution meets legal requirements.

5. "The Board is satisfied that the systems and/or processes referred to in paragraph 5 should include but not be restricted to systems and/or processes to ensure:

(a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided;

Confirmed

Assurance: We have clear roles with accountability for leadership of quality of care, the board scrutinises quality regularly and there is a dedicated sub committee structure both of the Board, Council of Governors and Executive which provides oversight and assurance, likewise the board regularly reviews its composition to ensure appropriate experience and skills are brought to bear to ensure assurance on the quality agenda.

(b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations;

Confirmed

Assurance: The trusts planning process pays high regard to improving the quality of services and full consideration of the quality impact of CIPs, the

Chief Nurse & Director of Quality and Medical Director provide particular assurance to the Board and CCGs on the latter

(c) The collection of accurate, comprehensive, timely and up to date information on quality of care;

Confirmed

Assurance: Provided through quality account, assurance committee reports, board reports

(d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care;

Confirmed

Assurance: The performance report provides the latest information on a monthly basis, likewise further quality information is provided to the Council of Governors Quality Sub-Committee and Assurance Committee on a regular basis.

(e) That the Trust, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and

Confirmed

Assurance: The trust actively participates with the local CCGs on these matters through the clinical quality group, we engage with governors through the Council of Governors Quality Sub-Committee. We encourage and use direct patient feedback through multiple formal and informal mechanisms. Formal mechanisms include regular use of friends and family data, complaints themes and positive feedback. Informally we encourage and act upon any feedback to any member of staff, governor or volunteer.

(f) That there is clear accountability for quality of care throughout the Trust including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.

Confirmed

Assurance: The Assurance Committee (a Sub Committee of the Board) seeks overall assurance in relation to risks identified to quality of care & escalates to the Board as required. A Quality Committee oversees clinical quality & provides regular reports into the Assurance Committee.

A risk register is collated and checked regularly by the Head of Governance and clinical and corporate risks are recorded on the Board Assurance Framework. Executives are asked for updates on action plans and the risks are reviewed and presented to the Board together with any mitigating actions which are reported on a quarterly basis.

The quality of care is reported in the mandatory Quality Account and key to this are the 4 key Quality Care Priorities that are monitored quarterly at the Assurance Committee and can be escalated as appropriate. Divisional Boards oversee quality monthly and there is also a quarterly quality report in each division. Risks are escalated to the Executive Team and the Quality Committee through to the Assurance Committee and Board as appropriate.

Executive Directors hold individual responsibilities for key risks, with overall responsibility lying with the Chief Nurse and Director of Quality.

In addition there are direct routes in which and staff can raise risks and concerns other than by formal committee route or structures. The Trust also uses its CQUIN portfolio to demonstrate accountability and how quality issues are raised to the Board and to the Commissioners.

For governance, that:

6. The Board is satisfied that there are systems to ensure that the Trust has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provider licence.

Confirmed

Assurance: Recent appointment of Chairman and Non-executive Directors. Council of Governors Nominations Committee of identified skill sets/areas of experience required on the Board.

The board are required to respond "Confirmed" or "Not confirmed" to the following statements (please select 'not confirmed' if confirming another option). Explanatory information should be provided where required.

1 & 2 General condition 6 - Systems for compliance with license conditions

1. Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied, as the case may be that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution.

Confirmed

Assurance: Risk Management and Strategy presented to the Board in July 2013; Quarterly Board Assurance Framework and Risk Reports presented to the Board; passed NHSLA Level 3 assessment in October 2013.

AND

2. The board declares that the Licensee continues to meet the criteria for holding a licence.

3 Continuity of services condition 7 - Availability of Resources

- 3a After making enquiries the Directors of the Licensee have a reasonable expectation that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate.

Confirmed

Assurance: Refer to the Finance Plan Commentary within the Operation Plan for 2014/15.

Statement of main factors taken into account in making the above declaration

In making the above declaration, the main factors which have been taken into account by the Board of Directors are as follows:

- Level of savings through efficiency and productivity required to deliver the financial plan over the next two years
- Level of growth in non-NHS income
- Changes to commissioner, with significant elements of the Trust's services now commissioned by Local Authorities
- The impact on cash management following commissioning changes.

[e.g. key risks to delivery of CRS, assets or subcontractors required to deliver CRS, etc.]