

Chelsea & Westminster Hospital NHS Foundation Trust
Board of Directors
Board of Directors meeting 30 April 2015 PUBLIC
Hospital Boardroom
30 April 2015 16:00

Board of Directors Meeting (PUBLIC SESSION)

Location: Hospital Boardroom, Lower Ground Floor, Lift Bank C
Date: Thursday, 30 April 2015 Time: 16.00

Agenda

GENERAL BUSINESS				
16.00	1.	Welcome & Apologies for Absence	Verbal	Chairman
16.02	2.	Declarations of Interest	Verbal	Chairman
16.03	3.	Minutes of the Previous Meeting held on 26 March 2015	Report	Chairman
16.05	4.	Matters Arising & Board Action Log	Report	Chairman
16.10	5.	Chairman's Report	Verbal	Chairman
16.15	6.	Chief Executive's Report	Report	Chief Executive Officer
16.20	7.	Patient Experience Case Study	Verbal	Director of Nursing
QUALITY & TRUST PERFORMANCE				
16.45	8.	Children's Inpatient Survey Results and Action Plan	Report	Director of Nursing
16.55	9.	Performance & Quality Report, <i>including Financial Performance Summary</i>	Report	Executive Directors
17.20	10.	CQC Update	Verbal	Director of Nursing
17.25	11.	Monitor In-Year Reporting & Monitoring Report Q4	Report	Chief Finance Officer
GOVERNANCE				
17.35	12.	Register of Seals Report Q4	Report	FT Secretary
ITEMS FOR INFORMATION				
17.40	13.	Questions from Members of the Public	Verbal	Chairman/ Executive Directors
17.45	14.	Any Other Business		

18.00	15.	Date of Next Meeting – 26 May 2015		
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Board of Directors Meeting, 30 April 2015

PUBLIC

AGENDA ITEM NO.	3/Apr/15
REPORT NAME	Draft Minutes of the Public Session of Meeting of the Board of Directors held on 26 March 2015
AUTHOR	Thomas Lafferty, Foundation Trust Secretary
LEAD	Sir Tom Hughes-Hallett, Chairman
PURPOSE	To provide a record of any actions and decisions made at the meeting.
SUMMARY OF REPORT	This paper outlines a record of the proceedings of the public meeting of the Board of Directors on 26 March 2015.
KEY RISKS ASSOCIATED	None.
FINANCIAL IMPLICATIONS	None.
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	None.
LINK TO OBJECTIVES	NA
DECISION/ ACTION	The meeting is asked to agree the minutes as a correct record of proceedings. The Chairman is asked to sign the agreed minutes.

Minutes of the Board of Directors (Public Session)
Held at 16.00 on 26 March 2015 in the Boardroom, Chelsea & Westminster Hospital

Present:	Sir Thomas Hughes-Hallett	Trust Chairman	(Chair)
	Sir John Baker	Non-Executive Director	(JB)
	Jeremy Jensen	Non-Executive Director	(JJ)
	Nilkunj Dodhia	Non-Executive Director	(ND)
	Liz Shanahan	Non-Executive Director	(LS)
	Dr Andrew Jones	Non-Executive Director	(AJ)
	Jeremy Loyd	Non-Executive Director	(JL)
	Lorraine Bewes	Chief Financial Officer	(LB)
	Zoe Penn	Medical Director	(ZP)
	Dominic Conlin	Director of Strategy & Integration	(DC)
	Susan Young	Chief People Officer & Director of Corporate Affairs	(SY)
	Vanessa Sloane	Director of Nursing	(VS)
	Rakesh Patel	Director of Finance	(RP)
	Karl Munslow-Ong	Chief Operating Officer	(KMO)
	Thomas Lafferty	Company Secretary	(TL)

1.	Welcome and Apologies for Absence	
a.	The Chair welcomed all present to the meeting. He particularly welcomed KMO who was attending his first Public Board meeting as the Trust's Chief Operating Officer.	
b.	The Chair noted that it would be RP's last Board meeting as the Trust's Director of Finance. On behalf of the Board, he thanked RP for his excellent work and commitment to the Trust during his tenure.	
c.	It was noted that Eliza Hermann, Non-Executive Director (EH), Andrew Jones, Non-Executive Director (AJ) and Elizabeth McManus, Chief Executive Officer (EM) had given their apologies for the meeting.	
2.	Declarations of Interest	
a.	No interests were declared with regard to the matters to be discussed on the Board agenda.	
3.	Minutes & Actions from Previous Meeting: 26 February 2015	
a.	The minutes from the previous meeting were agreed as a true and accurate record, subject to an amendment to minute 9f which should have stated that 'TL explained that the Council of Governors would need to approve the acquisition. In considering this decision, the Council would need to assure itself that the Board had:' <i>(minute continues as originally drafted)</i> .	TL
4.	Matters Arising & Board Action Log	
a.	The Board Action Log was reviewed and noted.	

<p>b.</p> <p>c.</p>	<p>ZP commented upon action 10g which related to the 12 hour Consultant assessment KPI. She explained that all patients admitted to Hospital as emergency admissions needed to be assessed by a doctor within 12 hours of their admission. The Trust was reporting achievement of this KPI in only 60-80% of cases, against a target of 90%. However, this was largely due to the incorrect administrative process that doctors were following when recording their assessments. A recent manual audit had identified performance to be above the 90% target. She advised that the clinical teams were being re-educated with regard to the correct process and that she expected to see an improvement the next time the KPI was reported to the Board.</p> <p>JL noted action 6c with regard to the request that the Board be provided with an ‘overview’ of all that had been achieved in response to the 2014 CQC inspection. It was agreed that a report on this would come back to the Board in June via the Quality Committee.</p>	<p>VS</p>
<p>5.</p> <p>a.</p> <p>b.</p> <p>c.</p> <p>d.</p> <p>e.</p> <p>f.</p> <p>g.</p>	<p>Chairman’s Report</p> <p>The Chair verbally reported on a number of key issues.</p> <p>The Chair noted that the first Trust ‘Constituency Meeting’ had been held on 25 March 2015 within the Royal Borough of Kensington & Chelsea. Whilst the event had encountered logistical challenges, he noted that the meeting was nevertheless well received and had provided an invaluable opportunity for the Trust to connect with its membership. He noted that further constituency meetings for the Trust’s other constituency areas had been planned.</p> <p>The Chair advised that the building of the ‘Medicinema’ within the Hospital was making good progress. He noted the local concerns that had been aired with regard to the funding of the project. He reassured the Board and members of the public that the Medicinema had been funded through charitable investment and did not draw from NHS funding. Moreover, once completed, the Medicinema would be used by all staff as a venue for education, development and learning. He accepted that the Trust needed to improve its communications around the establishment and purpose of the Medicinema and he asked that SY look to address this.</p> <p>The Chair advised that the Trust had now advertised for the permanent Chief Executive Officer position. He expected to receive applications from a wide range of candidates and planned to make an announcement as to who had been appointed in early June 2015.</p> <p>The Chair noted that the Board would engage in a ‘Board-to-Board’ session with the West Middlesex University Hospital NHS Trust (WMUH) Board on 30 March 2015 as a key milestone within the overall transaction pathway. He noted that, as of the same date, WMUH would welcome a new Chief Executive Officer, Jacqueline Totterdell and Chairman, Nick Gash (formerly Deputy Chairman).</p> <p>Dr Cadman, one of the Trust’s Governors, asked the Chair whether Governors would be given access to the full business case (FBC) relating to the WMUH acquisition. The Chair asked TL to establish a ‘data room’ where the full suite of FBC documents could be reviewed by Governors.</p> <p>The Chair noted that members of the Board were increasingly concerned by the growing number of liabilities and penalties which NHS organisations would be subjected to following a number of new statutory and regulatory duties which had been established in response to recent scandals within the NHS. JB noted that this had been discussed at the 24 March 2015 Audit Committee where it was noted that four of the key ‘sector developments’ highlighted by the Trust’s external auditor related to an increased statutory/regulatory requirement on Trust’s relating to candour and transparency. The Chair said that the increased threat of</p>	<p>SY</p> <p>TL</p>

	<p>punitive action against healthcare organisations presented a risk of driving defensive practices and distracted from the focus upon patient need and the development of integrated care. He and JB would seek to raise a public debate on the issue through liaison with key colleagues external to CWFT.</p>	THH/JB
<p>6.</p> <p>a.</p> <p>b.</p> <p>c.</p> <p>d.</p> <p>e.</p>	<p>Chief Executive’s Report</p> <p>ZP summarised the report.</p> <p>The Chair noted that the report made reference to the awaited WMUH CQC Inspection Report. He advised the Board that EM would be attending the WMUH Quality Summit on 30 March 2015 where the report would be received and discussed.</p> <p>JB noted that the report made reference to the Monitor assessment process which the Trust had now entered as part of the WMUH transaction pathway. He advised that he had chaired the ‘kick-off’ meeting for this due diligence process which would effectively aim to provide assurance to Monitor that the Trust was ‘ready’ to proceed to acquire WMUH and that there were sufficient plans in place to mitigate any key risks.</p> <p>SY drew the Board’s attention to the Star Awards which were due to take place on 30 April 2015. She expressed thanks to CW+ which was sponsoring the event.</p> <p>The Chair noted that the report made reference to a ‘branding exercise’ which the Trust was in the process of tendering for in relation to the WMUH acquisition and asked for further detail on this. DC explained that this exercise was focused upon stakeholder engagement, establishing a post-acquisition vision and did not include consideration of the post-acquisition ‘name’ of the Trust. The Chair said that, going forward, it was important that the Board had the opportunity to review any items of expenditure that were potentially susceptible to pro bono or charitable support.</p>	
<p>7.</p> <p>a.</p> <p>b.</p> <p>c.</p>	<p>Patient Experience Case Study</p> <p>The Board received a presentation from Jane Bell, a parent whose three children had each experienced prolonged periods of care at CWFT due to their suffering from complex bowel disorders.</p> <p>During the presentation, Ms Bell praised the dedication and professionalism of the hospital staff that she encountered; noting that they became part of her ‘extended family’ such was the level of care that they displayed. She noted that clinical treatment was only part of her children’s patient experience and that the Trust through a variety of means had also met the children’s’ emotional, social and educational needs, providing care in a ‘holistic’ sense.</p> <p>The Chair thanked Ms Bell for her moving and inspiring presentation and asked if she had any particular requests of the Board. Ms Bell advised that she had established a charity called ‘Gutsy Gastros’ which specifically aimed to support children who had complex bowel disorders and their families. The Board voiced its support for the charity and approved the setting-up of a specialist group within the Hospital to provide a source of advice comfort and support for families with children who had similar long-term bowel disorders.</p>	
<p>8.</p> <p>a.</p>	<p>Performance & Quality Report</p> <p>KMO reported on the Trust’s operational performance, noting that the Trust continued to</p>	

	<p>achieve each of the Referral to Treatment (RTT) performance targets in February and that the Trust's A&E 4-hour performance was continuing to improve, exceeding the national target. A key area for improvement however was with regard to ambulance turnaround times which he would be working to address.</p> <p>b. In presenting the detail of the Trust's clinical performance, ZP noted that the Trust's SHMI (mortality) rate was favourable when compared with the peer average, at 79.5. In response to a question, she explained that the KPI meant that fewer people at the Trust undergoing procedures died as a result than was expected when compared against the national average.</p> <p>c. JL expressed concern in respect of the Trust's continued underperformance with regard to the provision of mandatory training. SY advised that, since the last Board meeting, she had commissioned external support to review the Trust's mandatory training provision in an attempt to identify 'quick wins' in this area. The outcomes of the review would be presented to the People & OD Committee in August 2015.</p> <p>d. The Chair noted the 'At a Glance' information that had been provided on the first page of the report. He asked that, in future, each KPI was displayed using a 'trend line' with comparisons against the national average. He also requested that the report made it clear whether the performance displayed was an 'in month' or year-to-date position.</p> <p>e. With regard to the Trust's financial performance, LB advised that the Trust was on track to achieve its remodelled end-of-year forecast of a £2.2m surplus, having achieved a £800k surplus in February 2015. She noted that the Trust was currently forecasting a deficit position for 2015/16 and this largely related to the adverse effect which the new national tariff arrangements would have upon the Trust which had been the subject of national debate. She noted that no NHS provider of specialist services was currently expected to break even in 2015/16.</p>	<p>SY</p> <p>KMO</p>
9.	<p>False or Misleading Information</p> <p>a. The Board noted the report which described the new criminal offences which would come into force as of 1 April 2015 with regard to the provision of False or Misleading Information. It was noted that there were two offences, one against the organisation which was a 'strict liability' offence and other against specific individuals within an organisation where they had been shown to have deliberately or recklessly supplied false or misleading information.</p> <p>b. It was noted that a key defence to the new criminal liabilities was to demonstrate that a provider had taken 'all reasonable steps' to prevent the provision of false or misleading information. To this end, KMO advised that the Trust was currently implementing each of the recommendations arising from the internal auditor's data quality audit report and would also be establishing a local process of ongoing data quality audits. The work would seek to assure the Board as to the quality of the data that sat behind the performance KPIs.</p>	
10.	<p>Register of Directors' Interests</p> <p>a. The Register of Directors' Interests was noted by the Board.</p>	
11.	<p>Questions from Members of the Public</p> <p>a. No questions were received.</p>	

<p>12.</p> <p>a.</p>	<p>Any Other Business</p> <p>The Chair noted that David Butcher, Director of Estates & Facilities (DB) had not been present for the Board’s discussion in private with regard to the proposed extension of the lease relating to the Harbour Yard site. He advised DB that the Board had in principle only committed to a one year extension of the lease at this stage. It was agreed that DB would seek to secure a three-year extension to the lease but with a one-year break and that JJ, as Chair of the Finance & Investment Committee, would oversee this process.</p>	<p>DB/JJ</p>
<p>13.</p>	<p>Date of Next Meeting: 30 April 2015</p>	

Board of Directors Meeting, 30 April 2015

PUBLIC

AGENDA ITEM NO.	4/Apr/15
REPORT NAME	Matters Arising & Board Action Log
AUTHOR	Thomas Lafferty, Foundation Trust Secretary
LEAD	Sir Tom Hughes-Hallett, Chairman
PURPOSE	To provide a record of actions raised and any subsequent outcomes from the March Public Session Board of Directors Meeting.
SUMMARY OF REPORT	This paper outlines matters arising from the public meeting of the Public Session Board of Directors held on 26 March 2015.
KEY RISKS ASSOCIATED	None.
FINANCIAL IMPLICATIONS	None.
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	None.
LINK TO OBJECTIVES	NA
DECISION/ ACTION	The Board is asked to note the actions or outcomes reported by the respective leads.

Board of Directors PUBLIC – 26 March 2015

Meeting	Minute Number	Agreed Action	Current Status	Lead
Mar 2015	3.a	TL to amend the minutes of the previous meeting held on 26 February 2015 to read at 9f 'TL explained that the Council of Governors would need to approve the acquisition. In considering this decision, the Council would need to assure itself that the Board had:' (<i>minute continues as originally drafted</i>).	Complete	TL
	4.c	VS to provide a report with an 'overview' of all that had been achieved in response to the 2014 CQC inspection to the Board in May via the Quality Committee.	This has been scheduled.	VS
	5.c	SY to look into improving Trust's communications around the establishment and purpose of the Medicinema.	Complete and SY to brief Chairman outside of session.	SY
	5.f	TL to establish a 'data room' where the full suite of Full Business Case documents could be reviewed by Governors.	Complete	TL
	5.g	The Chair and JB to seek to raise a public debate on the issue of the growing number of liabilities and penalties which NHS organisations would be subjected to following a number of new statutory and regulatory duties through liaison with key colleagues external to CWFT.	Verbal update at meeting.	THH/JB
	8.c	SY to present the outcomes of the review of the Trust's mandatory training provision to the People & OD Committee in August 2015.	This has been scheduled.	SY
	8.d	KMO to ensure in future in relation to the Performance and Quality Report that each KPI is displayed using a 'trend line' with comparisons against the national average. Also to ensure that the report makes it clear whether the performance displayed was an 'in month' or year-to-date position.	The performance report will be reviewed as part of the work on the development of the integrated performance report. It is planned to be shared in draft form in the first instance with the Acquisition Steering Committee at the end of April and subsequently with the Trust Board in May.	KMO

	12.a	DB to seek to secure a three-year extension of the lease relating to the Harbour Yard site with a one-year break and JJ, as Chair of the Finance & Investment Committee, to oversee this process.	Complete.	DB/JJ
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Board of Directors Meeting, 30 April 2015

PUBLIC

AGENDA ITEM NO.	6/Apr/15
REPORT NAME	Chief Executive's Report
AUTHOR	Elizabeth McManus, Chief Executive Officer
LEAD	Elizabeth McManus, Chief Executive Officer
PURPOSE	To provide an update to the Public Board on high-level Trust affairs.
SUMMARY OF REPORT	As described within the appended paper. Board members are invited to ask questions on the content of the report.
KEY RISKS ASSOCIATED	None.
FINANCIAL IMPLICATIONS	None.
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	None.
LINK TO OBJECTIVES	NA
DECISION/ ACTION	This paper is submitted for the Board's information.

Chief Executive's Report April 2015

1.0 Staff

1.1 Star Awards

Later tonight, the Star Awards will take place at Chelsea Football Club. The awards recognise the staff that embody our Trust values of Respectful, Kind, Safe and Excellent.

The awards are made possible thanks to the generous support of CW+, who, this year, will also be presenting their own special award. The charity exists to make care better for patients and their families through pioneering research, innovation, art and design.

1.2 Engagement, Culture and Organisational Development

I am delighted to be able to announce that Linda Holland, our new staff engagement, culture and OD lead for the West Middlesex University Hospital NHS Trust (WMUH) acquisition has commenced in post.

Linda will be helping us to develop our organisation through engagement with our staff, both clinical and non-clinical. This will be a key element in the success of our post-acquisition organisation. She will play a leading role in working with staff at all levels of the Trust; stimulating new and better ideas and practices to win the hearts and minds of our people. She will be very involved in the work on the branding for the enlarged Trust, in particular the development of our values and our new "employer brand".

Linda is keen to build on the great work which has already been done in relation to clinical engagement and to spread this across all areas. She will also be supporting Susan Young (Chief People Officer & Director of Corporate Affairs) and I in developing a new leadership programme.

I am sure you will join me in welcoming Linda to the organisation.

2.0 Grip

2.1 Performance: Finance

The Trust achieved a £2.2m surplus at the end of 2014/15, which marked a £4.8m deterioration on the plan set at the commencement of the financial year. As I have previously reported, this was caused primarily by a shortfall in the delivery of the Trust's cost improvement programme and an increased usage of agency staffing, attracting a premium cost.

Going forward, for the first time in the recent history of the Trust, the Trust is planning for a £7.5m deficit in 2015/16 due, in the main, to the application of the new national tariff. It is of note that other teaching specialist Trusts are facing similar pressures and many are also planning for deficit.

The Trust's deteriorating financial position over the last two years has made the financial case for the WMUH acquisition even more compelling. The Trust's revised long-term financial modelling has shown that, assuming a stand-alone position, CWFT would not deliver a surplus over the coming years. In contrast, the model assuming the acquisition of WMUH allows the Trust to achieve a degree of financial sustainability, achieving a c. £2m surplus by the end of 2016/17.

Whilst there are key national drivers which have affected the Trust's financial position in the context of a growing level of uncertainty with regard to the funding of services within the health and social care sector in general, it remains vital that the Trust's senior management team retain an even tighter grip on financial sustainability over the years ahead.

The Board will be aware of previous discussions regarding the Trust's senior management capacity and bandwidth. To this end, I am pleased to report that the Trust has recently made several key appointments to operational and professional management teams, including three new Divisional Nurses as joint appointments with WMUH.

2.2 Performance: Quality & Operational

The Trust achieved the majority of the national key operational performance indicators for Quarter 4 2014/15; exceeding the 4-hour A&E waiting times target and the referral-to-treatment (18 weeks) targets. This is a notable achievement given the operational challenges that other Acute Trusts nationally continue to face; particularly in the context of the demands of winter.

From a clinical perspective, the Trust also continues to excel when compared with its peers across a range of quality indicators: the Trust's mortality indices remain favourable and the Trust's rates of hospital-acquired MRSA and CDiff infection are consistently lower than other Hospital Trusts. The Trust has however been assessed as non-compliant with the national indicator in relation to Learning Disability provision: a plan is in development to address this specific risk.

The Board also remains cognisant of the shortfalls that were identified by the CQC last year following their inspection of the Trust. By the end of this month, the Trust will receive the results of its CQC-Style 'Peer Review', a multi-disciplinary audit commissioned by the Trust with regard to the Trust's current levels of compliance with the national standards. Vanessa Sloane, Director of Nursing, will cover this in more detail later in the meeting agenda.

3.0 **Growth**

3.1 Quality Strategy

The 13 April Quality Committee meeting reviewed the first draft of the Trust's new Quality Strategy on behalf of the Board.

The Quality Strategy sets out a three-year journey for how we will work to continuously improve the quality of the services provided by CWFT.

In developing the Strategy, account has been taken of the Trust's vision and the recommendations arising from the July 2014 CQC inspection.

The Strategy considers quality on the basis of the four components of Safety, Effectiveness, Experience and Access (recognising that this represents an expanded definition of quality that includes access). For each component, we have set ambitions and supporting priorities, taking into account our current performance.

We will deliver our ambition for quality through tranches of 'special projects' focusing on key priority areas that have been identified through engagement to date with staff and external stakeholders. The initial tranche of projects will focus on Frailty, Admitted Surgical Care, Sepsis and Maternity.

Delivery of the Strategy will be supported by the Trust's two overarching service improvement programmes and enabled through six cross-cutting 'enabler' workstreams. Work across these cross-cutting enablers will be essential for delivering a rigorous and systematic approach to quality, clinically led, with multidisciplinary ownership from doctors, nurses and managers across the Trust.

3.2 Proposed Acquisition of West Middlesex University Hospital NHS Foundation Trust (WMUH)

The Trust continues to make good progress with regard to the transaction pathway relating to the potential acquisition of WMUH.

The Trust submitted its Full Business Case for the acquisition to Monitor last month. Since then, the Trust has

been subjected to Monitor's Transaction Risk Assessment process which involves a relatively intense series of Director interviews and information requests.

The Monitor assessment process will conclude with a 'Board-to-Board' meeting which is currently scheduled to take place on 25 June 2015; this is later than originally anticipated due to the additional time that Monitor require to consider the Trust's re-submitted Long Term Financial Plan (LTFM) which reflects the organisation's up-to-date financial position.

Following the Board-to-Board meeting, Monitor now expects to issue its Transaction Risk Rating on 15 July 2015. Only once this has been received will the Board and the Council of Governors be asked to make their respective formal decisions on the acquisition.

Provided both sets of approvals are given, the Trust will then need to formally submit its application to acquire to Monitor. This will, in turn, trigger a series of regulatory steps external to the Trust, including the sign-off by the Secretary of State as to the dissolution of WMUH and the transfer of all of its assets and liabilities to CWFT. This final 'Gateway 4' process is anticipated to last 2-3 weeks.

As a result, it is now the case that the acquisition of WMUH is forecast to occur as of 1 September 2015.

In the meantime, Jacqueline Totterdell, Chief Executive at WMUH, and I continue to engage with staff at both organisations through a series of open sessions.

I will continue to keep Board members informed of progress.

Elizabeth McManus
Chief Executive Officer
April 2015

Board of Directors Meeting, 30 April 2015

PUBLIC

AGENDA ITEM NO.	8/Apr/15
REPORT NAME	Children's' Inpatient Survey Results and Action Plan
AUTHOR	Nathan Askew, Divisional Nurse, Division of Women's, Neonates, Children's and Young People, HIV/GUM, Dermatology & Pathology Services
LEAD	Vanessa Sloane, Director of Nursing
PURPOSE	To provide information on the results of the national survey and assurance regarding the associated action plan
SUMMARY OF REPORT	<p>Paediatric inpatients at Chelsea and Westminster NHS FT have:</p> <ul style="list-style-type: none"> • Significantly improved in 4 areas compared to last year • Not significantly become worse in any areas since last year • The Trust scored average in most questions compared to national results <p>4 Key themes for improvements arose from the survey and have been included in the action plan:</p> <ul style="list-style-type: none"> • Play and activity provision • Planned admission planning and cancelation • Information at Discharge and contacts once at home • Reviewing hospital facilities for Parents and Carers
KEY RISKS ASSOCIATED	<ul style="list-style-type: none"> • Lack of play facilities may lead to the inability of children to express themselves, provide distraction to their treatment and meet their full potential • Lack of clear information around discharge could lead to ineffective safety netting of patients discharged to community • Communication surrounding admissions and lack of hospital facilities for parents could damage the reputation of the Trust
FINANCIAL IMPLICATIONS	Financial implication relate to any reputational damage to the trust
QUALITY IMPLICATIONS	Chelsea Children's Hospital aspires to be amongst the best in London and internationally, for this reason the issues highlighted in the report need to be addressed to contribute to this goal.
EQUALITY & DIVERSITY IMPLICATIONS	The report was representative of our paediatric population and demonstrates opinions from all groups.
LINK TO OBJECTIVES	<p>Links to ensuring the demonstration of the trust values of Kind, Safe, Respectful and Excellent</p> <p>Links to wider Patient and Public Involvement & Experience (PPIE)</p>
DECISION/ ACTION	For information

National Children's Inpatient and Day Case Survey 2014

1.0 Introduction

This document summarises the results of the National Children's Inpatient and Day Case Survey 2014 conducted by the Picker Institute on behalf of Chelsea and Westminster NHS Foundation Trust. The national survey was commissioned by 69 NHS Trusts and one private healthcare provider. The results are presented to compare this year's results with those of last year and also demonstrate the performance of Chelsea and Westminster NHS Foundation Trust in comparison with the national average.

2.0 Background

A total of 850 patients were discharged from the Trust during the survey period. 844 were eligible for the survey of which a total of 229 returned the questionnaire. The Trust response rate was 27% which is comparable to the national average. Three types of survey were issued:

- Children ages 0 – 7 (Parents survey to complete)
- Young people 8 – 11
- Young people 12 – 15

Results are presented using problem scores therefore lower scores indicate better results; higher scores indicate areas in need of greater attention.

3.0 Results

Compared to last year Chelsea and Westminster NHS Foundation Trust has significantly improved on the following 4 questions:

	2013	2014
Parent did not feel that the child was always safe on the Hospital ward	19%	8%
Child not always given enough privacy when receiving care and treatment	27%	16%
Child not fully told what would be done during the operation	17%	2%
Parents not given enough information about how child should use there medicines	9%	2%

Compared to the 2013 survey the Trust did not perform significantly worse on any questions
 When compared with the Picker survey national average Chelsea and Westminster NHS Foundation Trust scored significantly better in the following areas:

	Trust	Average
Overnight facilities for parents or carers rated fair or poor	24%	33%
Child not fully told what would be done during the operation	2%	9%
Parents not given enough information on how a child should use their medicines	2%	8%

Compared to the national average Chelsea and Westminster NHS Foundation Trust scored significantly worse in the following areas:

	Trust	Average
Planned admission: hospital changed admission date at least once	29%	19%
Parent did not have access to hot drinks facilities whilst in the hospital	23%	13%
Parents not told what to do or who to contact if worried when at home	34%	24%

Some Key results from the survey

- Overall 86% of parents rated care 7 or more out of 10

- Overall 81% of children and young people rated care 7 or more out of 10
- 92% of parents felt that their child was always safe on the hospital ward and 86% of children and young people always felt safe
- 55% of parents of children stated that there were always enough appropriate things for their child to play with on the ward. However 26% of young people stated there was a lot for their age group to do on the ward
- 70% of children and young people stated that someone from the hospital staff spoke with them about their worries and 82% felt that people looking after them always listened to them.
- 83% of parents always had confidence and trust in the members of staff treating their child.
- Overall 84% of parents stated that they were always treated with dignity and respect by the people looking after their child

Whilst recognising the good work demonstrated by the survey there are areas identified to enhance the patient experience. The paediatric action plan has combined themes from the survey results with work streams which will be addressed through the Paediatric Patient Experience Group (PPEG), led by the Paediatric Matrons.

The main themes and areas for development are:

- Play and activity provision
- Planned admission planning and cancellation
- Information at Discharge and contacts once at home
- Reviewing hospital facilities for Parents and Carers

4.0 Conclusion

The National Children's Inpatient and Day Case Survey 2014 highlights many areas where the Trust is working significantly better than last year and above the national average. It has also given key themes as areas for development and opportunities to enhance the patient experience over the coming year.

Nathan Askew

Divisional Nurse

Division of Women's, Neonates, Children's and Young People, HIV/GUM, Dermatology & Pathology Services

Paediatric Patient Experience Group – Action Plan 2015-16

Theme	Key Issues	Key Actions	Time frame	Responsible
Play and activity Provision	Not enough age appropriate things for child to do on ward Not enough age appropriate adolescent activities available Not enough hospital staff play provision Not enough play interaction with children and families	Review of each ward play facilities for children and young people Play service provision review Additional resource requirements scoped	July 2015	Mel Guinan & Play Specialists
Planned admissions: Planning and cancelation	Planned admission not given a choice of TCI date Planned admission rearranged more than once Poor communication around planned TCI	Review of admin processes relating to booking of elective admissions Process to include parent choice around planned TCI date Process for managing the rearrangement of appointments	September 2015	Gareth Teakle
Discharge information and contact information	Unsure how to care for child at home following discharge Unsure who to contact should they be worried following discharge Ensure that follow up process in place	Discharge patient information leaflet designed for every child Booking of follow up process reviewed	July 2015	Noel Palmer
Hospital facilities for parents and carers	No access to hot beverage facilities Poor facilities for parents and carers	Review of ward based facilities for parents and carers The development of standardised ward information books	July 2015	Noel Palmer

Board of Directors Meeting, 30 April 2015

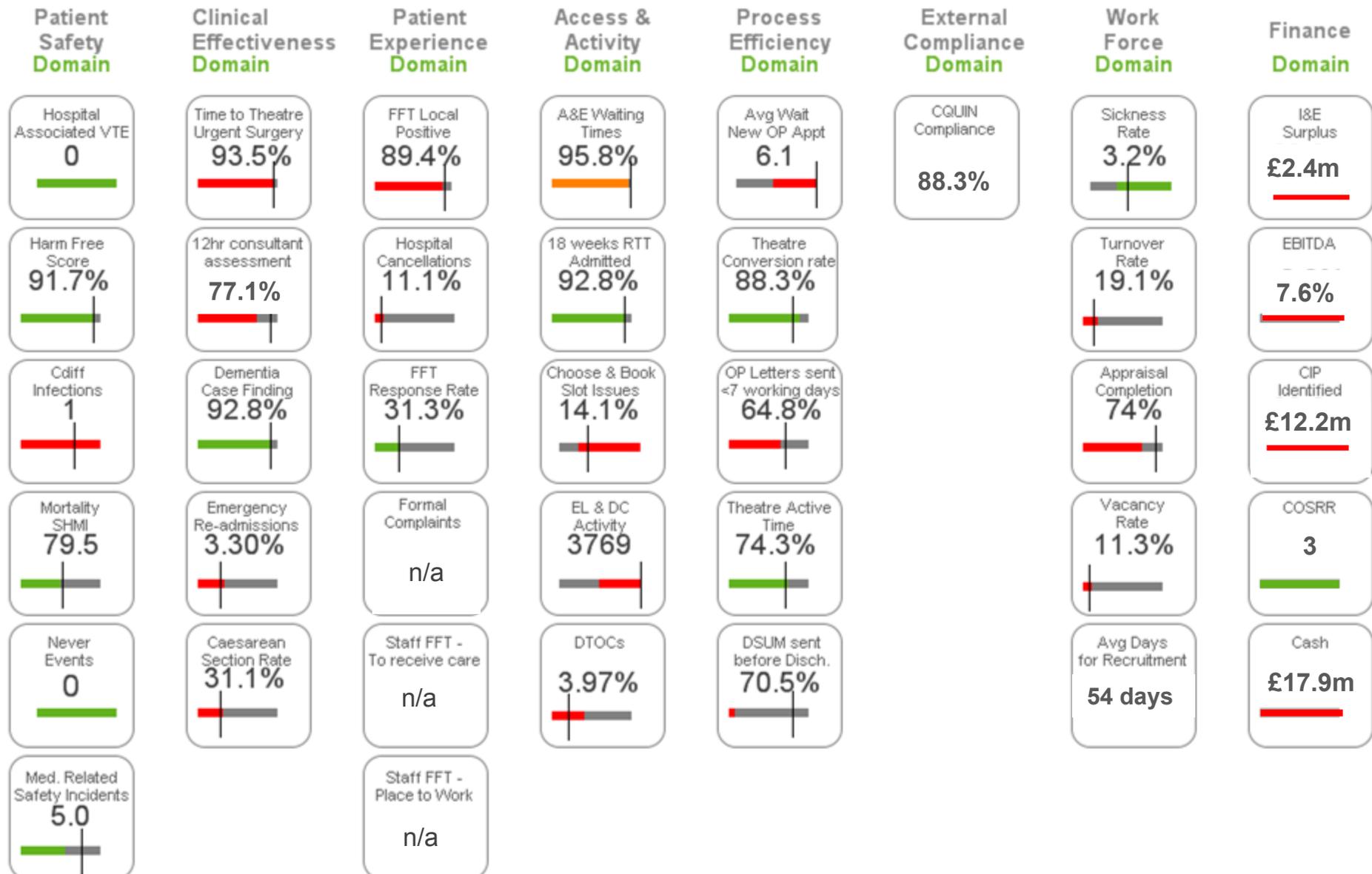
PUBLIC

AGENDA ITEM NO.	9/Apr/15
REPORT NAME	Performance and Quality Report – March 2015
AUTHOR	Virginia Massaro, Assistant Director of Finance
LEAD	Karl Munslow-Ong, Chief Operating Officer
PURPOSE	To report the Trust’s performance for March 2015, highlight risk issues and identify key actions going forward.
SUMMARY OF REPORT	<p>The Trust met all key performance indicators for Monitor in March and Q4, with the exception of the cancer 62 day waits and compliance with requirements regarding access to healthcare for people with learning disabilities.</p> <ul style="list-style-type: none"> - The Trust is reporting failure of the 62 day referral to treatment time for Q4, although March figures have not yet been finalised. The predominant reason for the breaches is due to patient choice, with lack of surgical capacity at tertiary providers also causing delays. Work is underway to provide earlier notification to tertiary trusts and change the pathway for urology to include one stop shop clinics. - The Trust is currently not fully compliant with all 6 of the learning disabilities indicators, but working to achieve compliance in 2015/16. This is also part of our CQC Action Plan. - All Q4 national CQUIN schemes have been achieved with the exception of the reduction in the prevalence of pressure ulcers. - Patient Safety: There was a c. difficile case in March, with 8 in total for the full year, which equals the target. There has been an increase in the prevalence of pressure ulcers in March, with an increase in community acquired pressure ulcers in the month. - Clinical Effectiveness: Maternity caesarean section rates continue to be above target, but have reduced year on year from 2013/14. - Patient experience: Response rates have continued to improve for the Friends and Family Test in the month. Work continues to analyse feedback to improve patient experience based on the responses for individual areas. - Access and Efficiency: The Trust continued to achieve the A&E and RTT waiting targets in March and for Q4. There were five 60 minute handover breaches during the busy periods in March.

KEY RISKS ASSOCIATED	As outlined above.
FINANCIAL IMPLICATIONS	None
QUALITY IMPLICATIONS	As outlined above.
EQUALITY & DIVERSITY IMPLICATIONS	None
LINK TO OBJECTIVES	Improve patient safety and clinical effectiveness Improve the patient experience Ensure Financial and Environmental Sustainability
DECISION/ ACTION	The Trust Board is asked to note the performance for March 2015.

Performance and Quality Report

Performance to 31st Mar 2015



Monitor Compliance – Mar 2015

Sub Domain	Trust Level Monthly Data @ 14/04/2015				YTD
	MonthYear	Jan 2015	Feb 2015	Mar 2015	YTD
Harm	Clostridium difficile infections (Target: < 0.67)	1	0	1	8
	MRSA Bacteraemia (Target: < 0)	0	0	0	0
Cancer	Cancer diagnosis to treatment waiting times - 31 Days (Target: > 96%)	100.0%	100.0%	N/A	99.7%
	Cancer diagnosis to treatment waiting times - Subsequent Surgery (Target: > 94%)	100.0%	100.0%	N/A	92.3%
	Cancer diagnosis to treatment waiting times - Subsequent Medicine (Target: > 98%)	N/A	100.0%	N/A	100.0%
	Cancer urgent referral GP to treatment waiting times (62 Days) (Target: > 85%)	92.6%	76.5%	N/A	90.6%
	Cancer urgent referral Consultant to treatment waiting times (62 Days) (Target: > 90%)	N/A	100.0%	N/A	96.2%
	Cancer urgent referral to first outpatient appointment waiting times (2WW) (Target: > 93%)	93.1%	94.3%	N/A	95.0%
	18 week referral to treatment times Admitted Patients (Target: > 90%)	91.1%	90.5%	92.4%	85.9%
RTT	18 week referral to treatment times Non Admitted Patients (Target: > 95%)	95.0%	95.0%	95.8%	95.9%
	18 week RTT incomplete pathways (Target: > 92%)	93.0%	92.9%	92.7%	92.3%
A&E	A&E waiting times (Target: > 98%)	96.9%	97.2%	95.8%	96.3%
LD	Self-certification against compliance with requirements regarding access to healthcare for pe...	Non-Compliant	Non-Compliant	Non-Compliant	Non-Compliant

Self certification against compliance with requirements regarding access to healthcare for people with learning difficulties:

The Trust is currently not fully compliant will all 6 of the learning disabilities indicators, but working to achieve compliance in 2015/16. This is also part of our CQC Action Plan. The main actions to achieve compliance are:

- Launch of a new LD flag in May 2015. Until then, the CSI log is being used.
- Development of easy read information for patients
- LD training program for staff is in place. To be expanded to include obstetric staff and improve training at Clinical Trust Induction
- Improvement of protocols to regularly audit its practices for patients with learning disabilities and to demonstrate the findings, as currently our only audits are of the use of CSI log for LD. Plan to report bi-annually to the Quality committee/CQG.

*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

- All key compliance indicators for Monitor were achieved in March and Q4, with the exception of the cancer 62 day waits and compliance with requirements regarding access to healthcare for people with learning disabilities.
- All Q4 national CQUIN schemes have been achieved with the exception of the reduction in the prevalence of pressure ulcers.
- Response rates have continued to improve for the Friends and Family Test in the March, with 40.2% response rates for inpatients.
- Elective screening for MRSA has continued to improve in March following actions put in place to check all elective lists for screening.
- There has been an improvement in the day case rates following work focusing on hernia and cholecystectomy procedures.

Challenges

- The Trust is reporting failure of the 62 day referral to treatment time for Q4. This is primarily due to patient choice, with lack of surgical capacity at tertiary providers also causing delays. Work is underway to provide earlier notification to tertiary trusts and improvements to urology cancer pathways.
- The Trust is not fully compliant with all 6 of the learning disabilities indicators, but continuing to work towards compliance in 2015/16.
- There was an additional Clostridium difficile case in March, with a total of 8 cases for the year, which is within the challenging target of 8. The Trust has a further stretch target of 7 for 2015/16.
- The prevalence of pressure ulcers increased in March, with the challenging target to reduce the prevalence of pressure ulcers in 2014/15 not achieved, but significant progress made with improved awareness and training.

Sub Domain	Trust Level Monthly Data @ 17/04/2015 XL				YTD XL	
	Month Year ▼	Jan 2015	Feb 2015	Mar 2015	YTD	
Harm	Incidence of newly acquired category 3 and 4 pressure ulcers (Target: < 3.6)	0	1	2	17	
	Safety Thermometer - Harm score (Target: > 90%)	94.0%	95.3%	91.7%	94.3%	
	Safety Thermometer - Prevalence of Pressure Ulcers (Rate) (Target: < 3.46%)	5.4%	4.9%	7.1%	4.5%	
HCAI	C Diff rate per 100k bed days pts aged >=2 (Target: < 14.7)	52.3	0.0	51.6	34.8	
	Clostridium difficile infections (Target: < 0.67)	1	0	1	6	
	Hand Hygiene Compliance (trajectory) (Target: > 90%)	97.4%	97.2%	97.6%	97.3%	
	Methicillin Sensitive Staphylococcus Aureus Target < 4.3)	1	1	0	10	
	E.Coli bloodstream infections Target < 12.8)	3	1	0	60	
	MRSA Bacteraemia (Target: = 0)	0	0	0	0	
	Screening all elective in-patients for MRSA (Target: > 95%)	93.4%	96.9%	98.9%	93.4%	
	Screening Emergency patients for MRSA (Target: > 95%)	98.3%	97.5%	96.9%	97.7%	
	Incidents	Incident reporting rate per 100 admissions (Target: > 8.50)	7.41	7.40	6.29	7.54
		Inpatient falls per 1000 Inpatient bed-days (Target: < 3.00)	2.34	3.80	2.67	3.31
Never Events (Target: = 0)		0	0	0	0	
Medication related safety incidents per 1000 admissions Target < .6.8)		5.0	8.4	5.0	7.1	
Rate of patient safety incidents per 100 admissions (Target: < 2.9)		7.09	6.81	6.00	7.14	
Rate of pt. safety incidents resulting in severe harm - death per 100 admissions (Target: = 0.00)		0.00	0.02	0.02	0.01	
Mortality	Mortality (HSMR) (2 months in arrears) (trajectory) (Target: < 104)	79.3	79.3	79.3	79.3	
	Mortality SHMI *TRUST ONLY* (Target: < 82)	79.5	79.5	79.5	79.5	
	Number of In-hospital Deaths (Adults)	41	30	35	374	
	Number of in-hospital deaths (Paeds)	0	0	0	0	
	Number of in-hospital deaths (Neonatal)	5	4	4	40	

Safety Thermometer - Pressure ulcers: Safety thermometer measures point prevalence of pressure ulcers, the more meaningful measure is pressure ulcer incidence. When we look at the incidence of pressure ulcers in March we have seen a significant increase with 87 pressure ulcers in total compared to only 41 reported in February, with the significant increase primarily in community acquired with 66 in March compared to 24 in February compared to a steady incidence of hospital acquired.

It is reassuring that the awareness raising and training is having an impact on the early recognition of pressure ulcers on admission to ensure that we plan the most appropriate care for patients.

The Preventing Harm Group continue to focus on the reduction of hospital acquired pressure ulcers and the Tissue Visibility Nurse continues to work with community colleagues on pressure ulcer reduction. A patient based 'app' is being developed by the community tissue viability network to raise public awareness of pressure ulcers and what they can do to reduce their risk. The group are also exploring what benchmarking information is available to understand how our hospital acquired rates compare to other Trusts

Note: The SHMI figure of 79.5 refers to July 2013 to June 2014 as the most up to date SHMI available. This is in the Lower than expected band meaning it is statistically significantly lower than expected and hence Green. The HSCIC site shows that October 2013 - September 2014 SHMI is to be published on 29 April 2015. The HSMR position is representative of the Jan - Dec 14 and is the latest

provided by Dr. Foster Tools

Ward Name	Average fill rate registered nurses/midwives (%) day shift	Average fill rate care staff (%) day shift	Average fill rate registered nurses/midwives (%) night shift	Average fill rate care staff (%) night shift
Maternity	76.2%	78.5%	69.7%	57.3%
Annie Zunz	105.0%	160.0%	128.3%	170.0%
Apollo	96.1%	41.9%	103.2%	-
Jupiter	137.1%	123.8%	122.6%	-
Mercury	109.7%	87.1%	105.2%	66.7%
Neptune	96.8%	90.3%	98.9%	93.5%
NICU	93.7%	-	92.4%	-
AAU	91.4%	107.5%	115.8%	100.0%
Nell Gwynne	102.6%	99.2%	135.5%	112.9%
David Erskine	97.0%	102.4%	101.6%	104.8%
Edgar Horne	120.0%	98.0%	154.0%	99.2%
Lord Wigram	121.4%	166.1%	158.7%	172.6%
Rainsford Mowlem	100.0%	100.0%	100.0%	100.0%
David Evans	102.6%	91.9%	127.4%	100.0%
Chelsea Wing	97.6%	98.4%	100.0%	100.0%
Burns Unit	101.2%	108.2%	105.7%	137.3%
Ron Johnson	95.6%	98.4%	103.2%	100.0%
ICU	101.7%	92.5%	98.0%	-

National Quality Board Report – Hard Truths expectations

The March fill rate data (table 1) is presented in the format as required by NHS England.

Definition – Fill rate

The fill rate percentage is measured by collating the planned staffing levels for each ward for each day and night shift and comparing these to the actual staff on duty on a day by day basis. The fill rate percentages presented are aggregate data for the month and it is this information that is published by NHS England via NHS Choices each month.

Trusts are also required to publish this information on their own web sites, a recent survey has revealed that very few Trusts receive enquiries on the back of their fill rate data. The concern from the outset is that data aggregated at this level provides little or no meaning to the public.

Summary for March – Fill rates in excess of 100 %

Annie Zunz – Extra Capacity open for the majority of the month so staffing above budgeted establishment

Jupiter – Complex case mix requiring special HCA's and RMN's

AAU – Trolleys open most nights

Nell Gwynne –

Edgar Horne – Complex case mix requiring RMN's

Lord Wigram – Complex case mix requiring RMN's and specials

David Evans – Staffing 3 at night due to casemix, budget for 3 at night to be adjusted from April 1st 2015

Burns Unit – Very frail patient requiring one to one health care assistant support to maintain safety

Trust Level Monthly Data @ 17/04/2015					YTD
Sub Domain	MonthYear	Jan 2015	Feb 2015	Mar 2015	YTD
Admitted Care	Elective LoS - Long Stayers (Target: < 48)	51	52	66	644
	Elective Length of Stay (Target: < 3.7)	2.9	3.3	3.3	3.2
	Emergency Care Pathway - Discharges (Target: N/A)	190.6	174.3	199.6	2303.1
	Emergency Care Pathway - Length of Stay (Target: < 4.5)	5.00	5.10	4.60	4.68
	Emergency Re-Admissions within 30 days (adult and paed) (Target: < 2.8%)	3.08%	2.90%	3.30%	2.99%
	Non-Elective Long Stayers (Target: < 511)	455	417	401	5213
	Non-Elective Length of Stay (Target: < 3.9)	3.9	4.2	3.9	4.0
	VTE Assessment (Target: > 95%)	96.8%	95.9%	96.1%	96.5%
Best Practice	% Patients Nutritionally screened on admission *TRUST ONLY* (Target: > 90%)	89.6%	75.3%	89.4%	80.2%
	% Patients in longer than a week who are nutritionally re-screened *TRUST ONLY* (Target: > 90%)	72.7%	59.8%	62.5%	66.8%
	12 Hour consultant assessment - AAU Admissions (Target: > 90%)	73.8%	76.0%	77.1%	72.4%
	Central line continuing care—compliance with Care bundles (Target: > 90%)	90.9%	100.0%	100.0%	99.1%
	Peripheral line continuing care—compliance with Care bundles (Target: > 90%)	87.3%	93.0%	82.0%	84.9%
	Urinary catheters continuing care—compliance with Care bundles (Target: > 90%)	93.5%	100.0%	100.0%	93.2%
	Fractured Neck of Femur - Time to Theatre < 36 hrs for Medically Fit Patients (Target: = 100%)	81.8%	86.7%	N/A	87.2%
	Safeguarding adults - Training Rates (Target: >)	tba	tba	tba	tba
	Safeguarding children - Training rates (Target: >)	tba	tba	tba	tba
	Stroke: Time spent on a stroke unit *TRUST ONLY* (Target: > 80%)	100.0%	100.0%	100.0%	100.0%
Best Practice	Dementia Screening Case Finding (Target: > 90%)	93.5%	95.1%	92.9%	94.6%
	Appropriate referral Dementia specialist diagnosis *TRUST ONLY* (Target: > 90%)	100.0%	100.0%	100.0%	100.0%
	Dementia Screening Diagnostic Assessment (Target: > 90%)	100.0%	100.0%	100.0%	100.0%
Theatres	Procedures carried out as day cases (basket of 25 procedures) (Target: > 85%)	84.2%	81.4%	87.2%	82.2%
	Theatre Active Time - % Total of Staffed Time (Target: > 70%)	70.8%	73.1%	74.1%	73.4%
	Time to theatre for urgent surgery (NCEPOD recommendations) (Target: > 95%)	96.3%	94.8%	96.1%	94.8%

Elective LoS – Long stayers: The number of elective patients staying longer than their expected length of stay has risen to 66 in March from 51 in January and 52 in February. This has been noted particularly in Gastroenterology, Paediatrics, Trauma and Orthopaedics and Plastic Surgery. A patient level review has been started. Factors that have so far been identified include an increase in patients with comorbidities and delays in resolving social issues as well as a lack of a discharge coordinator on a routine basis making it difficult to consistently be effective in managing patients discharge arrangements. This will continue to be monitored on an on-going basis.

Emergency Care Pathway LoS: This target measures the average length of stay for all non-elective (emergency) admission, excluding Obstetric and babies. The performance has drifted recently on this data but it should be noted that the Trust is currently housing 25 step down beds which by definition, look after patients who are medically fit but cannot yet be discharged for various, non medical reasons. These beds have been in place since Q3 and will affect the performance against this target.

Emergency Re-Admissions within 30 days: This target, which is applied to both adults and paediatrics, has worsened in march against previous performance and is 0.5% away from the target. In order to establish more detail, both adult and paediatric areas need to audit these re-admissions to establish if there are any causes for concern.

Nutritional Screening: Both screening and rescreening have increased from last month but remain below target. Initial screening is 1% below target (2 patients) and has increased by 14% from 75% to 89%, rescreening increased by 3% to 63%.

Senior nurses will be reviewing trends of last 6 months and focus on specific wards who are not meeting the target. Dieticians will be attending the next Sisters/Matrons meeting to discuss issues and support with the development of action plans for improvement.

Seniors nurses will be working with Dieticians to resolve ongoing practical issues i.e. to improve the provision of hoist slings to facilitate weighing of patients.

12 hour consultant Assessment: The divisions are working on the visibility of this metric with attending consultant teams and making the electronic solution to recording consultant review a reality by using the "computers on wheels" on ward rounds to record this metric contemporaneously. The acute assessment unit is achieving over 90% on some days demonstrating that this metric is achievable and we now need to capture and embed good practice in this regard.

Indicator	Measure	Target	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD Total	
NHS Deliveries	Benchmarked to 5042 per annum	416	417	405	422	412	433	462	464	427	432	463	398	416	5,151	
Private Deliveries	Benchmarked to 840 per annum	72 per month	62	76	71	73	63	70	71	53	60	85	50	69	803	
Trust Deliveries	Total Maternities (Mother)		479	481	493	485	496	532	535	480	492	548	448	485	5,954	
Total NHS Births (infants)			424	417	428	424	443	471	474	445	442	478	406	431	5,283	
Activity in Month	Births	Birth Centre (excludes transfers)	No. of patients	83	67	79	65	65	65	59	64	48	66	47	753	
		BC maternities rate of Trust total SVD	%	37.4%	31.6%	36.1%	30.2%	30.5%	28.3%	28.8%	28.2%	24.7%	28.1%	25.1%	22.0%	
		Home births - rate of NHS maternities	% NHS Dels	1.2%	1.2%	1.2%	0.7%	0.5%	0.9%	0.6%	0.2%	1.6%	0.6%	1.3%	0.5%	
	Norm. Vaginal Deliveries	SVD (Normal Vaginal Delivery)	No. of patients	222	212	219	215	213	230	205	227	194	235	187	205	2,564
		Maintain normal SVD rate	52%	53.2%	52.3%	51.9%	52.2%	49.2%	49.8%	44.2%	53.2%	44.9%	50.8%	47.0%	49.3%	
		Total C/S rate overall	<27%	29.3%	32.3%	28.4%	28.9%	31.6%	30.1%	33.2%	27.9%	35.0%	31.5%	30.4%	30.5%	
	C- Section	Emergency C Sections	No. of patients	59	66	66	64	85	77	69	58	77	84	64	56	825
			<12%	14.1%	16.3%	15.6%	15.5%	19.6%	16.7%	14.9%	13.6%	17.8%	18.1%	16.1%	13.5%	
		Elective C Sections	No. of patients	63	65	54	55	52	62	85	61	74	62	59	71	763
		<15%	15.1%	16.0%	12.8%	13.3%	12.0%	13.4%	18.3%	14.3%	17.1%	13.4%	14.8%	17.1%		
Assisted Deliveries	Ventouse, Forceps Kiwi	No. of patients	73	62	83	78	83	93	105	81	87	82	88	84	999	
	10-15% (SD)	17.5%	15.3%	19.7%	18.9%	19.2%	20.1%	22.6%	19.0%	20.1%	17.7%	22.1%	20.2%			
	Total CS Rate Based on Coded Spells	<27%	29.0%	32.5%	29.2%	29.2%	31.9%	31.2%	32.7%	27.9%	34.2%	31.5%	30.7%	31.1%		
Clinical Indicators	PP Heamorrhage	Blood loss >2000mls	<10	11	3	5	11	7	8	9	4	6	8	4	7	83
		Blood loss >4000mls	No. of patients	1	0	0	1	0	0	2	0	0	1	1	1	
	Perineum	3rd/4th degree tears	<5% (RCOG)	7	10	9	6	8	8	18	12	13	14	10	10	125
			2.4%	3.6%	3.0%	2.0%	2.7%	2.5%	5.8%	3.9%	4.6%	4.4%	3.6%	3.5%		
	Stillbirths	Number of Stillbirths		3	2	4	1	4	3	3	2	1	3	2	3	31
	Sepsis	GBS - NHS maternities		32	31	35	30	23	33	27	26	36	32	27	17	349
		Pyrexia in labour	≥38°C	8	16	12	4	13	16	12	9	5	11	13	12	131
	Readmissions	Neonatal < 28 days of Birth (Feeding)		4	5	2	7	7	2	3	8	1	5	n/a	8	52
		Of which were born at C&W		2	5	4	7	6	2	3	6	1	3	n/a	6	45
		Antenatal Bookings completed	509	463	539	492	524	476	471	498	495	430	465	431	486	5,770
PbR	Pathways	Ref by 11w	351	377	383	406	356	341	354	361	306	327	321	356	4,239	
		% Ref by 11w	76%	70%	78%	77%	75%	72%	71%	73%	71%	70%	75%	73%		
		KPI: % Ref by 11w and seen by 12+6w	95%	92.9%	91.8%	95.8%	97.3%	95.8%	96.8%	95.2%	96.4%	95.4%	91.1%	90.3%	94.1%	
		Breaches (11w ref and booked > 12+6w	25	31	16	11	15	11	17	13	14	29	31	21	234	
		Postnatal discharges	221	222	214	238	228	249	223	235	254	213	230	n/a	2,306	
Risk	Maternal Mortality	Maternal Death	Incident Form	0	0	0	0	0	0	0	1	0	0	0	1	
	Morbidity	ITU Admissions in Obstetrics	In 2 mths < 6	1	1	0	1	1	0	1	1	0	0	1	8	
	VTE	Assessments	95%	97.2%	98.0%	97.6%	96.5%	97.2%	96.3%	98.6%	97.2%	96.3%	97.2%	94.7%	96.1%	
KPI	Indicators	NBBS - offered and discussed	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
		Maternity Unit Closures	LSA Db	0	0	0	0	0	0	0	0	0	0	0	0	
	Trust Level	1:1 care	100%	93.5%	93.2%	96.5%	93.6%	93.4%	93.0%	97.9%	98.4%	94.4%	96.5%	95.6%	96.0%	
		Breastfeeding initiation rate	90%	89.9%	91.9%	93.4%	89.8%	88.5%	89.8%	88.8%	89.7%	90.3%	88.8%	87.4%	88.1%	
		Women smoking at time of delivery	<10%	1.7%	0.7%	0.9%	1.5%	1.4%	1.7%	0.9%	2.1%	1.6%	1.3%	2.5%	2.4%	
		Midwife to birth ratio - Births per WTE	1:30	1:33	1:32	1:31	1:33	1:32	1:30	1:37	1:30	1:34	1:36	1:28	1:30	
	DSUMs complete & sent in 24hrs	80%	71.6%	50.0%	50.5%	50.0%	59.8%	69.5%	54.4%	67.0%	61.2%	67.4%	54.3%	64.3%		

Deliveries: In month and year to date NHS deliveries are higher than the activity plan and 6% higher than 2013/14 outturn. There has been a year on year improvement in the overall caesarean section rate at 31.1% compared to 32.4% for 2013/14. We plan to nominate a 'normal birth' champion from the consultant body to both support pathways of care through the MLU and improve awareness and focus on safely normalising birth across the service.

Blood loss >4000mls: All three cases recorded in Q4 were anticipated in advance (placenta accreta) and managed appropriately.

Midwifery Led Unit: The team are currently reviewing their entry criteria as a recent change to clinical acceptance may have caused a fall in the activity in response to safety concerns. To improve referrals through the Unit a second clinic has started on site along with a focus on publicity which has seen the creation of brochures which will be sent out with every antenatal booking notification. A programme of training sessions for junior medical staff is planned to improve education and awareness on normalising birth practice.

12+6: Improved rate compared to previous two months however remains marginally below 95% target. Focus on cover for admin booking and reception teams coupled with a review of the internal processes around referral handling – aiming to book all women unless high risk at 10wks gestation. Ongoing work to ensure appropriate escalation of capacity concerns to the senior team.

Sub Domain	Trust Level Monthly Data @ 13/04/2015				YTD
	MonthYear ▼	Jan 2015	Feb 2015	Mar 2015	
Complaints	Breach of Same Sex Accommodation *TRUST ONLY* (Target: = 0)	0	0	0	0
	Complaints (Type 1 and 2) - Communication (Target: < 13)	22	8	23	236
	Complaints (Type 1 and 2) - Discharge (Target: < 2)	3	0	4	24
	Complaints (Type 1 and 2) - Attitude / Behaviour (Target: < 16)	10	14	14	196
	Complaints Re-opened (Target: < 5%)	8.00%	0.00%	N/A	7.50%
	Complaints upheld by the Ombudsman *TRUST ONLY* (Target: = 0)	1	2	0	8
	Formal complaints responded in 25 working days (Target: = 100%)	68.00%	81.82%	N/A	61.43%
	Total Formal Complaints	25	11	37	280
Friends & Family	Friends & Family Test - A&E response rate (Target: > 20%)	21.7%	21.3%	27.6%	21.9%
	Friends & Family Test - Inpatients response rate (Target: > 30%)	30.5%	30.8%	40.2%	31.2%
	Friends & Family Test - Local +ve score (Trust) (Target: > 90%)	89.6%	90.1%	89.4%	89.7%
	Friends & Family Test - Net promoter score (Target: > 62)	59.8	63.5	60.0	61.0
	Friends & Family Test - Total response rate (Target: > 30%)	25.4%	22.2%	31.3%	24.8%

Note: Formal complaints responded to within 25 days and Complaints reopened are reported a month in arrears due to their nature, commentary relates to previous month .

Complaints: For February, the performance against the Trust target that 100% of type two complaints should receive a response within 25 working days is 81.8%.

Planned care/surgery achieved 50%. All other divisions achieved 100%. The performance figure to date this year is 61%.

Within the Surgical division a senior Service Manager will now be concentrating on the more complex complaints that are received and will liaise directly with the clinicians. It is anticipated that this will improve the quality of the investigations and the timeliness of the responses. This member of staff will also provide support to more junior team members in responding to complaints and in ensuring early contact with complainants.

A deep dive review is underway to assess response times and develop improvements. A summary of the breaches relating to each division has been sent to the General Managers with a request for their analysis of the breaches and any plans to improve performance.

Sub Domain	Trust Level Monthly Data @ 17/04/2015				YTD
	MonthYear_	Jan 2015	Feb 2015	Mar 2015	
A&E	A&E Time to Treatment (Target: < 60)	01:02	01:04	01:09	01:08
	A&E waiting times (Target: > 98%)	96.9%	97.2%	95.8%	96.3%
	A&E: Unplanned Re-attendances (Target: < 5%)	6.85%	6.43%	6.80%	6.70%
	LAS Patient Handover Times - 30 mins (KPI2) *TRUST ONLY* (Target: < 0)	40	41	56	815
	LAS arrival to handover more than 60mins (KPI 3) *TRUST ONLY* (Target: < 0)	5	2	5	30
OP	Average Wait - Referral to First Attendance (Weeks) (Target: < 6 weeks)	6.8	6.3	6.1	6.0
	Choose and Book slot issue %*TRUST ONLY* (Target: < 2.0%)	8.0%	6.0%	14.1%	7.2%
	Number of patients waiting longer than six weeks for a diagnostic test (Target: = 0)	0	0	0	0
	Rapid access chest pain clinic waiting times (Target: > 98%)	100.0%	100.0%	100.0%	100.0%
RTT	18 week referral to treatment times Admitted Patients (Target: > 90%)	91.3%	90.8%	92.8%	86.0%
	18 week referral to treatment times Non Admitted Patients (Target: > 95%)	95.0%	95.0%	95.8%	95.9%
	18 week RTT incomplete pathways (Target: > 92%)	93.0%	92.9%	92.7%	92.3%
	RTT Incomplete 52 Wk Patients @ Month End (Target: = 0)	2	3	2	5
IP	Average Wait - Decision to admit to Admission (Weeks) (Target: < 6 weeks)	9.1	7.3	8.6	8.6

A&E Performance: waiting times: The national ED waiting times standard of >95% has been maintained for Q4 and for March, although March saw a deterioration to 95.8%. This performance was delivered in the context of a 12% increases in attendances, plus the Trust had some episodes of bays of beds being closed on adult wards, due to infection. Nationally, for 2014/15, only 38 of 143 Trusts achieved the 95% standard and Chelsea and Westminster were ranked 23rd.

LAS Handovers: The increased trend of LAS handover delays in March is a concern from a patient experience point of view, although it should be noted that these delays only occurred at certain times on specific days when ED pressure was high, in terms of number of ambulance presentations and patient acuity.

Choose and Book slot issues / HiCs and PiCs: The slot issues are a result of capacity and increase in Hospital initiated and patient initiated cancellations (HiCs and PiCs). Work needs to continue with reviewing polling ranges and DOS to align C&B capacity with demand. An increase in HiC's has an impact on PiCs which has also increased.

RTT 18 weeks Admitted Patients: The Trust has been compliant with the 18 weeks admitted indicator from December 2014, following a period of planned reduction in the waiting list during the beginning of the year.

RTT Incomplete 52 Wk Patients: The Trust had two 52 week incomplete breaches in February. These were both complex plastics patients that were incorrectly encountered. Further validation work in February has identified that these patients had not had treatment. In order to ensure that the risk of this happening again is minimised, the Trust will ensure that when patients are added to the waiting list the encountering is correct and the clock is started from the correct date. All outpatient staff have been reminded of the importance of encountering correctly and an ongoing process of validation of the waiting list will continue to identify any further patients with an incorrect clinic outcome. Detailed RCAs have been completed for these breaches and an action plan for mitigating the risk of future breaches.

Both of these patients were treated in March.

However there was an additional 52 week incomplete breach in March for another plastics patient that was booked for treatment in March, but was cancelled on the day as the patient was unwell. They have a revised treatment date in April.

A previously unidentified 52 week breach under Gynaecology was also uncovered in April following communication from the patient's GP that a date for surgery had not been made following the last clinic letter. The patient breached their 52 week date in January 2015. The patient has been contacted and booked for attendance in the Gynaecology outpatient clinic for review. Theatre capacity has been identified in April, however the patient has indicated a preference for treatment in May.

Sub Domain	Trust Level Monthly Data @ 13/04/2015				YTD
	MonthYear ▾	Jan 2015	Feb 2015	Mar 2015	YTD
Cancer	Cancer Consultant Upgrade (Target: > 85%)	N/A	100.0%	N/A	96.2%
	Cancer diagnosis to treatment waiting times - 31 Days (Target: > 96%)	100.0%	100.0%	N/A	99.7%
	Cancer diagnosis to treatment waiting times - Subsequent Medicine (Target: > 98%)	N/A	100.0%	N/A	100.0%
	Cancer diagnosis to treatment waiting times - Subsequent Surgery (Target: > 94%)	100.0%	100.0%	N/A	92.3%
	Cancer urgent referral Consultant to treatment waiting times (62 Days) (Target: > 90%)	N/A	100.0%	N/A	96.2%
	Cancer urgent referral GP to treatment waiting times (62 Days) (Target: > 85%)	92.6%	76.5%	N/A	90.6%
	Cancer urgent referral to first outpatient appointment waiting times (2WW) (Target: > 93%)	93.09%	94.31%	N/A	95.00%

Cancer Performance: Although the Trust has not yet reported the March cancer position nationally, the Trust will be reporting a failure of one of the 8 national standards for Q4 of 2014/15.

The underachieved standard is the 62 day GP referral to initiation of treatment standard and the Trust will achieve 80% against a 85% standard. In March, there were 18.5 patients treated with 4 breaches. In January and February there were 13 treatments and 2 breaches and 14.5 treatments and 4 breaches respectively. The predominant reason for these breaches in the quarter was patient choice – i.e. patients wanting to take time to make decisions about their treatment and also re-scheduling their appointments due to other commitments. Other reasons include lack of surgical capacity at tertiary trusts, and one very complex diagnostic pathway.

In order to improve the pathway for cancer patients, work is underway to provide earlier notification to tertiary trusts of patients who are likely to require surgery. This is the case particularly for the lung pathway. In order to help patients make difficult decisions about cancer treatment, all patients are allocated a clinical nurse specialist to liaise with and discuss options. Additionally, the urology department are introducing one-stop clinics which means patients can have diagnostics at their first outpatient appointment to expedite the pathway.

The management of cancer waiting times within the Trust is also going to be reviewed to ensure that we have adopted best practice.

Sub Domain	Trust Level Monthly Data @ 17/04/2015				YTD
	MonthYear	Jan 2015	Feb 2015	Mar 2015	
Admitted	Delayed transfers - Patients affected *TRUST ONLY* (Target: < 2.00%)	1.94%	2.73%	3.97%	2.08%
	Delayed transfers of care days lost (Target: < 644)	360	367	461	3779
DQ	Coding Levels complete - 7 days from month end (Target: > 95%)	98.9%	98.8%	96.2%	98.4%
	Total NHS Number compliance (Target: > 98%)	96.8%	96.9%	96.7%	96.8%
GP Real Time	Discharge Summaries Sent < 24 hours (Target: > 70%)	79.0%	80.6%	82.9%	79.8%
	Discharge Summaries Sent In Real Time (Target: > 80%)	68.2%	70.2%	70.5%	65.7%
	GP notification of an A&E-UCC attendance < 24 hours (Target: > 70%)	99.87%	99.95%	97.24%	99.54%
	GP notification of an emergency admission within 24 hours of admission (Target: >)	99.66%	99.82%	98.32%	99.71%
	GP Notification of discharge planning within 48 hours for patients >75 (Target: > 70%)	75.50%	68.52%	64.17%	67.99%
Outpatients	OP Letters Sent < 7 Working Days (Target: > 70%)	63.6%	70.9%	64.8%	71.3%
	Average PICs per patient (Target: < 0.64)	0.62	0.60	0.58	0.61
	DNA Rate (Target: <11.1%)	10.3%	11.6%	12.9%	11.2%
	First to Follow-up ratio (Target: < 1.5)	1.70	1.59	1.55	1.67
	Hospital cancellations \ reschedules of outpatient appointments % of total attendances (Target: < 8.00%)	9.9%	10.9%	11.1%	10.1%
	Hospital cancellations made with less than 6 Weeks Notice (Target: < 3%)	5.0%	5.8%	6.0%	5.4%
	Patient cancellations \ reschedules of outpatient appointments % of total attendances (Target: < 8%)	9.5%	9.5%	9.1%	9.3%
	No urgent op cancelled twice (Target: = 0)	0	0	0	0
Theatres	On the day cancellations not rebooked within 28 days (Target: = 0)	2	6	1	16
	On the day cancelled operations (non clinical) % total elective admissions (Target: < 0.80%)	0.33%	0.62%	0.40%	0.34%
	Theatre booking conversion rate (Target: > 80%)	86.7%	88.6%	88.3%	88.0%

Delayed Transfers – Patients Affected: There has been extra work undertaken on delayed transfer of care over the last quarter, with additional weekly meetings with community and adult social care colleagues in attendance. This has been very helpful and has, for example, allowed for spot purchasing of certain types of capacity if it is not available under local contracts. There has been a significant increase in the number of patients requiring complex continuing care assessments however, which take several hours to complete per patient. The management team have attempted to obtain additional resources to help the Discharge Team with this caseload but it has been difficult to find staff with the correct skills to do so. The Discharge team have been working overtime also.

NHS Number Compliance: Referrals from Paediatric Dentistry continue to be received in the Trust without an NHS number present which impacts on the ability to achieve a higher percentage of compliance. Volumes of registrations remain high so resource is being identified to increase compliance.

DNA Rate: The Trust has suffered a disruption in it's text reminder service which has impacted on DNA rates. This has now been resolved and a process will be implemented to alert the Trust at the earliest possible convenience should the any future problems arise.

First to Follow-up Ratio: Over the past year the Trust has engaged with primary and community care, in partnership with our commissioners, to evaluate and implement new ways of working within outpatients. The N:F ratio has shown a continued reduction in March. Further roll out of virtual clinics has continued in March, with expectations that this will show improvements in future months. As part of the 2015/16 Outpatient Transformation Programme the multi-disciplinary team is being challenged to further develop virtual clinics and to focus on the effective management of New to Follow Up rates including make use of the growing number of community services offered within the sector.

Discharge Summaries sent in real time: The Discharge Summaries sent in 'real time' target has been complicated by some process issues regarding the actual dispatching of the DSUMs from the Trust PAS system. This is predominantly an administrative role but the lack of ward admin. in some high turnover areas has not helped (this has been addressed.). There has been an improvement in March from prior months.

Hospital and Patient cancellations \ reschedules of outpatient appointments: See HiCs and PiCs commentary page 10.

Domain	Indicator Detail	Q1 Total	Q2 Total	Q3 Total	Jan-15	Feb-15	Mar-15	Q4	YTD
FFT	Friends & Family Test - Inpatients response rate (Target: >30.0% in Q4)	33.30%	30.40%	29.40%	30.50%	30.80%	40.20%	33.90%	31.20%
	Friends & Family Test - A&E response rate (Target: >20.0% in Q4)	17.40%	23.30%	22.80%	21.70%	21.30%	27.60%	23.70%	21.90%
	Friends & Family Test - Staff FFT	-	-	-	-	-	-	-	-
Safety Thermometer	Safety Thermometer Data Collection (Target: =100%)	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	Safety Thermometer - Prevalence of Pressure Ulcers (Rate) (Target: <3.45%)	4.00%	4.80%	3.20%	5.50%	4.90%	7.10%	5.70%	4.50%
Dementia	Dementia Screening - Case Finding (Target: >90%)	97.20%	91.70%	92.80%	91.50%	91.10%	91.50%	91.30%	94.50%
	Dementia Screening - Assessment (Target: >90%)	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	Dementia Screening - Appropriate Referral (Target: >90%)	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
GP Communication in Real Time	DSUMS Before Discharge 80% Target	63.80%	65.20%	64.50%	68.24%	70.30%	70.50%	69.60%	65.70%
	GP Notification Of Emergency Admission withing 24 hours	99.86%	99.88%	99.86%	99.66%	99.82%	98.32%	99.24%	99.71%
	GP Notification of A&E & UCC Attendance	99.30%	99.95%	99.95%	99.83%	99.95%	97.24%	99.54%	98.92%

The Trust achieved the national CQUINs for Friends and Family, Safety Thermometer Data Collection and Dementia for 2014/15 including a very good performance for both A&E and Inpatient Friends and Family Test against a higher Q4 target of 30% response rates for Inpatient and 20% for A&E.

Unfortunately the Trust did not achieve the challenging Prevalence of Pressure Ulcers CQUIN in Q4 with a March performance of 7.1% but this remains a strong clinical focus for the year ahead.

With the key local CCG CQUINs we have performed very well in the GP notifications of A&E & UCC attendances and admissions and the improvement in DSUMs in real time continued with a March performance of 70.5% due to the continued hard work and focus but we were still 10% below the 80% target but work still continues to focus on the large underperforming areas such as emergency medicine despite the CQUIN coming to an end.

March 2015	Total	Corporate Division	Emergency & Integrated Care Division	Planned Care Division	Womens, Childrens and Sexual Health Division
Compliance %	81%	83%	79%	81%	80%
Fire	62%	73%	56%	66%	58%
Moving & Handling	71%	69%	69%	71%	74%
Safeguarding Adults Level 1	100%	100%	100%	100%	100%
Slips Trips and Falls	85%	85%	82%	86%	85%
Equality & Diversity	88%	86%	91%	89%	85%
Information Governance	71%	81%	67%	76%	66%
Hand Hygiene	74%	75%	74%	73%	75%
Health & Safety	84%	86%	78%	85%	86%
Child Protection Level 1	100%	100%	100%	100%	100%
Basic Life Support	72%	78%	70%	68%	76%

Commentary:

A fundamental review of statutory and mandatory training is being carried out, and a report will go to the People and Organisation Development Committee on 12 May 2015.

In the meantime, clinical updates for Nursing & Midwifery staff have resumed after a brief pause during the Winter months.

An emerging recommendation from the review is that training requirements should be articulated as role-specific requirements to ensure that people are only required to undertake training appropriate to their role, and not at a generic level.

Mandatory Training Topics included in Core Skills Training Framework (CSTF) (Pan-London Streamlining Project)

1. Compliance Measured against existing 19 agreed reporting topics

Mandatory training figures in March 2015 were **79%**¹, an increase of 2% on last month but 6% below the Trust 2014-15 target of 85%. This continue trend of improvement seen over the last 4 years but with a plateauing of performance since.

	March '12	March '13	March '14	March '15
Overall Compliance %	61%	69%	79%	79%

2. Compliance by division by 10 Core skills Topics

To enable us to benchmark against other Trusts we need to report only 10 Core skills topics (as this is what others report on). Calculating March 15 compliance on these 10 topics also demonstrates a continuous improvement trend and raises our compliance to **81%**.

	March '12	March '13	March '14	March '15
Overall Compliance %	65%	71%	78%	81%

3. Pan London Compliance comparison

Compared to all other London Trusts¹, measuring compliance across the 10 topics of the Core Skills Training Framework, the Trust achieved **81%** (which is 4% above the pan London average of 77%. (and places the Trust

9th approximately 14th and 12th respectively Mar 2015 - FINAL (amendment to Mandatory Training section).pptx

¹ as measured across 19 mandatory training topics

HR Metric		Monthly	Mar 15	~2013/14 Out-turn	2014/15 Annual Target	Average 12 month Rolling YTD
		Target				
Turnover rate***		13.50%	19.12%	14.83%	13.50%	18.13%
Vacancies	Total	8%	11.31%	8.60%	8%	10.94%
	Active	3.25%	4.35%	3.02%	3.25%	4.45%
Time to Recruit	Authorisation to pre-employment checks completed	<55 days	54 days	-	<55 days	**54.5 days
Sickness rate		3%	3.23%	2.92%	3.00%	2.85%
Agency % of WTE		3.15%	3.50%	3.82%	3.15%	3.50%
Appraisals	Non-Med	85%	74%	85%	85%	72%
	Medical	85%	82%	70%	85%	79%
Mandatory training*		95%	79%	77%	95%	78%

Vacancies: The overall Trust vacancy rate for March 2015 was 11.31%, which is an increase of 1.67% on last year and 3.31% above the monthly target set for March 2015. 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).

A truer measure of vacancies is those posts being actively recruited to, based on the WTE of posts being advertised through NHS jobs throughout March 2015. The active vacancy rate for March was 4.35% which is 1.1% above the monthly target of 3.25%. This increase was largely caused by bulk Nursing, Midwifery and Support staff recruitment across Paediatrics, Midwifery, Private Patients and Medical Wards.

The average time to recruit (between the authorisation date and the date that all pre-employment checks were completed) for March 2015 starters was 54 days. The outturn for the 2014/15 financial year was 54.5 days which is 0.5 below the target set for the period.

Average vacancies across LATTIN Trusts = 12.02% (latest data available)

Red – below/worse than both monthly target and 2013/4 **Amber** – below/worse than either monthly target or 2013/4 **Green** – above/better than monthly target and 2013/4

*Mandatory training represents % of completed relevant training within refresher period. ** As this is a new KPI measurement, the figure quoted is current financial YTD rather than 12 month rolling YTD.

***Turnover rate is calculated in line with the CQC Intelligent Monitoring Report.

The Monthly Target has been agreed and set internally.

~ Figures quoted for 2013/14 are the mean of the 12 month financial year period NB: **Rolling YTD** is the average of the most recent 12 months data e.g. Jan-Dec)

Appraisals & Training: The non-medical appraisal rate remained at 74% in March 2015 which is 11% below the target set for the year. Monthly reports of overdue and due appraisals are issued to managers and included within the Divisional Board reports to ensure action is taken to complete appraisals within 12 months. This data was also discussed in Feb with Execs for urgent remedial action and then March SOG for direct operational action to remedy per area.

Consultant appraisal rates currently stand at 82% which is an increase of 3.4% on last month but is 3% below the target set for 2014/15. The Medical Revalidation Team is working collectively with all consultants to ensure the completion of all appraisals that are currently outstanding.

Average (Appraisal rate) across LATTIN Trusts = 74% (latest data available)

Turnover: The Trust has seen the number of voluntary resignations significantly decrease since they spiked in Q2 (Jul 14-Sep 14). In Q2 there were on average 62 voluntary leavers each month as opposed to 42 in Q4.

Turnover % rate is calculated by dividing the number of employees who voluntarily resigned over the most recent 12 months by the average headcount of employees over the same period (excluding junior docs). Unplanned staff turnover over the last 12 months has increased from 15.84% in March 2014 to 19.13% in March 2015 (3.29%); this is 5.63% above the monthly target of 13.50% set for the year. Increases in turnover on last year were seen in the Planned Care (4.27%), Corporate (9.00%) and Emergency & Integrated Medical Care (5.38%) Divisions and increases were seen across all staff groups. Women, Children & Sexual Health Division saw a slight decrease (-0.30%) on the same period last year. The main leaving reasons stated for staff include, 'Work Life Balance', Promotion and 'Relocation'. In response to the increase in leavers, Human Resources have conducted further in-depth analysis on turnover, leaving reasons and the length of service and a Quality Report for March 2015. FIVE actions identified in Mandatory Training and a turnover paper was taken to the Jan Board.

Average across LATTIN Trusts = 15.2% (latest data available)

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

Financial Performance					Risk Rating (year to date)				Cost Improvement Programme																																																													
Financial Position (£000's)					COSR Rating	Weighting	M12 Planned Rating	M12 Actual Rating	Division	YTD Identified	YTD Actual	YTD Variance	2014/15 Identified	Actual Outturn	Forecast Variance																																																							
	Full Year Plan	Plan to Date	Actual to Date	Mth 12 YTD Var																																																																		
Income	(368,981)	(369,001)	(377,945)	8,944	Capital Servicing Capacity	50%	3	2	Total Planned Care	3,060	2,709	-351	3,060	2,709	-351																																																							
Expenditure	335,144	335,164	349,239	(14,075)					Total Emergency Care	1,418	1,003	-415	1,418	1,003	-418																																																							
EBITDA	(33,837)	(33,837)	(28,705)	(5,132)					Total W&N, C&Y, HIV & SH	4,956	3,480	-1,476	4,956	3,480	-1,476																																																							
EBITDA %	9.2%	9.2%	7.6%	-1.6%	Liquidity	50%	3	4	Total Facilities	2,794	2,794	0	2,794	2,794	0																																																							
Surplus/(Deficit) from Operations before De	33,837	33,837	28,705	(5,132)					Total ICT	284	284	0	284	284	0																																																							
Interest/Other Non OPEX	1,429	1,429	806	623	Total Rating				3	3																																																												
Depreciation	13,948	13,948	14,232	(284)	Comments																																																																	
PDC Dividends	11,400	11,400	11,299	101	The Trust recorded a Continuity of Service Rating (COSR) of 3 year to date at quarter 4 compared to a plan of 3. The capital service cover rating is a 2 (against a planned 3) and the liquidity rating is a 4 (against a planned 3).																																																																	
Retained Surplus/(Deficit) excl impairment	7,060	7,060	2,368	(4,692)	The original CIP target was £24.9m (£18.9m in 14/15 + £6.0m brought forward from 13/14).																																																																	
Impairment for IT Shared Service assets	0	0	1,660	(1,660)	The year to date achievement is £12.2m (against the year to date identified schemes of £14.5m). The CIP achievement is 3.5% (against operating expenditure).																																																																	
Retained Surplus/(Deficit) incl impairment	7,060	7,060	708	(6,352)	Comments																																																																	
Comments					Impact 5 – Loss of over £5.0m. Likelihood 3 – possible. Green The YTD position is an underlying surplus of £2.4m (EBITDA of 7.6%) which is ahead of the control total. This is £4.7m adverse variance against the budget March is a surplus of £0.7m, which is a favourable variance of £0.2m against budget The Trust has delivered its overall control re-forecast of £2.2m There was a non-recurrent technical adjustment of £1.7m for the impairment for assets due to transfer to the IT Shared Service joint venture in March, which has given an overall surplus of £0.7m for the full year. This adjustment does not affect the COSR rating, which remains an overall 3.																																																																	
Key Financial Issues					Cash Flow																																																																	
Performance against control totals					<p>12 Months Rolling Cash Flow Forecast as at 31 March 2015</p> <table border="1"> <caption>12 Months Rolling Cash Flow Forecast Data</caption> <thead> <tr> <th>Month</th> <th>Actual (£M)</th> <th>Forecast (£M)</th> <th>Plan (£M)</th> </tr> </thead> <tbody> <tr><td>Mar-15</td><td>18</td><td>18</td><td>36</td></tr> <tr><td>Apr-15</td><td>19</td><td>19</td><td>0</td></tr> <tr><td>May-15</td><td>16</td><td>16</td><td>0</td></tr> <tr><td>Jun-15</td><td>14</td><td>14</td><td>0</td></tr> <tr><td>Jul-15</td><td>13</td><td>13</td><td>0</td></tr> <tr><td>Aug-15</td><td>11</td><td>11</td><td>0</td></tr> <tr><td>Sep-15</td><td>8</td><td>8</td><td>0</td></tr> <tr><td>Oct-15</td><td>7</td><td>7</td><td>0</td></tr> <tr><td>Nov-15</td><td>7</td><td>7</td><td>0</td></tr> <tr><td>Dec-15</td><td>8</td><td>8</td><td>0</td></tr> <tr><td>Jan-16</td><td>7</td><td>7</td><td>0</td></tr> <tr><td>Feb-16</td><td>6</td><td>6</td><td>0</td></tr> <tr><td>Mar-16</td><td>10</td><td>10</td><td>0</td></tr> </tbody> </table>										Month	Actual (£M)	Forecast (£M)	Plan (£M)	Mar-15	18	18	36	Apr-15	19	19	0	May-15	16	16	0	Jun-15	14	14	0	Jul-15	13	13	0	Aug-15	11	11	0	Sep-15	8	8	0	Oct-15	7	7	0	Nov-15	7	7	0	Dec-15	8	8	0	Jan-16	7	7	0	Feb-16	6	6	0	Mar-16	10	10	0
Month	Actual (£M)	Forecast (£M)	Plan (£M)																																																																			
Mar-15	18	18	36																																																																			
Apr-15	19	19	0																																																																			
May-15	16	16	0																																																																			
Jun-15	14	14	0																																																																			
Jul-15	13	13	0																																																																			
Aug-15	11	11	0																																																																			
Sep-15	8	8	0																																																																			
Oct-15	7	7	0																																																																			
Nov-15	7	7	0																																																																			
Dec-15	8	8	0																																																																			
Jan-16	7	7	0																																																																			
Feb-16	6	6	0																																																																			
Mar-16	10	10	0																																																																			
Primary Reasons for Current Month Position (against the control total)					Comments																																																																	
<ul style="list-style-type: none"> -£1.0m of additional central clinical income (RTT, winter pressures, CCT income for diagnostic cloud) -£1.0m of additional income for ICT shared service set up costs -£0.4m of additional E&T non recurrent income -The additional income was offset against an increase in bad debt provisions as a result of review of outstanding debt and other central cost pressures 					The cash position at Month 12 was £18m compared to a plan of £36m, this represents a slight decrease from February. The principal cause of this adverse variance is the level of debt which is yet to be recovered and adverse surplus position against budget.																																																																	
Key drivers behind the £4.7m overspend against the original budget																																																																						
<ul style="list-style-type: none"> -Unidentified CIPS (£11.2m) -Private patient income under performance (£3.1m) -Pay overspend, primarily due to high temporary staff usage in certain areas (£1.3m) -Dip in over performance on NHS clinical income (£5.1m) 																																																																						

Board of Directors Meeting, 30 April 2015

PUBLIC

AGENDA ITEM NO.	11/Apr/15
REPORT NAME	Monitor In-Year Reporting & Monitoring Report Q4
AUTHOR	Virginia Massaro, Assistant Director of Finance
LEAD	Lorraine Bewes, Chief Financial Officer
PURPOSE	Submission of commentary to Monitor on the Quarter 4 2014/15 in year financial return.
SUMMARY OF REPORT	<p>Financial Performance The surplus for the 2014/15 outturn is £0.7m, which includes an adjustment of £1.7m for the impairment for assets due to transfer to the IT Shared Service joint venture in March. The underlying surplus is £2.4m, compared against the reforecast plan of £2.2m, and ahead of plan overall by £0.2m. The outturn EBITDA (excluding the impairment) was £28.5m (7.5%) against the reforecast plan of £28.4m (7.63%).</p> <p>The overall COSR is based on two ratios capital serving capacity ratio and liquidity; was 3 compared against a plan of 3.</p> <p>Targets and Indicators The Trust achieved all indicators in the fourth quarter of 2014/15, with the exception of:</p> <ul style="list-style-type: none"> - Cancer 62 days waiting times 82.3% (target 85%) Compliance with requirements regarding access to healthcare for people with learning difficulties.
KEY RISKS ASSOCIATED	Finance and Governance declarations not confirmed as the Trust have submitted a plan for 2015/16 with a COSR rating of 2 and identified risks to compliance with c. Difficile and learning difficulties.
FINANCIAL IMPLICATIONS	Achievement of 2014/15 surplus (before impairment) of £2.4m and COSR rating of 3.
QUALITY IMPLICATIONS	Achievement of all Q4 indicators with the exception of cancer 62 days wait and partial compliance with access to healthcare for patients with learning difficulties
EQUALITY & DIVERSITY IMPLICATIONS	None.
LINK TO OBJECTIVES	Ensure Financial and Environmental Sustainability Deliver 'Fit for the Future programme'

<p>DECISION/ ACTION</p>	<p>The Trust Board is asked to:</p> <ol style="list-style-type: none"> 1. Delegate approval to the Chief Financial Officer to approve, on behalf of the Board, submission of the Quarter 4 2014/15 in-year financial reporting return to Monitor. 2. Approve the commentary for the submission to Monitor 3. Approve the In Year Governance Statement (attached in Appendix 1) which includes the following elements: <ul style="list-style-type: none"> - Approve the financial declaration “Not Confirmed” that the Trust will continue to maintain a continuity of service rating of at least 3 over the next 12 months - Approve the Governance Declaration “Not confirmed” that the Trust has plans in place to achieve ongoing compliance with all existing targets due to non-compliance with access to people with learning difficulties. <p style="margin-left: 40px;">Approve the capital expenditure declaration, that the Trust’s capital expenditure for the remainder of the financial year will not materially differ from the reforecast plan.</p>
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Monitor In-Year Reporting & Monitoring Report Q4

1. Introduction/ Background

1.1. A financial reporting return and commentary are required to be submitted to Monitor on a quarterly basis. This report provides commentary to be submitted with the financial return for the quarter ending March 2015.

2. Decision/Action required

2.1. The Trust Board is asked to:

2.1.1. Delegate approval to the Chief Financial Officer to approve the submission of the Quarter 4 2014/15 in-year financial reporting return to Monitor, on behalf of the Board.

2.1.2. Approve the commentary for the submission to Monitor

2.1.3. Approve the In Year Governance Statement (attached in Appendix 1) which includes the following elements:

- Approve the financial declaration – “Not Confirmed” that the Trust will continue to maintain a continuity of service rating of at least 3 over the next 12 months
- Approve the Governance Declaration – “Not Confirmed” that the Board, is ‘satisfied that plans in place are sufficient to ensure: ongoing compliance with all existing targets as set out in Appendix A of the Risk Assessment Framework; and a commitment to comply with all known targets going forwards’, due to non-compliance with the access to healthcare for people with learning difficulties:

2.1.4. Approve the Capital Expenditure declaration statement that the Trust’s capital expenditure for the remainder of the financial year will not materially differ from the reforecast plan.

3. Content

3.1. Governance Declaration

3.1.1. **Continuity of Service Rating (COSR):** The Trust recorded a Continuity of Service Rating (COSR) of 3 at quarter 4 compared to a plan of 3. The capital service cover rating is a 2 (against a planned 2) and the liquidity rating is a 4 (against a planned 4).

Finance declaration - “Not Confirmed” that the Board anticipates that the trust will continue to maintain a Continuity of Service risk rating of at least 3 over the next 12 months. The Trust has submitted a draft operational 2015/16 plan to Monitor with a planned deficit of £7.9m and a COSR rating of 2. The final 2015/16 plan will improve from £7.9m to £7.5m deficit.

3.1.2. **Compliance with targets:** The Trust achieved all targets and indicators in quarter 4; with the exception of cancer 62 day waits for first treatment and compliance with requirements regarding access to healthcare for people with learning difficulties.

The Trust achieved a performance of 82.3% (not finalised) against the target of 85% for cancer 62 day waits in Q4. The predominant reason for these breaches in the quarter was patient choice – patients wanting to take time to decide about their treatment and rescheduling appointments due to other commitments and other reasons include lack of surgical capacity at tertiary trusts and one very complex diagnostic pathway. Work is underway to provide earlier notification to tertiary trusts and improvement in the urology pathway by introducing one-stop shops for patients to have diagnostics at the first outpatient appointment. In addition, we have brought in further external expertise, including senior management resource from NHS IMAS to help review and oversee the cancer pathway.

The Trust is not currently fully compliant with all six requirements regarding access to healthcare for people with learning disabilities, but is working to achieve compliance in 2015/16, in line with the Trusts CQC action plan.

Governance declaration - “Not confirmed” that the Board is ‘satisfied that plans in place are sufficient to ensure: on-going compliance with all existing targets as set out in Appendix A of the

Risk Assessment Framework; and a commitment to comply with all known targets going forwards'.

This is due to not achieving compliance with requirements regarding access to healthcare for people with learning difficulties, with an action plan in place to achieve compliance in 2015/16 and an identified risk with regard to clostridium difficile, due to the challenging target of 7 in 2015/16.

3.2. In the fourth quarter of 2014/15 there were no elections to fill posts on the Council of Governors, there were no resignations from the Council of Governors and there were no changes to the Council of Governors stakeholder appointments (Appendix 2).

3.3. Capital Declaration

3.3.1. The capital spend for 2014/15 outturn is reported at £15.2m against the plan of £24.7m, a variance of £9.5m (38% behind plan).

3.3.2. The underspend against the reforecast plan is primarily in buildings, which is £4.3m behind the reforecast plan; IT equipment, which is £4.1m behind plan year to date and Medical Equipment (£1.1m behind plan year to date).

3.3.3. Buildings capital expenditure is 32% behind plan primarily due to slippage in the Emergency Department refurbishment and other property maintenance projects. Capital spend on information technology is 46% behind plan primarily due to slippage on several projects e.g. EPR Replacement, IT Strategy Implementation and other schemes. Medical equipment was 51% behind plan in 2014/15, with slippage relating mainly due to the lead time of processing the orders for the imaging equipment in Radiology Department and some other equipment slipped to next year in line with the progress in building works for the ED project. This slippage in capital programme has not affected the delivery of safe service to the patients.

3.4. Summary of Financial Position

3.4.1. In quarter 4, the Trust reported a underlying surplus of £2.6m (against a Q4 reforecast of £2.2m) and an underlying surplus of £2.4m for the full year, against the reforecast plan of £2.2m, before adjusting for the impairment of assets due to transfer to the IT Shared Service joint venture giving an overall surplus of £0.7m. The EBITDA (excluding the impairment) in 2014/15 was £28.5m (7.5%) against a reforecast plan of £28.4m (7.6%).

3.5. Statement of Comprehensive Income

NHS Clinical Revenue

3.5.1. The underlying NHS clinical income is £1.4m ahead of the reforecast plan in Q4 and £0.8m ahead of plan for the full year outturn.

3.5.2. Elective and day case activity is £0.9m behind plan in Q4 and by £0.7m for the outturn. This is primarily as a result of reduced surgical work associated with the clearance of long waiting patients on referral-to-treatment (RTT) pathways in quarter 4 following achievement of the RTT indicators.

3.5.3. Non Elective activity is £0.2m behind plan in Q4 and £0.1m ahead of plan for the year to date. The Trust is continuing to under-perform on specialised activity, which is not subject to the block funding.

3.5.4. Outpatient income is £1.3m behind the reforecast plan for Q4 and £3.4m for the year. This is primarily due to a classification error between outpatient and other non-tariff income for HIV activity of £3.8m (full year) in the reforecast plan. GUM activity continued to over-perform in quarter 4 and there was higher activity than planned in unbundled diagnostic imaging in the quarter.

3.5.5. NHS Clinical Income for other points of delivery is £5.3m ahead of plan in the quarter and £5.2m full year outturn. Excluded drugs are £1.1m ahead of plan for the quarter and £1.5m for the year to date, which is offset by an over spend on non-pay expenditure. The remainder of the favourable variance is primarily due to additional income received in March for income related to RTT (training and non-activity related costs of £0.5m), revenue for implementation of the Diagnostic Cloud (£0.4m), and the classification error in the plan as outlined in 3.5.4 above of £3.8m. A&E and UCC attendances are £0.3m behind the reforecast plan in Q4 and the year to date. This is due to lower activity than expected in January and February.

Other Operating Income

3.5.6. Private Patient income was ahead of the Q4 reforecast by £0.4m this is attributed to an increase in surgical and non-surgical work in the Chelsea Wing, and improvement in ACU cycles and average income for private maternity.

3.5.7. Research and development income is ahead of the Q4 reforecast by £0.7m this mainly relates to phasing of income offset against operating expenditure. Education and Training income is ahead of the Q4 reforecast plan by £0.7m this relates to additional income for CEA awards and flexible trainees that was over and above the forecast.

3.5.8. Miscellaneous Other Operating revenue is ahead of the Q4 reforecast by £5.8m. This main areas relates to £1.3m of income for the ICT shared service set up costs recognised in Q4, which was not included within the re-forecast; £2.0m for transaction integration cost income offset against other operating expenditure; and £1.5m of Winter pressures funding in Q4 (initially in the forecast under NHS clinical income).

Operating Expenditure

3.5.9. Pay - There was an adverse variance against the Q4 reforecast by £0.5m. The permanent staff is overspent by £0.2m in the quarter, although remains consistent with the Q3 actuals. The temporary staffing spend has decreased against Q2 and Q3 actuals, but was overspent against the control total by £0.3m due to on-going requirements to use temporary staffing for vacancies and posts funded by winter pressures.

3.5.10. Drugs – There is an adverse variance of £1.7m in the quarter, this is comprised of £1.1m adverse variance for drug exclusions (which is offset against other income), and £0.6m overspend in tariff drugs costs. Clinical supplies are overspent by £0.4m against the Q4 reforecast mainly in surgery and endoscopy related to activity.

3.5.11. Non-clinical supplies (including the increase in impairment of other receivables) are overspent by £1.4m in Q4 this is mainly related to an increase in bad debt provisions as a result of outstanding debt review and other cost pressures. Consultancy is overspent by £0.9m related to transaction integration, although this is offset against income. Education and Training expense is overspent by £0.3m in Q4 and R&D is underspent by £0.2m in Q4, this is mainly related to phasing of expenditure offset against income.

3.5.12. There was an adjustment of £1.7m in March for the impairment of assets due to transfer to the IT Shared Service joint venture.

3.5.13. There is an under-performance against the CIP plan (including revenue generation schemes) of £0.2m for the Q4. The under-performance relates to £0.05m of revenue generation due to under-delivery of private patient income growth in maternity, £0.09m in pay expenditure and £0.04m in clinical supplies related to slippage in CIP schemes in general HR schemes and diagnostic demand management.

3.6. Statement of Financial Position

3.6.1. **Property Plant and Equipment:** The 2014/15 capital expenditure is £15.2m against the Trust plan of £24.7m, £9.5m (38%) behind the plan.

3.6.2. **Receivables and Other Current Assets:** As at March 2015 was £46.3m (against a plan of £51.5m). The top ten debtors outstanding of £3.9m relate principally to NHS organisations and Department of Health.

3.6.3. **Current Liabilities:** The total trade and other payables, accruals and other current liabilities was £56.4m against a plan of £49.0m.

3.6.4. **Cash Flow:** The cash balance at the end of quarter 4 is £17.8m against a plan of £11.5m, primarily driven by the movement of working capital.

4. Summary

4.1. Financial Performance

4.1.1. The Trust reported a surplus of £0.7m for 2014/15, including an impairment of £1.7m, so underlying surplus of £2.4m against the reforecast plan of a surplus £2.2m. The EBITDA excluding the impairment was £28.5m (7.5%) against a plan of £28.4m (7.63%).

4.1.2. The Trust has achieved a Continuity of Service Rating (COSR) of 3 as at 31st March 2015, which is in line with plan. Within this, the liquidity element achieves a score of 4, and the capital servicing ratio a score of 2.

4.2. Targets and Indicators

4.2.1. In quarter 4, the Trust did not achieve the cancer 62 day waits for first treatment and compliance with requirements regarding access to healthcare for people with learning difficulties. The Trust is meeting all the remaining performance indicators in quarter 4.

Appendix 1 – In Year Governance Statement

In Year Governance Statement from the Board of Chelsea and Westminster

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

For finance, that:

Board Response

4 The board anticipates that the trust will continue to maintain a Continuity of Service risk rating of at least 3 over the next 12 months. Not Confirmed

For governance, that:

11 The board is satisfied that plans in place are sufficient to ensure: ongoing compliance with all existing targets (after the application of thresholds) as set out in Appendix A of the Risk Assessment Framework; and a commitment to comply with all known targets going forwards. Not Confirmed

Otherwise:

The board confirms that there are no matters arising in the quarter requiring an exception report to Monitor (per the Risk Assessment Framework page 22, Diagram 6) which have not already been reported. Confirmed

Consolidated subsidiaries:

Number of subsidiaries included in the finances of this return. This template should not include the results of your NHS charitable funds.

Signed on behalf of the board of directors

Signature 

 Name:
 Capacity: [job title here]
 Date:

Signature 

 Name:
 Capacity: [job title here]
 Date:

1

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

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

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

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

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

A: The Board is not able to confirm that the Trust will continue to maintain a Continuity of Service risk rating of at least 3 over the next 12 months, as the Trust has submitted a draft operational 2015/16 plan to Monitor with a planned deficit of £7.9m and a COSR rating of 2.

B: The Board is not able to confirm a commitment to comply with all known targets going forwards due to non-compliance with requirements regarding access to healthcare for people with learning difficulties. The Trust is working to achieving compliance in 2015/16. The Trust also has an identified risk with regard to clostridium difficile, due to the challenging target of 7 in 2015/16.

Appendix 2

In the fourth quarter of 2014/15:

I. ELECTIONS

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

There were no resignations from the Council of Governors.

There were no changes to the Council of Governors stakeholder appointments.

II. BOARD OF DIRECTORS

There have been changes to the Board of Directors.

Following the appointment of Karl Munslow-Ong as Chief Operating Officer 02.03.2015 Robert Hodgkiss, Interim Chief Operating Officer reverted back to the post of Divisional Director of Operations, Division of Womens, Neonates, Childrens and Young People, HIV/GUM and Dermatology Services (01.03.2015).

Role	Date of change	Full Name	Job Title (if different to 'role')
Chief Operating Officer	02.03.2015	Karl Munslow-Ong	

III. COUNCIL OF GOVERNORS

a. Retirements and Resignations

i. Elected

There were no changes.

ii. Stakeholders

There were no changes.

b. Appointments (stakeholder)

There were no changes.

Appendix 3 – Capital Expenditure Declaration

Capital Expenditure Declaration for Chelsea and Westminster

Where year-to-date capital expenditure is less than 85% or greater than 115% of levels in the latest annual plan (or any later capital expenditure reforecast) an NHS foundation trust must submit a capital expenditure reforecast for the remainder of the year. This is set out at the bottom of page 22 of the Risk Assessment Framework issued by Monitor April 2014.

If you have triggered one of these criteria (see worksheet "Capex Reforecast Trigger") then you must complete the worksheet "Capex Reforecast" and sign one and only one of the declarations below. If you have not triggered one of these criteria then please do not input into this worksheet and the worksheet "Capex Reforecast" at all.

Declaration 1

The Board anticipates that the trust's capital expenditure for the remainder of the financial year will not materially differ from the attached reforecast plan.

Signed: 

On behalf of the Board of Directors

Acting in Capacity as:

Board of Directors Meeting, 30 April 2015

PUBLIC

AGENDA ITEM NO.	12/Apr/15
REPORT NAME	Register of Seals Report Q4
AUTHOR	Vida Djelic, Board Governance Manager
LEAD	Thomas Lafferty, Foundation Trust Secretary
PURPOSE	To keep the Board informed of the Register of Seals.
KEY RISKS ASSOCIATED	None.
FINANCIAL IMPLICATIONS	None.
QUALITY IMPLICATIONS	None.
EQUALITY & DIVERSITY IMPLICATIONS	NA
LINK TO OBJECTIVES	NA
DECISION/ ACTION	For Information.

Register of Seals Report Q4

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

12.2 Sealing of documents

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

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

During the period 1 January 2015 – 31 March 2015, there were no documents to which the seal was affixed.