Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting (PUBLIC SESSION)

Location: Hospital Boardroom, Lower Ground Floor, Lift Bank C
Date: Thursday, 26 February 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 29 January 2015	Report	Chairman
16.05	4.	Matters Arising & Board Action Log	Report	Chairman
16.15	5.	Chairman's Report	Report	Chairman
16.25	6.	Chief Executive's Report	Report	Chief Executive Officer
16.35	7.	Patient Experience Case Study	Verbal	Director of Nursing
16.55	8.	Board Assurance Framework Review	Verbal	Trust Secretary
		STRATEGY		
17.00	9.	West Middlesex University Hospital NHS Trust Acquisition: Update & Decision Tree	Report	Chief Executive Officer
		QUALITY & TRUST PERFORMANCE		
17.20	10.	Performance & Quality Report, *including Financial Performance Summary*	Report	Executive Directors
		ITEMS FOR INFORMATION		
17.40	11.	Questions from Members of the Public	Verbal	Chairman/ Executive Directors
17.50	12.	Any Other Business		
18.00	13.	Date of Next Meeting 26 March 2015		

Board of Directors Meeting, 26 February 2015 PUBLIC

Subject/Title	Draft Minutes of the Public Meeting of the Board of Directors held on 29 January 2015/3/Feb/15
Purpose of paper	To provide a record of any actions and decisions made at the meeting
Decision/action required/ recommendation	The meeting is asked to agree the minutes as a correct record of proceedings The Chairman is asked to sign the agreed minutes
Summary of the key risks/issues from the paper	This paper outlines a record of the proceedings of the public meeting of the Board of Directors held on 29 January 2015.
Link to corporate objectives	NA
Non-Executive Sponsor	Sir Tom Hughes-Hallett, Chairman

Board of Directors Meeting 29 January 2015 (PUBLIC)
Draft Minutes

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

Present

Non-Executive Directors	Sir Tom Hughes-Hallett	TH-H	Chairman
	Eliza Hermann	EH	
	Sir John Baker	JB	
	Jeremy Jensen	JJ	
	Dr Andrew Jones	AJ	
	Jeremy Loyd	JL	
	Nilkunj Dodhia	ND	
	Liz Shanahan	LS	
Executive Directors			
	Elizabeth McManus	EM	Chief Executive
	Lorraine Bewes	LB	Chief Financial Officer
	Zoe Penn	ZP	Medical Director
	Rob Hodgkiss	RH	Chief Operating Officer
	Vanesa Sloane	VS	Director of Nursing
In attendance			
	Rakesh Patel	RP	Director of Finance
	Susan Young	SY	Chief People Officer and Director of Corporate Affairs
	Dr Roger Chinn	RC	Acting Medical Director of West Middlesex University Hospital (WMUH)
	Vida Djelic	VD	Board Governance Manager

1.1 Welcome and Apologies for Absence **TH-H**

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

TH-H welcomed Elizabeth McManus, Interim Chief Executive to the Board. He also welcomed Vanessa Sloane, Interim Director of Nursing to the Board.

TH-H welcomed Roger Chinn, Acting Medical Director of West Middlesex University Hospital to the Board who is acting as a link between the two hospitals.

Apologies were received from Professor Richard Kitney and Dominic Conlin.

TH-H noted a new layout of the Hospital Boardroom.

1.2 Chairman's Introduction **TH-H**

None.

1.3 Declaration of Interests **TH-H**

None.

1.4 Draft Minutes of the Meeting of the Board of Directors held on 30 October 2014 **TH-H**

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

1.5 Matters Arising **TH-H**

The Board noted that all actions were complete.

1.6 Patient Experience **VS**

VS noted that patient experience is taken seriously by the Trust. The Senior Nursing Team has introduced 'Back to the floor Fridays' which focus on patient experience. In addition, Executive Directors have increased their walk-arounds in which they meet patients and staff.

One particular area of complaint is about nursing care and attitude. This has been considered by the Senior Nursing Team and the action plan is being prepared.

Positive comments have been received by the HYPE (Hospital Young People's Executive) newly established young people group which meets on a two monthly basis.

Complements were given to the palliative care team for excellent care provided to patient by the patient's family.

Susan Maxwell queried if the Senior Nursing Team during walk-arounds talk to patients on wards. VS confirmed that the aim of walk about is to talk to both staff and patients.

1.7 Chairman's Report (Oral) **TH-H**

In addition to his written report TH-H noted that there will be a governor workshop later in February to provide feedback from the strategy session held earlier in the day on the clinical case and patient benefits of acquiring West Middlesex University Hospital (WMUH).

TH-H noted that the schedule of Board meetings is changing. The number of public Board meetings will increase. In order to increase transparency most of the matters reserved for the Board will be discussed in the public. A small number of matters will be discussed in the closed session Board. The members of the public will have the opportunity to ask questions under the Questions from the Public section at the end of the meeting.

He thanked ND for undertaking review of the Board committees; the process was led by SY on behalf of the executive team and highlighted that any matters coming to the Board will first be scrutinised by the relevant Board committee.

TH-H clarified that his time commitment in the Trust is two days a week.

TH-H reported to the Board that he is assured that Chelsea and Westminster

Hospital is performing in a measured and consistent fashion.

TH-H noted that the recruitment process for a search for a new Chief Executive has started and a recruitment agency has been engaged to work with the Trust to search for external candidates. In addition, internal candidates may apply for the post. A briefing on progress with the recruitment process will be provided to governors at the March meeting.

1.8 Interim Chief Executive's Report (oral) **EM**

In addition to her written report EM noted that operational grip has increased. Some hard targets have been set up and the output is positive.

The financial challenges for the Trust remain significant as is the case nationally. Kingsgate, external turnaround experts have been employed to help with increasing grip in relation to our CIP contribution. This will require management discipline in order to meet tough controls and we will work with staff in areas where we see the most potential benefit.

EM noted that the leadership visibility has increased by having more frequent leadership walk rounds, a new style of team brief for staff and positive changes have been noted.

LB highlighted that in order to improve the financial position some substantial improvements in productivity are required. Kingsgate will assist with this and will provide external stakeholders with the assurance that the Trust will remain financially stable.

JJ noted that the Trust needs to be more productive and some areas of the hospital can be better utilized as well as pursuing some strategic opportunities and ensuring a good quality of care is provided.

1.9 Council of Governors Report including Membership Report and Quality Awards **TH-H**

TH-H noted that newly elected governors in November 2014 were welcome to the Trust.

The Board noted the membership report which provided update on membership numbers for Q3.

The Board also noted the Autumn Council of Governors awards winners.

2 QUALITY

2.1 Health and Safety Policy 2014/15 **VS**

VS highlighted that the Health and Safety Policy is presented to the Board annually for approval. Prior to the Board the policy was reviewed by the Quality Committee, a Board committee.

It was confirmed that the Director of Nursing has the overall responsibility for the Health and Safety Policy.

It was confirmed that the health and safety training for the Board has been put on

the future Board training schedule.

TH-H noted that earlier in the day the Board received the training on the Bribery Act.

The Board approved the Health and Safety Policy 2014/15.

3 PERFORMANCE

3.1 Finance Report – December 2014 LB/RP

RP noted the highlights of the financial performance. These were:

- The year to date position is a 0.2m deficit, which is an adverse variance of £0.2m.
- The year-end forecast position is a £2.2m surplus against a plan of £7.0m and the forecast COSR rating is a 3.

The Board noted that JJ, EM, RP and LB reviewed the revised year-end forecast of £2.2m and taking account of the seasonality of income in previous years it is a realistic forecast.

3.2 Performance and Quality Report – December 2014 RP

RH highlighted the progress with Referral to Treatment Time (RTT) and all three RTT indicators were achieved in December 2014.

The Trust continues to meet all key performance indicators for Monitor.

RH reported on two C. Difficile cases in December 2014 (6 cases year to date). The Trust remains compliant with Monitor target.

The Board noted a good A&E waiting time performance.

RH noted the work of the Trust's Senior Operational Group (SOG) which focusses on operational performance. A recently elected public governor, Philip Owen attended the meeting.

RH congratulated operational teams for sterling performance during very difficult times.

JL queried if a deep dive report should be done on waiting times and especially the cancer waiting time. EH responded that the Quality Committee will be reviewing the performance and quality report in February with a focus on waiting times and nutritional screening. The Trust's Executive Directors will advise the Quality Committee on deep dive reports to come to the Quality Committee.

TH-H noted that in light of the CQC comments, in relation to overly complex governance around patient care, EH and JJ will be assisting the Executive Team with this.

TH-H congratulated the Executive Team for addressing the CQC comments so promptly during such a challenging time.

3.2.1 Staff Recruitment and Retention **SY**

SY noted that the previous quarter performance report to 31 October 2014 indicated a high staff turnover and therefore the deeper analysis has been obtained.

It was highlighted that Chelsea and Westminster Hospital is experiencing challenges with retaining staff. This is due to staff taking promotion elsewhere and relocation for family reasons. The Trust continues to be able to attract new recruits.

Recruitment and retention plans are being devised for hotspot areas where the turnover is high. We can do more on staff engagement, early intervention and developing leaders in the organisation. Therefore a People Strategy has been developed. Actions and plans will be monitored by the new Board committee covering people and organizational development issues.

JJ suggested that the new committee should address the medium and long term plan for retaining people.

TH-H queried if there are national financial incentives and if the Trust has any? SY responded that there is some flexibility around national pay system and the Trust already makes use of some of these incentives.

TH-H noted that employee reward and recognition is important as staff and volunteers are important for the Trust sustainability.

TH-H noted that LS will chair the new committee with the support of JL.

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

LB confirmed that the Trust is submitting COSR rating of 3 for Q3. The Trust is also required to certify that we will continue to meet COSR rating 3 in the next 12 months. In light of discussion on opening budget we have some financial challenges, some related to project delivery systems and failure to improve productivity. Therefore the recommendation to the Board was at this stage to flag to Monitor that the Board is not assured of continuing a COSR rating 3 for the next 12 months. LB flagged that the Trust was compliant on RTT 18 weeks admitted patients going forward from Q3.

TH-H proposed that in the appendix 1 the financial certification for submission to Monitor be changed to read lack of assurance on continuing to meet COSR rating 3 for the next 12 months. **Action: LB to amend the Monitor submission accordingly.** **LB**

The Board noted that the COSR rating will be discussed by the Board at the Extraordinary Board meeting in February.

4 GOVERNANCE

4.1 Register of Interests Annual Review **SY**

TH-H noted that individual Board members should review and submit any changes to the register of Board members interests and the final Declaration of Interest should come to the March Board. **Action: SY to bring the final 2014/15** **SY**

declaration of interests to the March Board.

4.2 Safeguarding Children Declaration 2015 **VS**

The Board approved the Safeguarding Children Declaration 2015.

5 STRATEGY

5.1 West Middlesex Update (oral) **EM**

EM highlighted that a number of key milestones have been achieved since the November 2014. Heads of Terms between Chelsea and Westminster and West Middlesex were signed in December 2014. The Competition and Markets Authority gave its clearance before end December 2014 and we passed the Trust Development Authority (TDA) Gateway 3 Assessment.

A significant proportion of focus has been on working together on benefits of integration. A clinical summit organised last year was attended by clinical and management staff to discuss benefits and potential issues. The strategy session was held earlier in the day with the Board and clinicians to discuss the patient and clinical benefits. We will provide an update to governors on the outcome of these discussions.

The next key decision for the Board is approval of the Full Business Case at the February Board meeting.

The Monitor review process of the Full Business Case is due to finish at the end of May. The Secretary of State's approval will be sought but as it is not certain at this stage when the approval will be given; the June date for the Board and Council of Governors meeting will be confirmed in due course.

TH-H provided key highlights from the strategy session held earlier in the day.

- The Board spent considerable time earlier in the day discussing the clinical and patient benefit of the potential acquisition.
- Board approval of the Full Business Case expected at the end of February
- Monitor's decision on the Full Business Case expected at the end of May
- Council of Governors approval of the acquisition application in June

TH-H alerted the Board to the fact that between the present and end June there will be occasions when both the Board and Council of Governors will be called to meet at a short notice.

5.2 Business Planning 2015/16 Outline Process **LB**

It was noted that an Extraordinary Board meeting will be organised in February for discussion and approval of the business plan submission to Monitor at the end of February.

6 ITEMS FOR INFORMATION

QUALITY

6.1 Quality Committee Minutes – 27 October and 24 November 2014 **EH**

This paper was noted.

GOVERNANCE

6.2 Board Assurance Framework and Risk Report Q3 **EM/ZP**

This report was noted.

6.3 Register of Seals Report Q3 **SY**

This report was noted.

7 ANY OTHER BUSINESS

TH-H noted that Rakesh Patel, Director of Finance, will be leaving the Trust to take up the post of Chief Financial Officer at Epsom and St Helier University Hospital. TH-H said that he was delighted to learn of Rakesh's promotion. The Board wished Rakesh well for the future.

TH-H noted that the Trust has appointed Thomas Lafferty, Interim Foundation Trust Secretary.

8 QUESTIONS FROM THE PUBLIC

Dr Roger Chinn thanked the Chairman on behalf of his West Middlesex colleagues for inviting him to attend the Board.

Tom Pollak queried if the incoming Chief Executive of West Middlesex would be the Chief Executive of both Chelsea and Westminster Hospital and West Middlesex Hospital. TH-H responded that an agency had been appointed to support the recruitment process which was in its early stages. The successful candidate will not be known for some time as the search and selection has yet to take place.

9 DATE OF NEXT MEETING – 26 February 2015

Board of Directors Meeting, 26 February 2015 PUBLIC

Subject/Title	Matters Arising and Action Log/4/Feb/15
Purpose of paper	To provide a record of actions raised and any subsequent outcomes from the January Public Board of Directors Meeting
Decision/action required/ recommendation	The Board is asked to note the actions or outcomes reported by the respective leads.
Summary of the key risks/issues from the paper	This paper outlines matters arising from the public meeting of the Public Board of Directors held on 29 January 2015.
Link to corporate objectives	NA
Non-Executive Sponsor	Sir Tom Hughes-Hallett, Chairman

Board of Directors PUBLIC – 29 January 2015

Meeting	Minute Number	Agreed Action	Current Status	Lead
Feb 2015	3.3	The Board agreed that the appendix 1 the financial certification for submission to Monitor be changed to read COSR rating 2. **Action: LB to amend the Monitor submission accordingly.**	Completed	LB
	4.1	**Action: SY to bring the final 2014/15 declaration of interests to the March Board.**	This is on schedule for the March Board.	SY

Board of Directors Meeting, 26 February 2015 PUBLIC

Subject/Title	Chairman's Report/5/Feb/15
Purpose of paper	This paper is intended to provide an update to the Board on key issues
Decision/action required/ recommendation	For information
Summary of the key risks/issues from the paper	This report updates the Board on a number of key developments and news items that have occurred since the last meeting.
Link to corporate objectives	All
Executive Sponsor	Sir Tom Hughes-Hallett, Chairman

Chairman's Report

Our Foundation Trust has a spring in its step.

The new management structure and culture created and developed by Libby McManus has given a combination of breadth and focus to our core priorities. I am delighted to see the new style of partnership working at Board level and furthermore the increased visibility of the management team in the hospital.

The National Health environment continues to shift regularly and, as the election approaches, I am confident we will continue to receive instructions from the 'centre' be it re whistle blowing or increasing nursing staff even further. These are all well-intentioned but inevitably involve further financial pressures on a system that is fighting to survive. The recent Kings Fund report described the health and social care system as fundamentally broken.

There is no point in us contemplating the logic of policies that are largely beyond our control so we encourage our Chief Executive to keep our plans as simple as possible and to ensure the tightest possible grip on our financial forecasting and quality control.

I am making full use of my role as Chair of the Teaching Hospital Chairs to feed back to our Chief Executive the experiences and challenges that others face. I am also discussing with my peers the issues on which we, as Non-Executives, will wish to press the government on post-election.

Libby and I have just spent two days at the World Innovation in Health summit in Doha kindly paid for in full by the Qatar Foundation. We have learned good lessons with our peers from around the world and both come away reminded of the sheer importance of talking to people outside our own 'box' to learn more about safety, lower cost solutions and quality care. As an example we heard from India's finest cardiac hospital which has just built a 500 bed facility for $6million (International comparison would be $600 million) As the founder of the hospital observed "if you have money in the bank the brain stops working". Libby will be sharing some of our findings with our Executive colleagues not least around patient safety and communicating key health messages.

I visited Monitor recently with fellow Non-Executive Director Jeremy Jensen to assure the regulator that we have strengthened our Board over the last year and that we are in a good place to manage an acquisition in the event that we acquire West Middlesex. We also set our financial strategy to them - namely a budget that we can beat rather than setting an unrealistic budget to satisfy their rating system. They welcomed this new approach.

Sir Thomas Hughes-Hallett
Chairman

Board of Directors Meeting, 29 January 2015 PUBLIC

Subject/Title	Chief Executive's Report/6/Feb/15
Purpose of paper	To provide an update to the Public Board on high-level Trust affairs.
Decision/action required/ recommendation	This paper is submitted for the Board's information.
Summary of the key risks/issues from the paper	As described within the appended paper. Board members are invited to ask questions on the content of the report.
Link to corporate objectives	All
Executive Sponsor	Elizabeth McManus, Chief Executive Officer

Chief Executive's Report

1.0 Staff

1.1 Retention & Recruitment

Our people continue to work tirelessly on providing the best care to our patients.

Whilst we still have some gaps in key posts (albeit fewer); recruitment continues as we start to implement our improved staff retention policies. However, I remain concerned about the extent of workforce turnover; particularly at middle and senior management levels and recognise the strain that this puts on others in continuing to deliver our organisational objectives and targets. These people and posts are critical to delivery, both now and for the 'safe landing' of the proposed acquisition of West Middlesex University Hospital NHS Trust (WMUH) on 1 July 2015.

I am delighted to be able to confirm that on 2 March 2015, we will be joined by our new permanent Chief Operating Officer, Karl Munslow-Ong. I look forward to working with him and to welcoming him as part of the team.

Robert Hodgkiss has been a focused and extremely dedicated Interim Chief Operating Officer who has delivered significant results within a short period of time, particularly around RTT and the 4 hour Emergency Department target in the hospital. I am sure that the Board will join me in thanking Rob for this contribution to the Board and the Trust more generally over the past months.

1.2 Whistleblowing

On 11 February 2015, Sir Robert Francis QC published his final report following the Freedom to Speak Up review which looked at the raising concerns culture in the NHS. The report makes a number of key recommendations with actions for NHS organisations and system regulators to help foster a culture of safety and learning in which all staff feel safe to raise a concern. The Freedom to Speak Up report recognises that much progress has been made in the NHS since the public inquiry into the failings at Mid Staffordshire, and that there is clear evidence that concerns raised are being listened to, addressed and resolved. However, the report also provides examples of where this has not been the case.

To this end, the report makes several recommendations for implementation by healthcare employers:

- Organisations should have a champion, or guardian who has lead responsibility for dealing with concerns raised. These individuals will be key to ensuring policies and practices are robust and staff are appropriately supported, listened to, and issues are resolved quickly and professionally. This does not necessarily entail a member of the board having this responsibility but can be a nominated manager who has authority and autonomy to report directly to the chief executive on the issue of concerns.

- That all organisations should have measures in place (e.g. policies/processes) which help facilitate informal and formal resolution of concerns raised. The report recommends that chief executives, or other designated officer in organisations, should be involved and have responsibility for regularly reviewing all concerns that have been formally recorded, to ensure local procedures are effective, and to identify areas for improvement.

- Staff who raise concerns should be supported through having access to mediation, mentoring, advice and counselling, as necessary.

- Employers should consider how they engage, communicate and support *all* workers in their organisation on issues relating to raising concerns (e.g. giving due consideration to the diversity of the organisation's workforce).

The Health Secretary for England has accepted all of the actions highlighted in Sir Robert's report and has agreed that further consultation will now be undertaken to work through how these actions can be implemented.

I will keep you updated of progress and any changes required.

2.0 Grip

2.1 Performance

Early signs are that the organisation is responding well to the Executive team's call to focus upon the immediate operational priorities after the decision to reduce the number of strategic priorities the Trust would look to pursue.

However, the Trust's in-year financial performance remains a concern and it is vital that robust financial management remains a priority for us, both in terms of our monthly performance against the 2014/15 financial plan; the run rate trajectory moving towards 2015/16 and the delivery of our Cost Improvement Plans. We have recently increased the level of resource dedicated to the attainment of these critical business objectives, including external support, to ensure that the necessary remedial action commences at pace.

Our focus on quality, in particular the response to the CQC visit in July 2014, continues to gather momentum. The Director of Nursing is leading that response and ensuring that any associated costs are taken into consideration as part of our business planning process.

3.0 Growth

3.1 Expansion of the Emergency Department (ED)

I have never been more struck by the impact of Shaping a Healthier Future (SaHF) than when walking around the extension to our ED earlier this month together with my colleagues. I know how cramped patients and staff are in the current footprint, this challenges our ability to deliver the best care, every single day. This increase in space is overdue and fundamental in providing a better quality of care together with an improved staff experience. I know it will be challenging to redesign workflows and practices, yet I am convinced the teams are ready for this. The Chelsea & Westminster Health Charity (CW+) continue to be instrumental in the environmental design and I look forward to the unveiling of a truly inspirational Emergency Department.

The ED build is happening as a result of, and in perpetration for, the changes in patient flow that SAHF brings about. The whole of North West London still awaits the final approval of total investment on schemes and given that this is unlikely to happen until after the election we must make plans based on best assumptions.

Elizabeth McManus
Chief Executive Officer
February 2015

Board of Directors Meeting, 29 January 2015 PUBLIC

Subject/Title	West Middlesex University Hospital NHS Trust Acquisition: Update & Decision Tree/9/Feb/15
Purpose of paper	To provide an update to the Public Board meeting on the current position relating to the proposed Acquisition of West Middlesex University Hospital NHS Trust
Decision/action required/ recommendation	No decision is required at the Public Board meeting. However, the decisions made by the Board in its closed session earlier in the day with regard to the submission of the Acquisition Full Business Case to Monitor will be announced at the meeting.
Summary of the key risks/issues from the paper	In the Private Board session held earlier in the day, the Board of Directors were asked to: 1) Approve the content of the 'Full Business Case' (FBC) relating to the proposed acquisition of West Middlesex University Hospital NHS Trust (WMUH) 2) Approve the submission of the FBC to Monitor. This follows an extensive period of planning that has involved: - Chelsea & Westminster Hospital NHS Foundation Trust (CWFT) being designated as the 'preferred bidder' by WMUH following a competitive process; - A joint Head of Terms being agreed by both organisations which established the governance framework for the Acquisition pathway; - The development of an Outline Business Case (OBC) which set out the summary-level merits of integration and was approved by the CWFT Board in May 2014; - The commissioning of Deloitte to undertake a substantial due diligence assessment of WMUH; highlighting the key risks and issues (clinical, operational and financial) for the CWFT Board to consider in relation to the Acquisition; - In December 2014, the clearance of the proposed Acquisition by the Competition & Markets Authority (CMA). It is important to note that the FBC itself is effectively comprised of a suite of documents; including a comprehensive Integrated Business Plan (IBP) and an Integration Mobilisation Plan (IMP). The submission of the FBC documentation to Monitor will trigger the Regulator's formal 12-weeks regulatory assessment process

	comprising: i) Interviews with Board members, senior officers and clinical leaders within the Trust; ii) Interviews with key stakeholders (CQC, local CCGs, Trust auditors); iii) Detailed documentation review (including LTFM); iv) Review of Due Diligence (Deloitte) outputs; v) A 'Board-to-Board' meeting between CWFT and Monitor Board. Appended to this paper is a 'Decision Tree' which outlines the key milestones which lie ahead, with a particular focus on the steps which the Trust will take to engage with its Governors, FT members and members of the public with regard to the proposed transaction. This will complement the Board's own due diligence work to date and inform the Council of Governors' decision as to whether the Board has: - been thorough and comprehensive in reaching its proposal (that is, has undertaken proper due diligence); - obtained and considered the interests of trust members and the public as part of the decision-making process. At the Public Board meeting, the Board's decision (and rationale for any such decision) with regard to the Monitor submission will be announced. Elizabeth McManus **Chief Executive Officer** February 2015
Link to corporate objectives	All
Executive Sponsor	Elizabeth McManus, Chief Executive Officer

Acquisition of West Middlesex University Hospital NHS Trust (WMUH) by Chelsea & Westminster NHS Foundation Trust (CWFT)
DECISION TREE

Date*	Milestone	Detail / Action Required
	GATEWAY 3	
24 February 2015	**Council of Governors' Seminar** COG to receive presentations on Clinical Quality and patient benefits	Session with Governors to support ownership and understanding of the clinical benefits case.
26 February 2015	**Private Board Meeting** CWFT Board to consider the approval of the Full Business Case (FBC) documentation and submission to Monitor	If approved by the Board, the FBC documentation will be submitted to Monitor by the end of February 2015, triggering the Monitor Due Diligence process.
26 February 2015	**Public Board Meeting** CWFT Board to publicly outline the Board's decision with regard to the FBC.	The Board will provide detail of the rationale and key drivers behind its FBC decision.
2 March 2015- 26 May 2015	**Monitor Due Diligence** Monitor receives FBC and commences detailed 'risk assessment' review. Throughout this period, the Trust will be supported through a) Bespoke acquisition resource and b) Independent external advisors.	This period will comprise: • Interviews with Board members, senior officers and clinical leaders within the Trust; • Interviews with key stakeholders (CQC, local CCGs, Trust auditors); • Detailed documentation review (including LTFM); • Review of Due Diligence (Deloitte) outputs; • Board-to-Board meeting between CWFT and Monitor Board (more below).
5 March 2015	**Council of Governors Meeting** Issuing of 'Transaction Prospectus' which will be shared with the Council of Governors and members of the public.	The Board to encourage Governor challenge/questions on the transaction rationale as stated in the Prospectus document.
Before End March 2015	Programme of 'Constituency Meetings' to be established.	The Trust (and its Governor representatives) will commence a programme of local meetings within the CWFT constituencies to provide updates

Date*	Milestone	Detail / Action Required
		to the Trust's membership base on Trust developments and current issues. These will continue into the new organisation (although, pre-acquisition it is suggested that much of the content of the meetings will focus upon the transaction).
14 May 2015	**Council of Governors Meeting** Full COG agenda + an early draft of the proposed Constitution relating to the enlarged organisation.	The Trust to take account of COG comments on the Constitution and produce (and circulate) further iteration.
Before End May 2015	**Board-to-Board Meeting with Monitor** Board to Board with Monitor	Format: A short presentation by the CWFT; followed by questions from the Monitor Board on the areas identified as requiring challenge by the risk assessment team's detailed review.
By 26 May 2015	**Private Board Meeting** Monitor provides Transaction Risk Rating on Acquisition of WMUH (expected to include indicative support from Secretary of State). Board to approve Risk Rating position and recommend approval of the acquisition to the Council of Governors.	CWFT Board receives Monitor Transaction Risk Rating and Independent Accountant Reports and Board Statements. CWFT (and WMUH) Boards to consider next steps and any contingent actions.
By 26 May 2015	**Council of Governors Meeting** Council of Governors meeting to consider and, if appropriate, approve the Acquisition. To also consider final draft Constitution of post-Acquisition organisation.	Governors must satisfy themselves that the Board of directors has: i) been thorough and comprehensive in reaching its proposal (that is, has undertaken proper due diligence) ii) obtained and considered the interests of trust members and the public as part of the decision-making process.
	GATEWAY 4	
June 2015	**Private Board Meeting** CWFT to agree Transaction Agreement (outlining the details of the transfer, including all material assets and liabilities).	N/A
June 2015	**Public Board Meeting** Public Board meeting to update members of the public on Acquisition progress and the Board's decision.	N/A

Date*	Milestone	Detail / Action Required
Mid June 2015	Secretary of State approval of Acquisition and Dissolution of WMUH	N/A
Mid-Late June 2015	Trust to make application to Monitor to grant the Acquisition.	The application will encompass: i) written acknowledgement from the foundation trust/s of Monitor's risk rating where the transaction was classed as significant; ii) evidence of approval of the transaction by a majority of the governors of the NHS foundation trust(s); iii) a letter of support from the Secretary of State and; iv) the constitution of the acquiring NHS foundation trust following the transaction.
1 July 2015	**ACQUISITION COMPLETION DATE**	
End July 2015	**Post-Acquisition Public/Private Board Meetings** First Board meetings of enlarged organisation.	

***** *All stated dates remain subject to change. When such change occurs, members of the Board of Directors and Council of Governors will be duly notified.*

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 26 February 2015 PUBLIC

Subject/Title	Performance and Quality Report/10/Feb/15
Purpose of paper	To report the Trust's performance for January 2015, highlight risk issues and identify key actions going forward.
Decision/action required/ recommendation	The Trust Board is asked to note the performance for January 2015.
Summary of the key risks/issues from the paper	The Trust continues to meet all key performance indicators for Monitor; with the exception of 1 case of clostridium difficile in January, though performance for the year to date is still within target. - All three RTT indicators were achieved in January. - A&E waiting times national target of 95% was achieved in January, with an improvement on December's performance. - Patient Safety: There was 1 C Difficile case in January, bringing the total to 7 for the year to date, against an annual target of 8. There has been an increase in the prevalence of pressure ulcers in January, with the challenging Q4 target at risk. - Clinical Effectiveness: Elective length of stay has reduced in January. There has also been an improvement in the % of patients nutritionally screened on admission. - Patient experience: Response rates have improved for the Friends and Family Test in the month for inpatients and A&E and are now above the Trust target. Work continues to improve turnaround times and address themes identified through complaints. - Access and Efficiency: Performance against the 4 hour waiting time indicator was 96.9% and there has been a reduction in the number of LAS 30 minute handover breaches in the month, however there were 5 60 minute handover breaches during the busy period at the beginning of January. Choose and book slot issues remain high, with recruitment plans in place to address pressures in the community dermatology and ophthalmology services.
Link to corporate objectives	Improve patient safety and clinical effectiveness Improve the patient experience Ensure financial and environmental sustainability
Executive Sponsor	Rob Hodgkiss, Chief Operating Officer

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Performance and Quality Report

Performance to 31st Jan 2015

At a Glance Performance – January

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Patient Safety Domain

- Hospital Associated VTE: 0
- Harm Free Score: 93.9%
- Cdiff Infections: 1
- Mortality SHMI: 79.0
- Never Events: 0
- Med. Related Safety Incidents: 4.5

Clinical Effectiveness Domain

- Time to Theatre Urgent Surgery: 96.4%
- 12hr consultant assessment: 64.56%
- Dementia Case Finding: 91.4%
- Emergency Re-admissions: 3.08%
- Caesarean Section Rate: 31.7%

Patient Experience Domain

- FFT Local Positive: 89.6%
- Hospital Cancellations: 10.0%
- FFT Response Rate: 25.4%
- Formal Complaints: 16.00%
- Staff FFT - To receive care: n/a
- Staff FFT - Place to Work: n/a

Access & Activity Domain

- A&E Waiting Times: 96.9%
- 18 weeks RTT Admitted: 91.3%
- Choose & Book Slot Issues: 8.0%
- EL & DC Activity: 3433
- DTOCs: 1.94%

Process Efficiency Domain

- Avg Wait New OP Appt: 6.8
- Theatre Conversion rate: 86.3%
- OP Letters sent <7 working days: 63.6%
- Theatre Active Time: 70.7%
- DSUM sent before Disch.: 68.2%

External Compliance Domain

- Monitor Compliance: 92%
- CQUIN Compliance: 95.5%

Work Force Domain

- Sickness Rate: 3.2%
- Turnover Rate: 17.1%
- Appraisal Completion: 69.5%
- Vacancy Rate: 10.7%
- Avg Days for Recruitment: **60 days**

Finance Domain

- I&E Surplus: £+0.9m
- EBITDA: 7.4%
- CIP Identified: £11.6m
- COSRR: 3
- Cash: £15.4m

Trust Headlines – 2015

Chelsea and Westminster Hospital NHS Foundation Trust

Monitor Compliance – Jan 2015

Sub Domain	Trust Level Monthly Data @ 17/02/2015 XL				YTD XL
	MonthYear	Nov 2014	Dec 2014	Jan 2015	01/04/2014
Harm	Clostridium difficile infections (Target: < 0.67)	0	2	1	7
	MRSA Bacteraemia (Target: < 0)	0	0	0	0
Cancer	Cancer diagnosis to treatment waiting times - 31 Days (Target: > 96%)	97.1%	N/A	N/A	99.3%
	Cancer diagnosis to treatment waiting times - Subsequent Surgery (Target: > 94%)	N/A	N/A	N/A	100.0%
	Cancer diagnosis to treatment waiting times - Subsequent Medicine (Target: > 98%)	100.0%	N/A	N/A	100.0%
	Cancer urgent referral GP to treatment waiting times (62 Days) (Target: > 85%)	100.0%	N/A	N/A	92.9%
	Cancer urgent referral Consultant to treatment waiting times (62 Days) (Target: > 90%)	100.0%	N/A	N/A	95.8%
	Cancer urgent referral to first outpatient appointment waiting times (2WW) (Target: > 93%)	95.3%	N/A	N/A	94.8%
RTT	18 week referral to treatment times Admitted Patients (Target: > 90%)	83.8%	91.4%	91.2%	84.8%
	18 week referral to treatment times Non Admitted Patients (Target: > 95%)	95.7%	95.9%	95.0%	96.0%
	18 week RTT incomplete pathways (Target: > 92%)	92.8%	92.1%	93.0%	92.2%
A&E	A&E waiting times (Target: > 98%)	94.9%	95.7%	96.9%	96.3%
LD	Self-certification against compliance with requirements regarding access to healthcare for pe...	Compliant	Compliant	Compliant	Compliant

Cancer Indicators: Due to delays in national reporting, the December figures are not yet available although the Trust anticipates compliance.

*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

- With the exception of clostridium difficile, all Monitor indicators were achieved in January.
- All 3 RTT 18 weeks and A&E waiting times targets were achieved in January, with an improvement from December for A&E.
- There was a further improvement in the initial nutritional screening, following increased focus, training and weekly senior nurse presence
- Friends and family response rates increased in January to over 30% for inpatients
- Financial performance improved in January, with the Trust reporting a £1.1m surplus

Challenges

- There was a further clostridium difficile case in January and the Trust has now had 7 cases year to date, against an annual target of 8.
- Choose and book slot issues remain high, with capacity constraints continuing in community dermatology and ophthalmology. Recruitment to a locum post in Ophthalmology is underway which will improve slot issues.
- The prevalence of pressure ulcers rate increased in January, despite continued work to reduce pressure ulcers.
- There were 5 x 60 mins ambulance handover breaches in January following high demand and capacity constraints within the department at the beginning of the month.

Patient Safety

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Sub Domain	Trust Level Monthly Data @ 17/02/2015 XL				YTD XL
	Month Year	Nov 2014	Dec 2014	Jan 2015	01/04/2014
Harm	Incidence of newly acquired category 3 and 4 pressure ulcers (Target: < 3.6)	1	2	0	15
	Safety Thermometer - Harm score (Target: > 90%)	94.2%	96.0%	93.9%	94.5%
	Safety Thermometer - Prevalence of Pressure Ulcers (Rate) (Target: < 3.45%)	4.7%	2.8%	5.5%	4.2%
HCAI	C Diff rate per 100k bed days pts aged >=2 (Target: < 14.7)	0.0	104.4	52.3	36.4
	Clostridium difficile infections (Target: < 0.67)	0	2	1	7
	Hand Hygiene Compliance (trajectory) (Target: > 90%)	96.9%	97.2%	97.4%	97.3%
	Methicillin Sensitive Staphylococcus Aureus Target < 4.3)	2	0	1	9
	E.Coli bloodstream infections Target < 12.8)	7	5	4	59
	MRSA Bacteraemia (Target: = 0)	0	0	0	0
	Screening all elective in-patients for MRSA (Target: > 95%)	90.1%	95.3%	93.2%	92.4%
	Screening Emergency patients for MRSA (Target: > 95%)	98.6%	98.3%	97.8%	97.7%
Incidents	Incident reporting rate per 100 admissions (Target: > 8.50)	7.34	7.81	6.84	7.59
	Inpatient falls per 1000 Inpatient bed-days (Target: < 3.00)	2.53	2.92	2.25	3.31
	Never Events (Target: = 0)	0	0	0	0
	Medication related safety incidents per 1000 admissions Target < 96.7)	7.6	7.7	4.5	7.1
	Rate of patient safety incidents per 100 admissions (Target: < 2.9)	6.79	7.18	6.52	7.20
	Rate of pt. safety incidents resulting in severe harm - death per 100 admissions (Target: = 0.00)	0.02	0.02	0.00	0.01
Mortality	Mortality (HSMR) (2 months in arrears) (trajectory) (Target: < 104)	N/A	N/A	N/A	74.4
	Mortality SHMI *TRUST ONLY* (Target: < 82)	79.0	79.0	79.0	79.8
	Number of In-hospital Deaths (Adults)	34	40	41	309
	Number of in-hospital deaths (Paeds)	0	0	0	0
	Number of in-hospital deaths (Neonatal)	1	1	5	32

Clostridium Difficile: To date we have had 7 clostridium difficile toxin positive cases against a target of 8. RCAs have been completed on 5 of these and are in the process of arranging RCA review meetings on the remaining 2. Of the 5 where RCAs have been completed 3 were due to clinically indicated antibiotic therapy, 2 were likely to be due to colonisation of the bowel, one of which was sent inappropriately (following laxatives) and one due to heightened surveillance on a ward on outbreak precautions.

Screening all elective inpatients for MRSA:
A temporary process is being provided by a member of the POA team. Elective lists are being checked and patients without valid swabs are being contacted and asked to attend for MRSA. Unfortunately a minority of these patients are not attending as requested. This is resulting in a small number continuing to attend on day of TCI without a valid screen despite our efforts.

Postal screening packs are now in place, but are not suitable for rapid turnaround. A process has been agreed between Imperial and C&W for rapid MRSA turnaround on the day of surgery and is now ready for sign off.

Safe Nursing and Midwifery Staffing

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

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	79.4%	76.3%	71.8%	63.8%
Annie Zunz	120.5%	198.3%	151.7%	210.0%
Apollo	79.7%	45.2%	84.3%	-
Jupiter	109.7%	77.4%	127.4%	-
Mercury	104.9%	80.6%	107.7%	60.0%
Neptune	100.0%	87.1%	105.3%	80.6%
NICU	88.5%	-	91.7%	-
AAU	112.4%	95.7%	161.6%	100.0%
Nell Gwynne	110.0%	125.0%	125.8%	136.6%
David Erskine	98.9%	118.5%	108.1%	127.4%
Edgar Horne	121.5%	124.2%	153.2%	109.7%
Lord Wigram	94.8%	133.9%	100.0%	137.1%
Rainsford Mowlem	97.6%	123.1%	100.0%	133.1%
David Evans	106.2%	84.7%	130.6%	89.8%
Chelsea Wing	100.6%	98.4%	100.0%	100.0%
Burns Unit	95.6%	100.0%	101.1%	100.0%
Ron Johnson	104.2%	101.7%	111.7%	103.3%
ICU	100.6%	-	100.6%	-

National Quality Board Report – Hard Truths expectations

The January 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 January

Patient Acuity – January has been a particularly difficult month with an increasing number of unwell and highly dependent patients with complex needs. David Erskine had 42 IV medications to give on the night shift for a period in January and had to increase their registered nurse complement to 3 to meet this demand. Nell Gwynne had at least 2 tracheostomy patients who could not be safely managed with 2 registered nurses overnight and therefore staffing was increased to 3 registered nurses. Edgar Horne and Lord Wigram had 2 particularly complex patients requiring RMN and HCA special support. David Evans have a local agreement to have 3 registered nurses on at night.

Additional Capacity – The high fill rates for Annie Zunz relates to the additional beds and AAU night fill rate is due to trollies being open overnight.

Reduced Capacity – The lower fill rates for Apollo ward related to reduced occupancy and therefore still reflected safe staffing levels for the number of patients.

Clinical Effectiveness

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Sub Domain	Trust Level Monthly Data @ 17/02/2015 — MonthYear	Nov 2014	Dec 2014	Jan 2015	YTD 01/04/2014
Admitted Care	Elective LoS - Long Stayers (Target: < 44)	58	52	50	524
	Elective Length of Stay (Target: < 3.7)	3.1	3.7	2.9	3.2
	Emergency Care Pathway - Discharges (Target: N/A)	189.7	185.9	190.6	1929.3
	Emergency Care Pathway - Length of Stay (Target: < 4.5)	4.70	5.35	5.00	4.65
	Emergency Re-Admissions within 30 days (adult and paed) (Target: < 2.8%)	3.04%	2.57%	3.08%	2.97%
	Non-Elective Long Stayers (Target: < 536)	423	444	457	4404
	Non-Elective Length of Stay (Target: < 3.9)	3.6	4.7	3.9	4.0
	VTE Assessment (Target: > 95%)	96.4%	96.4%	96.7%	96.6%
Best Practice	% Patients Nutritionally screened on admission *TRUST ONLY* (Target: > 90%)	80.5%	81.5%	89.6%	79.6%
	% Patients in longer than a week who are nutritionally re-screened *TRUST ONLY* (Target: > 90%)	62.0%	74.4%	72.7%	68.2%
	12 Hour consultant assessment - AAU Admissions (Target: > 90%)	75.6%	80.6%	67.6%	71.0%
	Central line continuing care—compliance with Care bundles (Target: > 90%)	100.0%	100.0%	88.9%	98.7%
	Peripheral line continuing care—compliance with Care bundles (Target: > 90%)	77.8%	90.0%	94.4%	88.4%
	Urinary catheters continuing care—compliance with Care bundles (Target: > 90%)	88.9%	90.0%	87.5%	95.2%
	Fractured Neck of Femur - Time to Theatre < 36 hrs for Medically Fit Patients (Target: = 100%)	85.7%	84.6%	81.8%	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%)	96.8%	88.1%	91.4%	93.0%
	Appropriate referral Dementia specialist diagnosis *TRUST ONLY* (Target: > 90%)	100.0%	100.0%	100.0%	tba
	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%)	83.9%	84.2%	83.8%	81.7%
	Theatre Active Time - % Total of Staffed Time (Target: > 70%)	75.7%	73.7%	70.7%	73.2%
	Time to theatre for urgent surgery (NCEPOD recommendations) (Target: > 95%)	94.7%	95.6%	96.4%	94.7%

Elective LOS – Long stayers: While the overall Length of stay has significantly reduced and is well below the target at 2.9 days, there are a number of long stay patients at the Trust. The majority of these patients are situated on David Evans Ward for complex orthopaedic and general surgery.

Emergency Re-Admission within 30 days: The increase in emergency re-admissions for January is driven predominantly by Medicine, reporting 7.56%. This is a key area which continues to be developed via the Emergency Care board includes ambulatory care, and readmissions avoidance across the NWL sector.

Nutritional Screening on Admission: Initial screening has improved by 8% and the 90% target was almost met in January. Rescreening has dropped by 1% and remains below target at 72.7%. Wards that are underperforming are monitored weekly and ward sisters are notified of performance. There is a weekly senior nurse presence to monitor compliance and ward sisters have been trained to access live nutritional screening information.

SMA ward has made a significant improvement and attained 100% for both targets. Chelsea Wing and Ron Johnson both scored 100% for rescreening but narrowly missed 100% for initial screening by 1 patient.

12 hour consultant Assessment: The 12 hour consultant assessment target is reported as non compliant, but manual audits have demonstrated that much of the issue lies with electronically capturing the time when patients are reviewed and that over 90% of patients are assessed within the timescale. There is therefore not concern regarding the quality of patient care and review.

Analysis indicates that the decline in reported performance in January is due to an administrative error of discharging from EOU and readmitting in AAU for January. This is being reviewed in detail with the teams as a matter of priority. Arrangements are also now in place to audit this which will be completed in February.

Procedures carried out as Day cases:
Work continues to improve day case rates for inguinal hernia and lap cholecystectomys which although have improved are still not at our target. Two areas of work include procurement of equipment to support use of the treatment centre and systems for surgeons to flag patients appropriate for day care in advance at outpatients.

The low day case rate for paediatric tonsillectomy's (38%) contributes to the overall day case rate. This mainly relates to a number of referrals with confirmed 'obstructive sleep apnoea' and require overnight stay in line with agreed national pathway. For other patients we are looking to move the paed ENT lists from the afternoon to the morning which will increase the daycase rates.

Clinical Effectiveness – Maternity

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

	Indicator	Measure	Target	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	YTD Total
Activity in Month	NHS Deliveries	Maternities	416	417	405	422	412	433	462	464	427	432	463	4,337
	Private Deliveries	Maternities	72 /mth	62	76	71	73	63	70	71	53	60	85	684
	Total Infants (NHS)			424	417	428	424	443	471	474	445	442	478	4,446
	Births	Birth Centre (excludes transfers)	No. pts	83	67	79	65	65	65	59	64	48	66	661
		Home births (rate of NHS maternities)		1.2%	1.2%	1.2%	0.7%	0.5%	0.9%	0.6%	0.2%	1.6%	0.6%	
	Norm. Vaginal Deliveries	SVD (Normal Vaginal Delivery)	No. pts	222	212	219	215	213	230	205	227	194	235	2,172
		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%	
	C- Section	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%	
		Emergency C Sections	No. pts	59	66	66	64	85	77	69	58	77	84	705
			<12%	14.1%	16.3%	15.6%	15.5%	19.6%	16.7%	14.9%	13.6%	17.8%	18.1%	
		Elective C Sections	No. pts	63	65	54	55	52	62	85	61	74	62	633
			<15%	15.1%	16.0%	12.8%	13.3%	12.0%	13.4%	18.3%	14.3%	17.1%	13.4%	
	Assisted Deliveries	Ventouse, Forceps Kiwi	No. pts	73	62	83	78	83	93	105	81	87	82	827
	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%	31.7%	
Clinical Indicators	PP Heamorrage	Blood loss >2000mls	<10	11	3	5	11	7	8	9	4	6	8	72
	Perineum	3rd/4th degree tears	<5%	2.4%	3.6%	3.0%	2.0%	2.7%	2.5%	5.8%	3.9%	4.6%	4.4%	
	Stillbirths	Number of Stillbirths		3	2	4	1	4	3	3	2	1	3	26
	Sepsis	GBS - NHS maternities		32	31	35	30	23	33	27	26	36	32	305
		Pyrexia in labour	≥38°C	8	16	12	4	13	16	12	9	5	11	106
	Readmissions	Neonatal < 28 days of Birth (Feeding)		4	5	2	7	7	2	3	8	1	5	44
		Of which were born at C&W		2	5	4	7	6	2	3	6	1	3	39
PbR	Pathways	Antenatal Bookings completed	509	463	539	492	524	476	471	498	495	430	465	4,853
		KPI: Ref by 11w 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%	
Risk	Maternal Morbidity	Maternal Death		0	0	0	0	0	0	0	1	0	0	1
		ITU Admissions in Obstetrics		1	1	0	1	1	0	1	1	1	0	7
	VTE	Assessments	95%	97.2%	98.0%	97.6%	96.5%	97.2%	96.3%	98.6%	97.2%	96.3%	97.2%	
KPI	Trust Level Indicators	NBBS - offered and discussed	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
		Maternity Unit Closures	LSA Db	0	0	0	0	0	0	0	0	0	0	0
		1:1 care	100%	93.5%	93.2%	96.5%	93.6%	93.4%	93.0%	97.9%	98.4%	94.4%	96.5%	
		Breastfeeding initiation rate	90%	89.9%	91.9%	93.4%	89.8%	88.5%	89.8%	88.8%	89.7%	90.3%	88.8%	
		Women smoking at time of delivery	<10%	1.2%	0.7%	0.9%	1.5%	1.4%	1.7%	0.9%	2.1%	1.6%	1.3%	
		Midwife to birth ratio - Births per WTE	1:30	1:33	1:32	1:31	1:33	1:32	1:36	1:37	1:30	1:34	n/a	

Deliveries
NHS deliveries remain above plan in January. Private patient deliveries were above plan in January and achieved their highest activity year to date.

C-Section Rate
There was a reduction in the overall caesarean section rate in January to 31.5%, but remains above the 27% target. All processes and pathways remain in place to promote natural deliveries.

Maternity Pathways
Activity for antenatal pathways continues to exceed plan. The Trust has not seen any material change in referrals received from Ealing patients. There were high levels of sickness in the booking team through January, which has contributed to a fall in performance against the 12+6 KPI to below the target.

Breastfeeding Initiation
The infant feeding team are actively auditing January discharges to validate the indication of initiation recorded. The rate is expected to improve, and there has been an identification of training needs in local system recording.

Patient Experience

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Sub Domain	Trust Level Monthly Data @ 17/02/2015 XL				YTD XL
	MonthYear	Nov 2014	Dec 2014	Jan 2015	01/04/2014
Complaints	Breach of Same Sex Accommodation *TRUST ONLY* (Target: = 0)	0	0	0	0
	Complaints (Type 1 and 2) - Communication (Target: < 13)	18	16	22	204
	Complaints (Type 1 and 2) - Discharge (Target: < 2)	3	1	3	20
	Complaints (Type 1 and 2) - Attitude / Behaviour (Target: < 16)	26	19	10	167
	Complaints Re-opened (Target: < 5%)	3.57%	5.56%	N/A	6.87%
	Complaints upheld by the Ombudsman *TRUST ONLY* (Target: = 0)	1	1	1	6
	Formal complaints responded in 25 working days (Target: = 100%)	53.57%	50.00%	N/A	61.80%
	Total Formal Complaints	28	18	25	233
Friends & Family	Friends & Family Test - A&E response rate (Target: > 20%)	22.8%	22.0%	21.7%	21.3%
	Friends & Family Test - Inpatients response rate (Target: > 30%)	27.3%	27.6%	30.5%	30.4%
	Friends & Family Test - Local +ve score (Trust) (Target: > 90%)	86.0%	87.3%	89.6%	89.7%
	Friends & Family Test - Net promoter score (Target: > 62)	55.4	59.6	59.8	60.9
	Friends & Family Test - Total response rate (Target: > 30%)	23.5%	24.8%	25.4%	24.4%

Complaints: The Trust has a target of 100% of complaints requiring a response within 25 workings days, the last reported position was 50%.

The YTD performance is 61.8%. Of the 233 complaints received this year there have been 90 breaches.

The first training day organised by Niche Patient Safety for key staff involved in complaint handling took place on the 13th February 2015. The first session was an introduction to good practice standards on complaints handling. During the second session staff will use the standards recognised by the patients association to evaluate practice in their area and action planning.

The Director of Nursing has reinstated the bi monthly meeting with the Divisional Directors to track complaints and incidents. The clinical Divisions have improved communications and monitoring of complaints.

Friends and Family:

The Director of Nursing is working with our FFT providers to increase uptake, and re-launch FFT with staff. Sisters have been reminded of the importance of reviewing this information regularly. The provider has brought staff in to support completion of paper FFT's for those patients who do not use text or computers.

FFT is now in outpatient areas & will be rolled out to paediatrics in April 2015.

Access and Efficiency (1)

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Sub Domain	Trust Level Monthly Data @ 17/02/2015 XL — MonthYear	Nov 2014	Dec 2014	Jan 2015	YTD XL 01/04/2014
A&E	A&E Time to Treatment (Target: < 60)	01:15	01:09	01:02	01:08
	A&E waiting times (Target: > 98%)	94.9%	95.7%	96.9%	96.3%
	A&E: Unplanned Re-attendances (Target: < 5%)	6.88%	6.91%	6.87%	6.72%
	LAS Patient Handover Times - 30 mins (KPI2) *TRUST ONLY* (Target: < 0)	83	70	40	718
	LAS arrival to handover more than 60mins (KPI 3) *TRUST ONLY* (Target: < 0)	5	0	5	23
Cancer	Cancer Consultant Upgrade (Target: > 85%)	100.0%	N/A	N/A	95.8%
	Cancer diagnosis to treatment waiting times - 31 Days (Target: > 96%)	97.1%	N/A	N/A	99.3%
	Cancer diagnosis to treatment waiting times - Subsequent Medicine (Target: > 98%)	100.0%	N/A	N/A	100.0%
	Cancer diagnosis to treatment waiting times - Subsequent Surgery (Target: > 94%)	N/A	N/A	N/A	100.0%
	Cancer urgent referral Consultant to treatment waiting times (62 Days) (Target: > 90%)	100.0%	N/A	N/A	95.8%
	Cancer urgent referral GP to treatment waiting times (62 Days) (Target: > 85%)	100.0%	N/A	N/A	92.9%
	Cancer urgent referral to first outpatient appointment waiting times (2WW) (Target: > 93%)	95.30%	N/A	N/A	94.79%
OP	Average Wait – Referral to First Attendance (Weeks) (Target: < 6 weeks)	6.2	5.7	6.8	6.0
	Choose and Book slot issue % *TRUST ONLY* (Target: < 2.0%)	9.0%	7.7%	8.0%	6.7%
	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%)	84.0%	91.5%	91.3%	85.0%
	18 week referral to treatment times Non Admitted Patients (Target: > 95%)	95.7%	95.9%	95.0%	96.0%
	18 week RTT incomplete pathways (Target: > 92%)	92.8%	92.1%	93.0%	92.2%
	RTT Incomplete 52 Wk Patients @ Month End (Target: = 0)	0	0	0	1
IP	Average Wait – Decision to admit to Admission (Weeks) (Target: < 6 weeks)	8.0	6.9	9.1	8.7

A&E Performance: waiting times: Performance against the 4 hour waiting time indicator meets the national 95% target for this month, and has improved on December's performance with 96.9% for the month. For January 2015 we had 9,152 total attendances (2606 adults, 3898 adult UCC, 1248 paeds, and 1400 paeds UCC) and 285 breaches.

Detailed breach analyses continue to be undertaken. Winter pressure arrangements have been in place since October and support ED until the end of March 2015.

LAS Handovers: There were 40 x 30 mins breaches in January, which is a decrease on December's performance. The 5 x 60 mins breaches in December occurred in days when there was high demand on ED, and relate to capacity within the department. These were on the 2.1.15 which was a day of high admissions and acuity.

Average wait – Decision to admit to admission:
Capacity and demand modelling has been completed for each speciality, which demonstrates that in some specialities, there are long waits to a new appointment. This results in a longer waiting time to decision to admit. Work is being undertaken with Trauma & Orthopaedics to ensure that patients are being seen by the right clinician, at the right point of their pathway. This means that a number of patients are being redirected to MSK services in their local areas, which will mean that they are seen much more quickly (average wait time 4 weeks) and will have the right intervention. This will also help reduce the wait for a new appointment.

Cancer Indicators: Due to delays in national reporting, the December figures are not yet available.

Choose and Book slot issues: The choose and book slot issues have reduced as more capacity is made available through the start of the calendar year. There are still pressures with the community dermatology service and also within ophthalmology. These two specialties combined contribute over 80% of the slot issues. Recruitment to a locum consultant post within Ophthalmology is underway which will help reduce slot issues when in post. Additional clinics have been laid on and there is a plan to ensure that clinics are mapped correctly.

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Access and Efficiency (2)

Sub Domain	Trust Level Monthly Data @ 13/02/2015 XL				YTD XL
	MonthYear	Nov 2014	Dec 2014	Jan 2015	01/04/2014
Admitted	Delayed transfers - Patients affected *TRUST ONLY* (Target: < 2.00%)	0.86%	3.28%	1.94%	1.91%
	Delayed transfers of care days lost (Target: < 644)	280	426	360	2951
DQ	Coding Levels complete - 7 days from month end (Target: > 95%)	98.6%	98.7%	99.1%	98.6%
	Total NHS Number compliance (Target: > 98%)	96.8%	96.9%	96.7%	96.8%
GP Real Time	Discharge Summaries Sent < 24 hours (Target: > 70%)	79.3%	76.0%	79.1%	79.5%
	Discharge Summaries Sent In Real Time (Target: > 80%)	65.0%	64.8%	68.2%	64.8%
	GP notification of an A&E-UCC attendance < 24 hours (Target: > 70%)	99.96%	99.92%	99.87%	99.76%
	GP notification of an emergency admission within 24 hours of admission (Target: >)	99.75%	99.83%	99.66%	99.85%
	GP Notification of discharge planning within 48 hours for patients >75 (Target: > 70%)	67.77%	63.85%	75.30%	68.29%
Outpatients	OP Letters Sent < 7 Working Days (Target: > 70%)	65.3%	58.4%	63.6%	72.0%
	Average PICs per patient (Target: < 0.64)	0.60	0.59	0.63	0.62
	DNA Rate (Target: <11.1%)	10.9%	10.3%	10.1%	10.8%
	First to Follow-up ratio (Target: < 1.5)	1.64	1.66	1.70	1.70
	Hospital cancellations \ reschedules of outpatient appointments % of total attendances (Target: < 8.00%)	10.1%	9.6%	10.0%	10.0%
	Hospital cancellations made with less than 6 Weeks Notice (Target: < 3%)	5.3%	4.6%	5.1%	5.3%
	Patient cancellations \ reschedules of outpatient appointments % of total attendances (Target: < 8%)	9.1%	8.4%	9.6%	9.4%
Theatres	No urgent op cancelled twice (Target: = 0)	0	0	0	0
	On the day cancellations not rebooked within 28 days (Target: = 0)	0	1	2	4
	On the day cancelled operations (non clinical) % total elective admissions (Target: < 0.80%)	0.40%	0.27%	0.37%	0.30%
	Theatre booking conversion rate (Target: > 80%)	88.6%	89.3%	86.3%	87.8%

NHS Number Compliance: New staff members to the Trust are being issued smartcards and trained in looking up missing NHS numbers on the spine. Reports have been sent to the areas with worst performance to concentrate effort and weekly updates will be circulated to reception teams to ensure these details are confirmed at check in and also at the point that the patient calls into the organisation.

Discharge Summaries sent in real time: Improvement has been seen in some individual areas but not sufficient to significantly improve the performance overall. See page 11 for more information.

OP Letters sent <7 working days: There has been an improvement in the % of outpatient letters sent within 7 days and also a reduction in the total backlog of letters waiting more than 7 days. A programme of work is under way to clear the backlog, with additional resource provided. In addition, a project plan is being formulated for a longer term solution that will enable improved letter turnaround times which is also less resource intensive.

First to Follow-up ratio: Rollout of additional Virtual Clinics have started in Respiratory, Gynaecology, Plastics, General Surgery, Paediatrics & Urology. This is expected to begin to impact the N:F-up throughout the fourth Quarter. Consultant annual leave in January as well as the incorrect recording of some of the new virtual clinics has adversely impacted the overall N:Fup ratio.

On the day Cancellations not rebooked within 28 Days: 2 patients were cancelled on the day of surgery in Jan as they required care in Intensive Care post surgery and ICU was closed as a result of an infection outbreak (VRE). One patient was not booked within 28 days, as agreed with the patient. The 2nd patient was booked within 28 days but unfortunately as ICU remained closed on the date of the 2nd booking this was subsequently cancelled, but this time the day prior to the procedure rather than on the day, and was then rebooked more than 28days after the original booking.

Rescheduling of Outpatient Appointments / Hospital Initiated Cancellations (HICs): Rescheduling of outpatient appointments remains high in some specialities such as ophthalmology as a result of moving patients forward into newly created clinic sessions to reduce their waiting times. In gastroenterology the rate has been high for January as a result of a clinician leaving and their appointments required rescheduling. Work on improving HIC performance is continuing looking to address the increased referral redirections and reminding staff about the process for booking and planning for annual leave.

Domain	Indicator Detail	Q1 Total	Q2 Total	Oct-14	Nov-14	Dec-14	Q3 Total	Jan-15	YTD
FFT	Friends & Family Test - Inpatients response rate (Target: >30.0% in Q4)	**33.30%**	**30.40%**	33.10%	27.30%	27.60%	**29.40%**	30.50%	**30.40%**
	Friends & Family Test - A&E response rate (Target: >20.0% in Q4)	**17.40%**	**23.30%**	23.60%	22.80%	22.00%	**22.80%**	21.70%	**21.30%**
	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%**	2.20%	4.70%	2.80%	**3.20%**	5.50%	**4.20%**
Dementia	Dementia Screening - Case Finding (Target: >90%)	**97.20%**	**91.70%**	92.50%	95.20%	88.00%	**92.80%**	90.96%	**93.02%**
	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%**	63.40%	65.10%	65.00%	**64.50%**	68.24%	**64.86%**
	GP Notification Of Emergency Admission withing 24 hours	**99.86%**	**99.88%**	100.00%	99.75%	99.83%	**99.86%**	99.66%	**99.85%**
	GP Notification of A&E & UCC Attendance	**99.30%**	**99.95%**	99.96%	99.96%	99.92%	**99.95%**	99.83%	**99.85%**

The Trust continued to achieve the national CQUIN schemes of Friends and Family Test, Safety Thermometer data collection and Dementia Screening in January and is on track to achieve these for quarter 4, despite an increased target for Friends and Family test response rates in the last quarter (30% for inpatients and 20% for A&E).

The national CQUIN scheme to reduce the prevalence of pressure ulcers remains a risk, and the rate increased in January to 5.5% (against a target of 3.45%), putting the quarter 4 achievement at risk.

The other key CQUIN scheme at risk is the local CCG scheme to send 80% of discharge summaries to GPs within real time in quarter 4. In January, the Trust sent 68.2% of discharge summaries in real time (12% behind the target). The performance is mainly due to large volume areas, such as emergency medicine. An action plan is in place to target underperforming wards, to improve the timely completion of discharge summaries; including changing behaviour on wards, weekly monitoring and sharing best practice. Some areas have seen a significant improvement, for example, HIV have improved their performance from an average of 37% last quarter to 83% in the first week of February.

Mandatory Training

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Division	Total	Corporate Division	Emergency & Integrated Care Division	Planned Care Division	Womens, Childrens and Sexual Health Division
Fire	70%	79%	66%	75%	66%
Moving & Handling	68%	70%	64%	68%	70%
Safeguarding Adults Level 1	100%	100%	100%	100%	100%
Slips Trips and Falls	85%	87%	83%	89%	81%
Harrassment & Bullying	87%	86%	91%	90%	83%
Information Governance	47%	48%	47%	50%	43%
Hand Hygiene	75%	77%	74%	76%	75%
Health & Safety	84%	87%	78%	88%	83%
Child Protection Level 1	100%	100%	100%	100%	100%
Innoculation Incident	86%	89%	84%	93%	81%
Basic Life Support	65%	64%	65%	64%	66%
Health Record Keeping	81%	79%	81%	82%	82%
Medicines Management	91%	89%	94%	95%	88%
VTE	84%	77%	81%	82%	88%
Blood	69%	65%	70%	70%	69%
Safeguarding Children Level 2	81%	85%	83%	82%	74%
Safeguarding Children Level 3	72%	100%	81%	68%	70%
Corporate Induction	86%	89%	84%	93%	81%
Local Induction	*Reporting of local induction is under review*				
Mandatory Training Compliance %	77%	78%	76%	79%	75%

Mandatory training figures in Jan 2014 were 78% which is 8.28% below target for the month. The ambitious target of reaching 95% compliance by the close of 2014/15 is highly aspirational and will require a review of our policy and processes in relation to mandatory training. Health & Safety training stands at 84% (compliance rate of staff trained within the two year refresher period across all staff groups)

Average (Statutory mandatory training) across LATTIN Trusts = 75% (latest data available)

Workforce

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

HR Metric		Monthly Target	Jan 15	~2013/14 Out-turn	2014/15 Annual Target	Average 12 month Rolling YTD
Turnover rate***		13.85%	18.8%	14.83%	13.50%	16.78%
Vacancies	Total	8.28%	10.73%	8.60%	8%	9.67%
	Active	3.25%	4.28%	3.02%	3.25%	3.61%
Time to Recruit	Authorisation to pre-employment checks completed	<55 days	60 days	-	<55 days	**52.25 days
Sickness rate		3.00%	3.19%	2.92%	3.00%	2.83%
Agency % of WTE		3.15%	3.30%	3.82%	3.15%	3.40%
Appraisals	Non-Med	80.18%	65%	85%	85%	83.47%
	Medical	81.18%	74.10%	70%	85%	73.2%
Mandatory training*		86.28%	78%	77%	95%	78.17%

Vacancies: The total Trust vacancy rate for Jan 2015 was 10.73%, which is a decrease of 0.69% on last month and 2.45% above the monthly target set for Jan. It is important to recognise that not all vacancies are being actively recruited to, and a large proportion of these vacancies are held on the establishment to support the Cost Improvement Programme (CIP). Finance & Human Resources continue to reconcile their establishments on a monthly basis to ensure consistent reporting.

A truer measure of vacancies is those posts being actively recruited to, based on the WTE of posts being advertised through NHS jobs throughout Jan 2015. The active vacancy rate for Jan was 4.28% which is 1.03% above the monthly target of 3.25%.

The average time to recruit (between the authorisation date and the date that all pre-employment checks were completed) for Jan starters was 60 days. This increase has been due to the delays experienced in trying to get hold of candidates, referees and managers, during the Christmas holiday period which is when most of these candidates would have been going through key phases of the pre-employment process. The average 12 months rolling YTD position remains on target.

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 decreased in Jan to 65% which is below both the monthly and yearly targets set. Reports of overdue and due appraisals are issued to managers monthly and included within the Divisional Board reports to ensure action is taken to complete appraisals within 12 months. This data was also discussed in Jan with Execs for urgent remedial action. Conversely consultant appraisal rates currently stands at 74.10% which is a decrease of 5.90% on last month but still remains above the monthly target, with on-going work to support medical appraisals being undertaken. 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: Unplanned staff turnover (i.e. resignations) has decreased from 19.37% in Dec 2014 to 18.8% in Jan 2015. This is 4.95% above the monthly target of 13.85% set for Jan 2015. Nursing and Midwifery, Support staff and Admin and Clerical make up over half of the Trust's total establishment and accounted for 62.38% of voluntary resignations in Jan. ESR Analysis shows the main reasons staff leave the Trust is for '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 of leavers. Areas of most concern have been identified, action plans developed 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).

Finance Balanced Scorecard

Chelsea and Westminster Hospital NHS Foundation Trust

Financial Performance

Financial Position (£000's)

	Full Year Plan	Plan to Date	Actual to Date	Mth 10 YTD Var	Mth 9 YTD Var
Income	(368,509)	(306,698)	(310,050)	3,352	441
Expenditure	334,672	277,050	287,178	(10,128)	(7,319)
EBITDA	(33,837)	(29,648)	(22,872)	(6,776)	(6,878)
EBITDA %	9.2%	9.7%	7.4%	-2.3%	-2.5%
Surplus/(Deficit) from Operations before Depr	**33,837**	**29,648**	**22,872**	**(6,776)**	**(6,878)**
Interest	11,200	9,334	9,271	63	462
Depreciation	13,948	11,548	11,998	(450)	(532)
PDC Dividends	1,629	1,357	716	641	50
Retained Surplus/(Deficit) excl impairments	**7,060**	**7,409**	**888**	**(6,522)**	**(6,898)**
Impairments	0		0	0	0
Retained Surplus/(Deficit) incl impairments	**7,060**	**7,409**	**888**	**(6,522)**	**(6,898)**

Comments

Impact 5 – Loss of over £5.0m. Likelihood 3 – possible. **Red**

The YTD position is a surplus of £0.9m (EBITDA of 7.4%) which is an adverse variance of £6.5m against the budget.
January is a surplus of £1.09m (EBITDA of 9.1%) against the January budget of £0.7m, which is a favourable variance of £0.4m .

Please see below for the key reasons for the £6.5m overspend.

The year end forecast remains a surplus of £2.2.

Risk Rating (year to date)

DRAFT

COSR Rating	Weighting	M10 Planned Rating	M10 Actual Rating
Capital Servicing Capactity	50%	2	2
Liquidity	50%	4	4
Total Rating		**3**	**3**

Comments

The Trust recorded a Continuity of Service Rating (COSR) of 3 year to date at quarter 3 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).

Cost Improvement Programme

Division	YTD Identified	YTD Actual	YTD Variance	2014/15 Identified	Forecast Delivery	Forecast Variance
Total Planned Care	2,526	2,234	-292	3,060	2,709	-351
Total Emergency Care	1,150	849	-301	1,418	1,050	-371
Total W&N, C&Y, HIV & SH	3,836	2,817	-1,019	4,956	3,542	-1,414
Total Facilities	2,325	2,325	0	2,794	2,794	0
Total ICT	233	233	0	284	284	0
Total Chief Nurse	261	261	0	315	315	0
Total HR & Education and Training	158	137	-21	182	161	-21
Total Procurement/Commercial	754	754	0	961	961	0
Total Finance	366	365	-1	491	490	-1
Unidentified	0	0	0	10,407	0	-10,405
2014/2015 CIP Total	11,608	9,975	-1,633	24,868	12,305	-12,563

Comments

The original CIP target was £24.9m (£18.9m in 14/15 + £6.0m brought forward from 13/14).

The year to date achievement is £10.0m (against the year to date identified schemes of £11.6m)
The forecast achievement is £12.3m (against identified schemes of £14.5m)
The forecast CIP achievment is 3.3%.

Key Financial Issues

Performance against control totals

In January the Trust reported a surplus of £1.1m bringing the year to date surplus to £0.9m. The Trust had planned to deliver a surplus of £1.1m in January based on the control total, and is therefore on plan in month and £0.2m behind year to date.

Primary Reasons for Current Month Position (against the control total)

There were £1.2m of central mitigations released into the position.
NHS clinical income and local authority income (excluding drugs) is behind the month 8 forecast by £0.9m mainly in outpatients and elective income.
Clinical and corporate divisions are behind the month 8 forecast by £0.6m, with Planned Care with the largest adverse variance of £0.7m mainly related to under-performance in clinical income.

Key drivers behind the £6.5m overspend against the original budget

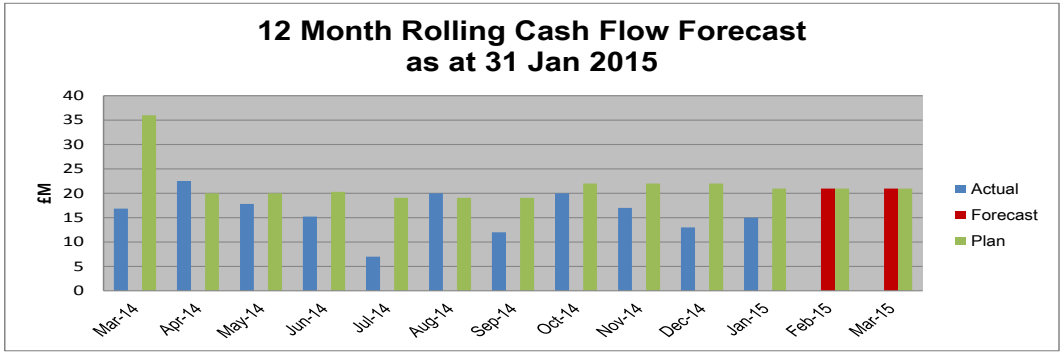
- Unidentified CIPS (£9.4m)
- Private patient income under performance (£2.6m)
- Pay overspend, primarily due to high temporary staff usage in certain areas (£1.8m)
- Offset by over-performance on NHS clinical income (£4.1m)

Forecast

-The year end forecast remains a **£2.2m surplus** (as was reported in November).

The main risk in the year end forecast relates to the recovery of the Planned Care division year to date adverse variance

Cash Flow



Comments

The cash position at M10 is £15.4m compared to a plan of £21m. The principal causes are the level of debt which is yet to be recovered and the Trust has a surplus of £0.9m against a planned surplus of £7.4m. Financial Control and Contracting/ activity staff meet on a daily basis to review the aged debt and to target specific debts for recovery action.