Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting (PUBLIC SESSION)

Location: Room A, West Middlesex Hospital
Date: Thursday, 29 October 2015 Time: 16.00 – 18.00

Agenda

		GENERAL BUSINESS		
16.00	1.	Welcome & Apologies for Absence Apologies received from Karl Munslow-Ong and Nilkunj Dodhia	Verbal	Chairman
16.02	2.	Declarations of Interest	Verbal	Chairman
16.03	3.	Minutes of the Previous Meeting held on 24 September 2015	Report	Chairman
16.05	4.	Matters Arising & Board Action Log	Report	Chairman
16.10	5.	Chairman's Report	Verbal	Chairman
16.20	6.	Chief Executive's Report	Report to follow	Chief Executive Officer
16.35	7.	Patient Experience Case Study	Verbal	Chief Nurse
		QUALITY & TRUST PERFORMANCE		
16.55	8.	Integrated Performance Report, including • RTT update	Report	Executive Directors
17.10	9.	Monitor In-Year Reporting & Monitoring Report Q2	Report	Chief Finance Officer
		GOVERNANCE		
17.20	10.	Register of Seals Report Q2	Report	FT Secretary
		ITEMS FOR INFORMATION		
17.40	11.	Questions from Members of the Public		Chairman/ Executive Directors
17.50	12.	Any Other Business		
18.00	13.	Date of Next Meeting – 26 November 2015 To note: 14.00 Start time for Public Board		

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Minutes of the Board of Directors (Public Session)
Held at 16.00 on 24 September 2015 in the Boardroom, Chelsea & Westminster Hospital

Present:	Sir Thomas Hughes-Hallett	Trust Chairman	(Chair)
	Sir John Baker	Non-Executive Director	(JB)
	Jeremy Loyd	Non-Executive Director	(JL)
	Andrew Jones	Non-Executive Director	(AJ)
	Eliza Hermann	Non-Executive Director	(EH)
	Liz Shanahan	Non-Executive Director	(LS)
	Nilkunj Dodhia	Non-Executive Director	(ND)
	Lesley Watts	Chief Executive	(LW)
	Lorraine Bewes	Chief Financial Officer	(LB)
	Zoe Penn	Medical Director	(ZP)
	Karl Munslow-Ong	Chief Operating Officer	(KMO)
	Peta Haywood	Chief People Officer	(PH)
	Thomas Lafferty	Company Secretary	(TL)
In Attendance:	Vanessa Sloane	Deputy Director of Nursing	(VS)
	Roger Chinn	Medical Director, West Middlesex	(RC)
	Nick Gash	Former Chair, West Middlesex	(NG)
	Jane Lewis	Deputy Director of Corporate Affairs	(JL)
	Katherine Mangold	Lead Nurse, Learning Disabilities	(KM)
	Sue Redmond	Patient representative	(SR)
Apologies:	Elizabeth McManus	Chief Nurse	(EM)

1. a.	**Welcome and Apologies for Absence** The Chair welcomed all present to the meeting in particular LW, PH and JL as it was their first Board meeting. He also thanked NG for his attendance, noting that he was attending in an 'observing' capacity in order to provide a degree of continuity with regard to West Middlesex University Hospital NHS Trust (WMUH) Board matters.	
2. a.	**Declarations of Interest** Nil.	
3. a.	**Minutes of Previous Meeting: 27 July 2015** The minutes of the previous meeting were confirmed as a true and accurate record with an exception of 5h, 2nd line which should read 'The Trust was looking to recruit up to two	

	Non-Executive positions post WMUH acquisition, partly to succeed JB who would be stepping down from the Board in year'.	
4.	**Matters arising and Board action log**	
a.	The Board considered the Matters Arising from the last set of minutes and the corresponding Board Action Log.	
b.	ZP advised the Board that she is in receipt of a comprehensive report from the Chief Pharmacist which analyses the reported medication related safety incidents which she will circulate to the Board. The Trust's data has been benchmarked against suitable comparators and the rates are lower at 8 per 1,000 bed days compared to the national average of 11 per 1,000 bed days. Overall the rate of incidents has fallen over the last 3 years.	**ZP**
c.	In response to JJ, ZP explained that if a patient is given the wrong medication dosage, staff are required to complete a manual reporting system but the planned development of the electronic system will mean that reporting will be more streamlined in the future.	
d.	NG asked if an increase in incident reporting is viewed as a positive. ZP explained that high levels of reporting reflect a positive safety culture but the key indicator to monitor was the reduction in the levels of harm caused to patients.	
e.	In relation to the post office lease, LW confirmed that the lease is held by C&W+ and that it is due to expire in 2016. Discussions are on-going with the charity to consider the business need for the space. LW undertook to bring a recommendation back to the Board in due course.	**LW**
f.	JL noted that the Board are now Trustees of the West Middlesex Charity and will need to discuss and agree how the funds will be managed going forward at a future Board meeting.	**THH**
g.	PH advised the Board that this year's flu campaign will commence next week and the Board agreed that arrangements should be made for Board members to have their flu vaccination after the next Board meeting.	**PH**
5.	**Chairman's Report**	
a.	The Chairman advised the Board that he and the CEO met with the Dean, Department of Medicine at Imperial College to discuss replacements for Professor Richard Kitney and Governor representative, Professor Jenny Higham on the Board and Council of Governors respectively**.** He hoped to be able to make an announcement in this regard at the end of October.	
b.	The Chairman had recently visited Houston Hospital where he was the guest of the Health Research Institute. This was an extremely fruitful event where a potential research	

	partnership was explored. The Chairman has extended an invitation for a return visit in the Spring.	
6.	**Chief Executive's Report**	
a.	In presenting her report, LW was pleased to mark the end of her second week at the Trust and had been delighted to meet so many staff during her induction who had inspired her with their enthusiasm, energy and ideas for the combined organisation.	
b.	Last week's major incident as a result of a gas leak on the Fulham Road demonstrated the Trust's ability to respond effectively to an incident of this nature. The emergency services were complimentary about the response and on behalf of the Board she thanked everyone involved. KMO will be holding a debriefing session which will enable any lessons learnt to be built into the Major Incident Plan.	
c.	Following the Dean Street information governance breach, a serious incident investigation is underway and will report in the coming months to the Board. LW has visited Dean Street and met with staff and she was impressed by the way staff responded with sensitivity to the incident.	
d.	As part of her induction programme, LW has been meeting staff, governors and key stakeholders. One of the issues raised at West Middlesex is the location of the PALS office which is being addressed as part of a review of the ergonomics of the whole reception area.	
e.	LW thanked all her colleagues for the warm welcome she has received but formally wished to thank Elizabeth McManus for her excellent leadership during her tenure as CEO of the Trust.	
f.	In responding to the Chairman, LW acknowledged that August's performance has highlighted a key compliance concern in relation to Referral to Treatment (RTT), incomplete pathway, cancer 62 day and learning disability breaches. There is still work to do to address all of these areas but work is underway in earnest.	
g.	KMO noted that the Board will be aware of the RTT validation process that has been undertaken and August performance reflects the first output of this work. A progress report will be presented to the Board in November. In response to THH, KMO confirmed that the issues straddle all specialities and there is no one speciality where there are material concerns.	
h.	KMO explained that in relation to the cancer 62 day standard, both Chelsea & Westminster and West Middlesex face challenges with regard to the complexity of some pathways, patient choice to defer treatment and shared pathways with tertiary centres. Discussions are underway with the Medical Directors and the operational teams to develop an improvement plan.	
i.	THH asked if the attainment of the standard is achievable. In response, KMO confirmed	

	that both sites have met the target in the past but the development of improvement plans will ensure performance is more consistent. However, there are challenges associated with the tertiary pathway but RC added that the combined organisation will have more influence over this in the future.	
j.	EH noted that Monitor made the achievement of performance standards as one of the conditions of the acquisition. In response, KMO confirmed that Monitor were aware of the enhanced risk to performance as a result of the acquisition.	
k.	JL asked if there are any issues impacting on patient experience in relation to the cancer breaches. KMO assured the Board that patients are managed by the Multi-disciplinary Team (MDT) as individuals with the support of the Macmillan team where they ensure patients are fully aware of their treatment plans and timescales.	
l.	Katherine Mangold, Lead Nurse, Learning Disabilities advised the Board that a significant amount of work has been undertaken to improve the management of patients with Learning Disabilities. To date the work has been focused on the Chelsea & Westminster site but there are plans to roll out a programme of improvement work at West Middlesex. EH added that the Quality Committee are cited on the proposed workplan and will be monitoring progress.	
m.	THH asked what the impact would be if current performance deteriorates. KMO explained that the regulatory environment is complex and that he will provide a briefing note for the Board on the governance framework and how the acquisition features in this regard.	**KMO**
7.	**Patient Experience Case Study**	
a.	*Katherine Mangold, Lead Nurse, Learning Disabilities and Sue Redman, patient representative joined the meeting.*	
b.	In presenting her case study, Mrs Redman explained that she is the mother of a 23 year old patient with learning disabilities which includes challenging behaviour. Mrs Redman detailed their families' experience of attending the A&E department in order to treat an episode of her daughter's uncontrollable fitting. Having stabilised, her daughter was discharged home and they were asked to bring a urine sample back the next morning. The results were telephoned through to Mrs Redman at home but the clinician was unable to prescribe antibiotics over the phone as he had not treated her daughter the previous evening. The resulted in Mrs Redman calling 111 for assistance. She finally spoke to a GP in Norwich who prescribed the antibiotics which she collected from her local pharmacist.	
c.	The patient's urine infection unfortunately reoccurred several weeks later and she re-attended A&E and was admitted onto the AAU ward. Mrs Redman had high praise for the staff but she faced challenges as the ward is not set up to accommodate carers being able to stay with the patient, which is essential for her daughter. Following JL's suggestion the Board endorsed an approach to explore how the charity could support an improvement in to the ward environment.	**KMO**

d.	THH noted that the Trust is making a really positive impact on the care of patients with Learning Disabilities. Mrs Redman concurred and although she has experienced a few glitches during her daughter's attendances at hospital, she believes the Trust could be a centre of excellence as long as the momentum is maintained. THH added that the Trust's desire is to build on the previous work experience programme and to aim to recruit more staff with learning disabilities.	
e.	The Board thanked both Ms Mangold and Mrs Redman for their inspiring presentation.	
8.	**Integrated Performance Report**	
a.	In presenting the August performance report, KMO drew to the Board's attention the key performance issues that were discussed in the CEO's report above.	
b.	KMO advised the Board that September has been a challenging month for the Trust. JB asked if the spike in activity was unexpected. KMO stated that Chelsea & Westminster do plan for an increase in activity into September to take account of the inflow of additional people into the area. KMO will provide a more detailed report at the next meeting.	**KMO**
c.	In presenting the report, LB advised that the Trust had a £1.3m deficit in month 5 and an adverse variance of £0.4m against the plan. The year to date position is a £2.9m deficit which remains £0.1m ahead of plan.	
d.	LB presented the month 5 report from West Middlesex which reported a £1.7m deficit. The year to date position is a £6.1m deficit which is in line with the LTFM. The key risk is the delivery of the CIP which the Finance & Investment Committee have tasked the executive to ensure delivery plans are robust.	
f.	JJ asked that future reports should clearly state both Chelsea & Westminster and West Middlesex's performance separately. In addition it would be helpful if consideration could be given to the format of the report which cannot be easily viewed on a computer screen.	**LB**
g.	VS advised the Board that the Trust is moving to an on-line training solution for safeguarding training but this will impact on compliance rates for August, however, overall compliance will increase in the coming months. The national inpatient survey will be launched later this month and work is underway with external support to improve the response rates for the Friends & Family Test. In response to JB, VS stated that the reduction in the percentage of patients who would recommend A&E at Chelsea & Westminster is linked to the environmental issues caused by the increased activity. THH asked VS to consider how the use of volunteers could be maximised within A&E.	**VS**
h.	PH presented the workforce report highlighting the low sickness rates on both hospital sites which is encouraging.	
i.	JJ asked what the tactical and strategic plans are for recruitment and retention. LS responded the People & Organisational Development Committee have received a draft report but further work is required to strengthen the plan taking into account the broader	

	agenda incorporating West Middlesex. LW added that this work needs to include HR, Nursing and the Medical Directors and she undertook to circulate a timeline in this regard to the Board. In addition she will ensure that JJ's ideas are incorporated into the planning.	**LW**
j.	KMO advised the Board that he will be reviewing the format of the Integrated Performance Report post 100 days of the acquisition. The Board were supportive of the changes that have been made to the report to date.	
9.	**Questions from members of the public**	
a.	Edward Coolen, Public Governor asked what the Trust was doing about costs. THH reassured him that the Finance & Investment Committee which is chaired by JJ, a Non-Executive is heavily focused on all aspects of financial management including cost control.	
b.	In response to Edward Coolen, Martin Lewis, Public Governor confirmed that the Trust is formally investigating the Dean Street information governance breach incident and has responded sensitively to both patients and staff.	
c.	Susan Maxwell, Patient Governor highlighted the importance of the post office location to both patients, staff and the local community and asked that this is taken into consideration when the Trust discusses the future lease arrangements.	
d.	Melvyn Jeremiah, Public Governor asked that a list of services that are contracted out by the Trust is provided to the next Council of Governors meeting.	**KMO**
e.	In response to Edward Coolen, THH explained that the Trust does not have any control over the quality of food provided by on-site commercial outlets, however if there are significant issues of concern the Trust would intervene.	
10.	**Date of next meeting: 29th October 2015**	

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors PUBLIC SESSION – 24 September 2015

Meeting	Minute Number	Agreed Action	Current Status	Lead
Sep 15	4.b	ZP to circulate a comprehensive report from the Chief Pharmacist which analyses the reported medication related safety incidents to the Board.	Complete.	**ZP**
	4.e	LW to bring a recommendation back to the Board in due course in relation to the business need for the space currently occupied by post office.	Verbal update at meeting.	**LW**
	4.f	To discuss and agree how the charitable funds will be managed going forward at a future Board meeting.	Charitable Funds Committee arranged for October Board day.	**THH**
	4.g	To make arrangements for Board members to have their flu vaccination after the next Board meeting.	This has been arranged for 29 October.	**PH**
	6.m	KMO to provide a briefing note for the Board on the governance framework and how the acquisition features in the regard if current performance deteriorates.	This will be provided at the November Board.	**KMO**
	7.c	To explore how the charity could support an improvement in to the ward environment with regard to accommodating carers to stay with the patient in essential cases.	This will be provided at the November Board.	**KMO**
	8.b	KMO to provide a more detailed report at the next meeting in relation to an increase in activity in September.	A separate briefing paper is attached.	**KMO**
	8.f	To arrange for future reports to clearly state both Chelsea & Westminster and West Middlesex's performance separately and consider the format of the report.	Verbal update at meeting.	**LB**
	8.g	VS to consider how the use of volunteers could be maximised within A&E.	Verbal update at meeting.	**VS**

	8.i	LW to circulate to the Board a timeline for the recruitment and retention plans (to include HR, Nursing and the Medical Directors) and to ensure that JJ's ideas are incorporated into the planning.	Verbal update at meeting.	**LW**
	9.d	KMO to provide a list of services which are contracted out by the Trust to the next Council of Governors meeting.	This information will be provided to the December Council of Governors meeting.	**KMO**

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

PUBLIC

Board of Directors Meeting, 29 October 2015

AGENDA ITEM NO.	6/Oct/15
REPORT NAME	Chief Executive's Report
AUTHOR	Lesley Watts, Chief Executive Officer
LEAD	Lesley Watts, 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
October 2015

1.0 Council of Governors elections

You will be aware from my last Board report that electoral process relating to the revised composition of the Trust's Council of Governors will be taking place during October-November 2015. The Trust is holding elections in the following membership constituencies:

- All Patient Governor positions;
- All Staff Governor positions;
- All Public Governor positions relating to the newly acquired constituencies of the London Boroughs of Hounslow, Richmond and Ealing.

I am delighted to announce that 30 members have put themselves forward to stand for election as Governor. This is our highest ever number of nominations and illustrates a strong level of interest and engagement within our communities in helping to shape the services we provide across our sites as a Foundation Trust.

Ballot papers will be posted out to eligible members on 6 November 2015. Completed ballot papers must be received by the Returning Officer by the close of poll, 5pm on 27 November 2015. Voting is by post or online. Election results will be published on the Trust website, www.chelwest.nhs.uk, on 30 November 2015.

2.0 Grip: Our Performance

The Trust's integrated performance report continues to illustrate non-compliance in the RTT incomplete target, despite renewed focus made by staff across both main hospital sites. There is an RTT remedial action plan in place which includes a 12 week data validation/data cleansing programme that commenced in September.

In addition, the Trust is currently non-compliant with the national learning disabilities indicators but we are working to achieve compliance by the end of 2015/16, in line with our CQC action plan.

The Trust has achieved the A&E national target for Q2 but we are cognisant of the fact that winter pressures will soon be upon us and Karl Munslow-Ong, Chief Operating Officer, is working with our partners on implementing 'high impact changes' that will support strong winter resilience across our health economy over the coming months. This month we shared our individual and collective plans with representatives from Number 10, the Cabinet Office and the Department of Health.

All other regulatory performance indicators have been achieved.

In terms of financial performance, in September, we reported a combined deficit of £0.2m, bringing our year to date deficit to £3.1m. In month, this is an adverse variance of £0.1m.

Further detail on our clinical and financial performance is contained in subsequent Board items.

3.0 Emergency Department redevelopment at Chelsea and Westminster

The first phase of the £12m redevelopment of the Emergency Department (ED) at Chelsea and Westminster will be completed and open to patients on 4 November. This phase includes a new majors treatment and emergency observation unit, imaging/CT scanner suite and new staff rooms, supplemented by a new Fracture Clinic opening on 9 November. The aim is to complete the redevelopment – with the addition of a new resuscitation room and children's A&E – during the summer of 2016.

4.0 Consultations

In order to ensure that our staffing structures can provide safe and effective care as an integrated organisation, a range of staff consultations will take place this autumn and winter.

The first consultation on the structures for our nursing and operations management teams is already underway with other consultations to take place imminently. Staff and staff side partners are fully engaged in the process to define structures and ways of working. Our aim will be to ensure that we provide the right staffing structures in place in order to be able to deliver safe and effective care and experience to our patients across multiple sites.

4.0 Awards and nominations

West Middlesex University Hospital has been shortlisted in the Patient Safety category of the 2015 Health Service Journal (HSJ) Awards for their HEADS-UP programme.

Designed in collaboration with the National Institute for Health Research (NIHR) Imperial Patient Safety Translational Research Centre, HEADS-UP is a structured quality and safety briefing which was first rolled out across some of West Middlesex's medical wards in December 2013 to improve patient care and staff experience. Prompting teams to discuss and record the challenges of the previous day, HEADS-UP creates a forum where staff are focused on problem solving, regardless of whether the issues would ordinarily have triggered an incident report.

In addition, services at 56 Dean Street have recently won Attitude Magazine's community award for 2015. Attitude Magazine said that the sexual health and well-being clinic at 56 Dean Street has revolutionised sexual health services and become a pioneer in LGBT care and HIV awareness, both across the UK and internationally.

5.0 Christmas events

We are planning a range of events to celebrate the festive season across our main hospital sites, thanks to funding provided by the Council of Governors. The full range of events is detailed below and I hope you will all be able to attend to celebrate this important season with our staff, patients and stakeholders.

Christmas Carol service:
- West Middlesex University Hospital on Thursday 10 December 2:00pm
- Chelsea and Westminster Hospital on Thursday 10 December 3:00pm

Cheer Awards and best decorated ward presentation:
- West Middlesex University Hospital on Wednesday 16 December 3:30pm-4:00pm
- Chelsea and Westminster Hospital on Thursday 17 December 3:30pm-4:00pm

Main Christmas event:
- West Middlesex University Hospital on Wednesday 16 December 4:00pm-6:00pm
- Chelsea and Westminster Hospital on Thursday 17 December 4:00pm-6:00pm

Light up a Life service:
- Chelsea and Westminster Hospital on Monday 21 December 5:30pm-6:00pm
- West Middlesex University Hospital on Tuesday 22 December 5:30pm-6:00pm

Lesley Watts
Chief Executive Officer
October 2015

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 29 October 2015

PUBLIC

AGENDA ITEM NO.	8/Oct/15
REPORT NAME	Integrated Performance Report – September 2015
AUTHOR	Sam Harmer, Head of Information
LEAD	Karl Munslow-Ong, Chief Operating Officer
PURPOSE	To report the combined Trust's performance for September 2015 for both Chelsea and Westminster and West Middlesex, highlight risk issues and identify key actions going forward.
SUMMARY OF REPORT	The integrated performance report shows the West Middlesex and Chelsea and Westminster performance for September. Regulatory performance – the RTT incomplete target was not achieved by CW in September, due to anomalies around data quality, information reporting and operational processes, which was identified in July 2015. There is an RTT remedial action plan in place which includes a 12 week data validation/cleansing programme which commenced in September. The combined Trust achieved the incomplete target in September, but will breach the quarter, as failure in one single month is considered a failure of the quarter in relation to Monitor's performance framework. A&E waiting times performance was not achieved by the CW site, although the combined performance was above the target and will achieve the Q2 position. This was impacted by high adult admissions as a result of an increase in acuity, particularly at the beginning of the month and a 9.7% increase in attendances. Although September's validated performance for Cancer will not be reported until November for both sites, it is anticipated that the 62 day target will be met for the quarter for the combined Trust. The Cancer 2 week wait target was narrowly missed by WM in September due to a number of patients electing to defer appointments from August until September. However, the target was achieved for the combined Trust and is anticipated to be achieved for the quarter. Both Trusts have achieved all other regulatory performance indicators, with the exception of access to patients with learning difficulties. - Both Trusts are currently not fully compliant will all 6 of the learning disabilities indicators, but working to achieve compliance in 2015/16, in line with our CQC Action Plan.

	- Quality and Patient Experience: Both sites continue to focus on improving response rates for the friends and family test. The friends and family test feedback continues to be shared with the clinical teams on a regular basis to review their performance and take appropriate action in response to the feedback. Both sites continue to have good performance on hand hygiene compliance and mortality indicators. - Efficiency and Clinical Effectiveness: An increase was seen in the average wait time for first OP appointments at the CW site, this is due to ongoing issues with capacity. Divisions are working through capacity and demand modelling to help inform long term solutions. Additional ad hoc capacity is being put in place where possible to reduce the wait times. The caesarean section rate continues to be high for both sites. There is an ongoing clinical analysis of the caesarean section data to understand variation and benchmarking across site. - Workforce: Unplanned staff turnover rates and vacancy rates remain high for CW and a senior nurse has been employed full time to focus on recruitment and retention issues for nursing staff.
KEY RISKS ASSOCIATED:	There is a risk to achievement of the challenging C. Diff target in 2015/16 for the combined Trust, due to the tough targets, however the combined Trust is compliant for the year to date. There are also continued risks to the achievement of a number of compliance indicators, including RTT incomplete waiting times, cancer 62 days waits and compliance with access to learning disabilities.
FINANCIAL IMPLICATIONS	The combined Trusts reported a £0.2m deficit in September and £3.1m deficit for the year to date, which was on plan for the year to date.
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 Board is asked to note the performance for September 2015.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

TRUST PERFORMANCE REPORT

September 2015

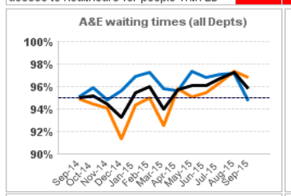
Incorporating West Middlesex University Hospital data

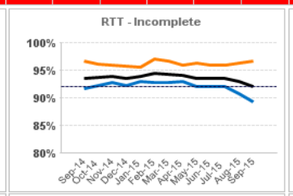
September 2015
Performance Dashboard

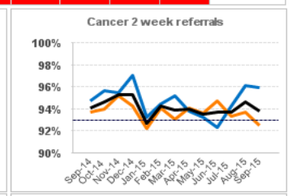
Chelsea and Westminster Hospital NHS
NHS Foundation Trust

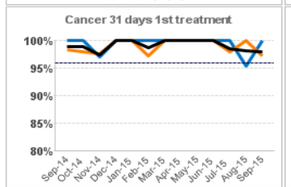
Regulatory Compliance

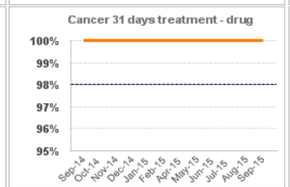
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined Trust data: last Quarter, YTD & 13m trend					
Indicator	Jul-15	Aug-15	Sep-15	Jul-15	Aug-15	Sep-15	Jul-15	Aug-15	Sep-15	Quarter	YTD	Trend
A&E waiting times - Types 1 & 3 Depts (Target: >95%)	97.1	97.1	94.7	96.4	97.4	96.8	96.7	97.3	95.9	96.6	96.3	
RTT - Incomplete (Target: >92%)	92.0	90.7	89.3	95.9	96.2	96.6	93.5	92.9	92.1	92.8	93.3	
Cancer 2 week urgent referrals (Target: >93%)	94.3	96.1	95.9	93.3	93.7	92.5	93.7	94.6	93.8	94.0	93.9	
Cancer 31 days first treatment (Target: >96%)	100	95.3	100	98.0	100	97.3	98.5	98.2	98.0	98.3	99.2	
Cancer 31 days treatment - Drug (Target: >98%)	100	100	n/a	100	100	100	100	100	100	100	100.0	
Cancer 31 days treatment - Surgery (Target: >94%)	100	100	n/a	100	100	100	100	100	100	100	100.0	
Cancer 31 days treatment - Radiotherapy (Target: >94%)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
Cancer 62 days GP ref to treatment (Target: >85%)	95.1	64.0	85.4	92.8	74.5	88.7	93.6	70.8	87.4	85.6	89.0	
Cancer 62 days NHS screening (Target: >90%)	n/a	n/a	n/a	100	100	100	100.0	100.0	100.0	100.0	86.7	
Clostridium difficile infections (Targets: CW: 7; WM: 9; Combined: 16)	0	0	0	2	2	0	2	2	0	4	6	
Self-certification against compliance for access to healthcare for people with LD	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	

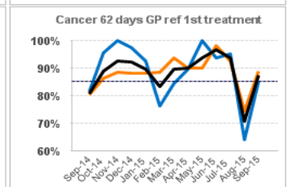






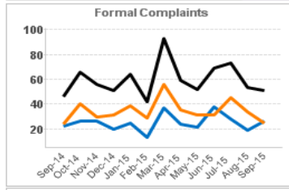


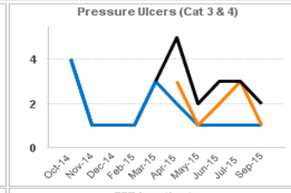


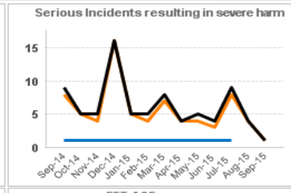


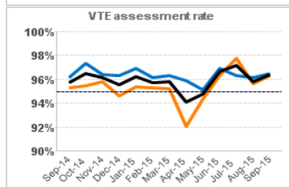
Quality

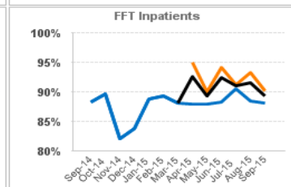
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined: latest Quarter, YTD & 13m trend					
Indicator	Jul-15	Aug-15	Sep-15	Jul-15	Aug-15	Sep-15	Jul-15	Aug-15	Sep-15	Quarter	YTD	Trend
Hand Hygiene (Target: >=98%)	98.3	97.4	92.5	99.6	99.4	99.5	98.9	98.3	95.6	97.6	97.8	
Pressure Ulcers (Cat 3 & 4)	0	0	1	3	0	1	3	0	2	5	15	
VTE assessment % (Target: >=95%)	96.4	96.1	96.5	97.7	95.6	96.4	97.2	95.8	96.4	96.5	95.9	
Formal complaints number received	28	19	26	45	34	25	73	53	51	177	357	
Formal complaints responded to <25days	16	13	5	36		19	52	13	24	89	226	
Serious Incidents resulting in severe harm	1	0	0	8	4	1	9	4	1	14	27	
Never Events	0	0	1	0	0	0	0	0	1	1	2	
FFT - Inpatients recommend % (Target: >90%)	90.6	88.4	88.2	91.1	93.2	90.2	91.0	91.6	89.3	90.6	91.0	
FFT - A&E recommend % (Target: >90%)	86.2	86.4	84.9	91.3	90.5	91.4	87.4	87.2	86.3	87.0	87.8	
Falls causing serious harm	1	0	0				1	0	0	1	1	
Mortality SHMI (Target <100)	80.3	80.3	80.3	88.7	88.7	88.7	85.3	85.3	85.3	85.3	85.3	

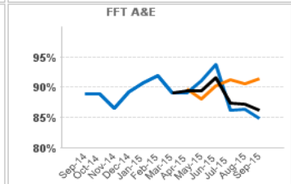






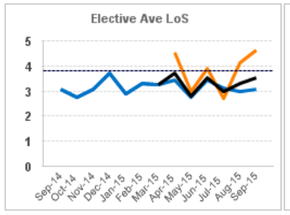


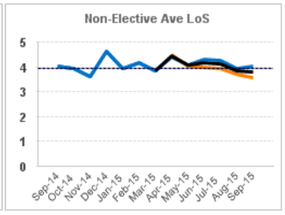


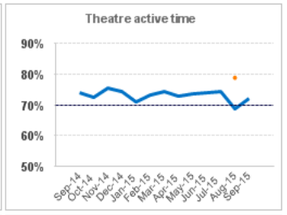


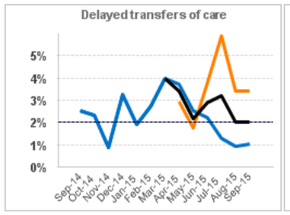
Efficiency

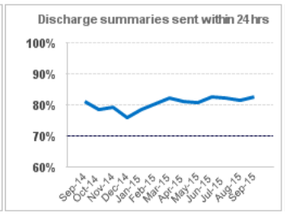
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined: latest Quarter, YTD & 13m trend					
Indicator	Jul-15	Aug-15	Sep-15	Jul-15	Aug-15	Sep-15	Jul-15	Aug-15	Sep-15	Quarter	YTD	Trend
Elective average LoS (Target: <3.8)	3.1	3.0	3.1	2.7	4.1	4.6	3.0	3.3	3.5	3.3	3.3	
Non-Elective average LoS (Target: 3.95)	4.2	4.0	4.0	3.9	3.7	3.6	4.1	3.8	3.8	3.9	4.1	
Theatre active time (Target: >70%)	74.1	68.7	72.0	n/a	78.8	n/a	74.1	68.7	72.0	71.9	72.6	
Delayed transfers of care (Target: <2%)	1.30	0.93	1.04	5.92	3.43	3.43	3.19	2.00	2.00	2.40	2.61	
Discharge summaries sent within 24 hours (Target: >70%)	82.2	81.6	82.7	dev	dev	dev	82.2	81.6	82.7	82.2	81.8	
Outpatient DNA rates (Target: <11.1%)	10.5	10.6	12.0	10.7	11.1	11.7	10.6	10.8	12.0	11.1	11.0	
On the day cancelled operations not re-booked within 28 days (Target: 0)	1	0	1	0	0	0	1	0	1	2	13	

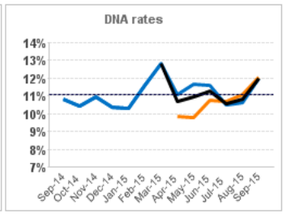






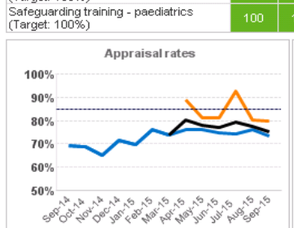


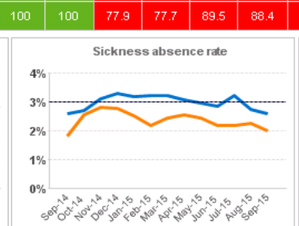


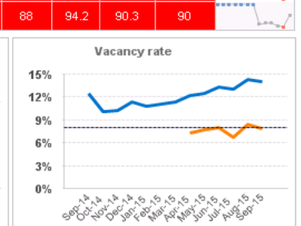


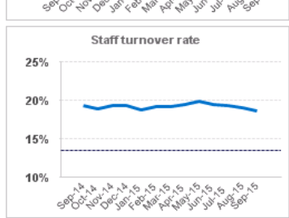
Workforce

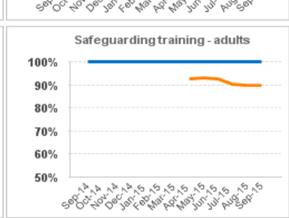
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined: latest Quarter, YTD & 13m trend					
Indicator	Jul-15	Aug-15	Sep-15	Jul-15	Aug-15	Sep-15	Jul-15	Aug-15	Sep-15	Quarter	YTD	Trend
Appraisal rate (C&W Target: >85%; WM Target: >91%)	74.3	76.1	73.3	92.5	80.3	80.0	79.5	77.4	75.4	77.4	77.9	
Sickness absence rate (C&W Target: <3%; WM Target: <2.7%)	3.22	2.73	2.59	2.20	2.26	2.00						
Vacancy rate (Target: <8%)	13.1	14.4	14.0	6.71	8.43	7.8						
Staff turnover rate (Target: <18.1%)	19.3	19.0	18.6	10.1	9.8	10.2						
Mandatory training (C&W Target: >95%; WM Target: >91%)	79.9	82.0	83.1	88.6	88.5	89.2	86.1	86.7	87.5	86.8	87.3	
Bank and Agency spend (£ks)	£2,329	£2,802	£2,390	£1,898	£1,599	£1,566	£4,227	£4,401	£3,956	£12,584	£23,834	
WTE Midwife:Births ratio (Target: <1:30)	30	30	30	32.7	32.7	32.7						
Safeguarding training - adults (Target: 100%)	100	100	100	90.1	89.7	89.7	96.2	96	99.7	97	97.1	
Safeguarding training - paediatrics (Target: 100%)	100	100	100	77.9	77.7	89.5	88.4	88	94.2	90.3	90	

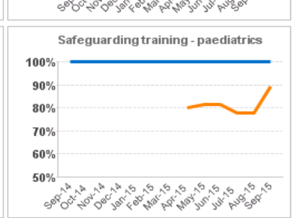






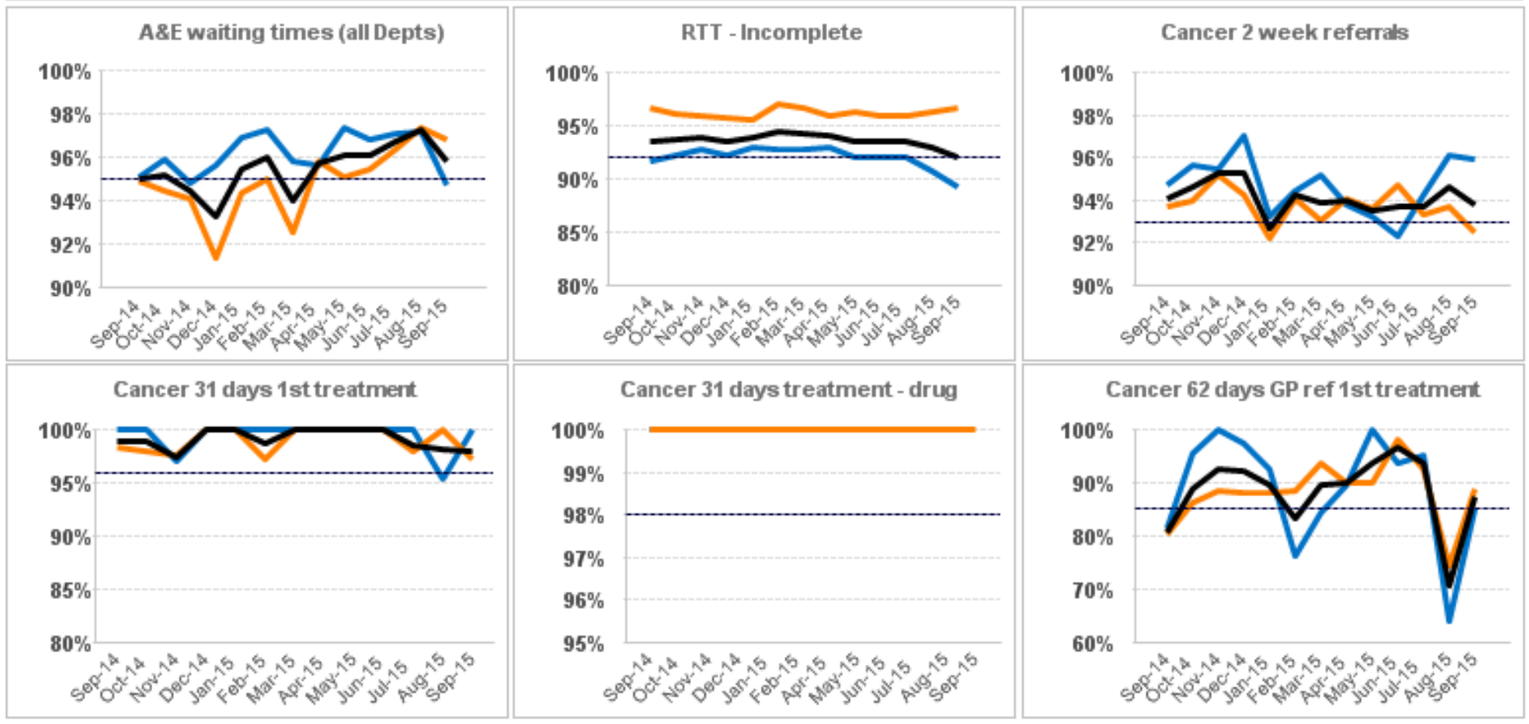






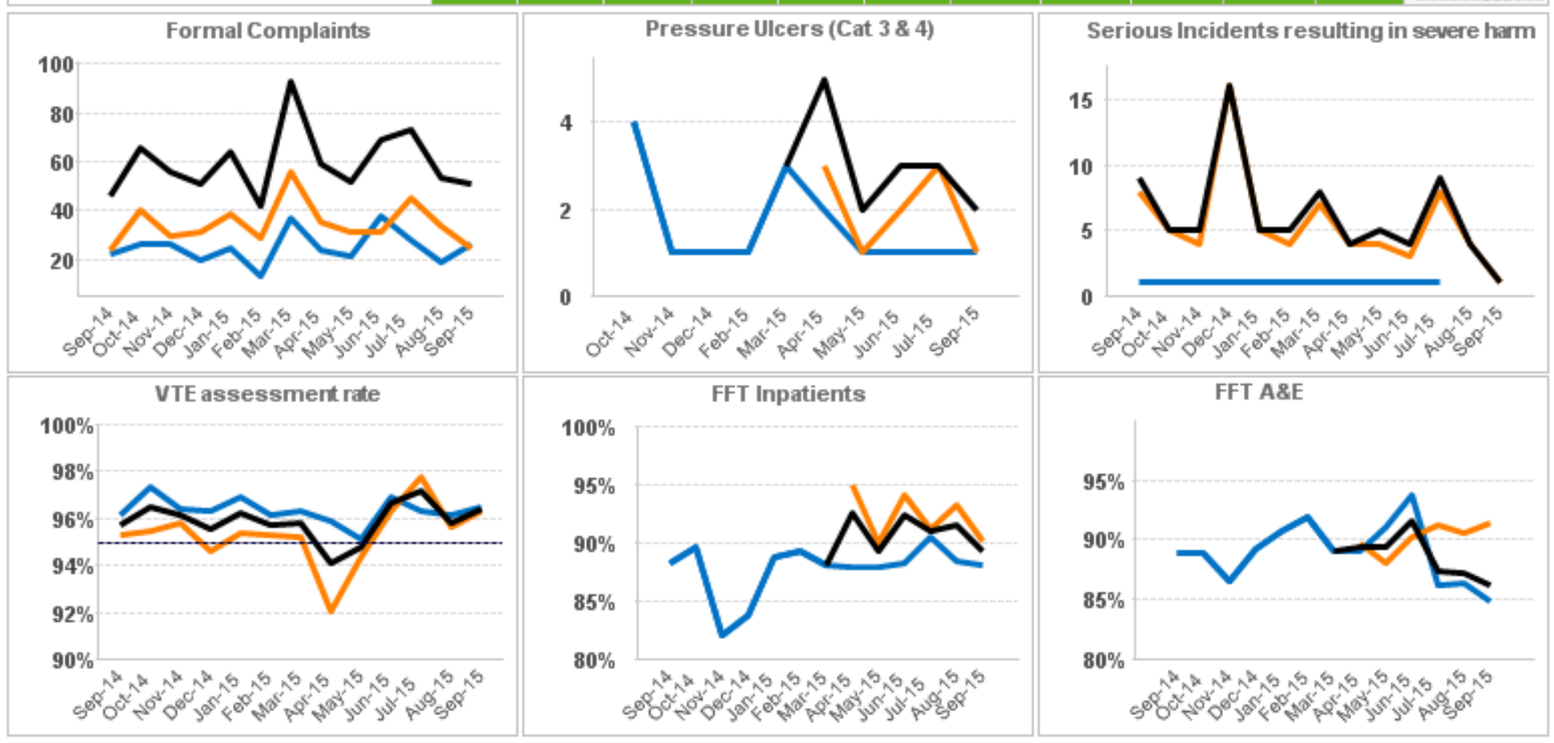
Regulatory Compliance

Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined Trust data: last Quarter, YTD & 13m trend					
Indicator	Jul-15	Aug-15	Sep-15	Jul-15	Aug-15	Sep-15	Jul-15	Aug-15	Sep-15	Quarter	YTD	Trend
A&E waiting times - Types 1 & 3 Depts (Target: >95%)	97.1	97.1	94.7	96.4	97.4	96.8	96.7	97.3	95.9	96.6	96.3	
RTT - Incomplete (Target: >92%)	92.0	90.7	89.3	95.9	96.2	96.6	93.5	92.9	92.1	92.8	93.3	
Cancer 2 week urgent referrals (Target: >93%)	94.3	96.1	95.9	93.3	93.7	92.5	93.7	94.6	93.8	94.0	93.9	
Cancer 31 days first treatment (Target: >96%)	100	95.3	100	98.0	100	97.3	98.5	98.2	98.0	98.3	99.2	
Cancer 31 days treatment - Drug (Target: >98%)	100	100	n/a	100	100	100	100	100	100	100	100.0	
Cancer 31 days treatment - Surgery (Target: >94%)	100	100	n/a	100	100	100	100	100	100	100	100.0	
Cancer 31 days treatment - Radiotherapy (Target: >94%)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
Cancer 62 days GP ref to treatment (Target: >85%)	95.1	64.0	85.4	92.8	74.5	88.7	93.6	70.8	87.4	85.6	89.0	
Cancer 62 days NHS screening (Target: >90%)	n/a	n/a	n/a	100	100	100	100.0	100.0	100.0	100.0	86.7	
Clostridium difficile infections (Targets: CW: 7; WM: 9; Combined: 16)	0	0	0	2	2	0	2	2	0	4	6	
Self-certification against compliance for access to healthcare for people with LD	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	



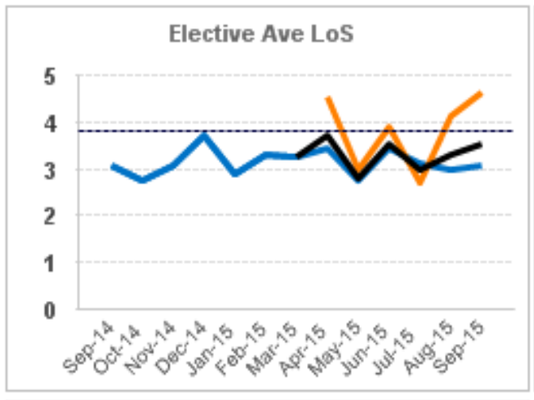
Quality

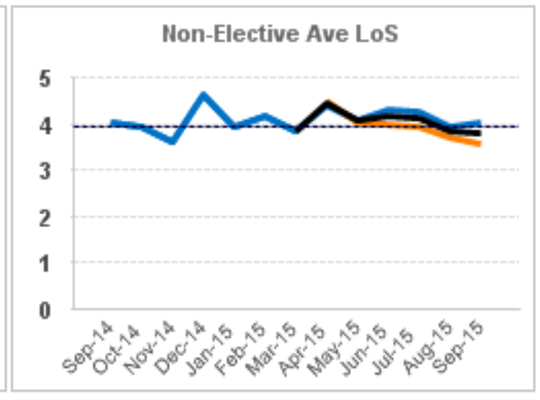
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined: latest Quarter, YTD & 13m trend					
Indicator	Jul-15	Aug-15	Sep-15	Jul-15	Aug-15	Sep-15	Jul-15	Aug-15	Sep-15	Quarter	YTD	Trend
Hand Hygiene (Target: >=98%)	98.3	97.4	92.5	99.6	99.4	99.5	98.9	98.3	95.6	97.6	97.8	
Pressure Ulcers (Cat 3 & 4)	0	0	1	3	0	1	3	0	2	5	15	
VTE assessment % (Target: >=95%)	96.4	96.1	96.5	97.7	95.6	96.4	97.2	95.8	96.4	96.5	95.9	
Formal complaints number received	28	19	26	45	34	25	73	53	51	177	357	
Formal complaints responded to <25days	16	13	5	36		19	52	13	24	89	226	
Serious Incidents resulting in severe harm	1	0	0	8	4	1	9	4	1	14	27	
Never Events	0	0	1	0	0	0	0	0	1	1	2	
FFT - Inpatients recommend % (Target: >90%)	90.6	88.4	88.2	91.1	93.2	90.2	91.0	91.6	89.3	90.6	91.0	
FFT - A&E recommend % (Target: >90%)	86.2	86.4	84.9	91.3	90.5	91.4	87.4	87.2	86.3	87.0	87.8	
Falls causing serious harm	1	0	0				1	0	0	1	1	
Mortality SHMI (Target <100)	80.3	80.3	80.3	88.7	88.7	88.7	85.3	85.3	85.3	85.3	85.3	

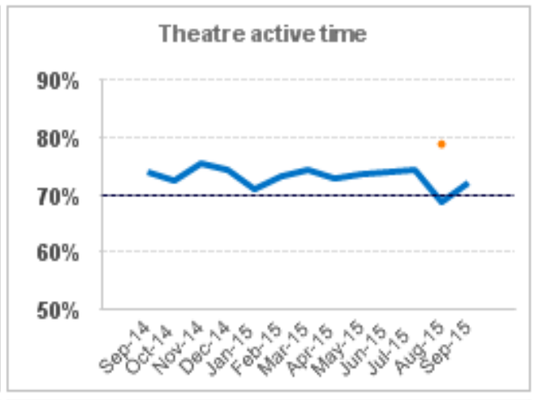


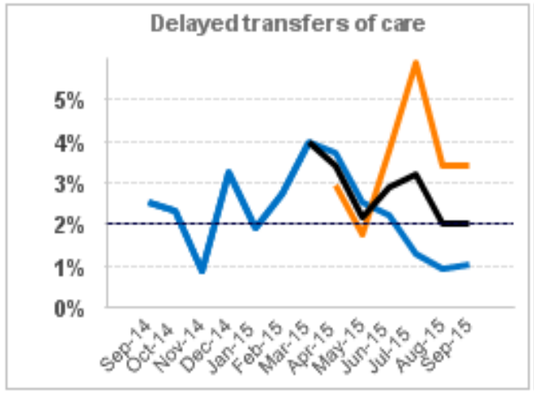
Efficiency

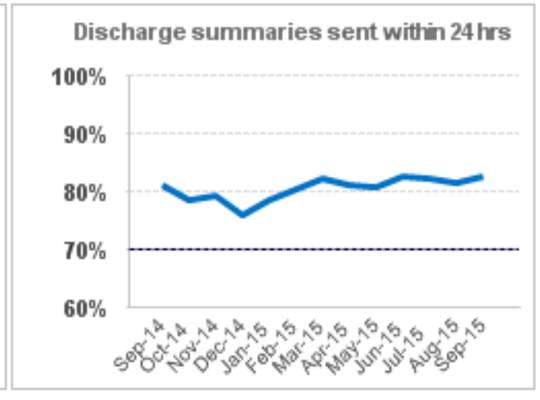
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined: latest Quarter, YTD & 13m trend					
Indicator	Jul-15	Aug-15	Sep-15	Jul-15	Aug-15	Sep-15	Jul-15	Aug-15	Sep-15	Quarter	YTD	Trend
Elective average LoS (Target: <3.8)	3.1	3.0	3.1	2.7	4.1	4.6	3.0	3.3	3.5	3.3	3.3	
Non-Elective average LoS (Target: 3.95)	4.2	4.0	4.0	3.9	3.7	3.6	4.1	3.8	3.8	3.9	4.1	
Theatre active time (Target: >70%)	74.1	68.7	72.0	n/a	78.8	n/a	74.1	68.7	72.0	71.9	72.6	
Delayed transfers of care (Target: <2%)	1.30	0.93	1.04	5.92	3.43	3.43	3.19	2.00	2.00	2.40	2.61	
Discharge summaries sent within 24 hours (Target: >70%)	82.2	81.6	82.7	dev	dev	dev	82.2	81.6	82.7	82.2	81.8	
Outpatient DNA rates (Target: <11.1%)	10.5	10.6	12.0	10.7	11.1	11.7	10.6	10.8	12.0	11.1	11.0	
On the day cancelled operations not re-booked within 28 days (Target: 0)	1	0	1	0	0	0	1	0	1	2	13	

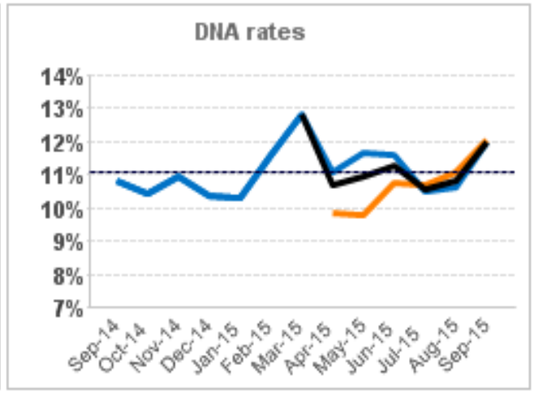






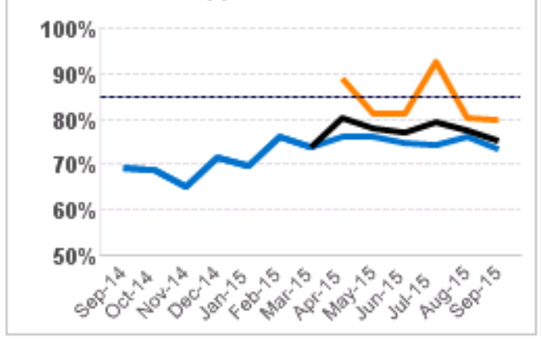


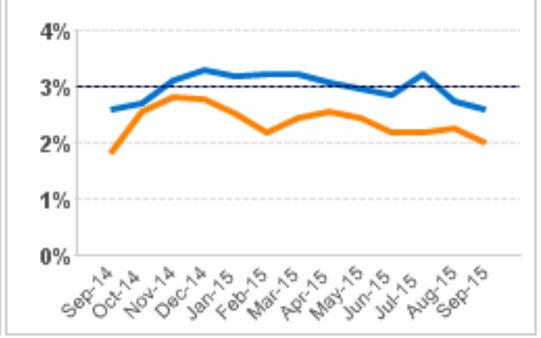


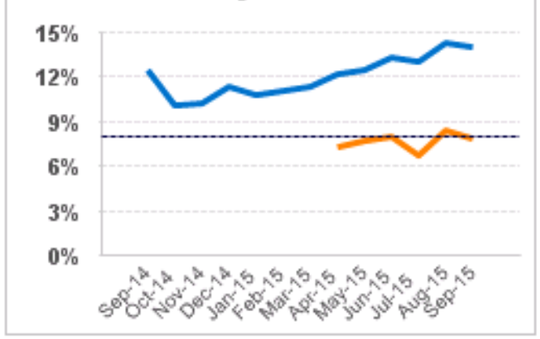


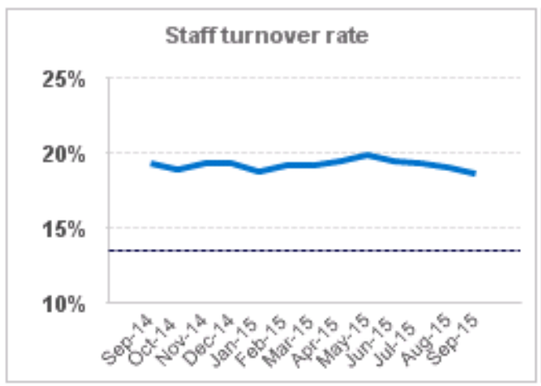
Workforce

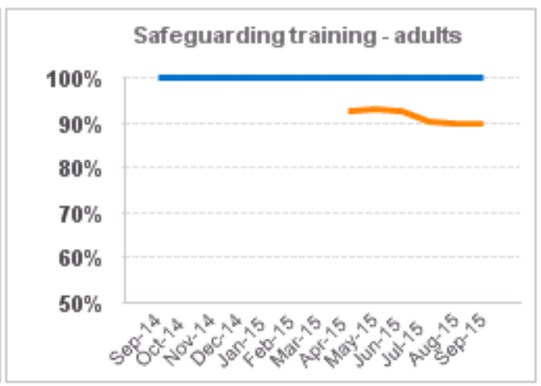
Hospital Site	CWFT	CWFT	CWFT	WMUH	WMUH	WMUH	Combined: latest Quarter, YTD & 13m trend					
Indicator	Jul-15	Aug-15	Sep-15	Jul-15	Aug-15	Sep-15	Jul-15	Aug-15	Sep-15	: Quarter 2	YTD 6	Trend
Appraisal rate (C&W Target: >85%; WM Target: >91%)	74.3	76.1	73.3	92.5	80.3	80.0	79.5	77.4	75.4	77.4	77.9	
Sickness absence rate (C&W Target: <3%; WM Target: <2.7%)	3.22	2.73	2.59	2.20	2.26	2.00						
Vacancy rate (Target: <8%)	13.1	14.4	14.0	6.71	8.43	7.8						
Staff turnover rate (Target: <18.1%)	19.3	19.0	18.6	10.1	9.8	10.2						
Mandatory training (C&W Target: >95%; WM Target: >91%)	79.9	82.0	83.1	88.6	88.5	89.2	86.1	86.7	87.5	86.8	87.3	
Bank and Agency spend (£ks)	£2,329	£2,802	£2,390	£1,898	£1,599	£1,566	£4,227	£4,401	£3,956	£12,584	£23,834	
WTE Midwife:Births ratio (Target: <1:30)	30	30	30	32.7	32.7	32.7						
Safeguarding training - adults (Target: 100%)	100	100	100	90.1	89.7	89.7	96.2	96	99.7	97	97.1	
Safeguarding training - paediatrics (Target: 100%)	100	100	100	77.9	77.7	89.5	88.4	88	94.2	90.3	90	

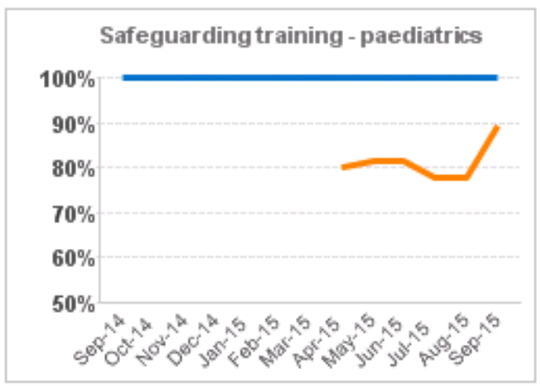












Monitor Dashboard

		Chelsea & Westminster NHS Foundation Trust				West Middlesex University Hospital				Combined Trust Performance					Trust data 13 months
Domain	Indicator	Jul-15	Aug-15	Sep-15	2015-2016	Jul-15	Aug-15	Sep-15	2015-2016	Jul-15	Aug-15	Sep-15	2015-2016 Q2	2015-2016	Trend charts
A&E	A&E waiting times - Types 1 & 3 Depts (Target: >95%)	97.1%	97.1%	94.7%	96.5%	96.4%	97.4%	96.8%	96.1%	96.7%	97.3%	95.9%	96.6%	96.3%	
RTT	18 weeks RTT - Admitted (Target: >90%)	90.1%	90.0%	85.7%	89.6%	95.0%	93.3%	95.0%	95.1%	92.4%	91.8%	90.5%	91.6%	92.3%	
	18 weeks RTT - Non-Admitted (Target: >95%)	95.1%	95.0%	93.2%	94.8%	97.1%	96.5%	96.3%	96.9%	95.8%	95.6%	94.4%	95.3%	95.6%	
	18 weeks RTT - Incomplete (Target: >92%)	92.0%	90.7%	89.3%	91.5%	95.9%	96.2%	96.6%	96.1%	93.5%	92.9%	92.1%	92.8%	93.3%	
Cancer	2 weeks from referral to first appointment all urgent referrals (Target: >93%)	94.3%	96.1%	95.9%	94.2%	93.3%	93.7%	92.5%	93.7%	93.7%	94.6%	93.8%	94.0%	93.9%	
	31 days diagnosis to first treatment (Target: >96%)	100%	95.3%	100%	99.3%	98.0%	100%	97.3%	99.1%	98.5%	98.2%	98.0%	98.3%	99.2%	
	31 days subsequent cancer treatment - Drug (Target: >98%)	100%	100%	n/a	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	31 days subsequent cancer treatment - Surgery (Target: >94%)	100%	100%	n/a	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	31 days subsequent cancer treatment - Radiotherapy (Target: >94%)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
	62 days GP referral to first treatment (Target: >85%)	95.1%	64.0%	85.4%	88.1%	92.8%	74.5%	88.7%	89.5%	93.6%	70.8%	87.4%	85.6%	89.0%	
	62 days NHS screening service referral to first treatment (Target: 90%)	n/a	n/a	n/a	n/a	100%	100%	100%	86.7%	100%	100%	100%	100%	86.7%	
Patient Safety	Clostridium difficile infections (Year End Targets: CW: 7; WM: 9; Combined: 16)	0	0	0	1	2	2	0	5	2	2	0	4	6	
Learning difficulties Access & Governance	Self-certification against compliance for access to healthcare for people with Learning Disability	Non-compliant	Non-compliant	Non-compliant	Non-compliant	Non-compliant	Non-compliant	Non-compliant	Non-compliant	Non-compliant	Non-compliant	Non-compliant	Non-compliant	Non-compliant	
	Governance Rating	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	

Please note the following two items	n/a	Can refer to those indicators not applicable (eg Radiotherapy) or indicators where there is no available data. Such months will not appear in the trend graphs.
		RTT Admitted and RTT Non-Admitted are no longer Monitor Compliance Indicators

Chelsea and Westminster commentary

A&E: The reported % was impacted by high adult admissions as a result of an increase in acuity, particularly at the beginning of the month and a 9.7% increase in attendances.

An analysis of the breaches for this site showed a higher than usual number of breaches due to lack of available beds, clinical complications and patients on psychiatric pathways.

Cancer 31 days diagnosis to treatment: There was one breach of this target in August due to patient choice to wait for Surgery (the patient elected to wait for 28 days to receive Surgery at Imperial). The target is being met for September however.

Cancer 62 days GP referral to treatment: This indicator was not achieved in the month of August due to breaches predominantly in the Urology tumour site at both the WMUH and Chelsea & Westminster sites. However, overall performance will be compliant for the month and Quarter.

Long clinical pathways, delays in scheduling and patient choice issues contributed to this performance. Focussed work by the multi-disciplinary teams across the trust, is underway to address this and this work has already significantly reduced the mean waiting time and better performance is predicted for September (85%) although the performance for the Quarter is predicted to be a fail.

Self-certification against compliance for access to health care for people with a learning disability Chelsea and Westminster site is on track to meet compliance by end of Quarter 4 2015/2016

West Middlesex commentary

Cancer - 2 Weeks from referral to first appointment all urgent referrals:

Standard failed due to patients electing to defer appointments from August until September. Capacity constraints in UGI and Skin pathways impacted on choices available to patients. Capacity issues in both pathways resolved for October

Cancer 62 days GP referral to treatment:

Cross site Urology action plan in place to reduce risk of performance issues experienced in August. However, overall performance will be compliant for the month and Quarter

Self-certification against compliance for access to health care for people with a learning disability West Middlesex site is on track to meet compliance by the end Quarter 4 2015/2016

Safety Dashboard

		Chelsea & Westminster NHS Foundation Trust				West Middlesex University Hospital				Combined Trust Performance					Trust data 13 months
Domain	Indicator	Jul-15	Aug-15	Sep-15	2015-2016	Jul-15	Aug-15	Sep-15	2015-2016	Jul-15	Aug-15	Sep-15	2015-2016 Q2	2015-2016	Trend charts
Hospital-acquired infections	MRSA Bacteraemia (Target: 0)	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Hand hygiene compliance (Target: >90%)	98.3%	97.4%	92.5%	96.6%	99.6%	99.4%	99.5%	99.2%	98.9%	98.3%	95.6%	97.6%	97.8%	
Incidents	Number of serious incidents resulting in severe harm	1	0	0	2	8	4	1	24	9	4	1	14	26	
	Incident reporting rate per 100 admissions (Target: >8.5)	7.2	7.4	6.7	7.7	7.8	8.0		7.9	7.4	7.7	6.7	7.3	7.8	
	Rate of patient safety incidents resulting in severe harm/death per 100 admissions (Target: 0)	0.02	0.00	0.00	0.005					0.02	0.00	0.00	0.01	0.005	
	Number of medication-related safety incidents	35	27	39	277	28	26	71	228	63	53	110	226	505	
	Never Events (Target: 0)	0	0	1	2	0	0	0	0	0	0	1	1	2	
Harm	Safety Thermometer - Harm Score (Target: >90%)	90.5%	94.6%	94.5%	93.9%	98.1%	96.9%	97.3%	97.7%	92.1%	95.2%	95.2%	94.1%	94.7%	
	Incidence of newly acquired category 3 & 4 pressure ulcers (Target: <3.6)	0	0	0	4	3	0	1	10	3	0	1	4	14	
	NEWS compliance %	86.7%	100.0%	100.0%	75.3%					86.7%	100.0%	100.0%	96.1%	75.3%	
	Safeguarding adults - number of referrals	21	21	20	102	1	2	14	24	22	23	34	79	126	
	Safeguarding children - number of referrals	17	15	33	134	61	62		250	78	77				
Mortality	Number of hospital deaths - Adult	39	44	35	209	46	59	47	338	85	103	82	270	547	
	Number of hospital deaths - Paediatric	1	0	0	1	4	1			5	1				
	Number of hospital deaths - Neonatal	4	4	10	36	1	1			5	5				

Please note the following	blank cell	An empty cell denotes those indicators currently under development

Chelsea and Westminster commentary

Incident Reporting rate per 100 admissions: Ward staff have reported staffing pressures which have had a negative impact on the proportion of incidents reported in September. It is envisaged that the planned introduction of the online incident reporting system will lead to a positive increase in the incident reporting rate.

Never events: This related to a retained swab following instrumental delivery in the room. A comprehensive investigation is underway.

Safeguarding children – number of referrals:

September was a very busy month and the reasons for such a high number of referrals, primarily from maternity, are not clear. The return from school holidays may also have had an impact on the figures

West Middlesex commentary

Serious Incidents: One reported in September, baby born in poor condition. This is currently under investigation and will be reported via the SI paper.

Incident Reporting rate per 100 admissions: Ward staff have reported staffing pressures which have had a negative impact on the proportion of incidents reported in September. It is envisaged that the planned introduction of the online incident reporting system will lead to a positive increase in the incident reporting rate.

Patient Experience Dashboard

		Chelsea & Westminster NHS Foundation Trust				West Middlesex University Hospital				Combined Trust Performance					Trust data 13 months
Domain	Indicator	Jul-15	Aug-15	Sep-15	2015-2016	Jul-15	Aug-15	Sep-15	2015-2016	Jul-15	Aug-15	Sep-15	2015-2016 Q2	2015-2016	Trend charts
Friends and Family	FFT: Inpatient recommend % (Target: 90%)	90.6%	88.4%	88.2%	88.5%	91.1%	93.2%	90.2%	92.2%	91.0%	91.6%	89.3%	90.6%	91.0%	
	FFT: Inpatient not recommend % (Target: <10%)	4.6%	5.8%	7.0%	5.9%	5.1%	3.5%	6.0%	3.9%	4.9%	4.3%	6.4%	5.2%	4.6%	
	FFT: Inpatient response rate (Target: 30%)	26.8%	34.8%	39.5%	36.7%	25.5%	26.8%	25.7%	26.8%	25.9%	29.1%	30.1%	28.2%	29.4%	
	FFT: A&E recommend % (Target: 90%)	86.2%	86.4%	84.9%	86.7%	91.3%	90.5%	91.4%	90.2%	87.4%	87.2%	86.3%	87.0%	87.8%	
	FFT: A&E not recommend % (Target: <10%)	7.4%	7.2%	7.7%	7.0%	5.2%	6.4%	5.0%	5.6%	6.9%	7.0%	7.2%	7.0%	6.5%	
	FFT: A&E response rate (Target: 30%)	20.3%	20.2%	21.3%	21.2%	24.0%	23.0%	22.2%	24.1%	21.1%	20.7%	21.5%	21.1%	22.1%	
	FFT: Maternity recommend % (Target: 90%)	91.2%	91.3%	90.4%	91.6%	89.0%	95.8%	91.0%	90.2%	90.0%	92.5%	90.6%	90.8%	90.9%	
	FFT: Maternity not recommend % (Target: <10%)	3.3%	4.3%	5.8%	4.7%	4.3%	4.2%	5.4%	4.1%	3.8%	4.3%	5.7%	4.5%	4.4%	
	FFT: Maternity response rate (Target: 30%)	24.8%	24.7%	27.0%	26.4%	29.0%	21.8%	22.9%	24.9%	26.1%	23.9%	25.7%	25.3%	25.9%	
	Breach of same sex accommodation (Target: 0)	0	0	0	0	0	0	0	0	0	0	0	0	0	
Complaints	Complaints formal: Number of complaints received	28	19	26	156	45	34	25	201	73	53	51	177	357	
	Complaints formal: Number responded to < 25 days	16	13	5	100	36		19	126	52	13	24	89	226	
	Complants (informal) through PALS	112	86	107	580	15	13		91	127	99	107	333	671	
	Complaints sent through to the Ombudsman	0	0	0	0	1	0	0	3	1	0	0	1	3	
	Complaints upheld by the Ombudsman (Target: 0)	1	1	0	2	0	0	0	0	1	1	0	2	2	

Please note the following	blank cell	An empty cell denotes those indicators currently under development

Chelsea and Westminster commentary

FFT: Inpatient recommend %:
Focus of Patient Experience Group triangulating with complaints & patient surveys. PALS manager supporting wards to utilise feedback to make improvements and publicise this using the 'You Said We Did' Boards.

FFT: A&E recommend %:
The department has had a busy month with high numbers of new staff in preparation for the opening of the new department.

FFT: A&E response rate
Now includes Paediatric Emergency Department (ED) and Urgent Care Centre (UCC) which have lower response rates. These are being targeted. Good leadership for FFT in ED and use of data to support improved care.

FFT: Maternity response rate
Focused work by Head of Midwifery with PALS lead & external FFT provider to analyse points of poor response.

West Middlesex Commentary

FFT

FFT continues to be offered to patients using a wide range of our services. We continue to use different modes of communication such as paper questionnaires, text messaging and automated voice messaging to collect this feedback depending on the clinical area.

The friends and family test feedback continues to be shared with the clinical teams on a monthly basis to review their performance and take appropriate action in response to the feedback.

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Efficiency & Productivity Dashboard

		Chelsea & Westminster NHS Foundation Trust				West Middlesex University Hospital				Combined Trust Performance					Trust data 13 months
Domain	Indicator	Jul-15	Aug-15	Sep-15	2015-2016	Jul-15	Aug-15	Sep-15	2015-2016	Jul-15	Aug-15	Sep-15	2015-2016 Q2	2015-2016	Trend charts
Admitted Patient Care	Average length of stay - elective (Target: <3.7)	3.1	3.0	3.1	3.1	2.7	4.1	4.6	3.8	3.0	3.3	3.5	3.3	3.3	
	Average length of stay - non-elective (Target: <3.9)	4.2	4.0	4.0	4.2	3.9	3.7	3.6	3.9	4.1	3.8	3.8	3.9	4.1	
	Emergency care pathway - average LoS (Target: <4.5)	4.8	4.5	4.7	4.9	4.5	4.2	4.0	4.5	4.7	4.3	4.3	4.4	4.7	
	Emergency care pathway - discharges	212	194	188	1158	271	300	295	1673	484	494	483	1462	2831	
	Emergency re-admissions within 30 days of discharge (Target: <2.8%)	3.33%	4.31%	3.14%	3.22%				7.27%						
	Delayed transfer of care - % relevant NHS patients affected (Target: <2%)	1.30%	0.93%	1.04%	1.96%	5.9%	3.4%	3.4%	3.52%	3.19%	2.00%	2.00%	2.40%	2.61%	
	Non-elective long-stayers	415	376	389	2424										
Theatres	Daycase rate (basket of 25 procedures) (Target: 85%)	85.8%	80.2%	85.8%	83.0%	82.9%	85.6%	84.8%	85.3%	83.6%	84.7%	85.0%	84.4%	84.8%	
	Operations canc on the day for non-clinical reasons: % of total elective admissions (Target: 0.8%)	0.10%	0.23%	0.26%	0.23%					0.10%	0.23%	0.26%	0.19%	0.23%	
	Operations cancelled the same day and not rebooked within 28 days (Target: 0)	1	0	1	13	0	0	0	0	1	0	1	2	13	
	Theatre active time (Target: >70%)	74.1%	68.7%	72.0%	72.6%	n/a	78.8%	n/a	78.8%	74.1%	68.7%	72.0%	71.9%	72.6%	
	Theatre booking conversion rates	88.8%	89.3%	88.6%	88.0%					88.8%	89.3%	88.6%	88.9%	88.0%	
Outpatients	First to follow-up ratio (Target: <1.5)	1.58	1.60	1.65	1.60	1.81	1.70	1.86	1.79	1.70	1.65	1.76	1.71	1.70	
	Average wait to first outpatient attendance (Target: <6 wks)	6.6	6.6	7.7	6.7					6.6	6.6	7.7	7.0	6.7	
	DNA rate: first appointment	11.4%	11.6%	13.7%	11.9%	11.8%	12.8%	13.1%	11.8%	11.6%	12.1%	13.4%	12.4%	11.9%	
	DNA rate: follow-up appointment	10.2%	10.3%	11.4%	11.0%	10.0%	10.1%	10.8%	10.0%	10.1%	10.2%	11.2%	10.5%	10.7%	

Please note the following	blank cell	An empty cell denotes those indicators currently under development

Chelsea and Westminster commentary

Average length of stay – elective: Performance is significantly ahead of target. Best practice is to be discussed with West Middlesex.

Average length of stay - non-elective % emergency care: This remains just over the target of 4 days with a target of 3.9. Despite increased admissions, the Trust has been able to sustain this position, namely due to developments in ambulatory care, input from Hospital at Home, and expediting discharges (including complex DTOCs with partner organisations).

Emergency re-admissions within 30 days of discharge: There is a slight improvement in performance in September. Particular areas are elderly care and respiratory medicine and audit work has been undertaken to establish the reasons for re-admissions.

First to follow-up ratio: Further analysis to understand appropriate clinic exclusions and templates management are required. This work has begun with an aim to be completed in November. Development of one stop shop models e.g. Carpel tunnel service and further implementation of virtual clinics have shown improvements at service level.

Average wait to first outpatient attendance: An increase was seen in the average wait time for first OP appointments, this is due to ongoing issues with capacity. Divisions are working through capacity and demand modelling to help inform long term solutions. Additional ad hoc capacity is being put in place where possible to reduce the wait times as well as support from IST (National Intensive Support Team for both sites

West Middlesex commentary

Average length of stay - elective: Work in progress to benchmark against other organisations and understand how elective length of stay (LoS) is calculated. An elective LoS target will be set once the further work mentioned is completed.

Delayed transfers of care: There are continuing issues with delays accessing nursing home and specialist rehab beds in the Community. These issues have been escalated to local Commissioners

Daycase rate (basket of 25 procedures): Slight reduction on day case rate from last month due to a number of day cases extended to inpatient stays due to post-operative complications/lengthy recovery.

Outpatient DNA rates: Discussion continues with the local CCG to offer new patients choice in order to reduce DNA rate.

Clinical Effectiveness Dashboard

		Chelsea & Westminster NHS Foundation Trust				West Middlesex University Hospital				Combined Trust Performance					Trust data 13 months
Domain	Indicator	Jul-15	Aug-15	Sep-15	2015-2016	Jul-15	Aug-15	Sep-15	2015-2016	Jul-15	Aug-15	Sep-15	2015-2016 Q2	2015-2016	Trend charts
Best Practice	Dementia screening diagnostic assessment (Target: >90%)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.9%	100.0%	100.0%	100.0%	100.0%	100.0%	
	#NoF Time to Theatre <36hrs for medically fit patients (Target: 100%)	100.0%	87.5%	56.3%	88.0%	52.9%	78.6%	64.3%	55.8%	72.4%	81.8%	63.2%	67.2%	65.8%	
	Stroke care: time spent on dedicated Stroke Unit (Target: >80%)	100.0%	100.0%	100.0%	100.0%	100.0%	91.7%	100.0%	95.8%	100.0%	96.2%	100.0%	98.6%	97.9%	
VTE	VTE: Hospital-acquired (Target: tbc)	0	0	0	0					0	0	0	0	0	
	VTE risk assessment (Target: >95%)	96.4%	96.1%	96.5%	96.2%	97.7%	95.6%	96.4%	95.7%	97.2%	95.8%	96.4%	96.5%	95.9%	
TB	TB: Number of active cases identified and notified	5	4	6	33	8	17	3	54	13	21	9	43	87	
	TB: % of treatments completed within 12 months (Target: 85%)	82.4%	81.3%	85.7%	82.5%	82.1%	79.0%	77.7%	79.2%	82.1%	79.4%	79.3%	80.3%	79.9%	

Please note the following	blank cell	An empty cell denotes those indicators currently under development

Chelsea and Westminster commentary

Fractured Neck of Femur – Time to Theatre <36 hours for medically fit patients:

Eight medically fit patients were not treated within 36 hours in September. The main factor for four of the cases was due to the lack of capacity in theatres.

The four remaining patients were delayed due to complex medical conditions requiring CT/ MRI scans to confirm fractures.

The Trust is committed to ensuring that performance improves against this indicator. Improvements expected to be delivered through reviewing emergency theatre capacity and increased numbers of Orthopaedic and Geriatric ward rounds

TB: % of treatments completed:

A new methodology for this indicator has been worked up to return these figures for the first time. This is currently under review.

West Middlesex commentary

Fractured Neck of Femur – Time to Theatre <36 hours for medically fit patients:

There was a reduced performance due to unavailability of a weekend Trauma list and emergency surgery taking priority. A business case for dedicated weekend trauma sessions with dedicated Anaesthetist cover is being developed.

TB: % of treatments completed:

A new methodology for this indicator has been worked up to return these figures for the first time. This is currently under review.

Access Dashboard

Domain	Indicator	Chelsea & Westminster NHS Foundation Trust Jul-15	Aug-15	Sep-15	2015-2016	West Middlesex University Hospital Jul-15	Aug-15	Sep-15	2015-2016	Combined Trust Performance Jul-15	Aug-15	Sep-15	2015-2016 Q2	2015-2016	Trust data 13 months Trend charts
RTT waits	RTT Incompletes 52 week Patients at month end	1	1	13	17	0	0	0	0	1	1	13	15	17	
	Diagnostic waiting times <6 weeks: % (Target: >99%)	100%	99.97%	100%	99.98%	99.96%	99.96%	100%	99.84%	99.98%	99.96%	100%	99.98%	99.92%	
	Diagnostic waiting times >6 weeks: breach actuals	0	1	0	3	1	1	0	24	1	2	0	3	27	
A&E and LAS	A&E unplanned re-attendances (Target: <5%)	6.9%	7.7%	6.9%	6.9%	7.9%	8.5%	7.9%	8.2%	7.2%	8.0%	7.2%	7.5%	7.4%	
	A&E time to treatment - Median (Target: <60')	01:02	00:59	01:06	01:02	00:37	00:49	00:38	00:41	00:56	00:56	00:57	00:56	00:56	
	London Ambulance Service - patient handover 30' breaches	23	37	80	243	30	19	26	182	53	56	106	215	425	
	London Ambulance Service - patient handover 60' breaches	0	0	11	12	0	0	0	0	0	0	11	11	12	
Choose and Book (unavailable until Oct-15 at the earliest)	Choose and book: appointment availability														
	Choose and book: capacity issue rate														
	Choose and book: system issue rate														

Please note the following	blank cell	An empty cell denotes those indicators currently under development

Chelsea and Westminster commentary

A&E unplanned re-attendances:

The re-attendance rate for September appears to be largely driven by UCC activity in the month. This metric will be discussed with the UCC clinical provider and monitored carefully through the contract.

A&E time to treatment - Median:

The Trust will continue to monitor this and work to meet the target, which can be challenging during times of peak demand.

RTT

As part of the Trust's scrutiny of operational systems and processes, it was identified in September 2015 that a number of referrals to the Community Dermatology Service at CWH via Choose and Book may not have been appropriately monitored, resulting in a number of patients still requiring a first outpatient appointment. A number of 52+ week long waiters were identified and appointments booked for all of these patients (29 in total) in September, October and November.

The clinical risk assessment of this cohort of patients by the lead clinician for the service has identified a very low risk of clinical harm but the Trust has implemented a clinical assessment process where each patient will be specifically assessed for harm caused as a result of the delay. To date, three patients from this cohort have been seen in clinic and they have been assessed as having come to no harm.

West Middlesex commentary

A&E unplanned re-attendances:

Work continues with the Frequent Attenders programme to reduce patients who re-attend on multiple occasions.

Maternity Dashboard

		Chelsea & Westminster NHS Foundation Trust				West Middlesex University Hospital				Combined Trust Performance					Trust data 13 months
Domain	Indicator	Jul-15	Aug-15	Sep-15	2015-2016	Jul-15	Aug-15	Sep-15	2015-2016	Jul-15	Aug-15	Sep-15	2015-2016 Q2	2015-2016	Trend charts
Birth indicators	Total number of NHS births	443	433	461	2669	476	442	456	2883	919	862	917	2936	5552	
	Total caesarean section rate (C&W Target: <27%; WM Target: 29%)	37.0%	36.2%	35.9%	36.6%	30.4%	29.8%	29.2%	33.5%	33.6%	33.0%	32.6%	33.0%	35.0%	
	Midwife to birth ratio (Target: 1:30)	1:30	1:30	1:30	1:30	1:32.7	1:32.7	1:32.7	1:32.7						
Safety	Admissions of full-term babies to NICU	21	23	14	127				19	21	23	14	58	146	

Please note the following	blank cell	An empty cell denotes those indicators currently under development

Chelsea and Westminster commentary

Total caesarean section rate:

There is an ongoing consultant led analysis of the caesarean section data to understand variation. Through the Maternity board meeting and WMUH clinical meetings we have asked senior clinicians from WMUH to carry out an review of the pathways of care from booking through to delivery providing an external overview and analysis.

Midwife to birth ratio:

Following integration we have brought our calculation methodology in line with WMUH.

Admissions of full-term babies to NICU:

Chelsea and Westminster remain below the National average (as a proportion of births) and September saw the lowest number admissions YTD. We have commenced an improvement project in line with our Quality Aim to reduce these avoidable term admissions to NICU.

West Middlesex commentary

Total caesarean section rate:

Continued complex population is driving a higher emergency caesarean section rate. As per earlier audits, the caesarean sections were found to be clinically appropriate

Midwife to birth:

There was a slight reduction in the ratio in September, due to higher level of deliveries than in previous month.

Workforce Dashboard

		Chelsea & Westminster NHS Foundation Trust				West Middlesex University Hospital				Combined Trust Performance					Trust data 13 months
Domain	Indicator	Jul-15	Aug-15	Sep-15	2015-2016	Jul-15	Aug-15	Sep-15	2015-2016	Jul-15	Aug-15	Sep-15	2015-2016 Q2	2015-2016	Trend charts
Staffing	Vacancy rate (Target: <8%)	13.1%	14.4%	14.0%	14.0%	6.7%	8.4%	7.8%	7.8%						
	Staff turnover rate (CW Target: <18.1%)	19.3%	19.0%	18.6%	18.6%	10.1%	9.8%	10.2%	10.2%						
	Sickness absence (C&W Target: 3%; WM Target: 2.7%)	3.2%	2.7%	2.6%	2.9%	2.2%	2.3%	2.0%	2.3%						
	Bank and Agency spend (£ks)	£2,329	£2,802	£2,390	£13,978	£1,898	£1,599	£1,566	£9,856	£4,227	£4,401	£3,956	£12,584	£23,834	
	Nurse:Bed ratio	1.36	1.36	1.36	1.37										
Appraisal rates	% of appraisals completed - medical staff (C&W Target: 85%; WM Target: 90%)	92.7%	88.2%	82.0%	86.7%	28.0%	32.6%	34.4%	35.5%	67.6%	66.5%	62.0%	65.3%	66.4%	
	% of appraisals completed - non-medical staff (C&W Target: 85%; WM Target: 90%)	71.9%	74.5%	72.2%	73.7%	89.2%	89.2%	89.6%	90.7%	77.3%	79.1%	77.5%	77.9%	79.0%	
Training	Mandatory training compliance (C&W Target: 95%; WM Target: 91%)	79.9%	82.0%	83.1%	79.0%	88.6%	88.5%	89.2%	90.6%	86.1%	86.7%	87.5%	86.8%	87.3%	
	Health and Safety training	86.0%	86.6%	86.8%	85.9%	88.7%	86.9%	87.2%	89.4%	87.0%	86.7%	86.8%	86.8%	87.1%	
	Safeguarding training - adults (Target: 100%)	100.0%	100.0%	100.0%	100.0%	90.1%	89.7%	89.7%	91.7%	96.2%	96.0%	99.7%	97.0%	97.1%	
	Safeguarding training - children (Target: 100%)	100.0%	100.0%	100.0%	100.0%	77.9%	77.7%	89.5%	81.5%	88.4%	88.0%	94.2%	90.3%	90.0%	

Please note the following	blank cell	An empty cell denotes those indicators currently under development

Chelsea and Westminster commentary

Staff in post:

In September 2015 the Trust substantive staff in post was 3061.69 WTE (whole time equivalents), an increase of 65.64 (2%+) since Sep 2014. There were 62 voluntary leavers and 98 joiners (excluding Junior Doctors) over the month. The largest annual increases were in the Emergency & Integrated Care Division (66.16 WTE), and the Nursing & Midwifery staff group (71.79 WTE). The largest decreases were in the Planned Care Division (14.96 WTE), and the Admin and Clerical staff group (24.00 WTE).

Vacancy rate:

The Trust vacancy rate for September 15 was 13.98%, an increase of 1.24% on last year and 3.8% above the monthly target. There have been increases in nursing establishments, to meet staffing level requirements identified by the last CQC report. It is also important to recognise that not all vacancies are being actively recruited to, and a proportion of them are held on the establishment to support the Cost Improvement Programme (CIP) and future service reviews.

A truer measure of vacancies is the number of posts being actively recruited to, based on the WTE of posts advertised on NHS jobs (6.01% i.e. 213.90 WTE in September 15). September saw bulk recruitment for Band 5 nurses, and Healthcare Assistants.

The average time to recruit (between the authorisation date and the date that all pre-employment checks were completed) for September 15 starters was 60 days which is above the Trust target of <55days.

West Middlesex commentary

Vacancy rate:

The vacancy factor rate for the Trust in September was 7.79%, which was a positive decrease of 0.64% when compared with the previous month.

The vacancy rate within qualified nursing and midwifery staff group was 6.2%, which was also positive decrease of 1.94% compared with the previous month.

Significant recruitment has taken place overseas to support our plan to reduce nurse vacancies, alongside local recruitment campaigns.

Staff turnover rate:

The Trust turnover figure for the last 12 months (October 2014 to September 2015), was 10.24%. The total number of unplanned staff leavers seen in this period was 206.

Sickness absence:

The total Trust sickness absence rate for September 2015 was 1.98%, which was a positive decrease of 0.28% when compared with the previous month. This figure continues sit under the trust target of 2.7%. HR and Occupational Health actively review absence % at departmental and individual level, and this is also monitored through divisional meetings.

Chelsea and Westminster commentary continued

Staff turnover rate:

Unplanned staff turnover is 0.61% *lower* than one year ago, dropping from 19.22% (Oct 13 - Sep 14) to 18.61% (Oct 14 - Sep 15). Although the number of voluntary leavers over the past 2 months has been relatively high, that number is lower than the corresponding months last year. Cumulative turnover cannot reduce significantly in a short space of time due to the nature in which it is calculated, but the general trend since May 2015 has been downwards.

There have been 161 voluntary leavers over the last 3 months.

An update on Nursing workforce issues and Recruitment and Retention Plans was taken to the September People and OD Committee, detailing key initiatives and proposals for improvement. A further update is currently being worked on with Clinical Leads. A senior nurse has been employed full time to work on recruitment and retention issues for nursing.

The main leaving reasons provided in September were 'Other/Not Known', 'Relocation' and 'To undertake further education or training'.

Average across LATTIN Trusts = 15.56% May 15 (latest data available)

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

Bank and Agency usage:

As a proportion to substantive WTE, the highest agency use was in Medicine, ITU and the nursing & midwifery staff group. Recruitment drives continue in these areas and others with increased establishments, to reduce the use of agency staff.

Temporary staffing made up 12.8% of the overall workforce in September 15 compared to 12.40% in September 2014. Of this, agency WTE as a % of workforce increased from 3.8% to 3.9% and Bank increased from 8.6% to 8.9%. The need to reduce agency spend is recognised as a priority and Kingsgate are monitoring PIDS for CIP schemes relating to temporary staffing to tackle this issue. The Nursing Temporary Staffing Challenge Board was set up in March 15 to scrutinise requests for nursing and Admin agency staff, and a further Medical Temporary Staffing Challenge Board was set up in April to scrutinise medical requests.

Appraisals and Training

As agreed at the People and OD Committee, mandatory training compliance is now being reported against the 10 core topics identified in the UK Core Skills Training Framework.

Mandatory training compliance increased to 83% in September 15. This is an improvement of 8% since April 15 and brings us above the average for London Acute Teaching Trusts.

Health & Safety training compliance stands at 87% (ratio of staff trained within the two year refresher period across all staff groups), equal to last month.

West Middlesex commentary continued

Mandatory training:

The Trust total combined mandatory training percentage rate was 89.24% at the end of September 2015, which was an increase of 0.69% when compared with the previous month. This figure is currently below the target rate 91%.

Health and Safety training:

Health & Safety/Risk Management is measured by the number of staff undertaking an e-Learning module, which is available for existing staff for updates/refresher training. All new starters from September 2015 are now receiving face to face training, during their 1 day corporate induction.

Appraisal rates:

Continued work has been put in place to help boost the compliance rate for Medical staff, which in turn will see an improvement in the overall Trust compliance rate.

Non-medical staff appraisal compliance rate was 89.6%. The overall total Trust rate was 79.99%, which was a Negative decrease of 0.35%, when compared with the previous month. Both these figures are currently below the Trust target rate 90%.

Safeguarding training – adults:

Safeguarding Adults Level 1 is currently delivered via e-Learning, although this has changed for all new starters from September, who will now receive face to face training, during their 1 day corporate induction.

Safeguarding training – children:

Compliance for level 1 is achieved by undertaking the e-Learning package. Levels 2 & 3 training are delivered through face to face training. All levels require updates every 3 years. Level 2 is the area that Managers need to focus on.

62 day Cancer referrals by tumour site Dashboard

Target of 85%

		Chelsea & Westminster NHS Foundation Trust					West Middlesex University Hospital					Combined Trust Performance						Trust data 13 months
Domain	Tumour site	Jul-15	Aug-15	Sep-15	2015-2016	YTD breaches	Jul-15	Aug-15	Sep-15	2015-2016	YTD breaches	Jul-15	Aug-15	Sep-15	2015-2016 Q2	2015-2016	YTD breaches	Trend charts
62 day Cancer referrals by site of tumour	Breast	n/a	n/a	n/a	n/a		100%	100%	90.0%	94.3%	2	100%	100%	90.0%	95.8%	94.3%	2	
	Colorectal	n/a	n/a	n/a	n/a		83.3%	85.7%	100%	87.1%	2	83.3%	85.7%	100%	87.0%	87.1%	2	
	Gynaecological	50.0%	60.0%	75.0%	62.5%	3	100%	100%	60.0%	86.7%	1	66.7%	75.0%	69.2%	70.8%	74.2%	4	
	Haematological	n/a	100%	100%	100%	0	100%	66.7%	100%	80.8%	2.5	100%	75.0%	100%	88.2%	86.8%	2.5	
	Head and neck	n/a	n/a	n/a	100%	0	100%	100%	66.7%	83.3%	1	100%	100%	66.7%	80.0%	85.7%	1	
	Lower gastrointestinal	100%	n/a	100%	100%	0	n/a	n/a	n/a	n/a		100%	n/a	100%	100%	100%	0	
	Lung	100%	100%	100%	100%	0	100%	0.0%	100%	90.9%	0.5	100%	66.7%	100%	94.4%	96.8%	0.5	
	Sarcoma	n/a	n/a	n/a	n/a		0.0%	n/a	n/a	0.0%	0.5	0.0%	n/a	n/a	0.0%	0.0%	0.5	
	Skin	100%	100%	100%	100%	0	100%	100%	100%	98.6%	0.5	100%	100%	100%	100%	99.3%	0.5	
	Upper gastrointestinal	50.0%	n/a	100%	88.9%	0.5	100%	100%	50.0%	87.5%	1	75.0%	100%	66.7%	77.8%	88.0%	1.5	
	Urological	100%	0.0%	72.7%	56.3%	7	84.6%	55.6%	85.7%	82.5%	5.5	87.5%	40.0%	77.8%	64.4%	73.7%	12.5	
	Urological (Testicular)	n/a	n/a	n/a	n/a		n/a	0.0%	100%	81.8%	1	n/a	0.0%	100%	75.0%	81.8%	1	
	Site not stated	n/a	n/a	66.7%	66.7%	0.5	n/a	n/a	n/a	n/a		n/a	n/a	66.7%	66.7%	66.7%	0.5	

Please note the following	n/a	Will refer to those indicators where there is no data to report. Such months will not appear in the trend graphs. A blank in a breach cell indicates no activity year to date.

Chelsea and Westminster commentary

62 Day Cancer Referrals by Tumour Site

The Gynaecology and Urology Tumour sites have had the highest and most consistent number of breaches over the last few months.

Both Tumour site groups have been working on shortening pathways for patients and also encouraging patients not to choose to delay parts of the pathway by choice.

Some breaches were clinically unavoidable, but the avoidable reasons are the subject of focussed work and action planning.

Nursing Metrics Dashboard

Chelsea and Westminster NHS Foundation Trust

Ward name	RN Day	HCA Day	RN Night	HCA Night
Maternity	77.9%	69.3%	70.7%	63.7%
Annie Zunz	108.6%	146.7%	129.2%	156.7%
Apollo	88.3%	93.3%	90.0%	80.0%
Jupiter	-	-	-	-
Mercury	-	-	-	-
Neptune	95.8%	86.8%	96.2%	77.8%
NICU	89.1%	-	89.5%	-
AAU	82.6%	97.5%	111.4%	93.5%
Nell Gwynne	101.1%	93.1%	96.8%	125.8%
David Erskine	84.5%	150.0%	92.5%	127.4%
Edgar Horne	89.7%	102.0%	92.5%	108.1%
Lord Wigram	84.5%	133.1%	93.5%	135.5%
St Mary Abbotts	81.0%	95.2%	93.5%	91.9%
David Evans	83.1%	86.3%	88.2%	96.0%
Chelsea Wing	84.1%	91.9%	93.5%	93.5%
Burns Unit	103.9%	100.0%	123.6%	103.3%
Ron Johnson	88.3%	93.5%	87.1%	96.8%
ICU	100.3%	-	100.0%	-

West Middlesex University Hospital

Ward name	RN Day	HCA Day	RN Night	HCA Night
Maternity	99.1%	86.2%	97.5%	92.1%
Lampton	101.7%	109.9%	100.0%	101.7%
Richmond	96.7%	98.1%	96.6%	93.4%
Syon 1	96.2%	123.6%	98.3%	126.5%
Syon 2	96.0%	107.0%	97.8%	119.8%
Starlight	100.7%	-	100.6%	-
Kew	112.1%	101.7%	104.4%	100.0%
Crane	112.0%	101.5%	102.2%	141.7%
Osterley 1	103.0%	114.4%	97.7%	125.6%
Osterley 2	98.2%	112.3%	100.0%	123.3%
MAU	91.7%	155.0%	104.3%	101.6%
CCU	99.7%	113.3%	99.2%	-
Special Care Baby Unit	103.7%	100.0%	91.6%	100.0%
Marble Hill	102.0%	89.0%	99.1%	89.2%
ITU	98.1%	100.0%	96.5%	-

Summary for September 2015

Most Trusts have adopted a 15% threshold (over/under fill) and will provide a narrative where this threshold is breached. Scrutiny in relation to this is important to ensure patient safety is not compromised and to ensure that resources are managed appropriately and that sufficient controls are in place.

For the WMUH site there are a number of areas with over fill for HCA's this relates to one to one care for vulnerable patients, where this overfill is seen just at night this is because staffing levels during the day time allow for closer observation of patients. MAU overfill relate is currently being reviewed.

For many areas on the Chelsea site this month sees more under fill than in previous months, this picture is due to the RN vacancy factor, in some instances this is driving the HCA overfill where support workers have been booked to backfill RN gaps. Annie Zunz overfill relates to additional capacity being open. The paediatric lower fill rates do not represent a safety issue and in many instances relate to reduced capacity.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

CQUIN Dashboard
West Middlesex University Hospital

Note: The table below refers to West Middlesex Hospital only. Chelsea and Westminster will remain on a separate contract until the end of the 2015/2016 financial year which does not include such a requirement.

National CQUINs

			Forecast			
No.	**Description of goal**	**Responsible Executive (role)**	**Q1**	**Q2**	**Q3**	**Q4**
N1	Acute kidney infection	Medical Director	G	G	G	G
N2	Sepsis (screening)	Medical Director	G	G	G	G
N2	Sepsis (antibiotic administration)	Medical Director	G	G	G	G
N3.1	Dementa & delirium: find, assess, investigate, refer & inform	Director of Nursing	G	G	G	G
N3.2	Dementa & delirium: staff training	Director of Nursing	G	G	G	G
N3.3	Dementa & delirium: improving discharge timeliness & process	Director of Nursing	G	G	G	G
N4	UEC: improving discharge timeliness & process	Director of Operations	G	G	G	G

Regional CQUINs

			Forecast			
No.	**Description of goal**	**Responsible Executive (role)**	**Q1**	**Q2**	**Q3**	**Q4**
R1.1	IT: shared patient records & real time information systems	Finance Director	G	G	G	G
R1.2	IT: diagnostic cloud across the NW London health economy	Finance Director	G	G	G	G
R1.3	IT: diagnostic cloud link to Ashford & St. Peter's	Finance Director	G	G	G	G
R2.1	OP referrals: reducing inappropriate referrals & face to face appts	Director of Operations	G	G	G	G
R3.1	7 day multi-disciplinary assessment (Acute)	Director of Operations	G	G	G	G
R3.2	7 day multi-disciplinary shift handover (Acute)	Director of Operations	G	G	G	G
R3.3	7 day diagnostics (Acute)	Director of Operations	G	G	G	G

Local CQUINs

			Forecast			
No.	**Description of goal**	**Responsible Executive (role)**	**Q1**	**Q2**	**Q3**	**Q4**
L1	Catheter care	Director of Nursing	G	G	G	G

West Middlesex CQUIN commentary

- Physical Health – The A&E department have shown a strong improvement in the use of the standardised Sepsis screening tool with the baseline exercise for the timeliness of the administration of antibiotics successfully completed. Audit sampling continues as required for the Acute Kidney Injury scheme with development work being scoped to automate this monitoring.

- Dementia – Medicine division are confident that the screening and response protocols have been maintained, including 100% referral for specialist opinion when required. 30 further staff received training from the agreed programme during September, bring the site total to 1,435 people trained (77%)

- Urgent Care – Although measurement does not start until Quarter Three, A&E all types performance has on average exceeded 95% for each measured day to the end of September (Saturday 96.5%, Sunday 95.3%, Monday 96.6%) and the proportion of patients staying over 21 days reduced in Quarter 2 to 2.52% from 2.74% last year. Full performance of this scheme remains a significant risk as seasonal non-elective demand grows.

- IT Schemes – design and implementation of each of these schemes is following the timescale agreed with commissioners. These schemes represent a real opportunity to make better use of technology to aid patient experience and flow.

- Outpatients – All five specialties within this scheme successfully achieved the triaging of referrals threshold that was set for Quarter Two, with strong engagement from the consultants taking part. Non-face to face activity has reached and sustained the required year end average levels although Urology will review some rebalancing between telephone and notes review channels during the next quarter.

- Seven Day Working – Actions are in place to deliver this scheme in each of the required wards. Given the sample based approach to measurement, there is some risk to delivery in the coming months and this is being monitored

CQC Action Plan Dashboard

Chelsea and Westminster NHS Foundation Trust

Area	Total	Green (Fully complete)	Amber	Red
Trust-wide actions: Risk / Governance	17	17		
Trust-wide actions: Learning disability	4	3	1	
Trust-wide actions: Learning and development	14	14		
Trust-wide actions: Medicines management	5	3	2	
Trust-wide actions: End of life care	26	24	2	
Emergency and Integrated Care	33	23	4	6
Planned Care	55	50	5	
Women & Children, HIV & GUM	35	34	1	
Total	189	168	15	6

Chelsea and Westminster Commentary

Chelsea and Westminster are nearing the end of the Action Plan process whereas West Middlesex have just started hence the apparent variation in progress. There will be a joint peer review between both trusts in October 2015 to bring the two sites together.

West Middlesex University Hospital

Area	Total	Complete	Green	Amber	Red
Must have, should dos	33	14	17	1	1
Children & Young Peoples	32	22	6	4	-
Corporate	2	2	-	-	-
Critical Care	27	16	6	5	-
Urgent and Emergency Services	17	12	3	2	-
End of life care	32	8	20	4	-
Maternity & Gynaecology	23	7	15	1	-
Medical are (including older people)	19	10	6	3	-
Surgery	26	12	10	4	-
Theatres	15	2	13	-	-
Outpatients Department & Diagnostic Imaging	14	4	9	1	-
Total	240	109	105	25	1

West Middlesex Commentary

Overall really positive progress has been made since August, with a significant number of actions moving to fully compliant. In relation to the must and should do actions (actions 4 and 14), these now form part of a much wider piece of work as a consequence of integration (assurance can be provided that the immediate actions that directly related to the CQC inspection have been completed).

In relation to the should and must do action plan, actions 23 and 30 are still pending an update at the time of reporting. Actions 45, 75, 100 and 109 (amber) relate to physical estate and are unlikely to make further progress without capital enabling works, all practical solutions have been implemented to mitigate the original concern.

Since last month we have secured additonal mental capacity and dementia training as this was a common theme throughout the service level action plans, delivery of this training will help to move some of the amber actions to green by the end of the year. Recruitment to palliative care and paediatric medical posts will enable actions 52 and 135 to move from amber, plans are in place. There is no ward clerk provision on ICU and investment in this post has been declined as part of 15/16 business planning.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Finance Dashboard
Month 6 (September) Integrated Position

Financial Position (£000's)

	Combined Trust			CW			WM		
	Plan to Date	Actual to Date	Var to Date	Plan to Date	Actual to Date	Var to Date	Plan to Date	Actual to Date	Var to Date
Income	209,740	209,950	210	195,243	195,684	442	14,498	14,266	232
Expenditure	(199,268)	(199,488)	(220)	(184,890)	(185,308)	(418)	(14,378)	(14,180)	(198)
EDITDA	10,472	10,462	(10)	10,353	10,376	23	120	86	34
EBITDA %	4.993%	4.983%	-0.01%	5.3%	5.3%	0.0%	0.8%	0.6%	-0.2%
Interest/Other Non OPEX	(841)	(751)	90	(405)	(396)	10	(435)	(355)	80
Depreciation	(6,906)	(6,945)	(39)	(6,475)	(6,487)	(11)	(430)	(458)	(28)
PDC Dividends	(5,889)	(5,888)	0	(5,710)	(5,711)	(0)	(178)	(178)	1
Surplus/(Deficit)	**(3,163)**	**(3,121)**	**41**	**(2,238)**	**(2,217)**	22	**(924)**	**(905)**	20

Comments RAG rating

In September CWFT (CW site and WM site) reported a £0.2m deficit, bringing the year to date deficit to £3.1m.

In Month - there is an adverse variance of £0.1m

•CW Site - £0.12m adverse variance driven from overspend in pay, the pay run-rate remains higher due to higher medical pay.

•WM - £0.02m favourable variance. Overall breakeven against the plan due to the release of £1.1m from reserves into the pay budgets, recognising slippage in budget reserves

Year to date there is a favourable variance of £0.04m favourable

•CW - £0.02m favourable against the plan, primarily as a result of over-performance on clinical income and under spends on pay, offsetting under-performance in PP income and non-pay overspends.

•WM - See above for in month commentary (as YTD is the same as in month)

Forecast

The combined forecast is £11.2m deficit. This assumes that the £1.3m of merger synergies is fully achieved.

Risk rating (year to date) C&W only

FSRR	M6 Plan	M6 Actual
FSRR Rating	2	2

Comments RAG rating

The Overall FSRR rating for month 6 is 2 (against a plan of 2). This is mainly due to the I&E margin which is a deficit, and therefore the maximum that the Trust can achieve is a 2.0.

Cash Flow

Comments RAG rating

CW Site – The cash position for Sept is £10.98m.

WM Site- The cash position is £5.7m at the end of September.

Trust: The forecast cash position is £27.8m due to the transaction adjustments, including additional funding and loans for capital expenditure.

Cost Improvement Programme (CIPs)

Site	In Month			Year to Date		
	Plan £'000	Actual £'000	Var £'000	Plan £'000	Actual £'000	Var £'000
CWFT	873	865	(7)	3,731	4,474	743
WMUH	604	302	(302)	3,099	1,932	(1,167)
Merger synergies	27	27	0	27	27	0
Trust Total	1,504	1,194	(309)	6,857	6,433	(424)

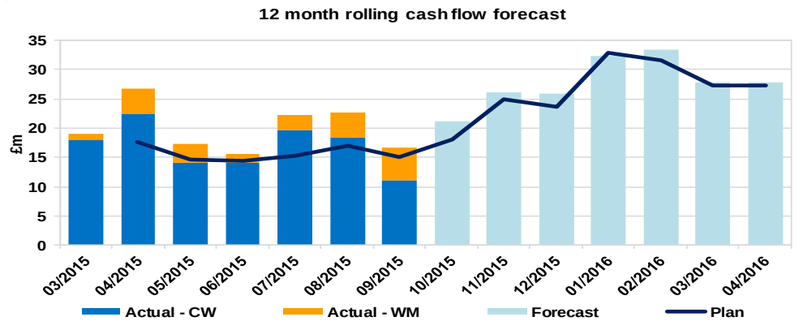
Comments RAG rating

CW – The CIP deliver for September was breakeven against the plan and is ahead of plan by £0.74m YTD. The YTD CIP performance was £4.4m of which £1.1m is non-recurrent. The YTD over-performance mainly relates to £0.6m for pharmacy drugs CIP, and £0.4m for pay controls. These have offset against under-performance in temporary staffing and theatre productivity.

WM - At the end of September the CIP programme was behind plan by £1.167m. The YTD CIP performance was £1.76m of which £0.173m is non recurrent. The YTD shortfall relats to bed management and temporary staffing and recruitment. It is anticipated that these action plans will result in the recovery and full delivery of the £7.2m target.

Merger Synergies - There is £1.3m of merger synergies planned, which is forecast for delivery.

Forecast - **CW Site** £10.6m, **WM Site** £7.2m and Merger Synergies £1.3m



Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 29 October 2015

PUBLIC

AGENDA ITEM NO.	8/Oct/15
REPORT NAME	RTT (Referral to Treatment) Performance Delivery Risks - update
AUTHOR	Shola Adegoroye, Divisional Director of Operations (Planned Care)
LEAD	Karl Munslow-Ong, Chief Operating Officer
PURPOSE	This paper is intended as an update briefing following the previous briefing to the Public Board in July 2015.
SUMMARY OF REPORT	Further to the risks raised in July, in August and September 2015, the Chelsea and Westminster Hospital site was non-compliant against the RTT incomplete performance standard. This was largely due to underperformance across surgical specialties due to capacity issues and inconsistent application of the Trust Access Policy. The Trust is implementing a dual action plan to address operational system and process issues, and information issues in relation to data quality and reporting issues. Demand and capacity modelling has largely been completed across the divisions and it is expected that an RTT recovery plan will be in place w/c 2nd November 2015. The paper also summarises the initial findings of the investigation into long waiting patients identified in Community Dermatology referred via the former Choose and Book system. Following a rapid validation process, patients still requiring to be seen have been scheduled appointments between September and November. A clinical harm assessment process has also been implemented to determine whether there has been any harm as a result of an extended wait.
KEY RISKS ASSOCIATED	Risk to achievement of the RTT (18 Weeks) national waiting time standards as an integrated organisation.
FINANCIAL IMPLICATIONS	Financial implications would be in relation to: • there is an additional cost to the organisation for fixed term administrative resource to undertake the data which has been authorised by Corporate Directors
QUALITY IMPLICATIONS	Potential negative impact on patient experience due to unnecessary long waits leading to delay to care.

EQUALITY & DIVERSITY IMPLICATIONS	Not applicable.
LINK TO OBJECTIVES	Links to: • Improve patient safety and clinical effectiveness • Improve the patient experience • Ensure financial and environmental sustainability
DECISION/ ACTION	For information.

RTT (Referral to Treatment) Performance Delivery Risks on the Chelsea and Westminster Hospital site

Public Briefing Paper
19th October 2015

1. Introduction

1.1. An early warning report (briefing paper) was taken to the June Board of Directors' meeting to highlight the risk of delivery of the Chelsea and Westminster Hospital (CWH) site performance compliance around the RTT standard due to anomalies around data quality, information reporting and operational processes. The Trust initially communicated this risk to commissioners and Monitor in July 2015.

1.2. In August and September 2015, the Chelsea and Westminster Hospital site was non-compliant against the RTT incomplete performance standard (90.7% and 89.3% respectively against the standard of 92%). Failure in one single month is considered a failure of the quarter in relation to Monitor's performance framework, and the site's year to date performance achieved is 91.5%. There was one RTT incomplete 52+ week long waiter reported in August and 13 reported in September (two attributed to T&O and 11 to Community Dermatology (*refer to section 4*)). It should be noted that the integrated organisation's RTT performance was compliant in September (92.08%).

1.3. Under-performance is largely being driven by surgical specialties where there is the expected higher proportion of admitted pathways. In September, all surgical specialties were non-compliant against the incompletes standard.

1.4. Overall, incomplete breaches were largely due to extended waits for first outpatient appointments (as a result of inconsistent application of the Trust Access Policy and capacity issues). There were also a number of admitted pathways where the time between decision to admit (DTA) to TCI (admission) date was well beyond the six week threshold (due to capacity and some scheduling issues). The backlog has grown in a number of areas. There is increased focus on these pathway milestones in the weekly CWH Elective Access Group meetings.

1.5. A new integrated Trust Elective Access Policy is in development, with a view to external circulation to commissioners for comments (in line with good practice) during w/c 19th October. Key principles around DNA and cancellation management have been implemented in shadow form.

2. Demand and Capacity Modelling and Analysis

2.1. Divisions have been tasked with undertaking demand and capacity modelling and this is nearing completion. This is being supported by the NHS IMAS Intensive Support Team.

2.2. A Trust RTT recovery trajectory is currently being developed which is expected to be confirmed in place by w/c 2nd November.

3. RTT data validation programme Update

3.1. *The RTT data cleansing validation programme has been in place for nearly seven weeks focusing on resolving pathways which have the LastWord (the CWH electronic patient administration system) status of "no future activity" (NFA). At 9th October, 1453 pathways had been reviewed. So far in this 12 week programme, one 52 week breach has been identified from this process.*

4. Potential long waiting Appointment Slot Issue (ASI) patients referred to the Community Dermatology Service

4.1. As part of the Trust's RTT Improvement Plan and scrutiny of operational systems and processes, in September 2015, it was identified that a number of referrals to the Community Dermatology Service at Chelsea and Westminster Hospital (CWH) via Choose and Book may not have been appropriately monitored, resulting in a number of patients still requiring a first outpatient appointment that were unactioned by the Trust.

4.2. There has been a rapid validation exercise of the patients identified whose pathways were unresolved. Some 52+ week long waiters were identified and appointments booked for all of these patients (29 in total) in September, October and November.

4.3. The clinical risk assessment of this cohort of patients by the lead clinician for the service has identified a very low risk of clinical harm but the Trust has implemented a clinical assessment process where each patient will be specifically assessed for harm caused as a result of the delay. To date, three patients from this cohort have been seen in clinic and they have been assessed as having come to no harm.

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 29 October 2015

PUBLIC

AGENDA ITEM NO.	9/Oct/15
REPORT NAME	Monitor In-Year Reporting & Monitoring Report M6 and updated 2015/16 Plan
AUTHOR	Virginia Massaro, Assistant Director of Finance
LEAD	Lorraine Bewes, Chief Financial Officer
PURPOSE	Submission of commentary to Monitor on the Month 6 2015/16 in year financial return and updated 2015/16 financial plan following the acquisition of West Middlesex University Hospital.
SUMMARY OF REPORT	**Revised Financial Plan** Following the acquisition of West Middlesex University Hospital on 1st September 2015, the Trust has revised the plan for 2015/16 for submission to Monitor on 30th October 2015, as part of the Q2 submission. The financial plan outlined in this paper has been developed in line with the existing Trusts' standalone plans and the financial assumptions agreed as part of the acquisition business case and long term financial model (LTFM) for 2015/16. The financial plan shows a £11.2m deficit and a financial sustainability risk rating (FSRR) of 2. This is made up of: • capital service metric of 1 • liquidity metric of 4 • income and expenditure margin of 1 • variance from plan rating of 4 The plan includes capital expenditure of £31.0m, of which £4.4m is as a result of the transaction and funded through PDC. The cash balance for the combined organisation improves from £7.5m for the combined Trusts to £27.8m at 31st March 2016, as a result of the transaction. This is as a result of the improved deficit position, refinancing of existing loans and an additional £15m loan for capital expenditure. **Financial Performance – Month 6** In September (Month 6), the Trust reported a deficit of £0.2m against a planned deficit of £0.1m, an adverse variance of £0.1m. The EBITDA was £2.9m (5.8%) for September. The Trust reported a deficit of £3.1m for the YTD, which includes 6 months of CW Hospital and 1 month of WM Hospital.

	- CW Site - A surplus of £0.7m (against a planned surplus of £0.8m) in September. - WM Site – A deficit of £0.9m (against a planned deficit of £0.9m) in September. The overall financial sustainability risk rating is 2 in September and for the YTD. M6 CIP performance (including revenue generation) - CW Site - on plan in month 6. - WM Site - £0.3m adverse against the plan mainly due to shortfalls for the schemes bed management, temporary staffing & recruitment, income opportunities and divisional CIPs. **Targets and Indicators** The Trust achieved all indicators in quarter 2, with the exception of RTT incomplete 18 week waiting times and compliance with requirements regarding access to healthcare for people with learning difficulties.
KEY RISKS ASSOCIATED	- 'Financial declaration "Not Confirmed" that the Trust will continue to maintain a financial sustainability risk rating of at least 3 over the next 12 months, due to planned FSRR of 2 in 2015/16 - 'Governance Declaration "Not confirmed" that the Trust has plans in place to achieve on-going compliance with all existing targets due to non-compliance with access to people with learning difficulties and risk to delivery of challenging C.Diff target.
FINANCIAL IMPLICATIONS	As above
QUALITY IMPLICATIONS	There is a risk to achievement of the challenging C. Diff target in 2015/16 for the combined Trust, due to the tough targets, however the combined Trust is compliant for the year to date. There are also continued risks to the achievement of a number of compliance indicators, including RTT incomplete waiting times, cancer 62 days waits and compliance with access to learning disabilities.
EQUALITY & DIVERSITY IMPLICATIONS	None.
LINK TO OBJECTIVES	Ensure Financial and Environmental Sustainability Deliver 'Fit for the Future programme'
DECISION/ ACTION	The Trust Board is asked to: 1. Delegate approval to the Chief Financial Officer to approve, on behalf of the Board, submission of the Quarter 2 2015/16 in-year financial reporting return to Monitor. 2. Approve the commentary for the submission to Monitor 3. Approve the forecast and revised plan at £11.2m deficit for the year 4. 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 financial service risk rating of at

	least 3 over the next 12 months, due to planned FSRR of 2 in 2015/16 - 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 and continued risk to delivery of RTT 18 week wait incomplete targets and Cancer 62 day waits.

Monitor In-Year Reporting & Monitoring Report Q2

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 month 6, September 2015. Following the acquisition of West Middlesex University Hospital on 1st September 2015, the Trust is updating the 2015/16 financial plan to reflect the transaction and the enlarged Trust.

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 month 6 2015/16 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 forecast and revised plan of £11.2m deficit for the year (which is in line with the acquisition financial plan for 2015/16)

2.1.4. 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 financial sustainability risk rating of at least 3 over the next 12 months, due to planned FSRR of 2 for 2015/16
- 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 and continued risk to delivery of RTT 18 week wait incomplete targets and Cancer 62 day waits.

3. Content

3.1. **Governance Declaration**

3.1.1. **Financial Sustainability Risk Rating (FSRR):** The Trust recorded a financial sustainability risk rating of 2 at month 6 compared to a plan of 2.

Finance declaration - "Not Confirmed" that the Board anticipates that the Trust will continue to maintain a Financial Sustainability risk rating (FSRR) of at least 3 over the next 12 months. The revised financial plan for 2015/16 is £11.2m deficit which gives a FSRR of 2.

3.1.2. **Compliance with targets:** The Trust achieved all indicators in quarter 2, with the exception of RTT incomplete 18 week waiting times and compliance with requirements regarding access to healthcare for people with learning difficulties.

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 by the end of Quarter 2015/16, in line with the Trust's 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 identified risks with regard to clostridium difficile (due to the challenging target in 2015/16), RTT incomplete 18 week wait and cancer 62 days wait targets.

3.2. In the second quarter of 2015/16 there were no elections to fill posts on the Council of Governors, there were one resignation from the Council of Governors and there were no changes to the Council of Governors stakeholder appointments (Appendix 2).

3.3. **Capital Declaration** – The overall capital expenditure in month 6 was £1.8m, with £0.9m at the CW Site and £0.8m for the WM Site. The forecast and revised plan for capital spend is £31.0m, which includes additional capital expenditure agreed as part of the acquisition of West Middlesex University Hospital.

3.4. **Financial Position –** At month 6, the Trust reported a £0.2m deficit which is £0.1m adverse against the plan. The forecast outturn is £11.2m deficit, which is in line with the revised plan.

3.5. **Statement of Comprehensive Income**

NHS Clinical Revenue

3.5.1. Elective and day case activity is £0.3m adverse against the plan (CW Site £0.3m; WM Site £0.03m). The adverse variance is mainly driven at the CW Site due to underperformance in elective inpatient activity within trauma and orthopaedics and bariatric surgery and day case income within endoscopy, paediatric dentistry and plastic surgery.

3.5.2. Non Elective activity is on plan in month 6. This is due to over-performance of £0.3m at the CW Site offsetting under-performance of £0.3m at the WM Site, mainly within the obstetrics, internal medicine and gastro specialties.

3.5.3. Outpatient income (excluding local authority income) was £0.5m adverse against the plan in month 6. The WM Site reported a £0.3m adverse variance at month 6 due to lower than planned activity across various specialties including trauma and orthopaedics, general medicine, gastroenterology, urology. The CW Site reported an adverse variance at month 6 within NHS clinical revenue driven from a year to date adjustment recognised in month 6 to align the billing of GUM services with the recently agreed contract values for the councils that comprise the London collaborative.

3.5.4. NHS Clinical Income for other points of delivery is £1.0m ahead of plan in month 6 mainly at the CW Site. The over-performance at the CW Site of £0.7m relates to a £0.3m increase in work in progress, £0.1m for adult critical care, and £0.1m NICU income.

3.5.5. Pass through drugs are £0.3m adverse against the plan in month 6 due to PbR excluded drugs, which is offset by an under-spend on non-pay expenditure. Pass through devices are in line with plan.

Non NHS Clinical Income/Other Operating Income

3.5.6. Private Patient income was £0.2m behind the Q2 plan, which was attributed to private paediatrics £0.09m, ACU £0.08m and private HIV/GUM £0.07m. The Private Patient income under-performance was offset against other income over performance and under-spends within expenditure (pay and non-pay).

3.5.7. Other non-NHS clinical income is behind plan by £0.3m, which is driven by the adjustment for the GUM contract, as per the section above for outpatient income.

3.5.8. Other Operating revenue is ahead of plan in month 6 by £0.2m. The CW Site was favourable against plan by £0.2m and the WM Site was adverse against plan by £0.05. The over-performance at the CW site relates to R&D income offset against increased expenditure and phasing of donated income received for the Medi-cinema capital development.

Operating Expenditure

3.5.9. Pay – Pay was underspent by £0.2m against the plan at month 6. The CW Site pay reported a £0.1m adverse variance due to increased spends on medical pay following high usage of locums

and backdated additional sessions. At the WM Site, pay was underspent mainly due to an adjustment to the phasing of the budget in September, which offset the continued high reliance on temporary staffing

3.5.10. Drugs costs tariff is on plan. Clinical supplies were £0.05m underspent in month within the WM site which is consistent with the income under-performance.

3.5.11. Other non-pay is £0.2m overspent in month 6. CW Site was overspent by £0.1m which is mainly related to £0.05m R&D expenditure (offset against income) and £0.03m for additional consultancy for post transaction transformation support. The WM site is overspent by £0.2m because of £0.07m slippage in efficiency savings, £0.03m for additional consultancy and £0.02m for increase in bad debt provisions.

CIPs (including revenue generation)

3.5.12. CW Site - was on plan in month 6. There was over-performance against the pharmacy CIP scheme of £0.3m offsetting under performance against the temporary staffing. Year to date performance is £4.5m, of which £1.1m is non-recurrent. The current CIP forecast for the CW Site (excluding merger synergies) is £10.6m (against the plan of £10.0m).

3.5.13. WM Site - £0.3m adverse against the plan mainly due to shortfalls for the schemes bed management, temporary staffing & recruitment, income opportunities and divisional CIPs. The current forecast expects that any under-performance is mitigated in the remaining months.

3.5.14. Merger synergies of £0.03m were achieved in September in line with the plan related to Board posts at West Middlesex. There are £1.3m of merger synergies planned for 2015/16.

Forecast

3.5.15. The forecast outturn is £11.2m deficit which is in line with the revised annual plan.

3.6. **Statement of Financial Position**

3.6.1. **Property Plant and Equipment:** For the CW Site, the capital expenditure was £0.9m in month 6. For the WM Site, the capital expenditure was £0.8m. The forecast capital spend is £31m, in line with the revised plan.

3.6.2. **Non-current Liabilities** – the borrowing portfolio has been re-financed during this month as part of the merger transaction.

3.6.3. **Cash Flow:** The cash balance at 30th September 2015 was £16.7m (CW Site £11.0m and WM Site 5.7m).

4. Summary

4.1. **Financial Performance**

4.1.1. At month 6 the Trust reported a deficit of £0.2m, an adverse variance of £0.1m against plan. The year-end forecast is a deficit of £11.2m, in line with the revised plan.

4.1.2. The Trust has achieved a Financial Risk Rating (FSRR) of 2 as at 30th Sept 2015, which is in line with plan. The forecast FSRR rating is 2.

4.2. **Targets and Indicators**

4.2.1. In quarter 2 the Trust achieved all indicators, with the exception of RTT incomplete 18 week waiting times and compliance with requirements regarding access to healthcare for people with learning difficulties.

Appendix 1 – In Year Governance Statement

Click to go to index

In Year Governance Statement from the Board of Chelsea and Westminster NHS

The board are required to respond "Confirmed" or "Not confirmed" to the following statements (see notes below)	**Board Response**
For finance, that: The board anticipates that the trust will continue to maintain a financial sustainability risk rating of at least 3 over the next 12 months.	Not Confirmed
The Board anticipates that the trust's capital expenditure for the remainder of the financial year will not materially differ from the amended forecast in this financial return.	Confirmed
For governance, that: 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, Table 3) 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.	0

Signed on behalf of the board of directors

Signature	Sign Here.	Signature	Sign Here.
Name		Name	
Capacity	[job title here]	Capacity	[job title here]
Date		Date	

Responses still to complete: 0

Notes:

Monitor will accept either 1) electronic signatures pasted into this worksheet or 2) hand written signatures on a paper printout of this declaration posted to Monitor to arrive by the submission deadline.
In the event than an NHS foundation trust is unable to confirm these statements it should NOT select 'Confirmed' in the relevant box. It must provide a response (using the section below) explaining the reasons for the absence of a full certification and the action it proposes to take to address it.
This may include 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 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, due to planned FSRR of 2 in 2015/16

B "Governance Declaration "Not confirmed" that the Trust has plans in place to achieve on-going compliance with all existing targets due to non-compliance with access to people with learning difficulties and risk to delivery of C. Difficile target, and continuing risk to delivery of RTT 18 week incomplete and cancer 62 days targets

C

Appendix 2

In the second quarter of 2015/16:

I. ELECTIONS

There were no elections to fill posts on the Council of Governors.
There was one resignation 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 composition of the Board of Director this quarter.

Following the appointment of Lesley Watts as Chief Executive Officer (14.09.15) Elizabeth McManus, Interim Chief Executive Officer reverted back to the post of Chief Nurse (14.10.15).

Role	Date of change	Full Name
Chief Executive Officer	14.09.15	Lesley Watts
Chief Nurse	14.09.15	Elizabeth McManus

III. COUNCIL OF GOVERNORS

a. Retirements and Resignations

i. Elected

A vacancy was created in the Patient Constituency following the passing of Dr Anthony Cadman (28.07.15)

ii. Stakeholders

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Board of Directors Meeting, 29 October 2015

PUBLIC

AGENDA ITEM NO.	10/Oct/15
REPORT NAME	Register of Seals Report Q2
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 Q2

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 July 2015 – 30 September 2015, the seal was affixed to the following documents:

Seal Number	Description of the Document	Date of sealing	Affixed by	Attested
162	Deed of Covenant relating to land forming part of West Middlesex University Hospital Twickenham Road Isleworth Middlesex (1 copy)	01.09.2015	Elizabeth McManus	Lorraine Bewes
163	Lease relating to 10 Broadway, Hammersmith, London W6 (1) Nuclear Liabilities Fund Limited (2) Chelsea and Westminster Hospital NHS Foundation Trust (2 copies)	25.09.15	Lesley Watts	Lorraine Bewes
164	Licence to carry out works at 10 The Broadway, Hammersmith, London W6 (1 copy)	25.09.15	Lesley Watts	Lorraine Bewes