

21 May 2013

Dear Colleagues,

Board of Directors Meeting (PUBLIC)
Tuesday, 28 May 2013

Dear Colleagues,

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

Please note that light refreshments will be provided from 3.45pm in the Restaurant area.

Yours sincerely,

Vida Djelic
Foundation Trust Secretary

Board of Directors Meeting (PUBLIC)

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

Chair: Professor Sir Christopher Edwards

Date: Tuesday, 28 May 2013 **Time:** 4.00pm

Agenda

Ref	Item	Lead	Time
1	GENERAL BUSINESS		4.00pm
1.1	Welcome and Apologies for Absence	CE	
1.2	Chairman's Introduction	CE	
1.3	Declaration of Interests	CE	
1.4	Draft Minutes of the Meeting of the Board of Directors held on 25 April 2013	CE	
1.5	Matters arising	CE	
1.6	Chairman's Report (oral)	CE	
1.7	Chief Executive's Report	APB	
1.8	Council of Governors Report including Membership Report	CE	
2	PERFORMANCE		
2.1	Finance Report Commentary – April 2013	LB	
2.2	Performance Report Commentary – April 2013	DR	
2.2.1	Patient safety and clinical effectiveness focus		
3	ITEMS FOR DECISION/APPROVAL		
	QUALITY		
3.1	Assurance Committee Report – April 2013	KN	
	STRATEGY		
3.2	Strategy Update (oral)	APB	
3.3	Monitor Annual Plan Sign-Off – completion of governance statement	CM	
3.4	Monitor Annual Plan Sign-Off	APB	
	GOVERNANCE		
4	ITEMS FOR INFORMATION		
4.1	Audit Committee Minutes – 20 March 2013	JB	
5	ANY OTHER BUSINESS		
6	QUESTIONS FROM THE PUBLIC		
7	DATE OF NEXT MEETING – 25 July 2013		

Board of Directors Meeting, 28 May 2013 (PUBLIC)

AGENDA ITEM NO.	1.4/May/13
PAPER	Draft Minutes of the Meeting of the Board of Directors held on 25 April 2013
AUTHOR	Catherine Mooney, Director of Governance and Corporate Affairs
LEAD	Prof. Sir Christopher Edwards, Chairman
PURPOSE	To provide a record of the decisions and actions discussed at a meeting.
LINK TO OBJECTIVES	Links to strategic direction/patient experience.
RISK ISSUES	None in addition to those included in report.
FINANCIAL ISSUES	None in addition to those identified in relevant papers.
OTHER ISSUES	None
LEGAL REVIEW REQUIRED?	No
EXECUTIVE SUMMARY	This paper outlines a record of proceedings of the meeting of the Board of Directors on 25 April 2013.
DECISION/ ACTION	<ol style="list-style-type: none"> 1. The meeting is asked to agree the minutes as a correct record of proceedings 2. The Chairman is asked to sign the agreed minutes

**Board of Directors Meeting 25 April 2013 PUBLIC
Draft Minutes**

Time: 4.00pm

Location: Chelsea and Westminster Hospital NHS Foundation Trust – Restaurant

Present

Non-Executive Directors	Prof. Sir Christopher Edwards	CE	Chairman
	Sir John Baker	JB	
	Jeremy Loyd	JL	
	Prof Richard Kitney	RK	
	Karin Norman	KN	
	Sir Geoffrey Mulcahy	GM	
Executive Directors	Tony Bell	TB	Chief Executive
	Lorraine Bewes	LB	Director of Finance
	David Radbourne	DR	Chief Operating Officer
	Catherine Mooney	CM	Director of Governance and Corporate Affairs
In attendance	Mark Gammage	MG	Director of Human Resources

1.1 Welcome and Apologies for Absence CE

Apologies were received from Therese Davis, Mark Gammage and Zoe Penn.

1.2 Chairman's Introduction CE

The Chairman expressed delight at seeing so many friends here representing the public.

The process for the meeting was outlined. Questions would be received at the end of the meeting based on the items on the agenda only.

1.3 Declaration of Interests CE

There were no declarations of interest.

1.4 Chairman's Report CE

It was noted that the Board have had a strategy session recently recognising the very challenging environment, including the start of Clinical Commissioning Groups and NHS England, formally the National Commissioning Board. One aspect of the new arrangements is that commissioning for sexual health services is now being undertaken by local authorities. This is very different from last year's arrangements and has some very specific challenges about how we move forward.

It was noted that the Board and governors from the Royal Brompton Hospital have been to visit the paediatric facilities here and were very impressed. As part of our strategy we are reviewing space which will include changes to A&E as part

of *Shaping a Healthier Future*. It was also noted that Chelsea and Westminster had been chosen by the West Middlesex University Hospital (WMUH) as the preferred provider. The Trust is now starting a process to see if the acquisition of WMUH would be viable for us and of benefit to patients and staff.

1.5 Chief Executive's Report

APB

The paper was outlined including the West Middlesex University Hospital update.

It was confirmed that following the referral to the Secretary of State the Trust is seeking further clarity on what the timetable is for further review of the Shaping a Healthier Future programme. Whilst the programme has been referred, the clinical commissioning groups have mobilised a programmed of work to work up the implementation business case. The Chelsea and Westminster Hospital NHS Foundation Trust is fully engaged in this piece of work and allied work programmes to redesign care pathways. The Board will be updated through the year on progress and as more information is received on the next steps of the referral this will be circulated.

It was confirmed that Ealing opposition had been focusing on the needs of the local population rather than just the local hospital. This has delayed but not stopped the process.

The success of the Star Awards was noted and the announcement at the Star wards that A&E were top in the country for performance on 4 hour wait. It was agreed that the Star Awards was an excellent event and clearly much hard work had gone into arranging it. Special thanks were given to Mark Gammage, the communications team and the Board and governors who attended which makes it important to staff to be there. The Chairman will write to the Chelsea and Westminster Healthcare Charity on the Board's behalf to thank them for the funding. It was confirmed that the Chief Executive has written to Katie Piper.

The Open Day was noted and the fact that it is the hospital's 20th anniversary.

It was noted that the Chairman and Chief Executive's diary will be made available for information on external meetings in particular.

A question was raised regarding the Imperial College Heath Partners (ICHP) and whether it would be helpful for the Board to look at their work priorities. The Board had debated whether the Trust should join the ICHP and therefore it would be interesting to get some visibility of work that is being undertaken and the criteria to judge whether it is being a success or not. **It was agreed that Derek Bell would be invited to the Board to discuss this further.**

1.6 Council of Governors Report

CE

The item regarding the Francis Inquiry was discussed. It was confirmed that it will be on the agenda for the Council of Governors and will include noting the government's response.

The accountability of governors and the Board is important.

It was confirmed that governors could attend sessions that would be run for staff and dates will be made available. The importance of the Board visiting clinical areas through the Framework for Senior Team Members, Non-Executives and Governors visits to clinical areas was noted.

2.1 Finance Report – March 2013

LB

The end of March report was outlined.

The Finance Director and colleagues were congratulated for an excellent finance report. Two issues were raised.

Elective performance is not consistent and is not delivering on volume or finances. Close monitoring has been initiated and surgery activity is now broadly on plan. Orthopaedics capacity is now expected to grow.

The Cost Improvement Programme (CIP) gets more difficult year on year and this has encouraged the Trust to look at alternative ways of making savings. Of the CIP, 71% has been identified which amounts to £12m against a £69m target. Areas being considered for savings include 'back office' functions, such as finance and procurement. There has been a focus on theatre productivity and this will start impacting in 2013/14. The Trust has also participated in London wide benchmarking on nurse productivity. There are plans to grow non-NHS income.

The issue of the impact on quality from the CIP programme was raised and in particular how this is monitored on an on-going basis. A risk assessment template for CIPs was described and it was agreed that it would be important to repeat this at the end of the programme for additional assurance. A risk assessment of a CIP which has rating of 'orange' (significant) or above will be reviewed by the Medical Director and Director of Nursing. It was agreed that exception reporting on this should be included in the finance paper.

Attention was drawn to the final page where it showed that all indicators were either met or exceeded. It was agreed that there should be consideration of how this could be more closely linked to quality.

The paper reported a surplus of £13m. The importance of linking this to the plans for investment was emphasised.

2.2 Performance Report – March 2013

It was noted that the new format is still work in progress and the Board was thanked for comments to date.

It was confirmed that time to treat and time for assessment in A&E was included in the report.

There has been some discussion about setting more challenging targets within A&E and the Board was reminded that a paper was presented in September proposing a more detailed review of certain specialities and this is in progress.

It was noted that the commissioners have asked for increased activity in trauma and orthopaedics because of our good performance and have allocated an extra £1m for this.

A question was raised regarding the graphs on p.11. This demonstrated the balance between the rate of reduction of maximum waiting time and the 18 week target which is an important relationship to monitor i.e. to maintain the 90 % admitted standard in specialities and in total whilst being ambitious in reducing

maximum waiting times.

It was confirmed that 'on the day cancellations not rebooked within 28 days' on page 12 should be coloured green.

The importance of our performance on discharge summary and the improved performance was noted. The importance of the no attendance rate (DNA) when combined with the hospital cancellations was emphasised and that this is an area of focus. It was reported that a web based appointment system will be introduced. **It was agreed that the status of an email system for people who cannot get through on the phone will be checked.**

DR

In response to a question about whether we can identify costs for a reduction in a waiting time, it was confirmed that the cost of decreasing our overall waiting time has been factored into our plan. **It was agreed that we would look at the potential of investing capital in reducing waiting time.**

DR/LB

There was a discussion about the theatre efficiency graphs on p.13. There is a 6% fluctuation around 74% and we should be 80 - 85% based on funded sessions.

2.2.1 Patient and Staff Experience Focus Report

TP

It was noted that February and March data is not available.

The improvements put in place for patients with dementia were outlined.

Regarding responses to surveys, it was suggested that we might consider a particular focus on getting a high response rate and then compare it with the normal response rate to see if there is any statistical bias. This will be considered.

There was a suggestion that the tables could be rationalised to provide less detailed information and to include historical data or trends. This was agreed, although it was noted that the low numbers can sometimes give a sense of importance of the percentage rate.

The patient and staff experience priorities were outlined. Senior visits for staff have been put in place and we are starting to collect patient stories.

The Board commented that the clinical summit was particularly valuable for them as it allowed interaction with clinicians.

2.2.2 Patient and staff stories (video)

TP

A video was shown to the Board of a member of staff describing a visit to a ward which included feeding back to the patient that concerns had been addressed. There was a suggestion that there should also be a written report to the patient so patients will recognise that this is a listening organisation. There was also a suggestion to include in exit interviews a question that if anything had been done differently would have that member of staff have stayed.

3.1 Assurance Committee Report – March 2013

KN

It was reported there was a very full discussion regarding health and safety and the concern about the slow progress on the action plan. A report by Setters has

been received and they are attending the Assurance Committee meeting in April to provide more detail.

It was noted that the number of events defined as never events has increased. It does take some time to review the status of the controls and assurances. We have had more than our peers but we are confident that the issues re retained swabs have been addressed and actions are in progress around surgery. We will continue to work on this until we are satisfied.

A further area of concern from the Committee is mandatory training where the progress is unsatisfactory and there have been substantial discussions on how to make progress. The Board shared the concern regarding mandatory training and is supportive of initiatives to improve this. The importance of matching the training to the group being trained as a way of increasing uptake and acceptability was emphasised. The other point made was that too many people are defined as requiring training that they do not need. Since this meeting actions have been taken and there has been an increase in uptake. **A progress report to be provided at the next Board meeting.**

CM

3.2 Update on strategy

APB

It was noted that some of this had been previously been covered in the meeting. Development on the strategy continues with the main themes being *Shaping a Healthier Future* work with the Royal Brompton Hospital and West Middlesex Hospital. Other areas being considered include approaches to how to keep patients well.

3.3 Trust Budget Commissioning Update 2013/14

LB

It was reported that the Heads of Agreement had been signed for the main contract. The other main contract is with NHS England for specialist services which is close to agreement.

It was reported that a red risk had been identified which relates to the transfer of sexual health commissioning to local authorities. Despite preparation and agreement on a principle of 'steady state' commissioners have not been able to agree to the level of funding. There is therefore both a financial risk through loss of income and a potential clinical risk to patients if they are unable to access services. It was suggested that concern was expressed to the Chief Medical Officer.

3.4 Health and Social Care Act 2012 – next steps

CM

This was noted for information and in particular the two areas for which there will be more work, specifically, significant transactions and composition of the Council of Governors which will be addressed by the Council and the Board working together.

3.5 Monitor In-Year Reporting & Monitoring Report Q4

LB

It was noted that the financial issues had been covered in an earlier report.

A green governance rating will be reported. Monitor has highlighted our debt situation and have asked for further information. This is a consequence of having a good cash flow. All of the debt is quite old and the percentage is a small figure.

- 3.6 Register of Seals Report Q4*** **CM**
- This was starred and therefore not discussed.
- 3.7 Monitor Code of Governance Compliance** **CM**
- The statement was approved for inclusion in Annual Report.
- 3.8 Third Party Stakeholder Schedule*** **CM**
- This was starred and not discussed.
- 3.9 Monitor Provider Licensing Requirements** **CM**
- The outline of the requirements was noted. **It was agreed to get the research report that was referred to in section 4.** **CM**
- 4 ITEMS FOR INFORMATION**
- 4.1 Audit Committee Minutes – March minutes will be provided in May** **JB**
- This was noted.
- 5 ANY OTHER BUSINESS**
- None.
- 6 QUESTIONS FROM THE PUBLIC**
- It was requested that the workshops relating to the constitution should be undertaken as soon as possible.
- It was noted that the financial results were very impressive.
- There was a question about the plans for extra space. It was confirmed that this would be about creating clinical space in the Trust and moving non-clinical staff out. There was no intention for the Trust to build a hotel although it was noted that there are facilities for parents staying over night.
- It was confirmed that pricing will be responsibility of Monitor and the NHS England will be working with Monitor to determine the scope of the pricing. The overall trend, however, is a reduction in margins.
- Further to another question it was confirmed that any debt held by West Middlesex Hospital would be written off as a part of the acquisition
- 7 DATE OF NEXT MEETING – 28 May 2013**

Board of Directors Meeting, 28 May 2013 (PUBLIC)

AGENDA ITEM NO.	1.5/May/13
PAPER	Matters Arising – 25 April 2013
AUTHOR	Vida Djelic, Foundation Trust Secretary
LEAD	Prof. Sir Christopher Edwards, Chairman
PURPOSE	To provide record of actions raised in a meeting and subsequent outcomes.
LINK TO OBJECTIVES	NA
RISK ISSUES	None
FINANCIAL ISSUES	None
OTHER ISSUES	None
LEGAL REVIEW REQUIRED?	No
EXECUTIVE SUMMARY	This paper outlines matters arising from meetings of the Board of Directors held on 25 April 2013 with subsequent actions or outcomes.
DECISION/ ACTION	The Board is asked to note the actions or outcomes reported by the respective leads.

Board of Directors Meeting, 25 April 2013

Ref	Description	Lead	Subsequent Actions/Outcomes
2.2/Apr/13	<p>Performance Report – March 2013</p> <p>The importance of our performance on discharge summary and the improved performance was noted. The importance of the no attendance rate (DNA) when combined with the hospital cancellations was emphasised and that this is an area of focus. It was reported that a web based appointment system will be introduced. It was agreed that the status of an email system for people who cannot get through on the phone will be checked.</p> <p>In response to a question about whether we can identify costs for a reduction in a waiting time, it was confirmed that the cost of decreasing our overall waiting time has been factored into our plan. It was agreed that we would look at the potential of investing capital in reducing waiting time.</p>	DR	
3.1/Apr/13	<p>Assurance Committee Report – March 2013</p> <p>The Board shared the concern regarding mandatory training and is supportive of initiatives to improve this. The importance of matching the training to the group being trained was emphasised as a way of increasing uptake and acceptability. The other point made was that too many people are redefined as requiring training that they do not need. Since this meeting actions have been taken and there has been an increase in uptake. A progress report to be provided at the next Board meeting.</p>	CM	
3.9/Apr/13	<p>Monitor Provider Licensing Requirements</p> <p>The outline of the requirements was noted. It was agreed to get the research report that was referred to in section 4.</p>	CM	

Board of Directors Meeting, 28 May 2013 (PUBLIC)

AGENDA ITEM NO.	1.7/May/13
PAPER	Chief Executive's Report
AUTHOR	Tony Bell, Chief Executive
LEAD	Tony Bell, Chief Executive
PURPOSE	This paper is intended to provide an update to the Board on key issues.
LINK TO OBJECTIVES	Strategy and finance is the main corporate objective to which the paper relates.
RISK ISSUES	No
FINANCIAL ISSUES	No
OTHER ISSUES	No
LEGAL REVIEW REQUIRED?	No
EXECUTIVE SUMMARY	This report updates the Board on a number of key developments and news items that have occurred over the last month.
DECISION/ ACTION	For information

**CHIEF EXECUTIVE'S REPORT
MAY 2013**

1.0 West Middlesex Update

- 1.1 Since the update provided in my April report, we have now mobilised the work programme to undertake due diligence and better understand the opportunities that West Middlesex Hospital may present. This work is supported by our advisors Deloitte and we aim to present a fuller picture towards the end of June.

2.0 Shaping a Healthier Future

- 2.1 David Radbourne, Chief Operating Officer, has been in discussions with the Shaping a Healthier Future programme team regarding funding for the redevelopment of our A&E department. The Trust recognises that the current A&E department is in need of redevelopment regardless of the reconfiguration programme and the commissioners are supportive of the development and wish to fund a mutually agreeable way of taking this development forward in the shorter term.
- 2.2 Work on developing the implementation business case is proceeding for which we have been allocated £200k from commissioners to assist and we continue to work with commissioners in a number of areas to improve pathways of care to ensure we realise opportunities to prevent admission, support improved discharge and ensure patients are treated in the right place at the right time.

3.0 Secretary of State for Health Visit

- 3.1 The Rt Hon Mr Jeremy Hunt, the Secretary of State for Health visited the Trust on the 9th May. The focus of the Secretary of State's visit was a brief shift working in the A&E department as a Health Care Assistant to allow him to better understand the important role they play but to also understand the demands of a busy emergency service.
- 3.2 The Secretary of State then met with a small cross section of staff from across the Trust and some key external stakeholders to ask for suggestions as to what he could do to allow them to do their jobs better. There were a number of suggestions with some key themes being reducing repetitive documentation, data sharing between organisations, simplifying systems and compliance with best practice standards.
- 3.3 The Secretary of State has expressed an interest in returning to the Trust to repeat his work in A&E on a Friday evening to understand the demands faced during our busiest hours and we hope to arrange this in the near future.

4.0 Open Day

- 4.1 Thank you to those Board members who attended the Open Day on 11th May. More than 2,000 people came to the hospital to listen to music, visit information stands, enjoy activities in the children's zone and have health MOTs with 98% of people who completed the feedback survey rated the Open Day as "Good" or "Excellent".
- 4.2 I'd like to take this opportunity to thank the Chelwest team—our staff, our governors, our volunteers and our partner organisations for giving their time so generously and I felt very proud of the commitment and dedication which was evident in every person involved in the day.

5.0 Chairman and CEO Diary

- 5.1 As I suggested in my last report, I have included a summary below of the external meetings that I have attended since the April Board meeting. We will include the Chairman's diary from the next report and I hope this will provide some insight into what occupies our time and if you have any queries please do contact my office.

External Organisational meetings attended by Tony Bell 25th April 2013 - 28th May 2013	
Jacqueline Docherty	West Middlesex Hospital
Julie Reed	Collaboration for Leadership in Applied Health Research and Care
Patrick Johnson	Russell Reynolds
Claire Murdoch	Central and North West London Foundation Trust
Ian Entwistle	Norlands
Andy Glasspool	Norlands
Jane Collins	Marie Curie Cancer Care
Prof Richard Kitney	Imperial
Prof Paul Freemont	Imperial
Dr Neil Soni	Imperial
John Drew	McKinsey
Sue Young	McKinsey
Neil Griffiths	McKinsey
Rt Hon Jeremy Hunt	Secretary of State for Health
Daniel Elkeles	Central and West London Clinical Commissioning
Mark Sweeney	West London Clinical Commissioning Group
Stella Bailee	Director of Social Services for RBKC
Jan Filochowski	Great Ormond Street Hospital
Jonathan Bore	Director of Planning RBKC
Alwen Williams	Head of NHS Trust Development Authority
Sir Ian Carruthers	Chair of the IHW Implementation Board
Michelle Lahey	Cromwell Hospital
Dr Fergus Keating	Royal Hospital Chelsea

6.0 Awards

- 6.1 Chelsea and Westminster's Medicines @ Discharge (M@D) and Dean Street at Home projects both won awards at the 2013 BMJ Improving Health Awards ceremony on the 9th May.
- 6.2 Chelsea and Westminster's M@D project won the Improvement in Patient Safety award. 'Improving Medication Reconciliation at Discharge – Closing the Loop' project is a quality improvement initiative lead by a core team of Chelsea and Westminster patients, consultants and pharmacists and involves a wider multidisciplinary team. M@D is jointly supported by Chelsea and Westminster Hospital and Collaboration for Leadership in Applied Health Research (CLAHRC) North West London.
- 6.3 Dean Street at Home, an HIV home testing service pioneered by 56 Dean Street, Chelsea and Westminster's HIV and sexual health clinic in Soho, won the Transforming Patient Care Using

Technology award. Dean Street at Home is a collaboration between 56 Dean Street, the social networking website Gaydar and the online medical service DrThom.

- 6.4 The Trust was also named one of the CHKS 40Top Hospitals for 2013. The award is given to the 40 top performing CHKS client trusts. The 40Top award is one of several awards that are part of the CHKS Top Hospitals programme. The 40Top award is based on the evaluation of 22 key performance indicators covering safety, clinical effectiveness, health outcomes, efficiency, patient experience and quality of care.

Tony Bell
Chief Executive

Board of Directors Meeting, 28 May 2013 (PUBLIC)

AGENDA ITEM NO.	1.8/May/13
PAPER	Council of Governors Report including the Membership Report
AUTHOR	Sian Nelson, Membership Manager
LEAD	Prof. Sir Christopher Edwards, Chairman
PURPOSE	To update the Board on its membership numbers and engagement activities.
LINK TO OBJECTIVES	The Council of Governors Membership Sub-Committee aims to maintain membership, represent members' equality and diversity and focus on engagement activities.
RISK ISSUES	None
FINANCIAL ISSUES	None
OTHER ISSUES	None
LEGAL REVIEW REQUIRED?	No
EXECUTIVE SUMMARY	This paper provides a summary of membership within the year 2012/13, and details activity of Quarter 4, 2013/4. It outlines planned recruitment activity for 2013/14.
DECISION/ ACTION	To note.

Council of Governors Report – no report

Membership Report

1.0 Membership size and movements

Table 1 below shows the size and movement of membership for the year April 2012 to end of March 2013 by cumulative totals and by membership type.

Table 1. Size and movement of membership

OVERALL MEMBERSHIP OVERVIEW	Last Year 1 Apr 12 – 31 Mar 13	Current Situation 30 April 13
As at start	14,858	15,268
New Members	1,811	10
Members leaving or changing constituency	1,401	191
TOTAL	15,268	15,087
PUBLIC MEMBERSHIP OVERVIEW	Last Year 1 Apr 12 – 31 Mar 13	Current Situation 30 April 13
As at start	5,942	5,850
New Members	225	3
Members leaving or changing constituency	317	104
TOTAL	5,850	5,749
PATIENT MEMBERSHIP	Last Year 1 Apr 12 – 31 Mar 13	Current Situation 30 April 13
As at start	5,685	5,994
New Members	573	7
Members leaving or changing constituency	264	87
TOTAL	5,994	5,914
STAFF MEMBERSHIP	Last Year 1 Apr 12 – 31 Mar 13	Current Situation 30 April 13
As at start	3,231	3,424
New Members	1,013	0
Members leaving or changing constituency	820	0
TOTAL	3,424	3,424

2.0 Membership Joiners and Leavers January to April 2013

2.1 Public Membership

Table 2 below shows public membership joiners and leaves between January and April 2013 (Q4 2012/13). There were 17 members of the public who joined and 13 who left membership during this period.

Month	Jan	Feb	March
Joiners	3	3	11
Leavers	3	3	7

Table 2. Public Membership joiners and leavers January to April 2013

2.2 Patient Membership

Table 3 below shows patient membership joiners and leavers between January 2013 and April 2013 (Q4 2012/13). There were 5 patients who joined as members whilst 94 left patient membership during this period

Month	Jan	Feb	March
Joiners	2	2	1
Leavers	81	4	9

Table 3. Patient membership joiners and leavers January to April 2013

2.3. Staff Membership

Total staff membership at the end of March 2013 (Q4 2012/13) was 3,424.

3. Public Membership Ethnicity

Figure 1 shows public membership ethnicity. At the end of Quarter 4, 2012/13, the highest proportion of ethnicity is within the white category, and the lowest representation remains in the 'mixed' group.

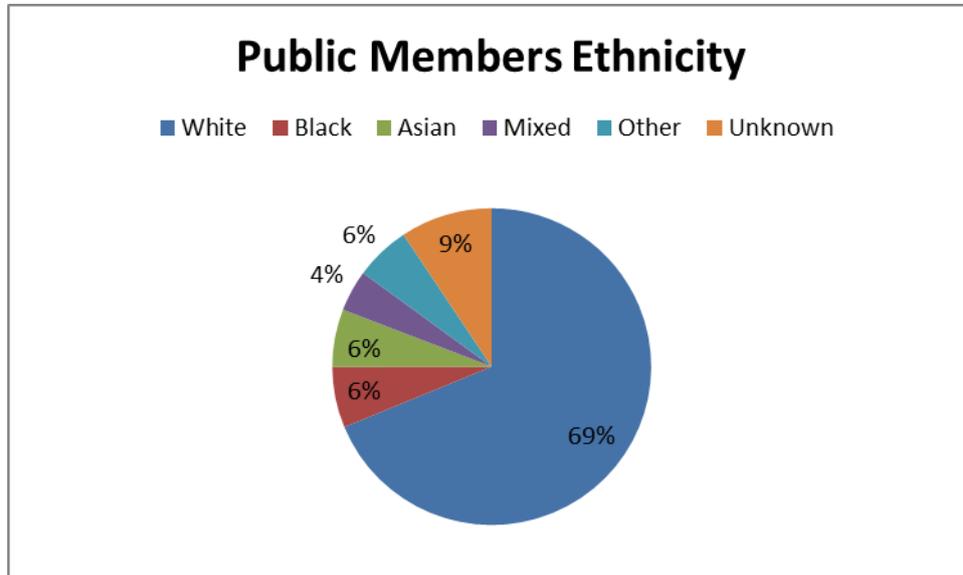


Figure 1. Public Membership Ethnicity end of March 2013 (Q4 2013/14)

3.1. Public Membership Ethnicity – comparison against local eligible population

Figure 2 shows the public membership comparison against the local eligible population. Here representation is highest in the Mixed population and lowest in the Black population.

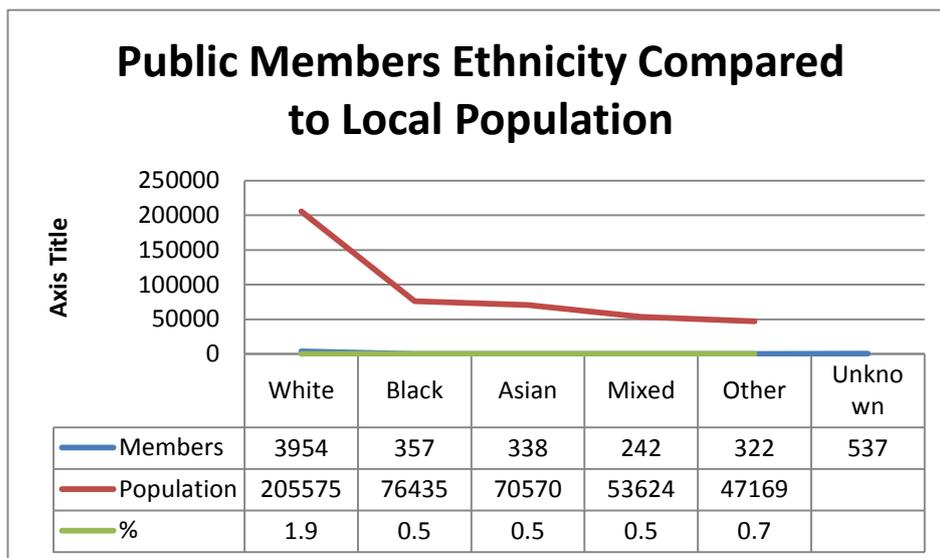


Figure 2. Public Membership Ethnicity - comparison against local eligible population. End of March 2013 (Q4 2013/14).

4.0 Public Membership Age

Figure 3 shows a profile of public membership by age. Public membership representation peaks at age group 40-49 years whereas the lowest age group is those within the 16-19 age group.

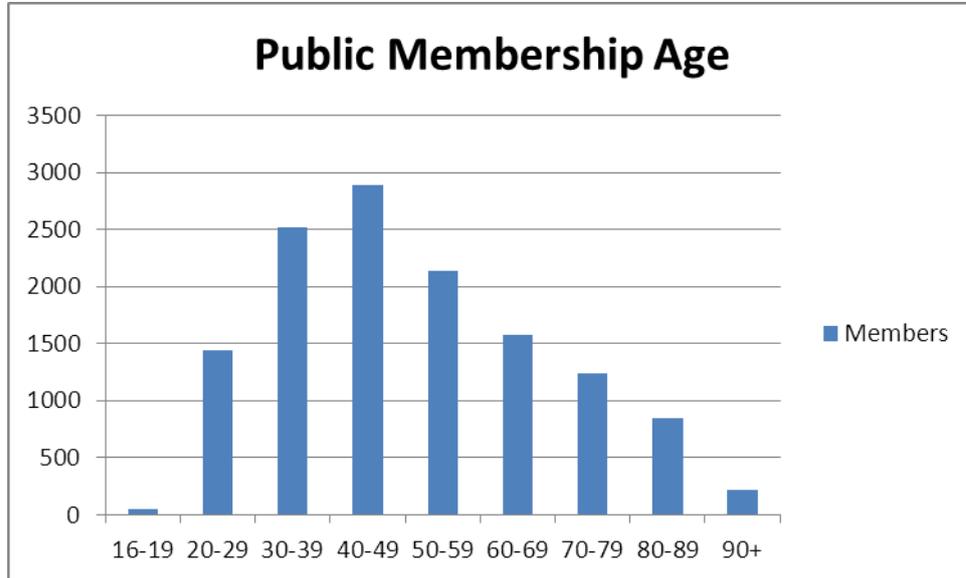


Figure 3. Public Membership Age

4.1 Public Membership Age – Comparison against local eligible population

Figure 4 shows the public membership profile in comparison to the local eligible population. The representation rises from 40 years and peaks in the 80-89 year group.

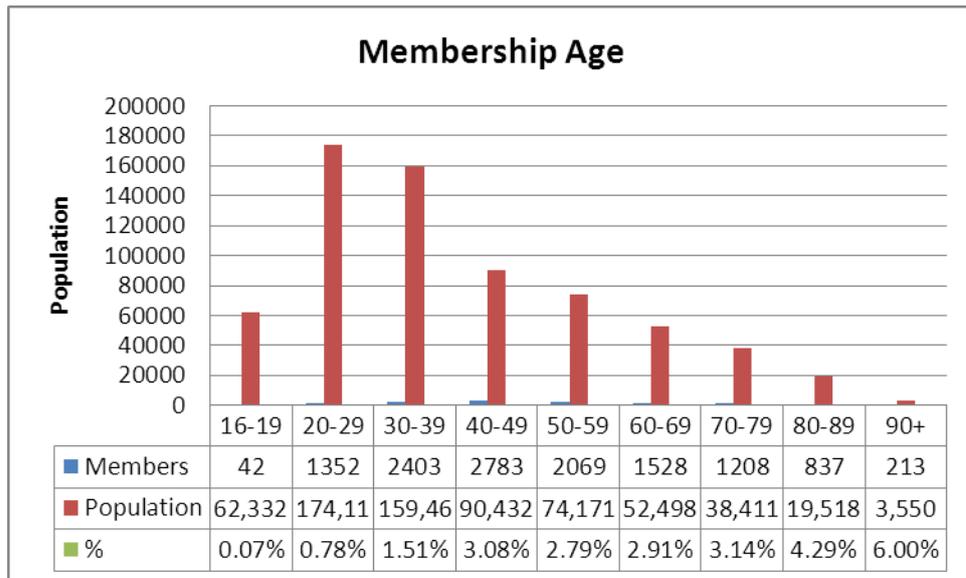


Figure 4. Public Membership Age – Comparison against local eligible population

5.0 Public Membership - Socio-economic grouping

Figure 5 below shows public membership by socio-economic groups. At end of March 2013 (Q4 2013/14) the highest representation remains in the ABC1 category*

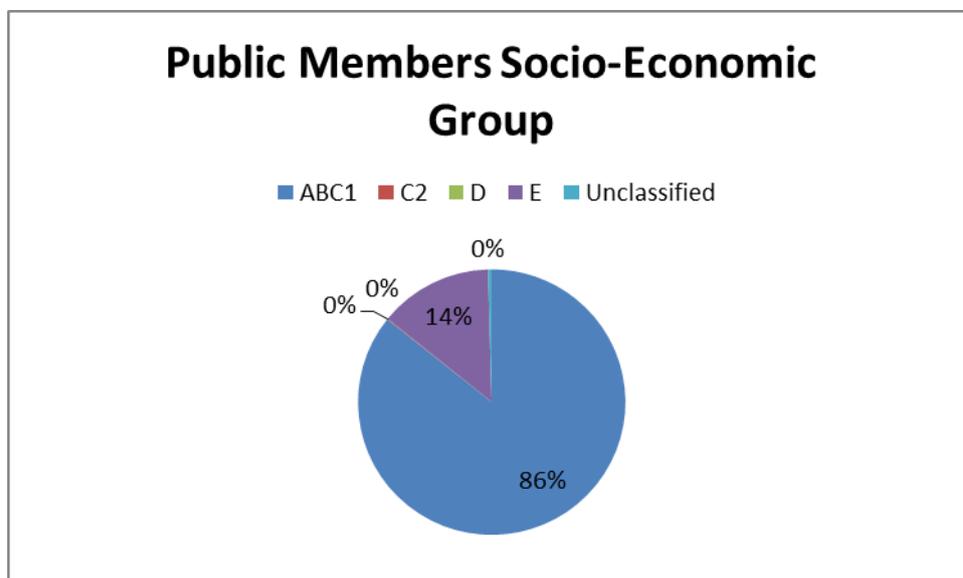


Figure 5 Public Membership - Socio-Economic Groups*

*Social economic grade: A-upper middle class (higher managerial, administrative or professional occupation), B-middle class (intermediate managerial, administrative or professional occupation), C1-lower middle class (supervisory or clerical, junior managerial, administrative or professional occupation), C2-skilled working class (skilled manual workers), D-working class (semi and unskilled manual workers) and E-those at the lowest level of sustenance (state pensioners or widows (no other earner), casual or lowest grade workers).

6.0 Membership Recruitment

From 1st April 2012 to end of March 2013 a total of 1811 members joined and a total of 1401 members left the trust.

It has been requested through the Membership Sub-Committee that membership reports are re-scheduled to report quarterly. This will enable consistency of information, enabling the same report to go to the Membership Sub-Committee meeting, the Council of Governor meetings and the Board. In addition, this method will show the impact of membership movement over a significant amount of time.

Reports would be published at the end of each quarter and available as follows during 2013/14.

	Dates	Reports available	Membership Sub-Committee	Council of Governors	Board
Q1	April – June 2013	July	2 nd July	18 th July	25 th July
Q2	July-September 2013	October	14 th November	12 th December (Inc. Q1, Q2)	31 st October
Q3	October-	January	TBC	TBC	TBC

	December 2013				
Q4	January-March 2014	April	TBC	TBC	TBC

- 6.2. A data cleanse is performed each quarter by Capita recruitment before member mailing which removes those not at the same address or who have been registered deceased. In addition Capita is notified monthly for requests of members' removal from the database.
- 6.3. The Membership Development Sub-Committee of the Council of Governors develops and reviews the Membership recruitment strategy. Recruitment activity is focused on both maintaining our membership numbers whilst also enabling a diverse and representative membership.
- 6.4. Governors continue to host 'Meet a Governor' session at the Ground floor Information Zone. Patients, public, staff and members have the opportunity to meet a Governor to discuss issues important to them. This is publicised on the Trust website, a text messaging board in the Information Zone (Ground Floor) and posters are displayed throughout the hospital.
- 6.5. The Patient Advice and Information Service support membership promotion. Visitors to the PALS office, when appropriate are offered a membership application form. Application forms are sent with patient response letters and the team will continue to actively promote membership.
- 6.6. A member's email contains over 3,000 emails registered. This is now used for low cost, rapid response membership consultation.
- 6.7. The Communications team concentrate on Membership engagement and a plan for membership events has been agreed for 2013/14.
- 6.8. Membership recruitment campaigns are planned for 2013/14 – the first has taken place in May 2013 including Open Day. The aim is to recruit 900 new members throughout the year to ensure membership numbers are maintained.
- 6.9. Figure 6 shows the trends in Trust membership from 2006-2013.

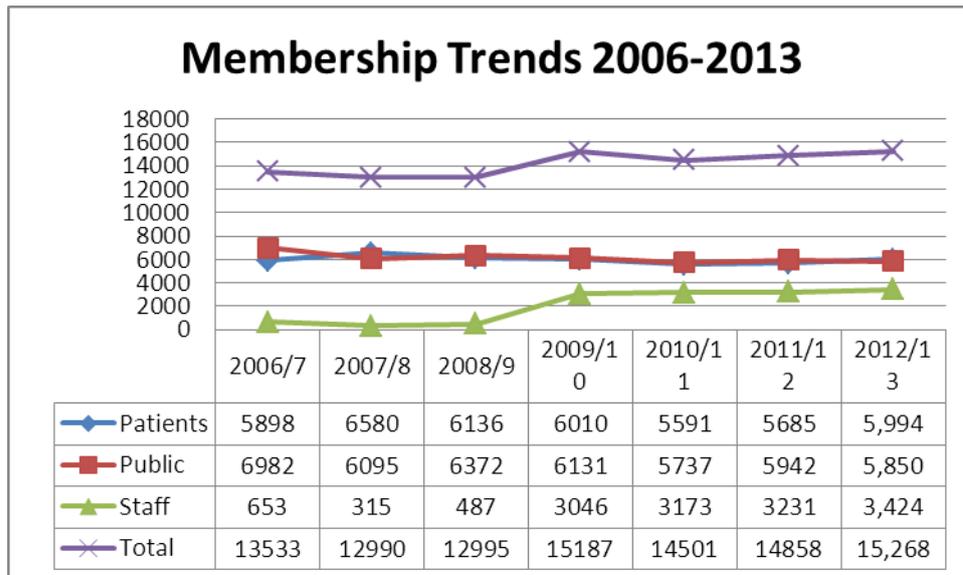


Figure 6. Membership trends 2006-2013

7. Recruitment Campaigns

- 7.1. Recruitment campaigns are scheduled for four times throughout 2013 with an aim of 900 new members to counteract those members that leave membership.
- 7.2. The first event completed was week of May 7th – this included Open Day on 11th May 2013. The recruitment event aimed to gain 300 new members, promote Open Day and the Governor Elections. The recruited 300 new members which will be shown on the Q1 2013/14 report.

8.0 Developing a Representative Membership

- 8.1. Analysis of the membership database by age, gender and ethnicity ensures we work towards representative memberships within the communities we serve.
- 8.2. To create equal representation, It is recognised that membership recruitment should focus on recruitment and engagement with Black, Ethnic and Minority groups. Our recruitment strategy will continue to focus on activities which can encourage wider representation within our membership.
- 8.3. Table 3.1 highlights that although trust membership figures are higher in the white category; ethnic groups are more balanced when compared to the local eligible population.
- 8.4. We will now explore further options to recruit from local community groups as a part of our strategy to develop a representative membership. All membership engagement activities during 2013 will be promoted to local BME groups.

9.0 Summary

- 9.1. The hospital gained Foundation Trust status in 2006 and at year end 2006/07 totalled 13, 533 members. Membership numbers peaked in 2009 when staff members' status changed from 'opt in' to 'opt out'.
- 9.2. We need to continue our focus on recruitment to maintain our membership numbers whilst also seeking a representative membership. Beyond this, we have introduced initiatives such as 'Medicine for members' to actively encourage the engagement of members in the work of our hospital.

10. Membership Recruitment 2013/14

The below table summarises key recruitment events scheduled for 2013/14

Month	Event	Total Recruited	Report
May 2013	Members Recruitment Campaign Promotion for Open Day May 2013 And Governor Elections	Aim-300 members	Q1 2013/14
June 2013	Members Recruitment Campaign (Inc. within the community)	Aim - 300 members	Q1 2013/14
September 2013	Members Recruitment Campaign and promotion of the Annual Members Meeting (within the hospital)	Aim – 150 members	Q2 2013/14
October 2013	Members Recruitment Campaign and promotion of Governor Elections (Inc. within the community)	Aim – 150 members	Q3 2013/14

Board of Directors Meeting, 28 May 2013 (PUBLIC)

AGENDA ITEM NO.	2.1/May/13
PAPER	Finance Report Month 1 – April 2013
AUTHOR	Carol McLaughlin, Acting Deputy Director of Finance
LEAD	Lorraine Bewes, Executive Director of Finance
PURPOSE	To report the financial performance for April 2013.
LINK TO OBJECTIVES	Ensure Financial and Environmental Sustainability Deliver 'Fit for the Future' programme
RISK ISSUES	Risk of Trust not delivering financial plan. Risk Rating: Impact 5 – Loss of more than £5m. Likelihood 3 – Possible Total Rating Red
FINANCIAL ISSUES	<p>The Trust reported a deficit of £1.6m in April, which is an adverse variance against plan of £1.6m, with an EBITDA of 1.5% against EBITDA plan of 7.4%.</p> <p>The key issues for Month 1 are delivery of CIPs plans (£0.7m), income adverse variance (£0.5m) and HIV drugs scripts (£0.4m).</p> <p>The CIP target for 2013/14 is £16.9m. Schemes totalling £13.6m have been identified for 2013/14 to date, which represents 80% identification with 22% classified as achieved. The assessment at Month 1 is that CIPs are on track for 59% delivery or £10m. The Executive is targeting a number of areas for recovery including the establishment of a PMO to accelerate the pace of delivery on key transformation CIPs and cross-Trust CIPs; focus coding resource in theatres to recover income capture in orthopaedics and other specialties; identification of plan to unblock opportunities to grow private patient income and resolve sub-economic EBITDA performance in specific specialties.</p> <p>Despite elective income being ahead of plan by £0.3m, driven by elective activity over performance of 6%, the overall income plan is behind plan by £0.5m due to NHS Maternity (£0.3m) and Critical Care/High Dependency Care (HDU) (£0.2m) and Private patient activity underperformance (£0.2m).</p> <p>The maternity variance is partly driven by underperformance in deliveries</p>

	<p>(£0.1m) and partly by a pricing variance which is expected to be resolved when pathway activity data is available. Critical care and Paediatric HDU income is driven by activity under-performance and private patient income is largely driven by activity underperformance in the Private Maternity Unit.</p> <p>The FRR and COSR ratings will be included in the report from next month, following submission of the Monitor plan on 31st May.</p>
OTHER ISSUES	<p>The Trust has had a positive planning meeting with the local council regarding 'change in use' planning permission for Doughty House. Therefore the business case to proceed with the purchase will be taken forward for approval in early 2013/14.</p> <p>Red flag due diligence on the West Middlesex transaction is underway with the support of Deloitte. The Trust is working closely with a team from West Middlesex on the generation of a combined Long term Financial Model and financial projections from shared support functions.</p>
LEGAL REVIEW REQUIRED?	No

Income and Expenditure

The Trust had a deficit of £1.6m in April, which is an adverse variance against plan of £1.6m, with an EBITDA of 1.5% vs EBITDA plan of 7.4%. The key variances in Month 1 are an under-performance in NHS Clinical contract income of £0.4m, driven by under-performance in maternity (£0.3m), Adult Burns and Paediatric Critical Care (£0.2m), partly offset by an over-performance in Elective income (£0.3m). Private Patient income was also under-plan (£0.2m mainly within Private Maternity). Within expenditure the pay position is adversely affected by £0.7m unidentified CIPs within directorate budgets, therefore the underlying overall pay position is an underspend of £0.2m. Within non-pay, HIV drugs (£0.4m) is overspent reflecting a high number of months of prescribing in April; in addition there are a number of other non-clinical pressures including Consultancy (offsetting pay vacancies).

The key activity and income variances are set out in the table below.

Point of Delivery	Specialty	Annual Plan	YTD Variance	YTD % Income Variance	YTD % Activity Variance	Note
Elective	HIV	2,346	-40	-20%	-24%	
	Paediatric Surgery	3,066	-24	-10%	-5%	
	Endoscopy	4,166	45	13%	13%	
	Paediatric Dentistry	2,215	61	35%	27%	
	T&O	7,792	72	14%	-2%	
	Plastics & Hand Surgery	4,784	93	26%	30%	
	Elective other	23,151	95	5%	4%	
Elective Total		47,521	302	8%	6%	
Non Elective	General Medicine/ Care of the Elderly	20,448	-139	-8%	7%	
	Paediatric Orthopaedics	792	-44	-68%	-62%	
	Plastics & Hand Surgery	2,460	-32	-16%	-27%	
	General Surgery	4,087	-30	-9%	-1%	
	T&O	2,722	42	19%	9%	
	Obstetrics	15,571	213	17%	39%*	
	Non-Elective Threshold 30% marginal rate	-2,700	67	30%	N/A	
	Non Elective Other	13,204	-74	-7%	-11%	
Non Elective Total		56,583	2	-1%	-2%	
Outpatients - firsts	Obstetrics	11,711	-803	-82%	-33%*	
	Clinical Neurophysiology	337	-12	-41%	-5%	
	General Surgery	827	12	22%	21%	
	Cardiology	542	12	30%	30%	
	Neurology	484	12	44%	44%	
	GUM	15,856	-13	6%	4%	
	Outpatients other	41,287	44	4%	8%	
Outpatients - first attendances Total		42,656	-747	-19%	5%	
Outpatients - follow ups (incl diagnostic imaging, virtual clinics & procedures)	Obstetrics	499	251	554%	6733%*	
	Paediatric Ophthalmology	803	-21	-35%	-26%	
	Neurology	693	21	44%	24%	
	Burns Care	1,180	22	22%	26%	
	GUM	3,997	71	31%	7%	
	Outpatients other	80,059	5	0%	-6%	
Outpatients follow up attendances Total		82,053	349	6%	10%	
Other	Accident & Emergency	6,387	-51	-9%	-10%	
	Urgent Care Centre	5,147	31	8%	8%	
	ACU	1,168	27	27%	N/A	
	Burns Critical Care	2,540	-40	-19%	-11%	
	Adult Critical Care	4,511	-67	-18%	-20%	
	NICU & SCBU	9,511	-4	-1%	1%	
	Paediatric HDU	2,503	-76	-37%	-37%	
	Excluded Devices	1,412	38	33%	N/A	
	Excluded Drugs	10,853	-99	-11%	N/A	
	Other	19,373	-33	-2%	N/A	
Other Total		63,407	-274	-7%	0%	
Sub Total		292,221	-368	-2%	2%	
	Prior Year Income	0	0			
	Change in WIP	0	0			
	Directorate Savings Target	302	-25			
	Cross Border Activity - to non NHS income	-186	5			
Grand Total		292,336	-388			

* Obstetrics ante-natal and post-natal inpatient and outpatient attendances have been priced at individual non-mandatory tariffs for April, as the pathway activity data was not available for reporting. This will be updated for future months.

Elective inpatient activity and income was ahead of plan in month 1, primarily due to Trauma & Orthopaedics due to complexity of case-mix, Hand Surgery and increases in Paediatric Dentistry in order to meet waiting list pressures. Emergency inpatients overall reported an adverse variance to plan, particularly for Care of the Elderly and General Medicine, which has been partly offset by a favourable variance against the emergency threshold 30% marginal rate.

Maternity care is under pathway tariffs from 1st April 2013, with 3 pathways for ante-natal, delivery and post-natal care. In April, Obstetrics care was £0.3m behind plan, of which £0.1m relates to under-performance in deliveries, which has continued the trend from 2012/13.

Outpatient new and follow-up attendances excluding Obstetrics were £0.2m, which is primarily driven by over-performance in GUM activity in month 1.

Other income was £0.3m behind plan in April, which is driven by under-performance in Adult Critical Care (£67k), Burns Critical Care (£40k) and Paediatric HDU (£76k), plus under-performance in excluded drugs, which is offset by an under-spend in excluded drugs expenditure. The under-performance in Paediatric HDU is due to lower complexity of surgical patients in the month, which has resulted in fewer patients requiring Paediatric HDU care.

Private patient income was behind plan in month, mainly due to under-performance in PMU due to delivery numbers being below plan (52 against plan of 70). Within Miscellaneous other operating income, there was higher than planned car parking income and additional salary recharges.

Pay is overspent in month 1 by £0.5m with the main contributing factor being the unidentified CIP budget line (that reports into 'other pay contracted').

The non-pay position shows an overspend of £0.6m in month 1. The main contributors to the in-month position were high levels of HIV drug spend (related to a high number of months prescribed); and pressures in non-clinical supply categories of consultancy, printing/stationary/postage and IT costs.

The CIP target for 2013/14 is £16.9m. Schemes totalling £13.6m have been identified for 2013/14 to date, which represents 80% identification with 22% classified as achieved. Divisions and corporate departments have been requested to have fully identified their CIP targets by the end of May, with a trajectory of achievement starting at 70% by the end of June and to be 100% achieved by the end of Jan 2014.

Overall Financial Risk Rating (FRR) and Continuity of Services Risk Rating (COSR)

The FRR and COSR ratings will be included in the report from next month, following submission of the Monitor plan on 31st May.

Prudential Borrowing Limit (PBL)/Loans

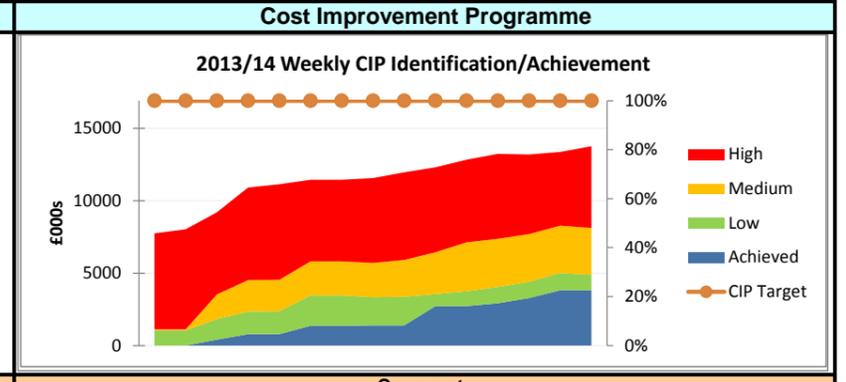
The prudential borrowing limit and prudential borrowing code are no longer in force effective from 1st April 2014.

	<p><u>Capital</u></p> <p>Capital expenditure for Month 1 was £1.1m reflecting the continuing spend against capital schemes approved last financial year. Going forward the work to secure the Doughty House transaction to buy out the lease will be proceeding via business case to a future Board meeting following a positive meeting between the Trust and the local council regarding change in use planning permission. B The council advised they do not foresee any problems with the proposal.</p> <p>The overall capital plan for 2013/14 is circa £49m. Within this position there is £1m set aside for smaller items of medical equipment replacement which will be prioritised by medical directors during May.</p> <p>The completion of the Diagnostics Centre and installation of a fluoroscopy unit and purchase of additional scopes will take place in the first quarter.</p> <p><u>Cash Flow</u></p> <p>The cash position as at 30th May 2013 is £37.8m which is a reduction of £3.8m from last month. There had been significant uncertainty over cash collection in April for NHS clinical contract income however of the £21.0m billed to CCGs and NHS England only 2.9% (£0.6m) remained outstanding at the time of writing.</p> <p>We received payment in full in April of £1m from the Chelsea Children's Hospital charity for payment of the paediatric da Vinci surgical systems robot which was delivered to the Trust in March.</p> <p><u>Investments</u></p> <p>With effect from 1st April the Department of Health changed the methodology of calculating the Trust's dividend payment (which is 3.5% of an annual average of relevant net assets excluding government held cash balances) to exclude cash government balances calculated on a daily average rather than the average of the opening and closing position. This is a disincentive to place funds on deposit commercially however deposits within National Loans Fund are not affected.</p>
<p>DECISION/ ACTION</p>	<p>The Board is asked to note the financial position for April 2013.</p>

Financial Performance						
Financial Position (£000's)	Full Year Plan	Plan to Date	Actual to Date	Mth 1 YTD Var	Prior Month	Forecast
Income	(347,957)	(28,049)	(27,551)	(499)		
Expenditure	314,973	25,973	27,124	(1,151)		
EBITDA for FRR excl Donations/Grants for Assets	29,531	2,076	426	(1,650)		
EBITDA % for FRR excl Donations/Grants for Assets	8.6%	7.4%	1.5%	-5.9%		
Surplus/(Deficit) from Operations before Depreciation	32,984	2,076	426	(1,650)		
Interest	(938)	81	70	11		
Depreciation	12,786	1,066	1,046	20		
Other Finance costs	1,630	0	0	0		
PDC Dividends	10,498	875	875	(0)		
Retained Surplus/(Deficit) excl impairments	9,007	55	(1,564)	(1,619)		
Impairments	0	0	0	0		
Retained Surplus/(Deficit) incl impairments	9,007	55	(1,564)	(1,619)		

Risk Rating (year to date)

The FRR & COSR ratings will be included in the report next month following submission of the Monitor plan on 31st May.



Comments

Risk Assessment
Impact 5 (Loss of more than £5m), Likelihood 3 (Possible); Internal- **Red**

The month 1 position is a deficit of £1.6m (EBITDA of 1.5%), which is an adverse variance of £1.6m against plan.

I&E Deficit (£1.6m); includes the following material items:
 - Under-performance in NHS Clinical contract income of £0.4m (Elective ahead of plan; Maternity & Critical Care behind plan)
 - Private Patient's income under-plan (£0.2m mainly within Private Maternity)
 - Pay position adversely affected by £0.7m unidentified CIPs
 - HIV drugs (£0.4m) overspent reflecting a high number of months prescribed in April

Comments

The FRR & COSR ratings will be included in the report next month following submission of the Monitor plan on 31st May.

Comments

CIPs 13/14
The CIP target for 13/14 is £16.9m. Schemes totalling £13.6m have been identified towards the 2013/14 target. This £13.6m represents 80% identification and includes 22% achievement.

Trajectory
It is proposed that all Divisions should have identified 100% of CIP schemes by 31st May 13. It is then proposed that the following achievement trajectories to be met;
 70% achieved by 30th June 2013
 75% achieved by 31st Aug 2013
 (Followed by a further detailed trajectory of 100% achievement by 31st Jan 2014).

NHS Clinical Income										
Division	Directorate	Point of Delivery	Activity Plan	Activity Actual	Activity Variance	Price Plan	Price Actual	Price Variance	% Variance	
CLINICAL SUPPORT	DIAGNOSTICS	Elective	565	634	69	350,658	395,530	44,873	13%	
		Non Elective	2	3	1	6,562	9,638	3,076	47%	
		Other	5,320	5,006	(314)	194,855	176,355	(18,501)	-9%	
		Outpatients	2,435	1,482	(953)	214,302	207,734	(6,568)	-3%	
		DIAGNOSTICS Total	8,322	7,125	(1,197)	766,377	789,257	22,880	3%	
		PERI-OPERATIVE THEATRES & ANAESTHETICS	Elective	1	1	0	4,419	1,014	(3,405)	-77%
			Non Elective	22	6	(16)	23,462	11,590	(11,872)	-51%
			Other	255	203	(52)	371,197	303,683	(67,514)	-18%
			Outpatients	30	30	(0)	2,609	2,507	(101)	-4%
		PERI-OPERATIVE THEATRES & ANAESTHETICS Total	307	240	(67)	401,688	318,794	(82,893)	-21%	
THERAPIES	Other	3,645	3,534	(111)	129,316	122,224	(7,092)	-5%		
	Outpatients	3,559	3,833	274	195,603	211,953	16,350	8%		
THERAPIES Total	7,204	7,367	163	324,919	334,177	9,258	3%			
CLINICAL SUPPORT Total	15,833	14,732	(1,101)	1,492,984	1,442,229	(50,755)	-3%			
MEDICINE AND SURGERY	MEDICINE	A&E	9,188	9,246	58	945,035	925,702	(19,332)	-2%	
		Elective	394	427	33	236,441	255,172	18,732	8%	
		Non Elective	1,703	1,445	(258)	1,883,624	1,694,093	(189,530)	-10%	
		Other	128	75	(53)	66,348	24,840	(41,508)	-63%	
		Outpatients	6,372	6,681	309	934,502	1,028,000	93,498	10%	
		MEDICINE Total	17,785	17,874	89	4,065,949	3,927,808	(138,141)	-3%	
		SURGERY	Elective	868	1,023	155	1,565,207	1,856,297	291,090	19%
			Non Elective	579	11	(568)	1,073,664	1,022,315	(51,350)	-5%
			Other	226	227	1	264,740	226,897	(37,843)	-14%
			Outpatients	8,342	8,645	303	990,613	1,053,905	63,292	6%
SURGERY Total	10,015	10,485	470	3,894,225	4,159,414	265,189	7%			
MEDICINE AND SURGERY Total	27,800	28,359	559	7,960,173	8,087,222	127,048	2%			
OTHER	OTHER	0	0	0	(403,569)	(403,569)	0	-0%		
	Other	62,101	61,966	(135)	1,181,878	1,188,312	6,434	1%		
	Outpatients	859	1,129	270	(122,923)	(108,224)	14,699	-12%		
OTHER Total	62,960	63,095	136	655,386	676,518	21,132	3%			
WNS/CYPS/HIV/SH/Dem	62,960	63,095	136	655,386	676,518	21,132	3%			
CHILDREN'S AND YOUNG PEOPLE'S SERVICES	ELECTIVE	Elective	667	657	(10)	851,345	840,303	(11,042)	-1%	
		Non Elective	524	423	(101)	664,616	638,851	(25,765)	-4%	
		Other	1,243	1,807	563	1,196,481	1,119,871	(76,610)	-6%	
		Outpatients	4,546	4,247	(299)	801,587	751,310	(50,277)	-6%	
		CHILDREN'S AND YOUNG PEOPLE'S SERVICES Total	6,979	7,134	154	3,514,029	3,350,334	(163,695)	-5%	
		HIV/SEXUAL HEALTH AND DERMATOLOGY	Elective	728	696	(32)	295,854	250,092	(45,761)	-15%
			Non Elective	69	97	28	209,054	183,815	(25,239)	-12%
			Other	75	71	(4)	585,902	534,559	(51,343)	-9%
			Outpatients	11,798	12,046	248	5,782,392	5,819,026	36,634	1%
		HIV/SEXUAL HEALTH AND DERMATOLOGY Total	12,670	12,910	239	6,854,202	6,787,493	(66,709)	-1%	
WOMEN'S AND NEONATAL SERVICES	Elective	217	222	5	279,924	287,533	7,609	3%		
	Non Elective	1,236	1,507	271	1,369,143	1,605,205	236,061	17%		
	Other	12	0	(12)	111,150	198,266	87,116	78%		
	Outpatients	3,099	6,098	2,998	1,407,561	841,503	(566,058)	-40%		
WOMEN'S AND NEONATAL SERVICES Total	4,565	7,827	3,262	3,167,778	2,932,507	(235,271)	-7%			
WNS/CYPS/HIV/SH/Dem Total	24,215	27,870	3,656	13,536,009	13,070,334	(465,675)	-3%			
Grand Total	130,807	134,056	3,249	23,644,553	23,276,303	(368,250)	-2%			

Key Financial Issues

Key Issues
 - GUM Public Health commissioning & payment
 - CIP 13/14 identification and achievement
 - Impact of Francis Report; including QIA on CIPs
 - Delivery of the Trust's activity plan
 - Achievement of new commissioner metrics
 - Achievement of CQUIN targets for 2013/14

Future Developments
 - Strategic developments e.g. West Midd, SaHF
 - West Middx at the Strategic Outline Case stage
 - Operationalising the capital plan

Cash Flow

Cash forecast graph to follow in month 2

Comments

The cash position as at 30th May 2013 is £37.8m which is a reduction of £3.8m from last month. There had been significant uncertainty over cash collection in April for NHS clinical contract income however of the £21.0m billed to CCGs and NHS England only 2.9% (£0.6m) remained outstanding at the time of writing.

We received payment in full in April of £1m from the Chelsea Children's Hospital charity for payment of the paediatric da Vinci surgical systems robot, delivered to the Trust in March.

Comments

The table above summarises the NHS Clinical Income position for Directorates/Divisions and POD for month 1 of 2013-14

Comments

Board of Directors Meeting, 28 May 2013 (PUBLIC)

AGENDA ITEM NO.	2.2/May/13
PAPER	Performance Report – April 2013
AUTHOR	Jen Allan, Head of Performance Improvement
LEAD	David Radbourne, Chief Operating Officer
PURPOSE	The purpose of this report is to summarise high level Trust performance, highlight risk issues and identify key actions going forward for April 2013.
LINK TO OBJECTIVES	This paper reports progress on a number of key performance areas which support delivery of the Trust's overarching aims.
RISK ISSUES	<p>Overall performance in April remains stable with all Monitor indicators met for the month. One case of MRSA occurred in April, which means that the DoH target (Zero) has not been met, but the Monitor target (6) is compliant.</p> <p>Contract negotiations continue with NHS NWL on acute services, with NHS England for specialised services, and with Local Authorities for sexual health services. Currently the Trust is on track to sign an acute contract by 31st May although a number of issues remain for resolution on specialised services and sexual health.</p>
FINANCIAL ISSUES /OTHER ISSUES	None.
LEGAL REVIEW REQUIRED?	No
EXECUTIVE SUMMARY	<p>Performance remains strong into April 2013. As a result of new and more stretching targets agreed for the new year 2013/14, achievement of green compliance has been more challenging this month. This presents an opportunity for the Trust to further focus and improve performance outcomes in key areas.</p> <p>The Trust is compliant with all Monitor indicators and continues to meet the 98% target for A&E and all RTT and Cancer access targets.</p> <p>Of note is the excellent performance on VTE assessment, meeting the new target of 95% of patients assessed, and continued achievement of the turnaround times for outpatient letters and discharge summaries to GPs</p>

	<p>Plans to focus on process efficiency and patient experience are in place through the outpatient transformation and theatre transformation projects. Good performance has been seen in the Friends and Family test with response rates and positive feedback above expectations.</p> <p>A more detailed focus report on Patient Safety and Clinical Effectiveness is provided this month including focus on VTE, Infection control and Best practice, Incidents, Readmissions and Mortality.</p>
DECISION/ ACTION	The Trust Board is asked to note this report.

Corporate Performance Report

Performance to 30th Apr 2013

Green indicates all KPIs achieved, amber indicates $\geq 50\%$ of the domain indicators have been achieved and red indicates $< 50\%$ of the domain indicators have been achieved Grey indicates a target has not been set.

Patient Safety

Hospital acquired VTE

Safety Thermometer – Harm free score

MRSA Bacteraemia

Mortality - SHMI

Resuscitation calls due to failure to escalate

Incident reporting rate per 100 admissions

Clinical Effectiveness & Maternity

A&E Total Time (< 4 Hours)

12 Hour Consultant Assessment (AAU)

VTE Assessment

Dementia Screening

Emergency readmissions within 30 Days

Caesarean Section rate

Patient Experience & Access

Choose And Book Slot Issues

Hospital Initiated Cancellation rate - Outpatients

RTT Incomplete pathways <18wks

Cancer Two week wait

Friends and Family Net Promoter score

Complaints – Turnaround time

Process Efficiency

DNA Rate

Theatre Booking Conversion Rate

Non Clinical Cancelled operations

OP Letter Turnaround < 7 Days

Discharge summaries <24 hours

Workforce

Sickness rate

Turnover rate

Appraisal completion rate

Vacancy rate

Average time to recruitment

- 1 Trust Headlines
- 2 Performance Domains:
 - Patient Safety
 - Clinical Effectiveness
 - Maternity
 - Patient Experience
 - Access
 - Process Efficiency
 - Workforce
 - Finance Balanced Scorecard
- 3 Monthly Focus:
 - Patient Safety and Effectiveness

About this report

The Board Performance Report has been refreshed to provide a clearer view of our performance across four domains of high quality care: Patient Safety, Clinical Effectiveness & Maternity, Patient Experience & Access and Efficiency. Two organisational domains of Workforce and Finance are also addressed.

Each month, an overall view of the Trust's performance is presented on page 2 based on key indicators for each domain. Within the report, relevant KPIs for each domain are reported in a dashboard format, and areas of concern or improvement highlighted. Finally, one domain each month will have a more in depth focus report.

From June 2013 we will introduce an Amber rating and/or Trends for indicators. This will help us differentiate better between areas that are close to meeting the required standard, and those which need significant work. We will also be able to highlight where there has been a significant improvement or decline more effectively.

Commissioning Update

The Trust is progressing well with its contract negotiations with a range of commissioners, and is currently on track for contract signature by 31st May 2013 for acute and specialised services.

North West London CCGs – Main Acute Contract

Elective and non-elective metrics for the contract have now been worked up in detail to meet the required financial values, supported by the divisional teams.

Elective metrics include New:FU ratios, non-GP referrals reduction and Daycase to Outpatient procedure transfer, and agreed targets have been set for all these. To provide GPs with more control of referral pathways, all non-urgent non-cancer internal referrals will be notified to the GP and the option offered for the GP to redirect the referral. Clinical working groups are also planned to provide a collaborative forum between GPs and Trust Clinicians to discuss improving patient pathways for key specialties where there is a need to change metric performance, such as New:FU ratios.

Non-elective metrics include the continued reduction of readmissions, the non-elective marginal tariff for activity above 2008/09 levels, and additionally new metrics around a reduction in A&E admissions by 5% and a reduction in excess bed days. The latter two metrics are being addressed through the new Emergency Care Pathway Board, chaired by a CCG GP lead, and looking at the whole system of care for emergency patients including C&W, CLCH, LAS and Mental Health organisations. This Board will also enable us to assure and improve the quality of our urgent care as requested by a recent letter from NHS England to all Trusts, in the light of declining A&E performance nationally.

CQUINs schemes have been agreed and the final details are being worked through. We have also agreed the quality KPIs for the 2013/14 contract and this report reflects those new standards where applicable.

NHS England – Specialised Services

Heads of terms have been agreed with NHS England for specialised commissioning and good progress made on contractual items. The main point of issue is CQUINs and specifically whether CQUIN is payable on pass-through items within the contract (mainly HIV drugs, and other non-PBR drugs; the CQUIN value for these items is £1.3m for C&W). This remains under discussion as does the detail of QIPP and CQUIN schemes which is a related item.

NHS England will also commission C&W Paediatric Dental services through their secondary/primary care commissioning arm and negotiation of this contract is in progress with no major issues anticipated.

Local Authorities – GUM commissioning

From 1st April, Local Authorities have been responsible for GUM services and negotiations have proved difficult both locally and nationally. There is currently no agreement on the basis for commissioning with a significant gap in proposed contract values between the Trust and the NWL LAs, as well as little coordination between LAs across London. The Trust has written to David Nicholson highlighting the problems and continue to negotiate with local commissioners. An early resolution is not anticipated but billing will continue in an effort to mitigate cashflow risk and of course we will continue to provide our high quality open access service to patients.

Positives and Negatives

Positives:

Performance in April continues to be strong across patient safety, effectiveness and experience, with excellent results on the Friends and Family test and an improvement in best practice care bundle compliance.

Of note is the achievement of the new target of 95% compliance with VTE assessment of admitted patients, which reflects the priority and focus of this important safety indicator

Areas for focus:

The Trust had one MRSA bacteraemia in April which proved to be a contaminant. More detail is provided within the report.

Complaints turnaround time continues to fall well below the 90% within 25 days standard and is under review with the complaints team and divisions. A number of outpatient process indicators are also the focus of improvement through the outpatient transformation project.

Monitor Compliance

Although the Trust did not achieve the DoH MRSA target of 0 for April 2013, all other targets have been achieved. The Monitor de-minimus target for MRSA is 6 so the Trust remains compliant.

KPI Name	Target	YTD	Apr-13
<i>Clostridium difficile</i> cases	<13	0	0
MRSA objective	6	1	1
All cancers: 31-day wait from diagnosis to treatment	> 96%	100.00%	100.00%
All cancers: 31-day wait for second or subsequent treatment Surgery	> 94%	No patients	No patients
All cancers: 31-day wait for second or subsequent treatment anti cancer drug treatments	> 98%	No Patients	No patients
All cancers:62-day wait for first treatment from urgent GP referral to treatment	> 85%	86.70%	86.70%
All cancers:62-day wait for first treatment from consultant screening referral	> 90%	No Patients	No patients
Cancer: Two Week Wait from referral to date first seen comprising all cancers	> 93%	96.70%	96.70%
Referral to treatment waiting times < 18 Weeks - Admitted	> 90%	90.09%	90.09%
Referral to treatment waiting times < 18 Weeks - Non-Admitted	> 95%	96.50%	96.50%
Referral to treatment waiting times < 18 Weeks - Incomplete Pathways	> 92%	93.25%	93.25%
A&E: Total time in A&E < 4hrs	> 98%	98.15%	98.15%
Self-certification against compliance with requirements regarding access to healthcare for people with a learning disability		Compliant	Compliant

Sub Domain	MonthYear	Apr-13	Mar-13	Feb-13	2013/14
Harm	Hospital Associated VTE (Target: < 0.83 pm) or 10 per year)	4*	1*	3	4*
	Incidence of newly acquired category 3 and 4 pressure ulcers (Target: < 4)	Due 16/04	2	5	TBC
Harm	Inpatient falls per 1000 Inpatient bed-days (Target: < 3.00)	3.06	2.54	2.62	3.06
	Patients with a Urinary Catheter (Target: < 12.5%)	12.0%	17.30%	14.40%	12.0%
Harm	Safety Thermometer - Harm score (Target: > 90%)	94.4%	92.40%	91.90%	94.4%
	Clostridium difficile infections (Target: < 1.1)	0	1	1	0
HCAI	MRSA Bacteraemia (Target: = 0)	1	0	0	1
	Hand Hygiene Compliance (trajectory) (Target: > 90%)	96.67%	95.54%	96.06%	96.67%
	Screening all elective inpatients for MRSA (Target: > 95%)	88.22%	91.80%	90.90%	88.22%
	Screening Emergency patients for MRSA (Target: > 95%)	99.10%	97.80%	98.40%	99.10%
Incidents	Incident reporting rate per 100 admissions (Target: > 8.00)	7.73	10.26	7.89	7.73
	Rate of pt. safety incidents resulting in severe harm / death per 100 admissions (Target: >)	0	0	0	0
	Never Events (Target: = 0)	0	0	0	0
	Resuscitation calls due to failure to escalate (Target < 0.42 p/m)	0	0	0	0
Pathways	Stroke: Time spent on a stroke unit (Target: > 80%)	100.00%	100.00%	100.00%	100.00%
	Proportion of people with higher risk TIA who are scanned and treated within 24 hours. (Target: > 75%)	71.42%	100%	80.00%	71.42%
	Fractured Neck of Femur - Time to Theatre < 36 hrs for Medically Fit Patients (Target: = 100%)	87.50%	91.70%	77.80%	87.50%
Mortality	Mortality (HSMR) (2 months in arrears) (trajectory) (Target: < 71)	Not available - Due 30/05/2013			n/a
	Mortality SHMI (Target: < 77)	Latest data - 76 - Oct 11 to Sep 12			n/a

Hospital associated VTE (* indicates RCAs outstanding) – The latest root cause analyses (RCAs) were completed in February 2013. The RCAs confirmed three hospital preventable VTEs. Key factors identified and to be addressed are as follows:-

- VTE risk assessment not completed within 24 hours
- Inaccurate completion of the VTE risk assessment
- Delayed prescribing of prophylactic/ therapeutic enoxaparin

Following successful implementation of the RCA completion process in 2012/13 the main focus for 2013/14 is the mitigation of the identified contributory factors and improving the timeliness of RCA completion.

Inpatient falls – The Trust achieved the target of 3 falls per 1000 inpatient bed days in 2012/13 despite experiencing in month breaches. The monthly falls reported are reviewed by the Trust Preventing Harm Group. At the next meeting scheduled on the 28th May divisional representatives will consider background to the recent falls that underpin the April breach in target and will put in place appropriate mitigating actions.

MRSA (DoH target = 0) – There was one hospital associated MRSA in April 2014 in the Burns Unit. The Trust has since held a serious untoward incident investigation. A 7 point action plan was set. The points include:

- Full MRSA Screens for all high risk long stay patients
- Address inconsistent documentation of invasive devices & promote care bundle approach
- Ensure all new doctors complete their online induction training.
- Ensure latest edition of Infection Control Induction Training is uploaded on to Training Tracker.
- Junior doctors to write evidential statements detailing their actions taken leading to the incident and their learning outcomes
- All BNU patients who are prescribed Vancomycin should be given continuous infusions rather than bolus doses to maintain levels within the therapeutic range.
- Ensure face to face training on use of PVC packs and documentation of PVC is completed prior to commencement of clinical duties

Screening elective inpatients for MRSA- There is on-going focus on achievement of this target through monthly task force. A cost benefit analysis is to be completed on the impact of distributing MRSA screening packs to patient groups that routinely demonstrate non-compliance.

Incident reporting rate – 7.73 versus a target of 8. The governance team are continuing to promote incident reporting at the Trust.

TIA < 24 hours – The Trust recorded 2 high risk TIA patients not treated within 24 hours in April. Two issues have been identified as a result. The first is timely referral from A&E and the second is cross cover in the stroke co-ordinator role. Both have been addressed.

Fractured Neck of Femur (NOFs) – Additional theatre session requested to increase weekend emergency capacity.

Sub Domain	MonthYear	Apr-13	Mar-13	Feb-13	2013/14
A&E	A&E Time to Treatment (Target: < 60)	01:05	01:07	01:09	01:05
	A&E: Total Time (Target: > 98%)	98.15%	98.60%	98.00%	98.15%
	A&E: Unplanned Re-attendances (Target: < 5%)	6.05%	6.37%	6.05%	6.05%
	LAS arrival to handover more than 60mins (KPI 3) (Target: = 0)	0	0	1	0
Admitted Care	Day case rate Relative risk (Target: < 100)	101.3	102.2	102.1	101.3
	Elective length of stay relative risk (Target: < 100)	146.8	147.3	172.2	146.8
	Emergency Re-Admissions within 30 days (adult and paed) (Target: < 2.78%)	3.48%	2.72%	3.00%	3.48%
	Non-Elective length of stay (Target: < 100)	86.2	100.7	106.1	86.2
Best Practice	Time to theatre for urgent surgery (NCEPOD recommendations) (Target: > 95%)	n/a	97.82%	96.90%	n/a
	Central line continuing care—compliance with Care bundles (Target: > 90%)	91.70%	88.90%	100.00%	91.70%
	Peripheral line continuing care—compliance with Care bundles (Target: > 90%)	82.70%	67.50%	85.30%	82.70%
	Urinary catheters continuing care—compliance with Care bundles (Target: > 90%)	98.50%	88.60%	87.30%	98.50%
	% Patients nutritionally screened on admission (Target > 90%)	93.00%	87.86%	n/a	93.00%
	% Patients in longer than a week who are nutritionally re-screened (Target: > 90%)	78.00%	73.83%	n/a	78.00%
	Access to healthcare for people with a learning disability (Target: = 100%)	100%	100%	100%	100%
Best Practice CQUIN	VTE Assessment (Target: > 95%)	95.20%	93.90%	93.60%	95.20%
	Dementia Screening Diagnostic Assessment (Target: > 90%)	73.40%	74.60%	76.40%	73.40%
	Appropriate referral Dementia specialist diagnosis (Target: > 90%)	80.65% Q4			
	12 Hour consultant assessment - Surgical Admissions (Target: > 70%)	80.0% Q4			
	End of Life Care – Patients identified (Target: > 6%)	9.65% Q4			
Maternity	Maternity Access Target - 12+6 (Target: > 95%)	91.00%	91.60%	93.40%	91.00%
	Caesarean section rate (Target: < 27%)	31.20%	28.00%	29.00%	31.20%
	Non-Delivery Admissions (NZ) (Target: n/a)	1.07	1.1	1.15	1.07

A&E Overall- The Trust passed overall on Patient Impact and Timeliness status as we met the target for total time in department, patients left without being seen and time to initial assessment indicators.

Time to Treatment - The time to treatment indicator although not achieved in April has shown month on month improvement since February. This indicates that the actions taken have begun to take effect, however further work is required to ensure this trend continues and achievement can be gained. The A&E team actively manage this performance on a weekly basis

Unplanned re-attendances – The unplanned re-attendances within 7 days quality indicator has proved challenging for the Emergency Department since the standards were introduced. An audit of reasons for return had been conducted and the findings are being analysed to inform as to whether further service developments can be made.

Care Bundle Compliance – The Chief Nurse has met with the Divisional Nursing teams and lead for infection control to look at the peripheral cannula care bundle results for April. Particular focus will be given to documentation in the coming month and weekly audits will be undertaken to ensure improvement is taking place

VTE Assessment – The Trust achieved the 95% screening target in April. This is the highest percentage screened that the Trust has achieved since recording began in Apr 2011. 11 specialities achieved 100% screening in April. 95.2% screening percentage places the Trust in the 15% in the country (based on the latest national data, June 2011)

Dementia – Dementia screening, risk assessment and referral performance has improved throughout 2012/13. However, the Trust failed to meet the CQUIN target of 90% in 2012/13 and into 2013/14. The Trust will be reviewing internal processes and recruiting 2 dementia care specialist nurses who will provide additional support in year. The Trust will further it's work on implementing an electronic data collection system to support delivery of targets in 2013/14.

Caesarean section rates – Caesarean cases are continuously audited and reflected upon. The Trust saw an increase in the rate in April which is consistent with historic seasonality. The Trust lead midwife will be working with commissioners in 2013/14 to discuss this patient pathway with a view to making sustained improvement.

KPI	Goal 2012/13	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Goal 2013/14	Apr-13
Total C/S rate overall	<29%	32.30%	27.60%	30.40%	28.10%	27.40%	29.30%	31.50%	35.40%	31.00%	32.70%	27.90%	28.20%		31.30%
Emergency C Sections		19.30%	15.90%	18.50%	14.80%	13.10%	13.10%	17.00%	18.20%	14.90%	16.10%	12.60%	15.70%	<12%	15.90%
Elective C Sections		13.10%	11.70%	11.90%	13.30%	14.30%	16.20%	14.50%	17.20%	16.10%	16.60%	15.30%	12.50%	<15%	15.40%
Number of PP haemorrhages >2L	< 10	10	7	9	10	10	6	3	13	4	7	8	9	< 10	4
Blood loss >4000mls	0	1	0	1	1	2	1	0	1	1	1	0	1	0	0
No of Patients with 3rd/4th degree tear	0	6	12	10	10	13	4	10	11	11	7	6	11	0	4
Maternity Access	> 90%	93.40%	93.90%	94.10%	95.90%	98.00%	92.90%	92.50%	91.80%	95.40%	90.00%	93.40%	91.60%	> 95%	91.00%
Maternal Death	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0
ITU Admissions in Obstetrics	<6 in 2 months	2	2	3	1	3	2	2	0	3	2	2	3	<6 in 2 months	0
Number of Serious Incidents (Orange Incidents)	0	0	2	2	0	6	1	3	2	4	1	2		0	0
Maternity Unit Closures	0	0	0	0	0	0	1	0	0	1	0	0	0	0	0
Breastfeeding initiation rate	90%	92.60%	92.30%	91.10%	92.10%	92.10%	92.70%	92.60%	95.20%	92.70%	92.30%	92.20%	92.60%	90%	90.80%

Maternity performance in April 2013 has been good across a number of areas but with a deterioration in caesarean section rate, particularly for elective sections. The increase in caesarean section rate for April is explained in the main part by an increase in caesarean sections for nulliparous (first child) breech presentations, and multiparous (subsequent child) women who have declined the offer of VBAC (vaginal birth after previous caesarean section). A detailed review has been undertaken by one of the lead midwives using the Robson criteria and a number of actions proposed:

1. Audit the women who had a caesarean for breech presentation to determine if they were offered or attempted alternatives
2. Further analysis of Robson group 4 to identify trends or lessons learnt
3. Increase review of the emergency caesarean sections by Consultants especially those women in Robson 2 group.
4. Consider a stronger position in relation to maternal choice and preference (running counter to the preservation of maternal choice)

A number of more challenging targets have been set by commissioners for 2013/14 including a stretch on our section rate (from 29% to 26% but monitored separately for elective and emergency caesareans) and on our maternity access target (the percentage of women booking before 10+6 weeks who are seen before 12+6 weeks) with an increase from 90% to 95% compliance required. The Maternity team are reviewing performance and plans to improve in these areas, particularly in support of the development of the Midwifery Led Unit which is predicated on an increase in activity and attracting additional market share, for which excellent access and clinical standards are a must.

Maternity services will be paid for by a new pathway tariff (a specific tariff is set for each maternity pathway i.e. antenatal, delivery and post natal care) and the Trust is monitoring the impact of this change on the service through the early part of 2013/14.

Sub Domain	Month Year	Apr-13	Mar-13	Feb-13	2013/14
Complaints	PALS and Formal complaints - communication (Target: TBC)	23	6	15	23
	PALS and Formal complaints - discharge (Target: < 2.3)	3	7	2	3
	PALS and Formal complaints – attitude & behaviour (Target: TBC)	16	15	18	16
	Formal Complaints Re-opened (Target: < 5%)	n/a	2.60%	6.30%	n/a
	Formal Complaints upheld by the Ombudsman (Target: = 0)	0	0	0	0
	Formal Complaints responded in 25 working days (Target: > 90%)	n/a	78.00%	79.00%	n/a
	Total Formal Complaints (Target: n/a)	35	27	33	35
	Hospital cancellations \ reschedules of outpatient appointments % of total attendances (Target: < 15.6%)	12.39%	13.70%	16.00%	12.39%
Friends and Family	Friends & Family Test - Local +ve score (Trust) (Target: > 90%)	92%	94%	95%	92%
	Friends & Family Test - Net promoter score (Target: > 13)	13	20	20	13
	Friends & Family Test - response rate (Target: > 15%)	20%	30%	29%	20%
Other	Breach of Same Sex Accommodation (Target: = 0)	0	0	0	0

Complaints themes and targets – New focus areas for complaints have been agreed for 2013/14 in line with Quality priorities, so the communication theme will be split into complaints relating to communication in general, and those relating to attitude & behaviour. New targets will be set to reduce by 10% the number of complaints in each theme, to date, only the discharge theme target has been set as we are awaiting the 2012/13 split of communications complaints.

Formal Complaints reopened – There is a focus on the quality and depth of responses and an emphasis on early contact with complainants to understand their concerns and the resolution they want so that complaint responses get things right first time. For the 2012/13 year to date 23 [6%] of the complaints were reopened; 4 % of these complaints were resolved through further local resolution, either by writing again to the complainants, or by meeting with them.

Formal Complaints response rate – in 2012/13, 80.73% of formal complaints were responded to and resolved by the Directorates within 25 days, this falls below the Trust target to respond to 90% within 25 days. Performance was well below this standard in both February and March. In order to try and address this issue, the complaints team update and send a log of current and reopened complaints to all the divisions once a week. There is a weekly review of outstanding complaints at Trust Execs and the Chief Nurse and Director of Governance and Corporate affairs meet once a week with the divisional directors to review their complaints and incidents.

FFT – The Trust continues to perform well on the FFT with a local positive rating consistently over 90% and a good “net promoter” score (the number of patients very likely to recommend the Trust, minus the number indifferent or unlikely to recommend us). A reduction in response rate was seen in April due to a change in recording of the A&E data but the Trust remains well above the target rate of 15%.

Sub Domain	MonthYear	Apr-13	Mar-13	Feb-13	2013/14
RTT	18 week RTT Admitted Patients (Target: > 90%)	90.09%	91.00%	90.30%	> 90%
	18 week RTT Non Admitted Patients (Target: > 95%)	96.50%	98.80%	98.70%	> 95%
	18 week RTT incomplete pathways (Target: > 92%)	93.25%	93.20%	92.80%	> 92%
	18 Week RTT incomplete 52 week patients (at month end)(Target: = 0)	1	1	0	1
OP	Choose and Book Slot issues (Target < 2%)	3.80%	2.30%	1.70%	3.80%
	Average Wait – Booking to First Attendance (Days)	22			
Cancer	Cancer urgent referral Consultant to treatment waiting times (62 Days) (Target: > 90%)	No treatments	No treatments	100.00%	No treatments
	Cancer urgent referral GP to treatment waiting times (62 Days) (Target: > 85%)	86.70%	100.00%	86.70%	86.70%
	Cancer diagnosis to treatment waiting times - Subsequent Surgery (Target: > 94%)	No treatments	No treatments	100.00%	No treatments
	Cancer diagnosis to treatment waiting times - Subsequent Medicine (Target: > 98%)	No treatments	100.00%	100.00%	No treatments
	Cancer urgent referral to first outpatient appointment waiting times (2WW) (Target: > 93%)	96.70%	97.80%	97.30%	96.70%
	Cancer diagnosis to treatment waiting times - 31 Days (Target: > 96%)	100.00%	100.00%	100.00%	100.00%

52 Week patients – Any patient waiting over 52 weeks at month end will be reported and a £5,000 fine incurred from April 2013. The Trust is in the process of reviewing incomplete pathway patients to ensure that data quality is improved with a view to providing assurance that there are no long waiting patients. The Trust will also be moving to a new real-time RTT pathway waiting list reporting system during the near future and the performance and operational teams are actively managing this transition. One patient waited over 52 weeks in April in Plastic Surgery. The patient has been treated in May and an investigation completed as to why the long wait occurred. Data quality and waiting list processes have been improved as a result and the learning shared across the divisions.

Choose and Book Slot Issues – The Trust has achieved a significant reduction in CAB slot issues during 2012/13 and divisional teams will review their services following the increase in April to identify where any issues lie, as the target for 2013/14 is to maintain performance below 2%. Based on daily slot availability reports the following services have experienced C&B slot capacity issues in April. Gynaecology - Female Genital Mutilation (9 days without slots), Community Gynaecology Service (3), Neurology (4), Respiratory (3), and Urology (3). The appointments team will continue to work with specialties to highlight problem areas and release additional capacity.

Cancer waiting times – the Trust continues to record strong performance on cancer waiting times against the maximum days wait for new appointments, first and subsequent treatments, despite relatively small numbers of patients meaning performance is difficult to manage. The cancer team are developing new reporting and monitoring capabilities through the cancer system Infoflex which will make this process more effective in future.

Sub Domain	MonthYear	Apr-13	Mar-13	Feb-13	2013/14
Admitted	Delayed transfers - Patients effected (Target: < 0)		2.30%	3.10%	
	No urgent op cancelled twice (Target: = 0)	0	0	0	0
	On the day cancellations not rebooked within 28 days (Target: = 0)	0	0	1	0
	On the day non-clinical cancellations (Target < 1%)	0.3%	0.6%	0.3%	0.3%
	Theatre booking conversion rate (Target: > 80%)	88	89	88.4	88
	Active Time (Target: > 66%)	77	73	76	77
DQ	Coding Levels complete - 7 days from month end (Target: > 95%)	~98%	~90.0%	96.50%	~98%
	% Letters Sent < 7 Working Days (Target: > 90%)	93.00%	92.9%	91.3%	93.00%
GP Realtime	Discharge Summaries Sent < 24 hours (Target: > 80%)	81.70%	80.20%	71.30%	81.70%
	GP notification of discharge planning < 48 hours (Target: > 80%)	98.8%	98.4%	99.0%	98.8%
	GP notification of an A&E-UCC attendance < 24 hours (Target: > 90%)	98.50%	96%	89.70%	98.50%
	DNA Rate (Target: < 8.7%)	11.0%	10.0%	9.6%	11.0%

GP Real Time Information

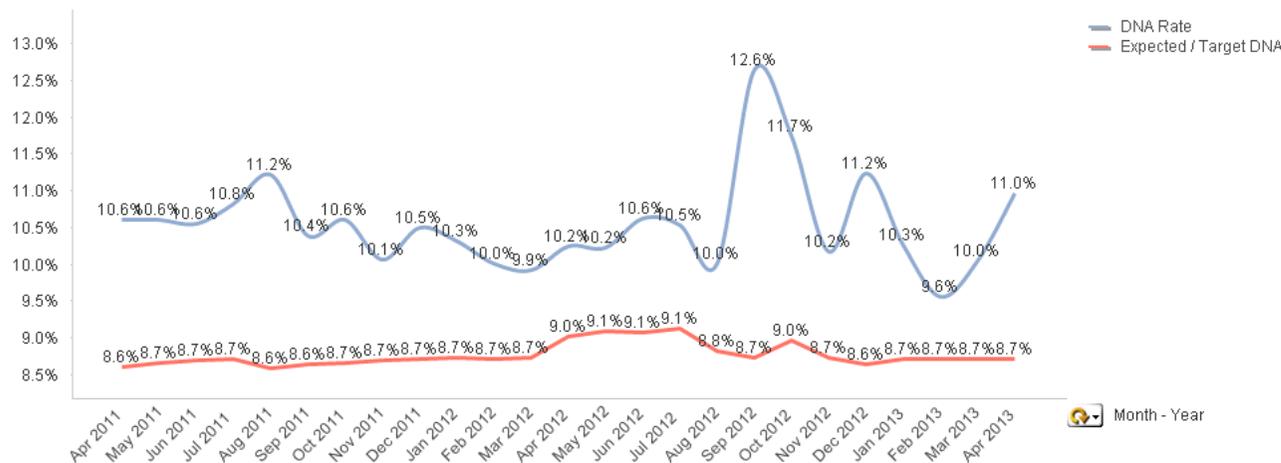
The Trust has maintained excellent performance on the key indicators for Outpatient letter turnaround (now achieving over 90% against a 7 day turnaround agreed in the 2013/14 contract) and for Discharge summaries over 80%. This reflects continued focus by divisions and there will be further work to ensure results are sustainable by looking at improving consistency of processes and the use of speech recognition technology

DNA Rates

The graph illustrates that DNA rates have been very variable over the last year and although this can be affected by the case mix of activity within the hospital, this will be investigated further as the trend is not yet improving. Reductions in DNAs were seen through 2011/12 due to the introduction of text reminders for appointments but it has been challenging to achieve further improvement so this will be a key focus for the Outpatient Transformation Project. Additionally, the link between hospital initiated cancellations, which averaged over 15% of appointments in 2012/13, and DNA rate, is being investigated with a view to improving patient experience as well as utilising outpatient capacity more effectively. New data quality reports which identify where patients have DNAd more than once are also now in place.

Specialty areas with high DNA rates above target are illustrated below, and this data has been shared with Divisions for review and action.

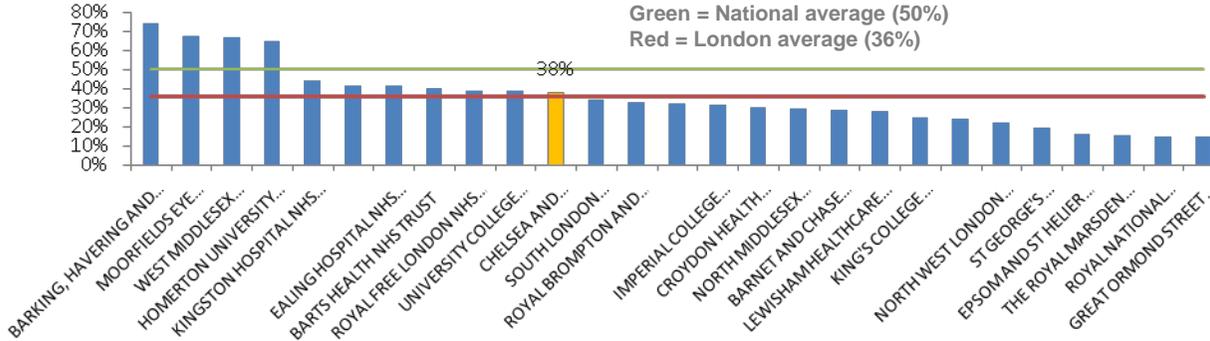
Trust Level DNA Rates versus Target DNA Rate



Largest Variances from DNA Target (Apr 2013)

Speciality	DNA Rate	Target DNA Rate	Reduction/ Allowable DNAs
Trust Level	11.0%	8.71%	-1,006
OBSTETRICS	10.3%	6.00%	-186
BARIATRIC SURGERY	22.7%	7.20%	-97
OPHTHALMOLOGY	14.0%	8.40%	-74
GENERAL SURGERY	14.2%	7.20%	-74
GYNAECOLOGY	11.0%	7.90%	-71
ULTRASOUND OBSTETRICS	4.1%	0.00%	-58
PAIN MANAGEMENT	17.1%	9.70%	-57
TRAUMA AND ORTHOPAEDICS	10.1%	7.90%	-47
DERMATOLOGY	11.0%	8.10%	-43
UROLOGY	14.2%	8.00%	-40

Provider % C&B March 2013

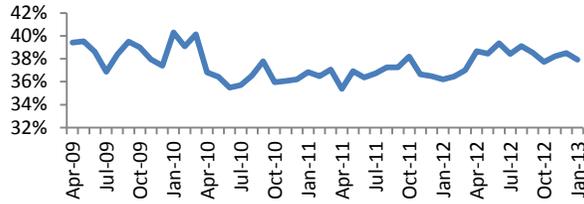


Choose and Book Uptake-

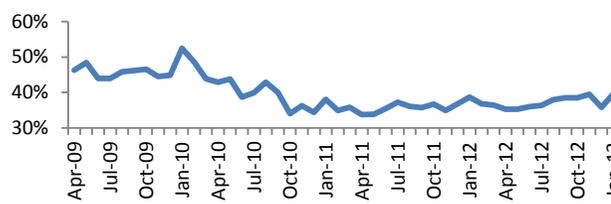
Chelsea and Westminster receive 38% of our GP referrals through Choose and Book suggesting there is significant potential for improvement here. GPs used to be incentivised through their contracts to use the system but this is no longer the case and has led in many areas to a decline in take up.

Use of CAB is more efficient for both GP, patient and Trust and we are working with commissioners to identify ways to increase take up. This may be linked with GP Real Time Information incentives or with the management of non-GP referrals as a contract metric, since our ambition is to make this an electronic process.

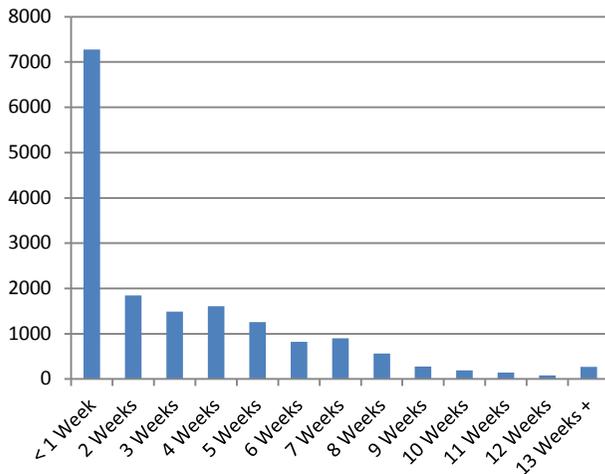
London % GP Referrals through C&B



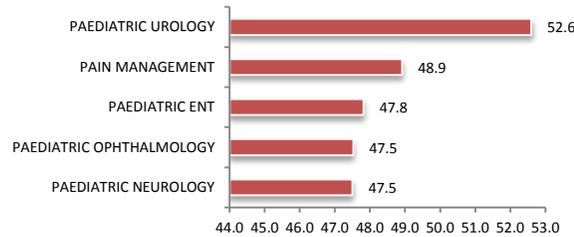
K&C % GP Referrals through C&B



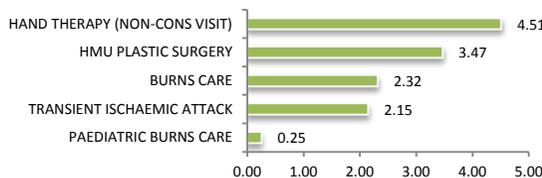
Trust level waits – First Appointment



Longest Average Waits (Days)



Shortest Average Waits (Days)



Average Waits First OP attendance -

Clearly the majority of patients referred to the Trust do wait a short period for their appointment, and this is the performance that we aim to provide to all patients. Allowing for reasonable patient choice within our Access Policy, and communicating this appropriately to patients and GPs, is one of the challenges which the divisional and central Appointments teams are working on, to ensure that patient pathways are not extended too far. More effective management of capacity is also an important factor and we are reviewing the use of a common demand and capacity tool for all divisions. Reducing outpatient waits in support of growing market share and activity is a key focus into 2013/14 and a fuller update will be given in June.

Sub Domain	MonthYear	Apr-13	Mar-13	Feb-13	2013/14
HR	Agency Staff % (Target: < 3.1%)	5.1%	5.20%	4.50%	5.1%
	Average Recruitment Time (Target: < 70)	76	68.3	67.6	78.4
	Vacancy Rate (Target: < 8%)	7.59%	7.64%	8.37%	7.59%
	Appraisal completion rate (Target: > 87%)	81%	80%	80%	81%
	Sickness Rate (Target: < 4%)	3.31%	3.08%	4.20%	3.31%
	Staff satisfaction - Picker (Target: > 3.6)	Yearly audit – 3.68			
	Staff Engagement (Target: > 4.02)	4.22	n/a		4.22
	Turnover Rate (Target: < 1%)	1.22%	1.20%	1.20%	1.22%

Positives

Sickness Absence - The Trust's sickness absence rate in April 2013 was 3.33% which is lower than April 2012 (4.15%). The sickness target for the year has been set at 3.6% and the QIPP project begun in 2012 is continuing in 2013/4 to support this reduction. Sickness in all Divisions, with the exception of Clinical Support was lower than the same month last year. HR is currently reviewing the issue of non-reporting and will be implementing changes to improve compliance.

Staff Engagement - The Trust commenced its pilot of local staff surveys in April 2013. Pilot areas were chosen in each of the divisions, and HR worked with managers in those areas to draft a 'pulse' survey reflecting both the Trust Staff Survey priorities (Bullying and harassment, appraisals, Trust values and Staff engagement) as well as any locally identified issues to explore. A full report on the pilot and survey rollout programme will be submitted to the Patient & Staff Experience Committee in the near future. As a proxy for staff engagement we will be measuring staff willingness to recommend the Trust either as a place for friends or relatives to receive treatment ('Friends and Family' test) or as a place to work. On a Likert scale of 1-5, where 5 is the most positive, the overall score for staff willingness to recommend the Trust was 4.22 in the April surveys. This compares favourably with a score of 4.02 in the 2012 NHS Staff Survey.

Vacancies - The full Trust vacancy rate for April 2013 was 7.59%, a decrease of 0.13% on the previous year. The Trust has set a target of 8% vacancies for 2013/4.

A truer measure of vacancies is those posts being actively recruited to, based on the WTE of posts being advertised through NHS jobs throughout April 2013. The active vacancy rate is currently 3.01%. Although below target this is slightly higher than the 2012/3 average due to cohort recruiting of some nursing vacancies.

Areas for focus

Bank & Agency Usage - The Trust showed an increase in Bank and Agency usage for April, up by 58.3 WTE on April 2012, with both bank and Agency registering an increase on the previous year. All Divisions with the exception of Medicine and Surgery registered an increased use of Agency staff on the previous year. Nursing, Administrative, Medical and Allied Health Professional staff groups registered increases on the previous year. Agency usage is being reviewed actively by Human resources and senior managers to identify actions needed to reduce the use of Agency staff. Staff bank recruitment campaigns are planned for the remainder of the year to increase our pool of available temporary workers.

Average recruitment time - There were 99 new starters in April. The main drivers for not achieving the target in April were two doctors within T&O and the recruitment of a newly qualified nurse in NICU. T&O had a planned time to recruit of 444 and 441 working days and the NICU nurse had complications regarding qualifications and professional registration that extended the recruitment to 257 days. The time to recruit excluding these 3 'exceptions' would have been 65 working days.

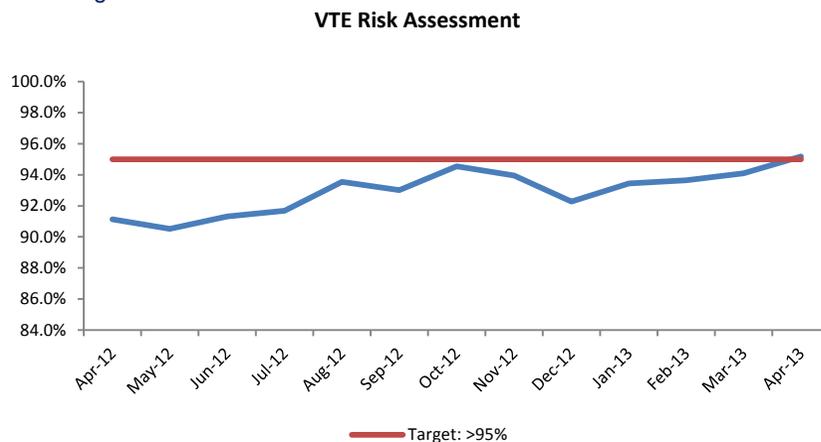
Appraisals The Trust has set a target of 90% of staff receiving an appraisal within 12 months, to be achieved by the year end. To support this, and the changes to Agenda for Change terms and conditions introduced from April 2013, the Trust has established a working group to identify changes required to meet this target. The Divisions are continuing to address any overdue appraisals in advance of these changes, and good progress in completing appraisals has been made.

Turnover - In April the Trust staff in post position stood at 2971.77 WTE (whole time equivalents) with the substantively employed workforce increasing by 45.65 WTE (1.56%) since April 2012. Unplanned turnover (i.e. resignations) stood at 14.41% for the month, with all Divisions registering an increase against last year. This trend in increasing turnover has continued since Q4 2012/13. Human Resources has refreshed its exit interview process to help us understand the reasons for this increased turnover better. The 2013/4 target for turnover has been maintained at 13.5% for the year

Venous thromboembolism, or VTE for short, is an umbrella term for potentially serious blood clots called deep vein thrombosis (DVT) and pulmonary embolism (PE). The risk of developing VTE is heightened after surgery and/or periods of immobility, and in certain conditions such as pregnancy or advanced cancer. Around half of all cases arise in patients who have recently been in hospital. Around one third of patients will develop VTE despite the best care, but in the remaining two-thirds of patients a VTE can be avoided with preventive treatment.

VTE Risk Assessment

All adult patients should have a VTE risk assessment completed on admission to hospital to identify any risk factors that may be present. In 2012/13, weekly and monthly monitoring of completion showed that we were able to achieve the target of completing assessments for 90% of patients. The graph below illustrates our continued improvement. In fact, in April 2013, we were successful at meeting the stretch target for 2013/14 of 95%.



Incidence of hospital associated VTE

For 2012/13, we set ourselves a target of 25% fewer hospital associated VTEs than in the previous year — i.e. to have no more than 13 hospital associated preventable VTEs. There were 13 confirmed cases and, while we achieved our target for 2012/13, we are hoping to reduce this even further this year. We have once again set the target with a 25% reduction on previous year and hope to have no more than 10 cases in 2013/14.

VTE Root Cause Analyses

Thorough reviews (root cause analyses, RCA) are undertaken for patients with preventable VTE associated with a hospital admission, defined as during or within 90 days of admission and who did not receive appropriate preventive treatment. This allows for addressing the contributory factors for preventable VTEs and thus reducing the instances of hospital acquired VTEs.

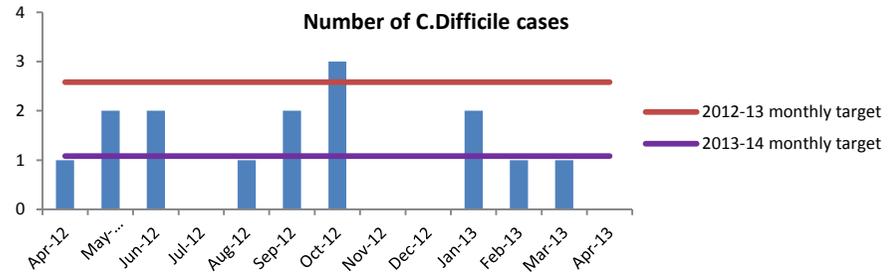
In 2013/14, we are commissioned to ensure that 75% of all hospital associated VTEs are reviewed through RCAs within one month of VTE cases being identified. This target will help us improve the timeliness of our reviews and ensure actions can be taken closer to the event.

Patients are more vulnerable to infection when they are in hospital, and reducing the risk of this is a top priority for us at Chelsea and Westminster. There are some healthcare associated infections that we have a statutory responsibility to report on. These include Methicillin Resistant Staphylococcus Aureus (MRSA) bacteraemia and Clostridium difficile (C. difficile). The Department of Health (DoH) sets thresholds to reduce the number of new cases of these infections each year. Whenever a patient becomes infected, we complete a detailed review to find out how it happened and see what changes to our practice we may need to make.

C. Difficile

Last year the DoH threshold for C.difficile was a maximum of 30 hospital cases. We were able to achieve this target with 15 cases of C.difficile.

We are aiming to cut the number of cases further this year and have a threshold of 13 cases for 2013/14. Thus, we are imposing a threshold of 1 case per month; in 2012/13, we would have been over this new threshold for 4 months. In April 2013, we had 0 cases of C.difficile.



MRSA

In 2012/13, the DoH threshold for hospital acquired MRSA was for a maximum of 2 cases. The Monitor threshold was 6 cases. We had 1 case in 2012/13, which meant we were able to remain below both thresholds.

This year, the DoH MRSA threshold is for 0 cases for 2013/14, whilst the Monitor threshold remains at 6. There was 1 hospital associated MRSA in April 2013. The patient was being treated on the Burns Unit and the blood culture was taken on the 4th of April 2013, on discharge following 17 days of successful treatment. The Trust has since held a serious untoward incident investigation, and the panel concluded that this was a contaminant. A 7-point action plan was set to ensure that such incidents can be avoided, including: full weekly MRSA screening for all high-risk long-stay inpatients; addressing inconsistent documentation of invasive devices & promoting care bundle approach; and more focus on training at induction and prior to clinical duties.

Care Bundles

Good practice around the use of intravenous lines can help reduce the risk of infection. The Saving Lives Care Bundles initiative by the DoH has had an impact on improving practice. These are audit tools that are used to monitor the effective management of intravenous lines and urinary catheters. The use of each care bundle is checked regularly and the results are reported to the Infection Prevention and Control Committee and clinical divisions.

Our targets for compliance with standards around the use of central lines, peripheral lines and urinary catheters were 90% in 2012/13 and remain so in 2013/14. Last year, we were able to exceed this target for both central lines and urinary catheter. However, our compliance for peripheral lines was 80%, which we will aim to improve on in 2013/14.

In April 2013, the same pattern emerged, with a need for focus on peripheral lines. The Chief Nurse has met with the Divisional Nursing teams and lead for infection control to look at the peripheral cannula care bundle results for April. Particular focus will be given to documentation in the coming month and weekly audits will be undertaken to ensure improvement is taking place

Nutritional Screening

The average estimated prevalence of malnutrition among patients admitted to hospital is 28%. Good nutrition is therefore important for patient safety, clinical effectiveness, and the patient experience. To make sure that patients are eating properly, we screen them for malnutrition within 24 hours of admission, and weekly thereafter, and then put in place nutritional care for any who are already malnourished or at risk of being so. Daily reports on the results of nutritional screening has raised the profile of nutritional care across all disciplines and increased the number of patients who are screened within 24 hours of admission and those who are rescreened within a week.

However, both initial screening and rescreening are below the target of 90%. The electronic screening tool underwent front end changes in November 2012 and the tool itself has presented ongoing challenges with errors and bugs in the system. Errors were rectified by 25th March 2013. Dietetics carried out a promotional campaign within the last week of March on the wards with nursing staff to instil confidence in the tool to enable screening to be embedded into everyday practice. This proved successful, with 93% of patients nutritionally screened on admission in April 2013. Although performance for rescreening is still under target for April 2013, the improvement continues, with performance at 78%.

HIT 2 Peripheral cannula continuing care							Compliance	83%
	Is the peripheral line clinically needed?	Is there an intact, clean, dry transparent dressing and occlusive plate?	Is the end of line documentation up to date and the VIP score recorded?	Is the administration set appropriately labelled?	Is the insertion site labelled with: A) the coloured day-of-the-week sticker (DS S) date of insertion?	Is the date of insertion recorded in patient notes?	All elements performed?	
Overall	100%	98%	97%	95%	94%	95%	83%	
AAU ward	100%	100%	100%	90%	90%	100%	90%	
Annie Stewart ward	100%	100%	100%	100%	94%	100%	94%	
Annie Zuna ward	100%	100%	100%	100%	100%	100%	100%	
David Erskine ward	100%	100%	100%	100%	100%	100%	100%	
David Evans ward	100%	100%	100%	80%	100%	100%	80%	
Edgar Horne ward	100%	100%	100%	100%	100%	100%	100%	
ICU / HDU ward	100%	100%	100%	100%	100%	100%	100%	
Kensington Wing ward	100%	100%	100%	100%	67%	100%	67%	
Lord Wigram ward	100%	100%	100%	70%	89%	70%	56%	
Neil Gwynne ward	100%	100%	100%	100%	100%	100%	100%	
Ransford Mowlam ward	100%	88%	88%	100%	100%	75%	63%	
Ron Johnson ward	100%	91%	82%	100%	100%	91%	64%	
Simpson unit	100%	100%	100%	100%	90%	100%	90%	

HIT 2P Paediatric PVC Continuing care							Compliance	22%
	Is the peripheral line clinically indicated?	Has the date of insertion been recorded in the patient's notes?	Has the daily continuing care tool been used and the VIP score recorded?	Has the dressing been assessed and changed as necessary?	Is there a occlusive/ster in place & is it dated?	Has the giving set been labelled and dated?	All elements performed?	
Overall	100%	44%	92%	100%	50%	100%	22%	
Apollo	100%	100%	100%	100%	100%	100%	100%	
Jupiter ward	100%	0%	80%	100%	0%	100%	0%	
Mercury ward	100%	20%	100%	100%	100%	100%	20%	
Neptune ward	100%	0%	100%	100%	100%	-	0%	
Saturn ward	100%	100%	-	100%	20%	100%	20%	

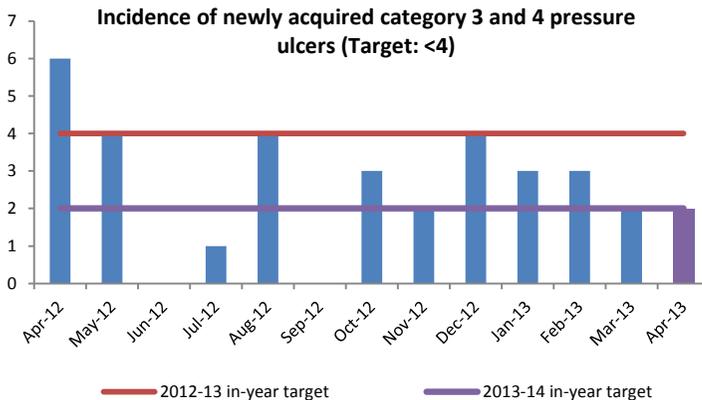
Pressure ulcers

Pressure ulcers, often known as bed sores, are graded by severity. We changed the way we categorise this, so that we can compare our performance with other London hospital trusts. The new system was only introduced three months ago and therefore we are not yet in a position to do that.

The number of new cases seems to have risen, but there has also been an increase in the number of those present on admission (community acquired) over the past year, which suggests that it's the reporting of cases that has improved rather than a genuine rise in new cases.

There were 17 grade 3 ulcers and 21 grade 4 ulcers in 2012/13. These will be measured separately in 2013/14. The threshold for grade 4 will be zero and for grade 3 a 50% reduction i.e. 8. A 50% reduction is also applied for grade 2 ulcers, resulting in a threshold of 35 for 2013/14.

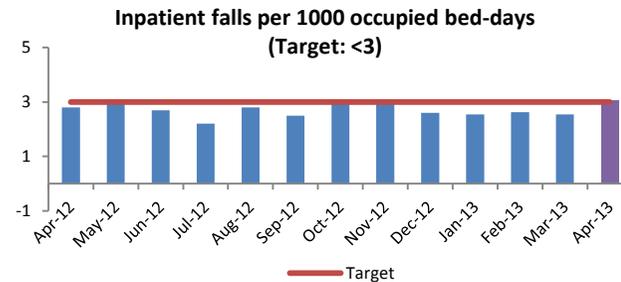
Severity	2012/13 Threshold	2012/13 Actual	2013/14 Threshold
Grade 2	50	70	35
Grades 3&4	31	38	8



Patient Falls

Trips, slips and falls often have significant consequences for patients, particularly older patients. A fall is the main cause of death from injury among the over-75s in the UK and can lead to loss of confidence and social isolation. Falls cost the NHS £2.3 billion a year. Yet falls prevention often gets overlooked.

One measure being used by wards and falls prevention teams is the fall rate (falls per 1000 bed days). The national average is set at 5.6/1000, and our threshold is 3.0/1000. In April 2013, we were above this threshold with 3.06/1000. The Trust achieved the target of 3 falls per 1000 inpatient beddays in 2012/13 despite experiencing in month breaches. The monthly falls reported are reviewed by the Trust Preventing Harm Group. At the next meeting scheduled on the 28th May divisional representatives will consider background to the recent falls that underpin the April breach in target and will put in place appropriate mitigating actions



Never Events

'Never events' are rare, but serious patient safety incidents that, by definition, should never happen.

The Department of Health has published a list of 25 categories of events that should never happen and therefore has a threshold of 0. We had three never events in 2012/13. A mole was removed from a patient's back, which was not the mole intended to be removed; the wrong side of an ankle was operated on in error; and a swab was not removed from a patient after treatment for blood loss after the birth of her baby.

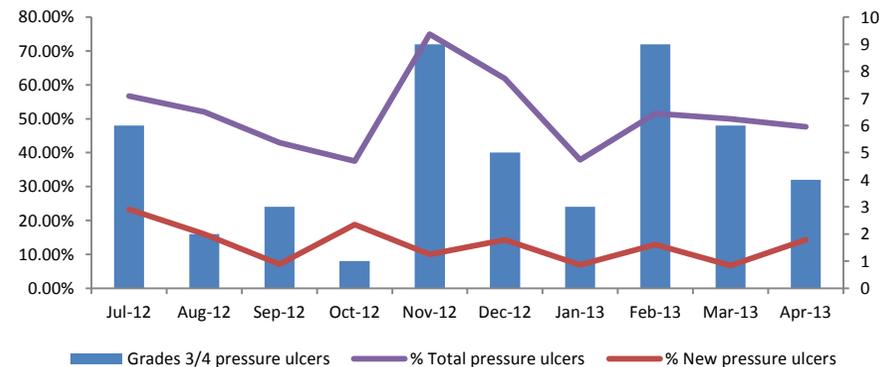
Like other serious incidents, these incidents are always explained to patients, a full apology is given and thoroughly investigated with a report back to the patient. We have learned from these incidents and introduced changes e.g. updating documentation to ensure adequate additional checks are undertaken, introducing a standard to ensure that surgical marking remains visible throughout the surgical procedure and standardising the size of medical swabs in order to simplify 'counting in' and 'counting out' at the end of a procedure.

The NHS 'Safety Thermometer' is a tool for measuring patient safety. It is used to collect information relating to some key 'harm' factors for each patient and includes pressure ulcers, falls and urethral catheter infections. On a set day each month, every current inpatient is assessed for the presence of any of these harms and the results are recorded on a central database. This allows us to monitor the prevalence of these harms and to assess our performance in providing harm-free care with the ability to benchmark against peers.

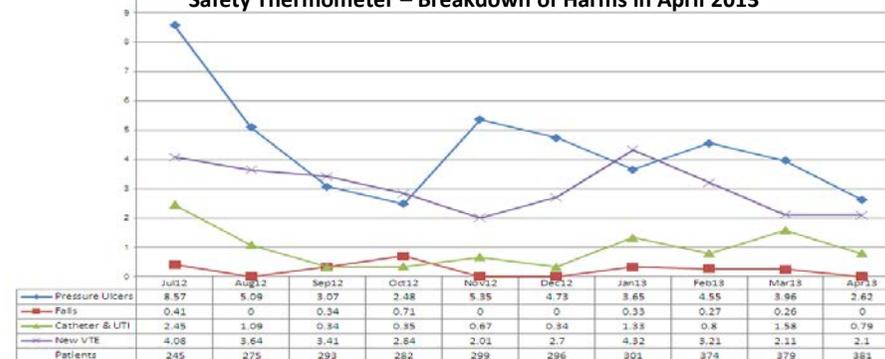
A key focus for the forthcoming year will be reducing harm associated with pressure ulcers. Since July 2012, when the Safety Thermometer audits began, there has been a decrease in the percentage of new pressure ulcers. However, the prevalence of grades 3 and 4 pressure ulcers has varied. We also show the data captured by the Safety Thermometer for all four types of harm demonstrating that we are reducing harms caused in all categories and continued to do so in April 2013.

As shown by the third Safety Thermometer graph, the Trust maintained more than 90% of patients leaving the Trust 'harm free' since August 2012. We will aim to continue and exceed this performance for "harm free" care as defined by the Safety Thermometer. Through 2013/14, the fact that the Safety Thermometer is being introduced as a nationally mandated tool will mean we can assess our performance against local and national peers and aim for best in class care.

Pressure Ulcers - Safety Thermometer



Safety Thermometer – Breakdown of Harms in April 2013

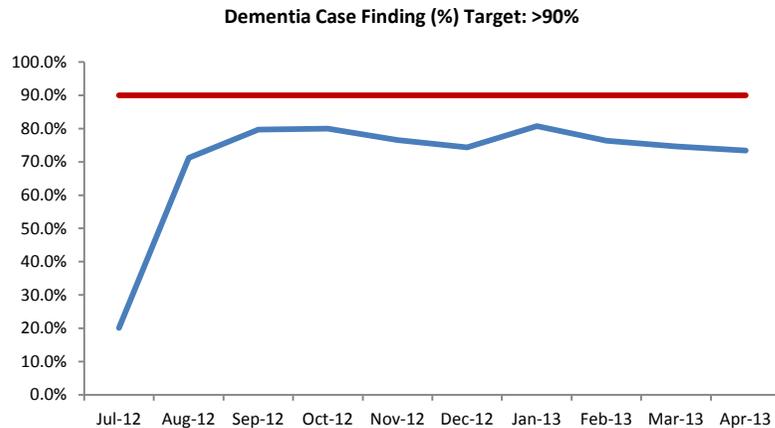


Safety Thermometer – Harm Free Care



Dementia

As part of the National CQUIN in 2013/14, we are commissioned to identify patients with dementia which would enable appropriate referral and after care. There are three separate elements that we are measuring our performance for: case finding, assessment and appropriate referral.



As shown in the graph, we have improved our performance on the case finding element. However, we remain below the target of 90% and therefore need to focus on improving training and ensuring that we ask the dementia case finding question to all patients aged 75 and over following emergency admission to hospital. Diagnostic assessments have been given to 100% of patients who have been asked the case finding question over the last quarter and in April 2013. The Trust is reviewing the internal processes to increase performance in line with the proposed 13/14 CQUIN target. The Trust will be recruiting 2 dementia care specialist nurses who will add additional support to this important care quality initiative going forwards.

In Q4, the Trust missed its target for appropriate referrals for specialist diagnosis of dementia. The Trust is working hard to ensure all patients identified during the screening process as requiring further investigation are referred to their GP. There is a continued focus on Dementia through national CQUINs for 2013/14

End of Life Care

The trust has chosen End of Life Care (EoL) as one of its quality priorities for 2013/14. End of life care is about the total care of a person who is seriously ill and who is not going to get better. This phase of a person's life may last for weeks, months or years although it is usually described as the last year or so of life before death. End of life care extends to relatives too; they may also need information and support, both before and after their loved one dies. If we know that someone might be in the last year or so of life, we can give them the information they are ready for and help them decide on a care plan that best suits their individual needs and preferences

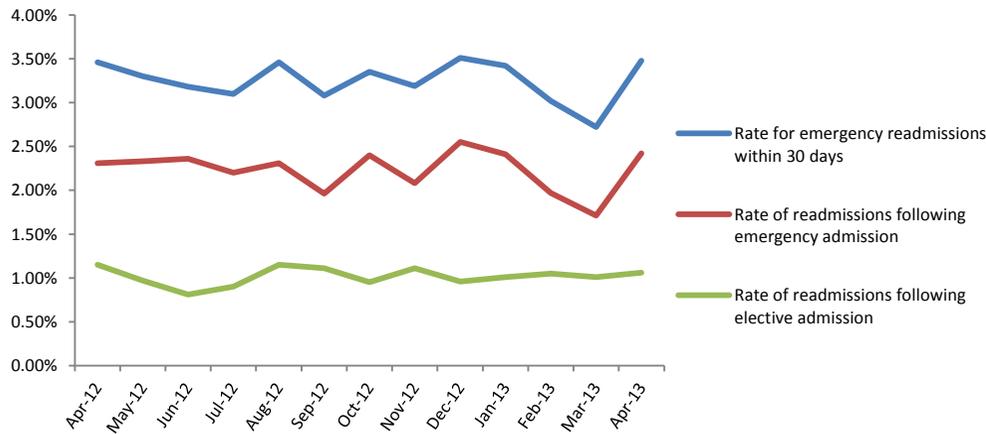
As detailed in the table below, the Trust achieved all of the End of Life Care (EoLC) CQUIN objectives in Q4 last year. The Trust worked hard to meet the challenging targets for Q4, which included training 16 members of staff on the CMC and uploading 22 patients to the system. The palliative care team worked closely with clinicians to identify patients as EoL on AAU and began having discussions about Advanced Care Planning. The CQUIN raised awareness of EoLC and promoted dialogue between clinicians and the palliative care team.

Indicator	Q4 Performance	% Compliance = Actual Performance / Target
1- Increase the number of patients who are identified as being in the last year of life on the Acute Assessment Unit	9.65% Of the 2207 patients admitted, 213 were identified as End of Life	100%
2- increase the number of Advanced Care Planning discussions that are being undertaken with this group	3.99% Of the 2207 patients admitted 88 were offered an Advanced Care plan. Alternatively, of those 213 patients identified as EOL 88 were offered an Advanced Care Plan = 41.31%	100%
3- Increase the number of patients uploaded onto the End of Life register by C&W	22	100%
4- Number of staff trained in the use of the end of life care register for INWL	16	100%

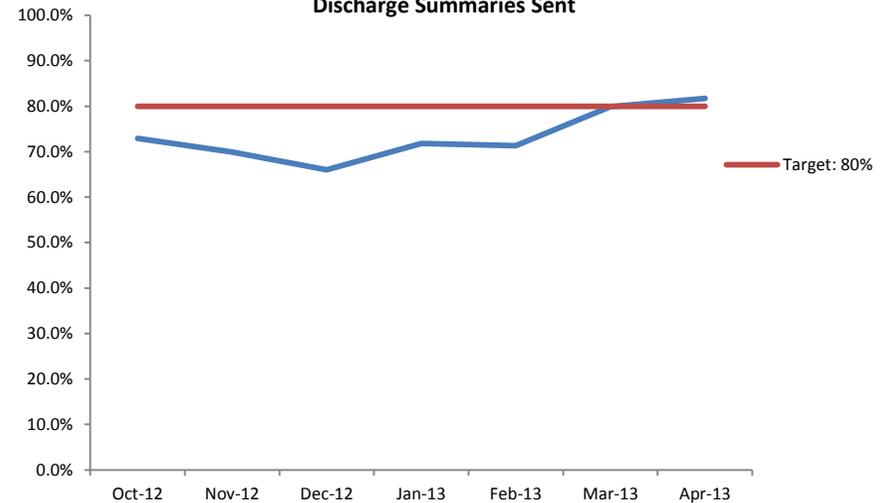
Readmissions

In late 2012 North West London commissioners scrutinised the number of readmissions to find out why patients were being readmitted to Chelsea and Westminster Hospital as emergencies. They found that less than one in five readmissions could have been prevented, and most of these could have been avoided if enhanced community or social care services had been available. This reflects well on both the Accident and Emergency Department and wards, and in particular, it indicates good access to consultants in both areas. But key focus areas that have arisen from this include: avoiding emergency admissions and readmissions, improving discharge planning and aftercare, and developing excellent specialist services.

Emergency readmissions within 30 days



Discharge Summaries Sent



The rate of readmissions within 30 days had decreased from December 2012 to March 2013, due to a successful decrease in readmissions following emergency admissions. This may be partly explained by the month-in-month increase in the percentage of discharge summaries sent to GPs, thus improving discharge aftercare within the community and preventing readmissions. The Trust is aiming to continue with the decrease observed in 2012/13, with a threshold rate of 2.78% for 2013/14. However, in April 2013, there was an increase in emergency readmissions with a rate of 3.48%.

The Trust has worked with North West London and Wandsworth Clinical Commissioning Groups (CCGs), community service providers, mental health trusts and other parties involved in providing urgent and emergency care to patients, to set up an Emergency Care Pathway Board looking at improving care for patients at the point of access to A&E, and at the point of discharge. This will include identifying and implementing alternative support to avoid patients being admitted through A&E where there are other options, and working with partners to provide better support for patients in going home and staying safely at home.

Mortality

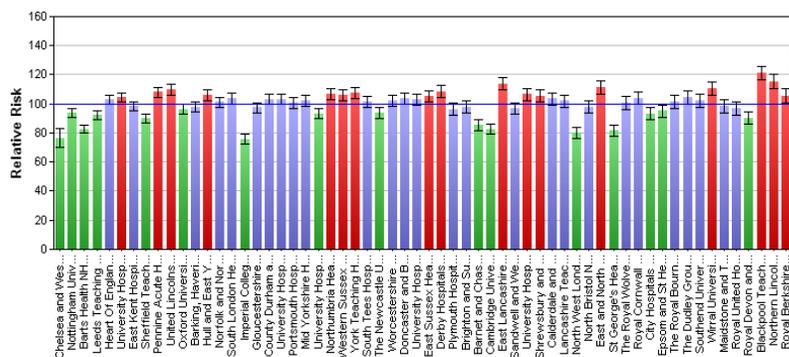
The Hospital Standardised Mortality Ratio (HSMR) is an indicator of healthcare quality that measures whether the death rate at a hospital is higher or lower than you would expect. The HSMR compares the expected rate of death in a hospital with the actual rate of death. It looks at those patients with diagnoses that most commonly result in death- for example, heart attacks, strokes or broken hips. For each group of patients it can be worked out how often, on average, across the whole country, they survive their stay in hospital, and how often they die. This takes into account their age, the severity of their illness and other factors, such as whether they live in a more or less deprived area. The number of patients expected to die at each hospital is compared with the number of patients that actually die. If the two numbers are the same, the hospital gets a score of 100. If the number of deaths is ten per cent less than expected they get a score of 90. If it is ten per cent higher than expected, they score 110.

The Summary Hospital-level Mortality Indicator (SHMI) is a similar indicator but with some differences. HSMRs reflect only deaths in hospital care whereas SHMI also includes deaths occurring outside of hospital care within 30 days of discharge. The HSMR focuses on 56 diagnosis groups (about 80 per cent of in hospital deaths) whereas SHMI includes all diagnosis groups (100 per cent of deaths). The HSMR makes allowances for palliative care whereas the SHMI does not take palliative care into account.

The Trust scores for HSMR and SHMI are both very good. For SHMI, which is the current national measure of mortality, we are in the top decile, with the 5th lowest score. The table below shows the top 10 performers for the latest SHMI, covering October 2011 to September 2012.

SHMI

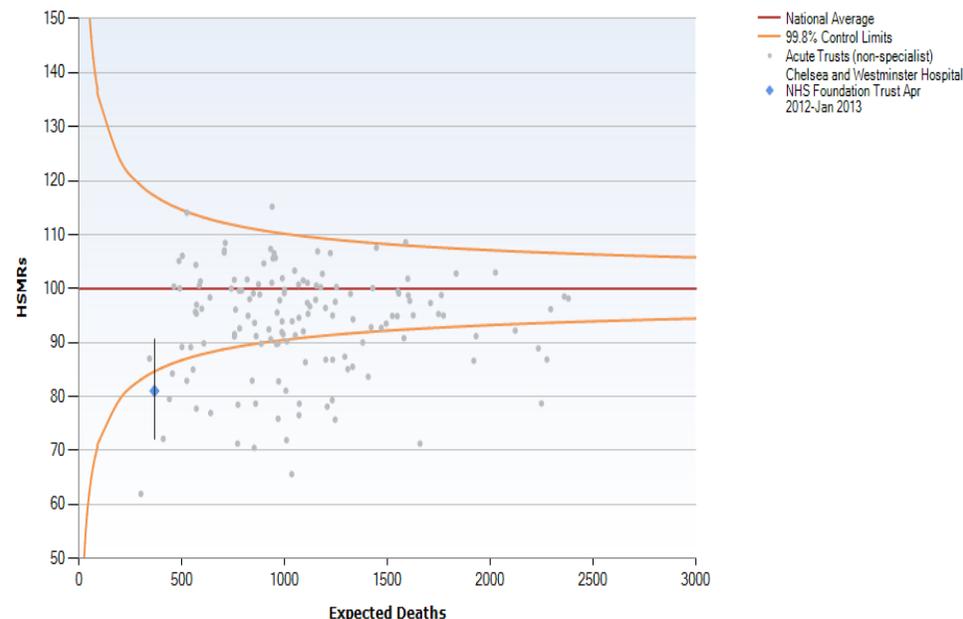
SHMI by provider (all non-specialist acute providers) for all admissions in Oct 2011 to Sept 2012



Provider

National Top 10 Providers		SHMI Spells	SHMI	Deaths	Expected	95% CI
1	University College London Hospitals NHS Foundation Trust	62029	68.49	972	1419.24	64.25-72.93
2	The Whittington Hospital NHS Trust	34896	71.28	557	781.45	65.48-77.45
3	Imperial College Healthcare NHS Trust	106277	75.79	2246	2963.59	72.68-78.99
4	Royal Free London NHS Foundation Trust	41600	76.02	1136	1494.34	71.66-80.57
5	Chelsea and Westminster Hospital NHS Foundation Trust	47726	76.09	529	695.27	69.74-82.85
6	North Middlesex University Hospital NHS Trust	28430	80.12	832	1038.42	74.77-85.76
7	North West London Hospitals NHS Trust	68815	80.24	1742	2170.94	76.52-84.10
8	St George's Healthcare NHS Trust	71504	81.74	1708	2089.49	77.91-85.71
9	Barts Health NHS Trust	159412	82.62	3665	4435.87	79.97-85.34
10	Guy's and St Thomas' NHS Foundation Trust	86701	82.64	1334	1614.32	78.26-87.19

HSMR



Board of Directors Meeting, 28 May 2013 (PUBLIC)

AGENDA ITEM NO.	3.1/May/13
PAPER	Assurance Committee Report to the Board – April 2013
AUTHOR	Catherine Mooney, Director of Governance and Corporate Affairs.
LEAD	Karin Norman, Non-executive Director
PURPOSE	The Assurance Committee is responsible for assuring on a wide range of issues on behalf of the Board, including quality. This report informs the Board on the issues that have been discussed and the Assurance Committee's views on the level of assurance for each issue, where this is possible. The Assurance Committee will also escalate to the Board where appropriate. The paper is for information but also to allow any directors to raise any issues or queries about the matters in the paper.
LINK TO OBJECTIVES	The Assurance Committee assures on quality. The items discussed at the meetings are relevant to the quality objectives.
RISK ISSUES	None
FINANCIAL ISSUES	None
OTHER ISSUES	None
LEGAL REVIEW REQUIRED?	No
EXECUTIVE SUMMARY	A summary of the issues discussed at the meeting in April 2013 is attached.
DECISION/ ACTION	For information.

ASSURANCE COMMITTEE REPORT FROM MEETING APRIL 2013

1. Introduction

The Assurance Committee is responsible for assuring on a wide range of issues on behalf of the Board, including quality. This report informs the Board on the issues that have been discussed at the April meeting. This paper includes the Assurance Committee's views on the level of assurance for each issue, where this is appropriate.

2. Background

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

3. Items discussed at the Assurance Committee in April 2013

3.1 Report from the Facilities Committee

The Assurance Committee considered the report to be thorough and helpful.

It was suggested that it would be useful to track which areas within Facilities have been the subject of internal audit over the last few years and the outcome. The committee can then identify any areas for the forward internal audit plan.

The Trust has a Sustainability Committee and a Waste Management Group. It was agreed that the Board should have a discussion regarding environmental strategy and where it may wish to achieve more than the minimum standards for these areas. There should be a strategy for sustainability and a lead NED at the Board.

It was noted that regarding *Healthcare and transport services*, there are a number of items under Vehicle Cleanliness not meeting standards but that subsequent audits had confirmed they are subsequently meeting standards. The Trust is planning to refurbish the Transport Waiting Room and the adjacent areas of transport and discharge. There is a plan for improving the décor in the next 6 weeks and the whole area of flooring will be replaced once the hydrotherapy pool work has been completed. There is no timescale for the larger plan yet.

The Norland Scorecard for February 2013 was discussed and some amendments suggested to aid clarity on timescales and underlying risk of non-completion.

The issue of the Trust paying for people who are not eligible for transport was raised and this is being addressed - it affects 40% of all transport requests.

The Committee was assured that there was a good overall situation with the external contractors and that there was particularly good progress being made in problem areas.

3.2 Setters Report

A report was discussed by the Assurance Committee which found it unclear and difficult to understand. It will be discussed in more detail at the next Assurance Committee meeting with Setters in attendance.

3.3 Never events - assurance

The controls and assurances around Never Events continue to be reviewed by the executive. Following this review the overall assessment is RAG rated. Of the 25 never events, one, correct site surgery is rated red (due to a further event occurring) 10 are rated orange 11 are green and 3 are still to be reviewed. The orange rating is either due to there being no assurance and or where assurance reports indicate that the controls are not effective.

The Committee discussed never events around surgery and medication never events in some detail.

The Assurance Committee is not assured at this time as all controls and assurances have not been reviewed and outstanding controls and assurances remain. The Committee will continue to monitor monthly until all assurance reports are green.

3.4 Monthly Report on Local Quality Indicators (March 2013)

The areas where the performance is red was noted and also the good performance on mortality indicators which were discussed in some detail.

The Assurance Committee noted the report and the areas where performance needed to improve.

3.5 Report from the Trust Executive Quality Committee - April 3

This was noted and in particular the Maternity service 'stock take' and a report will be presented to the Assurance Committee on completion of the action plan.

The Assurance Committee noted the report.

3.6 Top Concerns Chief Nurse and Medical Director

These were noted to be:-

- failure to recognise and treat deteriorating patients where the focus is around early warning scores and what is done with escalation and the resulting action;
- attitude of staff/listening to patients/complaints handling which is being addressed through the Staff and Patient Experience Committee;
- management of mental health patients (adult and adolescent) - issues include long waits in the emergency department, transfers, and CAMHS (Child & Adolescent Mental Health Services) – issues relate primarily to external dependencies and are being addressed through meetings with the Mental Health Trust ;
- Health and Safety culture as previously identified;
- failure to follow up patients/results;
- pressure ulcers.

Attitude and behaviour was discussed and it was noted that changing the culture is taking a long time and we need to be more results-oriented.

It was agreed that this new reporting item to the committee was of value as it had uncovered new areas of concern that could then be taken forward. The Committee noted that the top 3 – 5 concerns which are being addressed in a variety of ways.

3.7 Infection Control Report Q3

The Trust remains within trajectory for the mandatory targets of MRSA and C difficile. MSSA was discussed; the Trust has an internally set target and all cases are looked at in detail.

Surgical site infections was highlighted as the Trust is higher than average (1% against an average of 0.7%). Each infection is investigated by the orthopaedic leads.

Emerging drug resistant infections was discussed. This will continue to be a problem and will increase if overseas work increases and it will be important to have adequate numbers of single rooms in order to isolate patients.

The Trust is looking at the approach to intravenous lines and the potential for a line care team which will standardise care across the Trust.

The Trust was assured on the work relating to infection control.

3.8 Risk Management Report Q3 – Summary

The report was noted.

There were discussions about the 'orange' incidents, in particular the incident of a patient's blood culture found to have MRSA which meant that we failed our target for MRSA.

The risk assessment for A&E was also discussed. This included the space restrictions in the department but it was noted that the A&E department have excellent results despite these limitations. Clinical risks had not been highlighted in the risk assessment as an area of concern.

The Assurance Committee noted the report.

3.9 Complaints Report Q3

Complaints turnaround time is still not meeting targets. The main points were highlighted including initial contact and clear and easily accessible information on how people could make a complaint.

The Trust Lead for Patient Experience is now in post; it is a part time position one day a week to help teams with potential projects such as "You said, we did" and surveys.

The Assurance Committee noted the report.

3.10 Update on early warning systems

The Committee received a report outlining the controls and assurances for each of the Trust's early warning systems and an update on the transition from our own CW system for adults (CEWSS) to the national system (NEWS) that is in progress.

There is no current national system for maternity or paediatrics but the Trust ones are based on national recommendations.

Issues to address include the implementation of NEWS and the need for audits of completion of observation charts for all the systems to be built in to regular audit plans.

The Assurance Committee noted the update and that failure to recognise the deteriorating patients had been an issue for some time in the Trust and therefore the importance of regular audit on the completion of observation charts was emphasised.

3.11 Fall from Height investigation – action plan update

The Assurance Committee received a report on assurances of actions relating to an incident where a young man fell from the fourth floor. All actions have been completed and assurances (evidence of completion) provided with the exception of an audit into arrangements for transferring neurological patients to St. Mary's Hospital which is in the audit plan. Assurance has been given that under the new arrangements we were unlikely to experience the same issue about "secure" bed availability which had led to the incident.

The Assurance Committee report noted satisfaction with overall progress and there are no residual concerns.

3.12 Care Quality Commission Quality and Risk Profile

A paper was presented which provides a summary of the current red risks within the QRP. Each risk rated red is being checked to ensure it is rated correctly.

The Assurance Committee noted the report and that overall the Trust is rated green or yellow for each standard.

3.13 Essential Standards of Quality and Safety (CQC) end of year report

The structures and processes in place to manage compliance with the CQC standards were outlined to provide an end of year assurance.

The Assurance Committee was assured that there were robust systems and processes in place to ensure compliance with the CQC standards

3.14 Audit Committee Minutes of meeting held 20th March 2013

Key relevant issues raised at the meeting were highlighted. This included clinical audit and that this will be included in the Audit Committee remit going forward.

3.15 Report from the Trust Executive Quality Committee - April

A review of processes and clinical outcomes is being conducted in Maternity as a result of concerns raised by HES is ongoing and the Terms of Reference have been agreed.

Regarding CNST, the Trust failed to achieve Level 3. While protocols were broadly compliant, audits were found not to be aligned with these protocols. The care of patients and live audit was considered exemplary but this was not reflected in the guidelines.

The NHSLA have advised the Trust to go forward to the next assessment in July at level 2. Failure to achieve this is on the risk register as a £2m financial risk.

Board of Directors Meeting, 28 May 2013 (PUBLIC)

AGENDA ITEM NO.	3.3/May/13
PAPER	Assurance for the governance statement from the Board for the Monitor Annual Plan
AUTHOR	Cathy Mooney, Director of Governance and Corporate Affairs
LEAD	Cathy Mooney, Director of Governance and Corporate Affairs
PURPOSE	To provide assurance for the Board to be able to sign off the governance statement.
LINKS TO OBJECTIVES	Links to effective governance
RISK ISSUES	None
FINANCIAL ISSUES	None
OTHER ISSUES	None
LEGAL REVIEW REQUIRED?	No
EXECUTIVE SUMMARY	<p>The Board is required to complete a governance statement as part of the annual plan submission to Monitor which is attached at appendix 2. This paper outlines the response proposed for each question and the assurance in place.</p> <p>There are three new questions 17, 18 and 19 for this year and question 12 has been changed to read: 'The board is satisfied that its NHS foundation trust can operate in an economic, efficient and effective manner'.</p>
DECISION/ ACTION	For agreement on completion of the governance statement.

Governance Statement from the Board of Chelsea and Westminster for Monitor Plan 2013

The board are required to complete with a response or any risks or mitigating actions for the following:

Quality

1. The board is satisfied that, to the best of its knowledge and using its own processes and having assessed against Monitor's *Quality Governance Framework* (supported by Care Quality Commission information, its own information on serious incidents, patterns of complaints, and including any further metrics it chooses to adopt), its NHS foundation trust has, and will keep in place, effective arrangements for the purpose of monitoring and continually improving the quality of healthcare provided to its patients.

Confirmed

Assurance: The position against the Quality Governance Framework will be assessed at the Audit Committee.

2. The board is satisfied that plans in place are sufficient to ensure ongoing compliance with the Care Quality Commission's registration requirements.

Confirmed

Assurance: All standards have been reviewed by the Assurance Committee and a process is in place for regular review of actions throughout the year. In addition the standards are regularly assessed on the wards by the Senior Nurse & Midwifery Group.

The CQC undertook an unannounced visit in July 2012, and the Trust was fully compliant.

3. The board is satisfied that processes and procedures are in place to ensure that all medical practitioners providing care on behalf of the NHS foundation trust have met the relevant registration and revalidation requirements.

Confirmed

Assurance: the update is as follows: The trust has implemented processes and systems to enable key information to be included in medical staff appraisals including: data regarding significant incidents; compliance with mandatory training requirements; and feedback from colleagues and patients. The trust has also now implemented an IT system through which medical staff are required to capture information pertaining to their appraisal, which will also enable more robust monitoring of compliance with appraisal policy and facilitate wider efforts to improve the quality of appraisals.

Revalidation Progress - the Responsible Officer, Mike Anderson, was successfully revalidated in March 2013 and has now been able to recommend several medical staff at the trust for revalidation, on schedule. We are on track to recommend a total of approximately 80 of our substantive medical staff for revalidation during this financial year, with the remaining proportion due for revalidation during 2014/15 and 2015/16.

Finance

4. The board anticipates that the trust will continue to maintain a financial risk rating of at least 3 over the next 12 months.
Confirmed
Assurance: See Finance Section of annual plan.
 5. The board is satisfied that the trust shall at all times remain a going concern, as defined by relevant accounting standards in force from time to time.
Confirmed
Assurance: External audit. Monthly finance reports, quarterly Monitor returns.
- For governance, that:**
6. The board will ensure that the trust remains at all times compliant with its Authorisation and has regard to the NHS constitution;
Confirmed
Assurance: A paper on how the Trust ensures compliance with the terms of the Authorisation was considered by the Audit Committee in January 2013.
 7. All current key risks to compliance with the trust's licence have been identified (raised either internally or by external audit and assessment bodies) and addressed – or there are appropriate actions in place to address the issues – in a timely manner.
Confirmed
Assurance: See above. No risks were identified.
 8. The board has considered all likely future risks to compliance with its Authorisation and has reviewed appropriate evidence regarding the level of severity, likelihood of a breach occurring and the plans for mitigation of these risks to ensure continued compliance;
Confirmed
Assurance: See above. No risks were identified.
 9. The necessary planning, performance management and corporate and clinical risk management processes and mitigation plans are in place to deliver the annual plan, including that all audit committee recommendations accepted by the board are implemented satisfactorily.
Confirmed
Assurance: Audit Committee annual report. Internal audits. Assurance Committee reports. Finance and Investment Committee minutes.
 10. An Annual Governance Statement is in place pursuant to the requirements of the *NHS Foundation Trust Annual Reporting Manual*, and the trust is compliant with the risk management and assurance framework requirements that support the Statement pursuant to the most up to date guidance from HM Treasury (see www.hm-treasury.gov.uk).
Confirmed
Assurance: Annual Governance statement to be agreed at Audit Committee May 2013. Risk management and assurance framework requirements in place. Assurance Framework for 2012/13 has been reviewed and changed this year following an internal audit review.
 11. The board is satisfied that plans in place are sufficient to ensure: ongoing compliance with all existing targets (after the application of thresholds) as set

out in **Appendix B** of the Compliance Framework; and a commitment to comply with all known targets going forwards.

Confirmed

Assurance: Monthly performance reports. Includes actions to address failure to reach targets.

12. The board is satisfied that its NHS foundation trust can operate in an economic, efficient and effective manner.
Confirmed
Assurance: Performance and Finance Reports.
13. The board will ensure that the trust will at all times operate effectively within its constitution. This includes, maintaining its register of interests, ensuring that there are no material conflicts of interest in the board of directors; that all board positions are filled, or plans are in place to fill any vacancies; and that all elections to the board of governors are held in accordance with the election rules.
Confirmed
Assurance: All the above are in place and documents available via FT Secretary. Declaration of Interests Register completed in March 2013.
14. The board is satisfied that all executive and non-executive directors have the appropriate qualifications, experience and skills to discharge their functions effectively, including setting strategy, monitoring and managing performance and risks and ensuring management capacity and capability;
Confirmed
Assurance: Self assessment by the Board, supported by appraisals.
15. The board is satisfied that: the management team has the capacity, capability and experience necessary to deliver the annual plan; and the management structure in place is adequate to deliver the annual plan.
Confirmed
Assurance: New CEO in place since September 2013.
16. For an NHS foundation trust engaging in a major joint venture, or any Academic Health Science Centre, the board is satisfied that the NHS foundation trust has fulfilled, or continues to fulfil, the criteria set out in Appendix C4 of the Compliance Framework.
Not applicable
17. The board is satisfied that plans are in place to ensure that the trust will at all times comply with its statutory requirements
Confirmed
Assurance: Provider Licence requirements outlined at the Board in April 2013. In addition a review of implications of the Health and Social Care Act 2012 commencing in 2012/13. Council of Governors Workshop on the Constitution Review held in October 2012. Board of Directors Workshop on Implications of the Health and Social Care Act 2012 held in October 2012. Ongoing plans to address further consequences. Constitution meets legal requirements.
18. The board is satisfied that during 2013 the Trust has provided the necessary training to its governors, as required in s151(5) of the Health and Social Care Act, to ensure they are equipped with the skills and knowledge they need to undertake their role.

Confirmed

Assurance: ITN analysis developed for governors and completed with current governors training (mainly induction and FTGA development days). New training requirements April 2013 – course information provided to all governors. One governor attended to date. ITN demonstrates low uptake by the most of governors to the training offered. To be addresses in 2013/14.

- 19 After making enquiries the Directors of the Licensee have a reasonable expectation, subject to what is explained below, that the Licensee will have the Required Resources available to it after taking into account in particular (but without limitation) any distribution which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate. However, they would like to draw attention to the following factors which may cast doubt on the ability of the Licensee to provide Commissioner Requested Services.

Confirmed

Assurance: Transfer of sexual health commissioning to local authorities brings with it a risk that local authorities will not agree to fund our sexual health services and impose a cap on activity which may prevent the Trust from delivering an open access service as mandated by statute. This risk is fully described in appendix 7.

Board of Directors Meeting, 28 May 2013 (PUBLIC)

AGENDA ITEM NO.	3.4/May/13
PAPER	Monitor Annual Plan 2013/14-15/16 Sign-Off
AUTHOR	Carol McLaughlin, Interim Deputy Director of Finance; Mark Harris, Lead Strategist; Pete Chapman, Head of Management Accounts; Virginia Massaro, Head of Financial Planning
LEAD	Lorraine Bewes, Director of Finance
PURPOSE	<p>To present to the Board the Trust's Forward Plan Strategy Document and Forward Plan Financial Return (IFRS).</p> <p>These documents must be submitted to Monitor no later than 3rd June 2013. The Plan works to a similar template as for previous years, which is intended to allow a trust to demonstrate that the Trust Board has:</p> <ul style="list-style-type: none"> • a clear, shared vision; • planned key priorities; • considered material risks (both internal and external); • assessed potential downsides and mitigations; and • has regard to the views of the Council of Governors.
LINK TO OBJECTIVES	<ul style="list-style-type: none"> • Develop a patient-centred model to deliver 'always-events' and eradicate harm • Provide the right mix of unscheduled and scheduled services • Integrate services inside and outside of hospital • Work with partners to take greater responsibility for the health management of a population • Ensure that our clinical and managerial staff are enabled to deliver these objectives by developing excellent
RISK ISSUES	<p>There are a number of financial risks that need to be considered and mitigated in the Trust's forward plan, the main items being:</p> <ul style="list-style-type: none"> • non delivery of CIP programmes; • transfer of Sexual health commissioning to local authorities; • demand risks of QIPP schemes beyond planning assumptions; • delivery of commissioner productivity metrics; • slippage of delivery of capital schemes resulting in delays in service developments; and • competition for private services from other NHS and independent providers.

	The Trust recognises one significant clinical risk: the potential to breach the C. difficile target of no more than 13 cases. Having had a target of 31 in 11/12 the Trust achieved 17 (but in the absence of an outbreak).
FINANCIAL ISSUES	Financial issues are detailed in the confidential appendices of the Monitor Plan and are not for consideration during the Public Board Meeting
OTHER ISSUES	None noted
LEGAL REVIEW REQUIRED?	No
DECISION/ ACTION	<p>The Board is asked to note the strategy for the planning period to March 31 2016.</p> <p>The Board is asked to authorise the Chairman and Chief Executive to sign the declarations contained within, noting the financial and non-financial risks identified in the plan.</p>



STRATEGIC PLAN DOCUMENT FOR 2013-14

Chelsea and Westminster Hospital NHS Foundation Trust

Our Plan to deliver Excellent and Safe Care with Kindness and Respect

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Strategic Plan for year end 31 March 2014 (and 2015, 2016)

This document completed by (and Monitor queries to be directed to):

Name	Lorraine Bewes
Job Title	Director of Finance
e-mail address	lorraine.bewes@chelwest.nhs.uk
Tel. no. for contact	0203 315 2885
Date	

The attached Strategic Plan is intended to reflect the Trust's business plan over the next three years. Information included herein should accurately reflect the strategic and operational plans agreed by the Trust Board.

In signing below, the Trust is confirming that:

- The Strategic Plan is an accurate reflection of the current shared vision and strategy of the Trust Board having had regard to the views of the Council of Governors;
- The Strategic Plan has been subject to at least the same level of Trust Board scrutiny as any of the Trust's other internal business and strategy plans;
- The Strategic Plan is consistent with the Trust's internal operational plans and provides a comprehensive overview of all key factors relevant to the delivery of these plans;
- All plans discussed and any numbers quoted in the Strategic Plan directly relate to the Trust's financial template submission.

Approved on behalf of the Board of Directors by:

Name (Chair)	Prof Sir Christopher Edwards, FRSE
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Signature

Approved on behalf of the Board of Directors by:

Name (Chief Executive)	Tony Bell OBE
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Signature

Approved on behalf of the Board of Directors by:

Name (Finance Director)	Lorraine Bewes
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Signature

1 Strategic context and direction

1.1 The National context

Our planning process has taken into account the wider commissioning and operating priorities in the NHS, for example those set out in NHS England's planning guidance *'Everyone Counts'*. The Trust is planning services in the knowledge that meeting the entitlements of patients – as set out in the NHS Constitution – is vital, and that our services and systems should support the five domains set out in the guidance:

- delivering NHS services seven days a week;
- providing more transparency, more choice;
- listening to patients and increasing their participation;
- supporting better data, informed commissioning, driving improved outcomes; and
- achieving higher standards, safer care.

In addition, we are committed to improve service continuously to maximise health outcomes for patients; either working alone or in partnership across clinical pathways we are focused on delivering services that secure the five outcomes described in the 2013/14 *'Outcomes Framework'* so that we:

- prevent people from dying prematurely;
- enhance quality of life for people with long term conditions;
- help people to recover from episodes of ill health or following injury;
- ensure that people have a positive experience of care; and
- treat and care for people in a safe environment; and protect them from avoidable harm.

1.2 Description of our clinical activities

At Chelsea and Westminster Hospital NHS Foundation Trust we provide a broad range of services within our clinical portfolio. These include specialised activities commissioned by NHS England; planned and emergency local hospital services and community clinics, commissioned at both the CCG and local authority level; and private patient activity.

Our main specialised services include paediatrics (including tertiary paediatric surgery), neonatal intensive care, burns, bariatrics, plastics and HIV. In terms of our local services we provide 24/7 adult and paediatric A&E services with co-located Urgent Care Centres (UCCs), a full maternity service and a range of medical and surgical specialties. In addition to our local hospital services we also provide community-based clinics in MSK, gynaecology and dermatology, and direct access sexual health services. The sub-sections below describe the high-level market analysis that we have undertaken as part of our business planning and set out the Trust's vision, objectives and delivery priorities for the planning period.

1.3 Demand-side analysis: changes in the commissioning environment

Demographics

The Trust is situated in the borough of Kensington and Chelsea (K&C) and our patient population is drawn primarily from this borough and the neighbouring boroughs of Hammersmith and Fulham (H&F), Westminster and Wandsworth. Our specialised services however have a broader population base covering most of North West London and further afield.

The population of the four boroughs of K&C, H&F, Westminster and Wandsworth is approximately 868,000, within which people of 0-15 years accounts for 16% of the population, 16-64 years accounts for 74%, and 10% are aged 65 years and over. Overall the population size has shown small growth (circa 0.4% p.a.) and the age composition has remained fairly stable, including for the very elderly population: people aged 85 years and over constitute approximately five per cent of the population.¹ However, the population of the boroughs in Outer London do show growth which needs to be taken into account for services that have a wider catchment area, and on this basis we have agreed with commissioners a general population growth assumption of 1.05%.

¹ Source: analysis of ONS mid-year population estimates (2006-2011)

The health of people in K&C, H&F and Westminster is mixed compared with the England average. Deprivation is higher than average and about more than 20,000 children live in poverty, but life expectancy for both men and women is higher than the England average², which presents additional health care challenges commensurate with a relatively more frail population. Somewhat differently for Wandsworth deprivation is lower than average, however about 12,500 children live in poverty, and life expectancy for both men and women is similar to the England average.

Underlying trends in demand

Using the activity delivered by the Trust as a broad signal of demand, over the past three years we have experienced:

- growth of approximately three per cent per year in A&E attendances;
- static activity in terms of the overall number of non-elective admissions (including maternity), but an increase of three-to-five per cent in non-elective emergency admissions (i.e. in line with the increase in A&E attendances);
- growth of approximately five per cent per year in elective admissions; and
- demand for private activity that was constrained only by the regulatory cap imposed by our terms of authorisation (where income could be no higher than 3.7% of income).

Future demand and commissioned activity

In terms of emergency procedures the trends in population size and composition do not suggest a significant increase in underlying demand from our local population. However, despite these trends, over the past five years we have experienced consistent increases in A&E attendances and emergency admissions. Without external changes we would expect future activity to follow a similar pattern of increasing A&E attendances and emergency admissions. In addition however, plans to significantly reconfigure the A&E provision might fall within this planning period – implementation is expected to begin in 2015/16 – which would see more of the underlying demand flow to Chelsea & Westminster as neighbouring A&E departments are downgraded to Local Hospitals with 24/7 UCCs.³ We await the outcome of the Secretary of State decision on implementation of the SAHF strategy for NW London.

In terms of elective procedures there is little in the population analysis to suggest changes in the underlying demand for services, but plans in specific service areas (e.g. Trauma and Orthopaedics) have incorporated assumptions about activity growth on the basis of a potential expansion in our market share where we have evidence of competitive advantage, particularly in terms of access times.

However, another factor we have incorporated into our planning is the local commissioners' work to reduce the local population's demand for both non-elective and elective services.

- Non-elective care demand management – we are working in partnership with commissioners and providers to reduce emergency admissions (or the conversion rate of A&E attendances into admissions), readmissions within 30-days of discharge following an episode of elective or non-elective care, and excess bed-days.
- Elective care demand management – commissioners have also asked for us to implement a range of measures that will reduce the number of Planned Procedures with a Threshold (PPwT), the number of non-GP referrals, and the ratio of new-to-follow-up outpatient appointments, in addition to the conversion of specified day-case activity into procedures in an outpatient setting.

In addition to the demand management initiatives our contract with commissioners also includes a range of performance indicators with agreed quality incentives and penalties for either achievement or underperformance. We have assessed the impact of these changes on the activity and income that the Trust forecasts for the planning period, details of which are set out in Appendix 1.

² Source: London Health Observatory Health Profiles 2012

³ N.B. The impact of reconfiguration is not included within the Monitor Plan Financial Model, but the Trust has carried out extensive scenario modelling, including around reconfiguration, as part of our Long Term Financial Model

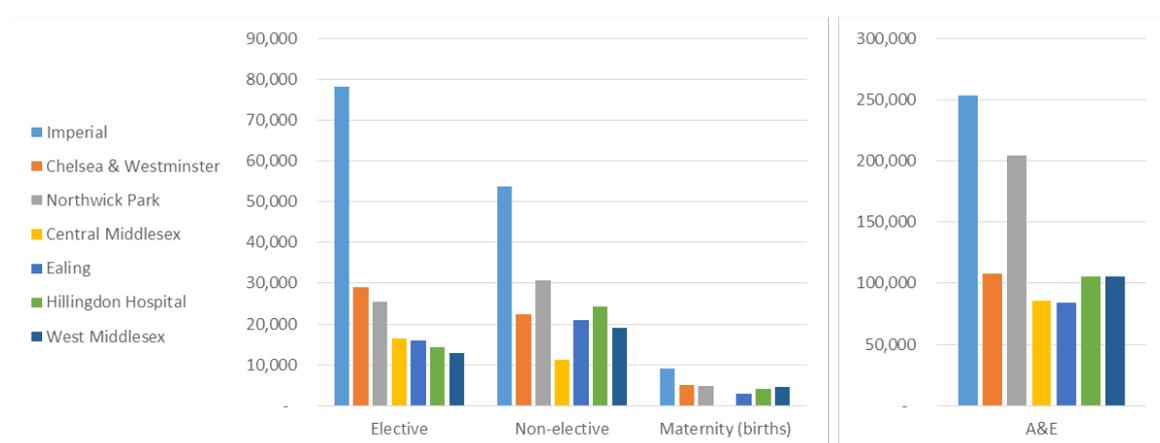
1.4 Supply-side analysis: the provider context within the health economy

Description of acute services in North West London⁴

Within NW London there are nine acute trusts and eleven hospital sites. This represents a relatively high number of sites for the size of population and geographical area and the majority of the acute hospital sites (excluding the specialist trusts) provide very similar ranges of services. Our A&E and non-elective volumes are similar to the majority of our neighbours, and we deliver comparably high elective case (N.B. Imperial College Healthcare accounts for three hospital sites, each with approximately similar levels of activity to Chelsea and Westminster).

Across the acute hospital sites (this excludes the specialist hospitals of Royal Brompton, Royal Marsden and Royal National Orthopaedic Hospital) in NW London there are approximately 4,060 acute beds of which 3,450 are adult and 610 paediatric or maternity.

Figure 1 - Chart of activity (number of spells/attendances) across North West London 2010/11, split by trust and POD (excluding Royal Brompton and Royal Marsden)



N.B. The Imperial Trust is composed of three sites: Hammersmith, Charing Cross, and St. Mary's

Analysis of 'five forces' acting within our health economy

The services within our Trust are, to a greater or lesser extent, exposed to a range of pressures in the local health economy derived from: competition within the acute sector; the threat of new providers entering the market; the threat of different services substituting for acute services; the relative strengths of suppliers; and the relative negotiating intentions of commissioners.

- **Competition within the acute sector** is particularly important in terms of elective services and maternity where patients have a choice of provider. Our planning has incorporated a range of comparative analyses to ensure that we defend and grow sustainable services where we can offer comparably higher quality and faster access to diagnosis and treatment.
- **New providers competing for activity** is a factor that is most pronounced in services that are open to AQP contracting or tendering, for example MSK community services. We have undertaken internal business development to ensure that we can respond effectively to these new contracts to offset income lost through the movement of acute activity to these community settings.
- **Service substitution** that reduces activity in the acute sector has yet to create a noticeable change in the activity we see, but the Trust is mindful of detailed planning underway to implement Out of Hospital strategies that could move more activity towards primary and community care settings (e.g. diagnostics, step-up beds etc.). In some instances – e.g. for non-elective activity – the Trust is working in partnership to speed this transition so that patients with sub-acute needs are seen in appropriate care settings. This work is incorporated within our planning as a necessary step to respond to the reconfiguration of A&E and non-elective activity within North West London; full operational details and modelling of activity and income

⁴ Data taken from *Shaping a Healthier Future Pre-Consultation Business Case – Volume One*

impacts is being undertaken throughout this year as part of an outline business case for implementation of the reconfiguration.

- **Supplier effects** have the potential to introduce significant cost pressures in areas such as drugs, consumables, equipment and maintenance, and estates. These cost pressures have been assessed in detail at the service level and mitigated through a range of Cost Improvement Schemes, the top five of which are set out in Appendix 2.
- **Commissioner intentions**, as described above, have the effect of reducing activity in some services as well as the effective price (e.g. through the application of marginal or non-payment above agreed thresholds). Our planning has taken these agreements into account and has sought to utilise any freed capacity to increase other clinical activity, including for private patients.

1.5 Summary: strengths, weaknesses, opportunities and threats

Strengths	Weaknesses
<ul style="list-style-type: none"> • Strong reputation and brand recognition • Continued high performance in terms of access to A&E and elective pathways (4 hour A&E, 6 week diagnostic access, 31 and 62 day cancer waits, 18 weeks RTT) • A track record of financial sustainability and good governance • A balanced portfolio of specialised, local and community services • Excellent clinical and managerial staff • A teaching hospital with active clinical and operational research • Operate from modern facilities • Excellent location to access and service private patient demand • Good relationships with local commissioners and providers, developed through partnership working – e.g. Integrated Care Pilot and Academic Health Science Partnership 	<ul style="list-style-type: none"> • Too often patients still experience fragmented care across pathways of care (particularly at interfaces between different providers) • Significant reliance of specialties on the continued operation of our A&E • Operate at high bed occupancy levels providing limited scope to manage significant fluctuations in demand – resulting in operational pressures and instances of ‘black alert’ status • Operate a single site with no access to step-up/down capacity • We have an ambitious programme of transformation that is reliant upon the effective implementation of new IT systems (e.g. EDM) but constrained capacity in this function • Our clinical services and administrative processes do not operate as efficiently as they could do: <ul style="list-style-type: none"> – Discharge processes could be better planned and patients moved to more suitable locations more quickly; and – Patient experience of our booking systems and outpatient communication could be significantly improved – Insufficient guarantee of access to private theatre slots and beds leading to loss of private work
Opportunities	Threats
<ul style="list-style-type: none"> • Expansion of our non-elective activity, and safeguarding of our interdependent services, through designation as a ‘Major Hospital’ as part of the reconfiguration of services across North West London • Targeted expansion of sustainable elective services to grow market share and income • Expansion of maternity services through the implementation of a new co-located Midwife-Led Unit • Expansion of private patient income following the removal of the previous cap • Potential transfer of paediatric cardiac and respiratory services from the Royal Brompton & Harefield estate to the C&W Children’s Hospital, with the transfer of the associated PICU • Potential opportunity to acquire West Middlesex University Hospital NHS Trust following a process of due diligence • Opportunity to develop new more integrated pathways 	<ul style="list-style-type: none"> • Loss of acute activity to other acute providers • Loss of acute activity to new entrants in MSK and dermatology (under AQP and tendered contracts) • Loss of elective activity to primary care that is not replaced with other acute or tertiary activity • Commissioner intentions to reduce demand and apply financial penalties for activity above agreed thresholds • Failure of reconfiguration to proceed – following referral to the Independent Reconfigurations Panel – which reduces the opportunity for investment in Out of Hospital services and development of CX as elective centre in competition with C&W. • Loss of direct activity and income as sexual health services move from NHS commissioning to local authorities under a new tariff • Lack of Board succession plan

1.6 Describing our strategic response

The clinical and financial context described above creates a range of pressures which shape the future planning of the Trust. Whilst within our clinical portfolio we have a breadth of services a large amount of activity and income comes from a relatively small number of services (nearly half of our income is derived from our top five services); and furthermore a number of our large services cost more to deliver than the income we receive to provide each episode of care. This creates a real challenge in terms of sustainability which must be met in part by transformations in the way we deliver care so that we maximise the efficiency of the services we deliver. In addition, we are committed to improving the experience of care for our patients which also will only be met through changes in the way we deliver pathways of care: for example we are working in partnership with community and social services to reduce internal and external delays and improve continuity of information so that inpatients feel that the transition at discharge is timely, seamless and supportive rather than delayed, fragmented and disorientating. In summary, operationally we recognise and are acting to address both a burning platform to secure financial sustainability and a burning ambition to improve care for patients.

As a response to these challenges the Board has agreed a range of outcomes, objectives and enablers that will form the foundation of our strategy over the next five to ten years. The Trust is therefore focusing on delivering:

- Safe and effective care
- Exceptional patient experience
- Financial sustainability

To achieve these outcomes we will:

- **Develop a patient-centred model to deliver ‘always-events’ and eradicate harm**
 - Work with patients and carers to understand their experiences of our services
 - Work with patients to co-design service improvements
 - Embed a culture of evidence-based service improvement to develop the most effective and efficient services
 - Encourage a culture of candour and improvement
- **Provide the right mix of unscheduled and scheduled services**
 - Establish ourselves as a Major Hospital whilst focusing on reducing avoidable attendances and admissions
 - Grow market share, or achieve designation, in elective services where we offer clinically excellent and operationally efficient services with exceptional patient experience
- **Integrate services inside and outside of hospital**
 - Develop and manage services that wrap around hospital inpatients so patients are treated in the most appropriate location and experience seamless transitions of care
- **Work with partners to take greater responsibility for the health management of a population**
 - Focus on prevention of avoidable illness as well as treatment
 - Support care planning, self-management and expert advice for patients with chronic conditions
- **Ensure that our clinical and managerial staff are enabled to deliver these objectives by developing excellent**
 - **People** – recruiting and rewarding based on our values, developing and supporting staff to be excellent in their roles
 - **Processes** – supporting services with an effective toolkit (e.g. capacity and demand planning, an effective booking and appointments process), ensuring that information is captured accurately and used to improve performance, streamlining back office support, and enhancing commercial support for divisions
 - **Technology & Infrastructure** – ensuring clinical equipment, IT and estates support clinical excellence
 - **Research** – creating an environment where systematically we translate what we know into what we do
 - **Education** – providing an excellent clinical teaching environment, and ensuring development of all staff

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for the divisional operational and medical managers to assess local plans before a wider discussion with the Executive Team through a series of 'Joint Review Meetings'.

Our planning approach has sought to build plans 'bottom up' and to ensure clinical engagement and ownership through a range of clinical workshops, joint review meetings and formal sign-off processes. Central aspects of the development of service line plans include:

- **Demand forecasting** – using analysis of population level data, internal activity data and HES data to see local trends in demand and referrals, and undertaking comparative analysis of waiting times to identify potential opportunities for growth in market share
- **Capacity forecasting** – looking at available clinician time and the physical capacity of outpatient, inpatient, theatre and diagnostic areas (taking into account throughput) to determine the available capacity to service demand
- **Financial investment and cost improvement** – using a mixed approach including service line reviews, comparative cost and performance benchmarking, and market testing through our procurement function to inform assessments of cost pressures
- **Development of formal business cases** where investment above delegated thresholds is sought which allows for comparison of the benefits and costs of schemes

3.2 A summary of our service line priorities

Chelsea & Westminster Hospital intends to remain a major acute hospital for NWL with supporting specialised services, whilst also growing secondary and community elective services where we have a competitive advantage and the development is financially sustainable. This is underpinned by some overarching strategic priorities:

- following the reconfiguration processes, prepare for designation as a Major Hospital with 24/7 A&E and the associated growth in activity in emergency care following the downgrading of neighbouring Charing Cross;
- achieve designation as a regional centre for burns, and improving specialist coding to ensure that complex work is properly recorded and receives the appropriate tariff;
- successfully implement service developments – set out in our 2012/13 plan – to provide a new Diagnostics Centre, set-up our community-based MSK service, and provide new co-located Obstetrics-Led and Midwife-Led Units;
- secure opportunistic growth in a small number of elective specialties, such as T&O (where we have already agreed to provide additional activity as part of a waiting list initiative); and
- undertake transformation programmes to improve our emergency care pathway, our theatre and surgical productivity, and our outpatients and appointments processes.

Other priority developments for our services include:

- **In Medicine** – expansion of ED and Acute model to meet AES standards and expanded activity (post reconfiguration), and growth in Gastroenterology work
- **In Surgery** – growth in General Surgery (Colorectal), Ophthalmology, Urology, Pain Management, T&O, Burns, and Bariatrics
- **In HIV/Sexual Health and Dermatology** – growth in screening via new Dean St Express, and expansion of our phototherapy service
- **In Paediatrics** – growth of elective paediatric dental work, maximisation of capacity to deliver activity under the tertiary surgical network, and the potential transfer of paediatric cardiac and respiratory services in partnership with RBH
- **In Women's Services** – development of an ambulatory unit in Gynaecology, implementation of a Midwife-led Unit and an Obstetrician-led Unit in Maternity, and focus on recruiting nurses into NICU to reduce bank and agency spend

- ***In Clinical Support*** – expansion of Endoscopy work, changes in staffing and rotas in Diagnostics to enable emergency cover in line with AES standards, and the potential expansion of our MSK community outpatients service
- ***In Private Patient services*** – development of joint ventures with local private providers, expansion of use of ambulatory facilities for private outpatients and development of the Fulham Road private patient facilities with RMH and RBH.

This clinical strategy will continue to be informed by regular ‘Clinical Summits’ aimed at developing long term clinical strategy, alongside formal clinical engagement in our annual ‘High Quality Planning’ sessions.

3.3 A summary of our clinical workforce strategy

The clinical workforce priorities will be modelled based on the Trust clinical and strategic priorities over the coming years which involve:

1. **Ensuring the workforce is fit for the future** – this will include workforce planning and remodelling to assure we have the right staff to deliver major acute hospital services with supporting specialised services, whilst also growing out of hospital services. This will encompass NWL Shaping a Healthier Future plans; collaborative working with hospitals on the Fulham Road and also plans for more integrated care models to serve our population(s). Where transfers of services occur this will involve transfer of staff (e.g. TUPE) and in some cases may involve expansion of our clinical staff resource to provide more acute or specialist care. Specifically, areas such as Emergency, Obstetrics and Gynaecology will see further medical consultant recruitment and remodelling to provide 24/7 cover for our patients. Specialities where we want to increase our market share will also see planned workforce growth such as Trauma and Orthopaedics, Gastroenterology and Sexual Health.
2. **Recruiting and ensuring our staff live our Trust values** – we will continue work to embed our Trust values of safety, kindness, respect and excellence in everything we do. Particular work will continue on ensuring we assess and select the right staff who will not only have the right qualifications and clinical skills to care for our patients but equally demonstrate the right values and behaviours to ensure our patients and their relatives/carers have an excellent experience consistently at any point in their care pathway or contact with the Trust.
3. **Staff Innovation and use of Technology** – this will involve investment in IT and training of staff to ensure we are equipped to communicate, provide information and schedule bookings via a variety of media to meet our present and future populations’ expectations of our modern services. We will also focus on workforce innovation and skills to translate the latest research into clinical staff skills to provide the best clinical care for our patients so they stay in hospital for less time.
4. **Staff who can provide patient services in and out of hospital settings and within the community where appropriate** – this will require remodelling of pathways, roles and contracts away from solely acute settings so staff are skilled and able to deliver care throughout the patient journey.
5. **Review of corporate/business support functions to optimise productivity** – we will work on modelling possibilities for providing the most efficient administrative and support functions. This will include review of services that can be improved through better use of technology such as EDM and electronic patient scheduling and bookings. It will also include review of services where greater economy of scale, the most productive use of time and added value to the business may be achieved in partnership with West Middlesex, via our Fulham Road Collaborative shared working or via outsourcing options. For example we have already merged our procurement and soft services provision, plus contracted out our Occupational services. Other opportunities will be explored in areas such as IT, Finance, Payroll, Estate and Facilities, Governance and HR.
6. **Review of pay and reward strategies** – in April 2013-14 we will commence work to review our pay and reward strategies so we are able to recruit, retain and develop talent and leaders to meet our patient needs and expectations. Both the recommendations from the Francis Report and revised Agenda for change terms and conditions provide the building blocks from which to assure we assess, reward, support and manage staff well based on delivery of excellent patient outcomes and objectives alongside the right

skills, competencies and values. We will work on improving our objective and performance management systems and further improving our appraisal rates.

7. **Staff wellbeing** - Staff wellbeing and benefits strategies will continue to grow and play a big part in the wellbeing, morale and retention of our staff and their experience which will in turn have positive effect on patient experience. This will be measured via our staff survey results, internal HR metrics and delivered via internal initiatives such as the fast-track direct referral to physiotherapy service launched in 2012 and our mini health MOTs for staff.
8. **Recruitment, Retention and QIPP initiatives** – We recognise that having our own permanent trained and able staff who live by our Trust values is the best way of achieving the best experience for our patients. In addition, we will always need and value a small proportion of flexible resource to support our services, however we need to keep this proportionate and focus on initiatives to reduce high cost agency temporary cover and sickness absence cover by developing speciality specific recruitment, retention and agency reduction plans. This will include areas, such as NICU nursing where it has been difficult to recruit and retain nurses on NHS pay rates due national shortages compounded by the competitive London labour market. This will include skill mix and role review, local staff feedback via ‘pulse’ surveys and also a review of incentive options.

In other clinical ward areas, we will develop roles to care for our ageing population and with that people with long term conditions, and/or dementia and will educate staff Trust-wide on changing health needs so they are empowered and able to provide care in the right way for each individual.

In addition, in non-clinical areas we will focus on a reduction of short term contractors/agency staff and we will develop an in house Project Management Office to support the clinical divisions to work on Trust wide initiatives to improve patient experience and flow.

9. **Education and Training** – We aligned all education and training functions and provision in 2012/13 and formed a new education and training board. Going forward, key workforce priorities will be to deliver excellent leadership and clinical leadership programmes so we have excellent role models to our staff. Mandatory training will also be reviewed to assure it is appropriate and fit for purpose plus easy to access via a variety of mediums and compliance will form a key condition of staff incremental progression.
10. **Research** – We will continue to support our clinical staff to be research active by maintaining Principal Investigators across our main specialties and supporting other staff to become involved in research programmes. Importantly we will support generating research funding through the main research funding bodies and continue to collaborate closely work closely with Imperial College. We will continue to work with our local charity partners to fund PhDs and Research Fellowship placements; providing in-house multi-professional training and awareness programmes; supporting a Research Champion Programme to create links between clinical and research teams; retaining a core team of research associates; and supporting staff to participate in improvement science projects run in partnership with the NIHR CLAHRC for Northwest London.

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With emergency readmissions rates, bed occupancy and length of stay, transformation boards have been set up to review both the emergency and elective care pathways. Key aspects of this are the development of the current ambulatory care service, maximising its potential; and secondly of more potential is the improved discharge programme of acute physicians leading patient discharge process, with a dedicated clinical team who will review patients on wards daily to assess appropriateness of discharge and continue to manage their post discharge care. The total financial value of the planned efficiency gains for all Transformation work is £4.5m in 13/14, £5.4m in 14/15 and £4.2m in 15/16.

4.2 CIP Process and governance

CIP development, approval and resourcing:

The CIP requirement is identified through the Trust's financial planning process which reflects our strategy for services and capital investment. Once the level of capital investment to achieve the Trust strategy is identified we are able to calculate the level of internally generated cash we need in order to fund either the capital investment or service any loans we may utilise.

With a target EBITDA agreed the Trust assesses all internal and external financial factors such as inflation and shifts in activity and demand, and the impact these have on profitability. At the end of this assessment the Trust will have a gap between the target EBITDA and the level of EBITDA which would be achieved without CIP – this gap is in essence the CIP target for the Trust. This assessment and resulting CIP target is then approved by the Trust Board which delegates the agreed budgets to the Management Executive for the financial year, which are in turn devolved to the clinical and corporate divisions in line with our Service Line Management structure.

Central support

The Trust is planning to implement a designated Project Management Office (PMO) with responsibilities for managing and reporting the identification and delivery of CIP for the Trust; this will provide additional capacity and capability to support clinical divisions, freeing managers and clinicians from their day jobs to innovate and adopt best practice. Specific funding has been reserved recurrently from 2013/14 for transformation initiatives (£1.6m) and the Trust's Dragons Den initiative (£200k) which is available to services that identify innovative new solutions to the challenges of health care delivery. The divisional schemes are supplemented with central CIP initiatives such as procurement, prescribing, workforce redesign, and Facilities & Back Office re-engineering which will deliver CIP.

Monitoring and assurance

In recent years the Trust has developed an extensive system of monitoring and assurance for CIP identification and delivery including weekly monitoring reports to the Trust Management Executive and monthly updates for the Trust Board including Non-Executive Directors. This monitoring includes local risk assessment of individual schemes in terms of likelihood of delivery in line with planned implementation dates and anticipated value of the CIP.

Other key indicators monitored are the split of CIP identified and achieved by Income, Pay and Non-Pay with a minimum requirement of all services to achieve cost reducing savings of at least the national Gershon efficiency target in year and recurrently (4% during 2011/12 and 2012/13).

The existing controls and assurance scheme has worked well as is demonstrated in the CIP achieved in previous years. However we have identified improvements to this system to ensure it is more proactive in its nature and ensure that any CIP scheme is fully assessed to determine what impact it is likely to have on the clinical quality of services and to mitigate that impact, for example:

- We have implemented bi-weekly CIP review meetings chaired by the Chief Operating Officer and Director of Finance which will track the identification of CIP and progress on delivery plans to ensure that all service areas are on track to achieve their targets. Where areas are identified as being at risk of not achieving their CIP targets they are expected to identify schemes to mitigate this which would include non-recurrent under-spends against existing budgets.
- We have stipulated that all CIP schemes with a value greater than £100k per annum should be run with a project management methodology and specifically reviewed by the service lead clinician to ensure that any impacts to clinical quality have been evaluated and where necessary mitigated. Trust-wide templates for this project based approach have been developed and are submitted to the bi-weekly CIP review

meetings for assurance that schemes are on track to achieve their CIP target, this template also requires the lead clinical to sign that a clinical impact assessment has been undertaken.

Services are required to assess each identified CIP scheme for the risk of slippage in implementation and must ensure that appropriate mitigation or substitution is identified and implemented.

Clinician involvement and quality assessment:

The Trust requires that all CIPs are approved by clinicians who have responsibility for clinical quality to ensure that any CIP does not have an adverse impact on the clinical quality of a service and if any impact is identified that actions and changes have been identified and implemented in order to mitigate this impact. The Trust has also now required that all CIP schemes be formally approved by Divisional Medical Directors and that this be officially documented to ensure this process is being followed and that all CIP have been subject to clinical appraisal.

Any CIP initiatives which have trust-wide implications are reviewed and agreed by the Medical Director and Director of Nursing to ensure that clinical quality is not adversely affected by such schemes.

Historic performance

The Trust has successfully delivered challenging cost improvements in previous years. This experience has been used to establish a clear and accountable approach to ensure the delivery of identified savings through CIPs. The table below sets out the historic CIP delivery for the Trust and planned level of CIP for the 3 years to 2015/16.

	2011/12		2012/13		2013/14	2014/15	2015/16
	Plan	Actual	Plan	Actual	Plan	Plan	Plan
	£m						
Pay Cost Savings CIP	8.300	5.733	7.932	5.393	4.858	5.693	4.557
Drugs Cost Savings CIP	0.490	0.696	0.600	0.745	0.280	0.500	0.500
Clinical Supplies CIP	3.815	3.921	2.728	1.895	1.978	3.599	3.255
Non-Clinical Supplies CIP	2.050	3.776	4.940	3.822	2.114	2.011	1.962
Misc. Other Operating Expenses CIP					3.471		
Revenue Generation CIP	5.000	6.803		5.227	4.247	3.697	3.175
Total	19.655	20.929	16.200	17.083	16.949	15.500	13.450
% Achieved		106%		105%			

This table shows that the Trust has a strong record for achieving the necessary levels of CIP to support achieving our financial strategy. During 2012/13 the Trust successfully delivered £17.1m of CIP through a combination of cost reductions and revenue generation schemes.

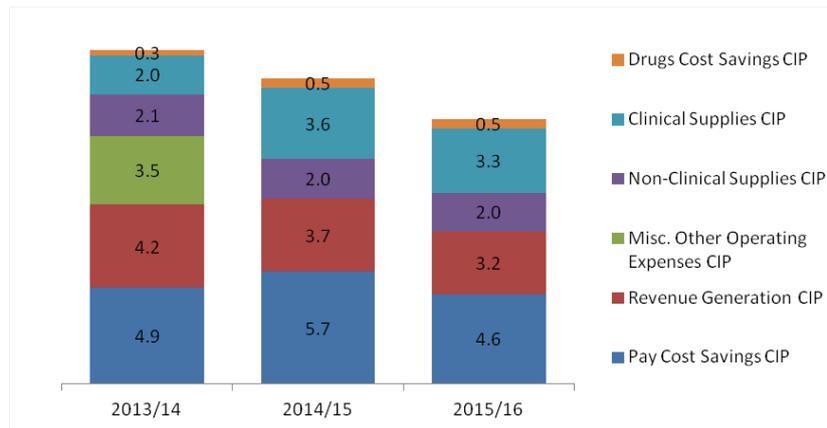
The main drivers of successful delivery of CIPs include: strong design with 'bottom-up' and realistic analysis of the opportunity; regular executive-level discussion of progress; early development of implementation plans with identification of the required factors to enable delivery; and regular monitoring of the delivery through divisional and executive structures, including quarterly planning and performance reviews between the Executive Team and divisions.

4.3 CIP Profile

The Trust has a target CIP over the next 3 years of £45.9m, broken down as follows: 2013/14 £16.9m, 2014/15 £15.5m and 2015/16 £13.5m. As is shown in Figure 1, pay cost savings and combinations of non-pay cost reductions are the largest categories of scheme.

There are 5 key CIP themes across the Trust (set out in Appendix 2) that have been identified and developed by divisions and directorates, where each area is expected to deliver against a centrally determined CIP target. In addition there are locally identified and driven schemes, specific to each individual service area. Whilst the responsibility for the delivery of CIPs is devolved, the identification of CIP opportunities is not completely locally driven. The Trust utilises benchmarking when identifying opportunities for CIP with a variety of sources including local (e.g. internal benchmarking and North West London reconfiguration), national (e.g. Dr Foster) and international (e.g. Advisory Board and G.E.) benchmarking tools and consultants in line with the Trust aspiration of achieving upper decile performance in all the services we provide in terms of clinical quality and financial performance.

Figure 2 – Profile of CIP schemes (2013/14-2015/16), split by theme



The Trust takes a combined approach of seeking to achieve major transformational changes on a division or trust-wide basis alongside locally identified and delivered incremental changes.

4.4 CIP enablers

As outlined above the Trust devolves management responsibility to divisions and directorates for CIP identification. The clinical leadership of each area is a key sponsor of each individual CIP scheme, with sign-off a key requirement by clinical leadership (both nursing and medical). Where a CIP scheme requires an invest-to save approach, including those that require capital expenditure, the CIP schemes are net of revenue costs and where appropriate capital expenditure required is set aside in the Trust’s capital programme. As part of the Trust’s business planning process CIP templates help facilitate the clinical engagement and the requirement to identify the relevant enablers.

5

EBITDA	33.6	33.6	0.0
EBITDA margin (%)	9.8%	9.8%	-0.1%
EBITDA margin rating	4	4	0
Capex (Cash spend)	-41.7	-18.6	-23.1
Net cash inflow/(outflow)	-10.5	0.6	11.1
Period end cash	30.5	41.6	11.1
CIP	16.2	17.1	0.9
Financial risk rating	4	5	1

The Trust achieved a year-end Financial Risk Rating of 5 for Q4 of 2012/13 compared to a planned rating of 4. The Trust made an EBITDA of £33.6m (9.8%) against a plan of £33.6m, with a surplus of £13.0m against a plan of £12.6m. The Trust had a CIP plan of £16.2m in 12/13 and delivered £17.1m through a combination of revenue generation and expenditure CIP schemes.

Key financial priorities and investments and how these link to the Trust's overall strategy

The Trust's key financial priority is to deliver financial sustainability through transformation of service provision to improve patient experience and secure efficiencies. In terms of financing the delivery of clinical and strategic priorities the Trust has a strong track record of achieving planned financial surplus and CIP targets to enable significant investment in specialist infrastructure. Key investments within the forward plan will facilitate the following strategic priorities:

- Chelsea & Westminster's designation as a 'major hospital' within the reconfiguration of services across NWL – investment to expand A&E and clinical expansion, enabled via the purchase of Doughty House to provide additional capacity;
- Collaboration with Royal Brompton Hospital to provide paediatric respiratory and cardiac services at Chelsea & Westminster Hospital – Development of a PICU and dedicated clinical accommodation within Chelsea Children's Hospital;
- Expansion of sexual health services delivered under a new model of care adopting innovative technology, greater patient involvement and reduced staffing costs – redevelopment and equipping of 35 Dean Street to provide the Dean Street Express clinic;
- Expansion of maternity deliveries to provide choice to women by offering a midwife-led birth – construction of a midwife-led unit, co-located on the same floor of Chelsea & Westminster as the birthing unit and private maternity unit; and
- Private patient growth to expand within current facilities out of hours, development of joint ventures with local private providers and developing the Fulham Road private patients brand with the Royal Marsden Hospital and the Royal Brompton Hospital.

Key Risks to achieving the financial strategy and mitigations.

There are a number of financial risks that need to be considered and mitigated in the Trust's forward plan, the main items being:

- non delivery of CIP programmes;
- transfer of Sexual health commissioning to local authorities;
- demand risks of QIPP schemes beyond planning assumptions;
- delivery of commissioner productivity metrics;
- slippage of delivery of capital schemes resulting in delays in service developments; and
- competition for private services from other NHS and independent providers.

Board of Directors Meeting, 28 May 2013 (PUBLIC)

AGENDA ITEM NO.	4.1/May/13
PAPER	Audit Committee minutes – 20 March 2013
AUTHOR	Lorraine Bewes, Director of Finance
LEAD	Sir John Baker, Non-executive Director
PURPOSE	The purpose of this report is to share minutes with the Board.
LINK TO OBJECTIVES	Ensure financial and environmental sustainability
RISK ISSUES	None noted
FINANCIAL ISSUES	None noted
OTHER ISSUES	None
LEGAL REVIEW REQUIRED?	No
EXECUTIVE SUMMARY	This paper outlines a record of proceedings of the meeting of the Audit Committee held on 20 March 2013.
DECISION/ ACTION	For information.

CONFIDENTIAL

Date.....

Signed.....

Audit Committee, 20th March 2013 Minutes

Present:

Non-Executive Directors: Sir John Baker (JB) Chairman
Sir Geoff Mulcahy (GM), Non-Executive Director

In Attendance: Tony Bell (TB), Chief Executive
Lorraine Bewes (LB), Director of Finance
Carol McLaughlin (CMcL),
Neil Hewitson (NH), KPMG
Simon Spires (SS), Parkhill
Heather Bygrave (HB), Deloitte

1. GENERAL BUSINESS

1.1 Apologies for Absence

Prof Dick Kitney (DK), Non-Executive Director, Cathy Mooney (CM)

1.2 Declarations of Interest

None

1.3 Minutes of the Previous Meetings held 31st January 2013

The minutes were agreed as a true and accurate record.

1.4 Schedule of Actions

- LB to ensure Audit Committee minutes are circulated to Executive Directors and formal responses to comments made

LB stated that PC will circulate Audit Committee minutes with flagged issues for comments to Executive Directors.

- LB/SS to put disclaimer regarding job vacancies at the Trust on the Trust website

LB informed the Committee that disclaimer regarding job vacancies at the Trust is now on our website.

- RB to find out how common problem of data errors corrected at source is across the KPMG clients and report back to the Committee

NH stated that our Trust is not alone with facing this problem as other Trusts are also trying to resolve it.

JB stated that he would like today's meeting to focus on the internal audit programme for next year and the degree of assurance on the Audit Committee opinion.

2. COUNTER FRAUD PRO-ACTIVE WORK

2.1 Counter Fraud Progress Report

SS informed the Committee that PAA 5608 False Job Applications has now been resolved by putting a disclaimer on the Trust's website.

Regarding PAA 5706 Alleged Working Whilst Sick, SS informed the Committee that the LCFS has conducted enquires with St Helier hospital and was advised that no shifts had been conducted by the subject and is awaiting response from Mayday hospital before a decision can be made whether to cease any further enquiries.

LB informed the Committee that she met with Veran Patel (VP) new Parkhill Director of Internal Audit and fed back concern of the Audit Committee at the lack of fraud referrals - did this mean we had little fraud or were failing to detect it? She stated that VP will provide a benchmark report and this will be presented at the next Audit Committee meeting.

ACTION: SS to present benchmark report of fraud referrals at the next Committee meeting.

2.2 2013/14 Counter Fraud Work Plan

JB raised his concern regarding format of this work plan. He stated that it shows rationale but not what is being done. SS stated that this report follows the suggested format from NHS Protect and it is more detailed than in previous years.

JB stated that 23 days allocated for system weaknesses and policies, procedures and protocols is too much as we have most policies in place already. SS stated that National Fraud Initiatives takes usually 7-8 days to be completed. He added that we need to upload all data regarding people with stolen identity into a nationwide database.

TB stated that we should use findings from last year and focus on them this year.

JB asked if LB and SS are happy with this report, and that it provides enough explanation for work to be done. LB said that we agreed up to 60 days for this year counter fraud work but it does not mean that the full 60 days will necessarily be used. TB was concerned that this report does not show what actually will be done in terms of tasks or projects. GM agreed with all raised comments.

Action: LB/SS to take on board raised comments and apply some rigour and confirm the content of the plan bottom up and start with the risk assessment and show targeted approach.

3. INTERNAL AUDIT

3.1 Progress Report and technical update

NH informed the Committee that the report summarised the progress made by internal audit against their 2011-12 audit plan since the last Audit Committee meeting in January 2013.

He had met with Executive Directors to discuss a work plan for 2013/14 based on the risk assessment

included on page 7 of this report.

JB considered the balance of external and internal drivers with standard items like financial reporting, financial management to be sensible but raised the question whether, post Francis report, the single most important topic not yet reviewed by IA is clinical audit. He added that we know how good the basic data and its interpretation is, who can challenge it and how transparent are the challenges in the escalation process until it reaches the Board. He believed we had to have assurance on clinical audit and check if we have got our priorities right. JB stated that, on the basis of the Minutes of the Assurance Committee under agenda item 6.1, the Assurance Committee is not assured in this area. TB stated that the Executives' discussion did focus on post Francis but the focus was on Board governance and patient experience. He added that we have to know what has been done well and what we need to concentrate on. He, himself, had some concerns about our degree of assurance on clinical audit.

He was therefore sympathetic to including clinical audit in the plan for next year and would revisit the matter with the Executives. He added that all audit plans (clinical and non-clinical) should be seen and signed off by the Audit Committee.

Action: TB to consider whether to include Clinical Audit in the 2013-14 IA Plan.

JB asked if the RBH joint venture is important at this stage. TB replied that it is due diligence on our processes. He added that we need to see if we employ the right people to lead on this. JB suggested that we should also look at bank and agency as key to the patient experience and, in the light of the fraud cases, a key risk.

LB stated that we have, in fact, done audit on bank and agency in the last 3 years.

**Action: LB/TB to take on board raised comments
NH to present final revised plan at the next Audit Committee meeting.**

3.2 Recommendations tracker

NH informed the Committee that there are five overdue recommendations, none of which is high priority and revised dates for all of them are included in this report. He stated that all revised dates have been confirmed by Executive and he is happy with this.

JB asked why the Tri-Borough is involved in recording of incidents and LB explained that this is about safeguarding adults.

This report was noted by the Committee.

3.3 Working with Commissioners

NH informed the Committee that the internal audit review had concluded that the Trust's processes in place for working with commissioners are adequate, which is consistent with the assurance rating anticipated by the Trust prior to completion of the review. He stated that three low priority recommendations have been raised and all of them have been agreed by management.

LB stated that there is still risk in the system on what we will be paid from April. She added that the work is in progress but she would like to have follow up and TB highlighted we need to incorporate risk of CSU being any qualified provider or privatised in next two years.

This report was noted by the Committee.

3.4 2012/13 annual report and head of internal audit opinion

This report was noted by the Committee.

4. EXTERNAL AUDIT

4.1 Interim Report on the 2012/13 Audit

HB highlighted the report to the Committee:

- planned interim financial statement work has been completed
- work on Quality Accounts will commence this week – the reason it is not completed is that Monitor has not yet issued their final guidance.
- The following quality indicators have been chosen:
 - C.Difficile indicator was tested already and no issues have been found
 - 62 day cancer waits indicator – Deloitte is waiting for data to come through to start testing
 - Incidents resulting in severe harm or death indicator – work on this has not started yet as some benchmarking is needed to understand what an acceptable death or harm rate might be
- Audit status – majority are green in terms of testing and no concerns have been raised
- Recoverability of Q1 and Q2 overperformance income has been tested and it was noted that 92% and 94% of the income has been recovered for Q1 and Q2 respectively
- The Trust's NHS debtor days against other acute Trusts have been benchmarked and are at the average
- No other Trusts have yet agreed contracts with NWL Commissioners for 2013-14. (LB stated that she has spoken with the London Region NCB finance director who agreed that payments on account would be required. She added that the payment should be 12/13 roll forward or roll forward less a small % discount).
- The impact of COSR proposals would drop us from a 4 to 3 rating and monthly monitoring. It appears, therefore, that most Trusts would also be on monthly monitoring and this will be flagged in response to Monitor consultation, since it seems unlikely that Monitor would want that outcome.
- Deloitte's have had no issues with respect to cooperation with Trust staff, and the Trust was behaving with full transparency to assist the Audit.
- There is a change to calculation of PDC dividend from 1st April 2013 which may be based on average daily cleared balances and would in effect penalise Trusts that held cash elsewhere during the year by up to 3.5% of their cash balance.
- Monitor requires FT CEO and FD to sign off FTCs of charitable accounts even if these are not consolidated. It was noted that the Trust has made a nil disclosure as the Charity is viewed as independent.
- 2011/12 Quality Accounts of 42 NHS Trusts, including C&W NHS Foundation Trust have been reviewed and the Trust's content looks appropriate.
- It was estimated that the Trust's FRR of 4.2 per Q3 submission would be a continuity of Service Risk Rating of 3.5 which is not unusual

This report was noted by the Committee.

4.2 2013/13 Update on Reporting Requirements

HB informed the Committee that this paper highlights reporting changes for this year and their recommendations for actions by the Trust, in particular in respect of the Quality Accounts and the Remuneration Report

It was noted that all Trusts are required to obtain HM Treasury approval via Monitor, for special severance payments (i.e payments outside contractual terms), and that we are required to check these authorisations have been received. JB asked if we do have anything like this to report. TB/LB replied that they are aware of one payment but believed this was a normal contractual payment.

This report was noted by the Committee.

5. GOVERNANCE AND RISK MANAGEMENT

5.1 Audit Committee Annual Report 2012/13

JB stated that we should draw attention to the concerns raised by the Assurance Committee and should note them and be completely transparent.

TB stated that the front cover for reports to the Board should flag all relevant issues.

Action: LB to update this report

This report was noted by the Committee.

5.2 Information Governance Toolkit 2012/13

LB informed the Committee that the report provided assurance that the Trust is meeting the IG Toolkit standards which form part of the CQC assessment and is compliant with legislation requiring public authorities to maintain patient confidentiality and maintain accurate patient and staff records. She stated that we had an overall green rating. She added that we have improved our coding accuracy from level 1 to level 3.

The Committee noted that the IG Training completion rate was 76% and we will not achieve 95% this year.

Regarding FOI compliance rate which increased from 43% in 2011 to 71% in 2012, JB asked what we should be achieving realistically. LB replied that we should achieve 95% which means there is still much work to be done.

This report was noted by the Committee.

6. ITEMS FOR APPROVAL/INFORMATION

6.1. Summary of key points of Assurance Committee on 26th November 2012

Regarding the Health and Safety Report to the Assurance Committee in November 2012, JB asked why it has been difficult to get assurance on health and safety in Divisions. LB replied that it was a problem of getting it prioritised amongst all divisional priorities. She added that this is on the list of concerns of the Assurance Committee. JB said that he had considered if this should be added to the internal audit work plan but decided it should wait for another year until more progress had been made on H&S systems and performance.

LB advised that the Executives had also discussed this and decided to leave it for next year.

This report was noted by the Committee.

6.2 Summary of key points of Finance and Investment Committee on 20th December 2012 and 24th January 2013

Noted.

6.3 Losses and Special Payments including write offs

CMcL informed the Committee that this report covers all losses and special payments for the period 1st January 2013 to 28th February 2013. She stated that there was a total of £76,417 for losses and special payments for this period, of which £68,366 related to debts written off and £8,051 to special payments.

The Committee was informed that two biggest special payments related to:

- £1650 damages to an employee in the physiotherapy department who injured her back whilst lifting a patient using manual handling equipment which she had not been trained to use
- £5,500 damages to an employee in maternity department who injured her knee after slipping on fluids on the floor whilst assisting in delivery

CMcL informed the Committee that the biggest debts written off £44,883 related to Private Patients.

This report was noted by the Committee.

6.4 Waivers of Tenders and Quotations

LB informed the Committee that there were two waivers authorised between 21st January and 13th March and both of them related to the Children's hospital build.

JB asked if we are convinced that we achieve enough savings by doing this. LB replied that we are.

Action: LB to make sure that future waivers show that avoidance of costs is still value for money ie the report has to show evidence of the contra.

6.5 Forward Audit Committee Plan

Noted

7. DATE OF THE NEXT MEETING

23rd May 2013 1-3pm Main Hospital Boardroom