

27 January 2014

Dear Colleagues,

**Board of Directors Meeting (PUBLIC)  
Thursday, 30 January 2014**

Dear Colleagues,

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

Please also note that papers which have been 'starred' will not be discussed unless an advance request is made to the Chairman.

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

Yours sincerely,

Vida Djelic  
Board Governance Manager

## Board of Directors Meeting (PUBLIC)

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

**Chair:** Professor Sir Christopher Edwards

**Date:** Thursday, 30 January 2014 **Time:** 4.00pm

## Agenda

Ref	Item	Lead	Time
<b>1</b>	<b>GENERAL BUSINESS</b>		<b>4.00pm</b>
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 31 October 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 and Quality Awards	CE	
<b>2</b>	<b>PERFORMANCE</b>		
2.1	Finance Report Commentary – December 2013	LB	
2.2	Performance Report Commentary – December 2013	DR	
2.2.1	Access		
<b>3</b>	<b>ITEMS FOR DECISION/APPROVAL</b>		
	<b>QUALITY</b>		
3.1	Assurance Committee Report – October and November 2013	KN	
3.2	NHS Staff Survey – Summary of Results (oral)	SY	
	<b>STRATEGY</b>		
3.3	Strategy Update (oral)	APB	
	<b>GOVERNANCE</b>		
3.4	Monitor In-Year Reporting & Monitoring Report Q3	LB	
3.5	Review of Strategic Objectives, Board Assurance Framework and Risk Report Q3	APB/EM	
3.6	Register of Seals Report Q3*	LH	
3.7	Declaration of Interests Annual Review	CE	
3.8	Remuneration Committee Terms of Reference*	CE	
3.9	Trust Annual Report Process	APB	
3.10	Safeguarding Children Declaration 2014	EM	
<b>4</b>	<b>ITEMS FOR INFORMATION</b>		
4.1	Audit Committee Minutes – 21 October 2013	JB	
4.2	Clinical Excellence Awards	SY	
<b>5</b>	<b>ANY OTHER BUSINESS</b>		
<b>6</b>	<b>QUESTIONS FROM THE PUBLIC</b>		
<b>7</b>	<b>DATE OF NEXT MEETING – 24 April 2014</b>		
	<b>CLOSE</b>		<b>5.30pm</b>

## Board of Directors Meeting, 30 January 2014 (PUBLIC)

<b>AGENDA ITEM NO.</b>	1.4/Jan/14
<b>PAPER</b>	Draft Minutes of the Meeting of the Board of Directors held on 31 October 2013
<b>AUTHOR</b>	Vida Djelic, Board Governance Manager
<b>LEAD</b>	Prof. Sir Christopher Edwards, Chairman
<b>PURPOSE</b>	To provide a record of the decisions and actions discussed at the meeting
<b>LINK TO OBJECTIVES</b>	Links to strategic direction/patient experience
<b>RISK ISSUES</b>	None in addition to those included in report
<b>FINANCIAL ISSUES</b>	None in addition to those identified in relevant paper
<b>OTHER ISSUES</b>	None
<b>LEGAL REVIEW REQUIRED?</b>	No
<b>EXECUTIVE SUMMARY</b>	This paper outlines a record of proceedings of the meeting of the Board of Directors on 31 October 2013
<b>DECISION/ ACTION</b>	<ol style="list-style-type: none"> <li>1. The meeting is asked to agree the minutes as a correct record of proceedings</li> <li>2. The Chairman is asked to sign the agreed minutes</li> </ol>

**Board of Directors Meeting 31 October 2013 PUBLIC  
Draft Minutes**

Time: 4.00pm

Location: Chelsea and Westminster Hospital NHS Foundation Trust – Hospital Boardroom

**Present**

<b>Non-Executive Directors</b>	Prof. Sir Christopher Edwards	CE	Chairman	
	Sir John Baker	JB		
	Jeremy Loyd	JL		
	Prof Richard Kitney	RK		
	Sir Geoffrey Mulcahy	GM		
	Karin Norman	KN		
<b>Executive Directors</b>	Tony Bell	APB	Chief Executive	
	Lorraine Bewes	LB	Chief Financial Officer	
	Elizabeth McManus	EM	Director of Nursing and Quality	
	Zoe Penn	ZP	Medical Director	
	David Radbourne	DR	Chief Operating Officer	
	<b>In attendance</b>	Fleur Hansen	FH	Interim Director of Corporate Affairs/Company Secretary
		Rakesh Patel	RP	Director of Finance
		Susan Young	SY	Director of Human Resources and Organisational Development
		Berge Azadian (in part for item 3.3)	BA	Director of Infection Prevention and Control
		Vida Djelic	VD	Board Governance Manager

**1.1 Welcome and Apologies for Absence CE**

CE welcomed members of the public and Governors to the meeting.

There were no apologies received.

**1.2 Declaration of Interests CE**

There were no declarations of interest.

**1.3 Draft Minutes of the Meeting of the Board of Directors held on 25 July 2013 CE**

Minutes of the previous meeting were accepted as a true and accurate record, subject to changes provided earlier by CE.

CE commented on the length of the Board papers pack and noted that the papers should be no longer than four pages with a focus on the most important information for the Board to consider. Any supporting papers will be available through a Board papers app which will be looked at in the New Year.

**1.4 Matters Arising CE**

Ref 3.1/Jul/13 DR noted that an audit of the number of chairs for visitors on wards has been undertaken and additional chairs provided.

Ref 5/Jul/13 FH noted that developing an app for maternity care was followed up with the maternity team with a postnatal focus. She added that antenatal care experience will also be considered and an app is at development stage.

CE noted that all other matters arising were complete.

## 1.5 Chairman's Report

CE

CE noted that the Board is extremely concerned about the new CQC Intelligent Monitoring System which put Chelsea and Westminster Hospital in band 2 (second lowest from the bottom, with band 1 being the highest risk and band 6 the lowest).

The Board was concerned about reputational damage to the Trust as a consequence of being placed in band 2. It was also noted the lack of correlation this report has with the recent unannounced CQC inspection which was very positive.

The Board noted that APB will write to the CQC and responding to each risk in detail and a report on intelligent monitoring will be brought back to the Board. **APB to bring back to the Board an update on the CQC Intelligent Monitoring Report.**

APB

## 1.6 Chief Executive's Report

APB

APB highlighted the key points from his report. These included:

Strategy Development Update: Dr Simon Barton, Clinical Director for HIV, Sexual Health Services and Dermatology is helping develop the concept of an Accountable Care Organisation (ACO).

Shaping a Healthier Future (SaHF): The Secretary of State for Health released a statement announcing his decision to support the Independent Reconfiguration Panel's review of the SaHF proposals for improvements in North West London. APB noted that he had spoken to the Chief Executives of the three Local Authorities who fully support the decision. The Board noted that there needs to be clarity on distinguishing between A&E and an Urgent Care Centre (UCC). There is no clear timeline when the exact shift to the new system will take place but the implementation plan is being developed.

West Middlesex Update: The Trust is close to completing detailed due diligence into a potential partnership. CE noted the very helpful and useful Away Day with the Board and the Council of Governors held on 17 October 2013 at which an update regarding the West Middlesex partnership was given and the next steps discussed. The Board is reviewing the proposal and the draft decision as to whether to proceed to a detailed business case will be made by the Board at the end of November. The Board will be holding informal discussions with clinicians between now and end November 2013.

Estates Update: Work commenced in September on Dean Street Express with an opening anticipated for the end of the year. Work is also underway with the Midwifery Led Unit and the refurbishment of Adult Burns.

It was noted that the Trust is considering reopening the staircases but the option, costs and risks would need to be brought to the Board for discussion. In the meantime the Estates Team are looking at opening the enclosed car park staircase.

CQC Inspection: The positive feedback from the recent inspection was noted.

NHS Litigation Authority (NHSLA) level 3: This key achievement was noted.

Annual Members' Meeting: APB noted that the meeting was well attended and thanked those involved in arranging the meeting and those who presented. The Council of Governors support in organising the day was recognised.

## **1.7 Council of Governors Report including the Membership Report**

**CE**

CE outlined the report and highlighted the Council's Standing Orders which are attached as an annex. CE noted that two sections – chairmanship and quorum -will be considered in due course as part of the constitution review.

CE noted that Dr Andrew Lomas, patient governor, replaced Alan Cleary, former patient governor, who resigned in July 2013.

The Board noted that the total membership number has increased since the beginning of the 2013/14 financial year and the Trust is reasonably representative of its membership.

CE noted that Chris Birch, patient governor, was interested in members being more involved in the election process and candidates who were interested in standing for election have had an opportunity to meet with Layla Hawkins, Head of Communications and Marketing, who offered assistance with writing candidate statements. As well as postal voting the Trust is piloting an online voting option.

## **2.1 Finance Report – September 2013**

**LB**

The Board noted that the Trust reported in September a £1.6m surplus which is £0.3m ahead of plan.

Re the year to date position the Trust is £1.7m behind plan with an EBITDA of 6.7% against a planned EBITDA of 7.8%. Recovery plans escalated in August/September. We have released £0.8m of the reserves to date.

Key issues reported included unachieved CIPs, under recovery in Private Patients income and continued above plan spending on general clinical supplies.

The Financial Risk Rating year to date is 3. The Executive Team agreed to institute more granular recovery control with each directorate taking a proactive lead to deliver this.

RP noted that the cash position at the end of September is a £19m shortfall, mainly due to an increase in trade receivables, particularly NHS and local authority debtors.

The remainder of the deficit has a direct impact on cash flow and we spent more on capital than forecasted. There are approx £2.4m of unpaid invoices relating to CCG billing. Some CCG contracts had not been signed but this has in the majority been resolved and outstanding payments are being actively chased.

CE noted that funding for GUM now lies with Local Authorities and that the Trust would be writing to Public Health England regarding this significant issue.

JL queried the current operating loss. LB responded that, full year, a £7m planned surplus is £2m less than we expected.

LB confirmed that CIP planning needs to be brought forward.

RK queried a graph on p.11 re a forecast £30m cash flow by August 2014. RP responded that the cash position is expected to improve going forward and this will be achieved by payment from CCGs and from Local Authorities (for GUM commissioning).

## **2.2 Performance Report – September 2013**

**DR**

DR reported on the key points. These were:

- The Trust retains green compliance with Monitor
- North West London CQUIN compliance
- Deep dive focused on A&E, emergency care and winter plans
- A&E performance > 98% of patients waiting less than 4hrs but the Trust remains one of the highest performing in England for this measure
- A strategic programme has been put in place with community partners in order to reduce emergency admissions.

JL noted areas of concern expressed in relation to health and safety need to be included in the tracker.

LB commented that the patient experience target could be more ambitious.

JB noted three issues regarding workforce – increased use of bank and agency staff, time to recruit and turnover rate. SY said bank and agency spend was being looked at and managed closely with a new tranche of permanent nurses starting since the period of this report. SY said she was reviewing the efficiency of recruitment processes. It was noted the Trust has a very young workforce which may be in part responsible for high turnover but that more analysis would be done including detailed exit interviews.

## **3.1 Assurance Committee - July and September 2013**

**KN**

DK noted that at the July meeting the main areas of concern in relation to monthly report on local quality indicators were discussed and that measures were in place to address performance.

KN highlighted the main points from the September meeting:

- A successful £2.3m funding bid re sustainability
- Satisfaction with the report on safeguarding children and adults
- Measures have been taken to strengthen mandatory training

RK noted a new regular item on the Assurance Committee agenda which relates to the top concerns raised by the Medical Director and Director of Nursing and Quality.

## **3.2 Infection Control Report 2012/13**

**EM**

Dr Berge Azadian, Director of Infection Prevention and Control, noted that the Annual Report provides assurance to the Board that the Trust is compliant with its statutory duties and outlined the main points from the paper.

JB asked Dr Azadian his views on the top two concerns for the Trust. BA responded that the Department of Health advises screening in relation to antibiotic resistance and patients from abroad. Ways to mitigate this include putting patients in single rooms, enforcing 'bare below the elbows', hand hygiene and using gloves at every

patient contact.

KN queried a point relating to the methodology behind the data presented in the report, particularly clarity behind the reasoning of the elective trauma and orthopaedic data. DR responded that some post operative patients can have complications which may not translate to being a hospital acquired infection.

KN queried if, in addition to pandemic preparedness, the Trust is preparing for any superbugs. BA responded that the Trust has 7 negative pressure rooms, a number of single rooms for bola patients and a plan to mitigate the overall risk.

CE thanked BA for presenting the Annual Report and noted the significant improvements made in relation to MRSA bacteraemia.

### **3.3 Response to Francis and Keogh Reports** **EM**

The background of the Francis and Keogh Reports was highlighted. In response to these reports, listening events with staff were undertaken in February 2013. The key themes and response from the listening events were noted.

The National Review of NHS complaints handling has recently been released and the Trust will pull together a report to share with the Board. This can be found at <https://www.gov.uk/government/publications/nhs-hospitals-complaints-system-review>.

JB asked what the most important themes from these reports that the Trust must consider. EM responded that there are common themes for the NHS as a whole.

KN said that this exercise tells us where we can do better if we have a highly focused action plan. EM said that it is about an open culture and discussing issues with staff, Governors and volunteers.

JB commented that the paper should identify the most important recommendations for the Trust to focus on. **EM to list the top five areas for the Trust to focus on and bring to the Board.** **EM**

### **3.4 Strategy** **APB**

Strategic issues were addressed earlier under the Chief Executive's Report. APB also noted the intention to hold a summit with clinicians on 11 December 2013. The attendees include clinicians, GPs and Professor Sir Bruce Keogh.

### **3.5 Shaping a Healthier Future Programme Initiation Document** **DR**

This item was starred and therefore taken as read.

### **3.6 Monitor in year reporting and Monitor Q2 Report** **LB**

The Board noted that the Trust has submitted the Q2 report to Monitor – a green governance risk rating and a financial risk rating of 3.

### **3.7 Register of Seals Q2 Report** **FH**

This item was starred and therefore taken as read.

### **3.8 Risk Report Q2** **EM**

The Board noted risk report Q2 and were assured that the risks are being managed.

**3.9 Health and Safety Policy 2013/14** **EM**

The main changes to the Policy were noted, including the designation of individual responsibilities and detailing the relevant reporting committees for continued compliance.

KN queried the responsibilities of the Occupational Health Department and highlighted the importance of picking up health and safety problems early. SY responded that focussed efforts are being undertaken across the organisation not just at Occupational Health Department level.

JB suggested 'proactively helping staff manage their own wellbeing' is added to 'provide and maintain safe and healthy working conditions', bullet point two on p.6.

JL queried a flowchart describing the organisation's arrangements for health and safety management and the fact that the Infection Control Committee and Clinical Committee do not report to the Board. CE noted that the structure needs to be connected so that these committees report to the Board.

**The Health and Safety Policy was approved subject to rewording on p.6 and the flowchart amendment mentioned above.** **EM**

**3.10 GMC Responsible Officer appointment** **APB**

This paper was approved.

**3.11 Donor Recognition** **CE**

It was noted that the paper to the Board detailed criteria for the recognition of donors of the Chelsea and Westminster Hospital Charity.

**4 ITEMS FOR INFORMATION**

**4.1 Audit Committee Minutes – 10 July 2013** **JB**

This was noted.

**5 ANY OTHER BUSINESS**

None.

**6 QUESTIONS FROM THE PUBLIC**

A Governor queried the reasons for experiencing difficulties regarding recovering money from private patients. LB responded that the matter has been considered in detail by the Finance and Investment Committee. It was highlighted that 90% of the total cost for maternity delivery is collected in a form of deposit.

A Governor queried the Trust's high use of agency staff. SY responded that there is a strategy to significantly reduce the use of agency staff. The Trust also uses bank staff in order to allow some necessary flexibility to the workforce. There are currently planned recruitment campaigns to recruit 77 permanent staff. There were in total 55 new starters in October.

A Governor queried if privatising the Cromwell Hospital could mitigate the C&W financial situation. RP responded that we are looking at optimising private patient income which was addressed at a Joint Board/ Council of Governors Away Day held on 17 October 2013.

A member of the public suggested that the Board members have name place settings so that members of public can identify them and that the board table is arranged in a horse shoe shape so that the Board members are faced towards the public. CE responded that this will be considered.

A member of the public queried the budget for implementing the *Shaping a Healthier Future* reconfiguration and how the shortfall in funding will be addressed. CE noted that CCGs agreed to underwrite some of the funding required for the A&E redevelopment.

A Governor complimented the Infection Prevention and Control team for making considerable improvements in this area.

**7 DATE OF NEXT MEETING – 30 January 2014**

## Board of Directors Meeting, 30 January 2014 (PUBLIC)

<b>AGENDA ITEM NO.</b>	1.5/Jan/14
<b>PAPER</b>	Matters Arising – 31 October 2013
<b>AUTHOR</b>	Vida Djelic, Board Governance Manager
<b>LEAD</b>	Prof. Sir Christopher Edwards, Chairman
<b>PURPOSE</b>	To provide a record of actions raised in the Board of Directors meeting and any subsequent outcomes.
<b>LINK TO OBJECTIVES</b>	NA
<b>RISK ISSUES</b>	None
<b>FINANCIAL ISSUES</b>	None
<b>OTHER ISSUES</b>	None
<b>LEGAL REVIEW REQUIRED?</b>	No
<b>EXECUTIVE SUMMARY</b>	This paper outlines matters arising from the meeting of the Board of Directors held on 31 October 2013 with any subsequent actions or outcomes.
<b>DECISION/ ACTION</b>	The Board is asked to note the actions or outcomes reported by the respective leads.

## Board of Directors Meeting, 31 October 2013

Ref	Description	Lead	Subsequent Actions/Outcomes
1.5/Oct/13	<p><b>Chairman's Report</b></p> <p>The Board noted that the APB will be writing to the CQC responding to each risk in detail and a report on intelligent monitoring will be brought back to the Board. <b>APB to bring back to the Board an update on the CQC Intelligent Monitoring Report.</b></p>	APB	Verbal update at closed and public sessions in January
3.3/Oct/13	<p><b>Response to Francis and Keogh Reports</b></p> <p>JB commented that the paper should identify the most important recommendations for the Trust to focus on. <b>EM to list the top five areas for the Trust to focus on and bring to the Board.</b></p>	EM	
3.9/Oct/13	<p><b>Health and Safety Policy 2013/14</b></p> <p><b>The Health and Safety Policy was approved subject to rewording on p.6 and the flowchart amendment mentioned above.</b></p>	EM	Completed

**Board of Directors Meeting, 30 January 2014 (PUBLIC)**

<b>AGENDA ITEM NO.</b>	1.7/Jan/14
<b>PAPER</b>	Chief Executive's Report
<b>AUTHOR</b>	Tony Bell, Chief Executive
<b>LEAD</b>	Tony Bell, Chief Executive
<b>PURPOSE</b>	This paper is intended to provide an update to the Board on key issues
<b>LINK TO OBJECTIVES</b>	Strategy and finance are the main corporate themes to which the paper relates
<b>RISK ISSUES</b>	No
<b>FINANCIAL ISSUES</b>	No
<b>OTHER ISSUES</b>	No
<b>LEGAL REVIEW REQUIRED?</b>	No
<b>EXECUTIVE SUMMARY</b>	This report updates the Board on a number of key developments and news items that have occurred since the last meeting.
<b>DECISION/ ACTION</b>	For information

## CHIEF EXECUTIVE'S REPORT January 2014

### 1.0 West Middlesex update

The next key milestone is to produce an outline business case (OBC) for the Board to consider at its meeting on 27 February. The Programme Team are working with clinical and corporate teams within the Trust and with colleagues at West Middlesex to develop the OBC.

### 2.0 *Shaping a Healthier Future*

The *Shaping a Healthier Future* (SaHF) team have recently refined their estimates of the resources required to deal with the additional activity we expect to receive as part of SaHF changes. We are also feeding into a wider piece of work to develop a medium-term estates solution to ensure the Trust is prepared for the future. There will be significant work in 2014/15 which will focus on A&E and maternity services, including the planned Emergency Department redevelopment.

### 3.0 Clinical summit

In December, as a core part of business planning, we held a clinical summit. With a keynote address from Professor Sir Bruce Keogh, this summit was intended to support colleagues across the organisation to think through the way services will be affected by the various national and local changes in the NHS. The outputs of the summit and the follow-up discussions will be used in the business planning process to establish a clear Clinical Services Strategy, which will be produced by April 2014.

### 4.0 Estates update

There was a delay to the opening of the new Dean Street Express clinic due to unforeseen building issues but is scheduled to open early February. Building works for the new Birthing Centre are progressing well and it is scheduled to open in February. Preparations for the relocation of Children's Outpatient Department to the 1st Floor have begun this month.

### 5.0 Dr Foster

Dr Foster Intelligence has announced in this year's Good Hospital Guide that Chelsea and Westminster Hospital has one of the most improved weekend readmission rates in the country. Having a low weekend readmission rate means that patients who had previously been discharged from hospital at the weekend are not brought back into hospital as an emergency within 28 days of their last visit. This is an indication of the high quality and expert decision making by senior doctors we are able to provide seven days of the week. Reducing the number of readmissions following an initial visit at the weekend has a very positive effect on both patient experience and health outcomes and the trust has one of the highest levels of on-site senior doctor presence over the weekend in London.

## 6.0 Private Patients update

Aiden O'Neill has joined as Commercial Director to shape the Private Patient Strategy as we start the planning process for 2014/15. We have introduced a call centre (0203 315 8484) streamlining processes to achieve the direct access to services that both consultants and patients desire.

## 7.0 National Integrated Care Pilot Programme

The Trust has submitted an expression of interest in being part of this pilot – more information will be provided in 3.3 Strategy update.

## 8.0 Electronic Document Management

In July 2013 the Trust started to convert paper documents in patient case notes into electronic images. This began with case notes for outpatients in urology clinics and in December for outpatients attending dermatology clinics. We are in the early stages of implementation in other areas such as burns, TB care, general surgery and plastic surgery.

## 9.0 Awards and congratulations

Chelsea and Westminster Hospital led a successful bid for an education network. Key partners in the bid include The Royal Marsden, social services teams from the three local boroughs, the Clinical Commissioning Group, Macmillan Cancer Support, Bucks New University, Central London Community Healthcare, Trinity Hospice and Skills for Care.

Sexual health services at 56 Dean Street have won the *Improving Care with Technology* award from the Health Service Journal for their Dean Street at Home service. We are the first NHS provider to deliver such a home testing service and it is the second national award the Dean Street at Home service has won in 2013.

Dr Mark Nelson (Lead Clinician, Ron Johnson Ward) has been awarded a Readership in Infectious Disease and an Adjunct Professorship by Imperial College for his research and educational achievements.

Ms Gubby Ayida (Consultant Obstetrician) has been appointed to the post of Divisional Medical Director for Women's, Neonates, Children's and Young People, HIV/GUM and Dermatology Services.

## 10.0 External meetings attended by the Chairman and CEO 19<sup>th</sup> October – 24<sup>h</sup> January

CHAIRMAN & CEO	Imperial College Health Partners Board
CEO	St George's Healthcare NHS Trust
CHAIRMAN & CEO	Royal Brompton and Harefield NHS Foundation Trust

CHAIRMAN	Health Education North West London
CEO	Wandsworth CCG
CEO	West Middlesex University Hospital
CEO	Imperial College Hospital
CEO	Primary Care and Public Health Imperial College Hospital
CHAIRMAN	Wonderland Event with Chelsea and Westminster Health Charity
CHAIRMAN	HCA Celebration of Achievement awards
CHAIRMAN	Imperial College Cancer Board
CHAIRMAN	St Mary's Hospital
CHAIRMAN & CEO	Royal Brompton Hospital
CEO	Global Comparators Barcelona
CEO	Palace of Westminster Ladies All Party Reception
CEO	Care Quality Commission
CHAIRMAN & CEO	Foundation Trust Network
CEO	Hospital Change Leaders Forum
CEO	Kings Fund
CEO	Friends of the Hospital Carol Service
CEO	Dr Foster Ethics Committee
CEO	NW London Whole Systems Integration Board
CEO	Central and North West London Health Authority
CEO	NW London Information Strategy Launch
CEO	West London CCG

**Board of Directors Meeting, 30 January 2014 (PUBLIC)**

<b>AGENDA ITEM NO.</b>	1.8/Jan/14
<b>PAPER</b>	Council of Governors Report including Membership Report and Quality Awards
<b>AUTHOR</b>	Vida Djelic, Board Governance Manager Sian Nelson, Membership Manager
<b>LEAD</b>	Prof Sir Christopher Edwards, Chairman
<b>PURPOSE</b>	Part A – provides highlights of the Council of Governors meeting held on 14 December 2013 Part B – updates the Board on its membership numbers and engagement activities Part C – provides an update of the Autumn 2013 Quality Award winners
<b>LINK TO OBJECTIVES</b>	Links to the Trust's patient safety, effectiveness and patient experience objectives
<b>RISK ISSUES</b>	None
<b>FINANCIAL ISSUES</b>	None
<b>OTHER ISSUES</b>	None
<b>LEGAL REVIEW REQUIRED?</b>	No
<b>EXECUTIVE SUMMARY</b>	This paper highlights the pertinent issues discussed at the Council of Governors meeting held on 14 December 2013, including reports on membership numbers and a list of the Autumn 2013 Quality Award winners
<b>DECISION/ ACTION</b>	To note

The Trust held the Council of Governors meeting on 14 December 2014.

**1.0 Announcement of results of election**

The December election results were noted with newly elected and re-elected governors welcomed to the meeting.

**2.0 Chief Executive's Report**

The Governors noted that the Trust was proceeding with the *Shaping a Healthier Future* programme.

The Governors noted that an Outline Business Case would be developed in relation the West Middlesex Hospital and that it would be presented at the February Board of Directors meeting.

**3.0 Feedback from Board**

The Council of Governors received an overview of the Trust IT Strategy from Non-Executive Director Prof Richard Kitney.

**5.0 Feedback from Away Day 17 October 2013**

It was noted that the Away Day was successful and Governors were invited to provide feedback as it is hoped such events would continue regularly.

**6.0 Senior Team Visits to Clinical Areas**

The Council of Governors were encouraged to visit wards and provide feedback.

**7.0 Membership engagement and communication update**

An updated list of engagement events was noted and the recent Christmas at Chelsea and Westminster Hospital event held on Tuesday 10 December was highlighted.

**8.0 Membership Report**

The Council of Governors noted the revised Membership Report.

## 1.0 Membership joiners and leavers October-December 2013

During Q3 2,372 members joined and 2,433 left the Trust membership. This high volume of movement mainly consisted of staffing changes as a cleanse of the staff database had taken place.

Membership numbers are broken down (below) to reflect patient, public and staff membership representation for Q3 2013/14.

<b>Start Period</b>	01/10/2013	01/11/2013	01/12/2013
<b>End Period</b>	31/10/2013	30/11/2013	02/01/2014

Totals	Oct	Nov	Dec
<b>Period Start</b>	<b>15,396</b>	<b>15,166</b>	<b>15,317</b>
Joiners	2,201	151	0
Leavers	2,431	0	0
<b>Period End</b>	<b>15,166</b>	<b>15,317</b>	<b>15,335</b>

Public	Oct	Nov	Dec
<b>Period Start</b>	<b>5,779</b>	<b>5,666</b>	<b>5,672</b>
Joiners	167	6	0
Leavers	280	0	0
<b>Period End</b>	<b>5,666</b>	<b>5,672</b>	<b>5,677</b>

Patient	Oct	Nov	Dec
<b>Period Start</b>	<b>6,197</b>	<b>6,105</b>	<b>6,250</b>
Joiners	24	145	14
Leavers	116	0	1
<b>Period End</b>	<b>6,105</b>	<b>6,250</b>	<b>6,263</b>

Staff	Oct	Nov	Dec
<b>Period Start</b>	<b>3,420</b>	<b>3,395</b>	<b>3,395</b>
Joiners	2,010	0	0
Leavers	2,035	0	0
<b>Period End</b>	<b>3,395</b>	<b>3,395</b>	<b>3,395</b>

## 2. Membership ethnicity

Figure 1 shows overall members ethnicity. At the end of Q3 2013/14, the highest proportion of representation is within the White category and the lowest representation remains in the Mixed group. The representation is reflected in the public members ethnicity table (figure 2) where we can make comparisons to the local population that the Trust serves.

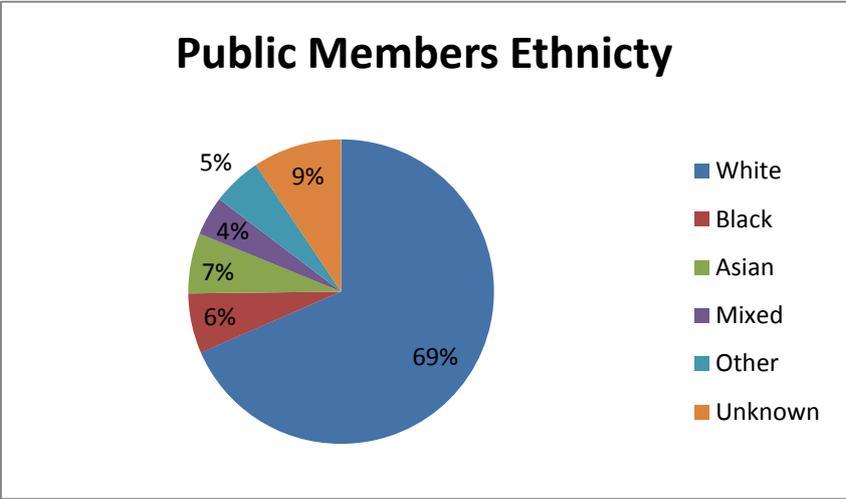
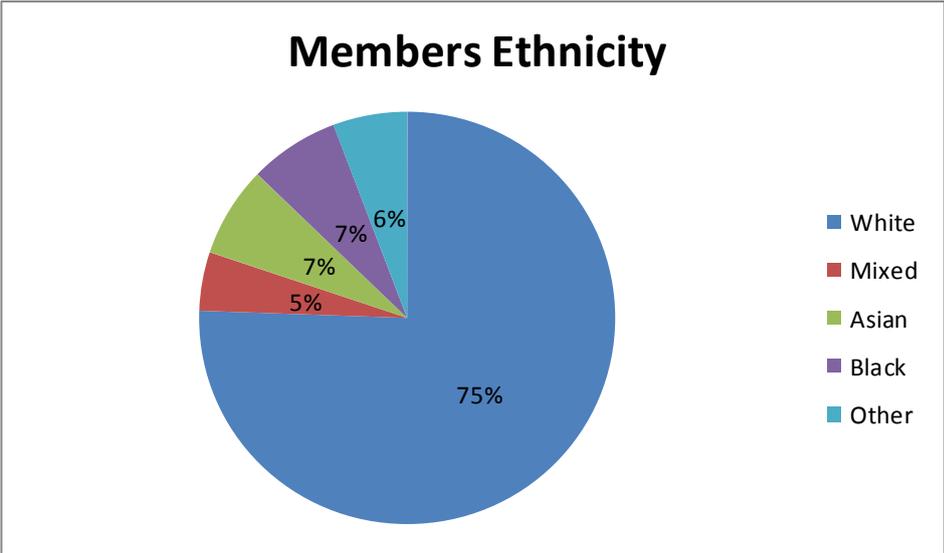
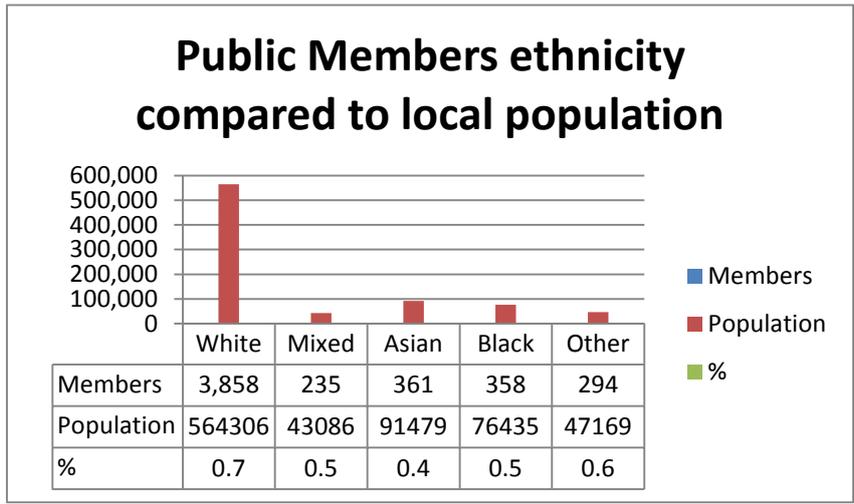


Figure 3 specifically shows public members ethnicity compared to the local population. Representation remains strongest in the White population and lowest in the Asian population.

The figures are more balanced when we compare Trust membership to the populations that we typically serve including Hammersmith and Fulham, Kensington & Chelsea, Westminster and Wandsworth.



### 3.0 Membership recruitment campaigns and strategy

The Council of Governors Membership Sub-Committee 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. Alongside recruitment, engagement activities are hosted throughout the year and offer members the opportunity to attend events and seminars at the hospital. Membership recruitment campaigns took place in October and November 2013.

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. It is important this good work continues so that members and Governors have the opportunity to share information about their care and services delivered by the trust and raise any issues.

This is a condensed Membership Report but further analysis of membership demographics is conducted and can be requested through the Membership and Engagement Manager.

### Part C Council of Governors Quality Awards

The Autumn 2013 Council of Governors Quality Awards winners were as follows:

- Emergency Department staff and the HIV testing group from the Medicine and Surgery Division
- The Medical and Pharmacy Teams and Ellesmere House teams from the Clinical Support Division
- Burns Outreach Therapy Service Team from the Medicine and Surgery Division
- Medical Records Team from the Clinical Support Division

The Emergency Surgery Firm from the Medicine and Surgery Division was highly commended.

**Board of Directors Meeting, 30 January 2014 (PUBLIC)**

<b>AGENDA ITEM NO.</b>	2.1/Jan/14
<b>PAPER</b>	Finance Report Month 9 – December 2013
<b>AUTHOR</b>	Carol McLaughlin, Financial Controller
<b>LEAD</b>	Rakesh Patel, Director of Finance
<b>PURPOSE</b>	To report the financial performance for December 2013
<b>LINK TO OBJECTIVES</b>	Ensure Financial and Environmental Sustainability Deliver 'Fit for the Future' programme
<b>RISK ISSUES</b>	Risk of Trust not delivering financial plan. Risk Rating: Impact 4 – Major (Loss of between £1.0m & £4.9m). Likelihood 4 – Likely Total Rating: <b>Red</b>
<b>FINANCIAL ISSUES</b>	<p>The Trust produced a deficit of £0.9m in December - £0.4m behind plan. The in-month EBITDA was 4.2% against a plan of 5.2%.</p> <p>The year to date position is a surplus of £0.5m, which is an adverse variance against plan of £3.5m. The year to date EBITDA is 6.7% against a planned EBITDA of 8.0%. The key elements of adverse variance are:</p> <ul style="list-style-type: none"> <li>• Unachieved CIPs – currently £4.8m under-delivered</li> <li>• Under-recovery on income on key service lines – T&amp;O, Bariatric, Maternity, Dermatology, Paediatric Surgery and Adult Private Patients.</li> <li>• Although there was a small reduction in pay costs in December, pay remains on average £400k per month higher than last year's monthly average.</li> </ul> <p>The year to date COSR rating is a 3 compared to a planned 3.</p> <p>The forecast position is for a surplus of £5.0m against a plan of £9.0m, which represents an EBITDA forecast of 7.3% (£26.3m) against a plan of 8.4% (£29.5m).</p> <p>The forecast COSR rating is 3 against a planned rating of 4.</p> <p>The cash position as at 31st December 2013 is £10.3m, which is £24m below plan.</p>

<b>OTHER ISSUES</b>	
<b>LEGAL REVIEW REQUIRED?</b>	No
<b>EXECUTIVE SUMMARY</b>	
<b>DECISION/ ACTION</b>	The Board is asked to note the financial position for December 2013.

## Finance Report Month 9 – December 2013

### 1. Income and Expenditure Summary

- 1.1. The Trust produced a deficit of £0.9m in December - £0.4m behind plan. The in-month EBITDA was 4.2% against a plan of 5.2%. The year to date position is a surplus of £0.5m, which is an adverse variance of £3.5m against a plan of £4.0m. The year to date EBITDA is 6.7% against a planned EBITDA of 8.0%. The Board should note that the year to date surplus target in the Monitor plan is £3.5m, meaning the year to date surplus of £0.5m is £3.0m adverse against plan.
- 1.2. CIP achievement continues to be a significant challenge with an adverse variance of £0.8m in month, the highest of the year; £4.7m under-delivery year to date.
- 1.3. The underlying clinical income position is broadly breakeven in the month, after normalising for excluded drugs and devices. Private Income is down on trend (Private Maternity being 25% down on delivery numbers trend). Non pay costs are broadly on trend except for a small decrease in excluded drugs costs. Pay costs are better than the recent trend, with a £0.3m reduction in month from the previous 3 months average; this is mainly through a reduction in temporary nursing costs, reflecting the reduced activity levels over the Christmas/New Year period (as well as a step down in RMN costs from November (£0.1m) and the impact of additional scrutiny by senior nurses.
- 1.4. The forecast position is for a surplus of £5.0m against a plan of £9.0m which is an adverse variance of £4.0m.

### 2. NHS and Local Authority Clinical Contract Income

- 2.1. NHS and Local Authority Clinical Contract Income was on plan in December and remains £1.8m above plan for the year to date. However, this includes £2.5m of excluded drugs and devices which are offset by expenditure and £0.4m adverse impact from prior year, meaning that the Trust's underlying position is £0.3m below plan for the year to date. The main variances in December are an under-performance in Elective income (£0.4m) due to lower activity than planned over the Christmas period.
- 2.2. Elective inpatient activity and income was significantly below plan (£0.4m) in December; however remains £0.4m ahead of plan for the year to date. The under-performance in month 9 is primarily driven by significantly lower activity than planned over the Christmas period (with elective activity at 58% of average working day activity over the 5 working days during the Christmas weeks). Trauma and Orthopaedics continued to report an adverse variance for elective income (£0.2m in month 9), due to a combination of an increased plan in the 2<sup>nd</sup> half of the year due to new consultant appointments and an actual decrease in activity in December. Bariatric Surgery reported a further deterioration in elective income (£0.1m behind plan in December), which is expected to continue for the remainder of the year due to changes in commissioning criteria in 2013/14. Dermatology regular day attenders continued to under-perform in December due to delays in plans to increase phototherapy activity due to staffing issues, which are expected to be resolved in January. Other elective income is forecast to continue to over-perform for the rest of 2013/14.
- 2.3. Non-elective inpatient income was ahead by £0.8m in December and £1.5m for the year to date. Underlying non-elective activity continues to be below plan in December, which has resulted in the Trust currently meeting the emergency metrics to reduce admissions from A&E and reduce length of stay for the year to date. Obstetrics activity remains below plan in month 9.

- 2.4. Outpatient new and follow-up attendances were above plan by £0.1m in December and are £0.9m above plan for the year to date. Underlying outpatient activity was mainly behind plan due to lower activity than planned over the Christmas period and the clinical summit as per elective inpatients (with outpatient activity at 52% of average working day activity over the Christmas weeks. There was also a planned increase in GUM income in November due to the planned opening of the new Dean Street Express clinic, which has been delayed and is now expected to open early February.
- 2.5. NHS Clinical Contract Income relating to other points of delivery was £0.2m behind plan in December, but remained £1.1m ahead of plan for the year to date, mainly as a result of an over-recovery of excluded drugs and devices income (£2.5m for the year to date) which is offset by expenditure. The underlying performance is therefore an adverse variance against plan of £1.4m for the first nine months.
- 2.6. Burns and Adult Critical Care under-performed by £0.1m in month 9, but this was offset by an over-performance in NICU & SCBU and Paediatric HDU. The Trust also reported a negative variance for ACU in December, due to lower activity in the month, but remains ahead of plan for the year to date. Excluded drugs and devices were on plan in December, as was A&E and UCC activity. There was also a further decrease in work-in-progress in December of £0.1m. There was a favourable variance in December due to an improvement in the achievement of CQUIN schemes of £0.1m.
- 2.7. The Trust has now signed contract documentation with North West London CCGs for 2013/14. Contracts with Local Authorities in North West London for Sexual Health services in 2013/14 are still outstanding, though the major disputed items have now been resolved. For 2014/15 the 8 Local Authorities in North West London are joining with 4 Local Authorities in North Central London to commission GUM services jointly, which should help to resolve some of the issues in 2013/14 and ensure a consistent approach across the area. There remain a number of disputes and issues regarding payment for GUM services both within North West London and outside of the local area due to disputes regarding CQUIN funding, payment terms and queries regarding backing information and validation of invoices, which are causing significant delays to payment.

### **3. Other Income**

- 3.1 Compared to previous months, there was an improvement on trend for other clinical income (excluding Local Authority Income), with better performance in amenity beds and provider-to-provider diagnostics contract income. In Month 9, Private Patient income was below plan (£0.4m) and is now behind plan year to date by a similar £0.4m. This was the combination of reduced Private Maternity deliveries, with 46 deliveries against an average of 62 for the first 8 months of the year and there was also Chelsea Wing under-performance over the Christmas/New Year period.
- 3.2 Non Clinical operating income was ahead of plan by £0.4m due to a further month's benefit in SIFT allocations (£0.1m) and invoicing for consultancy costs in relation to the West Middlesex Acquisition work (offset by consultancy expenditure).

### **4. Expenditure**

- 4.1. There was an adverse variance for pay in month 9 of £0.5m, mainly the result of unachieved CIPS (£0.8m); therefore there was an under-lying pay underspend of £0.3m. Staff costs were £0.3m lower than November, mainly in temporary nursing costs, reflecting the reduced activity levels over the festive period and greater controls. RMN usage has reduced from month 8 (£0.1m) and is back in line with the prior months' average month 6. A target for reducing temporary staffing of 15% for clinical areas and 20% for corporate areas was set in

September. Performance against these targets has been variable with corporate departments and Clinical Support services reducing by 22% each whereas other areas have not seen a reduction. The average reduction has been 3% across the Trust..

4.2. Clinical supplies were behind plan in month 9, with Pathology and General costs overspent against budget, partly due to un-delivered CIP plans. Non-clinical supplies were ahead of plan in month 9; this is a combination of improvements in bad debt provisions (£0.2m), partly offset by additional consultancy costs predominantly in respect of the West Middlesex acquisition project (these are recharged to the Trust Development Authority).

## 5. Forecast

5.1. The current forecast is for a £5.0m surplus for the Trust (which is a £4.0m adverse variance against a £9.0m planned surplus). This is an improvement of £1.4m from the month 8 forecast

5.2. It is important to note that the activity forecast is proportionally back-ended and there is also a requirement to deliver a higher proportion of the CIP plan in the last quarter of the year.

## 6. Continuity of Services Risk Rating (COSR)

6.1. The Trust's COSR rating YTD at month 9 is a 3 compared to a planned 3. The detailed scores comparing actual to plan are shown below:

COSR Rating	Weighting	M9 Actual Score	M9 Actual Rating	M9 Planned Score	M9 Planned Rating
Capital Servicing Capacity (tir)	50%	1.45x	2	1.69x	2
Liquidity (days)	50%	5.4	4	8.2	4
<b>Total Rating</b>			<b>3</b>		<b>3</b>

6.2. The forecast COSR at year-end remains a 3 based on the forecast I&E surplus of £5.0m

## 7. Loans

7.1. The Trust has two signed loan agreements in place for capital developments, which have not been drawn down. The Trust also has approval from the Independent Trust Financing Facility (ITFF) for a further £10m loan in relation to the Emergency Department expansion.

## 8. Capital

8.1. The month 9 capital expenditure forecast is £51.7m against a Monitor plan of £49.9m; £1.8m higher than plan. However the capex forecast includes the additional award of £2.4m for two revenue cost releasing Energy Efficiency Schemes to be fully completed in year. Both schemes were approved and awarded PDC funding in year and were therefore not included in the Monitor plan. Also within the capex forecast position is an overspend on buildings schemes which has been offset by slippage in other buildings and IT schemes. The capital forecast also includes £0.4m for two new energy efficiency schemes awarded PDC funding during the year.

8.2. Year to date spend is £14.2m against a plan of £27.9m (48.9% behind plan), with spend of £2.4m in month 9. Major building projects in progress are Adult Burns, Dean Street Express, ED Expansion, Midwifery Led Unit (MLU), Outpatients 3 & Phlebotomy and Children's Outpatients.

8.3. **ED Expansion:** Tender documentation has been prepared to issue for pricing to contractors successful at PQQ (Pre-Qualification Questionnaire) stage. The first phase of ED building works are expected to start in June 2014 however this is dependent on the successful decant of the clinical departments which need to be relocated.

8.4. The Trust is awaiting a decision on two bids from the Safer Hospitals, Safer Wards Tech Fund. This capex is in addition to the Capital Plan submitted to Monitor in May 2013.

## 9. Cash Flow

9.1. The cash position as at 31st December 2013 is £10.3m, which is £24m below plan. The Trust made a planned loan repayment of £1.8m against the £29m Netherton Grove loan in December but there are continuing issues with cash collection as previously reported.

9.2. An update on the key issues and the action being taken is as follows:

Issue	Financial value £	Action / Responsibility
<b>GUM invoicing to Local Authorities</b> - Tri-borough invoices are now being paid but other Local Authorities (particularly out of London) are still not paying invoices. Reasons for non-payment relate to disputes over CQUIN and requests for more detailed activity data, plus disputes over payment terms.	<b>£10m</b> invoiced for M1-6 plus M7&8 for London Authorities where contracts have been agreed. A further <b>£2m</b> accrued within M9 position.	1) Activity data queries are being prioritised by Finance Team dedicated resource. 2) DoF is contacting LA DoFs individually to escalate during w/c 20th Jan. <b>Lead: Director of Finance.</b>
<b>Adult Burns Capital &amp; Revenue Funding</b> - still outstanding as at Month 9.	<b>£2.4m</b> capital and <b>£0.7m</b> revenue funding.	Trust is actively pursuing payment via the London and SE Burns network and NHSE - <b>Lead : Chief Operating Officer.</b>
<b>NHSE Overperformance</b> - £1m received on account but no further over performance has yet been paid. Needs to be signed off by NHSE internal contract board.	<b>£1m</b> still outstanding for overperformance to M9.	1) Head of Financial Planning / Head of Performance have met with NHSE to pursue payment - internal contract meeting at NHSE due to take place w/c 20th January, sign off of over performance anticipated following this meeting - <b>Lead : Head of FP / Head of Performance.</b> 2) Letter to NHSE to go out from DoF w/c 20th Jan escalating this issue - <b>Lead : Director of Finance.</b>
<b>Monthly SLA and overperformance invoices to CCGs</b> - some CCGs are still part paying monthly invoices plus a significant value of over performance income remains outstanding for M1-6.	<b>£10m</b> outstanding at M9 across a number of CCGs.	Letters to go out to CSU and CCG DoFs w/c 20th January from C&W DoF escalating non-payment issue with follow up telephone calls - <b>Lead: Director of Finance.</b>

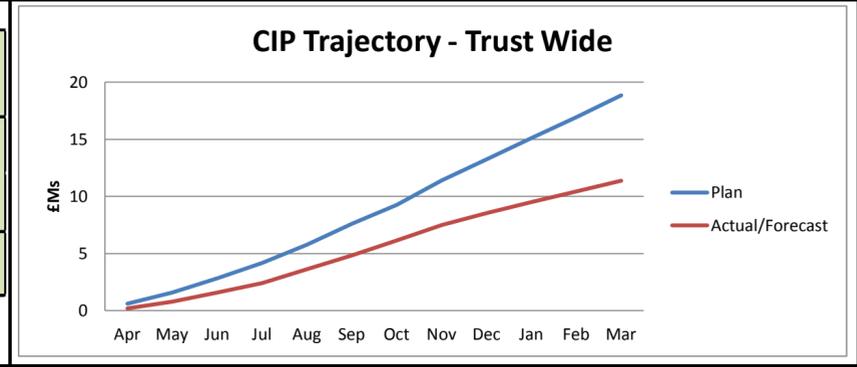
9.3. The Monitor cash target for year-end is £36m, therefore a recovery in the cash position of £26m would be required in order to achieve this target. The forecast for the year-end cash position has been maintained at £28m, based on the following assumptions:

- NHSE pay remaining months 1-4 over performance (£1m) and NW London CCGs pay all over performance for months 1-5 (£2.3m) before end of month 12.
- The Burns capital and revenue funding is received by month 12 (£3.1m).
- All CCGs pay outstanding SLA debt plus future monthly SLA values by 31<sup>st</sup> March 2014, plus all over performance invoices for months 1-5 (a total of £5.9m).
- The Tri-borough Public Health Service pays all GUM invoices for the year and other London boroughs pay for m1-6 activity prior to 31<sup>st</sup> March 2014.

**Financial Performance** | **Risk Rating (year to date)** | **Cost Improvement Programme**

Financial Position (£000's)						
	Full Year Plan	Plan to Date	Actual to Date	Mth 9 YTD Var	Mth 8 YTD Var	Forecast
Income	(355,844)	(263,797)	(266,048)	2,251	2,367	(361,521)
Expenditure	322,859	241,836	247,333	(5,498)	(5,305)	331,757
EBITDA for FRR excl Donations/Grants for Assets	29,531	20,961	17,715	(3,246)	(2,937)	26,311
EBITDA % for FRR excl Donations/Grants for Assets	8.4%	8.0%	6.7%	-1.3%	-1.3%	7.3%
<b>Surplus/(Deficit) from Operations before Depreciation</b>	<b>32,984</b>	<b>21,961</b>	<b>18,715</b>	<b>(3,246)</b>	<b>(2,937)</b>	<b>29,764</b>
Interest	829	608	622	(14)	(11)	830
Depreciation	12,907	9,672	9,791	(119)	(40)	13,208
Other Finance costs	0	(0)	(8)	8	8	292
PDC Dividends	10,241	7,679	7,811	(132)	(117)	10,415
<b>Retained Surplus/(Deficit) excl impairments</b>	<b>9,007</b>	<b>4,002</b>	<b>499</b>	<b>(3,503)</b>	<b>(3,097)</b>	<b>5,019</b>
Impairments	0	0	0	0	0	0
<b>Retained Surplus/(Deficit) incl impairments</b>	<b>9,007</b>	<b>4,002</b>	<b>499</b>	<b>(3,503)</b>	<b>(3,097)</b>	<b>5,019</b>

	Weighting	M9 Actual Rating	M9 Forecast Rating
<b>COSR Rating</b>			
Capital Servicing Capacity	50%	2	2
Liquidity	50%	4	4
<b>Total Rating</b>		<b>3</b>	<b>3</b>



**Comments**

**Risk Assessment**  
Impact 4 – Major (Loss of between £1.0m & £4.9m). Likelihood 4 – Likely. Red

The YTD position is a surplus of £0.5m (EBITDA of 6.7%) which is an adverse variance of £3.5m against plan.

I&E position (£0.5m) includes the following material items:

- Un-achieved CIPs (£4.7m);
- Under recovery on Private Income (£0.4m);
- Continued budgetary pressures within Clinical Supplies (£1.3m)
- Un-utilised reserves of £2.8m have been released into the year to date position.

**Comments**

The year to date COSR rating is a 3 compared to a planned 3, with a capital servicing score of 2 and a liquidity score of 4 averaging a 3 overall. The actual score on the capital servicing metric is 1.45x compared to the planned 1.69x as a result of the reduced surplus year to date. The forecast COSR rating is a 3 based on the forecast surplus of £5.0m, compared to a planned 4.

**Comments**

**CIPs 13/14**  
The CIP target for 13/14 is £18.9m (£16.9m for 13/14 + £1.9m b/f from 12/13). The year to date position was a plan of £13.2m with delivery of £8.6m. Schemes totalling £11.4m have been forecast to achieve in 13/14.

**Trajectory**  
It was proposed that all Divisions should have identified 100% of CIP schemes by 31st May. Followed by a further detailed trajectory of 100% achievement by 31st Jan 2014.

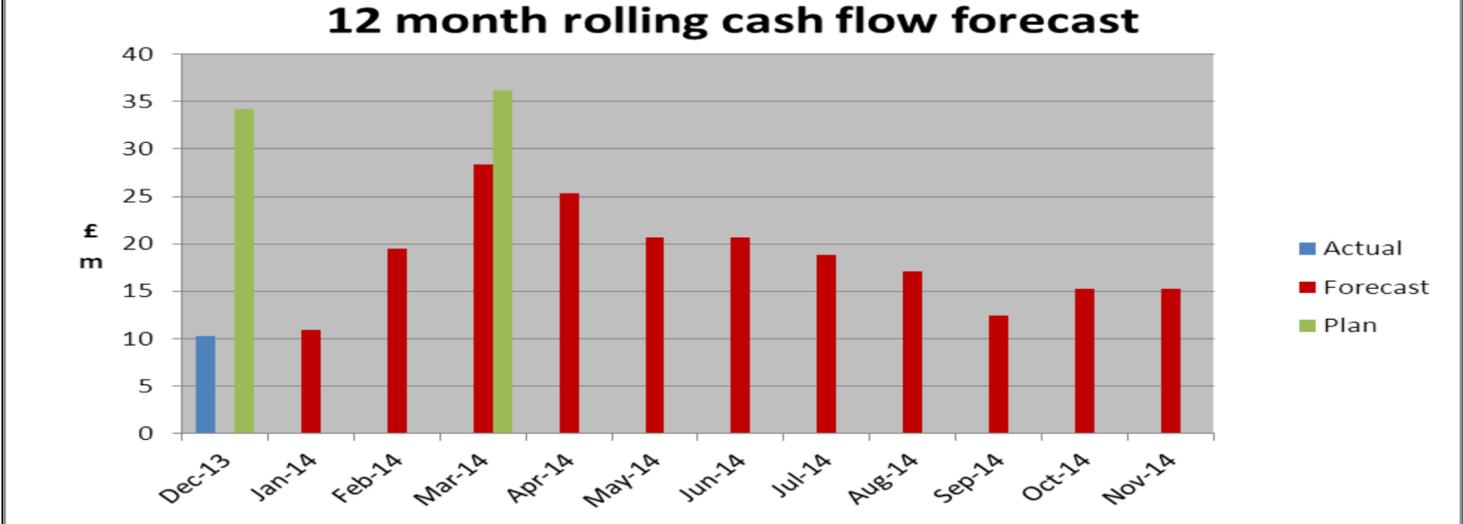
Thus there is slippage on CIPs, impacting on the Trust's underlying financial position

**Key Financial Issues**

- Key Issues**
- Trust forecast adverse variance of £4.0m including delivery of recovery plans
  - CIP 13/14 identification and achievement 73% including FYE of 12/13 (b/f)
  - Further emphasis on Recovery of the financial position.
  - Additional mitigations have been agreed by Execs around control of temporary staffing, non pay and contractual penalties
  - GUM Public Health commissioning & payment
  - Delivery of the Trust's activity plan, particularly for elective inpatients
  - Achievement of commissioner metrics & KPIs to minimise penalties and fines
  - Achievement of CQUIN targets for 2013/14

- Future Developments**
- Strategic developments e.g. West Midd, SaHF
  - West Middx at the Outline Business Case stage
  - Operationalising the capital plan
  - ED capital redevelopment
  - Business Planning for 2014/15
  - Delivery of increased Private Patient income plans

**Cash Flow**



**Comments**

The cash position at Month 9 is £10.3m, which is approx £24m behind plan. Cash flow from GUM commissioners and CCGs continues to be problematic. The year-end cash forecast has been revised to £28m, £8m below the Monitor target of £36m- this is dependent on the collection of all outstanding monthly SLA payments from CCGs and the payment of M1-5 overperformance invoices by NHSE and CCGs prior to year-end. The forecast also assumes that the Burns capital grant of £2.4m and the Burns revenue funding of £0.7m will be paid by 31st March 2014.

**Board of Directors Meeting, 30 January 2014 (PUBLIC)**

<b>AGENDA ITEM NO.</b>	2.2/Jan/14
<b>PAPER</b>	Performance Report – December 2013
<b>AUTHOR</b>	Jen Allan, Head of Performance Improvement
<b>LEAD</b>	David Radbourne, Chief Operating Officer
<b>PURPOSE</b>	The purpose of this report is to summarise high level Trust performance, highlight risk issues and identify key actions going forward for December 2013
<b>LINK TO OBJECTIVES</b>	This paper reports progress on a number of key performance areas which support delivery of the Trust's overarching aims
<b>RISK ISSUES</b>	None.
<b>FINANCIAL ISSUES</b>	None.
<b>OTHER ISSUES</b>	No
<b>LEGAL REVIEW REQUIRED?</b>	
<b>EXECUTIVE SUMMARY</b>	<p>The Trust continues to meet all key performance indicators for Monitor and has shown good performance throughout 2013/14 YTD and in December.</p> <p>The NWL CQUIN compliance position for Q3 and looking forward to Q4 is illustrated and shows that the Trust will deliver a high level of achievement and action plans to secure improvement are in place where required.</p> <p>December saw an improvement in a number of quality measures including HCAI, best practice care bundles and in A&amp;E despite challenging winter pressures. Monitor have assessed the Trust as in the lowest risk category under their</p>

	<p>winter assurance regime and we are the best performing non-specialist Trust in terms of A&amp;E. Complaints turnaround time also showed 93% completed within 25 days which is significantly better than previous months</p> <p>Areas for focus include length of stay for elective patients, pressure ulcers and outpatient clinic letter turnaround. These are subject to improvement programmes within the Divisions.</p> <p>A further analysis is also provided in the report on Emergency Readmissions, which is being addressed through the Emergency Care Pathway programme, and on the Friends and Family Test response rate, where an action plan to increase this by year end is in place.</p> <p>All RTT and Cancer waiting times were compliant at Trust level for December. Some challenges remain at specialty level, and best practice work is ongoing to address the key priority of reducing waits for elective patients, which is explored in more detail in the Access Deep Dive report appended to the standard Performance report</p>
<p><b>DECISION/ ACTION</b></p>	<p>The Trust Board is asked to note this report</p>

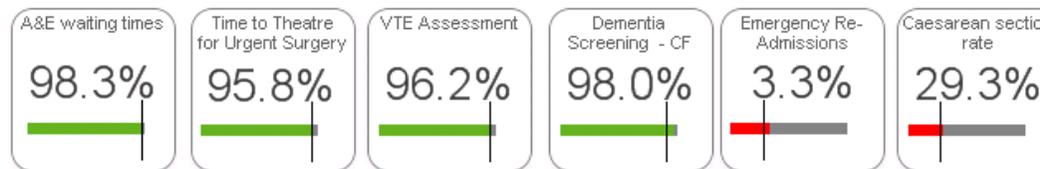
# Corporate Performance Report

Performance to 31<sup>st</sup> December 2013

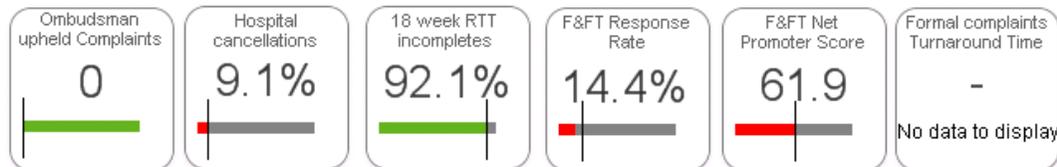
## Patient Safety Domain



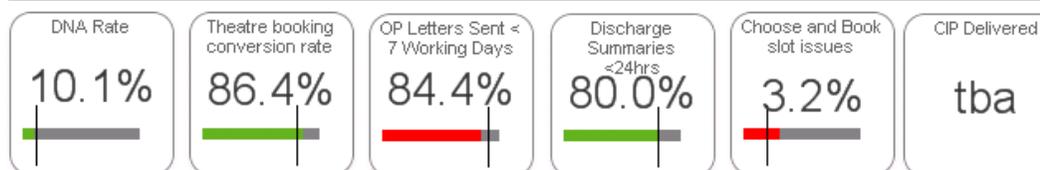
## Clinical Effectiveness Domain



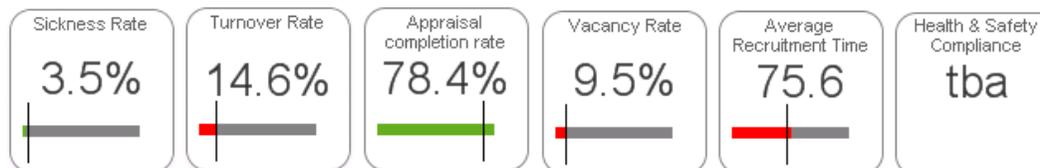
## Patient Experience Domain



## Access Domain & Process Efficiency Domain



## Workforce Domain



## CQUINs Update

The Trust has achieved excellent compliance with CQUINs in Q3 2013/14, as summarised below. Across NWL indicators overall achievement is predicted to be 93.4% for Q3, YTD 95.5%. A forward look to Q4 is also provided and suggests that compliance would be expected to be at 90% for Q4 giving full year achievement of 94%, above the planning assumption of 90%. This would translate once weighted across schemes to a year end over-performance of approximately £250,000.

The position on NHS England CQUINs is not yet confirmed, but is anticipated to achieve similar levels of compliance.

	CQUIN Title	Q3 Target	Status	Q4 Forward Look	Q4 Risk rating
1	Friends and Family Test	Roll out to Maternity; increased response rate	Achieved	Response rate to increase to 20%	Medium Risk – average only 16% response due to low rate in A&E
2	NHS Safety Thermometer	Data collection and reduction in Pressure Ulcer prevalence	Partial	Continuation of Q3	Medium Risk – Unlikely to meet PU target
3	Dementia	Identification/Referral of patients at risk, clinical leadership and supporting carers	Achieved	Continuation of Q3	On track
4	VTE	95% patients risk assessed and RCAs completed & timely	Achieved	Continuation of Q3	On track
5	Out of hospital care	Developing admission avoidance schemes, improved discharge planning, emergency care pathway programme and review of frequent fliers	Achieved	Continuation of Q3	On track
6	GP Real Time Information	% standards for notifications of A&E/UCC attend, admissions, PDDs, DSUMS and OP Letters, plus developing new electronic channel & content for OP Letters	Partial	Continuation of Q3 + 75% of Planned discharge dates recorded within 48hrs	Low Risk – further focus on PDDs required
7	AES standards	Hip replacement LOS reduction and Labour ward consultant cover increase	Achieved	Continuation of Q3	On track
8	Near Patient Testing	Transfer of patients to community clinic for 3 conditions	Achieved	Continuation of Q3	Medium risk – Delays in tender process for community clinics (CCG responsibility)

## Performance Headlines

December saw an improvement in a number of quality measures including:

- Continued to maintain excellent performance in A&E waiting times over 98% and Time to Assessment 57minutes despite winter pressures; assessed in the least risky category by monitor's winter assurance system and the best performing non-specialist Trust
- Above target performance on all key Healthcare Acquired Infection indicators
- Improvement in compliance with best practice care bundles
- Improvement in the complaints turnaround time to 93% completed within 25 days

Areas for focus include Length of stay for elective patients, Pressure Ulcers and Outpatient clinic letter turnaround. These are subject to improvement programmes within the Divisions. A further analysis is also provided on Emergency Readmissions which is being addressed through the Emergency Care Pathway programme and on the Friends and Family Test response rate where an action plan to increase this by year end is in place.

All RTT and Cancer waiting times were compliant at Trust level for December. Some challenges remain at specialty level, and best practice work is ongoing to address the key priority of reducing waits for elective patients – this is explored in more detail in the Access Deep Dive report

## Monitor Compliance

The trust has maintained compliance against the key monitor indicators for December.

KPI Name	Target	YTD	Dec-13
<i>Clostridium difficile</i> cases	<13	6	1
MRSA objective	6	4	0
All cancers: 31-day wait from diagnosis to treatment	> 96%	98.2%	100%
All cancers: 31-day wait for second or subsequent treatment Surgery	> 94%	100%	No treatments
All cancers: 31-day wait for second or subsequent treatment anti cancer drug treatments	> 98%	98.6%	No treatments
All cancers:62-day wait for first treatment from urgent GP referral to treatment	> 85%	92.7%	94.4%
All cancers:62-day wait for first treatment from consultant screening referral	> 90%	100%	100.0%
Cancer: Two Week Wait from referral to date first seen comprising all cancers	> 93%	96.4%	93.0%
Referral to treatment waiting times < 18 Weeks - Admitted	> 90%	91.40%	92.40%
Referral to treatment waiting times < 18 Weeks - Non-Admitted	> 95%	97.80%	98.05%
Referral to treatment waiting times < 18 Weeks - Incomplete Pathways	> 92%	92.9%	92.1%
A&E: Total time in A&E < 4hrs	> 98%	98.36%	98.35%
Self-certification against compliance with requirements regarding access to healthcare for people with a learning disability	Compliant	Yes	Yes

Trust Level Monthly Data		XL		
Sub Domain	MonthYear / ▼	Dec 2013	Nov 2013	Oct 2013
Sub Domain	Confirmed Incidents of Hospital Associated VTE (Target: = 0.83)	0	1	0
	Inpatient falls per 1000 Inpatient bed-days (Target: < 3.00)	3.26	2.20	3.99
Harm	Incidence - Newly Acquired Pressure Ulcers Grade 2 (Target: <1 )	8	13	4
	Incidence - Newly Acquired Pressure Ulcers Grade 3 and 4 (Target: <3.6)	1	4	3
	Safety Thermometer - Newly Acquired Pressure Ulcers (Target: < 4)	4	3	5
	Safety Thermometer - Harm score (Target: > 90 %)	95.3 %	94.6 %	95.5 %
	Clostridium difficile infections (Target: < 1.1)	1	1	3
HCAI	MRSA Bacteraemia (Target: < 0.5)	0	1	0
	Hand Hygiene Compliance (trajectory) (Target: > 90 %)	95.7 %	96.0 %	96.7 %
	Screening all elective in-patients for MRSA (Target: > 95 %)	98.6 %	93.5 %	95.9 %
	Screening Emergency patients for MRSA (Target: > 95 %)	98.1 %	98.1 %	99.5 %
	Rate of pt. safety incidents resulting in severe harm - death per 100 admissions (Target: > )	0.00	0.00	0.00
Incidents	Never Events (Target: = 0)	0	0	0
	Stroke: Time spent on a stroke unit (Target: > 80 %)	100.0 %	100.0 %	100.0 %
Pathways	Proportion of people with higher risk TIA who are scanned and treated within 24 hours. (Target: > 75 %)	100.0 %	100.0 %	100.0 %
	Fractured Neck of Femur - Time to Theatre < 36 hrs for Medically Fit Patients (Target: = 100 %)	93.8 %	92.3 %	75.0 %
	Mortality (HSMR) (2 months in arrears) (trajectory) (Target: < 71)	N/A	N/A	60.6
Mortality	Mortality SHMI (Target: < 77)	82.8	81.8	81.8

YTD	XL
01/04/2013	
4	
3.16	
64	
32	
41	
94.6 %	
6	
4	
96.4 %	
94.3 %	
98.5 %	
0.00	
0	
100.0 %	
86.0 %	
86.0 %	
75.8	
81.92	

## Commentary on key points

### Pressure Ulcers:

The Trust did not achieve two of the three targets for pressure in December. To target this area the Trust has joined a national programme led by McKinsey to eliminate pressure ulcers. As a result a multidisciplinary programme "Push Off the Pressure" (POP) was launched with support from the national group. Working with staff the POP team have worked together to develop a new skin assessment documentation tool now in use in AAU. This will be rolled out to all areas in the new year. This has significantly increased the reporting and documentation of pressure ulcers at the Trust so that care is seamless for the patient. Since starting the project there has been a significant increase in the reporting of pressure ulcers on admission which enables staff to apply effective pressure area care management. The initial pilot site AAU has gone over a month without a patient developing a grade 2 pressure ulcer.

The Trust also held a "Stop Pressure Ulcer Day" in November to increase awareness of pressure ulcers. A leaflet was produced to inform patients and carers on what a pressure ulcer is and what can be done to prevent them from developing.

### Standardised Hospital Mortality Index (SHMI):

The Trust did not achieve the target of a 77 ratio for the period October 2012 to October 2013 (reported this month). A ratio of 82.8 is quantified as better than expected when compared to the national picture. Alerts have been set up by the information team to highlight any areas of concern prior to the publication of this indicator,

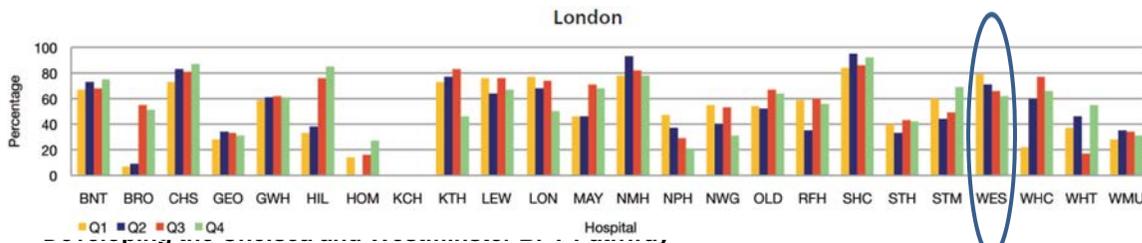
## Background

Recent years have seen significant focus upon developing and improving fractured neck of femur services – culminating in the adoption of a Best Practice Tariff (BPT) for patients presenting with a hip fracture aged >60 years. The tariff has been designed to change behaviours, meaning that failing to achieve the BPT is likely to result in not being able to cover the cost of care through the tariff. There are seven criteria required to meet the tariff including time to surgery being <36hrs from presentation, but also a number of other quality markers. Since the Trust has a relatively low number of eligible patients (in common with all London trusts, relating to over-provision of trauma services and a younger population), and all patients are included in the BPT compliance (even those who refuse or are medically unfit for surgery), the indicator is very sensitive. The internal target is to achieve 100% of medically fit patients having surgery within 36hrs and 80% of all patients achieving the BPT (the remaining 20% being those who refuse treatment or unfit)

## Recent performance against the BPT:

- November 2013: 73% from a total of 15 eligible patients
- December 2013: 61% from a total of 18 eligible patients

Performance in December was significantly exacerbated by 3 admissions on New Years eve, which meant 1 patient failed to achieve the 36 hour theatre window. There were also 2 patients who did not undergo the required dementia assessments (one of the criteria), but in both cases this would have been an inappropriate action as the patients were under end of life care – however these patients are included within the BPT measure.



Our BPT achievement is amongst the top group in London – and in performance significant higher than WMUH, er, it is noted that the position

The CWFT pathway has been developed by a multi-disciplinary group and covers the period from ED admission through to post-surgery transfer to an inpatient ward. Clear, simple proformas have been designed to supplement the AAU patient booklet and to support the ED team in appropriately navigating the patient onto the pathway. The orthopaedic Clinical Nurse Specialist takes an active (in-hours) role in facilitating the pathway and ensuring that patient's flow through the pathway effectively.

## Key Challenges & Actions

**Patient Information & Informed Choice:** Recent months have seen a number of patients initially declining surgical treatment, only to change their minds on day 2-3 of their stay. Evidence from other units is that clear patient information and communication / support can help reduce this considerably – surgery being the most effective treatment for this injury, including in palliative care patients. Actions:

1. Patient information leaflet to be reviewed and updated in partnership with the Comms team and patient representatives (by 01/14)
2. Development of 'link' care staff in each area where #NOF patients may be placed – to ensure we can support these patients in making informed decisions (by 03/14)

**Trauma Lists:** There is significant evidence that challenges around accessing and scheduling of emergency trauma lists is causing problems in achieving the BPT . Key issues identified include #NOF being cancelled when there are children on the list – even though it is not clinically justifiable, cancellations to reduce the risk of overruns, and there being no Trauma list on Sunday so #FNOF compete for the general emergency list . Actions

3. Agree a 'champion' advocacy team within theatres (surgeon, anaesthetist and theatre nurse) (complete)
4. Agree criteria for scheduling and prioritisation of #NOFs on a Trauma list (01/14) and recommended criteria for anaesthetic practice (02/14)
5. Agree criteria for managing Sunday general emergency lists and ensuring that #NOFs are prioritised where clinically prudent (02/14)
6. During HQP review the potential impact of establishing a Sunday Trauma list or use of an underutilised Sunday elective list with space for Trauma (04/14)

Sub Domain	Trust Level Monthly Data			
	MonthYear / ▼	Dec 2013	Nov 2013	Oct 2013
A&E	A&E Time to Treatment (Target: < 60)	57.0	60.0	59.0
	A&E waiting times (Target: > 98%)	98.3%	98.1%	98.3%
	A&E: Unplanned Re-attendances (Target: < 5%)	5.85%	5.79%	6.51%
	LAS arrival to handover more than 60mins (KPI 3) (Target: = 0)	0	0	0
Admitted Care	Day case rate Relative risk (Target: < 100)	109.5	101.3	103.3
	Elective length of stay relative risk (Target: < 100)	118.7	141.5	124.2
	Emergency Re-Admissions within 30 days (adult and paed) (Target: < 2.8%)	3.33%	3.15%	3.17%
	Non-Elective length of stay relative risk (Target: < 100)	93.4	89.2	84.0
Best Practice	Time to theatre for urgent surgery (NCEPOD recommendations) (Target: > 95%)	95.8%	96.0%	94.8%
	Central line continuing care—compliance with Care bundles (Target: > 90%)	100.0%	100.0%	100.0%
	Peripheral line continuing care—compliance with Care bundles (Target: > 90%)	84.7%	83.6%	74.3%
	Urinary catheters continuing care—compliance with Care bundles (Target: > 90%)	93.2%	95.0%	82.4%
	% Patients Nutritionally screened on admission (Target: > 90%)	91.7%	94.1%	93.5%
	% Patients in longer than a week who are nutritionally re-screened (Target: > 90%)	76.1%	87.5%	88.5%
	Access to healthcare for people with a learning disability (Target: = 100%)	100%	100%	100%
Best Practice CQUIN	VTE Assessment (Target: > 95%)	96.2%	96.6%	96.7%
	Dementia Screening Case Finding (Target: > 90%)	98.0%	96.6%	94.5%
	Appropriate referral Dementia specialist diagnosis (Target: > 90%)	100.0%	100.0%	100.0%
	12 Hour consultant assessment - AAU Admissions (Target: > 90%)	71.6%	63.3%	65.2%

YTD	XL
01/04/2013	
61.0	
98.4%	
5.95%	
0	
102.4	
125.2	
3.26%	
85.8	
97.0%	
96.5%	
83.3%	
93.3%	
92.5%	
76.7%	
100%	
95.8%	
87.9%	
94.44%	
54.3%	

## Commentary on key points

### A&E Unplanned Re-attendances:

Unplanned re-attendances within 7 days worsened in December 2013 but remains a challenge to meet the difficult 5% threshold. This is in line with other hospitals performance.

### A&E Time to treatment:

In December 2013 the time to treatment median improved to a pass position of 57 minutes. This indicator worsened at the beginning of the month during junior doctor changeover and improved at the end of the month.

### Emergency Care Pathway:

The Trust was successful in being allocated a further £170k for winter taking the total internally to £500k and to c£1.3m across the acute/community care pathway. The 20 step down beds (“Ravenscourt Ward” at Charing Cross) are in operation contributing to our winter plan and excellent patient flow as shown by sustained performance over 98% against the A&E Wait time target

### Day case & Elective LOS relative risk:

The surgical division is investigating HRG's with LoS over the expected level (i.e. hernias, lap chole, general surgical procedures). Based on the findings the division will then proceed to pathway map these to ensure that we have standard pathways. This will support nurse delegated discharge and ensure that all consultants operate in the same framework. This has been identified to start in General Surgery and then will focus on T&O

### Patients in longer than a week who are nutritionally re-screened:

Rescreening performance was under target for December. This relates to 17 patients not re-screened out of 71 patients. From these 17 patients, 9 came from one ward and 4 came from another ward. To reach 90% target for rescreening only 7 patients could slip the net.

These 2 wards will have a focus on training for January, for Nutritional Assessment and in particular rescreening.

### 12 Hour Consultant assessment:

Steady improvement is being made against this challenging target. As yet a 4th acute physician has not been appointed as the job description is currently being reviewed by the Royal College, but once appointed, an improvement in performance should be achievable through re working of the rota to provide additional consultant presence. Chelsea and Westminster have taken the approach that the quality of the assessment is equally as important as its timeliness and we are ensuring that patients' assessments meet Royal College best practice. The acute consultant body are very much aware of this target and will continue in their efforts to improve but also maintain the most important issue is to provide safe care which C&W undoubtedly does

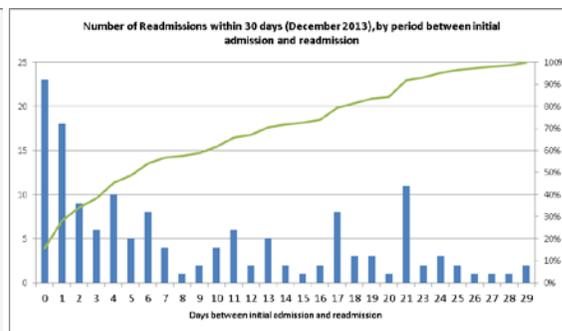
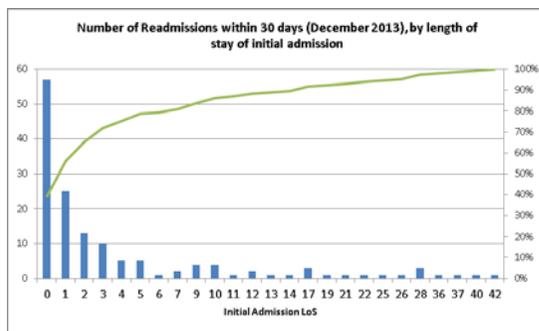
Readmission % for readmissions within 30 days



The rate of emergency readmissions has remained stable over 2013/14 to date but is slightly above the commissioner set target of 2.78%, which is based on the number of preventable readmissions identified through an audit in 2012/13.

The Medical directorate are validating the data quality of readmissions recorded on the same day as the original admission as a number of these relate to incorrect recording and can be removed.

It can be seen that around 40% of patients are readmitted within 3 days of their original discharge, and the same proportion have initial length of stay of 0-1 days. This suggests that a significant proportion of patients' readmissions are following a short stay and within a short timescale of discharge and therefore could potentially be prevented with either more effective management of short term admissions and/or improved information to patients on discharge, including advice on how to access support services following discharge.



Around half of patients are readmitted for related clinical conditions (same HRG chapter) so these patients would potentially benefit from further support around discharge, for example, advice on medication. This will be discussed with pharmacy as a scheme implemented in the USA where a pharmacist proactively calls patients on complex medication on the day after discharge will be considered. However on the other hand the remaining patients' readmissions appear to be unrelated to the initial clinical condition and therefore may be more difficult to prevent. This is reflected in the target set.

Initial Speciality	Emergency Readmission within 30 days Rate (YTD)	Number of Readmissions (YTD)	% of readmissions which were for same HRG subchapter as initial admission	Average Initial LoS	Average Readmission LoS
ELDERLY MEDICINE ACUTE	18.0%	259	44.4%	9.1	7.7
ACCIDENT & EMERGENCY OBSERVATION	15.2%	158	42.4%	0.4	4.6
GENERAL MEDICINE	13.0%	214	54.2%	3.4	3.1
GENERAL SURGERY	11.6%	180	41.1%	3.3	2.3
ENDOSCOPY DAYCASE	1.9%	62	33.9%	0.0	1.1

Initial Speciality	Emergency Readmission within 30 days Rate (December 2013)	Number of Readmissions (December 2013)	% of readmissions which were for same HRG subchapter as initial admission	Average Initial LoS	Average Readmission LoS
ELDERLY MEDICINE ACUTE	18.4%	28	53.6%	10.2	9.2
GENERAL MEDICINE	13.3%	23	47.8%	3.5	3.5
ACCIDENT & EMERGENCY OBSERVATION	19.1%	22	27.3%	0.5	6.1
GENERAL SURGERY	10.0%	16	37.5%	4.2	2.1
ENDOSCOPY DAYCASE	3.1%	10	40.0%	0.1	1.9

The Emergency Care Pathway programme in 2013/14 has been successful in reducing emergency admissions levels and this programme will move into Year 2 2014/15 with a greater focus on preventing readmission

Indicator	Target	Measure	Month											
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec			
NHS Deliveries	Benchmarked to 5042 per annum	420 per month	NHS	400	424	418	437	408	393	405	364	437		
Private Deliveries	Benchmarked to 840 per annum	72 per month	PMU	52	61	56	67	52	65	85	69	46		
Trust Deliveries	Total Maternities (Mother)	492	Trust	452	485	474	504	460	458	490	433	483		
Estimated Date of Delivery	Forecast deliveries from Booking EDD			537	583	575	573	576	570	553	529	538		
	Attrition Rate: EDD / Actual deliveries (all)			15.8%	16.8%	17.6%	12.0%	20.1%	19.6%	11.4%	18.1%	10.2%		
	Attrition Rate: EDD / Actual deliveries (NHS)			25.5%	27.3%	27.3%	23.7%	29.2%	31.1%	26.8%	31.2%	18.8%		
Activity	Total NHS Births (infants)		NHS	407	431	431	447	415	402	414	377	446		
	Home births		% NHS Dels	1.5%	1.4%	1.2%	1.4%	0.5%	1.5%	1.0%	0.5%	0.7%		
	Norm. Vaginal Deliveries	SVD (Normal Vaginal Delivery)		184	197	190	204	214	189	191	164	229		
		Maintain normal SVD rate	52%	SVD Rate	46.0%	46.5%	45.5%	46.7%	52.5%	48.1%	47.2%	45.1%	52.4%	
	C-Section	Total C/S rate overall	<29%		31.3%	38.2%	37.6%	33.0%	27.7%	32.1%	34.1%	31.6%	29.3%	
		Emergency C Sections		No. of patients	64	94	79	70	63	68	68	59	73	
			<15%	%	16.0%	22.2%	18.9%	16.0%	15.4%	17.3%	16.8%	16.2%	16.7%	
		Elective C Sections		No. of patients	61	68	78	74	50	58	70	56	55	
				%	15.3%	16.0%	18.7%	16.9%	12.3%	14.8%	17.3%	15.4%	12.6%	
	Assisted Deliveries	Ventouse, Forceps Kiwi		No. of patients	91	65	71	89	81	78	76	85	80	
		10-15% (SD)	%	22.8%	15.3%	17.0%	20.4%	19.9%	19.8%	18.8%	23.4%	18.3%		
Clinical Indicators	PP Haemorrhage	Blood loss >2000mls	<10	PPH-2L	4	3	9	10	4	5	5	8		
		Blood loss >4000mls		No. of patients	2	1	2	1	1	1	2	2		
	Perineum	3rd/4th degree tears	<5% (RCOG)		2	7	2	7	2	4	3	6		
				%	2.5%	3.8%	1.5%	2.7%	1.0%	1.9%	3.0%	3.2%	2.3%	
Stillbirths	Number of Stillbirths			2	3	1	5	5	1	7	1			
Readmissions	Neonatal < 28 days of Birth (Feeding)			4	6	5	6	5	1	3				
	Of which were born at C&W			4	6	5	6	5	1	3				
PBR	Pathways	Antenatal Bookings completed	528		585	507	520	572	558	493	517	547		
		Ref by 11w		469	367	404	442	450	368	404	414	309		
		%		80%	72%	78%	77%	81%	75%	78%	76%	73%		
	Postnatal discharges	250		213	194	183	201	238	247	227	295	213		
Risk	Maternal Morbidity	Maternal Death	Incident Form	0	0	0	0	0	0	0	0	0		
		ITU Admissions in Obstetrics	Patients	0	1	2	2	0	0	1	2			
	Serious Incidents	Serious Incidents (Orange Incidents)	Incidence	1	3	4	1	2	2	1	2	3		
	VTE	Assessments	95%	98.3%	97.9%	98.6%	95.0%	97.4%	97.3%	98.5%	97.7%	97.5%		
KPI	Trust Level Indicators	NBBS - offered and discussed	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		
		Maternity Unit Closures	LSA Db	0	0	0	0	0	0	0	0	2		
		1:1 care		94.7%	88.2%	92.9%	93.7%	95.5%	93.1%	94.6%	100.0%	89.8%		
		Maternity 12 week access		91.0%	94.8%	95.3%	98.2%	98.7%	92.7%	96.0%	95.4%	94.8%		
		Breastfeeding initiation rate	90%	91.3%	92.9%	91.1%	93.4%	91.4%	92.1%	90.4%	88.5%	86.7%		
		Women smoking at time of delivery	<10%	2.5%	1.4%	4.5%	3.7%	2.2%	2.0%	2.5%	1.4%	1.6%		
		Midwife to birth ratio - Births per WTE	1:30	1:36	1:39	1:36	1:38	1:36	1:34	1:32	1:36	1:35		
	DSUMs complete & sent in 24hrs	80%	86.5%	82.4%	83.2%	77.8%	72.7%	84.9%	79.0%	81.0%	77.2%			

## Commentary on key points

### Private Deliveries:

There was a reduced number of PP deliveries in December. The number of deliveries was the lowest number year to date however this was expected due to Christmas. This is a known seasonal variation for the PP cohort.

### SVD (Normal vaginal delivery):

There has been a month on month improvement in SVD rate and a reduction in elective caesarean sections. Work from the outcomes group is now being reflected in practice. In December there was an increased number of external cephalic version (ECV) sessions with midwife & consultant which has resulted in an improved normal delivery rate. Other contributory factors are increased vaginal birth after caesarean (VBAC) clinic attendance and dedicated twin clinic to promote normal deliveries.

### Antenatal booking appointments:

In December there was a low number of antenatal bookings. This was possibly due to a seasonal affect. The division are reviewing this figure with the North West London (NWL) data.

### Maternity unit closures:

The maternity unit was closed for 3 days, due to NICU capacity issue.

### 1:1 care in labour:

The division are activity cross referencing the reported figure reported with patients notes. There were no incidents corresponding to deliveries without 1:1 care.

### Breast feeding initiation:

The infant feeding team are auditing November and December CMI records to confirm accuracy. The division expect to achieve the breast feeding initiation target post validation.

Sub Domain	Trust Level Monthly Data <span style="float:right">XL</span>			
	MonthYear / ▼	Dec 2013	Nov 2013	Oct 2013
Complaints	Complaints (Type 1 and 2) - Communication (Target: NA 13)	15	21	21
	Complaints (Type 1 and 2) - Discharge (Target: NA 2)	3	0	5
	Complaints (Type 1 and 2) - Attitude / Behaviour (Target: NA 16)	14	14	10
	Complaints Re-opened (Target: < 5%)	N/A	2.1%	1.5%
	Complaints upheld by the Ombudsman (Target: = 0)	0	0	0
	Formal complaints responded in 25 working days (Target: > 90%)	N/A	93.3%	68.0%
	Total Formal Complaints (Target: NA )	N/A	35	31
	Hospital cancellations /reschedules of outpatient appointments % of total attendances (Target: < 8%)	9.1%	9.5%	9.9%
Friends & Family	Friends & Family Test - Local +ve score (Trust) (Target: > 90%)	95.2%	94.5%	93.6%
	Friends & Family Test - Net promoter score (Target: > 62)	61.9	64.3	66.1
	Friends & Family Test - response rate (Target: > 20%)	14.4%	16.8%	13.8%
Other	Breach of Same Sex Accommodation (Target: = 0)	0	0	0

YTD	XL
01/04/2013	
170	
21	
129	
1.7%	
0	
80.4%	
248	
8.9%	
94.4%	
65.3	
20.1%	
0	

## Commentary on key points

### Formal Complaints response rate within 25 days:

An improvement in complaints turnaround time has been delivered this month exceeding the target of 90% within 25 days. This reflects continuing focus by the Divisional and complaints teams on timely review and weekly tracking of complaints

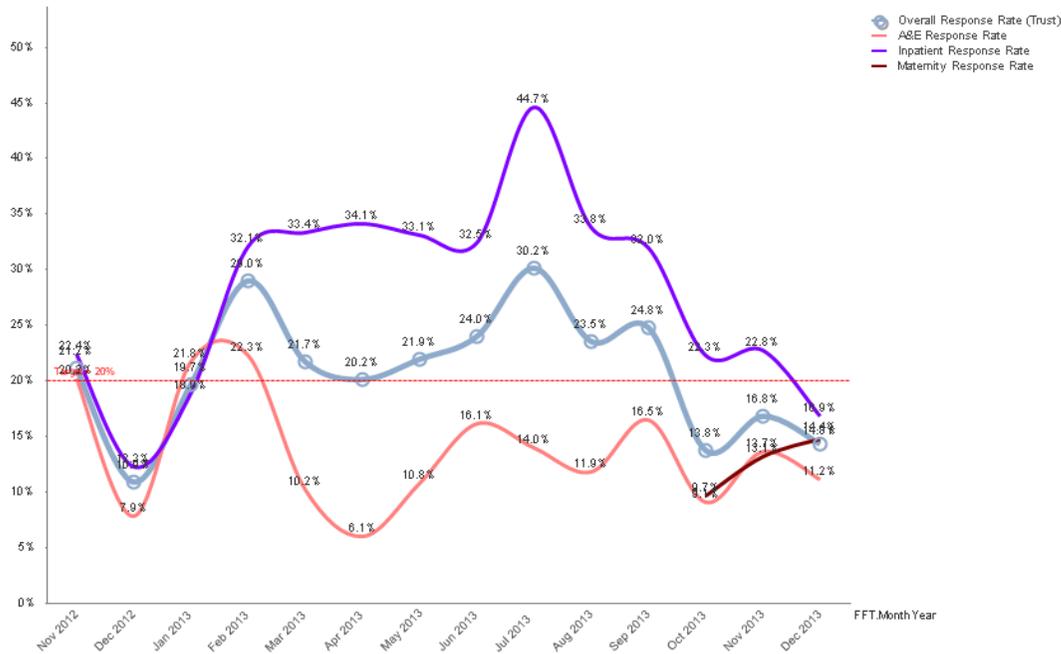
### Hospital cancellations/reschedules of outpatient appointments:

In November we implemented a new trust wide process for approving consultant annual leave requests. All request now go through the relevant General Manager for sign off and are then sent through to a central email inbox. Any requests received for clinic cancellations or reductions outside of this process are no longer actioned.

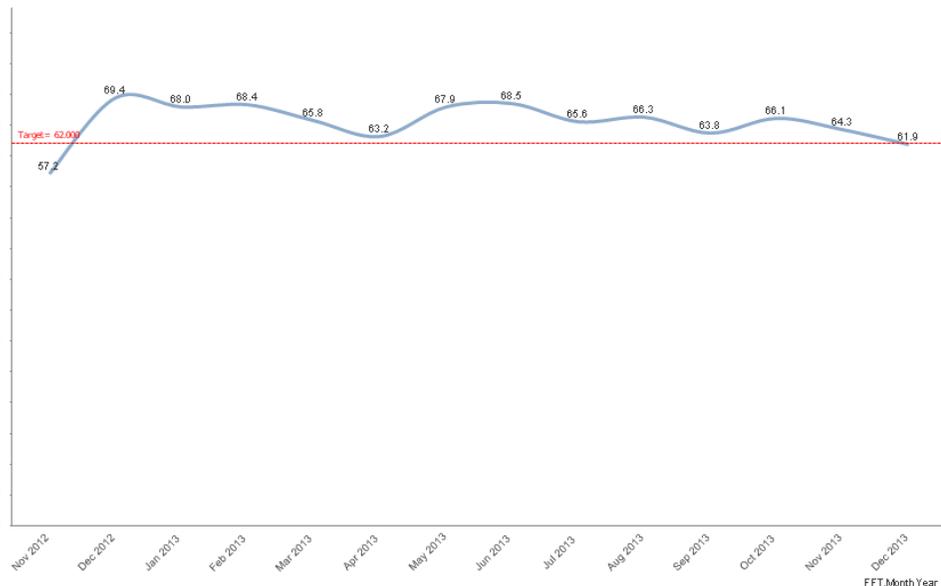
Hospital cancellation rates that can be drilled down to consultant level are now available through QlikView and are also circulated weekly at Senior Operational Group. Areas of poor performance have been asked for action plans to reduce their rate of cancellations.

There has already been an improvement in December as can be seen and we anticipate this will continue.

Friends and Family Test - Response Rate



Friends and Family Test - Net Promoter Score



## CQUIN 2013/14 Requirements

- 30% of funding to deliver the Maternity FFT by end of October 2013 – **achieved**
- 40% of funding to achieve a baseline response rate of 15% in Q1 and an improved response rate of 20% by Q4 (combined for both A&E and Inpatients) - **not achieved; Q3 results average 16% due to low A&E score**
- 30% of funding to remain in the top quartile of trusts for the staff survey score within the 2013/14 staff survey – **not yet reported**

## Plan to address requirement 2

Patients in all areas will be offered the survey by the following methods, so that if one method is missed, the other will act as a safety net.

- Band 3 bank staff covering all areas to offer the FFT – mainly targeting A&E Monday to Friday, at peak patient activity times (2-7pm). A weekly review will evaluate if method is successful.
- During February and March, text messaging the survey to all patients in Inpatients and A&E. An 'opt out' consent process will be in place and those who opt out will not be texted and we will omit Ron Johnson Ward due to the higher nature of sensitivity and confidentiality. To evaluate this method and continue for 2014/15 if successful.
- Continue with paper questionnaires which are the responsibility of ward and A&E staff. However, relying on this method has not been successful so far. Therefore the methods 1 and 2 should provide assurance that we cover all patients and achieve a high response rate.

**Net Promoter score** this remains on target and will be closely monitored as response rate is addressed.

Sub Domain	Trust Level Monthly Data				YTD	XL
	MonthYear / ▼	Dec 2013	Nov 2013	Oct 2013		
RTT	18 week referral to treatment times Admitted Patients (Target: > 90%)	92.6%	92.9%	91.8%	91.4%	
	18 week referral to treatment times Non Admitted Patients (Target: > 95%)	98.1%	97.9%	98.1%	97.8%	
	18 week RTT incomplete pathways (Target: > 92%)	92.1%	92.9%	93.2%	92.9%	
	RTT Incomplete 52 Wk Patients @ Month End (Target: = 0)	0	0	0	2	
OP	Choose and Book slot issues (Target: < 2.0%)	3.2%	5.2%	4.9%	2.9%	
Cancer	Cancer urgent referral Consultant to treatment waiting times (62 Days) (Target: > 90%)	100.0%	N/A	N/A	100.0%	
	Cancer urgent referral GP to treatment waiting times (62 Days) (Target: > 85%)	94.4%	93.5%	96.2%	92.7%	
	Cancer diagnosis to treatment waiting times - Subsequent Surgery (Target: > 94%)	N/A	100.0%	100.0%	100.0%	
	Cancer diagnosis to treatment waiting times - Subsequent Medicine (Target: > 98%)	N/A	100.0%	100.0%	100.0%	
	Cancer urgent referral to first outpatient appointment waiting times (2WWW) (Target: > 93%)	93.1%	96.8%	99.2%	96.4%	
	Cancer diagnosis to treatment waiting times - 31 Days (Target: > 96%)	100.0%	N/A	N/A	98.6%	
Referrals	GP Referrals (Target: > NA )	6408	6162	6880	59404	
OP/IP Wait Times	Outpatients - New Appointment Waiting Times (Target: > NA )	5.2	5.4	5.5	5.3	
	Inpatient - New appointment waiting times (Target > NA)	9.2	8.0	10.3	9.0	

## Comments on key points

### Choose and book slot issues:

The specialties that recorded the majority of the additional slot issues were Ophthalmology and Plastics (Hand Trauma). Ophthalmology have now restructured their clinic templates which will release slots to Choose and Book. The plastics team have increased the sessions available for Hand Trauma and also reviewed the templates. The availability of clinic slots on Choose and Book is now good.

### Cancer – 2 week waits

There have been capacity issues in colorectal as only 1.5 consultants are in post and with leave this put strain on the service, there are plans for a new locum consultant to start in January.

In gynaecology a consultant has retired resulting in a reduction of 2 week wait capacity that resulted in the service struggling to meet the standard. However this has now been addressed and additional capacity delivered

Capacity to achieve the 2 week wait target has been challenged over the Christmas period in particular but the Trust continued to meet this standard and a greater assurance process has been put in place between the Cancer team and divisional management.

Sub Domain	Trust Level Monthly Data			XL
	MonthYear / ▼	Dec 2013	Nov 2013	
Admitted	Delayed transfers - Patients affected (Target: < 0)	N/A	N/A	0.0%
	No urgent op cancelled twice (Target: < 0)	0	0	0
	On the day cancellations not rebooked within 28 days (Target: = 0)	0	1	0
	Theatre booking conversion rate (Target: > 80%)	86.2	86.6	87.6
	Theatre Active Time - % Total of Staffed Time (Target: > 70%)	64.1%	72.8%	70.4%
DQ	Coding Levels complete - 7 days from month end (Target: > 95%)	92.7%	92.8%	91.3%
GP Realtime	GP notification of an A&E-UCC attendance < 24 hours (Target: > 90%)	95.09%	99.99%	96.98%
	GP notification of an emergency admission within 24 hours of admission...	97.77%	99.84%	96.73%
	GP Notification of discharge planning within 48 hours for patients >75 (Targ...	69.0%	74.4%	65.3%
	OP Letters Sent < 7 Working Days (Target: > 90%)	84.4%	86.4%	82.1%
	Discharge Summaries Sent < 24 hours (Target: > 80%)	80.1%	82.9%	84.8%
OP	DNA Rate (Target: <11.1%)	10.1%	11.1%	9.7%

YTD	XL
01/04/2013	
0.0%	
0	
1	
87.3	
72.0%	
93.2%	
86.62%	
99.29%	
65.8%	
87.5%	
80.6%	
10.4%	

## Comments on key points

### Theatre Active Time:

A review of the data completed in December highlighted that two specific specialties had seen an unusual decline in theatre active time, namely T&O and General Surgery

A sample of theatre sessions for both these specialties highlighted an issue of the lists being under booked. Discussions with the General Manager confirmed they were already aware and highlighted that new staff had started in the admissions team and that the issue has been directly addressed with the individuals concerned and the team as a whole.

### GP notification of discharge planning within 48 hours of admission for patients >75 admitted as emergencies:

The Emergency Care Pathway programme continues to address Discharge Planning as a key priority and the Discharge December project, which was successful in targeting an increase in Discharge before 11am in December, will be continued into January. This programme of communication and visible performance reporting on the wards also focussed on Planned Date of Discharge and Medically/Team Fit Date completion. An electronic bed board system is now being rolled out for use in the daily Bed Meeting where discharge planning is discussed at Trust level, which will make the completion of PDDs visible and high priority at senior level and this is anticipated to significantly improve performance enabling the Trust to meet this objective in Q4.

### OP Letters sent <7 days:

The best practice programme of work around Outpatient Letters continues to focus on Milestones within the process i.e. completing transcription of letters within 3 days and approval within a further 2 days have been set and are now monitored daily for each specialty. A number of areas for improvement including the use of pre-populated clinic/patient details to generate letters, the roll out of a more user-friendly interface for reviewing letters, and the implementation of speech recognition technology are in progress to address compliance against this target/

Mandatory Training	Total	Clinical Support Services Division	Management Exec & Corporate Services Division	Medicine, Surgery & Private Patients Division	Women's, Children's and Sexual Health Division
Fire	63%	70%	67%	56%	61%
Moving & Handling	72%	81%	74%	66%	68%
Safeguarding Adults Level 1	100%	100%	100%	100%	100%
Slips Trips and Falls	70%	75%	76%	63%	68%
Harrasment & Bullying	82%	88%	82%	79%	80%
Information Governance	71%	76%	79%	72%	63%
Hand Hygiene	72%	76%	76%	66%	70%
Health & Safety	70%	76%	76%	61%	70%
Child Protection Level 1	100%	100%	100%	100%	100%
Innoculation Incident	77%	80%	63%	84%	75%
Basic Life Support	63%	76%	75%	52%	61%
Health Record Keeping	78%	78%	93%	76%	78%
Medicines Management	86%	90%	93%	86%	84%
VTE	80%	82%	93%	80%	79%
Blood	69%	73%	90%	67%	68%
Safeguarding Children Level 2	81%	84%	91%	74%	83%
Safeguarding Children Level 3	75%	81%	50%	91%	73%
Corporate Induction	77%	80%	63%	84%	75%
Local Induction	58%	75%	69%	51%	45%
Mandatory Training Compliance %	76%	81%	80%	74%	74%

A summary of Mandatory Training and Health & Safety training compliance is provided here

Plans are in place with Divisions to address Mandatory training and the compliance data is shared on a regular basis through the online reporting system

It should be noted that the Health and Safety data is newly provided and as yet incomplete, since not all areas have provided their evidence of compliance in the requested timescales. The position below is the Trust's minimum compliance as more evidence is awaited. However, it is extremely helpful that these indicators can now be routinely reported and they will be shared regularly.

The H&S team are in the process of reviewing compliance with each Division. Moving forward the target will be to confirm the position by the end of 2013/14 and then identify actions to address any non-compliant areas.

Health and Safety Indicators NB: DATA INCOMPLETE	Total	Clinical Support Services Division	Management Exec & Corporate Services Division	Medicine, Surgery & Private Patients Division	Womens, Childrens and Sexual Health Division
Fire Evacuation Drill	21.30%	16.70%	62.50%	0.00%	9.10%
Inspection Audit	43.30%	26.10%	0.00%	69.20%	47.80%
Lone Working Risk Assessment	11.60%	25.00%	3.70%	8.30%	7.10%
Security Risk Assessment	33.00%	25.90%	23.10%	84.60%	24.00%
Slip Trips and Falls RA	2.00%	3.60%	3.30%	0.00%	0.00%
<b>Total</b>	<b>16.30%</b>	<b>15.40%</b>	<b>14.00%</b>	<b>26.90%</b>	<b>13.90%</b>

Sub Domain	Trust Level Monthly Data				YTD	XL
	Month Year / ▼	Dec 2013	Nov 2013	Oct 2013		
HR Efficiency	Agency Staff % (Target: < 3.1%)	3.1%	4.6%	4.8%	4.5%	
	Average Recruitment Time (Target: < 70)	75.6	71.9	90.8	79.2	
	Vacancy Rate (Target: < 8%)	9.5%	8.6%	9.0%	8.6%	
Staff Satisfaction	Appraisal completion rate (Target: > 90%)	78.4%	N/A	92.3%	85.3%	
	Sickness Rate (Target: < 4%)	3.5%	3.4%	3.9%	3.3%	
	Staff satisfaction - NHS Staff Survey (Target: > NA)	N/A	N/A	N/A	N/A	
	Staff Satisfaction Index (Target: > 60%)	N/A	N/A	N/A	N/A	
	Turnover Rate (Target: < 13.5%)	14.6%	14.8%	14.9%	14%	

\* NB- average recruitment time above excludes management executive (with ME the average is 71 days)

### Staff in Post:

In December the Trust staff in post position stood at 3051.15 WTE (whole time equivalents) with the substantively employed workforce increasing by 87.81 WTE (2.96%) since December 2012.

### Turnover:

Unplanned turnover (i.e. resignations) stood at 14.6% for the month (14.69% Year to date). Although this is a slight reduction on previous months, turnover remains above target and remains a significant concern for the Trust. The most commonly stated reasons for leaving are due to promotion or relocation. Reducing turnover and improving retention rates has been identified as a key priority for the Trust People and OD Strategy currently in development.

### Staff Engagement:

The 2013 NHS Staff Survey was carried out in the Trust between October and December with 1816 employees (62.3% of eligible staff) completing the survey. Initial results will be received by the Trust during January, with the publication of full results by the Dept. of Health expected in early March

**Red** – below both monthly target and 2012/3  
**Amber** – below either monthly target or 2012/3  
**Green** – above monthly target and above 2012/3  
 \*Source 2012 NHS Staff Survey (weighted data)

\*\*Mandatory training represents % of completed relevant training within refresher period.  
 NB: Year to date figures represent the average metric rate across the financial year to date

### Vacancies:

The Trust's vacancy rates are calculated using the budgeted WTE (based on reconciliations with the Finance department), and the WTE of staff in post at the end of the month. This represents the 'total vacancy' position. The total Trust vacancy rate for December 2013 was 9.49%, which represents an increase of 0.96% on the previous year. It is important to recognise that not all vacancies are being actively recruited to, and a large proportion of these vacancies are held on the establishment.

A truer measure of vacancies is those posts being actively recruited to, based on the WTE of posts being advertised through NHS jobs throughout December 2013. The active vacancy rate is currently 3.69% which represents an increase on recent months. This is due to cohort recruitment of Healthcare assistants and Band 5 Staff Nurses. The active vacancy rate remains below target for the year.

The average time to recruit for December starters was 71 days (once international, Deanery and planned recruitment was excluded). This was slightly above target for the month, however the year to date figure remains on target.

### Sickness Absence:

The Trust's sickness absence rate in December 2013 was 3.51% (3.35% ytd). Sickness absence remains below target for the year which is set at 3.5%. All Divisions with the exception of Clinical Support registered a decrease on the previous year. Following a review of current sickness rates for the year, the sickness target for the year has been reduced to 3.5% and the QIPP project begun in 2012 is continuing in 2013/4 to support this reduction. HR is currently reviewing the issue of non-reporting and will be implementing changes to improve compliance.

### Bank & Agency Usage:

Bank and Agency usage was lower last month than the previous month and December 2012. Agency usage decreased by 69.48 wte on the previous December, which represents a 40% decrease, with all Divisions registering a decrease in the numbers of agency staff used. Initial data from Finance suggests that the amount the trust spent on Agency nurses also decreased, falling below £0.5 million for the first time, this financial year. Several workstreams across the Divisions supported by HR and Finance have been established to increase controls for Agency usage in the Trust with a greater focus on the use of MAPS to more efficiently manage peaks in workforce demand. Staffbank recruitment campaigns are planned for the remainder of the year to increase our pool of available temporary workers.

### Appraisals & Training:

The non-medical appraisal rate fell in December, as planned appraisals were not confirmed to HR. Reports have been issued to managers to ensure that this issue is addressed. Consultant appraisal rates currently stand at 67%, with on-going work to support medical appraisals being undertaken.

Mandatory training figures now stands at 77% which represents a slight reduction on the previous month. This may be due to seasonal factors such as reduced Training activity taking place during December. Health & Safety training now stands at 70% (compliance rate of staff trained within the two year refresher period across all staffgroups)

Financial Performance							Risk Rating (year to date)				Cost Improvement Programme	
Financial Position (£000's)											CIP Trajectory - Trust Wide	
	Full Year Plan	Plan to Date	Actual to Date	Mth 9 YTD Var	Mth 8 YTD Var	Forecast	COSR Rating	Weighting	M9 Actual Rating	M9 Forecast Rating	CIP Trajectory - Trust Wide	
Income	(355,844)	(263,797)	(266,048)	2,251	2,367	(361,521)						
Expenditure	322,859	241,836	247,333	(5,498)	(5,305)	331,757	Capital Servicing Capacity	50%	2	2		
EBITDA for FRR excl Donations/Grants for Assets	29,531	20,961	17,715	(3,246)	(2,937)	26,311	Liquidity	50%	4	4		
EBITDA % for FRR excl Donations/Grants for Assets	8.4%	8.0%	6.7%	-1.3%	-1.3%	7.3%	Total Rating		3	3		
<b>Surplus/(Deficit) from Operations before Dep</b>	<b>32,984</b>	<b>21,961</b>	<b>18,715</b>	<b>(3,246)</b>	<b>(2,937)</b>	<b>29,764</b>						
Interest	829	608	622	(14)	(11)	830						
Depreciation	12,907	9,672	9,791	(119)	(40)	13,208						
Other Finance costs	0	(0)	(8)	8	8	292						
PDC Dividends	10,241	7,679	7,811	(132)	(117)	10,415						
<b>Retained Surplus/(Deficit) excl impairments</b>	<b>9,007</b>	<b>4,002</b>	<b>499</b>	<b>(3,503)</b>	<b>(3,097)</b>	<b>5,019</b>						
Impairments	0	0	0	0	0	0						
<b>Retained Surplus/(Deficit) incl impairments</b>	<b>9,007</b>	<b>4,002</b>	<b>499</b>	<b>(3,503)</b>	<b>(3,097)</b>	<b>5,019</b>						
<b>Comments</b>							<b>Comments</b>				<b>Comments</b>	
<b>Risk Assessment</b> Impact 4 - Major (Loss of between £1.0m & £4.9m). Likelihood 4 - Likely. <span style="background-color: red; color: white; padding: 2px;">Red</span>  The YTD position is a surplus of £0.5m (EBITDA of 6.7%) which is an adverse variance of £3.5m against plan.  I&E position (£0.5m) includes the following material items: - Un-achieved CIPs (£4.7m); - Under recovery on Private Income (£0.4m); - Continued budgetary pressures within Clinical Suppliers (£1.3m) - Un-utilized reserves of £2.8m have been released into the year to date position.							The year to date COSR rating is a 3 compared to a planned 3, with a capital servicing score of 2 and a liquidity score of 4 averaging a 3 overall. The actual score on the capital servicing metric is 1.45x compared to the planned 1.63x as a result of the reduced surplus year to date. The forecast COSR rating is a 3 based on the forecast surplus of £5.0m, compared to a planned 4.				<b>CIPs 13/14</b> The CIP target for 13/14 is £18.3m (£16.3m for 13/14 + £1.9m b/f from 12/13). The year to date position was a plan of £13.2m with delivery of £8.6m. Schemes totalling £11.4m have been forecast to achieve in 13/14.  <b>Trajectory</b> It was proposed that all Divisions should have identified 100% of CIP schemes by 31st May. Followed by a further detailed trajectory of 100% achievement by 31st Jan 2014.  Thus there is slippage on CIPs, impacting on the Trust's underlying financial position.	
<b>Key Financial Issues</b>							<b>Cash Flow</b>					
<b>Key Issues</b> - Trust forecast adverse variance of £4.0m including delivery of recovery plans - CIP 13/14 identification and achievement 73% including FYE of 12/13 (b/f)  - Further emphasis on Recovery of the financial position. - Additional mitigations have been agreed by Execs around control of temporary staffing, non pay and contractual penalties  - GUM Public Health commissioning & payment - Delivery of the Trust's activity plan, particularly for elective inpatients - Achievement of commissioner metrics & KPIs to minimise penalties and fines - Achievement of CQUIN targets for 2013/14							<b>12 month rolling cash flow forecast</b> 					
<b>Future Developments</b> - Strategic developments e.g. West Midd, SaHF - West Midd: at the Outline Business Case stage - Operationalizing the capital plan - ED capital redevelopment - Business Planning for 2014/15 - Delivery of increased Private Patient income plans							<b>Comments</b>					
The cash position at Month 9 is £10.3m, which is approx £24m behind plan. Cash flow from GUM commissioners and CCGs continues to be problematic. The year-end cash forecast has been revised to £28m, £8m below the Monitor target of £36m- this is dependent on the collection of all outstanding monthly SLA payments from CCGs and the payment of M1-5 overperformance invoices by NHSE and CCGs prior to year-end. The forecast also assumes that the Burns capital grant of £2.4m and the Burns revenue funding of £0.7m will be paid by 31st March 2014.												



## Executive Summary

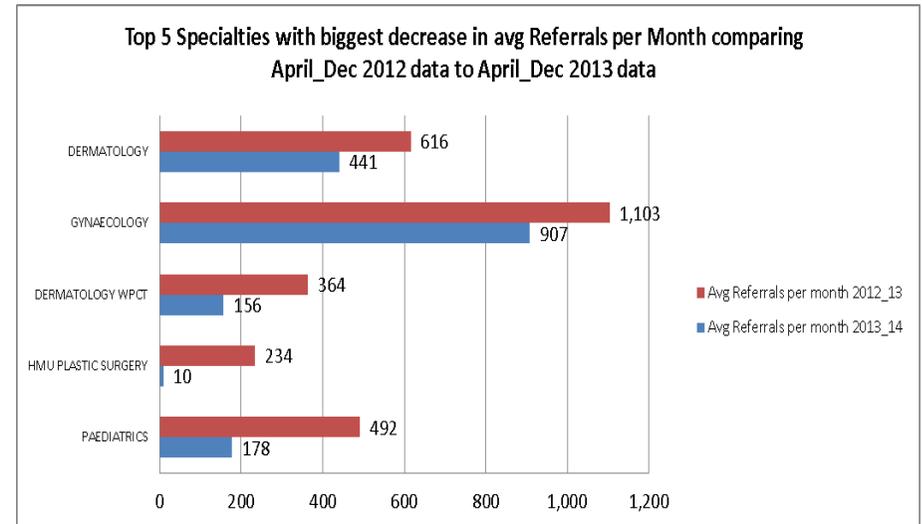
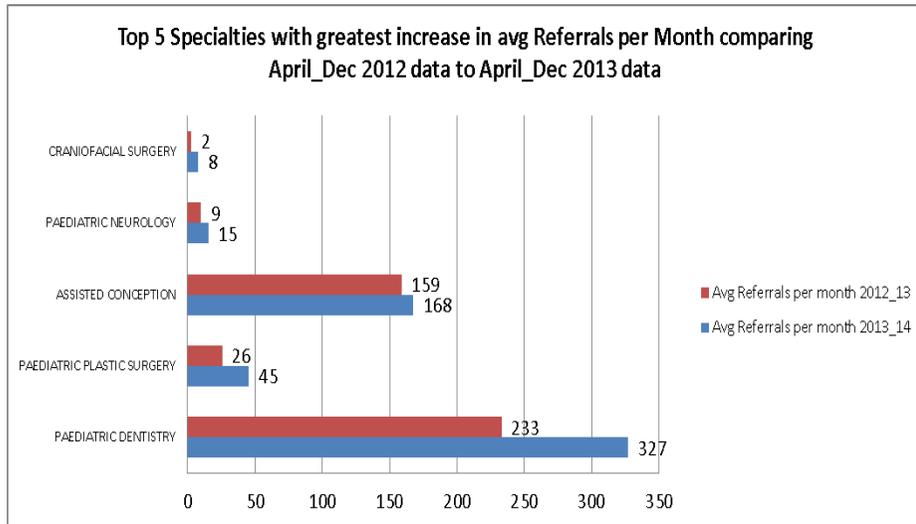
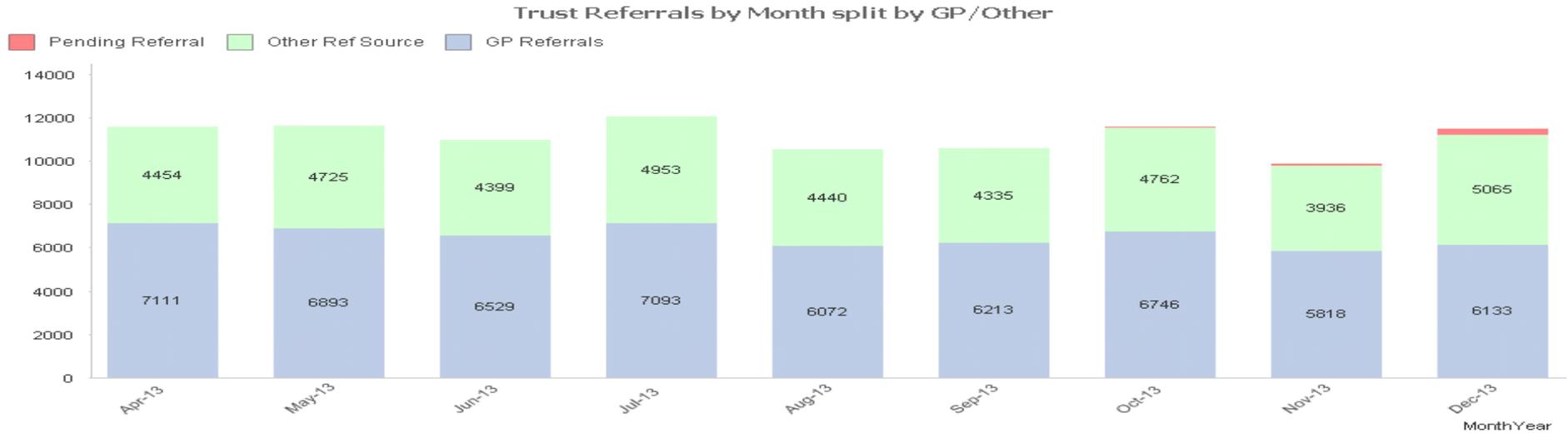
This report covers current performance on a range of indicators around Access to the elective patient pathway at Chelsea and Westminster Hospital, and summarises changes since July 2013 when an update was last presented to the Board. Further detail is provided around key pathway stages and clinical services is provided in the report, and an overview of all elements is shown below.



<b>Summary position</b>	Broadly stable	Slot issues increased GP utilisation static	Hospital cancellations static DNAs improved	Broadly stable	Reduced in some areas	Improved in Treatment Centre	Pathway under review Virtual clinics increased	Demand & Capacity and Waiting List Improvement in progress
<b>Challenges</b>	Further work to generate new demand	Working with GP partners to increase usage	Addressing short notice cancellations Continue work on DNA rebooking	Address longer waits in medical and surgical specialties	Address longer waits for general and orthopaedic surgery	Transfer good practice to Main Theatres	Address long term follow ups and work with commissioners on New to Follow up ratios	Improve capacity efficiency metrics Address backlogs in some areas
<b>Achievements</b>	Increased demand for community services	Resolved issues in Ophthalmology and improved template management	Developed clinic booking utilisation indicators	Reduced waits in paediatric surgical specialties	Reduced waits in paediatric surgical specialties and gynae	Sustained improvement and reduced lists in TC	Embed and further build on virtual and telephone clinics model	Re-deployed extra capacity Embedded consistent model and planning skills

## Next Steps

- Continue elective transformation work to focus improvements in key areas
- Build on good practice where improvements have been made and drive these forward further, faster to deliver on Trust strategic and financial plans



- The Trust has seen a broadly stable referral base through the year to date, with a slight decrease towards the end of the year
- There has been a slight decrease in GP referrals and an increase in non GP referrals. Commissioners are proposing to apply contract metrics to control the number of referrals made internally within the Trust. A change of practice in Q4 to electronic internal referrals will be introduced alongside a process to route any routine onward referral for a new condition back to the GP for review and re-referral.

## Choose and Book Slot Issues by Specialty for Nov-13 (Latest available) (Target = 2%)

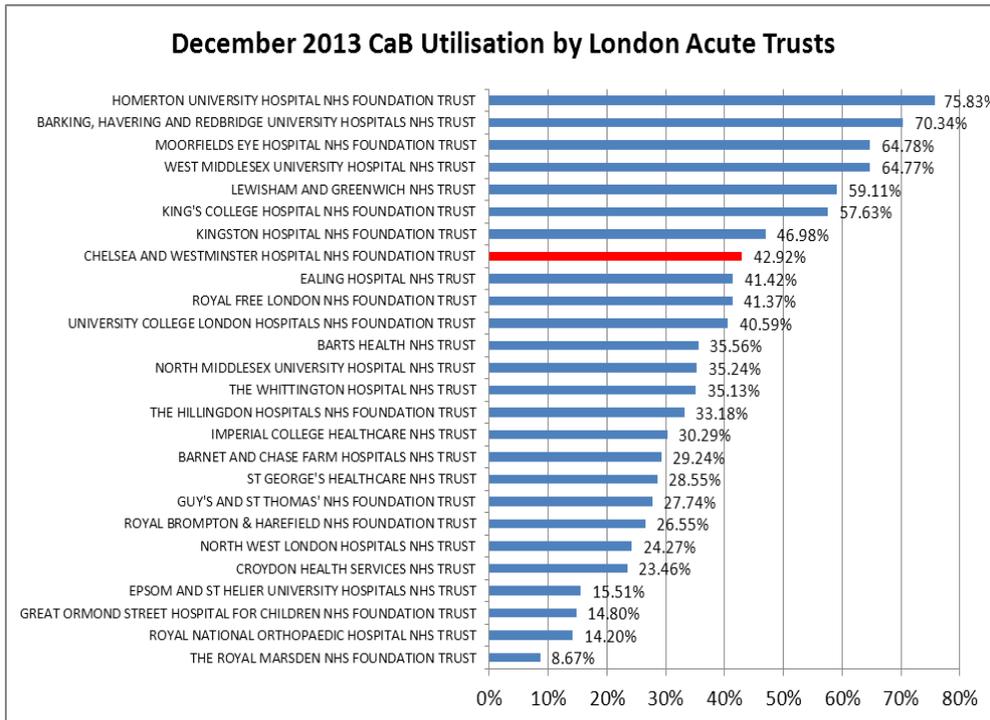
Specialty	Total Slot Issue	DBS Bookings	% Slot Issue
<b>Trust Total</b>	<b>134</b>	<b>2660</b>	<b>5.0%</b>
OPHTHALMOLOGY	79	155	51.0%
PLASTIC SURGERY	20	66	30.3%
DERMATOLOGY KCPCT	10	156	6.4%
DERMATOLOGY	6	234	2.6%
GYNAECOLOGY	5	305	1.6%
GASTROENTEROLOGY	3	159	1.9%
GENERAL SURGERY	3	229	1.3%
UROLOGY	2	22	9.1%
BURNS CARE	2	63	3.2%
GYNAECOLOGY WPCT	2	44	4.5%
GENERAL MEDICINE	1	39	2.6%
ENT	1	51	2.0%

Choose and Book slot issues were above target at 5% (target of 2%) during November. The specialties that recorded the majority of the additional slot issues were Ophthalmology and Plastics (Hand Trauma). This reflects the same picture through the latter part of the year.

- Ophthalmology have now restructured their clinic templates which will release slots to Choose and Book.
- The plastics team have increased the sessions available for Hand Trauma and also reviewed the templates. The availability of clinic slots on Choose and Book is now good.

Significant improvement is anticipated in Q4 2013/14

## Choose and Book Utilisation % by London Acute Trusts



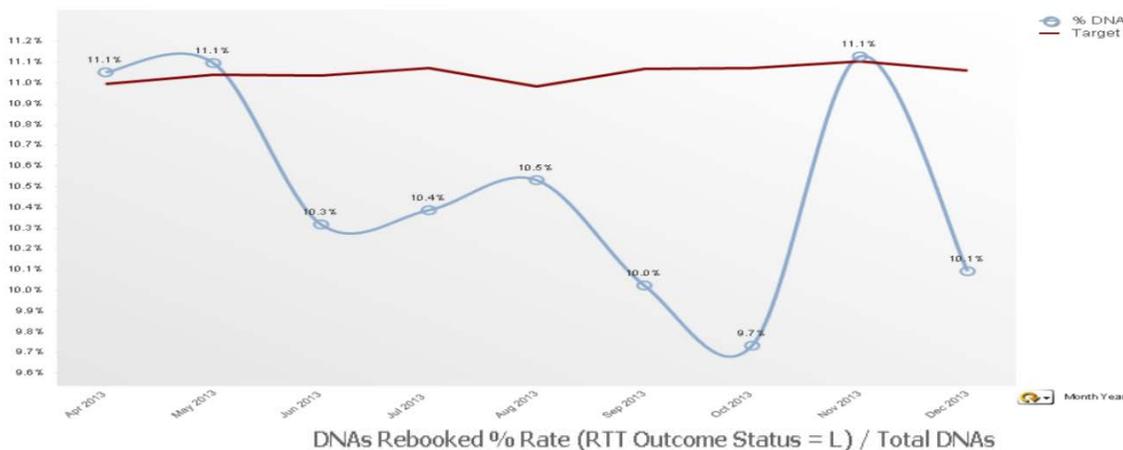
As the majority of new clinic slots are made available to Choose and Book, utilisation is largely driven by GP uptake. Hammersmith and Fulham have historically been one of the poorest performers in London for Choose and Book referrals, which impacts negatively on our utilisation figures. They are currently working with their GPs to improve this and we have seen our utilisation increase from 33% to being consistently over 40% over the last 6 months.

Avg Clinic Session Time by AM or PM Clinics



We have developed a series of reports that look at the length and frequency of outpatient clinic sessions along with the volume of patients seen on average in each session. In January the data on average clinic session went live on QlikView

The data shows that outpatient clinic space is often blocked by frequent but short PA's of around 2 hours. This data is now being used to look at where we can increase session length to 3.5 hours and in turn increase the volume of patients seen per clinic.

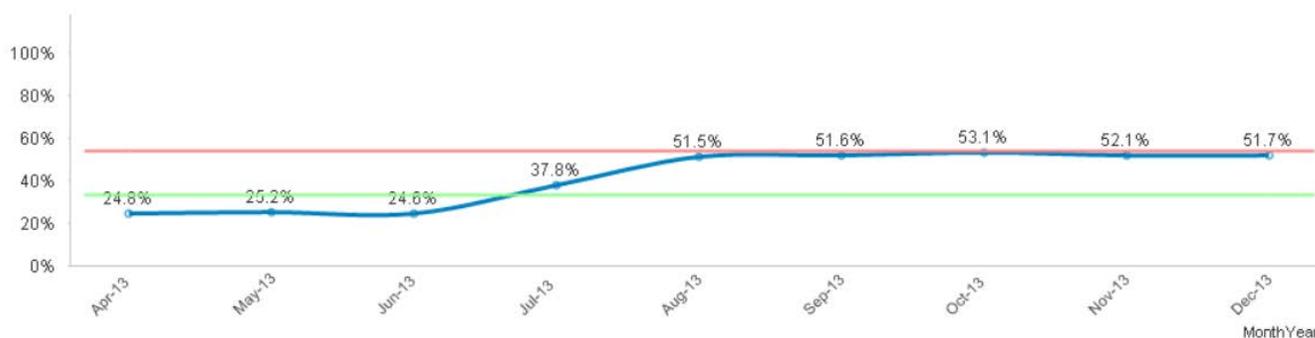


Actions we have taken to reduce the DNA rate this year include

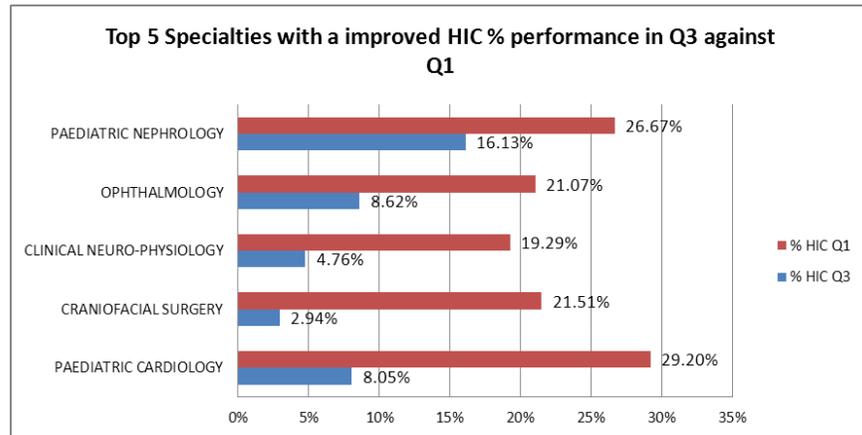
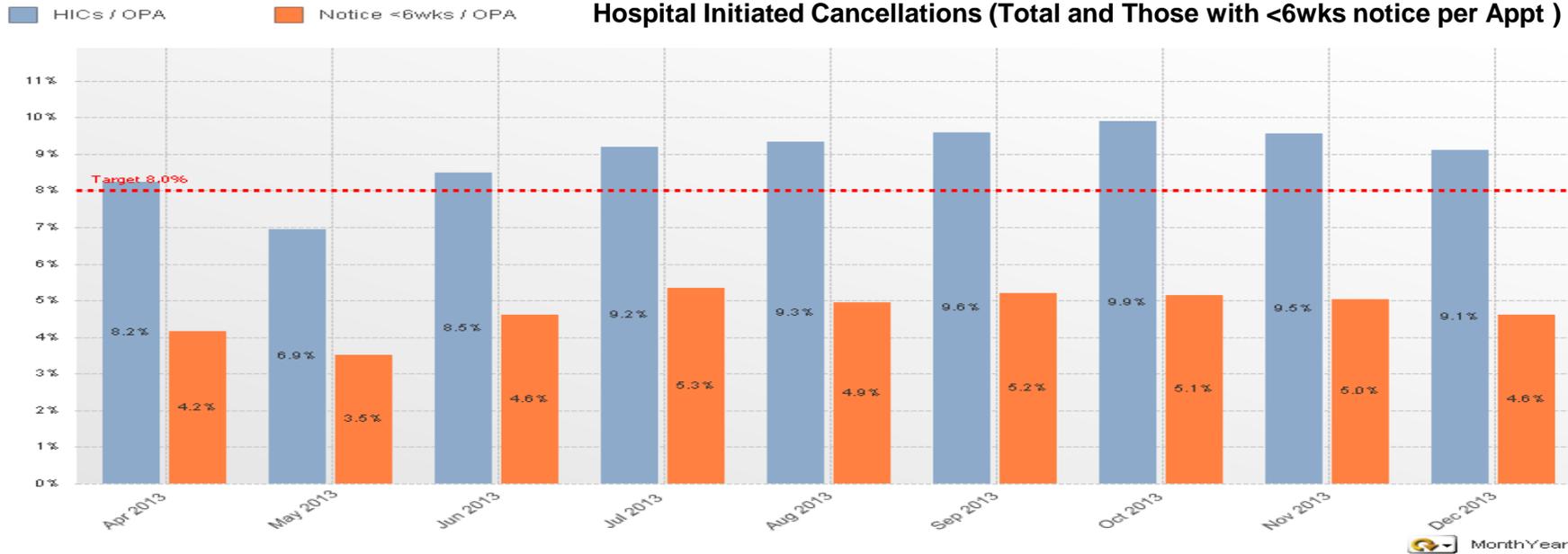
- Reviewed wording of the letters to explain that patients will be discharged if they DNA
- Enabled the patients to contact the appointments office by email
- Revised text message reminders by demographic, specialty and DNA rate
- Revised clinic outcome forms to discourage reappointment of routine DNA's

These have been effective in reducing DNAs to below target (London average) and maintaining this.

\*Spike in November was due to failure in the text service



Further action will now be taken to reduce the rate of DNAs rebooked and instead appropriately work with GPs to manage these patients.



Hospital cancellations, and in particular late notice cancellations, are a significant dissatisfier for patients as seen in our formal and informal complaints data.

In November we implemented a new trust wide process for approving consultant annual leave requests. All request now go through the relevant General Manager for sign off and are then sent through to a central email inbox. Any requests received for clinic cancellations or reductions outside of this process are no longer actioned. This is targeted at reducing the level of short notice (<6wks) cancellations, which cause most disruption to patients.

HIC rates that can be drilled down to consultant level are now available through QlikView and are also circulated weekly at SOG. Area of poor performance have been asked for action plans to reduce their rate of cancellations.

A proposal has been put forward to implement medical rostering software across the Trust, which would streamline consultant availability planning for clinics. This is anticipated to improve hospital cancellation rates as one of its benefits.

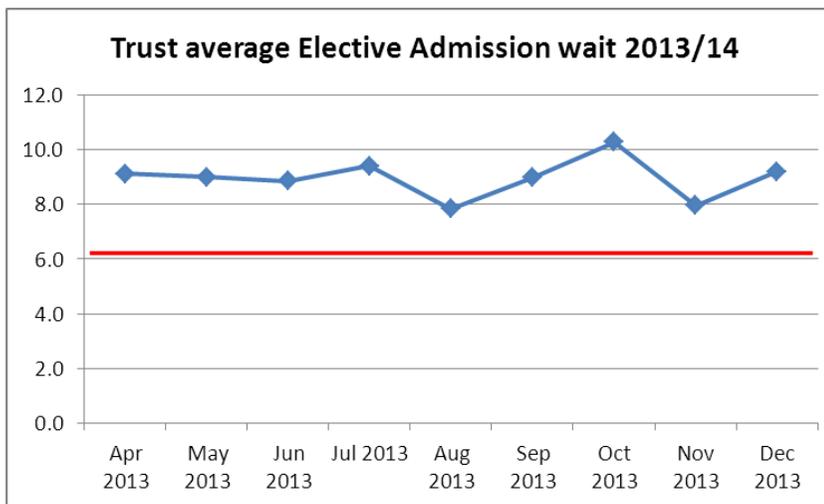
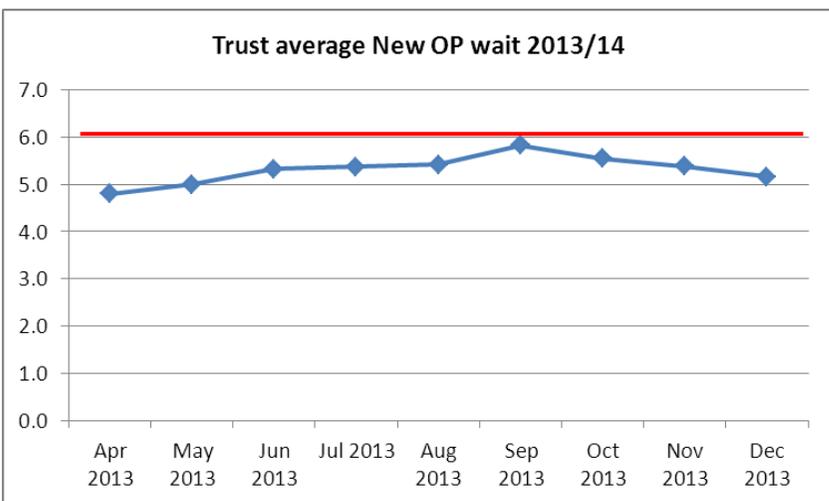
## Average wait for a New Outpatient Appointment (Apr to Dec 2013)

Division Name	Apr 2013	May 2013	Jun 2013	Jul 2013	Aug 2013	Sep 2013	Oct 2013	Nov 2013	Dec 2013
CLINICAL SUPPORT	3.8	3.8	4.0	3.9	4.1	3.9	3.8	3.8	3.6
MEDICINE AND SURGERY	5.2	5.3	5.7	5.8	6.2	6.5	6.4	6.3	5.8
W&C HGD	4.8	5.1	5.4	5.4	5.3	5.9	5.4	5.2	5.1
<b>Total</b>	<b>4.8</b>	<b>5.0</b>	<b>5.3</b>	<b>5.4</b>	<b>5.4</b>	<b>5.8</b>	<b>5.5</b>	<b>5.4</b>	<b>5.2</b>

## Average wait for a Elective Admission (Apr to Dec 2013)

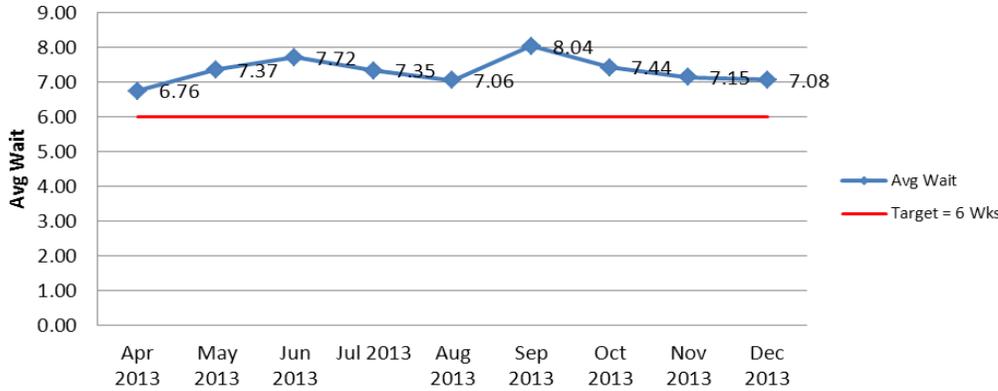
Division Name	Apr 2013	May 2013	Jun 2013	Jul 2013	Aug 2013	Sep 2013	Oct 2013	Nov 2013	Dec 2013
CLINICAL SUPPORT	8.3	7.6	9.1	12.0	5.5	7.9	15.3	7.8	13.0
MEDICINE AND SURGERY	9.7	9.9	8.9	9.0	10.3	10.6	9.8	9.3	8.4
W&C HGD	9.2	9.1	8.5	7.6	7.0	7.9	7.3	6.6	6.6
<b>Total</b>	<b>9.1</b>	<b>9.0</b>	<b>8.8</b>	<b>9.4</b>	<b>7.8</b>	<b>9.0</b>	<b>10.3</b>	<b>8.0</b>	<b>9.2</b>

## Average Elective waits at Trust level against Target (6 weeks OP and Admission)

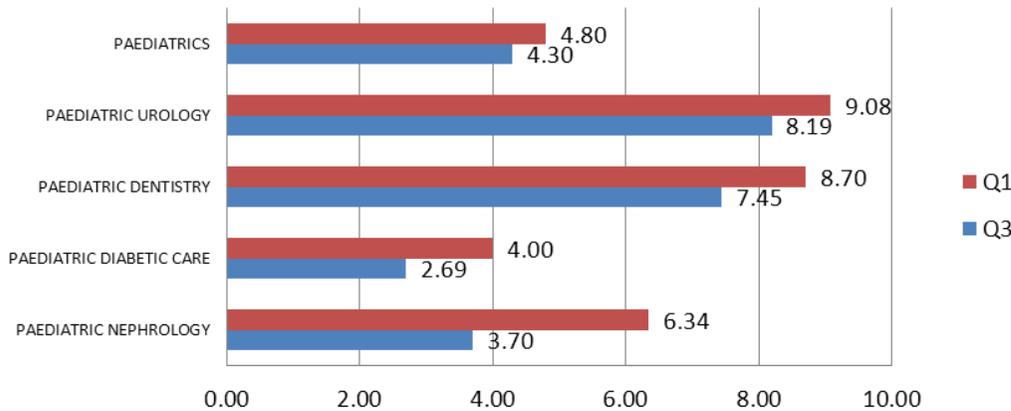


- Outpatient waits are static and remain on average within the target of 6wks for a new outpatient, in the context of flat demand
- **We need to do more to deliver increased activity within the resources we have – stepping up the outpatient productivity programme**
- Inpatient waits are static but remain over the target wait of 6 weeks for an elective admission. Conversion rate and case mix are broadly static but there have been constraints on theatre capacity (for example the closure of the Burns theatre for refurbishment) and since the summer our bed base has been reduced in response to commissioner metrics on the emergency care pathway.
- **We plan to re-launch the Access management framework with the leadership of the DDOs and implement the findings of the demand and capacity review (discussed later in this report) to match supply and demand**
- **The theatre productivity programme will be stepped up and additional throughput is being actively planned throughout Q4 2013/14, especially in Ophthalmology, General Surgery and Orthopaedics. This will have the dual effect of increasing income and reducing admitted waiting times.**

### Paediatrics Avg Wait from Referral Received Date to 1st Attendance



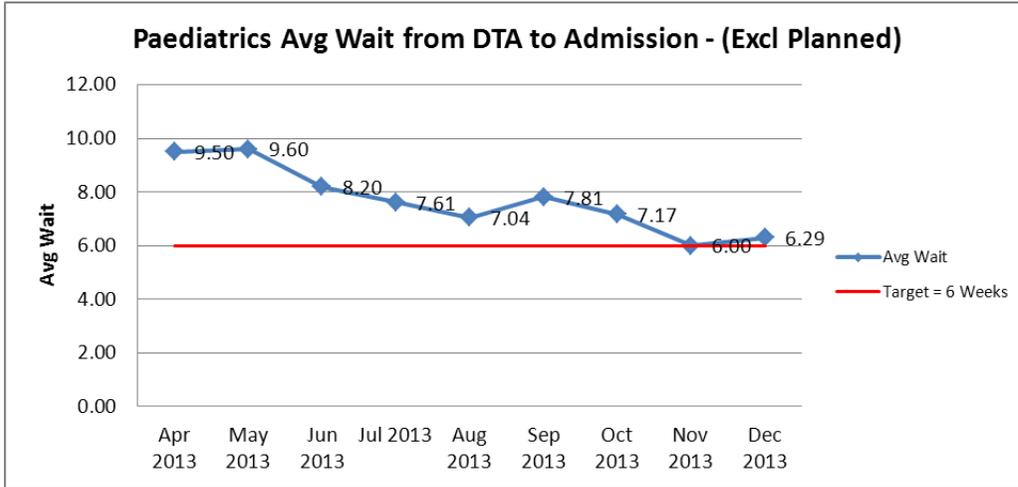
### Top Paediatric Specialties with Improved Average OP Waits Q3 (2013) v Q1 (2013)



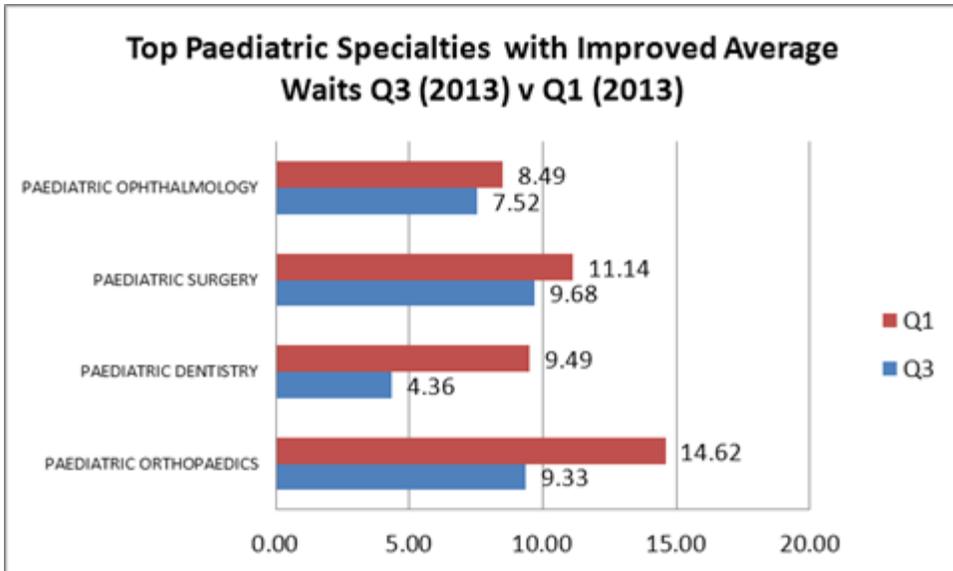
- The overall average waiting time has largely remained static in paediatrics
- However, a number of specialties have seen good improvements in waits as demonstrated in the lower graph.
  - General paediatric medicine (top) has benefited from the introduction of resident physicians and seen a reduction in waiting times, with current waiting times of under 4 weeks.
  - Paediatric Urology and Dentistry also benefited from additional staff during Q2 and 3 with a positive impact upon waiting time
- The Paediatric Surgery service has now delivered a wait well below 3 weeks for first outpatient appointment which reflects investment as well as best practice work on improving clinic efficiency, e.g. reducing DNA rates.
- It is our ambition to focus on further improvements in outpatient waits for all services, particularly in the high volume dental service which has a significant conversion to surgery.

### Average wait for a New Outpatient Appointment – Paediatric Surgery

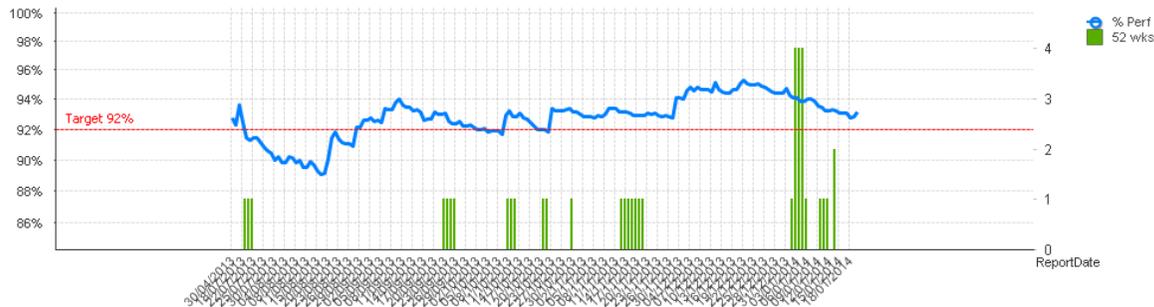




- There has been a major focus on improving list utilisation with paediatric theatres this year along with investment from HQP to deliver additional capacity in a number of services such as dentistry.
- As such, average waiting times from decision to admit to admission have reduced significantly and were just above the 6 week target in December (due to reduced activity over Christmas and higher than usual number of DNAs and cancellations)
- **Paediatric dentistry has seen a very successful reduction in waiting times, arising from the HQP investment and parallel lists running on Saturdays (embedded in new staff job plans). The output of the recent capacity and demand work has confirmed our expectation that the dental waiting list backlog will continue to clear at this rate, with the fixed-term posts having helped to clear this and ceasing during 14/15.**
- Paediatric orthopaedics has also improved significantly, but further work is required with waits still at 9.33 weeks. There are plans to further increase paediatric orthopaedic capacity from March onwards with a view to reducing waiting times further, and improving the quality of the service by repatriating paediatric trauma to children's theatres as opposed to the existing adult theatres. Theatre efficiency has also been improved by working with the clinicians to book onto lists looking at theatre time as the key metric so we can utilise the lists more efficiently, meaning we often book an additional patient on an all-day list.



## RTT Incomplete Pathways Trend - Paediatrics



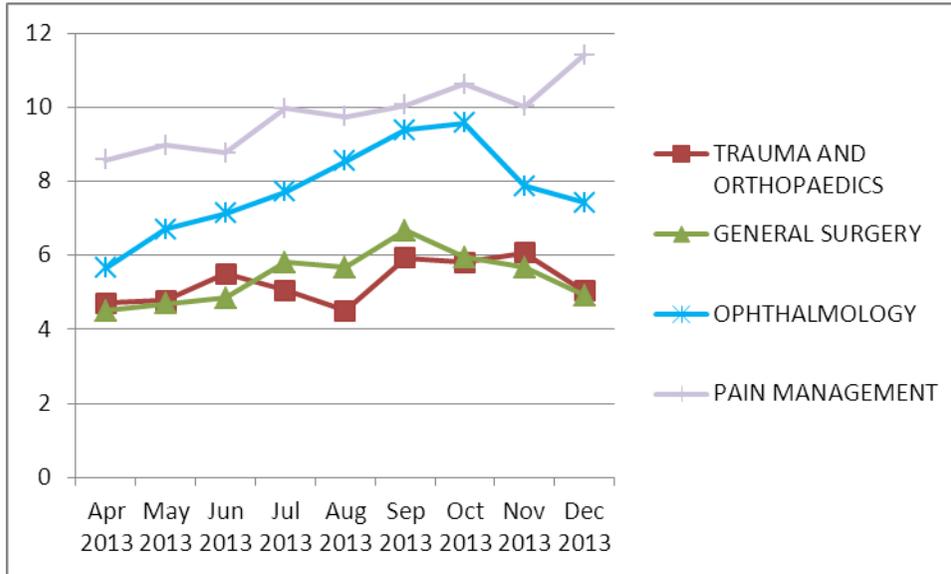
## Data Quality of Outpatient Appt Coding December 2013

Speciality	Encounter % Perf Excl. S Codes	Outcome % Perf Excl. 8 Codes
NEONATOLOGY	100%	59%
ORTHODONTICS	100%	97%
PAEDIATRIC CARDIOLOGY	100%	95%
PAEDIATRIC CLINICAL IMMUNOLOGY AND ALLERGY	100%	100%
PAEDIATRIC COMMUNITY	100%	66%
PAEDIATRIC CRANIOFACIAL	97%	90%
PAEDIATRIC DENTISTRY	98%	95%
PAEDIATRIC DERMATOLOGY	100%	88%
PAEDIATRIC DIABETIC CARE	100%	94%
PAEDIATRIC ENDOCRINOLOGY	100%	94%
PAEDIATRIC ENT	100%	91%
PAEDIATRIC GASTROENTEROLOGY	100%	95%
PAEDIATRIC INFECTIOUS DISEASES	100%	13%
PAEDIATRIC NEPHROLOGY	100%	100%
PAEDIATRIC NEURO-DISABILITY	100%	79%
PAEDIATRIC NEUROLOGY	100%	71%
PAEDIATRIC OPHTHALMOLOGY	100%	93%
PAEDIATRIC ORTHOPAEDICS	100%	94%
PAEDIATRIC PRE-ASSESSMENT	100%	14%
PAEDIATRIC RESPIRATORY MEDICINE	100%	87%
PAEDIATRIC SURGERY	100%	90%
PAEDIATRIC UROLOGY	100%	93%
PAEDIATRICS	100%	96%
WESTMINSTER PAEDIATRIC DERMATOLOGY	100%	100%

## RTT Incomplete Pathways December Performance - Paediatrics

Specialty Name	52 Week Breaches	Total Patients	% Perf (Target 92%)
ORTHODONTICS	0	137	93.43%
PAED CLINICAL IMMUNOLOGY & ALLERGY	0	39	100.00%
PAEDIATRIC CARDIOLOGY	0	111	100.00%
PAEDIATRIC CRANIOFACIAL	0	97	86.60%
PAEDIATRIC DENTISTRY	0	1033	95.45%
PAEDIATRIC DERMATOLOGY	0	132	97.73%
PAEDIATRIC DIABETIC CARE	0	3	100.00%
PAEDIATRIC ENDOCRINOLOGY	0	35	100.00%
PAEDIATRIC ENT	0	211	96.68%
PAEDIATRIC GASTROENTEROLOGY	0	100	98.00%
PAEDIATRIC INFECTIOUS DISEASES	0	5	100.00%
PAEDIATRIC NEPHROLOGY	0	3	100.00%
PAEDIATRIC NEURO-DISABILITY	0	39	94.87%
PAEDIATRIC NEUROLOGY	0	40	87.50%
PAEDIATRIC OPHTHALMOLOGY	0	202	92.57%
PAEDIATRIC ORTHOPAEDICS	0	307	94.14%
PAEDIATRIC PRE-ASSESSMENT	0	133	81.95%
PAEDIATRIC RESPIRATORY MEDICINE	0	11	100.00%
PAEDIATRIC SURGERY	0	234	90.17%
PAEDIATRIC UROLOGY	0	119	97.48%
PAEDIATRICS	0	163	99.39%

- The RTT incomplete pathway performance has improved over the course of the year due to a focus on validation so the position now reflects true waiting times with some challenges left to address in low volume, high complexity specialties such as craniofacial and neurology.
- December performance of incomplete pathways was generally good, with a few areas requiring further work such as Paediatric Surgery
- There has been a focus on improving data quality, and in outpatients for December coding performance was good. This measure refers to the successful completion of patient's clinic outcome forms by clinicians, with some further work to complete on coding the outcome of visits ensuring patients are appropriately discharged or followed up.



	Jun-13	Dec-13
	Ref to OP	Ref to OP
TRAUMA AND ORTHOPAEDICS	9.0	5.0
GENERAL SURGERY	6.4	4.9
OPHTHALMOLOGY	7.6	7.4
PAIN MANAGEMENT	10.0	11.4

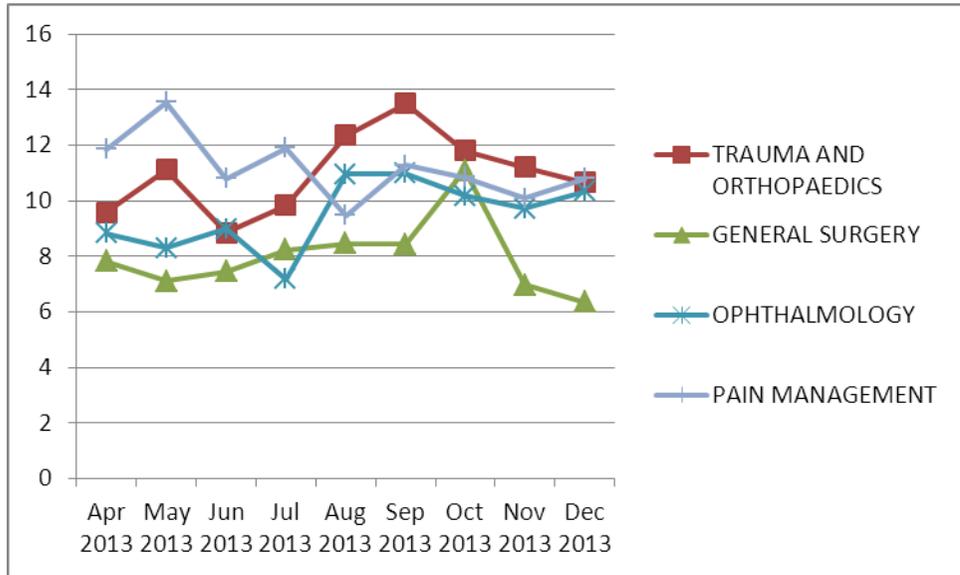
Surgery directorate are working closely with the transformation team to support increasing new patient throughput in clinics.

Currently we are running a pilot in T&O clinic (Mr Church) where patient flows have been mapped and key areas for improvement will be trialled including the following

- Patients to arrive before appointment time to ensure that diagnostic is completed the appointment
- Mapping patients flow and management of patients in clinic to ensure that the patient sees the correct clinician at the correct time.
- Aim to increase new appointments by 4 slots at end of clinic through improved use of clinicians and diagnostic scheduling

Pain Service Improvement mapping is currently being undertaken, with a view to increasing capacity and reducing DNA rates for new appointments. This may involve an 'open group' session where patients are invited to meet clinicians and understand pain service offering. Studies in Australia have demonstrated a 50% reduction in DNA rates for New Appointments in Pain clinics

Ophthalmology service have moved patients to be treated in outpatients instead of daycase settings in line with best practice – this places increased pressure on outpatients but maximises income. This has been managed through a template reorganisation to improve clinic throughput and allocation of resource



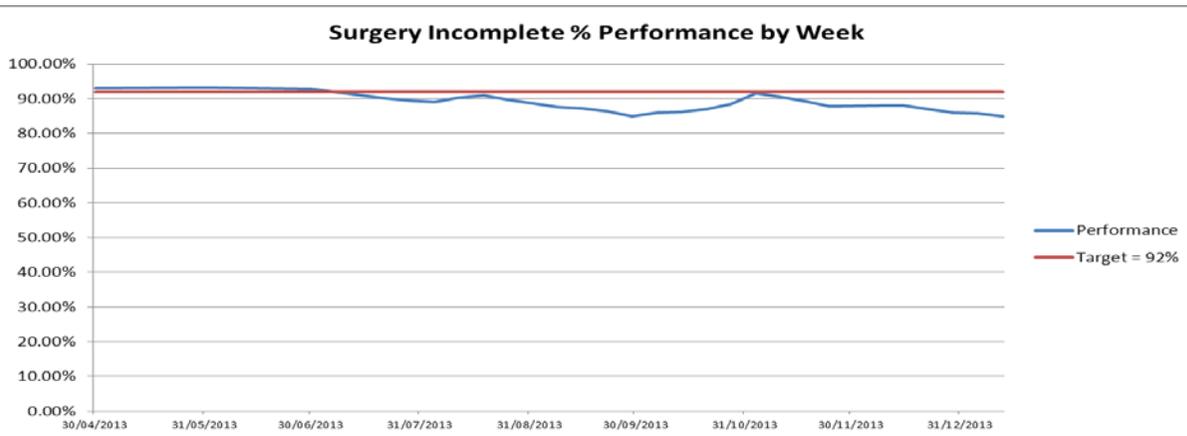
Roll out of case manager / scheduler in urology outpatient clinic has proved successful, and is being planned for other specialties. For example, Surgery and the Service Improvement team are working to roll out the case manager in general surgery outpatients, once capacity and demand needs have been matched.

Close collaboration between surgery, CSS and service improvement has taken place to map patient flows from Decision To Admit to Admission to ensure lean processes, and that waste is eliminated from system. Plans are in place to provide admin support in the Surgical Admissions Lounge to allow that the floor coordinator is able to send for patients promptly to ensure lists start on time.

General surgery has undertaken additional Treatment Centre work which has resulted in a helpful decrease in wait times due to additional throughput however this has affected case mix (and therefore income) as more complex Main Theatre cases cannot be accommodated as quickly.

	Jun-13	Dec-13
	DTA to Adm	DTA to Adm
TRAUMA AND ORTHOPAEDICS	8.8	10.7
GENERAL SURGERY	7.7	6.4
OPHTHALMOLOGY	9.1	10.3
PAIN MANAGEMENT	10.0	10.8

## RTT Incomplete Pathways



## Data Quality of Outpatient Appt Coding December 2013

Directorate Name	Speciality	Encounter % Perf Excl. S Codes	Outcome % Perf Excl. 8 Codes
		<b>94.71%</b>	<b>96.39%</b>
SURGERY	PLASTIC SURGERY	88.52%	91.74%
SURGERY	UROLOGY	94.91%	92.90%
SURGERY	PAEDIATRIC PLASTIC SURGERY	91.30%	94.93%
SURGERY	GENERAL SURGERY	92.12%	95.38%
SURGERY	BARIATRIC SURGERY	96.38%	95.41%
SURGERY	CRANIOFACIAL SURGERY	64.00%	96.00%
SURGERY	VASCULAR SURGERY	96.34%	96.34%
SURGERY	OPHTHALMOLOGY	94.92%	96.51%
SURGERY	TRAUMA AND ORTHOPAEDICS	94.58%	97.87%
SURGERY	PAIN MANAGEMENT	100.00%	99.56%
SURGERY	BURNS CARE	100.00%	100.00%

## RTT Incomplete Pathways December Performance

Treatment Function	Under 6 Weeks	Under 12 Weeks	Under 18 Weeks	Over 18 Weeks	Over 40 Weeks	52 Week Breaches	Total	% Perf (Target 92%)	Breach Tolerance	Breaches that coul...
<b>Total</b>	<b>6594</b>	<b>4680</b>	<b>2248</b>	<b>1136</b>	<b>25</b>	<b>0</b>	<b>14683</b>	<b>92.09%</b>	<b>1174</b>	<b>13</b>
-	7	4	0	0	0	0	11	100.00%	0	0
Cardiology	94	49	41	14	0	0	198	92.93%	15	1
Dermatology	426	358	79	17	0	0	880	98.07%	70	53
Gastroenterology	217	94	48	31	0	0	390	92.05%	31	0
General Medicine	55	30	14	8	0	0	107	92.52%	8	0
General Surgery	513	392	221	155	8	0	1289	87.35%	103	-60
Gynaecology	615	400	103	12	0	0	1130	98.94%	90	78
Neurology	160	107	27	20	1	0	315	93.33%	25	4
Ophthalmology	287	145	99	117	0	0	648	81.94%	51	-66
Plastic Surgery	342	273	159	92	4	0	870	88.97%	69	-27
Respiratory Medi...	126	107	55	23	0	0	311	92.60%	24	1
Rheumatology	144	107	41	22	0	0	314	92.99%	25	3
Trauma & Ortho...	571	429	236	178	8	0	1422	86.92%	113	-73
Urology	263	193	104	41	0	0	601	93.18%	48	7
Other	2774	1992	1021	406	4	0	6197	93.38%	495	85

Capacity and Demand modelling has demonstrated shortfalls in specific specialities resulting in compliance issues to 18 weeks.

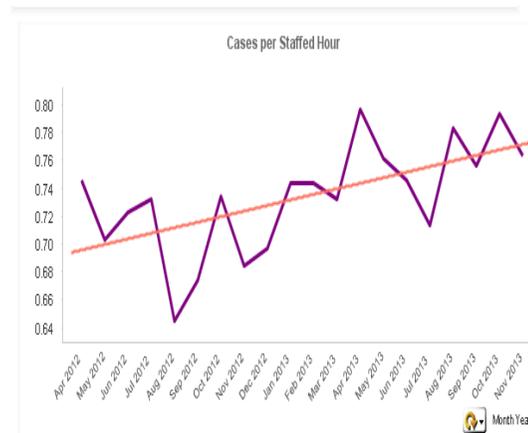
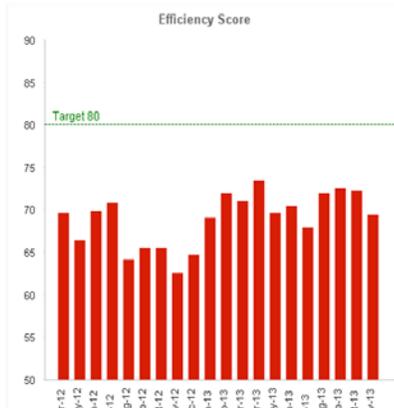
Additional slots are being added / new clinics created in order to address shortfalls and reduce time to first appointment, in addition to surgical productivity gains (additional cases per lists).

Training currently being undertaken in Outpatients to ensure that clinicians are aware of how to complete the RTT outcome forms. Training from last week has demonstrated a significant gap in understanding which boxes need to be ticked by the clinical teams in order to inform actions on the 18 week pathway.

## Efficiency Score Components



## Output

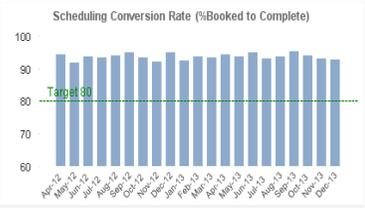
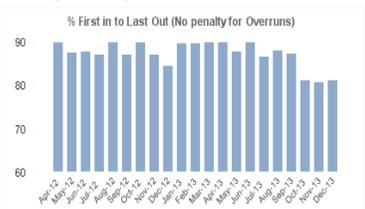


## Treatment centre

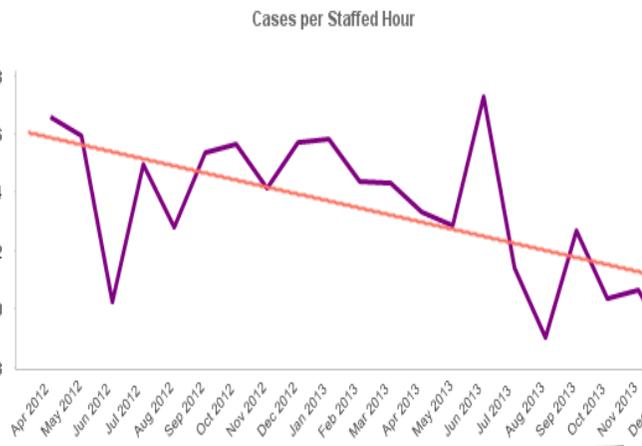
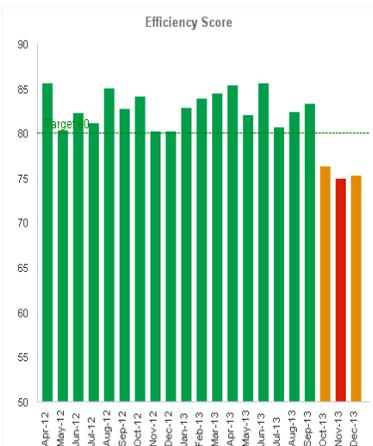
Surgical productivity has seen a continued upward trend in Treatment centre but first time in a year the Main theatres dropped below an E-score of 80.

Although general trend is still upward, pain has seen a decline in their Cases per hour, leading to a pathway approach to redesign of service.

## Efficiency Score Components



## Output

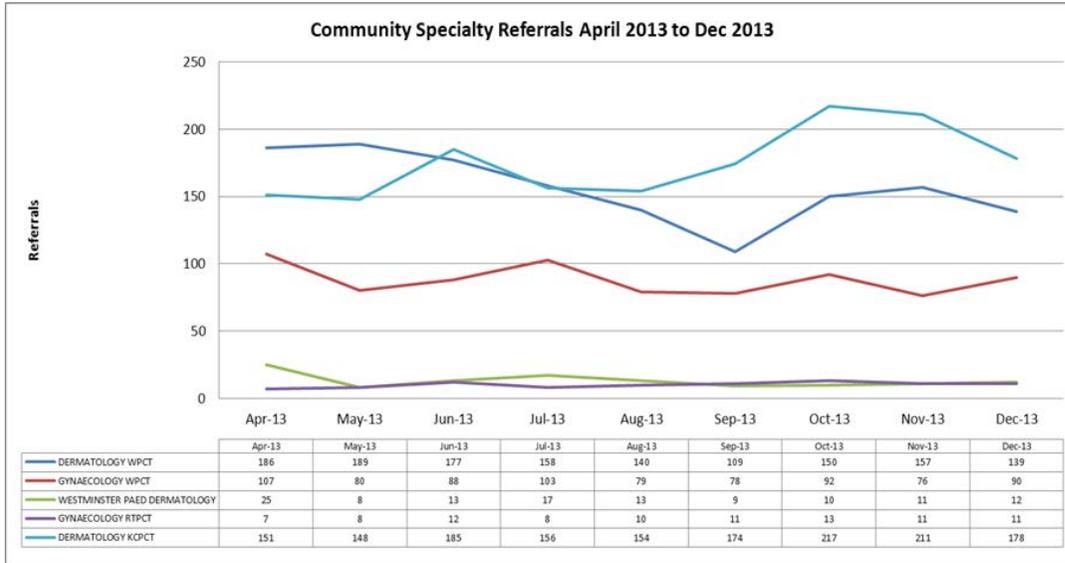


## Main theatres

Two main areas changed:

- T&O
- General Surgery

Sample of cases taken and reviewed by Theatres and Surgery suggest changes in staff in admissions has led to some lists being under booked, actions already taken by GM to rectify



- West London CCG has seen a significant increase in referrals for the Community Dermatology service from an average of 187 per month in 12/13 to 284 referrals per month in 13/14. This translates into a significant increase in patients seen from 159 patients a month to 277 patients per month in 13/14.
- Central London CCG referrals are slightly down on 12/13 in 13/14 because of a move of practices from QPP group, however, referrals to the community service are up overall.
- The average waiting time for Community Dermatology is now at 2 weeks for West London CCG
- The average waiting time for Community Dermatology is now at 1-2 weeks for Central London CCG

Changes made to achieve enhanced waiting times include:

- Prospective view of clinic slots to maximise utilisation
- Embedding of the Tuesday evening clinics. These have been a big success and continue on a substantive basis
- Additional sessions have been moved to Community Dermatology due to increase in referrals leaving Trust with higher waits

Actions outstanding – Hospital and Community Dermatology

- Phototherapy access is a key initiative within the department. The department aims to have five fully qualified phototherapy nurses in place by the end of April 2014 and reducing the waiting time to under 5 weeks by the end of June 2014.
- Nurse led clinics will begin in the Acute Dermatology service in February, this will help to reduce the current waiting times as well as providing a more cost effective solution to providing hospital Dermatology.

## % Patients treated under 8 weeks – West London CCG and Central London CCG Community Dermatology Contracts

MonthYear	Apr 2013	May 2013	Jun 2013	Jul 2013	Aug 2013	Sep 2013	Oct 2013	Nov 2013	Dec 2013
	97.2%	96.0%	97.4%	98.2%	94.5%	94.9%	96.2%	98.7%	100.0%

MonthYear	Apr 2013	May 2013	Jun 2013	Jul 2013	Aug 2013	Sep 2013	Oct 2013	Nov 2013	Dec 2013
	95.4%	91.5%	95.0%	96.2%	96.5%	99.0%	96.7%	98.1%	99.2%

Specialty Month 6	Revised applicable first attendances	First to Follow Up Ratio Target	Actual First to Follow Up Ratio	Follow Ups Based on Ratios	Revised applicable follow up attendances	Activity Above Ratio	F Up Tariff	Credit Due
General Medicine	203	1.09	2.66	221	540	319	133	34,810
Gastroenterology	1,432	1.10	1.82	1,575	2,613	1,038	133	133,012
Endocrinology	637	1.79	1.79	1,140	1,142	2	122	215
Clinical Haematology	145	3.54	5.13	513	744	231	146	28,445
Hepatology	407	3.68	3.90	1,498	1,586	88	133	5,171
Cardiology	1,381	1.12	1.06	1,547	1,464	0	120	0
Respiratory Medicine	1,347	1.67	1.20	2,249	1,617	0	135	0
Nephrology	128	3.50	3.92	448	502	54	171	7,216
Medical Oncology	2	4.70	26.50	9	53	44	119	4,059
Rheumatology	805	2.56	3.71	2,061	2,988	927	129	101,514
<b>TOTAL</b>	<b>6,487</b>			<b>11,262</b>	<b>13,249</b>	<b>2,702</b>		<b>314,443</b>

Specialty M9	Revised applicable first attendances	First to Follow Up Ratio Target	Actual First to Follow Up Ratio	Follow Ups Based on Ratios	Revised applicable follow up attendances	Activity Above Ratio	F Up Tariff	Credit Due
General Medicine	339	1.09	2.71	370	918	548	133	73,098
Gastroenterology	2,017	1.10	1.61	2,219	3,256	1,037	133	138,243
Endocrinology	997	1.79	1.75	1,785	1,748	0	122	0
Clinical Haematology	235	3.54	3.92	832	921	89	146	13,027
Hepatology	469	3.68	3.47	1,726	1,629	0	133	0
Cardiology	1,995	1.12	0.99	2,234	1,975	0	120	0
Respiratory Medicine	1,928	1.67	1.14	3,220	2,198	0	135	0
Nephrology	191	3.50	3.81	669	728	60	171	10,162
Medical Oncology	3	4.70	11.33	14	34	20	119	2,369
Rheumatology	1,115	2.56	2.91	2,854	3,247	393	129	50,799
<b>TOTAL</b>	<b>9,289</b>			<b>15,922</b>	<b>16,554</b>	<b>2,147</b>		<b>287,698</b>

Significant impact against ratios has been seen in M9 due to capture of Red list drugs which when monitored in follow up appointment means this does not count against the ratio target, therefore significant number of follow ups were legitimate and should be paid for. Tables below show M6 position (prior to capture of red list drugs) and then M9 position (with capture) and this evidences an improvement in paid follow ups

### Month 6

- Average credit per month - £52k – 450 f/ups too many per month
- Gastro - £22k pm (173 appts too many); Rheum - £17k pm (154 appts too many)

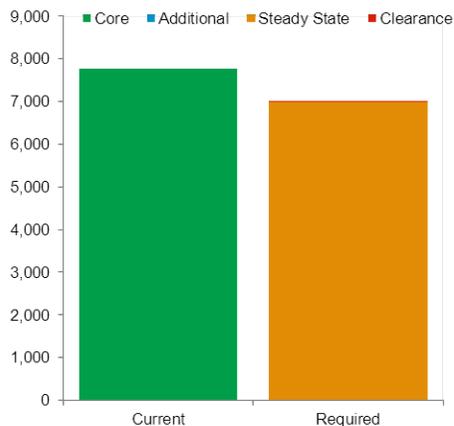
### Month 9

- Average credit – reduced by £20k per month and 188 f/ups per month now being paid for
- Gastro – credit reduced by £7k pm – 60 appts per month additional now being paid for
- Rheum – credit reduced by £12k per month – 111 appts per month additional being paid for

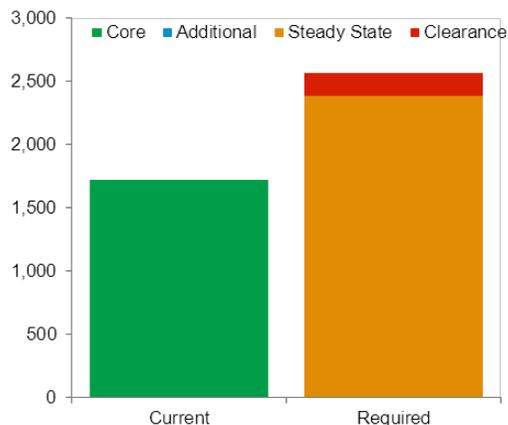
14/15 will focus on New to Follow up ratio performance specifically in Gastro, Rheumatology and General Medicine. This will be achieved by:

- Increased number of virtual clinics which is already on the rise
- Increased telephone follow ups
- Pre-diagnostics to ensure certain tests ready for review at the first appointment
- Target GPs who do not use Direct Access – specifically for Endoscopy
- Investment will be required in some specialties, e.g. Neurology so that sufficient follow up OP capacity can be secured – this patient population tends to require long term follow up, therefore more clinical capacity is required to meet demand

**General Surgery – Outpatient New Capacity vs Demand**



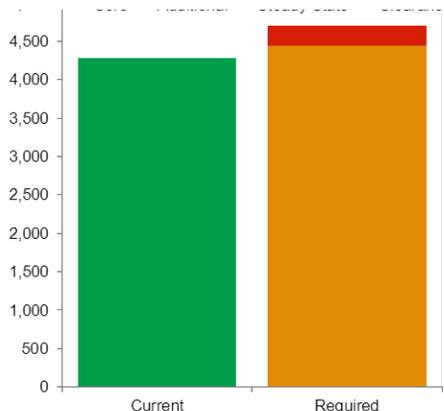
**General Surgery – Admitted Capacity vs Demand**



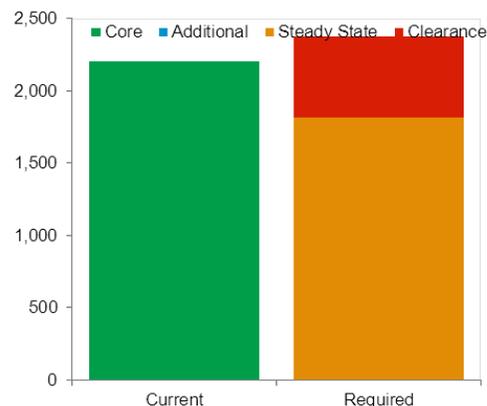
A significant programme of work was undertaken in Autumn 2013 with consultancy from the NHS Intensive Management and Support (IMAS) team. This involved implementing the NHS IMAS Demand and Capacity model for a number of key services in order to properly understand capacity deficits/ excesses and efficiency metrics, as well as where backlogs exist how they can be addressed through enhanced matching of capacity to demand. The services covered were:

- General Surgery
- T&O
- Ophthalmology
- Urology
- Paediatric Surgery and Urology
- Paediatric Dental
- Gynaecology
- Dermatology
- Endoscopy

**T&O – Outpatient New Capacity vs Demand**



**T&O – Admitted Capacity vs Demand**



Illustrative results are shown for two services here:

### General Surgery

As can be seen from the graphs, the findings showed that capacity exceeded demand for outpatients, but fell short in terms of surgical slots. This resulted in a backlog of cases waiting for theatre accumulating which will need to be addressed by redirecting capacity from outpatient to inpatient settings

### T&O

In this service capacity falls short in outpatients but exceeds demand in surgical slots. However, due to the shortfall in outpatients a backlog of patients waiting too long for surgery has arisen over time due to extended outpatient waits. There is insufficient additional capacity to address this and hence a waiting list initiative is required, following which, capacity can be redirected into outpatients from the surgical setting on a substantive basis. A further analysis is being undertaken for T&O since matching demand and capacity at sub-specialty level can have a significant effect

The best practice models will now be rolled out across all services through 2014/15 and the results of the work already undertaken used to inform Business Planning

## Board of Directors Meeting, 30 January 2014 (PUBLIC)

<b>AGENDA ITEM NO.</b>	3.1/Jan/14
<b>PAPER</b>	Assurance Committee Report to the Board for October and November 2013
<b>AUTHOR</b>	Catherine Mooney, Director of Quality Assurance
<b>LEAD</b>	Karin Norman, Non-executive Director
<b>PURPOSE</b>	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.
<b>LINK TO OBJECTIVES</b>	The Assurance Committee assures on quality. The items discussed at the meetings are relevant to the quality objectives.
<b>RISK ISSUES</b>	None
<b>FINANCIAL ISSUES</b>	None
<b>OTHER ISSUES</b>	None
<b>LEGAL REVIEW REQUIRED?</b>	No
<b>EXECUTIVE SUMMARY</b>	A summary of the issues discussed at the meetings in October and November 2014 is attached.
<b>DECISION/ ACTION</b>	For information.

## **ASSURANCE COMMITTEE REPORT FROM MEETING OCTOBER AND NOVEMBER 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 October and November 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 Oct and Nov 2013**

#### **3.1 IT Presentation (October)**

The committee received a presentation on the IM&T management strategy. The assurance mechanisms were described which includes an Information Technology Core Group and a Strategy Group. Developments were described which included the Customer Relationship Management System (CRMS), Mobile App developments, portals for patients and for research, education and teaching with an admin portal being considered at a later date.

**There will continue to be a quarterly update to the Assurance Committee addressing the main themes of work under development.**

#### **3.2 Maternity Clinical Review (October)**

This had been a comprehensive internal review which had been considered by the Quality Committee and by EM on her arrival, as an independent reviewer.

The issues which had prompted this review included puerperal infection rates and the failure to achieve Clinical Negligence Scheme for Trusts (CNST) Level 3. The data entry and clinical coding problems which had led to the outlier alert were discussed and that the Trust is no longer an outlier for puerperal infection. Measures to achieve more robust coding have been put in place

There was discussion around consultants working to the recommended '168 hours' versus the current 100 hours cover and what was desirable and affordable for the Trust. No trusts currently staff at this level and it is considered that this is not financially achievable for the Trust at the time.

The Trust is an outlier for Elective Caesarean rates and Percentage of Elective Caesareans performed before 39 weeks. It is recognised that the NICE guidelines giving expectant mothers the right to choose compromises our ability to bring these rates down. Actions are in hand.

**The committee noted the excellent report and was assured that actions were in progress.**

#### **3.3 Health & Safety Committee Monthly Report (October and November)**

Following a request from the committee, information about thefts was presented at the November Assurance Committee. It was agreed that this would be monitored by the Audit Committee in future.

There was a slight increase in mandatory training rates with fire safety training up 3%, Health and Safety training up by 3% and Manual Handling training up by 2%. The Trust is still failing to meet expected targets for mandatory training but there has been a significant improvement over the year. Risk assessments required for each area are still not complete although the areas of risk have been addressed. There is still concern about needed culture change.

Facilities and Estates Contractors KPIs are being monitored.

**An overall report on Health and Safety will be presented by the Director of Nursing and Quality to the February Assurance Committee but the committee remains unassured on Health and Safety controls and performance.**

### **3.4 Facilities report**

The report noted good progress overall. Norland's contract noted a slight drop in performance on response times and an error regarding electricity usage was reported. ISS are taking action on patient mealtimes to improve quality of service.

**The committee noted the good performance overall and has requested further information on risks.**

### **3.5 Medicines Annual Report 2012-2013 (October)**

The main issues reported are as follows:

Anti-Microbial Stewardship continues to improve and an antibiotic pharmacist is in place working with the Microbiology Team. There are cost savings being made relating to the usage of antibiotics, however there is also a notable increase of intravenous (IV) antibiotic use, which should be kept to a minimum.

VTE Stewardship was reported as working well with a specialist pharmacist in post. The next priority for improvement is to increase levels of prescribing of anti-embolism stockings.

With respect to medicine incidents, benchmarking across Trusts demonstrates that the current Trust rate for incidents compares well. Delays in administration of high risk medicines including antibiotics should be avoided and this is being addressed.

It was noted that the Pharmacy Department had been awarded the BMJ Quality and Safety Award for their work on Medicines reconciliation.

**The committee noted the report and in particular the 18% reduction in antibiotic usage as a notable achievement. The committee requested more information on training for nurses in medicines and noted the issues around training for agency nurses.**

### **3.6 Q1 Risk Report – Trust-wide Summary (October)**

The successful outcome of the NHSLA level 3 assessment was highlighted which provides assurance to the Trust regarding risk processes.

**The committee congratulated all staff on their achievement of the NHSLA Level 3 assessment, recognising the huge amount of work required to achieve this and the assurances that this provides.**

### **3.7 Q1 Risk Report Maternity (Summary)**

Governance systems have been restructured in maternity following the CNST project and this includes three lines of reporting, namely – safety, experience and outcome that feed into relevant meetings.

**The quarterly report was noted with attention drawn to the new maternity governance structure which is linked to the Trust Values, for which the Committee commended the team.**

### **3.8 Monthly report on local quality indicators (Oct and Nov)**

The areas where the performance is rated red were discussed. These remained the same for November.

**The committee were concerned about the number of red areas but recognised some of the targets may be challenging.**

### **3.9 Mortality indicators**

The committee has discussed morbidity and mortality measures several times and a review is being undertaken by the Medical Director. The overall aim is to improve coding, especially around deaths, and maximise learning. There is no evidence for particular concerns however systems for improving measuring and monitoring will be pursued.

Work includes a review of mortality and morbidity meetings in the Trust – this highlighted the various approaches and will be discussed further, to include how they are linked to incident reporting and learning and how they might be used to confirm coding. Other work includes audits on notes where SHMI/HSMR (mortality indicators) has indicated higher than expected deaths, improving clinician engagement in coding and reviewing the information on deaths (e.g. discharge, death certificates).

### **3.10 Top Concerns from Medical Director and Nursing Director (Oct and Nov)**

The list of top concerns is a combination of issues raised by former Medical Director, Mike Anderson (MA), former Chief Nurse, Therese Davis (TD) and their successors ZP and EM.

**It was agreed that the Medical Director and Director of Nursing would review the cumulative list and resubmit an updated one summarising actions in place or intended**

### **3.11 Q2 update on Quality Objectives**

The Committee noted the update to the four quality priorities. There were discussions on two in particular, cases of preventable VTE and end of life care.

There were 2 preventable cases of VTE and the main contributory factors were a) thromboprophylaxis was indicated on discharge for one high risk patient but was not prescribed on discharge and b) five doses of thromboprophylaxis were prescribed for another patient but none were administered over a 5 day period. There is a joint working group with Pharmacy and Nursing looking at missed and late doses. Further work needs to be undertaken in relation to training of agency staff.

Re end of life care, 80% of patients with a record of end of life care preferences on the Coordinate my Care (CmC) database achieve their preferred place of dying and 40% die at home. The Trust has a close association with Trinity Hospice and Dr Sarah Cox, Consultant in Palliative Care at the Trust works there.

There were discussions about the average length of patient stay for dying patients in an acute setting and whether if another facility focused on palliative care was nearer home would patients opt for this and whether, if there is more demand for hospice type care the Trust can meet this. This will be followed up.

**The Committee noted the update to the four quality priorities and further information on end of life care was requested.**

### **3.12 CQC update – Intelligent Monitoring and Trust position (October)**

The committee received a brief overview of the new system of risk assessment and then a more detailed account of the ratings for the Trust.

The new C&W Trust rating for October 2013 in October identified two elevated risks (Maternity outlier alert: Elective Caesarean section rate and Whistleblowing alerts) and five areas identified as grade 1 risks (Never Event incidence, Potential under reporting of incidents causing severe harm or death, Inpatient Survey 2012 question 'Did you have confidence and trust in the nurses treating you?', Data quality of trust returns to the HSCIC and Composite risk rating of ESR items relating to staff turnover).

The actions being taken for data quality, the Composite Risk rating of ESR relating to staff turnover and the elective Caesarean section was described

The meeting with the CQC and the Chief Executive and Director of Nursing and Quality was described and the concern from the Trust in relation to some of the indicators and the reputational damage caused. The CQC agreed to provide a response relating to each category.

It was not felt that the overall assessment was reflective of Trust performance.

**In terms of future risks, the gaps in knowledge of the new system within the Trust will be addressed by the Information team and the Head of Quality and Assurance**

### **3.13 Out of hours – is there a risk? (Oct and Nov)**

Processes out of hours via the Hospital at Night Team have been discussed and this will be looked at further by the Medical Director and Director of Nursing.

The role of the Clinical Site Managers out of hours and correct use of the early warning system NEWS (National Early warning system) was noted and recent NEWS audits included parameters to assess adherence to the protocol with respect to identification, escalation and response both in and out of hours. The roles that support hospital out of hours to reduce variability and ensure more consistency in approach will be reviewed and this will be reported back in April 2014.

**The committee were assured that currently the data available does not suggest an increased risk out of hours but noted that this would continue to be monitored.**

### **3.14 Stress Report (November)**

The report highlighted the work taking place.

The incidence of stress is worsening rather than improving with 1:4 staff reporting being unwell through stress, and 20 – 65% of staff in two-thirds of measured areas reporting feeling unwell as a result of work-related stress. Figures for 2012 showed a deterioration over 2011.

Focus Groups have identified particular divisions and areas as problem areas and 'listening' groups have been set up with staff to find out what the principal causes of stress are and to identify themes in local areas as well as across the organisation.

The percentage of Health Care Assistants (HCAs) reported to be suffering from work related stress - from 20% in 2011 to 48% in 2012 - was noted. HCA turnover is highest in the Trust at 33.4% annually and with half of HCAs leaving in the first year.

Medical and Surgical wards commonly cite agency, sickness and turnover as a major cause of stress since they are not able to perform substantive without a full complement of staff

**The committee would like to see more emphasis on action rather than process with respect to addressing stress and also wanted future assurance from anonymised feedback that measures in place to support staff were satisfactory.**

### **3.15 Report from Trust Executive Quality Committee October**

The paper provides a summary of the key issues raised at the recent meetings.

Training for nurses and doctors in the competencies required to prevent 'never events' was discussed. Nurses are expected to be fit to practice. However this does not necessarily mean every nurse will be competent in all clinical tasks. 80% of nurse training takes place in the Trust indicating our responsibility for training.

The Director of Multi Professional Education will be invited to attend the Quality Committee since the Educational Strategy Board provides an opportunity to influence the local agenda.

**Changes to the Quality Committee are being considered as the agenda is so heavy. This is work in progress.**

## Board of Directors Meeting, 30 January 2014 (PUBLIC)

<b>AGENDA ITEM NO.</b>	3.4/Jan/14
<b>PAPER</b>	Monitor In-Year Financial and Governance Combined Return for Q3 2013/14
<b>AUTHOR</b>	Carol McLaughlin, Financial Controller
<b>LEAD</b>	Rakesh Patel, Director of Finance
<b>PURPOSE</b>	Compliance with Monitor's Compliance Framework 2013-14
<b>LINK TO OBJECTIVES</b>	Ensure Financial and Environmental Sustainability Deliver 'Fit for the Future' programme
<b>RISK ISSUES</b>	<p>The Trust is submitting a 'Green' Governance Risk Rating having met all of its clinical targets in Q3.</p> <p>The Trust has triggered 1 financial risk indicator per the Monitor template, as follows:</p> <ul style="list-style-type: none"> <li>• Capital expenditure &lt; 85% of latest plan for the year to date.</li> </ul> <p>Further detail is included in the capital section below.</p>
<b>FINANCIAL ISSUES</b>	<p>The Trust has achieved a year-to-date (YTD) Continuity of Service Rating (COSR) of 3 for Quarter 3 (Q3) of 2013/14, which is in line with plan. However it should be noted that the YTD EBITDA is £2.8m behind plan (6.7% actual compared to plan of 7.9%). Whilst the Trust implemented a detailed recovery plan at the end of Q1, not all of the planned schemes to reduce costs and maximise income have been fully successful and therefore the Trust anticipates not achieving the forecast surplus of £9.0m at the end of the financial year. The current Trust forecast is for a surplus of £5.0m and a COSR of 3.</p> <p>The main contributing factor for the Trust being behind plan is slippage in delivery of Cost Improvement Plans (CIPS), with the Trust is £3.3m behind on its CIP plan year to date. Over the last quarter of 13/14 the Trust is focusing on ensuring all remaining CIP schemes contribute fully to both the last three months of this financial year, and to achieve a full year effect into 2014/15.</p> <p>The cash position is £24m behind plan. The key issues are the following:</p> <ul style="list-style-type: none"> <li>• Outstanding debt from local authorities for GUM activity (£10m)</li> </ul>

	<ul style="list-style-type: none"> <li>• Outstanding NHS England funding for specialist Burns Unit (£3.1m)</li> <li>• Outstanding over performance income from NHS England (£1m)</li> <li>• Outstanding SLA and over performance invoices across a number of CCGs (£10m).</li> </ul> <p>The COSR rating is a 3 year to date against a plan of 3. Liquidity is a 4 as planned and the capital servicing ratio is a 2, however the actual liquidity score is 1.45x rather than the planned 1.69x due to the deficit against the planned surplus.</p>																									
<b>OTHER ISSUES</b>																										
<b>LEGAL REVIEW REQUIRED?</b>	No.																									
<b>EXECUTIVE SUMMARY</b>	<p><b><u>Governance Declaration</u></b></p> <p>The Board is asked to authorise a GREEN declaration with respect to its governance risk rating having met all of the targets for Quarter 3 2013/14.</p> <p>In the third quarter of 2013/14, there were elections to fill vacant posts on the Council of Governors (see Appendix 1 for a full breakdown of all these changes). There were no changes in the composition of the Board of Directors in the quarter.</p> <p><b><u>Finance</u></b></p> <p>The Trust recorded a COSR of 3 YTD at Quarter 3 compared to a plan of 3.</p> <p>The individual components of the rating and the plan at Quarter 3 are shown in the table below:</p> <table border="1" data-bbox="400 1509 1370 1742"> <thead> <tr> <th></th> <th>M9 Actual Score</th> <th>M9 Actual Rating</th> <th>M9 Planned Score</th> <th>M9 Planned Rating</th> </tr> </thead> <tbody> <tr> <td><b>COSR Rating</b></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Capital Servicing Capacity</td> <td>1.45x</td> <td>2</td> <td>1.69x</td> <td>2</td> </tr> <tr> <td>Liquidity</td> <td>5.4</td> <td>4</td> <td>8.2</td> <td>4</td> </tr> <tr> <td><b>Total Rating</b></td> <td></td> <td><b>3</b></td> <td></td> <td><b>3</b></td> </tr> </tbody> </table> <p>The underperformance against the capital servicing capacity ratio is due to the reduced surplus available to cover the Trust's planned loan repayments, which fall due in Q1 and Q3.</p> <p>The YTD financial performance for the Trust at Quarter 3 is summarised in</p>		M9 Actual Score	M9 Actual Rating	M9 Planned Score	M9 Planned Rating	<b>COSR Rating</b>					Capital Servicing Capacity	1.45x	2	1.69x	2	Liquidity	5.4	4	8.2	4	<b>Total Rating</b>		<b>3</b>		<b>3</b>
	M9 Actual Score	M9 Actual Rating	M9 Planned Score	M9 Planned Rating																						
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<b>Total Rating</b>		<b>3</b>		<b>3</b>																						

the table below:

	Plan YTD	Act YTD	Var YTD
	£m	£m	£m
Operating Revenue	259.8	266.0	6.2
Employee Expenses	(134.4)	(138.9)	(4.5)
Other Operating Expenses	(113.6)	(118.2)	(4.6)
Non-Operating Income	0.1	0.1	(0.0)
Non-Operating Expenses	(8.4)	(8.5)	(0.1)
Surplus/(Deficit)	3.5	0.5	(3.0)
Net Surplus %	1.4%	0.2%	-1.2%
Total Operating Revenue for EBITDA	258.8	265.0	6.2
Total Operating Expenses for EBITDA	(238.3)	(247.3)	(9.0)
EBITDA	20.5	17.7	(2.8)
EBITDA Margin %	7.9%	6.7%	-1.23%
Capex (Cash Spend)	(27.9)	(14.2)	13.7
Net Cash Inflow / (outflow)	(7.4)	(31.4)	(24.0)
Period end cash	34.2	10.2	(24.0)
CIP	11.9	8.6	(3.3)
COSR	3	3	0

*NB: There are a number of items excluded from both revenue and expenses that are not included in the EBITDA calculation.*

As at the end of Q3 the Trust reported a surplus of £0.5m against a plan of £3.5m with an EBITDA of £17.7m (6.7%) against a plan of £20.5m (7.9%).

The YTD Q3 performance of a £8.9m actual surplus (from operations) against an £11.8m planned surplus (from operations) has been largely driven by under-achievement of Trust CIP plans (£3.3m) and under-performance on Private Income (£0.5m) from Q1. These are offset by over-performance in NHS & Local Authority (GUM) Clinical Revenue, although it should be noted that there continues to be high levels of excluded drugs income in relation to HIV ARV drugs. Temporary staffing and Consultancy costs (largely offset by recharge income) are also impacting on the YTD Q3 position.

The achieved Q3 CIPs for the Trust are in the table below. This was against a Q3 plan of £4.5m and thus under-achievement of £0.8m, representing deterioration from Q2 performance.

<b>Monitor Return Category</b>	<b>Q3 Actual</b>
Revenue Generation	1.471
Pay Expense savings CIP recurrent	1.369
Drugs Expense savings CIP recurrent	0.065
Clinical Supplies savings CIP recurrent	0.378
Non-Clinical Supplies savings CIP recurrent	0.461
	<b>3.743</b>

### **Statement of Comprehensive Income**

#### **NHS Clinical Revenue**

NHS Clinical revenue was £10.6m behind plan in Quarter 3, which is primarily driven by a classification correction of £10.5m for the year to date Sexual Health clinical income, which is commissioned by Local Authorities in 2013/14 and therefore is now reported under other Non-Mandatory/Non protected clinical revenue. The underlying overall clinical revenue was therefore £0.1m behind plan in the quarter. Planned admitted patient care activity was £0.6m behind plan in the quarter, with a £0.8m under-performance in Elective activity partly offset by a £0.2m over-performance in Day Case income. The under-performance is primarily driven by lower activity than planned over the Christmas period; under-performance in trauma & orthopaedics due to planned increase in income due to new consultant appointments not being met; reduction in dermatology phototherapy activity due to staffing and recruitment issues; and continued adverse variance in bariatric surgery due to a change in commissioning criteria in 2013/14. The main over-performing specialities in the day case setting continue to be paediatric dentistry to address waiting list pressures and rheumatology.

The Trust reported a £0.7m adverse variance against plan for non-elective income in the quarter, which comprised of lower levels of emergency and obstetrics inpatient activity than planned resulting in under-performance on activity, but a partly offsetting benefit due to improvements against locally agreed and national commissioner productivity and efficiency metrics aimed at reducing emergency admissions, length of stay and readmissions within 30 days.

Outpatient income was £9.7m behind plan in Q3, due to a reclassification of £10.5m of GUM outpatient income commissioned by Local Authorities from NHS Clinical Income to other non-mandatory/ non protected clinical revenue. The underlying position for outpatient income is therefore an over-performance of £0.8m in Q3, primarily driven by continued higher activity than planned in paediatric dentistry to address waiting list pressures, ophthalmology and pain management as well as a benefit due to an improvement in the quarter for outpatient new to follow up ratios. A&E and UCC activity was £0.1m behind plan in the quarter, due to lower activity than planned over the winter period, also resulting in lower non-elective admissions.

Other NHS income reported a £0.6m favourable variance in Quarter 3, which

was primarily driven by higher levels of excluded drugs and devices usage in the quarter compared to plan (£1.0m), which is offset by expenditure. Underlying other NHS income is therefore reporting an adverse variance in the quarter.

#### **Other Non-Mandatory/Non protected revenue**

Other Non-Mandatory/Non-Protected income over-performed by £10.1m in Q3 due to the reclassification of income in relation to GUM activity being allocated from NHS Clinical Income, due to Local Authorities being the commissioner (the plan remains with NHS Clinical Income). In addition, there was further under-performance in the NHS Personal Injury Scheme and an improvement in amenity bed utilisation.

#### **Income from non-NHS sources (formerly Private Patient Income Cap)**

At the end of Q3 the Trust generated £9.5m of private patient income, resulting in no risk to breaching the revised definition for private patient income (ensuring that the income received from providing goods and services for the NHS is greater than income from other sources). This income level represents under-performance against plan (£0.5m) to the end of December 2013, although this underperformance all fell within Q1. Q3 performance has been on plan, due to high Private Maternity activity, ACU performance (price and activity driven) and Overseas income (price and activity driven), offset by under-performance in general adult private patient specialties.

#### **Other Operating Income**

Research & Development Income and Education & Training Income were ahead of plan in Q3, with the main contributing factor being a further quarter's additional SIFT income in relation to an increase in student numbers. The other main variances are the result of the continued reclassification of salary recharges from net to gross accounting (as outlined in the Q2 return), this has accounted for c£0.7m of movement increasing pay expenditure, but also increasing income. In addition there were some benefits from releasing prior year deferred income (against prior quarter costs) and continued income streams in respect of invoicing for C&W incurred consultancy for West Middlesex acquisition work.

#### **Operating Expenditure**

Operating Expenditure within EBITDA was £3.0m higher than plan during Quarter 3. The key variances are as follows:

**Employee Benefits (£1.9m over-spent):** A large element of the over-spend is due to the reclassification (during Q2) in the accounting for recharged staff costs, where the Trust has moved from the netting off of salary recharges invoiced to other organisations, to the grossing-up of staff costs, where the invoicing is now coded to operating income (this accounts for £0.7m in Q3 and £1.9m YTD). There is also a cost pressure as the result of use of temporary staff to cover vacancies, with the premium of bank/agency costs

resulting in an over-spend in Q3 and YTD.

**Drugs Costs (£0.1m over-spend):** There is a large overspend in relation to HIV ARV excluded drugs, due to the continued growth new HIV diagnosed patients; however the costs are fully offset by income, as the HIV contract reimburses these costs as pass-through payments. Most of the other drug categories are underspent, resulting in a small over-spend in the quarter.

**Clinical Supplies (£0.6m overspend):** The adverse position is across a number of clinical supplies categories, combined with CIP slippage on some procurement led initiatives. Pathology costs have continued to increase, with the main specialty (Sexual Health) that drives these costs seeing increased activity.

**Other Raw Materials & Consumables (£0.4m under-spent):** There was a rent rebate in Q3 following a detailed review with external contractors (related to prior years) that resulted in an underspend against budget in the quarter.

**Other Operating Expenditure (£0.7m over-spend):** An increase in Consultancy usage has resulted in the over-spend position within this cost category, although an element of this is offset by income in relation to financial/due diligence work in relation to the planned acquisition of West Middlesex. There are also benefits from bad debt provision releases in relation to 2013/14 income provisions no longer required.

**CIP (£0.8m below target):** The Trust set a CIP target for 2013/14 of £16.9m and has achieved £3.7m in Q3 against a plan of £4.5m; the year to date position is delivery of £8.6m at the end of Q3, against a plan of £11.9m. The table below shows the Q3 and year-to date position.

CIP as Per Monitor Template	Q3			YTD		
	Plan	Actual	Variance	Plan	Actual	Variance
Revenue Generation	1.138	1.471	0.333	2.983	3.005	0.023
Pay Expense savings CIP recurrent	1.302	1.369	0.067	3.412	3.220	(0.192)
Drugs Expense savings CIP recurrent	0.075	0.065	(0.010)	0.197	0.195	(0.002)
Clinical Supplies savings CIP recurrent	0.530	0.378	(0.152)	1.389	0.930	(0.460)
Non-Clinical Supplies savings CIP recurrent	1.497	0.461	(1.036)	3.922	1.205	(2.717)
<b>Sub-Total</b>	<b>4.542</b>	<b>3.743</b>	<b>(0.799)</b>	<b>11.902</b>	<b>8.555</b>	<b>(3.348)</b>

With CIP under-performance being the main contributing factor to the YTD Q3 position, financial recovery plans and regular performance review meetings have been held between the Executive and Divisional management teams over the last few months. Whilst these have not been able to fully recover the financial plan to a breakeven position against plan, there have been improvements in the run rate of temporary staffing used and non-pay discretionary spend categories through Q3 that are forecast to continue through Q4 and into 2014/15.

### **Statement of Financial Position**

#### **Property, Plant and Equipment**

Capital spend in Q3 is reported at £6.8m against the planned capex of £19.9m i.e. 66% behind the plan in Q3 and 49% behind the year to date plan. This outcome has triggered the reforecast of cash flow forecast for the Trust by going over the tolerance level of +/- 15% of Monitor's capex financial indicator.

Capital spend in Q3 is profiled in the capex table (below) by Monitor categories.

The Trust is ahead of the plan by £0.5m on maintenance expenditure. Within this variance the Trust has incurred expenditure of £0.4m on Energy Efficiency; two PDC funded schemes. These schemes were approved after the submission of Monitor plan. The remainder is spent on a number of smaller maintenance schemes.

Expenditure incurred on other property plant and equipment category is ahead of plan by 26%. Schemes in progress are Adult Burns, Midwifery Led Unit and Dean Street Express. These schemes are due to complete in Q4.

Capital spend on both information technology and purchase of intangible assets is 16% behind plan. IT expenditure is mainly driven by LastWord Development and Electronic Document Management (EDM). The Trust has been awarded PDC funding of £0.3m (0.225m in 2013/14) for Safer Hospitals Safer Wards (SHSW) Technology Fund project and is also awaiting approval from the department of Health for another IT Scheme.

The planned equipment replacement programme is approved and significantly underway. The YTD spend on Plant and Equipment is £2.9m against planned capex of £4.3m, 31% behind plan..

### **Property Plant and Equipment including Intangibles Capex at Q3**

<b>Monitor Scheme Categories</b>	<b>Q3 Budget £'m</b>	<b>Q3 Actual £'m</b>	<b>Q3 Var £m</b>	<b>Q3 Var %</b>
Property - New land, buildings or dwellings	14.000	0.000	14.000	100%
Property - Maintenance expenditure	0.235	0.704	(0.469)	-200%
Plant and equipment - Information Technology	0.893	0.809	0.084	9%
Plant and equipment - Other equipment	1.017	0.549	0.468	46%
Property, plant and equipment - Other expenditure	3.442	4.352	(0.910)	-26%
Purchase of Intangible Assets	0.291	0.190	0.101	35%
<b>Grand Total</b>	<b>19.878</b>	<b>6.604</b>	<b>13.274</b>	<b>67%</b>

### **Receivables and Other Current Assets**

Receivables and other current assets (£45.8m excluding cash) are £21.8m above plan as at 31st December 2013. The key variance against plan is in NHS trade receivables, which are £22.6m higher than plan. The factors causing this variance are the following:

- The change in commissioning of GUM activity from PCTs to Local

Authorities – this has meant that activity that would previously have been paid for as part of the monthly SLA block payments is now being invoiced retrospectively, thus affecting cash flow. Local Authorities continue to be slow to pay invoices, causing an adverse impact on the cash position, although the Tri-borough Public Health Service has now paid invoices up to Q2. The value of debt relating to GUM activity as at Q3 is approximately £10m (of which £8m has been billed and the remainder accrued). This issue is being escalated by contact at Director of Finance level with Local Authorities to ensure payment in Q4.

- The change in the NHS commissioning landscape from 1<sup>st</sup> April 2013 also continues to cause delays in payment for monthly SLA invoices, since some CCGs have been part-paying monthly invoices on the basis that contracts have not yet been signed. At the time of writing all but one contract has been agreed, therefore the Trust believes there should be no reason for invoices not to be paid and is pursuing outstanding payments vigorously. During January NW London CSU has indicated that they will begin paying over performance invoices for the first two quarters, therefore it is anticipated that this will result in other CSUs following this lead.

The issues outlined above have contributed to a higher than planned value of debt > 90 days as at Quarter 3. Of the balance >90 days old (£11.3m), £3m relates to grant income from NHS England relating to the Adult Burns capital development – this funding was agreed in 2012/13 and is now being negotiated at Executive level with payment expected prior to year-end. A further £2m relates to GUM invoices to Local Authorities and £1.6m relates to NHS West London CCG over performance and outstanding SLA payments – both are being actively pursued for payment in Q4.

The remaining £4.7m is a combination of outstanding CCG invoices (£2.6m, expected to be paid in Q4), invoices to Welsh and Scottish Health Boards (£0.8m which is fully provided for) and other miscellaneous debt (£1.3m, also actively being pursued for collection in Q4).

#### **Trade and Other Payables – Current**

The total of trade and other payables, accruals and other current liabilities is £37.8m at the end of Quarter 3, which is £2.4m above plan. This is mainly due to trade payables being above plan in the quarter however this is due to a timing difference in payment of the Trust's pathology SLA invoices and will be resolved in Quarter 4.

#### **Cash Flow**

The cash balance at the end of Quarter 3 is £10.2m, which is £24m below plan. The key reason for cash being below plan is the adverse position on NHS and Local Authority debtors explained above, together with the I&E deficit position (£3m adverse).

	<p><b><u>Finance Declaration</u></b></p> <p>The Trust has achieved a COSR of 3 YTD at the end of Quarter 3 of 2013/14 compared to a plan of 3.</p> <p>The Trust has triggered one financial risk indicator in Quarter 3 as described above.</p>
<p><b>DECISION/ ACTION</b></p>	<p>The Board is asked to;</p> <ul style="list-style-type: none"> <li>• Approve submission of the in-year financial reporting return Quarter 3 2013/14 to Monitor.</li> <li>• Approve the commentary for submission to Monitor.</li> <li>• Approve the In Year Governance Statement (attached) which includes: <ul style="list-style-type: none"> <li>○ Approve the Finance declaration that the Trust will continue to maintain a <b>Continuity of Service Rating</b> of at least 3 over the next 12 months.</li> <li>○ Approve the Governance declaration that the Board is 'satisfied that plans in place are sufficient to ensure: ongoing compliance with all existing targets (after the application of thresholds) as set out in Appendix A of the Risk Assessment Framework; and a commitment to comply with all known targets going forwards'.</li> </ul> </li> </ul>

## Appendix 1

In the third quarter of 2013/14:

### I. ELECTIONS

There were elections to fill posts on the Council of Governors.

### II. BOARD OF DIRECTORS

There were no changes in the composition of the Board of Directors.

### III. COUNCIL OF GOVERNORS

#### a. Retirements and Resignations

##### i. Elected

Status of vacancies filled at election in December 2013.

Category	Constituency	Status at 30 December	First Name	Last Name	Start Date of Office
Patient		Filled	Dr Anthony	Cadman	06/12/2013
		Filled	Angela	Henderson	06/12/2013
Public	Westminster Area 2	Filled	Melvyn	Jeremiah	06/12/2013
	Westminster Area 1	Filled	Martin	Lewis	06/12/2013
	Wandsworth Area 1	Filled	Tom	Pollak	06/12/2013
Staff	Allied Health Professionals, Scientific and Technical	Filled	Caroline	Fenwick	06/12/2013
	Contracted	Filled	Rochelle	Gee	06/12/2013
	Nursing and Midwifery	Filled	Kathryn	Mangold	06/12/2013

Constituency	Date of Election	Number of candidates nominated in each constituency	Number of votes cast in each constituency	Number of eligible voters	Turnout (%)
Patient	06/12/2013	12	581	6,241	9.30%
Public: Wandsworth Area 1	06/12/2013	2	35	343	10.20%
Public: Westminster Area 1	06/12/2013	1	Uncontested	Uncontested	Uncontested
Public: Westminster Area 2	06/12/2013	1	Uncontested	Uncontested	Uncontested
Staff: Allied Health Professionals, Scientific & Technical	06/12/2013	1	Uncontested	Uncontested	Uncontested
Staff: Contracted	06/12/2013	1	Uncontested	Uncontested	Uncontested
Staff: Nursing and Midwifery	06/12/2013	2	95	1,142	8.30%
<b>OVERALL TURNOUT</b>			<b>711</b>	<b>7726</b>	<b>9.20%</b>

**ii. Stakeholders**

There were no changes.

**b. Appointments (stakeholder)**

There were no changes.

**Board of Directors Meeting, 30 January 2014 (PUBLIC)**

<b>AGENDA ITEM NO.</b>	3.5/Jan/14
<b>PAPER</b>	Review of Strategic Objectives, Board Assurance Framework and Risk Report Q3
<b>AUTHOR</b>	Layla Hawkins, Interim Head of Corporate Affairs Cathy Mooney, Director of Quality Assurance
<b>LEAD</b>	Tony Bell, Chief Executive
<b>PURPOSE</b>	The purpose of this paper is to advise the Board on progress against our broad strategic plans and advise on relevant risks
<b>LINK TO OBJECTIVES</b>	Strategy
<b>RISK ISSUES</b>	As described in the attached
<b>FINANCIAL ISSUES</b>	As described in the attached
<b>OTHER ISSUES</b>	None
<b>LEGAL REVIEW REQUIRED?</b>	No
<b>EXECUTIVE SUMMARY</b>	This paper outlines progress on the strategic objectives and other relevant risks
<b>DECISION/ ACTION</b>	The Board is asked to note progress

## BOARD ASSURANCE FRAMEWORK 2013/14

The Annual Report 2012/13 set out some broad strategic plans for 2013/14 due to the unprecedented changes to the NHS following the implementation of the Health and Social Care Act.

As the Trust vision has evolved over the past financial year, and because the plans listed within the report complement the 2012/13 strategic plans, the last BAF reported to the Board has been updated to provide assurance on the management of risks defined at that time and associated with that objective. Risk Reports have been provided on a quarterly basis.

The Trust vision is now in its final stages of agreement and a new BAF that aligns to the strategic vision will be presented at the next public Board of Directors meeting.

Strategic Objective 1: Maintaining and developing our key clinical specialties	Quarterly Performance Against Objectives Q3	On/Off Trajectory	BAF Risk (red and orange risks only)
a) Maintain our key specialties (W&C, HIV, Burns, A&E, Surgery) to secure our future both in terms of financial sustainability and reputation (DRa)	The Trust remains fully engaged in all key external discussions pertinent to our key specialties. There are no current risks and then add the trust is currently progressing a refresh of its clinical strategy which will underpin the development and implementation of the trusts vision and strategy for the next period	On	No
b) Engage fully in the <i>Shaping a healthier future</i> public consultation on service reconfiguration in North West London and develop the Trust's response to ensure the best outcome for Chelsea and Westminster, which would be Option A (TB/DRa)	The Independent Reconfiguration Panel approved Option A. Work has progressed on the SaHF business case for implementation which is due for review by the FIC in February and Board in March	On	No - Option A agreed
c) Support services that are subject to externally driven opportunities and challenges including HIV, Cancer and Burns because there is a drive in North West London and across London for greater centralisation of specialist services (DRa)	The Trust is actively engaged in key developments around cancer networks, HIV centralisation and Burns facility designation process and Specialist Commissioners have supported the development of adult burns redevelopment and the Trust hosts the network	On	No
d) Influence the review of tertiary Paediatrics in North West London to secure a positive outcome for patients and Chelsea Children's Hospital (TB/DRa)	The Trust is in active dialogue with specialist commissioners and partner organisations across a range of specialties and the Chelsea Children's	On	No – As per Q3 Risk Report

	Hospital will have a high profile Royal opening March 2014		
e) Develop a high quality clinical space to accommodate diagnostic services in a single location in the hospital—the Diagnostic Centre will be developed this year with capacity to accommodate the anticipated growth in demand for endoscopy services <b>(DRa)</b>	Development opened February 2013	On	No

**No designated Red or Orange risks – 1b and 1d downgraded**

Strategic Objective 2: Exploring opportunities for growth	Quarterly Performance Against Objectives Q3	On/Off Trajectory	BAF Risk (red and orange risks only)
a) Work in collaboration with partners in North West London on a number of priority projects through the Imperial College Health Partners <b>(ZP)</b>	The partnership has successfully applied to become an Academic Health Science Network; Adrian Bull has been recruited as CEO. A detailed work programme is under discussion and MD attending all meetings.	On	No
b) Proactively develop business propositions in areas that are likely to grow in the years to come including community services <b>(DRa)</b>	<p>Future developments being developed and prioritised through 14-15 High Quality Planning</p> <p>Our 13-14 developments are proceeding albeit with a degree of slippage with the Burns expansion and redevelopment due in the next 2 weeks, MLU about to open, likewise Dean Street Express</p> <p>Secured MSK tender and developing bids to secure further opportunities</p> <p>Work underway to develop an ACO and integrated care proposals with outline support from commissioners secured</p>	On	No
c) Grow private patient income through short-term and long-term opportunities, following changes to the cap on private patient activity <b>(LB)</b>	Commercial Director appointed to lead private patients work in Nov. Delay in carving out theatre capacity is main constraint to in year activity increase. Plan of action agreed with Clinical Support Division to ensure one point of PP contact for consultants and to guarantee theatre and radiology slots for requested procedures, working up to a level of activity that will support dedicated theatre and radiology sessions. Prioritised growth plan options and required facilities required by 30/04/14 via the PP strategy group.	Off	Yes
d) Respond to tenders from commissioners and initiate service developments in line with our strategic priorities, with the aim of growing and strengthening our service portfolio <b>(DRa)</b>	Responded to tenders eg termination of pregnancy Tenders are brought to the wider executive group on a fortnightly basis	On	No

2B downgraded

**Designated Red and Orange risks**

Ref	Principal Risks	Key Controls	Assurances on Controls	Gaps in Control	Gaps in Assurance	Initial Risk Rating	Current Risk Rating	Target risk rating	RR Ref
	<i>What could prevent this objective being achieved</i>	<i>What controls/systems are in place to assist securing the delivery of our objective</i>	<i>Where can we gain evidence that our controls/systems, on which we are placing reliance, are effective. Indicate if management, internal audit or external assurance.</i>	<i>Where are we failing to put controls/systems in place/where are we failing to make them effective</i>	<i>Where are we failing to gain evidence that our controls/systems on which we place reliance are effective</i>				
2c	Operational enablers to deliver growth required	Commercial Director in post to drive Private Patient agenda and income, reporting to Chief Financial Officer.  Restructure of the provision of private patients to provide best service possible for patients.	Management systems in place eg PP Strategy Group, Execs  Finance report contains update on private patient income	Ensuring that all issues regarding slot availability are managed by PP manager as one point of contact instead of direct communication between theatre staff and consultants.  Dedicated finance support is being recruited to now.  Commercial directorate with appropriate support for overseas work to be presented to Feb FIC and in place by 1 <sup>st</sup> April 14.  Capital refresh of Chelsea Wing required when optimal service mix determined.	Additional daily/weekly reporting on PP activity delivery and order book at Exec level will commence w/b 27/01.  Escalation of slots turned down or cancelled direct to CEO/COO	Orange	Red	Green	880

Strategic Objective 3: Ensuring Sustainability	Quarterly Performance Against Objectives Q3	On/Off Trajectory	BAF Risk (red and orange risks only)
<p>a) Develop and embed our values through the 'It's who we are' project to improve the patient and staff experience <b>(EM/SY)</b></p>	<p>We have embedded the values into all our induction and training programmes including 'Essence of Care' and new nurses' development programme. The values are clearly linked to our work to improve patient experience and using feedback from patients to understand how we can improve. Recruitment interviews and assessment centres use the Trust values as a basis to establish a good 'fit' with the organisational culture.</p> <p>The patient and staff experience committee oversee this work and we have developed a set of questions and expected examples of practice that managers can use in appraisals to discuss the Trust values. We have included the Trust values into our programme of patient feedback alongside the friends and family test, and include questions about the values in our staff 'spotlight' surveys. We have adopted a 'You said we did' approach to the Spotlight survey results to ensure our staff are valued and listened to.</p> <p>There is a values section on our appraisals form and staff need to evidence this as part of their satisfactory performance for incremental progression (along with mandatory training etc). We have also incorporated values into our HR policies.</p> <p>The Trust has appointed a Lead for Patient and Staff Experience to drive this work and keep our focus on Trust values and aligning all aspects of our services to these.</p> <p>The Trust ran a Patient Experience Summit in June 2013 to bring together 150 staff and key stakeholders to focus on our patient experience</p>	On	Yes

	<p>intelligence and to develop our 'Always Events' related to the Trust values.</p> <p>We have developed a kindness project, supported by the Chelsea and Westminster Health Charity, to understand what kindness means to patients, carers and staff. These will be developed by a poet to communicate these in our public spaces in the Trust.</p> <p>Our outpatient team are working with McKinsey on a service improvement programme which embeds the Trust values as fundamental to customer service.</p> <p>We have been successful in a bid to run a managers coaching programme to enable managers to coach their staff in softer aspects of care delivery including attitude and communication.</p>		
<p>b1) Maintain financial and environmental sustainability <b>(LB)</b></p>	<p>The delivery of the financial plan is off trajectory at the end of Q3</p> <p>Development of cohesive Estates Strategy</p> <p>Building relationships with Local Authority commissioners eg sexual health</p> <p>Continued work to develop OBCs for potential strategic partnerships</p> <p>Exploring other partnership opportunities</p>	Off	Yes
<p>b2)* Focus on the potential sharing of 'back office' functions with other partner organisations <b>(LB)</b></p> <p>*These objectives have been split for greater clarity</p>	<p>Joint Procurement Director with RMH continues to review all back office opportunities</p> <p>LB leading a group to look at all our back room functions and opportunities for partnership (not just the Fulham Road)</p> <p>For IT shared services the project is underway</p>	On	No

	For procurement, recruitment is on-going for the joint team with RMH		
c) Drive efficiency by building on the successful first wave of service line reviews <b>(LB)</b>	Service line reviews halted due to other strategic priorities and focus on developing clinical strategies at service line level for business planning. We will build a Trust-wide quality and efficiency improvement programme as the underpinning for our 5 year CIP and quality improvement delivery.	Off	Yes

### 3a and 3b2 downgraded

### Designated Red and Orange risks

Ref	Principal Risks	Key Controls	Assurances on Controls	Gaps in Control	Gaps in Assurance	Initial Risk Rating	Current Risk Rating	Target risk rating	RR Ref
	<i>What could prevent this objective being achieved</i>	<i>What controls/systems are in place to assist securing the delivery of our objective</i>	<i>Where can we gain evidence that our controls/systems, on which we are placing reliance, are effective. Indicate if management, internal audit or external assurance.</i>	<i>Where are we failing to put controls/systems in place/where are we failing to make them effective</i>	<i>Where are we failing to gain evidence that our controls/systems on which we place reliance are effective</i>				
3 b1	Delivery of CIP Delivery of income growth Local Authority commissioning of sexual health services and agreement of payment for activity	Control totals have been set for each Division and corporate department  Fortnightly financial recovery meetings monitor progress against divisional plans. Additional controls over	Delivery of financial plan	Turnaround process instituted led by COO/CFO/DF which will track centrally cost reductions mandated through recovery meetings and weekly case mix activity to ensure income plan delivered for remainder of the year.  Evidence of holding to	Financial plan at this point in the financial year	Orange	Red	Yellow	881

		<p>temporary staffing, discretionary non-pay and minimising contractual penalties have been agreed with oversight from named Executive. Weekly review at execs</p> <p>Further central controls in place with oversight from executives</p>		account for actions agreed.						
3c	<p>Lack of engagement from services for service line reviews and lack of follow through on implementation leading to no change</p>	<p>Facilitators identified</p> <ul style="list-style-type: none"> <li>- clinicians</li> <li>- strategy</li> <li>- Performance</li> <li>- Finance</li> </ul> <p>Been trained. Overseen by COO and Director of Finance to ensure progress</p> <p>Clinical summit held Dec 2013</p>	<p>SLR and more detailed EBITDA information has now been issued to divisions and discussed at wider Executive. EBITDA improvement targets to be issued as part of the financial planning round</p>	<p>Trust-wide quality and efficiency programme chaired by CEO based on bottom-up review of clinical and admin processes by service line to be established as basis for 5 year strategic quality and efficiency (CIP) delivery programme. Requires redesignation of PMO resource and transformation funds to invest in strategic partner to deliver lean transformation across hospital and out of hospital pathways, clinical lead sessions and finance support.</p>		Orange	Orange	Yellow	803	

## RISK REPORT QUARTER 3 DECEMBER 2013 UPDATE

The risks below are those that are rated orange or above, identified from Board reports and previous Board Assurance Frameworks. Risks not on this report have been mitigated or superseded by subsequent reports

### Risks from board reports Q4 12/13 and Q3 13/14

*Updates from Q2 13/14 are in italics and bold. There were no new risks from Board reports in quarter 3.*

Date	Source	Risk(s) Identified (Description)	Controls/actions	Risk Register ID and grade
July 13	Papers to Board 2.1/Jul/13 Finance report (Public)	Risk of Trust not delivering financial plan. <b>Risk Rating: Impact 4 – Loss of between £1 and £4m).</b>  Likelihood 3 – Possible Total Rating <b>RED</b>	Control totals have been set for each Division and corporate department. Fortnightly financial recovery meetings monitor progress against divisional plans. Additional controls over temporary staffing, discretionary non-pay and minimising contractual penalties have been agreed with oversight from named Executive.  <b>Further central controls in place with oversight from executives. Risk changed to red</b>	<b>Red (increased from orange) 880</b>
Apr 2013	Papers to Board 13/14 PRIVATE	<b>Trust Budget and Business Plan 2013/14</b>  Transfer of £19m of sexual health services to local authority commissioning brings a risk of reduced margin. Potential risk of £.1.1m to the financial plan if sexual health services are not funded at the 2013-14 non-mandatory tariff	This risk is in relation to local authority commissioning of sexual health services. The value of the risk has reduced to £0.5m from £1.1m.  The Trust is continuing to engage with commissioners and has proposed alternative quality based incentive schemes to CQUINs. <b>The Trust has billed local authorities for the first 9 months and payment is being actively pursued for resolution.</b>	Orange 862
Mar 2013	Papers to Board 12/13	<b>Trust Budget and Business Plan 2013/14</b> 1. Transfer of £19m of sexual health services to local authority commissioning brings a risk of reduced margin.	Sexual health commissioning is covered is covered in risk 862	Orange 881
		2. CIP delivery is high risk with £2.4m recurrent gap carried forward from 12/13 and only 66% of 13/14 target identified at time of report.	<b>CIP delivery- at the end of December 2014 £4.7 (TBC) CIPs were not delivered. Mitigating schemes as part the financial recovery have been identified to bridge this gap. (see above)</b>	Orange 881

		<p><b>3.Cash risk with potential impact on ratings on all commissioning contracts for April and May due to delay in contract agreement.</b></p>	<p>Cash risk- this risk is graded Orange (881). <b>The position as at 31<sup>st</sup> December was that there was approx. £11m outstanding with CCGs and £2.6m outstanding with NHSE. This represents outstanding SLA billing to M9 and over performance billing to M6 for the CCGs, and over performance to M6 for NHSE (they have paid their monthly SLA invoices).</b></p>	<p>Orange 881</p>
Feb 2013	Papers to Board 12/13	<p><b>Finance and Capital Plans for SAHF Reconfiguration</b></p> <p>1. The 'Do minimum' build, which forms the basis of the NPV evaluation for the capital requirement is not the preferred design solution though it is technically feasible. The Executive Directors have assurance from the NWL Programme sponsor that we will not be held to deliver this solution and there will be a fair risk share on any capital spend above the 'Do Minimum'. (cf Paragraph 13).</p> <p>2. The outline timetable is too ambitious and the phasing of the Chelsea and Westminster build vis a vis the St Mary's build need to be more aligned. (cf Paragraph 14)</p> <p>3. Alternative options for the local hospitals have been considered and are preferred in principle but these involve builds up to 6 times the level of the Do Minimum Capital Investment and would require a cumulative additional efficiency of 5% by 17/18 to maintain the target 1% net surplus position. The affordability to the whole reconfiguration plan therefore depends on the outcome of the next phase of OBCs and FBCs to be worked up by individual trusts. (cf Paragraph 20 – 23)</p>	<p>This risk is subject to the SaHF business case being developed during 2013/14.</p> <p><b>The outline business case is to be issued mid February</b></p>	<p>Orange 863</p>

**Orange and red risks from risk register relating to previous BAF and from papers to the Board in 12/13**

Date	Source	Risk(s) Identified (Description)	Controls/actions	Risk Register ID and grade
Apr 12	Papers to Board 12/13	<p><b>Inpatient Survey 2011</b>                      Reputational risk due to poor results on the inpatient survey. Also demonstrates potentially poor care.</p>	<p>The patient and staff experience committee is now established. A patient experience lead has been appointed to take forward key objectives within the patient and staff experience action plan. Real time and quarterly patient surveys are now in place to allow closed monitoring and action planning to address areas of poor performance                      Trust values and linked behaviours have been developed and have been launched. Values have been sent to all staff and teams and departments have identified behaviours Values have been included in the quality planning process, incorporated into appraisals and work in on-going to incorporate into other HR processes such as recruitment. <b>Remains orange until next survey results</b></p>	Orange 783
April 11- June 11	Papers to Board 11/12	<p><b>SUI Report – gynaecology death</b>                      Risk of not having timely consultant reviews. Audit showed performance could improve.</p>	<p>The incident review actions were:</p> <p>To introduce a system (amend the rotas) to ensure that patients admitted to gynaecology as an emergency are seen by a consultant at the earliest opportunity. Ideally this should be within 12 hours and should not be longer than 24 hours.</p> <p>Documentation of the first consultant review should be clearly indicated in the clinical records and be subject to 6-monthly audit, or until assurance is provided to the Divisional Board that this is in place.</p> <p><b>Update on Consultant Attendance Emergency</b></p> <p>The last formal audit was July 2012 where 91% of women admitted were seen within 24 hours and 62% were seen within 12hrs with continuing improvement from previous years (78% and 48% respectively for 2011).</p> <p>There has not been a repeat formal audit since July 2012 . There is directorate priority to meet new pan London commissioning standards for Consultant review of emergency admissions within 12</p>	Orange 715

			<p>hours.</p> <p>Currently day time Emergency Consultant cover is provided by consultants from a rota where sessions are either providing care in an SPA or from other clinical sessions. However since July 2012 3 dedicated day time emergency gynaecology sessions have been resourced from new appointment and locum consultant sessions. These sessions are highly regarded with improvement in teaching, quality of care and responsive proactive consultant input from a consultant with dedicated session for emergency gynaecology.</p> <p>Simultaneously the Directorate have put forward a business case for 168 hours consultant cover for labour ward which includes provision of two consultant posts which mirror each other but who will also provide resident on call. Their duties will include responsibility for weekday consultant emergency care from leading an emergency assessment/admissions, review of inpatient admissions and performing or supervising emergency gynaecology e operating in the daytime. Even in the event that the 168 hours consultant cover for labour is phased, the two emergency gynaecology consultant roles will be in the first wave of phased resident consultant expansion,</p> <p><b>Summary</b></p> <p>There has been a year on year improvement of consultant attendance of emergency gynaecology inpatients. There has been in year strengthening of the provision of the emergency gynaecology consultant cover during the day with additional dedicated daytime sessions which allow proper triaging, management of emergency admissions in hours. There are firm plans to provide robust dedicated care by the appointment of two emergency gynaecology consultants as part of the 168 hours Labour ward business case.</p> <p><b>However, a repeat audit undertaken in July and August shows maintenance of a 70% adherence to post take ward rounds of emergency admissions. Failure to increase adherence may be due to the fact that that the previously identified problems impeding compliance have not been addressed such as</b></p>	
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			<b>consultants not contracted to work in the hospital on post take days and consultants with other clinical commitments commencing at 8am on post take days. These issues need to be addressed.</b>	
Mar 12	Papers to Board 11/12 Performance Report	<b>Never events</b>	Schedule for review of controls and assurances in place for all never events. This continues to be monitored through the Quality Committee and Assurance Committee <b>Confirmed remains orange</b>	Orange 787
12/13	BAF	<b>Develop and embed our values</b> Lack of engagement by staff means that there is no change to behaviour and therefore no impact on patient experience	We have embedded the values into all our induction and training programmes including 'Essence of Care' and new nurses development programme. The values are clearly linked to our work to improve patient experience and using feedback from patients to understand how we can improve. Recruitment interviews and assessment centres use the trust values as a basis to establish a good 'fit' with the organisational culture.  The patient and staff experience committee oversee this work and we have developed a set of questions and expected examples of practice that managers can use in appraisals to discuss the Trust values. We have included the Trust values into our programme of patient feedback alongside the friends and family test, and include questions about the values in our staff 'spotlight' surveys. We have adopted a 'You said we did' approach to the Spotlight survey results to ensure our staff are valued and listened to.  <b>Risk remains orange as it is linked to patient experience and will remain orange until the patient experience results are satisfactory.</b>	Orange 801
12/13	BAF	<b>Drive efficiency through service line reviews</b> Lack of engagement from services for service line reviews and lack of follow through on implementation leading to no change	SRL and more detailed EBITDA information has now been issued to divisions and discussed at wider Executive. <b>EBITDA improvement targets to be issued as part of the financial planning round</b>	Orange 803
10/11	BAF	<b>Staff failure to recognise deteriorating patient.</b>	Actions for this covers two areas, early warning systems supported by documentation and a communication tool SBAR.  NEWS is being rolled out.  MEWS – recent audit showed a greater than 75% compliance rate. SBAR – SBAR is an integral part of the NEWS role out. SBAR is	Orange 594

			<p>currently taught on all resuscitation courses which include induction and updates.</p> <p>Update: audit results presented to the Quality Committee show that the NEWS observation charts were scoring at 87% Completeness of observations was also very high with 93.5% of all observations recorded using all elements of the NEWS but that evidence of escalation was poor. A detailed action plan is in place.</p> <p><b>There was further discussion at the Quality Committee on January 2014. There are plans in plan to introduce rolling audits to measure scoring and escalation and response including the use of SBAR. Until this is in place there is a gap in assurance and incident reporting is being encouraged to be able to address any current risks.</b></p>	
11/12	BAF	<b>Staff not trained or competent which affects quality of care.</b>	<p>Training provision; selection process; appraisals. Mandatory training reports to managers and Trust Executive and Assurance Committee meetings every quarter. Appraisal rates are now over 80% and feedback is that they are well structured. Mandatory training <b>is improving</b> but still falling short of requirements. Mandatory training is being reviewed. <b>Other work relating to patient flow and specialist wards is ongoing – one of the aims of this is that it ensures that the right patient is in the right bed with the right staff and so facilitates appropriate training</b></p> <p><b>No change to risk grade</b></p>	Orange 663
11/12	BAF	<b>Agency staff - not familiar with the area and level of competency unclear - can, therefore, affect quality of care to patients.</b>	<p>Recruitment policies aiming to minimise agency staff. Bank office only books via LPP approved agencies. Induction training procedures to reduce risk. Vacancy and sickness management reduces likelihood of needing agency staff. Regular monitoring of agency use. We know from a recent audit that local induction is not occurring for agency staff and therefore they remain a risky group. A senior nurse has been appointed to support training and recruitment of bank staff.</p> <p>In July a working group was established to focus on more effective use of agency staff and reducing numbers. Plans are in place to review our ward staffing establishment to increase our complement of bank staff and to further develop out flexible pool of bank nurses.</p> <p><b>No change to risk grade</b></p>	Orange 664

Risks downgraded since last report (Q3 2012-13) - none

**Board of Directors Meeting, 30 January 2014 (PUBLIC)**

<b>AGENDA ITEM NO.</b>	3.6/Jan/14
<b>PAPER</b>	Register of Seals Report Q3*
<b>AUTHOR</b>	Vida Djelic, Board Governance Manager
<b>LEAD</b>	Layla Hawkins, Interim Head of Corporate Affairs
<b>PURPOSE</b>	To keep the Board informed of the Register of Seals
<b>LINK TO OBJECTIVES</b>	NA
<b>RISK ISSUES</b>	None
<b>FINANCIAL ISSUES</b>	None
<b>OTHER ISSUES</b>	None
<b>LEGAL REVIEW REQUIRED?</b>	No
<b>EXECUTIVE SUMMARY</b>	There were no documents to which the seal was affixed during the period under review
<b>DECISION/ ACTION</b>	The Board is asked to note the paper

## **Register of Seals Report Q3**

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

### **12.2 Sealing of documents**

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

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

During the period 1 October 2013 - 31 December 2013, there were no documents to which the seal was affixed.

**Board of Directors Meeting, 30 January 2014 (PUBLIC)**

<b>AGENDA ITEM NO.</b>	3.7/Jan/14
<b>PAPER</b>	Declaration Register of Interests Annual Review
<b>AUTHOR</b>	Vida Djelic, Board Governance Manager
<b>LEAD</b>	Prof. Sir Christopher Edwards, Chairman
<b>PURPOSE</b>	<p>This paper provides an update on interests of members of the Board. This is required by the constitution ref section 12.11 and Standing Orders ref section 6.</p> <p>The register is available to the public on request.</p> <p>In addition, Directors are required to state any material interests relating to items on the Board Committee agendas, at the beginning of the meeting or when they might become aware of a potential conflict.</p>
<b>LINK TO OBJECTIVES</b>	None
<b>RISK ISSUES</b>	None
<b>FINANCIAL ISSUES</b>	None
<b>OTHER ISSUES</b>	None
<b>LEGAL REVIEW REQUIRED?</b>	No
<b>EXECUTIVE SUMMARY</b>	This paper outlines the external interests of all Board Executive and Non-executive Directors and other Directors who attend Board meeting
<b>DECISION/ ACTION</b>	The Board is asked to review and confirm the register as an accurate record. Any changes are to be notified to the Board Governance Manager by end February 2014



Sir Geoffrey Mulcahy Non-Executive Director <b>Until 1 January 2014</b>	Chairman, Javelin Group Non-executive Director, Sunderland ARC Trustee, Consumer Credit Counselling Service and FCC
Ms Karin Norman Non-Executive Director Chair of the Assurance Committee Member of Audit Committee	Trustee, Nursing and Midwifery Council and Associated Employers Pension Scheme Chair, MyGeneration (registered charity) Director, Raglan Capital Ltd Audit Committee Member, Parkinson's Disease Society of the UK
<b>NAME</b>	<b>INTEREST(S)</b>
Mr Tony Bell OBE Chief Executive	No interests to declare.
Mrs Lorraine Bewes Chief Financial Officer	No interests to declare.
Mrs Therese Davis Chief Nurse and Director of Patient Experience and Flow <b>Until 21 June 2013</b>	No interests to declare.
Tony Pritchard Acting Chief Nurse <b>From 21 June 2013 until 8 September 2013</b>	No interests to declare.
Elizabeth McManus Executive Director of Nursing and Quality <b>From 9 September 2013</b>	No interests to declare.
Zoë Penn Medical Director	No interests to declare.

<p>Mrs Catherine Mooney  Director of Governance and Corporate Affairs  <i><b>Until 2 August 2013 Attended Board meetings as Company Secretary</b></i></p>	<p>No interests to declare.</p>
<p>Susan Young  Director of HR and Organisational Development  <i><b>From 9 September 2013 Attends Board meetings as Director of HR and Organisational Development</b></i></p>	<p>No interests to declare.</p>
<p>Mark Gammage  Director of HR  <i><b>Until 8 September 2013 Attended Board meetings as Director of HR</b></i></p>	<p>Managing Director of Dearden Interim  Managing Director of Dearden Consulting  Chair of East Hertfordshire and West Essex Branch of the Multiple Sclerosis Society</p>

## Board of Directors Meeting, 30 January 2014 (PUBLIC)

<b>AGENDA ITEM NO.</b>	3.8/Jan/14
<b>PAPER</b>	Remuneration Committee Terms of Reference*
<b>AUTHOR</b>	Susan Young, Director of HR and Organisational Development
<b>LEAD</b>	Prof. Sir Christopher Edwards, Chairman
<b>PURPOSE</b>	For approval
<b>LINK TO OBJECTIVES</b>	None specifically but up to date terms of reference are important for good governance
<b>RISK ISSUES</b>	None
<b>FINANCIAL ISSUES</b>	None
<b>OTHER ISSUES</b>	None
<b>LEGAL REVIEW REQUIRED?</b>	No
<b>EXECUTIVE SUMMARY</b>	The revised terms of reference detailing a few changes made mainly to job titles over the last 12 months are attached
<b>DECISION/ ACTION</b>	The Board is asked to approve the Terms of Reference

## Remuneration Committee Terms of Reference

### 1.0 Authority

- 1.1 The Remuneration Committee is constituted as a Standing Committee of the Foundation Trust Board of Directors. Its terms of reference shall be as set out below and shall not be amended, revoked or replaced except by a resolution passed at a meeting of the Board of Directors.

### 2.0 Role

- 2.1 The Remuneration Committee shall:

- 1) Decide the remuneration and allowances and other terms and conditions of office of Executive Directors listed at 3.1 and the Secretary listed at 3.2 below;
- 2) Approve recommendations for the remuneration and allowances and other terms and conditions of office of other Senior Managers under their remit listed at section 3.3 below;
- 3) Decide such rates at which the travelling and other costs and expenses incurred by all Directors may be reimbursed.

### 3.0 Posts under the remit of the Remuneration Committee

#### 3.1 Executive Directors appointed to the Board of Directors in accordance with the Constitution

- 1) Chief Executive
- 2) Chief Operating Officer
- 3) ~~Director of Finance~~ Chief Financial Officer
- 4) ~~Chief Nurse and Director of Patient Experience and Flow~~ Executive Director of Nursing and Quality
- 5) Medical Director

#### 3.2 The Secretary appointed by the Board of Directors subject to the approval of the Council of Governors in accordance with the Constitution:

- 1) Director of ~~Governance &~~ Corporate Affairs

#### 3.3 Other Senior Managers:

- 1) Divisional Directors of Operations
- 2) Operations Director of Information ~~Computing &~~ Technology
- 3) Director of Human Resources and Organisational Development
- 4) ~~Director of Strategy and Business Development~~
- 5) 4) Director of Estates and Facilities
- 6) 5) ~~Deputy~~ Director of Finance

#### **4.0 Executive Directors and the Secretary**

- 4.1 Oversee terms of service and contractual arrangements for Executive Directors and the Secretary, giving formal approval for contractual severance arrangements, in particular for early termination.
- 4.2 Develop remuneration packages which are appropriate, defensible and linked to the discharge of responsibilities, taking advice on labour market and pay trends, both within the NHS and in the broader labour market, and taking into account pay and conditions for relevant other Foundation Trusts.
- 4.3 Take into consideration but not be bound by any central direction from the Department of Health in respect of remuneration.
- 4.4 Determine any application of cost of living or other increments for Executive Directors and the Secretary.
- 4.5 Monitor and review the performance of the Executive Directors and the Secretary via the Chief Executive.
- 4.6 To consider, in exceptional circumstances, bonus payment which should be no more than 20% of the total salary for the Executive Directors and the Secretary.
- 4.7 Report to the Board on any decisions made by the Committee and the basis for any decisions made with respect to remuneration, allowances, pensions and gratuities of Executive Directors and the Secretary.
- 4.8 Report to the Board on any decisions made by the Committee and the basis for any decisions made with respect to rates at which the travelling and other costs and expenses incurred by all Directors may be reimbursed.

#### **5.0 Other Senior Managers**

- 5.1 To agree on appropriate bands of pay for new posts or when a post changes significantly.
- 5.2 To receive recommendations from the Chief Executive for remuneration packages and terms and conditions for non Board Directors listed at paragraph 3.3, to include application of cost of living or other increments. (The salaries and terms and conditions of all other trust employees are determined ~~nationally by the National Pay Negotiating Council~~).
- 5.3 To approve the recommendations from the Chief Executive on the pay of non Board Directors listed at 3.3, including pay increases within the agreed band and justification.
- 5.4 Report to the Board on any decisions made by the Committee and the basis for any decisions made with respect to remuneration, allowances, pensions and gratuities of other senior managers listed at paragraph 3.3.

## **6.0 Membership of the Remuneration Committee**

- 6.1 The Chairman and all Non-Executive Directors are members of the Remuneration Committee. A quorum shall be three Non-Executive Directors including the Chairman.

## **7.0 Attendance**

- 7.1 The Chief Executive will attend the committee to provide advice and services which assist the committee in their consideration of any matter other than his/her own remuneration, allowances, pensions and gratuities or terms of service.
- 7.2 The Director of Human Resources and Organisational Development will attend the committee to provide specialist advice on remuneration and labour market data and secretarial services to assist the committee in their consideration of any matter other than their own remuneration, allowances, pensions and gratuities or terms of service.
- 7.3 Independent consultants may be engaged and to provide advice and services which assist the committee in their consideration of any matter.

## **8.0 Frequency of Meetings**

- 8.1 The Remuneration Committee shall meet at least once within the financial year in order to decide remuneration, allowances, pensions and gratuities of Executive Directors, the Secretary and other senior managers; and rates of reimbursement for expenses incurred by Directors.
- 8.2 The Committee may meet on additional occasions when necessary as determined by the Chairman.
- 8.3 The Committee will report to the Board of Directors after each meeting.

## **9.0 Review**

- 9.1 The terms of reference of the committee shall be reviewed by the Board of Directors at least annually.

April 2007

Revised June 2008. Approved by the Board June 2008

Revised April 2009. Approved by the Board April 2009

Revised April 2010. Approved by the Board May 2010

Revised January 2012. Approved by the Board January 2012

Revised January 2013. Approved by the Board February 2013

**Board of Directors Meeting, 30 January 2014 (PUBLIC)**

<b>AGENDA ITEM NO.</b>	3.9/Jan/14
<b>PAPER</b>	Annual Report process
<b>AUTHOR</b>	Layla Hawkins, Interim Head of Corporate Affairs
<b>LEAD</b>	Tony Bell, Chief Executive
<b>PURPOSE</b>	This paper proposes the process and timescales for the approval by the Board of the Trust's Annual Report 2013/14.
<b>LINK TO OBJECTIVES</b>	The Trust is required to outline its overall performance in the Annual Report
<b>RISK ISSUES</b>	None
<b>FINANCIAL ISSUES</b>	None
<b>OTHER ISSUES</b>	None
<b>LEGAL REVIEW REQUIRED?</b>	No
<b>EXECUTIVE SUMMARY</b>	<p>This paper outlines a proposed approach to the production of the Trust's Annual Report 2013/14 which includes the Quality Report coordinated by the Director of Nursing and Quality</p> <p>The paper outlines the process and timescales for the approval of the Annual Report by the Board</p>
<b>DECISION/ ACTION</b>	The Board of Directors is asked to agree the process and timescales for approval of the Annual Report

## **Annual Report process**

### **1.0 Introduction**

- 1.1 The Trust is required to produce its 2013/14 Annual Report and Accounts in accordance with statutory guidance about content and timescales set out in Monitor's *NHS Foundation Trust Annual Reporting Manual*.
- 1.2 This is a prescriptive guide which sets out the content that must be included and the timescales for submitting the document to Monitor and for making arrangements for it to be laid before Parliament. Further information on the 2013/14 process will be published on the Monitor website shortly.

### **2.0 Timescales**

- 2.1 Submitting the final text to Monitor – Friday 30 May 2014
- 2.2 Laying the designed report before Parliament – Wednesday 25 June
- 2.3 Presenting the report – Annual Members' Meeting Thursday 18 September

### **3.0 Process for approval by the Trust Board**

- 3.1 Monitor's *Annual Reporting Manual* states that the Annual Report and Accounts must be formally approved by the Board of Directors.
- 3.2 In previous years the Chairman and Chief Executive have been heavily involved in preparation of the report before it reaches the final stage of formal approval by the Trust Board.
- 3.3 The text in its entirety will be read by the Chairman and Chief Executive before submission to the Board for approval so that their comments and amendments are taken into account – relevant sections will be sent to the appropriate Executive Directors for approval during the process of preparing the text.
- 3.4 The Annual Report also requires approval by our external auditor and so the text will be submitted to them in advance of the Board meeting so that any amendments required by them are made before formal approval by the Board.
- 3.5 Board members will all have an opportunity to comment on the report in advance of the Board of Directors meeting on Tuesday 27 May.
- 3.6 The final text of the Annual Report will be presented for formal approval at the Board of Directors meeting on Tuesday 27 May, in line with the deadline of submitting the final text to Monitor on Friday 30 May.

### **4.0 Annual Review**

- 4.1 It is proposed that, as in previous years, the Trust will produce an Annual Review in addition to the Annual Report, which will be presented at September's Annual Members' Meeting.

**Board of Directors Meeting, 30 January 2014 (PUBLIC)**

<b>AGENDA ITEM NO.</b>	3.10/Jan/14
<b>PAPER</b>	Safeguarding Children Declaration 2014
<b>AUTHOR</b>	Vanessa Sloane, Head of Paediatric & Neonatal Nursing
<b>LEAD</b>	Elizabeth McManus, Director of Nursing & Quality
<b>PURPOSE</b>	CQC and Monitor requires NHS Trusts, FTs, and CCGs to publish a declaration on their websites on an annual basis to confirm they are satisfied appropriate safeguarding arrangements for children are in place
<b>LINK TO OBJECTIVES</b>	Patient safety
<b>RISK ISSUES</b>	None
<b>FINANCIAL ISSUES</b>	None
<b>OTHER ISSUES</b>	None
<b>LEGAL REVIEW REQUIRED?</b>	No
<b>EXECUTIVE SUMMARY</b>	NA
<b>DECISION/ ACTION</b>	For approval

## **Safeguarding Children Declaration 2014 As Required by Care Quality Commission and Monitor**

Chelsea and Westminster Hospital NHS Foundation Trust is fully committed to ensuring that all patients including children are cared for in a safe, secure and caring environment. As a result a number of safeguarding children arrangements are in place.

These include:

- Chelsea and Westminster Hospital NHS Foundation Trust meets statutory requirements with regard to the carrying out of Disclosure and Barring Service (DBS) checks – all staff employed at the Trust undergo a DBS check prior to employment and those working with children undergo an enhanced level of assessment.
- The Trust has a robust Training Strategy in place with regard to delivering safeguarding training to ensure that staff are trained to the appropriate level required for their role. The Trust reviews its training for safeguarding on an annual basis, including the review of training levels required for different staff groups.
- The Board of Directors receives an annual report on child safeguarding.
- The Trust has an audit plan for safeguarding for 2013/14 which is shared with the Local Safeguarding Children’s Board(LSCB).
- The Trust’s child protection policies and systems are up-to-date and robust, including a process for following up children who miss outpatient appointments and a system for flagging children about whom there are safeguarding concerns.
- The Trust has named professionals who lead on issues in relation to safeguarding. They are clear about their roles, have sufficient time and receive relevant support and training to undertake their roles, which include close contact with other social care and healthcare organisations.
- The Trust has a named doctor, nurse, midwife and liaison health visitor with responsibilities for safeguarding:

<b>Named Doctor:</b>	Yannis Ioannou
<b>Named Nurse:</b>	Harriet-Ann Thomas
<b>Named Midwife:</b>	Wendy Allen
<b>Named Liaison Health Visitor:</b>	Grace Ekanem

- The Director of Nursing and Quality is the Executive Director lead for safeguarding and chairs the Children’s Safeguarding Board, as well as the annual joint Adult & Children’s Safeguarding Board.
- The Trust is a member of the Tri-Borough Local Safeguarding Children’s Board (LSCB).

**Board of Directors Meeting, 30 January 2014 (PUBLIC)**

<b>AGENDA ITEM NO.</b>	4.1/Jan/14
<b>PAPER</b>	Audit Committee minutes – 24 October 2013
<b>AUTHOR</b>	Lorraine Bewes, Chief Financial Officer
<b>LEAD</b>	Sir John Baker, Non-executive Director
<b>PURPOSE</b>	The purpose of this report is to share minutes with the Board.
<b>LINK TO OBJECTIVES</b>	Ensure financial and environmental sustainability
<b>RISK ISSUES</b>	None noted
<b>FINANCIAL ISSUES</b>	None noted
<b>OTHER ISSUES</b>	None
<b>LEGAL REVIEW REQUIRED?</b>	No
<b>EXECUTIVE SUMMARY</b>	This paper outlines a record of proceedings of the meeting of the Audit Committee held on 24 October 2013
<b>DECISION/ ACTION</b>	For information

## CONFIDENTIAL

Date.....

Signed.....

**Audit Committee, 24<sup>th</sup> October 2013  
Minutes**

**Present:**

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

**In Attendance:** Lorraine Bewes (LB), CFO  
David Radbourne (DR) , COO  
Rakesh Patel (RP) , Director of Finance  
Carol McLaughlin (CMcL), Financial Controller  
Helena Moss (HM), Head of Technical Accounts  
Neil Thomas (NT), KPMG  
Joel Harrison (JH), KPMG  
Simon Spires (SS), Parkhill  
Ben Sheriff (BS), Deloitte

### **1. GENERAL BUSINESS**

#### **1.1 Apologies for Absence**

The following had given their apologies for the meeting:

Heather Bygrave (HB), Deloitte  
Tony Bell (TB), Chief Executive  
Cathy Mooney (CM), Director of Quality Assurance  
Fleur Hansen (FH), Interim Director of Corporate Affairs  
Professor Richard Kitney (RK), Non-Executive Director.

JB noted that this would have been RK's final meeting as Non-Executive Director as his term of office expires on 31<sup>st</sup> October 2013, therefore he wished to record the committee's thanks for RK's services to the Audit Committee over the past two years.

#### **1.2 Declarations of Interest**

None

#### **1.3 Minutes of the Previous Meeting held 10<sup>th</sup> July 2013**

DR pointed out that the minutes of the 10<sup>th</sup> July meeting recorded TB as being in attendance and also giving apologies. It was noted that TB did not actually attend the meeting as DR attended in his place.

Apart from the above amendments, the minutes were agreed as a true and accurate record.

#### **1.4 Schedule of Actions**

- 2.3 Counter Fraud Progress Report 1<sup>st</sup> April 2013 – 3<sup>rd</sup> July 2013 – JB enquired as to the status of the action "CM to investigate using generic login by large number of staff and report back to

the Committee". CMcL pointed out that this action was intended for Cathy Mooney rather than herself, and that she had talked to CM briefly about this and understood that the action was in progress. JB agreed that this action should be carried forward to the next meeting.

SS presented his report on the timesheet approval process – this was included as paper 2.2. on the agenda for the 24<sup>th</sup> October meeting. The paper flagged that there are concerns about certain aspects of the current paper based timesheet system and made recommendations as to how these could be addressed, however SS noted that the Trust is hoping to move to an electronic system of authorisation using MAPS. This should provide increased assurance and a greater level of control than the current paper based system.

JB queried whether the Trust would be “snowed under” in trying to follow the interim recommendations outlined in SS’s paper. LB said that it would be useful to have the view of the new Director of Nursing (Libby McManus) and also stated that she herself would want to be confident that the MAPS data is accurate enough for staff to be paid correctly through this system. If this proves to be the case, LB would be happy that this is the right direction of travel. RP commented that generally the more automated a system is, the easier it is to build controls into it.

LB acknowledged that under the proposed interim solution Ward Sisters would not be able to cope with the volume of checking required by them as individuals, so another senior member of staff would need to be designated to do this. As part of the implementation of the new system, segregation of duties would need to be assured. SS pointed out that the majority of bank shifts are still booked through the staff bank, so this would provide an additional level of assurance that staff being paid had been legitimately booked to work. BS pointed out the importance of not having shared log-ins in this respect. JB requested that the status of timesheet authorisation controls should be reviewed again by the committee in 6 months’ time.

**Action: RP to update the committee on progress with assuring controls over timesheet authorisation at the March 2014 audit committee.**

- 2.4 Fraud Risk Assessment – LB was asked to update on the action to investigate whether organised rotation of staff responsible for procurement transactions could be implemented at the Trust. She noted that the Trust has taken the step of sharing procurement services with the Marsden in order to be able to take a Category Management approach, but this is a step towards a much larger “hub” outsourced approach which would allow us to build KPIs around rotation of staff into the contract. This was therefore an aspiration for the future, but not something that could be implemented at present.
- 2.5 KPMG to look at senior individuals’ ability to commit revenue fraud – NT stated that he did not view this as a significant risk but that it would be picked up as part of the KPMG financial systems audit work which will be reported at the January 2014 audit committee.
- 3.2 DR to lead on implementing the new system relating to the Executive Team taking ownership of internal audit recommendations – this had been actioned and RP presented the recommendations tracker under item 1.5 on the agenda.
- 4.1 DR to circulate to the Board relevant guidance on competition – DR confirmed that this had been done.

### **1.5 Recommendations Tracker**

RP presented the Internal Audit Recommendations Tracker and explained that this had now been taken in-house rather than being prepared by KPMG as it had been previously. The reason for this change was to encourage the Trust Executive to have a much greater sense of ownership of recommendations and to ensure that these were being actioned throughout the organisation on a timely basis.

RP explained that there were 10 outstanding overdue recommendations, and these had been presented to a recent meeting of the Trust Executive for scrutiny. There was a definite acceptance by the Executive team that they needed to follow up on these actions in a more proactive way.

JB asked whether the Executive had taken the report seriously and RP and DR both confirmed that they had. JB therefore noted the new process on behalf of the committee and asked RP to flag up to the audit committee any instances where he felt internal audit recommendations were not getting the required level of attention. RP agreed to do this but also stated that he felt we should let KPMG know where the Trust has consciously decided to defer an action for a good reason. JB agreed that this was acceptable, as long as it was not that the Trust was just letting actions slip.

GM asked who would cover FH's actions on outstanding recommendations given that she is soon to go on maternity leave – LB replied that the new Commercial Director Aiden O'Neill would cover the action on the Marketing Strategy, and that LB would cover the action on Board Governance. It was also agreed that the Trust should develop a similar process to track counter fraud and external audit recommendations.

The internal audit recommendations tracker report was noted by the committee.

## **2. COUNTER FRAUD PRO-ACTIVE WORK**

### **2.1 Counter Fraud Progress Report**

SS presented the Counter Fraud Progress Report to the committee. Regarding case PAA 5751, SS noted that this had been a traumatic investigation as it related to a member of staff forging the signature of some of their colleagues on fraudulent timesheets. Those colleagues were understandably upset that someone they had counted as a friend had done this. JB asked whether there was any chance of recovery of the money received by the subject in fraudulent bank payments – SS replied that he was intending to put in a claim for £34.5k plus the cost of the investigation.

Re case PAA5748 relating to alleged false qualifications, SS noted that all of the qualifications investigated were found to be genuine. JB queried the accuracy of references previously given for the subject under investigation and SS confirmed that they too had been genuine. JB noted that in situations like this the Trust should go back to previous referees and complain if it transpired that the employee did not possess the capabilities outlined in their references. He asked LB to speak to Susan Young (HR Director) to ascertain whether this was possible within the NHS reference process.

**Action: LB to check with SY whether it was possible within the NHS reference process to go back to referees and question the accuracy of references provided.**

The Counter Fraud Progress Report was noted by the Committee.

## **3. INTERNAL AUDIT**

### **3.1 Progress Report and Technical Update**

The Committee was informed that the internal audit progress report summarised the work performed to date since the July 2013 Audit Committee, and work to be performed in advance of the next Committee meeting. JB commented that the report gave a very clear summary of internal audit work.

The report was noted by the Committee.

### **3.2 Clinical Coding Report**

JH presented the Clinical Coding Report and stated that it was important to note in respect of clinical coding that the system controls had been found to be robust, but the issue had been with contract staff whose training had lapsed. The recommendation made around ensuring that staff training was up to date had been accepted and had already been implemented by the Trust.

JB queried whether recommendation 4 – validation of coding by clinicians – really was low priority. He noted that when he had sat on interview panels in the past consultants had consistently said that they felt coding was not done well and that they would be able to do it better themselves. JB queried whether if the Trust were to follow all of the recommendations outlined by KPMG this would mean we would receive 100% of the revenue to which we are entitled. RP replied that an action plan and paper was going to be presented to the FIC later that day recognising the importance of clinician involvement in coding, and a programme of action had already been started to support this. It was recognised that this was important not just for revenue generation but also to ensure that the Trust was correctly recognised as a specialist centre where appropriate – if certain activity is not coded correctly then the specialist nature of some of the Trust's activity is not picked up.

DR commented that the KPMG report had looked at business processes, but had not addressed the question “does the Trust have the optimal approach to coding?” If this had been addressed, KPMG may have interviewed different people. LB stated that she would also be interested to know what was the best way of structuring the coding team. Currently the Trust strategy is to place coders out in the clinical teams – JB agreed that he felt this was the right thing to do. LB pointed out that this would incur an additional cost, but that this should be recovered through additional income generated. We want to put ourselves ahead of the curve and believe that there is scope for new roles, however the amount of training required should not be under estimated.

The report was noted by the committee, and RP advised that all the recommendations had already been actioned. JB asked for feedback on the wider issues arising from the report to be brought back to a future meeting.

### **3.3 Cost Improvement Plans Report**

NT presented the report, in which a total of 4 recommendations were made with an overall rating of amber – “Requires Improvement “. JB queried whether if the Trust adopted all the recommendations in the report it would achieve 100% CIP recovery. NT replied that he felt it was not possible to design a system that would ensure 100% recovery, and that it was necessary to be able to respond to challenges throughout the year. He noted that this was the second time KPMG had audited the Trust's Cost Improvement Planning and there was definite progress evident since the first audit. He also noted that Quality Impact Assessments had been highlighted both by Monitor and the Francis report, so the Trust needs to be aware of the need to document these properly. NT also stated that the Trust needs to be more explicit about pushing CIPs constantly, not just at the beginning of the annual process. He felt that the Trust was nearer to achieving a green rating now, and that our time horizon and granularity of planning had improved – KPMG had a good feel for this since they audit several other complex London Trusts and can compare C&W to them.

LB commented that the Executive team had reflected and come to the conclusion that the traditional approach to CIP achievement would no longer deliver. We have been good at delivering at a high level but we have not delivered on the plans that we set out to do. The Trust now needs to concentrate on two or three big CIP schemes and make sure that they are properly resourced – we need to learn to plan in a different way.

JB noted that he would feel more comfortable if the Trust had a strategic policy for system re-engineering all the time, and then “claiming” the benefits as CIPs, rather than always trying to plan just before we need to find savings. DR responded that the organisation has been through a big change (see page 10 of the report) – historically the Trust could always rely on generating additional income, but we can't bank on

being able to do this now. The Trust now needs to focus on how to take costs out without affecting quality. JB reiterated that we shouldn't wait to start looking at system re-engineering, it should be endemic. GM asked whether the Trust uses techniques such as Six Sigma – LB replied that we do and that in the Project Management Office (PMO) we have specifically looked to second people who have this capability. DR added that the Trust is taking a multi-year approach and that we are trying to build capacity in-house. LB noted that the process has to be clinically led and that the Trust needs to put more support into this staff group.

The committee noted the report. JB also added that the key to better CIP performance was to get “upstream” with more radical ideas.

## **4. EXTERNAL AUDIT**

### **4.1 Audit Planning Report for the year ended 31<sup>st</sup> March 2014**

BS asked the committee to note the items in the report around capital spend and the proposed Doughty House purchase. He also pointed out that Monitor have now indicated that the publication of the Quality Accounts guidance will be delayed until January 2014.

GM queried what value Monitor adds to the year-end accounts process. BS replied that their involvement is limited in terms of the financial statements audit – in terms of accounting policies the NHS could just follow IFRS, but some public sector situations are not covered by these standards, for example grant accounting. The Quality Accounts are also not covered anywhere else, so Monitor sets out the rules relating to what should be covered.

GM commented that US commercial hospitals produce the type of data contained in the Quality Accounts anyway, and BS noted that a lot of this reporting is driven by the requirements of the DH, for example performance against the A&E 4 hour wait target etc.

JB asked when the Trust's next “big” valuation is due – CMcL advised that it is not due for another three years. LB noted that we do need to be tracking the indices in between years, and CMcL advised that last year was the first year the Trust had not done a valuation for the last several years due to the fact we were able to gain assurance over the indices. BS pointed out that Doughty House will be a subject to consider carefully in relation to valuation, as the price paid by the Trust is unlikely to reflect the build cost.

The report was noted by the committee.

### **4.2 Sector Developments**

BS presented the report and stated that he hoped it was useful to the Trust. He pointed out that the “jump” in CIP this year was lower because we delivered 100% last year whereas a lot of other Trusts did not.

LB queried the statement about our consultant cover on page 7 – BS responded that the figures were taken from our 2013/14 plan. LB and DR agreed to look at this outside the meeting as the figures did not look right.

JB picked up the section on page 10 outlining Monitor and NHS England's review of the marginal rate rule for emergency admissions and queried how much of an opportunity exists for the Trust to rebase our baseline. We believe that we should be paid at full price for all admissions – LB and DR agreed to take this away and do some modelling to see what our response should be, based on our activity projections. DR noted that we are expecting our admissions to fall in future.

**Action: LB and DR to model the Trust's response to the review of the marginal rate rule for emergency admissions, based on our activity projections.**

JB also picked up that on page 11 of the report it was stated that Trusts have the option to make a submission on the subject of "the future shape of a high quality, financially sustainable healthcare system in 10 years' time". This is a Monitor initiative in response to the NHS England publication "The NHS belongs to the people: A call to action". JB asked whether the Trust was planning to put in a response by the deadline of 11<sup>th</sup> November – LB replied that there was no plan to respond to this specific request, but that the Trust was inputting to a very similar submission on value on healthcare, which would cover the same ground. JB stated that he felt it was very important that the Trust should put a response in to this request for views – he asked LB to take this away and discuss with colleagues in terms of what to respond.

**Action – LB to discuss with the Exec team how to respond to Monitor request for submissions on the subject of the future of the healthcare system in 10 years' time.**

## **6. ITEMS FOR APPROVAL/INFORMATION**

### **6.1 Losses and Special Payments including write offs**

JB noted the report and also commented on the fact that there appear to be more write-offs than in the past relating to complaints. LB agreed that this was the case and stated that it was part of the overall drive to review the Private Patient experience and to drive up standards. JB queried whether there was any evidence that the level of complaints will reduce in future months? LB replied that the Trust is making specific investment to ensure that the Private Patient unit is providing a service that is fit for purpose.

JB queried the specific case of an amount of £5,400 that was written off because a patient had given BUPA as their insurers but BUPA subsequently declined to pay the invoice (Appendix 3(c)). LB agreed to take this away to ensure that lessons had been learnt from this case. JB also stated that he wanted to know what is being done about complaints in terms of reducing them – LB to feed back.

**Action: LB to investigate the circumstances around write off of £5,400 re BUPA declining to pay for the patient's treatment and feed back on this and actions to reduce complaints in PP.**

The committee noted the report.

### **6.2 Waivers of Tenders and Quotations**

JB queried number 2 in the list of waivers authorised during the period – relating to HCL Permanent Ltd, who were appointed to lead on the recruitment of 10 experienced NICU nurses. JB questioned whether this did in fact necessitate a single tender waiver and DR accepted that this recruitment could have been better planned. DR noted that there should be a specific follow up out to the divisions on this and agreed to action this.

**Action: DR to follow up with divisions the need for better planning for recruitment campaigns and feed back to the next AC.**

GM queried the expertise of Frontier Economics Ltd, who had been appointed to support on analysis of choice and competition in respect of the WMUH acquisition. DR responded that they had advised the Royal Free Hospital and had been particularly recommended. LB noted that she was not aware of any other company that could do this work within the health sector.

JB also requested that the Trust should pick up on the reasons that Birmingham Womens' FT and Idox had been appointed via single tender waiver, the justification being in both cases that there was an

urgent need for a service. JB felt that this was not an honest explanation of the reason for the single tender waiver in each case. DR and LB agreed that this message should be fed back to the Trust.

**Action: DR and LB to feed back the message that the justification for a single tender waiver should not be lack of adequate planning thus putting the Trust in the situation of having to go with one supplier due to lack of time.**

The report was noted.

### **6.3 Forward Audit Committee Plan**

The forward Audit Committee plan was noted.

### **Any other Business**

SS asked the committee whether they would find it useful for him to look at the cost of running the staff bank pre and post implementation of the electronic time sheet authorisation process in MAPS. JB stated that he felt this was for the Trust to decide.

## **7. DATE OF THE NEXT MEETING**

29<sup>th</sup> January 2014 1-3pm Main Hospital Boardroom

**Board of Directors Meeting, 30 January 2014 (PUBLIC)**

<b>AGENDA ITEM NO.</b>	4.2/Jan/14
<b>PAPER</b>	2013 Clinical Excellence Awards for consultant medical staff*
<b>AUTHOR</b>	Susan Young, Director of Human Resources and Organisational Development
<b>LEAD</b>	Zoe Penn, Medical Director/ Susan Young, Director of Human Resources and Organisational Development
<b>PURPOSE</b>	To inform the Board on the outcome of the 2013 CEA awards process thereby complying with best practice
<b>LINK TO OBJECTIVES</b>	Clinical excellence and patient experience
<b>RISK ISSUES</b>	None
<b>FINANCIAL ISSUES</b>	Total cost of the 2013 awards was £112,543 which was met within Trust reserves allocated for this purpose.
<b>OTHER ISSUES</b>	N/A
<b>LEGAL REVIEW REQUIRED?</b>	No
<b>EXECUTIVE SUMMARY</b>	<p>The Trust is required to comply with the national clinical excellence awards process for consultant medical staff, one aspect of which is determined locally through an employer led committee. Two hundred consultants were eligible to apply for an award in this year's round of which 50 applied and 33 were successful.</p> <p>Applications were scored independently by panel members on pre-determined criteria and with aggregate scores shared with the</p>

	<p>whole panel which comprised medical staff, executives, governors and a Non-executive Director Chair.</p> <p>Those applications receiving the highest scores were awarded a point with the number of points available determined by a nationally prescribed calculation.</p>
<b>DECISION/ ACTION</b>	For information

## 2013 AWARDS LOCAL CLINICAL EXCELLENCE AWARDS FOR CONSULTANTS

### 1. Introduction

The NHS Clinical Excellence Awards Scheme is both a national and local process for recognising exceptional personal contributions made by doctors who show a commitment to achieving the delivery of high quality care to patients. In particular, the objective is to reward individuals who achieve **'over and above' the standard expected of a consultant in their post.**

Local (employer) Committees make some of the awards and the Advisory Committee on Clinical Excellence Awards (ACCEA) and its regional sub committees recommend the highest value awards. All awards are determined according to a common rationale and objectives. The eligibility and assessment criteria for all awards are set nationally.

There are 12 levels of award, the first 8 of which (levels 1-8) are recommended by local committees and the last 3 of which (levels 10-12, Silver, Gold and Platinum) are awarded by the National ACCEA and its sub committees. Either the local committee or ACCEA may respectively award either a Local level 9 or National bronze award (level 9 and bronze have the same monetary value).

### 2. Local Awards Committee 2013

The Local Awards Committee to consider the awarding of local Clinical Excellence Awards (CEA) points effective from 1<sup>st</sup> April 2013 was held on 12<sup>th</sup> December 2013<sup>1</sup> and chaired by a Non-executive (Lay) Director.

The Committee was constituted based on national guidance of a minimum of 12 members, of which half are consultants, a quarter employer representatives (e.g. Chief Executive, Medical Director, HR Director) in addition to an academic rep and 3 lay members.

A minimum investment of £118,280 was available, using a national determined calculation<sup>2</sup>, based on 200 eligible consultants.

### 3. Process

Applications for awards are paper-based using a nationally prescribed form and process. The Committee members scored the applications according to the national criteria which are divided into five Domains:

- Domain 1 Delivering a high quality service
- Domain 2 Developing a high quality service
- Domain 3 Leadership and managing a high quality service
- Domain 4 Research and innovation
- Domain 5 Teaching and Training

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<sup>1</sup> 2013 Local CEAs funding was ringfenced in Trust 2013-14 reserves for this purpose.

<sup>2</sup> The calculation is **number of eligible consultants x value of a level one award x 0.2**  
(200x £2957 x 0.2 = £118,280)

Scoring is based on what performance is demonstrated on the application form rather than any prior knowledge of the applicant and their work. Scores given per Domain are: 0, 2, 6 or 10 with particular focus given to dates of events, achievements and publications and how they added value/ made a difference. Credit is given for what has been achieved since the last award and what performance that is over and above the standard expected.

#### **4. Outcome**

Out of the 200 eligible consultants, 50 applied for a Local CEA award. Out of those 50 applicants, **33** Consultants were successful in receiving a Local CEA Award and 17 unsuccessful.

The Committee agreed to award a total of **33** points. A discussion was had whether to award any one individual more than one point and the committee decided that there was no significant differential between the top rankings to merit this. Therefore 1 point was agreed to be awarded to each consultant based on their score ranking until the point where the minimum investment would be exceeded.

As there were 4 consultants ranked equally 34<sup>th</sup>, this would have resulted in an over spend were they each to also receive a point - the Panel discussed this and agreed it would not be appropriate to exceed this in the current financial climate therefore 33 points were awarded. Therefore the final total spend by the Trust was £112,543 inclusive of APA's ((£140,679 when additional employers costs such as Employers NI or pension contributions are included)). Nine of the successful applicants were awarded points for the first time which was encouraging.

Please see Appendix 1 for the panel and applicant demographics based on gender and ethnicity.

#### **5. Feedback and Appeals**

The Panel carefully considered the feedback which should be given to unsuccessful applicants to ensure they understood they were valued, encouraged to re-apply the following year and understood which areas to improve on in their application completion. Care was taken to reassure individuals that this was not a reflection on their work input but that in a lot of cases it was about how to fully complete the application form to demonstrate incremental value and excellence since previous awards.

It was agreed that feedback should be undertaken proactively by Divisional Medical/Clinical Directors. For next year, we will review the process and need to await further guidance nationally on whether the awards will continue on the same basis in the future as the consultant contract and terms are presently under review at national level. The Trust is also aware that the nationally determined application process can lead to unsuccessful hard working consultants feeling devalued if their application content did not bring out their added value and commitment to the Trust and the Trust will continue to review and promote ways of getting the best out of the present process.

There have been no formal appeals submitted to date.

4.2.1 Appendix 1 CEA Demographic data

Gender	Employed	Eligible	Applied	Awarded	Panel
Female	112	84	24	19	8
Male	188	116	26	14	10
Grand Total	300	200	50	33	18

Gender	Employed	Eligible	Applied	Awarded	Panel
Female	37%	42%	48%	58%	44%
Male	63%	58%	52%	42%	56%

Ethnic Code	Employed	Eligible	Applied	Awarded	Panel (Consultant members)
A White - British	155	116	32	21	7
B White - Irish	10	7	2	1	1
C White - Any other White background	40	30	8	6	
F Mixed - White & Asian	5	2	-	-	
G Mixed - Any other mixed background	2	2	1	1	
H Asian or Asian British - Indian	30	14	3	-	
J Asian or Asian British - Pakistani	7	3	1	1	
K	2	-	-	-	
L Asian or Asian British - Any other Asian bac	6	5	1	1	
N Black or Black British - African	7	6	1	1	1
R Chinese	5	3	-	-	
S Any Other Ethnic Group	8	5	1	1	1
Z Not Stated	23	7	-	-	
White	205	153	42	28	8
BME	72	40	8	5	2
Grand Total	300	200	50	33	10

Ethnic Code (excluding "Not stated")	Employed	Eligible	Applied	Awarded	Panel (Consultant members)
White	74%	79%	84%	85%	80%
BME	26%	21%	16%	15%	20%