

Board of Directors Meeting (PUBLIC SESSION)

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

Date: Thursday, 26 March 2015 Time: 16.00

Agenda

GENERAL BUSINESS				
16.00	1.	Welcome & Apologies for Absence	Verbal	Chairman
16.02	2.	Declarations of Interest	Verbal	Chairman
16.03	3.	Minutes of the Previous Meeting held on 26 February 2015	Report	Chairman
16.05	4.	Matters Arising & Board Action Log	Report	Chairman
16.15	5.	Chairman's Report	Verbal	Chairman
16.20	6.	Chief Executive's Report	Report	Medical Director
16.30	7.	Patient Experience Case Study	Verbal	Director of Nursing
QUALITY & TRUST PERFORMANCE				
16.45	8.	Performance & Quality Report, <i>including Financial Performance Summary</i>	Report	Executive Directors
GOVERNANCE				
17.00	9.	False or Misleading Information	Report	Trust Secretary/ Chief Operating Officer
ITEMS FOR INFORMATION				
17.20	10.	Register of Directors' Interests	Report	Chairman
17.25	11.	Questions from Members of the Public	Verbal	Chairman/ Executive Directors
17.50	12.	Any Other Business		
18.00	13.	Date of Next Meeting – 30 April 2015		

Board of Directors Meeting, 26 March 2015 PUBLIC

Subject/Title	Draft Minutes of the Public Meeting of the Board of Directors held on 26 February 2015/3/Feb/15
Purpose of paper	To provide a record of any actions and decisions made at the meeting.
Decision/action required/ recommendation	The meeting is asked to agree the minutes as a correct record of proceedings. The Chairman is asked to sign the agreed minutes.
Summary of the key risks/issues from the paper	This paper outlines a record of the proceedings of the public meeting of the Board of Directors held on 26 February 2015.
Link to corporate objectives	NA
Non-Executive Sponsor	Sir Tom Hughes-Hallett, Chairman

CONFIDENTIAL

Minutes of the Board of Directors (Public Session)

Held at 16.00 on 26 February 2015 in the Boardroom, Chelsea & Westminster Hospital

Present:	Sir Thomas Hughes-Hallett	Trust Chairman	(Chair)
	Sir John Baker	Non-Executive Director	(JB)
	Jeremy Jensen	Non-Executive Director	(JJ)
	Eliza Hermann	Non-Executive Director	(EH)
	Dr Andrew Jones	Non-Executive Director	(AJ)
	Jeremy Loyd	Non-Executive Director	(JL)
	Nilkunj Dodhia	Non-Executive Director	(ND)
	Liz Shanahan	Non-Executive Director	(LS)
	Elizabeth McManus	Chief Executive Officer	(EM)
	Lorraine Bewes	Chief Financial Officer	(LB)
	Rob Hodgkiss	Interim Chief Operating Officer	(RH)
	Zoe Penn	Medical Director	(ZP)
	Vanessa Sloane	Director of Nursing	(VS)
	Dominic Conlin	Director of Strategy & Integration	(DC)
	Susan Young	Chief People Officer & Director of Corporate Affairs	(SY)
	Rakesh Patel	Director of Finance	(RP)
	Thomas Lafferty	Company Secretary	(TL)
In Attendance:	Karl Munslow-Ong	Chief Operating Officer (from 2 March 2015)	(KMO)

1.	Welcome and Apologies for Absence	
a.	The Chair welcomed all present to the meeting.	
b.	It was noted that no apologies had been received for the meeting.	
2.	Declarations of Interest	
a.	No interests were declared with regard to the matters to be discussed on the Board agenda.	
3.	Minutes & Actions from Previous Meeting: 29 January 2015	
a.	The minutes from the previous meeting were agreed as a true and accurate record.	
4.	Matters Arising & Board Action Log	
a.	The Board Action Log was reviewed and noted.	

b.	SY confirmed that the updated Board Register of Interests would be reviewed at the March Board. TL confirmed that the Board Register of Interests was a publicly available document and that any interests would be included within the Annual Report.	
5.	<p>Chairman's Report</p> <p>a. In presenting the report, the Chairman advised that he and EM had recently returned from the World Innovation in Health Summit in Doha, Qatar. The event had been valuable in terms of being able to obtain an international perspective on the enhancement of patient safety, the improvement of productivity in health and the delivery of high quality care. The keynote speech of the event, delivered by Professor Don Berwick with regard to hospital inspection regimes, had been particularly informative and he agreed to see whether the content of the event could be made available to Board members.</p> <p>b. The Chairman noted that on 25 February, he had been a speaker at an Association of Hospital Charities event. He noted that the nature of Hospital charities was changing radically and that Hospital Trusts needed to innovate with regard to the best use of charitable expenditure in order to enhance the provision of healthcare. To this end, he asked LB to compile a 'top 10' list of issues/areas requiring additional expenditure that might attract charitable funding.</p>	<p>THH</p> <p>LB</p>
6.	<p>Chief Executive's Report</p> <p>a. In presenting the report, EM made reference to the Shaping a Healthier Future (SAHF) strategic initiative and noted the work being undertaken to substantially upgrade the CWFT Emergency Department (ED). The current ED was under-sized given the volume of patient activity and EM paid tribute to the staff that continued to provide high quality care, notwithstanding the limitations of the present environment.</p> <p>b. In terms of performance, EM noted that the Trust had improved its Referral to Treatment (RTT) operational performance over the last quarter and had maintained a strong level of compliance with regard to the 4-hour ED target. However, the Trust Executive were focusing hard on controlling current levels of expenditure and ensuring that the Trust's revised in-year CIP target would be met.</p> <p>c. EM noted that the Trust continued to implement improvements in service quality in response to the 2014 CQC inspection. JL requested that the Board be provided with the opportunity to review, at summary level, everything that had been implemented post-CQC inspection. VS agreed to provide this, noting that she had also recently arranged an independent peer review for early April 2015. The results of this could also be brought back to the Board.</p> <p>d. EM noted that the 'Freedom to Speak Up' review led by Sir Robert Francis QC had given national attention to the subject of 'whistleblowing' procedures within NHS organisations. Whilst the Trust had robust mechanisms already in place, she would nevertheless ensure that the organisation complied with the new standards in relation to whistleblowing once these had been defined.</p>	<p>VS</p>

e.	<p>In respect of the Executive Team, EM welcomed KMO and TL to their first Public Board meeting with CWFT. EM noted that the meeting represented RH's last Board meeting as Interim Chief Operating Officer. The Board acknowledged the excellent contribution that RH had made to the improved operational performance of the Trust and to the workings of the Executive Team and Board.</p>	
7.	<p>Patient Experience Case Study</p> <p>a. VS provided the Board with a 'patient story' which related to a young patient with learning disabilities and multiple physical ailments who had been under the care of CWFT for many years. The patient's parents had cared for the child throughout this period and had highlighted the lack of 'adult changing facilities' for physically disabled adults. VS noted that Mencap had recently launched a 'Changing Places' campaign for fully accessible toilets and changing areas to be made available in public areas. VS noted that the Trust now had such facilities in both its outpatient areas for children and adults and that it was looking to see whether this could also be incorporated into the ED.</p> <p>b. JB noted that, in the case study provided, a parent had identified an important need in terms of a change in service provision. He asked whether the Trust had access to other sources of innovation and research that would enable it to grasp key initiatives in support of the patient experience. The Chairman agreed and said that the Trust needed to do more to emphasise the importance of research, education and training.</p> <p>c. The Chairman asked VS to consider using patients with learning disabilities as volunteers within the Trust. VS said that this was already taking place and learning disability patients had recently engaged with ED staff for the purposes of training, allowing those staff members to be placed 'into the shoes' of the learning disability patient.</p> <p>d. DC noted that as part of a National Enhanced Service for Learning Difficulties, GPs have been given the chance to gain accreditation in this area and it was important that the Trust worked closely with local GPs in relation to this to ensure an excellent provision of healthcare service from end-to-end of the patient pathway.</p>	
8.	<p>Board Assurance Framework Review</p> <p>a. TL advised that he was currently reviewing the Trust's high-level risk management processes and was looking to combine the current Board Assurance Framework (BAF) and Corporate Risk Register (CRR) into a single Risk Assurance Framework (RAF) process. This had been supported by the Trust Executive and by the Trust's internal auditors. He noted that he was due to produce a first 'top-down' iteration of the RAF in time for the March Audit Committee, prior to being received by the Board. If the new process was supported, he would then rollout the process within each of the Clinical Divisions.</p> <p>b. The Chairman stated that it was important for any risk process to allow for an assessment of the Board and senior management team's 'risk appetite';</p>	

	allowing the organisation to innovate and make courageous decisions.	
9.	<p>West Middlesex University Hospital NHS Trust (WMUH) Acquisition: Update and ‘Decision Tree’</p> <p>a. In presenting the report, EM advised that a detailed discussion had occurred at the Private Board meeting held earlier in the day with regard to the submission of the Full Business Case (FBC) relating to the proposed acquisition of WMUH. Following discussion, the Board had approved the submission of the FBC to Monitor, subject to amendments. She noted that the Monitor Assessment Process would now commence.</p> <p>b. The Chairman noted the ‘Decision Tree’ and asked for further detail on the proposed constituency meetings. TL advised that these would be local meetings held within the core CWFT constituencies in order to provide updates to the Trust’s membership and members of the public on Trust developments and current issues, as well as providing the Trust with the opportunity to receive feedback from members of the public. A programme of such events would be in place by the end of March and this programme would extend beyond the proposed date of the acquisition. It was hoped that the constituency meetings would allow Governors a real opportunity to ‘connect’ with their local constituents.</p> <p>c. A member of the public asked whether the Trust would be engaging with members of the public in Richmond and Hounslow. DC noted that, whilst WMUH did not have ‘Foundation Trust (FT) members’ as a non-FT, there had been public consultation on the proposed acquisition in the WMUH constituencies and the Trust had also attended key stakeholder events within the patch to ensure engagement and support.</p> <p>d. EM noted that on 24 February 2015, a ‘clinical benefits’ session on the acquisition had been held for the Governors, led by senior clinicians. This had been very well received and had provided an opportunity for the clinicians to show their enthusiasm for the transaction. The Board thanked LS for her role in overseeing the clinicians’ presentations. It was agreed that the case studies used would be uploaded on the Trust website.</p> <p>e. A member of the public asked whether any particular themes had arisen at the clinical benefits session. DC advised that the need for the new Trust to ensure close links with community care provision was a key theme throughout the session; in particular the links between primary, secondary and social care.</p> <p>f. The Chairman asked TL to clarify what the Governors would be asked to approve with regard to the acquisition. TL explained that the Council of Governors needed to assure itself that the Board had:</p> <ul style="list-style-type: none"> i) Been through a thorough and comprehensive process in reaching its proposal (due diligence); ii) Obtained and considered the interests of trust members and the public as part of the decision-making process. <p>JJ asked whether the Trust was ‘capturing’ all of its public engagement</p>	DC

g.	<p>activities in order to have a clear 'audit trail' on this matter in the context of the Council of Governors' decision on the acquisition. TL confirmed that this was the case.</p> <p>AJ stressed the importance of workforce engagement with regard to the success of the proposed transaction, noting the complexities of 'cultural integration'. EM confirmed that staff at all tiers of the organisation were now regularly in contact with WMUH colleagues and had visited the WMUH site. One of the Trust's physicians, Dr Roger Chinn, was currently acting as Medical Director for WMUH. ZP noted that, in addition, the two Trusts were continuing to hold a monthly clinical summit, a 'Connect' Newsletter was being received by both sets of clinical staff and the Trust would also be used a medical engagement scale. The Chairman noted the important role for the new People & Organisational Development (OD) Committee in overseeing the integration of the collective workforce.</p>	
10.	<p>Performance & Quality Report</p> <p>a. RH reported on the Trust's operational performance, noting that the Trust's 4-hour A&E position had improved from December to January and the Trust was one of 16 Trusts nationally to be meeting the target. He noted that the Trust had failed the 31 day cancer diagnosis to treatment target in December, but this was because one of the two patients that fell into the particular category had opted not to proceed with treatment (i.e. 50% attainment). The Trust's RTT position had rapidly improved over recent months, with the Trust having reduced its '18 week backlog' of patients from 1,400 in Summer 2014 to 251 as of February 2015.</p> <p>b. The Chairman asked whether the Trust had learned lessons with regard to the necessary recovery of the RTT position. RH advised that the Trust was currently operating with an outdated IT system which was not designed for the volume of work the Trust needed to process. The introduction of the new EPR system in the context of the WMUH acquisition would address this.</p> <p>c. JJ asked how the Trust was able to reduce its 18-week backlog. RH explained that the Trust had needed to improve its theatre productivity and extend working hours. The Trust also now routinely sent text messages to patients to reduce the number of 'Did Not Attends' (DNAs). The Chairman asked why the Trust was unable to completely eliminate its backlog. RH advised that some individual patients had complex treatment pathways which meant that they needed to see multiple care providers, making 'treatment' within the 18-week window not possible.</p> <p>d. The Chairman queried the fact that the 'Theatre Active Time' metric was rated as 'green' despite being at 70.7%. RH confirmed that, in 2015/16, the Trust would rebase the target at 85%, noting that the Trust needed to improve performance in this area. It was confirmed that the Trust did benchmark its productivity performance against provider organisations nationally.</p> <p>e. LB reported on the Trust's financial performance, noting that the Trust was projected to achieve its revised 2014/15 plan of a £2.2m surplus and to maintain a COSRR rating of '3', having met its control total in month, establishing a small surplus position year to date. With regard to the 2015/16</p>	

	position, LB advised that Monitor was providing organisations with options with regard to the tariff to be applied in the year.	
f.	VS reported on the Trust's patient experience performance, noting that the Trust had recently updated its Complaints Policy and associated training package to staff. A key focus over the weeks ahead was to increase the Friends & Family response rate in some key clinical areas. EH advised that the Quality Committee would need to schedule a specific review of patient experience performance, focusing particularly on the Friends & Family areas of weakness.	TL
g.	ZP reported on the Trust's patient safety performance, noting that there had been one case of CDiff in January. However, ZP remained confident that the Trust would achieve its annual target of no more than eight CDiff cases for the year (currently seven). ZP expressed disappointment with regard to the Trust's 12 hour Consultant assessment clinical effectiveness metric which was falsely low because of a delay in the inputting of the data feeding the metric. ZP confirmed that she would be addressing this issue.	ZP
h.	SY reported on the Trust's workforce performance, noting that the Board had previously reviewed the Trust's refreshed recruitment and retention strategies and initiatives. SY advised that the Trust's turnover rate had reduced slightly in month and that the Trust continued to recruit to vacancies. Levels of mandatory training remained a concern.	
i.	The Chairman agreed that mandatory training performance was a concern; particularly with regard to Level 2 safeguarding training within the Division responsible for Childrens' care and in respect of fire training. The Board agreed that the Trust needed to have a 'zero tolerance' approach to such important training areas, ensuring that the quality of the training was also of a sufficient standard. It was agreed that mandatory training would be reviewed in detail at a future Public Board meeting, via the People & OD Committee.	SY
j.	SY noted that the Trust's Staff Survey results had been received. Early highlights were that the Trust had performed well in terms of staff confidence in the Trust's whistleblowing processes and in respect to whether staff would recommend CWFT as a place to work. The survey indicated however that the Trust needed to do more to improve its appraisal rate and SY noted that the Trust had started to withhold pay increments where appraisals (or mandatory training) had not been undertaken. It was agreed that the survey results would be reviewed in detail at the first meeting of the People & OD Committee.	SY
11.	Questions from Members of the Public	
a.	A member of the public asked whether the Trust was doing enough to control its levels of expenditure. The Chairman confirmed that the Trust had a robust CIP programme in place which was being overseen by the Finance & Investment Committee on behalf of the Board.	
12.	Any Other Business	
a.	Nil.	

13.	Date of Next Meeting: 26 March 2015	
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The meeting was closed at 18.03.

Board of Directors Meeting, 26 March 2015 PUBLIC

Subject/Title	Matters Arising and Action Log/4/Mar/15
Purpose of paper	To provide a record of actions raised and any subsequent outcomes from the February Public Board of Directors Meeting
Decision/action required/ recommendation	The Board is asked to note the actions or outcomes reported by the respective leads.
Summary of the key risks/issues from the paper	This paper outlines matters arising from the public meeting of the Public Board of Directors held on 26 February 2015.
Link to corporate objectives	NA
Non-Executive Sponsor	Sir Tom Hughes-Hallett, Chairman

Board of Directors PUBLIC SESSION – 26 February 2015

Meeting	Minute Number	Agreed Action	Current Status	Lead
Feb 2015	5.a	To obtain the keynote speech of the event, delivered by Professor Don Berwick with regard to hospital inspection regimes and make available to Board members.	Complete.	THH
	5.b	To compile a 'top 10' list of issues/areas requiring additional expenditure that might attract charitable funding.	Paper attached.	LB
	6.c	To provide the Board with the opportunity to review, at summary level, everything that had been implemented post-CQC inspection. To provide the results of an independent peer review to the Board.	This is included within the Quality Committee forward plan.	VS
	9.d	To upload the case studies used for a 'clinical benefits session' for governors held on 24 February on the Trust website.	The video from this session has now been uploaded to a Youtube site for Governors to access.	VS
	10.f	To schedule a specific review of patient experience performance, focusing particularly on the Friends & Family areas of weakness on the Quality Committee.	Complete: It has been agreed that there will be an item specifically on the Patient Experience at each Quality Committee meeting; including in relation to the Friends & Family test.	TL
	10.g	To address the issue of the Trust's 12 hour Consultant assessment clinical effectiveness metric.	Verbal update at meeting.	ZP
	10.i	To review mandatory training in detail at a future Public Board meeting, via the People & OD Committee.	This has been scheduled for the May 2015 People & OD Committee meeting.	SY
	10.j	To review the staff survey in detail at the first meeting of the People & OD Committee.	An update on the Staff Survey will be provided at the March 2015 People & OD Committee meeting. This will precede a more in-depth review at the May 2015 Committee meeting.	SY

Enclosed herewith is the Corporate Directors' Top 10 list of areas for which we would like to seek charitable funding support.

1	Improved facilities for bereaved relatives in both adult and child death.	EM/ZP/VS
2	Investment in staff in support of our People First strategy e.g. staff room refurbishments.	SY/VS
3	Anything around the 3 national priority areas: mental health, dementia care or cancer; e.g. transit lounge for assessment of mental health patients.	KM-O/ZP
4	Ensuring a programme for making side rooms more like the butterfly room.	EM
5	Video equipment – for continued public and patients engagement; Video conferencing facilities to support multi-disciplinary teams especially Cancer and for the new Medi-cinema to enable use for cross site conference meetings; support for Trust-wide meetings system, building on Boardpack approach for Executive meetings.	EM/RH
6	Customer service training across the entire Trust so our patients get a uniformly excellent service.	RH
7	Paid patient representatives (following the success of the ones in HIV service).	RH
8	Signage and way finding.	RH
9	Standardised boards in the wards – Charity logo would also enhance awareness and visibility of CW+	VS
10.	Funding to support training, innovation and commercialisation of new ideas e.g. through funding graduate trainee Enterprising Health fellows in each Division; support for developing PP trading arm e.g. Private diagnostics, Private urgent GP care service as alternative to UCC.	LB

Board of Directors Meeting, 26 March 2015 PUBLIC

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

Chief Executive's Report March 2015

1.0 Staff

1.1 Retention & Recruitment

The Trust welcomed its Chief Operating Officer, Karl Munslow-Ong, to the organisation at the beginning of March. The Executive Team is now complete and we are working together with staff to ensure we continue to develop a culture which creates openness, delivery, and continuous improvement.

In addition, I personally welcomed another room full of new starters again this month. Whilst I will continue to meet with staff on Day 1 of their employment with the Trust, I am also establishing a system whereby I have the opportunity to speak with staff after they have spent six months at the Trust. I am hopeful that such interactions will provide an opportunity to better understand individuals' 'first impressions' of the Trust and its culture; allowing us as an Executive Team to address any issues raised with regard to staff dissatisfaction or disengagement. Indeed, this is an important step in the Trust's overall retention strategy.

1.2 People & Organisation Development (OD) Committee

The first meeting of the People & OD Committee will take place on 23 March 2015, chaired by Liz Shanahan, Non-Executive Director. The Board agreed the establishment of this Committee at its January 2015 meeting; its core areas of focus are:

- The development of a revised People Strategy (including recruitment and retention plans);
- Leadership development and talent management;
- Developing the skills and capability of the Trust's workforce;
- Performance, reward and recognition;
- Culture, values and engagement

I am confident that the new Committee will provide a formal governance mechanism which will allow the Trust to truly prioritise staff development and welfare, in accordance with the Trust's corporate objectives.

1.3 Staff Awards

The 2015 Star Awards will take place on 30 April 2015. The Chief People Officer & Director of Corporate Affairs will provide a verbal update on preparations for this at the Board meeting.

2.0 Grip

2.1 Performance

I am delighted to be able to advise that the Trust achieved all the Monitor-assessment key performance indicators in February; particular highlights include:

- All three RTT targets were met;
- The Trust sustained no CDiff cases in month;
- The Trust saw a further improvement in A&E waiting times, a metric in which the Trust continues to excel when compared with the national position.

In terms of performance challenges, the Board at its February meeting identified the Trust's mandatory training compliance as a key area of improvement and I am pleased that the People & OD Committee referred to above will have the opportunity to review this area in detail over the months ahead.

As I reported at the last Board meeting, the Trust's in-year financial performance remains a concern and we have recently increased the level of resource dedicated to the attainment of these critical business objectives, including external support, to ensure that the necessary remedial action commences at pace. To this end, it is gratifying that we have delivered our projected control total for February and remain on course to deliver a £2.2m surplus at year end.

2.2 Learning from the Jimmy Saville Inquiry

Following the death of Jimmy Savile and subsequent allegations of his wrongdoing at NHS organisations, the Department of Health launched an inquiry into his activities across the NHS. In total, 44 reports have now been published following investigations triggered by this exercise. While many of these actions took place a long time ago and, in some cases, at institutions that no longer exist, everyone within the NHS has a responsibility to make sure nothing like this can ever happen again.

The Secretary of State for Health asked Kate Lampard QC to produce a 'lessons learned' report, drawing on the findings from all published investigations to identify areas of potential concern across the NHS. The report was published on 26 February and includes 14 recommendations for the NHS, 10 of which apply to NHS Hospital Trusts.

The Trust will over the weeks ahead be reviewing its own systems, policies and processes with regard to the management of VIP visits, volunteers' arrangements and charitable activities to ensure that CWFT can demonstrate that it has learned from the national inquiry.

3.0 Growth

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

The Trust has now entered 'Stage 3' of Monitor's transaction process with regard to the proposed acquisition of WMUH. This follows the Board's approval of the Trust's submission to Monitor of its Full Business Case (FBC) documentation.

Stage 3 marks the commencement of Monitor's four month due diligence assessment of the viability and risk associated with the transaction and comprises:

- A detailed review covering transaction execution, quality and finance;
- A Board-to-Board meeting with the Monitor Board;

- The issuing of a 'Transaction Risk Rating', indicating Monitor's evaluation of the level of risk associated with the transaction based upon its detailed assessment.

On 16 March 2015, a 'kick off' meeting was held as the initiation of the Stage 3 process. I will verbally provide the Board with an update on progress at the Board meeting.

Whilst on the topic of the proposed acquisition, I would also like to welcome Murray Keith, Integration Director, who commenced work with the Trust in March. Murray will report to Dominic Conlin, Director of Strategy, and will focus upon driving forward the co-ordination and progression of the WMUH acquisition workstreams.

Finally in respect of the acquisition, on 18 March 2015, the Trust will be interviewing with a view to choosing its preferred supplier of the branding of the new post-acquisition.

3.2 WMUH Today: Leadership Changes & CQC Report

I have spent some time with Ms Jacqueline Totterdell, the Interim CEO at WMUH who starts her role on 30th March 2015. We will work together well and are committed to ensuring that our hospitals are safely managed throughout the transition.

Dame Jacqueline Docherty, current WMUH CEO, leaves at the end of this month. We wish her well in her new and challenging role. We are pleased that she is staying within the sector and look forward to working with her and a new team in the future.

On 30 March 2015, I will be attending the CQC Quality Summit held in response to the publication of the CQC's inspection report in relation to the inspection carried out with regard to WMUH's services in November 2014. The report's findings will be important in helping us to identify and prioritise the key clinical priorities within the post-acquisition organisation.

3.3 Charitable Event

On 12 March 2015, I attended the Mayfair Arts Club together with the Arts Director of CW+ to give a presentation on the subject of 'Art and the Environment in Hospitals'. The aim of the event was to generate interest in the role of art in healthcare premises and to gain support for future charitable investment.

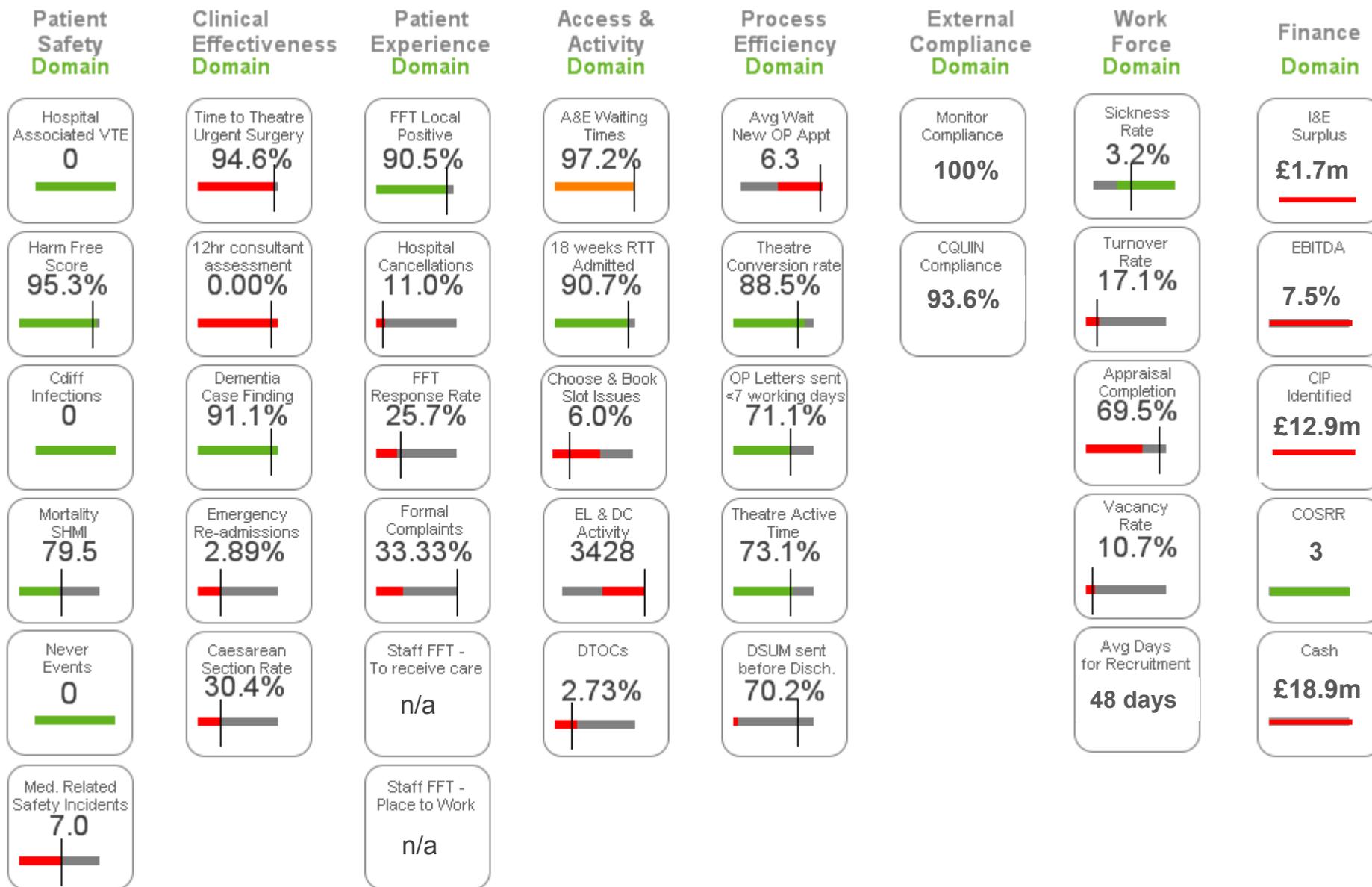
Elizabeth McManus
Chief Executive Officer
March 2015

Board of Directors Meeting, 26 March 2015 PUBLIC

Subject/Title	Performance and Quality Report/8/Mar/15
Purpose of paper	To report the Trust's performance for February 2015, highlight risk issues and identify key actions going forward.
Decision/action required/ recommendation	The Trust Board is asked to note the performance for February 2015.
Summary of the key risks/issues from the paper	<p>The Trust met all key performance indicators for Monitor in February, with the exception of the compliance with requirements regarding access to healthcare for people with learning.</p> <ul style="list-style-type: none"> - The Trust is currently not fully compliant with all 6 of the learning disabilities indicators, but working to achieve compliance in 2015/16. This is also part of our CQC Action Plan. - All three RTT indicators were achieved in February and A&E performance against the 4 hour waiting time indicator of 97.2% was achieved in February, which is a further improvement on January's performance. - Patient Safety: There has been a reduction in the prevalence of pressure ulcers in February, but still above the challenging target, with the Q4 achievement now at risk. Screening of elective patients for MRSA has improved in February following actions put in place earlier in the year. - Clinical Effectiveness: There has been a reduction in the % of patients nutritionally screened on admission in February and actions have been put in, with improvements seen at the beginning of March. Maternity caesarean section rates continue to be above target, but have reduced in February to 30.9% overall. - Patient experience: Response rates have improved for the Friends and Family Test in the month. Training will be delivered during March to improve access to departmental results, analyse the feedback so that they can improve patient experience based on the feedback for individual areas. - Access and Efficiency: There were two 60 minute handover breaches during the busy period on 1 day in February. Further improvement in discharge summaries sent in real time in February, though the Trust remains behind the challenging 80% target.
Link to corporate objectives	<p>Improve patient safety and clinical effectiveness Improve the patient experience Ensure Financial and Environmental Sustainability</p>
Executive Sponsor	Karl Munslow-Ong, Chief Operating Officer

Performance and Quality Report

Performance to 28th Feb 2015



Monitor Compliance – Feb 2015

Sub Domain	Trust Level Monthly Data @ 11/03/2015				YTD
	MonthYear	Dec 2014	Jan 2015	Feb 2015	YTD
Harm	Clostridium difficile infections (Target: < 0.67)	2	1	0	7
	MRSA Bacteraemia (Target: < 0)	0	0	0	0
Cancer	Cancer diagnosis to treatment waiting times - 31 Days (Target: > 96%)	100.0%	100.0%	N/A	99.7%
	Cancer diagnosis to treatment waiting times - Subsequent Surgery (Target: > 94%)	50.0%	100.0%	N/A	91.7%
	Cancer diagnosis to treatment waiting times - Subsequent Medicine (Target: > 98%)	100.0%	N/A	N/A	100.0%
	Cancer urgent referral GP to treatment waiting times (62 Days) (Target: > 85%)	97.6%	92.6%	N/A	90.8%
	Cancer urgent referral Consultant to treatment waiting times (62 Days) (Target: > 90%)	100.0%	N/A	N/A	96.0%
	Cancer urgent referral to first outpatient appointment waiting times (2WW) (Target: > 93%)	97.4%	92.2%	N/A	94.7%
RTT	18 week referral to treatment times Admitted Patients (Target: > 90%)	91.2%	91.1%	90.4%	85.3%
	18 week referral to treatment times Non Admitted Patients (Target: > 95%)	95.9%	95.0%	95.0%	95.9%
	18 week RTT incomplete pathways (Target: > 92%)	92.1%	93.0%	92.9%	92.3%
A&E	A&E waiting times (Target: > 98%)	95.7%	96.9%	97.2%	96.4%
LD	Self-certification against compliance with requirements regarding access to healthcare for pe...	Non-Compliant	Non-Compliant	Non-Compliant	Non-Compliant

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

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

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

*The Monitor MRSA de minimus target is 6 cases, however we measure against a stretch target of 0

*The Monitor A&E target is 95% under 4hr wait, however we measure against an internal stretch target of 98%

Performance Headlines

Improvements

- All Monitor indicators were achieved in February, with no further Cdiff cases and a further improvement in A&E waiting times.
- There was a significant improvement in the turnaround times for outpatient letters within 7 days, following focussed work on reducing the backlog in Surgery.
- Elective screening for MRSA has improved following actions put in place to check all elective lists for screening.
- Friends and Family Test results reported a higher net local positive score in February and also an increased response rate.

Challenges

- The prevalence of pressure ulcers rate remained high in February, despite continued work to reduce pressure ulcers. The Trust is now unlikely to achieve the Q4 stretch target, however most other CQUIN schemes are on target.
- There were two 60 mins ambulance handover breaches in February following high demand and capacity constraints within the department on 1 day in the month.
- Staff turnover remains high in February, with actions underway to target specific areas of concern.

Sub Domain	Trust Level Monthly Data @ 11/03/2015 XL				YTD XL
	Month Year ▼	Dec 2014	Jan 2015	Feb 2015	
Harm	Incidence of newly acquired category 3 and 4 pressure ulcers (Target: < 3.6)	2	2	2	19
	Safety Thermometer - Harm score (Target: > 90%)	96.0%	93.9%	95.3%	94.6%
	Safety Thermometer - Prevalence of Pressure Ulcers (Rate) (Target: < 3.45%)	2.8%	5.5%	4.9%	4.2%
HCAI	C Diff rate per 100k bed days pts aged >=2 (Target: < 14.7)	104.7	52.3	0.0	33.3
	Clostridium difficile infections (Target: < 0.67)	2	1	0	7
	Hand Hygiene Compliance (trajectory) (Target: > 90%)	97.2%	97.4%	97.2%	97.3%
	Methicillin Sensitive Staphylococcus Aureus Target < 3.9)	0	1	1	10
	E.Coli bloodstream infections Target < 11.9)	5	3	1	59
	MRSA Bacteraemia (Target: = 0)	0	0	0	0
	Screening all elective in-patients for MRSA (Target: > 95%)	95.3%	93.3%	96.6%	92.8%
	Screening Emergency patients for MRSA (Target: > 95%)	98.5%	97.8%	97.1%	97.7%
Incidents	Incident reporting rate per 100 admissions (Target: > 8.50)	7.91	7.23	6.29	7.53
	Inpatient falls per 1000 Inpatient bed-days (Target: < 3.00)	3.01	2.34	3.42	3.36
	Never Events (Target: = 0)	0	0	0	0
	Medication related safety incidents per 1000 admissions Target < 89.4)	7.7	4.7	7.0	7.1
	Rate of patient safety incidents per 100 admissions (Target: < 2.9)	7.26	6.91	5.87	7.14
	Rate of pt. safety incidents resulting in severe harm - death per 100 admissions (Target: = 0.00)	0.02	0.00	0.02	0.01
Mortality	Mortality (HSMR) (2 months in arrears) (trajectory) (Target: < 104)	N/A	N/A	N/A	74.4
	Mortality SHMI *TRUST ONLY* (Target: < 82)	79.5	79.5	79.5	80.2
	Number of In-hospital Deaths (Adults)	40	41	30	339
	Number of in-hospital deaths (Paed:	0	0	0	0
	Number of in-hospital deaths (Neonatal)	1	5	4	36

Safety Thermometer - Pressure ulcers:

Work continues to focus on hospital acquired pressure ulcers. The Preventing Harm Group have reviewed information requirements relating to pressure ulcers so that effort can be targeted appropriately.

Progress has been made on the presentation of pressure ulcers with a particular focus on Lord Wigram Ward where a project "Lift Off" has commenced. This has involved changing practice along the pathway including recovery and theatres, clinicians discussing skin assessments on ward rounds, new guidelines for cast management and letters to all staff regarding their responsibility and accountability in Pressure Ulcer Management. The project will continue in 15/16. At the time of writing this report there has been no pressure ulcer on Lord Wigram ward for 50 days.

Inpatients falls per 1000 inpatient bed days:

The Preventing Harm Group continue to focus on falls, particularly those with harm. The falls with moderate harm remain less than 1 per month for the last 6 months and falls with minor harm average about 9 the number of overall falls is variable each month. A review of the information required for the Preventing Harm Group has also been agreed so that the group are clear where they need to target effort.

Ward Name	Average fill rate registered nurses/midwives (%) day shift	Average fill rate care staff (%) day shift	Average fill rate registered nurses/midwives (%) night shift	Average fill rate care staff (%) night shift
Maternity	78.6%	77.4%	71.0%	57.1%
Annie Zunz	107.3%	190.0%	135.0%	190.0%
Apollo	96.4%	53.6%	96.4%	-
Jupiter	90.8%	75.0%	137.5%	-
Mercury	109.5%	89.3%	106.5%	70.4%
Neptune	94.6%	85.7%	102.4%	92.9%
NICU	92.4%	-	94.6%	-
AAU	93.6%	94.4%	119.4%	103.6%
Nell Gwynne	103.3%	99.6%	126.8%	100.0%
David Erskine	105.7%	107.1%	105.4%	123.2%
Edgar Horne	110.7%	100.9%	133.9%	100.0%
Lord Wigram	100.0%	100.0%	100.0%	100.0%
Rainsford Mowlem	98.5%	98.8%	100.0%	101.8%
David Evans	108.9%	90.2%	137.5%	111.4%
Chelsea Wing	101.3%	96.4%	100.0%	100.0%
Burns Unit	94.7%	121.4%	101.2%	234.4%
Ron Johnson	92.5%	91.7%	93.3%	91.7%
ICU	98.2%	-	101.2%	-

National Quality Board Report – Hard Truths expectations:

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

Definition – Fill rate:

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

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

Summary for February:

February has been a particularly difficult month with an increasing number of unwell and highly dependent patients with complex needs. Nell Gwynne and Edgar Horne Ward needed to increase their night staffing levels to 3 registered nurses to safely manage their patients. Investment in night time staffing levels has been approved as part of business planning. Jupiter ward had a need for a significant number of RMN shifts. David Evans have a local agreement to have 3 registered nurses on at night.

Annie Zunz and AAU fill rates relates to additional capacity and trollies being open overnight.

Burns unit excessive fill rate for health care assistants requires further investigation as it is not clear what was driving this level of demand.

Sub Domain	Trust Level Monthly Data @ 16/03/2015 XL				YTD XL
	MonthYear ▲▼	Dec 2014	Jan 2015	Feb 2015	YTD
Admitted Care	Elective LoS - Long Stayers (Target: < 46)	52	51	51	577
	Elective Length of Stay (Target: < 3.7)	3.7	2.9	3.3	3.2
	Emergency Care Pathway - Discharges (Target: N/A)	185.9	190.6	175.0	2104.3
	Emergency Care Pathway - Length of Stay (Target: < 4.5)	5.35	5.00	5.08	4.69
	Emergency Re-Admissions within 30 days (adult and paed) (Target: < 2.8%)	2.57%	3.08%	2.89%	2.96%
	Non-Elective Long Stayers (Target: < 488)	437	455	416	4811
	Non-Elective Length of Stay (Target: < 3.9)	4.6	3.9	4.2	4.0
	VTE Assessment (Target: > 95%)	96.4%	96.8%	95.8%	96.5%
Best Practice	% Patients Nutritionally screened on admission *TRUST ONLY* (Target: > 90%)	81.5%	89.6%	75.3%	79.6%
	% Patients in longer than a week who are nutritionally re-screened *TRUST ONLY* (Target: > 90%)	74.4%	72.7%	59.8%	68.2%
	12 Hour consultant assessment - AAU Admissions (Target: > 90%)	80.7%	67.9%	67.8%	65.5%
	Central line continuing care—compliance with Care bundles (Target: > 90%)	100.0%	88.9%	100.0%	98.8%
	Peripheral line continuing care—compliance with Care bundles (Target: > 90%)	90.0%	94.4%	100.0%	89.5%
	Urinary catheters continuing care—compliance with Care bundles (Target: > 90%)	90.0%	87.5%	100.0%	95.6%
	Fractured Neck of Femur - Time to Theatre < 36 hrs for Medically Fit Patients (Target: = 100%)	84.6%	81.8%	N/A	87.2%
	Safeguarding adults - Training Rates (Target: >)	tba	tba	tba	tba
	Safeguarding children - Training rates (Target: >)	tba	tba	tba	tba
	Stroke: Time spent on a stroke unit *TRUST ONLY* (Target: > 80%)	100.0%	100.0%	100.0%	100.0%
	Dementia Screening Case Finding (Target: > 90%)	90.5%	93.3%	94.2%	94.6%
Best Practice	Appropriate referral Dementia specialist diagnosis *TRUST ONLY* (Target: > 90%)	100.0%	100.0%	100.0%	100.0%
	Dementia Screening Diagnostic Assessment (Target: > 90%)	100.0%	100.0%	100.0%	100.0%
Theatres	Procedures carried out as day cases (basket of 25 procedures) (Target: > 85%)	84.3%	83.8%	81.1%	81.7%
	Theatre Active Time - % Total of Staffed Time (Target: > 70%)	73.9%	71.1%	73.7%	73.4%
	Time to theatre for urgent surgery (NCEPOD recommendations) (Target: > 95%)	95.6%	96.3%	94.6%	94.7%

Elective LOS – Long stayers: The majority of long stay patients in February were on David Evans ward, which is consistent with the complex surgery associated with patients on the ward. The number is also consistent with the previous month's performance and has reduced from previous months. Two wards had a higher number of patients staying longer than expected but these numbers were 4 patients on Ron Johnson ward and 5 patients on Mercury ward. These relatively low numbers point to complications in individual cases rather than significant themes.

Nutritional Screening on Admission: Initial screening has reduced by 15% from 90% to 75%, rescreening after 7 days dropped by 12% to 60%. Both are well below the target of 90%.

All Wards are now be monitored weekly on Wednesdays and ward sisters notified of performance by Friday to enable weekly senior nurse presence to monitor and promote screening. The results for the first two weeks of March show an improvement to 84% for initial screening and 65% for rescreening.

Ward sisters have been trained to access live nutritional screening information and nutrition screening will be discussed at the Chief Nurses cabinet, the specialist nurse forum and the lead nurse and matron forum.

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

NCEPOD: In February there were 462 patients who required emergency surgery. Of these patients 437 (94.6%) had their surgery within the Trusts locally adapted more stringent waiting times for emergency surgery and 25 did not. 439 patients (95.02%) had their surgery within the national waiting times for emergency surgery. All cases have been reviewed by a clinician and for those that did not meet the target there were no serious clinical consequences.

Procedures carried out as Day cases: February performance has deteriorated compared to January although there has been a continued improvement in hernia and cholecystectomy procedures carried out as day-cases. Hernia is currently at 62% against a target of 65%. Cholecystectomies performed as a day case have risen from 20% last month to 46% in February meeting the Trusts target of 40%. Paediatric tonsillectomy procedures low performance in this area is due to operating on afternoon lists which impedes the ability to discharge on the day. Discussions are taking place to change the SLA and move these lists to the morning.

Clinical Effectiveness – Maternity

Indicator	Measure	Target	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD Total	
NHS Deliveries	Benchmarked to 5042 per annum	416	417	405	422	412	433	462	464	427	432	463	398	4,735	
Private Deliveries	Benchmarked to 840 per annum	72 per month	62	76	71	73	63	70	71	53	60	85	50	734	
Trust Deliveries	Total Maternities (Mother)		479	481	493	485	496	532	535	480	492	548	448	5,469	
Births	Birth Centre (excludes transfers)	No. of patients	83	67	79	65	65	65	59	64	48	66	47	708	
	BC maternities rate of Trust total SVD	%	37.4%	31.6%	36.1%	30.2%	30.5%	28.3%	28.8%	28.2%	24.7%	28.1%	25.1%		
	Home births - rate of NHS maternities	% NHS Dels	1.2%	1.2%	1.2%	0.7%	0.5%	0.9%	0.6%	0.2%	1.6%	0.6%	1.3%		
Norm. Vaginal Deliveries	SVD (Normal Vaginal Delivery)	No. of patients	222	212	219	215	213	230	205	227	194	235	187	2,359	
	Maintain normal SVD rate	52%	53.2%	52.3%	51.9%	52.2%	49.2%	49.8%	44.2%	53.2%	44.9%	50.8%	47.0%		
C- Section	Total C/S rate overall	<27%	29.3%	32.3%	28.4%	28.9%	31.6%	30.1%	33.2%	27.9%	35.0%	31.5%	30.9%		
	Emergency C Sections	No. of patients	59	66	66	64	85	77	69	58	77	84	64	769	
		<12%	14.1%	16.3%	15.6%	15.5%	19.6%	16.7%	14.9%	13.6%	17.8%	18.1%	16.1%		
Assisted Deliveries	Elective C Sections	No. of patients	63	65	54	55	52	62	85	61	74	62	59	692	
		<15%	15.1%	16.0%	12.8%	13.3%	12.0%	13.4%	18.3%	14.3%	17.1%	13.4%	14.8%		
Assisted Deliveries	Ventouse, Forceps Kiwi	No. of patients	73	62	83	78	83	93	105	81	87	82	88	915	
		10-15% (SD)	17.5%	15.3%	19.7%	18.9%	19.2%	20.1%	22.6%	19.0%	20.1%	17.7%	22.1%		
Total CS Rate Based on Coded Spells		<27%	29.0%	32.5%	29.2%	29.2%	31.9%	31.2%	32.7%	27.9%	34.2%	31.5%	30.4%		
Clinical Indicators	PP Heamorrhage	Blood loss >2000mls	<10	11	3	5	11	7	8	9	4	6	8	4	76
		Blood loss >4000mls	No. of patients	1	0	0	1	0	0	2	0	0	1	1	
	Perineum	3rd/4th degree tears	<5% (RCOG)	7	10	9	6	8	8	18	12	13	14	10	115
Stillbirths	Number of Stillbirths		3	2	4	1	4	3	3	2	1	3	2	28	
	GBS - NHS maternities		32	31	35	30	23	33	27	26	36	32	27	332	
Sepsis	Pyrexia in labour	≥38°C	8	16	12	4	13	16	12	9	5	11	13	119	
Readmissions	Neonatal < 28 days of Birth (Feeding)		4	5	2	7	7	2	3	8	1	5	n/a	44	
	Of which were born at C&W		2	5	4	7	6	2	3	6	1	3	n/a	39	
PbR	Antenatal Bookings completed	509	463	539	492	524	476	471	498	495	430	465	431	5,284	
	Ref by 11w		351	377	383	406	356	341	354	361	306	327	321	3,883	
	% Ref by 11w		76%	70%	78%	77%	75%	72%	71%	73%	71%	70%	75%		
	KPI: % Ref by 11w and seen by 12+6w	95%	92.9%	91.8%	95.8%	97.3%	95.8%	96.8%	95.2%	96.4%	95.4%	91.1%	90.3%		
Breaches (11w ref and booked > 12+6w			25	31	16	11	15	11	17	13	14	29	31	213	
	Postnatal discharges	221	222	214	238	228	249	223	235	254	213	230	n/a	2,306	
Risk	Maternal Death	Incident Form	0	0	0	0	0	0	0	1	0	0	0	1	
	Maternal Morbidity	In 2 mths < 6	1	1	0	1	1	0	1	1	1	0		7	
VTE	Assessments	95%	97.2%	98.0%	97.6%	96.5%	97.2%	96.3%	98.6%	97.2%	96.3%	97.2%	94.7%		

Activity: NHS deliveries were lower than prior months at 398 in February in line with the lower number of days in the month. Community midwifery teams are in an early phase of trailing a new tablet based app which will facilitate paper-free postnatal visits and real time capture of activity in the field.

C-Section: February section rates improved against the target for emergency and overall c-sections. The elective section rate was within target for the second successive month. Clinical indicators for blood loss and 3rd degree tears were within a normal range and below ceiling targets.

DSUMs: Ongoing work with the Information team to validate and set appropriate exclusions within our local reporting. From the initial validation we are confident in achieving the DSUM target for Q4 following these developments.

Breastfeeding Initiation: The Infant Feeding Team are auditing patients across Q4 to date to validate the CMiS (maternity system) records in comparison to the paper notes to confirm correct indication of initiation. The Trust is expecting to achieve each month of Q4 against the target of 90% following these audit results. Training is ongoing in record keeping within the electronic CMiS system.

12+6 Access: February saw a second consecutive month below the 95% target for women referred by 11w gestation to be seen by 12 wks and 6 days. Staff sickness absence within the antenatal booking team has now been addressed to improve the timely processing of referrals and reception cover across the clinical areas. We are also progressing a 'prospective view' app with the Information team to provide clear signposting of those appointments booked outside of 12+6 so that they may be reviewed and brought forward as appropriate.

Sub Domain	Trust Level Monthly Data @ 11/03/2015				XL	YTD	XL
	MonthYear ▼	Dec 2014	Jan 2015	Feb 2015		YTD	
Complaints	Breach of Same Sex Accommodation *TRUST ONLY* (Target: = 0)	0	0	0		0	
	Complaints (Type 1 and 2) - Communication (Target: < 13)	16	22	9		214	
	Complaints (Type 1 and 2) - Discharge (Target: < 2)	1	3	1		21	
	Complaints (Type 1 and 2) - Attitude / Behaviour (Target: < 16)	20	10	14		182	
	Complaints Re-opened (Target: < 5%)	5.56%	0.00%	N/A		6.97%	
	Complaints upheld by the Ombudsman *TRUST ONLY* (Target: = 0)	1	1	0		6	
	Formal complaints responded in 25 working days (Target: = 100%)	50.00%	60.00%	N/A		65.16%	
	Total Formal Complaints	18	25	12		244	
Friends & Family	Friends & Family Test - A&E response rate (Target: > 20%)	22.0%	21.7%	21.3%		21.3%	
	Friends & Family Test - Inpatients response rate (Target: > 30%)	27.6%	30.5%	30.8%		30.4%	
	Friends & Family Test - Local +ve score (Trust) (Target: > 90%)	87.3%	89.6%	90.5%		89.7%	
	Friends & Family Test - Net promoter score (Target: > 62)	59.6	59.8	64.2		61.1	
	Friends & Family Test - Total response rate (Target: > 30%)	24.8%	25.4%	25.7%		24.5%	

Friends and Family:

The Trust is focussing on how we can improve our FFT response rate, particularly in those areas where the response rate is low and working to determine the most appropriate feedback mechanism; for some areas this may include a mix of call centre, paper and text as the mechanism for obtaining feedback.

FFT training will be delivered to all ward and department leaders during March so that they understand how to access their results, analyse the feedback and get into the detail so that they can improve patient experience based on the feedback for their areas.

Sub Domain	Trust Level Monthly Data @ 16/03/2015				YTD
	MonthYear ▾	Dec 2014	Jan 2015	Feb 2015	
A&E	A&E Time to Treatment (Target: < 60)	01:09	01:02	01:04	01:07
	A&E waiting times (Target: > 98%)	95.7%	96.9%	97.2%	96.4%
	A&E: Unplanned Re-attendances (Target: < 5%)	6.92%	6.85%	6.43%	6.69%
	LAS Patient Handover Times - 30 mins (KPI2) *TRUST ONLY* (Target: < 0)	70	40	41	759
	LAS arrival to handover more than 60mins (KPI 3) *TRUST ONLY* (Target: < 0)	0	5	2	25
Cancer	Cancer Consultant Upgrade (Target: > 85%)	100.0%	N/A	N/A	96.0%
	Cancer diagnosis to treatment waiting times - 31 Days (Target: > 96%)	100.0%	100.0%	N/A	99.7%
	Cancer diagnosis to treatment waiting times - Subsequent Medicine (Target: > 98%)	100.0%	N/A	N/A	100.0%
	Cancer diagnosis to treatment waiting times - Subsequent Surgery (Target: > 94%)	50.0%	100.0%	N/A	91.7%
	Cancer urgent referral Consultant to treatment waiting times (62 Days) (Target: > 85%)	100.0%	N/A	N/A	96.0%
	Cancer urgent referral GP to treatment waiting times (62 Days) (Target: > 85%)	97.6%	92.6%	N/A	90.8%
	Cancer urgent referral to first outpatient appointment waiting times (2WW) (Target: > 93%)	97.36%	93.2%	100%	94.69%
	Average Wait - Referral to First Attendance (Weeks) (Target: < 6 weeks)	5.7	6.8	6.3	6.0
OP	Choose and Book slot issue % *TRUST ONLY* (Target: < 2.0%)	7.7%	8.0%	6.0%	6.7%
	Number of patients waiting longer than six weeks for a diagnostic test (Target: = 0)	0	0	0	0
	Rapid access chest pain clinic waiting times (Target: > 98%)	100.0%	100.0%	100.0%	100.0%
RTT	18 week referral to treatment times Admitted Patients (Target: > 90%)	91.4%	91.2%	90.8%	85.4%
	18 week referral to treatment times Non Admitted Patients (Target: > 95%)	95.9%	95.0%	95.0%	95.9%
	18 week RTT incomplete pathways (Target: > 92%)	92.1%	93.0%	92.9%	92.3%
	RTT Incomplete 52 Wk Patients @ Month End (Target: = 0)	0	0	1	2
IP	Average Wait - Decision to admit to Admission (Weeks) (Target: < 6 weeks)	6.9	9.1	7.3	8.6

A&E Performance: waiting times:

February saw an improvement in A&E performance compared with January. January saw 6504 attendances with 264 breaches, and February 6201 attendances with 245 breaches. Adult attendance and acuity in particular remain key themes.

LAS Handovers:

Both 60 minute breaches relate to the 11th February when the Trust experienced high demand for ED services, in particularly impacted by acuity of admissions and majors resus space .

RTT Incomplete 52 Wk Patients:

This related to a plastics patient that was incorrectly encountered as having treatment in March 2014. Further validation work in February has identified that this patient had not had treatment. This is a complex patient that is a joint case and one of the consultants was not available at the end of February. The patient has now been booked for the end of March.

In order to ensure that the risk of this happening again is minimised, the Trust will ensure that when patients are added to the waiting list the encountering is correct and the clock is started from the correct date. All outpatient staff have been reminded of the importance of encountering correctly and an ongoing process of validation of the waiting list will continue to identify any further patients with an incorrect clinic outcome.

In addition, the Trust will set up more routine regular audits of activity to provide greater assurance around Data Quality. This will also form part of our internal audit work that has been commissioned.

Choose and Book slot issues:

Slot issues remain in Paediatric Cardiology & Community Dermatology, with Thoracic Medicine a more recent issue. Trauma & Orthopaedic choose and book slots are no longer polling because of changes to the MSK triage process , which is under review.

Choose and Book slot issues will also be looked as part of the Trust's outpatient efficiency programme for 2015-16. Performance and Quality Report Feb...

Sub Domain	Trust Level Monthly Data @ 16/03/2015				YTD
	MonthYear ▼	Dec 2014	Jan 2015	Feb 2015	
Admitted	Delayed transfers - Patients affected *TRUST ONLY* (Target: < 2.00%)	3.28%	1.94%	2.73%	2.00%
	Delayed transfers of care days lost (Target: < 644)	426	360	367	3318
DQ	Coding Levels complete - 7 days from month end (Target: > 95%)	98.7%	99.0%	98.6%	98.6%
	Total NHS Number compliance (Target: > 98%)	96.9%	96.8%	96.8%	96.8%
GP Real Time	Discharge Summaries Sent < 24 hours (Target: > 70%)	76.1%	79.0%	80.7%	79.5%
	Discharge Summaries Sent In Real Time (Target: > 80%)	64.9%	68.2%	70.2%	65.3%
	GP notification of an A&E-UCC attendance < 24 hours (Target: > 70%)	99.92%	99.87%	99.95%	99.77%
	GP notification of an emergency admission within 24 hours of admission (Target: >)	99.83%	99.66%	99.82%	99.84%
	GP Notification of discharge planning within 48 hours for patients >75 (Target: > 70%)	63.85%	75.30%	68.37%	68.30%
Outpatients	OP Letters Sent < 7 Working Days (Target: > 70%)	58.4%	63.6%	71.0%	71.9%
	Average PICs per patient (Target: < 0.64)	0.59	0.62	0.60	0.62
	DNA Rate (Target: <11.1%)	10.4%	10.2%	11.6%	11.0%
	First to Follow-up ratio (Target: < 1.5)	1.66	1.70	1.60	1.69
	Hospital cancellations \ reschedules of outpatient appointments % of total attendances (Target: < 8.00%)	9.6%	9.9%	11.0%	10.0%
	Hospital cancellations made with less than 6 Weeks Notice (Target: < 3%)	4.6%	5.0%	5.8%	5.3%
	Patient cancellations \ reschedules of outpatient appointments % of total attendances (Target: < 8%)	8.4%	9.5%	9.6%	9.4%
Theatres	No urgent op cancelled twice (Target: = 0)	0	0	0	0
	On the day cancellations not rebooked within 28 days (Target: = 0)	1	2	0	4
	On the day cancelled operations (non clinical) % total elective admissions (Target: < 0.80%)	0.27%	0.33%	0.65%	0.33%
	Theatre booking conversion rate (Target: > 80%)	89.3%	86.4%	88.1%	87.9%

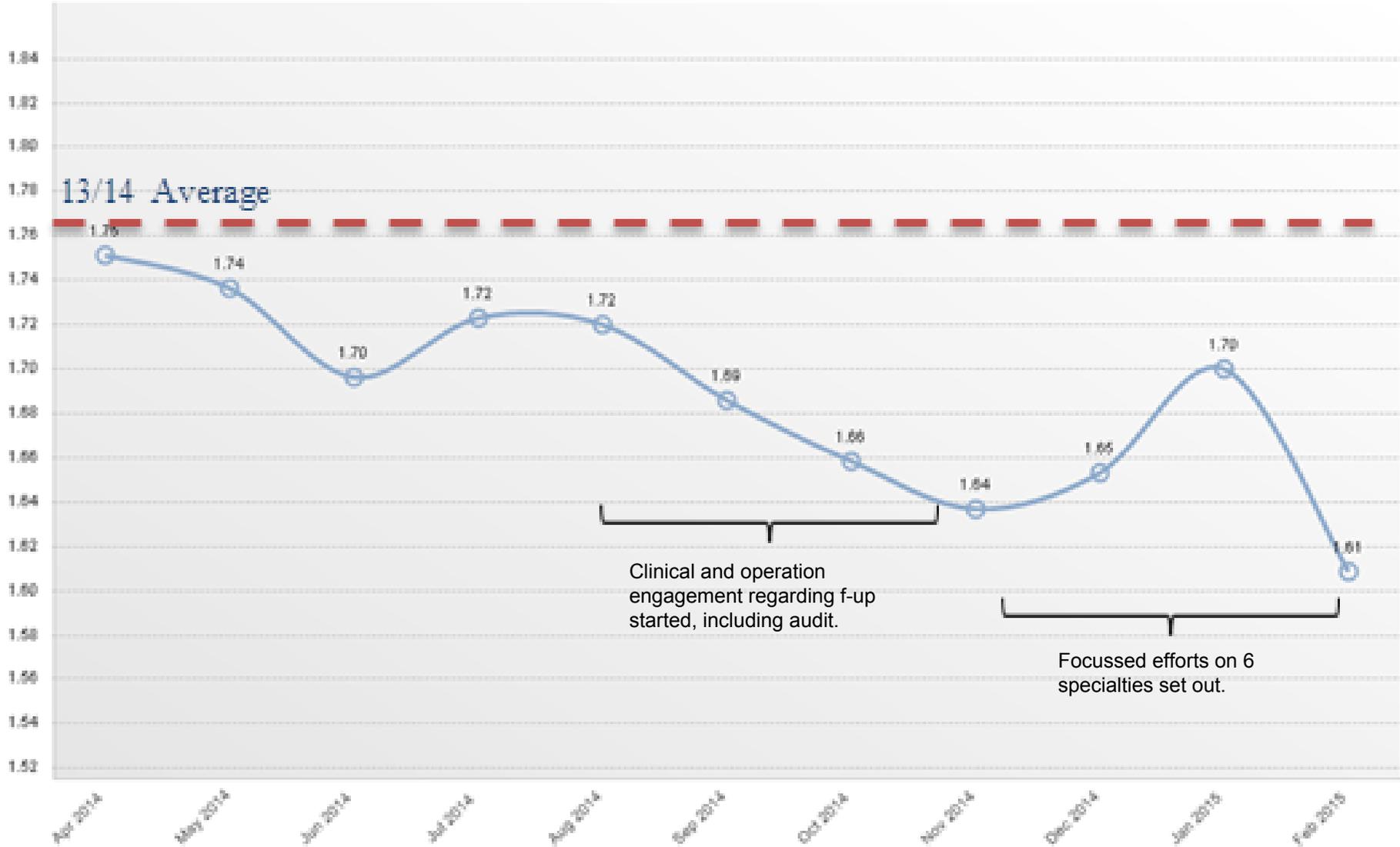
NHS Number Compliance:

Staff continue to be issued with smartcards and trained in looking up missing NHS numbers on the spine. The overall position remains consistent however, Paediatric Dentistry is an area identified for improvement to target NHS number inclusion in referrals.

Discharge Summaries sent in real time:

While performance continues to improve on Discharge summaries, the figure has not improved sufficiently to meet the 80% target. Areas of improvement who were over 80% for February included Diagnostics, Surgery and HIV. There are still some high volume areas where completely discharge summaries in a timely manner has proved extremely difficult, most notably on AAU and the Emergency Observation Unit.

First to Follow-up ratio: Through multi-disciplinary engagement and team work the Trust has successfully enabled the reduction of the follow up ratio. This has been a key priority of the outpatient transformation programme supported by the Trust central Service Improvement team.



Domain	Indicator Detail	Q1 Total	Q2 Total	Oct-14	Nov-14	Dec-14	Q3 Total	Jan-15	Feb-15	Q4	YTD
FFT	Friends & Family Test - Inpatients response rate (Target: >30.0% in Q4)	33.30%	30.40%	33.10%	27.30%	27.60%	29.40%	30.50%	30.80%	30.60%	30.40%
	Friends & Family Test - A&E response rate (Target: >20.0% in Q4)	17.40%	23.30%	23.60%	22.80%	22.00%	22.80%	21.70%	21.30%	21.50%	21.30%
	Friends & Family Test - Staff FFT	-	-	-	-	-	-	-	-	-	-
Safety Thermometer	Safety Thermometer Data Collection (Target: =100%)	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	Safety Thermometer - Prevalence of Pressure Ulcers (Rate) (Target: <3.45%)	4.00%	4.80%	2.20%	4.70%	2.80%	3.20%	5.50%	4.90%	5.20%	4.20%
Dementia	Dementia Screening - Case Finding (Target: >90%)	97.20%	91.70%	92.50%	95.20%	88.00%	92.80%	91.50%	91.10%	91.50%	92.90%
	Dementia Screening - Assessment (Target: >90%)	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	Dementia Screening - Appropriate Referral (Target: >90%)	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
GP Communication in Real Time	DSUMS Before Discharge 80% Target	63.80%	65.20%	63.40%	65.10%	65.00%	64.50%	68.24%	70.30%	69.20%	65.30%
	GP Notification Of Emergency Admission withing 24 hours	99.86%	99.88%	100.00%	99.75%	99.83%	99.86%	99.66%	99.82%	99.74%	99.84%
	GP Notification of A&E & UCC Attendance	99.30%	99.95%	99.96%	99.96%	99.92%	99.95%	99.83%	99.95%	99.91%	99.77%

The Trust continued to achieve the national CQUIN schemes of Friends and Family Test, Safety Thermometer data collection and Dementia Screening in February and is on track to achieve these for quarter 4, despite an increased target for Friends and Family test response rates in the last quarter (30% for inpatients and 21% for A&E).

The performance in February against the national CQUIN scheme to reduce the prevalence of pressure ulcers was 4.9% against a target of 3.45% and therefore the CQUIN scheme is now unlikely to be achieved.

The other key CQUIN scheme that is now unlikely to be achieved is the local CCG scheme to send 80% of discharge summaries to GPs within real time in quarter 4. There has been a significant improvement in January and February, with 70.3% of discharge summaries sent in real time in February, but this remains 10% behind target. There are a number of large volume areas that are underperforming, such as emergency medicine. Work is continuing with the clinical teams to target underperforming wards and improve the timely completion of discharge summaries, including weekly monitoring.

Division	Total	Corporate Division	Emergency & Integrated Care Division	Planned Care Division	Womens, Childrens and Sexual Health Division
Fire	61%	74%	56%	67%	55%
Moving & Handling	72%	71%	70%	71%	74%
Safeguarding Adults Level 1	100%	100%	100%	100%	100%
Slips Trips and Falls	85%	87%	82%	88%	83%
Harrassment & Bullying	87%	87%	91%	89%	84%
Information Governance	55%	61%	54%	61%	50%
Hand Hygiene	75%	77%	75%	74%	75%
Health & Safety	84%	88%	79%	87%	85%
Child Protection Level 1	100%	100%	100%	100%	100%
Innoculation Incident	89%	90%	88%	94%	85%
Basic Life Support	74%	78%	72%	72%	76%
Health Record Keeping	78%	76%	76%	77%	80%
Medicines Management	93%	88%	96%	96%	90%
VTE	81%	76%	78%	77%	88%
Blood	78%	73%	79%	77%	79%
Safeguarding Children Level 2	81%	87%	83%	82%	75%
Safeguarding Children Level 3	71%	100%	78%	66%	71%
Corporate Induction	89%	90%	88%	94%	85%
Local Induction	<i>Reporting of local induction is under review</i>				
Mandatory Training Compliance %	78%	80%	77%	80%	77%

Mandatory Training:

Mandatory training figures in Feb 2015 were 78%, which is 16% below target for the month. The ambitious target of reaching 95% compliance by the close of 2014/15 is highly aspirational and will require a review of our policy and processes in relation to mandatory training. However our rate is above the average for LATTIN Trusts which is 75%. These are the London Area Teaching Trusts.

It was pleasing to note that Health & Safety training stands at 84% (compliance rate of staff trained within the two year refresher period across all staff groups).

A fundamental review of statutory and mandatory training is now taking place and this will be overseen by the new People and Organisational Development Committee. A report will go to the May meeting of that Committee.

We are also taking part in the London HR Streamlining programme which is improving policies and processes on statutory and mandatory training across all London Trusts.

HR Metric		Monthly	Feb 15	~2013/14 Out-turn	2014/15 Annual Target	Average 12 month Rolling YTD
		Target				
Turnover rate***		13.67%	19.12%	14.83%	13.50%	17.83%
Vacancies	Total	8.14%	11.04%	8.60%	8%	10.80%
	Active	3.25%	5.75%	3.02%	3.25%	4.35%
Time to Recruit	Authorisation to pre-employment checks completed	<55 days	48 days	-	<55 days	**52.25 days
Sickness rate		3.50%	3.23%	2.92%	3.00%	2.83%
Agency % of WTE		3.15%	3.30%	3.82%	3.15%	3.40%
Appraisals	Non-Med	84.35%	74%	85%	85%	81.00%
	Medical	84.35%	78.60%	70%	85%	81.00%
Mandatory training*		95.00%	77%	77%	95%	78.25%

Vacancies: The total Trust vacancy rate for Feb 2015 was 11.04%, which is a increase of 0.31% on last month and 2.90% above the monthly target set for Feb. It is important to recognise that not all vacancies are being actively recruited to, and a large proportion of these vacancies are held on the establishment to support the Cost Improvement Programme (CIP).

A truer measure of vacancies is those posts being actively recruited to, based on the WTE of posts being advertised through NHS jobs throughout Feb 2015. The active vacancy rate for Feb was 5.75% which is 1.03% above the monthly target of 2.50%.

The average time to recruit (between the authorisation date and the date that all pre-employment checks were completed) for Feb starters was 48 days.

The average 12 months rolling YTD position remains on target

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

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

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

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

The Monthly Target has been agreed and set internally.

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

Appraisals & Training: The non-medical appraisal rate decreased in Feb to 74% which is below both the monthly and yearly targets set. Reports of overdue and due appraisals are issued to managers monthly and included within the Divisional Board reports to ensure action is taken to complete appraisals within 12 months. This data was also discussed in Feb with Execs for urgent remedial action and then March SOG for direct operational action to remedy per area. Consultant appraisal rates currently stands at 78.60% which is an increase of 4.50% on last month.

The Medical Revalidation Team is working collectively with all consultants to ensure the completion of all appraisals that are currently outstanding.

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

Turnover: Unplanned staff turnover (i.e. resignations) has increased from 15.36% in Feb 2014 to 19.12% in Feb 2015. This is 5.45% above the monthly target of 13.67% set for Feb 2015. Nursing and Midwifery, Support staff and Admin and Clerical make up over half of the Trust's total establishment and accounted for 63.13% of voluntary resignations in Feb. ESR Analysis shows the main reasons staff leave the Trust is for 'Work Life Balance', Promotion and 'Relocation'. In response to the increase in leavers, Human Resources have conducted further in-depth analysis on turnover, leaving reasons and the length of service of leavers. Areas of most concern have been identified action plans developed and a turnover paper was taken to the Jan Board. This will be monitored on an ongoing basis by new People and Organisational Development

Financial Performance					Risk Rating (year to date)				Cost Improvement Programme						
Financial Position (£000's)					COSR Rating	Weighting	M11 Planned Rating	M11 Actual Rating	Division	YTD Identified	YTD Actual	YTD Variance	2014/15 Identified	Forecast Delivery	Forecast Variance
	Full Year Plan	Plan to Date	Actual to Date	Mth 11 YTD Var											
Income	(368,981)	(337,341)	(341,914)	4,574	Capital Servicing Capacity	50%	3	2	Total Planned Care	2,793	2,471	-322	3,060	2,709	-351
Expenditure	335,144	306,286	316,146	(9,860)					Total Emergency Care	1,266	926	-340	1,418	1,050	-371
EBITDA	(33,837)	(31,055)	(25,769)	(5,286)	Liquidity	50%	3	4	Total W&N, C&Y, HIV & SH	4,292	3,150	-1,142	4,956	3,605	-1,351
EBITDA %	9.2%	9.2%	7.5%	-1.7%					Total Facilities	2,559	2,559	0	2,794	2,794	0
Surplus/(Deficit) from Operations before interest and depreciation	33,837	31,055	25,769	(5,286)	Total Rating		3	3	Total ICT	258	258	0	284	284	0
Interest	1,429	1,310	729	581	Comments										
Depreciation	13,948	12,748	13,116	(368)											
PDC Dividends	11,400	10,450	10,242	208	The Trust recorded a Continuity of Service Rating (COSR) of 3 year to date at quarter 3 compared to a plan of 3. The capital service cover rating is a 2 (against a planned 3) and the liquidity rating is a 4 (against a planned 3).										
Retained Surplus/(Deficit) excl impairments	7,060	6,547	1,682	(4,865)											
Impairments			0		Comments										
Retained Surplus/(Deficit) incl impairments	7,060	6,547	1,682	(4,865)											
Comments					The original CIP target was £24.9m (£18.9m in 14/15 + £6.0m brought forward from 13/14). The year to date achievement is £11.1m (against the year to date identified schemes of £12.9m) the forecast achievement is £12.4m (against identified schemes of £14.5m) The forecast CIP achievement is 3.3%.										
Impact 5 – Loss of over £5.0m. Likelihood 3 – possible. Red															
The YTD position is a surplus of £1.7m (EBITDA of 7.5%) which is an adverse variance of £4.9m against the budget. February is a surplus of £0.8m (EBITDA of 9.1%) against the February budget of £(0.9)m deficit, which is a favourable variance of £1.7m.					The year end forecast remains a surplus of £2.2.										
Please see below for the key reasons for the £4.9m overspend.															

Key Financial Issues
<p>Performance against control totals</p> <p>In February the Trust reported a surplus of £0.8m bringing the year to date surplus to £1.7m. The Trust had planned to deliver a surplus of £0.8m in February based on the control total, and is therefore on plan in month and remains £0.2m behind year to date.</p> <p>Primary Reasons for Current Month Position (against the control total)</p> <p>There were £1.9m of central mitigations released into the position.</p> <p>NHS clinical income and local authority income (excluding drugs) is behind the month 9 forecast by £0.7m mainly in outpatients and elective income.</p> <p>Clinical and corporate divisions are behind the month 8 forecast by £1.0m, however this has been offset against a favourable variance in central budgets, and therefore on target overall in month.</p> <p>Key drivers behind the £6.5m overspend against the original budget</p> <ul style="list-style-type: none"> -Unidentified CIPS (£10.3m) -Private patient income under performance (£3.0m) -Pay overspend, primarily due to high temporary staff usage in certain areas (£2.0m) -Offset by over-performance on NHS clinical income (£4.9m) <p>Forecast</p> <p>-The year end forecast remains a £2.2m surplus.</p> <p>The main risk in the year end forecast relates to the recovery of the Planned Care division year to date adverse variance.</p>

Cash Flow
<p style="text-align: center;">12 Month Rolling Cash Flow Forecast as at 28 Feb 2015</p> <p style="text-align: center;">Comments</p> <p>The cash position at M11 is £18.9m. The principal causes are the level of debt which is yet to be recovered and the Trust has a surplus of £1.7m against a planned surplus of £7.4m. Financial Control and Contracting/ activity staff meet on a daily basis to review the aged debt and to target specific debts for recovery action.</p>

Board of Directors Meeting, 26 March 2015 PUBLIC

Subject/Title	False or Misleading Information/9/Mar/15
Purpose of paper	To advise the Board as to the new criminal offence of Providing False or Misleading Information and the Trust's response.
Decision/action required/ recommendation	The Board is asked to note the information provided with regard to the new statutory offence and to review the adequacy of the Trust's controls with regard to data checks validation.
Summary of the key risks/issues from the paper	The Care Act 2014 has put in place a new criminal offence ('False or Misleading Information-FOMI) applicable to care providers who supply, publish or otherwise make available certain types of information that is false or misleading, where that information is required to comply with a statutory or other legal obligation.
Link to corporate objectives	All
Executive Sponsor	Thomas Lafferty, Foundation Trust Secretary Karl Munslow-Ong, Chief Operating Officer

False or Misleading Information

1.0 Introduction & Context

- 1.1 The Mid Staffordshire NHS Foundation Trust Public Inquiry was established to consider the operation of the commissioning, supervisory and regulatory bodies in relation to their monitoring role at the Trust. The extent of the failings at the Trust, and the fact that they went undetected by organisations external to the Trust for so long, raised very serious question as to why those organisations did not detect them.
- 1.2 The Inquiry found that the Trust repeatedly made inaccurate statements about its mortality rates which led, in part, to a lack of action to investigate issues regarding the quality of care both within the Trust and by other bodies. This also raised difficult issues about the accuracy of public information in the light of poor handling of the raw data.
- 1.3 As a result, Robert Francis QC recommended that: *“There should be a statutory duty on all directors of healthcare organisations to be truthful in any information given to a healthcare regulator or commissioner, either personally or on behalf of the organisation, where given in compliance with a statutory obligation on the organisation to provide it.”* And that: *“It should be a criminal offence for a director to sign a declaration of belief that the contents of a quality account are true if it contains a misstatement of fact concerning an item of prescribed information which he/she does not have reason to believe is true at the time of making the declaration.”*.
- 1.4 The Care Act 2014 provides the legislative manifestation of this; putting into place a new criminal offence of Providing False or Misleading Information. This offence is applicable to care providers who supply, publish or otherwise make available certain types of information that is false or misleading, where that information is required to comply with a statutory or other legal obligation.
- 1.5 The offence also applies to the ‘controlling minds’ (e.g. the Board) of the organisation, where they have consented or connived in an offence committed by a care provider.
- 1.6 The offence comes into force as of April 2015.

2.0 The Offence

2.1 The Providing False or Misleading Information offence is in two parts:

- The first part creates a strict liability offence (against the NHS provider as an organisation) where a provider is found to have published or provided false or misleading information; there does not have to have been ‘intent’ to do so.

Sanction: A fine; or a remedial/publicity order.

- The second part is where the first part of the offence has been committed *and* a director or other senior individual are found to have been culpable in the offence. Importantly, the offence as applied to senior individuals is not a strict liability offence as it is for providers. The senior individual would have to be found to have acted

(consented or connived) or been derelict in their duties (neglect) in such way to have facilitated the provision of false or misleading information occurring.

Sanction: The maximum sentence for a conviction on indictment the court can impose is an unlimited fine or custodial sentence of up to two years imprisonment, or both.

2.2 The wording of the offence applies a broad application with regard to the type of information which could be construed as false or misleading, including:

- mortality data;
- data submitted to the Health and Social Care Information Centre;
- quality accounts;
- complaints data;
- cancer outcomes data as well as national cancer waiting times; and
- a number of national audits, including diabetes and maternity services.

2.3 Under both parts of the offence, it is a defence to establish that the provider 'took all reasonable steps and exercised all due diligence to prevent the provision of false or misleading information'.

2.4 The section below summarises both the existing controls that the Trust has in place in addition to the additional action which will be taken in order to mitigate the risks associated with the new legislative offence.

3.0 Existing Controls

3.1 The Trust currently has processes in place that encompass access control, data quality and information sign-off.

3.2 Access control is in the form of training of staff before issuing of usernames and passwords for source systems. Human Resources provide starters and leavers notification to respective manager for account management e.g. Information Governance and IT Service Desk.

3.3 Data quality is managed through:

- Records management under the patient access policy;
- source system controls e.g. staff training, mandatory fields and drop-down selections;
- manuals e.g. the Outpatient Procedure Manual;
- validation of data by service managers and general managers e.g. RTT and A&E.
- Regular monitoring meetings across all key access targets

3.4 Sign-off of reports issued externally and internally are currently not fully formalised or documented. This means that for high-level corporate reports that sign-off is by the

relevant senior manager with departmental responsibility or where it relates to various directorates sign-off is by Divisional Directors or an Executive Director. For some regular information reports, sign-off may be by the Head of Information or by the Assistant Director of Finance.

4.0 Future Action

- 4.1 To formalise the sign-off procedure a staged approach is to be undertaken for all reports issued externally:
- This will focus on reports and KPIs issued to our regulators (Monitor and CQC), followed by other indicators or reports that the Board receive on a regular basis
 - The second phase will cover all other external reporting i.e. local contract KPIs
 - The review will include assessment of the sign off process to ensure this is both timely and appropriate.
- 4.2 To formalise the sign-off procedure for internal reports by proposing roles to sign-off the relevant reports. Once this is agreed, it will be documented as part of the production process.
- 4.3 Audit our data quality of key quality and performance indicators. This will be conducted as part of our internal audit programme with the first stage completed in March and April, and the second phase undertaken in July.
- 4.4 Standardise processes for routine local auditing of key indicators.
- 4.5 Agree a mechanism for reporting to Trust Board on the data quality of each key indicator.

5.0 Recommendation

- 5.1 The Board is asked to note the information provided with regard to the new statutory offence and to review the adequacy of the Trust's controls and proposed actions with regard to data checks validation.

Thomas Lafferty
Trust Secretary

Karl Munslow-Ong
Chief Operating Officer

March 2015

Board of Directors Meeting, 26 March 2015 PUBLIC

Subject/Title	Register of Directors Interests/10/Mar/15
Purpose of paper	<p>This paper provides 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>
Decision/action required/ recommendation	For information.
Summary of the key risks/issues from the paper	This paper outlines the external interests of all Executive and Non-executive Directors and other Directors who attend Board meeting.
Link to corporate objectives	None
Non-Executive Sponsor	Sir Tom Hughes-Hallett, Chairman

Board of Directors

Register of Interests – March 2015

VOTING BOARD MEMBERS	INTEREST(S)
<p>Sir Tom Hughes-Hallett Chairman</p>	<p>Non-Executive Chair of Cause4 Trustee of The King's Fund Trustee of The Sixteen Trustee of The Esmée Fairbairn Foundation Life Vice President of the Michael Palin Centre for Stammering Children Life Vice President of Marie Curie Cancer Care</p>
<p>Sir John Baker Non-executive Director Vice Chair of Board of Directors Chair of Audit Committee Senior Independent Director</p>	<p>Chairman - Bladon Jets Limited Non-Executive Director - Midway Resources International Chairman - Friends of the Yehudi Menuhin School Chairman - Cranmer Court (Chelsea) Tenants Limited Chairman - The Villiers Management Company Limited</p>
<p>Eliza Hermann Non-executive Director</p> <p>Board member from 1 July till 31 October 2014 Non-executive Director from 1 November 2014</p>	<p>Positions of authority in a charity or voluntary body: Board Trustee: Marshall Aid Commemoration Commission (2013 – present) Board Trustee: Campaign to Protect Rural England – Hertfordshire Branch (2013 – present) Committee Member, Friends of the Hertfordshire Way (2013 – present) Additional employment: Civil Service Commission, Board Director and Commissioner (1/4/10-31/3/15)</p>
<p>Jeremy Jensen Non-executive Director</p> <p>From 1 July 2014</p>	<p>Directorships held in private companies, Public Limited Companies or Limited Liability Partnerships: MPG Holdings Ltd, Partner Aaronite Partners LLP.</p> <p>Ownership or part-ownership of private companies, businesses or consultancies: Aaronite Partners LLP</p> <p>Connections with a voluntary or other organisation contracting for or commissioning NHS services: Member of Marie Curie Cancer Care</p>

Dr Andrew Jones Non-executive Director	Ownership or part-ownership of private companies, businesses or consultancies: AJ Property Management Ltd
Board member from 1 July till 31 October 2014 Non-executive Director from 1 November 2014	Additional Employment: Managing Director, Wellbeing Nuffield Health
Mr Jeremy Loyd Non-executive Director	Non-executive Director of Marine Management Organisation Non-departmental public body DEFRA Non- executive Director of UCL Cancer Research Institute Trust – a charity funding cancer research Blackwells, Book and Information Supplier - Position held Alternate Director Trustee of CW + Charity
Elizabeth McManus Chief Executive	No interests to declare
Until 20 November attended as Chief Nurse and Director of Quality From 20 November attends as Interim Chief Executive	
Lorraine Bewes Chief Financial Officer	No interests to declare
Karl Munslow-Ong Chief Operating Officer	No interests to declare
From 2 March 2015	
Zoë Penn Medical Director	No interests to declare
Vanesa Sloane Director of Nursing	No interests to declare
Attends Board meetings as Director of Nursing from 18 December 2014	

NON-VOTING BOARD MEMBERS	INTEREST(S)
<p>Nilkunj Dodhia Board Member</p> <p>From 1 July 2014</p>	<p>Director of Express Diagnostic Imaging Ltd</p>
<p>Liz Shanahan Board member</p> <p>From 1 July 2014</p>	<p>Director and owner of a private company, Santé Healthcare Consulting Limited Part owner of Park & Bridge Limited Shareholder in FTI Consulting Inc, GlaxoSmithKline PLC & Official Community inc. both FTI & GSK have an interest in NHS related contracts/work Non-executive Director of Captive Health</p>
<p>Susan Young Chief People Officer and Director of Corporate Affairs</p> <p>Attends Board meetings as Chief People Officer and Director of Corporate Affairs</p>	<p>No interests to declare</p>
<p>Rakesh Patel Director of Finance</p> <p>Attends Board meetings as Director of Finance</p>	<p>No interests to declare</p>
<p>Dominic Conlin Director of Strategy and Integration</p> <p>Attends Board meetings as Director of Strategy and Integration</p>	<p>No interests to declare</p>

PREVIOUS BOARD MEMBERS (DURING 2014/15)	INTEREST(S)
<p>Prof. Richard Kitney Non-executive Director</p> <p>Until 31 October 2014 From 1 November 2014 in attendance at the Board with a specific remit of IT as agreed by the Board 25 September 2015</p>	<p>Director of RIK Consultants Ltd Chairman and Director of Visbion Ltd</p>
<p>Ms Karin Norman Non-Executive Director</p> <p>Chair of the Assurance Committee Member of Audit Committee</p> <p>Until 31 October 2014</p>	<p>Investment Committee Member, Parkinson's Disease Society of the UK Director Maitland Court Limited</p>
<p>Tony Bell OBE Chief Executive</p> <p>Until 19 November 2014</p>	<p>No interests to declare</p>
<p>Robert Hodgkiss Interim Chief Operating Officer</p> <p>From 29 September 2014 until 03 March 2015</p>	<p>No interests to declare</p>
<p>David Radbourne Chief Operating Officer</p> <p>Until 28 September 2014</p>	<p>No interests to declare</p>