

} Annual Report & Accounts

2013/14



Presented to Parliament pursuant to Schedule 7, paragraph 25 (4) (a)
of the National Health Service Act 2006

Chelsea and Westminster Hospital NHS Foundation Trust
Annual Report & Accounts 2013/14

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INTRODUCTION

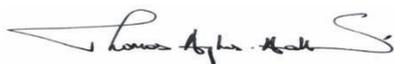
Introduction from the Chairman and Chief Executive

Welcome to our 2013/14 Annual Report and Accounts, which reflects on a busy 12 months at the Trust and also gives you an insight into the year ahead and beyond. It has been a fantastic year for Chelsea and Westminster Hospital with many exciting developments and new opportunities to look forward to.

In this Annual Report we celebrate our successes in 2013/14, including the development of a number of new services, investments in existing services and the Royal opening of Chelsea Children's Hospital. We also detail performance against our strategic and corporate objectives and look at our outcomes against a number of national quality indicators which translate into safe, effective care and experience for patients.

The directors consider the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for stakeholders to assess the NHS Foundation Trust's performance, business model and strategy.

We hope you enjoy reading our Annual Report and Accounts 2013/14.



Sir Thomas Hughes-Hallett
Chairman



Tony Bell OBE
Chief executive

Introduction

This year has seen great change in the structures of the NHS, and at Chelsea and Westminster Hospital NHS Foundation Trust.

Perhaps the first change to note is the change of Chairmanship at the hospital following Professor Sir Christopher Edwards' tenure finishing at the end of 2013. We would like to thank him for his leadership and support in helping drive the direction of the Trust over the past six years and wish him well for the future. The Trust is delighted that Sir Thomas Hughes-Hallett joined the Board of Directors in January 2014. Sir Thomas brings a wealth of board experience to the Trust holding a number of important positions in health associated sectors with a focus and passion for improving patient care and quality as well as healthcare innovation.

We also welcome three new Directors to the Trust. Rakesh Patel (Director of Finance) joined us in July, replacing Lorraine Bewes who took on the role of Chief Financial Officer for the Trust. Elizabeth McManus (Executive Director of Nursing and Quality) and Susan Young (Director of Human Resources and Organisational Development) joined us in September 2013.

In 2013/14 we celebrated the Trust's 20th anniversary, marked by our annual Open Day. We have come a long way in 20 years—the bringing together of different hospitals, new, innovative services being developed and the changing needs and expectations of patients—and these themes will continue into the hospital's next future.

Our continued focus on education, research and innovation went from strength to strength during 2013/14. We led a successful bid for an education network to establish a community learning network by implementing a multi-professional, experienced-based learning programme for bands 1–5 healthcare workers from a range of care providers. The aim is to improve their skills and confidence in caring for patients as they approach the end of their life. The new network will be hosted by Chelsea and Westminster and will enable us to share skills and expertise and help develop staff to improve care.

The Department of Health announced in August 2013 that the National Institute for Health Research (NIHR) will provide £10 million to fund the NIHR Collaboration for Leadership in Applied Health Research and Care (CLAHRC) for North West London to translate research from the lab bench to the hospital bedside over the next five years. Trusts, universities, charities and industry partners across the North West London sector will contribute a further £12 million in matched funding. Thanks to this investment, NIHR CLAHRC for North West London, which is based at Chelsea and Westminster Hospital, can continue to support patients, staff, and academics to improve healthcare through research.

Due to the implementation of the Health and Social Care Act 2012, the commissioning of health services is now managed by GPs through Clinical Commissioning Groups. We have worked hard this year to build our relationship with these new organisations to ensure that the right services are commissioned to meet the needs of those we serve.

There is a great appetite to integrate care so that people are able to avoid hospital whenever they can, through better provision of care in the community setting. This winter we worked with community partners to provide better care outside our hospital, such that

patients were able to receive good care in a better environment in the next phase of their recovery. This helped to reduce any delay in their discharge. The hard work put in place this winter to manage this important and complex part of patient journey— including the use of a ward called Ravenscourt Park based at the Charing Cross Hospital site, the MediHome service, in-reach and ambulatory care—has helped us ensure patients are back in the comfort of their home when they are clinically able to do so, freeing resources (including staff and beds) for patients that need a stay in hospital. It is in part thanks to this that the hospital is the best performing in England for the four-hour A&E target for the second year in a row.

Public health is now under the responsibility of local authorities and we recruited a Public Health Registrar to ensure that we are aware of the wider determinants of health, the health inequalities that exist in our communities and what we can do to help people look after themselves better before an avoidable illness develops. The Trust Health and Well Being Strategy—which sets out our long term plans to help staff and patients live happier and healthier lives—was approved by the Board of Directors in 2014.

The change in focus for commissioning—keeping people out of hospital unless they absolutely need to be there—has an inevitable impact on hospital finances. While we finished the financial year in a strong position, it is not as strong as in previous years and the Trust must be agile in order to navigate its way through a difficult financial NHS landscape, in order to ensure it continues to provide high-quality care long into the future.

Whilst the NHS and social care landscape has changed, our commitment to delivering the right care to patients has not and we are delighted to announce that we continue to meet all Monitor key performance indicators. These indicators include hospital acquired infections, cancer, waiting times and A&E and illustrate that we are providing expected levels of care across a full range of clinical services.

The changes to the NHS are far reaching and the point about agility is an important one; standing still will not be an option as commissioning priorities change. This year we have been in the process of considering some key strategic decisions involving other Trusts and other ways of working. Our long-term strategy has been developed throughout 2013-14 and we believe it could support us in sustaining a healthy long-term future.

While the report details great change, and further potential change, we would like to thank our staff for their ongoing commitment. We know they will continue to show the same levels of values driven patient care in 2014/15 and beyond.



Tony Bell OBE
Chief executive

27 May 2014

Values driven care to improve the patient experience

Chelsea and Westminster works to four key values in everything it does, which have been developed jointly with staff, patients and the wider public. This is so that patients know what to expect when they are cared for and staff know what is expected of them in terms of how we treat patients and each other as colleagues. Every member of staff is expected to embody these values in whatever they do. Doing this translates into excellent care and experience for our patients.

Following discussions with staff, patients and our governors, the values were agreed at Board of Directors meeting in March 2012 and these are:

- **Safe**—"I will do everything I can to make our hospital as safe as possible for patients, relatives, carers and staff"
- **Kind**—"I will notice when you need help and go the extra mile"
- **Excellent**—"I aspire to be the best in all my actions and interactions"
- **Respectful**—"I will treat people as I wish to be treated myself".

We continue to implement the behaviours associated with these values at every level of the organisation. Becoming a values driven organisation takes time but we believe that these values being at the heart of what we do will make sure we provide our patients with excellent and compassionate care.

Patients have told us about what they value most highly and it is critical that our staff understand this and are able to deliver these high standards of behaviour for every single patient, relative or carer.

Establishing our values starts at the recruitment process. Assessment centres and interview questions have been developed to support managers to make the right, value-based recruitment decisions. Once employed by Chelsea and Westminster, we have improved our appraisal guidance for managers to enter into discussions about the Trust values and behaviours during every appraisal meeting. Staff are encouraged to bring real examples of how they have demonstrated the Trust values and managers have a range of prompts to help staff demonstrate what they have achieved.

In addition to integrating our values throughout the organisation, we have introduced the patient Friends & Family Test for inpatients, patients in Accident and Emergency, and in maternity (from October 2013). The test asks patients "How likely are you to recommend our ward/A&E department to friends and family if they needed similar care or treatment?". There is a scale from 'Extremely likely' to 'Extremely unlikely' that patients can choose, and a comments box where we can hear the reasons for their scoring. These results are being used to get patient feedback every month and make local changes using a 'You said—we did' approach.

Staff photo boards have also been installed in all inpatient areas and the named nurse in charge is visible using these boards.

We have delivered communications training for staff using the ‘Sage and Thyme’ model of training to enable staff to provide support for people who are distressed or anxious. Our outpatient teams have tested customer service training using a ‘Disney’ approach to customer service, noted by Disney as a ‘framework for consistently exceeding the expectations of your customers’. The staff have developed a set of value-based customer service standards that include meeting people face-to-face, on the telephone, and by letter or e-mail.

During 2013/14 we have introduced ‘Schwartz Rounds’ for staff. These are a monthly opportunity for staff to meet and discuss the emotional aspects of delivering healthcare and the personal impact this has on them. These rounds are supported by the Point of Care Foundation, and are designed to provide a safe space to consider their own emotional health and resilience to be able to provide compassionate care.

Top line clinical performance in 2013/14

Quality targets are in place to make sure that NHS organisations meet standards of care expected of them by patients, the public and regulators. We review this on a monthly basis with staff and at each Board of Directors meeting.

Below is a snapshot of our performance against mandatory clinical standards—more detail can be found in the Quality Report section.

Indicator	2013/14	2013/14 target
<i>Clostridium difficile</i>	9	≤13 cases
MRSA	5	≤6 cases
A&E (4 hours or less)	98.3%	>95%
Discharge summaries	80.5%	80% to GPs in 24hrs
Outpatient letters	87.5%	90% in 7 working days
VTE assessment	95.9%	95% risk assessed
Cancer	Compliant	Cancer referral to appointment within 2weeks, and referral to treatment within 62days
RTT Incomplete pathways	Compliant	>92% of patients awaiting treatment have waited less than 18weeks
Friends & Family Test	64.4	≥62
DNA rate	10.4%	<11%

As well as our own rigorous performance review, we value external input into the standards of care we provide and what we can do to make improvements.

Chelsea and Westminster Hospital met 109 out of the 118 standards that were assessed as part of the Quality Standards which were released in March 2014. This data looks at adult acute medicine and emergency general surgery, emergency departments, critical care, hip fracture (fractured neck of femur), paediatric emergency services (medicine and surgery) and maternity services (labour, birth and immediate postnatal care).

We have been reviewed by the Care Quality Commission, both in an unannounced inspection and through the Intelligent Monitoring Report process (the Trust moved from band 2- band 6, the best rating possible, in their latest report), have achieved NHS Litigation Authority level 3, further information of which is detailed later in this report.

Foundation Trust

Being a Foundation Trust

Giving staff, patients and members of the local community a greater say in how their hospitals are run is the driving force behind the creation of NHS Foundation Trusts. Greater involvement will bring lasting improvements to patient services and better health for the communities we serve.

Being a Foundation Trust means that, while we remain firmly part of the NHS, we have been freed from central Government control to manage our own budgets and shape the services we provide to better reflect the needs and priorities of our patient base.

Any financial surplus we make we are able to reinvest into our own organisation to improve future patient care. However, this also means that it is our responsibility to ensure financial sustainability as the wider NHS will not provide emergency funding when things are not going well.

Through our Council of Governors we are able to listen to the views of patients, local people, staff and partners and by doing so, offer patients faster, better and more responsive healthcare. Governors are chosen from our membership and the most recent election was in December 2013.

You can be a member if you are over 16 years of age and are:

- A patient who has been treated at Chelsea and Westminster Hospital in the last three years or the carer of a patient who has been treated at Chelsea and Westminster Hospital in the last three years
- A member of the public living in the Royal Borough of Kensington & Chelsea, The City of Westminster, the London Borough of Hammersmith & Fulham, or the London Borough of Wandsworth
- A member of staff (staff automatically become members when starting employment with the Trust unless they 'opt out')

At the year end of 2013-14 our membership stood at 15,276. This is broadly in line with the membership at year end 2012-13, which was 15,268. Broken down, this translates into:

- Public—5,649
- Patient—6,232
- Staff—3,395

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 achieving a diverse and representative membership of the communities we serve. Alongside recruitment, engagement activities are hosted throughout the year and offer members the opportunity to attend events and seminars at the hospital.

During the year, the Trust carries out a range of communications activities to make sure that its membership is fully engaged in the performance of their hospital. This included:

- Three *Trust News* membership mailings
- 12 *Members' News* monthly membership email newsletters
- Five 'Medicine for Members' seminars
- Open Day
- Annual Members' Meeting
- Christmas event

Analysis of the membership database by age, gender and ethnicity is undertaken to help the Trust work towards developing a membership that is representative of the communities we serve.

Meet a Governor

Members of Chelsea and Westminster Hospital have the opportunity to meet their elected representative on the Council of Governors at regular 'Meet a Governor' sessions which are held in the Information Zone on the Ground Floor of the hospital.

'Meet a Governor' offers an opportunity for patients, members, staff and the public to come along for an informal chat or to give feedback on hospital services or treatment received.

These sessions are communicated to members in advance through membership mailings, the monthly *Members' News* email newsletters, and via the 'Get Involved' section of the Trust website.

We want to increase our membership to ensure it remains representative of the range of communities we serve. Becoming a member gives you the opportunity to be involved with your hospital and take an active part in helping to shape Chelsea and Westminster's future as an organisation. It also gives you an opportunity to become a Governor and have a more formal leadership role at the hospital. If you'd like to join the Chelsea and Westminster membership team please contact the Board Governance Manager by calling 020 3315 6716 or emailing ftsecretary@chelwest.nhs.uk.

Celebrating success in 2013/14

- **April 2013:** Following an options appraisal process, West Middlesex University Hospital NHS Trust Board agreed that Chelsea and Westminster Hospital NHS Foundation Trust were the preferred bidder to explore a potential partnership to achieve Foundation Trust status.
- **May 2013:** Chelsea and Westminster's Medicines @ Discharge (M@D) and Dean Street at Home projects both won awards at the 2013 BMJ Improving Health Awards
- **June 2013:** One of our trainee doctors, Dr James Houston, was the winner of the Health Education England's Better Training Better Care Inspire Improvement initiative for trainee led improvement projects.

- **July 2013:** The Trust launched a new vaccine clinic, which provides a complete vaccination service for men and women over the age of 16, customised to their individual needs.
- **August 2013:** The Department of Health announced that the National Institute for Health Research (NIHR) will provide £10 million to fund the NIHR Collaboration for Leadership in Applied Health Research and Care (CLAHRC) for North West London, based at Chelsea and Westminster Hospital.
- **September 2013:** Sexual Health Advanced Nurse Practitioner, Colin Roberts, was appointed a Fellow of the Council for the Royal College of Nursing.
- **October 2013:** Chelsea and Westminster Hospital won two prestigious national awards recognising the hospital's commitment to a healthy work-life balance for its staff.
- **November 2013:** Chelsea and Westminster Hospital launched a public health campaign—'Protect their future: don't wait to vaccinate'—to help parents understand the importance of childhood immunisation.
- **December 2013:** Chelsea and Westminster held its annual Clinical Summit, bringing together clinicians and managers to help develop the Trust's emerging Clinical Strategy. Medical Director for NHS England, Professor Sir Bruce Keogh, was the keynote speaker.
- **January 2014:** Chelsea and Westminster surgeons performed the first surgical procedure using the UK's only da Vinci robot dedicated to babies and children bought by the Children's Hospital Trust Fund charity.
- **February 2014:** Chelsea and Westminster Hospital published the first ever guidance of its kind to support staff caring for very young babies with life-limiting conditions who need palliative or end of life care.

Our state-of-the-art, refurbished Burns Unit opened to provide even more specialist care for patients from London and the South East and the Phlebotomy Department will be relocated to a new, modern unit on the ground floor.

Dean Street Express opened in Soho to provide clients with immediate access to sexual health testing with results available within six hours.

The brand new midwife-led Birth Centre opened this month to provide mothers with low risk pregnancies the opportunity to give birth in a less 'medicalised' setting with more specialist hospital services at hand to provide additional support if needed. The service was featured on TV as part of the recently released NICE guidance on birth.

- **March 2014:** Their Royal Highnesses The Prince of Wales and The Duchess of Cornwall visited Chelsea and Westminster Hospital NHS Foundation Trust on Tuesday 18 March to open Chelsea Children's Hospital, which sees 85,000 children each year.

STRATEGIC REPORT

Chelsea and Westminster Hospital opened on the Fulham Road in 1993 on the former site of St Stephen's Hospital. It replaced five hospitals—St Stephen's, St Mary Abbots, Westminster Children's, Westminster and West London. Chelsea and Westminster Hospital NHS Foundation Trust was founded on 1 Oct 2006 under the Health and Social Care (Community Health and Standards) Act 2003.

Over the past 20 years, the Trust has grown to provide a wide range of services to meet the health needs of the diverse population it serves both on and off the Fulham Road location. General services include A&E and maternity and specialist services include HIV and burns services for children and adults.

The Trust has been able to invest in its services thanks to the delivery of financial surpluses year on year. However the unprecedented changes to NHS structures following the implementation of the Health and Social Care Act and the financial challenges that all public services face has meant that achieving surpluses in future will become more difficult to achieve.

During 2013/14 the average number of whole time equivalent staff employed was 3,012. Approximately 2,229 (74%) of staff are female while 783 staff (26%) are male. The Board of Directors has six Non-executive Directors (including the Chairman) and five Executive Directors, seven of whom (64%) are male and four of whom (36%) are female.

The Trust vision in 2013/14 remained the same as 2012/13 because of the need for strategic stability due to the unprecedented changes to the NHS following the implementation of the Health and Social Care Act.

The Trust's strategic vision for 2013/14 was "to deliver safe and sustainable care of the highest quality and to be the provider of choice for our local population and those using specialist services, provided in a modern way by multi-disciplinary teams working in an excellent environment, supported by state-of-the-art technology and world class academic research." Our progress against this vision, and each corresponding strategic and corporate objective, is outlined below.

Strategic objective 1: Maintaining and developing our key clinical specialties

We made a range of investments in services in 2013/14 in order to provide the right type of care to meet current patient need. A brand new midwife-led Birth Centre opened in February 2014 that provides women that choose to give birth at Chelsea and Westminster with the opportunity to have a safe hospital birth in a spa-like setting. While we see a high number of women with high risk pregnancies, our caesarean section rate is higher than we would like and this provision has in a short while helped reduce our caesarean section rate. We also opened Dean Street Express, the first walk-in sexual health clinic in the world to have an on-site 'Infinity' machine, allowing this service to give test results within six hours. The Adult Burns Unit was fully refurbished to provide clinical care in the right setting for patients across London and the South East. Key services that patients access most, such as phlebotomy and outpatients, has major improvements made to their environment.

We engaged fully in the *Shaping a Healthier Future* public consultation on service reconfiguration in North West London and we developed a strong response to the

consultation, asking staff members and the public to support Option A, which would ensure that Chelsea and Westminster retains a full A&E service. Option A was endorsed by the North West London commissioners and, following a subsequent review of the service changes by the Independent Reconfiguration Panel, was endorsed by the Secretary of State for Health in September 2013.

There are numerous developments happening around clinical services delivered on a regional basis and we have been fully involved in discussions to review cancer networks, the work to centralise HIV services and the burns facility designation process. Those who commission burns services on a regional level have supported the development of adult burns services on the Chelsea and Westminster site, which opened this financial year. We are currently having discussions to look at the role that the new Chelsea Children's Hospital will have on tertiary children's services in North West London. The Chelsea Children's Hospital, opened by Their Royal Highnesses the Prince of Wales and Duchess of Cornwall, is exploring partnership opportunities with other NHS providers and the voluntary sector to provide seamless, state of the art care.

Local commissioner funding was secured to help address potential winter pressures in A&E. As a result, A&E access performance exceeded the national target for the four-hour waiting time and was the best in England during 2013/14.

Strategic objective 2: Exploring opportunities for growth

Growth and investment is as important as saving to ensure the safety of our patients and sustainability of an organisation.

Our refurbished Burns Unit, midwife-led Birth Centre, Dean Street Express and investments in clinical support services have opened to provide safe and excellent care to patients in a state of the art setting.

The Trust has led on the development of an integrated care approach alongside local partners (including Clinical Commissioning Groups, Central London Community Health, mental health providers and Triborough Social Care) and have agreed set of guiding principles for how to develop integrated and accountable care in the local health economy, which brings together partners to focus on preventative care ensuring that patients only access hospital services when they clinically need to.

Tenders are brought to the wider executive group on a fortnightly basis, with a decision taken on whether or not to bid.

2013/14 saw Chelsea and Westminster embrace the opportunity to grow and develop private patient income to reinvest back into the NHS. A Private Patients Outline Strategy and Plan has been developed to maximise opportunities to provide a private patients service, for which any profit made would be invested back into NHS services. We have focused on improving our service offering to patients privately within the Trust including the creation of a dedicated private patient call centre to make referrals simpler for patients and GPs, improved patient pathways and the creation of a direct admission Acute Admissions Unit facility for GPs.

Chelsea and Westminster has the second largest private maternity unit in the UK (the Kensington Wing), a dedicated adult inpatient ward and the Assisted Conception Unit

which boasts one of the best pregnancy rates in London. We are collaborating with NHS initiatives to promote our services overseas.

Strategic objective 3: Ensuring sustainability

We are looking to reduce unnecessary corporate costs, so our funds can be focused on direct patient care, with a joint Procurement Director with the Royal Marsden Hospital NHS Foundation Trust in post responsible for purchasing goods and services that are value for money for the taxpayer. Part of this role will look at all back office functions at the hospital and other opportunities for partnership, including developing innovative IT services and solutions for patients and staff in partnership with other NHS providers.

New commissioning arrangements have brought concerns around ensuring timely payment for services. In 2013/14 we worked to forge a close relationship with new commissioners such as local authorities to ensure that all outstanding payments for sexual health services are received. The position has improved throughout the year but will continue to be a challenge in 2014/15 and beyond.

Work we have done to explore partnership working, which could support sustainability, includes discussions around future collaborations with other trusts, the development of an Outline Business Case for the potential acquisition of the West Middlesex University Hospital and how we would implement the changes outlined in the approved *Shaping a healthier future* reconfiguration.

Our financial position has been particularly challenging this year with particular regard to the delivery of our Cost Improvement Programme. In 2014/15 we will build a Trust-wide quality and efficiency programme to underpin our five year CIP and quality improvement delivery.

To achieve financial stability our forward plan looks at delivering the following themes:

- To develop integrated working with our partners in primary, community and social care
- To help our specialised and private patient services grow
- To consider acquisition
- To consider collaboration with NHS and voluntary partners.

Our corporate objectives

Corporate Objective 1: Improve patient safety and clinical effectiveness

- 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.
- We have implemented a new senior doctor cover model in paediatrics which means that children will receive expert opinion 24/7. To develop this across other services we are part of the North West London pilot to achieve seven day Consultant working across all specialties.

- Falls prevention, hospital associated preventable venous thromboembolism (VTE), pressure ulcers, medication safety and reducing instances of hospital acquired infections (HCAs) are measured through the safety thermometer. We are relentless in our focus on reducing harm in these areas and use both the safety thermometer and senior walkrounds to help embed best practice and further focus on keeping patients safe in our care.
- We want to bring down our caesarean section rate and to help achieve this have invested in a midwife-led Birth Centre to provide women with as much choice as possible during pregnancy. Since the Centre has opened, our caesarean section rate has reduced which we believe illustrates that this investment has helped improve choice and care.
- We have made great use of our simulation suite in order to ensure that our clinical staff as multi-disciplinary teams receive regular, timely training in a facility designed to meet their education needs.
- During 2013/14, the Trust participated in the development of a national pilot of a safe medicines storage audit tool which is being incorporated into the updated Trust Medicines Storage Audit tool. Results of audits and recommendations are reviewed by the Trust Medicines Committee and the Senior Nursing and Midwifery Committee to ensure the implementation of improvement strategies. We met all key Monitor clinical performance targets.
- We launched the Emergency Care Transformation Project which aims to reduce unnecessary admissions into hospital, better for patient outcomes and experience. Developed in partnership with local Clinical Commissioning Groups and Central London Community Healthcare, this work has helped reduce the number of admissions we have had in hospital over 2013/14.
- As part of Imperial College Health Partners in North West London we have identified three key areas in which we would like to improve on clinical effectiveness; home monitoring of psychiatric patients, the correct administration of hospital drugs and the prevention of pressure ulcers. We are working with commercial partners to come up with innovative solutions to help improve quality in these identified areas.

Please refer to the Quality Report section for more detail about our improvements in patient safety and clinical effectiveness.

Corporate Objective 2: Improve the patient experience

- 92% of patients that took part in the Friends & Family Test would recommend the hospital as a place for treatment.
- We were the best performing A&E department in the country for the national four-hour waiting time target.
- In addition to securing winter funding, we have support from local commissioners for the development and expansion of our A&E department so that the environment and equipment matches the high standards of care we already provide. This development will begin in 2014/15.

- Chelsea and Westminster Hospital passed all standards of care assessed by the NHS watchdog the Care Quality Commission following an unannounced inspection. The inspection, which took place over two days in September 2013, assessed the six following standards:
 - Respecting and involving people who use services
 - Care and welfare of people who use services
 - Cleanliness and infection control
 - Staffing
 - Supporting workers
 - Assessing and monitoring the quality of service provision
- In 2013/14 we established a Wayfinding Group, with Governor representation, to review whether patients, visitors and staff can easily get to their hospital destination thanks to our signage. In 2014/15 this group will provide feedback on areas where we can make navigation around the hospital better.
- Complaints relating to attitude of staff continue to be reported to the Patient and Staff Experience Committee. In response to the issues identified, each division has developed action plans to improve the patient experience relating to each of the themes. These are reviewed and updated on a bi-monthly basis; the key achievements are reported to the Patient and Staff Experience Committee. Complaints are also reviewed on a fortnightly basis by the wider Executive Team with Divisional Directors confirming what actions have been taken to aid swift resolution.
- The Intensive Care Team were awarded the Customer Service Excellence Award.
- Achievement of the Imaging Services Accreditation Scheme (ISAS)—the imaging department is one of only 12 in the country to achieve the accreditation and the first non-specialist hospital in London to achieve this standard.
- Staff survey results—our overall results keep us in the top 20% this year when compared with other acute trusts nationally for the majority of questions, and there is a strong correlation between happy staff and excellent patient experience.
- Mandatory training—we raised the level of staff completing mandatory training from 73% to 79%. Training is important as it ensures our staff work to standards that the organisation and patients expect. While this shows improvement, work will continue in 2014/15 to bring training rates up even higher.
- We have expressed an interest in being part of the National Integrated Care Pilot Programme, which is exploring different ways of providing integrated care to help drive improvements in care and wellbeing. This is looking beyond traditional boundaries of care, for example between primary and secondary care or between health and social care, in order to develop new, more integrated models of service delivery for the benefit of patient care and experience. The Whole System Integrated Care pilot for North West London has been successful and Chelsea and Westminster is developing a collaborative model pursuing principles of an accountable care group with health and social care partners.

Corporate Objective 3: Deliver excellence in teaching and research

- The Department of Health announced in 2013/14 that the National Institute for Health Research (NIHR) will provide £10 million to fund the NIHR Collaboration for Leadership in Applied Health Research and Care (CLAHRC) for North West London to translate research from the lab bench to the hospital bedside over the next five years. Trusts, universities, charities and industry partners across the North West London sector will contribute a further £12 million in matched funding.
- 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, Clinical Commissioning Groups, Macmillan Cancer Support, Bucks New University, Central London Community Healthcare, Trinity Hospice and Skills for Care.
- The hospital and Chelsea and Westminster Health Charity are launching a new Enterprising Health Partnership to support staff to get their innovative ideas off the ground and turn them into a reality. There is funding up to £50,000 available for each idea which will improve patient care and experience and generate revenue or real cost savings. Ideas could include anything from improving processes at the hospital, coming up with a new product idea or using technology in a different way.

Please refer to the Quality Report section of this document for more information about excellence in teaching and research.

Corporate Objective 4: Ensure financial and environmental sustainability

- In 2013/14, the Trust achieved a £6.23m surplus against a plan of £9.0m. However it is important to note that although the surplus achieved was lower than plan, it was sufficient to deliver our planned overall COSR rating of 4. The main factor in the reduced surplus was lower achievement of Cost Improvement Programme (CIP) savings than planned, combined with a number of in-year pressures. CIPs under-delivery was 34%. Significant areas of under-performance were on income generation (from increasing market share and improving clinical coding) and procurement schemes. There was also increased agency expenditure in all staffing groups in the first half of the financial year, however the Trust responded by strengthening internal controls which resulted in a reduction in agency usage in the last quarter. It is expected that there will be further reductions as this framework is embedded in 2014/15. The Trust also received £4.9m non-recurrent income and undertook non-recurrent cost reduction initiatives during 2013/14.
- The Trust's financial strategy is to maintain a sustainable Continuity of Services Risk Rating (COSR) of 3 over the next five to ten years to enable the delivery of the Trust's clinical strategy and the local health economy reconfiguration.
- The Trust has refocused its cost improvement activity and will maintain pressure on cost reduction and quality improvement.
- The table below shows the 2013/14 financial outturn and plan for 2014/15 under Monitor's reporting definitions

	2013/14		
	Outturn	2014/15 Plan	2015/16 Plan
	£m	£m	£m
Operating Revenue	366.0	367.5	368.0
Employee Expenses	(184.3)	(186.2)	(181.2)
Other Operating Expenses	(163.9)	(162.2)	(168.0)
Non-Operating Income	0.1	0.1	0.0
Non-Operating Expenses	(11.7)	(12.1)	(12.6)
Surplus/(Deficit)	6.2	7.1	6.2
Net Surplus %	1.7%	1.9%	1.7%
Total Operating Revenue for EBITDA	362.3	367.5	368.0
Total Operating Expenses for EBITDA	(334.9)	(334.4)	(335.4)
EBITDA	27.4	33.1	32.6
EBITDA Margin %	7.6%	9.0%	8.9%
Period-end cash	16.9	21.0	25.8
CIP	12.5	24.9	14.6
CIP Unachieved	6.4	-	-
CIP Achieved (%)	66%	-	-
Continuity of Service Risk Rating	4	3	3

It is important to note that we did not achieve what we set out to achieve in the financial plan with the failure to achieve our Cost Improvement Programme being a decisive factor.

- The Trust is continuing its multi-million pound investment programme to maintain and improve its facilities and meet rising demand for services. In addition to the work programme in 2013/14 our Estates Plan will in 2014/15 see development of A&E, antenatal, paediatric outpatient services, the Medical Day Unit, Surgical Admissions Lounge, Treatment Centre and developing plans for our Neonatal Intensive Care Unit.
- The five year Estates Plan provides us with a detailed understanding of how we will respond as well as upgrade physical aspects of the hospital environment to accommodate needed improvements to facilities as well as accommodating the implementation of changes highlighted by *Shaping a Healthier Future*.
- The annual PLACE (Patient Led Assessment of the Care Environment) assessment is due to take place during April 2014, and an action plan will be developed on its conclusion in order to make ongoing improvements to the patient environment.
- Helping support the environment is important to us and you can read about our support of the wider sustainability agenda on page 72.
- We are now identifying our cost improvement plans (CIPs) for 2014/15 and beyond as part of the annual business planning process. The 2014/15 CIP target has been set at £24.9 million, which represents 6.9% of turnover. The significant CIP requirement, whilst reflecting the challenges in the local health economy, also reflects our investment programme, which over the next year will see £2m of revenue investment in staff and £29m capital investment in buildings, equipment and IT—largely focused on improving the quality and efficiency of our services. Currently £10.5m worth of schemes have been agreed with a further £8.4m under development, providing a total of 76% of schemes identified.

- Our positive and forward looking financial plan, submitted to Monitor and detailed on page 17, we believe will help us deliver financial sustainability long into the future.

Our focus for 2014/15 and beyond

We are already a successful NHS Foundation Trust, across a range of clinical and financial indicators, but we want to be the best. This ambition will become increasingly harder to achieve because of the range of unprecedented changes taking place across the health and social care landscape. With a changing landscape, we must make sure that we can:

- Navigate our way through these changes and making sure that we are agile enough to adapt how we provide services in this rapidly changing landscape
- Succeed in driving a process of continuous improvement in everything we do aimed at delivering 'Best in Class' services and care for our patients

Providing services in different ways will help us support the existing NHS and help make it more tailored to the needs of the local communities and patients that we serve.

We therefore need to ensure that our future Clinical Services Strategy will focus on:

- **Managing population health and improving outcomes**—being able to define, through population data, what health and social care provision is needed by our local communities and ensuring we meet those needs to help reduce health inequalities and illness locally, without the need to come to hospital
- **Integrating services inside and outside of hospital**—we should look at each patient's care from their starting point of healthcare access and, where possible, empower them to keep themselves healthy so that they don't need to come to hospital in the first place
- **Developing excellent and efficient clinical services**—providing the best possible, customised care for patients, based on the care requirements of a specific condition, that has efficient processes and will also provide value for money
- **Creating an environment for learning, discovery and innovation**—research and education will mean that the latest treatments and discoveries will reach our patients first and continuous professional education of staff will make sure that they have the best skills possible to treat their patients

In order to achieve the above there are certain foundations that need to be in place. This includes attracting and keeping the best people; developing the right processes to support our clinical teams in providing the right care for their patients and having the right IT systems and service environments to provide a great patient and staff experience.

Our current thinking is that these are our priorities going forward, but they may change as the local and national landscape does.

Principal risks and uncertainties facing the Trust

The Trust has effective mechanisms in place to manage risk, in accordance with its risk management policy and strategy, supported by two committees with Board accountability—the Audit Committee and the Assurance Committee.

Areas of uncertainty and risk in 2014/15 include the delivery of an ambitious Cost Improvement Programme in order to achieve the surplus we have planned. This year has highlighted that change in the commissioning landscape has had a significant impact on the Trust's cash management. This continues to be high on the Trust's risk register for 2014/15.

There are major decisions that the organisation will need to make in 2014/15, including the decision on possible acquisition of the West Middlesex University Hospital and potential partnership working with other NHS providers and the voluntary sector. As such, our strategic direction will need to be agile throughout 2014/15 depending on what path we choose to take for our long term future and this will be monitored through the Board Assurance Framework.

While this strategic direction is being decided, we will still need to ensure our compliance with clinical standards of care.

There remain uncertainties around the impact of the practical implementation of the Health and Social Care Act, in particular the transfer of responsibility for commissioning services to GPs, the relaxation of the private patient income cap, more choice for patients and increased competition.

The overall Trust strategy has taken these issues into account and plans are in place to mitigate and/or benefit from these changes.

Going concern

The financial performance and position of the Trust, together with the factors likely to affect its future development and the principal risks and uncertainties it faces, are outlined above.

After making enquiries, the Directors have a reasonable expectation that Chelsea and Westminster Hospital NHS Foundation Trust has adequate resources to continue in operational existence for the foreseeable future.

For this reason, they continue to adopt the going concern basis in preparing the accounts.

A proportion of Chelsea and Westminster Hospital NHS Foundation Trust's income in 2013/14 was conditional upon achieving quality improvement and innovation goals agreed between the Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation (CQUIN) payment framework.

In 2013/14, income equal to 2.5% of the value of our contracts for NHS services was conditional on achieving CQUIN goals. These were agreed with our main commissioners, the North West London Clinical Commissioning Collaborative and NHS England for

specialist services. Some of these schemes were nationally mandated, whilst the rest were developed locally. Overall, we achieved 92% of our CQUIN-related goals in 2013/14 for which we expect to receive a payment of £5.6 million out of a maximum of £6.1 million.

The accounts on pages 153–199 have been prepared under a direction issued by Monitor outlined in the National Health Service Act 2006.

The Trust has met the requirement in 2013/14 that income from the provision of goods and services for the purposes of the health service in England must be greater than its income from the provision of goods and services for any other purposes. For the purposes of this comparison, donated, training, and research income has been included within income, with the majority of this income attributable to the provision of the health service in England. Research and training income in relation to non-NHS patients or training has been treated as non-NHS income and its impact has been to help us invest in NHS services.

A handwritten signature in black ink that reads "ABell". The signature is written in a cursive style with a long horizontal stroke extending to the left.

Tony Bell OBE
Chief Executive

27 May 2014

DIRECTORS REPORT

The Board has six Non-executive Directors (including the Chairman) and 5 Executive Directors (including the Chief Executive). Further information on members of the Board is detailed in the Governance Report.

Quality

Making sure that the services we provide are safe and of a high quality are of paramount importance, never more so underlined than by the recent Francis, Keogh and Berwick reports into standards of care at other NHS Trusts.

Quality of care at the hospital is reviewed by the Quality Committee, chaired by the Medical Director and which reports to the Assurance Committee (a committee of the Trust Board). Further information on how we govern service quality is detailed in the Quality Report.

Recommendations detailed within the Francis report have been reviewed by the clinical governance team to identify those that are relevant to Chelsea and Westminster Hospital. Following this, the executive leads have discussed the list in order to agree where there remain actions for us to take forward.

Following the publication of the Francis report, the Trust arranged 20 listening events from April through to June to hear from our staff. The listening events were run by the Executive Directors initially and then by other managers in the organisation. Governors were invited to attend these events.

The purpose of these events was to provide staff with an overview of key recommendations from the Francis report, and to discuss the following questions:

- How do we always ensure we put the patients first, how can we improve?
- How do we support our staff to speak out, how can we improve?
- Is there anything else we should be doing?

Feedback from these discussions with staff was captured by the facilitator for each event.

The eight ambitions detailed within the Keogh report have been reviewed in detail through our Quality Committee.

In addition to our listening events, we ran a Patient Experience Summit in June 2013. 140 staff, governors and stakeholders attended this event.

A key focus was the development of 'Always Events' which were identified through discussion of the same three questions used in our listening events. These were subsequently presented in a sequence of Trust-wide publications .

As a result of this focused work, an action plan was developed and taken to the Board of Directors for approval in October 2013. Actions against this plan continue to be monitored on a regular basis by the Board of Directors.

Quality governance framework

The Trust has reviewed the four areas of the quality governance framework—strategy, capabilities and culture, processes and structures, and measurement. In each area, Trust practice has been outlined and consideration has been given to developments to strengthen quality governance further.

The Trust believes that there are robust structures and processes in place to ensure required standards are met, action is taken to address sub-standard performance, there are plans to drive continuous improvement which is based on best practice, and risks to quality of care are identified and managed.

Areas for development have been identified and these include continuing to focus on data assurance and improving the reports on performance to the Board and also a review of how clinical audits are being used to assess and drive quality.

In addition to this, the Board of Directors receive the Board Assurance Framework to be fully cited on our performance against our strategic objectives. 2014/15 will see the Framework reviewed to take into account our new strategic priorities.

Further information is in the Quality Report and the Annual Governance Statement.

External compliance

In addition, and as important as our own internal assessment on quality, is the external review we receive from our stakeholders. This year we were deemed fully compliant on six standards assessed by the Care Quality Commission in September 2013.

2013/14 has seen a new model for monitoring a range of key indicators about NHS acute and specialist hospitals. The Intelligent Monitoring Report is the Care Quality Commission's own screening process to inform the timetable for future inspections of hospitals and bands hospitals from 1 (highest risk) to 6 (lowest risk). The first results, published in November 2013, saw Chelsea and Westminster Hospital banded at two. Following this result we reviewed all of the criteria assessed to provide assurance to the Board of Directors in respect of whether this new system had highlighted clinical risks we were not aware of, and the Board were suitably reassured following this internal assessment. The latest results, published in January 2014, saw the hospital graded at band 6. We will continue to work with the Care Quality Commission to ensure that we provide the highest standards of care possible and an announced inspection of our services will take place summer 2014.

Regulatory ratings

April-September 2013

For the first six months of 2013/14 the Trust continued to be assessed by Monitor under the Compliance Framework until this was replaced by the Risk Assessment Framework (RAF) with effect from 1 October 2013. Under the Compliance Framework Monitor used a combination of financial information and performance against a selected group of national measures as the primary basis for assessing the risk of trusts breaching their Continuity of Services and governance conditions respectively.

In terms of assessing financial risk, Monitor assigned a financial risk rating (FRR) from 1-5 based on a scorecard of five key financial metrics. The financial indicators used to derive the financial risk rating incorporated five individual ratings which were each rated from 1 (high risk) to 5 (low risk), and then a weighting applied to derive an aggregate, whole number rating from 1 to 5.

In terms of governance, Monitor assigned a governance rating of either red (high risk), amber-red, amber-green or green (low risk) based on the Trust's forward plan and in-year performance against that plan.

September 2013-March 2014

From Q3 of 2013/14, Monitor introduced the Risk Assessment Framework (RAF) as the means of monitoring compliance by providers of NHS services with the continuity of service and governance conditions in their provider licences. This approach generates two risk ratings for the Trust, one based on the way it is managed (governance) and one based on financial health (continuity of services).

Explanation of ratings

Financial risk rating: Monitor takes a prospective approach to assessing financial risk, with the aim being to identify financial distress in good time to start planning appropriate mitigating actions. Two metrics are used to calculate the Continuity of Service Rating (CoSR)—liquidity (in days) and debt service capacity ratio (times). The CoSR essentially assesses how the Trust manages cash and its ability to repay debt. Trusts are assigned a rating from 1 (high risk) to 4 (lowest risk) and our strategy is to have a minimum rating of 3.

Governance risk rating: Monitor's assessment of governance risk is based predominantly on NHS Foundation Trusts' plans for ensuring compliance with the terms of their authorisation but will also reflect historic performance where this may be indicative of future risk.

Monitor considers eight elements when assessing the governance risk rating—legality of constitution, growing a representative membership, appropriate Board roles and structures, service performance, clinical quality and patient safety, effective risk and performance management, co-operation with NHS bodies and local authorities, and provision of mandatory services.

Monitor rates governance risk using a graduated system of green, amber/green, amber/red and red, where green indicates low risk and red indicates high risk.

The table below shows the Trust's performance in terms of financial and governance ratings for 2013/14:

2013/14	Annual Plan	Q1	Q2	Q3 Continuity of Service Rating (COSR)	Q4 Continuity of Service Rating (COSR)
Financial risk rating	4 (COSR of 3)	3	3	3	4
Governance risk rating	AMBER-GREEN	GREEN	GREEN	GREEN	GREEN

In 2013/14 the Trust was fully compliant in the delivery of the Referral to Treatment type standard.

To continue achieving this standard for the early part of 2014/15 we have planned with board and commissioner support to be non-compliant on admitted RTT whilst we clear a backlog to achieve speciality compliance. This is declared in our annual plan as Monitor's expectation was for full compliance across all indicators. We anticipate following completion of the backlog clearance in the early part of 2014/15 the Trust will return to full compliance with this standard.

Counter-fraud policies and procedures

The Trust has a Counter-fraud Policy for dealing with suspected fraud and corruption, and other illegal acts involving dishonesty or damage to property.

Nominated staff who Trust staff can contact confidentially if they suspect a fraudulent act are the Director of Finance and the Local Counter-fraud Specialist (LCFS).

Health and safety

There has been a significant improvement in attendance at Health & Safety training during 2013/14. All health and safety related criteria were judged to meet level 3 during the NHSLA external assessment. The assessor said 'Throughout the assessment, the attention to detail and diligence in developing and using effective risk management processes was demonstrated and staff were clearly engaged and committed in support of both patient and staff safety'. There were 21 incidents reported to the Health & Safety Executive for the period 2013/14, which is a decrease on the previous year of 26.

Environmental matters

The Trust pledged to reduce its carbon footprint by joining the Carbon Trust's NHS Carbon Management programme in May 2007.

Ensuring our environmental sustainability forms part of a Trust corporate objective and we have committed to improve our environmental sustainability by exceeding the NHS national target of 10% carbon reduction by 2015.

This transformation in the way in which electricity, heating and cooling is supplied to the hospital will reduce the Trust's carbon footprint and make us self-sufficient in terms of the power needed to keep services running smoothly.

This year we have:

- Installed LED lighting in wards and atria to improve the quality of lighting and lower running costs
- Installed flue gas heat recovery that transfers heat to domestic hot water and heating
- Improved quality of lighting and lower running costs

- Established an on-site confidential waste shredding and cardboard baling service and worked to reduce unnecessary clinical waste, all of which have a positive impact on the environment.

There is a Travel to Work and Cycle Plan in place to support staff in taking healthier travel options both in terms of the environment and their wellbeing.

In addition, all staff are encouraged to help cut carbon emissions and reduce energy bills by taking simple steps to be more energy efficient.

Action to inform, involve and consult with staff

See the 'Our staff' section for details.

Disclosure of audit information

So far as the Directors are aware, there is no relevant audit information of which the auditors are unaware.

The Directors have taken all steps that they ought to have taken as Directors in order to make themselves aware of any relevant audit information and to establish that the auditors are aware of that information.

The Directors are responsible for the maintenance and integrity of the corporate and financial information included on the Trust's website www.chelwest.nhs.uk

Legislation in the United Kingdom governing the preparation and dissemination of financial information differs from legislation in other jurisdictions.

The Trust maintains a Register of Interests that is open to the public which can be contained by emailing the Board Governance Manager ftsecretary@chelwest.nhs.uk

Pensions and other retirement benefits

For a breakdown of salary and pension entitlements of senior managers, see page 185. Accounting policies for pensions and other retirement benefits are set out in notes 5.1–5.6 of the accounts.

Better Payment Practice Code

The Better Payment Practice Code requires the Trust to pay all valid invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later, unless other payment terms have been agreed with the supplier. The Trust's compliance with the Code is set out in the Notes to the Accounts.



Tony Bell OBE

Chief executive

QUALITY ACCOUNT

Foreword from the Director of Nursing and Quality

Chelsea and Westminster Hospital NHS Foundation Trust already has a reputation we are all proud of. We need to continue to work hard and learn from others around the globe about those things we can do to ensure we give the best possible quality of care in all that we deliver to our expanding population.

For us, high quality care comprises the three key features:

- **Safety**—eradicating harm and ensuring that care delivered is as safe as possible, regardless of when or where patients seek our services;
- **Efficacy (Clinical Effectiveness)**—ensuring that we deliver the best clinical outcomes possible for our patients, deploying evidence-based care processes and procedures consistently throughout the organisation;
- **Excellent Patient Experience**—ensuring that we treat all our patients and their carers with kindness and respect in all their interactions with us, all of the time.

We will set ourselves demanding targets to be the best. We will develop and train our staff to ensure they are able to focus on those things which make a difference to patients, families and carers.

We will learn from those around us as well as internationally about making change quickly and sustainably when we need to. We will be relentless in our focus on quality—the journey for us will never end (as we seek out those technological and human advances which improve the health outcomes for anyone using our NHS services).

Quality encompasses not only what we do to patients but critically how we do them. We will continue to use the experiences of patients (both good and bad) to inform how we change in the future.

We look forward to working with you now and in the future.



Elizabeth McManus
Director of Nursing and Quality

About this report

What is a Quality Account?

This document, our Quality Account, provides us an opportunity in the Chelsea and Westminster Hospital NHS Foundation Trust to highlight how we measure and take forward quality for our patients and our stakeholders. This provides us with a yearly process to review and make sure that our services are the best they can be.

Secondly, 'All providers of NHS services in England have a statutory duty to produce an annual report to the public about the quality of services they deliver'. Quality Accounts aim

to increase public accountability and drive quality improvement within NHS organisations. They do this by asking organisations to review their performance over the previous year, identify areas for improvement and publish that information along with a commitment to you about how those improvements will be made and monitored over the next year. In the report 'year' refers to the period April 2013 to March 2014 (2013/14).

Quality consists of three areas, which are important when delivering high quality services:

- Patient safety
- How successful is the care provided (clinical effectiveness)
- How patients experience the care they receive (patient experience)

In March 2013, the Secretary of State for Health launched the 'Sign up for Safety' initiative which aims to halve avoidable harm and save up to 6,000 lives in next 3 years. In this work the Secretary of State aims to make the NHS the safest healthcare system with those in the NHS 'working on the frontline'. The Quality Account highlights how we already recognise many themes that will contribute and support this important work.

Most of the information provided in this Quality Account is mandatory. Some content has been added as it is important to the Trust and our stakeholders. Our stakeholders_(G) include patients, parents and carers, Foundation Trust governors, staff, commissioners_(G) and regulators.

Note: '(G)' denotes items explained in glossary

Scope and structure of the Quality Account

This report summarises how well Chelsea and Westminster Hospital NHS Foundation Trust did against the quality priorities and goals we set ourselves for 2013/14. It also sets out those we have agreed for 2014/15, and how we intend to achieve them.

We asked patients, their relatives and friends, other service users and staff for their views on our annual Quality Account to inform future style and content. To obtain feedback on our Quality Account, experienced researchers have been asking staff and visitors for their views. They met and talked to them in the public areas of the hospital and obtained information by a pre-planned survey on what was thought about the 2010/11 and 2011/12 Quality Account. Again in December 2013 the survey was undertaken to inform this year's document.

More than 50 surveys were completed on each occasion. The results showed that the 2011/12 Quality Account was seen as a significant improvement on the previous year's report. This improved further last year.

The latest questionnaire covering 2012/13 demonstrated that readers still reported a good quality document, but would like a summarised document with easier to read sections of information.

We have taken these themes into consideration as much as possible in order that this year's report meets the statutory obligations required of us by the Department of Health (DH) and our regulator, Monitor_(G). This year we have provided the mandatory sections in our Quality Account and in addition to this, a separate booklet in an easy to read form will

be provided for the Annual Members Meeting. This will be called the 'Annual Review' and will combine the Quality Account and the Annual Report.

This report is divided into five parts:

- **Part 1** includes a statement from the Chief Executive and looks at our performance in 2013/14 against the priorities and goals we set for patient safety, clinical effectiveness and patient experience. If we have not achieved what we set out to do we explain why and outline how we intend to address these areas for improvement.
- **Part 2** sets out the quality priorities for 2014/15 and explains how we decided on them, how we intend to meet them and how we will track our progress.
- **Part 3** sets out how we identify our local improvement priorities and other parameters we measure
- **Part 4** summarises our performance against national priorities and our local indicators (those we have developed within the Trust) in tabular form.
- **Part 5** describes how we review and evaluate the quality of the services we provide, including information and data quality. It also includes a description of audits we have undertaken and how our staff contribute to quality.

The annexes at the end of the report include the comments of our external stakeholders and provide supplementary information including:

- **Annex 1:** Statement of Directors' responsibilities in respect of the Quality Account
- **Annex 2:** Independent Auditor's Assurance Limited Report to the Council of Governors of Chelsea and Westminster Hospital NHS Foundation Trust on the Annual Quality Account
- **Annex 3:** Statements from key stakeholders:
 - Council of Governors' response to Chelsea and Westminster Hospital NHS Foundation Trust Quality Account 2013/14
 - Healthwatch Central West London_(G) response to Chelsea and Westminster Hospital NHS Foundation Trust Quality Account 2013/14
 - The Royal Borough of Kensington and Chelsea's Health, Environmental Health, and Adult Social Care Scrutiny Committee and Westminster City Council Adult Services and Health Policy Scrutiny Committee statement in response to Chelsea and Westminster Hospital NHS Foundation Trust Quality Account 2013/14
 - NHS West London Clinical Commissioning Group statement in response to Chelsea and Westminster Hospital NHS Foundation Trust Quality Account 2013/14
- **Annex 4:** Trust Response to statements from key stakeholders

- **Annex 5:** Glossary
- **Annex 6:** Trust Committee structure including the various committees and steering groups referred to throughout this report.
- **Annex 7:** Clinical Divisional Structure

If you, or someone you know need help understanding this report or you would like a printed copy or would like the information in another format such as large print, easy read, audio or Braille, or in another language, please contact the Director of Nursing and Quality by calling 020 3315 6599 or by emailing quality@chelwest.nhs.uk.

About the Trust

The Trust is a modern, purpose-built hospital with more than 3,000 staff. It has three clinical divisions which are outlined in more detail in Annex 7.

Chelsea and Westminster Hospital NHS Foundation Trust provides general and specialist services for half a million people living in the four local boroughs of Kensington and Chelsea, Westminster, Hammersmith and Fulham and Wandsworth. The Trust also provides specialist tertiary (G) services to patients from a wider area in a range of specialties. These include bariatric surgery, burns, HIV, paediatrics, neonatal care, orthopaedics—foot and ankle and sports injuries (eg knee conditions including multi-ligament instability) and plastics—craniofacial surgery, complex wrist and hands.

Most services are provided on the Chelsea and Westminster Hospital site, but the Trust also runs a highly successful network of community HIV and sexual health centres, dermatology clinics, community musculoskeletal therapy and community maternity services across our four local boroughs. Additionally, we provide women's reproductive health (gynaecology) services in Richmond and Twickenham.

The hospital has the busiest and most extensive HIV (G) and sexual health service in Europe based in three different centres across the capital.

Chelsea Children's Hospital, (opened in Spring 2014 by Their Royal Highnesses The Prince of Wales and The Duchess of Cornwall), is a key part of the Trust. We are one of London's largest providers of children's services, catering for more than 75,000 children a year as inpatients, outpatients and as day cases. Chelsea Children's Hospital is home to the UK's only 'da Vinci' (G) robot (G) dedicated to the surgical care of babies and children. We have London's only dedicated burns service for children that require care in a high dependency setting. Our Neonatal Intensive Care Unit provides the most specialised level of medical and surgical neonatal care in the UK. We have a dedicated children's A&E (G) department and a High Dependency Unit (G).

Pregnant women at high risk of complications are cared for in the Trust's Maternity Unit. For those at low risk, we have recently opened a midwife-led Birthing Unit to help mothers give birth in a less 'medicalised' or medical setting whilst in the comfort of knowing that, should complications arise, specialise obstetrics and neonatal services are close at hand. This investment will offer more choice to women with a full range of options for their birth plan—from homebirth all the way through to a consultant led delivery. The birth centre comprises of seven rooms, four with birthing pools. The team in the new unit includes

midwives and doulas_(G) who together support women through birth. During its first month of opening the new unit has already had an impact on deliveries. The transfer rate (from the Birth Unit to labour ward) is down to 19% from 32% and the instrumental delivery rate is down to 6% from 18% we also expect to see a reduction our caesarean section rate, over time.

The Trust is one of two centres providing weight loss surgery services for London and the South East. It is also the Regional Burns Centre for London for adults and children.

A separate unit for children was newly commissioned in January 2013 which has greatly enhanced our children’s burns care. Overall, there were around 1309 in-patient attendances in the hospital in 2013/14 and 13,827 outpatient attendances.

Last year there were approximately:

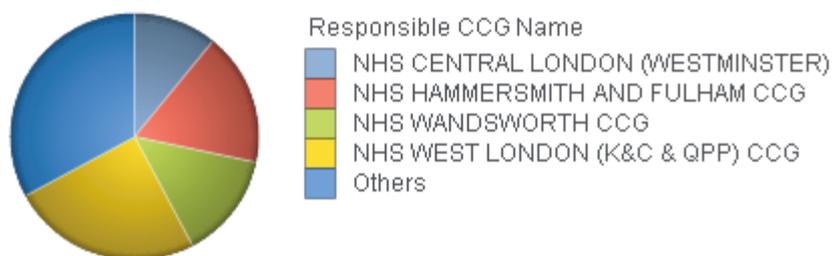
Accident and Emergency attendances	112,500
NHS babies delivered	5,000
Private patient babies delivered	800
Trust total Number of babies delivered	5,800
Inpatient admissions (Elective and Emergency)	76,000
Of which day cases accounted for:	34,000
Outpatient activity (including physiotherapy)	590,000
Radiology Direct Access from a General Practitioner referral	33,000
Radiology Examinations as a result of an outpatient attendance (excluding maternity sonography _(G))	44,000

Culminating in services to approximately **667,000** patients (of which the following were seen in or HIV/Sexual Health Services) 180,000

and finally we provided phlebotomy services for approximately **50,000** patients

A key part of the service we provide for our patients is our busy outpatient service. The diagram below highlights the main Clinical Commissioning Groups_(G) from which we receive our patients. A view of the main commissioner’s we work with are highlighted in the diagram below (accurate at the end of March 2014).

Outpatient Attendances by CCG



Part 1

Statement on quality from the Chief Executive

A healthcare provider is judged by the quality of care it provides each patient it sees. As such, it is the most important benchmark we use to ensure that we are performing to the high standards that our communities expect from their hospital.

The Quality Account provides us with the opportunity to show how well we are doing against our current quality priorities, what we need to do better, and what we want to focus on next year so that quality remains at the top of our agenda. Importantly, the account is reviewed by key external stakeholders who hold us to account on what we said we'd do and what we've actually done for the benefit of patients. This 'critical friend' aspect is very important as it can highlight to us what commissioners and the public want to improve, which will inform our future course of direction in quality.

This year has seen the quality agenda at the forefront of minds across the NHS. Three key reports—Keogh, Berwick and Francis—were released that showed that there is still much to do to ensure the standardisation of quality in all hospitals and healthcare settings. As a result, our Board of Directors have shown our commitment to learning from these reviews both in respect of staff wide listening exercises and direct reporting at Trust Board level. In addition, there has been a focus on making sure that senior doctor cover is available at all times of the day so that, whether you come into hospital in the morning, in the evening or at weekends, you receive high standards of care and quick decision making where needed.

External review of our services is vitally important as it gives us assurance around the quality of care we provide. This year, the CQC's unannounced inspection confirmed we passed all six standards assessed. Dr Foster, in their 'Good Hospital Guide 2013', rated the Trust as one of the most improved in the country for readmission rates.

I refer to us as a 'healthcare organisation', not just a hospital. That's because we need to try and make sure that we help our communities live healthier lifestyles so that they only visit hospital when it's clinically necessary. The health and wellbeing agenda is vitally important to us and we are working with GPs, Clinical Commissioning Groups and Local Authorities who are now responsible for public health so that we collectively help those we serve live long, happy and healthy lives by supporting them to make lifestyle choices that will help ensure they do not contract avoidable illnesses.

I am delighted to announce that, for the second year running, our Trust has been the best performing Trust in England for the 4 hour Accident and Emergency target. To match the high standards of clinical care we already provide, £12M worth of investment is being made to refurbish and expand these facilities.

We are continuing to plan our response to the 'Shaping a Healthier Future' configuration (SAHF)_(G). SAHF have adapted clinical standards that are in line with the London Quality standards. Our progress against these plans will form a key part of next year's Quality Account.

However, there is always more that can be done. While the second assessment of the Trust by the CQC in the Intelligent Monitoring Report_(G) placed us at the lowest risk, we

were disappointed with our previous rating and have worked hard to review the areas of concern they raised in October 2013 which has contributed to the improved assessment result. We look forward to continue to work closely with our external regulators, including the CQC, for the good health of patients.

There are key strategic decisions being made at the Trust, at a time of great change in the NHS landscape, but quality has remained our constant focus during this year.

I hope that you enjoy reading the progress we've made against our priorities and what we plan to focus on next year to provide you, your families and friends with a health service you can all be proud of.



Tony Bell OBE
Chief Executive

27 May 2014

Our Quality Report Card



We have an ongoing process of listening to and working with our stakeholders, that include patients and governors and our external stakeholders such as Healthwatch Central West London and our commissioners. We regularly review feedback from patients through complaints, focus groups and quarterly surveys. Together with those we regularly review the information collated regarding the quality and safety of our services. Some of the key areas we have made improvement in and somewhere we need to improve further are noted in our Quality Report Card.

Safety	
Where we did well	Where we could do better
Met our target for reduction in numbers of patients with preventable VTE— from 13 last year to 5 And gained 2nd place in the national Thrombus Innovation Awards 2013	VTE incidence—continue objective to reduce further and ultimately to zero
Hand hygiene compliance met 96.5%	Cases of MRSA were 5 this year
We successfully halved the number of patients with <i>C.difficile</i> to 9	Never events—we had 2 reportable never events this year and a further 1 serious incident which does not meet any definition of a never event in The Never Events list 2013/14 update , however we reported it to our partners in the spirit of openness and transparency. Our target is zero.
	In-patient falls per 1000 Inpatient bed days, we met 3.20 with a target required of no more than 3
	To improve our compliance with national guidance in serious incident reporting

Effectiveness	
Where we did well	Where we could do better
Central line and urinary catheters continuing care—we met our targets	Compliance with care bundles ₍₆₎ for peripheral lines—85.1% (for our 95% target)
Lower than average mortality as measured by mortality indicators—Hospital Standardised Mortality Ratio (HSMR)—9 th lowest in the country and Summary Hospital-level Mortality Indicator (SHMI)—11 th lowest in the country	Patients who are in hospital longer than a week who are nutritionally re-screened our target is 90% and we achieved 78.4%
NHS Litigation Authority Level 3 Accreditation The lowest level of risk noted for the lowest insurance premiums in the NHS	Pressure ulcers— this is still an area we wish to see the numbers much reduced
Dr Foster Hospital Guide 2013—we were one of the most improved in the country for readmission rates	
Care Quality Commission Risk Banding Level 6 achieved in March 2014—the lowest level of risk that is available for a Trust, this changed over the time periods from a first Level 2 grading in October 2013	
The best performing Trust in England for the 4 hour Accident and Emergency target	
The 'Practical guidance for the management of palliative care on neonatal units' was launched in February 2014 led by the Trust's neonatal unit and now forms part of national guidance on the appropriate care to be provided to babies and families receiving end of life care	We had 3 complaints relating to end of life care. Our investigation and meetings with families concluded for us to further enhance our information and guidance for families (part of our Priority 4 work, see page 47).
Patient experience	
Where we did well	Where we could do better
Intensive Care Customer Service Excellence Award	Our patients are telling us that there is room for improvement in how we communicate and in the discharge process
Achievement of the Imaging Services Accreditation Scheme (ISAS)—the Imaging department is one of only 12 in the country to achieve the accreditation and the first non-specialist hospital in London.	The number of complaints received has not reduced significantly
Staff survey results—we are still in the top 20% this year	Appraisal rate of staff improved from 82% to 84% but we did not reach our target of 90%
Mandatory training—we raised the level of staff completing mandatory training from 73% to 79 %	Mandatory training—we would like to reach 95% of staff completing mandatory training
Friends and Family Test 92% would recommend the Trust	

Our priorities for quality improvement 2013/14

Priority 1: Patient Safety—To have no hospital associated preventable venous thromboembolism (VTE)

VTE is an umbrella term for potentially serious blood clots called deep vein thrombosis (DVT) and pulmonary embolism (PE). A DVT usually develops in the leg or pelvis. Sometimes part of the blood clot breaks off and ends up in the lung (PE) where it can block the blood supply. This can be fatal.

The risk of developing VTE is increased after surgery and/or periods of immobility, and in certain situations such as pregnancy or advanced cancer. Around half of all cases arise in patients who have recently been in hospital. Around one third of patients will develop VTE despite the best care but in the remaining two-thirds of patients a VTE can be avoided with preventive treatment.

What we said we would do in and what we actually did in 2013/14

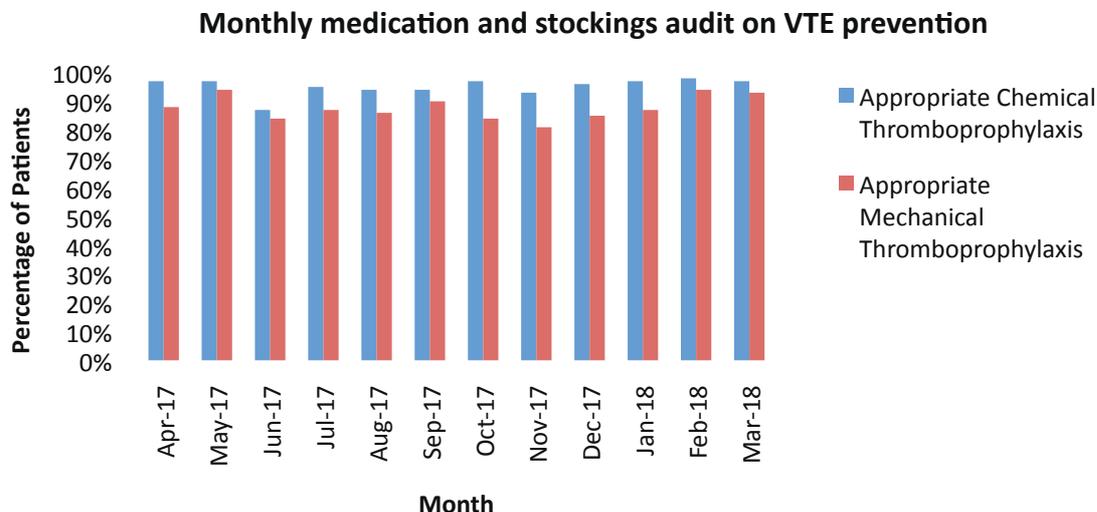
VTE risk assessments

All adult patients should have a VTE risk assessment completed on hospital admission to identify any risk factors that may be present.

We said we would continue to ensure that we meet our target of 95% adult patients admitted with completed VTE risk assessments. This target has been achieved with weekly and monthly monitoring of completed VTE risk assessments.

Preventive treatment

We said that adult patients at risk of VTE will receive appropriate preventive medication and the use of compression stockings, if indicated, to help prevent blood clots developing during hospital admission. We set a target of 90% of adult patients to receive appropriate medication and compression stockings. During 2013/14, we performed monthly audits and on average 95% of adult patients received appropriate preventive medication, and approximately 87% of adult patients received compression stockings. In specific clinical areas, we introduced the prescribing of compression stockings by nursing staff to help improve performance.



Patient information

It is important to provide patients with information about the risks of VTE, its signs and symptoms, and when to seek urgent medical attention.

We said we would continue to offer our patient information leaflet '*Are you at risk of blood clots?*' to all patients admitted to the hospital, all pregnant women and all patients attending A&E who require a lower leg plaster cast.

We have performed audits throughout the year showing:

- 67% of patients were given information on VTE, which has been an improvement since the last year. The hospital discharge checklist has a reminder to provide the VTE patient information leaflet to patients.
- 85% of patients with leg plaster casts were given the VTE patient information leaflet in Urgent Care Centre/A&E.
- 100% of patients undergoing day case procedures in the Treatment Centre were offered the VTE leaflet.
- VTE patient information leaflets were available and visible on all adult wards by monthly audits.

The importance of providing VTE information to patients has been included in the VTE newsletter circulated to all staff and educational meetings.

VTE training

We said we would monitor completion rates and uptake of our online VTE training module on VTE prevention and treatment for all doctors with a target of 75% over 2 years.

The aim is to ensure all frontline staff are aware of the preventive treatments we use in this hospital and standardise training. From April 2013 to March 2014, 27% of new doctors have completed the VTE training module. 87% of Foundation Year 1 and 2 doctors have completed the online VTE training module. Mandatory training reports are circulated monthly highlighting staff performance and for managers to follow up on incomplete training.

VTE ward rounds

We said we would roll out VTE ward rounds to medical and surgical wards, following the successful implementation on maternity wards, to assess VTE risk assessment completion and check patients are offered appropriate preventative treatment to help reduce their risk of developing blood clots.

We have performed regular VTE ward rounds with education to ward staff and dissemination of findings and improvements to departments eg implementation of a VTE management sticker to operative checklists.

But most importantly...

Our goal is to have no hospital associated preventable VTEs by ensuring VTE risk assessments are completed, preventive treatment is prescribed, patients are educated and nurses and doctors are trained in VTE prevention.

We said that we would continue to undertake a thorough review (root cause analysis)_(G) of cases where patients with preventable VTE associated with a hospital admission, defined as during or within 90 days of admission, did not receive appropriate preventive treatment.

For 2013/14, we set ourselves a target of 25% fewer hospital associated VTEs than in the previous year — ie to have no more than 10 hospital associated preventable VTEs. From April 2013 and March 2014, we have identified 5 hospital associated preventable VTEs (a significant reduction from 13 hospital associated preventable VTEs in 2012/13). While we

achieved our target for 2013/14, we will continue to focus on addressing the contributory factors for preventable VTEs in 2014/15.

And finally...

The hospital achieved 2nd place for the Thrombus Innovation Awards 2013 demonstrating innovation and excellence that has improved the delivery of services to patients with VTE.

We were also selected to present our collaborative work on VTE prevention for pregnant women at the International Forum on Quality and Safety in Healthcare 2014.

Priority 2: Quality Account Priority 2 (Patient Experience) 2013/14— Continue to focus on communication, discharge and delivering safe and compassionate care to all our patients

We have continued to integrate our Trust values into the heart of our organisational culture and see this as fundamental to delivering high quality compassionate care. Listening and responding to feedback from patients is vital for us to really understand their experience. Our patients are telling us there is room for improvement in how we communicate and our discharge processes.

What we said we would do

We said we would build on the work to make sure our communication is kind and respectful.

We said we would build on the ways that we listen to patients through senior visits where managers and non-executive directors and governors speak directly to patients about their experiences of care and treatment. This is fed back to ward managers and helps to feed into the information used on our 'You said—we did' noticeboards.

We said we would ensure there was a clearly identifiable nurse in charge of each ward or area, on every shift, and develop bedside plans of care within our wards to engage patients in their plan of care.

We said we would establish a project team with representatives from the hospital and community team to focus on safe, timely and effective discharge. We said we would improve the environment for people with Dementia_(G) specifically on Edgar Horne ward and provide training for staff to meet the needs of patients with Dementia.

We said we would establish a preventing harm group to continue the work to reduce the incidence of falls and reducing the occurrence of pressure ulcers and promote good nutrition through protected mealtimes, nutritional screening and providing volunteer support at mealtimes.

What we actually did

Communication

Senior rounds are being embedded and feedback is given to the ward or department at the end of the visit and themes are being reported at both our Senior Nursing and Midwifery Committee and the Senior Operations group. Senior staff have been able to identify patients' concerns and deal with them quickly.

We have introduced the patient Friends and Family Test (FFT) for inpatients, patients in Accident and Emergency, and in Maternity (from October 2013). The test asks patients as they leave the service “How likely are you to recommend our ward/A&E department to friends and family if they needed similar care or treatment?” There is a 6 point scale from ‘Extremely likely’ to ‘Extremely unlikely’ that patients can choose, and a comments box where we can hear the reasons for their scoring. These results are being used to get patient feedback every month and are being used to make local changes using a ‘You said—we did’ approach.

Staff photo boards have been installed in all inpatient areas and the named nurse in charge is visible using these boards. We have piloted paper based bedside care plans during the year and are evaluating the successfulness of this approach.

We have delivered communications training for staff using the ‘Sage and Thyme’^(G) model of training to enable staff to provide support for people who are distressed or anxious. Our outpatient teams have tested customer service training using a ‘Disney’^(G) approach to customer service, noted by Disney as a ‘framework for consistently exceeding the expectations of your customers’. Our staff has developed a set of value based customer service standards that include meeting people face to face, on the telephone, and by letter or e-mail.

During 2013/14 we have introduced ‘Schwartz Rounds’ for staff. These are an opportunity every month for staff to meet and discuss the emotional aspects of delivering healthcare and the impact this has on staff. These rounds are supported by the Point of Care Foundation,^(G) and are designed to provide a safe space to consider their own emotional health and resilience to be able to provide compassionate care.

Making sure you leave hospital when you are ready—the discharge service

We have a discharge transformation team in place, linked to other patient flow initiatives and some of the work has included:

- The development of an electronic discharge assessment tool inclusive of a discharge checklist for the day of discharge
- The development of a patient information leaflet to engage patients/ carers in the discharge process and enable them to become partners in their discharge
- Ensuring all information to support staff undertake discharge planning is accessible on Intranet
- The development of a system to enable staff to record the predicted date of discharge (PDD) ensuring that it is fit for purpose and provides an audit trail of any changes made with reasons for this
- The development of an electronic discharge communication record to enable decision making to be seen clearly by all staff
- We have implemented the daily board round^(G) into 5/7 adult inpatient areas
- We have developed opportunities to use ‘step down’ care with our partners in the private and community sectors.

- We have started a pilot of Nurse Led discharge in elective surgery

We have also been working closely with community healthcare providers to include Central London Community Healthcare NHS Trust (CLCH) for the emergency patients' pathway with the aim of preventing hospital admission and reducing length of stay. Some of the work we have been developing includes:

- Building on the Ambulatory care model to support patients going home and having outpatient type care rather than having to stay in hospital
- Better communication between primary and secondary care
- The implementation of a rapid response team to ensure patients who attend the Emergency department can go home with support rather than be admitted
- Reviewing the community rehabilitation and continuing care pathway/ bed capacity at a new 'step-up step-down ward at Charing Cross Hospital.

Safe, compassionate care

Edgar Horne ward was refurbished and made Dementia 'friendly' during the year and we have introduced interactive communication systems, with the support of the Hospital Arts Charity, to promote interaction with patients who may be confused or distressed.

Mealtimes continue to be protected and our volunteers can be called on a daily referral system to help people eat their meals if they need. We have introduced electronic information screens into our kitchens to enable housekeeping staff to be aware of the dietary needs of each patient.

The Preventing Harm Group has been set up to reduce the incidence of falls and the occurrence of pressure ulcers. These have been working to improve the information for patients, prevention, assessment methods, and appropriate response. The Trust has also been engaged in a project with McKinsey₍₆₎ focussing on the elimination of pressure ulcers. This has focused on the Acute Assessment Unit (AAU) looking at simple ways to improve the assessment of patient's skin within six hours of admission. As a result of this project, a new skin assessment tool has been developed and embedded into AAU and this also forms the basis of the amended pressure ulcer care bundle which is being rolled out to all adult inpatient areas.

Comfort rounds have been established in our wards so that every patient is checked regularly for their comfort and any needs they may have such as pain relief, a drink, or just someone to talk to.

The service our volunteering team have provided during the year has expanded in several ways to assist in the care of our patients.

This includes helping patients at mealtimes, providing patients with company, assisting nursing teams with patients suffering from dementia and supporting and talking to patients and families in areas such as the A&E, the neonatal unit and in Children's Outpatients.

How did we perform in 2013/14?

We have increased the number of inpatients reporting asked to give their views on quality of care (inpatient survey) and we have increased the number of people completing the Friends and Family Test question from 22% to 41%.

Our rates of falls have slightly risen and our pressure ulcers rates have risen which did not meet our targets set. Please see Part 3—Measuring what Matters and Part 4—'Our performance on local quality indicators 2013/14' for further details on both of these indicators.

However, there have been improvements in patients being given clear printed information about medicines on discharge and improvement in patients being told of danger signals to look for when going home. Patients continue to receive copies of discharge letters between hospital doctors and their GP.

However—delayed discharge continues to give concern and will continue to treat this as a priority area of work. On occasions, discharges may be delayed as ongoing facilities outside our hospital may not be available for our patients.

Whilst we try to do what we can to work with our external care providers to obtain ongoing care, we do not plan for patients to be discharged until an appropriate place is identified. Some of our work has included working with our external partner 'Medihome'⁽⁶⁾ who can provide 'one-to-one' acute health care for patients in their own homes. A facility that can provide another solution to aid timely and safe discharge is the 'step up and step down' intermediate care ward at Charing Cross Hospital run by Central London Community Health (CLCH).

Priority 3: Priority 3 Patient Experience 2013/14 (Staff Experience)—To be in the top 20% of acute Trusts nationally for staff engagement and staff appraisals as measured by the NHS staff survey and to ensure our agreed Trust values inform everything that we do

Research tells us that motivated and engaged staff are more likely to provide high quality, compassionate care. Listening and communicating with staff is key to bringing about the right culture for an organisation to flourish and provide the highest quality environment for staff working here.

What we said we would do

- We would build on our work relating to values to develop individual commitment in appraisals explaining how each individual will ensure they live the values of the Trust.
- The feedback staff has given us through the annual staff survey has been used to develop a Trust-wide action plan, and local action plans, linked to the Trust values. These will be used as the main basis for taking action to improve our engagement with staff.
- We would remain in the top 20% of Trusts for staff engagement as shown in our annual staff survey.

- We will run four campaigns for staff throughout the year to focus on each value in turn: safe, kind, excellent and respectful. Each campaign will highlight aspects of patient experience related to the values.
- We will build on our existing work to develop recruitment methods to assess values and behaviours so that we check whether staff are likely to meet our values when we recruit.
- We will increase appraisal rates to at least 90% in order to be in the top 20% of Trusts. Staff will use examples of feedback from patients and other sources within their appraisal.
- We will include the Trust values and patient experience themes and stories into our training programmes.

What we actually did

Assessment Centres and interview questions have been developed to support managers to make the right, value based recruitment decisions. We have improved our appraisal guidance for managers to enter into discussions about the Trust values and behaviours during every appraisal meeting. Staff are encouraged to bring real examples of how they have demonstrated the Trust values and managers have a range of prompts to help staff demonstrate what they have achieved.

Each Division has an action plan in response to the NHS National staff survey these plans are monitored at Divisional board meetings and more locally at team level. During 2013/14 we have also introduced staff 'spotlight surveys' for local teams to run shorter focused surveys for their staff to give feedback about their working environment and how we could improve.

We have run a 'Kindness campaign' where staff, patients, and visitors have been asked the question 'What does kindness mean to you?' These have been collected and the thoughts and ideas will be translated into verse for use around the Trust, in our public spaces, in communications and our training.

Patient experience and the Trust values has been embedded into our training programmes including induction, update training, management and leadership programmes. We have also commenced a 'Patient Voice' programme for our Foundation year 2 doctors whereby a patient comes directly from the ward to describe their patient experience and answer any questions they may have.

Appraisal rates have been monitored and tracked throughout the year and areas of concern highlighted.

How did we perform in 2013/14?

- We have remained in the top 20% of Trusts nationally for staff engagement.
- Appraisal rate has improved from 82% to 84%—but not quite reached the target set of 90%.

- We have improved the number of staff reporting well-structured appraisals and are in top 20% of acute Trusts for staff reporting they have had well-structured appraisals.
- Staff recommendation of the Trust as a place to work or receive treatment has improved and we are among the top 20% of Trusts nationally.

Priority 4: Clinical effectiveness 2013/14—To improve choice and quality in End of Life care

What we said we would do in 2013/14

- Draw on evidence from national audits, complaints and local information to look at the service we are currently providing and how it might be improved.
- Start a service for volunteers to spend time with dying relatives who have no visitors.
- Survey relatives of those at the end of their lives to obtain feedback about our services.

What we actually did

The 'End of Life Care' Committee has monitored progress for end of life care during the year. There has been increased engagement across the Trust and community services, including adult, paediatric, midwifery, clinical and non-clinical staff. The Committee approved the new End of Life Care Strategy to guide the Trust over the next three years. This has been reviewed by staff, governors, users and community partners.

A new Macmillan Lead Nurse for Cancer and Palliative Care joined the Trust and was appointed as the lead for end of life care. This new lead is working with the specialist palliative care team, consultants and ward managers. Together these key leads work with and between hospital and community providers in end of life care, working towards the strategy in providing a seamless twenty four hour/seven day a week service

The Trust participated in the new and comprehensive national audit of care of the dying in hospitals which aims to assess organisational measures and review documented care of dying patients. The results when available later this year will enable the Trust to benchmark their care against a national standard.

The 'By Your Side' service in place in the Trust is providing volunteers to spend time with dying patients. Access to the service has been enhanced in-year to be accessed through the Trust intranet by staff and for patients and their relatives through the Trust internet site.

The lead for end of life care has met with all families who have raised concerns around end of life care to move forward to address their concerns and feedback. An action plan for all these situations has been put in place. The themes identified by this process mainly highlighted those as described as poor communication.

A 'task and finish group' developed a comprehensive action plan in response to the report "More Care Less Pathway". The action plan has been implemented across the Trust including an "aide memoire" to support staff in caring for the dying and their relatives. This has included the leadership of the Medical Director outlining medical staff requirement for their commitment in caring for dying patients. A lead for end of life care has also been

identified in each ward manager taking the lead for their clinical area. For those patients who provide their consent the Trust is sharing care choices with other professionals in and out of hospital through a specialist database that provides information regarding the patients care—the Coordinate my Care (CmC) database.

Following a successful funding bid to Macmillan and the Trust to increase the specialist palliative care nursing, the team will be delivering a seven day specialist palliative nursing care service in the next six months. It is anticipated that an extended specialist palliative care team will be able to better support and educate staff to deliver excellent end of life care.

The Clinical Lead for Palliative Care is leading a steering group to undertake a training needs analysis of Trust multidisciplinary staff to equip them to further improve the quality of care for the dying. The training needs analysis will produce recommendations for multi-professional training. The first part of the project should be completed by June 2014. In addition, the Trust was successful in securing a bid to host a Community Education Provider Network in the Tri-Borough area (Hammersmith and Fulham, Kensington and Chelsea and Westminster). This project involves working with 10 other partner organisations to develop the skills of clinical staff in acute and community settings in end of life care. This first cohort of training will begin training in April 2014.

To add to this Trust wide work, the Neonatal Intensive Care Unit (NICU) published the first ever guidance of its kind to support staff caring for very young babies with life limiting conditions who need palliative or end of life care. The 'Practical guidance for the management of palliative care on neonatal units' (see below for reference) was launched in February 2014 and now forms part of national guidance for all NICUs on the appropriate care to be provided to babies and families receiving end of life care.

The guidance was developed by members of the neonatal team at Chelsea and Westminster Hospital that included doctors, a nurse, a psychologist and a hospital chaplain. It has been endorsed by the Royal College of Paediatrics and Child Health after several rounds of stakeholder consultation, including key charitable organisations and professionals within the field of neonatal palliative care.

The development of the guidance was funded by the Department of Health and the production and publication was supported by the Chelsea and Westminster Health Charity. The guidance includes a foreword by Sir Bruce Keogh, National Medical Director for NHS England and real-life experiences of families whose babies have received such care.

The 'Practical guidance for the management of palliative care on neonatal units'
<http://www.chelwest.nhs.uk/about-us/news/pioneering-palliative-care-guidance-published>

Part 2

Our priorities for quality improvement 2014/15

Overview

Before agreeing our Quality Priorities for 2014/15 we discussed and approved these with our Council of Governors' Quality Sub Committee that includes external stakeholders such as Healthwatch and our commissioners. With our staff in the Trust we linked with key

clinical and managerial leads in the Trust Quality Committee to gain their views to approve and agree our quality priorities. The rationale for progressing with each priority for 2014/15 is highlighted below:

Priority 1: To have no hospital associated preventable VTE

We agreed we had not yet reached our targets, even though notable progress has been made and that we should continue to hold this as a priority for the coming year.

Priority 2: To continue to focus on communication, discharge and delivering safe and compassionate care to all our patients

There have been notable improvements in all areas, but it was felt there is still room for further improvement and our complaints data had not demonstrated the improvement we would like to see. It was agreed this should continue as one of our priorities.

Priority 3: To be in the top 20% of acute Trusts nationally for staff engagement and staff appraisals as measured by the NHS staff survey and to ensure our agreed Trust values inform everything that we do and to include the staff FFT test to help measure this

There have been improvements during the year, but we agreed to continue with this to demonstrate final improvements and to include the results of the staff FFT.

Priority 4: To improve choice and quality in End of Life care

We have agreed and begun to implement the Trust End of Life Care Strategy and have commenced several projects aimed at improving the quality of care for the dying. We have also begun to implement the action plan in response to the report 'More Care less Pathway'. However, as all of this work was intended to be a two-year programme and important to our work in the Trust, it was approved that should continue as a Quality Priority.

As our Trust Quality Strategy develops further, all of these 4 priorities will form part of the important work of this strategy and will be an active part of it.

Our priorities for quality improvement 2014/15

Priority 1: Patient Safety—To have no hospital associated preventable venous thromboembolism (VTE)

Why is this important?

VTE is one of the most common preventable causes of hospital deaths and can be reduced by providing preventive treatment.

We have kept this priority from last year because, although we have made good progress, we have not yet achieved our target.

What will we do in 2014/15?

- We will continue to complete VTE risk assessments for adult patients on admission to hospital, with the aim of achieving a target of above 95%.
- We will continue to perform monthly audits on each adult ward to ensure patients at risk of VTE receive appropriate medicines and/or compression stockings to help prevent blood clots developing during hospital admission, with the aim of achieving a target of above 90%.
- We will continue to identify patients who developed a VTE during or within three months of admission, but who did not receive appropriate preventive treatment. In these cases, we will continue to perform in-depth root cause analysis (thorough review) to find out what happened so that we can prevent it happening again.
- We will focus on addressing the contributory factors we found in preventable cases of VTE in 2013/14. These include offering extended thromboprophylaxis to patients at high risk of developing VTE, delayed and omitted administration of thromboprophylaxis, interim thromboprophylaxis for patients awaiting surgical procedures, delayed prescribing of preventive treatment after procedures and discussion of complex patients who are at increased risk of bleeding with Haematology doctors.
- We will continue to offer our VTE patient information leaflet '*Are you at risk of blood clots?*' to all patients admitted to hospital, all pregnant women and all patients requiring a lower leg plaster cast.
- We will continue to monitor completion rates and uptake of our online VTE training module on VTE prevention and treatment for all doctors, on a quarterly basis, with a target of 75%.
- We will continue to perform VTE ward rounds on medical, surgical and obstetric wards and provide immediate feedback/education to ward staff, disseminate learning points and implement any actions for improvement.

We will do this by:

- Continuing to provide monthly feedback on completed VTE risk assessments by ward and department and following up on the areas which do not meet the 95% target.
- Taskforce group to work with nursing staff and look at why preventive medication was delayed or omitted, improving documentation for omitted doses and increasing use of the missed doses report to staff on the ward and incorporate use into daily ward round/handover meetings.
- Performing periodical audits to monitor whether patients receive the VTE patient information leaflet and address any concerns or take action if compliance is less than 75%.
- Continuing to educate healthcare professionals on the importance of VTE prevention.

How will we track progress?

We will track progress by continuing to review risk assessment completion rates for adult patients when they are admitted to hospital (weekly and monthly), check whether patients are prescribed appropriate preventive treatment (monthly), review those patients who acquire a VTE that could have been prevented (monthly), periodical audits to determine whether patients are offered VTE information and review training records for VTE module.

How will progress be reported?

Progress will be reported at the Thrombosis and Thromboprophylaxis Committee and Trust Executive Quality Committee.

Priority 2: Quality Account Priority 2 (Patient Experience) 2014/15— Continue to focus on communication, discharge and delivering safe and compassionate care to all our patients

Why is this important?

Communication

We believe that the relationship between our employees and their manager is an important relationship in the workplace to drive compassionate care. Challenge and discussion about the behaviours that support the Trust values is vital to delivering excellent and compassionate care. This should take place both within and more regularly outside of the appraisal process to ensure our staff are supported to provide compassionate care.

Discharge projects

In 2014/15, we continue to build on the work developed in 2013/14 monitored and driven by the Improving Discharge transformation group.

Listening and learning

It is important for us to strengthen the ways that we listen to patients particularly learning from our Friends and Family Test feedback.

What will we do and how will we do this in 2014/15?

Communication

To support the relationship between our employees and their managers with challenge and discussion about the behaviours that support the Trust values, the Trust will undertake a project called 'Great Expectations' which will be a coaching programme for managers and clinical leaders. The programme will encourage and enable managers to use coaching techniques to empower staff to provide compassionate, value based care. It is an opportunity for managers to see and practice coaching techniques in real life scenarios.

Discharge projects

The key aim for this year is to embed best practice and improve the use of the tools that have been implemented. Alongside this, we will be looking at developing robust education and training packages for staff to support the effective management of discharge especially those that are complex and requiring effective communication and multi-disciplinary team collaboration. Another key area of work is the effective transfer of information which will support better communication between primary and secondary care.

Central London Community Health and the Trust are working together to remove paper referrals and move towards electronic referrals for social, health and rehabilitation support for our patients. We will continue to deliver the target for discharge against a target of 40% of the numbers of patients that have been able to be discharged home between 8am and 11am every morning.

Listening and learning

We will strengthen the ways that we listen to patients particularly learning from our Friends and Family Test feedback. We will extend our use of the Friends and Family Test question to our Outpatient services during 2014/15.

How will we track progress and how will progress be reported?

All themes in this priority will track and report progress to the Patient Experience and Staff Committee Board and Senior Operations Group Patient Experience Committee which are both held separately and every six weeks. In addition, the discharge work will be tracked by the Improving Discharge Transformation Group. The FFT will use the 'net promoter scores'⁽⁶⁾ and themes from feedback to develop local and immediate improvements at a local level.

Priority 3: Patient Experience (Staff Engagement) 2014/15—To be in the top 20% of acute Trusts nationally for staff engagement and staff appraisals as measured by the NHS staff survey and to ensure our agreed Trust values inform everything that we do and to include the staff FFT test to help measure this

Why is this important and what will we do in 2014/15?

This year we will implement a quarterly test of staff engagement to include two questions that test if our staff would recommend the Trust as a place to be treated and a place to work. This process will enable all employees to express their views, and for those views to be taken into account.

Our employees want to contribute to the Trusts' future and we want to listen. Managers recognise that much of the knowledge required for high quality and safe patient care is known to staff. The Friends and Family Test is a way of ensuring the employees 'have a say' about what goes on in the Trust.

2013/14 saw us introduce the Trust 'Spotlight' team surveys and the introduction of the Staff Friends and Family Test. This will make this more robust, more frequent, consistent, and allow for benchmarking both internally and externally. This move is very welcome and will be a very powerful tool to inform the quality of our services and experience.

We will do this by:

This will be achieved by using the Staff FFT—as this is considered a robust way for us to learn more about how our staff feel about working in the Trust and the care we provide as feedback will be obtainable at local level and therefore the information will be meaningful. The questions will be designed to encourage staff to explain more about the meaning and context behind their responses.

These surveys in Q1, Q2, and Q4 will enable us to have more of a sense of how staff are feeling throughout the year we will undertake the full National Staff Survey in Q3).

How will we track and report progress?

The surveys will be run in Q1–4 as outlined and all progress is planned to be reported to the Patient Experience and Staff Committee Board and Senior Operations Group Patient Experience Committee which are both held separately and every six weeks.

Appraisal rates will continue to be reported and monitored at Divisional Board Meetings and the overall appraisal rates will be noted in the Performance Report presented to the Performance Board.

Priority 4: Clinical effectiveness 2014/15—To improve choice and quality in End of Life care

End of life care is aimed at helping all those (adults and children) with advanced, progressive, incurable illness to live as well as possible until the day they die. It enables the needs and wishes of the patient, family and friends to be identified and met throughout the last phase of life and into bereavement. End of life care will include patients whose deaths may occur within the next 12 months.

Why is this important?

Providing good end of life care is one of the most valuable and important components of health and social care and the Trust is committed to working in collaborative partnership with other organisations and services to deliver this aim. The delivery of consistent good end of life care, twenty four hours a day, seven days a week will only be achieved through each staff member being supported to undertake a role in achieving this task. The Trust recognises that the principles of good end of life care will enrich the culture of compassion and care that exists within the organisation.

Best practice at the end of life outline that patients should:

- Be treated as an individuals with respect and dignity
- Be treated with attention to alleviate pain and other symptoms
- Be looked after in their place of choice
- Be looked after in the company of close family and/or friends
- Be consulted about appropriate decisions to limit over-intrusive or futile treatment

What will we do in 2014/15?

Work will continue to take forward and closely monitor the End of Life Care Strategy (Figure 1). Key Trust staff will work together in a timely manner to identify when a patient may be moving towards the end of life in order to plan care and to enable them to die in their preferred place of care. This will be monitored by various methods and assured by using information from the Coordinate My Care (CMC) database. This database holds information on patient's preferences and choices which are shared by people and services involved in the patient's care, including the hospital, the GP, community nursing and care teams enabling patient's choices to be managed and delivered.

We will ensure that all people approaching end of life are sensitively offered the opportunity to talk about an advance care plan. This will include an assessment of their needs, their wishes and preferences and an agreed set of actions documented, reflecting those choices. The CMC database can assist staff in understanding that this care is in place and working.

Key staff will continue to enhance care working with statutory, voluntary, community and charitable partners, to ensure that each patient and their family receives coordinated seamless care in accordance with their wishes at all times of day and night.

We will monitor ourselves through audit and benchmarking against quality agreed standards, including Macmillan, Marie Curie and peer review measures, this will also include learning from listening to bereaved relatives, and a regular review of good practice and complaints.

There will be a focus on delivering personalised care during the last days of life (including care after death), based on the patient and families', physical, social, emotional, spiritual & religious wishes and needs. Every patient will have a personalised care plan overseen by their medical consultant and ward manager.

This year the Trust will support and address the needs of the family including partners, parents, children, friends and informal carers. Recognising they have the right to have their own needs assessed and reviewed and to have a carer's plan.

The End of Life Care Strategy has set out an educational framework with agreed funding to ensure that support, education and training to all clinical and non-clinical staff working within the Trust is provided to support them in delivering high quality end of life care.

We will work creatively with our patients/families and partner organisations to deliver excellent care and participate in practice based projects and research in order to improve end of life care.

This will include delivering a CLAHRC (Collaboration for Leadership in Applied Health Research and Care)₍₆₎ fellowship research programme, a one year project aimed at improving the quality of end of life care.

How will we track progress?

We will track progress every four months against an agreed action plan which will be reported on at the End of Life Care Committee as part of our End of Life Care Strategy:

How will progress be reported?

Progress on the strategy will be reported at the End of Life Care Committee and at the Trust Executive Quality Committee.

We will also use our 'Medicine for Members' public forum to talk about end of life care, good practice and address any concerns which was also a theme during 2013/14.

Figure 1: Chelsea and Westminster NHS Foundation Trust End of Life Care Strategy—in brief

Early identification when someone is moving towards the end of life

- People approaching the end of life will be offered the opportunity to talk about their needs, their wishes and their preferences
- Each person will receive coordinated care in accordance with their wishes at all times of day and night
- Our end of life care service will be monitored against quality agreed standards
- The last days of life and care after death will include attending to the individual's physical, social, emotional, spiritual & religious needs
- Involving and providing support for carers, the family, including children, close friends and informal carers
- All staff and volunteers will receive education and training on delivering excellent end of life care
- We will participate in end of life care research aimed at improving care
- *“How people die remains in the memory of those who live on” (—Cicely Saunders)*

Part 3

Review of quality performance

How the Trust identifies local improvement priorities

We are committed to understanding and responding to what our patients tell us about their experiences of care at the Trust and there are several ways in which we actively seek the views of our stakeholders to determine our priorities for quality improvement.

As a Foundation Trust, we have the benefit of a well-established and active Council of Governors. The Council represents the views of patients, public and staff to ensure that their views and experiences are heard. Governors hold frequent 'Meet a Governor' sessions for this purpose. Governors also take part in senior nurse and midwife clinical rounds to find out for themselves how care is delivered to patients. When things are not right they make a note of them and check to see what progress has been made to rectify them at subsequent visits. In their role as a critical friend the governors are consulted on many aspects of the hospital's activities and may participate in the work of teams set up to carry forward particular projects. The perspective they bring is invaluable.

The Council of Governors Quality Sub-Committee is an important source of views and feedback and has a specific remit to help identify priorities for quality and members advise on the content and focus of the Quality Account and plans for quality improvement.

Governors on the Quality Sub Committee oversee our Quality Priorities and Quality Indicators and a governor member sits on the Patient and Staff Experience Committee.

Members of the Council of Governors Quality Sub Committee include patients, a representative from Healthwatch Central West London and our commissioners (CWHH)_(G). They not only feedback the experiences of those they represent in and outside meetings, but also their own, where relevant.

They have also agreed our 2014/15 priorities and what local performance indicators we will measure, and the relevant content for the Quality Account.

We seek clinicians' and managers' views via the Trust Executive Quality Committee. And we take an inclusive approach to business planning, ensuring that all staff have the opportunity to be involved in the process. The feedback from open meetings with staff and governors during business planning is considered in the content of the Quality Account.

We actively look at complaints, incidents and feedback from service users to identify trends and areas where we can improve our services.

The various patient forums in the Trust influence how we design and deliver our services with an emphasis on quality. They represent specific areas and include the Patient Led Assessment of the Care Environment (PLACE)_(G), HIV Patient Forum, the Joint Research Committees, Bariatric Patient Support, the Stroke Forum, the Ex-Intensive Care Unit Patients Forum and the Learning Disabilities Steering Group.

Your views

Feedback about our Quality Report or Account will be welcomed through our dedicated email quality@chelwest.nhs.uk or by contacting the Director of Nursing and Quality on 020 3315 6599.



Measuring what matters

Quality performance indicators

This section provides an explanation about some of our performance indicators. Our external stakeholders have expressed interest in what we do to promote and ensure patient safety. So we have grouped some of the key the indicators we measure into themes here and described how they contribute to quality.

The quality indicators can be found in Part 4. There are three types of indicators that are important to the care we provide our patients. These indicators look at quality in greater detail.

Two groups of indicators are mandated by the Department of Health and our regulator Monitor—and one group we measure is local to our patient needs. We select our local

indicators for monitoring to look at care that we consider important for us to measure in detail.

Indicators differ from the 4 major Quality **Priorities** (as outlined in Parts 1 & 2). The difference is that the Quality Priorities cover wide key strategic quality objectives included in our Quality Strategy and form an important part of the Quality Account. The priorities are required to be agreed by lead Trust professionals, our governors and stakeholders and have a focus for quality over the year. In comparison, indicators provide more specific details and measurement on particular subjects required for quality improvement and as outlined, some are nationally mandated.

Infection control

Patients are more vulnerable to infection when they are in hospital and reducing the risk of this is a top priority for us. There are some healthcare associated infections that we have a statutory responsibility to report on. These include Methicillin Resistant Staphylococcus Aureus (MRSA)_(G) bacteraemia and *Clostridium difficile* (*C.difficile*)_(G).

The Department of Health sets targets to reduce the number of new cases of these infections each year. Whenever a patient becomes infected, we complete a detailed review to find out how it happened and see what changes to our practice we may need to make.

Last year the Department of Health MRSA target was for zero hospital cases. We had 5 cases and next year we aim to have zero. The equivalent target for *C.difficile* was for a maximum of 13 hospital cases. We had 9 and aim to cut that number to 8 next year. We have shown that we can reduce the incidence of these infections by good infection prevention and control, making sure that everyone is involved in this.

Thorough hand washing and good practice around the use of intravenous lines can help reduce the risk of infection. We train all our staff on hand hygiene and monitor compliance with this every month. Results are recorded in our online data management system, and all the information passed on to the Infection Prevention and Control Committee.

The completion rate for the monthly audit in 2013/14 was 91.1%—we want to achieve 100%. We aim for 95% compliance with standards across all clinical areas. Our compliance rate for 2013/14 was 96.50%.

Another initiative that we have continued this year which has had an impact on improving practice is the Saving Lives Care ‘Bundles’_(G) which were designed by the Department of Health (DH) in 2007. These are audit tools that are used to monitor the effective management of intravenous lines and urinary catheters. The use of each care bundle is checked regularly and the results are reported to the Infection Prevention and Control Committee and clinical divisions.

Our target for compliance with standards around the use of central lines—small tubes or catheters placed in large veins in the neck, chest, or groin—is 90%: we achieved 96.6%.

Similarly, we aim for 90% compliance with standards around the use of peripheral lines—tubes placed in smaller veins, and often referred to as a drip. Our compliance was 85.1% in 2013/14. We exceeded our compliance target of 90% around the use of urinary catheters by 2.91%.

Trips, slips and falls

Trips, slips and falls often have significant consequences for patients, particularly older patients.

A fall is the main cause of death from injury among the over-75s in the UK and can lead to loss of confidence and social isolation. Falls cost the NHS £2.3 billion a year. Yet falls prevention often gets overlooked. Inpatient falls are measured per occupied 1,000 bed days_(G). Our target this year was for 3 falls in this measure and we achieved 3.2. This remains an ongoing priority for us to continue to reduce.

Some of the risk factors for falls can be modified, and all patients who have had a fall are assessed for their risk of a subsequent fall and a care plan put in place. Both of these documents are electronic and readily available to patients, their carers and all staff caring for the patient at the bedside.

A Preventing Harm Group is in place and comprises of a multidisciplinary clinical and non-clinical team. This group regularly monitors falls, ensures audit and oversees a process that patients are assessed for their risk of falls. Work also includes monitoring and revision of the falls policy, plan and adherence to national guidance. Further information can be found in Part 4.

Patients whose condition is worsening

Patients admitted to the hospital expect prompt treatment should their condition worsen. We have therefore set up two quality indicators to monitor how well the Trust identifies these patients:

- The percentage of adult inpatient observation charts accurately scored
- The number of cardiac arrest calls in patients where no prior action was taken to stop their condition worsening

Chelsea and Westminster introduced a track and trigger system known as the Chelsea Early Warning Score (CEWS) in 2006 to prompt a rapid response in patients whose condition is worsening.

CEWS tracks and scores a patient's vital signs (heart rate, breathing rate, temperature and blood pressure) on a colour coded observation chart, flagging up any danger signs, and triggering a review of care. This system was replaced in 2013 with a nationally used system called the National Early Warning System (NEWS).

The NEWS was implemented in August 2013 following a month pilot in a medical and surgical setting. The NEWS charts were designed and modified as a result of the trial, but retained the National standardised scoring values. An audit of the new system took place during September with a score of 93.5% of 438 sets of patients' notes in a 24 hour period noted with sets of observations with a NEWS score. It should be noted that this year there has been a transition phase of the two scoring systems. The accuracy of the scoring on observation charts is a good indicator of whether deteriorating patients are being correctly identified.

Another relevant target with this indicator this past year is also in Part 4 'Local Indicators' and refers to resuscitation. There are two main categories of cardiac arrests: unpredictable and predictable. Predictable cardiac arrests are divided into three further categories, including failure to recognise deterioration. As an improvement to monitoring the response to cardiac arrests—all are now investigated as part of the safety process and not just those due to a failure to refer.

Venous Thromboembolism (VTE)

Preventing VTE was one of our priorities for 2013/14 and will be a continuing priority for 2014/15—please see Parts 1, 2 & 4 for further information.

Clinical effectiveness

Mortality

The Hospital Standardised Mortality Ratio (HSMR)_(G) is an indicator of healthcare quality that measures whether the death rate at a hospital is higher or lower than you would expect.

The HSMR compares the expected rate of death in a hospital with the actual rate of death. It looks at those patients with diagnoses that most commonly result in death—for example, heart attacks, strokes or broken hips.

For each group of patients it can be worked out how often, on average across the whole country, they survive their stay in hospital, and how often they die. This takes into account their age, the severity of their illness and other factors, such as whether they live in a more or less deprived area. The number of patients expected to die at each hospital is then compared with the number of patients that actually die.

If the two numbers are the same, the hospital gets a score of 100. If the number of deaths is 10% less than expected they get a score of 90. If it is 10% higher than expected they score 110.

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

The Trust scores for HSMR and SHMI are both low (see the Key National Priorities in Part 4). For SHMI we are the 11th lowest in the country and for HSMR we are the 9th lowest when we are measured and compared with all non-specialist acute providers.

Pressure ulcers

Last year we set out targets to reduce hospital acquired pressure ulcers; we aimed to have eliminated grade 4 pressure ulcers (the most severe) and reduce other grades of damage by 50%.

In previous years we had reported grade 3 and 4 pressure ulcers together, this last year we have introduced a further category of 'unstageable' ulcer. This enables us to differentiate between damage of unknown depth/severity and those that are of significant damage where they had previously been reported as grade 4.

We are disappointed that in the last year we have not seen a reduction in pressure ulcer ulceration despite an ongoing focus resulting in continued reporting and improved recognition of skin damage. This has been demonstrated by a 10.9% increase in the reporting of pressure ulcers present on admission to hospital. It has also been noted that there is a degree of over reporting of pressure ulcers, ie where other wound aetiologies_(G) have been incorrectly identified and reported as pressure ulcers. This could mask improvements in pressure ulcer incidence.

As a result of this the reported incidents will now be audited and corrected and an alternative option is to be added to our risk reporting.

In addition, we are also now reporting as part of the Quality Account the number of grade 3/4/ 'unstageable' pressure ulcers that have been determined to have been avoidable or unavoidable. The Department of health and national patient safety agency define these as:

- **Avoidable Pressure Ulcer:** "Avoidable" means that the person receiving care developed a pressure ulcer and the provider of care did not do one of the following: evaluate the person's clinical condition and pressure ulcer risk factors; plan and implement interventions that are consistent with the persons needs and goals, and recognised standards of practice; monitor and evaluate the impact of the interventions; or revise the interventions as appropriate."
- **Unavoidable Pressure Ulcer:** "Unavoidable" means that the person receiving care developed a pressure ulcer even though the provider of the care had evaluated the person's clinical condition and pressure ulcer risk factors; planned and implemented interventions that are consistent with the persons needs and goals; and recognised standards of practice; monitored and evaluated the impact of the interventions; and revised the approaches as appropriate; or the individual person refused to adhere to prevention strategies in spite of education of the consequences of non-adherence".

Factors which may lead to unavoidable pressure ulcers include hemodynamically unstable patients or patients with spinal instability which may prevent turning or repositioning, patients with capacity who may refuse to be repositioned or do not agree or comply with their plan of care, patients at the end of life who may not tolerate repositioning as frequently as their skin may require.

Also there are patients at high risk not previously seen by healthcare professionals, or patients that have an acute event affecting their mobility or ability to reposition; eg Patient being undiscovered for a period following a fall or loss of consciousness (Tissue Viability Society, 2012)

By reporting if pressure ulcers were avoidable or unavoidable, we aim to be able to demonstrate improvement in the management and prevention of pressure ulceration despite being unable to eliminate them.

As a Trust we have joined the national campaign to eliminate avoidable pressure ulcers our "Push off pressure (POP)" project on the Acute assessment unit (AAU) has shown

increased reporting of pressure ulcers on admission. Increasing awareness in staff by using the PDSA (Plan, Do, Study, Act)_(G) approach changes have been made, tested and adapted before putting into practice.

This project has seen increasing periods between incidence of hospital acquired pressure ulceration on AAU, by monitoring number of days between pressure ulcers. The project has also resulted in improved skin assessment and documentation that is being rolled out over the Trust.

We are going to take “POP” forward to further areas to continue to focus on eliminating avoidable hospital acquired pressure ulcers. Further information can be found in Part 4.

Good nutrition

The average estimated prevalence of malnutrition among patients admitted to hospital is 28%, and evidence shows this number increases by 5% once a patient has been an inpatient for 7 days, or longer. Good nutrition is therefore important for patient safety, clinical effectiveness, and the patient experience. To make sure that patients are eating properly, we provide screening for malnutrition within 24 hours of admission, and weekly thereafter, and then put in place nutritional care for any who are already malnourished or at risk of being so.

Nutritional screening is completed on the Electronic patient record (EPR) and the nutritional data is linked to the EPR and bed census so the Nutritional Care Plan follows the patient and is visible to all medical, nursing and catering staff. Most adult wards now have electronic screens for ward kitchens to display an up-to-the-minute accurate nutritional score, status and nutritional requirements for each patient.

If the patient is moved to another area within the Trust, the Nutritional Care Plan follows the patient and is visible to all medical, nursing and catering staff. Once the ward clerk updates the bed census, the screens update themselves every 3 minutes.

These screens have allowed for a constant live communication system that is constantly updated to ensure the Nutritional Care Plan is clearly outlined for all at-risk patients. This is beneficial to all invested parties to improve not only patient safety (ensuring patients are receiving all aspects of the nutritional care pathway to prevent malnutrition) but also patient experience in receiving additional snacks, cooked breakfasts and nutritional supplements as promised by staff.

The nutritional care we provide is fully integrated; involving dieticians, ward and catering staff, and extends right through to discharge with various types of support provided. Visibility of nutritional screening has raised the profile of nutritional care across all disciplines and has maintained the number of patients who are screened within 24 hours of admission to within target, average for 12 months 92%—range from 87–94% (our target is 90%), and those who are rescreened within a week, average 74%—range from 54–90% (target is 90%). We are always looking to see how we can improve our nutritional care. This year the Trust has achieved the following:

- Implemented a nutritional screening for children admitted to the hospital
- introduced high protein and high energy soups

- Evaluated outcomes in the malnourished inpatient of admission and discharge weights as a measure of effectiveness of our pathway. The results showed from patients at risk of malnutrition; 29% gained weight, 26% remained weight stable and 45% lost weight.

There is currently no standard for a defined weight loss in hospital, but we will be re-auditing these results again yearly to define a level of weight loss in hospital that can be improved upon.

The Safety Thermometer

The NHS Safety Thermometer is a tool for measuring patient safety that was introduced in April 2012. The tool is used to collect information relating to some key harm factors for each patient and includes VTE, pressure ulcers, falls and urinary catheter infections.

On a set day each month, every current inpatient is assessed for the presence of any of these harms and the results are recorded on a central database. It also allows us to monitor the prevalence of these harms and to assess our performance in providing harm-free care.

Every ward area is able to take action based upon this data—taking work forward to prevent further harm occurring.

Complaints

Formal complaints provide an important mechanism by which the Chelsea and Westminster can assess the quality of service we provide and Trust wide initiatives have incorporated the learning from complaints to inform service development. 356 formal complaints were received from the 1st April 2013 to 31st March 2014. This is consistent with the number [377] of formal complaints received last year. The profile of complaints has remained consistent with previous years, 42% of primary concerns relate to aspects of clinical care or treatment, 18% of primary concerns relate to the attitude or behaviour of staff and 16% of primary concerns relate to concerns about how the Trust has communicated with patients about their care and treatment.

Our performance target stipulates that complaints should be acknowledged in three working days and that a response should be provided within 25 working days or within a timescale agreed between the Trust and the complainant. All complainants should be given the opportunity to discuss the type of response they would like and the timescales for achieving this. 100% were acknowledged within three working days. 81% were contacted to discuss their complaint and 82.2% were responded to within the agreed timescale. The complaints team continue to work closely with the divisions to achieve the required turnaround time for responses. During the year 2014-2015 we will monitor the initial contact with complainants. Each week the complaints team provides a report to the executive team highlighting complaint responses that are overdue so that this can be discussed with the divisional directors for action. The Chief Executive, the Chief Operating Officer and the Chief Nurse review all the final responses to ensure the quality of the investigation.

Of the formal complaints received between 1st April 2013 and 31st March 2014, 14 have been reopened to date; this represents 4 % of the complaints received this year against a

Trust target of 6%. All complainants received either a further written response or met with staff and the issues were resolved.

All complainants whose complaint relates to NHS funded care have the right to have their complaint reviewed by the Parliamentary and Health Service Ombudsman (PHSO). From April 2013, the PHSO advised they would be investigating and sharing reports on more of the complaints. This is part of their strategy 'More Impact for More People'. During 2013-2014 the Trust was advised that 10 complainants had referred their complaint to the Parliamentary and Health Service Ombudsman for an independent review.

To date the Trust has been notified that two complaints referred to the PHSO have not been upheld.

The PHSO has notified the Trust that two complaints have been upheld and a further complaint partially upheld. The Trust was required to write to the complainants apologising for the shortcomings identified in the report and provide an update on the relevant action taken in response to each. The Trust ensured a copy of our action plans have been sent to the Care Quality Commission, Monitor, and NHS West London CCG(G). The Trust will ensure that the Ombudsman is updated monthly on the progress against our action plans. 5 complaints are currently still being investigated by the PHSO at the time of reporting.

The Trust ensures that complaints are used to learn lessons, and that this results in improved services.

Below are some examples of service improvements that have been implemented during the reporting period as a result of complaints:

- As a result of concerns raised about the Musculo-Skeletal service with regard to waiting times for an initial assessment and cancellation of appointments, the division undertook a review of the service including the use of telephone and face-to face-appointments.
- A patient's daughter expressed concerns about the management and coordination of her mother's needs in particular with regards to the staff knowledge and expertise in dealing with patients with dementia. There is now a case manager for dementia within the medical and surgical division team who is assisting with training and awareness of best practice in dementia care. In relation to this specific complaint the dementia case manager reviewed the current training programme for nursing staff with regard to care of patients with dementia and will now be providing a 1 hour slot on pain management.
- In response to concerns raised about the advice that new mothers received about feeding—during 2014, the Maternity Service has started to run one hour daily drop in sessions for new mothers; midwives use the same teaching template to deliver consistent information and encourage feeding concerns to be raised and actioned as early as possible.

The clinical front line

An important part of understanding how we provide care to patients and what needs to be improved is seeing what actually happens on the wards and in departments and so we have a number of ways of doing this:

Senior clinical rounds

Clinical rounds continue to be an important part of the work of our nursing teams. These are conducted twice a month by senior nurses and midwives and we encourage other staff, governors, and patient representatives to join us. On each round we look at one or two of the essential CQC_(G) standards. This involves discussion with patients, families and staff and looking at the clinical environment and records. After the round the team meets to discuss the findings and agree an action plan to tackle any common themes that have emerged.

Board to Ward approach

We introduced these meetings during 2013. These involve senior nurses and midwives along with a member of the Trust Senior Management Team—including non-executive directors and governors, visiting clinical areas to which they have been assigned.

The initiative is to create a 'Board to Ward' approach with senior clinical staff and members of the Trust Executive Team meeting patients and their families and making sure that senior staff are seen on the shop floor. Other stakeholders are still invited to attend and participate.

These visits focus on our priorities around safety, effectiveness, and patient experience. They also emphasise the Trust values of safe, kind, excellent and respectful.

Issues arising from these visits are raised at the Senior Nursing and Midwifery Committee_(G), the Patient and Staff Experience Committee_(G) and are reported back to the Quality Committee and Assurance Committee and relevant divisional meetings.

Friends and Family Test (please also see Priority 2)

The Department of Health led Friends and Family Test was implemented at Chelsea and Westminster Hospital in November 2012 prior to becoming mandatory for all Trusts in England from April 2013. The purpose of the test is to provide a simple measure of patient experience through a single question, the results of which are definable by individual clinical area and comparable between organisations.

The test is currently for adult inpatients, adults being discharged home from the A&E department and Maternity Services. In Q1 2013/14, a response rate of 15% was established as an initial expectation for both inpatients and A&E attenders and rose to 25% in Q4. The test is conducted through the use of a post card and the Picker Institute manages the collation of results and the reporting of these to the Trust. We have also introduced text messaging in some inpatient areas and A&E which has proved a popular method for patients and we shall continue this approach in the next year. Results are published on the Trust web site on a monthly basis.

The February 2014 results show that 92% of patients are either 'extremely likely' or 'likely' to recommend their care at Chelsea and Westminster, it was 93% in March with an average over the year of 93.8%. The response rate has risen from 22% to 41% since implementation of the test. We need to ensure the recent response rates remain high so that the results are fully representative of patient experience.

In 2014/15 the Friends and Family Test will be further implemented in the Outpatients and Day Case areas, capturing the experience of nearly 600,000 additional patients. The patient comments that support the scoring will allow us to look at recurrent themes to ensure we learn from good patient experiences and improve the negative.

Learning from mistakes to improve safety

When things go wrong, or incidents are narrowly avoided, we need to find out why it happened so that we can take steps to avoid a recurrence and make Chelsea and Westminster an even safer environment for patients and staff. But we can only do that if we know about the things that might cause problems. That's why staff are constantly encouraged to report all mistakes (incidents) promptly, however minor they may seem. It's just as important to know about the things that nearly happened as about those that did, therefore we encourage the reporting of 'near misses' as well as 'actual' incidents.

The evidence shows that teams, departments, and organisations that report more safety incidents are more willing to learn from their mistakes and to promote a culture where patient and staff safety is a high priority. A reporting culture indicates an open and healthy organisation.

The number of patients treated at the hospital varies from day to day so rather than simply measuring the number of incidents reported we compare this figure with the proportion of patients treated to arrive at the incident reporting rate. This is a measure of the rates of patient safety incidents per 100 admissions at the hospital.

Experience in other industries shows that as an organisation's reporting culture becomes established, staff become more likely to report incidents. But we know that not all incidents are reported, particularly those regarded as trivial. So we constantly remind staff about the importance of reporting anything that could or did go wrong and encourage them to tell us about it.

It should be second nature for staff to report incidents (including those that led to no harm or were prevented, the near misses) as they have confidence in the investigation process and understand the value of reporting and learning from incidents.

We look at trends in all incidents but investigate the more serious ones (or those that could have been serious, the near misses) in more detail using root cause analysis₍₆₎, a way of understanding what went wrong. One of our objectives again this year is to continue to improve the speed at which we complete these investigations and we will seek further improvement in 2014/15.

We make an effort to ensure that information relating to incidents reported is accessible, making sure that staff see how their incident reports are being used to improve patient safety and that patients and staff involved in incidents are treated fairly.

Reporting incidents is essential but even more important is how we respond to and learn from them and that includes ensuring that changes happen to improve services for patients. Examples of where we have taken valuable learning this year for improving services to patients include VTE and Never events. Further information can be found in Part 4.

With respect to the timely reporting and investigation of serious incidents, during 2013/14 we reviewed and revised our serious incident escalation, reporting and investigation processes. This has meant that incidents which require reporting on the Strategic Executive Information System (STEIS)_(G) are communicated and investigated in a more timely fashion.

The response to and learning from incidents is much more important than the reporting system. We feel that it is vital to both report and learn from incidents locally within teams, departments and divisions, and also across the organisation. Trends and themes are identified from reported incidents leading to, for example, the agreement of local changes in practice, provision of training or the strengthening of guidelines for safer practice. This helps teams to prevent the same type of incidents happening again locally or elsewhere.

Analysis of reported incidents in all departments relating to both safety and staff issues is shared via newsletters, reports and local action plans to ensure that lessons are learnt, solutions applied and we make changes.

Local action plans help our teams to develop a 'memory'—or a record—of changes that have been introduced or recommended, and actions taken to implement or work towards implementing safer systems.

Never events

Never events_(G) are rare but are serious patient safety incidents that, by definition, should never happen.

The list of never events, published by the Department of Health, consists of 25 types of events or categories and includes incidents such as surgery on the wrong part of the body or surgical instruments or swabs being left in the body after a procedure.

At Chelsea and Westminster we had two reportable never events in 2013/14.

The never event categories were Wrong site surgery (procedure was inadvertently undertaken on the incorrect site), and Retained Foreign Object (a swab used during a surgical procedure was misplaced in error at the end of the surgery). Neither one of these patients were adversely affected by these never events, and the errors were both detected and corrected prior to the patients leaving the operating theatre.

A third serious incident was reported relating to a procedure within our private maternity unit. This concerned a retained swab following treatment. The patient was not adversely affected and the incident was thoroughly investigated.

It should be noted that this third incident does not meet any definition of a never event in [The Never Events list 2013/14 update](#)¹, however we reported it to our partners and shared the findings of our investigation in the spirit of openness and transparency.

Like other serious incidents, these events are always explained to patients along with an offer of appropriate support, a full apology is given and the incident is thoroughly investigated with a report back to the patient.

¹ The never events list; 2013/14 update, 2013, NHS England, Patient Safety Domain Team, NHS England website

In all high-risk activities, variation—in processes, protocols, technical language, training and team member status—leads to uncertainty and increases opportunity for error.

We are therefore focussing on developing reliable and resilient systems in order to reduce variation, promote the development of safer behaviours, and supporting the exercise of responsibility.

We are using our clinical simulation suite to focus on the human factors element of changing behaviours and habits in relation to safe practice, looking at how things work and how we can be confident that they do, in order to ensure that Never events cannot happen. We are also in receipt of the report of the NHS England Never Events Taskforce, published in February 2014, and will be using this to inform our actions and rollout for changes in process and culture and how to drive these forward.

The Chelsea and Westminster's response to incident reporting and investigation is open and inclusive. We value learning from staff, patients, carers, external stakeholders and respond to problems positively, encouraging questioning and challenge, to ensure that we continually learn from our mistakes.

Valuing our workforce

The seven staff pledges in the NHS Constitution_(G) (revised in February 2013) will help create and maintain a highly skilled and motivated workforce capable of improving the patient experience.

Pledge 1: To provide a positive working environment for staff and to promote supportive, open cultures that help staff do their job to the best of their ability;

Our 2013 staff survey shows we have positive staff engagement and remain in the top 20% of all acute Trusts nationally, as reported in the NHS staff survey.

Pledge 2: To provide all staff with clear roles and responsibilities and rewarding jobs for teams and individuals that make a difference to patients, their families and carers and communities

The Trust was in the top 20% of acute Trusts for the 2013 NHS staff survey in 13 out of 28 Key Findings. This related to: work pressure felt by staff, effective team working, staff receiving relevant training, having well-structured appraisals, receiving support from their immediate managers; staff reporting errors or near misses, and the fairness of reporting procedures for these incidents, staff feeling pressure to attend work while unwell, staff able to contribute towards improvements at work, staff experiencing physical violence from patients/relatives, staff experiencing discrimination at work, staff recommendation of the Trust as a place to work or be treated and staff job satisfaction and motivation.

Pledge 3: To provide all staff with personal development, access to appropriate education and training for their jobs and line management support to enable them to fulfil their potential

The 2013 staff survey results showed that we improved our rates from 82% to 84% of staff who had an appraisal and a personal development plan based on their objectives in the previous 12 months. The results also show the Trust is in the top 20% of acute Trusts for its quality of appraisals (staff having a well-structured appraisal).

The Trust offers more than 100 different training courses including a range of leadership courses accredited by the Institute of Leadership and Management. Other programmes designed to improve the quality of staff development including educational supervision for clinical staff, coaching, appraisal, Neuro-Linguistic Programming and Emotional Intelligence. The Trust has supported staff in undertaking a range of academic modules and degree pathways to support both personal and professional practice. The Trust has also provided secondment opportunities for staff to undertake pre-registration nurse training.

All new staff are expected to attend the Trust's corporate mandatory induction, which includes a session led by the Chief Executive explaining the Trust's objectives and core values, our approach to quality, and what role staff can play in this. At 85% we remain in the top 20% of acute Trusts in the NHS staff survey relating to staff receiving training, learning or development relevant to their job.

For mandatory training_(G) which is a sub-set of job relevant training, we had an overall compliance of 73% change to present 79% in attendance at mandatory training courses as at the end of March 2014. Our target is to achieve 95% and compliance has increased over the last year.

In order to improve compliance a number of actions have been agreed including ensuring that staff know exactly what induction and update training they need to do, simplifying the guidance and access to e-learning courses, scheduling staff centrally and automatically into induction and updates and linking pay progression to mandatory training compliance. This will continue to be a major focus for us in 2013/14.

We have a comprehensive ward manager development programme and a clinical leaders' programme in partnership with the NHS Institute for Innovation and Improvement. Evaluations of all nursing and professions allied to medicine student placements are carried out by qualified trainers and results are fed back to the Trust by the various universities at the end of each academic year. This feedback guides further change, as appropriate, as well as ideas for further development and this year we have a new director and board for our education and training.

Pledge 4: To provide support and opportunities for staff to maintain their health, wellbeing and safety

We provide occupational health support to our staff and also run regular health and wellbeing events for staff which include mini health 'MOTs', health and safety and stress awareness sessions and weekly subsidised yoga and exercise classes. We have also improved facilities for staff that cycle to work and offer a 'cycle scheme' where staff can essentially afford a bike via salary sacrifice_(G).

Additionally, we provide a wide range of access to wellbeing support such as:

- direct fast-track to musculoskeletal physiotherapy services
- specialist counselling and advisory services
- stress management support and events

Sickness absence levels have reduced to an average of 3.44% in 2013/14. The Trust has been named in the Top Employers for Working Families Awards from 2010 to 2013 inclusive and has been awarded the Best for Carers' and Eldercare Award in 2012 and 'Best for Childcare' in 2013. We also launched a new Benefits and Wellbeing Newsletter 'For who you are' in early 2013 to promote the wide range of benefits and support available for staff. The Trust's Wellbeing strategy in place in the Trust is also expected to impact and benefit the work and lives of our staff.

Pledge 5: To engage staff in decisions that affect them and the services they provide, individually, through representative organisations and through local partnership working arrangements. All staff will be empowered to put forward ways to deliver better and safer services for patients and their families.

We have well-established methods of involving staff, including joint consultative frameworks and strong lines of communication. The NHS staff survey results show that the Trust's performance in both communication and staff engagement has improved every year for the past four years.

Pledge 6: To have a process for staff to raise an internal grievance

We have a Trust Grievance Policy and Procedure in place that is jointly reviewed and agreed with our staff side representatives on a regular basis.

Pledge 7: To encourage and support all staff in raising concerns at the earliest reasonable opportunity about safety, malpractice or wrongdoing at work, responding to and, where necessary, investigating the concerns raised and acting consistently with the Public Interest Disclosure Act 1998.

All our policies and practices are focussed on early resolution to providing the right environment for staff to be able to raise and address concerns early on.

We have a Policy for Raising Concerns (Whistleblowing) and actively encourage and engage with staff to discuss issues in an open environment for the safety and welfare of our patients, their care and our staff. Schwartz Rounds were also introduced into 2013/14 to allow open forums for staff to discuss concerns and translate listening into action (please see 'Listening to our staff' in the section below)

Listening to our staff

The Trust recognises that there are direct links between an engaged workforce and the quality of patient experience. We have continued to focus on staff engagement through a range of activities. These include:

- continuing to embed our Trust values, giving staff and patients the opportunity to tell us 'What Kindness means to them'. Thoughts on kindness have been collected during February and will be used in a range of publications and displays.
- holding a patient experience summit for staff from across the Trust to come together to develop 'Always Events'. Staff were asked to develop always events using the following questions; How do we always ensure we put the patients first, how can we improve? How do we support our staff to speak out, how can we improve? This first clinical summit was held in June 2013 and was attended by 135 people, including five directors and six governors
- monthly team briefings, the Trust News staff magazine (monthly), Daily Noticeboard email bulletin, and weekly e-newsletters for specific initiatives to promote an open and transparent culture
- the introduction of Schwartz Rounds every month for staff to come together to discuss the emotional impact of providing care. The rounds include a panel presentation and a facilitated discussion for one hour. Staff attending said they gained an insight into how others think/feel about patient care and agree that the round will help them work their colleagues better.
- celebrating the achievements of staff through our Chelsea and Westminster Star Awards This recognises the work of both clinical and non-clinical staff and is related back to our Trust values. The Quality Awards (see section below) also recognise staff achievements
- engaging with specific staff groups, for example Healthcare Assistants and Band 5 nurses, to improve on their staff experience and how we might best engage with them in the future. We know that we experience higher turnover of these grades of staff, sometimes for reasons staff moving forward in their careers. For example, with a number of Health Care Assistants pursuing nurse training. Where this type of example is not the case, this has been a focus for us to work on.
- A Health Care Assistant celebration event took place during the year to acknowledge excellent contribution to the Trust by Health Care Assistants in the organisation
- The Trust was in the top 20% of Trusts for communication between senior management and staff and overall staff engagement. We were also in the top 20% of Trusts where staff would recommend it as a place to work or receive treatment. National Staff Survey results 2013.

Council of Governors Quality Awards

The Council of Governors Quality Awards aim to recognise and reward contributions to quality initiatives in the Trust by an individual or team under the three quality areas that are

key to delivering high quality care: patient safety; patient experience; and clinical effectiveness.

Applicants have to prove that they also meet the Trust values of safe, kind, excellent and respectful, and show how their initiative could be applied elsewhere in the Trust to enhance the quality of patient care.

The awards, which have been running since January 2011 are open to all staff as every employee has the potential to improve quality either directly or indirectly.

The awards were established by the Trust's governors and are now led by a key group of governors from the Council of Governor's Quality Sub Committee.

Award winners have the opportunity to meet directly with key Trust directors and governors from the Council of Governors Quality Sub Committee to discuss their initiatives and highlight the value of their achievements that benefit the quality of patient services. The Quality Awards are awarded twice a year, in Spring and in Autumn.

Spring 2013 Quality Award winners

- Respiratory Physiotherapy—A review of service provision and implementation of simulation based on-call physiotherapy training
- Implementation of a men's health physiotherapy service for the treatment of incontinence post radical prostatectomy
- Implementation of the Nutritional Assessment Tool and National Care Pathway to improve Adult Patient Nutritional Care in an Inpatient setting
- Improving Medication Reconciliation₍₆₎ at Discharge (M@D)—Closing the Loop
- A model for responding to Domestic Abuse within a healthcare organisation—ensuring the safety of patients and protection of their information

Spring Commended Winner

- Acute Assessment Unit (AAU) Therapies Mapping and Service Improvement initiative

Autumn 2013 Award winners

- HIV Testing in Non –Traditional Settings, 'making it work in our Emergency Department'
- Screening for and stopping inappropriate medicines in older patients
- The Burns Outreach Therapy Service
- Medical Records Improvement

Autumn Commended Winner

- The Emergency Surgery Firm for establishing a new system of managing emergency surgical services.

Our physical environment

Chelsea and Westminster is a modern, well-designed hospital, but the physical environment needs to be able to respond to changes in service provision. The Trust is continuing its multi-million pound investment programme to maintain and improve its facilities and meet rising demand for services.

Recent developments include:

- A refurbished Adult Burns Unit, which opened in February 2014.
- A midwifery-led unit, bringing together maternity and women's services on the third floor opened in February 2014.
- Dean Street Express opened February 2014 which provides additional sexual health services to compliment 56 Dean Street.
- The annual PLACE (Patient Led Assessment of the Care Environment) assessment is due to take place during April 2014, and an action plan will be developed on its conclusion in order to make ongoing improvements to the patient environment.
- Improvement to the current 'wayfinding' and signage to improve the patient experience is in progress; with the 'wayfinding' strategy being implemented during 2014.
- 'Medicinema', a small cinema in the Trust (sponsored the Hospital Charity) is currently in progress and out for tender.
- Upgrade the existing lights within the Trust to LEDs_(G).
- Upgrades to the hot water and security access control systems
- Refurbishment of ward wet rooms and bathroom facilities including the upgrade of extraction systems.
- Currently in the second year of a three-year programme to replace flooring throughout the hospital.
- Upgrade to the existing Nurse Call System throughout the Trust.
- A five-year development plan is under way which will ensure that the Trust has state-of-the-art facilities to meet the needs of all its patients, and to accommodate Shaping a Healthier Future requirements Plans include:
 - An improved and expanded Emergency Department for both adults and children—this is a £12 million project commencing July 2014 and with completion by May 2016.
 - Increased capacity for adult admissions

- Ongoing improvements to adult outpatient areas.
- Acquisition of additional space in order to facilitate clinical requirements.
- Developing the estates strategy to lead new projects in progress, one new project to develop garden space inside the hospital site for patients, visitors and staff to enjoy. This will be part of a collaboration and funding from the Local Authority (the Royal Borough of Kensington and Chelsea)

Equality and diversity

The Single Equality Scheme was replaced by a new set of equality objectives in April 2012, following the passage into law of the Equality Act 2010. These objectives set out the Trust's approach to equality and diversity, both as a provider of quality health care and as an employer.

They aim to:

- Improve the collection and use of equality related data across the organisation to inform decision-making or improve a service eg recording and analysing complaints and patient or workforce data by protected characteristics_(G) will help us understand the needs of our staff and patients.
- Continue to develop and promote an organisational culture that supports the principles of equality
- Effectively communicate with, engage, and involve all of our stakeholders in equality
- Strengthen equality and diversity communications and resources across the Trust to increase staff awareness and knowledge of different equality related topics.

The Trust Equality and Diversity Steering Group merged with Patient and Staff Experience Committee in 2013/2014 and will now continue to monitor the Trust's progress against each objective. This group has strong links to the Trust's "Respectful" value and as such is best placed to incorporate and focus on equality and diversity in its work plan. The Trust Executive Lead for Equality and Diversity is the Director of Human Resources and Organisational Development, who also co-chairs the Patient and Staff Experience Committee with the Director of Nursing and Quality. This committee has a diverse representation with the inclusion of a patient and lay representatives including Non-Executive Director.

To help support the principle of equality, some of the key findings of the annual Staff Survey 2013 related to discrimination and bullying and harassment, were further investigated during the course of the summer 2013. Approximately 40 staff focus groups were organised between May and September with departmental staff from areas that presented with the most concerns related to the survey findings. The recommendations of the focus groups were developed into an action plan that was shared with departments in the Trust for lead managers to take forward. A report and progress on the action plan are regularly monitored via the Assurance Committee and the Equality and Diversity Steering Group. Going forward, this work will be reviewed by the Patient and Staff Experience

Committee. Further evidence of good communication during the period 2013/14 included a range of seminars, workshops and training courses.

In February 2014, LGBT (lesbian, gay, bisexual, and transgender) history month was celebrated with a presentation by Stonewall_(G) on current research and findings about what experiences and health inequalities are faced by lesbian, gay and bisexual patients. A separate Stonewall seminar focused on the key themes reported by lesbian, gay and bisexual staff of their experience in the workplace.

'Kate Nash Associates' ran a disabilities workshop aiming at helping managers to support their staff. The workshop titled 'Get Ahead', explored some of the drivers and resisters to getting ahead in work and careers for staff with health conditions and disabilities.

The Terence Higgins Trust_(G), co-hosted a Transgender seminar with CliniQ_(G) staff representatives providing an overview on what it means to be trans; and how the Trust can effectively respond to workplace or service considerations for trans staff and patients.

Learning Disability Training days were also held in 2013/ 2014. These were aimed at equipping staff with basic skills required to be sensitive to the needs of those patients/clients with a learning disability and to communicate efficiently ensuring a service to these patients reflect the Trust values.

The Trust participated in Stonewall's "Diversity Champions Programme" by undertaking a Workplace Equality Index (2012/13). The results published in February 2014, demonstrated that we had moved up 31 places in the rankings (322 to 291).

Staff and patient engagements were the key areas where the Trust excelled. Staff engagement scores amongst LGBT staff were consistently well above average across all respondents with staff recommending that the Trust was a supportive place to work for LGBT staff.

National Stress Awareness Day in November 2013 was recognised with the hosting of information sessions on available staff support and the provision of internet resources such as mindful employer booklets and workbooks such as "Keep yourself well."

The Trust focused on health, wellbeing and inclusion by running a series of special related activities and events during the course of what was themed "Feelgood February". As part of the activities the chaplaincy department held a multi-faith celebration titled "A dance of Life" during which diverse poems and readings were performed by staff and members of the public. To celebrate inclusion Paediatric patients were invited to give their thoughts on diversity and what it meant to be different. Their submissions were published in the Trust Daily Noticeboard.

Examples of good equality and diversity practice in action at the Trust in 2012/13 include the provision of a sexual health clinic (ClinicQ)_(G) for those whose personal sense of their gender identity and/or gender expression differs from their assigned sex at birth (transgender men and women). Other examples are the refurbishment of the David Erskine Ward to be 'dementia friendly_(G),' and the opening of Dean Street Express which offers STI/STD_(G) screening 6 days a week without appointment.

The Trust also continues to focus on how to improve the experience of patients with learning disabilities.

Care Quality Commission (CQC) Visits and assessments during 2013/14

The health and social care regulator carried out an unannounced routine inspection of the Trust on 24 and 25 September 2013. The visit aimed to find out whether Chelsea and Westminster was meeting its essential standards of quality and safety. Inspections of this kind are normal procedure for all NHS Trusts.

The Trust was found to be compliant on all standards of quality and safety as follows:

- | | |
|---|-------------------|
| • Respecting and involving people who use services | Met this standard |
| • Care and welfare of people who use services | Met this standard |
| • Cleanliness and infection control | Met this standard |
| • Staffing | Met this standard |
| • Supporting workers | Met this standard |
| • Assessing and monitoring the quality of service provision | Met this standard |

The inspectors visited the Emergency department (A&E), the maternity unit, the paediatric unit, the neonatal unit which included the neonatal intensive care unit (NICU), high dependency and special care cots, the operating theatres, the Acute Assessment Unit (AAU) and adult surgical and medical wards.

The CQC followed the patient pathway from A&E through to the wards and spoke with patients, families, carers, governors, staff and members of the Executive team. The CQC reported that the overall impression was of the good standards of cleanliness throughout the hospital, the open friendly attitude of all grades of staff and the visible leadership provided in the wards and departments visited.

The majority of patients reported they had had a positive experience of care and treatment at the hospital. They had been treated with dignity and respect and understood their care and treatment and were complimentary about staff and said there were sufficient staff to meet their needs. Care and treatment was noted to be planned and delivered in a way that ensured patients' safety and welfare. Risk assessments were seen as completed for all patients as part of their admission procedures.

Staff said they were in the main, happy and proud to work in the Trust. They were keen to promote the Trust values of being kind, safe, respectful and excellent to improve the patients' experience. Staff said they felt supported, had access to training and were encouraged to develop their skills. Lastly staff highlighted they received regular information and communications about matters in the trust and were made aware of management's expectations of them. There were no actions required for the Trust following this visit.

The CQC also visited the Trust on the 1st May 2013, as part of a Monitoring Visit for Mental Health Services. This was an announced themed visit to the Trust.

The main purpose of the visit was to assess the systems and processes in place to manage the care, treatment and detention of patients who have mental health problems and physical illnesses admitted to the hospital. By law, the Care Quality Commission (CQC) is required to monitor the use of the Mental Health Act 1983 (MHA) to provide a safeguard for individual patients whose rights are restricted under the Act.

The CQC spoke to a wide range of healthcare professionals and visited the A&E (Emergency Department) and a Paediatric Ward area.

The CQC concluded that the Trust appeared to have a sufficient range of robust systems and processes in place to manage the detention of patients with mental disorder and an effective infrastructure in place to support staff that applies the MHA. An action plan was put in place for some remaining issues identified during the visit. Specialist staff in the Trust worked through this during the year to further enhance patient care to include updating a policy with Mental Health partners, staff training on use of Mental Health Act and Mental Capacity Act, undertaking audits, reporting, developing appropriate forms and developing information leaflets for patients regarding their rights. Progress was reported at the Trust Executive Quality Committee during the year.

CQC Intelligent Monitoring

The CQC developed and launched a new model for monitoring a range of key indicators for NHS acute and specialist hospitals and launched this new system during October 2013 called 'Intelligent Monitoring'. The indicators produced for the monitoring relate to 5 key questions that the CQC asks of all services that they should be: Safe, Effective, Caring, Responsive and Well-led.

The indicators are reported to be used to raise questions about the quality of care. The indicators produced a monitoring report and the first was received and placed on the CQC website for every Trust during December 2013. Each indicator marked against a threshold of risk as follows:

- No evidence of risk
- Risk
- Or elevated risk

The outcome of the indicators and the level of risk placed each NHS Trust in a banding from 1–6. Band 1 signifies holding the *highest risk* and 6 the *lowest risk category*.

We were disappointed to learn that the Trust had initially been placed in a lower band than our patients and staff would want or expect (Band 2), given the quality of care we deliver. The Trust took time to review its services seriously and understand the way in which the CQC came to their conclusions in this new report. We were pleased to note that by the following reporting period in March 2014 that the Trust had been placed in Band 6, the best and lowest risk category.

The reports for the CQC inspections can be found at www.cqc.org.uk/directory/rqm01

The CQC Intelligent Monitoring report for March 2014 can be found at www.cqc.org.uk/sites/default/files/media/reports/RQM_102v2_WV.pdf

Response to the Francis Report

The work that we do focusses on local, national and international learning. This includes priorities from the Francis, Keogh and Berwick reports and recommendations. All of these landmark reports have and will continue to influence our priorities.

An action plan incorporating all requirements and improvement ideas gained from focus groups was presented through the divisions during 2013 in the Trust. This was also reported through our major committees. Work has taken place to move forward relevant objectives and responsibilities to be embedded within our organisation.

Regular reports and actions are presented to the Clinical Commissioning Group. The work of the combined action plan developed and presented in 2013 continues. This will be revised in 2014 as part of our quality governance.

Relevant to this work the Trust has been working towards fulfilling the requirements of the National Quality Board Report_(G) (NQB), Ensuring the correctly skilled staff are available in the areas they are needed. This has included a review of existing staffing levels and comparing these with the available evidence and benchmarking of national best practice.

A review of existing practice of how our nursing staff working rotas has taken place and associated policy is underway to ensure that the organisation is utilising its staffing resources to best effect.

Acuity and dependency auditing_(G) has been introduced and the results will be used to examine all the evidence the current staffing levels together. Work is underway to ensure the organisation fulfills the reporting requirements of the NQB report; including monthly and 6 monthly reporting to the Trust Board. Using temporary staff cover has been a focus for the organisation for some time and this has included reviewing cost, safety, quality of service to ensure we use temporary staff who are familiar with our hospital system and processes. This is important to do to ensure high quality patient experience. Our current recruitment practices are also under review, this includes aiming to reduce vacancy rates and shorten times to recruit new staff to make sure that Chelsea and Westminster Hospital is seen as the employer of choice.

NHS Litigation Authority Assessment

During October 2013 the Trust achieved NHSLA level 3, of the NHSLA Risk Management Standards 2013/14, with an excellent score of 48 criteria achieved out of a possible 50.

The NHS Litigation Authority is a not for-profit organisation that helps the NHS manage risks, setting standards for safe care and assessing the NHS against these standards in order to make sure that patients are cared for appropriately. Level 3 is the highest level they award and is only given to organisations that meet the very highest standards of risk management.

The standard was awarded after a rigorous two-day assessment of our policies and processes, which are in place to manage and alleviate any clinical risk to patients, and ensuring staff are using these policies and procedures effectively. The assessors noted that “throughout the assessment, the attention to detail and diligence in developing and using effective risk management processes was demonstrated and staff were clearly engaged and committed in support of both patient and staff safety”.

Quality looking forward

As described throughout this document, our vision is to deliver high quality services to our patients and their families or carers. Whilst we are proud of our current provision, there are

many areas where we aspire to do better. What we intend to do going forward—and our approach to that—will be set out in our Quality Strategy and Plan, which has been under development over the last few months and is due to be published shortly.

Although we have already agreed some quality priorities (some of which are reflected in this Quality Account), the Quality Strategy and Plan covers broader themes to describe our overall quality ambitions and our approach for achieving them over the medium term.

Through our annual Business Planning process, which is focused on the next two financial years, we have also set out a range of short-term developments to improve quality. As part of this process, which also includes our plans for making efficiency improvements, we have also assessed our Cost Improvement Programme (CIP) proposals to ensure that they do not compromise our capability or capacity to deliver high quality services.

An important component of our Quality Strategy is to be at the forefront of implementing national and local clinical quality standards, to improve the safety and efficacy of care we provide.

As part of the North West London Seven Day Services Early Adopter Project⁽⁶⁾, we are building on the work we have already done to help implement the new national clinical standards for Seven Day services, which were published by Sir Bruce Keogh's Seven Day Services Forum in December 2013. Through this wider programme, we will be working with commissioners and other care providers to help ensure that patients receive equally effective urgent and emergency care, regardless of the day of the week on which they require it. Although we meet most of the standards already, we know that there is more we can do to address the remaining gaps, particularly through the platform provided (by the wider programme) to work with local partners.

So, we are confident that the strategies and plans we already have in place, as well as those we are continuing to develop, will enable us to achieve our ambitions over the short and medium term.

Part 4

Our performance

Our performance on key national priorities 2013/14

The Trust met all the national priority targets tracked by Monitor, the independent regulator of Foundation Trusts.

Indicator	Performance 2012/13	Target 2013/14	Performance 2013/14
Incidence of <i>Clostridium difficile</i>	15	13	9
Incidence of MRSA bacteraemia	1	6	5
All cancers: 31-day wait from diagnosis to first treatment	100%	96%	98.6%
All cancers: 31-day wait for second or subsequent treatment: surgery	98.2%	94%	100.0%
All cancers: 31-day wait for second or subsequent treatment: anti-cancer drug treatments	100%	98%	100.0%
All cancers: 62-day (urgent GP referral to treatment) wait for first treatment	93.8%	85%	92%
All cancers: 62-day wait for first treatment from consultant screening service referral	n/a	90%	100.0%

Indicator	Performance 2012/13	Target 2013/14	Performance 2013/14
Cancer: two week wait from referral to date first seen comprising all cancers	96.8%	93%	95.9%
Referral to treatment waiting times <18 weeks —admitted	92.2%	90%	91.0%
Referral to treatment waiting times <18 weeks —non-admitted	98.1%	95%	97.7%
A&E: Total time in A&E ≤4hrs	98.6%	95%	98.3%
Self-certification against compliance with requirements regarding access to healthcare for people with a learning disability	Compliant	Compliant	Compliant

Our performance on mandated indicators

The following data outlines the Trust performance on selected National Framework Indicators. The data source is the Health and Social Care Information Centre.

Indicator	From local Trust data		From Health and Social Care Information Centre				
	2012/13	2013/14	Most recent results for Trust	Time period for most recent Trust results	Best result nationally	Worst result nationally	National average
Summary hospital-level mortality indicator ("SHMI")	0.77	0.82	0.83	Jul12-Jun13	0.63	1.16	1
Patient deaths with palliative care coded	11.3%	17.8%	16.1%	Jul11-Jun12	n/a	n/a	18.6%
Patient reported outcome measures scores for groin hernia surgery	0.084	Not available because of low volumes	0.084	Apr12-Mar13	0.158	0.017	0.091
Patient reported outcome measures scores for varicose vein surgery	Not available because of low volumes	Not available because of low volumes	Not available because of low volumes	Apr12-Mar13	0.138	0.024	0.093
Patient reported outcome measures scores for hip replacement surgery	0.464	Not available because of low volumes	0.464	Apr12-Mar13	0.502	0.333	0.437
Patient reported outcome measures scores for knee replacement surgery	0.296	Not available because of low volumes	0.296	Apr12-Mar13	0.387	0.244	0.312
Readmitted to the trust within 28 days of being discharged from hospital (Age 0-15)	5.44%	4.76%	6.42%	Apr11-Mar12	0%	14.70%	9.91%
Readmitted to the trust within 28 days of being discharged from hospital (Age 16+)	3.81%	3.46%	11.05%	Apr11-Mar12	0%	41.65%	11.45%
Responsiveness to the personal needs of its patients	Not available	Not available	66.1	Jul12-Jun13	84.4	57.4	68.1
Staff employed by, or under contract to, the trust who would recommend the trust as a provider of care to their family or friends.	80%	85%	85%	Jan13-Dec13	94%	40%	65%

Indicator	From local Trust data		From Health and Social Care Information Centre				
	2012/13	2013/14	Most recent results for Trust	Time period for most recent Trust results	Best result nationally	Worst result nationally	National average
Patients who were admitted to hospital and who were risk assessed for venous thromboembolism	92.9%	95.9%	96.5%	Oct13-Dec13	100.0%	77.7%	95.8%
Rate per 100,000 bed days of cases of <i>C. difficile</i> infection reported within the trust amongst patients aged 2 or over	12.0	4.6	12.0	Apr12-Mar13	0	30.8	17.3
Rate of patient safety incidents reported within the trust and the number and percentage of such patient safety incidents that resulted in severe harm or death.	5.60 incidents per 100 admissions; 0.126 resulted in severe harm or death	6.84 incidents per 100 admissions; 0.111 resulted in severe harm or death	7.15 incidents per 100 admissions; Nil resulted in severe harm or death	Oct12-Mar 13	1.68 incidents per 100 admissions; 0.08 resulted in severe harm or death	30.95 incidents per 100 admissions; Nil resulted in severe harm or death	7.43 incidents per 100 admissions; 0.06 resulted in severe harm or death

Notes:

The Trust has a low volume of data for 2013/14 which has resulted in an invalid PROMs_(G) score for the period. The causes for a low volume of data is a combination of the Trust performing a relatively low volume of surgical procedures, compared to London peers and a significant time lag between the pre-operative and post-operative phases of the data collation.

The Trust has locally developed 28-day emergency readmission rate performance figures. The Trust report the readmission rate based on a denominator of Trust admitted care activity regardless of the method of admission being elective or non-elective. The Trust is not able to validate the denominator used by the HSCIC_(G) which might mean that the readmissions rates will be significantly different

Patient safety indicators resulting in severe harm or death

This indicator is required to be included within the Quality Account alongside comparative data from the Health and Social Care Information Centre. The National Reporting and Learning Service (NRLS) was established in 2003. The system enables patient safety incident reports to be submitted to a national database on a voluntary basis designed to promote learning. It is mandatory for NHS trusts in England to report all serious patient safety incidents to the Care Quality Commission as part of the Care Quality Commission

registration process. To avoid duplication of reporting, all incidents resulting in death or severe harm should be reported to the NRLS who then report them to the Care Quality Commission. Although it is not mandatory, it is common practice for NHS Trusts to report patient safety incidents under the NRLS's voluntary arrangements.

As there is not a nationally established and regulated approach to reporting and categorising patient safety incidents, different trusts may choose to apply different approaches and guidance to reporting, categorisation and validation of patient safety incidents. The approach taken to determine the classification of each incident, such as those 'resulting in severe harm or death', will often rely on clinical judgement. This judgement may, acceptably, differ between professionals. In addition, the classification of the impact of an incident may be subject to a potentially lengthy investigation which may result in the classification being changed. This change may not be reported externally and the data held by a Trust may not be the same as that held by the NRLS. Therefore, it may be difficult to explain the differences between the data reported by the Trusts as this may not be comparable.

Local performance indicators

Our performance on local quality indicators 2013/14

Subject	2009/ 10	2010/ 11	2011/ 12	2012/ 13	Target 2013/14	Performan ce 2013/14	Target 2014/15	Comment
Patient Safety								
MRSA _(G) bacteraemia cases	10	6	2	1	0	5	0	Looking forward to 2014-15, additional changes include updating the electronic infection flag to pop-up every time patient electronic notes are entered. Revisions to the MRSA policy to ensure all newly MRSA positive patients receive decolonisation treatment, and old MRSA patients who remain MRSA positive will have MRSA suppression therapy for the duration of their hospitalisation.
<i>C.difficile</i> _(G) cases	32	73	17	15	13	9	8	These targets are those set by the Department of Health

Subject	2009/ 10	2010/ 11	2011/ 12	2012/ 13	Target 2013/14	Performan ce 2013/14	Target 2014/15	Comment
Hand hygiene audit—% completion rates _(G)	71	89	94	96	100	91.1	100	<p>All clinical areas (In and Outpatient) are required to complete hand hygiene audits ie completion target of 100%.</p> <p>The Trust was below target, more Infection Control Link Professionals (ICLPs) were required to undertake the audit processes. This has been addressed by arranging additional training for these specialist nurses and other key staff.</p> <p>Some manually completed audits areas completed audits had not entered the electronic database by the time due. Audit times have now been brought forward to address this issue and meet timely electronic reporting.</p>
Hand hygiene—% compliance rates _(G)	80	85	94	95	95	96.5	98	As we have reached our 95% target, we will aim towards a new target of 98% for 2014/15
Inpatient falls per occupied 1,000 bed days _(G)	-	-	3.19 (cumu. rate reported at the end of 2011/12)	2.62	3	3.20	3	<p>Whilst we have not quite achieved the target for 13/14, we had recognised that as a result of increased focus, the reporting of incidents would increase and this has been our key focus. We have seen a significant reduction in falls causing harm as a result of increased awareness, the use of falls prevention aids and one to one specials if required. The increased reporting has enabled us to have more robust data which is enabling us to now analyse specific information to further reduce our falls rate such as the time of day falls occur and reasons for this.</p>

Subject	2009/ 10	2010/ 11	2011/ 12	2012/ 13	Target 2013/14	Performan ce 2013/14	Target 2014/15	Comment
Patient safety incident reporting rate—incidents per 100 admissions	7.1	7.1	6.6	6.7	8	n/a	8.5	Data not available for 2013/14 on the NRLS. Information published on the website is based on incidents which occurred between 1st April 2012 and 30th September 2012 and were reported to the National Reporting and Learning System (NRLS) by the 30th November 2012. The most recent data release (September 2013) includes details of patient safety incidents in England and Wales that occurred between 1 October 2012 and 31 March 2013 and were submitted to the National Reporting and Learning System (NRLS) by the end of May 2013. The next NRLS organisational patient safety incident report will be issued at the end of April 2014.
Number and rate of patient safety incidents reported within Trust (number per 100 admissions)	—	—	Number = 4,998 Rate = 6.5	Number = 5,162 Rate = 6.7	8	Number = 5,133 Rate = 6.76	8.5	This is local data for a full year whereas the data above is from the NRLS and is for 6 months. We monitor patient safety incidents as a rate of admissions. Numbers of incidents are provided as context. Online incident reporting is scheduled for introduction in 2014/15. It is anticipated that this will lead to an increase in the incident reporting rate aligned to patient admissions.
Number of patient safety incidents resulting in severe harm or death and % of total incidents	—	—	2 which is 0.04% of total incidents	3 which is 0.06% of total incidents	0	1 which is 0.02% of total incidents	0	n/a
Never Events _(G)	0	0	5	3	0	2	0	1 Serious Incident as reported to add to the figure—see page 66
% of adult inpatient (excluding maternity) observation charts scored accurately (CEWS/S) _(G) (see note 1)	68	81	89	Not measured		Not measured		See below

Subject	2009/ 10	2010/ 11	2011/ 12	2012/ 13	Target 2013/14	Performan ce 2013/14	Target 2014/15	Comment
Resuscitation calls (cardiac arrest) due to failure to escalate	–	–	7	2	5	1	1	This year we have managed to achieve a marked reduction in the incidence of cardiac arrests due to a failure to identify deterioration. This has been successful despite the switch over to the National Early Warning Score. This is a testament the work done by the Critical Care Outreach and Resuscitation teams in their role in relation to this measure as well as the improvement in the level of clinical care in the wards.
% patients with International Normalised Ratio (INR) less than 5	98 (Aug–Dec 2010)	97	97	97	96	97	n/a	Performance for this indicator has consistently been above target and it has been agreed that this will no longer need to be reported as a Quality Indicator but will be internally monitored.
Hospital acquired preventable cases of venous thrombo-embolism (VTE)	–	–	10 (7 months data)	13	10	5	7	Numbers relate to cases judged to have been preventable after a root cause analysis. We successfully met our target of no more than 10 cases. Our ultimate target will remain as zero and we plan to reduce our target by a further 25% in 2014/15 as part of our aim to have no hospital associated preventable VTE events.
Clinical Effectiveness								
Mortality (Summary Hospital-level Mortality Indicator—SHMI) ₍₆₎	85.1	77.8	76.4	81.8	The target is to remain in the top 10% of all non-specialist acute providers with the lowest SHMI	81.9% (Taken from Dr Foster Apr 13 to Feb 14)	To remain in the top 10% of all non-specialist acute providers with the lowest SHMI	The target is to remain in the top 10% of all non-specialist acute providers with the lowest SHMI and we met this target based on July 12 to June 13 data—data source Dr Foster.

Subject	2009/ 10	2010/ 11	2011/ 12	2012/ 13	Target 2013/14	Performan ce 2013/14	Target 2014/15	Comment
Mortality (Hospital Standardised Mortality Indicator—HSMR) _(G)	85.1%	85	79	83	The target is to remain in the top 10% of all non-specialist acute providers with the lowest HSMR	73% (Taken from Dr Foster Jul 12 to Jun 13)	To remain in the top 10% of all non-specialist acute providers with the lowest HSMR	The target is to remain in the top 10% of all non-specialist acute providers with the lowest HSMR and we met this target based on July 12 to June 13 data—data source Dr Foster.
% urgent surgery cases operated on within 24 hours of booking	94 (avg of Dec 2009 and Mar 2009 data)	99 (avg of Nov 2010 to Mar 2011 data)	95	98	100	96.2	100	While we will always work towards a target of 100% we have set ourselves a tolerance limit of greater than or equal to 90%. There is no national definition for this indicator
% expedited surgery cases operated on within 4 days of booking	94 (avg of Dec 2009 and Mar 2009 data)	95 (avg of Nov 2010 to Mar 2011 data)	99	100	100	99.9	100	While we will always work towards a target of 100% we have set ourselves a tolerance limit of greater than or equal to 90%. There is no national definition for this indicator
Urinary catheters continuing care—% compliance with Care bundles _(G)	–	–	92	92	90	92.9	95	As we have reached our 90% target, we will aim towards a new target of 95% for 2014/15
Central line continuing care—% compliance with Care bundles _(G)	–	–	90	94	100	96.6	95	We continue to work towards achieving 100% compliance.
Peripheral line continuing care—% compliance with Care bundles _(G)	–	–	86	80	90	85.1	95	This year we have managed to achieve a marked increase in the compliance of the care bundle for paediatrics and also increased numbers of overall lines being audited. This is reflected in our overall compliance rate. The key challenges remain the labelling of lines and the completion of documentation which will remain our focus for 14/15.
Numbers of hospital pressure ulcers _(G) —grade 2 (see note 1)	–	120	47	70	35	79	59	See page 59

Subject	2009/ 10	2010/ 11	2011/ 12	2012/ 13	Target 2013/14	Performan ce 2013/14	Target 2014/15	Comment
Numbers of hospital pressure ulcers ^(G) — grade 3 (see note 1)	–	58	31	38	8	11	8	Pressure ulcers grades 3 and 4 were previously reported together, so previous years' figures reflect this. For 2013/14 onwards, we decided to monitor and report these separately.
Numbers of hospital pressure ulcers ^(G) — grade 4 (see note 1)	–	–	–	–	0	2	0	Please see above
Numbers of hospital pressure ulcers— unstageable (see note 1)	–	–	–	–	–	26	20	This separate category of pressure ulcers was introduced in 2013/14 and monitored in-year without a formal target. We hope to see a 25% reduction in unstageable pressure ulcers in 2014/15. See page 59
% patients nutritionally screened on admission ^(G)	60	80	95	85	90	91.7	90	See page 61
% patients in longer than a week who are nutritionally rescreened ^(G)	10	30	60	71	90	78.4	90	See page 61
Patient Experience								
% complaints reopened (See note 4 below)	10	9	4	5	6	4	n/a	Of the 356 formal complaints received between 1 April 2013 and 31 March 2014, 14 have been reopened to date; this represents 4% of the complaints received this year against a Trust target of 6%. All complainants received either a further written response or met with staff and the issues were resolved. There is no national definition for this indicator. These are consistently low numbers and we will report performance monthly but no annual target required.
Complaints upheld by the Ombudsman (PHSO) ^(G) (See note 4 below)	-	-	0	0	0	3	1	All complaints upheld by the Ombudsmen will be monitored and reported. From 2014/15, we will also be monitoring the number of complaints referred to the Ombudsman (see below).

Subject	2009/ 10	2010/ 11	2011/ 12	2012/ 13	Target 2013/14	Performan ce 2013/14	Target 2014/15	Comment
No of complaints referred to Ombudsman (See note 4 below)	-	-	-	-	-	10	7	During 2013-2014, the Trust was advised that 10 complainants had referred their concerns to the PHSO, this compares with 9 last year. From April 2013, the PHSO advised they would be investigating and reporting on more complaints. The ombudsman has investigated all complaints referred this year.
% Complaints responded to within target time (formal complaints responded to in 25 working days) (See note 4 below)	83	83	80	81	90	82.2	n/a	344 formal type 2 complaints were received by the Trust in September 2013, 80% were responded to within the target time of 25 working days. The complaint team continue to work closely with the divisions to achieve the required turnaround time for responses. During the year 2014-2015 we will monitor the initial contact with complainants. We monitor performance every week and month and we will be relentless in our focus on experience and feedback. This indicator will not be included in the Quality Accounts for 2014-15.
Complaints (type 1 and type 2)—communication (See note 4 below)	-	260	198	179	162	227	Two separate targets: Personal : 90 Communication Process: 90	In 2014/15, we will track two types of complaints under the heading of communications: Those related to personal communication and others about our communication processes, such as letters and appointments. We will be providing monthly updates on the themes identified from complaints and concerns.
Complaints (type 1 and type 2)—discharge (See note 4 below)	-	108	49	34	28	23	n/a	We are pleased that we have made the right changes to our discharge processes that have led to a reduction in concerns and complaints in this area. We will no longer focus on these as a priority for 2014/15
Complaints (type 1 and type 2)—attitude and behaviour (See note 4 below)	-	-	-	-	-	176	120	We will continue to report performance on these concerns and complaints and we will be relentless in our focus on experience and feedback.

Subject	2009/ 10	2010/ 11	2011/ 12	2012/ 13	Target 2013/14	Performan ce 2013/14	Target 2014/15	Comment
PLACE Scores	–	–	–	–	–	Cleanliness—95.36% Food and Hydration—82.92% Privacy, Dignity and Wellbeing—90.72% Condition Appearance & Maintenance—88.27%	–	Patient-Led Assessments of the Care Environment (PLACE) are a self-assessment of a range of non-clinical services which contribute to the environment in which healthcare is delivered. These assessments were introduced in April 2013 to replace the former Patient Environment Action Team (PEAT) assessments. The aim of PLACE assessments is to provide a snapshot of how an organisation is performing against a range of non-clinical activities which impact on the patient experience of care—cleanliness; the condition, appearance and maintenance of healthcare premises; the extent to which the environment supports the delivery of care with privacy and dignity; and the quality and availability of food and drink.

The data above is collected locally and according to national definitions unless indicated otherwise.

Notes:

1. Pressure Ulcers measurement

See page 59 for further information

2. Early Warning Scores

Over the past year the Chelsea Early Warning Score (CEWS) was changed to the National Early warning scoring system (NEWS)_(G). As a result the CEWS will no longer be measured in its previous form as highlighted in the 2013/14 Quality Account. All of this data will be represented under the one heading of 'Early Warning Scoring' and will have the four sub-headings of measurement as follows:

- The National Early Warning Score for adults (NEWS)
- The Maternity Early Warning Score (MEWS)
- The Paediatric Early Warning Score (PEWS)
- CEWS (the Chelsea Early Warning Score in use in the Burns Unit)

There will be work undertaken to establish these systems but first clarifying some outstanding issues before moving forward. For example, the MEWS has a set of variable criteria and these will need to be examined to work out how to assess correct sets for each patient group and the PEWS following an amendment and a pilot implementation will require consolidation.

When this early foundation work is completed and data has started to be collated, it is anticipated that the Trust's targets will be established mid-year. This work will establish where to improve and support change by identifying and understanding the progress being made **before** the targets are established. The Trust Resuscitation Committee has agreed that a simplified audit should be developed that could be undertaken in the ward areas.

An Early Warning Score (EWS) Audit group was agreed and will meet to action the new audit process and a minimum of an annual detailed audit to be performed and the Trust will check its compliance with best practice. All findings from these audits will be reported to resuscitation committee.

The audits will assess:

- All the patient's observation undertaken (and that all relevant parameters have been measured and documented)
- Accuracy (that all observations have had correct score awarded and the scores have been accurately collated. It is important to know the accuracy of EWS scoring in particular, as this will be central to the appropriate escalation of care.)
- Escalation (that the appropriate escalation has taken place in accordance with relevant escalation protocols.)

This new data will be reported in the Quality Account 2014/15.

Scoring of observation charts National Early Warning Score (NEWS)

A 'rolling audit' tool is being developed, with support from the Information Technology Team to enable the routine and regular electronic capture of audit data regarding accurate NEWS on adult wards. This software solution is intended to guide staff with respect to appropriate escalation in relation to the NEWS.

This software is being trialled at the time of reporting and we are reviewing 3 products, however this is scheduled for procurement and roll-out in 2014/15.

3. Resuscitation

During 2014/15 the recording of resuscitation calls will no longer be reported in the Quality Account.

All resuscitation calls, however, will continue to be reviewed according to the current Trust policy and any event that has occurred due to failure to escalate or recognise deterioration, will be escalated as per Trust risk management processes. These events will all be reviewed at Resuscitation Committee and the committee will maintain follow-up on the Risk management process outcomes.

4. Complaints

The table above highlights a number of key metrics around the patient experience and complaints that the Trust and its governors consider are key to improving performance. We have detailed in Part 3 our approach to handling complaints more generally. With each of these we seek to respond to appropriately as well as our specific focus upon complaints about discharge, attitudes and behaviour. We have identified these three indicators as they form part of our quality priorities which can be referred to in this document in parts 1 & 2.

The Trust classifies complaints and concerns received from patients into a number of categories or ‘types’– the reported indicators are the number of complaints received in the year categorised as falling into those categories. It is important to note that a complaint may contain more than one category and on some occasions and this may make exact measurement of these complaints more detailed in nature. (See table 1 below).

(It should be noted that there was an error identified in the number of complaints received which was caused by an error in interpretation of the inclusion criteria for this indicator during 2012/13. This has been corrected in the table regarding Patient Experience section of the table commencing on page 81.)

Table 1

Categories or types of Complaints	Explanation
Type 1	This is either a verbal complaint that is made in person by the complainant (whilst attending hospital or an out-patient clinic), or by telephone and where the complainant has indicated that they would be happy to receive a quick response or where the staff member believes they are able to resolve the issue rapidly, or a written and simple complaint made directly to a ward sister, team manager or department head, which is easily resolved.
Type 2	A Type 2 complaint requires an investigation that by its degree of organisational complexity or nature of the issues involved needs longer to produce the required resolution. A Type 2 complaint might be resolved through a meeting or an investigation and a written response.
Type 3	A Type 3 complaint will require a thorough investigation and statements from staff. The investigation may take up to three months to conclude and this should be discussed with the complainant when the action plan is agreed. If a complaint is graded as orange or red according to the Risk Evaluation Matrix ⁽⁶⁾ , the incident procedure should take preference in terms of the investigation.

5. Never Events

Additional information can be found on page 66.

6. Local indicators—changes for next year

It should be noted that reporting of some of the Local Indicators were reviewed during the year. This was done in consultation and agreement with key stakeholders on the Council of Governors’ Quality Sub Committee, the Trust Executive Quality Committee and the Assurance Committee. This was completed to ensure the Trust concentrates on those Local Indicators most important to the care of patients. Where indicators have improved, or are no longer as relevant as a priority they will be reported to other relevant committees. These changes will be reflected in the next year’s Quality Account reporting.

Part 5

Statements relating to quality of NHS services provided

Statements of assurance from the Trust Board

During 2013/14 Chelsea and Westminster Hospital NHS Foundation Trust provided and/or subcontracted 80 NHS services. The Trust has reviewed all the available data on the quality of care for all of these services.

The income generated by the NHS services reviewed in 2013/14 represents the total income generated from this source by the Trust for 2013/14.

How the Trust reviews its services for quality

The Trust has systems and processes in place to ensure that data on quality and quality improvement are regularly reviewed. These reviews enable us to pick up on issues that warrant further attention, track the progress of any investigations we might need to carry out as a result, and follow up on any changes made to improve processes/services.

Specific Quality reporting for each of the Trust's three clinical divisions are issued quarterly so that they can be included in overall performance reviews which equates to five separate reports in our three divisions.

The reports include information on:

- Actions taken to minimise harm (risk register) for the organisation and patients
- Complaints and concerns
- Patient safety incidents (mistakes)
- Legal claims
- New cases of hospital associated infections (MRSA_(G) and *Clostridium difficile*_(G))
- Hand hygiene of medical and nursing staff
- Compliance to national guidelines
- Mandatory staff training
- Internal and external clinical audit activity
- Research projects

The results of audits carried out across the Trust in areas such as record-keeping and consent are also fed back to each of the three divisions. Patient experience is a priority for the Trust, and each division has a clear action plan for this, with activity in this area reported to the Patient and Staff Experience Committee. Other checks and balances are provided by:

- The Trust Executive Quality Committee, the most senior management level committee within the Trust which has a specific remit to look at quality
- The Assurance Committee, a sub-committee of the Trust Board
- Council of Governors Quality Sub Committee—a committee of governors, stakeholders and staff

Participation in clinical audits

During 2013/14, 41 national clinical audits and 6 national confidential enquiries covered NHS services that the Trust provides. During 2013/14 the Trust participated in 91% of national clinical audits and 100% of national confidential enquiries that it was eligible to participate in.

See below for full details including:

- National clinical audits and national confidential enquiries in which the Trust was eligible to participate.
- National clinical audits and national confidential enquiries that the Trust participated in and for which data collection was completed.

- Number of cases submitted to each clinical audit or enquiry as a percentage of the number of registered cases indicated/required by the terms of that audit or enquiry.

Clinical audits collect information on the treatment patients receive and its consequences in important areas of medicine. Participation in them enables healthcare professionals to evaluate their clinical practice against national standards and guidelines, so that they can continuously improve the quality of treatment and care they provide.

National confidential enquiries perform a similar role, but additionally include critical assessment by senior doctors of what actually happened to patients, with a view to driving up standards and enhancing patient safety.

For an explanation of the acronyms and other terms used here, please refer to the Glossary in Annex 5.

National clinical audits for inclusion in the Quality Accounts 2013/14— including those in which the Trust was not eligible to participate

Acute Care

Subject	Participated	Cases Indicated or Required	Cases Submitted	% Cases Submitted	Comment
Case Mix Programme (CMP)/Intensive Care National Audit & Research Centre (ICNARC)	No	n/a	n/a	n/a	Data is not interpreted on an institutionally individualised basis that is of any benefit to the contributing organisations. The financial cost to participate is also prohibitive.
Emergency Use of Oxygen (British Thoracic Society):	Yes	Minimum 20	29	100%	All eligible cases submitted.
National Audit of Seizures in Hospitals (NASH)	Yes	30	31	100%	All eligible cases submitted.
National emergency laparotomy audit (NELA)	Yes	24	19	79.17	Data collection completed
National Joint Registry (NJR)	Yes	169	174	100%	Represents validated data only from April—Sep 13 as recommended by the NJR
Cardiac Arrest (National Cardiac Arrest Audit).	Yes	All eligible	33	100%	Data relates to the period Apr-Dec 13.
Paracetamol Overdose (College of Emergency Medicine)	Yes	50	50	100%	Audit data period ended on the 31 st March 2014. All eligible cases were submitted
Severe Sepsis and Septic shock (College of Emergency Medicine)	Yes	50	50	100%	Audit data period ended on the 31 st March 2014. All eligible cases were submitted

Subject	Participated	Cases Indicated or Required	Cases Submitted	% Cases Submitted	Comment
Severe Trauma (Trauma Audit & Research Network, TARN)	Yes	144	42	29%	The number of cases indicated is a guide (based on HES 2012 data)—not a 100% target. (April 13 - January 14 inclusive)

Blood

Subject	Participated	Cases Indicated or Required	Cases Submitted	% Cases Submitted	Comment
Audit of the use of Anti-D _(e)	Yes	All eligible	52	100%	The National Comparative Audit of Blood Transfusion is a rolling programme of three audits listed within this section, two of which the Trust participated in.
Audit of the management of patients in Neuro Critical Care Units 2013	not eligible	n/a	n/a	n/a	Not eligible—the Trust does not have a Neuro Critical Care Unit
Audit of patient information and consent 2014	yes	24	20	83%	The National Comparative Audit of Blood Transfusion is a rolling programme of three audits listed within this section, two of which the Trust participated in. Data collection completed 30 April 2014

Cancer

Subject	Participated	Cases Indicated or Required	Cases Submitted	% Cases Submitted	Comment
Lung Cancer Audit	Yes	*80	70	88%	Data taken from the 2013 Annual report as advised by National audit team. * Number relates to cases identified through HES _(e)
Bowel Cancer (National Bowel Cancer Audit Programme)	Yes	*69	83	100%	Data taken from the 2013 Annual report as advised by National audit team. * Number relates to cases identified through HES
Head and Neck Cancer (DAHNO)	Not eligible	n/a	n/a	n/a	Not eligible—the trust do not treat cancer of the head and neck

Subject	Participated	Cases Indicated or Required	Cases Submitted	% Cases Submitted	Comment
Oesophago-Gastric Cancer (National O-G Cancer Audit)	Yes	<50	32	>80%	Data taken from the 2013 Annual report as advised by National audit team. Cases indicated is a guide based on HES data

(HES data do not provide a gold standard for comparison but can give an indication on major discrepancies between patients submitted and patients documented to be receiving care in HES.)

Heart

Subject	Participated	Cases Indicated or Required	Cases Submitted	% Cases Submitted	Comment
Acute Myocardial Infarction & other acute coronary syndrome (MINAP)	Yes	All eligible	59*	100%	*In progress. Deadline for data submission is 31 st May. Data relates to April—Dec 2013.
Cardiac Arrhythmia _(G) (Cardiac Rhythm Management Audit)	Yes	All eligible	66	100%	Data is from April 13 to Feb 14 and relates to all new implants or repeat procedures
Heart Failure Audit	Yes	All eligible	82*	100%	*In progress. Deadline for data submission is the 2 nd June. Data relates to April—November 2013.
Coronary Angioplasty _(G) (NICOR Adult Cardiac Interventions Audit)	Not eligible	n/a	n/a	n/a	Not eligible—the trust do not carry out coronary intervention.
Adult cardiac surgery audit	Not eligible	n/a	n/a	n/a	Not eligible—the trust do not carry out coronary intervention.
National Vascular Registry	Not eligible	n/a	n/a	n/a	Not eligible—the trust do not carry out the required vascular procedures to participate in this audit
Pulmonary Hypertension _(G)	Not eligible	n/a	n/a	n/a	Not eligible—the trust is not a specialist pulmonary hypertension centre

Long Term Conditions

Subject	Participated	Cases Indicated or Required	Cases Submitted	% Cases Submitted	Comment
Diabetes (National Adult Diabetes Audit) Includes :	No	n/a	n/a	n/a	Participation in this audit depends on acquisition of a compatible database/suitable IT infrastructure for submission of information. The decision to move to a new Diabetes database is complex due to the need to maintain links with the community system. participation in 14/15 remains a divisional priority
National Inpatient Diabetes Audit:	Yes	All eligible	27	100%	
Paediatric Diabetes	Yes	All eligible	634	100%	All eligible cases submitted.
Inflammatory bowel disease (IBD)— Adult	Yes	All eligible (up to Max 50)	18	100%	All eligible cases submitted.
Inflammatory bowel disease (IBD)— Children Biological Therapy audit	Yes	All eligible (up to Max 50)	17	>90%	All eligible cases submitted.
	Yes	All Eligible	27	90%	
Paediatric Bronchiectasis _(G)	Not eligible	n/a	n/a	n/a	Not eligible— Bronchiectasis is a tertiary condition not treated at Chelsea and Westminster
National Chronic Obstructive Pulmonary Disease (COPD) _(G) Audit Programme	Yes	All eligible	9*	TBC	*Data collection in progress with submission due on the 31st May
Renal Replacement Therapy (Renal Registry)	Not eligible	n/a	n/a	n/a	Not eligible—Audit relates to renal centres
Rheumatoid and early inflammatory arthritis	Yes	All eligible	7*	TBC	Data collection commenced on the 1 st Feb 2014 and closes in early 2017.

Mental Health

Subject	Participated	Cases Indicated or Required	Cases Submitted	% Cases Submitted	Comment
Prescribing in Mental Health Services (POMH)	Not eligible	n/a	n/a	n/a	Not eligible—not a mental health Trust.

Subject	Participated	Cases Indicated or Required	Cases Submitted	% Cases Submitted	Comment
Suicide and homicide in mental health (NCISH)	Not eligible	n/a	n/a	n/a	Not eligible—not a mental health Trust.
National audit of Schizophrenia	Not eligible	n/a	n/a	n/a	Not eligible—not a mental health Trust.

Older People

Subject	Participated	Cases Indicated or Required	Cases Submitted	% Cases Submitted	Comment
Falls and Fragility Fractures Audit Programme (FFFAP): National Hip Fracture Database	Yes	100	166	100%	Continuous data collection however audit requires hospitals to submit a minimum of 100 cases in a year. Figures relate period from April 13 to Mar 14
Sentinel Stroke (SSNAP) _(G)	Yes	All eligible	154	100%	Continuous data collection. Figures relate to period April 13—Mar 14

Other

Subject	Participated	Cases Indicated or Required	Cases Submitted	% Cases Submitted	Comment
Elective Surgery-Hernia (National PROMs Programme)	Yes	122	49	40%	Using validated data only from April—Sep 13 as advised by PROMS
Elective Surgery: Hip Replacement (National PROMs Programme)	Yes	85	49	58%	Using validated data only from April—Sep 13 as advised by PROMS
Elective Surgery: Knee Replacement (National PROMs Programme)	Yes	67	44	66%	Using validated data only from April—Sep 13 as advised by PROMS
Elective Surgery: Varicose Veins (National PROMs Programme)	Yes	34	18	53%	Using validated data only from April—Sep 13 as advised by PROMS

Women's & Children's Health

Subject	Participated	Cases Indicated or Required	Cases Submitted	% Cases Submitted	Comment
Child health clinical outcome review programme (CHR-UK)*	Yes	On request	n/a	n/a	No review requested to the Trust by the RCPCH _(G) —Registration was for individual Consultants—See section on report
Epilepsy 12 audit (Childhood Epilepsy)	Yes	All eligible	17	n/a*	*Data submitted up to the 18 th March 2014—Data collection closes on the 12 th May 2014
Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE-UK) _(G)	Yes	All eligible	82	100%	Data relevant to the January to December 2013 period
Moderate or severe asthma in children (care provided in emergency departments)*	Yes	50	40	80%*	*Data submitted up to the 18 th March 2014—Data collection closes on the 31 st March 2014
Neonatal Intensive and Special Care Audit (NNAP) _(G)	Yes	All eligible	677	100%	578 babies with a final episode
Paediatric Asthma	Yes	All eligible	45	100%	All eligible cases submitted.
Paediatric intensive care (PICANet)	Not eligible	n/a	n/a	n/a	Not eligible—Chelsea and Westminster Hospital does not have a Paediatric intensive Care Unit.

National Confidential Enquiries

Topic	Participated	Cases Indicated/ Required	Cases submitted	Percentage of cases submitted	Comments
MBRRACE-UK (Mothers and Babies: reducing the risk through audits and confidential enquiries across the UK)	Yes	All eligible	57	100%	Data relevant to the January to December 2013 period
Child Health Review UK—Confidential Enquiry	Yes	n/a	n/a	n/a	Participation dependent on occurrence of relevant episodes. Consultants are contacted directly to report relevant occurrences. No input required from Trust.— See section on report

Topic	Participated	Cases Indicated/ Required	Cases submitted	Percentage of cases submitted	Comments
Subarachnoid Haemorrhage ⁽⁶⁾	Yes	2	1	50%	Scheduled regional audit and multi-disciplinary team meetings are underway in order to share learning that could improve the care provided to aneurysmal subarachnoid haemorrhage patients.
Tracheostomy related complications	Yes	5	5	100%	All eligible cases submitted.
Lower limb amputations	Yes	n/a	n/a	n/a	No eligible cases identified
Gastrointestinal haemorrhage	Yes	TBC	n/a	n/a	Eligible cases to be identified by NCEPOD

National Clinical Audits and Confidential Enquiries—Published reports

The reports of 13 national clinical audits were published in 2013/14; for 9 of these, a gap analysis against relevant recommendation was completed and reviewed centrally by the Trust. The remaining gap analyses will be reviewed in early 2014/15, in line with the publishing date of relevant reports.

See below for details of actions taken relating to these audits to improve the quality of care where appropriate.

Audit Title	Department Leading Review	Actions Agreed
Emergency Oxygen Audit	Respiratory medicine	Our lead clinicians in Respiratory and our lead clinical pharmacist for microbiology reviewed the results of this audit and highlighted no issues of concern. Two areas identified that would benefit from an increased focus were the prescribing of oxygen on our electronic patient record system and the attention to oxygen scoring on the recently implemented national early warning score (NEWS). Our respiratory ward, David Erskine, has been chosen as the pilot site for this work. This will be followed by a local re audit of emergency oxygen management in early 2014.

Audit Title	Department Leading Review	Actions Agreed
Sentinel Stroke National Audit Programme—Acute Organisational Audit Report 2012	Stroke team	This audit was reviewed by our multidisciplinary stroke team and considered centrally at the trust Quality committee. We performed well nationally (rated 8 th) and there is either full or planned compliance against each of the audit recommendations. Some notable examples of good practice include the “Stroke Team” seeing all stroke patients within the hospital throughout their stay and remaining active with all patients through the provision of appropriate level therapy for each individual (from multiple sessions daily to one weekly review) as clinically indicated, until the patient is discharged from the hospital. From there the presence of early supported discharge teams in all 4 of our local boroughs has enabled us to establish good links with our community partners. In terms of future plans we’re proposing to develop the provision for 6/7 day therapy service to the stroke unit including a possible Business case for additional staffing. This is to meet the demand for high quality care, consistently across the full 7 day week.
National Audit of Dementia Care in General Hospitals 2012/13	Elderly Medicine	This audit was reviewed by our lead nurse in mental health and our new dementia case manager and considered centrally at the trust Quality Committee. The results showed a national picture of improving level of performance, although there was wide variation between participating hospitals on the key dementia-related standards. Some of the actions agreed by the trust include the roll out of a personal information document titled ‘this is me’ to help embed the practice person centred care. Already in place is the full day dementia training for trust staff which will continue on a monthly basis throughout 2014, offering training to both clinical and non-clinical staff, as well as volunteers. The remaining actions noted within the gap analysis will be overseen by hospitals Dementia Steering Group
National Oesophago-Gastric Cancer Audit	Upper GI cancer MDT	This audit was reviewed by our Upper GI cancer multidisciplinary team and considered centrally at the trust Quality committee. The audit measures the management of patients diagnosed with invasive epithelial cancer of the oesophagus, gastro-oesophageal junction (GOJ) or stomach. There were no areas of non-compliance.
National Bowel Cancer Audit	Lower GI Cancer MDT	This audit was reviewed by our Lower GI cancer multidisciplinary team and considered centrally at the trust Quality committee. The audit measures the treatment and reports on outcome around the country in aspects such as the proportion of patients presenting as an emergency, length of hospital stay, application of laparoscopic resection and major resection rate. The one area of partial compliance relates to the availability of full radiological support and facilities for colonic stenting, a procedure likely to improve post-operative survival. There are pathways in place, but emergency stenting has been limited by the availability of interventionist medic to two days per week. There is a recruitment plan in place for an additional consultant. Nevertheless our existing consultant has changed job plan and cover for stenting is now in place 4 days per week.
NCEPOD: Alcoholic Liver Disease: Gap Analysis/Action Plan	Gastroenterology	This national confidential enquiry was reviewed by the trusts Hepatologist and considered centrally at the trust Quality committee. Our analysis highlighted a number of areas of non or partial compliance all of which the trust has agreed on actions to resolve. These include embedding a screening tool, to better formally assess alcohol misuse, onto our electronic patient record system. The trust is also aiming to implement daily specialist ward rounds on AAU with a 7-day gastroenterology service.
Heavy Menstrual Bleeding	Gynaecology	This report reflected the patient outcome measures one year after their first visit at the Hospital. Local data were not available, while results were overall positive in terms of improved quality of life following treatment. No recommendations were included, so a local action plan could not be defined.

Audit Title	Department Leading Review	Actions Agreed
Child Health Reviews-UK	Paediatrics	<p>This new Confidential Enquiry investigated mortality and morbidity episodes in children affected by Epilepsy.</p> <p>Relevant cases were identified via an active surveillance model and relevant information was requested in a confidential manner to the Consultants who registered their participation with the Royal College of Paediatric and Child Health. Due to anonymity of data it is not possible to identify participation from a given organisation. Following review a report was published and the Paediatric Department at Chelsea and Westminster Hospital were asked to compare local practice against relevant recommendations. As a consequence the following actions have been identified by the Paediatric Team:</p> <ul style="list-style-type: none"> • An extended participation to the multidisciplinary team meeting where care of children and young people with epilepsies is discussed, to include the Consultant in charge of the Secondary clinic; • Introduction of an 'epilepsy passport' for relevant children as a means of improving communication with family and school nurse and clarity around ongoing management.
Neonatal Intensive and Special Care Audit (NNAP)	Neonatology	<p>The Neonatal Unit at Chelsea and Westminster Hospital continued to perform consistently above national average in the following areas, were in 2011 they were identified as positive outliers:</p> <ul style="list-style-type: none"> • Retinopathy of Prematurity (ROP) screening, • Receipt of own mother's milk on discharge home. <p>Continued improvement was overall demonstrated in all areas of performance with 4 out of 5 areas at or above national average, where results were available.</p> <p>Locally, a series of actions were identified for further improvement in data completion, data accuracy and demonstration of clinical care indicators.</p>
Paediatric Diabetes	Paediatrics	<p>The report for the National Diabetes Audit 2011/12 was published in December 2013 and considered at the Trust Executive Quality Committee. Chelsea and Westminster Hospital scored amongst the highest with an HbA1c <58 mmol/mol (7.5%); however results can still improve. An action plan will be completed following publication of the local report in April 2014.</p>
Inflammatory Bowel Disease (IBD)—Biological Therapies (Paediatric)	Paediatrics	<p>Following introduction of NICE guideline, the service has moved from 80% to 100% compliance in meeting the 2 weeks target to begin treatment. Furthermore, 100% TB screening has been recorded for relevant patients. However, it may be challenging to sustain some of these achievements. For this reason, the Department is considering introduction of a biological nurse to support the IBD Clinic.</p>
Paediatric Pneumonia	Paediatrics	<p>The report for the 2012/13 Paediatric Pneumonia audit was published in October 2013.</p> <p>Chelsea and Westminster Hospital scored much better than the National average. In fact, while main concerns in the National report were that blood culture were taken in just over 50% of cases, and other blood investigation were performed in 63% of cases, results for the Trust were respectively of 75% and 92%.</p> <p>Higher results were also recorded for the use of Amoxicillin with another antibiotic (23% local vs 11% National), while the use of Amoxicillin only was very low.</p> <p>The report will be considered centrally in April 2014, when the Paediatric team will be asked to identify relevant actions that can help further improving performance. The next audit will start in November 2014.</p>

Local Clinical Audits

The reports of 88 local clinical audits were reviewed by the Trust in 2013/14 and, where indicated, we intend to take actions to improve the quality of care. Details are available on request from Ms Zoë Penn, Trust Medical Director at zoe.penn@chelwest.nhs.uk.

See below for details of actions taken relating to a sample of these local audits to improve the quality of care where appropriate.

Audit Title	Department Leading Review	Audit Summary with Actions Agreed
Patient satisfaction on AAU	Acute Medicine	<p>Patient satisfaction is key to providing patient-centred health-care. A patient satisfaction survey was conducted at Chelsea and Westminster's Acute Assessment unit to help improve the unit.</p> <p>The survey's 15 questions addressed areas ranging from the ward environment to patient autonomy.</p> <p>A 67% respondent rate was achieved with patients pleased with the overall standard of clinical care they were receiving. However, two areas for improvement were identified these were approach to relatives and a need to address patient's worries and fears.</p> <p>To help address these interventions were piloted specifically targeting the communication methods of doctors with patients in acute medicine. Doctors approached patients individually after the ward round, checked their understanding and providing clarification if needed. The patient questionnaire was then re-distributed and the results compared. An improvement from 75.5 to 90% of patients reported that they received answers that they could understand, and an additional 21% of patients reported that their family or someone else close to them had had the opportunity to speak with a doctor.</p> <p>Patient satisfaction is fundamental in highlighting specific areas for change. This audit highlights how a very simple intervention of simply spending time with patients can significantly improve their satisfaction and reinforces the need for holistic care, provided even in an acute setting.</p>
Chlordiaze-poxide _(G) Use in Acute Alcohol Withdrawal audit and reaudit	Gastroenterology	<p>Many patients present to our AAU with alcohol withdrawal, whether this is their reason for admission or not and the aim of this audit was to establish whether such patients are assessed using the CIWA-Ar score as per local and national guidelines, whether they were prescribed an appropriate dose of chlordiazepoxide and whether conversely these patients had any adverse effects from an over or under prescription—</p> <p>This medication can cause drowsiness and respiratory depression if over-used. The results showed that the trust was not following its own guidelines with CIWA-AR scores not routinely used and patients having adverse symptoms as a result of incorrect prescribing. As a result since the first audit a new drawer has been created containing the CIWA document and guidance on how to use it, to supplement this teaching has been delivered to both nurses and junior doctors.</p> <p>The re audit demonstrated that as a result of the interventions, the number of patients assessed using CIWA score increased 4-fold, with these patients experiencing no adverse events relating to management. Further education of doctors and nurses is continuing with a second re audit planned for early 2014</p>
Anaphylaxis _(G) audit	Emergency Department	<p>Anaphylaxis can present with a variety of symptoms, however as not all patients do, it can make diagnosis difficult. Our Emergency Department wanted to audit management against recently published national (NICE) guidelines, with a view to making recommendations and interventions, if appropriate. The audit looked at patients initial assessment, this included documentation, investigations (blood test) observations and the follow up, of both adults and children who had emergency treatment for suspected anaphylaxis. Results showed that much was done well with good documentation of initial symptoms and where adrenaline was given, this was correctly observed, as were the patients' vital signs. Actions agreed and already implemented by the department to enable full compliance with the guidance include the application, via our electronic patient record system, of a facility to allow the ordering of a typtase test to help confirm a diagnosis of anaphylaxis and to help diagnose mastocystosis and the use of the official anaphylaxis patient information leaflet provided by NICE_(G)</p>

Audit Title	Department Leading Review	Audit Summary with Actions Agreed
An audit concerning the provision of lumbar puncture equipment on the medical wards at C&W	Neurology	<p>The collection of cerebrospinal fluid via a lumbar puncture (LP) is a useful, although invasive, diagnostic tool. It can aid in the diagnosis of meningitis and subarachnoid haemorrhage and be therapeutic in patients with idiopathic intracranial hypertension. Many pieces of equipment are required to successfully perform the procedure. Therefore it is essential that equipment is readily available so as to avoid delays in management. The audit carried out in December showed that standards were not being met and that equipment availability for LPs was generally poor. Only 50% of wards had a specifically marked LP box and none of the wards had all the LP box specific equipment in them. Overall this means that up to 16 minutes was required to collect all the equipment required for lumbar puncture. This, combined with the time needed to consent and perform the procedure, make an LP an inefficient and time consuming task.</p> <p>To improve this the Neurology team have proposed the creation of Lumbar puncture packs and the development of both a LP protocol and an LP patient information leaflet, which will be stored inside them.</p>
Quality of life improvements after Spinal Cord Stimulator insertion for chronic pain	Pain team	<p>The audit was undertaken to measure whether Spinal Cord Stimulators (SCS) are effective long term treatment for chronic pain. The results were very encouraging with the majority continuing to be effective and resulting in improvement in pain symptoms (85%), mood (63%) and quality of life (78%) years after insertion.</p> <p>Significant self-reported improvement in pain symptoms occurred in 85% of patients. Almost half of our patients (48%) managed to accomplish personal goals, including returning to work or going abroad on holidays. All patients who had had their SCS over 3 years continued to have improved pain symptoms and 87.5% felt their mood and quality of life was improved.</p> <p>To establish the effectiveness of pain management therapies, outcome scoring, audit and follow-up of treatments are essential to providing the best and most appropriate therapies to our patients. The results identified in the long term effectiveness of SCS therapy implanted under our local policies support the continuation and expansion of SCS implantation within our department.</p>
Evaluation of an online tool for dental health education	Paediatric dental	<p>In the United Kingdom dental caries continues to be present in both children and adults. National oral health surveys have found that 17% of 11/2—41/2 year olds have dental caries. Many children in the UK are having dental treatment under general anaesthetic and sometimes dental extractions are required due to caries, a preventable disease.</p> <p>The purpose of this audit was to evaluate parental opinion to the concept of online dental education. By developing a digital educational resource the team hoped to expand the dental preventative toolkit to engage patients and improve oral health. Parents and children currently received dental care education mainly from their dentist and school; however only 42% of the sample thought the information was very useful.</p> <p>The majority of parents had not previously visited a website seeking dental information (89%). After browsing a prototype website the majority of parents rated the information as extremely or very useful (68%), would be extremely or very likely to recommend it (68%) and would be extremely or very likely to revisit it in the next 3 months (63%).</p> <p>This audit's results have been disseminated to the department and a plan was made to re-design the on-line educational tool.</p>

Audit Title	Department Leading Review	Audit Summary with Actions Agreed
Colposcopy in women over 45 years	Gynaecology	<p>It is recognised that smear taking and colposcopy can become more difficult at various times in a woman's life. Pregnancy, the contraceptive pill, post-menopause and the puerperium are examples of when smear and colposcopy interpretation becomes more difficult. Aim of the audit was to establish if referrals to Colposcopy were appropriate, including evaluation of the standard requiring that post-coital or inter-menstrual bleeding should be offered a gynaecology outpatients appointment rather than a colposcopy appointment.</p> <p>The data collected in this audit regarding referral reason has revealed that the referrals to the service for women over 45 have become more appropriate.</p> <p>Fewer women are referred to the colposcopy department with irregular bleeding than when the audit was last undertaken. Valid referrals, especially abnormal cytology and suspicious cervix now make up 69% of the total referrals for women over 45, compared to 52% in the last audit. This change has been brought about by the colposcopy nurse specialists vetting the referrals and directing inappropriate referrals elsewhere.</p>
An audit of minor operations performed on lesions	Dermatology	<p>The purpose of this audit was to see if the Dermatology department at Chelsea and Westminster Hospital were adhering to the guidance on requesting and performing minor operations on lesions. In particular, the process of taking a photo of the lesion and marking relevant site were looked at, as well as relevant documentation being appropriate and information being handed to the patient. Results were good in terms of doctors filling in a diagram marking where on the body the lesion is (=83%), and documenting if a deviation from the request has taken place (=66%); however, these could still be improved. Results were poorer in regard to the number of patients having a photo performed and reviewed. The audit results were fed-back to the department and the need of appropriate documentation was reinforced. A re-audit is planned in early 2014/15 to assess if results have improved.</p>
Audit of bedside transfusion practice 2013	Blood Transfusion	<p>The purpose of this audit is to demonstrate whether the process for the administration and care of patients receiving blood transfusions, as described in the Hospital transfusion policy, is being followed. In compliance with Trust policies this audit found that all units were returned to the Blood Transfusion Laboratory and had two signatures recorded. 75% of the signatures were easily identifiable and 90% had valid blood transfusion competencies. Immediately following the audit competencies were revalidated for relevant staff and porter and this will be reaudited in a year.</p>
A Re-Audit of Written Venous Thromboembolism (VTE) Information Given to Patients in the Preoperative Assessment Centre	Pharmacy	<p>The purpose of this audit is to establish whether the Preoperative Assessment Centre complies with the sections on patient communication and written patient information in the NICE guidance and quality standards on VTE prevention.</p> <p>This audit found that all patients received appropriate documentation regarding risk of blood clots and all patients to have documentation on EPR that a VTE leaflet was given to them. No further recommendations.</p>
Audit Report Medicines Reconciliation at Admission	Pharmacy	<p>To determine if reconciliation of patients' medicines on admission meets the standard outlined in the Trust medicine policy. This audit found that 86% of patients had their medicines reconciled within 72 hours. Recommendations following this audit are that the Trust adopts a prospective method for medicines reconciliation audit and for the reaudit report to be presented at the appropriate Committee.</p>

Goals agreed with commissioners (CQUINs)

A proportion of Chelsea and Westminster Hospital NHS Foundation Trust's income in 2013/14 was conditional upon achieving quality improvement and innovation goals agreed between the Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation (CQUIN) payment framework.

Further details of the agreed goals for 2013/14 and for the following 12-month period are available from the Director of Nursing and Quality by emailing quality@chelwest.nhs.uk.

CQUIN in a nutshell

The CQUIN payment framework enables commissioners to reward excellence, by linking a proportion of the Trust's income to the achievement of local quality improvement goals.

In 2013/14, income equal to 2.5% of the value of our main contract, which covers most of our NHS services, was conditional on achieving CQUIN goals agreed with our main commissioner, the North West London Clinical Commissioning Collaborative_(G). Some of these schemes were nationally mandated, whilst the rest were developed locally. The schemes covered the following areas:

National

- Reducing the risk and harm to patients from Venous Thromboembolism (VTE)
- Improving patient experience as captured by the Friends and Family Test
- Improving dementia awareness and care
- Improving collection of data for the NHS Safety Thermometer and reducing harm caused by Pressure Ulcers

Local

- Improving timeliness of information given to GPs, and sending more information electronically
- Improving the effectiveness of emergency care and supporting care for patients outside hospital
- Enhancing the level of consultant presence on Labour Ward
- Reducing length of stay in hospital for patients undergoing a hip replacement
- Working with local GPs to enable more follow up patients to be monitored in primary care

In addition, we also agreed bespoke CQUIN schemes linked to our work in Burns Care, HIV Services and Neonatal Intensive Care. These specialist services were commissioned by NHS England_(G).

We achieved 97% of our Regional and National CQUIN-related goals in 2013/14 for which we received a payment of £3.9m out of a maximum of £ 4.1m and we achieved 94% of our Specialist Commissioning CQUIN-related goals in 2013/14 for which we received a payment of £1.7m out of a maximum of £2.0m.

Overall, we achieved 92% of our CQUIN-related goals in 2013/14 for which we received a payment of £5.6m out of a maximum of £6.1m.

This information is subject to final confirmation by the North West London and NHS England commissioners and is expected by June 2014.

Statement regarding the Care Quality Commission

The Care Quality Commission (CQC) is the independent regulator for health and adult social care services in England. All NHS Trusts are required to register with the CQC in order to be able to provide their services.

The CQC monitors the quality of services the NHS provides and takes action where these fall short of 'essential' standards. The CQC uses a wide range of regularly updated sources of external information as well as its own observations during spot checks to assess the quality of care a Trust provides. If it has cause for concern, it may undertake special reviews/investigations and impose certain conditions.

Chelsea and Westminster Hospital NHS Foundation Trust is required to register with the CQC and its current registration status is registration without conditions. No enforcement action was taken against the Trust during 2013/2014. The Trust has not participated in any special CQC reviews or investigations by the Care Quality Commission during the reporting period.

More information on the CQC and its regulatory powers is available at www.cqc.org.uk.

Information on the quality of data

Coding_(G)

Every hospital in England has to send details of all the care it provides to the Secondary Uses System (SUS)_(G).

This anonymised database is used, among other things, to inform national policy and provide a rich source of material for research. The completeness of the coding determines the validity of the information and the Trust's income.

The proportion of records in the published data which included the patient's valid NHS number was:

- 94.8% for admitted patient care (inpatients)*
- 89.6% for outpatient care*
- 85.3% for Accident and Emergency (A&E) care*

*The NHS Information centre does not apply all agreed contractual exclusions for patients with a sensitive diagnosis or no fixed abode. When applying these exclusions the Trust performance improves by 4–8%.

The percentage of records which included the patient's valid General Medical Practice Code was:

- 98.3% for admitted patient care (inpatients)
- 98.9% for outpatient care
- 98.9% for Accident and Emergency (A&E) care

Information Governance Assessment Report

Information governance (IG), concerns the way in which organisations process information about patients and staff, and apply the necessary safeguards to ensure that its use is appropriate and secure.

The Information Governance Toolkit is an online assessment system that enables NHS organisations and their partnering bodies to measure how well they are complying with Department of Health standards on the correct and secure handling of data, and how well they are protecting data from unauthorised access, loss, and damage.

The Toolkit sets out specific criteria that enable performance to be assessed based on submitted evidence, resulting in a score between 0 and 3 for each of the 45 requirements for Acute Trusts. If anything less than level 2 in all 45 requirements is achieved, the overall score for the whole IG Toolkit is recorded as “not satisfactory”.

The Trust’s Information Governance Assessment Report overall score for 2013/2014 was 87% and was graded green, being “satisfactory” as per the Department of Health requirements. The score was achieved through bottom up assessment and a different threshold in self-assessment of the IG Toolkit.

Improving data quality

Clinicians and managers rely on accurate and complete data to enable them to deliver high quality and cost effective care, so we continually strive to improve the reliability of this information as part of quality improvement.

Accurately recorded clinical activity helps us:

- Compare our standards of care with those of other hospitals
- Reduce delays
- Track value for money
- Cut wastage

Monthly checks ensure that reported activity levels are accurate, and we regularly review the way in which all this activity is coded. Managers and frontline staff review and correct data patient administration system every day to make sure they accurately reflect both the care that has been provided and what is about to be provided.

Last year we outlined the ways in which we were planning to improve our data quality and this is what we did:

- Developed a dedicated data quality business intelligence tool that allows department to focus on correction of administrative errors which are highlighted down to the user level. This has allowed departments to access a user friendly interface that will facilitate significant improvement in confidence around reporting of Referral to Treatment reporting in particular.
- Maintained a high standard with regards to NHS Number completion which continues to be reported to the Trust executive.

- Carried out various audits to address the recommendations from the previous year data quality internal audit programme. Further intelligence on the clinical data underpinning patient deaths has been gathered, concluding that Trust coding practices are satisfactory and do not negatively impact external mortality reporting.
- Continued to compile richer clinical research data sets to inform service improvement strategies.
- Developed additional quality assurance on the Trust executive board report by integrating governance and nursing care systems into central reporting portal and making available data for review significantly earlier in each month.
- Successfully implement the final phase of the 'referral to treatment' module in the patient administration system. The Trust now has a modern and intelligent algorithm in place to report accurate waiting times on a pathway basis, cutting waiting times, reducing unnecessary delays and improving commercial opportunities on increasing demand.
- Chelsea and Westminster Hospital NHS Foundation Trust will be taking the following actions to improve data quality:
 - Further 'stretch' performance_(G) with regards to NHS Number and GP Practice completion in line with the national direction of travel that clinical pathways can be tracked across primary, secondary and community care and reduce issues with regards to invoicing the incorrect commissioner.
 - Further assurance work streams will be instigated to refine our understanding of delays in the system that impacts the patient pathways. These will involve a programme of audit, reporting enhancements, computer based training, policy and subsequent setting of internal standard to be met by trajectory improvement in practice.
 - Revamp the Trust information systems to streamline the data flows that underpin reporting of clinical activity internally and externally, ensuring that all financial and performance attributes are reported consistently in the Trust business intelligence tools and for NHS Information centre consumption, properly supporting the Trust's ability to have a robust external view of payment and performance.
 - Implementing the national Maternity Contract Dataset in line with national Information Standards Board notification_(G). The Trust will develop robust work streams to address data collection across all components of the maternity pathway with a particular focus on overcoming the challenge of capturing clinical data in the community.
 - Continued integration of clinical information into the Trust's existing business intelligence architecture. Systems identified are the workforce information datasets, health and safety, pharmacy and radiology. There are also many service line specific systems that will be reviewed and scheduled for integration.

Clinical coding_(G) error rate

Diagnoses and treatment need to be coded properly to reflect what actually happens to patients, so it's important to get it right.

Chelsea and Westminster Hospital NHS Foundation Trust was not subject to the 'Payment by Results Data Assurance Framework' clinical coding audit during 2013/14 by the Audit Commission. The error rate (% of spells changing HRG_(G)) reported in the latest published audit for 2012/13 for diagnoses and treatment coding (clinical coding) was 0% for the Digestive System Procedures and Disorders HRG group and 2.5% for the Paediatric Medicine HRG group.

The results should not be extrapolated further than the actual sample audited. The sample was 80 Finished Consultant Episodes (FCEs)_(G)—40 FCEs from the Digestive System Procedures and Disorders HRG group and 40 FCEs from the Paediatric Medicine HRG group.

Tell us what you think

We welcome any comments you may have on this report as well as your suggestions for inclusion in future reports. Please contact our Director of Nursing and Quality by emailing quality@chelwest.nhs.uk or calling 020 3315 6721.

Annex 1

Statement of Directors' responsibilities in respect of the Quality Account

The directors are required under the Health Act 2009 and the National Health Service Quality Accounts Regulations to prepare quality accounts for each financial year.

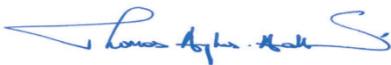
Monitor has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support data quality for the preparation of the quality report.

- in preparing the quality report, directors are required to take steps to satisfy themselves that:
- the content of the quality report meets the requirements set out in the *NHS Foundation Trust Annual Reporting Manual 2013/14*;
- the content of the quality report is not inconsistent with internal and external sources of information including:
 - board minutes and papers for the period April 2013 to June 2014
 - papers relating to Quality reported to the Board over the period April 2013 to end March 2014
 - feedback from commissioners dated 08/05/2014
 - feedback from governors dated 29/04/2014
 - feedback from local Healthwatch organisations dated 08/05/2014

- the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 25/07/2013
 - national patient survey 10/04/2014
 - national staff survey 12/02/2014
 - the head of internal audit's annual opinion over the trust's control environment dated 06/05/2014
 - CQC quality and risk profiles dated 13/03/2014 and 21/10/13
- the quality report presents a balanced picture of the NHS foundation trust's performance over the period covered;
 - the performance information in the quality report is reliable and accurate;
 - there are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice;
 - the data underpinning the measures of performance in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and
 - the quality report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts Regulations) as well as the standards to support data quality for the preparation of the quality report.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the quality report.

By order of the Board



Sir Thomas Hughes-Hallett
Chairman

27 May 2014



Tony Bell OBE
Chief executive

27 May 2014

Annex 2

Auditor's Limited Assurance Report

Independent Auditor's Report to the Council of Governors of Chelsea and Westminster Hospital NHS Foundation Trust on the Quality Account

We have been engaged by the council of governors of Chelsea and Westminster Hospital NHS Foundation Trust to perform an independent assurance engagement in respect of Chelsea and Westminster Hospital NHS Foundation Trust's quality report for the year ended 31 March 2014 (the "quality report") and certain performance indicators contained therein.

This report, including the conclusion, has been prepared solely for the council of governors of Chelsea and Westminster Hospital NHS Foundation Trust as a body, to assist the council of governors in reporting Chelsea and Westminster Hospital NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2014, to enable the council of governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and Chelsea and Westminster Hospital NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

Scope and subject matter

The indicators for the year ended 31 March 2014 subject to limited assurance consist of the national priority indicators as mandated by Monitor:

- maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers; and
- emergency readmissions within 28 days of discharge from hospital

We refer to these national priority indicators collectively as the "indicators".

Respective responsibilities of the directors and auditors

The directors are responsible for the content and the preparation of the quality report in accordance with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual* issued by Monitor.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the quality report is not prepared in all material respects in line with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual*;

- the quality report is not consistent in all material respects with the sources specified in the guidance; and
- the indicators in the quality report identified as having been the subject of limited assurance in the quality report are not reasonably stated in all material respects in accordance with the *NHS Foundation Trust Annual Reporting Manual* and the six dimensions of data quality set out in the *Detailed Guidance for External Assurance on Quality Reports*.

We read the quality report and consider whether it addresses the content requirements of the *NHS Foundation Trust Annual Reporting Manual*, and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the quality report and consider whether it is materially inconsistent with the documents specified within the detailed guidance.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively the “documents”). Our responsibilities do not extend to any other information.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised)—“Assurance Engagements other than Audits or Reviews of Historical Financial Information” issued by the International Auditing and Assurance Standards Board (“ISAE 3000”). Our limited assurance procedures included:

- Evaluating the design and implementation of the key processes and controls for managing and reporting the indicators.
- Making enquiries of management.
- Testing key management controls.
- Limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation.
- Comparing the content requirements of the *NHS Foundation Trust Annual Reporting Manual* to the categories reported in the quality report.
- Reading the documents.

A limited assurance engagement is smaller in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different, but acceptable measurement techniques which can result in materially different measurements and can affect comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these criteria, may change over time. It is important to read the quality report in the context of the criteria set out in the *NHS Foundation Trust Annual Reporting Manual*.

The scope of our assurance work has not included governance over quality or non-mandated indicators which have been determined locally by Chelsea and Westminster Hospital NHS Foundation Trust.

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2014:

- the quality report is not prepared in all material respects in line with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual*;
- the quality report is not consistent in all material respects with the sources specified in the guidance; and
- the indicators in the quality report subject to limited assurance have not been reasonably stated in all material respects in accordance with the *NHS Foundation Trust Annual Reporting Manual*.



Deloitte LLP
Chartered Accountants, St Albans

28 May 2014

Annex 3

Statements from key stakeholders

Council of Governors response to Chelsea and Westminster Hospital NHS Foundation Trust Quality Account 2013/14

The Governors have continued their work as outlined in previous Accounts, providing input and advice to the Trust's Board individually and through the Council of Governors sub-

committees. Governors welcome the generally satisfactory picture of the hospital painted by this Account which tallies with their experience. It should be noted that this has been a period of substantial staff changes at the top of the organisation. It is particularly evident that the high standard of care which has been achieved whilst these changes come into effect is a tribute to all hospital staff.

The Council intends to play a full part in the formulation of the hospital's strategy and development in the next years. The possibilities offered by proposed partnerships with other Trusts, the reconfiguration of health services in North West London following the *Shaping a Healthier Future* consultation and closer working with social services are all matters which are weighty and to a certain extent interact with each other. There is a statutory obligation for the Council of Governors to be consulted and to approve before any significant changes are made.

Governors are at one with the hospital Board in emphasising that excellent patient care must be at the core of any changes which are made. Patient experience in the hospital at present as measured by the Friends & Family Test is generally good, but there is still room for improvement. In consulting about any proposed changes the Governors will seek to ensure that there is no bad effect on patient experience.

The Governors' Quality Awards scheme continues in operation, and becomes ever more popular. With the annual Star Awards funded by the hospital charity the scheme allows staff to be recognised for the excellent work that they do. This encourages the striving for excellence throughout the hospital.

Work continues on embedding the Trust's core values in everything that is done. We observed in our comments on the last two Accounts that the way to reinforce these values is to make them an issue in Staff Appraisals with the aim of improving performance and delivery of services. The present Account records the work that has been done in this respect in 2013/14. It is therefore most disappointing that the appraisal rate is still far below the 100% where it should be. In 2011/12 it was 80%, in 2012/13 82%, and in 2013/14 84%. It may be that the "target" of being in the top 20% of acute Trusts nationwide is not challenging enough. It may be that there should be a more explicit link between Appraisals and pay.

There are other issues of concern to Governors which seem difficult to remedy despite focused attention by the Trust. One such problem is pressure ulcers. The Governors welcome the review of the reporting system for these and the launch of the POP (Push Off Pressure) initiative, both reported in the Account. They remain concerned that these should lead to real improvement in the situation, and intend to become more closely involved in monitoring the progress of improvement.

Secondly, the shortcomings in communication which still exist (as noted in the Account) and pockets of unhelpful staff attitude in various ways remain despite the strong action taken to remedy them. This is a matter of changing the culture, for embedding the Trust's core values should remedy these shortcomings. The Governors will be keeping a watchful eye on them.

Governors have contributed to the ongoing work to fashion this Account in a way which makes it easier to read and understand. We believe that this year's version is an improvement on last year's, which was very good but too indigestible for many.

This time it is thinner, with the detailed figure work largely limited to statistics which the Department of Health or the regulator (Monitor) require to be included. They are brought together at the end of the text. The Governors Quality sub-committee will be monitoring performance indicators throughout the coming year.

The next years promise major challenges and opportunities for the Trust, and the Governors look forward to being part of the process of dealing with them. The present year's Account shows that the basis for dealing with them is firm.

Healthwatch Central West London statement to Chelsea and Westminster Hospital NHS Foundation Trust Quality Account 2013/14

Healthwatch Central West London (Healthwatch CWL) appreciates our strong working relationship with the Chelsea & Westminster Hospital NHS Foundation Trust. We wish to commend the trust on the number of initiatives being undertaken to improve quality in particular their Medicine for Members, 'End of Life Care' and 'Expansion Plans for A&E Department' events.

Overall, the readability of the Quality Account has improved. The summary quality report card and signposting to sections allows for greater accessibility. However, the sentence 'compliance with care bundles for peripheral lines...' on the report card needs further clarification.

Priorities

The current priorities reflect local Healthwatch concerns.

Priority 1: Patient safety (hospital associated Venous Thromboembolism [VTE])

The number of patients receiving the VTE information leaflet remains a concern to us (75%). The proportion of patients receiving stockings especially leg plaster casts who were given information leaflets on VTE (85%) is disappointingly low particularly for a high risk group. We would like the trust to state reasons for this.

We are particularly concerned about the delay and omission in administration of thromboprophylaxis which are contributory factors to VTE. We would like further clarification as to why doses are delayed or omitted, and how this will be addressed to drive improvements in this area.

Priority 2: Patient experience

Discharge: our patient stories report poor discharge planning. These include a patient discharged whilst still under the influence of anaesthetic, delays in the discharge process, long waits for medication and patients being unaware of their discharge plan. We welcome the introduction of the new discharge leaflet for patients but how is this being measured? What is being done to address the long waiting time for medication on discharge?

We have also requested better communication on discharge with plans detailing the date, point of contact whom they will be discharged to, the timeframe for a follow-up appointment letter and whom to contact if it does not arrive. We would also welcome the introduction of a post discharge telephone follow up for all 'vulnerable' patients as standard.

How will plans be implemented and monitored, including the role of the Discharge Transformation Team, to drive improvements in 2014/2015? Crucially, how are links with Adult Social Care, community services and primary care developing? As part of our work on Whole Systems, Healthwatch CWL would welcome the opportunity to work with the discharge transformation team to improve discharge.

Communication: staff attitude is still the second highest category of complaint from the patient feedback we receive as Healthwatch. Feedback is mixed with some patients finding staff supportive and helpful but other patients commenting on 'unhelpful', 'uncaring' and 'uninterested' staff as well as delays in responding to call bells and in providing information. It would be helpful for the QA to include detailed reports from the complaints audit.

We still receive reports of patients waiting a long time for booked appointments, having difficulties contacting the appointments office and delayed outpatient letters. We note that a new system is to be introduced and would like to know how the patient experience of this is going to be monitored.

Nutrition: although nutritional screening checks have increased they are not yet meeting the target and the figure for re-screening is still low. This continues to be an area of concern for us.

Priority 3: Patient experience (staff experience)

We are pleased to note the importance of positive staff experience on patient experience is acknowledged and to learn of the work being done in this area.

However, we note that the target for 90% staff appraisal coverage is not being met and it would be useful to have more comment on the reasons for this. We would also welcome further detail on the number and impact of agency staff on overall experience.

Priority 4: Clinical Effectiveness

We welcome the inclusion of end of life care as a way of improving clinical effectiveness, as well as the use of Coordinate My Care database.

We would like further assurance about consultant cover at weekends.

Mortality: the Quality Account should include data and figures on Summary Hospital-level Mortality Indicator (SHMI).

Section 3 Key Performance Indicators

Falls: we question whether enough is being done about falls prevention. Is an assessment within 12 hours of admission prompt enough?

Serious Incidents: whilst the report identifies the reporting of serious incidents and the speed of response, it would be useful to have further information on the distribution of serious incidents, how they were responded to as well as how this will be monitored in future.

More generally, we would welcome further detail on how the trust defines and handles serious incidents and never events for comparative purposes.

As mentioned in our statement on the 2012/13 Quality Account, we would like the trust to detail its work with community partners on both trips and falls and on pressure ulcers.

Complaints: we are pleased to see that outpatient letters and admission booklets are being reviewed and complaints are falling. However, we would like further information on complaints, including recurring themes and the results of the outpatient survey. Healthwatch would hope to work with the trust more closely on this area next year.

Medication: we are aware some pensioners get their medication delivered; can this process be extended to other vulnerable patients especially those living alone?

We would also be interested to know the results of the evaluation of PALS.

Colonic stenting: we applaud improvement in this with cover in place 4 days a week (up from 2 days a week). We request clarification in the account on the optimum level of cover.

In summary, we would like to continue our good relationship with the Chelsea & Westminster NHS Foundation Trust and work together to improve care.

We hope that progress can be on made on all issues raised in the coming year including a number of outstanding issues raised in previous years as detailed above.

Contact:

Swabrina Njoku

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Local boroughs response to Chelsea and Westminster Hospital NHS Foundation Trust Quality Account 2013/14

Introduction

We welcome the opportunity to comment on the Chelsea and Westminster Hospital NHS Foundation Trust's Quality Account 2013/14. Our respective Councils each have a good working relationship with the Chelsea and Westminster Hospital NHS Foundation Trust.

Performance

We are pleased to note:

- The Trust is a high performing organisation. Nationally, the Trust consistently ranks as one of the best providers of high quality clinical care.
- The CQC's unannounced inspection in September 2013 found the Trust compliant on all standards of quality and safety.
- The CQC 'Intelligent Monitoring Report (13 March 2014)' gave the Trust the lowest risk rating "Band 6" (an improvement from being in 'Band 2' in October 2013).²
- The Trust met all the national priority targets tracked by Monitor.
- The Trust was a high performing A&E for the four hour waiting time in 2012/13. Over the winter, the Trust was the best performing trust in the country.³ In the Survey of adult

² CQC (13 Mar 14): Updated Hospital Intelligent Monitoring <http://www.cqc.org.uk/public/hospital-intelligent-monitoring>

inpatients 2013 the Trust performed “better” for the question on “emergency/A&E department”.

- Between July 2011 and June 2013, the Trust was categorised as having a ‘lower than expected’ ratio, based on Summary Hospital-level Mortality Indicator data.⁴
- The Trust has one of the most improved weekend readmission rates in the country (Dr Foster 2013 Good Hospital Guide).
- The February 2014 results for the Friends and Family test show that 92% of patients are either ‘extremely likely’ or ‘likely’ to recommend their care at Chelsea and Westminster.
- Our 2013 staff survey shows the Trust has positive staff engagement and remain in the top 20% of all acute trusts nationally, as reported in the NHS staff survey.
- The long list of actions the Trust has carried out to improve overall quality: safety, clinical effectiveness and patient experience in 2013/14

We recognise many improvements have taken place in many areas however issues in some areas still need to be addressed. We note the Trust “could do better” (wording taken from the Quality Report Card):

- The Trust had two Never Events in 2013/14. A third Never Event was not included for reporting as it was not related to NHS funded care.
- The Trust had 5 hospital associated preventable VTEs this year.
- The Trust had 5 cases of MRSA. The DH target was zero.
- Hand hygiene audit 92% completion rates (last year 96%)
- The Trust had 3.1 falls (target 3).
- Pressure ulcers rates have risen. Numbers of hospital pressure ulcers—79 grade 2 (target 35), 11 grade 3 (target 8), 2 grade 4 (target 0).
- The Trust did not meet its targets on peripheral line continuing care— 85.1% compliance with care bundle (target 90%)
- The Trust has given results for Apr11-Mar12 at an average or below level regarding: (1) Patient reported outcome measures scores for groin hernia surgery, (2) Patient reported outcome measures scores for varicose vein surgery, (3) Patient reported outcome measures scores for hip replacement surgery; and, (4) Patient reported outcome measures scores for knee replacement surgery. For Apr12-Sep12 and Apr13-Sep13 the Trust reports data “Not available because of low volumes”. Oct-Mar data is not mentioned. We suggest the use of multiple year composite data as it can give information on performance where there are small numbers.

³ BBC News (28 Mar 14): Two thirds of A&Es ‘miss winter wait time target’ <http://www.bbc.co.uk/news/health-26790545>

⁴ HSCIC (29 Jan 14): Report shows hospital trusts with persistently high or low death ratios <http://www.hscic.gov.uk/article/3877/Report-shows-hospital-trusts-with-persistently-high-or-low-death-ratios>

- Only 78.4 % patients in longer than a week who are nutritionally rescreened (target 90%)
- The Trust's patients said there is room for improvement in how the Trust communicates and in the discharge process. The Trust needs to work more closely with the Tri-Borough Adult Social Care and other agencies for a seamless and patient sensitive discharge. We are pleased that the Trust is setting up a training programme.
- On "Responsiveness to the personal needs of its patients" the Trust's performance has dropped from 64.7 (Apr10-Mar11) to 63.7 (Apr11-Mar12)
- The Trust needs to improve compliance with guidance in serious incident reporting. Patient safety incident reporting rate—8.5 incidents per 100 admissions (last year 8)
- The number of complaints received has not reduced significantly. The profile of complaints has remained consistent with previous years. We noted, 'During Q1 2013/14, the Trust received 16 complaints where the primary concern related to the attitude and behaviour of staff. A further 9 complainants identified concerns regarding the attitude of staff but not as the primary concern.' This follows on from the Quality Account 2012/13 which reported 20% of complaints were about the attitude and behaviour of staff.
- The appraisal rate of staff is 84% (target 90%).
- The Trust would like to reach 95% of staff completing mandatory training.
- There was an issue with performance on 'Outpatient letter sent out in 7 days' during the year.
- In the Survey of adult inpatients 2013 there were possible concerns highlighted by the answers to the questions on: Was your admission date changed by the hospital?; On the day you left hospital; was your discharge delayed for any reason?; and, Did nurses talk in front of you as if you weren't there?
- We were disappointed with the Trust's scores in the Cancer Patient Experience Survey 2013.⁵

Lowered targets

We do not understand why the Trust has reduced its targets for:

- Central line continuing care — 95% compliance with care bundles (in 2014/15) when the target was 100 (in 2013/14)
- Numbers of hospital pressure ulcers—grade 2—59 (in 2014/15) when the target was 35 (in 2013/14)

As the Trust had 5 Hospital acquired preventable cases of venous thrombo-embolism (VTE) in 2013/14 surely the target for 2014/15 should be 5 or less (rather than 7).

⁵ The National Cancer Patient Experience Survey 2013 <http://www.quality-health.co.uk/news/85-the-national-cancer-patient-experience-survey-2013-makes-its-mark>

Potential risks

We note the CQC 'Intelligent Monitoring Report (13 March 2014)⁶ drew attention to potential risks at the Trust:

- Incidence of MRSA
- Potential under-reporting of patient safety incidents resulting in death or severe harm
- Inpatient Survey 2012 Q28 "Did you have confidence and trust in the nurses treating you?"
- Maternity Survey 2013 D6 "Thinking about your stay in hospital, how clean were the toilets and bathrooms you used?"

We note the Trust has a Monitor continuity of services rating of 3 (a rating of 1 indicates the most serious risk and 4 the least risk) and a governance rating of "No evident concerns".⁷

We would have liked to see some information on the 'weekend effect' and how the Trust is addressing any issues raised within the Quality Account.

Longer-term plans

Shaping a Healthy Future

We support the Trust in its work to become a Major Hospital.

Finance

The £343m-turnover Chelsea and Westminster Hospital NHS Foundation Trust is considered one of London's most efficient trusts.

The financial outlook for NHS provider trusts in North West London is considered to be a matter of concern. The Trust is anticipating smaller surpluses in 2014/15.⁸

Private income currently accounts for 5% of the Trust's overall income. Tony Bell OBE on 25 February 2014 said he would like the Trust to increase this figure. We trust that any concentration on promoting the most profitable services do not have any negative impact on the NHS clinical services the hospital provides.

The cash pressure could lead to cuts to patient care. The Trust is to be supported in its efforts to make efficiency savings without loss of service.

Join up with West Middlesex

The West Middlesex University Hospital NHS Trust's financial risk rating from Monitor is two out of five—the second worst available—ruling out an individual bid for foundation trust status.

⁶ CQC (13 Mar 14): Updated Hospital Intelligent Monitoring <http://www.cqc.org.uk/public/hospital-intelligent-monitoring>

⁷ GOV.UK (19 Mar 14): NHS foundation trust directory <https://www.gov.uk/government/publications/nhs-foundation-trust-directory/nhs-foundation-trust-directory>

⁸ HSJ (10 August, 2012): Chelsea and Westminster FT anticipate smaller surpluses <http://www.hsj.co.uk/hsj-local/acute-trusts/chelsea-and-westminster-hospital-nhs-foundation-trust/chelsea-and-westminster-ft-anticipate-smaller-surpluses/5048092.article>

Its Trust Board has agreed that Chelsea and Westminster NHS Foundation Trust is the preferred bidder to explore a potential partnership to achieve Foundation Trust status.⁹

According to Chelsea and Westminster NHS Foundation Trust's 'Board of Directors Meeting (25 July 2013) papers], Chelsea and Westminster NHS Foundation Trust will bring an 'outline business case to the Board of Directors ... to determine whether to proceed to the full business case stage.'

There are obvious financial risks to Chelsea and Westminster Foundation Trust in any join up with West Middlesex University Hospital Trust. West Middlesex Hospital is set to end the financial year £5 million in the red, bringing its total deficit to £23m.¹⁰

The Chelsea and Westminster Foundation Trust would not want to take on the significant legacy debt that West Middlesex University Hospital Trust owes the Department of Health.

The Chelsea and Westminster will need to ensure new work (ie taking forward the takeover, bringing the different bodies together and resolving the issues at West Middlesex University Hospital¹¹) is not a distraction from the core work at the Fulham road site.

Conclusion

Overall, the Trust's progress has been encouraging this year. In particular, it has done well to improve its CQC risk rating. We are interested to find out how the priorities outlined in the Quality Account are implemented over the course of 2014/15. We look forward to continuing our strong working relationship with Chelsea and Westminster Hospital NHS Foundation Trust in 2014/15.

Councillor Robert Freeman
Chairman, Adult Social Care and
Health Scrutiny Committee,
Royal Borough of Kensington and
Chelsea

Councillor David Harvey
Chairman, Adult Services and Health
Policy Scrutiny Committee,
Westminster City Council

Commissioners statement in response to Chelsea and Westminster Hospital NHS Foundation Trust Quality Account 2013/14

West London Clinical Commissioning Group welcomes the opportunity to provide this statement on Chelsea and Westminster Trust's Quality Accounts. We confirm that we have reviewed the information contained within the Account and checked this against data sources where this is available to us as part of existing contract/performance monitoring discussions and is accurate in relation to the services provided. We have taken particular

⁹ NHS Alerts (5 Apr 13): West Middlesex University Hospital announces preferred bidder for a potential partnership <http://www.mynhsalerts.london.nhs.uk/2013/04/west-middlesex-university-hospital-announces-preferred-bidder-for-a-potential-partnership/?source=email&uid=98&pid=10481>

¹⁰ Get West London (15 Jan 14): West Middlesex Hospital slides £23million into the red <http://www.getwestlondon.co.uk/news/health/west-middlesex-hospital-slides-23million-6511398>

¹¹ For example: West Middlesex Hospital was placed in band two by the CQC after inspectors found issues with cleanliness and infection control, supporting workers and coordinating with other health providers. As reported in the Local Guardian on 17 Jan 14:

http://www.yourlocalguardian.co.uk/news/local/richmondnews/10943320.Health_check_reveals_problems_at_West_Middlesex_Hospital/

account of the identified priorities for improvement for the Trust and how this work will enable real focus on improving the quality and safety of health services for the population they serve.

We have reviewed the content of the Quality Account and confirm that this complies with the prescribed information, form and content as set out by the Department of Health. We believe that the Account represents a fair, robust, representative and balanced overview of the quality of care at the Trust. We have discussed the development of this Quality Account with

The Trust over the year and have been able to contribute our views on consultation and content.

This Account has been reviewed within West London Clinical Commissioning Group and by colleagues in the CWHHE Collaborative of Clinical Commissioning Groups and NHS North West London Commissioning Support Unit.

We are particularly pleased to see that the Trust has improved reporting rates in Serious Incidents since last year and have implemented improved processes to ensure a robust approach to learning from Serious Incidents. We are also very pleased to see the range of participation in the National Clinical Audit Programme.

We note the CQC banding result for the Trust and acknowledge the work being undertaken to improve procedures, complaints responses and the trajectory and operational framework for reducing caesarean section rates. We also look forward to seeing improvements in backlogs in specialty performance this year with a more robust approach to the management of waiting lists. We would also like to see more of a focus on addressing ongoing themes from previous years.

We welcome the focus on communication, discharge and delivering safe and compassionate care to all patients and look forward to an increased focus on the patient and staff experience agenda this coming year. We also look forward to the work being undertaken to improve choice and quality in End of Life Care.

We are very happy to work collaboratively with you to help shape how we move the quality agenda forward from both a commissioner and provider perspective. Given the publication of the Francis Inquiry and subsequent Berwick, Keogh and Cavendish reports, clearly our agendas will continue to evolve further as we embed the recommendations.

We look forward to seeing the Quality Strategy and Clinical Strategy embedded in the Trust and how these will be reflected in the 14/15 Quality Account with timescales.

Overall we welcome the vision described within the Quality Account, agree on the priority areas and will continue to work with the Trust to continually improve the quality of services provided to patients.

We look forward to receiving the final version which will include an easy read format.

Annex 4

Trust Response to statements from key stakeholders

Thanks are extended to the Governors of the Chelsea and Westminster Hospital, Healthwatch Central West London, the West London Clinical Commissioning Group, the Royal Borough of Kensington and Chelsea, the Policy Scrutiny Committee, Westminster City Council and the Auditors Deloitte LLP for their continued work with the Chelsea and Westminster Hospital NHS Foundation Trust and for the time taken for the statements submitted on behalf of the Quality Account/Report.

It is valuable to have received objective external assessment of our quality priorities and work contributing to the care of our patients. We look forward to working with all of our stakeholders in further improving quality over the coming year.



Elizabeth McManus
Executive Director of Nursing and Director of Quality

May 2014

Annex 5

Glossary

(This list is not exhaustive and contains information expected to be most helpful for the majority of stakeholders reading the Quality Account/Report)

Abbreviation	Meaning / Definition
AAU	Acute Assessment Unit
A&E	Accident and Emergency Department
Aetiology	Study of the origin of a disease
Acuity and Dependency Auditing	An Acuity and Dependency audit can help NHS hospitals measure patient acuity and/or dependency to inform evidence-based decision making on staffing and workforce.
Anaphylaxis	Anaphylaxis is a type of allergic reaction, in which the immune system responds to otherwise harmless substances from the environment. Unlike other allergic reactions, however, anaphylaxis can kill. Reaction may begin within minutes or even seconds of exposure, and rapidly progress to cause airway constriction, skin and intestinal irritation, and altered heart rhythms. In severe cases, it can result in complete airway obstruction
Anti-D	Anti-D is an injection that can prevent the body from making antibodies. It's important to prevent antibodies from being made, as once they're produced, they remain in the blood permanently. For women who are pregnant with Anti-D status they need an injection as it works by rapidly destroying any fetal blood cells in the circulation before antibodies can be made. This means that the mother will not have antibodies in their system to cause haemolytic disease (HDFN) in the current or next pregnancy.
Arrhythmia	An arrhythmia is a problem with the rate or rhythm of the heartbeat. During an arrhythmia, the heart can beat too fast, too slow, or with an irregular rhythm.
Bed Days	The measurement of a day that a patient occupies a hospital bed as part of their treatment.
Blood culture	A blood culture is a laboratory test to check for bacteria or other microorganisms in a blood sample. Most cultures check for bacteria.

Abbreviation	Meaning / Definition
Bronchiectasis	Inflammation and damage of the bronchi in the lungs. Bronchi are the two main branches of the trachea/windpipe that go into the lungs.
BTS	British Thoracic Society.
Care bundle	A care bundle is the end result of an extensive review of literature which identifies the key elements/aspects/intervention of care. If all interventions are performed, the relevant risk of infection is minimised. If not all interventions are performed the risk of infection increases.
Care Quality Commission (CQC)	This regulatory organisation checks whether hospitals, care homes and care services are meeting government standards.
Central line	A tube called a catheter placed into a large vein used to administer medication or fluids, obtain blood tests and obtain cardiovascular (pertaining to, or affecting the heart and blood vessels) measurements.
CEWS/S	Chelsea Early Warning Score System.
Chlordiazepoxide	A prescribed medication that is licensed to treat anxiety and alcohol withdrawal
CLAHRC	Collaboration for Leadership in Applied Health Research and Care.
Clinical Coding/Coding	Clinical Coding is the translation of medical terminology as written by the clinician to describe a patient's complaint, problem, diagnosis, treatment or reason for seeking medical attention, into a coded format.
CLCH	Central London Community Healthcare NHS Trust
Clinical Commissioning Groups (CCGs)	Clinical commissioning groups are NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England. CCGs are clinically led groups that include all of the GP groups in their geographical area. The aim of this is to give GPs and other clinicians the power to influence commissioning decisions for their patients. CCGs will be overseen by NHS England (including its Regional Offices and Area Teams). These structures will manage primary care commissioning, including holding the NHS Contracts for GP practices NHS.
CliniQ	cliniQ is a partnership project between the NHS and other trans aware voluntary sector organisations offering an inclusive and non-judgemental sexual health and wellbeing service to trans clients, members of the trans community, their friends and families.
<i>Clostridium difficile</i> or <i>C.difficile</i> or <i>C.diff</i>	A specific kind of bacterial infection that causes mild to very severe forms of diarrhoea and colitis.
Colposcopy	An investigative diagnostic procedure in which a gynaecologist uses an instrument to look at the cervix and the entrance to the neck of the womb and sometimes to take a small sample or biopsy.
Commissioners	A body that identifies the health needs of the local population. Commissioners also evaluate and purchase health services for patients (such provided in hospitals).
Compression stockings	These stockings help maintain circulation in the leg veins and reduce leg swelling. They can help reduce the risk of blood clots forming in the veins of the legs (DVT).
COPD	Chronic Obstructive Pulmonary Disease, also known as chronic obstructive lung disease (COLD), and chronic obstructive airway disease (COAD), among others, is a type of obstructive lung disease characterized by chronically poor airflow. It typically worsens over time. The main symptoms include shortness of breath, cough, and sputum production.
Coronary angioplasty	A coronary angioplasty treatment helps relieve blockages or narrowing of arteries, using a device called a stent. It can help people with coronary heart disease and angina.
Corporate Induction Programme	A programme or plan used in the workplace context whereby employees adjust or acclimatise to their jobs and working environment in a new organisation.
CQC—Care Quality Commission	The CQC is the independent regulator of health and adult social care services in England. The CQC ensures the care provided by hospitals, dentists, ambulances, care homes and home-care agencies meets government standards of quality and safety. It also protects the interests of vulnerable people, including those whose rights are restricted under the Mental Health Act. The CQC registers health and adult social care services across England and inspects them—almost always unannounced—to check whether or not standards are being met.
CQC essential standards for quality and safety	The CQC's 16 principle essential standards of quality and safety that people can expect whenever they receive care.
CQUIN	Commissioning for Quality and Innovation (a payment framework that enables commissioners to reward excellence by linking a proportion of providers' income to the achievement of local quality improvement goals).
CWHH	Central London, West London, Hammersmith and Fulham and Hounslow Clinical Commissioning Groups
Craniofacial	Pertaining to the portion of the skull that contains the face and brain.

Abbreviation	Meaning / Definition
Daily board round	The daily board round is a process that occurs Monday to Friday with a member of each MDT to discuss each patients discharge plans. It takes place at the patient ward board and hence 'board round'. The purpose is to facilitate coordinated communication and ownership of the discharge planning process.
Da Vinci Robot	Minimally invasive <i>da Vinci</i> surgery uses the latest in surgical and robotic technologies to translate the surgeons hand movements into the smaller more precise movements of tiny instruments inside the body.
Dementia	A set of symptoms which include loss of memory, mood changes, and problems with communication and reasoning. These symptoms occur when the brain is damaged by certain diseases.
Dementia Friendly	'Dementia friendly' means providing care that meets the patient's needs throughout the hospital through a range of approaches. This includes a suitable and safe environment for those with dementia, care which is responsive to individual needs of the patient and which is delivered by an expert multi professional team .
DH	Department of Health
Disney	'Disney' approach to customer service, noted by Disney as a 'framework for consistently exceeding the expectations of your customers'
Doulas	An experienced woman who offers emotional and practical support to another woman (or couple) before, during and after childbirth.
Dr Foster	A hospital guide with a comprehensive directory of NHS and private hospitals
DVT	Deep Vein Thrombosis
Early Warning Scoring	Early warning scores (EWS) rate individual patients' risk of serious deterioration. The system come from physiological readings and observing patients' levels of consciousness.
Elective	A planned clinical procedure
End of Life Care Committee	A committee in the hospital that oversees the strategy and management of 'End of Life Care' for patients in the Trust.
Engagement (as defined in the staff survey)	The CQC has provided an overall 'Staff Engagement Score' for the last three years. This includes staff's perceived ability to contribute to improvements at work, their willingness to recommend the Trust as a place to work/receive treatment, and the extent to which staff feel motivated and engaged with their work. The Trust's engagement score was 3.81 (on a Likert scale of 5, where 5 is best) placing us in the top 20% of acute trusts nationally for the third year running.
Equality and Diversity Steering Group	The committee that undertakes the Trust's Equality and Diversity objectives.
Essential Standards for Quality and Safety	Privacy and dignity through the senior nursing and midwifery clinical rounds.
Executive Quality Committee	The aim of the Executive Quality Committee aims to provide direction and support to the Divisions for quality (safety, effectiveness and patient experience), monitor progress against the quality objectives, and maintain corporate clinical accountability.
FCE	Finished Consultant Episode—an episode of care from a Consultant to a patient that has concluded.
Foundation Trust	NHS Foundation trusts are not-for-profit, public benefit corporations. They are part of the NHS and provide over half of all NHS hospital, mental health and ambulance services.
Foundation Trust Governors	Governors in Foundation Trusts provide an important link between the hospital and the local health community, enabling the gathering of views from local people and to feedback what is happening within the Trust. They reflect stakeholder interests and work on their behalf to improve health services. Governors do not have any administrative powers in the hospital, but they have Statutory responsibilities, which are set out in the Health and Social Care (Community Health and Standards) Act 2003. Governors are also expected to follow the requirements of the Code of Governance published by Monitor, the Independent Regulator for Foundation Trusts.
FY2 (Foundation Year 2)	The F2 year furthers the acquisition of knowledge and skills beyond the previous F1 year. It is expected that F2 trainees will support and guide their F1 colleagues in their training needs and work. Besides attending their mandatory educational programme, specialities are explored further.
General Practitioners (GPs)	A general practitioner (GP) is a medical practitioner who treats acute and chronic illnesses and provides preventive care and health education to patients.
Healthwatch Central West London	Healthwatch Central West London is the new independent consumer champion for local health and social care services in Hammersmith and Fulham, Kensington and Chelsea and Westminster.
HES	Hospital Episode Statistics, outputs that are used to directly measure the provision of services to patients and clients.

Abbreviation	Meaning / Definition
High Dependency Unit	High Dependency Units (HDUs), also called step-down, progressive and intermediate care unites. HDUs are wards for people who need more intensive observation, treatment and nursing care than is possible in a general ward but slightly less than that given in intensive care.
HIV	Human immunodeficiency virus.
HRG	A grouping consisting of patient events that have been judged to consume a similar level of resource.
HSCIC	The Health and Social Care Information Centre (HSCIC) an Executive Non Departmental Public Body (ENDPB) in April 2013 . The Health and Social Care Act 2012 sets out the responsibilities, which include: Collecting, analysing and presenting national health and social care data Setting up and managing national IT systems for transferring, collecting and analysing information. Publishing a set of rules (called a Code of Practice) to set out how the personal confidential information of patients should be handled and managed by health and care staff and organisations, building up a library of 'indicators' that can be used to measure the quality of health and care services provided to the public , acting to reduce how much paperwork doctors, nurses and care workers have to complete by ensuring that only essential data is collected, and to avoid collecting the same information twice, helping health and care organisations improve the quality of the data they collect and send to HSCIC by setting standards and guidelines to help them assess progress and creating a register of all the information that we collect and produce, and publishing that information in a range of different formats so that it will be useful to as many people as possible while safeguarding the personal confidential data of individuals.
HSMR	Hospital Standardised Mortality Ratio (An indicator of healthcare quality that measures whether the death rate at a hospital is higher or lower than expected).
IBD	Inflammatory bowel disease.
ICNARC	Intensive care national audit and research centre
ICU	Intensive Care Unit
Intelligent Monitoring Report	This is a new model (developed in October 2013) by the Care Quality Commission (CQC) for monitoring a range of key indicators about NHS acute and specialist hospitals. More than 150 indicators are used to raise questions about quality of care. These indicators relate to the 5 Key questions we will ask of all services—are they safe, effective, caring, responsive and well-led?
LEDs	LED Stands for "Light-Emitting Diode." An LED is an electronic device that emits light when an electrical current is passed through it. LEDs are commonly used for indicator lights (such as power on/off lights) on electronic devices. They also have several other applications, including electronic signs, clock displays, and flashlights. Since LEDs are energy efficient and have a long lifespan (often more than 100,000 hours), they have begun to replace traditional light bulbs in several areas.
Mandatory Training	Mandatory training is defined as training that is required by the management of an organisation other than the core competencies of its workers required as part of a job.
MBRACCE perinatal mortality	Relevant to mothers and babies: reducing risk through audits and confidential enquiries across the UK. It is the interim arrangement for reporting maternal and perinatal deaths. (MBRACCE: Mothers and Babies: reducing the risk through audits and confidential enquiries across the UK)
McKinsey	McKinsey & Company, Inc. is an American global management consulting firm that focuses on solving issues of concern to senior management. The firm serves as an adviser to businesses, governments, and institutions around the world.
Medicine for Members	Medicine for Members is a free health seminar for the hospital's foundation Trust members. The Medicines at Discharge (M@D) project hosted the first 'Managing Your Medicines' event with Local Involvement Network (LINK) for Kensington and Chelsea in July 2012. A seminar from that event was presented again at a Medicine for Members in February 2013. The seminar was presented by Dr Iřaki Bovill (Consultant in Medicine for the Elderly) and Shirley Kuo (Clinical Pharmacist). The topic proved popular with 33 people attending with many questions from the audience after the presentation. Feedback from those who attended was very positive with 100% of respondents 'agreeing' or 'strongly agreeing' that they found the event useful.
Medicines reconciliation	The aim of medicines reconciliation is to ensure medicines prescribed on hospital admission correspond to those that the patient was taking before admission.
MINAP	Myocardial Ischaemia National Audit Project established in response to the national service framework (NSF) for coronary heart disease, to examine the quality of management of heart attacks in hospitals in England and Wales.
Monitor	Monitor is the sector regulator for health services in England. Our job is to protect and promote the interests of patients by ensuring that the whole sector works for their benefit.
MRSA bacteraemia	The presence of Methicillin-resistant Staphylococcus aureus bacteria in the blood.
National Information Standards Board	National Information Board for NHS and social care.
National Quality Board	The National Quality Board (NQB) is a multi-stakeholder board established to champion quality and ensure alignment in quality throughout the NHS. The NQB is a key aspect of the work to deliver high quality care for patients.
NCEPOD	NCEPOD National Confidential Enquiries into Patient Outcome and Death. An organisation that is published reports derived from a vast array of information about the practical management of patients.

Abbreviation	Meaning / Definition
Net promoter score	"The "Net Promoter Score (NPS)"—A standard net promoter question is 'How likely it is that you would recommend our company to a friend or colleague?' and respondents indicate this likelihood on a 10-point rating scale. Those scoring services with a 9 or 10 are promoters, those scoring 0-6 are detractors and those between 7-8 are passively satisfied or neutral. The NPS is the difference between the percentage of users who would recommend your services minus the percentage of those who would not. A score of 75% or above is considered quite high." (Source-Institute for Innovation and Improvement website).
Never Events	Serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.
NEWS	National Early Warning System
NHS Constitution	The NHS Constitution establishes the principles and values of the NHS in England.
NHS England	NHS England is increasing transparency in the NHS and improving services for patients. NHS England works with NHS staff, patients, stakeholders and the public to improve the health outcomes for people in England.
NICE	National Institute for Health and Care Excellence (NICE). NICE sets standards for quality healthcare and produces guidance on medicines, treatments and procedures.
NICOR	National Institute for Cardiovascular Outcomes Research
NICU	Neonatal Intensive Care Unit
NNAP (neonatal and special care)	National Neonatal Audit Programme.
North West London 7 day Service Early Adopter Project	The NWL—Clinical Commissioning Groups (made up of local GPs), health and care providers and local authorities will work together to deliver seven-day services with support from NHS England and NHS Improving Quality.
(North West London Clinical Commissioning Collaborative) NHS West London Clinical Commissioning Group	NHS West London Clinical Commissioning Group is the new organisation responsible for buying health services from Hospital Trusts, Mental Health Trusts and community organisations. It is made up of local GPs and health professionals who are best placed to know the right services for the area.
NRLS	National Reporting and Learning System.
Nutritional screening or assessment	Evaluation and measurement of nutritional variables in order to assess the level of nutrition or the nutritional status of the patient. Nutrition surveys may be used in making the assessment.
Patient Safety Incidents per 100 admissions	Comparative reporting rate used nationally to determine each organisation's incident reporting rate.
PE	Pulmonary Embolism—obstruction within the pulmonary arterial tree from a blood clot.
Peripheral line	A short, thin, plastic tube that goes through the skin and into a vein. This can be connected to and infusion to deliver fluids and medication or a syringe.
Peripheral line continuing care—% compliance with Care bundles	Compliance of care in percentages for a venous catheter placed in a small vein regarding the Care Bundles
PDSA	Plan, Do, Study, Act cycles test an idea by temporarily trialling a change and assessing its impact. This approach is unusual in a healthcare setting because traditionally, new ideas are often introduced without sufficient testing. The four stages of the PDSA cycle: Plan—the change to be tested or implemented Do—carry out the test or change Study—data before and after the change and reflect on what was learned Act—plan the next change cycle or full implementation
PHSO	Parliamentary Health Services Ombudsman.
PLACE	Patient Led Assessment of the Care Environment.
Point of Care Foundation	Is an independent charity working to improve patients' experience of care and increase support for the staff who work with them.
Pressure ulcers	Open wounds that form whenever prolonged pressure is applied to skin covering bony areas of the body. Pressure ulcers are commonly known as bedsores.

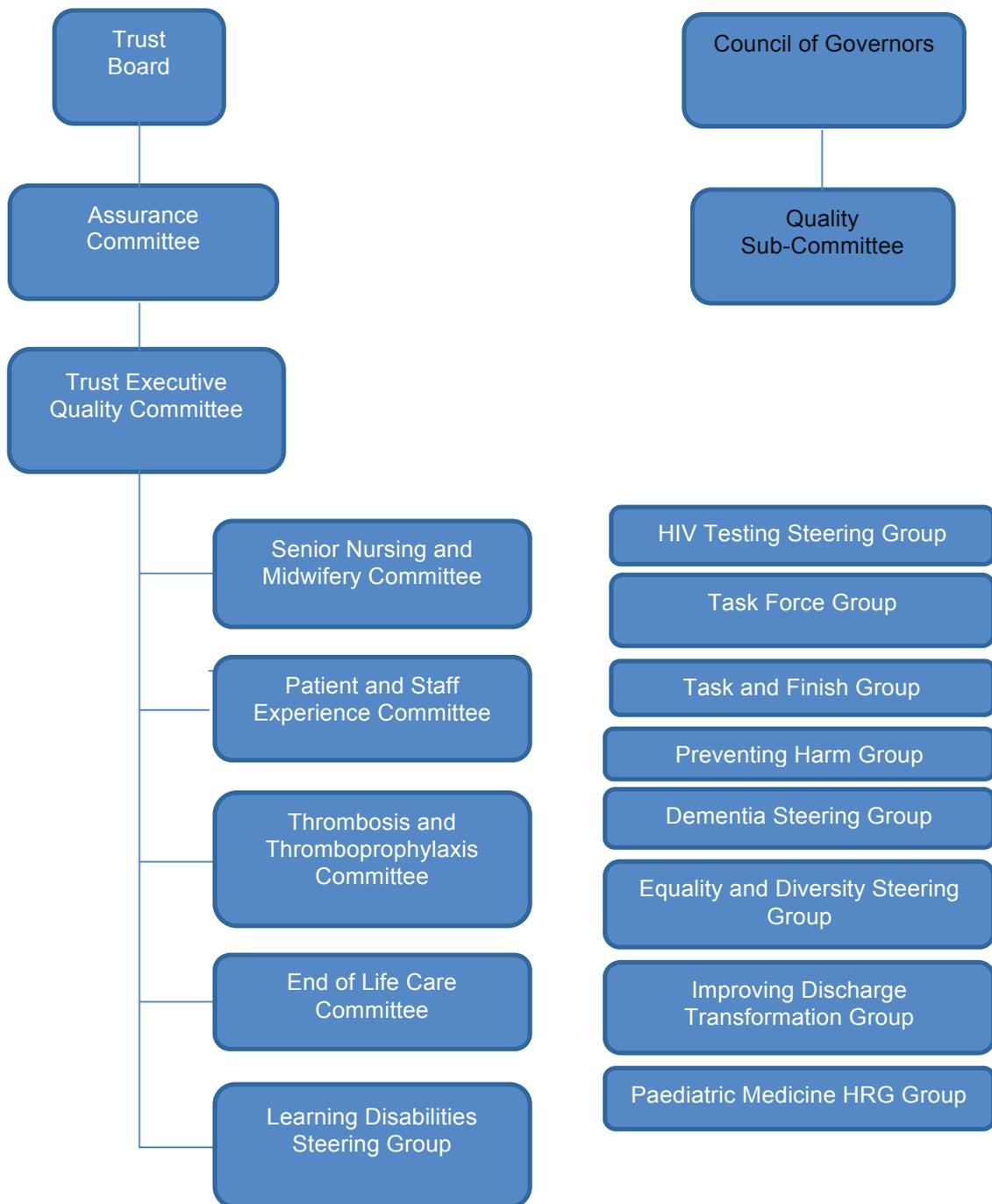
Abbreviation	Meaning / Definition
ProMiSe trial	Protocolised Management In Sepsis (ProMiSe): a multicentre, randomised controlled trial of the clinical and cost-effectiveness of early goal-directed protocolised resuscitation for emerging septic shock.
PROMS (Patient Reported Outcome Measures)	PROMs measure quality from the patient perspective for four procedures, hip replacements, knee replacements hernia and varicose veins. They are short, self-completed questionnaires, which measure the patients' health status or health related quality of life at a single point in time. The indicated cases is a figure based on the previous year's numbers so conclusions have been drawn on how many procedure we will be performing in one year based on how many we performed the year before so is only an estimate. Cases submitted are an average monthly return rate as the data is collected monthly.
Protected characteristics	A new term given to the grounds upon which discrimination is unlawful in the Equality Act 2010. The characteristics are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. These were locally referred to as 'equality strands'.
Pulmonary Hypertension	Pulmonary hypertension is an increase of blood pressure in the pulmonary artery, pulmonary vein, or pulmonary capillaries, together known as the lung vasculature, leading to shortness of breath, dizziness, fainting, leg swelling and other symptoms. Pulmonary hypertension can be a severe disease with a markedly decreased exercise tolerance and heart failure
Pulse survey	A pulse survey is typically a type of survey given to employees of an organisation to better gauge and evaluate employee satisfaction, productivity, and overall attitude.
Q1 or Quarter 1	The period Apr–Jun 2013
Q2 or Quarter 2	The period Jul–Sep 2013
Q3 or Quarter 3	The period Oct–Dec 2013
Q4 or Quarter 4	The period Jan–Mar 2014
RCA	Root Cause Analysis
RCPCH	Royal College of Paediatrics and Child Health
Referral to Treatment	90% of admitted and 95% of non-admitted patients should start consultant-led treatment within 18 weeks of referral from a general practitioner
Regulators	Regulators oversee the health and social care professions by regulating individual professionals and organisations. Each regulator was set up to protect the public so that health or social care professionals meet certain standards. Regulation is important to standards of treatment and care,
Risk Evaluation Matrix	The Risk Evaluation Matrix can be located in the Chelae and Westminster Hospital Foundation Trust Complaints Policy and Procedure (Section 19, appendix 5), this is a tool used to grade both clinical and non-clinical risks by assessing the consequence and likelihood criteria.
Root Cause Analysis	Thorough review in order to understand causes/what went wrong in an incident
Sage and Thyme	Model of training to enable staff to provided support for people who are distressed or anxious
Salary sacrifice	Salary sacrifice is a contractual arrangement whereby an employee gives up the right to receive part of their cash remuneration, usually in return for their employer's agreement to provide some form of non-cash benefit.
Shaping a Healthier Future (SAHF)	'Shaping a healthier future' is a programme to improve NHS services for the two million people who live in North West London. This vision for the future of healthcare in North West London is being taken forward by eight clinical commissioning groups (CCGs) which are made up of GPs from NW London's eight boroughs. The work has included views from hospital doctors, nurse leaders, providers of community care, volunteer groups and charities to develop the proposals.
Senior Nursing and Midwifery Committee	A committee of senior nurses and midwives in the Chelsea and Westminster NHS Foundation Trust led by the Director of Nursing.
SHMI	Summary Hospital-Level Mortality Indicator—a new indicator for mortality. The indicator is for non-specialist acute trusts, and covers all deaths of patients admitted to hospital and those that occur up to 30 days after discharge from hospital.
Simulation training	Simulation training is a virtual medium through which various types of skills can be acquired. The word simulation implies an imitation of a real-life process, usually via a computer or other technological device, in order to provide a lifelike experience.
Sonography	Diagnostic sonography (ultrasonography) is an ultrasound-based diagnostic imaging technique used for visualizing internal body structures including tendons, muscles, joints, vessels and internal organs for possible pathology or lesions.
SSNAP	Sentinel Stroke National Audit Programme (SSNAP). Published national and hospital level findings on the organisation of stroke services, in particular acute care organisation, specialist roles, staffing, TIA (mini stroke) services, communication between staff groups and with patients and carers, and pathway at discharge

Abbreviation	Meaning / Definition
Stakeholder	A person, group or organization that has interest or concern in an organization.
STEIS	Serious Untoward Incidents (SUIs) are reportable on the Strategic Executive Information System (STEIS) in its commissioned and contracted NHS Services.
STI/STD	Sexually Transmitted Infection/Sexually Transmitted Disease
Stonewall	Stonewall is an organisation working for equality and justice for lesbians, gay men and bisexuals.
Stretch performance	Improvement performance over and above a usual level
Subarachnoid haemorrhage	A subarachnoid haemorrhage is a leakage of blood that occurs over the surface of the brain, most commonly originating from a weakened artery deep within the brain.
SUS	Secondary Uses System—Provides anonymous patient-based information for purposes other than direct clinical care such as healthcare planning, commissioning, public health, clinical audit and governance, benchmarking, performance improvement, medical research and national policy development.
TARN	Trauma Audit & Research Network.
Terence Higgins Trust	HIV/AIDS charity. Contains information on sexually transmitted infections, advice, and publicity campaigns.
Tertiary	Tertiary Services are specialised health services that are provided in hospitals on a regional basis.
Thromboprophylaxis	Prevention of venous thrombosis (blood clots) forming in veins within the body.
Thrombosis	Thrombosis is a blood clot within a blood vessel. It happens when a blood clot forms and blocks a vein or an artery, obstructing or stopping the flow of blood.
Thrombosis and Thromboprophylaxis Committee	The committee in the hospital that oversees the work of prevention and treatment of blood clots.
Trans	The word 'trans' is often used as an umbrella term to describe people who feel their gender is, or has been, different from the one they were labelled with at birth in more recent times even before their birth.
Trust Executive Quality Committee	The aim of the Executive Quality Committee is to provide direction and support to the Divisions for quality (safety, effectiveness and patient experience), monitor progress against the quality objectives, and maintain corporate clinical accountability.
Trust News	In house publication featuring a letter from the Chief Executive Officer and articles about staff and events in the Trust.
Urinary catheters continuing care—% compliance with Care bundles	Compliance of care in percentages for a urinary catheter placed in the bladder regarding the 'Care Bundles'
VTE	Venous thromboembolism—the collective term for deep vein thrombosis (DVT) and pulmonary embolism (PE).

Annex 6

Trust Committee structure

(includes to most committees referred to in the text)



Annex 7

Clinical Divisional Structure in 2013/14

Division of Medicine and Surgery

- Accident and Emergency (A&E)
- Medicine
- Surgery
- Burns
- Pain
- Cancer

Division of Women, Children and Sexual Health

- Maternity
- Paediatrics
- Neonatal Intensive Care Unit (NICU)
- Gynaecology
- Assisted Conception Unit
- HIV
- Sexual Health
- Dermatology

Division of Clinical Support

- Anaesthetics
- Critical Care
- Diagnostics (Decontamination Services, Endoscopy, Phlebotomy, Lung Function, Cardiology, Radiology)
- Outpatients
- Pathology
- Pharmacy
- Theatres
- Therapies

GOVERNANCE REPORT

NHS Foundation Trust Code of Governance

Chelsea and Westminster Hospital NHS Foundation Trust is committed to effective, representative and comprehensive governance which secures organisational capacity and the ability to deliver mandatory goods and services. The Trust's governance arrangements are reviewed yearly against the provisions of Monitor's Code of Governance to ensure the application of the main and supporting principles of the Code as a criterion of good practice.

It is the responsibility of the Board of Directors to confirm that the Trust complies with the provisions of the Code or, where it does not, to provide an explanation which justifies departure from the Code in the particular circumstances.

For the year ending 31 March 2014 Chelsea and Westminster Hospital NHS Foundation Trust complied with all the provisions of the Code of Governance published by Monitor in December 2013.

Board of Directors

Composition of the Board

The Board has six Non-executive Directors (including the Chairman) and five Executive Directors (including the Chief Executive). The Board of Directors composition is 36% female and 64% male. The current composition of senior managers as defined in note 5.6 of the Accounts is 25% female and 75% male. The appointment of the Chairman and appointment/reappointment of Non-executive Directors is approved by the Council of Governors. The appointment of the Chief Executive is by the Non-executive Directors, subject to approval by the Council of Governors. See 'Board of Directors-Who's Who' for details of the Board including each Director's name, role or job title, responsibilities, a brief description of their background and length of appointment (Non-executive Directors only).

Balance of Board membership & independence

The Board of Directors is satisfied that its balance of knowledge, skills and experience is appropriate to the Board and its sub-committees. The Board has evaluated the circumstances and relationships of individual Non-executive Directors which are relevant to the determination of the presumption of independence. The Board determines all of its Non-executive Directors to be independent in character and judgement. One Non-executive Director has been appointed as a representative of Imperial College London, the Trust's partner in medical education. However, the Board remains confident that, in spite of this relationship, this Director's judgement is not likely to be affected.

Performance evaluation of the Board of Directors and its committees

The annual appraisal of the Chairman involves collaboration between the Senior Independent Director and the Deputy Chairman of the Council of Governors to seek the views of both Executive Directors and governors. Executive Directors have an annual appraisal with the Chief Executive. The performance of Non-executive Directors is evaluated annually by the Chairman. The Audit Committee and Assurance Committees undertake a yearly review of their effectiveness, which is reported to the Board.

Access to register of directors' interests

Members of the public can gain access to the register of directors' interests by making a request to the Board Governance Manager, Chelsea and Westminster Hospital NHS Foundation Trust, 369 Fulham Road, SW10 9NH, via email ftsecretary@chelwest.nhs.uk or on 020 3315 6716.

Board meetings

The Board meets on average five times per year. Special meetings are organised as and when required. There were 5 public meetings in 2013/14. No special meetings were held.

Directors' attendance at Board meetings 2013/14

Non-executive Directors	Attendance
Edwards, Prof Sir Christopher ¹²	5/5
Hughes-Hallett, Sir Tom ¹³	n/a
Baker, Sir John ¹⁴	5/5
Loyd, Jeremy	5/5
Kitney, Professor Richard	4/5
Mulcahy, Sir Geoff ¹⁵	4/4
Norman, Karin	4/5

Executive Directors	Attendance
Bell, Tony	5/5
Bewes, Lorraine	5/5
Davis, Therese ¹⁶	2/2
McManus, Elizabeth ¹⁷	2/2
Penn, Zoe	5/5
Pritchard, Anthony ¹⁸	1/1
Radbourne, David	4/5
Young, Susan ¹⁹	2/2

Directors in attendance at the Board

Directors	Attendance
Gammage, Mark	2/3
Patel, Rakesh	3/3
Mooney, Cathy	2/2
Young, Susan	2/2

¹² Attended Board meetings as Chairman until January 2014

¹³ Attended Board meetings as Chairman from February 2014

¹⁴ Senior Independent Director

¹⁵ Attended Board meetings until January 2014

¹⁶ Attended Board meetings until June 2013

¹⁷ Attends Board meeting from September 2013

¹⁸ Attended Board meetings June-Sep 2013

¹⁹ In attendance at Board meetings from September 2013

Significant commitments of the Trust Chairman

The Trust's current Chairman, Sir Thomas Hughes-Hallett, took up his post in February 2014. As such he was not in post for any Board of Directors meetings in 2013/14.

The Chairman is a Senior Research Fellow at Imperial College London and Chairman of the Council of the British Heart Foundation. He is also the Chairman of Cluff Geothermal and a Trustee of the Planet Earth Institute. He is the patron of Tom's Trust.

Board of Directors—Who's Who

Executive Directors

Tony Bell OBE, Chief Executive: Tony Bell was appointed as Chief Executive in May 2012 and took up post on 3 September 2012. He has 30 years' experience of working in the NHS at all management levels, having originally trained as a registered general nurse, and was awarded the OBE for services to healthcare in 1996. Tony was Chief Executive of Royal Liverpool & Broadgreen University Hospitals NHS Trust, a major university teaching hospital, from 2007–12 and he was previously Chief Executive of Alder Hey Children's Hospital in Liverpool. He has experience in quality improvement, large scale capital development and delivering research and innovation within life sciences.

Zoë Penn, Medical Director: Zoë Penn was appointed as Medical Director in March 2013. She was previously Divisional Medical Director for Women, Neonatal, Children & Young People, HIV, GUM & Dermatology Services and is a Consultant Obstetrician by background. Miss Penn has been a consultant with the Trust since 1996, during which time she has held a number of positions including Clinical Lead for Gynaecology and Clinical Director for Women and Children's Services

Lorraine Bewes, Chief Financial Officer: Prior to her appointment in May 2003, Lorraine was Director of Performance at University College London Hospitals NHS Foundation Trust and Deputy Director of Finance at Hammersmith Hospitals NHS Trust. She joined the NHS in 1991 following a successful commercial accountancy career, during which she worked at ITN and WH Smith Television Services. Lorraine has led the early implementation of service line reporting in the NHS and is the Senior Information Risk Owner (SIRO) on the Board with the lead on information governance. She is a graduate of Oxford University and is a chartered accountant.

David Radbourne, Chief Operating Officer: David joined the Trust in April 2012 having previously been Director of Corporate Performance and Transition at NHS North East London PCTs. David joined the NHS as a management trainee in 1995 and has held a number of senior roles in acute trusts, commissioning bodies and at the Department of Health and NHS Modernisation Agency. David's successes include helping to achieve successful authorisation as a Foundation Trust and early achievement of the 18 weeks and cancer access standards at Milton Keynes NHS Foundation Trust, in addition to winning a number of significant service developments for the Trust. In his most recent role at NHS North East London PCTs, in addition to improving performance across North East London, he led on the implementation of the NHS reforms to strengthen commissioning and establish Clinical Commissioning Groups. David is a graduate of the University of Wales and holds an Executive MBA.

Elizabeth McManus, Executive Director of Nursing and Quality: Elizabeth started at Chelsea and Westminster in September 2013. She was previously Chief Nurse at York Teaching Hospital and has extensive leadership experience, having performed a range of senior NHS nursing and operational roles across England.

Rakesh Patel, Director of Finance: Rakesh started at Chelsea and Westminster on 1 July 2013. He was previously Director of Finance of West Middlesex NHS Trust. Rakesh has had a number of posts in the NHS ranging from working in district general hospitals to teaching hospitals and mental health trusts

Susan Young, Director of Human Resources and Organisational Development: Susan Young joined Chelsea and Westminster Hospital in September 2013. She was previously Director of Human Resources & Organisational Development at the Countess of Chester Hospital NHS Foundation Trust. Susan has held a variety of HR roles in the public sector including Deputy Chief People Officer for HM Revenue and Customs, HR Director at the Office for National Statistics and Assistant Director of Personnel at Hertfordshire County Council. She was also the Programme Implementation Director for the Civil Service's Next Generation HR programme which joined up various HR and OD services across the Civil Service. She is a Chartered Fellow of the Chartered Institute of Personnel and Development and has an MBA from Cranfield University.

Non-executive Directors

Sir Thomas Hughes-Hallett, Chairman: Sir Thomas started as Chairman on 1 February 2014. He has been appointed for the period of three years. Former barrister, banker and Chief Executive of Marie Curie Cancer Care, Sir Thomas is the Executive Chair of the Institute of Global Health Innovation at Imperial College London, Non-Executive Chair of Cause4—a social business creating pioneering programmes and fundraising solutions for the charitable sector—and the recently appointed Chair of Chelsea and Westminster Hospital NHS Foundation Trust. Trustee of The Esmée Fairbairn Foundation and The King's Fund, Sir Thomas is also Chairman of the End-of-Life Care Implementation Advisory Board and has written a number of independent reports on this topic. Awarded a knighthood in 2012 and a Beacon Fellowship for Philanthropy Advocacy in 2013, Sir Thomas's passions are philanthropy, innovation, patient-centred healthcare and choral music.

Appointment and termination of the Non-executive Directors is done by the Council of Governors.

Sir John Baker CBE—Non-executive Director (Vice Chair): Sir John was appointed as a Non-Executive Director in October 2011 for the period of three years. He is the Senior Independent Director.

Sir John has had a career in both public and private sectors. He is currently Chairman of Motac Holdings and Bladon Jets Holdings, and a Director of Midway Resources International.

He spent 10 years dealing with transport policy as a senior civil servant, followed by 10 years leading an urban regeneration and social housing agency, before becoming Managing Director of the Central Electricity Generating Board in 1979 and leading the management of the UK electricity privatisation and restructuring programme. He was Chief

Executive and then Chairman of National Power PLC from 1989 to 1997 and from 1995 to 1998 he was Chairman of the World Energy Council.

Outside the business arena Sir John is a Trustee of the Friends of the Yehudi Menuhin School. He has previously chaired the Governing Body of Holland Park School, as well as various trusts and charities. He is currently the Vice Chair of the Board of Directors, Chair of Audit Committee and Senior Independent Director.

Appointment and termination of the Non-executive Directors is done by the Council of Governors.

Professor Richard Kitney OBE, Non-Executive Director: Professor Kitney was reappointed for a term of one year ending on 31 October 2014. He is Professor of Biomedical Systems Engineering and Dean of the Faculty of Engineering at Imperial College. A leading authority on the use of IT in healthcare, Professor Kitney is Chairman and Director of Visbion Ltd. He is currently a member of Assurance Committee and Audit Committee.

Appointment and termination of the Non-executive Directors is done by the Council of Governors.

Jeremy Loyd: Jeremy was appointed as a Non-Executive Director in October 2011 for the period of three years.

Jeremy is currently a Non-Executive Director of UCL Cancer Institute Research Trust and the Marine Management Organisation. He was formerly Director and General Manager of Carlton Television, Managing Director of Capital Radio and a Non-Executive Director of several other companies in both the UK and USA. Jeremy was also Deputy Chairman of Blackwells, the academic information distributor and retailer. He is currently the Chair of Patient Experience Committee and a member of Assurance Committee.

Appointment and termination of the Non-executive Directors is done by the Council of Governors.

Karin Norman: Karin was initially appointed as a Non-Executive Director in June 2005 and reappointed for a term of one year ending on 31 October 2014.

She worked in international investment banking in London and New York providing strategic advice on investments, risk and capital management and structured finance. She was a Non-Executive Director of the NHS Pensions Agency, a Trustee of the Nursing and Midwifery Council, Chair of My Generation and was on the Audit Committee of Parkinsons UK where she remains on the Investment Committee. Karin chairs the Assurance Committee and is a member of the Finance and Investment Committee.

Appointment and termination of the Non-executive Directors is done by the Council of Governors.

Audit Committee

Membership & attendance

The Audit Committee is chaired by Sir John Baker, Non-executive Director, and includes 2 other Non-executive Directors. It met 4 times in 2013/14. Sir John Baker attended 4 meetings, Sir Geoff Mulcahy attended 3 meetings, Prof Richard Kitney attended 0 meetings.

How the Committee discharges its responsibilities

The Audit Committee assures the Board of Directors that probity and professional judgement are exercised in all financial matters. It advises the Board on the adequacy and effectiveness of the Trust's systems of internal control and its arrangements for risk management, control and governance processes, and securing economy, efficiency and effectiveness (value for money). It prepares an annual report for the Board.

Policy for safeguarding the external auditors' independence

Appointment of the external auditors to non-audit work is considered by the Chair of the Audit Committee prior to award of contract. During the financial year the Trust awarded contracts for non-audit work to its external auditors for two areas of support. Firstly, to provide expert advice on a potential property transaction and secondly to provide support to the Trust on the first phase of due diligence for the potential West Middlesex Hospital transaction. Both contracts were awarded following a competitive process and evaluation of tender submissions from Deloitte and other bidders. The external auditors' objectivity and independence have been safeguarded through segregation of roles between the team advising on the audit and the teams supporting the transactions. The external auditor has considered their independence in terms of whether the quantum of non-audit fees is material enough to affect partner remuneration and whether the non-audit work impacts on the financial accounts being audited and has concluded that they do not impact on their independence.

Assessment of effectiveness of the External Audit Process

The committee has engaged regularly with the external auditor over the course of the financial year, including in private sessions at which executive management is not represented. The subjects covered have included consideration of the external audit plan, matters arising from the audit of the Trust's financial statements, the review of the Trust's quality accounts and any recommendations on control and accounting matters proposed by the auditor.

The Trust carried out an OJEU tender for statutory audit services in 2010 and appointed Deloitte LLP on a 3 year contract with an option to extend for a further 2 years. The external auditor has provided non-audit services in the year with a total value of £634k comprising tax advisory services and support for a potential transaction. Auditor objectivity and independence have been safeguarded by assurance that the audit partner's remuneration is not connected with the volume or value of non-audit services provided to the Trust.

Significant issues considered by the committee in relation to the Annual Accounts 2013/14

The committee has considered and discussed issues including the following key points in relation to the Annual Accounts for 2013/14:

- The format and particularly the content of the Accounts;
- The accounting treatment adopted for the Trust's acquisition of Doughty House;
- The impact on the financial statements of the independent valuation of the Trust's land and buildings as at 31st March 2014. This was the first independent valuation since 31st March 2012 and the amounts and judgements involved are both of significance to the financial statements;
- The adequacy of provisions, for example in relation to NHS, Local Authority and other debtor amounts and contractual disputes. These provisions are financially significant and, by their nature, judgemental.

Responsibility for preparing the annual accounts

The Chief Executive is the Trust's designated Accounting Officer with the duty to prepare the accounts in accordance with the NHS Act 2006.

Nominations Committee

Nominations Committee of the Board of Directors for the appointment of Executive Directors

Meetings in 2013/14 consisted of a longlisting meeting and a shortlisting meeting on attended by The Chief Executive and a number of Executive and Non-executive Directors. The Appointments Committee undertook a formal interview with the candidates on 26 June 2013, attended by Non-executive Directors, the Chief Executive and an external adviser. Mark Gammage was in attendance at both meetings in his capacity as Director of HR. The appointment of Elizabeth McManus was approved by the Board of Directors at its meeting on 25 July 2014.

Nominations Committee of the Council of Governors for the appointment of Non-executive Directors

The Nominations Committee met in July and September 2013 to discuss the appointment of a search firm to assist with the recruitment of forthcoming Non-executive appointments, including the Chair. A skills analysis was also undertaken. Further meetings in 2013/14 consisted of longlisting and shortlisting meetings for the post of Chair on 12 and 28 November 2013 respectively. These were attended by a number of governors, and were chaired by Sir John Baker (Non-executive Director and Vice Chair). The Chair's salary was agreed at the meeting on 28 November 2013.

The Nominations Committee interview panel undertook a formal interview with the candidates on 13 December 2013. This was chaired by Sir John Baker, and other panel

members comprised Professor Brian Gazzard (Elected Governor), Tom Church (Elected Governor), Jenny Higham. (Appointed Governor), Jenny Hill (Independent Assessor) and Jeremy Loyd (non-voting NED attendee). Susan Young, Director of Human Resources and Organisational Development was also in attendance. The appointment of Sir Tom Hughes-Hallett, Chairman was approved by the Council of Governors at its meeting on 13 December 2013.

A further meeting of the Nominations committee took place on 20 March 2013 to carry out the longlisting process for the appointment of Non-executive Directors being made in 2014/15. This meeting was chaired by Sir Tom Hughes-Hallett.

Council of Governors

How the Board of Directors and the Council of Governors operate

The Council of Governors represents the interests of the local community—patients, public and staff who are Foundation Trust members—and shares information about key decisions with Foundation Trust members. The Council of Governors is not responsible for the day-to-day management of the organisation which is the responsibility of the Board of Directors. There are corporate governance arrangements in place incorporated within the Reservation of Powers to the Board and Delegation of Powers outlining which decisions are to be delegated to the executive management. These include: contracts, tendering procedures, security of the Trust's property, monitoring and ensuring compliance with Department of Health directions on fraud and corruption, delegated approval limits, budget submission, annual accounts and reports, banking arrangements, payroll, borrowing and investment, risk management and insurance arrangement. Key roles of the Council of Governors include:

- Appoint or remove the Chairman and other Non-executive Directors and approve the appointment (by Non-executive Directors) of the Chief Executive
- Decide the remuneration, allowances and other terms and conditions of office of Non-executive Directors
- Appoint or remove the Foundation Trust's Financial Auditors
- Review and develop the Trust's Membership Development and Communication Strategy

The Governors did not exercise their power under paragraph 10C of schedule 7 of the NHS Act 2006.

There are 30 governors including:

- 10 Patients (elected)—patients treated at the hospital in the last 3 years or their carers
- 8 Public (elected)—2 each from 4 local boroughs
- 6 Staff (elected)—1 each from 6 classes of the staff constituencies
- 6 Appointed governors (appointed)—nominated from 6 partnership organisations

The Council of Governors meets at least quarterly. There were 5 meetings in 2013/14. Executive and Non-executive Directors are invited to attend. Details of their attendance are in the table 'Directors' attendance at Council of Governors meetings 2013/14'. Details of Governors' attendance at meetings are in the table 'Governors—Who's Who'. Governors' initial terms of office commenced on the day that the Foundation Trust was

licensed, 1 October 2006. Both elected and appointed governors normally hold office for a period of 3 years and are eligible for re-election or reappointment at the end of that period.

Elections held during 2013/14

An election was held in July and December of 2013/14 to fill a vacant seat in the patient constituency.

- Chris Birch—re-elected
- Dr Anthony Cadman (re-elected)
- Angela Henderson (elected)
- Andrew Lomas (elected)
- Dr Charles Steel (elected)

An election was held in July and December of 2013/14 to fill a vacant seat in the public constituency.

- Hammersmith and Fulham Area 1—Samantha Culhane (re-elected unopposed)
- Kensington and Chelsea Area 1—Capt. Edward Coolen (elected)
- Westminster Area 2—Melvyn Jeremiah (re-elected unopposed)
- Westminster Area 1—Martin Lewis (re-elected unopposed)
- Wandsworth Area 1—Tom Pollak (elected)

An election was held in July and December of 2013/14 to fill a vacant seat in following classes of the staff constituency.

- Management—Dominic Clarke—elected
- Allied Health Professionals, Scientific and Technical—Caroline Fenwick (elected unopposed)
- Contracted—Rochelle Gee (elected unopposed)
- Nursing and Midwifery—Kathryn Mangold (re-elected)

All vacant seats were filled at both July's and December's 2013 election.

Access to register of governors' interests

Members of the public can gain access to the register of governors' interests by making a request to the Board Governance Manager, Chelsea and Westminster Hospital NHS Foundation Trust, 369 Fulham Road, London, SW10 9NH, via email ftsecretary@chelwest.nhs.uk or on 020 8846 6716.

How the Board have acted to understand the views of governors and Foundation Trust Members

Executive and Non-executive Directors have attended Council of Governors meetings to gain an understanding of the views of governors and the membership constituencies they represent.

A joint Board and the Council of Governors Away Day was held in October 2013, where the Chief Executive gave a presentation on the Trust Strategy and the Trust strategic plans. Further Strategy updates were held in February and April 2014.

Further information on the process for involvement of governors was presented to the Council of Governors in March 2014. The draft annual plan was presented at the May 2013 and May 2014 Council of Governors meeting.

Council of Governors—who's who for the period Apr 2013–Mar 2014

Name Constituency/Organisation	Date elected or appointed	Attendance at Council Meetings 2013/14
Prof Sir Christopher Edwards (Chairman) ²⁰	Nov 2007	4/4
Sir Tom Hughes-Hallett (Chairman) ²¹	Feb 2014	1/1
Armstrong, Julie (Staff—Contracted) ²²	Nov 2012	0/1
Balmford, Walter (Patient)	Nov 2012	5/5
Birch, Chris (Patient)	July 2013	5/5
Blewett, Christine (Public- Hammersmith and Fulham 2)	Nov 2012	5/5
Browne, Nicky (Appointed—The Royal Marsden Hospital NHS Foundation Trust)	Dec 2012	5/5
Cadman, Anthony (Patient)	Dec 2013	5/5
Church, Tom (Patient)	Nov 2012	3/5
Clarke, Dominic (Staff—Management) ²³	July 2013	3/4
Cleary, Alan (Patient) ²⁴	Nov 2012	2/2
Coolen, Edward (Public—Kensington and Chelsea 1) ²⁵	July 2013	3/4
Culhane, Samantha (Public—Hammersmith and Fulham 1)	July 2013	2/5
Fenwick, Caroline (Staff—Allied Health Professionals, Scientific and Technical) ²⁶	Dec 2013	2/2
Dennis, James (Staff—Allied Health Professionals, Scientific and Technical) ²⁷	Nov 2012	2/2
Gazzard, Brian (Medical—Medical and Dental) ²⁸	Nov 2012	5/5
Gee, Rochelle (Staff—Contracted) ²⁹	Dec 2013	1/2
Henderson, Angela (Patient) ³⁰	Dec 2013	2/2
Higham, Jenny (Appointed—Imperial College)	May 2011	3/5
Hodson-Pressinger, Anna (Patient)	Nov 2011	4/5
Jeremiah, Melvyn (Public—Westminster 2)	Dec 2013	5/5
Lewis, Martin (Public- Westminster 1)	Dec 2013	4/5
Lomas, Andrew (Patient) ³¹	July 2013	1/2
Mangold, Kathryn (Staff—Nursing and Midwifery)	Dec 2012	4/5
Marrash, William (Patient) ³²	Nov 2010	3/3
Maxwell Susan (Patient)	Nov 2012	5/5
McWatters, Wendie (Patient)	Nov 2012	4/5
Morgan, Henry (Public—Wandsworth 1) ³³	Nov 2010	2/3

²⁰ Attended Council of Governors meetings as Chairman until January 2014

²¹ Attends Council of Governors meetings as Chairman from February 2014

²² Resigned June 2013

²³ Attends Council of Governors meetings from July 2013

²⁴ Resigned August 2013

²⁵ Attends Council of Governors meetings from July 2013

²⁶ Attends Council of Governors meetings from December 2013

²⁷ Resigned August 2013

²⁸ Brian Gazzard is the Lead Governor

²⁹ Attends Council of Governors meetings from December 2013

³⁰ Attends Council of Governors meetings from December 2013

³¹ Attends Council of Governors meetings from December 2013

³² Term of office expiry November 2013

³³ Term of office expiry November 2013

Name Constituency/Organisation	Date elected or appointed	Attendance at Council Meetings 2013/14
Nemeth, Cyril (Appointed—Westminster City Council)	Nov 2012	3/5
Pollak, Tom (Public—Wandsworth 1) ³⁴	Dec 2013	2/2
Smith-Gordon, Sandra (Public—Kensington and Chelsea 2)	Nov 2013	4/5
Steel, Charles (Patient) ³⁵	July 2013	2/4
Taylor, Frances (Appointed—Royal Borough of Kensington and Chelsea)	Oct 2012	5/5
Than, Maddy (Staff—Support, Administrative & Clerical)	Nov 2011	4/5
While, Alison (Appointed—Kings College) ³⁶	Oct 2012	3/5
Worrall, Steve (Public—Wandsworth 2)	Nov 2012	2/5
Younger, Tera (Patient) ³⁷	Nov 2012	0/1

* If individuals joined or left the Council of Governors during the financial year, the number of meetings has been adjusted accordingly

Director attendance at Council of Governors

Non –executive Directors	Attendance
Baker, Sir John	4/5
Kitney, Professor Richard	3/5
Loyd, Jeremy	3/5
Mulcahy, Sir Geoff	2/4
Norman, Karin	4/5

Executive Directors	Attendance
Bell, Tony	4/5
Bewes, Lorraine	5/5
Davis, Therese ³⁸	1/1
Gammage, Mark ³⁹	0/2
McManus, Elizabeth ⁴⁰	3/3
Mooney, Cathy ⁴¹	4/4
Penn, Zoe	5/5
Radbourne, David	4/5
Patel, Rakesh ⁴²	3/4
Susan Young ⁴³	3/3

³⁴ Attends Council of Governors meetings from December 2013

³⁵ Attends Council of Governors meetings from July 2013

³⁶ Resigned February 2014

³⁷ Deceased May 2013

³⁸ Attended Council of Governors meetings until June 2013

³⁹ Attended Council of Governors meetings until September 2013

⁴⁰ Attends Council of Governors meetings from September 2013

⁴¹ Attended Council of Governors meetings until August 2013

⁴² Attends Council of Governors meetings from July 2013

⁴³ Attends Council of Governors meetings from September 2013

Our workforce

Key facts about the profile of the Trust's workforce include:

- During 2013/14 the average number of whole time equivalent staff employed was 3,012
- When comparing the Trust's staff population with the overall ethnic profile of people living in London, we employ a more ethnically diverse range of staff
- Approximately 74% of staff are female while 26% of staff are male
- 2% of staff have declared that they have a disability
- The age profile of the Trust workforce has remained the same as last year with 36% of staff in the 25-34 age bracket
- Of staff who have declared their religion, Christianity is the most widely practised disclosed faith
- The ethnic profile is as diverse as it was last year.

However, it should be noted that in many categories including religion, sexual orientation and disability, too few staff disclose information to make it statistically meaningful.

The annual sickness absence level in 2013/14 was 3.44%. This is an improvement on last year's level, which was 3.72%.

Action to inform, involve & consult with staff

The Trust is committed to keeping staff fully informed about everything that has an impact on their working lives at Chelsea and Westminster by providing them with information, consulting with them on key decisions and listening to their concerns.

A range of initiatives are in place to provide staff with information on matters of concern to them, consult staff or their representatives so that their views are taken into account in making decisions that are likely to affect their interests, encourage the involvement of staff in the Trust's performance and raise staff awareness of financial and economic factors affecting the Trust's performance.

- Executive Directors meet staff side (Trade Union) representatives at the monthly meeting of the Joint Management and Trade Union Consultative Committee (JMTUC), and the Director of Human Resources meets with the Staff-Side Chair on a fortnightly basis.
- Quarterly meetings of the Council of Governors, which includes elected staff representatives
- Communication with staff including a monthly staff magazine, a monthly face to face Team Briefing with executive directors which is disseminated through the line management structure to all staff within 48 hours, a blog from the Chief Executive published fortnightly and Daily Noticeboard email bulletin

- The Chief Executive holds a series of staff forums to engage with staff on Trust strategy
- Executive Directors are allocated specific areas of the Trust on a monthly basis and are expected to visit these areas, engage with staff and feedback any issues to the executive team
- In addition the Trust has staff networks (eg Creating Excellence Together, the Black, Asian Minority Ethnic network)
- A number of clinical summits with staff and commissioners to develop a forward looking strategic vision for the Trust, as part of a six month strategic review which began in January 2013
- The Trust was ranked among the top 20% of acute Trusts in the 2013 NHS staff survey for staff engagement, for the fourth consecutive year and achieved the highest rating for staff reporting good communication between senior management and staff of any acute Trust

NHS staff survey 2013

Chelsea and Westminster Hospital undertook the NHS National Staff Survey 2013 between October and December 2013. 1,816 staff from Chelsea and Westminster completed the questionnaire in Autumn 2013. The sample response rate for the Trust was 61% in 2013, which is in the top 20% when compared against other Acute Trusts. The 2012 response rate was 66%.

In 2013 there were 28 key findings (scores) and a measure of staff engagement, the same as in 2012.

Our top five results⁴⁴

Question	This year's score (2013)	Last year's score (2012)
KF21 Percentage of staff reporting good communication between senior management and staff	42% (national average 29%)	44%
KF8 Percentage of staff having well-structured appraisals in last 12 months	48% (national average 38%)	45%
KF23 Staff job satisfaction	3.72 (national average 3.60)	3.68
KF22 Percentage of staff able to contribute towards improvements at work	74% (national average 68%)	71%
KF24 Staff recommendation of the trust as a place to work or receive treatment	4.04 (national average 3.68)	4.02

⁴⁴ Scores other than percentages are based on a Likert scale of 1-5

Key findings where the Trust is in the best 20% of acute Trusts

Question	Result
KF 3 Work pressure felt by staff	2.89
KF 4 Effective team working	3.82
KF 6 Percentage receiving job-relevant training, learning or development in the last 12 months	85%
KF 8 Percentage of staff having well-structured appraisals in the last 12 months	48%
KF 9 Support from immediate managers	3.76
KF 14 Percentage reporting errors, near misses or incidents witnessed in the last month	94%
KF 15 Fairness and effectiveness of incident reporting procedures	3.64
KF 16 Percentage experiencing physical violence from patients, relatives or the public in the last 12 months	12%
KF 20 Percentage feeling pressure in the last 12 months to attend work when feeling unwell	24%
KF 21 Percentage reporting good communication between senior management and staff	42%
KF 22 Percentage able to contribute towards improvements at work	74%
KF 23 Staff job satisfaction	3.72
KF 24 Staff recommendation of the Trust a place to work	4.04

We are also in the top 20% of acute Trusts for staff engagement. Our overall staff engagement score is 3.92 compared to the 2012 score which was 3.87

- There are 3 sub-dimensions to employee engagement:
- KF22: Staff ability to contribute towards improvement at work—Trust score 74% Top 20%
- KF24: Staff recommendation of the Trust as a place to work or receive treatment—Trust score 4.04 Top 20%
- KF25: Staff motivation at work—Trust score 3.90 Better than average

There are 3 sub-dimensions to employee engagement:

- KF22: Staff ability to contribute towards improvement at work—Trust score 74% Top 20%
- KF24: Staff recommendation of the Trust as a place to work or receive treatment—Trust score 4.04 Top 20%
- KF25: Staff motivation at work—Trust score 3.90 Better than average

Our bottom five results

Question	This year's score (2013)	Last year's score (2012)
KF5 Percentage of staff working extra hours	75% (national average 70%)	68%
KF12 Percentage of staff saying hand washing materials are always available	48% (national average 60%)	55%
KF28 Percentage of staff experiencing discrimination at work in last 12 months	16% (national average 11%)	19%
KF26 Percentage of staff having equality and diversity training in last 12 months	47% (national average 60%)	49%
KF18 Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	32% (national average 29%)	29%

Key findings where the Trust is in the worst 20% of acute Trusts (areas for improvement)

Question	Result
KF 5 Percentage working extra hours	75%
KF 12 Percentage saying hand washing materials are always available	48%
KF 26 Percentage having equality and diversity training in the last 12 months	47%
KF 28—Percentage experiencing discrimination at work in the last 12 months	16%

Key findings where the Trust has improved (statistically significantly) since 2012

Question	Result
KF 10 Percentage receiving health and safety training in the last 12 months	73%

Key findings where the Trust has deteriorations (statistically significantly) since 2012

Question	Result
KF 5 Percentage working extra hours	75%

The results have now been cascaded to Divisions and Directorates. The results will be discussed at this level with staff during April 2014. Action plans are being developed for

submission to Director of Human Resources and Organisational Development by end of May 2014.

Future priorities and targets for staff experience in 2014/15

- The Trust continues to engage with staff in accordance with the NHS Constitution.
- The Trust staff survey action plan will focus on addressing areas of concern from this year's staff survey, and build on areas of strength. Each division and directorate will have their own plan to work on to address "local" issues. Progress will be reported through the Trust's established communication systems

Providing equal opportunities

We have an Equality & Diversity Policy and mandatory training to help explain the current equalities legislation and to ensure that staff are aware of their responsibilities as employees of the Trust and as frontline healthcare workers providing services to patients.

In addition, the Trust has a zero tolerance approach to bullying and harassment which is set out in our Harassment & Bullying Policy.

The Trust also considers requests for flexible working or reasonable adjustments through the respective policies for flexible working and the recruitment and retention of staff with disabilities.

The Trust has an Equality & Diversity Policy and a Recruitment and Selection Policy and Procedure which supports applications from candidates with disabilities to receive full and fair consideration. Specific support for Trust staff is provided through the Recruitment and Selection Policy and training for managers, as well as a policy for the recruitment and retention of staff with disabilities.

The Trust is a recognised '2 Ticks' employer. This status is awarded by Jobcentre Plus to employers that have made commitments to employ and develop the abilities of disabled staff.

Reasonable adjustments are provided by the Trust to support staff with disabilities.

Staff should have regular appraisals and any training needs or personal development opportunities should be identified during the employee's appraisal in accordance with the Trust's Appraisal Policy and Study Leave Policy.

The Department of Health has produced a guide on "Human Rights and healthcare" setting out scenarios where the Human Rights Act might apply and the Trust is committed to meeting its obligations in respect of the human rights of our staff and patients, which is closely aligned both to the NHS constitution and our values. NHS trusts are public bodies, and so it is unlawful to act in any way incompatible with the European Convention on Human Rights unless required by primary legislation..

Occupational Health performance

The Occupational Health service offers advice to staff on all aspects of health, safety and wellbeing at work, to ensure a safe working environment for staff, and provides a comprehensive range of services to maintain and improve the health and wellbeing of the workforce.

Staff have access to an Employee Assistance Programme which is a free and confidential service that provides staff with specialist information and advice on issues that are of concern to them. The Occupational Health and Physiotherapy departments have also introduced a fast-track referral process to provide staff with quick access to physiotherapy services.

Pre employment health assessments are also undertaken by the Occupational Health department to establish the fitness of staff to work.

New starters are seen to ensure staff are appropriately immunised against infectious diseases in accordance with Department of Health guidance.

In addition, management referrals were also undertaken in 2013/14. Line managers continue to be the main source of referrals, requesting Occupational Health assistance with the management of sickness absence, rehabilitation and performance issues.

Occupational Health also provided support and guidance to staff who may be experiencing personal problems or work-related issues.

Consultation with local groups and organisations

The Trust is actively engaged in consulting with local groups and organisations on any service changes or developments to do with the hospital, in addition to our regular engagement with the Council of Governors and the work that each of our clinical services do to make sure that their service is suitable and accessible to the community they serve. While there has been no significant service changes to necessitate formal consultation, in 2013/14 we have discussed the possible acquisition of the West Middlesex with a wide variety of stakeholders both in our population area and the catchment area for the West Middlesex. This engagement spanned staff, patients, Local Authorities and Clinical Commissioning Groups. The Trust was invited to hold a public meeting to discuss performance and strategy at the Royal Borough of Kensington and Chelsea in February 2014. The Trust developed a *Health and Well Being Strategy* which was consulted on with Health and Well Being Boards, their feedback incorporated into the final draft taken to the Board of Directors in April 2014. Our Open Day in 2013—attended by over 2,000 people—made the hospital and its staff accessible to local people.

Remuneration report

The Remuneration Committee is a Committee of the Board of Directors which is appointed in accordance with the constitution of the Trust to determine the remuneration, allowances, pensions and gratuities or terms of service of the Executive Directors and rates for the reimbursement of travelling and other costs and expenses incurred by Directors.

The Board of Directors has delegated responsibility for agreeing remuneration, allowances, pensions and gratuities or terms of service for the Secretary and other Senior Managers. The Remuneration Committee does not determine the terms and conditions of office of the Chairman and Non-Executive Directors. These are decided by the Council of Governors at a General Meeting. There were related party transactions between the Trust and a related company during the year from the provision of HR consultancy services connected to a former director. More information is available in the Annual Accounts note 27.1.

All Executive Directors are on permanent Trust contracts with six months' notice. Non-executive Directors are on three year fixed term contracts. There is no further provision for compensation for early termination within contracts for Executive Directors and other Senior Managers. No significant awards were made to past Senior Managers. No individual who was a Senior Manager in the current or in a previous financial year received a payment for loss of office during the financial year.

The meeting is also attended where possible by the Chief Executive and the Director of Human Resources for the purpose of providing advice or services to the committee that materially assist the committee in the consideration of the matters before them, other than the consideration of their own remuneration, allowances, pensions and gratuities or terms of service.

There was one committee meeting in 2013/14 on 23 May 2013. This was attended by Chairman Professor Sir Christopher Edwards, Non-executive directors Karin Norman and Sir Geoff Mulcahy. Chief Executive Tony Bell and Director of Human Resources Mark Gammage were in attendance. All those in attendance were either a director or employee of the trust.

At the meeting on 23 May 2013 the pay rates for the Medical and Commercial Directors were agreed and a recommendation made in relation to the advertisement for the post of Director of Nursing and Quality.

Remuneration consists mainly of salaries and pension benefits in the form of contributions to the NHS Pension Fund which are not subject to performance conditions.

Hutton Disclosure—audited information

Reporting bodies are required to disclose the relationship between the remuneration of the highest paid Director in the organisation and the median remuneration of the organisation's workforce.

The banded remuneration of the highest paid director in the Trust in the financial year 2013/14 was £220,000 to £225,000 (2012/13 £220,000—£225,000). This was 5.9 times the median remuneration of the workforce (2012/13 6.2 times), which was £37,491 (2012/13 £36,118).

Total remuneration includes salary, non-consolidated performance related pay and benefits in kind. It does not include severance payments, employer pension contributions and the cash equivalent transfer value of pensions.

Information not subject to audit—Governors and Directors Expenses

During the year 2013/14 there were a total of 34 patient, staff and public governors in office including those who took up or left office part way through the year. There were no expenses paid in relation to 2013/14 to these governors (2012/13 nil).

During 2013/14 there were a total of 20 directors and non-executive directors in office including those who took up or left office part way through the year. Expenses paid to these directors relating to the year 2013/14 totalled £8,025 (2012/13 £2,600), predominantly relating to travel expenses and subsistence costs for meetings or conferences.

Information not subject to audit—Off Payroll Arrangements

Following on from the Review of Tax Arrangements of Public Sector Appointees published by the Treasury on 23 May 2012, NHS bodies are required to disclose specific information about off payroll engagements. The following tables show this information:

Table 1: For all off-payroll engagements as of 31 March 2014, for more than £220 per day and that last for longer than six months

No. of existing engagements as of 31 March 2014	25
Of which...	
No. that have existed for less than one year at time of reporting	9
No. that have existed for between one and two years at time of reporting.	12
No. that have existed for between two and three years at time of reporting.	2
No. that have existed for between three and four years at time of reporting.	1
No. that have existed for between four or more years at time of reporting.	2

All of the existing off-payroll arrangements outlined above have been subject to a risk based assessment as to whether assurance is required that the individual is paying the right amount of tax, and where necessary that assurance has been sought.

Table 2: For all new off-payroll engagements, or those that reached six months in duration, between 1 April 2013 and 31 March 2014, for more than £220 per day and that last for longer than six months

No. of new engagements, or those that reached six months in duration, between 1 April 2013 and 31 March 2014	9
No. of the above which include contractual clauses giving the trust the right to request assurance in relation to income tax and National Insurance obligations	9
No. for whom assurance has been requested	2
Of which...	
No. for whom assurance has been received	2
No. for whom assurance has not been received	0
No. that have been terminated as a result of assurance not being received	0

There were no off-payroll arrangements for board members or senior officials with significant financial responsibility between 1 April 2013 and 31 March 2014.



Tony Bell OBE
Chief Executive

27 May 2014

FINANCE

ANNUAL ACCOUNTS 2013/14

Under International Financial Reporting Standards

STATEMENT OF ACCOUNTING OFFICER'S RESPONSIBILITY

Statement of the Chief Executive's responsibilities as the Accounting Officer of Chelsea and Westminster Hospital NHS Foundation Trust.

The NHS Act 2006 states that the Chief Executive is the Accounting Officer of the NHS Foundation Trust. The relevant responsibilities of Accounting Officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by Monitor.

Under the NHS Act 2006, Monitor has directed Chelsea and Westminster Hospital NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Chelsea and Westminster Hospital NHS Foundation Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the NHS Foundation Trust Annual Reporting Manual and in particular to:

- observe the Accounts Direction issued by Monitor, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- make judgements and estimates on a reasonable basis;
- state whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual have been followed, and disclose and explain any material departures in the financial statements;
- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance; and
- prepare the financial statements on a going concern basis.

The Accounting Officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS Foundation Trust and to enable him to ensure that the accounts comply with requirements outlined in the above mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS Foundation Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in Monitor's NHS Foundation Trust Accounting Officer Memorandum.



Tony Bell OBE

Chief Executive and Accounting Officer

27th May 2014

Chelsea and Westminster Hospital NHS Foundation Trust – Annual Accounts Year 2013/14

INDEPENDENT AUDITOR’S REPORT TO THE BOARD OF GOVERNORS AND BOARD OF DIRECTORS OF CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST

We have audited the financial statements of Chelsea and Westminster Hospital NHS Foundation Trust for the year ended 31 March 2014 which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers’ Equity, the Statement of Cash Flows, and the related notes 1 to 39. The financial reporting framework that has been applied in their preparation is applicable law and the accounting policies directed by Monitor – Independent Regulator of NHS Foundation Trusts.

This report is made solely to the Board of Governors and Board of Directors (“the Boards”) of Chelsea and Westminster Hospital NHS Foundation Trust, as a body, in accordance with paragraph 4 of Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Boards those matters we are required to state to them in an auditor’s report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the trust and the Boards as a body, for our audit work, for this report, or for the opinions we have formed.

Respective responsibilities of the accounting officer and auditor

As explained more fully in the Accounting Officer’s Responsibilities Statement, the Accounting Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view. Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law, the Audit Code for NHS Foundation Trusts and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board’s Ethical Standards for Auditors.

Scope of the audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the trust’s circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the Accounting Officer; and the overall presentation of the financial statements. In addition, we read all the financial and non-financial information in the annual report to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

Opinion on financial statements

In our opinion the financial statements:

- give a true and fair view of the state of the trust’s affairs as at 31 March 2014 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with the accounting policies directed by Monitor – Independent Regulator of NHS Foundation Trusts; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006.

Opinion on other matters prescribed by the National Health Service Act 2006

In our opinion:

Chelsea and Westminster Hospital NHS Foundation Trust – Annual Accounts Year 2013/14

- the part of the Directors' Remuneration Report to be audited has been properly prepared in accordance with the National Health Service Act 2006; and
- the information given in the Strategic Report and the Directors' Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters where the Audit Code for NHS Foundation Trusts requires us to report to you if, in our opinion:

- the Annual Governance Statement does not meet the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual, is misleading or inconsistent with information of which we are aware from our audit. We are not required to consider, nor have we considered, whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls;
- proper practices have not been observed in the compilation of the financial statements; or
- the NHS foundation trust has not made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

Certificate

We certify that we have completed the audit of the accounts in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Audit Code for NHS Foundation Trusts.



Heather Bygrave (Senior Statutory Auditor)
for and on behalf of Deloitte LLP
Chartered Accountants and Statutory Auditor
St. Albans, UK
28 May 2014

Annual Governance Statement

Scope of responsibility

As the Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS foundation trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am responsible to ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance. I am also responsible for ensuring that the NHS foundation trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Foundation Trust Accounting Officer Memorandum.

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Chelsea and Westminster Hospital NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Chelsea and Westminster Hospital NHS Foundation Trust for the year ended 31 March 2014 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

The Trust has a risk management strategy and operational policy approved by the Trust Board. This outlines the strategic direction for the management of risk and the framework for the continued development of risk management processes. The responsibilities of the Trust Board are outlined confirming the role of the Chief Executive as the Accountable Officer

The Risk Policy outlines the Trust reporting mechanisms for risks, including committee structures and individual responsibilities. The Assurance Committee and Audit Committee are the two main committees reporting to the Board for risk related matters. Reporting committees to the Assurance Committee are the Risk Management Committee, the Trust Executive Quality Committee, the Health, Safety and Fire Committee and the Facilities Committee. All Directors working in the Trust take responsibility for risk identification, management and mitigation within their areas of work and practice, in line with the management and accountability arrangements in the Trust and as described in the policy.

Risk management training is given to staff on induction and regular training opportunities are provided within the hospital to staff at all levels, based on their responsibilities and the Trust's Training Needs Analysis e.g. staff taking on the role of lead investigator in a serious incident review for the first time will be given specific training.

The Trust seeks to learn from good practice and from incidents or near misses in a variety of ways including a dedicated section in the quarterly risk reports to the Risk Management Committee and the Assurance Committee on learning, Divisional quality reports, a requirement that discussion of incidents and risk assessments at relevant committees e.g. the Risk Management Committee and Trust Executive Quality Committee, is disseminated and risk newsletters.

The Trust is currently at level 2 of the Clinical Negligence Scheme for Trusts (CNST) maternity standards and level 3 of the general NHS Litigation Authority Risk Management Standards following assessment in October 2013.

The risk and control framework

Risk management strategy and management of risk

The risk management strategy identifies the key elements to managing risk.

Chelsea and Westminster Hospital NHS Foundation Trust - Annual Accounts Year 2013/14

This includes reactive risk management through analysis of incidents, identification of trends, investigations of serious incidents and subsequently identification of action plans to reduce risk. These actions are monitored through the divisions and the Risk Management Committee.

Risk is identified in the Trust proactively in a number of different ways. Directorates and departments undertake an annual comprehensive risk review. Risk identification and management is also driven by the Health, Safety and Fire Committee and the Risk Management Committee and the Risk Management Committee. The Health, Safety and Fire Committee specifically monitor that risk assessments are undertaken for dangerous substances, lone working, moving and handling and falls. Risks may also be identified from incidents, complaints, claims and clinical audits. The risk assessment templates support identification of mitigation and action planning.

Risks are evaluated and controlled through Divisions and corporate committees, the frequency depending on the severity of the risk and this is overseen by the central risk team. Risk appetite is determined by the Board.

Risk management is embedded in the activity of the organisation in a number of ways. Risks which may prevent the Trust from achieving its strategic objectives are identified during the development of the Trust's Assurance Framework. Corporate risks identified through papers to the Board are reported through a quarterly risk report as part of the Board Assurance Framework.

In addition to participating in comprehensive risk reviews Directorates and departments are required to identify risks associated with the delivery of objectives and the delivery of cost improvement programmes. Risk identification is part of the business planning template; and risk identification is included in application forms for capital expenditure. The capital plan is regularly compared with the risk register to ensure significant risks requiring funding are prioritised. Risk reports for contracted out services and other areas related to estates and facilities are considered at every Facilities Committee meeting.

Corporate governance

Condition Foundation Trust 4 is a core part of our license. We are compliant with our license with particular regard to:

- Having effective governance structures which include quarterly Board Assurance Frameworks and Risk Reports to the Board of Directors, having an up to date Board Governance Policy and quarterly returns to Monitor.
- Having Directors with clear responsibilities, which are highlighted to the Board of Directors at appointment and subsequently through the front sheets of all Board papers where the lead director is defined
- Having clear reporting lines and accountabilities between the Board, its sub committees and the Executive Team via the organisational structure in place
- Submitting timely and accurate information to assess risks to compliance with the Trust license through the quarterly Risk Report
- Clear performance reporting to the Board at every meeting both in terms of clinical and financial performance

Chelsea and Westminster Hospital NHS Foundation Trust is committed to effective, representative and comprehensive governance which secures organisational capacity and the ability to deliver mandatory goods and services. The Trust's governance arrangements are reviewed yearly against the provisions of Monitor's Code of Governance to ensure the application of the main and supporting principles of the Code as a criterion of good practice.

Chelsea and Westminster Hospital NHS Foundation Trust - Annual Accounts Year 2013/14

It is the responsibility of the Board of Directors to confirm that the Trust complies with the provisions of the Code or, where it does not, to provide an explanation which justifies departure from the Code in the particular circumstances.

For the year ending 31 March 2014 Chelsea and Westminster Hospital NHS Foundation Trust complied with all the provisions of the Code of Governance published by Monitor in December 2013.

The Board of Directors should maintain continuous oversight of the effectiveness of the NHS foundation trust's risk management and internal control systems and should report to members and governors that they have done so. A regular review should cover all material controls, including financial, operational and compliance controls. A report went to the Board of Directors in April 2014, which was a review of our effectiveness in respect of the Monitor Code of Governance. This provides evidence for our effectiveness with the system on internal controls.

A self-certification of the Trust's corporate governance compliance, Corporate Governance Statement, will be shared with the Board of Directors for assessment and approval at the end of May 2014. This report will detail our statement on compliance, evidence to confirm how we have come to that conclusion and where partial or non-compliance is noted what actions we will be taking to improve this.

Quality Governance

The key elements of the quality governance arrangements are as described in Monitor's Quality Governance Framework; strategy, capabilities and culture, processes and structure and measurement. The Trust undertakes a yearly review of performance against the key elements of the quality governance framework and identifies actions to be taken. More detail is provided in the annual report and quality report.

The quality of performance information is addressed by first and foremost the Trust information team facilitating a "Business Intelligence" culture within the organisation, ensuring there is a culture of transparency and ease of access of performance information. Technically, the corporate process is to apply controls that ensure Key Performance Indicators (KPIs) are robustly defined, data quality issues are referred to the relevant responsible committee and focussed work-streams made accountable to resolve them. The corporate data quality and information assurance function has a fundamental role in objectively and efficiently identifying data quality issues by testing the integrity of the performance reporting process for each KPI and escalating ongoing or high risk issues to the Senior Operational Group, which is chaired by the Trust Chief Operating Officer

Care Quality Commission

Compliance with the Care Quality Commission (CQC) registration requirements is assured by the Assurance Committee. Since October 2013 this has been through a proactive review of the CQC Intelligent Monitoring system and with an overview of the CQC standards compliance using provider compliance assessments for each standard. Performance in the clinical areas is measured through a ward based assessment tool. Action plans are developed from these reviews. Clinical area reviews also include representatives from the governors and Trust executives. A ward dashboard is being developed to further monitor patient care performance.

The CQC undertook a routine inspection in September 2013 and reported that the Trust was meeting all of the essential standards of quality and safety. Prior to this, the CQC conducted a 'Themed Visit' for Mental Health in May 2013. The Trust received a positive report for this and an action plan progressed during the year. Preparations are underway for a routine CQC inspection due during July 2014 under the new scheme of inspection.

Data Security

The Trust manages its risks to data security through a number of different approaches. The Trust has a Board level Senior Information Risk Owner (SIRO). The SIRO chairs an Information Governance Committee (IGC) which is responsible for setting the framework for information governance standards in the Trust and

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ensuring delivery of action plans to improve compliance. The Trust's Caldicott Guardian is also a member of the IGC.

The IGC supports and drives the broader information governance agenda and provides the Audit Committee with assurance that effective best practice mechanisms are in place within the Trust. A key part of the IGC's work is to review compliance against the Information Governance Toolkit (Health & Social Care Information Centre (HSCIC)) and to ensure the evidence submitted is assured. Based on the Trust's performance over the last few years internal audit do not consider it is necessary to audit every year. The Information Governance Toolkit (Connecting for Health) assessment for 2013/2/143 assessed all major requirement areas at Level 3 and all requirements met the minimum Level 2. In 2013/14 we had no reportable incidents relating to data loss.

The Audit Committee receives a regular update on information governance and assures the Board through the reports to the Board.

Organisation's major risks

Areas of uncertainty and risk in 2013/14 included continued financial pressures and the potential impact of proposed NHS reforms, both nationally and locally in North West London. This relates to the reconfiguration of A&E services and London as a whole including the provision of tertiary paediatrics, HIV and burns services.

Areas of uncertainty and risk in 2014/15 include the delivery of our ambitious Cost Improvement Programme in order to achieve the surplus we have planned. This year has highlighted that change in the commissioning landscape has had a significant impact on the Trust's cash management. This continues to be high on the Trust's risk register for 2014/15.

There are major decisions that the organisation will need to make in 2014/15, including the decision on possible acquisition of the West Middlesex University Hospital and potential partnership working with the Royal Brompton. As such, our strategic direction will need to be agile throughout 2014/15 depending on what path we choose to take for our long term future.

While this strategic direction is being decided, we will still need to ensure our compliance with clinical standards of care.

There remain uncertainties around the impact of the practical implementation of the Health and Social Care Act, in particular the transfer of responsibility for commissioning services to GPs, the relaxation of the private patient income cap, more choice for patients and increased competition.

The overall Trust strategy has taken these issues into account and plans are in place to mitigate and/or benefit from these changes.

The main risks to quality improvement include the challenge of embedding the Trust values and changing staff behaviour in order to achieve the Trust's aim to be in the top 10% of Trusts for the inpatient survey in all areas. Actions are being led and monitored by the Staff and Patient Experience Committee, overseen by the Board.

One of the Trust quality priorities links to improving the patient experience, one to patient safety and one for clinical effectiveness out of a total of four quality priorities. Clinical risks include failure to recognise and appropriately escalate the deteriorating patient, and failure to achieve the Trust targets for mandatory training including local induction for temporary staff. Both of these areas have clear action plans which are monitored regularly through the Trust Committees and at Divisional level.

Patients are involved in risks which affect them through representation via the governors at the Council of Governors, and through the Council of Governors Quality sub-committee. The Local Healthwatch Central West London, (formerly Kensington and Chelsea Local Involvement Network) and the commissioners (to include a separate patient representative) are also members of the Quality sub-committee and involved in setting priorities as described in the quality report.

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In April 2014, a Patient-Led Assessment of the Care Environment (PLACE); a self-assessment of a range of non-clinical services contributing to the patient environment in which healthcare is undertaken was completed e.g. privacy & dignity and cleanliness. This replaced the former Patient Environment Action Team (PEAT) assessments. The assessment aimed to provide a snapshot for the Trust of how it performed against a range of non-clinical activities which impact on the patient experience of care. These results are reported nationally.

The commissioners are also involved in risks which affect them through negotiation on the contract. In addition there is liaison and partnership work with relevant bodies on risks which affect them or which they can mitigate e.g. ISS Mediclean for facilities management, Healthcare and Transport Services Limited for transport, Norland for estates, the Local Safeguarding Children's Board for children's issues and various organisations for safeguarding vulnerable adults. The Trust also works with local agencies on emergency and business continuity planning.

The Trust is fully compliant with the registration requirements of the Care Quality Commission.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme Regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

The Trust has undertaken risk assessments and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that this organisation's obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

Review of economy, efficiency and effectiveness of the use of resources

The Trust has continued the development of patient level costing and service line reporting to identify areas of efficiency opportunities and to assess the relative profitability to service lines. The Trust also uses benchmarking information to support delivery of the Cost Improvement Programme.

The Trust achieved it's overall Continuity of Service Risk rating of 4 (out of 4) however the surplus achieved was lower than planned, largely due to not fully achieving the cost improvement Programme. Lessons learnt from 2013/14 have been implemented for 2014/15 which include a more rigorous planning and monitoring framework and the creation of a Programme Management Office.

It is within Internal Audit's remit to make recommendations on the effective use of resources and they have undertaken a review of processes for data quality management, financial management and financial reporting.

Annual Quality Report/Accounts

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. Monitor has issued guidance to NHS foundation trust boards on the form and content of annual Quality Reports which incorporate the above legal requirements in the NHS Foundation Trust Annual Reporting Manual and the 'Detailed requirements for Quality Reports 2013/14'. The Trust's management of the development of the Quality Account was developed in accordance with the Monitor requirements.

The Chief Nurse and Director of Quality led the process of the development of the document with the support of other directors, the Head of Quality and Assurance and key stakeholders through the Assurance Committee Meeting, the Council of Governors meetings the Council of Governors Quality Sub-Committee (which includes governors, representatives from the lead commissioners, Healthwatch and other stakeholders), the Trust Executive Quality Committee and other meetings within the Trust.

Prior to the initial development of the Quality Account, a Stakeholder review was undertaken of the 2012/13 Quality Account by experienced researchers by a set format questionnaire that compares feedback year on year. Following this data review and presentation to the key committees overseeing quality, the approval of the planned development and content of the report by agreed by the key stakeholders. A formal presentation of the approach was also provided to the Trust's Lead Commissioners by the Head of Quality and Assurance and this direction was supported.

The quality priorities were also developed and agreed by all stakeholders. This is outlined in the Quality Account. The measurement of future quality priorities will be overseen by key Trust leads and the key stakeholders.

Throughout the year there has been an ongoing relationship with key stakeholders where the quality has been reviewed meetings to include at the Clinical Quality Group (a diverse range of stakeholders, primarily commissioners).

Assurance on quality progress in year was obtained through our own assurance processes and internal and external audit. The quality report outlines our position on data quality in more detail. The quality metrics are reported to the Assurance and Trust Executive Quality Committees monthly, with an update on progress on priorities quarterly, to include the Council of Governors' Quality Sub Committee as well as specialist indicators being reported to internal Trust committees and Divisions.

The assurance of data for the Quality Account and in-year reporting was provided by direct management of the data by the Performance Team in the Trust who liaise with specialist Trust staff who lead the priorities, indicators and policies and procedures in the Trust who supply the data to this team.

The Quality Account contains a quality Report Card, the priorities for quality improvement 2013/14 and the new priorities for quality improvement 2014/15.

A further section outlines key areas in how quality of care is provided in a review of quality performance, to include a 'measuring what matters' explanation to assist the public in their understanding of the quality systems in place, how trust staff, their skills, appraisal, training and well-being is maintained and measured, equality and diversity procedures, surveys undertaken and the results.

Also including how quality is recognised in the trust, how the Trust's environment is maintained, achievement in inspections and national reports and national standards that are relevant to the Trust.

A key mandated section outlines trust adherence to national and local audit and performance against national, mandated and local quality indicators and the manner in which these are collected, managed and reported.

The Quality Account has been subject to independent Auditors Review. Stakeholder scrutiny was sought on the Quality Account as mandated and these statements are supplied in the Quality Account.

The Quality Account will form part of the Annual Report and will be known as the 'Quality Report' in this document. Aside of this, the Quality Account will be made available to NHS Choices, the Department of Health, staff, stakeholders and the public and will be available on the on the trust website.

A separate shorter 'Annual Review' which will provide highlights of the Quality and the Annual Report will also be made available for the public.

Review of effectiveness

As the Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the content of the quality report attached to this Annual Report and other performance information and data available to me, including financial reports throughout the year and internal and external assurance

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through audit. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit Committee and the Assurance Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The Board ensures the effectiveness of the system of internal control through clear accountability and reporting arrangements.

The Audit Committee is a sub-committee of the Board and is accountable to the Board for reviewing the establishment and maintenance of an effective system of internal control and risk management, including fraud and corruption. The committee meets at least 5 times per year. The Audit Committee approves the annual audit plans for internal and external audit activities and ensures that recommendations to improve weaknesses in control arising from audits are actioned by management. More information is contained in the governance section of the annual report.

The Board monitors the Assurance Framework and objectives quarterly, ensuring actions to address gaps in control and gaps in assurance are progressed.

The Finance and Investment Committee conducts an objective review of financial and investment policy issues and reports to the Board.

The Assurance Committee is a sub-committee of the Board. This committee is accountable for seeking assurance that systems, processes and outcomes contribute to the Trust's aims and values and objectives relating to patient safety and quality, a safe and clean hospital environment and staff satisfaction and to ensure that there is evidence of robust governance and assurance processes in these areas. The Trust Executive Quality Committee, the Risk Management Committee and the Facilities Committee report into the Assurance Committee.

Internal audit services are outsourced to KPMG. KPMG have provided an objective and independent opinion to the Chief Executive, the Board and the Audit Committee on the degree to which risk management, control and governance support the achievement of the organisation's agreed objectives. Each assignment is discussed with the appropriate line manager or director and a report including management responses and a proposed action plan is presented to the Audit Committee. Internal Audit routinely follows up action with management to establish the level of compliance and the results are reported to the Audit Committee.

Executive directors are accountable for ensuring management arrangements are in place to develop relevant strategies, policies, systems and procedures to maintain internal control and to take action to address any gaps identified from the review of these systems. Executive directors are responsible for setting team objectives to ensure the delivery of corporate objectives and the management of risk. There is a quarterly report to the Board on progress on objectives, including a review of the risks.

There is a clinical audit strategy, a policy and a yearly plan which takes into account national and local clinical audit requirements. There is a continued focus on clinical audit to drive service improvement and patient safety.

Significant internal control issues

Significant improvements have been made in ensuring that staff receive training in a range of mandatory subjects; however this is an ongoing priority and we continue to work toward ensuring that all staff receive relevant and timely training.

The list of Never events, published by the Department of Health, consists of 25 types of events or categories and includes incidents such as surgery on the wrong part of the body or surgical instruments or swabs being left in the body after a procedure. Our reporting systems identified two reportable never events this year and a further 1 serious incident which does not meet any definition of a never event in The Never Events list 2013/14 update. However we reported it to our partners in the spirit of openness and transparency. Our target is zero. None of the patients were adversely affected by these incidents.

Like other serious incidents, these events were explained to patients along with an offer of appropriate support, a full apology was given and the incidents were thoroughly investigated with a feedback provided to the individuals affected.

In all high-risk activities, variation – in processes, protocols, technical language, training and team member status – leads to uncertainty and increases opportunity for error. During 2014/15, we are therefore focussing on developing reliable and resilient systems in order to reduce variation, promote the development of safer behaviours, and supporting the exercise of responsibility. We are using our clinical simulation suite to focus on the human factors element of changing behaviours and habits in relation to safe practice, looking at how things work and how we can be confident that they do, in order to ensure that Never events cannot happen. We are also in receipt of the report of the NHS England Never Events Taskforce, published in February 2014, and will be using this to inform our actions and rollout for changes in process and culture and how to drive these forward.

Conclusion

Other than the control issues specified above, of which all have been mitigated or robust plans are in place to do so, there are no other significant control issues.

A handwritten signature in black ink, appearing to read 'ABell', with a long horizontal line extending to the left from the start of the signature.

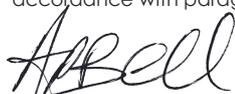
Tony Bell OBE

Chief Executive

27 May 2014

Foreword to the Accounts

These accounts for the year ended 31 March 2014 have been prepared by Chelsea and Westminster Hospital NHS Foundation Trust in accordance with paragraphs 24 and 25 of Schedule 7 to the National Health Service Act 2006.



Tony Bell OBE
Chief Executive

27th May 2014

Chelsea and Westminster Hospital NHS Foundation Trust - Annual Accounts Year 2013/14

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 March 2014

	NOTE	2013/14 £000	2012/13 £000
Operating Income			
Operating Income from Operations	3	365,972	345,918
Operating Expenses from Operations	4	(348,145)	(322,134)
Operating Surplus		<u>17,827</u>	<u>23,784</u>
Finance Costs			
Finance Income	8.1	73	156
Finance Expense - Financial Liabilities	8.2	(743)	(931)
Finance Expense - Unwinding of discount on provisions	20.3	(12)	(19)
Public Dividend Capital Dividend Payable		(10,915)	(9,947)
Net Finance Costs		<u>(11,597)</u>	<u>(10,741)</u>
Surplus for the Year		<u>6,230</u>	<u>13,043</u>
Other Comprehensive Income:			
Will not be reclassified to income and expenditure:			
Revaluation Gain on Property, Plant and Equipment		<u>1,179</u>	<u>0</u>
Total Comprehensive Income for the Year		<u><u>7,409</u></u>	<u><u>13,043</u></u>

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STATEMENT OF FINANCIAL POSITION AS AT 31 MARCH 2014

		31 Mar 14 £000	31 Mar 13 £000
Non-Current Assets:	NOTE		
Intangible Assets	9	7,376	6,245
Property Plant and Equipment	10	366,978	340,161
Total Non-Current Assets		<u>374,354</u>	<u>346,406</u>
Current Assets:			
Inventories	12	6,285	6,475
Trade and Other Receivables	13	40,977	14,197
Cash and Cash Equivalents	21	16,855	41,618
Total Current Assets		<u>64,117</u>	<u>62,290</u>
Current Liabilities:			
Trade and Other Payables	15	(38,535)	(34,692)
Borrowings	17.1	(6,125)	(3,827)
Provisions	20.1	(4,078)	(2,620)
Other Liabilities	16.1	(1,666)	(2,202)
Total Current Liabilities		<u>(50,404)</u>	<u>(43,341)</u>
Total Assets Less Current Liabilities		388,067	365,355
Non-Current Liabilities:			
Borrowings	17.2	(38,175)	(25,458)
Provisions	20.2	(694)	(710)
Other Liabilities	16.2	0	(70)
Total Non-Current Liabilities		<u>(38,869)</u>	<u>(26,238)</u>
Total Assets Employed		<u>349,198</u>	<u>339,117</u>
Financed By (Taxpayers' Equity)			
Public Dividend Capital		165,221	162,549
Revaluation Reserve	23	87,542	89,187
Income and Expenditure Reserve		96,435	87,381
Total Taxpayers' equity		<u>349,198</u>	<u>339,117</u>



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Tony Bell OBE, Chief Executive

27th May 2014

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STATEMENT OF CHANGES IN TAXPAYERS' EQUITY

For The Year Ended 31 March 2014

	Total	Public Dividend Capital	Revaluation Reserve	Income and Expenditure Reserve
	£000	£000	£000	£000
Taxpayers' Equity at 1 April 13	339,117	162,549	89,187	87,381
Surplus for the year	6,230	0	0	6,230
Public Dividend Capital received	2,672	2,672	0	0
Revaluation gain on property, plant and equipment	1,179		1,179	0
Asset disposals	0	0	(2,824)	2,824
Taxpayers' Equity at 31 March 14	349,198	165,221	87,542	96,435

	Total	Public Dividend Capital	Revaluation Reserve	Income and Expenditure Reserve
	£000	£000	£000	£000
Taxpayers' Equity at 1 April 12	326,074	162,549	89,262	74,263
Surplus for the year	13,043	0	0	13,043
Asset disposals	0	0	(75)	75
Taxpayers' Equity at 31 March 13	339,117	162,549	89,187	87,381

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STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 31 MARCH 2014

	NOTE	2013/14 £000	2012/13 £000
<u>Cash Flows from Operating Activities</u>			
Operating Surplus		17,827	23,784
Non-cash Income and Expense:			
Depreciation and Amortisation	4	13,209	11,690
Increase in Trade and Other Receivables		(26,878)	(1,446)
Decrease / (Increase) in Inventories		190	(135)
Increase in Trade and Other Payables		4,141	1,091
Decrease in Other Liabilities		(606)	(4,936)
Increase / (Decrease) in Provisions		1,430	(3,640)
Other movements in Operating Cash flows		1	129
NET CASH GENERATED FROM OPERATIONS		9,314	26,537
<u>Cash Flows from Investing Activities</u>			
Interest Received		72	156
Purchase of Intangible Assets		(2,489)	(2,263)
Purchase of Property, Plant and Equipment		(39,623)	(14,513)
NET CASH USED IN INVESTING ACTIVITIES		(42,040)	(16,620)
<u>Cash Flows from Financing Activities</u>			
Public Dividend Capital Received		2,672	0
Loans Received		20,737	3,200
Loans Repaid		(3,626)	(1,813)
Capital Element of Finance Lease Rental Payments		(202)	(189)
Interest Paid		(802)	(794)
Interest Element of Finance Leases		(138)	(108)
PDC Dividends Paid		(10,678)	(9,592)
NET CASH GENERATED FROM / (USED IN) FINANCING ACTIVITIES		7,963	(9,296)
(Decrease) / Increase in Cash and Cash Equivalents		(24,763)	621
Cash and Cash Equivalents at 1 April 2013		41,618	40,997
Cash and Cash Equivalents at 31 March 2014		16,855	41,618

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1. Accounting policies and other information

Monitor has directed that the financial statements of NHS foundation trusts shall meet the accounting requirements of the NHS Foundation Trust Annual Reporting Manual which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2013/14 issued by Monitor. The accounting policies contained in that manual follow International Financial Reporting Standards (IFRS) and HM Treasury's Financial Reporting Manual to the extent that they are meaningful and appropriate to NHS foundation trusts. The accounting policies have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 New and revised standards and interpretations

The following standards, amendments and interpretations have been issued by the International Accounting Standards Board (IASB) and International Financial Reporting Interpretations Committee (IFRIC) but have not yet been adopted in the Annual Reporting Manual. Monitor does not permit the early adoption of accounting standards, amendments and interpretations that are in issue at the reporting date but effective at a subsequent reporting period.

- IFRS 9 Financial Instruments
- IFRS 10 Consolidated Financial Statements
- IFRS 11 Joint Arrangements
- IFRS 12 Disclosure of Interests in Other Entities
- IFRS 13 Fair Value Measurement
- IAS 27 Separate Financial Statements
- IAS 28 Associates and Joint Ventures
- IAS 32 Financial Instruments: Presentation – amendment. Offsetting financial assets and liabilities.

The directors do not expect that the adoption of these standards and interpretations will have a material impact on the financial statements in future periods. All other revised and new standards have not been listed here as they are not considered to have an impact on the Trust.

1.2 Accounting Convention

These accounts have been prepared under the historical cost convention, modified by the revaluation of properties, and, where material, current asset investments and inventories to fair value as determined by the relevant accounting standard.

1.3 Income

Income in respect of services provided is recognised when, and to the extent that, performance occurs and is measured at the fair value of the consideration receivable. The main source of income for the Trust is contracts with commissioners in respect of healthcare services. Where income is received for a specific activity which is to be delivered in the following financial year, that income is deferred. Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

In accordance with IAS 18, income relating to those spells which are partially completed at the financial year end is apportioned across the financial years on a pro rata basis.

1.4 Expenditure on Employee Benefits

1.4.1 Short-term Employee Benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

1.5 Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the NHS Pensions Scheme. Details of the benefits payable under these provisions can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. The scheme is an unfunded, defined benefit scheme that covers NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as a defined contribution scheme: the cost to the NHS Body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of the scheme liability is carried out annually by the scheme actuary as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and are accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability, as at 31 March 2014, is based on the valuation data as 31 March 2013, updated to 31 March 2014 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the scheme actuary report, which forms part of the annual NHS Pension Scheme (England and Wales) Pension Accounts, published annually. These accounts can be viewed on the NHS Pensions website. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the scheme (taking into account its recent demographic experience), and to recommend the contribution rates.

The last published valuation undertaken for the NHS Pension Scheme was completed for the year ended 31 March 2004. Consequently, a formal actuarial valuation would have been due for the year ending 31 March 2008. However, formal actuarial valuations for unfunded public service schemes were suspended by HM Treasury on value for money grounds while consideration is given to recent changes to public service pensions, and while future scheme terms are developed as part of the reforms to public service pension provision due in 2015.

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The Scheme Regulations were changed to allow contribution rates to be set by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and appropriate employee and employer representatives as deemed appropriate.

The next formal valuation to be used for funding purposes will be carried out at as at March 2012 and will be used to inform the contribution rates to be used from 1 April 2015.

c) Scheme provisions

The NHS Pension Scheme provided defined benefits, which are summarised below. This list is an illustrative guide only, and is not intended to detail all the benefits provided by the Scheme or the specific conditions that must be met before these benefits can be obtained:

The Scheme is a "final salary" scheme. Annual pensions are normally based on 1/80th for the 1995 section and of the best of the last three years pensionable pay for each year of service, and 1/60th for the 2008 section of reckonable pay per year of membership. Members who are practitioners as defined by the Scheme Regulations have their annual pensions based upon total pensionable earnings over the relevant pensionable service.

With effect from 1 April 2008 members can choose to give up some of their annual pension for an additional tax free lump sum, up to a maximum amount permitted under HMRC rules. This new provision is known as "pension commutation".

Annual increases are applied to pension payments at rates defined by the Pensions (Increase) Act 1971, and are based on changes in retail prices in the twelve months ending 30 September in the previous calendar year. From 2011-12 the Consumer Price Index (CPI) has been used and replaced the Retail Prices Index (RPI).

Early payment of a pension, with enhancement, is available to members of the scheme who are permanently incapable of fulfilling their duties effectively through illness or infirmity. A death gratuity of twice final year's pensionable pay for death in service, and five times their annual pension for death after retirement is payable.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to the employer.

Members can purchase additional service in the NHS Scheme and contribute to money purchase AVC's run by the Scheme's approved providers or by other Free Standing Additional Voluntary Contributions (FSAVC) providers.

d) Contributions and Valuation

The employer's contribution rate to the NHS Pension Scheme remains 14%. The overall deficit for the scheme at 31st March 2013 is £283b (31 March 2012 £246b) and the actual pension liability at 31st March 2013 is £284b (31 March 2012 £247b).

1.6 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

1.7 Property, Plant and Equipment

1.7.1 Recognition

Property, plant and equipment is capitalised where:

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- It is held for use in delivering services or for administrative purposes;
- It is probable that future economic benefits will flow to, or service potential be provided to, the Trust;
- It is expected to be used for more than one financial year;
- The cost of the item can be measured reliably;
- The item has a cost of at least £5,000; or
- collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, have broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
- items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives e.g. plant and equipment, then these components are treated as separate assets and depreciated over their own useful economic lives.

1.8 Measurement

1.8.1 Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management. Properties in the course of construction are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS 23 for assets held at fair value.

All assets are measured subsequently at fair value as follows:

- (a) Land and non-specialised buildings – existing use value
- (b) Specialised buildings – depreciated replacement cost
- (c) Non-property assets - depreciated historic cost
- (d) Residential Accommodation – Existing Use value for social housing.

The carrying values of property, plant and equipment are reviewed for impairment in periods if events or changes in circumstances indicate the carrying value may not be fully recoverable.

All land and buildings are restated to fair value in accordance with IAS 16 and Monitor guidance, using professional valuations at least every five years to ensure that fair values are not materially different from the carrying amounts. Valuations are carried out by professionally qualified valuers in accordance with the Royal Institute of Chartered Surveyors (RICS) Appraisal and Valuation Manual based on modern equivalent asset values. The last valuation was carried out by Montagu Evans (Independent Chartered Surveyors, Registration number OC312072) as at 31st March 2014.

1.8.2 Subsequent expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is added to the asset's carrying value. Where a component of an asset is replaced, the cost of the

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replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised.

1.8.3 Depreciation

Items of property, plant and equipment are depreciated over their remaining useful economic lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as 'Held for Sale' ceases to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the Trust, respectively.

Property, plant and equipment are depreciated over the following useful lives:

- Buildings are depreciated on a straight line basis, after accounting for residual value, over the remaining useful economic life of 34 to 37 years;
- Dwellings and leasehold improvements are depreciated over the shorter of the useful economic life or lease term;
- Plant and machinery, furniture and fittings and information technology are depreciated on a straight line basis over the useful economic life of the asset, deemed as 5 years for short life assets, 10 years for medium life assets and 15 years for long life assets.
- Transport equipment is depreciated on a straight line basis over 5 years.

1.8.4 Revaluation and impairment

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating income.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

In accordance with the Foundation Trust Annual Reporting Manual, impairments that are due to a loss of economic benefits or service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment arising from a loss of economic benefit or service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss are reversed. Reversals are recognised in operating income to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

1.9 De-recognition

Assets intended for disposal are reclassified as 'Held for Sale' once all of the following criteria are met:

- The asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;
- The sale must be highly probable i.e;
 - (a) management are committed to a plan to sell the asset;
 - (b) An active programme has begun to find a buyer and complete the sale;
 - (c) The asset is being actively marketed at a reasonable price;
 - (d) The sale is expected to be completed within 12 months of the date of classification as 'Held for Sale'; and
 - (e) The actions needed to complete the plan indicate it is unlikely that the plan will be dropped or significant changes made to it.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'Held for Sale' and instead is retained as an operational asset and the asset's economic life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

1.10 Donated, government grant and other grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation / grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case the donation / grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met. The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

1.11 Private Finance Initiative (PFI) transactions

The Trust is not party to any PFI transactions.

1.12 Intangible assets

1.12.1 Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Trust and where the cost of the asset can be measured reliably and is at least £5,000.

1.12.2 Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised.

Expenditure on development is capitalised only where all of the following can be demonstrated:

- (a) the project is technically feasible to the point of completion and will result in an intangible asset for sale or use;

- (b) the Trust intends to complete the asset and sell or use it;
- (c) the Trust has the ability to sell or use the asset;
- (d) how the intangible asset will generate probable future economic or service delivery benefits e.g. the presence of a market for it or its output, or where it is to be used for internal use, the usefulness of the asset;
- (e) adequate financial, technical and other resources are available to the Trust to complete the development and sell or use the asset; and
- (f) the Trust can measure reliably the expenses attributable to the asset during development.

Expenditure which does not meet the criteria for capitalisation is treated as an operating expense in the year in which it is incurred. Where possible, the Trust discloses the total amount of research and development expenditure charged in the Statement of Comprehensive Income separately. However, where research and development activity cannot be separated from patient care activity it cannot be identified and is therefore not separately disclosed.

1.13 Software

Software which is integral to the operation of hardware e.g. an operating system is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware e.g. application software, is capitalised as an intangible asset.

1.14 Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Intangible assets held for sale are measured at the lower of their carrying amount or 'fair value less costs to sell'.

1.15 Amortisation

Intangible assets are amortised over their expected useful economic lives in a manner consistent with the consumption of economic or service delivery benefits. Software is amortised over 3-10 years.

1.16 Revenue government and other grants

Government grants are grants from government bodies other than income from commissioners or NHS trusts for the provision of services. Grants from the Department of Health are accounted for as government grants. Where the government grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure.

1.17 Inventories

Inventories are stated at the lower of cost and net realisable value. The cost of inventories is measured using the First In, First Out (FIFO) method.

1.18 Cash and Cash Equivalents

Cash and cash equivalents comprise of cash on hand and demand deposits and other short term highly liquid investments. These balances are readily convertible to a known amount of cash and are subject to an insignificant risk of changes in value. Monies held in the Trust's bank account belonging to patients are excluded from cash and cash equivalents (see "third party assets" below).

Account balances are only set off where a formal agreement has been made with the bank to do so. In all other cases overdrafts are disclosed within payables. Interest earned on bank accounts and interest charged on overdrafts is recorded respectively as "finance income" and "finance cost" in the periods to which it relates. Bank charges are recorded as operating expense in the periods to which they relate.

1.19 Financial instruments and financial liabilities

Financial instruments are defined as contracts that give rise to a financial asset of one entity and a financial liability or equity instrument of another entity. The Trust will commonly have the following financial assets and liabilities: trade receivables (but not prepayments), cash and cash equivalents, trade payables (but not deferred income), finance lease obligations, borrowings.

1.20 Recognition

Financial assets and financial liabilities which arise from contracts for the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements, are recognised when, and to the extent which, performance occurs i.e. when receipt or delivery of the goods or services is made.

Financial assets or financial liabilities in respect of assets acquired or disposed of through finance leases are recognised and measured in accordance with the accounting policy for leases described below.

Regular way purchases or sales are recognised and de-recognised, as applicable, using the trade date.

All other financial assets and financial liabilities are recognised when the Trust becomes a party to the contractual provisions of the instrument.

1.21 De-recognition

All financial assets are de-recognised when the rights to receive cash flows from the assets have expired or the Trust has transferred substantially all of the risk and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

1.22 Classification and Measurement

Financial assets are classified into the following specified categories:

- Financial assets 'at fair value through Income and Expenditure'; or
- 'Loans and receivables'; or
- 'Available-for-sale' financial assets.

Financial liabilities are classified as either:

- Financial liabilities 'at fair value through Income and Expenditure'; or
- 'Other financial liabilities'.

The Trust has no financial assets classified as 'at fair value through Income and Expenditure' or 'Available for sale'. There are also no financial liabilities classified as 'at fair value through income and expenditure'.

1.23 Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. They are included in current assets.

The Trust's loans and receivables comprise: cash and cash equivalents, NHS receivables, accrued income and 'other receivables'.

Loans and receivables are recognised initially at fair value, net of transaction costs, and are measured subsequently at amortised cost, using the effective interest method. The effective interest rate is the rate that

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discounts exactly estimated future cash receipts through the expected life of the financial asset or, when appropriate, a shorter period, to the net carrying amount of the financial asset.

Interest on loans and receivables is calculated using the effective interest method and credited to the Statement of Comprehensive Income, except for short-term receivables when the recognition of interest would be immaterial.

1.24 Other financial liabilities

All 'other' financial liabilities are recognised initially at fair value, net of transaction costs incurred, and measured subsequently at amortised cost using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash payments through the expected life of the financial liability or, when appropriate, a shorter period, to the net carrying amount of the financial liability.

They are included in current liabilities except for amounts payable more than 12 months after the date of the Statement of Financial Position, which are classified as non-current liabilities.

Interest on financial liabilities carried at amortised cost is calculated using the effective interest method and charged to Finance Costs. Interest on financial liabilities taken out to finance property, plant and equipment or intangible assets is not capitalised as part of the cost of those assets.

1.25 Impairment of financial assets

At the Statement of Financial Position date, the Trust assesses whether any financial assets, other than those held at 'fair value through income and expenditure' are impaired. Financial assets are impaired and impairment losses are recognised if there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset. Evidence is gathered via formal communication between the Trust and the counterparties.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in the Statement of Comprehensive Income and the carrying amount of the asset is reduced through the use of bad debt provision. The bad debt provision is charged to operating expenses.

1.26 Leases

1.26.1 Finance leases

Where substantially all risks and rewards of ownership of a leased asset are borne by the Trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease. The implicit interest rate is that which produces a constant periodic rate of interest on the outstanding liability.

The asset and liability are recognised at the inception of the lease, and are de-recognised when the liability is discharged, cancelled or expires. The annual rental is split between the repayment of the liability and a finance cost. The annual finance cost is calculated by applying the implicit interest rate to the outstanding liability and is charged to Finance Costs in the Statement of Comprehensive Income.

1.26.2 Operating leases

Other leases are regarded as operating leases and the rentals are charged to operating expenses on a straight-line basis over the term of the lease. Operating lease incentives received are added to the lease rentals and charged to operating expenses over the life of the lease.

1.26.3 Leases of land and buildings

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately. Leased land is treated as an operating lease.

1.27 Provisions

The Trust provides for legal or constructive obligations that are of uncertain timing or amount at the Statement of Financial Position date on the basis of the best estimate of the expenditure required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's short, medium and / or long-term real discount rate(s) for the financial year.

1.28 Clinical negligence costs

The NHS Litigation Authority (NHSLA) operates a risk pooling scheme under which the Trust pays an annual contribution to the NHSLA, which, in return, settles all clinical negligence claims. Although the NHSLA is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by the NHSLA on behalf of the NHS foundation trust is disclosed at note 20.3 to the accounts.

1.29 Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the trust pays an annual contribution to the NHS Litigation Authority and in return receives assistance with the costs of claims arising. The annual membership contributions and any excesses payable in respect of particular claims are charged to operating expenses when the liability arises.

1.30 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets but are disclosed in the notes to the accounts where an inflow of economic benefits is probable.

Contingent liabilities are not recognised but are disclosed in the notes to the accounts, unless the probability of a transfer of economic benefits is remote. Contingent liabilities are defined as:

- (a) Possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- (b) Present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

1.31 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS trust. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

A charge, reflecting the cost of capital utilised by the NHS foundation trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for (i) donated assets (including lottery funded assets), (ii) average daily balances held with the Government Banking Service (GBS) and National Loans Fund (NLF) deposits, excluding cash balances held in GBS accounts that relate to a short-term working capital facility, (iii) for 2013/14 only, net assets and liabilities transferred from bodies which ceased to exist on 1 April 2013, and (iv) any PDC dividend balance receivable or payable. In accordance with the requirements laid down by the Department

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of Health (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the 'pre-audit' version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result of the audit of the annual accounts.

1.32 Value Added Tax

Most of the activities of the Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.33 Corporation Tax

Corporation tax is not applicable to the Trust.

1.34 Foreign exchange

The functional and presentational currencies of the Trust are sterling.

A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

Where the Trust has assets or liabilities denominated in a foreign currency at the Statement of Financial Position date:

- Monetary items (other than financial instruments measured at 'fair value through income and expenditure') are translated at the spot exchange rate on 31 March;
- Non-monetary assets and liabilities measured at historical cost are translated using the spot exchange rate at the date of the transaction; and
- Non-monetary assets and liabilities measured at fair value are translated using the spot exchange rate at the date the fair value was determined.

Exchange gains or losses on monetary items (arising on settlement of the transaction or on re-translation at the Statement of Financial Position date) are recognised in income or expense in the period in which they arise.

Exchange gains or losses on non-monetary assets and liabilities are recognised in the same manner as other gains and losses on these items.

1.35 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the Trust has no beneficial interest in them. However, they are disclosed in a separate note to the accounts (Note 22) in accordance with the requirements of HM Treasury's Financial Reporting Manual.

2 Critical accounting judgements and key sources of estimation uncertainty

In the application of the Trust's accounting policies, which are described in note 1, the directors are required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or in the period of the revision and future periods if the revision affects both current and future periods.

2.1 Critical judgements in applying the group's accounting policies

The following are the critical judgements, apart from those involving estimations (which are dealt with separately below), that the directors have made in the process of applying the Trust's accounting policies and that have the most significant effect on the amounts recognised in financial statements.

Disputes with Commissioners

As set out in Note 20.3, Management has made an assessment of the potential liability of the Trust from contractual disputes with commissioners. Provisions for the disputes are £1.2m at 31st March 2014 (31st March 2013 £0.4m). The disputes relate to challenges on pricing or charging that it has not been possible to settle by reference to the contract, under which the Trust has been entitled to the income. The Trust has recognised the income in relation to the disputes in its Statement of Comprehensive Income and the commissioning bodies have settled the debts. However there is precedent for the Trust agreeing a negotiated settlement with commissioners, on contractual challenges raised during the year on issues that are not sufficiently clear in the contracts. The Trust has determined the level of provision on a basis that reflects settlement of the issue for the financial year in which the issue was raised and any subsequent years but not to retrospectively settle claims.

Recoverability of NHS and Local Authority Debt

The Trust has £26.1m of debt with NHS bodies at 31st March 2014 (2013 £7.5m) and £6.9m of debt with Local Authorities (2013 nil). The increase in debt is a reflection of the challenge arising from the change in the commissioning landscape from 1st April 2013 and in particular the transfer of commissioning for sexual health services from NHS commissioners to Local Authorities. Management has considered the recoverability of this debt as at 31st March 2014 and has established a level of bad debt provision which is felt to adequately cover the risk of non-recovery.

2.2 Key sources of estimation uncertainty

The key assumptions concerning the future, and other key sources of estimation uncertainty at the statement of position date, that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year, are discussed below.

Valuation of land and buildings, including life of main hospital building

The Trust's policy is to conduct a valuation of its land and buildings at least every 5 years and the last valuation was at 31st March 2012. In the current year the directors have considered whether there has been sufficient volatility in costs or asset values to require a revaluation, and whether any impairment arises on capitalisation of projects completed in the year. The directors have concluded that a revaluation is required in order to ensure that the building assets of the Trust are reflected at fair value and Montagu Evans was appointed to be the Trust's external valuer. The impact of the valuation is shown in note 10.1.

Chelsea and Westminster Hospital NHS Foundation Trust - Annual Accounts Year 2013/14

NOTES TO THE ACCOUNTS

3 Operating Income from Operations

NOTE

3.1 Operating Income (by classification)

	2013/14	2012/13
Income from activities	£000	£000
Elective income	47,896	45,178
Non elective income	59,616	65,108
Outpatient income	79,188	72,173
Accident & Emergency income	11,257	11,635
Other NHS clinical income	104,314	95,618
Private patient income	13,052	11,920
Other non-protected clinical income	1,744	3,279
Total Income from Activities	317,067	304,911

3.3

Reclassification of 2012/13 hand surgery emergency spells (£1.1m) from Non elective income to Elective income due to activity classed as day cases in 2013-14; reclassification of £3.2m of ante-natal non-elective admissions for 2012/13 from Non elective income to Outpatient income because ante natal admissions are now part of the maternity pathway tariff in 2013-14 (excluding delivery) and is therefore reported as Outpatient income.

3.2

	2013/14	2012/13
Other Operating Income:	£000	£000
Research and development	4,625	5,406
Education and training	25,651	25,341
Charitable and other contributions to expenditure and capital	3,685	1,987
Non-patient care services to other bodies	474	441
Other income	14,470	7,832
Total Other Operating Income	48,905	41,007
Total Operating Income from Operations	365,972	345,918

The key elements of other income of £14.5m are the following: salary recharge income of £4.2m (12/13 £1.7m), consultancy recharges to the Trust Development Agency £2.4m (12/13 nil), facilities recharges £1.5m (12/13 £1.7m), Clinical Excellence Awards income £1.0m (12/13 £1.1m), Car Parking Income £1.0m (12/13 £0.9m) and other income £4.4m (12/13 £2.4m).

3.3 Operating Income (by type)

	2013/14	2012/13
Income from activities	£000	£000
<u>Income from Commissioner Requested Services</u>		
NHS Clinical Commissioning Groups	174,488	289,712
NHS England	112,314	0
Local Authorities or other government bodies	14,086	234
<u>Income from non-Commissioner Requested Services</u>		
NHS Foundation Trusts	1,058	1,509
NHS Trusts	325	150
Non NHS: Private patients	12,205	10,940
Non NHS: Overseas patients (non-reciprocal)	847	980
NHS injury scheme	624	679
Non NHS: Other	1,120	707
Total	317,067	304,911

In 2012/13 local and specialist NHS services were commissioned by Primary Care NHS Trusts. On 1st April 2013 following the NHS re-organisation, commissioning of specialist services transferred to NHS England and commissioning of remaining local services transferred to Clinical Commissioning Groups. The increase in Local Authority income in 2013/14 is due to the transfer of commissioning arrangements for sexual health services from Primary Care NHS Trusts to Local Authorities from 1st April 2013.

Chelsea and Westminster Hospital NHS Foundation Trust - Annual Accounts Year 2013/14

NOTES TO THE ACCOUNTS

4	Operating Expenses from Operations	2013/14	2012/13
	Operating Expenses	£000	£000
	Staff costs	183,327	175,910
	Executive directors' costs	831	787
	Non executive directors' costs	123	117
	Termination benefit	0	44
	Drug costs	60,664	55,477
	Supplies and services - clinical (excluding drug costs)	37,191	35,730
	Supplies and services - general	4,726	4,247
	Transport	244	177
	Research and Development	653	26
	Establishment	4,245	4,221
	Premises	21,994	21,109
	Services from NHS trusts and foundation trusts	735	606
	Purchase of healthcare from non NHS bodies	2,083	1,814
	Legal fees	(42)	276
	Consultancy costs	4,688	1,900
	Training, courses and conferences	787	684
	Patient travel	1,525	1,539
	Car parking & Security	67	27
	Hospitality	106	93
	Insurance	157	172
	Audit fees:		
	Audit services- statutory audit	114	128
	Audit services- regulatory reporting	22	21
	Other auditor remuneration	640	0
	Clinical negligence	6,832	6,176
	Increase / (Decrease) in bad debt provision	508	(78)
	Increase / (Decrease) in other provisions	1,604	(1,120)
	Depreciation on property, plant and equipment	10,952	10,069
	Amortisation on intangible assets	2,257	1,621
	Loss on disposal of other property, plant and equipment	0	122
	Other	1,112	239
	Total Operating Expenses from Operations	348,145	322,134

Reclassification of 2012/13 prior year costs to show Patient Transport costs of £1.416m under Patient Travel rather than Transport costs.

Consultancy costs in 2013/14 include £2.4m of costs which have been recharged to the Trust Development Agency (12/13- nil).

4.1 Operating leases

4.1.1	Arrangements containing an operating lease	2013/14	2012/13
		£000	£000
	Minimum lease payments	2,369	2,094
	4.1.2 Arrangements containing an operating lease	31 Mar 14	31 Mar 13
	Future minimum lease payments due:	£000	£000
	- not later than one year;	1,913	1,230
	- later than one year and not later than five years;	3,514	3,007
	- later than five years.	3,352	2,817
	Total	8,779	7,054

Chelsea and Westminster Hospital NHS Foundation Trust - Annual Accounts Year 2013/14

NOTES TO THE ACCOUNTS

5 Employee expenses and numbers

5.1 Employee expenses	2013/14	2012/13
	£000	£000
Salaries and wages	142,221	137,621
Social security costs	12,828	12,369
Employers' contributions to NHS Pension Scheme	16,386	14,913
Termination benefit	0	44
Agency/contract staff	14,793	13,733
Costs capitalised as part of assets	(2,070)	(1,939)
Total	184,158	176,741

5.2 Average number of persons employed (WTE Basis)	2013/14	2012/13
	WTE	WTE
Medical and dental	602	575
Administration and estates	625	603
Healthcare assistants and other support staff	326	306
Nursing, midwifery and health visiting staff	1,070	1,071
Scientific, therapeutic and technical staff	390	406
Bank and agency staff	481	456
Other	0	0
Total	3,494	3,417

of which:

Number of employees engaged on capital projects	29	27
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(WTE - Whole Time Equivalent)

5.3 Employee benefits	2013/14	2012/13
	£000	£000
Employee benefits	57	40

5.4 Retirements due to ill-health

During 2013/14 there were 3 early retirements from the Trust agreed on the grounds of ill-health; the estimated additional pension liabilities of ill health retirements for the year ended 31st March 2014 were £0.4m. In 2012/13 there was one; the estimated additional pension liabilities of ill-health retirements for the year ended 31 March 2013 were £0.03m.

5.5 Exit packages

During 2013/14 there were no compulsory redundancies or other agreed departures. In 2012/13 there was one compulsory redundancy within banding £10,000-£25,000 and one other agreed departure with banding £25,001-£50,000.

NOTES TO THE ACCOUNTS

5.6 Salary and Pension entitlements of senior managers

Name & Position	a) Salary and Fees		b) Performance Related Bonuses		c) Pension Related Benefits		d) Total Remuneration (a to c)		e) Pension Entitlement		Real increase in CETV for the year ended 31 Mar 14 (£'000)	
	Year ended 31 Mar 14	Year ended 31 Mar 13	Year ended 31 Mar 14	Year ended 31 Mar 13	Year ended 31 Mar 14	Year ended 31 Mar 13	Year ended 31 Mar 14	Year ended 31 Mar 13	Accrued pension and related lump sum as at 31 Mar 14	Real (decrease)/ increase in pension and related lump sum as at 31 Mar 14		CETV at 31 Mar 14
	Bands of £5,000		Bands of £5,000		Bands of £5,000		Bands of £5,000		Bands of £2,500		Bands of £'000	
Executive Directors												
Heather Lawrence OBE, Chief Executive ¹	0	55-60	0	0	0	0	0	0	0	0	0	0
Tony Bell OBE, Chief Executive ²	220-225	115-120	0	0	0	0	220-225	115-120	0	0	0	0
Dr Mike Anderson, Medical Director ³	0	120-125	0	0	0	0	0	120-125	0	0	0	0
Zoe Penn, Medical Director ⁴	175-180	5-10	0	0	480-485	0	655-670	5-10	205-210	67.5-70.0	1,017	632
Lorraine Bewes, Chief Financial Officer	155-160	145-150	0	0	35-40	60-65	195-200	205-210	170-175	100-12.5	850	732
Amanda Pritchard, Deputy Chief Executive (Director of Integrated Service Delivery & Modernisation) ⁵	0	0-5	0	0	0	0	0	0	0	0	0	317
David Radbourne, Chief Operating Officer ⁶	125-130	130-135	0	0	80-85	0	210-215	130-135	120-125	15.0-17.5	413	335
Elizabeth McManus, Chief Nurse and Director of Quality ⁷	75-80	0	0	0	0	0	75-80	0	170-175	0	705	0
Therese Davis, Chief Nurse and Director of Patient Experience and Flow ⁸	25-30	115-120	0	0	0	0	25-30	115-120	0	0	0	583
Non-Executive Directors												
Prof. Sir Christopher Edwards, Chairman ⁹	30-35	35-40	0	0	0	0	30-35	35-40	0	0	0	0
Sir Thomas Hughes - Hallett, Chairman ¹⁰	10-15	0	0	0	0	0	10-15	0	0	0	0	0
Sir John Baker CBE, Vice Chair	15-20	15-20	0	0	0	0	15-20	15-20	0	0	0	0
Karin Norman, Non-Executive Director	10-15	10-15	0	0	0	0	10-15	10-15	0	0	0	0
Prof. Richard Kimley OBE, Non-Executive Director	10-15	10-15	0	0	0	0	10-15	10-15	0	0	0	0
Jeremy Loyd, Non-Executive Director	10-15	10-15	0	0	0	0	10-15	10-15	0	0	0	0
Sir Geoffrey Mulcahy, Non-Executive Director ¹¹	10-15	10-15	0	0	0	0	10-15	10-15	0	0	0	0

NOTE: The format of the remuneration disclosures has been revised at this year to provide additional disclosure of the overall value of directors' remuneration. For NHS employees, a key component of this is their pension entitlement. The value of the benefit accruing each year is required to be calculated using the "HMRC method" and data from NHS pensions and taking into account the effect of inflation and the value of employee contributions. Due to the nature of a "final salary" scheme, where a director's salary increases (particularly where promoted to the Board) this will be reflected in a larger movement in the overall value of their pension entitlement. Pension disclosures are made for directors and senior managers where the information is available from NHS Pensions; if a director or senior manager started during the year the opening pensions or CETV values will not normally be available and therefore the opening value or increase in year will be set to nil.

NOTES TO THE ACCOUNTS

Note 5.6 cont./

Name & Position	a) Salary and Fees		b) Performance Related Bonuses		c) Pension Benefit		d) Total Remuneration		b) Pension		Real increase/ (decrease) in CEV for the year ended 31 Mar 14 (£'000)	
	Year ended 31 Mar 13 Bands of £5,000	Year ended 31 Mar 14 Bands of £5,000	Year ended 31 Mar 13 Bands of £5,000	Year ended 31 Mar 14 Bands of £5,000	Year ended 31 Mar 13 Bands of £5,000	Year ended 31 Mar 14 Bands of £5,000	Year ended 31 Mar 13 Bands of £5,000	Year ended 31 Mar 14 Bands of £5,000	Accrued pension and related lump sum at age 60 as at 31 Mar 14 Bands of £5,000	Real increase/ (decrease) in pension age 60 as at 31 Mar 14 Bands of £2,500		CEV at 31 Mar 13 (£'000)
Directors												
Mark Gammage, Director of Human Resources & Organisational Development ¹²	35-40	80-85	0	0	5-10	0	35-40	80-85	0	0	0	262
Susan Young, Director of Human Resources and Organisational Development ¹³	70-75		0	0	0	0	70-75	0	5-10	0	77	0
Catherine Mooney, Director of Governance & Corporate Affairs ¹⁴	85-90	90-95	0	0	0	0	85-90	90-95	0	0	0	606
Axel Hellmuller, Director of Strategy and Service Planning ¹⁵	30-35	90-95	0	0	5-10	0	30-35	90-95	0	0	0	31
Bill Gordon, Director of Information Management and Technology	90-95	95-100	0	0	0	0	90-95	95-100	0	0	0	0
Aiden O'Neill, Commercial Director ¹⁶	45-50	0	0	0	0	0	45-50	0	25-30	0	132	0
Rakesh Patel, Director of Finance ¹⁷	85-90	0	0	0	0	0	85-90	0	105-110	0	443	0
Cynthia Conquest, Interim Deputy Director of Finance ¹⁸	15-20	120-125	0	0	0	0	15-20	120-125	0	0	0	0
Carol McLaughlin, Acting Deputy Director of Finance ¹⁹	40-45	65-70	0	0	0-5	0	45-50	65-70	0	0	0	274
Kelda Alleyne, Deputy Director of Finance ²⁰	0	15-20	0	0	0	0	0	15-20	0	0	0	49

Notes to senior managers' salary and pension table

- 1 Chief Executive left the Trust 23 July 2012.
- 2 Appointed 3 September 2012.
- 3 Covered the Chief Executive role between 23rd July 2012 and 3rd September 2012; and ceased to be Medical Director from 28th February 2013 but continued in role as clinical consultant.
- 4 Appointed 1 March 2013. Pension related benefit increase reflects the remuneration for the Medical Director role in 2013/14.
- 5 Left 16 April 2012.
- 6 Covered on secondment from City and Hackney PCT from April 2012 until substantively appointed on 1st Jan 2013. Cost reported for period of secondment is full cost to the Trust. Pension related benefit increase reflects full year effect of new role in 13/14.
- 7 Appointed 9 September 2013.
- 8 Left 30 June 2013.
- 9 Left 2nd February 2014
- 10 Appointed 1st January 2014
- 11 Left 31 December 2013
- 12 Left 8 September 2013
- 13 Appointed 9 September 2013
- 14 Left 9 March 2014
- 15 Left 31 July 2013
- 16 Appointed 4 November 2013
- 17 Appointed 1 July 2013
- 18 Interim paid via agency, left 30 May 2013
- 19 Acting Deputy Director of Finance from 18 June 2012 until 30 June 2013
- 20 Moved to new role 17 June 2012, left the Trust on 31 March 2013.

NOTES TO THE ACCOUNTS

5.6 continued

Non-executive directors do not receive pensionable remuneration therefore there are no entries in respect of pensions for them. A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any spouse's contingent pension payable from the scheme.

A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figure shown relates to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies. The CETV figures include the value of any pension benefits in another scheme or arrangement in which the individual has transferred to the NHS pension scheme. They also include any additional pension benefits accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real increase in CETV - This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the year.

Real increase in CETV for current year may be significantly different from prior year. This is due to a change in the factors used to calculate CETVs, which came into force on 1 October 2008 as a result of the Occupational Pension Scheme (Transfer Value Amendment) regulations. These placed responsibility for the calculation method for CETVs (following actuarial advice) on Scheme Managers or Trustees. Further regulations from the Department for Work and Pensions to determine cash equivalent transfer values (CETV) from Public Sector Pension Schemes came into force on 13 October 2008.

Chelsea and Westminster Hospital NHS Foundation Trust - Annual Accounts Year 2013/14

NOTES TO THE ACCOUNTS

6 Better Payment Practice Code

6.1 Better Payment Practice Code - measure of compliance

	2013/14		2012/13	
	Number	£000	Number	£000
Total bills paid in the year	73,000	172,114	68,557	156,421
Total bills paid within the target	64,577	156,145	58,698	144,283
Percentage of bills paid within target	88.5%	90.7%	85.6%	92.2%

The Better Payment Practice Code requires the Trust to aim to pay 95% of all valid invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later.

6.2 The Late Payment of Commercial Debts (Interest) Act 1998

There were no amounts included within interest expense (note 8.2) arising from claims made under this legislation (2012/13 - nil).

7 Profit on Disposal of Fixed Assets

There was profit on disposal of medical equipment in 2013/14 of £0.008m (2012/13 loss on disposal £0.12m).

8 Finance

8.1 Finance Income

	2013/14	2012/13
	£000	£000
Interest on bank accounts	73	156

8.2 Finance Expense - Financial Liabilities

	2013/14	2012/13
	£000	£000
Loans from the Independent Trust Financing Facility	772	831
Finance leases	(29)	100
	743	931

The Finance Lease interest charge comprises £0.115m interest payable on finance leases during the year and £0.144m benefit taken to interest payable on the unwinding of a finance lease as at 31st March 2014.

Chelsea and Westminster Hospital NHS Foundation Trust - Annual Accounts Year 2013/14

NOTES TO THE ACCOUNTS

9 Intangible assets

9.1 Software licences/ Information Technology	Note	Total	31 Mar 14	31 Mar 14	31 Mar 14	31 Mar 13	31 Mar 13
		£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April		10,298	9,610	688	8,035	0	0
Additions		2,489	1,725	764	2,263	894	894
Reclassifications		899	1,595	(696)	0	206	(206)
Cost or valuation at 31 March		13,686	12,930	756	10,298	9,610	688
Amortisation at 1 April		4,053	4,053	0	2,432	0	0
Provided during the year		2,257	2,257	0	1,621	1,621	0
Amortisation at 31 March		6,310	6,310	0	4,053	4,053	0
Opening Net book value		6,245	5,557	688	5,603	5,603	0
Owned		6,245	5,557	688	5,603	5,603	0
Closing Net book value		7,376	6,620	756	6,245	5,557	688
Owned		7,376	6,620	756	6,245	5,557	688
Closing Net Book Value at 31 March		7,376	6,620	756	6,245	5,557	688

Chelsea and Westminster Hospital NHS Foundation Trust - Annual Accounts Year 2013/14

NOTES TO THE ACCOUNTS

10 Property, plant and equipment

10.1 Property, plant & equipment at 31 March 2014 : -

Note	Land	Buildings excluding dwellings	Dwellings	Assets under construction and payments on account	Plant and machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 13	50,000	265,363	2,001	5,382	36,659	121	13,621	1,283	374,430
Additions - purchased	0	0	20,240	16,464	0	0	0	0	36,704
Additions - donated & granted	0	2,482	0	0	49	0	5	0	2,536
Reclassifications	0	10,273	5	(17,374)	5,102	0	787	308	(899)
Revaluation Gain/(Loss)	3,800	(3,202)	5	0	0	0	0	0	603
Disposals	0	0	(2,001)	0	0	0	0	0	(2,001)
Cost or valuation at 31 March 14	53,800	274,916	20,250	4,472	41,810	121	14,413	1,591	411,373
Accumulated depreciation at 1 April 13	0	4,367	125	0	20,900	72	8,494	311	34,269
Provided during the year	0	4,127	125	0	4,031	24	2,431	214	10,952
Revaluation Loss	0	(576)	0	0	0	0	0	0	(576)
Disposal	0	0	(250)	0	0	0	0	0	(250)
Accumulated Depreciation at 31 March 14	0	7,918	0	0	24,931	96	10,925	525	44,395
Net book value									
Owned at 31 March 14	53,800	258,253	20,250	4,472	15,438	1	3,464	1,066	356,744
Finance lease at 31 March 14	0	0	0	0	0	0	0	0	0
Government granted at 31 March 14	0	2,482	0	0	81	0	1	0	2,564
Donated at 31 March 14	0	6,263	0	0	1,360	24	23	0	7,670
NBV Total at 31 March 14	53,800	266,998	20,250	4,472	16,879	25	3,488	1,066	366,978
Net book value									
Owned at 31 March 13	50,000	254,955	0	4,382	15,146	0	5,103	972	330,558
Finance lease at 31 March 13	0	0	1,876	0	118	0	0	0	1,994
Government granted at 31 March 13	0	0	0	0	0	0	0	0	0
Donated at 31 March 13	0	6,041	0	1,000	495	49	24	0	7,609
NBV Total at 31 March 13	50,000	260,996	1,876	5,382	15,759	49	5,127	972	340,161

Reclassification of Plant and Machinery from Assets under Construction in 2013/14 includes £1.0m relating to the reclassification of the donated Paediatric Robot which was within Assets Under Construction at 1st April 2013.

Chelsea and Westminster Hospital NHS Foundation Trust - Annual Accounts Year 2013/14

NOTES TO THE ACCOUNTS

10 Property, plant and equipment

10.2 Property, plant & equipment at 31 March 2013 :-

Note	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction and payments on account £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Cost or valuation at 1 April 12	50,000	249,338	2,001	8,939	36,050	121	12,711	1,089	360,249
Additions - purchased	0	0	0	13,497	1,587	0	0	88	15,172
Additions - donated & Granted	0	147	0	1,000	68	0	0	0	1,215
Reclassifications	0	15,939	0	(18,014)	641	0	1,328	106	0
Revaluation	0	0	0	0	0	0	0	0	0
Disposals	0	(61)	0	(40)	(1,687)	0	(418)	0	(2,206)
Cost or valuation at 31 March 13	50,000	265,363	2,001	5,382	36,659	121	13,621	1,283	374,430
Accumulated depreciation at 1 April 12	0	634	0	0	18,759	48	6,699	136	26,276
Provided during the year	0	3,743	125	0	3,789	24	2,213	175	10,069
Disposal	0	(10)	0	0	(1,648)	0	(418)	0	(2,076)
Accumulated Depreciation at 31 March 13	0	4,367	125	0	20,900	72	8,494	311	34,269
Net book value									
Owned at 31 March 13	50,000	254,955	0	4,382	15,146	0	5,103	972	330,558
Finance lease at 31 March 13	0	0	1,876	0	118	0	0	0	1,994
Donated at 31 March 13	0	6,041	0	1,000	495	49	24	0	7,609
NBV Total at 31 March 13	50,000	260,996	1,876	5,382	15,759	49	5,127	972	340,161
Net book value									
Owned at 31 March 12	50,000	242,778	0	8,939	16,529	0	5,982	953	325,181
Finance lease at 31 March 12	0	0	2,001	0	235	0	0	0	2,236
Donated & Granted at 31 March 12	0	5,926	0	0	527	73	30	0	6,556
NBV Total at 31 March 12	50,000	248,704	2,001	8,939	17,291	73	6,012	953	333,973

NOTES TO THE ACCOUNTS

11 Net book value of assets held under finance lease contracts at the Statement of Position date:

11.1 Finance Lease Assets

	31 Mar 14 £000	31 Mar 13 £000
Dwellings	0	1,876
Plant and Machinery	0	118

The Trust has fully depreciated its plant and equipment asset and disposed of dwellings following acquisition of leasehold interest in a property.

11.2 The total amount of depreciation charged to the Statement of Comprehensive Income in respect of assets held under finance lease:

	2013/14 £000	2012/13 £000
Dwellings	125	125
Plant and Machinery	118	118

Contingent rents charged to the Statement of Comprehensive Income in the year are not material.

12 Inventories

12.1 Inventories

	31 Mar 14 £000	31 Mar 13 £000
Raw materials and consumables	6,285	6,475

12.2 Inventories recognised in expenses

	2013/14 £000	2012/13 £000
Inventories recognised in expenses	57,238	55,442
Write-down of inventories as expense	0	44
	<u>57,238</u>	<u>55,486</u>

The disclosure above reflects consumables tracked as stock through the year, which are primarily drugs. The expense for other consumables included within inventories at year-end is shown in note 4 as part of Clinical Supplies and Services expenditure.

13 Trade and other receivables

13.1 Current Receivables

	31 Mar 14 £000	31 Mar 13 £000
NHS Receivables	26,107	7,528
Local Authority receivables	6,927	0
Other receivables with related parties	825	1,265
Provision for impaired receivables 14.1	(4,296)	(3,919)
Prepayments	1,661	1,489
Accrued income	715	1,247
PDC Dividend	0	99
Other receivables	9,038	6,488
Total current trade and other receivables	<u>40,977</u>	<u>14,197</u>

14 Impairment of receivables

14.1 Provision for impairment of receivables

	31 Mar 14 £000	31 Mar 13 £000
At 1 April	3,919	4,497
Increase in provision	5,539	2,498
Amounts utilised	(131)	(500)
Unused amounts reversed	(5,031)	(2,576)
At 31 March	<u>4,296</u>	<u>3,919</u>

14.2 Analysis of Impaired Receivables

	31 Mar 14 £000	31 Mar 13 £000
Ageing of impaired receivables		
Up to three months	638	1,102
In three to six months	791	621
Over six months	2,867	2,196
Total	<u>4,296</u>	<u>3,919</u>

	31 Mar 14 £000	31 Mar 13 £000
Ageing of non-impaired receivables past their due date		
Up to three months	21,308	1,163
In three to six months	2,823	0
Over six months	1,309	0
Total	<u>25,440</u>	<u>1,163</u>

Chelsea and Westminster Hospital NHS Foundation Trust - Annual Accounts Year 2013/14

NOTES TO THE ACCOUNTS

15	Trade and other payables		
15.1	Current Payables	31 Mar 14	31 Mar 13
		£000	£000
	NHS payables	5,676	3,742
	Trade payables - capital	2,788	3,171
	Trade payable - other related parties	2,415	2,136
	Other trade payables	7,391	5,404
	Other payables	9,191	8,322
	PDC Dividend	138	0
	Accruals	10,936	11,917
	Total Current Payables	38,535	34,692
16	Other Liabilities		
16.1	Current	31 Mar 14	31 Mar 13
		£000	£000
	Deferred income	1,666	2,100
	Deferred Government grant	0	102
	Total Other Current Liabilities	1,666	2,202
16.2	Non-Current	31 Mar 14	31 Mar 13
		£000	£000
	Deferred Government grant	0	70
	Total Other Non-Current liabilities	0	70
17	Borrowings		
17.1	Current Borrowings	31 Mar 14	31 Mar 13
		£000	£000
	Loans from Independent Trust Financing Facility	6,125	3,625
	Obligations under finance leases	0	202
	Total Current Borrowings	6,125	3,827
17.2	Non-current Borrowings	31 Mar 14	31 Mar 13
		£000	£000
	Loans from Independent Trust Financing Facility	38,175	23,563
	Obligations under finance leases	0	1,895
	Total Non-Current Borrowings	38,175	25,458
<p>The loan balance comprises three separate loans, all with the Independent Trust Financing Facility. The individual loan balances and interest rates at 31st March 2014 are the following: £23.6m at 3.06%, £20m at 0.76% and £0.7m at 3.14%.</p>			
18	Finance Lease	31 Mar 14	31 Mar 13
18.1	Finance Lease Obligations	£000	£000
	Gross Lease Liabilities	0	2,749
	of which liabilities are due:		
	- not later than one year;	0	279
	- later than one year and not later than five years	0	605
	- later than five years	0	1,865
		0	2,749
	Less: finance charges allocated to future periods	0	(652)
	Net Lease Liabilities	0	2,097
	of which liabilities are due:		
	- not later than one year;	0	202
	- later than one year and not later than five years	0	357
	- later than five years	0	1,538
		0	1,538
<p>The Trust has no finance lease obligations as at 31st March 2014.</p>			
18.2	Finance Lease Commitments	31 Mar 14	31 Mar 13
		£000	£000
	Minimum payments	0	2,749
	Number of years of commitment	0	15

Chelsea and Westminster Hospital NHS Foundation Trust - Annual Accounts Year 2013/14

NOTES TO THE ACCOUNTS

19 Prudential Borrowing Limit (PBL)

The Prudential Borrowing Code requirements in section 41 of the NHS Act 2006 have been repealed with effect from 1 April 2013 by the Health and Social Care Act 2012. The financial statements disclosures that were provided previously are therefore no longer required.

20 Provisions

	31 Mar 14	31 Mar 13		
	£000	£000		
20.1 Current Provisions				
Pensions relating to other staff	45	44		
Other provisions including short term employee benefit	4,033	2,576		
Total Current Provisions	4,078	2,620		
	31 Mar 14	31 Mar 13		
	£000	£000		
20.2 Non-current Provisions				
Pensions relating to other staff	618	634		
Other provisions including short term employee benefit	76	76		
Total Non-current Provisions	694	710		
20.3 Provisions	Pensions - Other Staff	Others including Employee benefit	Contractual Disputes	Total Provision
	£000	£000	£000	£000
At 1 April 2013	678	2,241	411	3,330
Arising during the year	18	834	1,192	2,044
Utilised during the year	(45)	0	(129)	(174)
Reversed unused	0	(158)	(282)	(440)
Unwinding of discount	12	0	0	12
At 31 March 2014	663	2,917	1,192	4,772
Expected timing of cash flows:				
Not later than one year;	45	2,841	1,192	4,078
Later than one year and not later than five years;	181	76	0	257
Later than five years.	437	0	0	437
	663	2,917	1,192	4,772

The contractual disputes provision relates to disputes with NHS North West London and NHS England on NHS Clinical Contract Income. They relate to challenges on pricing, charging or penalty disputes for 2013-14 activity. The basis for these figures is contractual disputes raised by NHS North West London or NHS England.

Clinical Negligence Liabilities

The amount included in provisions of the National Health Service Litigation Authority at 31 March 2014 in respect of clinical negligence of the Trust is £70m (2012/13 - £66.0m)

Chelsea and Westminster Hospital NHS Foundation Trust - Annual Accounts Year 2013/14

NOTES TO THE ACCOUNTS

21 Cash and cash equivalents

	31 Mar 14	31 Mar 13
	£000	£000
Balance at 1 April	41,618	40,997
Net change in year	(24,763)	621
Balance at 31 March	16,855	41,618
Comprising:		
Cash at commercial banks and in hand	48	8
Cash with the Government Banking Service	16,807	41,610
Cash and cash equivalents as in Statement of Cash Flows	16,855	41,618

22 Third Party Assets

The Trust held £0.02m cash at bank at 31 March 2014 (2012/13 - £0.03m) which relates to monies held by the Trust on behalf of patients. This has been excluded from the cash at bank and in hand figure reported in the accounts.

23 Revaluation Reserve

	31 Mar 14	31 Mar 13
	£000	£000
Revaluation reserve at 1 April	89,187	89,262
Net Revaluation gain on property, plant and equipment	1,179	0
Asset disposals	(2,824)	(75)
Revaluation reserve at 31 March	87,542	89,187

24 Contractual Capital Commitments

Commitments under capital expenditure contracts at 31 March 2014 were £1.4m (2012/13 - £9.0m).

25 Events after the reporting period

There have been no events after the reporting period since the Statement of Position date.

26 Contingencies

26.1 Contingent Liabilities

The Trust is subject to a small number of legal actions which, depending on the outcome, will incur costs and potential liabilities which are not quantifiable at this time.

27 Related Party Transactions

27.1 Related Party Relationships

Chelsea and Westminster Hospital NHS Foundation Trust is a public benefit corporation established by the order of the Secretary of State for Health.

Government departments and their agencies are considered by HM Treasury as being related parties.

No funds are held in trust by Chelsea and Westminster Hospital NHS Foundation Trust on behalf of the Chelsea and Westminster Health Charity, but are held by the Trustees who prepare the Charity's accounts independently of the Trust.

There were related party transactions between the Trust and a related company during the year arising from the provision of HR consultancy services by Dearden Search and Selection Ltd to the Trust. Mark Gammage, who was Director of Human Resources and Organisational Development until 8th September 2013, is Managing Director of Dearden Consulting Ltd. Dearden Consulting Ltd holds a minority shareholding in Dearden Search and Selection Ltd. Transactions totalled £29k with Dearden Search and Selection Ltd (2012/13 £21k) out of which £2k was still outstanding as at 31st March 2014 (31st March 2013 £5k).

There was a related party transaction between the Trust and David Radbourne, Chief Operating Officer, for provision of a season ticket loan of £3k at 31st March 2014 (31st March 2013 £3k). The season ticket loan was offered as part of a Trust wide scheme open to all employees.

Chelsea and Westminster Hospital NHS Foundation Trust - Annual Accounts Year 2013/14

NOTES TO THE ACCOUNTS

27.2	Related Party Transactions	31 Mar 14	31 Mar 13	31 Mar 14	31 Mar 13
		Income £000	Income £000	Expenditure £000	Expenditure £000
	Legacy Organisations	0	285,446	0	389
	Department of Health	3,288	3,365	1,259	831
	Imperial College Healthcare NHS Trust	2,568	2,326	15,070	15,012
	NHS England	111,890	0	0	0
	NHS West London CCG	51,839	0	28	0
	NHS Hammersmith & Fulham CCG	31,476	0	0	0
	NHS Wandsworth CCG	30,325	0	0	0
	NHS Central London (Westminster) CCG	17,965	0	76	0
	NHS Ealing CCG	5,658	0	10	0
	NHS Hounslow CCG	4,842	0	0	0
	NHS Lambeth CCG	4,675	0	0	0
	NHS Richmond CCG	4,053	0	0	0
	NHS Brent CCG	2,483	0	0	0
	Health Education England	23,857	0	23	0
	NHS Trust Development Authority	2,351	0	0	0
	London Borough of Hammersmith & Fulham Council	3,329	0	186	0
	The Royal Borough of Kensington & Chelsea Council	1,753	0	1,741	0
	Westminster City Council	1,736	0	0	0
	Other Government Departments and central bodies:				
	HM Revenue & Customs	0	0	46,278	45,450
	NHS Pensions Agency	0	0	28,482	24,714
	NHS Business Services Authority	0	0	6,882	6,057
	NHS Litigation Authority	0	0	6,832	6,054
		31 Mar 14	31 Mar 13	31 Mar 14	31 Mar 13
		Accounts	Accounts	Accounts	Accounts
		Receivable	Receivable	Payable	Payable
		£000	£000	£000	£000
27.3	Related Party Balances	0	3,917	0	284
	Imperial College Healthcare NHS Trust	1,112	852	2,748	1,292
	Department of Health	0	44	45	0
	NHS England	3,256	0	87	0
	NHS West London CCG	4,379	0	0	0
	NHS Hammersmith & Fulham CCG	2,570	0	0	0
	NHS Wandsworth CCG	2,076	0	0	0
	NHS Central London (Westminster) CCG	0	0	208	0
	NHS Ealing CCG	725	0	10	0
	NHS Hounslow CCG	516	0	0	0
	NHS Lambeth CCG	415	0	0	0
	NHS Richmond CCG	708	0	0	0
	NHS Brent CCG	159	0	0	0
	Health Education England	195	0	0	0
	NHS Trust Development Authority	2,351	0	0	0
	London Borough of Hammersmith & Fulham Council	605	0	0	0
	The Royal Borough of Kensington & Chelsea Council	155	0	0	0
	Westminster City Council	582	0	0	0
	Other Government departments and central bodies:				
	HM Revenue & Customs	825	1,265	3,927	3,880
	NHS Pensions Agency	0	0	2,411	2,133

The Trust has related party balances and transactions with the Department of Health for dividend payments for public dividend capital. The transactions are shown in the Statement of Comprehensive Income and the payables balance is disclosed in note 15.1.

In the prior year there were related party transactions and balances with Primary Care Trusts and NHS London. These have been summarised as transactions and balances with Legacy Organisations in the above note.

28 PFI Schemes

The Trust is not party to any PFI Schemes.

29 Losses and Special Payments

There were 239 cases of losses and special payments (2012/2013 - 421 cases) totalling £0.3m (2012/2013 - £0.5m) for the year ended 31 March 2014. The amounts reported as losses and special payments are reported on an accruals basis but excluding provisions for future losses.

		2013/14	2013/14	2012/13	2012/13
		Number	£000	Number	£000
Losses:	Losses of cash	26	54	64	90
	Bad Debts	183	161	314	288
		209	215	378	378
Special payments:	Compensation- legal obligation	0	0	2	4
	Ex gratia payments	30	69	41	124
		30	69	43	128
Total losses and special payments		239	284	421	506

Chelsea and Westminster Hospital NHS Foundation Trust - Annual Accounts Year 2013/14

NOTES TO THE ACCOUNTS

30 Financial Instruments

IAS 32 (Financial Instruments: Disclosure and Presentation), IAS 39 (Financial Instrument Recognition and Measurement) and IFRS 7 (Financial Instruments: Disclosures) require disclosure of the role that financial instruments have had during the year in creating or changing the risks an entity faces in undertaking its activities. The Trust does not have any complex financial instruments and does not hold or issue financial instruments for speculative trading purposes. Because of the continuing service provider relationship the Trust has with healthcare commissioners and the way those healthcare commissioners are financed, the Trust is not exposed to the degree of financial risk faced by non NHS business entities.

The Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

The Finance and Investment Committee manages the Trust's funding requirements and financial risks in line with the Board approved treasury policies and procedures and their delegated authorities.

The Trust's financial instruments comprise loans, finance lease obligations, provisions, cash at bank and in hand and various items, such as trade debtors and trade creditors, that arise directly from its operations. The main purpose of these financial instruments is to raise finance for the Trust's operations.

31 Categories of Financial Instruments

	31 Mar 14	31 Mar 13
31.1 Financial assets	£000	£000
Loans and receivables (including cash)	56,171	54,227
Total	56,171	54,227

	31 Mar 14	31 Mar 13
31.2 Financial liabilities	£000	£000
Other financial liabilities (amortised cost)	83,466	63,393
Total	83,466	63,393

32 Financial Instruments Book Value to Fair Values

	Book value	Book value
32.1 Book Values of Financial Assets & Liabilities	31 Mar 14	31 Mar 13
	£000	£000
Financial assets	56,171	54,227
Financial liabilities		
Finance leases obligation for more than 1 year	0	1,895
Loans due in more than 1 year	38,175	23,563
Total	38,175	25,458

	Fair value	Fair value
32.2 Fair Values of Financial Assets & Liabilities	31 Mar 14	31 Mar 13
	£000	£000
Financial liabilities		
Finance leases obligation for more than 1 year	0	1,895
Loans due in more than 1 year	38,175	23,563
Total	38,175	25,458

As allowed by IFRS 7, short term trade debtors and payables measured at amortised cost may be excluded from the above disclosure as their book values reasonably approximate their fair values.

Chelsea and Westminster Hospital NHS Foundation Trust - Annual Accounts Year 2013/14

NOTES TO THE ACCOUNTS

33 Liquidity and Interest Risk Tables

	Weighted ave. interest rate	Less than 1 year	1-2 years	2-5 years	More than 5 years	Total
33.1 Financial assets:	%	£000	£000	£000	£000	£000
Non-interest bearing	0.00%	39,316	0	0	0	39,316
Variable interest rate instrument	0.25%	16,855	0	0	0	16,855
Gross financial assets at 31 March 14		56,171	0	0	0	56,171
Non-interest bearing	0.00%	12,609	0	0	0	12,609
Variable interest rate instrument	0.45%	41,618	0	0	0	41,618
Gross financial assets at 31 March 13		54,227	0	0	0	54,227

	Weighted ave. interest rate	Less than 1 year	1-2 years	2-5 years	More than 5 years	Total
33.2 Financial liabilities:	%	£000	£000	£000	£000	£000
Non-interest bearing	0.00%	34,470	0	0	0	34,470
Finance lease liability	0.00%	0	0	0	0	0
Fixed interest rate instrument	2.31%	6,125	6,338	18,899	12,938	44,300
Provisions under contract	0.25%	4,078	45	136	437	4,696
Gross financial liabilities at 31 March 14		44,673	6,383	19,035	13,375	83,466
Non-interest bearing	0.00%	30,854	0	0	0	30,854
Finance lease liability	3.84%	299	394	552	852	2,097
Fixed interest rate instrument	3.06%	3,625	3,625	10,875	9,063	27,188
Provisions under contract	0.33%	2,620	44	133	457	3,254
Gross financial liabilities at 31 March 13		37,398	4,063	11,560	10,372	63,393

34 Interest Rate Risk

100% of the Trust's financial assets and 100% of its financial liabilities carry nil or fixed rates of interest. Chelsea and Westminster Hospital NHS Foundation Trust was not, therefore, exposed to significant interest rate risk.

35 Liquidity risk

The Trust's net operating costs are mainly incurred under legally binding contracts with commissioners, which are financed from resources voted annually by Parliament. This provides a reliable source of funding stream which significantly reduces the Trust's exposure to liquidity risk.

The Trust also manages liquidity risk by maintaining banking facilities and loan facilities to meet its short and long term capital requirements through continuous monitoring of forecast and actual cash flows.

In addition to internally generated resources the Trust finances its capital programme through agreed loan facilities with the Independent Trust Financing Facility. The Trust does not have a working capital facility as at 31st March 2014.

NOTES TO THE ACCOUNTS

36 Credit risk

Credit risk exists where the Trust can suffer financial loss through default of contractual obligations by a customer or counterparty.

Trade debtors consist of high value transactions with healthcare commissioners under contractual terms that require settlement of obligation within a time frame established generally by the Department of Health. Other trade debtors include private and overseas patients, spread across diverse geographical areas. Credit evaluation is performed on the financial condition of accounts receivable and, where appropriate, sufficient prepayment is required to mitigate the risk of financial loss.

Credit risk exposures of monetary financial assets are managed through the Trust's treasury policy which limits the value that can be placed with each approved counterparty to minimise the risk of loss. The counterparties are limited to the approved financial institutions with high credit ratings. Limits are reviewed regularly by senior management.

The maximum exposure of the Trust to credit risk is equal to the total trade and other receivables within Note 13.

37 Operating Segments

The Board of Directors is of the opinion that the Trust's operating activities fall under the single heading of healthcare for the purpose of operating segments disclosure. IFRS 8 requirements were considered and the Trust has determined that the Chief Operating Decision Maker is the Trust Board of Chelsea and Westminster Hospital NHS Foundation Trust. It is the responsibility of the Trust Board to formulate financial strategy and approve budgets. Significant operating segments that are reported internally are the ones that are required to be disclosed in the financial statements. There is no segmental reporting for revenue, assets or liabilities to the Trust Board. Expenditure is reported by segment to the Trust Board. However those segments fully satisfy the aggregation criteria to be one reportable segment as per IFRS 8. Therefore all activities of the Trust are considered to be one segment, 'Healthcare', and there are no individual reportable segments on which to make disclosures.

38 Academic Health Science Partnership

The Trust has continued to be a partner in Imperial College Health Partners Limited, a company limited by guarantee, in the year, with Imperial College and a number of other local trusts. The company provides central services for the Imperial Academic Health Science Partnership, in which the Trust participates. The Trust's initial investment was £1, and the Trust's contribution to the costs of the company for the year was £0.1m (2012/13 £0.05m).

39 IT Shared Services Company

The Trust established a 50% share in the year in ITakeso Limited (company no. 8903040), an IT shared services company which is currently not trading. No investment was made in the company in the year.

...the ...

Chelsea and Westminster Hospital

NHS Foundation Trust

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