

Annual Members' Meeting

2017/18





Sir Thomas Hughes-Hallett

Chairman













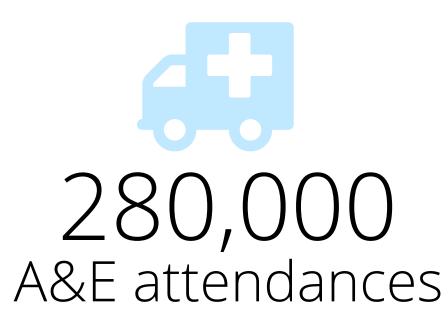
Lesley Watts

Chief Executive









>1m catchment area







760,000 outpatient attendances







137,000 inpatient admissions







11,600 babies delivered







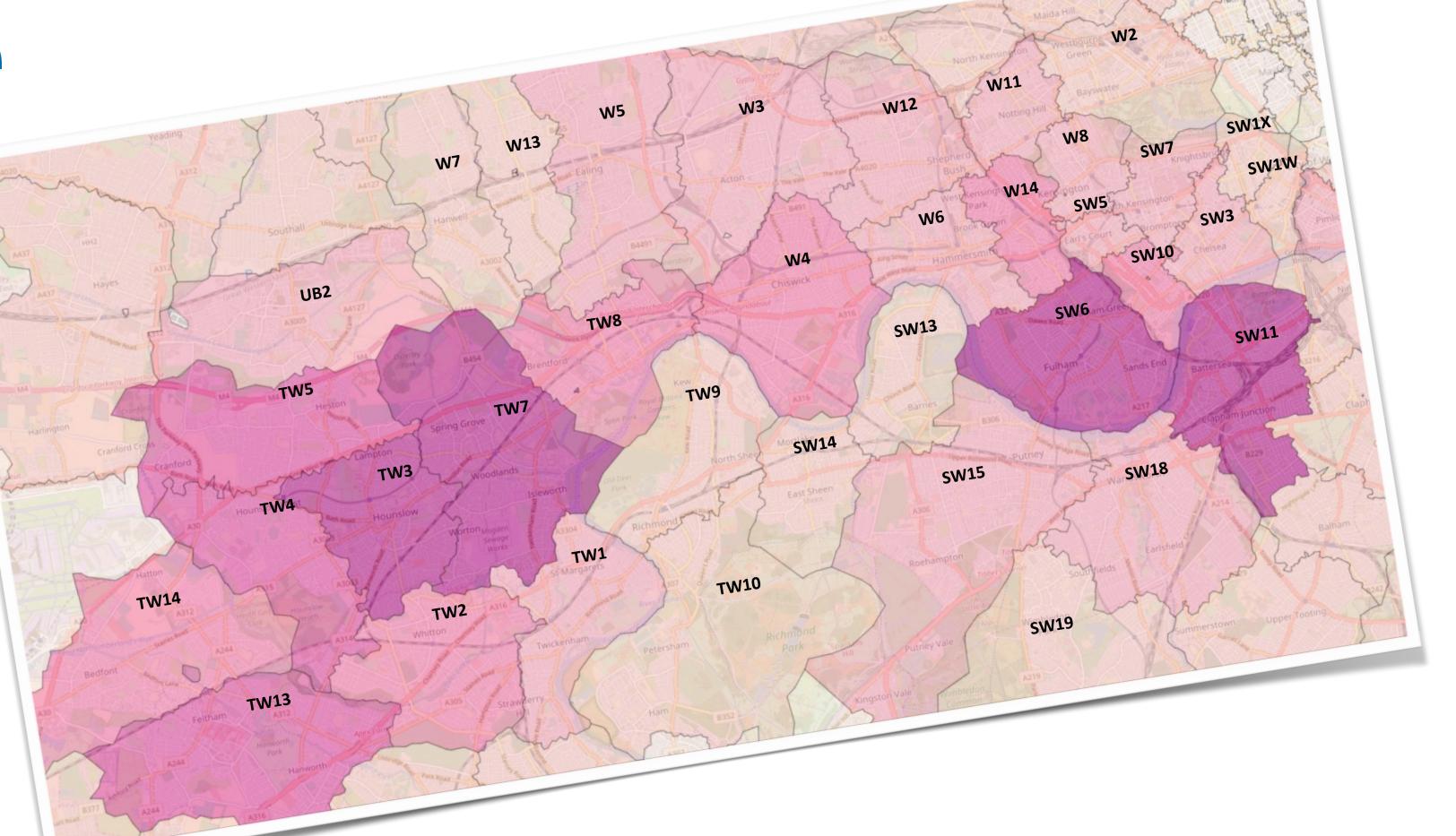




The people

we serve

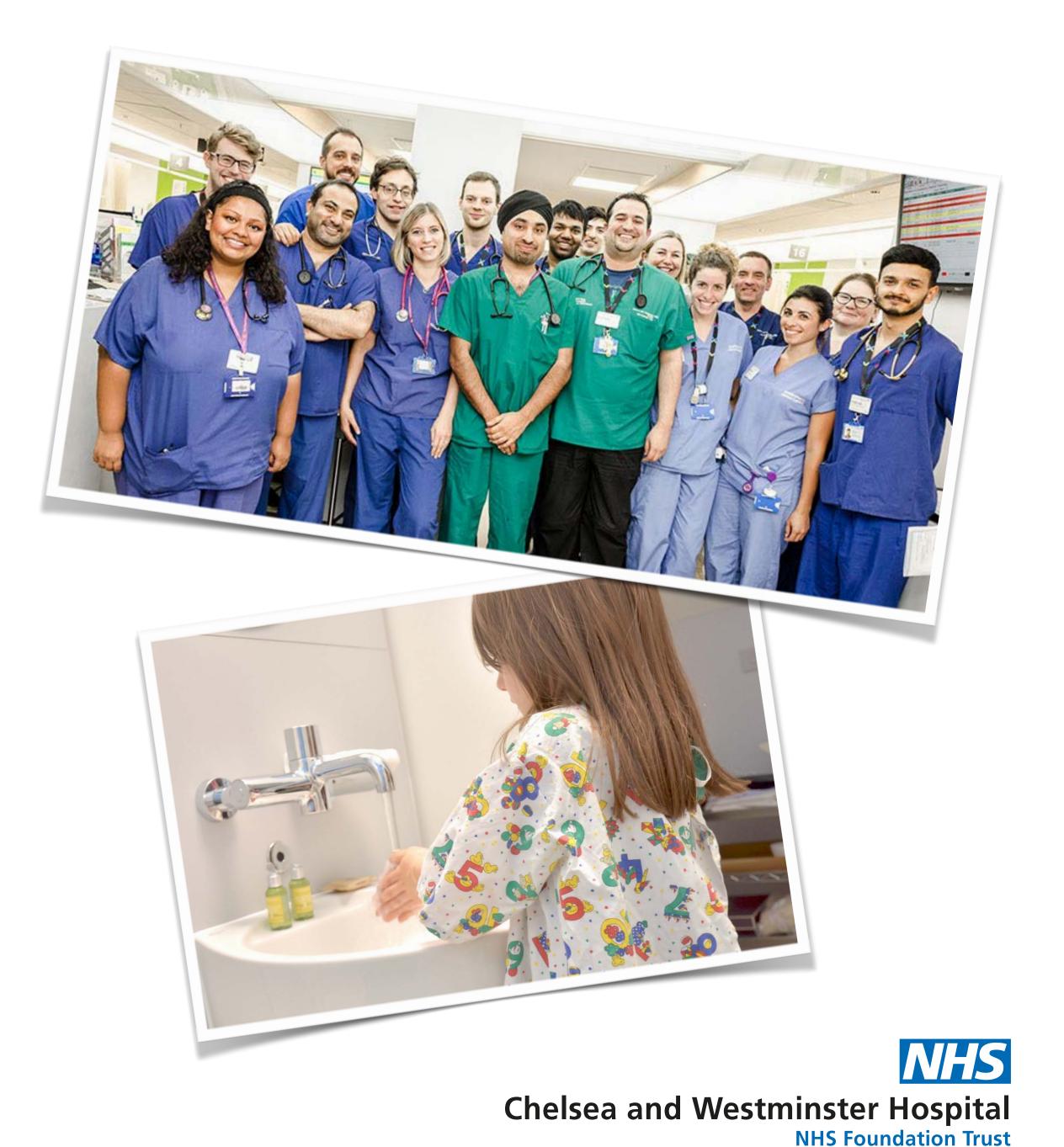








Performance







Quality



NHS Foundation Trust





Finance









Culture and Values









Reflections on our performance and reputation

Additional National Trainees appointed for 2018/19 reflecting our growing influence and reputation

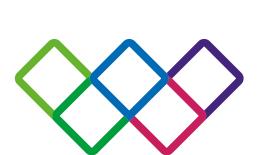
What We Found

Care Quality Commission We rated well-led at the trust level as good. The Referral to Treatment (RTT) and Cancer.

trust had successfully merged the two former trusts and this merger had been undertaken sensitively to ensure cohesion acknowledging and adopting the best practice from both. At the same time the trust maintained financial surplus as well as achieving all major targets such as the national access standards for A&E 4 hour waits, most



Great work by operational, clinical and technology teams: the fundamental trifecta for digital transformation. One of the best I've seen



Very positive inspection report on @ChelwestFT from NHS watchdogs. Can't recall reading such a glowing report from @CareQualityComm

Theresa May, Jeremy Hunt and NHSI note CWFT's outstanding response to major incidents





Mum Helen had this message for us: "Just to say a massive thank you from us. It's never fun having to stay in hospital when your little one is ill but the staff went out of their way to make Louis happy and that means the world to us."



5 days @ C&W he received the greatest level of care you could possibly imagine from everyone in the NICU unit, with special mention to the wonderful nurses.

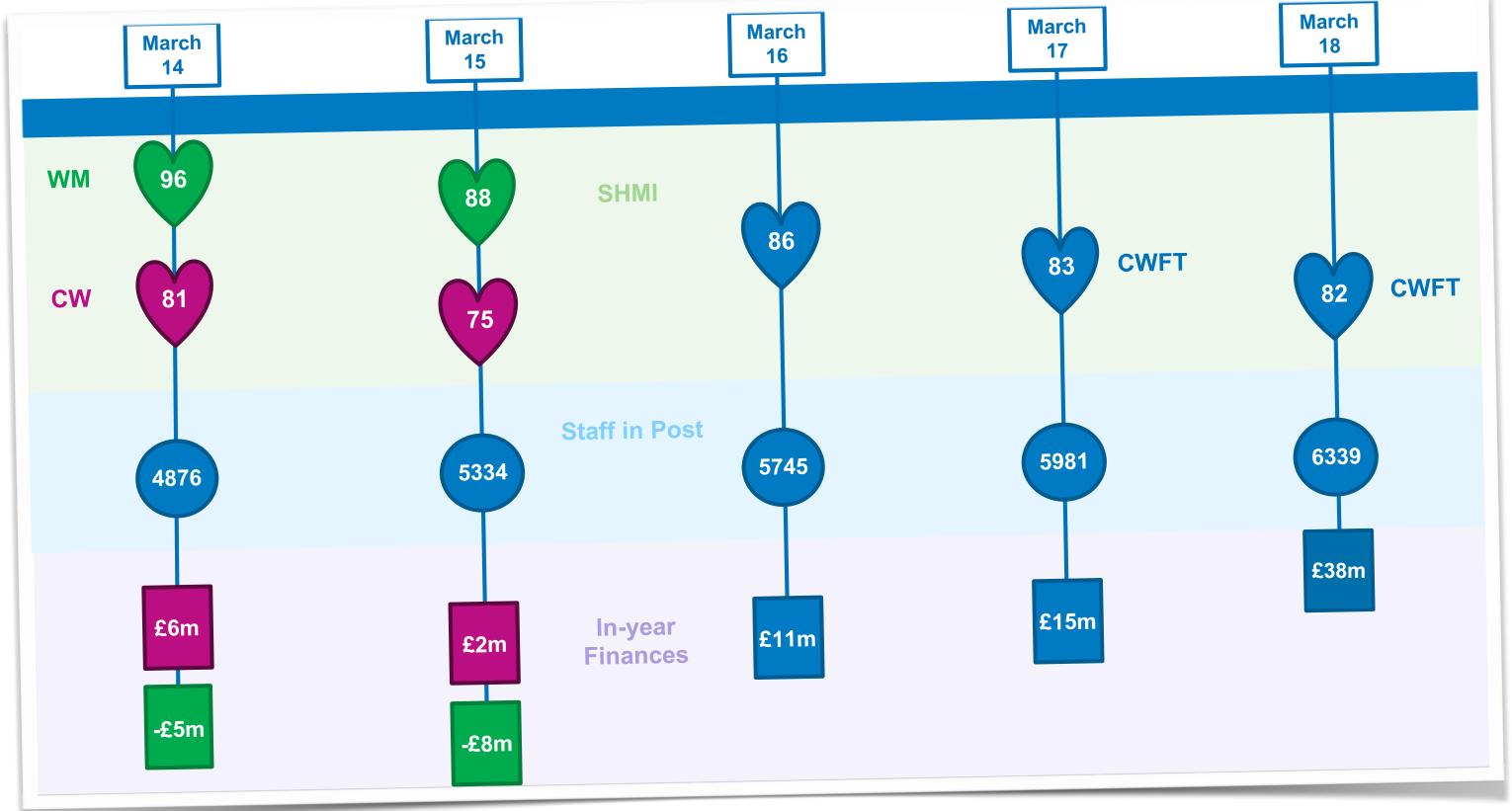
Thank you.







Well-led organisation providing high quality care

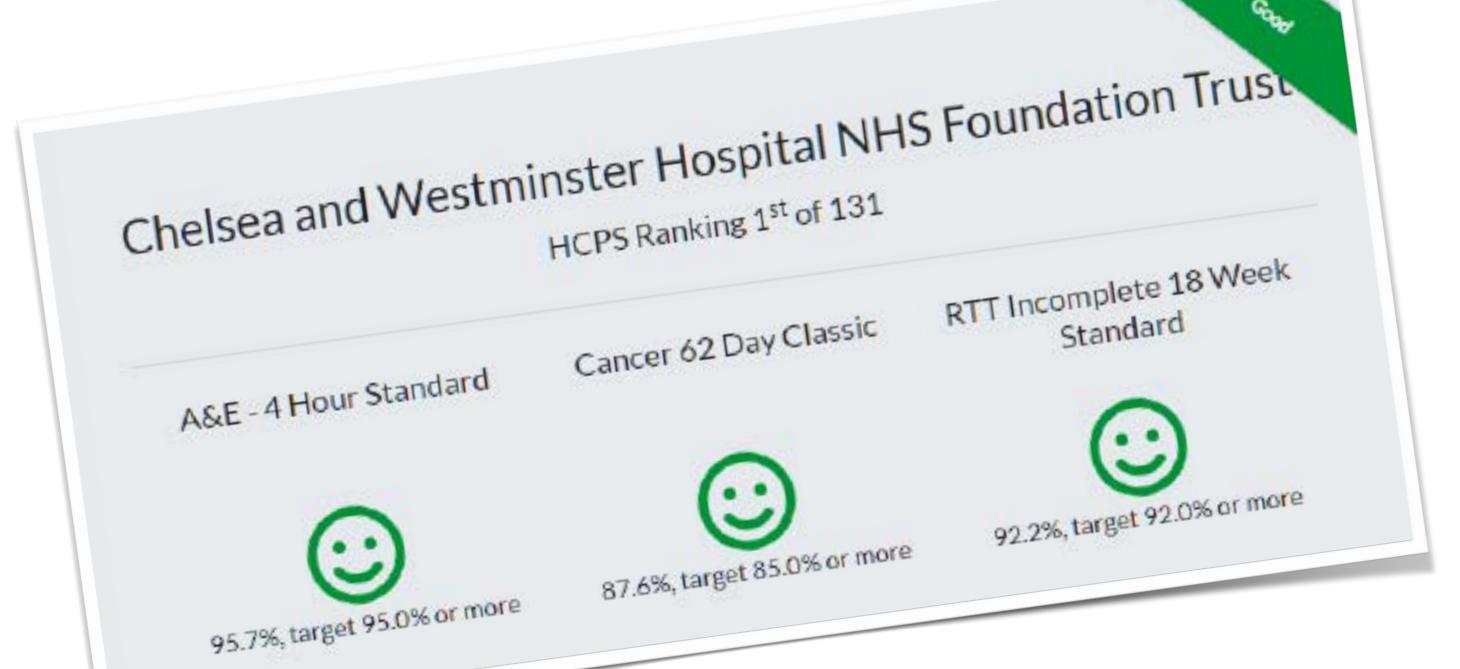


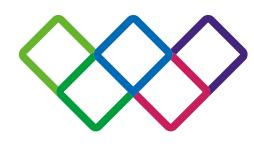






Proud of our staff and what they have achieved











Putting patients first

patients and staff





#PROUDtoCare









Responsive to, and supportive of,

Unfailingly kind, treating everyone with

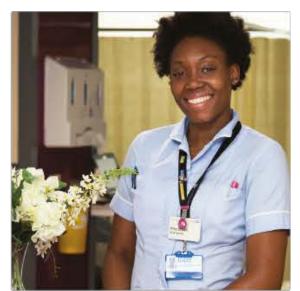
respect, compassion and dignity

Determined to develop our skills and

Open, welcoming and honest

































continuously improve the quality of care



















Sandra Easton

Chief Financial Officer







Financial performance

Chelsea and Westminster Hospital NHS Foundation Trust 2017/18







What is an annual report?



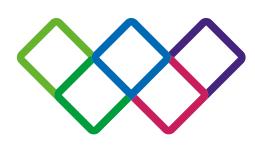






Statement of comprehensive income 2017/18

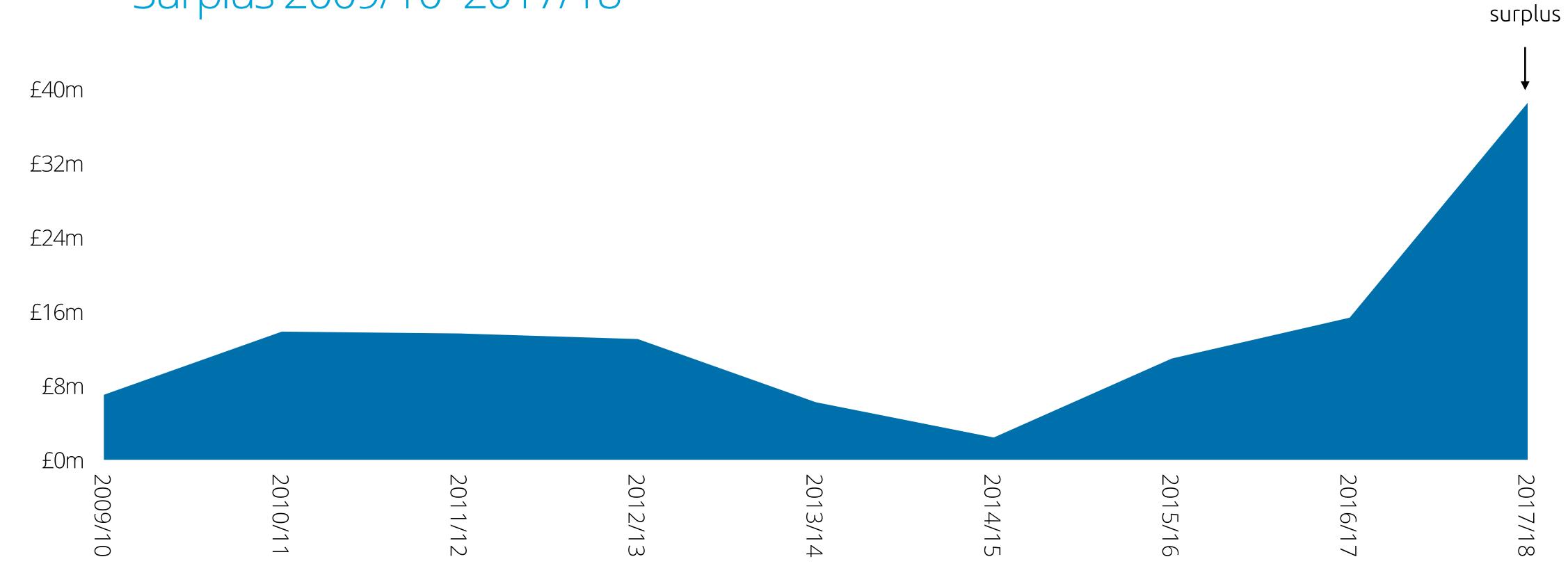
	2017/18	2016/17
	£000s	£000s
Operating income from patient care activities	556,312	517,492
Other operating income	101,605	107,476
Total operating income from continuing operations	657,917	624,968
Operating expenses	-604,895	-595,361
Operating surplus/(deficit) from continuing operations	53,022	29,607
Net finance costs	-14,836	-13,840
Other gains/(losses)	13	-807
Share of profit of associates/joint arrangements	229	357
Gains/(losses) arising from transfers by absorption	_	-
Surplus for the year from continuing operations	38,428	15,317
Adjust for exceptional items		
Other comprehensive income		
Asset impairment/revaluation	12,833	5,608
Gains/(losses) of disposal of non-current assets	_	-807
2016/17 STF funding received in 2017/18	268	-
Donated asset adjustment	-293	312
Total	12,808	5,113
Surplus/(Deficit) adjusted for exceptional items	25,620	10,204











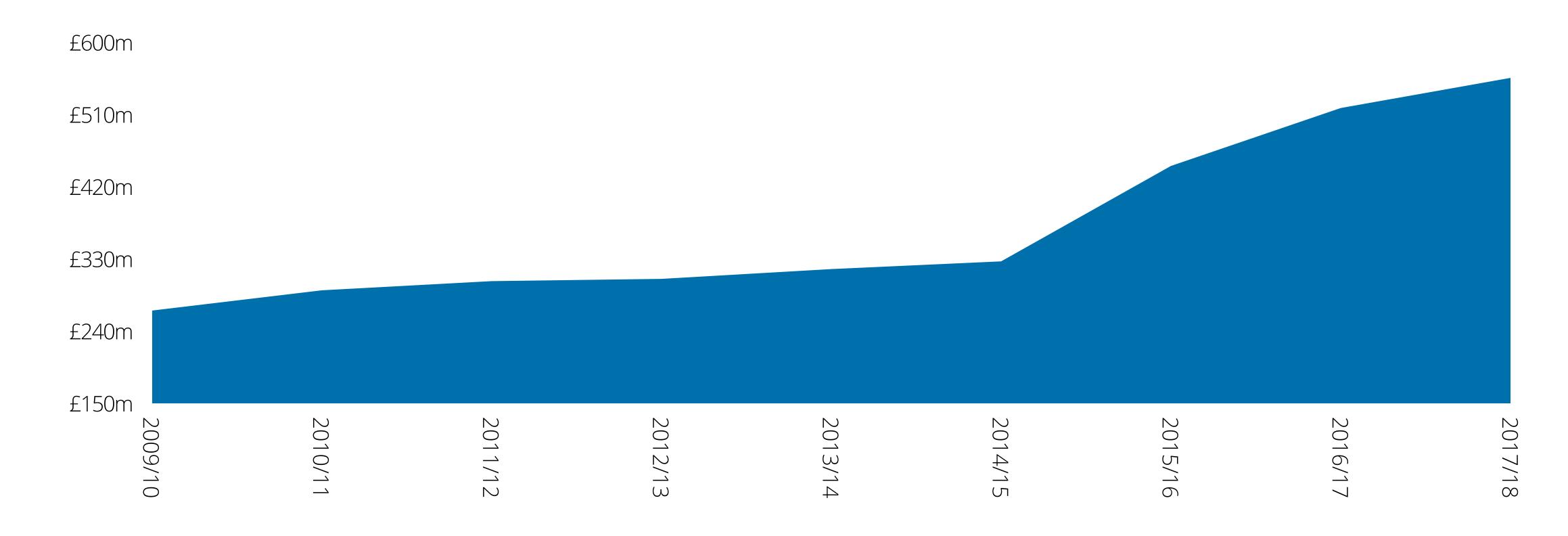




£38.4m



Clinical income 2009/10–2017/18

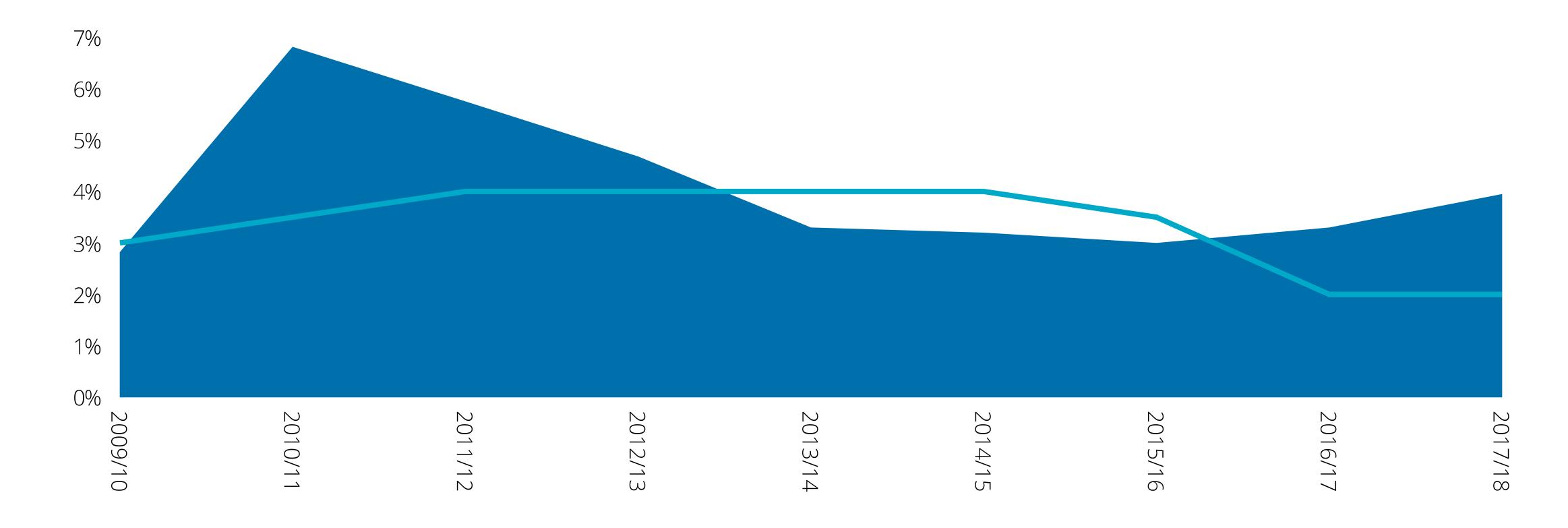








Cost Improvement Programme (CIP) 2009/10–2017/18









Capital programme

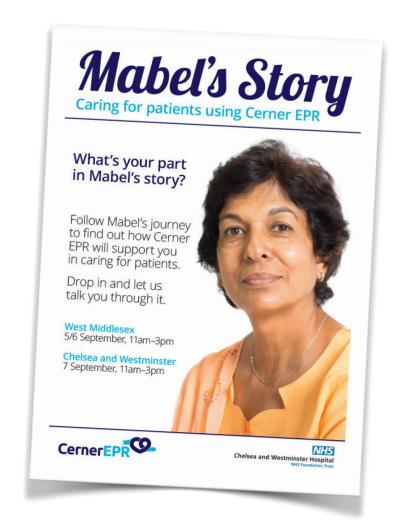
In 2017/18 we invested £37.9m in capital



Start of NICU/ICU project (£2.2m)



Medical equipment updates (£5.4m)



Electronic patient record (£16.5m)



Fire safety (£5.5m)







Lookingahead

2017/18 plan is for a surplus of £22.7m

Use of resources rating of 1

CIP requirement £25.1m

Capital programme £51.9m







1. Which England squad visited the Trust in December 2017?







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England rugby 7s







2. How much did the Trust spend on drugs in 2017/18? How much did the Trust spend on clinical negligence costs in 2017/18?





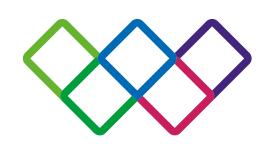
- 2. How much did the Trust spend on drugs in 2017/18? How much did the Trust spend on clinical negligence costs in 2017/18?
 - £86m (compared to £346m on staff)
 - £16m on clinical negligence







3. What does 1,141.12 and 466.82 tonnes represent?





3. What does 1,141.12 and 466.82 tonnes represent?

Clinical tonnes and landfill waste (down 10% on 2016/17)







4. On what did we achieve 94.4% in 2017/18?





4. On what did we achieve 94.4% in 2017/18?

Total time in A&E less than 4 hours compared to 95% target (92% in 2016/17)







5. What percentage of Freedom of Information (FOI) requests did we answer within 20 days?







5. What percentage of Freedom of Information (FOI) requests did we answer within 20 days?

91.1% compared to a target of 90%







Auditor





Deloitte.



Chelsea and Westminster Hospital NHS Foundation Trust External audit report to the Governing Body on the audit of the Trust's financial statements and Quality Report for the year ended 31 March 2018

Issued on 20 September for the meeting 27 September

Deloitte Confidential: Public Sector

Introduction

We have completed the external audit of the Trust for the year ended 31 March 2018. This report includes information on our approach and opinion.

This presentation summarises the findings of our external audit of the Trust's financial statements for the year ended 31 March 2018. We also performed testing on the Trust's Quality Report. Our findings from that work are set out in a separate report to you.

We provided detailed reports, on both our audit of the Trust's financial statements and our work on the Trust's Quality Report, to the Trust's Audit Committee and Board in May 2017. On 25 May 2018, we signed our audit opinion on the Trust's financial statements.

We have issued an unmodified audit opinion, with no reference to any matters in respect of the Trust's arrangements to secure economy, efficiency and effectiveness in the use of resources. The full opinion on the financial statements can be found in the Annual Report.

We have issued a modified quality report opinion as a result of our work undertaken on Referral to Treatment (RTT) incomplete pathways and A&E 4 hour wait indicators. This modified opinion can also be found in the Annual Report.

Responsibilities of the external auditor

1

Financial statement audit

Expressing an opinion on the Trust's accounts and whether they give a "true and fair" view. We issued an unmodified ("clean") opinion for the year ended 31 March 2018 financial statements, including the remuneration report.

2

Use of resources

Reporting by exception if we are not satisfied the Trust has made proper arrangements for security economy, efficiency and effectiveness in the use of resources. We did not report any exceptions.

3

Annual Governance Statement

Reporting by exception if the Annual Governance Statement is incomplete or inconsistent with our understanding. We did not identify any issues requiring comment in our audit opinion.

4

Quality Report

Specified testing of the Quality Report, including testing two national indicators. Our report was modified in respect of the 18 week Referral to Treatment incomplete pathway and 4 hour A&E waiting times metrics. We noted recommendations in our private report to the Governors.

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Executive Summary - Financial Statement Audit

We issued an unmodified ("clean") opinion on the financial statements

	Current year (£m)	Prior year (£m)	Increase/ (Decrease) (£m)	% Increase/ (Decrease)
Revenue	657.9	625.0	32.9	5%
Operating surplus / (deficit) for the year	53.0	29.6	23.4	79%
Surplus for the year	38.4	15.3	23.1	151%
Gross land and buildings value	378.5	353.0	25.5	7%
Net Assets	391.0	317.9	73.1	23%

Significant audit risks

The detail of our work and findings in respect of these risks is set out in our Audit Report on page 180 of the Annual Report.

NHS revenue and provisions			
Property valuations			
Capital additions			
Management override of controls			

Deloitte Confidential: Public Sector

Executive Summary - Quality Report

We qualified our conclusion on both 18 weeks referral to treatment (RTT) and the 4 hours A&E waits metrics.

Content and consistency review

Review content Document review Interviews Form an opinion

We have completed our content and consistency review. From our work, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2018 the Quality Report is not prepared in all material respects in line with the criteria set out in the ARM).

	Overall conclusion
Content Are the Quality Report contents in line with the requirements of the Annual Reporting Manual?	Yes
Consistency Are the contents of the Quality Report consistent with the other information sources we have reviewed (such as Internal Audit Reports and reports of regulators)?	Yes

Performance indicator testing

Interviews Identify potential risk areas Detailed data improvement testing nt areas

NHS Improvement requires Auditors to undertake detailed data testing on a sample basis of three mandated indicators. We perform our testing against the six dimensions of data quality that NHS Improvement specifies in its guidance.

From our work, we are unable to conclude whether for the year ended 31 March 2018, the indicators in the Quality Report subject to limited assurance are reasonably stated in all material respects in accordance with the ARM and the six dimensions of data quality set out in the "Detailed Guidance for External Assurance on Quality Reports 2017/18".

	4 Hours A&E	18 Week RTT	Local Indicator - 62 Day Cancer
Recommendations identified?	✓	✓	-
Overall Conclusion	Modified Opinion	Modified Opinion	No opinion required

The six dimensions of data quality:

Accuracy

Is data recorded correctly and is it in line with the methodology.

Validity

Has the data been produced in compliance with relevant requirements.

Reliability

Has data been collected using a stable process in a consistent manner over a period of time.

Timeliness

Is data captured as close to the associated event as possible and available for use within a reasonable time period.

Relevance

Does all data used generate the indicator meet eligibility requirements as defined by guidance.

Completeness

Is all relevant information, as specific in the methodology, included in the calculation.

Deloitte Confidential: Public Sector



Council of Governors report 2017/18

Simon Dyer Lead Governor







What does the Council of Governors do?









Areas where governors made an impact last year







Results of the elections held in November 2017 and January 2018







Patient governor

• Christopher Digby-Bell (elected)

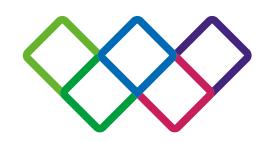






Public governors

- City of Westminster:
 Martin Lewis (elected)
- London Borough of Richmond upon Thames:
 Fiona O'Farrell (elected unopposed)
 Johanna Mayerhofer (elected unopposed)
- Royal Borough of Kensington and Chelsea:
 Richard Ballerand (elected)

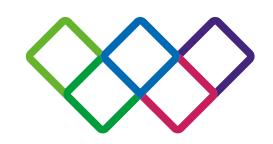






Staff governors

- Contracted class:
 Jodiene Grinham (elected)
- Medical and dental class:
 Prof Mark Nelson (elected)







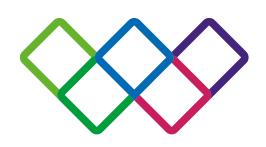
Forthcoming elections October 2018







Non-executive director appointments







Trust membership

Total membership as at the end of March 2018 was 18,868







Membership and engagement strategy







Why become a member?







Election timetable







Get in touch

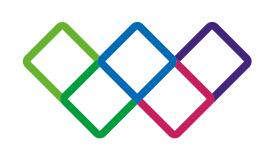
Vida Djelic (Board Governance Manager)

- 020 3315 6716
- vida.djelic@chelwest.nhs.uk

Priscilla Gyewu (Membership Officer)

- 020 3315 6725
- priscilla.gyewu@chelwest.nhs.uk









Clinical presentations

Role of volunteers in end-of-life care Winter planning







Role of volunteers in end-of-life care

Rachael Allsop

Head of Volunteering Services

Dr Louise Robinson

Consultant in Palliative Care







The person in the patient

Antonia's story







Antonia

58-year-old lady

Cancer of unknown primary with pancreatic and bone metastases

Reason for referral to Specialist Palliative Care

Pain control







Assessment



• Dry mouth

- Supportive family
- Distressed as couldn't return home
- Retired music teacher and singer missed music

- 7th Day Adventist
- Wondering what will happen to her
- Concern about leaving loved ones
- Fear of the unknown



Physical

Spiritual

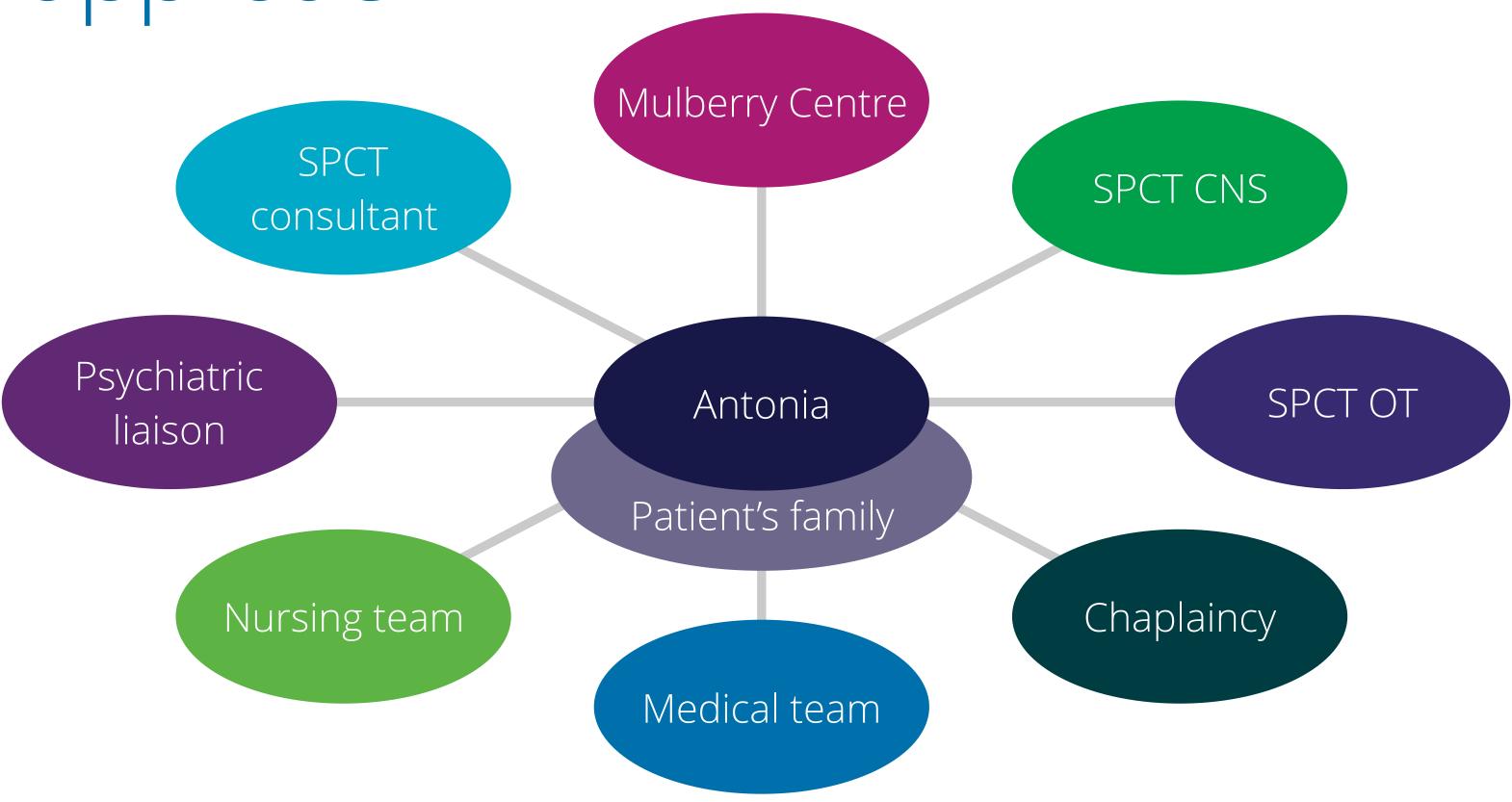
- Low mood
- Anxiety
- Fear
- Frustration
- Feeling helpless
- Altered body image







MDT approach









Antonia









Antonia

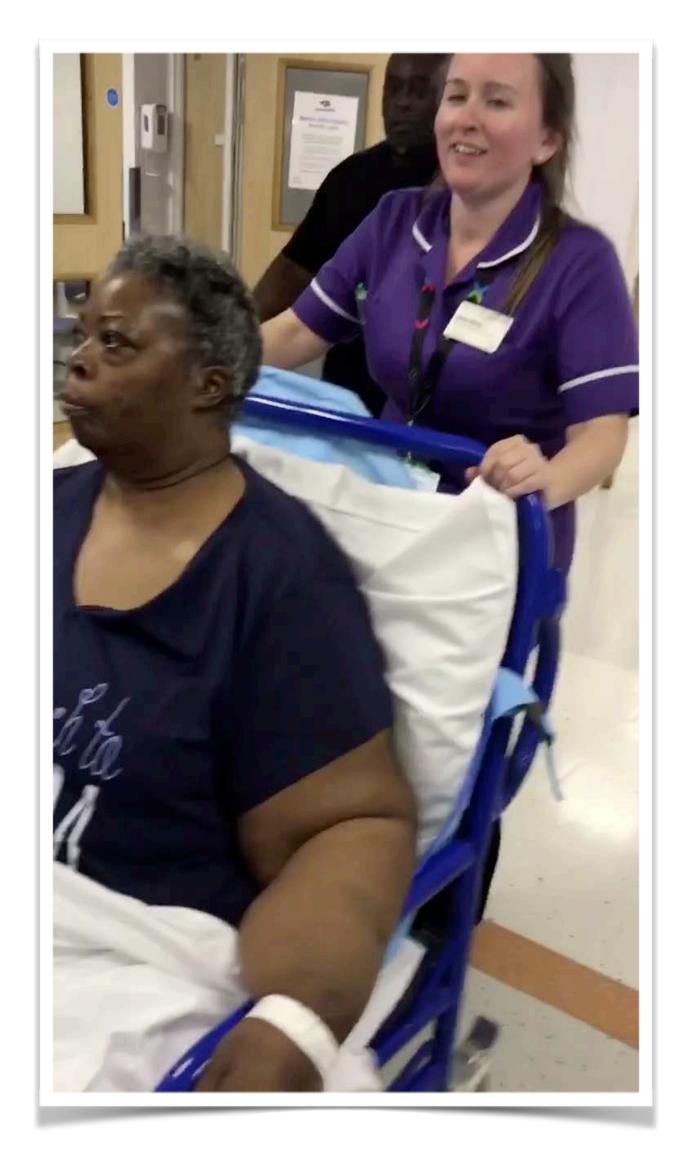


















"You matter because you are you, and you matter to the end of your life.

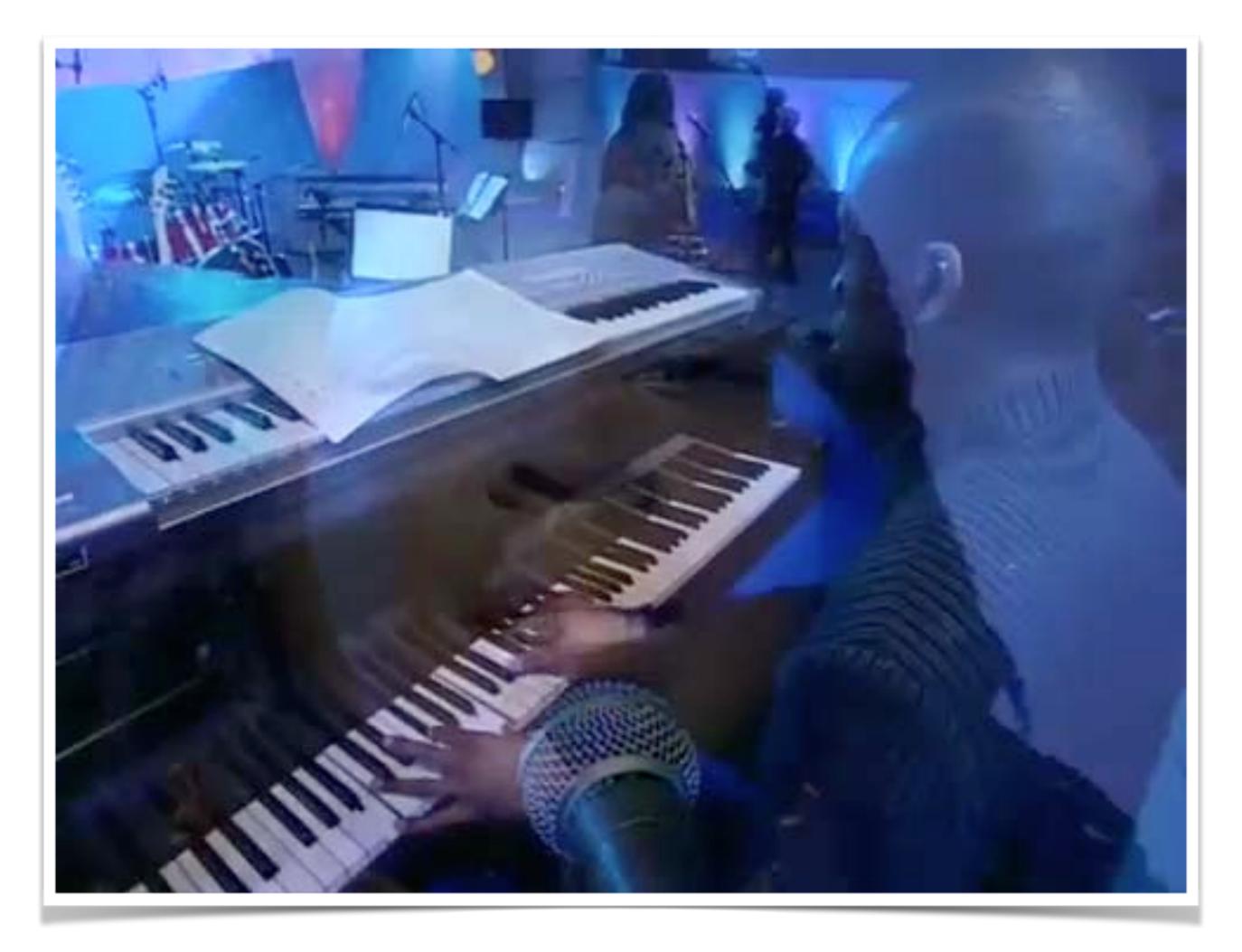
"We will do all we can not only to help you die peacefully, but also to live until you die."

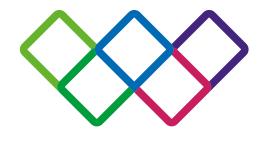
—Dame Cicely Saunders, 1918–2005 Nurse, physician and writer Founder of hospice movement











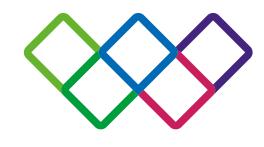




End-of-life volunteer opportunities

Supporting administration

Befriending







Winter planning

Dr David Shackleton

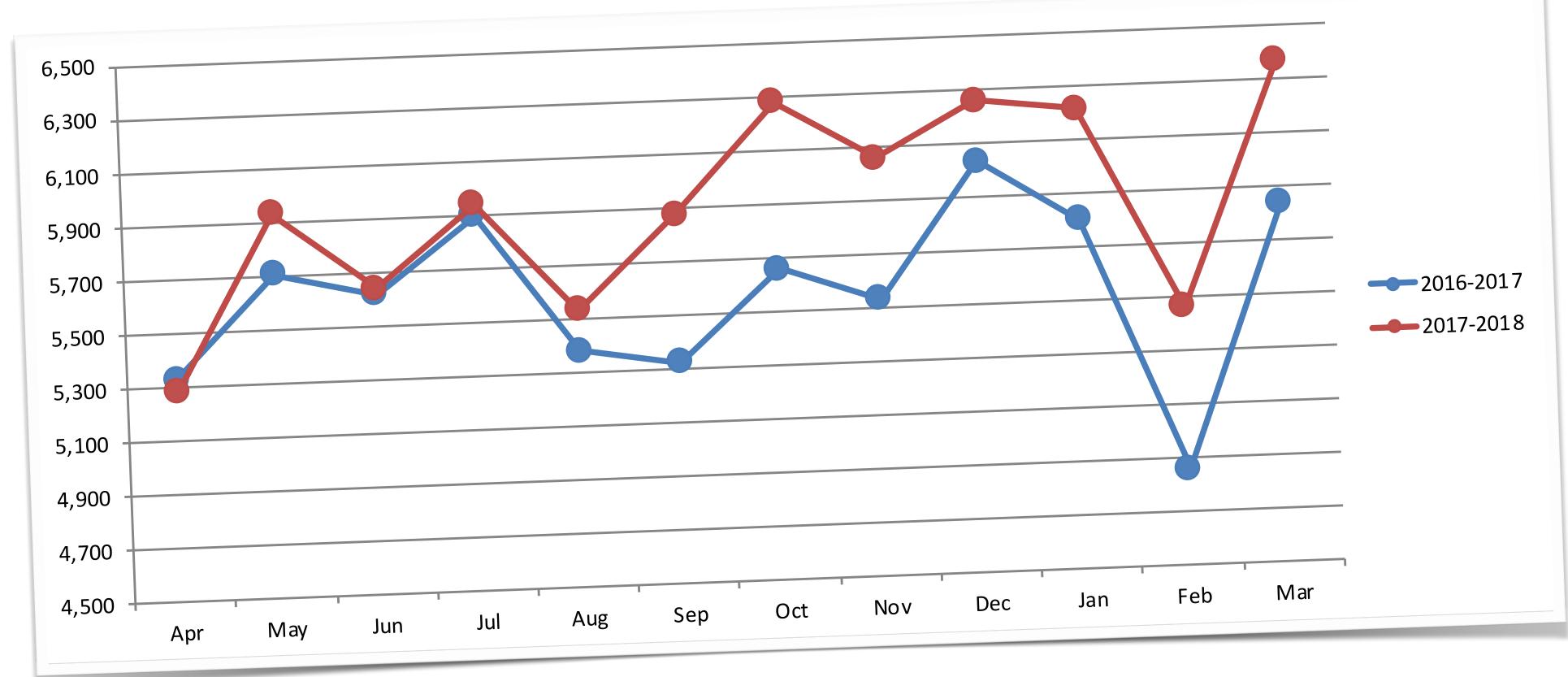
Consultant in Emergency Medicine







Attendances have increased by 8% in one year







What have we achieved under this pressure?







What are we doing to prepare for this winter?







Your questions

Sir Thomas Hughes-Hallett







Closing remarks

Sir Thomas Hughes-Hallett







Annual Members' Meeting

2017/18

