

**TRUST BOARD AGENDA – PUBLIC**

26 November 2014

10am – 12.30pm

Oak Suite, W12 Conference Centre,  
Hammersmith Hospital,  
London W12 0HS

Agenda Number		Presenter	Timing	Paper No.	Page No.
<b>1</b>	<b>Administrative Matters</b>				
1.1	Chairman's Opening Remarks	Chairman	10.00	Oral	
1.2	Apologies	Chairman		Oral	
1.3	Board Member's Declarations of Interests	Chairman		1	3 - 4
1.4	Minutes of the meeting held on 24 September 2014	Chairman		2	5 - 12
1.5	Minutes of the annual general meeting held on 24 September 2014	Chairman		3	13 - 14
1.6	Matters Arising and Action Log	Chairman		4	15 - 16
<b>2</b>	<b>Operational Items</b>				
2.1	Patient Story	Director of Nursing	10.10	5	17 - 18
2.2	Chief Executive's Report	Chief Executive	10.20	6	19 - 26
2.3	Operational Report	Chief Operating Officer	10.30	7	27 - 44
2.4	Integrated Performance Scorecard	Chief Operating Officer	10.40	8	45 - 86
2.5	Finance Performance Report	Chief Financial Officer	10.45	9	87 - 106
<b>3</b>	<b>Items for Decision</b>				
3.1	Proposal for a public and patient engagement programme	Director of Communications	10.55	10	107 - 110
3.2	NHS Trust Development Authority Self-Certifications • Board Statement August • Compliance August • Board Statement September • Compliance September	Chief Financial Officer	11.15	11	111 - 124
<b>4</b>	<b>Items for Discussion</b>				
4.1	Imperial College Healthcare Charity and Trust working together	Jane Miles, Chief Executive	11.20	Presentation	
4.2	Synopsis of the NHS England 5 Year forward View	Director of Strategy	11.30	12	125 - 134

4.3	Synopsis of the LHC 'Better Health for London'	Director of Strategy	11.35	13	135 - 142
4.4	Monitor's NHS Foundation Trust Code of Governance Assessment	Interim Trust Company Secretary	11.40	14	143 - 184
4.5	Annual Safeguarding Reports 2013/14 <ul style="list-style-type: none"> <li>Adults</li> <li>Children &amp; young people</li> </ul>	Director of Nursing	11.45	15	185 - 212
4.6	NHS Genomics Medicine Centre	Medical Director	11.55	16	213 - 216
4.7	Improvements to the Timeliness of the Provision of Medication at Discharge	Chief Operating Officer	12.00	17	217 - 220
<b>5</b>	<b>Board Committee Items</b>				
5.1	Quality Committee To note the report of the meeting of 12 November 2014	Prof Sir Anthony Newman Taylor	12.05	18	221 - 222
	To receive the minutes of the meeting of 8 October 2014			19	223 - 228
	To receive the minutes of the meeting of 20 August 2014			20	229 - 236
5.2	Finance and Investment Committee To note the oral report of the meeting of 20 November 2014	Sarika Patel		Oral	
	To receive the minutes of the meeting of 18 September 2014			21	237 - 242
5.3	Foundation Trust Programme Board To note the oral report of the meeting 18 November 2014	Dr Rodney Eastwood		Oral	
	To receive the minutes and report of the meeting of 16 September 2014			22	243 - 252
<b>6</b>	<b>Items for Information</b>				
<b>7</b>	<b>Any other Business</b>				
			12.20		
<b>8</b>	<b>Questions for the Public relating to Agenda items</b>				
<b>9</b>	<b>Date of Next Meeting</b>				
	17 December 2014, 10am – 12.30pm, Oak Suite, W12 Conference Centre, Hammersmith Hospital				
<b>10</b>	<b>Exclusion of the Press and the Public</b>				
<p>'That representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest', Section 1 (2), Public Bodies (Admission to Meetings) Act 1960</p>					

**Board Members' Register of Interests – November 2014****Sir Richard Sykes** Chairman

- Chairman, Singapore Biomedical Sciences International Advisory Council since 2002
- Chairman, UK Stem Cell Foundation since 2004
- Chairman, Careers Research Advisory Centre since 2008
- Non-Executive Chairman of NetScientific
- Chairman of Royal Institution of Great Britain
- Chancellor Brunel University

**Sir Thomas Legg** Senior Independent Director

- Imperial College Healthcare Trust Charity Trustee

**Sir Gerald Acher** Non-Executive Director

- Deputy Chairman of Camelot UK Lotteries Ltd
- Vice Chairman of Motability
- Trustee of Motability 10 Anniversary Trust
- Chairman Littlefox Communications Ltd
- Trustee of KPMG Foundation
- President of Young Epilepsy

**Dr Rodney Eastwood** Non-Executive Director

- Visiting Fellow in the Faculty of Medicine of Imperial College
- Governor, Chelsea Academy [Secondary school]
- Consultant, Mazars
- Trustee of the London School of ESCP Europe (a pan-European Business School)
- Member of the Editorial Advisory Board of HE publication
- Member of the Board of Trustees of the RAF Museum

**Jeremy M Isaacs** Non-Executive Director

- JRJ Group Limited – Director
- JRJ Jersey Limited - Director
- JRJ Investments Limited – Director
- JRJ Team General Partner Limited - Director
- Food Freshness Technology Holdings Ltd – Director
- Kytos Limited - Director
- Support Trustee Ltd – Director
- Marex Spectron Group Limited – Director/NED Chairman
- Trustee, Noah's Ark Children's Hospice
- Trustee, The J Isaacs Charitable Trust

**Professor Sir Anthony Newman-Taylor** Non-Executive Director

- Chairman, Colt Foundation
- Trustee, Rayne Foundation
- Chairman, independent Medical Expert Group, Armed Forces Compensation Scheme, MoD
- Member, Bevan Commission, Advisory Group to Minister of Health, Wales
- Rector's Envoy for Health, Imperial College
- Head of Research and Development, National Heart and Lung institute (NHLI)
- Member Advisory Board, Royal British Legion Centre for Blast Injury Studies (CBIS), Imperial College

**Sarika Patel** Non-Executive Director

- Board – Centrepont
- Board – Royal Institution of Great Britain
- Partner – Zeus Capital
- Board – London General Surgery

**Dr Andreas Raffel** Designate Non-Executive Director

- Executive Vice Chairman at Rothschild
- Member of council of Cranfield University
- Trustee of the charity Beyond Food Foundation
- Member of the International Advisory Board of Cranfield School of Management
- Non-Executive Director, Olswang LLP

**Dr Tracey Batten** Chief Executive

- Nil

**Bill Shields** Chief Financial Officer

- Elected member of CIPFA council
- Chairman, CIPFA Audit Committee
- Board member, NHS Shared Business Services
- Board member, NHS Supply Chain
- Member of the CIPFA Remuneration Committee

**Steve McManus** Chief Operating Officer

- Chair – National Neurosciences Managers Forum
- FTN COO/Director of Operations Network

**Professor Janice Sigsworth** Director of Nursing

- Honorary professional appointments at King's College London, Bucks New University and Middlesex University
- Trustee of the Foundation of Nursing Studies

**Dr Chris Harrison** Medical Director

- Non-Executive Director, CoFilmic Limited
- Director, RSChime Limited
- Vice Chair, London Clinical Senate Council

**MINUTES OF THE TRUST BOARD MEETING IN PUBLIC**

10.00am – 12.00pm  
Wednesday 24 September 2014  
Oak Suite, W12 Conference Centre  
Hammersmith Hospital

<b>Present:</b>	
Sir Richard Sykes	Chairman
Sir Gerald Acher	Non-Executive Director
Dr Rodney Eastwood	Non-Executive Director
Jeremy Isaacs	Non-Executive Director
Sir Thomas Legg	Non-Executive Director
Sir Anthony Newman Taylor	Non-Executive Director
Sarika Patel	Non-Executive Director
Andreas Raffel	Non-Executive Director Designate
Dr Tracey Batten	Chief Executive Officer
Prof Chris Harrison	Medical Director
Steve McManus	Chief Operating Officer
Bill Shields	Chief Financial Officer
Prof Janice Sigsworth	Director of Nursing
<b>In attendance:</b>	
Michelle Dixon	Director of Communications
Ian Garlington	Director of Strategy
Prof Alison Holmes	Director Infection Protection Control (from part way through Agenda Item 3.3)
Kevin Jarrold	Chief Information Officer
Prof Dermot Kelleher	Principal of the Faculty of Medicine of Imperial College (from partway through Agenda Item 2.1)
Cheryl Plumridge	Director of Governance and Assurance
Helen Potton	Interim Corporate Governance Manager (Minutes)
Ms D	Service User – agenda item 2.1 only

<b>1</b>	<b>General Business</b>
<b>1.1</b>	<b>Chairman's Opening Remarks</b> The Chairman welcomed Board members, staff and members of the public to the meeting.
<b>1.2</b>	<b>Apologies for Absence</b> Apologies for absence were received from Jayne Mee.
<b>1.3</b>	<b>Board Members' Declarations of Interest and Conflicts of Interest</b> There were no additional conflicts of interests declared at the meeting other than the standing declarations.

<b>1.4</b>	<b>Minutes of the Meeting held on 30 July 2014</b> The minutes of the meeting held on 30 July 2014 were <b>agreed</b> as a true record.
<b>1.5</b>	<b>Matters Arising and Action Log</b> The Board <b>noted</b> the updates to the action log.
<b>2</b>	<b>Operational Items</b>
<b>2.1.1</b>	<b>Patient Story</b> Prof Janice Sigsworth introduced the patient story which was to be given by Ms D, a member of staff, who had asked to receive treatment at the Trust for a potentially cancerous lump.
<b>2.1.2</b>	Ms D's first experience was in being referred to the wrong clinic after a 2 week wait. The doctor was very helpful and referred the patient to the correct clinic. When an appointment did not come through Ms D rang the number on the appointment letter but it was incorrect and there was no answer: this was a standard appointments letter that was being sent out to a number of patients and continued to be sent out including with the incorrect call centre opening hours. As a member of staff she was able to arrange the appointment but the tests and biopsies that were also required were not organised efficiently. The staff she dealt with had been very kind but the whole experience had been very stressful and in the context of not knowing whether she had cancer. There was an overall sense that no-one was taking responsibility for the systems underpinning the care pathway.
<b>2.1.3</b>	Sir Richard Sykes thanked Ms D for her story noting that it was very brave and constructive and asked what the Trust had learnt from this experience.
<b>2.1.4</b>	Kevin Jarrold advised that as part of the process of the implementation of Cerner, letters were being reviewed and signed off. Further checks would now be made together with more efficient ways of redirecting calls. The Call Centre had recently started operating longer hours 8am-8pm (previously 9am-5pm) and the Trust was moving towards a centralised approach to appointments which should be in place by April 2015. Prof Janice Sigsworth said that work continued to be done on improving cancer pathways.
<b>2.1.5</b>	Sir Gerald Acher noted that the Audit, Risk & Governance Committee was due to take a post implementation review of Cerner and would expect these issues to be picked up.  The Board <b>noted</b> the Patient Story.
<b>2.2</b>	<b>Chief Executive's Report</b>
<b>2.2.1</b>	Dr Tracey Batten highlighted the following from her report: <ul style="list-style-type: none"> <li>• The CQC inspection had taken place in early September and initial feedback had focused on the following areas: <ul style="list-style-type: none"> <li>○ Cleanliness of Accident &amp; Emergency (A&amp;E) at St Mary's Hospital.</li> <li>○ Temperatures of drug fridges</li> <li>○ Do Not Resuscitate instructions</li> <li>○ Backlog of outpatient letters in gastroenterology</li> </ul> </li> </ul> <p>The Formal report would be received around the end of November and the Trust would have an opportunity to check for factual accuracy prior to the Quality Summit. More detailed feedback had been received on the A&amp;E issue which had been helpful and an Executive Director had been appointed to resolve these issues.</p> <ul style="list-style-type: none"> <li>• Despite the successful implementation of Cerner there remained some data quality issues which were being addressed and closely monitored by the Executive Committee and the Audit, Risk &amp; Governance Committee</li> </ul>

	<p>(AR&amp;GC).</p> <ul style="list-style-type: none"> <li>• The Trust had reduced its financial deficit this month.</li> <li>• High level meetings had taken place with both Healthwatch and the Save our Hospitals Group as part of a wider engagement programme.</li> <li>• The approved Outline Business Case had been sent to the Clinical Commissioning Groups (CCGs) for incorporation into a broader NWL business case.</li> <li>• The latest staff engagement survey showed an increase in engagement and an increased response rate from 31% to 45%.</li> <li>• The Trust had entered into a Memorandum of Understanding with Macmillan over a three year period.</li> <li>• Cheryl Plumridge would shortly be leaving the Trust and in the interim the Company Secretary position would be covered by Helen Potton with a permanent appointment to be announced at the next meeting.</li> </ul> <p>The Board <b>noted</b> the report.</p>
	<b>Operational Report</b>
<b>2.3.1</b>	Steve McManus presented the report which was linked to the Integrated performance scorecard which now included health and safety indicators.
<b>2.3.2</b>	<p>In particular he highlighted:</p> <p><b>Efficiency.</b> Steps are being taken to increase efficiency including around length of stay and theatre utilisation, and are already showing improvements on productivity. Concerns remained in respect of the high number of Do Not Attend (DNAs) in outpatients and the Board noted that this would improve once the SMS text messages were re-established shortly.</p>
<b>2.3.4</b>	<p><b>Timeliness.</b> A&amp;E performance remained above 95%. Data quality issues arising from Cerner were impacting on the Trust's reported Referral to Treatment (RTT) standard. He noted that there was a wider national debate on RTT and it was possible that the Trust might be asked to accelerate further the backlog which would be done in a planned manner by December 2014.</p>
<b>2.3.5</b>	Sir Gerald Acher suggested that it would be helpful for the Audit, Risk & Governance Committee to undertake a deep dive around outpatients. Steve McManus noted there had been progress with self-check in now taking place and a central appointment system being introduced in April 2015.
<b>2.3.6</b>	Sir Anthony Newman Taylor noted that previously the Board had been advised that there had been no Cost Improvement Programmes (CIPs) with a score greater than 9 yet the report indicated a scheme of 12. Prof Chris Harrison advised that whilst the score had originally been 12 post moderation the score was 9.
<b>2.3.7</b>	Sarika Patel noted that there had been three never events which was three too many. Prof Chris Harrison advised that a number of incidents had arisen from the same underlying cause and this was being addressed.
<b>2.3.8</b>	Sir Richard Sykes highlighted the level of DNA rates which appeared to be increasing and which adversely affected efficiency. Steve McManus advised that a temporary solution had been put in place in areas most affected to telephone patients three days prior to their appointment and it was hoped to get the SMS text service running again as soon as possible.
<b>2.3.9</b>	<p><b>People</b> The Trust was fully prepared for the likely strike action which would see minimal disruption to the Trust's patients.</p>
<b>2.3.10</b>	<b>Research</b>

	<p>The research Key Performance Indicators (KPIs) currently measured the time to enrol patients rather than the quality of the research and Prof Chris Harrison agreed to provide the Board with a fuller report on research at a future Board.</p> <p><b>Action:</b> Prof Chris Harrison to provide a report on research for a future Board.</p> <p>The Trust Board <b>noted</b> the report.</p>
<b>2.4</b>	<b>Integrated Performance Scorecard</b>
<b>2.4.1</b>	This item was dealt with under item 2.3.
<b>2.5</b>	<b>Finance Report</b>
<b>2.5.1</b>	Bill Shields introduced the report noting that month five was an improvement on the previous month with the deficit having been reduced and an £11.2M year end surplus being forecast.
<b>2.5.2</b>	The recovery plan continued to look at pay expenditure and nurse rostering. Work around world class supply chain anticipated a saving of £10M in the first full year of operation.
<b>2.5.3</b>	He advised that each director would be meeting with him and the CEO to look at expenditure and controls on discretionary expenditure. With regard to Cost Improvement Plans (CIPs), a project lead had been identified to lead the QuEST programme which would begin properly in October with a view to improving efficiency whilst maintain quality of services scheduled.
<b>2.5.4</b>	<p>He advised that there had been a meeting to discuss Project Diamond on 20 October. He believed the Trust would still receive £7.2M for Project Diamond but not necessarily £10M for market forces which would see the Trust reduce its surplus from £11.2M to £1.2M. The TDA had been informed. This issue also affected other major London hospitals.</p> <p>The Board <b>noted</b> the report.</p>
<b>3</b>	<b>Items for Decision</b>
<b>3.1</b>	<b>Annual Operating Plan</b>
<b>3.1.1</b>	Bill Shields presented the plan noting that the process had been agreed by the Executive team with all directors signing up to it.
<b>3.1.2</b>	Sarika Patel noted the development of a social media policy and asked what about the Trust's patients. Michelle Dixon advised that the focus was on a new website giving presence in the digital world.
<b>3.1.3</b>	Andreas Raffel noted that the work around risk was to take a further six months to be completed. Cheryl Plumridge said that work was already 95% complete and would be fully completed following the Board risk workshop at the end of October. Prof Janice Sigsworth would be assuming responsibility for risk following Cheryl's departure.
<b>3.1.4</b>	<p>Jeremy Isaacs suggested that the Communications and People Strategy was critical for the Trust highlighting Trust culture and Trust brand and would like to be involved in development of this work. Dr Tracey Batten suggested that it would be helpful to have a board seminar on the issue.</p> <p><b>Action:</b> Board seminar on organisation culture and staff engagement.</p> <p>The Board <b>approved</b> the plan.</p>
<b>3.2</b>	<b>NHS Trust Development Authority Self-Certifications</b>
<b>3.2.1</b>	<p>Bill Shields presented the Self-Certifications noting that there had been no material changes.</p> <p>The Board <b>approved</b> the Self-Certifications.</p>
<b>3.3</b>	<b>Trust Policies: Health &amp; Safety at Work &amp; Fire Safety Policies</b>



<b>3.3.1</b>	Cheryl Plumridge advised that she had taken responsibility for this in May and that a considerable amount of work had been undertaken in renewing policies and reporting statistics in the scorecard. With her departure, responsibility for Health and Safety (H&S) would transfer to Jayne Mee. Ian Garlington would continue to be responsible for Fire Safety, reporting to Jayne given her wider responsibility for H&S. Dr Rodney Eastwood asked about the Universal Safety Consultant contract. Cheryl Plumridge advised that it was generally considered good practice to use a mix of in house and contractor support.
<b>3.3.2</b>	The Board discussed the policies and it was agreed the Health & Safety Policy and Procedures document needed to reflect that the Director of Infection Prevention and Control was accountable to the Board and CEO.
<b>3.3.3</b>	The Board also discussed ensuring good H&S practices in shared space with Imperial College and Ian Garlington noted that all registered or unregistered users were required to undertake the Trust's training.  The Board <b>approved</b> the policies subject to the minor amendment above.
<b>3.4</b>	<b>Standing Orders</b>
<b>3.4.1</b>	Bill Shields presented the paper setting out changes to the Standing Orders in respect of eTendering which had been approved by both the Executive Committee and the Audit, Risk & Governance Committee.  The Board <b>approved</b> the changes to the Standing Orders.
<b>4</b>	<b>Items for Discussion</b>
<b>4.1</b>	<b>Hammersmith Hospital Emergency Unit Closure Update</b>
<b>4.1.2</b>	Steve McManus presented an update on the closure of the Emergency Unit at Hammersmith Hospital on 10 September 2014 noting the closure had happened at 9am as planned, with London Ambulance stopping transfers at 7pm the night before.
<b>4.1.3</b>	The Urgent Care Centre (UCC) was now operating 24 hours a day seven days a week and a medical assessment unit in B1 had opened on time. In addition, access to GPs had been extended to 8pm which had met with positive feedback. There was additional capacity at St Mary's Hospital with 15 beds in the Lewis Lloyd Ward and the Pickering Unit in the Queen Elisabeth Queen Mother (QEQM) building.
<b>4.1.4</b>	Performance was being reviewed on a daily and weekly basis. Initial indications of the first week's data indicated that numbers were in line with the modelling that the Trust had undertaken. The Trust was collecting postcode data to understand the movements underpinning this. It was noted that the significant amount of data enabled the Trust to plan and adjust capacity on a daily basis.
<b>4.1.5</b>	KPI data was tabled at the meeting and discussed. Michelle Dixon commented that sample surveys had shown high levels of awareness in the Trust's catchment area of the UCC at Hammersmith Hospital but there was nationwide some confusion over what services a UCC provided. Steve McManus added that there were daily teleconferences between providers in NW London to monitor/review performance and data but that the NW London sector was challenged to maintain Emergency Department performance given volatility on levels of attendance. Capacity was being tracked and adjusted on a daily basis.
<b>4.1.6</b>	Michelle Dixon advised that a stakeholder newsletter would be going out the following week discussing the issue based on the up to date data.  The Board <b>noted</b> the update.
<b>4.2</b>	<b>CQC Chief Inspector of Hospitals' Visit</b>
<b>4.2.1</b>	Prof Janice Sigsworth provided an update following the Chief Inspector of Hospitals visit noting that the inspection had included a two week window for

	unannounced visits and which had concluded the previous Sunday.
4.2.2	The Trust was working on four main areas with action plans being provided to the Executive Committee and the Quality Committee.
4.2.3	She said that the Trust would review its approach to meeting the required standards of the new regime as CQC regulations had developed.
4.2.4	She explained the CiH inspection report would be received in November and the Quality Summit would be held in December but this timetable could slip.  The Board <b>noted</b> the report.
4.3	<b>Infection Prevention and Control</b>
4.3.1	Prof Alison Holmes presented the report noting that in respect of MRSA the national expectation was for zero reported cases whereas the Trust was reporting three albeit this included one the Trust was challenging as wrongly attributable. The number of cases also needed to be considered in the context of the 11,000 blood cultures that the Trust undertakes.
4.3.2	In respect of <i>c-difficile</i> the threshold was 65 cases with the Trust currently reporting 41.
4.3.3	She highlighted in particular: <ul style="list-style-type: none"> <li>• the management of intensive care which had resulted in no cases in over seven years which was commendable;</li> <li>• that there were many fungal bloodstream infections the Trust needed to monitor and have appropriate policies to deal with;</li> <li>• vigilance was needed regarding patients from overseas and MERS; and</li> <li>• training in hand hygiene aseptic non touch technique continued..</li> </ul>
4.3.4	The Board discussed the issue over testing diarrhoea noting that some Trusts practised a policy of not testing routinely. Prof Chris Harrison noted that testing had demonstrated the Trust had not had any transmission between patients.  The Board <b>noted</b> the report.
4.4	<b>Trust Board Calendar</b>
4.4.1	Cheryl Plumridge presented the calendar for the coming year but suggested that Remuneration and Appointment Meetings be re-scheduled to take place prior to Board meetings.  The Board <b>approved</b> the Board Calendar
5	<b>Board Committee Items</b>
5.1	<b>Quality Committee</b> <b>The Board received the minutes of the meeting on 9 July 2014.</b>
5.1.1	Sir Anthony Newman Taylor provided an update report on the Quality Committee highlighting that with regard to the Never Event, junior staff had failed to recognise when a tube had been put in the wrong place an issue that could be redressed by all x-rays being reviewed by a radiologist.
5.1.2	He noted that Jayne Mee was now a member of the committee and provided regular reviews of staff surveys. In addition there had been an issue with regard to delayed x-ray reporting which had now been addressed.
5.1.3	Finally he noted that in respect of perceived risk regarding failure to rescue there had been a dramatic turnaround with Prof Chris Harrison identifying that this was as a result of the introduction of the early warning initiative which had had a dramatic effect.  <b>The Board noted the report of the meeting of 20 August 2014.</b>
5.2	<b>Audit, Risk &amp; Governance Committee</b> <b>The Board received the minutes of the meeting of 18 June 2014</b>

5.2.1	Sir Gerald Acher presented the update report of the Audit, Risk and Governance Committee noting that most areas had been covered in the Trust Board meeting. He advised that Cerner and the Pharmacy process issue would be coming back to a future AR&GC meeting.
5.2.2	He suggested that the Corporate Risk Register was at a good stage and that by December the Trust should be in a position to have deep dives into specific risks.  <b>The Board noted the report of the meeting of 10 September 2014</b>
5.3	<b>Finance &amp; Investment Committee</b> <b>The Board received the minutes of the 24 July 2014</b>
5.3.1	Sarika Patel reported that the Committee had reviewed in detail the financial position and held a detailed discussion on CIPs but was confident that the measures in place to control the position were sufficient and appropriate.
5.3.2	In particular she highlighted that: <ul style="list-style-type: none"> <li>• The committee had received a paper on private healthcare and had requested a comprehensive strategy to be brought to its next meeting.</li> <li>• The capital spend was a little behind but she was confident that the Trust would spend in time.</li> <li>• The committee had been in place for a year and had commenced a review on its effectiveness which would be discussed at the next meeting.</li> </ul> <b>The Board noted the oral report of the meeting of 18 September 2014</b>
5.4	<b>Foundation Trust Programme Board</b>
5.4.1	Dr Rodney Eastwood provided an update to the Board on the FT programme reporting that the executive remained focused despite the slip in timelines. The QGAF had been rescored at three which Grant Thornton would review and the IBP was in the process of being refreshed for a December sign off.
	The membership recruitment campaign had been successful and delivered sufficient numbers to match the demographics of the population and enable good elections to take place.
	He noted that currently the Trust was looking for authorisation in June which would be post election.  <b>The Board noted the oral report of the meeting of 16 September 2014</b>

<b>6</b>	<b>Items for Information</b> There were no items.
<b>7</b>	<b>Any other Business</b> No other business was submitted
<b>8</b>	<b>Questions from the Public relating to Agenda Items</b>
<b>8.1.1</b>	A member of the public asked how the Trust would ensure it had the capacity to succeed when almost half of staff did not believe that action would be taken if they completed the staff survey and 60% of staff would not recommend the Trust
<b>8.1.2</b>	Dr Tracey Batten advised that the report before the Board was very high level but the data was reviewed by hospital area and department to help identify issues and enable actions to be put in place to see improvement. She accepted that change would take several years, and that staff engagement did impact upon patient experience, but said this was an area the whole Executive was focused on improving and progress was being made.
<b>8.1.3</b>	A member of the public asked the Trust to contact Healthwatch Central West London to help define a UCC. Dr Tracey Batten confirmed that this would be done.
<b>8.1.4</b>	A staff member, currently a Darzi Fellow, highlighted the importance of their role and asked that they be involved in helping translate messages to staff together with assisting in the development of how the Trust moved forward. Prof Janice Sigsworth agreed to discuss this further with her.
<b>9</b>	<b>Date and time of next meeting</b> Wednesday 26 November 2014, 10am - 12.30pm, Oak Suite, W12 Conference Centre, Hammersmith Hospital, London W12 0HS.
<b>10</b>	<b>Exclusion of the Press and the Public</b> The Board resolved that representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest', Section 1(2), Public Bodies (Admission to Meetings) Act 1960

**MINUTES OF THE ANNUAL GENERAL MEETING HELD IN PUBLIC**

18.00pm – 19.30pm  
Wednesday 24 September 2014  
Porchester Hall, Prochester Road,  
Bayswater, London W2 5HS

<b>Present:</b>	
Sir Richard Sykes	Chairman
Dr Rodney Eastwood	Non-Executive Director
Jeremy Isaacs	Non-Executive Director
Sir Thomas Legg	Non-Executive Director
Sir Anthony Newman Taylor	Non-Executive Director
Andreas Raffel	Non-Executive Director Designate
Dr Tracey Batten	Chief Executive Officer
Prof Chris Harrison	Medical Director
Steve McManus	Chief Operating Officer
Bill Shields	Chief Financial Officer
Prof Janice Sigsworth	Director of Nursing
<b>In attendance:</b>	
Michelle Dixon	Director of Communications
Ian Garlington	Director of Strategy
Cheryl Plumridge	Director of Governance and Assurance
Helen Potton	Interim Corporate Governance Manager (Minutes)
<b>Apologies:</b>	
Sir Gerald Acher	Non-Executive Director
Sarika Patel	Non-Executive Director

<b>1</b>	<b>Introduction</b>
<b>1.1</b>	The Chairman welcomed everyone to the Trust's Annual General Meeting (AGM) which provided the Trust with an opportunity to focus on the year's performance and achievements but to give the most time to questions from the public which would be led by the Deputy Chief Executive, Steve McManus.
<b>1.2</b>	He noted that he had been Chairman of the Trust for three years and was very proud of its achievements commenting that it was one of only six Academic Health Science Centres in the Country. He commended the Trust's staff for all their hard work and dedication. He noted the publication of the Clinical Strategy which had seen an unprecedented level of engagement with Trust staff making it a much more robust document which recognised and addressed the current healthcare challenges but which required further engagement with the Trust's communities.
<b>2</b>	<b>Review 2013/14</b>
<b>2.1</b>	Dr Tracey Batten made a presentation on how the Trust had performed over the previous year noting the implementation of a new patient manager system called

	Cerner, the Trust being ranked top of all trauma centres, the significant progress on the Trust's application to become a Foundation Trust including a formal consultation and the recruitment of in excess of 7000 members.
<b>2.2</b>	She also referred to the recent closure of the Emergency Unit at Hammersmith Hospital which the Trust continued to monitor closely to understand the impact it had had on the rest of the Trust and the wider healthcare environment.  The presentation is available on the Trust website.
<b>3</b>	<b>Financial 2013/14</b>
<b>3.1</b>	Bill Shields made a presentation to the meeting on the financial position of the Trust. He highlighted the need to secure maximum value for every pound that the Trust spent which was particularly relevant in such a challenging financial background and presented the accounts to the meeting.
<b>3.2</b>	He highlighted the work that had been undertaken to achieve financial turnaround which had resulted in a positive financial position at the end of the financial year.  The presentation is available on the Trust website.
<b>4</b>	<b>Older person's rapid access clinic</b>
<b>4.1</b>	Dr Sarah Brice, Consultant geriatrician and speciality lead for elderly medicine together with Penny Magud Head of community independence services, London Borough of Hammersmith and Fulham presented a case study on the Older person's rapid access clinic.
<b>4.2</b>	They explained the principals of the virtual ward and how this enabled fully integrated care between acute, community and social services allowing better care for patients within their own homes by using appropriate support.  The presentation is available on the Trust website.
<b>5</b>	<b>How we've improved cancer services</b>
<b>5.1</b>	Dr Katie Urch, Trust lead clinician for cancer, chief of service together with Katy Saunders, Macmillan development manager, North West London provided a case study relating to the improvements made to cancer services.
<b>5.2</b>	They highlighted that 2 ½ years ago a new team had been appointed to lead the change within cancer services. There was a significant challenge with a large waiting list. They described the changes within the service which had been designed to listen better to patients and worked with Macmillan to improve the services provided.  The presentation is available on the Trust website.
<b>6</b>	<b>Question Time</b> Steve McManus hosted the question time with a panel made up of Sir Richard Sykes, Dr Tracey Batten, Bill Shields, Prof Janice Sigsworth and Prof Chris Harrison with a view to taking as many questions as possible within the time allowed. A transcript of the questions and answers is available on the Trust website

**ACTIONS FROM TRUST BOARD MEETING IN PUBLIC**  
**27 November 2013**

Minute Number	Action	Responsible	Completion Date	November 2014 Update
3.4.2	Leadership Development Consideration to be given to implementing The Trust's own Graduate Training Scheme	Director of People and Organisation Development	26.11.14	An update was due to come to the November meeting. A bid has been made to Imperial Charity for funding for a scheme and discussions are currently taking place around this. An update will come to the March 2015 meeting and the matter will be placed back on the forward plan.

**ACTIONS FROM TRUST BOARD MEETING IN PUBLIC**  
**28 May 2014**

Minute Number	Action	Responsible	Completion Date	November 2014 Update
4.2	Annual Summary of the Trust's quality impact assessment process for cost improvement programmes (2013/14) Post-implementation reports to be submitted to the Trust Board for review.	Medical Director	TBC	On forward plan

**ACTIONS FROM TRUST BOARD MEETING IN PUBLIC**  
**30 July 2014**

Minute Number	Action	Responsible	Completion Date	November 2014 Update
1.5	A review of pharmacy services would be considered by the Board at its November meeting, after first being considered at the Audit, Risk and Governance Committee in September.	Chief Operating Officer	TB November 2014	<b>Completed.</b> Agenda item.
4.2.1	An assessment of the Trust's governance arrangements to be under taken against the Monitor code of good practice and reported to the September Trust Board.	Director of Governance & Assurance	TB November 2014	<b>Completed.</b> Agenda item.
5.2.1	The internal auditors (TIAA) to be asked to revisit their report on bank and agency staffing and report back to the Audit, Risk and Governance Committee in September on new recommendations made.	Chief Financial Officer	Audit, Risk and Governance Committee September 2014.	

**ACTIONS FROM TRUST BOARD MEETING IN PUBLIC**  
**24 September 2014**

<b>Minute Number</b>	<b>Action</b>	<b>Responsible</b>	<b>Completion Date</b>	<b>November 2014 Update</b>
2.3.10	Research Report	Medical Director	Jan / March 2015	On Forward plan.
3.1.4	Board seminar on organisation culture and staff engagement.	Interim Trust Company Secretary/ Director of Communications		On Forward plan.



## Trust Board Public

<b>Agenda Item</b>	2.1
<b>Title</b>	Patient Story
<b>Report for</b>	Noting
<b>Report Author</b>	Guy Young, Deputy Director of Patient Experience
<b>Responsible Executive Director</b>	Janice Sigsworth, Director of Nursing
<b>Freedom of Information Status</b>	Report can be made public

### Executive Summary:

Patient stories are seen as a powerful method of bringing the experience of patients to the Board. Their purpose is to support the framing of patient experience as an integral component of quality alongside clinical effectiveness and safety.

AF has been receiving care at Imperial College Healthcare NHS Trust since March 2013. Her overall experience has been very positive but was marred by the care she received following surgery in August 2013. She will explain what she feels were the main factors that differentiated her poor experience from her outstanding one.

### Recommendation to the Board:

The Board is asked to note the patient story

### Trust strategic objectives supported by this paper:

- To achieve excellent patient experience and outcomes, delivered efficiently and with compassion.

## Patient Story

### Background

The use of patient stories at board and committee level is increasingly seen as positive way of reducing the “ward to board” gap, by regularly connecting the organisation’s core business with its most senior leaders. There is an expectation from both commissioners and the Trust Development Authority that ICHT will use this approach. Thus far, the Board has received nine patient stories. The first seven were presented by the Director of Nursing and the last two were presented by patients in person.

The perceived benefits of patient stories are:

- To raise awareness of the patient experience to support Board decision making
- To triangulate patient experience with other forms of reported data
- To support safety improvements
- To provide assurance in relation to the quality of care being provided (most stories will feature positive as well as negative experiences) and that the organisation is capable of learning from poor experiences
- To illustrate the personal and emotional sequelae of a failure to deliver quality services, for example following a serious incident

In July this year the Quality Committee endorsed a multi-method approach to presenting patient stories. Including having patients in person, the use of video and audio recordings and staff telling stories on patients’ behalf.

### AF’s story

AF has been receiving care at Imperial College Healthcare NHS Trust since March 2013. In the past 20 months she has received 11 cycles of chemotherapy and undergone 3 major operations.

AF has received what she describes as outstanding care for the majority of her time here. Following surgery in August 13 however, she had a deeply distressing stay on one of the surgical wards. This resulted in her making a formal complaint; something that she was very reluctant to do. The outcome of the complaint process was positive however and AF was impressed with how seriously and sensitively her complaint was handled. She was particularly impressed when the matron for the area took her back to the ward and showed her what had changed as a result of her complaint.

AF believes that the key difference between her positive and negative experiences was the quality and effectiveness of communication from the staff.

### Actions arising out of previous patient stories

As well as sharing their experience with the Board, patients often raise issues that warrant or generate actions on the Trust’s part. For example:

- Delays in the preparation of take-home medications were flagged in May as a contributor to a negative experience. There is a particular project looking at these delays as part of the Clinical Transformation Programme. The provision of pharmacy services is being discussed at this meeting.
- Reported difficulty in accessing a particular ward have been addressed through improved signage
- Incorrect information in letters from the outpatient booking office, which was reported by the patient at the last board meeting, has been removed and correct contact details applied.

## Trust Board Public

<b>Agenda Item</b>	2.2
<b>Title</b>	Chief Executive's Report
<b>Report for</b>	Noting
<b>Report Author</b>	Dr Tracey Batten, Chief Executive
<b>Responsible Executive Director</b>	Dr Tracey Batten, Chief Executive
<b>Freedom of Information Status</b>	Report can be made public

### Executive Summary:

This report outlines the key strategic priorities for Imperial College Healthcare NHS Trust (ICHT) and provides an environmental scan of the opportunities and threats facing the Trust.

### Recommendation to the Board:

The Board is asked to note this report.

### Trust strategic objectives supported by this paper:

- To achieve excellent patient experience and outcomes, delivered efficiently and with compassion.
- To educate and engage skilled and diverse people committed to continual learning and improvement.
- As an Academic Health Science Centre, to generate world leading research that is translated rapidly into exceptional clinical care.
- To pioneer integrated models of care with our partners to improve the health of the communities we serve.

## Key Strategic Priorities

### 1. Chief Inspector of Hospitals Visit

The Trust was inspected under the CQC's new regime in early September. Our draft inspection reports have been reviewed by the CQC's national quality control and consistency panel and are expected to be sent to us by the end of November for a factual accuracy check. We will have 10 days to submit any challenges to the factual accuracy of our draft reports, after which any changes will be made before the reports are finalised. Our Quality Summit is scheduled for mid-December, during which we will propose a high level action plan in response to the inspection findings. Our reports will be published on the CQC's website approximately two working days after the summit, and we will submit a detailed action plan to the CQC towards the end of January. The Trust will be engaging its key external partners to produce a robust action plan which drives improvements in our delivery of care.

### 2. Clinical Strategy/Outline Business Case

The Investment Making Business Case (IMBC) is the sector wide response of healthcare organisations in North West London to the delivery of the Shaping a Healthier Future (SaHF) programme. North West London CCGs are in the process of considering the overall IMBC for all capital developments under SaHF. The IMBC is then due to go to NHS England and Trust Development Authority for consideration in December. Some more detailed building design work is now underway with clinical leads on St Mary's estate proposals, but more clarity needs to be established on the Charing Cross clinical vision. The majority of building design and development work for all sites will need to wait until a decision is made on our outline business case.

North West London CCG are organising an international integrated care study tour from 29<sup>th</sup> November to 6<sup>th</sup> December to the US which will be attended by the CEO. Visits in Boston, New York, Baltimore and Richmond will be to innovative organisations who are renowned for excellent community care, integrated care and partnership models. Invitees to the tour include chief executives from acute and community providers and commissioners in the North West London sector. A report will be made to the next Trust Board meeting on the learning and outcomes of the visit.

### 3. Cerner Implementation

We have continued to make good progress with the Cerner Patient Administration System post go live stabilisation plans. We have seen the data quality key performance indicators tracking to the anticipated trajectory with the centralised outpatient services leading the way. The planned pilot of clinical documentation in Gynaecology outpatients at St Mary's Hospital is tracking to plan for the end of the month. Implementation of the Emergency Department and Theatres Modules are also on track to go live in March 2015.

The Trust hosted a visit from Neal Patterson CEO of Cerner Corporation when he was recently over in the UK.

#### **4. Financial Sustainability**

The Trust's financial position for the month was a surplus of £1.8m which is an adverse variance of £1.6m in month. The Year to Date (YTD) surplus of £0.8m represents an adverse variance against plan of £8.0m. Pay expenditure shows an adverse YTD variance of £18.9m as a result of under-achievement of CIPs, which are behind plan by £12.1m (53%) and the higher than planned bank and agency staff. Significant work is underway to look at our rostering practices across the Trust.

There is on-going dialogue with the TDA about the impact of the proposed Project Diamond funding reductions on the Trust's financial position in both current and future years. Any reductions in funding will mean that the Trust's year end forecast will have to reduce accordingly.

#### **5. Operational performance**

Following the closure of the Hammersmith Emergency Unit as planned, the subsequent number of attendances at the St Mary Hospital and Charing Cross Hospital sites has been as expected from the modelling that took place prior to the closure. Variations in attendances between days can be as high as 120 and these unprecedented surges in activity have resulted in the Trust failing to meet the 95 per cent four-hour waiting time standard. The focus for the Trust is to action a targeted response aimed at boosting resilience. There are a number of initiatives now in place which should improve the waiting times. Actions for the resilience plan are being presented weekly at the Executive Committee. Analysis at week ending 14<sup>th</sup> November suggests that as a Trust we need to have no more than 35 breaches per day each day until the end of December in order to meet the standard for quarter three as a whole.

#### **6. Stakeholder Engagement**

The Trust's Annual General Meeting took place on 24 September and was well-attended with almost 300 in the audience, including patients, Trust staff, representatives of partner organisations, elected representatives and many local people. During October and November we have continued to engage a range of external stakeholders, particularly on the clinical strategy and future engagement plans, plus other key issues such as the changes to our urgent and emergency care services. This includes meetings with Westminster Council's Councillor Robathan, Hammersmith and Fulham's Councillor Cowan and Councillor Lukey, and the Kilburn Locality Patient Participation Group. The Trust attended the October meeting of Hammersmith & Fulham Council's Health, Adult Social Care and Social Inclusion Policy and Accountability Committee where we presented an overview of our clinical strategy and provided an update on A&E performance. We were also pleased that former Home Office Crime Prevention Minister Norman Baker MP visited St Mary's Hospital ahead of the launch of a project to tackle youth gang violence, while Mary Macleod MP for Brentford and Isleworth visited the Riverside Wing and Hyper Acute Stroke Unit at Charing Cross Hospital.

The executive team continue to meet regularly with commissioners, other NHS providers, Healthwatch and regulators, and formal meetings of local Better Care Fund partners are also beginning to be established. The chief executive has spoken at a number of external

events, including an NHS England healthcare science event and The King's Fund Annual Conference. Further meetings planned in November include with Westminster MPs Karen Buck and Mark Field and the Save our Hospitals campaign executive. The Trust will also attend Westminster Council Adults and Health Scrutiny Committee in November. A separate paper is being presented at today's Trust Board meeting on a proposed public and patient engagement programme focusing on our clinical changes, to roll out from late January. See Trust Board item 3.1 (paper 10) for the engagement strategy.

## 7. BRC mid-term review

The NIHR Imperial Biomedical Research Centre (BRC) is currently mid-way through its current programme and consequently the Academic Health Science Centre (AHSC) research directorate organised an external review of the BRC on 2<sup>nd</sup> October. The review panel included the ICHT CEO and Imperial College London's Dean of the Faculty of Medicine. Feedback from the review panel was generally positive and key themes of the day included:

- As an AHSC we need to identify and communicate the Imperial BRC unique attributes
- The success of the early stage discovery pipeline is a considerable strength
- There is wide support for the cross-cutting BRC platforms and the need to augment with 'big data science' capability
- The BRC re-application should focus on fewer themes
- Our training schemes are innovative and successful

As part of the feedback accompanying the original NIHR award, there was an expectation that the AHSC used BRC funds dynamically, influencing and responding to an evolving AHSC research portfolio and a changing external research landscape and it is therefore critical to ensure delivery of current award objectives and shaping future direction.

## 8. Youth Violence

Norman Baker MP, Crime Prevention Minister, visited the Trust on Wednesday 15 October to show his support for the new Youth Violence Intervention Project. The project, which has been developed over the past year, aims to prevent further youth violence by bringing youth workers on site and embedding them in our emergency services. The programme will take advantage of the unique position of the Major Trauma Centre which, as one of four centres of its kind in London, sees 2,500 major trauma patients every year. The project aims to prevent further youth violence by accessing youths involved in risky behaviour when they are at their most vulnerable and enabling them to make steps away from their current lifestyle.

The project, which officially launched at the end of October, will be funded by stakeholders through Imperial College Healthcare Charity and commissioned by the Trust. So far over 90% of the necessary funding has been committed by: The Home Office, four boroughs (Ealing, Kensington and Chelsea, Hammersmith and Fulham, and Westminster), Mayor's Office for Policing And Crime (MOPAC), the NWL Major Trauma Network and other third sector partners.

## **9. Medtronic Board visit**

The Medtronic Inc. Board visited the cardiac catheter laboratories on Thursday 9<sup>th</sup> October at Hammersmith Hospital. The objective of the visit was to demonstrate how ICHT's suite of laboratories operates and to discuss opportunities for future collaboration. The visit was then followed by a dinner on Friday 10<sup>th</sup> October which was attended by selected healthcare leaders within the UK and members of the Medtronic global board. A structured discussion took place about the role of industry in supporting the NHS to address the financial challenges. Key messages included maximising the contribution of technology, the importance of partnerships in the financial sector, harnessing engagement with patients and their family in care delivery and identifying innovative opportunities.

## **10. Imperial College Healthcare Partners (ICHP) partnership review**

Imperial College Healthcare Partners held a board partnership review event on 14<sup>th</sup> October. The meeting was very productive and it was observed that, although work of a high standard is being carried out on a number of issues, the full potential of the partnership is not yet being realised to address the strategic priorities of its members. Individual discussions will now take place to ascertain what each partner considers to be its key strategic issues. Once these priority issues have been assessed, the work programme will be developed along with criteria to agree the joint priorities for the partnership.

## **11. Trust Development Authority (TDA) Exec to Exec meeting**

An executive to executive "stocktake" meeting took place between ICHT and the TDA on 7<sup>th</sup> November. This meeting provided an opportunity for the ICHT executive team to discuss a range of issues with TDA executive directors about quality, finance and sustainability which are relevant to our foundation trust application. It was a positive and useful meeting which helped the ICHT executive team understand how it should handle these issues in advance of the more formal elements of the FT pipeline process.

## **12. Senior Leadership team**

The leadership forum was held on Monday 20<sup>th</sup> October with the top 100 leaders from across ICHT. The session was used as an opportunity to engage colleagues in the development and implementation of the five year strategy by reviewing the market assessment and service development requirements of the integrated business plan (IBP).

An executive development session was held on 3<sup>rd</sup> October where the executive team reviewed Hogan's suite of assessment tools to continue to develop the senior team effectiveness. The team also spent time reviewing the interdependencies between each of the enabling strategies to help develop the public and patient engagement strategy.

The CEO has spent several afternoons over the last few months shadowing junior doctors across our sites. This has been a valuable experience providing insights to both parties. It has also been well received by the broader medical staff group. It is planned to expand this shadowing to other staff groups in the new year.

## Key Strategic Issues

### 1. NHS Five Year Forward View (“5YFV”)

The five year forward view (5YFV) was published on 23<sup>rd</sup> October and sets out the future vision for the NHS. The purpose of the report is to articulate why change is needed, what that change might look like and how we can achieve it. Please refer to Trust Board agenda item 4.2 (paper 13) for full synopsis.

It is, however, worthy of noting in this report that without further efficiency or increased investment, there will be a mismatch between resources and patient needs of nearly £30 billion a year by 2020/21. The 5YFV report suggests that a ‘1.5% net efficiency each year over parliament should be obtainable if the NHS is able to accelerate some of its current efficiency programmes’.

### 2. Better Care Fund (BCF) Board

The first Better Care Fund Board took place on 11<sup>th</sup> November. The CEO’s of both ICHT and Chelsea and Westminster Hospital NHS Foundation Trust are members of the Board together with the local authorities and CCG’s of the Tri-borough. The Trust has been asked to present two cases studies that demonstrate the delays in discharge we experience at next month’s meeting.

### 3. London Health Commission

In 2013 Professor Darzi was invited by London Mayor Boris Johnson to chair a London-wide review of health care in the capital. In the autumn of 2014, the London Health Commission published its final report and a series of comprehensive recommendations aimed at improving the health and wellbeing of London's diverse population. A full synopsis of the report is included on the Trust Board agenda. See Trust Board agenda item 4.3 (paper 14) for the synopsis of the report.

### 4. Community Independence Service (CIS) Tender

The Trust is preparing to submit a bid to become the lead health provider for the CIS in 15/16. The deadline for a full bid submission is 28<sup>th</sup> November. A full update will be provided at the private Trust Board meeting.

### 5. Genomics medicine centre

The Trust is bidding to become the lead organisation for a West London NHS Genomics Medicine Centre and the final application (ITT Stage 2) was submitted on 7<sup>th</sup> November 2014. Our bid has been considerably strengthened with the inclusion of the Royal Brompton, the Royal Marsden and Chelsea and Westminster as local delivery partners. See Trust Board agenda item 4.6 (paper 17) for full update.



## **6. The New Cavendish Group**

A new group for small and medium-sized hospitals has been set up by the Nuffield Trust to look at how they can adapt their business models. To reflect the Shelford Group, of which ICHT is a member, the New Cavendish Group will bring together hospital chief executives to discuss the challenges facing smaller trusts. It was formed in response to a meeting called on that subject at 10 Downing Street by NHS England chief executive Simon Stevens. Nuffield Trust's chief executive Nigel Edwards said the group would examine the kind of issues faced by trusts "that might have problems with their business model". The group has 17 members so far with a focus on small hospitals, so large trusts with multiple small hospital sites are welcome to join.

## **7. Framework for action, Personalised health and care 2020: Using data and technology to transform outcomes for patients and citizens**

Taking forward the ambitions of the Five Year Forward View, Care act 2014 and previous commitments made on digital strategy since 2012, the National Information Board (NIB) has set out radical new plans to improve health outcomes and the quality of patient care through digital technology and innovation. The *framework for action* will set out how real time data will be available to paramedics, doctors and nurses, ensuring patients receive safe and effective care, at the point of delivery. All NHS funded care services are expected to have digital and interoperable systems that remove the limitations of paper records and slow bureaucratic systems by 2020.

## **8. New Vice Chancellor and Chief Executive at Buckinghamshire New University**

Professor Ruth Farwell's is retiring from her role as Vice Chancellor and Chief Executive Officer of Buckinghamshire (Bucks) New University and Rebecca Bunting has now been appointed by the University Council as Professor Farwell's successor. Rebecca has a substantial record of senior management roles at a number of universities and will commence her new role in February 2015. Bucks New University is one of the Trusts largest providers of undergraduate nursing students and offers a portfolio of postgraduate courses to our registered nurses.



## Trust Board

26 November 2014

<b>Agenda Item</b>	2.3
<b>Title</b>	Operational Report
<b>Report for</b>	Monitoring/Noting
<b>Report Author</b>	Steve McManus, Chief Operating Officer
<b>Responsible Executive Director</b>	Steve McManus, Chief Operating Officer
<b>Freedom of Information Status</b>	Report can be made public

**Executive Summary:** This is a regular report to the Trust Board and outlines the key operational headlines that relate to the reporting month of October 2014.

**Recommendation to the Board:** The Trust Board is asked to note the contents of this report.

**Trust strategic objectives supported by this paper:**

- To achieve excellent patient experience and outcomes, delivered efficiently and with compassion.
- To educate and engage skilled and diverse people committed to continual learning and improvement.
- As an Academic Health Science Centre, to generate world leading research that is translated rapidly into exceptional clinical care.
- To pioneer integrated models of care with our partners to improve the health of the communities we serve.

**Title :** Operational Report

**Purpose of the report:** Regular report to the Board on Operational Performance

**Introduction:** This report relates to activity within M7 (October) 2014/15.

## A. Shadow Monitor compliance

### Foundation Trust governance risk rating (shadow): Amber

Rationale: The Trust under-delivered on the RTT standards and the 4 hour A&E waiting time standard

## B. Safety

### Mortality Rates:

The Trust's Hospital Standardised Mortality Ratio (HSMR) remains statistically significantly low.

### Serious Incidents (SIs) & Never Events:

In October, 17 SIs were reported, and 3 were de-escalated, bringing the total in September to 14. The year to date total is 74 compared to 83 this time last year. No never events were reported in October. The current SI Policy is being updated to streamline the process of reporting.

### Venous Thromboembolism (VTE):

In October, the Medical Director was designated Executive Lead for VTE. Trust monitoring of VTE performance was a CQUIN target last year, and although there is no CQUIN currently, this remains part of NICE guidance. A review of the service is underway with a view to linking VTE with the incident reporting process through the Datix system.

## Infection Prevention & Control (IP&C)

### Meticillin resistant *Staphylococcus aureus* bloodstream infections (MRSA BSI):

- To date 3 cases of MRSA BSI have been allocated to the Trust (one case in April and two cases in May);
- A case of MRSA BSI was identified during October. This is currently being investigated. The final allocation will be determined once the review is complete.

### *Clostridium difficile* infections:

- The Department of Health's annual ceiling for the Trust is 65 cases for 2014/15; to date we have reported 53 cases attributed to the Trust;
- Eight Trust attributable cases were reported to Public Health England (PHE) in October 2014.

### Meticillin sensitive *Staphylococcus aureus* bloodstream infections (MSSA BSI):

- In October 2014 nine cases were reported, of which five cases were attributed to the Trust;
- The cumulative figure for this financial year is 19 Trust attributable cases compared to 27

this time last year (FY 2013/14);

- The IP&C team undertake reviews of all Trust attributable cases of MSSA BSIs, findings and subsequent learning are discussed with divisional and clinical teams and any device related BSIs are discussed at the line safety committee.

#### ***Escherichia coli* bloodstream infections (E. coli BSI):**

- In October 2014 there were 27 cases of which eight were attributed to the Trust;
- The cumulative figure since the beginning of April 2014 is 38 Trust attributable cases compared to 48 this time last year (FY 2013/14).

#### **Carbapenemase Producing Organisms:**

- There were four cases identified in October. The total for 2014/15 so far is 16;
- In line with the guidance issued by PHE and NHS England, an action plan is in place to ensure that the tool kit is embedded into practice.

#### **Fungal Infection Surveillance:**

- We continue to collect Candida blood stream infection surveillance data, in October 2014 we identified three cases, the rolling total for 2014/15 is 15.

#### **Ebola preparedness**

- Significant resource has been required to support the Trust in ensuring all sites are fully prepared, IP&C are working with the emergency planning team;
- Following concerns from our staff on the type of Personal Protective Equipment that Public Health England recommended the Trust has sourced additional enhanced PPE (which includes hoods and boots). Further training on the use of these additional new items of PPE will be available for frontline staff within the next fortnight.

### **Cost improvement programme (CIP) quality impact assessments (QIA)**

#### **2013/14 schemes: post-implementation evaluations**

In order to consider if there has been any adverse impact on quality after a CIP scheme has been implemented, all divisions were formally requested by the Medical Director and Director of Nursing to complete post-implementation evaluations for a selection of schemes, as outlined in the Trust's policy. A range of key performance indicators were used when undertaking the evaluation such as, incidents, complaints and patient experience.

Over 20 evaluations have been completed for schemes across the divisions with a combined financial value of c.£4mn (based on CIP identified). These were discussed with the Medical Director and Director Nursing at the last set of CIP QIA meetings and presented to the Executive Committee and Quality Committee in October/November. Some of the schemes evaluated were not implemented in 2013/14 due to the high risk score that was given at the time of undertaking the QIA. For the remaining schemes evaluated, there was no adverse impact on quality as a result of implementing the scheme. A number of lessons learnt were presented and have been shared across divisions, for example; effective communication with internal and external stakeholders affected by the implementation of the scheme and/or involved in delivering it, needs to take place as early as possible to ensure expectations are clarified and timescales for delivery agreed.

At present, post implementation evaluations have not been discussed for corporate areas although these discussions will take place at the next set of meetings in January 2015.

**2014/15 schemes**

The Medical Director and Director of Nursing met with all four divisions in October to discuss 2014/15 CIP schemes. Currently, there are no schemes that have a QIA risk score above 9 and where risk has been identified, mitigating actions are in place. The next set of meetings will take place in January 2015 to discuss schemes for 2015/16 and review the PIE's for the corporate areas.

**C. Patient Centeredness****Friends and Family Test**

The overall A&E FFT response rate at St Mary's response rate continues to give cause for concern. This is being monitored daily and support provided from the central patient experience team. This issue is being picked up at the divisional performance meetings. There is a risk now of not achieving the quarter 3 CQUIN response rate threshold of 15 per cent. Given the increased pressure around 4 hour waits in October it seems that collection of FFT responses has been given less priority, particularly at the St Mary's Hospital site. The patient experience team are supporting the St. Mary's site by visiting the A&E department 2-3 times daily to encourage staff to remind patients to complete the survey.

**Complaints & PALS**

There was an increase in volume of formal and PALS complaints in October. An analysis of the key themes emerging from these is underway.

There remains an issue in terms of the rate of complaints closed within the required response time; particularly in Medicine and Surgery, as a backlog of outstanding complaints are cleared. Both divisions have plans in place to clear the backlog with an aim to get back up to the required response rate before the end of the financial year. This issue was discussed at the CEO quarterly performance meetings with divisions agreeing a timeline to get back to an 85 per cent response rate.

**D. Effectiveness****Patient reported outcome measures (PROMS):**

PROMS measure health gain in patients undergoing hip replacement, knee replacement, varicose vein and groin hernia surgery in England, based on responses to questionnaires before and after surgery. PROMS have been collected nationally since April 2009, and are co-ordinated by NHS England and reported by the Health and Social Care Information Centre. Full release figures are published four times a year.

Figures released in August for the period April 2013 to March 2014 indicated that the Trust was within control limited of 99.8 per cent statistical confidence for all four surgeries in terms of the number of modelled records and average health gain. However, the Trust achieved a lower health gain than the national average for knee replacement surgery.

Management of PROMS has recently moved to the remit of the Medical Director's office. The Associate Medical Director for Safety and Effectiveness is reviewing the data and reporting processes together with working with the Division to determine the cause and the actions required in relation to the knee replacement results.

Work is underway to develop how this is reported in the scorecard, alongside Healthcare Quality Improvement Partnership (HQIP) audit compliance and NICE guidance.

### **E. Efficiency**

Performance against some of the key efficiency measures is reported in the Integrated Performance Scorecard. The Trust is performing well against the elective length of stay measure. However the non-elective length of stay measure worsened in October to above the threshold of less than 4.5 days, to 4.9 days.

Theatre utilisation rates have deteriorated in the month of October to 74 per cent from 77 in September. There needs to be an increased focus across the divisions to improve this figure. Additionally a review is taking place as to the best way to monitor theatre utilisation to ensure that the data published can drive improvement in productivity.

Following an action from the Operational ExCo in September, the percentage of patients with a length of stay greater than 10 days and 28 days is now included within the Integrated Performance Scorecard.

Since the implementation of Cerner, the Trust had to turn off its text messaging reminder service for patients as there were technical reasons which needed to be resolved. The service was partially switched on at the end of September and the did not attend (DNA) rate has started to show signs of improvement. The rate has fallen by 1 per cent for first appointments and by 2 per cent for follow-up appointments. This is expected to improve further in the coming months as the text message reminder service is rolled out to all specialities.

### **F. Timeliness**

#### **Accident and Emergency**

Following the closure of the Hammersmith Emergency Unit as planned. The subsequent number of attendances at the St Mary Hospital and Charing Cross Hospital sites has been as expected from the modelling that took place prior to the closure. However, there has been huge variance in the volumes of patients attending A&E, particularly at St Mary's Hospital. Variations in attendances between days can be as high as 120. These unprecedented surges in activity have resulted in the Trust failing to meet the 95 per cent four-hour waiting time standard.

The focus for the Trust is to action a targeted response aimed at boosting resilience. There are a number of initiatives now in place which will improve the waiting times

- Senior decision makers

The Trust has put in place additional GPs in the Urgent Care Centres, Emergency Nurse Practitioners, Intaking Physicians, A&E consultants and management and nursing support. This will improve the pathway within the emergency departments and reduce the time it takes for a clinical decision on the treatment options.

- Physical capacity

The Trust has opened up extra capacity at St Mary's hospital to accommodate an increase in medical admissions. The Trust is also in the process of completing some estates work to accommodate additional ambulatory care and Urgent Care Centre capacity at the Charing

Cross site.

- Escalation points

An earlier review of information that supports management of patient flow is helping to highlight earlier potential blockages.

Actions for the resilience plan are reviewed weekly at the Trust winter operational group, the A&E meeting and at Executive Committee.

Analysis at week ending 14<sup>th</sup> November suggests that as a Trust we need to have no more than 35 breaches per day each day until the end of December in order to meet the standard for quarter 3 as a whole. This number is consistent with the number of breaches that the Trust historically would have expected on a daily basis.

### **Referral to treatment (RTT)**

There is currently a national amnesty on delivery of the three RTT standards. This has been put in place and agreed at a national and local level to allow Trusts to clear as many over 18 week patients as possible to add resilience into the system going into the winter period. The Trust has put on additional capacity to treat long waiters and therefore a dip in performance is expected. This applies to data submitted for performance in October and November. In October, as planned, all three standards were under delivered. As well as putting extra capacity in some challenged specialities to reduce the numbers of patients waiting over 18 weeks, there have been a number of data quality challenges that the Trust has experienced since the implementation of a new patient administration system in April 2014 (Cerner).

The Trust has an action plan in place to recover the position:

- Resolving any technical issues that relate to Cerner that are preventing the Trust from reporting an accurate position e.g. ability for the Trust to report social adjustments and some treatments;
- Intensive training to support staff to correctly input data at the front end;
- Ensuring that the workflow on Cerner is such that it is difficult to input incorrect data;
- A team of validators are in post to assist with the correction of data;
- Additional capacity has been commissioned over October and November to clear a backlog of patients waiting over 18 weeks. This is to add extra resilience into the system.

The Trust is confident that an accurate position can be reported from December 2014 and the Trust anticipates that the standards will be achieved.

### **Cancer**

In November, performance is reported for the cancer waiting times standards in September and Quarter 2 2014-15. In Quarter 2 the Trust achieved all eight of the cancer standards. The Trust recovered performance against the breast symptomatic 2WW standard and achieved the standard which we under achieved in Quarter 1. Under a Monitor framework, the Cancer performance is assessed on a quarterly basis due to the potentially low volumes in one particular month for any given standard.

In September the Trust achieved six of the eight cancer standards. The Trust under delivered on the 62-day first treatment from GP referral standard. This was the result of a high number of patients being referred into the Trust from other sites late in their pathways, plus a number



of pathways being resolved after delays through the summer period. The Trust also under delivered on the 31-day subsequent surgery standard as a result of a number of delays caused by consultant absence over the summer period. It is expected that performance for both of these standards will be recovered in Quarter 3.

The Trust continues to work with local providers to redesign their diagnostic pathways. This is to ensure that patients are transferred to ICHT for treatment earlier in their pathways in order to reduce the number of shared pathway breaches, the predominant cause of 62-day breaches for the Trust.

### **Diagnostic waiting times**

The Trust has not yet submitted the data for the six week diagnostic standard (due for submission on Wednesday 19<sup>th</sup> November) but expects to under deliver on this standard in October. During October, it was discovered that a number of neurophysiology test requests had remained on an on-hold state and therefore not reported in our tracking systems. This was as a result of a number of clinicians whose favourites lists on Cerner did not direct an test request towards a booking. This was following a Cerner fix in May 2014. A clinical review has taken place and it has been determined that there is low clinical risk to this group of patients. A re-profiling of performance between May and September will be needed following this finding and the patients that have been waiting are all being booked as a priority into lists over the coming weeks.

## **G. Equity**

Progress continues to be made in relation to strengthening systems and processes that support adult safeguarding work and progress towards a year end level 1 training compliance rate of 85 per cent continues.

The annual safeguarding adults and children and young people reports were presented to ExCo and the quality committee in November.

## **H. People**

### **People & Organisational Development**

#### **Engagement Survey**

Our ongoing roll out of Engagement Surveys continues and our 5<sup>th</sup> Engagement Survey launched in October 2014 with results available in early December. Divisions and Directorates have all updated their action plans as a result of Survey 4 and we are seeing many new and innovative actions and activities emerging from the results of the survey.

#### **PDR**

We are continuing the roll out of our new Performance Development and Review process across the Trust. Since April 1356 of our people have received PDR training and their licence to conduct performance reviews, with a further 212 people booked to attend training before the end of December.

The deadline for completing PDRs for Band 7-8b was 30th September and we are currently at an 89 per cent compliance rate. Many areas did achieve full compliance with particular

difficulties in one or two areas. We are now working with those areas to catch up and achieve compliance. The next deadline is to complete all other PDRs for Bands 2-6 by the end of December and we are working with Divisions and Directorates closely to support them achieving this. One theme emerging from the PDR roll out is that managers in some areas are responsible for an unrealistic number of PDRs due to problems in their structures and hierarchy, and this has promoted a wider look at structures and roles.

### **Mandatory Training**

Intense work is underway in Mandatory training to roll out a new reporting system, WIRED 2 which has been developed by the National Skills for Health Academy. It offers improved functionality to report Mandatory training. A project group has also been established bringing together ICT, Resourcing and Mandatory training to resolve many of the system and process issues which affect the quality of Mandatory training data. It is hoped that both workstreams will bring improved accuracy of reporting by the end of the year.

### **'My Benefits'**

In October the trust approved the business case for 'My *Benefits*', a comprehensive, extended range of voluntary benefits, with easy access through a single point of entry on the intranet. As part of the new benefits offer, in November we will launch the trust's Home Electronics Solutions scheme which will enable our people to use salary sacrifice to buy anything on the Currys PC World catalogue at reduced rates with the option to repay the cost over a 12 month or 24 month period. Salary sacrifice schemes enable the trust to make considerable savings: it is anticipated that the Home Electronics Solutions scheme alone will generate savings of £175,000 per year (from the second year after the scheme is introduced) for the trust due to reduced rates of National Insurance and pension contributions that the Trust makes on employees.

### **Industrial action**

UNITE, UNISON, GMB and the Royal College of Midwives (RCM) have called another four hour strike on 24 November 2014. We believe the strike period will begin at 7am but this has not been confirmed. The trust will continue to build on its positive industrial relations climate to work in partnership with local trade unions to ensure safe service provision.

### **People Planning**

A full re-model of the Trust's 10-year People Plan is underway, incorporating the Trusts Clinical Strategy, service developments, CIP plans, efficiency requirements and the impact of the activity transitions from the Shaping a Healthier Future programme. This work is being done in partnership with Financial Planning colleagues and Baker Tilly.

### **Influenza**

The flu vaccination programme is nominally on track as we exceeded the target set for phase 1 of the campaign (23 September to 17 October) 1341 doses given versus 1200 dose target. We are slightly behind our trajectory but have recruited additional staffing to help recover our progress to meet the next target of 4200 doses by 28 November. We are about to launch the second major communications push to increase momentum.

By 4 November we will have the capacity to break the flu uptake data down to individual ward or level and we will do this to give the divisional leads an opportunity to help improve uptake

by sharing this with their senior managers. We would appreciate Exco support to place some responsibility for uptake to the divisions when we start providing this information as their engagement will be an important factor in vaccination uptake attitudes and behaviours on the ground.

## **Smoke Free Hospitals**

### **Smoking Cessation Clinics**

Smoking cessation services currently on offer in the locality are coordinated by a wide mix of stakeholders including National Referral Service, Kick It, and our own ICHT Smoking Cessation clinics which have been onsite once per week per site for our people since September. Further training is being offered in December for two people from the Health & Wellbeing team to increase this offering to 2-3 clinics per week per site from early 2015.

There are additional layers of complexities arising from how these services are currently funded (e.g. Triborough Alliance is only obliged to fund referrals arising from patients who reside in H&F, Westminster/Central & K&C catchment area). However through match funding 'Kick It' support (training our own cessation advisors), we are able to offer support to all ICHT people and our patients regardless of where they live.

### **NHS Statement of Support on Tobacco Control**

Coinciding with Stoptober 2014, ICHT enforced a blanket ban on smoking across all its premises which apply to our people, patients and visitors. In addition ICHT is committed to endorsing the NHS Statement on Tobacco Control; we have the commitment of Public Health and are awaiting sign up from the CCGs GP's and the Leader for Health to enable full commitment to the declaration.

### **Smoking Signage**

Current engagement is underway with Estates to resolve the smoking signage situation across all hospital sites and this will be in place by the end of November.

### **Training for our people**

The Leadership and Talent team have developed a training module to be rolled out, to support our people to have potentially difficult conversations with smokers outside of our hospitals; including our people, our patients and visitors. Experience has shown us that there is often resistance and abuse when these conversations have taken place, so we would like to enable individuals to have these conversations without concern. The programme will run weekly for 6-8 weeks, is 90-120mins in duration and will commence late November.

## **Wellbeing Website**

The website went live on 27th October with a competition to encourage users to login to enter our competition. The website had a total of 1,093 visitors Mon-Sun last week 85.9 per cent of these were new visitors and 14.1 per cent were returning over the course of the week. We had hoped for a better response to enable us to communicate with our people and disseminate messaging about developments in the service provision and benefits available to our people. Communications are now supporting us in trying to get the message out there.

## Staff Health & Safety

Having recently taken on the responsibility for Health & Safety for the Trust, P&OD have appointed an interim Head of Health and Safety, Sanjay Dhir. Sanjay brings with him a wealth of experience and has been selected specifically to 'hit the ground running' with what will be a significant workload.

### Accidents/Incidents

There were 134 staff incidents. Of these 94 per cent fell into the lower harm categories (44 per cent low harm, 36 per cent no harm and 14 per cent near misses).

Of these, the top 5 categories reported were :-

- Abuse (39 per cent)
- Sharps (14 per cent)
- Exposure to biological agents (12 per cent)
- Slips, trips and falls (10 per cent)
- Manual Handling (7 per cent)

One RIDDOR has been reported during the month which involved a Security Officer slipping on a metal staircase as part of his patrol at Hammersmith Hospital which has resulted in him being absent from work for more than 7 days. Again, this will be investigated further and reported back to the Health and Safety Committee.

Anecdotally, from the Statutory/Mandatory training facilitated by the Safety Team, it is clear that there is significant under-reporting of Datix incidents. Although "abuse" is the most reported sub-category it is, conversely, the most under-reported sub-category. There can be a number of reasons for this, the most common being a lack of positive attitude and behaviour towards incident reporting.

### Health and Safety Risk Assessments (AssessNET Update)

During October 2014 a further 19 Risk Assessments were recorded on AssessNET. Ten new Departmental Safety Co-ordinators (DSCs) attended training. The current list of all DSCs is being reviewed and updated and this will be reported on at the next Health and Safety Committee in December 2014.

## Safe Nurse/Midwife Staffing

### Performance in September

In September, the Trust reported above 90 per cent for the average fill rate for registered nursing/midwifery staff during the day and night and also for unregistered staff at night. The fill rate for unregistered staff during the day was reported as just below 90 per cent.

### Performance in October

In October, the Trust reported an average fill rate of above 90 per cent for registered and unregistered nursing/midwifery staff during the day and above 95 per cent at night.

Please refer to Appendices 1 and 2 for ward level data.

For both months there were some ward areas where the fill rate was below 90 per cent. Key reasons for this include; vacancies and/or inability to fill with temporary staff due to specialist

skills required, patients requiring unplanned one to one care (specialling), small numbers in some areas which showed a bigger impact on the overall fill rate for that area and complexities with how to reflect case mix change and/or reduced bed occupancy on the roster system.

On these occasions senior nurses have made decisions to mitigate any risk to patient safety by strategies such as; using the cover of matrons/ward sisters/clinical educators, reducing activity and bed occupancy and redeploying staff from other areas, where appropriate.

## I. Finance

The Trust's Income & Expenditure (I&E) position at the end of October was a Year-to-Date (YTD) surplus of £0.8m (after adjusting for the impairment of fixed assets and donated assets), an adverse variance against the plan of £8.0m. There was an increase in Pay expenditure in the month of £0.4m, due to an increases in medical, A&C and senior management. Overall nursing Pay expenditure, including bank & agency, has been consistent with the previous month. Non-Pay expenditure has increased by £1.6m, excluding R&D, when compared to the previous month. The in-month position also includes income payable for delivery of additional waiting list initiative activity, an increase of £2.1m on the previous month.

The main reasons for the YTD adverse variance are:

- Cost Improvement Plans (CIPs) are behind plan by £12.1m (53%);
- Staff pay costs are significantly higher than planned and with an increase in month, indicating that the previously instigated controls and agreed financial recovery controls are not being implemented

There is on-going dialogue with the TDA about the impact of the proposed Project Diamond funding reductions on the Trust's financial position in both current and future years. Any reductions in funding will mean that the Trust's I&E control total will have to reduce accordingly.

## J. Education

### Changes to the Foundation Programme:

Health Education England has published a report 'Broadening the Foundation Programme', which recommends doctors in training undertake a minimum of one community or integrated placement during their two-year Foundation Programme.

The impact for ICHT is that 18 wte foundation doctor posts are likely to become community placed roles.

The workforce planning and financial consequences of these changes have been considered and an action plan is being developed, led by The Associate Medical Director for Education. A task and finish group is in place to ensure implementation.

### The Year of Education – 2015 ("E2015"):

2015 has been designated the 'Year of Education' at ICHT to renew the Trust's focus on education as part of its tripartite mission to provide world class clinical care, research and education.

Although originally designed with medical education in mind, E2015 is being developed to celebrate and share good practice in education between disciplines and professions.

The first planning workshop took place on 10<sup>th</sup> October, with 3 more to follow between November-December to define the programme for the year, to include:

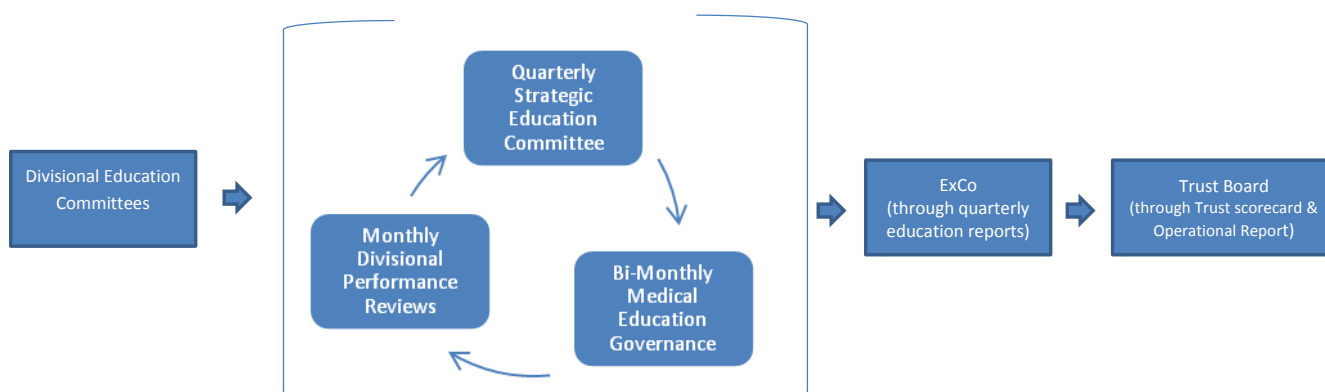
- Launch event in January on all sites at the education hubs;
- Monthly themed events throughout the year
- Main event in October, including a conference
- Events with our community partners focused on aligning education with service change e.g. Patient led initiatives;
- Joint initiatives with Higher Education Institutions (HEIs);
- Career Fairs for local schools.

A full project plan will be presented to Executive Committee in December.

### Education Governance:

A new governance structure has been approved by the Executive Committee for Education (see Chart A below). The Medical Director is the Executive Lead and will continue to report to the ExCo and TB on education. The committee structure has been amended to strengthen the importance of the divisional performance reviews as the key forum for ensuring that divisional actions are being implemented to drive the necessary improvements, particularly in medical education.

*Chart A – education governance structure*



Divisional education reports and a combined trust report are in development which will underpin the improvement programmes. Performance will be managed through the divisional structures with assurance on progress through the Medical Director. This will include delivery of action plans resulting from GMC trainee surveys and quality visits.

### Bullying & Undermining Red Flags:

The GMC has provided the results of the 2014 trainee survey off line indicator covering bullying and undermining. This indicator has shown that the Trust is a red outlier for bullying and undermining in the following specialties:

- Anaesthetics
- Cardiology
- General surgery
- Neurosurgery

- Obstetrics and gynaecology
- Renal medicine
- Rheumatology
- Trauma and orthopaedic surgery
- Urology
- Vascular surgery

In 2013 the Trust completed a project to act on bullying and undermining and set in place a comprehensive support structure and guidance to tackle these issues. As part of the project, Dr John Launer (Associate Dean for Multi-Professional Faculty Development in the Professional Support Unit for London), worked closely with the Directors of Medical Education to engage with the local Faculty group in four specialties challenged by bullying & undermining to provide support, insight and reflection on negative behaviours.

We believe the approaches used in this project have been successful in tackling bullying and undermining behaviours (these specialties no longer have red flags). The approaches used in this project will now be rolled out across the Trust with the ten outlying specialties prioritised for intervention.

In addition to this, the Trust is commencing resilience training for teams focused on "developing the purposeful professional" to enable trainees to respond and function well under pressure and with the complex challenges that the NHS faces today (starting within the 10 highlighted specialties). A comprehensive action plan is in place and progress will be reported through the governance structure.

## K. Research

### Local Clinical Research Network

The CRN has reviewed mid-year data showing that we have recruited 14,668 patients and are well ahead of our 6 monthly target of 12,300 recruits.

NW London is the smallest of the 15 national networks and when recruitment is adjusted for our population we rank 3<sup>rd</sup>, without adjustment 11<sup>th</sup>.

#### Delivery to time and target:

67 per cent of Commercial studies (compared to national average of 55 per cent) and 58 per cent of Non-Commercial studies closed to time and target in the last 6 months.

#### Reducing set up time:

NW London are completing 66 per cent of study wide reviews within 15 calendar days compared to a national average of 60 per cent and a target of 80 per cent. We are completing 61 per cent of local reviews within 15 calendar days compared to a national average of 63 per cent and a target of 70 per cent.

#### Recruitment of patients:

Overall only 26 per cent of non-commercial studies recruit the first patient within 30 days.

Action plans to meet these targets are in place. These figures were produced from the NIHR Open Data Platform (ODP) as of 20<sup>th</sup> October and the Coordinated System for Obtaining

NHS Permission (CSP) as of 28<sup>th</sup> October.

## **NIHR Imperial Biomedical Research Centre (BRC)**

### **NIHR Performance Metrics for Initiating & Delivering Clinical Research:**

The key performance indicators for R&D are intended to assess the timely initiation and delivery of commercial and non-commercial clinical research studies taking place at ICHT, as well as growth in activity. The first 3 indicators in the on page 27 of the Integrated Performance Scorecard reflect the important NIHR 70-day metric for recruiting the first patient into clinical trials (see above).

Indicator number 4 on page 27 of the Integrated Performance Scorecard in the list reflects ICHT's performance in delivering commercial interventional clinical trials to time and target, and we are currently above many of our comparator / competitor Trusts in this respect.

Indicator number 5 on page 27 of the Integrated Performance Scorecard reflects the time take to provide local R&D approval for studies hosted at ICHT. This metric has recently been introduced by the NWL Clinical Research Network (NWL CRN) and is different from previous years – Trusts are currently adapting to this new measure. Compared to other Trusts in NWL, as of September 2014, ICHT is rated as amber.

ICHT is performing well in terms of NIHR Portfolio study activity, as measured by indicators 6 to 9 on page 27 of the Integrated Performance Scorecard. Compared to the same period last year, ICHT has recruited roughly the same number (~3 per cent lower) of patients to Portfolio studies (non-commercial), despite a reduction in funding support. There are also more commercial Portfolio studies being recruited to.

### **NHS Genomics Medicine Centre:**

See agenda item 2.6 (Trust Board papers).

**Recommendation to the Board:** The Trust Board is asked to note the contents of this report.



September  
Monthly planned Nursing/Midwife staffing hours versus Nursing/Midwife staffing hours actually worked

			Day						Night					
Division	Hospital Site Name	Ward Name	Registered Nurses/Midwives			Care Staff			Registered Nurses/Midwives			Care Staff		
			Total Monthly Planned Staff Hours	Total Monthly Actual Staff Hours	% Filled	Total Monthly Planned Staff Hours	Total Monthly Actual Staff Hours	% Filled	Total Monthly Planned Staff Hours	Total Monthly Actual Staff Hours	% Filled	Total Monthly Planned Staff Hours	Total Monthly Actual Staff Hours	% Filled
Medicine	Charing Cross Hospital - RYJ02	10 North Ward	1758.5	1636.5	93.06%	552	501	90.76%	943	874	92.68%	483	471.5	97.62%
Medicine	Charing Cross Hospital - RYJ02	11 South Ward	2623	2478.5	94.49%	425.5	379.5	89.19%	2070	1978	95.56%	402.5	391	97.14%
Medicine	Charing Cross Hospital - RYJ02	4 South Ward	1365	1254.5	91.90%	575	471.5	82.00%	862.5	816.5	94.67%	724.5	701.5	96.83%
Medicine	Charing Cross Hospital - RYJ02	5 South Ward	1898.5	1874	98.71%	23	23	100.00%	1713.5	1702	99.33%	46	46	100.00%
Medicine	Charing Cross Hospital - RYJ02	5 West Ward	2488	2254.5	90.61%	782	644	82.35%	1989.5	1897.5	95.38%	770.5	759	98.51%
Medicine	Charing Cross Hospital - RYJ02	8 South Ward	1939.5	1867.5	96.29%	1333.5	1226.5	91.98%	1046.5	1023.5	97.80%	954.5	920	96.39%
Medicine	Charing Cross Hospital - RYJ02	8 West Ward	1611.5	1552.15	96.32%	1217.5	1192.5	97.95%	1035	989	95.56%	885.5	874	98.70%
Medicine	Charing Cross Hospital - RYJ02	9 North Ward	2707.5	2420	89.38%	770.5	739	95.91%	2047	1989.5	97.19%	345	333.5	96.67%
Medicine	Charing Cross Hospital - RYJ02	9 South Ward	1848	1775.5	96.08%	1065.5	824	77.33%	1012	908.5	89.77%	1191	1191	100.00%
Medicine	Charing Cross Hospital - RYJ02	9 West Ward	1449	1426	98.41%	736	644	87.50%	793.5	782	98.55%	690	690	100.00%
Medicine	St Mary's Hospital (HQ) - RYJ01	Almroth Wright Ward	1158	1158	100.00%	384	384	100.00%	690	678.5	98.33%	402.5	402.5	100.00%
Medicine	St Mary's Hospital (HQ) - RYJ01	AMU	1185.5	1163.25	98.12%	352.5	333.5	94.61%	1035	1004.5	97.05%	356.5	345	96.77%
Medicine	Hammersmith Hospital - RYJ03	C8 Ward	1512	1184.58	78.35%	368	299	81.25%	1184.5	1046	88.31%	425.5	402.5	94.59%
Medicine	Hammersmith Hospital - RYJ03	Christopher Booth Ward	2054.5	1960.5	95.42%	690	598	86.67%	1023.5	1023.5	100.00%	517.5	517.5	100.00%
Medicine	St Mary's Hospital (HQ) - RYJ01	Douglas Ward SR	1940	1879.5	96.88%	34.5	34.5	100.00%	1794	1736.5	96.79%	69	69	100.00%
Medicine	Hammersmith Hospital - RYJ03	Dewardener Ward	1455	1381.75	94.97%	0	0	100.00%	1331.5	1309	98.31%	149.5	149	99.67%
Medicine	Hammersmith Hospital - RYJ03	Fraser Gamble Ward	1607	1487.5	92.56%	1150	931.5	81.00%	1035	1023.5	98.89%	1023.5	1000.5	97.75%
Medicine	St Mary's Hospital (HQ) - RYJ01	Grafton Ward	1292	1200	92.88%	1023.5	943	92.13%	1081	1058	97.87%	414	379.5	91.67%
Medicine	Hammersmith Hospital - RYJ03	Handfield Jones Ward	1440	1362	94.58%	924	741	80.19%	1035	989	95.56%	552	540.5	97.92%
Medicine	Hammersmith Hospital - RYJ03	John Humphrey Ward	1380	1339	97.03%	879.5	762.5	86.70%	690	678.5	98.33%	851	839.5	98.65%
Medicine	St Mary's Hospital (HQ) - RYJ01	Joseph Toynbee Ward	1236.5	1115	90.17%	409.5	368	89.87%	1104	1057	95.74%	379.5	379.5	100.00%
Medicine	Hammersmith Hospital - RYJ03	Kerr Ward	1440	1320	91.67%	1002.5	810	80.80%	1018	998.5	98.08%	632.5	632.5	100.00%
Medicine	Charing Cross Hospital - RYJ02	Lady Skinner Ward	1093.72	1093.72	100.00%	349.15	349.15	100.00%	678.5	678.5	100.00%	690	690.5	100.07%
Medicine	St Mary's Hospital (HQ) - RYJ01	Manvers Ward	1541	1437.5	93.28%	690	632.5	91.67%	1529.5	1506.5	98.50%	724.5	724.5	100.00%
Medicine	Hammersmith Hospital - RYJ03	Peters Ward	1175.73	1098.23	93.41%	693.5	678.5	97.84%	690	690	100.00%	345	345	100.00%
Medicine	St Mary's Hospital (HQ) - RYJ01	Rodney Porter & Crusaid Ward	690	690	100.00%	356.5	356.5	100.00%	713	713	100.00%	345	345	100.00%
Medicine	St Mary's Hospital (HQ) - RYJ01	Lewis Lloyd Ward	460	391	85.00%	245	226	92.24%	322	299	92.86%	241.5	241.5	100.00%
Medicine	St Mary's Hospital (HQ) - RYJ01	Samuel Lane Ward	1978.75	1682.75	85.04%	893	776.5	86.95%	1322.5	1242	93.91%	851	828	97.30%
Medicine	St Mary's Hospital (HQ) - RYJ01	Thistlewaite Ward	1499.5	1338.5	89.26%	858.5	846.5	98.60%	1046.5	1046.5	100.00%	563.5	540.5	95.92%
Medicine	St Mary's Hospital (HQ) - RYJ01	Witherow Ward	1480	1335.5	90.24%	1218.5	979	80.34%	885.5	862.5	97.40%	1437.5	1242	86.40%
Surgery and Cancer/Clinical Haem	Charing Cross Hospital - RYJ02	10 South Ward	2137.5	1992.25	93.20%	835	665.26	79.67%	1391.5	1380	99.17%	184	103.5	56.25%
Surgery and Cancer/Clinical Haem	Charing Cross Hospital - RYJ02	6 North Ward	1864	1732	92.92%	984	686	69.72%	1035	1023.5	98.89%	724.5	690	95.24%
Surgery and Cancer/Clinical Haem	Charing Cross Hospital - RYJ02	6 South Ward	1446.2	1322.2	91.43%	1018	943	92.63%	931.5	931.5	100.00%	103.5	103.5	100.00%
Surgery and Cancer/Clinical Haem	Charing Cross Hospital - RYJ02	7 North Ward	1943.5	1917.5	98.66%	678.5	641	94.47%	1368.5	1334	97.48%	631.5	631.5	100.00%
Surgery and Cancer/Clinical Haem	Charing Cross Hospital - RYJ02	7 South Ward	2075.5	1897	91.40%	855	651.8	76.23%	1035	1023.5	98.89%	345	322	93.33%
Surgery and Cancer/Clinical Haem	Hammersmith Hospital - RYJ03	A6 CICU	3397	3397	100.00%	0	0	100.00%	3269.5	3269.5	100.00%	0	0	100.00%
Surgery and Cancer/Clinical Haem	Hammersmith Hospital - RYJ03	A7 Ward & CCU	2112	2064.76	97.76%	368	345	93.75%	1713.5	1680	98.04%	379.5	356.5	93.94%
Surgery and Cancer/Clinical Haem	Hammersmith Hospital - RYJ03	A8 Ward	1809.5	1759.5	97.24%	741.75	686.5	92.55%	1334	1288	96.55%	287.5	264.5	92.00%
Surgery and Cancer/Clinical Haem	Hammersmith Hospital - RYJ03	A9 Ward	1380	1380	100.00%	299	287.5	96.15%	1035	1035	100.00%	345	345	100.00%
Surgery and Cancer/Clinical Haem	St Mary's Hospital (HQ) - RYJ01	Albert Ward	1781.5	1666.5	93.54%	951	805	84.65%	1035	1012	97.78%	1023.5	966	94.38%
Surgery and Cancer/Clinical Haem	St Mary's Hospital (HQ) - RYJ01	Charles Pannett Ward	2334.5	2320	99.38%	690	690	100.00%	1748	1748	100.00%	678.5	655.5	96.61%
Surgery and Cancer/Clinical Haem	Hammersmith Hospital - RYJ03	D7 Ward	1287.5	1287.5	100.00%	468.5	468.5	100.00%	671	671	100.00%	572	572	100.00%
Surgery and Cancer/Clinical Haem	Hammersmith Hospital - RYJ03	Dacie Ward	1739	1731.5	99.57%	156	156	100.00%	979	979	100.00%	11	11	100.00%
Surgery and Cancer/Clinical Haem	Charing Cross Hospital - RYJ02	Intensive Care CXH	4102	4085	99.59%	1204.5	1201	99.71%	4048	4032	99.60%	586.5	586.5	100.00%
Surgery and Cancer/Clinical Haem	Hammersmith Hospital - RYJ03	Intensive care HH	4577	4486.75	98.03%	986.5	953	96.60%	4553.2	4450.5	97.74%	138	138	100.00%
Surgery and Cancer/Clinical Haem	St Mary's Hospital (HQ) - RYJ01	Intensive Care SMH	5338.25	5307.92	99.43%	678.5	678.5	100.00%	5278.5	5256.5	99.58%	483	483	100.00%
Surgery and Cancer/Clinical Haem	St Mary's Hospital (HQ) - RYJ01	Major Trauma Ward	2128	1922.5	90.34%	368	356.5	96.88%	1782.5	1644.5	92.26%	437	425.5	97.37%
Surgery and Cancer/Clinical Haem	St Mary's Hospital (HQ) - RYJ01	Patterson Ward	1339.5	1268.25	94.68%	356.5	322	90.32%	747.5	736	98.46%	356.5	345	96.77%
Surgery and Cancer/Clinical Haem	Charing Cross Hospital - RYJ02	Riverside	2948	2704.5	91.74%	1104.5	1002.5	90.77%	1311	1310.5	99.96%	333.5	310.5	93.10%
Surgery and Cancer/Clinical Haem	St Mary's Hospital (HQ) - RYJ01	Valentine Ellis Ward	1956.5	1754	89.65%	887	668.5	75.37%	1161.5	1115.5	96.04%	690	586.5	85.00%
Surgery and Cancer/Clinical Haem	Hammersmith Hospital - RYJ03	Weston Ward	1820.5	1702.5	93.52%	291	211.5	72.68%	990	979	98.89%	154	154	100.00%
Surgery and Cancer/Clinical Haem	St Mary's Hospital (HQ) - RYJ01	Zachary Cope Ward	2263.5	2240.5	98.98%	632.5	632.5	100.00%	1840	1771	96.25%	460	460	100.00%
Women and Children's	St Mary's Hospital (HQ) - RYJ01	Aleck Bourne 2 Ward	4155.5	3914.26	94.19%	1264.75	1042.5	82.43%	3749	3684.92	98.29%	1184.5	1139.25	96.18%
Women and Children's	Queen Charlotte's Hospital - RYJ04	Birth Centre QCCH	970.5	970.5	100.00%	167.75	167.75	100.00%	690	690	100.00%	264.5	264.5	100.00%

September  
Monthly planned Nursing/Midwife staffing hours versus Nursing/Midwife staffing hours actually worked

			Day						Night					
			Registered Nurses/Midwives			Care Staff			Registered Nurses/Midwives			Care Staff		
Division	Hospital Site Name	Ward Name	Total Monthly Planned Staff Hours	Total Monthly Actual Staff Hours	% Filled	Total Monthly Planned Staff Hours	Total Monthly Actual Staff Hours	% Filled	Total Monthly Planned Staff Hours	Total Monthly Actual Staff Hours	% Filled	Total Monthly Planned Staff Hours	Total Monthly Actual Staff Hours	% Filled
Women and Children's	St Mary's Hospital (HQ) - RYJ01	Birth Centre SMH	1035	1023.5	98.89%	0	0	100.00%	793.5	793.5	100.00%	264.5	241.5	91.30%
Women and Children's	Queen Charlotte's Hospital - RYJ04	Edith Dare Postnatal Ward	2348.15	2288.15	97.44%	1023.5	947.75	92.60%	1886	1805.5	95.73%	701.5	678.5	96.72%
Women and Children's	St Mary's Hospital (HQ) - RYJ01	GRAND UNION WARD	1789.2	1789.2	100.00%	0	0	100.00%	1610	1610	100.00%	0	0	100.00%
Women and Children's	St Mary's Hospital (HQ) - RYJ01	GREAT WESTERN WD	1941	1941	100.00%	333.5	310.5	93.10%	1506.5	1506.5	100.00%	345	345	100.00%
Women and Children's	St Mary's Hospital (HQ) - RYJ01	Lillian Holland Ward	1179	1092.5	92.66%	500.5	383	76.52%	690	680.5	98.62%	345	345	100.00%
Women and Children's	Queen Charlotte's Hospital - RYJ04	Neo Natal	3854.3	3854.3	100.00%	159	159	100.00%	3610.5	3610.5	100.00%	80.5	69	85.71%
Women and Children's	St Mary's Hospital (HQ) - RYJ01	NICU	1909	1909	100.00%	341	341	100.00%	1943.8	1943.8	100.00%	299	299	100.00%
Women and Children's	St Mary's Hospital (HQ) - RYJ01	PICU	2381	2344.5	98.47%	0	0	100.00%	2300	2288.5	99.50%	0	0	100.00%
Women and Children's	Queen Charlotte's Hospital - RYJ04	QCCH labour	4072.25	4052	99.50%	818.25	775	94.71%	3829.5	3749	97.90%	690	667	96.67%
Women and Children's	Hammersmith Hospital - RYJ03	Victor Bonney Ward	2096.25	1895.75	90.44%	713	497	69.71%	1035	1000.5	96.67%	333.5	299	89.66%

**October**  
**Monthly planned Nursing/Midwife staffing hours worked versus Nursing/Midwife hours actually worked**

			Day						Night					
			Registered Nurses/Midwives			Care Staff			Registered Nurses/Midwives			Care Staff		
Division	Hospital Site Name	Ward Name	Total Monthly Planned Staff Hours	Total Monthly Actual Staff Hours	% Filled	Total Monthly Planned Staff Hours	Total Monthly Actual Staff Hours	% Filled	Total Monthly Planned Staff Hours	Total Monthly Actual Staff Hours	% Filled	Total Monthly Planned Staff Hours	Total Monthly Actual Staff Hours	% Filled
Medicine	Charing Cross Hospital - RYJ02	10 North Ward	1848.5	1745.5	94.43%	491	422	85.95%	966	885.5	91.67%	506	494.5	97.73%
Medicine	Charing Cross Hospital - RYJ02	11 South Ward	2684.5	2443.5	91.02%	471.5	359.5	76.25%	2196.5	2139	97.38%	540.5	540.5	100.00%
Medicine	Charing Cross Hospital - RYJ02	4 South Ward	1625.5	1436.42	88.37%	713	632.5	88.71%	1104	1104	100.00%	747.5	724.5	96.92%
Medicine	Charing Cross Hospital - RYJ02	5 South Ward	1948	1913.5	98.23%	34.5	34.5	100.00%	1759.5	1702	96.73%	115	115	100.00%
Medicine	Charing Cross Hospital - RYJ02	5 West Ward	2481.8	2370.8	95.53%	764.5	741.5	96.99%	2035.5	1909	93.79%	747.5	736	98.46%
Medicine	Charing Cross Hospital - RYJ02	8 South Ward	1950	1837.75	94.24%	1259	1114.5	88.52%	1081	1023.5	94.68%	931.5	908.5	97.53%
Medicine	Charing Cross Hospital - RYJ02	8 West Ward	1518.8	1489.83	98.09%	1103	1064.5	96.51%	1069.5	1069.5	100.00%	736	736	100.00%
Medicine	Charing Cross Hospital - RYJ02	9 North Ward	2941.5	2481.5	84.36%	1069.5	830.5	77.65%	2139	2047	95.70%	356.5	356.5	100.00%
Medicine	Charing Cross Hospital - RYJ02	9 South Ward	1940	1832	94.43%	1115.5	989	88.66%	1069.5	1023.5	95.70%	1127	1104	97.96%
Medicine	Charing Cross Hospital - RYJ02	9 West Ward	1506.5	1373	91.14%	713	644	90.32%	793.5	736	92.75%	713	701.5	98.39%
Medicine	St Mary's Hospital (HQ) - RYJ01	Almroth Wright Ward	1034.5	991.5	95.84%	348	348	100.00%	598	598	100.00%	402.5	391	97.14%
Medicine	St Mary's Hospital (HQ) - RYJ01	AMU	1406.5	1266.5	90.05%	448.5	322.5	71.91%	1184.5	1127	95.15%	448.5	437	97.44%
Medicine	Hammersmith Hospital - RYJ03	C8 Ward	2342.5	1729.75	73.84%	736	632.5	85.94%	1828.5	1610	88.05%	759	736	96.97%
Medicine	Hammersmith Hospital - RYJ03	Christopher Booth Ward	2100.5	2066	98.36%	713	657.75	92.25%	1081	1069.5	98.94%	391	356.5	91.18%
Medicine	St Mary's Hospital (HQ) - RYJ01	Douglas Ward SR	2055	2015.5	98.08%	0	0	100.00%	1885	1817	96.39%	23	23	100.00%
Medicine	Hammersmith Hospital - RYJ03	Dewardener Ward	1489.5	1434	96.27%	0	0	100.00%	1364	1331	97.58%	33.5	33.5	100.00%
Medicine	Hammersmith Hospital - RYJ03	Fraser Gamble Ward	1495	1357	90.77%	1173	1012	86.27%	1069.5	1046.5	97.85%	805	724	89.94%
Medicine	St Mary's Hospital (HQ) - RYJ01	Grafton Ward	1222.5	1211	99.06%	1065	950	89.20%	1069.5	1046.5	97.85%	713	713	100.00%
Medicine	Hammersmith Hospital - RYJ03	Handfield Jones Ward	1511.5	1382.5	91.47%	713	686.5	96.28%	1069.5	989	92.47%	391	379.5	97.06%
Medicine	Hammersmith Hospital - RYJ03	John Humphrey Ward	1491	1420	95.24%	782.25	759.75	97.12%	713	713	100.00%	782	782	100.00%
Medicine	St Mary's Hospital (HQ) - RYJ01	Joseph Toynbee Ward	1269	1246.5	98.23%	467	331	70.88%	1115.5	1081	96.91%	437	414	94.74%
Medicine	Hammersmith Hospital - RYJ03	Kerr Ward	1433.5	1329	92.71%	1112	897	80.67%	1069.5	1023.5	95.70%	793.5	793.5	100.00%
Medicine	Charing Cross Hospital - RYJ02	Lady Skinner Ward	1183	1183	100.00%	361.5	320	88.52%	793.5	782	98.55%	724.5	724.5	100.00%
Medicine	St Mary's Hospital (HQ) - RYJ01	Manvers Ward	1426	1426	100.00%	732	655.5	89.55%	1426	1391.5	97.58%	724.5	724.5	100.00%
Medicine	Hammersmith Hospital - RYJ03	Peters Ward	1258.5	1184.5	94.12%	730.5	659	90.21%	747.5	747.5	100.00%	368	368	100.00%
Medicine	St Mary's Hospital (HQ) - RYJ01	Rodney Porter & Crusaid Ward	598	598	100.00%	299	299	100.00%	609.5	609.5	100.00%	299	299	100.00%
Medicine	St Mary's Hospital (HQ) - RYJ01		1070.5	978.5	91.41%	644	632.5	98.21%	713	690	96.77%	782	770.5	98.53%
Medicine	St Mary's Hospital (HQ) - RYJ01	Samuel Lane Ward	2064.75	1798.25	87.09%	808.5	736	91.03%	1219	1173	96.23%	805	782	97.14%
Medicine	St Mary's Hospital (HQ) - RYJ01	Thistlewaite Ward	1553.5	1525	98.17%	811.5	708	87.25%	1046.5	1000.5	95.60%	494.5	483	97.67%
Medicine	St Mary's Hospital (HQ) - RYJ01	Witherow Ward	1230.5	1129.5	91.79%	724.5	655.5	90.48%	724.5	724.5	100.00%	736	701.5	95.31%
Surgery and Cancer/Clinical Haem	Charing Cross Hospital - RYJ02	10 South Ward	2305	2203	95.57%	713	697.24	97.79%	1472	1414	96.06%	11.5	11.5	100.00%
Surgery and Cancer/Clinical Haem	Charing Cross Hospital - RYJ02	6 North Ward	1932.5	1812	93.76%	915	786	85.90%	1081	1023.5	94.68%	701.5	701.5	100.00%
Surgery and Cancer/Clinical Haem	Charing Cross Hospital - RYJ02	6 South Ward	1541	1433.2	93.00%	1023.5	954.4	93.25%	977	965.5	98.82%	103.5	103.5	100.00%
Surgery and Cancer/Clinical Haem	Charing Cross Hospital - RYJ02	7 North Ward	2024	1966.5	97.16%	766	754	98.43%	1414.5	1391.5	98.37%	701.5	690	98.36%
Surgery and Cancer/Clinical Haem	Charing Cross Hospital - RYJ02	7 South Ward	1989	1912	96.13%	885.5	632.5	71.43%	1069.5	1021.16	95.48%	356.5	356.5	100.00%
Surgery and Cancer/Clinical Haem	Hammersmith Hospital - RYJ03	A6 CICU	3666	3629.5	99.00%	0	0	100.00%	3381	3303	97.69%	0	0	100.00%
Surgery and Cancer/Clinical Haem	Hammersmith Hospital - RYJ03	A7 Ward & CCU	2229	2214.5	99.35%	345	345	100.00%	1794	1768.5	98.58%	379.5	333.5	87.88%
Surgery and Cancer/Clinical Haem	Hammersmith Hospital - RYJ03	A8 Ward	1912.05	1739.75	90.99%	690	675	97.83%	1322.5	1253.5	94.78%	126.5	126.5	100.00%
Surgery and Cancer/Clinical Haem	Hammersmith Hospital - RYJ03	A9 Ward	1414.5	1414.5	100.00%	356.5	356.5	100.00%	1069.5	1058	98.92%	345	322	93.33%
Surgery and Cancer/Clinical Haem	St Mary's Hospital (HQ) - RYJ01	Albert Ward	1903	1805.6	94.88%	828	609.5	73.61%	1115.5	1012	90.72%	828	828	100.00%
Surgery and Cancer/Clinical Haem	St Mary's Hospital (HQ) - RYJ01	Charles Pannett Ward	2525.5	2426.5	96.08%	690	678.5	98.33%	1886	1851.5	98.17%	724.5	724.5	100.00%
Surgery and Cancer/Clinical Haem	Hammersmith Hospital - RYJ03	D7 Ward	1309	1309	100.00%	408	408	100.00%	682	682	100.00%	561	561	100.00%
Surgery and Cancer/Clinical Haem	Hammersmith Hospital - RYJ03	Dacie Ward	1817.5	1817.5	100.00%	294	264	89.80%	1023	1023	100.00%	132	132	100.00%
Surgery and Cancer/Clinical Haem	Charing Cross Hospital - RYJ02	Intensive Care CXH	5129	4991	97.31%	1151.5	1151.5	100.00%	5152	5083	98.66%	586.5	575	98.04%

**October**  
**Monthly planned Nursing/Midwife staffing hours worked versus Nursing/Midwife hours actually worked**

			Day						Night					
			Registered Nurses/Midwives			Care Staff			Registered Nurses/Midwives			Care Staff		
			Total Monthly Planned Staff Hours	Total Monthly Actual Staff Hours	% Filled	Total Monthly Planned Staff Hours	Total Monthly Actual Staff Hours	% Filled	Total Monthly Planned Staff Hours	Total Monthly Actual Staff Hours	% Filled	Total Monthly Planned Staff Hours	Total Monthly Actual Staff Hours	% Filled
Division	Hospital Site Name	Ward Name	Total Monthly Planned Staff Hours	Total Monthly Actual Staff Hours	% Filled	Total Monthly Planned Staff Hours	Total Monthly Actual Staff Hours	% Filled	Total Monthly Planned Staff Hours	Total Monthly Actual Staff Hours	% Filled	Total Monthly Planned Staff Hours	Total Monthly Actual Staff Hours	% Filled
Surgery and Cancer/Clinical Haem	Hammersmith Hospital - RYJ03	Intensive care HH	4657.5	4597	98.70%	1004	1000.5	99.65%	4703.5	4648.75	98.84%	57.5	57.5	100.00%
Surgery and Cancer/Clinical Haem	St Mary's Hospital (HQ) - RYJ01	Intensive Care SMH	5330.75	5293.44	99.30%	724.4166667	724.42	100.00%	5427.5	5414.5	99.76%	437	437	100.00%
Surgery and Cancer/Clinical Haem	St Mary's Hospital (HQ) - RYJ01	Major Trauma Ward	1914	1914	100.00%	338	322	95.27%	1782.5	1633	91.61%	379.5	356.5	93.94%
Surgery and Cancer/Clinical Haem	St Mary's Hospital (HQ) - RYJ01	Patterson Ward	1438	1325	92.14%	391	356.5	91.18%	747.5	713	95.38%	425.5	379.5	89.19%
Surgery and Cancer/Clinical Haem	Charing Cross Hospital - RYJ02	Riverside	3128.5	2806.08	89.69%	1219	1177	96.55%	1414.5	1380	97.56%	368	356.5	96.88%
Surgery and Cancer/Clinical Haem	St Mary's Hospital (HQ) - RYJ01	Valentine Ellis Ward	2397.5	1949.5	81.30%	751.5	648	86.23%	1587	1529.5	96.38%	506	494.5	97.73%
Surgery and Cancer/Clinical Haem	Hammersmith Hospital - RYJ03	Weston Ward	1765	1688.42	95.66%	222	192	86.49%	1023	1023	100.00%	220	187	85.00%
Surgery and Cancer/Clinical Haem	St Mary's Hospital (HQ) - RYJ01	Zachary Cope Ward	2359	2318	98.26%	632.5	621	98.18%	1919.5	1873.5	97.60%	517.5	517.5	100.00%
Women and Children's	St Mary's Hospital (HQ) - RYJ01	Aleck Bourne 2 Ward	4413.25	4227.66	95.79%	1397.25	1156	82.73%	3898.5	3823.5	98.08%	1242	1159.5	93.36%
Women and Children's	Queen Charlotte's Hospital - RYJ04	Birth Centre QCCH	996	996	100.00%	221.5	205.5	92.78%	713	713	100.00%	310.5	299	96.30%
Women and Children's	St Mary's Hospital (HQ) - RYJ01	Birth Centre SMH	1069.5	1058	98.92%	0	0	100.00%	805	805	100.00%	230	230	100.00%
Women and Children's	Queen Charlotte's Hospital - RYJ04	Edith Dare Postnatal Ward	2468	2340.5	94.83%	1176.5	1116.5	94.90%	1920.5	1871	97.42%	713	701.5	98.39%
Women and Children's	St Mary's Hospital (HQ) - RYJ01	GRAND UNION WARD	1989.5	1921	96.56%	0	0	100.00%	1771	1759.5	99.35%	0	0	100.00%
Women and Children's	St Mary's Hospital (HQ) - RYJ01	GREAT WESTERN WD	2275.5	2076.5	91.25%	322	322	100.00%	1897.5	1794	94.55%	483	483	100.00%
Women and Children's	St Mary's Hospital (HQ) - RYJ01	Lillian Holland Ward	1199.25	1122	93.56%	521	477	91.55%	713	713	100.00%	356.5	356.5	100.00%
Women and Children's	Queen Charlotte's Hospital - RYJ04	Neo Natal	3916.29	3908.79	99.81%	284	272.5	95.95%	3818	3818	100.00%	57.5	57.5	100.00%
Women and Children's	St Mary's Hospital (HQ) - RYJ01	NICU	1759.5	1720.3	97.77%	276	264.5	95.83%	1702	1702	100.00%	241.5	241.5	100.00%
Women and Children's	St Mary's Hospital (HQ) - RYJ01	PICU	2783	2587.5	92.98%	0	0	100.00%	2771.5	2633.5	95.02%	0	0	100.00%
Women and Children's	Queen Charlotte's Hospital - RYJ04	QCCH labour	4617.5	4426.5	95.86%	867.75	809.5	93.29%	3956	3820	96.56%	713	713	100.00%
Women and Children's	Hammersmith Hospital - RYJ03	Victor Bonney Ward	2146	1911.9	89.09%	571	499.25	87.43%	1069.5	1045.75	97.78%	345	299	86.67%

## Meeting Heading - Board Public, Private or Committee

21 October 2014

<b>Agenda Item</b>	2.4
<b>Title</b>	Integrated Performance Scorecard
<b>Report for</b>	Monitoring
<b>Report Author</b>	Steve McManus, Chief Operating Officer
<b>Responsible Executive Director</b>	Steve McManus, Chief Operating Officer
<b>Freedom of Information Status</b>	Report can be made public

**Executive Summary:** This is a regular report to the Trust Board that outlines the key headline performance indicators from Monitor, CQC, and TDA frameworks as well as a number of contractual indicators as well as some that have internally generated. This report is designed to be reviewed in conjunction with the Operational Report.

**Recommendation to the Board:** The Trust Board are asked to note the contents of this report

**Trust strategic objectives supported by this paper:**

1. To develop and provide the highest quality, patient focused and efficiently delivered services to all our patients.
2. To develop recognised programmes where the specialist services ICHT provides (defining services) are amongst the best, nationally and internationally and leverage this expertise for the benefit of our patients and commissioners.
3. With our partners, ensure high quality learning environment and training experience for health sciences trainees in all disciplines and develop a satisfied workforce that is representative of the communities the Trust serves.
4. With our partners in the Academic Health Science Centre (AHSC) and leveraging the wider catchment population afforded by the Academic Health Science Network (AHSN), innovate in healthcare delivery by generating new knowledge through research, translating this through the AHSC for the benefit of our patients and the wider population.

**Title :** Integrated Performance Scorecard

**Purpose of the report:** The Trust Board is asked to note the contents of the Integrated Performance Scorecard.

The Integrated Performance Scorecard brings together finance, people and quality metrics. The quality metrics are subdivided into the 6 quality domains as defined in the Trust Quality Strategy.

The indicators for each domain have been specifically selected and agreed by the quality domain leads as those that the Trust Board should be sighted on.

This month the Integrated Performance Scorecard includes additional efficiency measures. The safe staffing figures are also presented as appendices to this report.

### **Regulatory reforms**

The NHS Trust Development Authority has recently published *Delivering for Patients: the 2014/15 Accountability Framework for NHS trust boards*, which sets out how the TDA will work alongside trusts to support the delivery of high quality, sustainable services for patients. The methodology for rating is subject to an element of subjectivity. Once the rating for ICHT is published, this will be also published in the Integrated Performance Scorecard.

### **Leading/lagging indicators**

**Leading** indicators are those where future performance may be affected e.g. patients referred via the two week wait suspected cancer route will be reported under the 62 day standard if diagnosed with cancer, or VTE risk assessment rates could have a direct impact on clinical outcomes.

**Lagging** indicators are those where the final outcome is reported e.g. mortality rates or 30 day readmission rates.

### **Source framework**

The source framework is cited for each of the published indicators. This is highlighted within the scorecard e.g. Monitor, CQC, NTDA, contractual or internally generated.

### **Future development**

In a rolling programme of improvement, the scorecard will be continued to be developed by:

- Ensuring that all indicators have a threshold so it is clear in the summary pie charts how the indicator is performing. Where no threshold is available, an explanation will be provided in a definitions page about how the indicator has been rated. A benchmarking exercise has begun to allow thresholds to be set for

the efficiency measures that do not currently have a threshold;

- Include further comparison data, when this becomes available to allow benchmarking to be made with other London Trusts, the Shelford Group and against the national average;
- It is proposed that the Integrated Performance Scorecard is developed into a QlikView application with an initial version to be presented to the Trust Board members in January 2015. This will allow for the complex data feeds to be fully embedded into the scorecard and will allow full testing of the iPad friendly version of QlikView which is soon to be released. QlikView will allow Trust Board members to drill down into further detail into the indicators that are presented. This could be to divisional or speciality level.

**Recommendation to the Board:** The Trust Board is asked to note the contents of the Integrated Performance Scorecard.

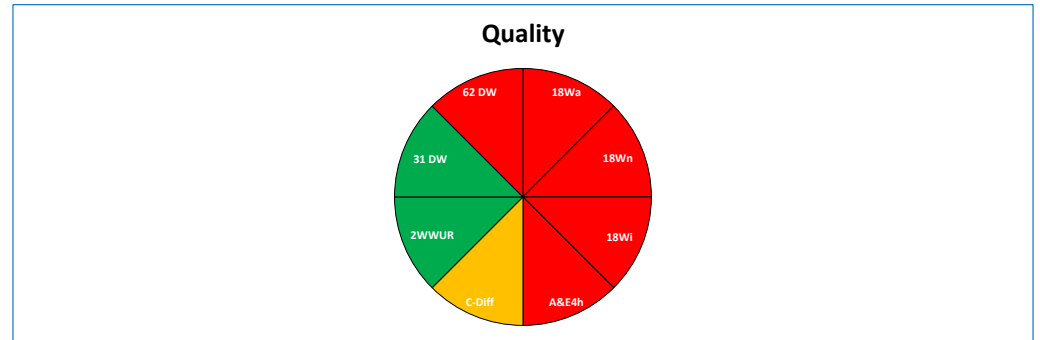
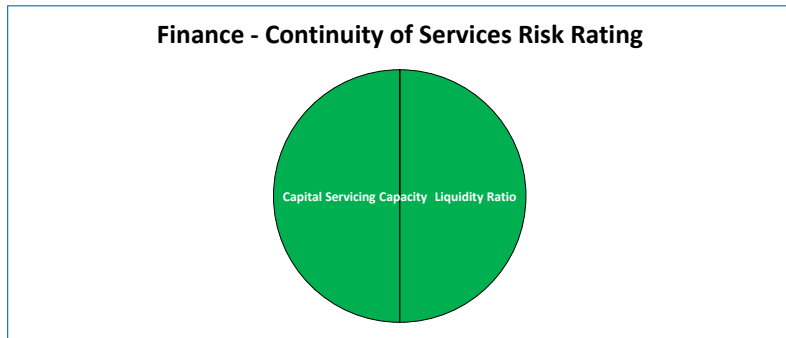




Trust Board Performance Report  
Report Period Month 7  
(to end October 2014)

Trust Board Wednesday 26th November 2014

Summary		Shadow Foundation Trust Performance Framework	Page 3
		CQC	Page 4
Quality Principles	Quality Summary	Quality Principles Summary	Page 5
	Patient Safety 1.1	Mortality	Page 6
	Patient Safety 1.2	Infection Control, Incidents, Safety Thermometer and VTE	Page 7
	Patient Centeredness 2.1	Feedback (Friends and Family Test, Complaints, Compliments & Environment, Patient Experience and Safeguarding)	Page 8
	Effectiveness 3.1	Stroke care	Page 9
	Efficiency 4.1	Productivity	Page 10
	Efficiency 4.2	Data Quality	Page 11
	Timeliness 5.1	Elective Access, A&E & Other Access Measures	Page 12
	Timeliness 5.2	Cancer Access Waiting Times	Page 13
Equity 6.1	Dementia, Mixed Sex Accommodation and Safeguarding Training Levels	Page 14	
Workforce	People Summary	People Principles Summary	Page 15
	People 7.1	Turnover, Sickness and Training Compliance	Page 16
	People 7.2	Appendix	Page 17
	People 7.3	Staffing: Nursing, midwifery and care staff	Page 18
	People 7.4	Health and Safety Compliance	Page 19
Finance	Finance Summary	Finance Principles Summary	Page 20
	Finance 8.1	Turnover, Sickness and Training Compliance	Page 21
	Finance 8.2	Activity performance against plans commissioned by NWL CCG	Page 22
	Finance 8.2	Activity performance against plans commissioned by Non NWL CCG	Page 23
	Finance 8.3	Activity performance against plans commissioned by NHSE	Page 24
	Finance 8.4	Activity performance against plans commissioned by OTHER	Page 25
Research and Education	Research and Education Summary	Research and Education Principles Summary	Page 26
	Research and Education 9.1	Research and Development Compliance	Page 27
Private Patients	Private Patients Summary	Private Patients Summary	Page 28
	Private Patients Safety 11.1	Infection Control, Incidents	Page 29
	Private Patients People 11.2	Turnover, Sickness and Training Compliance	Page 30
Glossary	Definitions 12.1	Definitions	Page 31-37



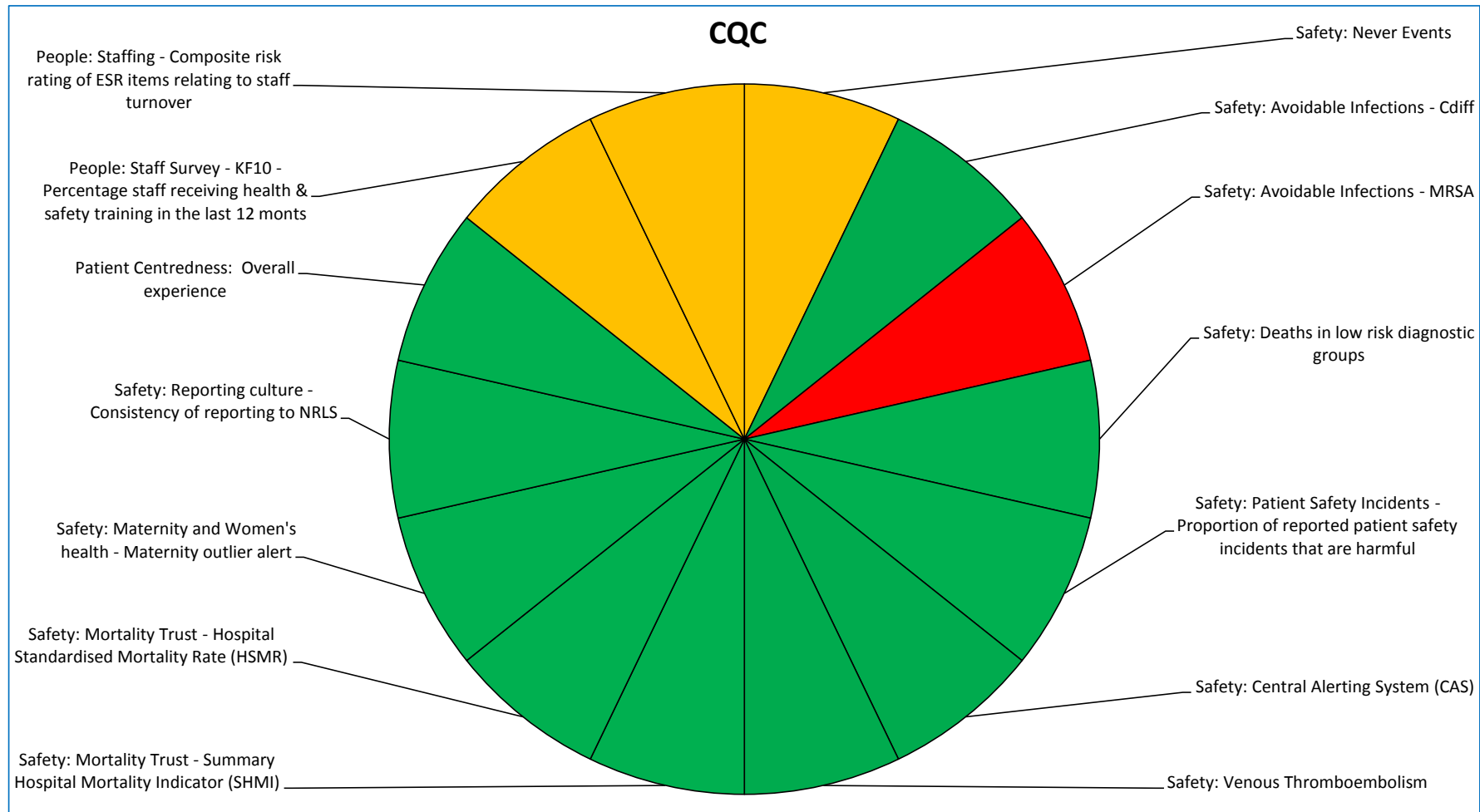
2014/2015		Threshold	Performance to date 14/15			Forecast		
Area	Indicator		Q1	Q2	Q3	Qtr 4 14/15	Qtr 1 15/16	Qtr 2 15/16
Finance	Capital Servicing Capacity		3	3	3			
	Liquidity Ratio		3	4	4			
<b>Continuity of Services Risk Rating</b>			3	4	4			
Access	18 weeks referral to treatment - admitted	90%	88.87%	83.88%	80.93%			
	18 weeks referral to treatment - non admitted	95%	94.66%	94.35%	92.26%			
	18 weeks referral to treatment - incomplete pathway	92%	92.15%	87.14%	82.32%			
	2 week wait from referral to date first seen all urgent referrals	93%	93.70%	94.90%				
	2 week wait from referral to date first seen breast cancer	93%	88.40%	93.10%				
	31 days standard from diagnosis to first treatment	96%	97.40%	97.60%				
	31 days standard to subsequent Cancer Treatment - Drug	98%	99.60%	100.00%				
	31 days standard to subsequent Cancer Treatment - Radiotherapy	94%	97.60%	99.30%				
	31 days standard to subsequent Cancer Treatment - Surgery	94%	96.90%	95.30%				
	62 day wait for first treatment from NHS Screening Services referral	90%	91.00%	93.90%				
	62 day wait for first treatment from urgent GP referral	85%	85.40%	85.20%				
	A&E maximum waiting times 4 hours	95%	95.86%	95.47%	93.20%			
Outcomes	Clostridium Difficile (C-Diff) Post 72 Hours	65	25	20	8			
<b>Governance Risk Rating</b>								

**Other triggers of governance concern not addressed in Integrated Performance Scorecard**

CQC judgements - warning notice issued, civil and/or criminal action initiated	None	None	None	None	None
Third party reports from e.g. from GMC, the Ombudsman, medical Royal Colleges etc - judgement based on severity and frequency of reports	None	None	None	None	None

	Threshold met
	Threshold NOT met

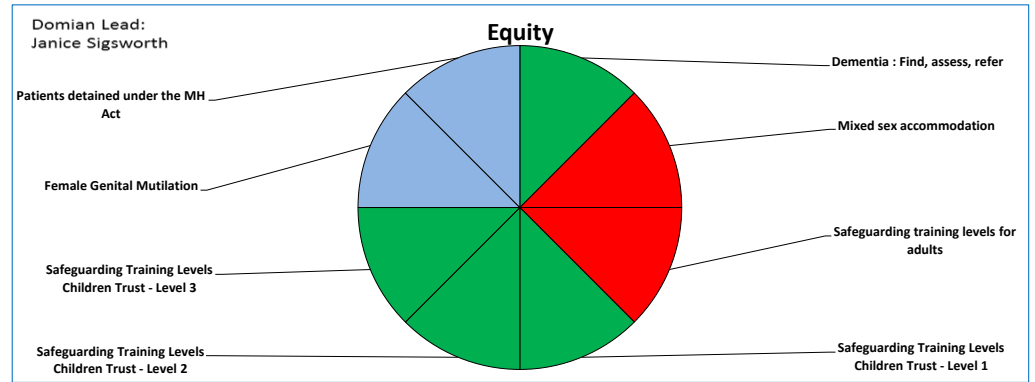
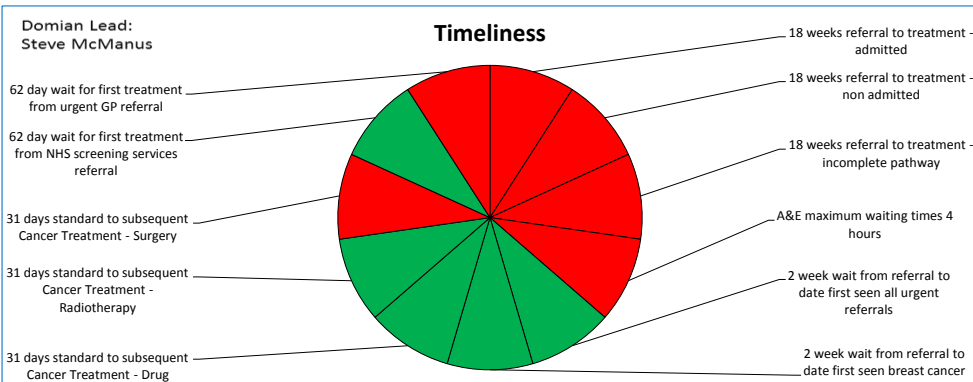
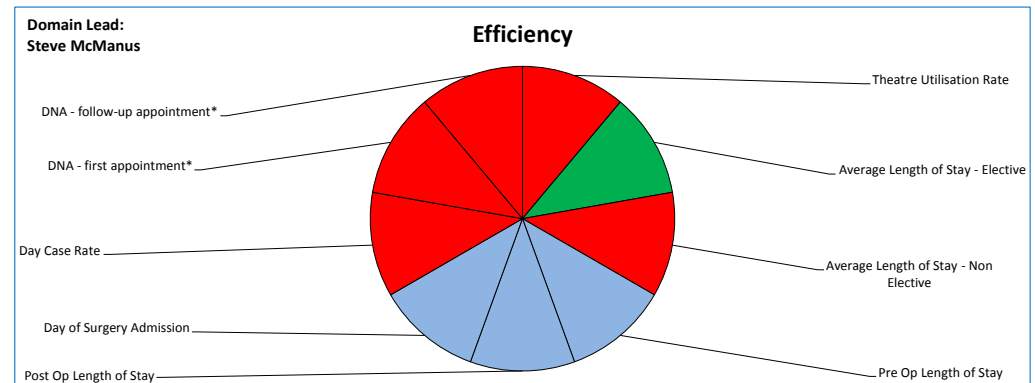
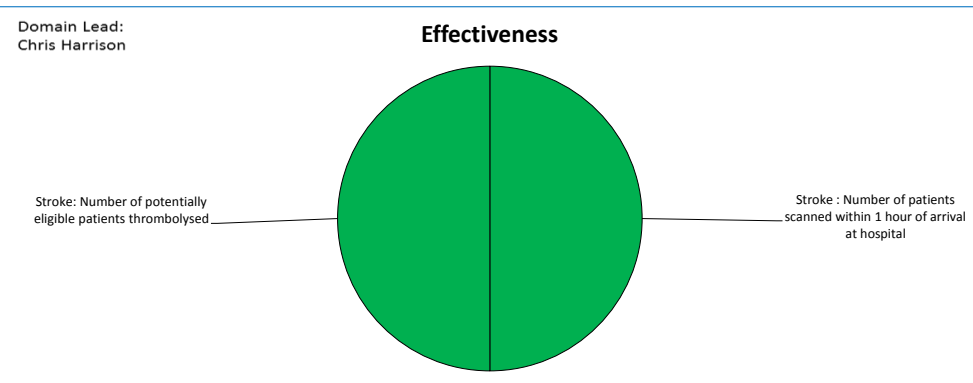
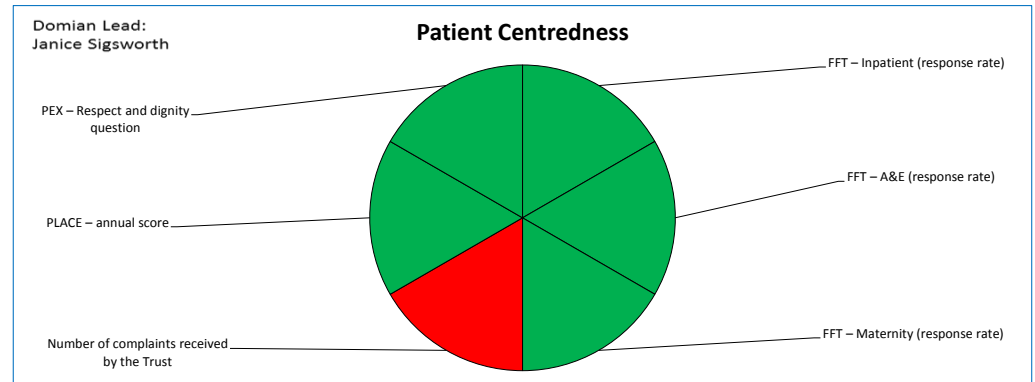
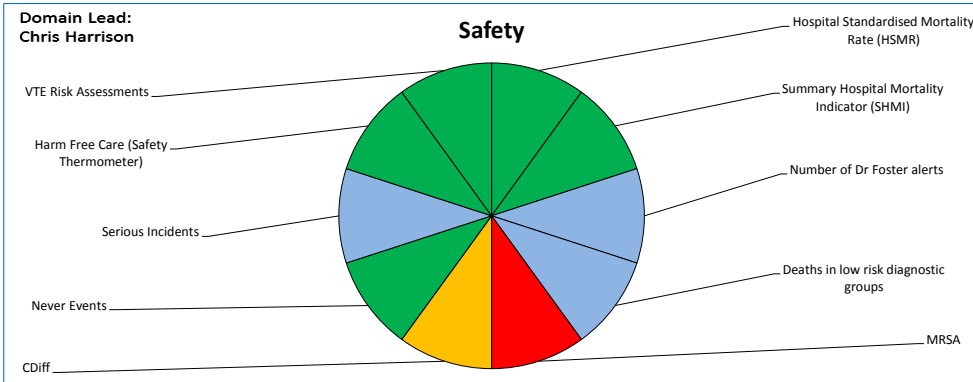
	Some areas of concern
	Data not available



No evidence of Risk

Risk

Elevated Risk



	CQC/Threshold met
	CQC/Threshold NOT met

	Have Data - NO Threshold
	Data not available

Indicator	Leading	Frequency
<b>Mortality Indicators</b>		
Hospital Standardised Mortality Rate (HSMR)	-	Quarterly
Summary Hospital Mortality Indicator (SHMI)	-	Quarterly

2013/2014	
Qtr4	
	77.32
	74.10

Performance in 2014/15				
Q1	Q2	Q3	Q4	YTD
64.37				
Not yet available				

Forecast		
Qtr 2 14/15	Qtr 3 14/15	Qtr 4 14/15

Source Framework
CQC
CQC

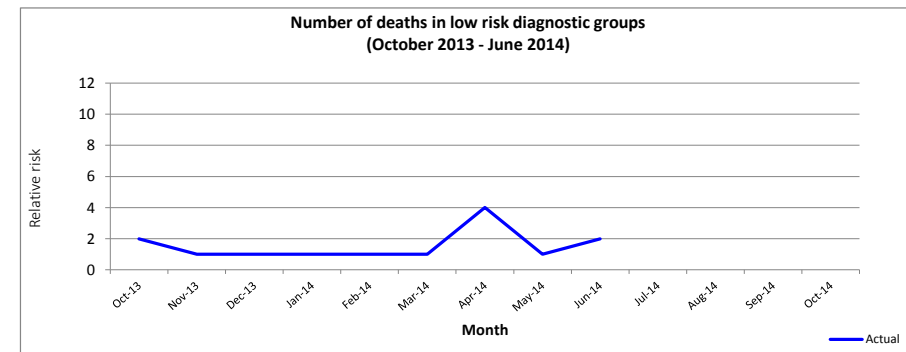
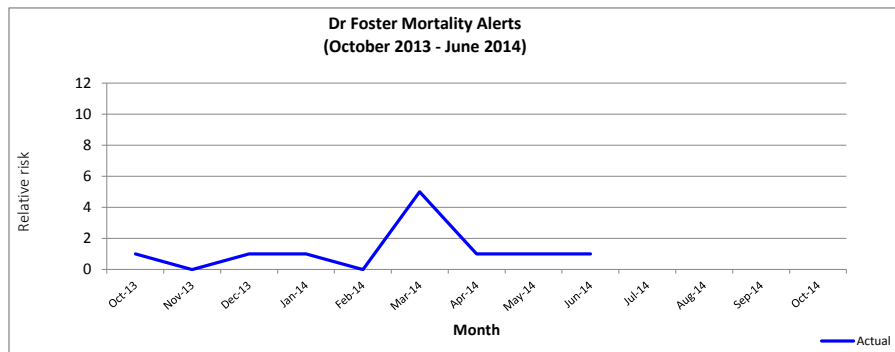
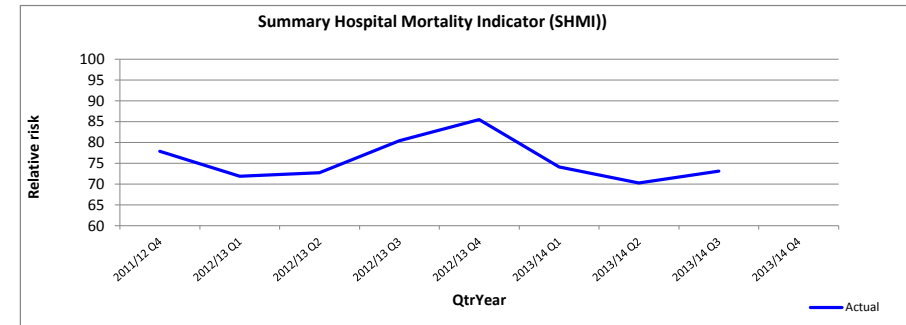
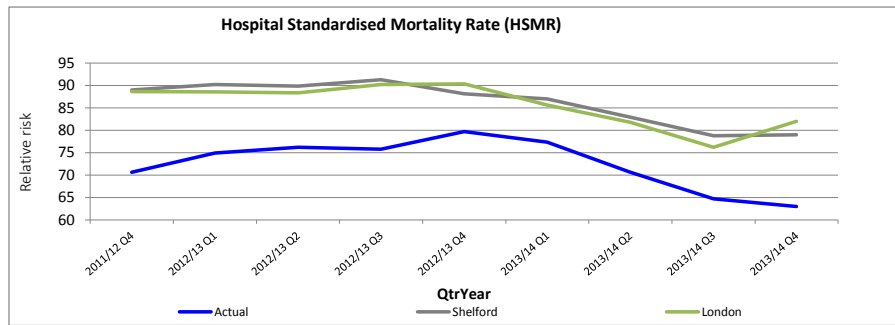
Indicator	Leading	Frequency
<b>Dr Foster Alerts</b>		
Number of Dr Foster mortality alerts	-	Quarterly
<b>Deaths in low risk diagnostic groups</b>		
Number of deaths in low risk diagnostic groups	-	Quarterly

Performance in Qtr1	
Jun-13	13/14
5	10
2	6

Performance Current					
Current Month	2014/15 Q1	2014/15 Q2	2014/15 Q3	2014/15 Q4	YTD
1	3				3
2	7				7

Forecast		
Qtr 2 14/15	Qtr 3 14/15	Qtr 4 14/15

Source Framework
CQC
CQC



Relative risk refers to the ratio of observed deaths divided by the risk adjusted expected deaths in a given metric, multiplied by 100. On this basis, a figure of 100 represents the NHS England average for a metric. Anything lower than 100 means the relative risk is lower than expected.

Deaths in low risk diagnosis group is the relative risk for the combined 200 diagnosis groups that have low mortality outcomes.

Indicator	Leading	Frequency	Threshold
<b>Infection Control*</b>			
MRSA	-	Monthly	0
Clostridium Difficile (C-Diff) Post 72 Hours	-	Monthly	<65 p/a
<b>Incidents*</b>			
Never Events	-	Monthly	0
Serious Incidents	-	Monthly	n/a
<b>Safety Thermometer*</b>			
Harm Free Care (Safety Thermometer)	-	Monthly	>90%
<b>VTE</b>			
VTE Risk Assessments	✓	Monthly	>95%

\* Includes Private Patients

Performance in 2013/14	
Oct-13	Qtr3
1	2
4	10

0	0
5	30

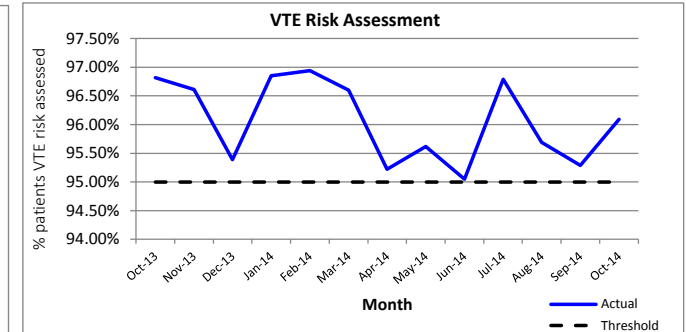
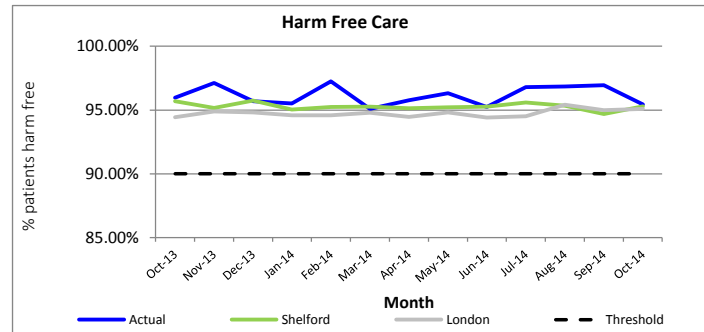
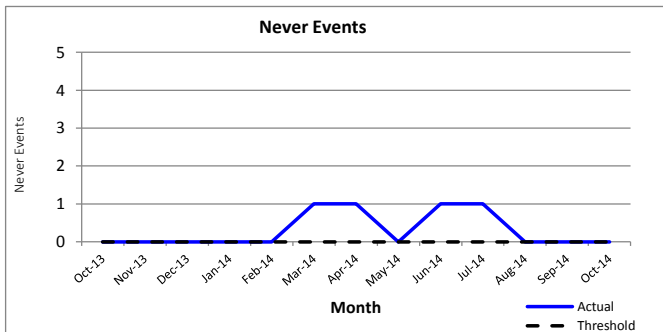
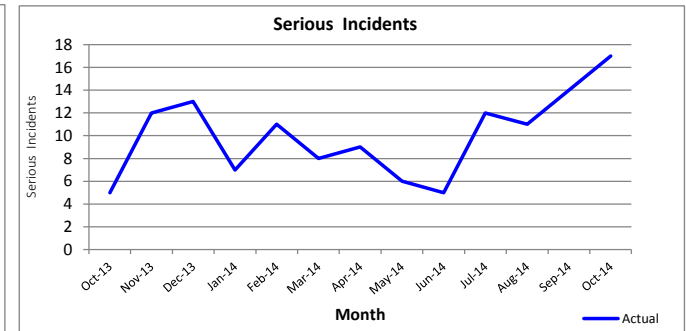
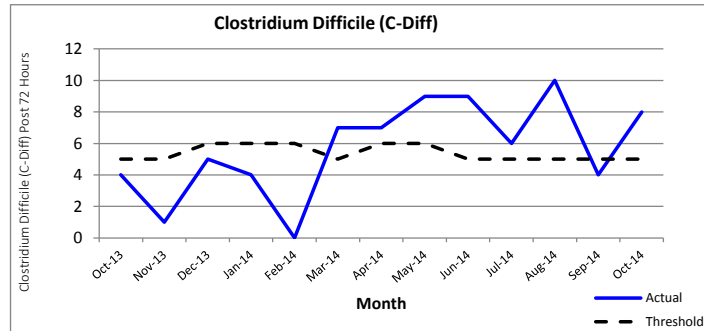
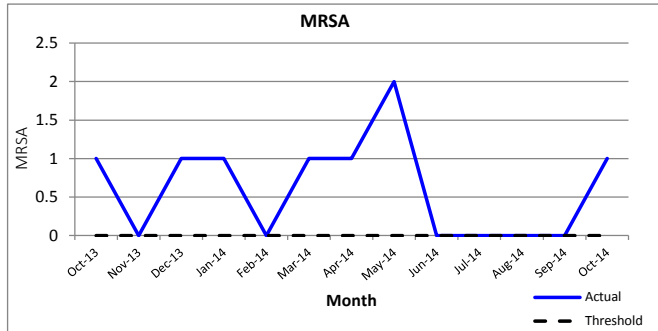
96.0%	96.3%
-------	-------

96.8%	96.3%
-------	-------

Performance Current Year To Date					
Current Month	Q1	Q2	Q3	Q4	YTD
1	3	0			4
8	25	20			53
0	2	1			3
17	20	37			74
95.45%	95.78%	96.87%			96.20%
96.09%	95.30%	95.92%			95.68%

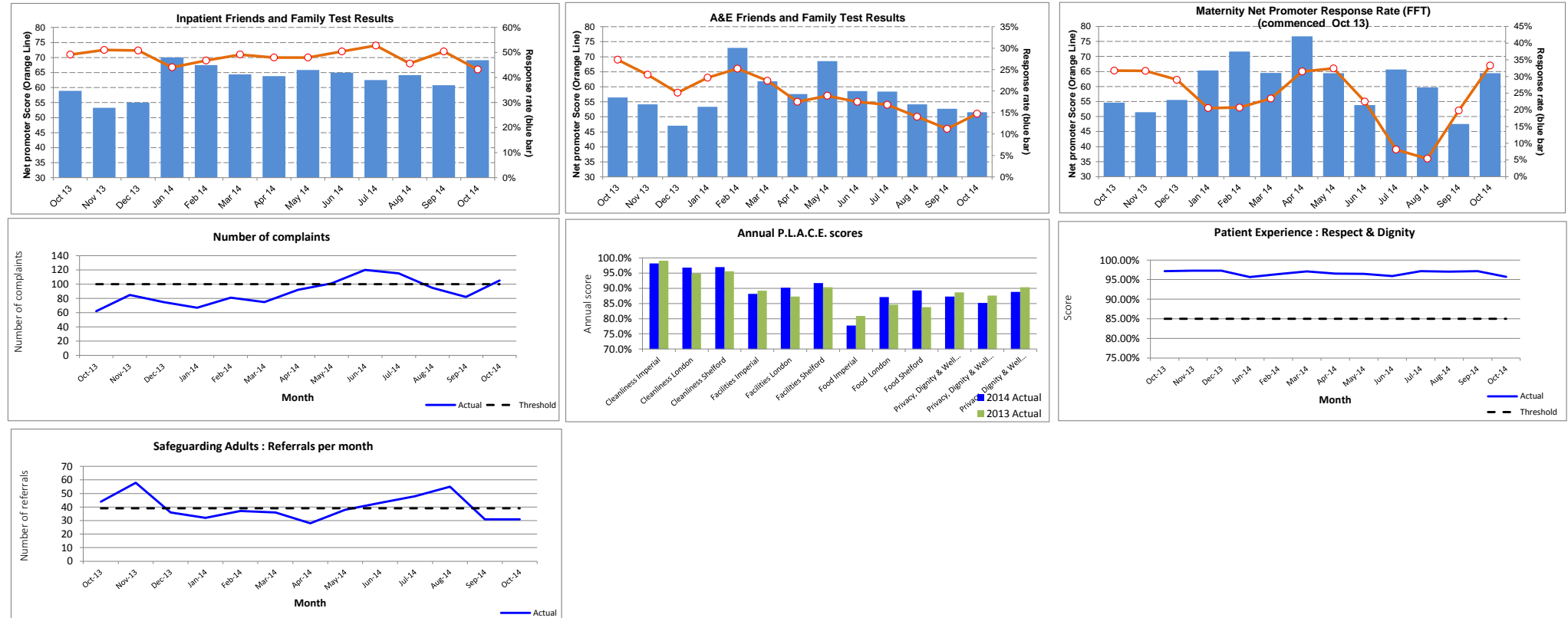
Forecast		
Qtr 3 14/15	Qtr 4 14/15	Qtr 1 15/16

Source Framework
TDA, CQC Mon, TDA, CQC
TDA, CQC TDA, CQC
TDA, CQC
CQC, Contractual



Indicator	Leading	Frequency	Threshold	Performance in 2013/14		Performance Current Year To Date						Forecast			Source Framework	
				Oct-13	Qtr3	Current Month	Q1	Q2	Q3	Q4	YTD	Qtr 3 14/15	Qtr 4 14/15	Qtr 1 15/16		
<b>Friends &amp; Family Test</b>																
Inpatients Net Promoter Score (FFT)	✓	Monthly	0	71	72	66	71	71				70				Contractual
Inpatients Net Promoter Response Rate	✓	Monthly	>25%	34.75%	30.89%	47.00%	41.86%	39.00%				41.37%				Contractual
A&E Net Promoter Score (FFT)	✓	Monthly	0	69	64	51	56	50				53				Contractual
A&E Net Promoter Response Rate	✓	Monthly	>15%	18.53%	18.96%	15.10%	22.10%	17.57%				19.16%				Contractual
Maternity Net Promoter Score (FFT)	✓	Monthly	0	n/a	n/a	67	62	42				54				Contractual
Maternity Net Promoter Score Response Rate	✓	Monthly	>15%	n/a	n/a	31.00%	31.47%	24.87%				28.57%				Contractual
<b>Complaints &amp; Compliments*</b>																
Number of complaints received	-	Monthly	<100	62	222	105	313	292				710				CQC
<b>Environment</b>																
PLACE - Cleanliness	-	Annually	>95%	99.03%	Aug-13	98.19%	n/a	98.19%				98.19%				tbc
PLACE - Food	-	Annually	>84%	80.91%	Aug-13	88.18%	n/a	88.18%				88.18%				tbc
PLACE - Privacy, Dignity & Well being	-	Annually	>82%	88.60%	Aug-13	77.75%	n/a	77.75%				77.75%				tbc
PLACE - Facilities	-	Annually	>83%	89.22%	Aug-13	87.26%	n/a	87.26%				87.26%				tbc
<b>Patient Experience</b>																
(LQ36) Have you been treated with dignity and respect by staff on this ward?	-	Monthly	>85%	97.15%	97.23%	95.7%	96.30%	97.12%				96.56%				CQC
<b>Safeguarding</b>																
Safeguarding Adults : Referrals per month	-	Monthly	n/a	44	138	31	109	134				274				CQC

\* Includes Private Patients





Indicator	Leading	Frequency	Threshold
-----------	---------	-----------	-----------

Stroke Care			
Stroke Care : % of patients scanned within 1 hr of arrival at hospital	-	Monthly	>50%
Stroke Care : % of potentially eligible patients thrombolysed within 45 Minutes	-	Monthly	>90%

Performance in 2013/14	
Oct-13	Qtr3

100.0%	100.0%
n/a	n/a

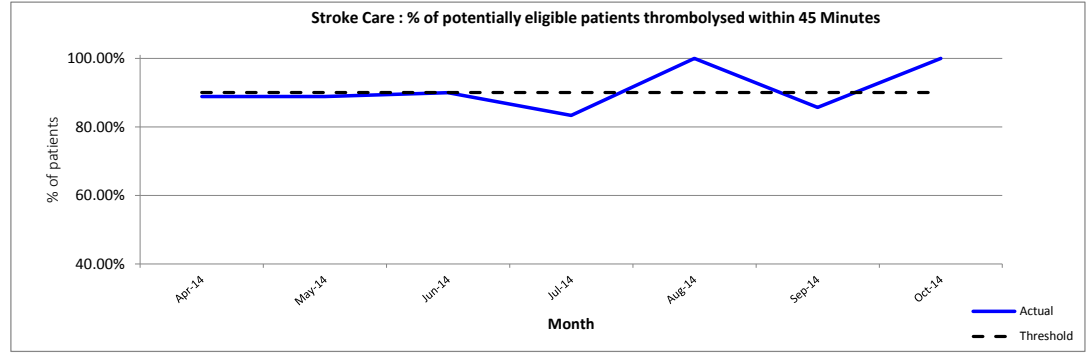
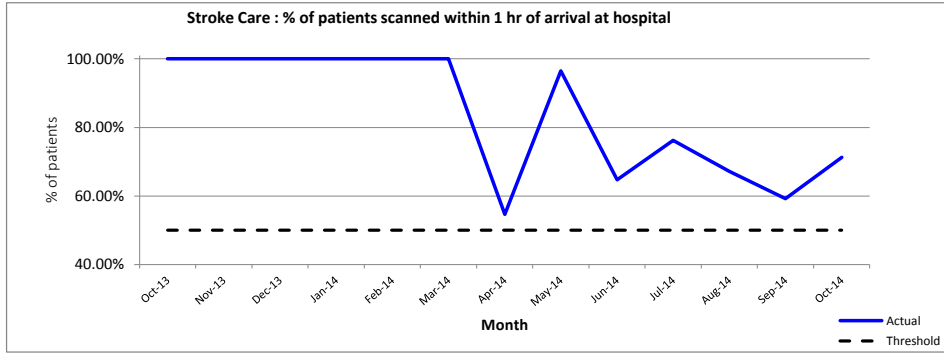
Performance Current Year To Date					
Current Month	Q1	Q2	Q3	Q4	YTD

71.30%	71.99%	67.55%			69.99%
100.00%	89.26%	89.68%			90.98%

Forecast		
Qtr 3	Qtr 4	Qtr 1
14/15	14/15	15/16


Source Framework
------------------

CQC
CQC



Indicator	Leading	Frequenc	Threshold
-----------	---------	----------	-----------

Performance in 2013/14	
Oct-13	Qtr3

Performance Current Year To Date					
Current Month	Q1	Q2	Q3	Q4	YTD

Forecast		
Qtr 3	Qtr 4	Qtr 1
14/15	14/15	15/16

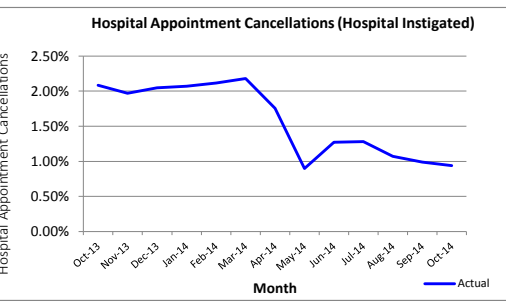
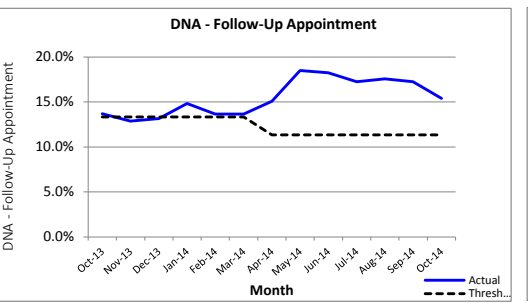
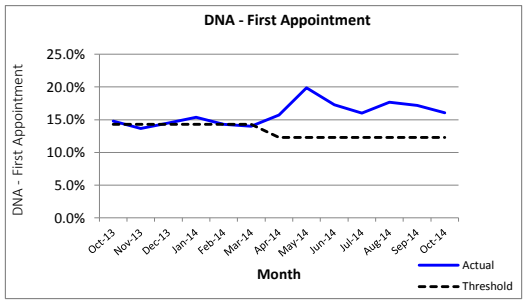
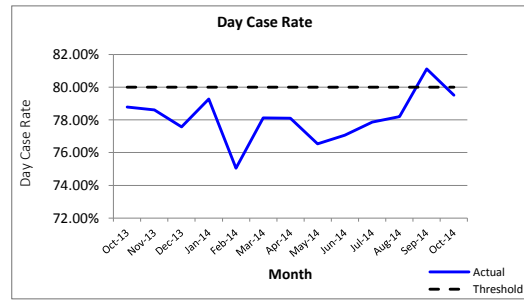
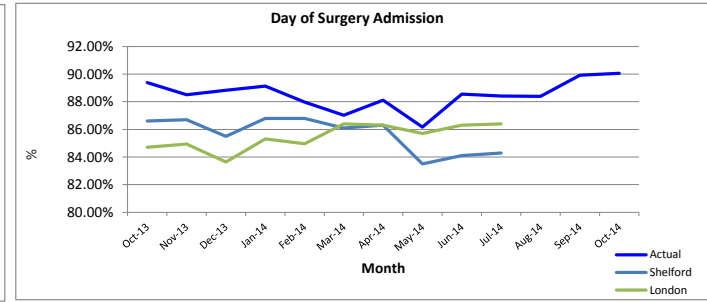
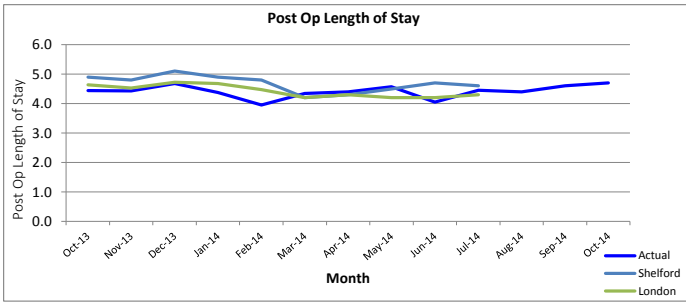
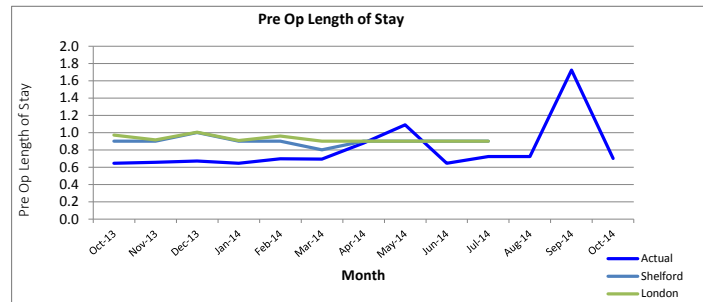
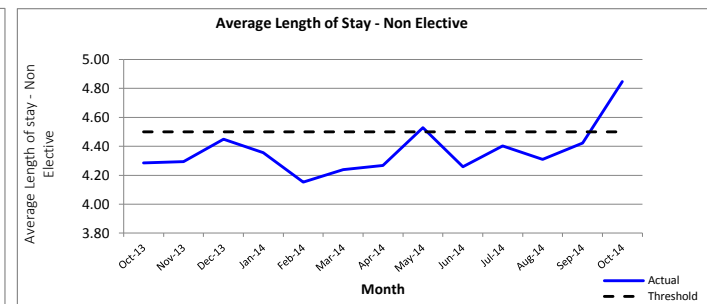
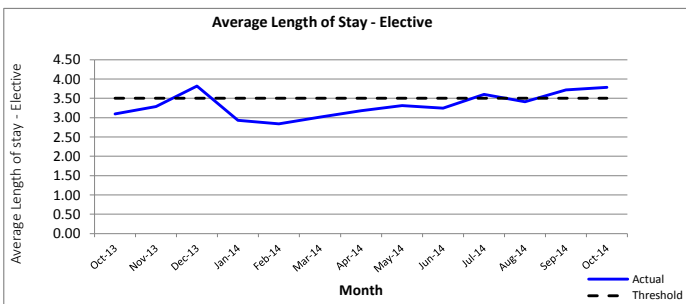
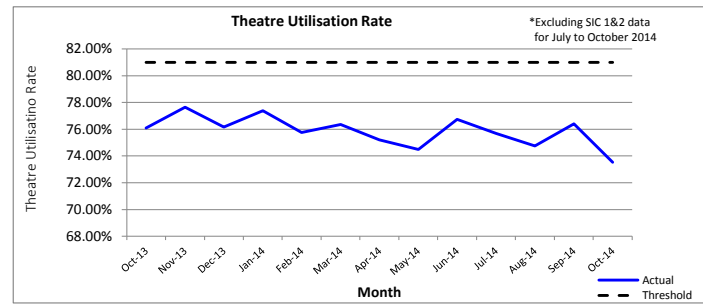
Source Framework
------------------

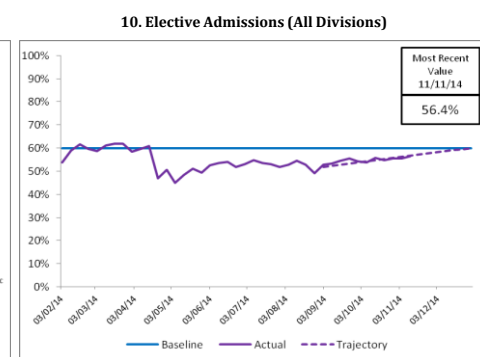
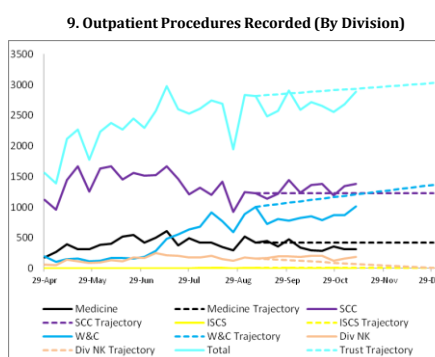
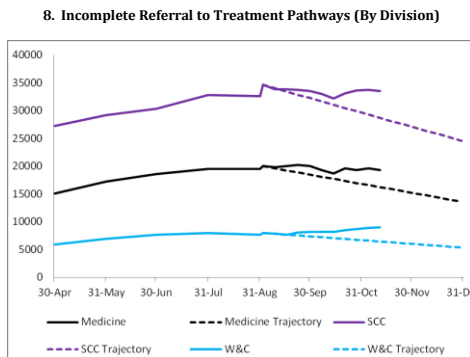
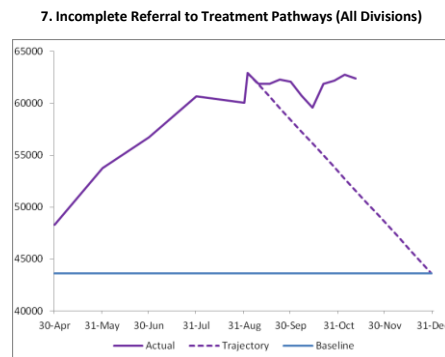
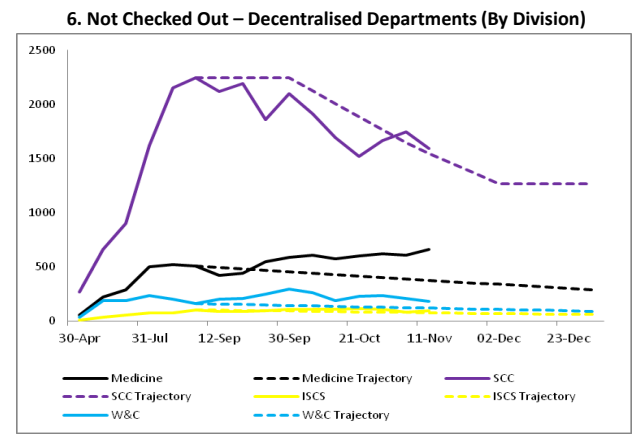
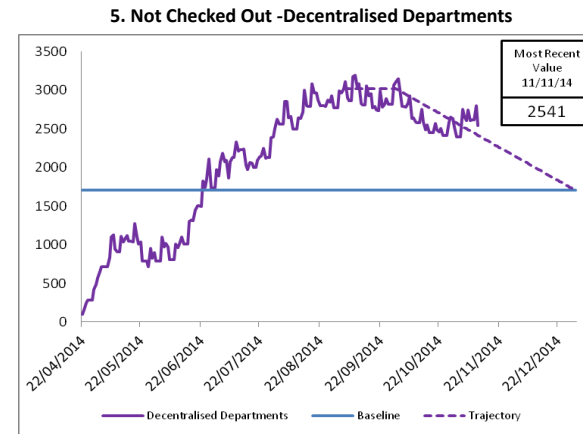
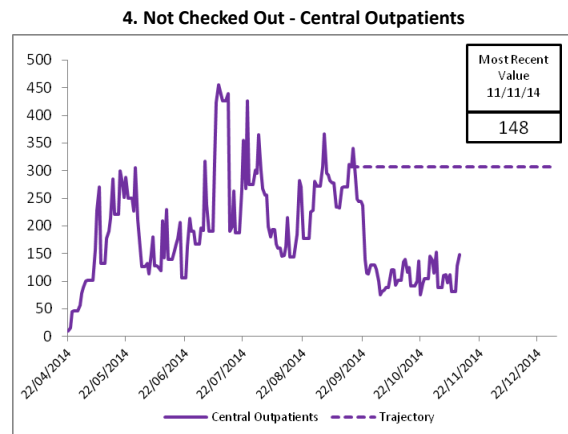
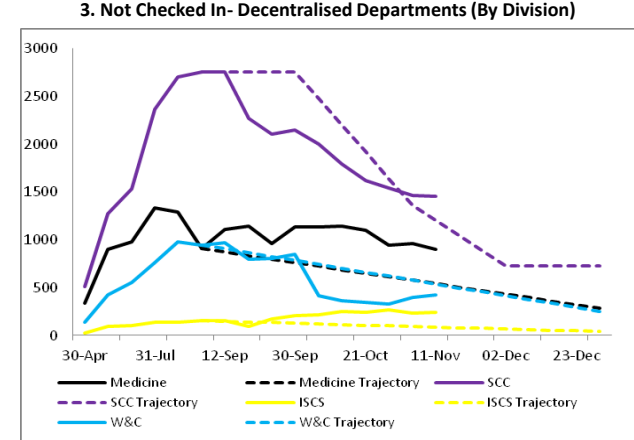
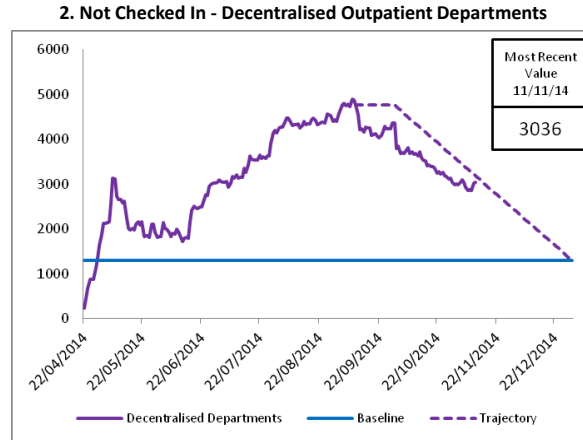
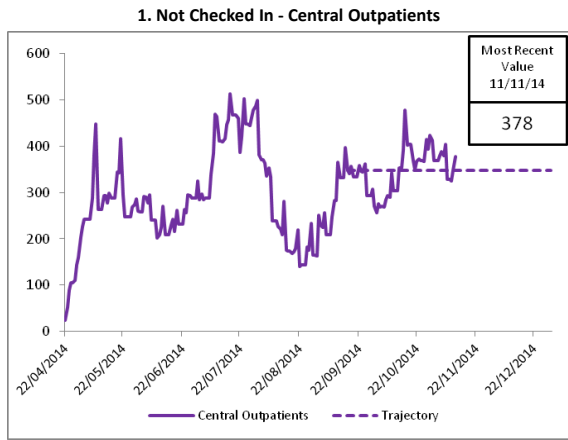
Productivity	Leading	Frequenc	Threshold
Theatre Utilisation Rate	✓	Monthly	>81%
Average Length of Stay - Elective	✓	Monthly	<3.5
Average Length of Stay - Non Elective	✓	Monthly	<4.5
Pre Op Length of Stay	✓	Monthly	tbc
Post Op Length of Stay	✓	Monthly	tbc
Day of Surgery Admission	✓	Monthly	tbc
Day Case Rate	✓	Monthly	>80%
DNA - first appointment	✓	Monthly	<12.31%
DNA - follow-up appointment	✓	Monthly	<11.33%
Hospital Appointment Cancellations (hospital instigated)	✓	Monthly	tbc

76.10%	76.64%
3.10	3.39
4.29	4.34
0.65	0.66
4.44	4.52
89.38%	88.90%
78.78%	78.36%
14.79%	14.32%
13.71%	13.27%
2.08%	2.03%

73.54%	75.48%	75.62%	75.26%
3.78	3.24	3.58	3.46
4.85	4.35	4.38	4.43
0.70	0.87	1.06	0.93
4.70	4.34	4.48	4.45
90.07%	87.20%	89.91%	88.52%
79.50%	77.23%	79.06%	78.34%
16.04%	17.61%	16.95%	17.10%
15.39%	17.27%	17.34%	17.03%
0.94%	1.31%	1.11%	1.17%


CQC
Internal
Internal
Define
Define
Define
CQC
Internal
Internal





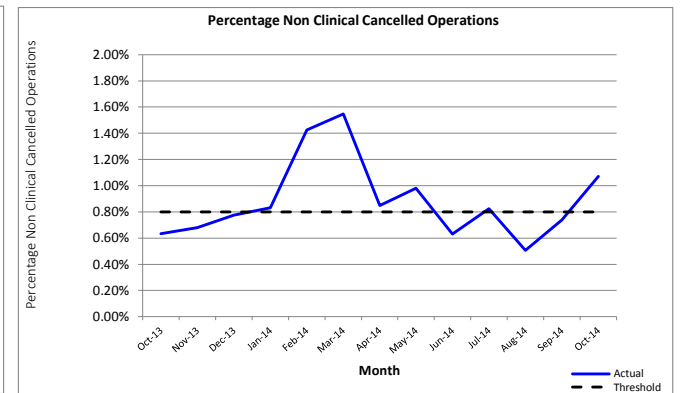
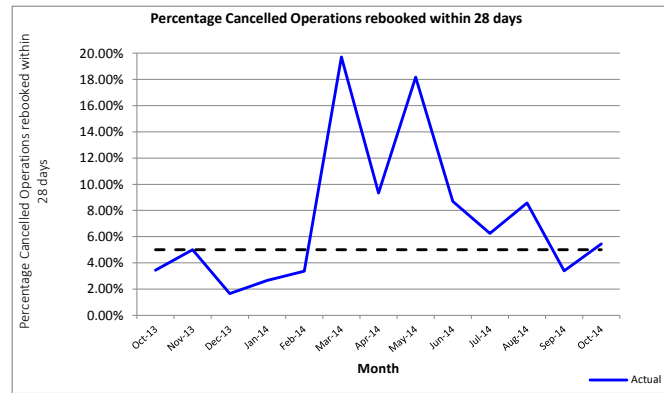
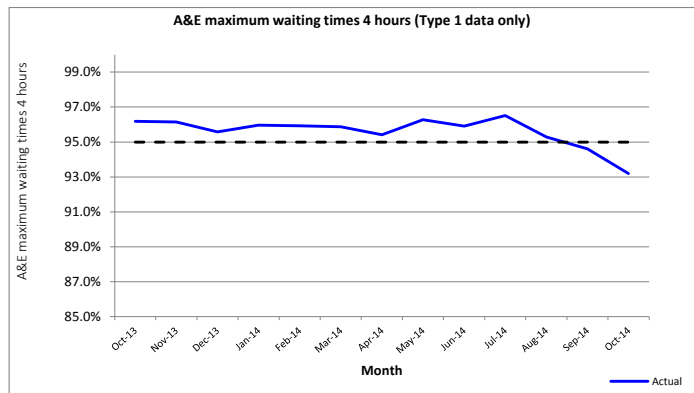
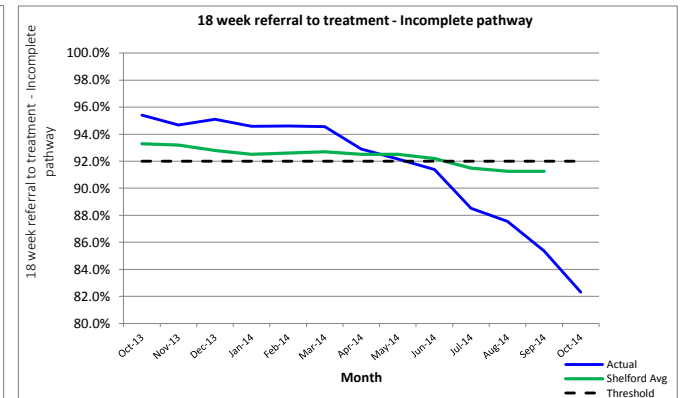
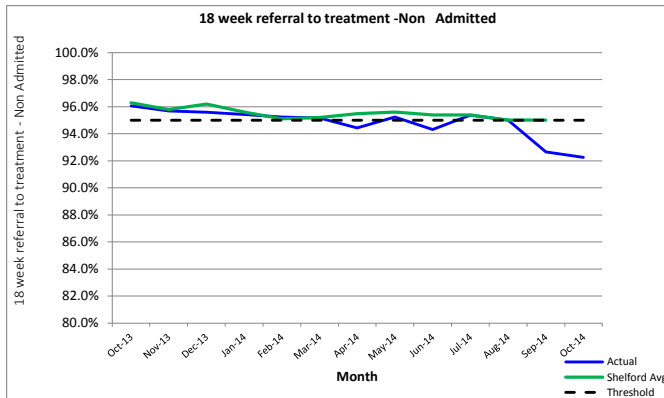
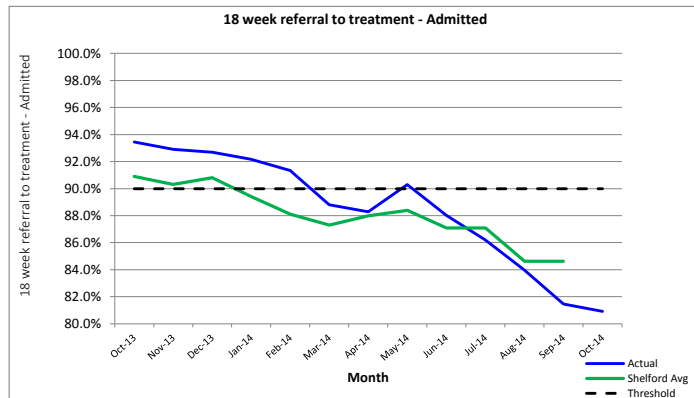
Indicator	Leading	Frequency	Threshold
<b>Elective Access</b>			
18 weeks referral to treatment - admitted	-	Monthly	>90%
18 weeks referral to treatment - non admitted	-	Monthly	>95%
18 weeks referral to treatment - incomplete pathway	-	Monthly	>92%
<b>A&amp;E Access</b>			
A&E maximum waiting times 4 hours	✓	Monthly	>95%
<b>Other Access Measures</b>			
Percentage Cancelled Operations rebooked within 28 days	✓	Monthly	<5%
Percentage Non Clinical Cancelled Operations	✓	Monthly	<0.8%

Performance in 2013/14	
Oct-13	Qtr3
93.5%	93.2%
96.1%	95.8%
95.4%	95.1%
96.2%	96.0%
3.4%	3.4%
0.6%	0.7%

Performance Current Year To Date						
Current Month	Q1	Q2	Q3	Q4	YTD	
80.9%	88.87%	83.88%			85.59%	
92.3%	94.66%	94.35%			94.19%	
82.3%	92.15%	87.14%			88.60%	
93.2%	95.86%	95.47%			95.31%	
5.4%	12.30%	5.70%			8.47%	
1.1%	0.82%	0.69%			0.80%	

Forecast		
Qtr 3 14/15	Qtr 4 14/15	Qtr 1 15/16
Yellow	Green	Green
Yellow	Green	Green
Green	Green	Green

Source Framework
Mon, TDA, CQC
Mon, TDA, CQC
Mon, TDA, CQC
Mon, TDA, CQC
TDA, CQC
Define



Indicator	Leading	Frequency	Threshold
-----------	---------	-----------	-----------

Cancer Access Waiting Times			
2 week wait from referral to date first seen all urgent referrals	✓	Monthly	>93%
2 week wait from referral to date first seen breast cancer	✓	Monthly	>93%
31 days standard from diagnosis to first treatment	-	Monthly	>95%
31 days standard to subsequent Cancer Treatment - Drug	-	Monthly	>98%
31 days standard to subsequent Cancer Treatment - Radiotherapy	-	Monthly	>94%
31 days standard to subsequent Cancer Treatment - Surgery	-	Monthly	>94%
62 day wait for first treatment from NHS screening services referral	-	Monthly	>90%
62 day wait for first treatment from urgent GP referral	-	Monthly	>85%

Performance in 2013/14	
Aug	Q2-13

98.6%	98.5%
98.0%	97.3%
97.7%	96.1%
100.0%	100.0%
100.0%	98.1%
96.0%	95.4%
91.2%	92.2%
65.6%	80.1%

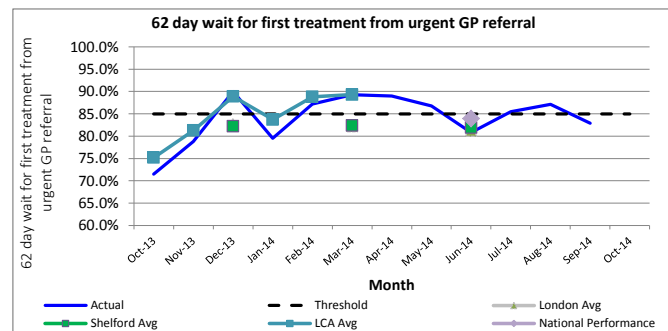
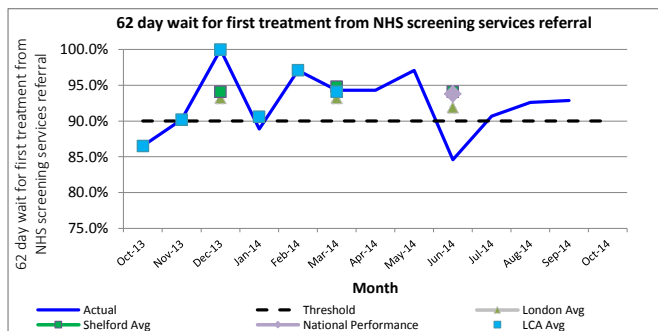
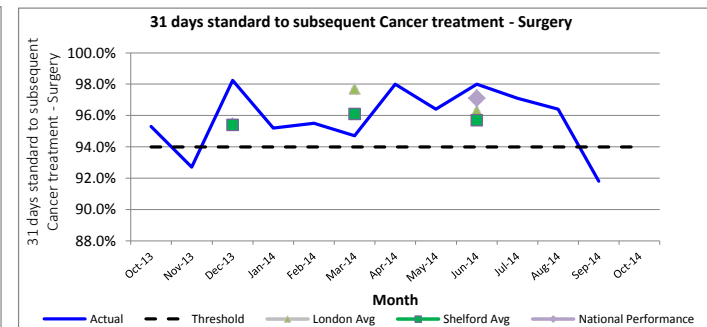
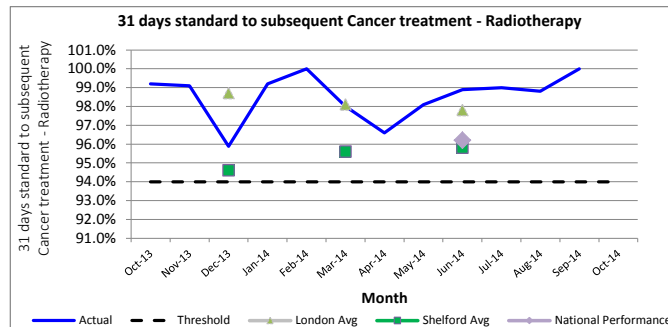
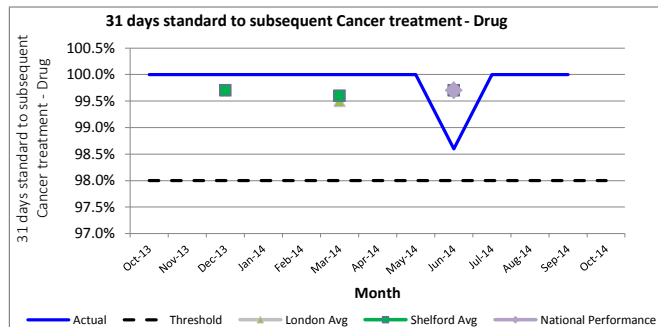
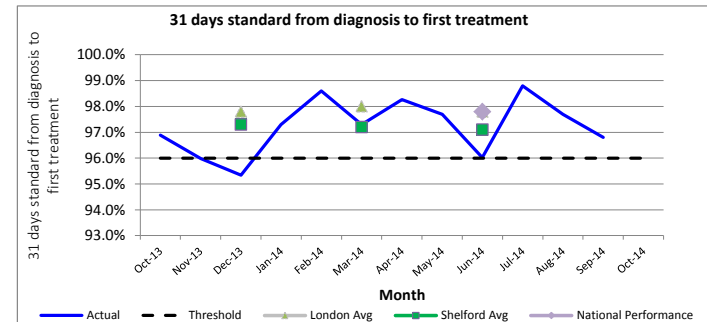
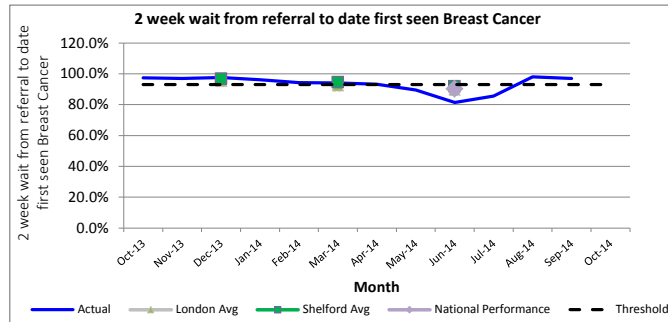
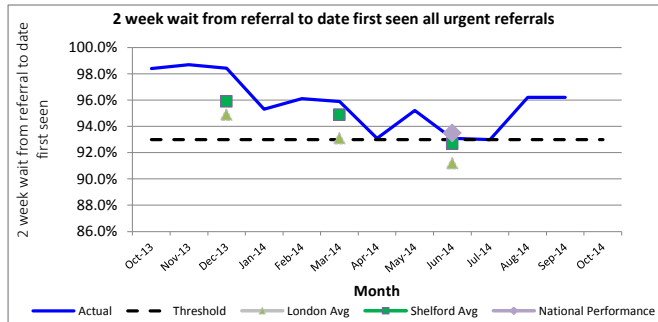
Performance Current Year To Date					
Current Month	Q1	Q2	Q3	Q4	YTD

96.2%	93.7%	94.9%			94.5%
97.0%	88.4%	93.1%			90.8%
96.8%	97.4%	97.6%			97.5%
100.0%	99.6%	100.0%			99.8%
100.0%	97.6%	99.3%			98.6%
91.8%	96.9%	95.3%			96.3%
92.9%	91.0%	93.9%			92.0%
82.9%	85.4%	93.7%			85.3%

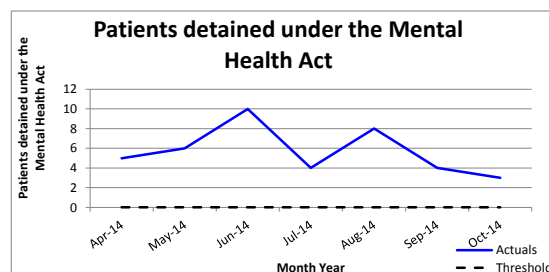
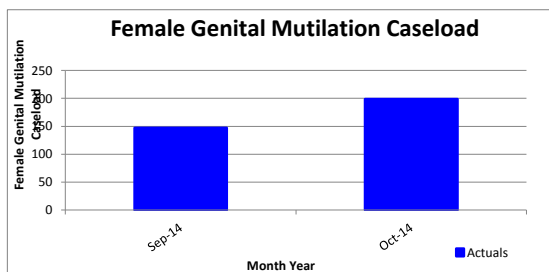
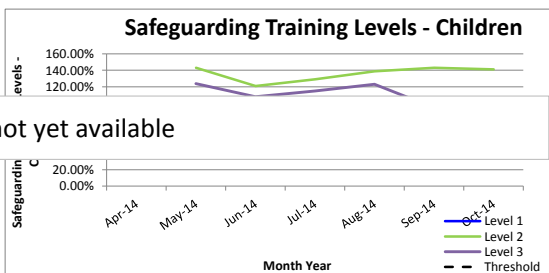
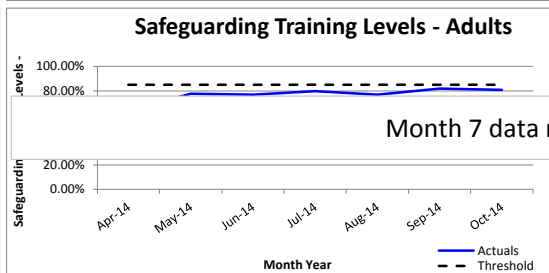
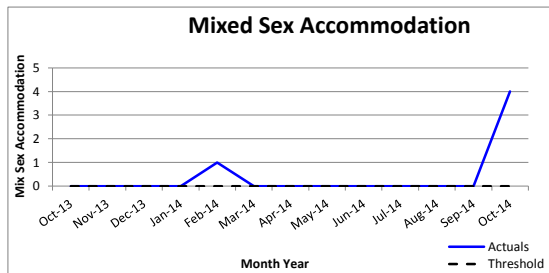
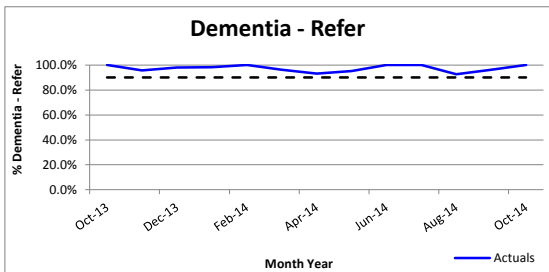
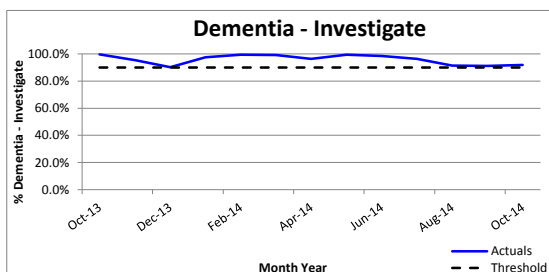
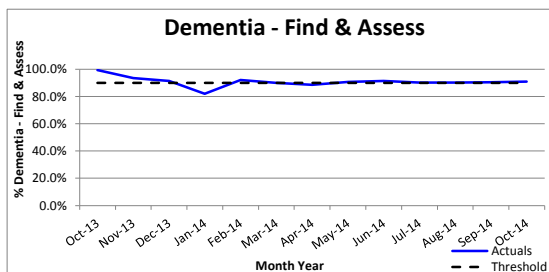
Forecast		
Qtr 3 14/15	Qtr 4 14/15	Qtr 1 15/16

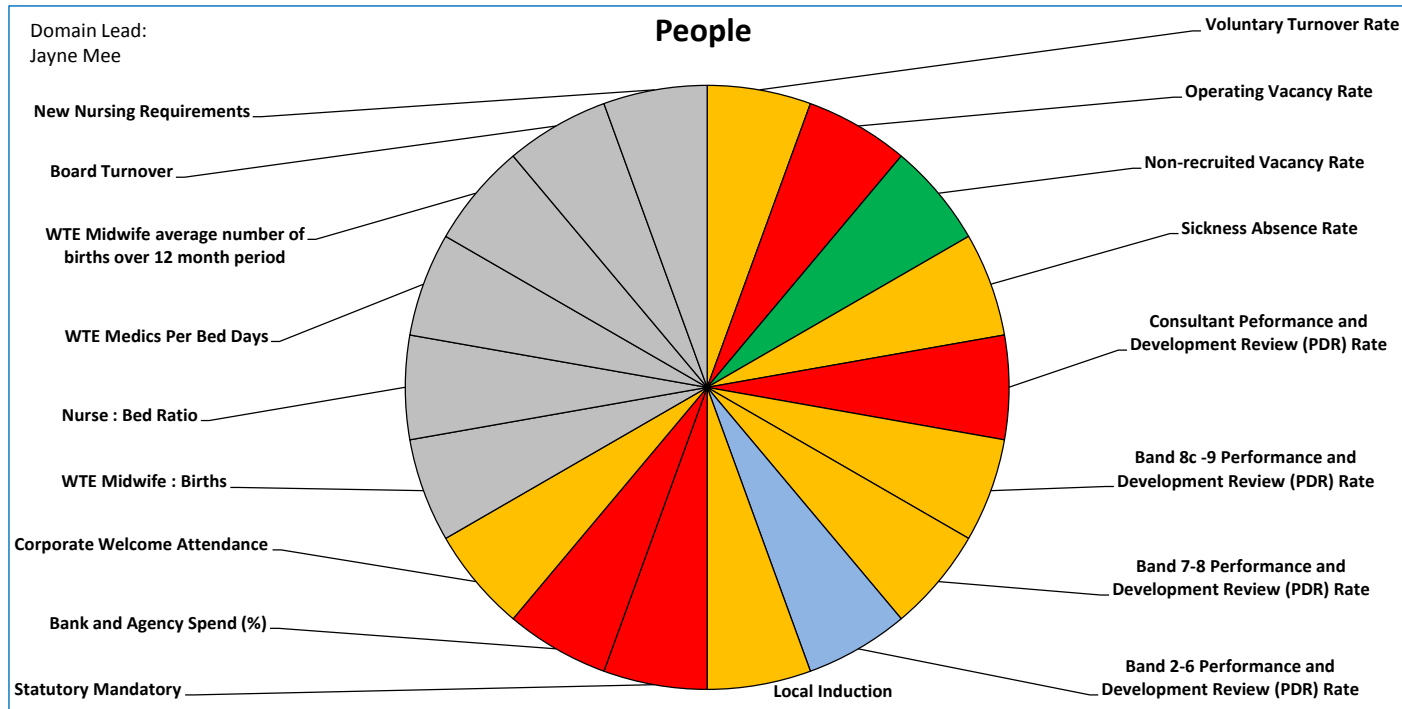

Source Framework
------------------

Mon, TDA, CQC
Mon, TDA, CQC
Mon, TDA, CQC
Mon, TDA, CQC
Mon, TDA, CQC
Mon, TDA, CQC
Mon, TDA, CQC
Mon, TDA, CQC

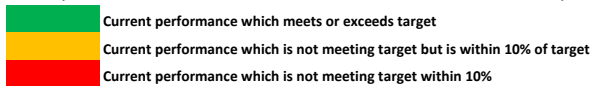


Indicator	Leading	Frequency	Threshold	Performance in 2013/14		Performance Current Year To Date						Forecast			Source Framework
				Oct-13	Qtr3	Current Month	Q1	Q2	Q3	Q4	YTD	Qtr 3 14/15	Qtr 4 14/15	Qtr 1 15/16	
<b>CQUIN - Dementia</b>															
CQUIN - Dementia - Find & Assess	-	Monthly	>90%	99%	95%	91.01%	90.19%	90.35%				90.39%			Contractual
CQUIN - Dementia - Investigate	-	Monthly	>90%	100%	95%	91.74%	95.58%	91.42%				94.85%			Contractual
CQUIN - Dementia - Refer	-	Monthly	>90%	100%	95%	100.00%	98.47%	98.48%				97.18%			Contractual
<b>Accommodation</b>															
Mixed Sex Accommodation	-	Monthly	0	0	0	4	0	0				4			TDA
<b>Safeguarding Training Levels</b>															
Safeguarding Training Levels Adults	-	Monthly	>85%	n/a	n/a	81.00%	72.87%	79.60%				76.92%			Define
Safeguarding Training Levels Children Trust - Level 1	-	Monthly	>80%	n/a	n/a	83.0%	77.0%	80.3%				79.7%			Define
Safeguarding Training Levels Children Trust - Level 2	-	Monthly	>80%	n/a	n/a	143.0%	132.0%	137.0%				136.0%			Define
Safeguarding Training Levels Children Trust - Level 3	-	Monthly	>80%	n/a	n/a	143.0%	116.0%	111.0%				111.2%			Define
<b>Female Genital Mutilation Caseload</b>															
Female Genital Mutilation Caseload	-	Monthly	0	n/a	n/a	199	n/a	147				346			Define
<b>Mental Health Act detentions</b>															
Patients detained under the Mental Health Act	-	Monthly	0	n/a	n/a	3	21	16				40			Define





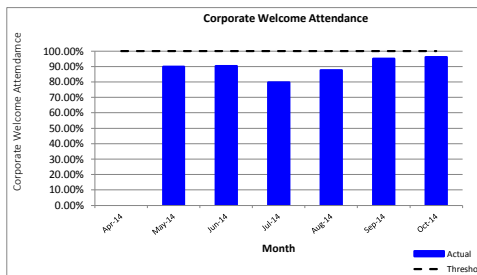
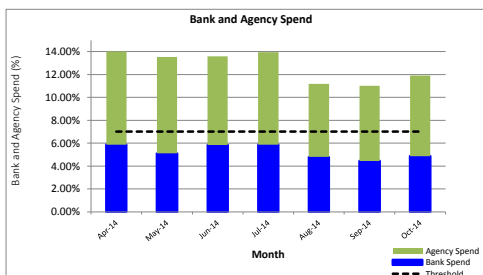
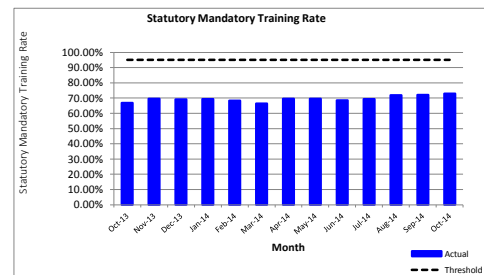
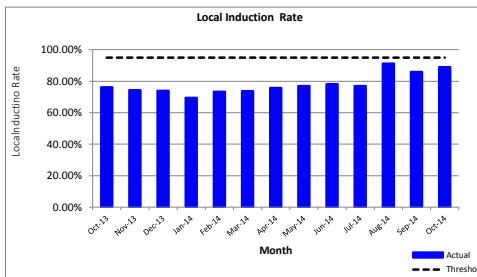
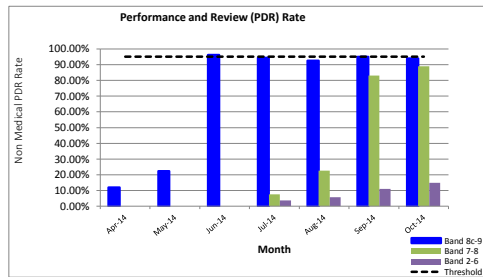
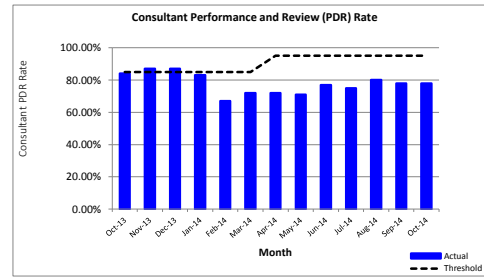
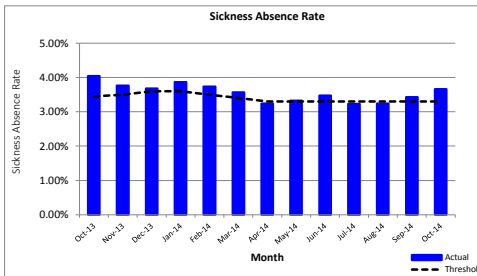
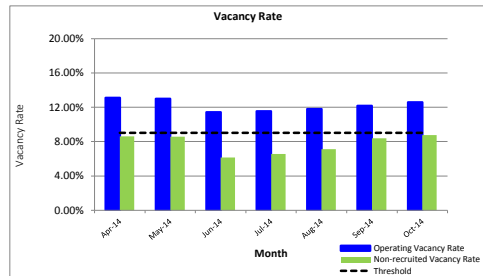
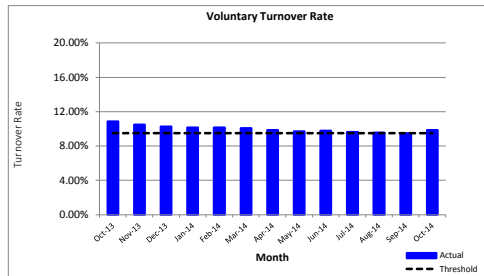
\*Clarity as to how these indicators are measured and which domain they are included in is being proposed and will be refreshed in the next integrated performance scorecard.



Indicator	Leading	Frequency	Monthly Threshold	Performance in 2013/14		Performance Current Year To Date					Forecast			Source Framework	
				Oct-13	Qtr3	Current Month	Q1	Q2	Q3	Q4	Rolling 12 Months Position	Qtr 3 14/15	Qtr 4 14/15		Qtr 1 15/16
<b>Turnover &amp; Vacancy Rate</b>															
Voluntary Turnover Rate	✓	Monthly	<9.50%	10.86%	10.53%	9.84%	9.78%	9.55%		9.84%					TDA
Operating Vacancy Rate	✓	Monthly	<9.00%	n/a	n/a	12.59%	12.59%	11.63%							COC
Non-recruited Vacancy Rate	✓	Monthly	<9.00%	n/a	n/a	87.6%	7.77%	7.33%						COC	
Sickness Absence Rate	✓	Monthly	<3.4%	4.04%	3.83%	3.66%	3.34%	3.30%		3.50%					COC
<b>Appraisal Rates</b>															
Consultant Performance and Development Review (PDR) Rate	✓	Monthly	>95.00%	84.00%	86.00%	78.00%	73.33%	77.67%							Define
Band 8c-9 Performance and Development Review (PDR) Rate	✓	Monthly	>95.00%	n/a	n/a	94.00%	96.08%	93.96%							Define
Band 7-8b Performance and Development Review (PDR) Rate	✓	Monthly	>95.00%	n/a	n/a	89.00%	n/a	83.00%							Define
Band 2-6 Performance and Development Review (PDR) Rate	✓	Monthly	tbc	n/a	n/a	15.00%	n/a	11.00%							Define
<b>Training Compliance</b>															
Local Induction	✓	Monthly	>95.00%	76.19%	74.79%	89.00%	77.01%	84.70%							Define
Statutory Mandatory	✓	Monthly	>95.00%	66.79%	68.50%	73.00%	69.20%	71.08%							Define
<b>Bank and Agency Spend</b>															
Bank Spend (%)	✓	Monthly	<7.00%	n/a	n/a	4.88%	5.61%	5.04%							Define
Agency Spend (%)	✓	Monthly	<7.00%	n/a	n/a	74.00%	81.00%	79.01%		11.96%					Define
<b>Corporate Welcome</b>															
Corporate Welcome Attendance	✓	Monthly	>100.00%	n/a	n/a	96.00%	90.27%	95.00%							Define

**Indicators to be developed**

- WTE Midwife - Births
- Nurse - Bed Ratio
- WTE Medics Per Bed Days
- WTE Midwife average number of births over 12 month period
- Board Turnover
- New Nursing Requirements



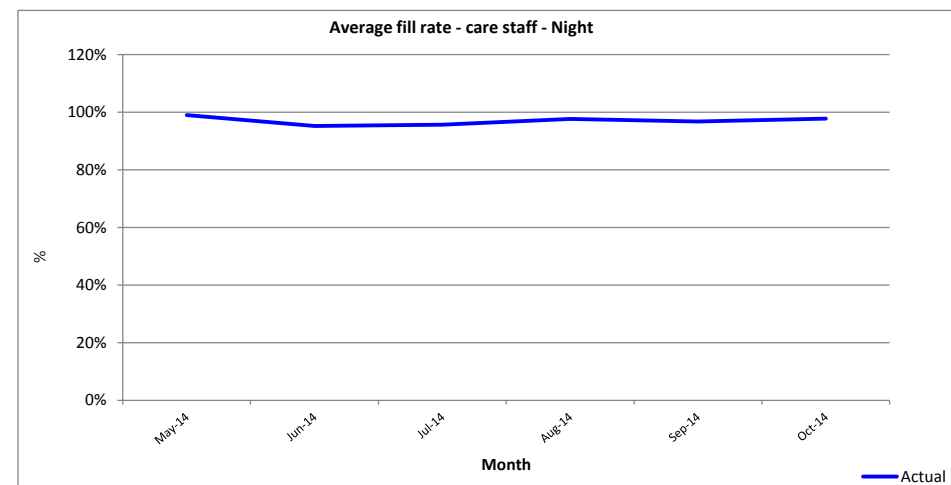
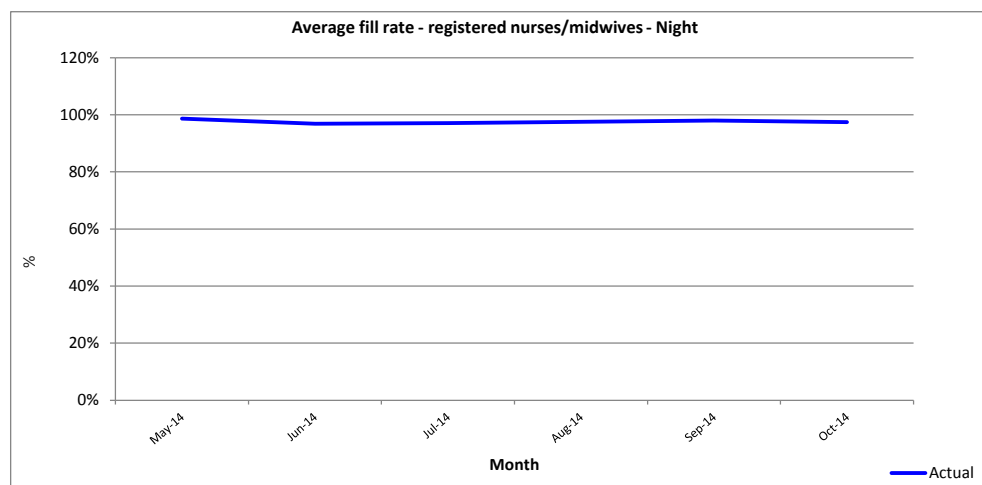
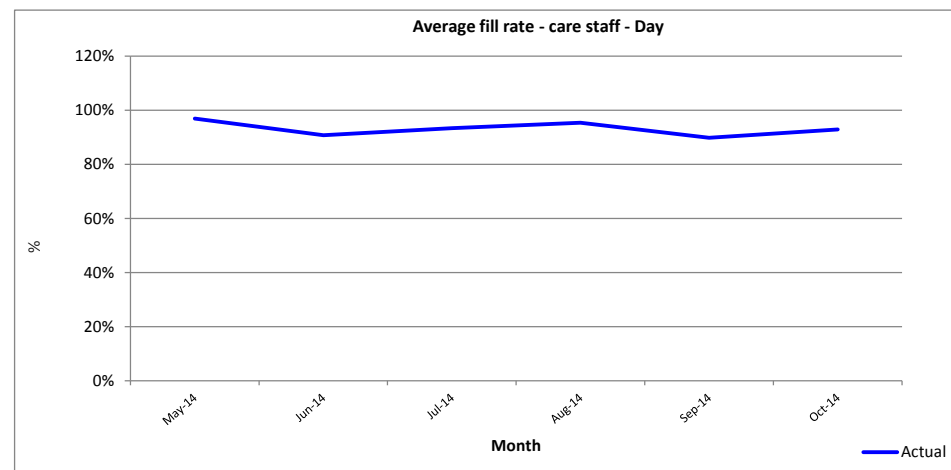
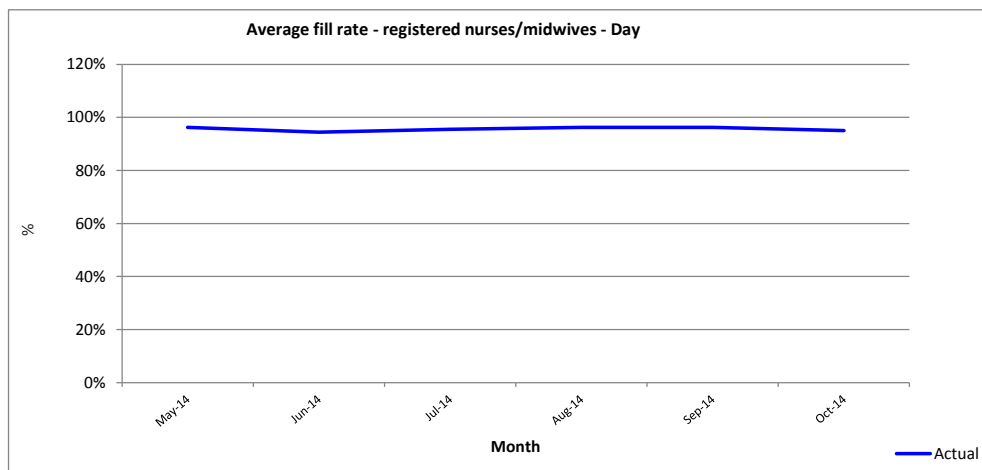


**People KPI Report ~ Current Performance - October 2014**

Establishment & People	General Ledger (GL) Establishment WTE	ESR Established WTE	Variance GL & ESR Post WTE	ESR Inpost WTE	Worked Bank WTE	Worked Agency WTE	Total People WTE (inpost/b&a)	Variance Total People against ESR Establishment	Variance Total People against GL Establishment
<b>Trust Overview</b>	<b>9,994</b>	<b>10,301</b>	<b>307</b>	<b>9,004</b>	<b>554</b>	<b>716</b>	<b>10,273</b>	<b>-27</b>	<b>279</b>

Month 7 - October 2014	Period	KPI Target	Current Performance	Performance Flag	Current Performance and Plans to Improve
Vacancy Rate %	in month	9.00%	12.59% operational vacancy rate & 8.74% non-recruited to vacancy rate	● red - operating vacancy rate & green - non-recruited vacancy rate	At the end of October, we directly employed (excl.hosted services) 9,004 WTE. This is 29 WTE fewer than reported in September, of which, 25 WTE relates to the re-coding of a hosted service out of the main establishment. The post establishment increased by 55 WTE during October, all these additional posts were approved through the ERAF process and supported by Finance BP approval. The overall effect has been that the operating vacancy rate has increased from 12.18% to 12.59%. We currently have 397 successful candidates who are waiting to join the Trust, which adjusts the vacancy rate to a non-recruited figure of 8.74%. Our pipeline candidates are split across the occupational groups as; 65 A&C/Est/Snr.Mgr, 246 Nursing & Midwifery, 22 Trust appointed Doctors & Consultants, 63 AHP/S&T/Pharmacists. The ERAF approval process continues to work to support recruitment that is appropriate and required for the delivery of safe high quality care for our patients. Analysis of the ERAF process shows a 28% reduction in the number of posts passing through Divisional and Corporate Directorate approval before being presented to the ExCo Review Panel. Of those presented, only 3% have not received ExCo approval to recruit. A further review of all vacant posts will be carried out during December to ensure that only posts required for current service delivery are live and reported.
Ward / Inpatient Staffing Levels	Current operating band 2~6 vacancy rate on ward/inpatient areas is 14.56% (up from 14.13% in September) with an adjusted non-recruited vacancy rate of 8.27%, taking into account candidates waiting to join including those from the recent Division of Surgery recruitment campaign to India				In month, the band 2-6 vacancy level for Nursing and Midwifery staff within our ward and inpatient areas increased marginally from 14.13% to 14.56%; due to an overall increase of 7 WTE in the number of posts within the establishment and 12 WTE less directly employed. There are currently 212 WTE band 2 - 6 Nursing & Midwifery candidates waiting to join the Trust, bringing the non-recruited to vacancy rate for this group to 8.74%. Monitoring of the band 2-6 vacancies within our Divisions continues to be supported by detailed monthly reporting at Divisional, ward and banding level as well as the use of a bespoke strategic people plans (SPP's) for each Division. The SPP's help to pro-actively manage the vacancies and turnover associated with this specific group and now include, where applicable, additional resource required to support winter activity. The central Resourcing Team and Nursing & Midwifery Recruiters, continue to work with the Divisions to facilitate these plans through the centralised recruitment process.
B & A Spend as % of total payroll	in month	6.40%	11.92% (7.06% agency & 4.86% bank)	● red	Bank and agency spend, as a % of our total payroll, increased from 11.01% to 11.92% during October ; 7.06% agency spend and 4.86% bank spend. During October, total requests for Nursing & Midwifery temporary staffing increased from 651 WTE in September to 694 WTE, of which, 583 WTE was filled and worked (up from 537 WTE in September). Support for Cerner continues to reduce, down from 54 WTE in September to 50 WTE in October, with fixed-term recruitment continuing to the established 70 WTE (2-year funded) Cerner support roles. In terms of spend, a total of £5.37m was spent during October on bank and agency by the Divisions and Corporate Directorates, showing an increase of £412k from the £4.96m spent in September. The WTE number allocated to bank & agency in October shows an overall increase of 63 WTE up from 1203 WTE in September to 1270 WTE for October. When compared to the same month last year, October's bank & agency spend shows £1.30m more ; £970k more agency spend & £330k more bank spend.
	rolling 12-mths	7.00%	11.96%	● red	
Turnover Rate %	rolling 12-mths	9.50%	9.84%	● amber	Voluntary turnover (rolling 12-month period) for the 12-month period ending at the end of October is at 9.84%; marginally above the 9.50% target rate. During October, a total of 93 of our people voluntarily left the Trust which is 40 more than for the same month last year. However, our voluntary turnover rate remains one of the lowest when compared to other London Acute Teaching Trusts. Since June 2013, we have seen a reduction in our voluntary turnover rate when it stood at 11.61%. Similarly, we have seen an increase in our stability index across the same period (measuring the retention of our people with more than 12 months service) from 78.93% to 86.10%. Information from exit interviews and Engagement Survey's continue to be used within the Divisions to understand why our people choose to leave with appropriate action plans put into place to improve our people experience. Supporting this is the information received from our on-boarding survey.
Sickness Absence Rate %	in month	3.35%	3.66%	● amber	A significant increase in recorded sickness absence 3.43% to 3.66% (increase of 7%) was seen in October; primarily due to more coughs/cold and respiratory type illness which saw an increase of 103% but also a 31% increase in gastro-intestinal type illness. This brings the rolling 12-month position to 3.50% against the 14/15 target of 3.30%. A total of 55,000 working hours were lost to illness during October which is the equivalent of 338 WTE, of which 78 WTE related to long-term illness (23%). Across the organisation, sickness absence levels vary in-month; within Divisions from 3.15% in Investigative Sciences to 4.91% in Women's & Children's, within Corporate Directorates from 1.03% in Director of Nursing to 6.13% in Estates. Also by occupational group, ranging from 0.31% for our Doctors in Training to 4.43% for Administrative & Clerical, 6.46% for Unqualified Nursing & Midwifery support and 11.56% for Estates & Maintenance workers. Monitoring of safe staffing levels, to ensure that sickness absence has minimal impact, is done through daily reviews with the GM's and senior site nurse as well as monthly meetings with managers to ensure proactive management of sickness absence. Ensuring that our new managers attend the Understanding Workforce Policies training, as well as refresher training for existing managers, will ensure that they are confident and supported in the pro-active management of sickness absence
	rolling 12-mths	3.30%	3.50%	● amber	
Performance & Development Review (PDR) % - bands 8~9 - bands 7~8b	in month	95.00%	94% bands 8~9 & 89% band 7~8b	● amber	Performance Development and Review (PDR) compliance for our band 8c - 9 people fell slightly below the 95% target in October at 94%. For bands 7~8b, the PDR rate has increased in-month from 83% to 89%. Pro-active management of those outstanding will ensure that the PDR's are completed as soon as possible. To support this, a weekly report is sent to the Divisions of those still requiring a PDR to be carried out and completed. The final milestone in the new PDR process will be the end of December when we expect all of our band 2~6 people to have a completed PDR with their line manager. Over 1,500 Trust managers have booked to attend the bespoke PDR training which accompanies the Trust's PDR process, of which, 1,356 have already attended, completed and been licensed to carry out PDR's with their people. The Division's and Corporate Directorates continue to receive a monthly report looking at the compliance rates for all three banding groups and the rating spread for bands 8c - 9 and bands 7 - 8b (showing comparison to Trust performance). In addition, the monthly MPI report includes details of all people who are yet to have a PDR to enable proactive management of this important management and engagement process.
Consultant Appraisal %	in month	95.00%	78.00%	● red	The Trust Consultant Appraisal rate remains at 78% and significantly below the 95% target. Revalidation is based on annual appraisal over a 5 year cycle and deferral is necessary if appraisal outputs have not been completed. Across the Divisions, compliance for this people metric varies from 71% in the Division of Medicine to 84% in the Division of Women's & Children's with the Divisions of Investigative Sciences & Clinical Support at 83% and Surgery, Cancer & Cardiovascular at 79%.The Medical Director's Office is targeting specialties where appraisal rates are low through Divisional reporting and work with individuals and their clinical managers and appraisers. The new Revalidation and Appraisal policy, which will shortly be put before ExCo, will help in this respect. There is a contractual responsibility to comply with annual appraisal and job planning and these metrics are being used to improve compliance in both areas.
Corporate Welcome	July joiners	100.00%	96% in-month & 97% YTD	● amber - in-month compliance & amber - YTD compliance	All new joiners are required to attend a Corporate Welcome session within the first 8 weeks of their employment, with the expectation that they attend as soon possible. The metric measures performance against this expectation with a 100% compliance target. The October compliance figure of 96% is reporting on those who joined us during August who, depending on when in August they joined, had until the end of October to attend Corporate Welcome. Full detail, of those joiners who have not yet attended a Corporate Welcome, is provided on the monthly MPI report to all Divisions and Corporate Directorates. The YTD compliance rate is at 97% and varies across the Divisions from 98% in Surgery & Cancer, 98% in Investigative Sciences with Medicine at 96% and W&C at 92%. Within the Corporate Directorates, the compliance rates vary significantly from 94% to 100%. The central Statutory & Mandatory Training Team do a monthly audit of all individuals who are non-compliant with a full diagnostic as to the contributing reasons for that non-attendance; following up either directly with the individual or recruiting manager requesting urgent attendance.
Statutory Mandatory Training Compliance (non-medical) %	in month	95.00%	73% full compliance & 83% including partial compliance	● red - fully compliant & red - full & partial compliance	Full Statutory & Mandatory training compliance for all of our people (excluding doctors in training) increased to 73% during the month of October. This remains below the target of 95% however, when you add to this those who have partially completed their Statutory & Mandatory training, the compliance rate increases to 83%. All those who are partially compliant are detailed within the monthly MPI report to all Divisions and Corporate Directorates for directed management. Supporting this are the Compliance Surgeries which the Head of Statutory & Mandatory Training is holding within all of the Divisions and Corporate Directorates to work through recording issues, to direct completion of partial training and resolve queries. Intense work is underway in Mandatory training to roll out a new reporting system, WIRED 2 which has been developed by the National Skills for Health Academy. It offers improved functionality to report Mandatory training. A project group has also been established bringing together ICT, Resourcing and Mandatory training to resolve many of the system and process issues which affect the quality of Mandatory training data. It is hoped that both work streams will bring improved accuracy of reporting by the end of the year.
Local Induction Compliance %	in month	95.00%	89%	● amber	Local Induction compliance stands at 89% at the end of October. All of our new joiners are expected to have completed a local induction within their first 4 weeks of employment; the October figure represents all those who joined in the 12 months to the end of September 2014. To improve compliance for this metric, the Divisions and Corporate Directorates are using a new monthly report to focus efforts in areas where there compliance is low. In addition, a number of strategies are in place within the Divisions to ensure compliance for this key people metric; weekly and monthly monitoring discussions, with line managers responsible for areas with low compliance, take place with locally agreed improvement plans for progress, also departments are identified that have specific issues to focus support and help improve their performance against this metric. Within the Divisions, compliance ranges from

Indicator	Leading	Frequency	Monthly Threshold	Performance in 2013/14		Performance Current Year To Date						Forecast			Source Framework
				Oct-13	Qtr2	Current Month	Q1	Q2	Q3	Q4	YTD	Qtr 3 14/15	Qtr 4 14/15	Qtr 1 15/16	
<b>Staffing: Nursing, midwifery and care staff</b>															
Average fill rate - registered nurses/midwives (%) - Day		Monthly	tbc	n/a	n/a	95.03%	95.32%	95.97%				95.60%			Contractual
Average fill rate - care staff (%) - Day		Monthly	tbc	n/a	n/a	92.87%	93.82%	92.82%				93.16%			Contractual
Average fill rate - registered nurses/midwives (%) - Night		Monthly	tbc	n/a	n/a	97.38%	97.75%	97.55%				97.59%			Contractual
Average fill rate - care staff (%) - Night		Monthly	tbc	n/a	n/a	97.81%	97.16%	96.74%				97.06%			Contractual



Indicator	Leading	Frequency	Threshold
-----------	---------	-----------	-----------

Health and Safety			
Number of Fires	-	Monthly	tbc
Rate of Staff Incidents	-	Monthly	tbc

Performance in 2013/14	
Oct-13	Qtr3

2	2
n/a	n/a

Current Month	Performance Current Year To Date				
	Q1	Q2	Q3	Q4	YTD

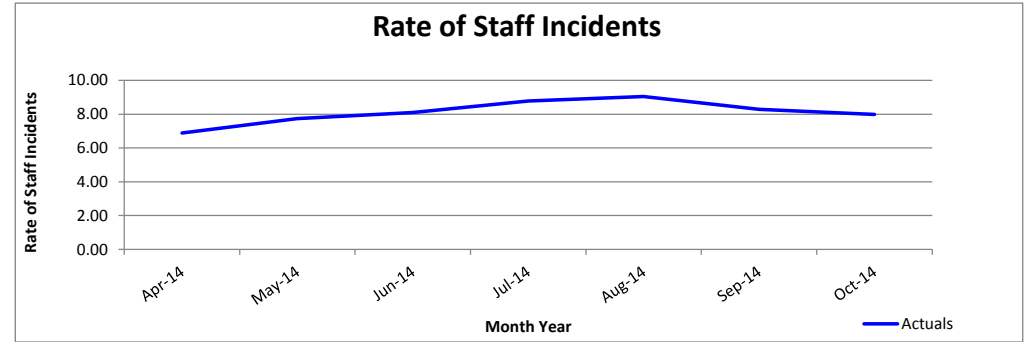
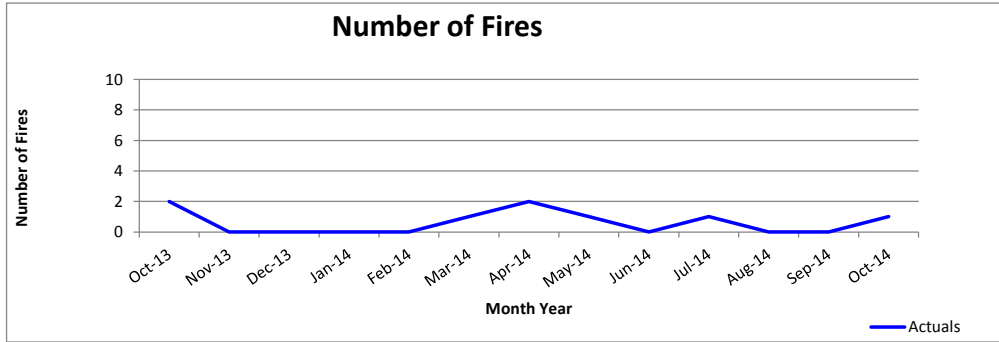
1	3	1			5
7.99	7.88	8.71			8.12

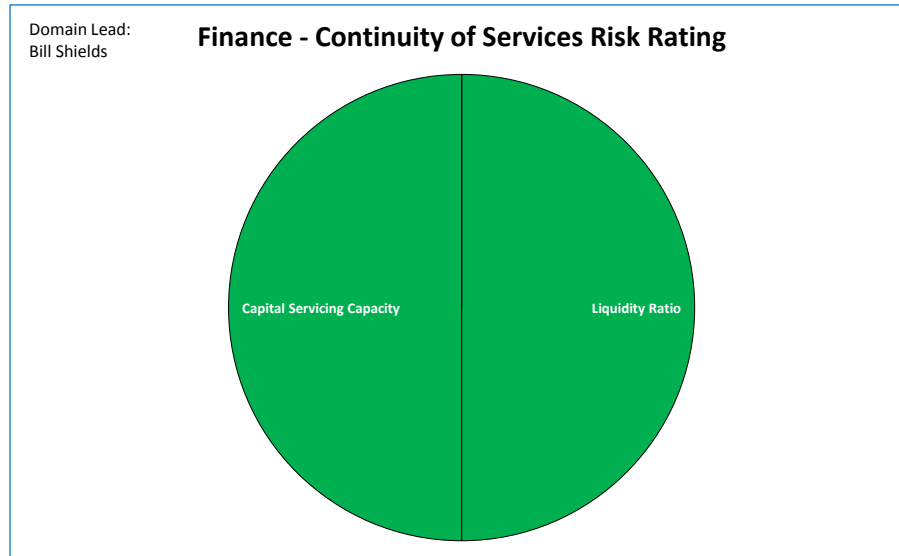
Forecast		
Qtr 3	Qtr 4	Qtr 1
14/15	14/15	15/16

--	--	--

Source Framework
------------------

Internal Internal
-------------------





Indicator	Leading	Frequency	Weighting	Performance in 2013/14		Performance Current Year To Date					Forecast			Source Framework	
				Oct-13	Qtr3	Current Month	Q1	Q2	Q3	Q4	Qtr 3 14/15	Qtr 4 14/15	Qtr 1 15/16		
<b>Continuity of Service Risk Rating</b>															
Liquidity Ratio		Monthly	>50%	n/a	2	3	3	3							
Capital Servicing Capacity		Monthly	>50%	n/a	2	4	3	4							
<b>Overall Continuity of Service Risk Rating</b>						4	3	4							

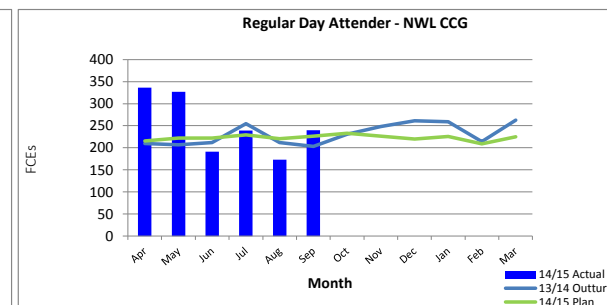
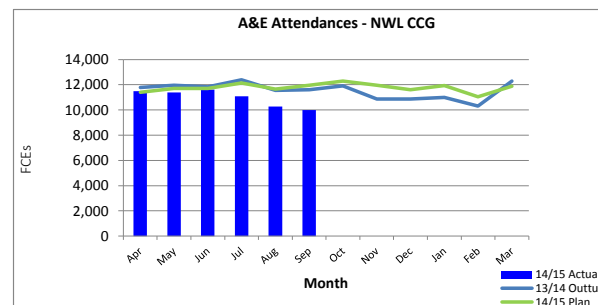
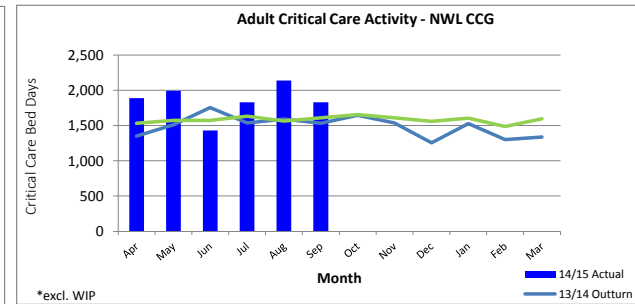
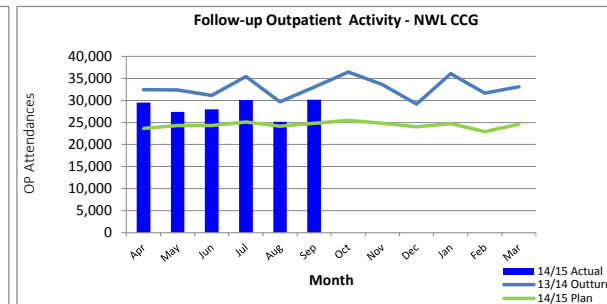
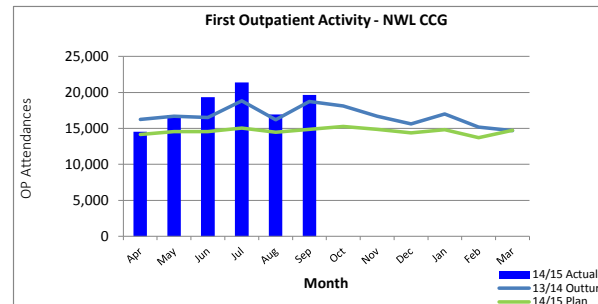
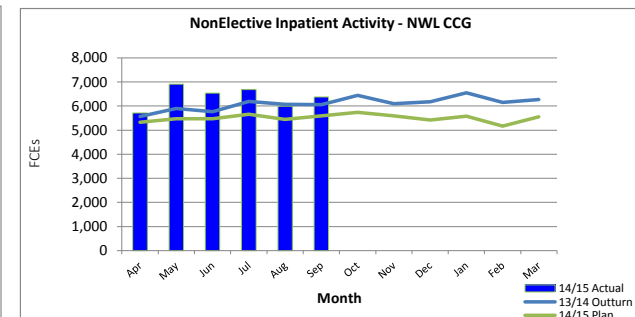
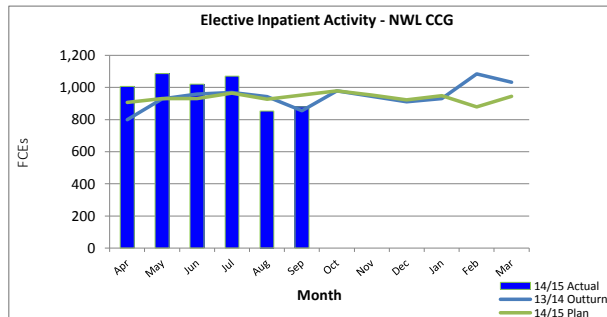
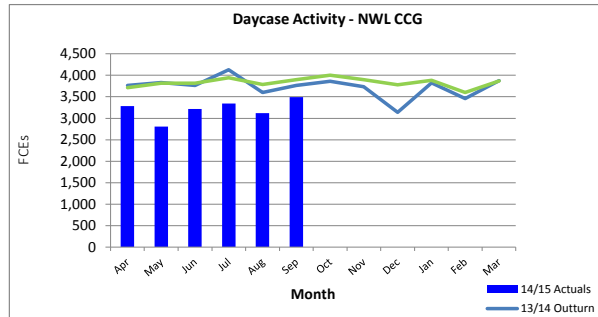
Indicator	Leading	Frequency	Threshold
Daycases		Month	3,896
Elective Inpatients		Month	5,591
First Outpatient		Month	14,854
Follow-up Outpatient		Month	24,822
Adult Critical Care		Month	1,610
A&E Attendances		Month	11,971
Regular Day Attender		Month	227

Performance in 2013/14	
Sep	Qtr2
3,764	11,490
856	2,769
6,052	18,316
18,730	53,760
33,011	98,110
1,535	4,667
11,609	35,547
203	670

Performance Current Year To Date					
Current Month	Q1	Q2	Q3	Q4	YTD
3,494	9,306	9,959			19,265
880	3,113	2,801			5,917
6,376	19,160	19,051			38,211
19,660	50,721	57,997			108,718
30,172	84,924	85,429			170,353
1,830	5,315	5,800			11,115
9,992	34,487	31,358			65,845
240	854	652			1,506

Forecast		
Qtr 3 14/15	Qtr 4 14/15	Qtr 1 15/16

Source Framework
Contractual
Contractual
Contractual
Contractual
Contractual
Contractual
Contractual
Contractual



Please note : A small number of additional activity plans are in place for non-contracted activity, activity with devolved administrations, local authorities and overseas patients. These are included in the "Other" tab. A number of additional activities (e.g. HASU bed days, Ward Attenders) are currently not shown.

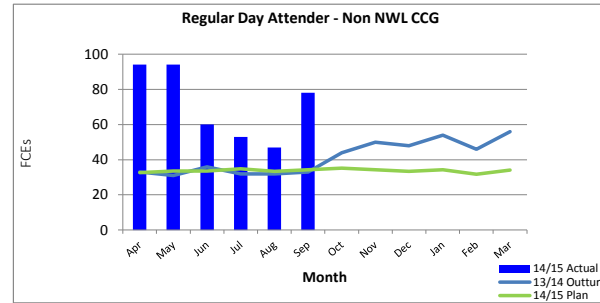
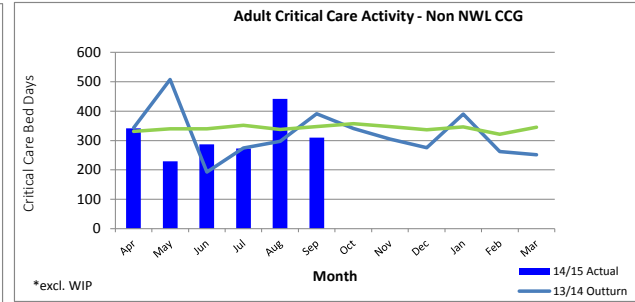
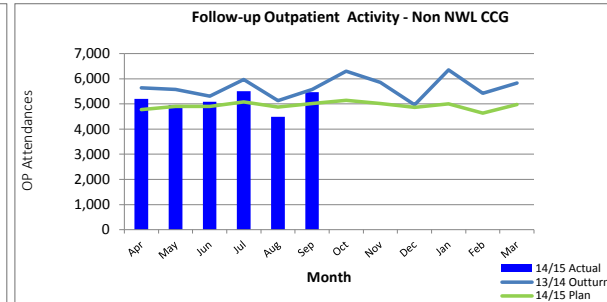
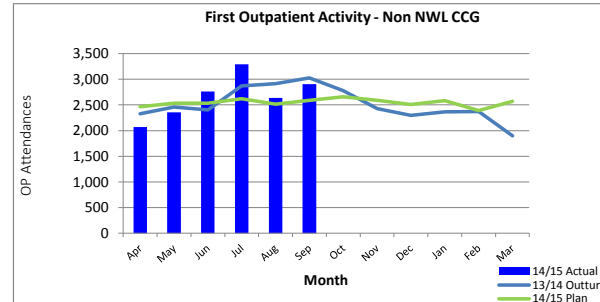
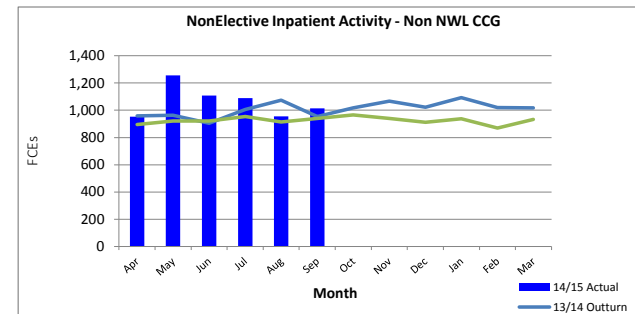
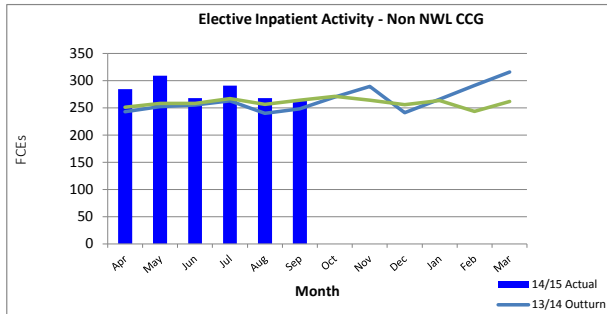
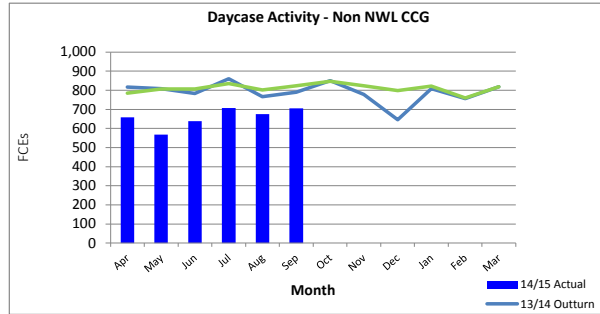
Indicator	Leading	Frequency	Threshold
Daycase		Month	824
Elective Inpatients		Month	264
NonElective Inpatients		Month	941
First Outpatient		Month	2,588
Follow-up Outpatient		Month	5,012
Adult Critical Care		Month	347
Regular Day Attender		Month	34

Performance in 2013/14	
Sep	Qtr2
790	2,417
248	751
955	3,036
3,026	8,810
5,574	16,674
391	962
33	97

Performance Current Year To Date					
Current Month	Q1	Q2	Q3	Q4	YTD
705	1,864	2,087			3,951
263	861	822			1,683
1,013	3,316	3,057			6,373
2,906	7,184	8,838			16,022
5,463	15,234	15,456			30,690
310	857	1,025			1,882
78	248	178			426

Forecast		
Qtr 3 14/15	Qtr 4 14/15	Qtr 1 15/16

Source Framework
Contractual
Contractual
Contractual
Contractual
Contractual
Contractual
Contractual



Please note : A small number of additional activity plans are in place for non-contracted activity, activity with devolved administrations, local authorities and overseas patients. These are included in the "Other" tab. A number of additional activities (e.g. HASU bed days, Ward Attenders) are currently not shown.

Activity performance against plans commissioned by NHSE

Indicator	Leading	Frequency	Threshold
-----------	---------	-----------	-----------

Daycase		Month	1,286
Elective Inpatients		Month	506
NonElective Inpatients		Month	797
Follow-up Outpatient		Month	5,685
Adult Critical Care		Month	1,403
A&E Attendances		Month	2
Regular Day Attender		Month	1,032

Performance in 2013/14

Sep	Qtr2
1,163	3,732
513	1,508
751	2,303
10,715	31,084
1,355	3,795
3	9
1,015	3,201

Performance Current Year To Date

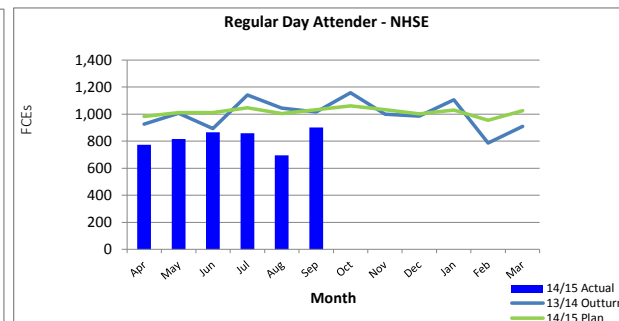
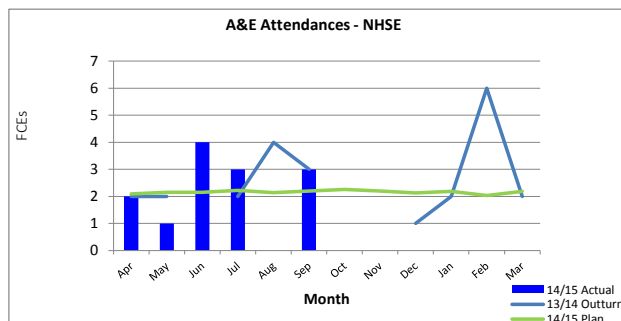
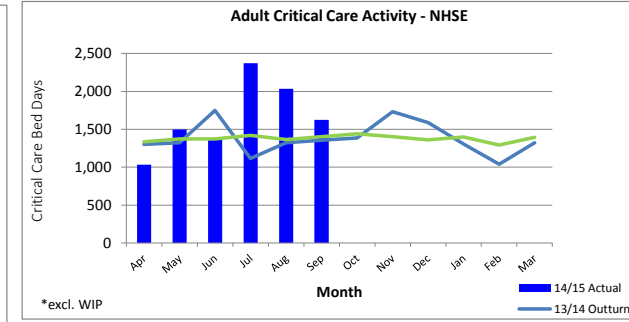
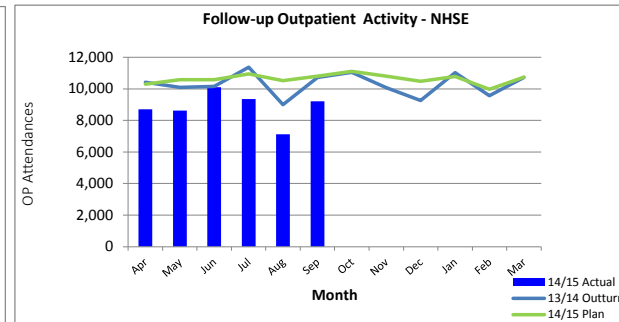
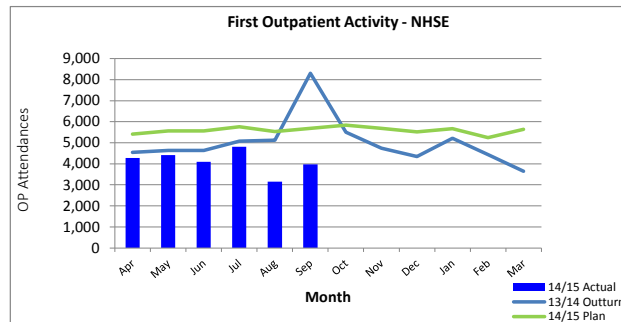
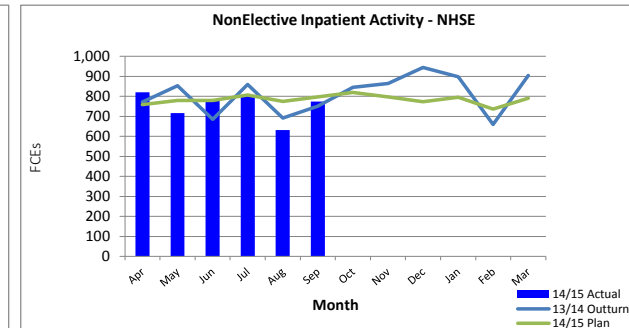
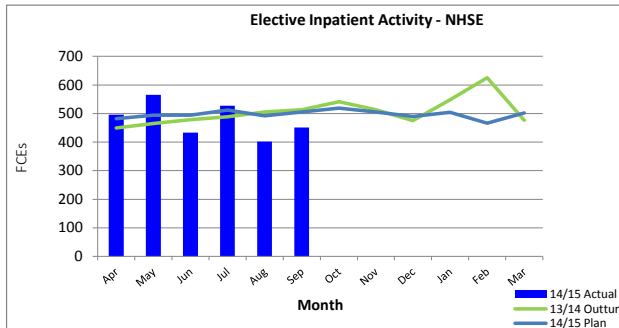
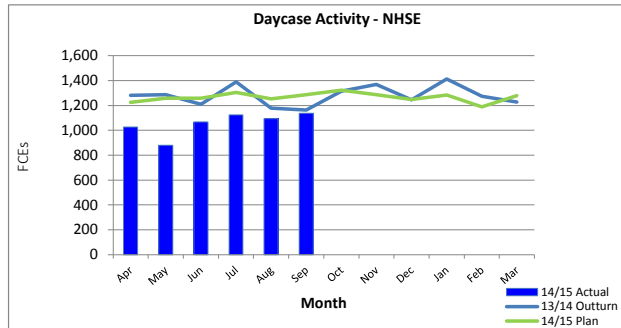
Current Month	Q1	Q2	Q3	Q4	YTD
1,138	2,974	3,357			6,331
451	1,494	1,380			2,874
774	2,319	2,209			4,528
3,978	12,790	11,935			24,725
9,219	27,431	25,698			53,129
1,627	3,907	6,035			9,942
3	7	6			13
900	2,452	2,453			4,905

Forecast

Qtr 3 14/15	Qtr 4 14/15	Qtr 1 15/16

Source Framework

Contractual
Contractual
Contractual
Contractual
Contractual
Contractual
Contractual
Contractual



Please note : A small number of additional activity plans are in place for non-contracted activity, activity with devolved administrations, local authorities and overseas patients. These are included in the "Other" tab. A number of additional activities (e.g. HASU bed days, Ward Attenders) are currently not shown.



Indicator	Leading	Frequency	Threshold
-----------	---------	-----------	-----------

Daycases		Month	15
Elective Inpatients		Month	13
NonElective Inpatients		Month	18
First Outpatient		Month	3,504
Follow-up Outpatient		Month	1,687
Adult Critical Care		Month	22
Regular Day Attender		Month	0

Performance in 2013/14

Sep	Qtr2
12	44
19	53
15	52
3,455	10,159
1,625	4,845
9	52
0	0

Performance Current Year To Date

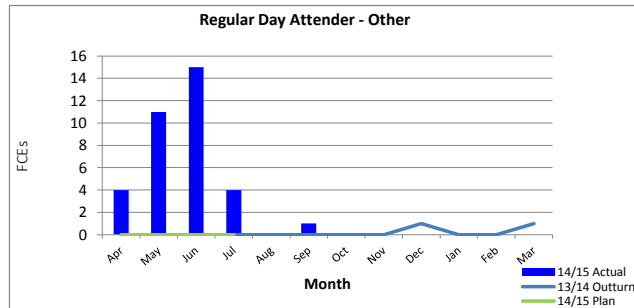
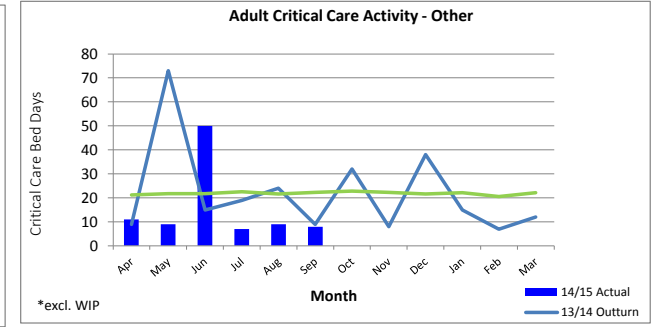
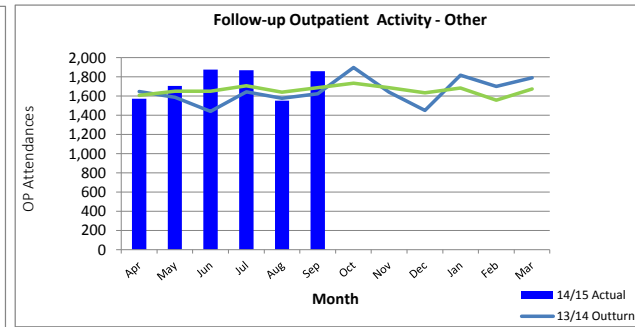
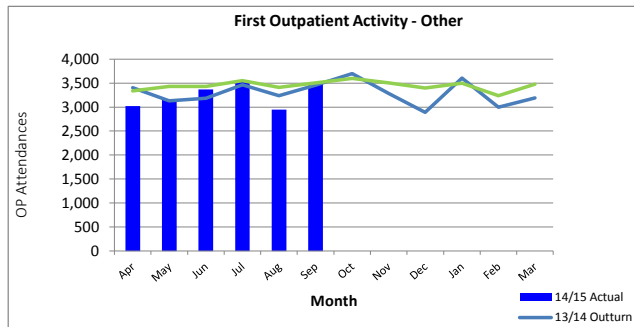
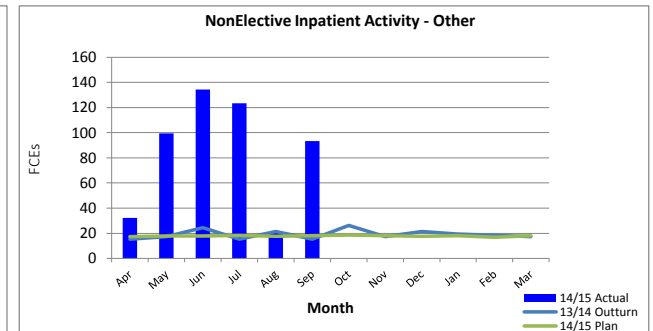
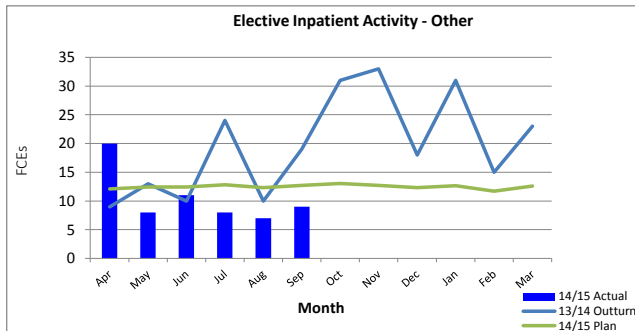
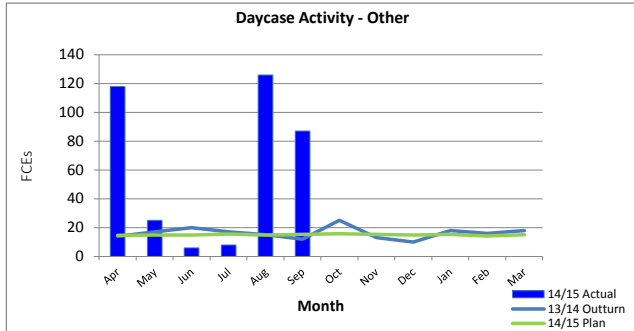
Current Month	Q1	Q2	Q3	Q4	YTD
87	149	221			370
9	39	24			63
93	266	237			503
3,494	9,544	9,968			19,512
1,858	5,154	5,282			10,436
8	70	24			94
1	30	5			35

Forecast

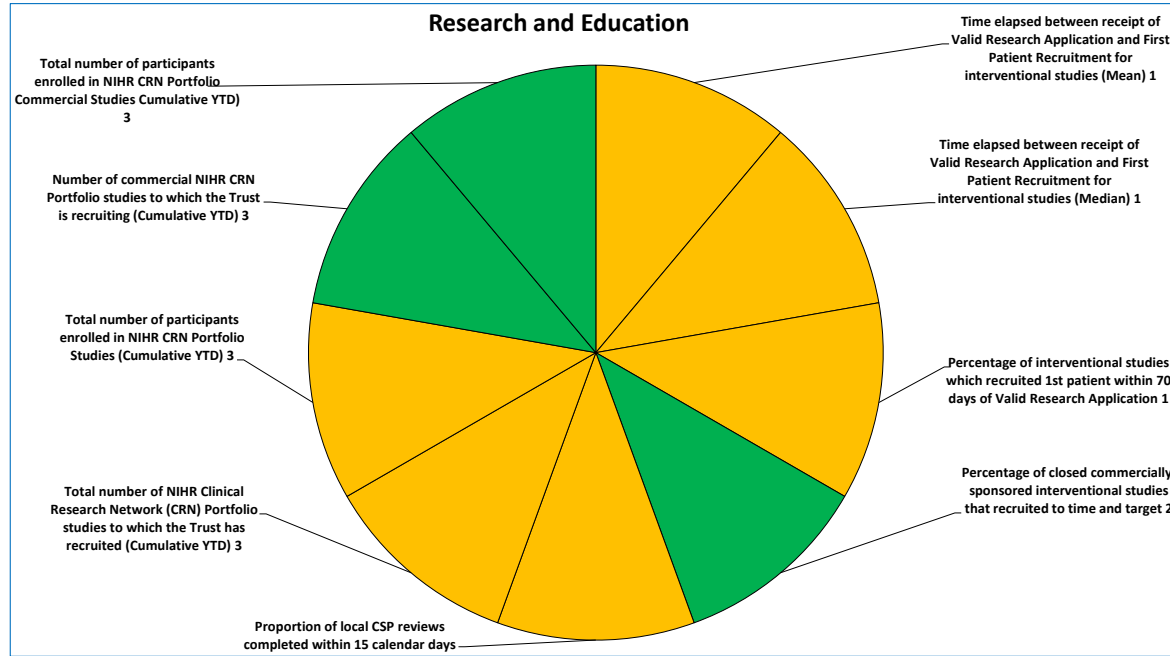
Qtr 3 14/15	Qtr 4 14/15	Qtr 1 15/16

Source Framework

Contractual
Contractual
Contractual
Contractual
Contractual
Contractual



Please note : A small number of additional activity plans are in place for non-contracted activity, activity with devolved administrations, local authorities and overseas patients. These are shown here. A number of additional activities (e.g. HASU bed days, Ward Attenders) are currently not shown.

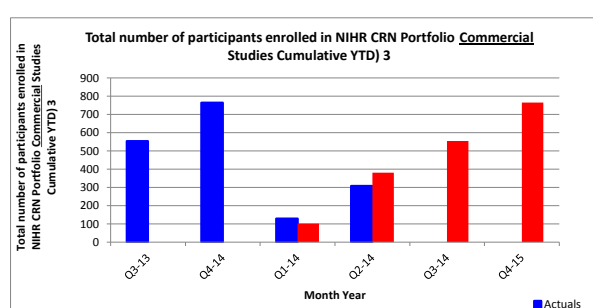
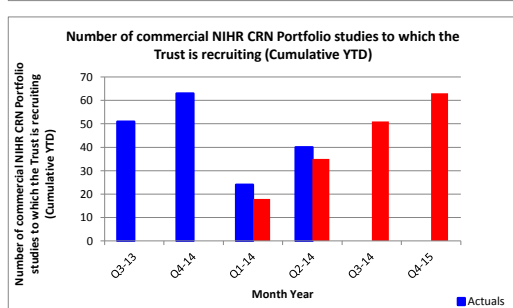
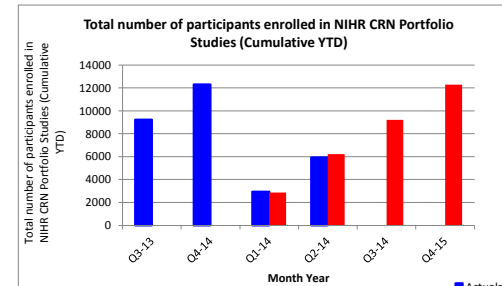
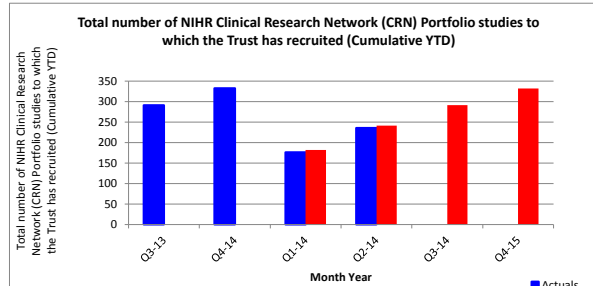
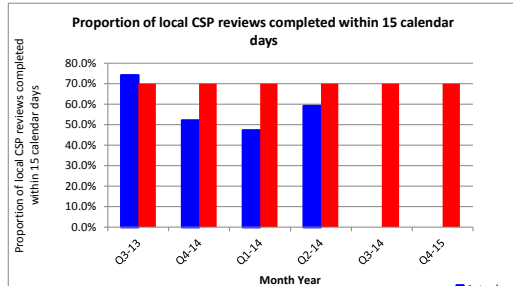
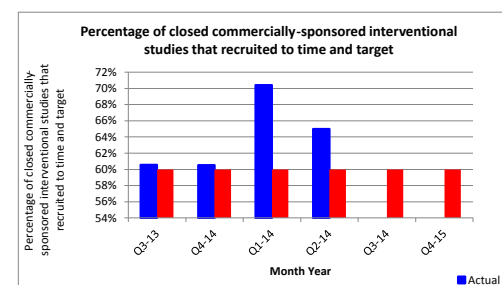
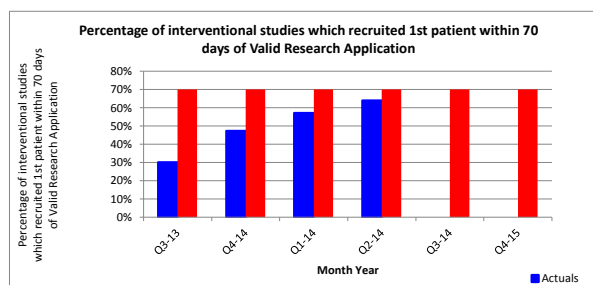
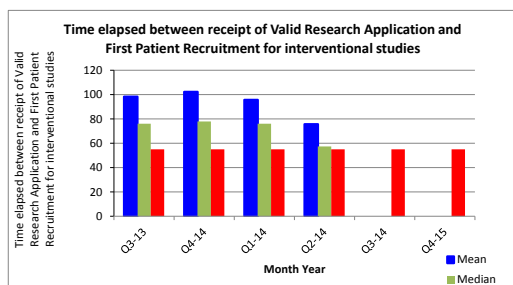


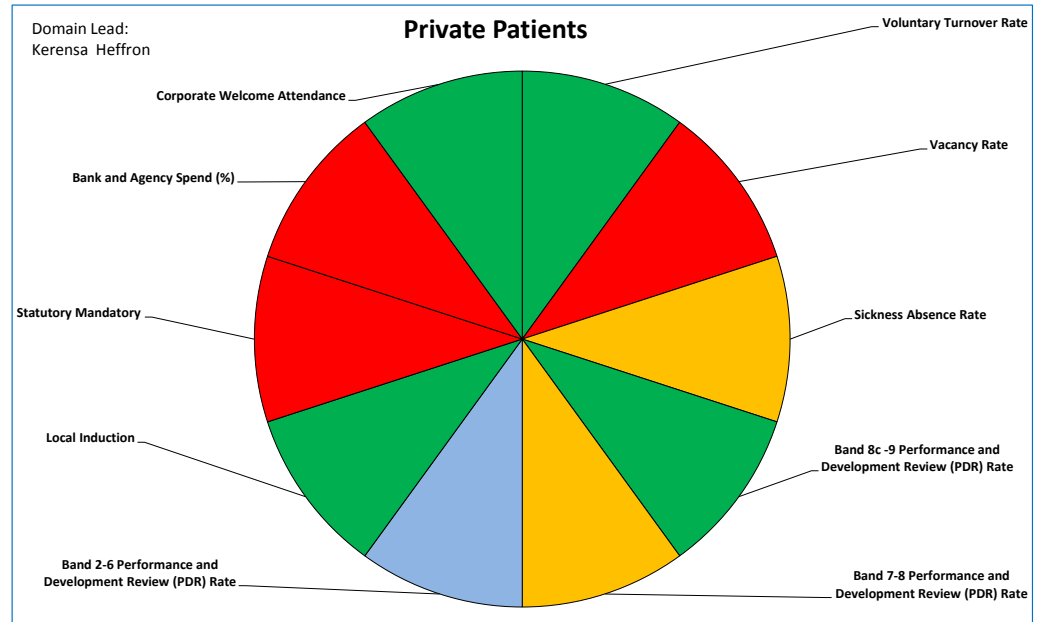
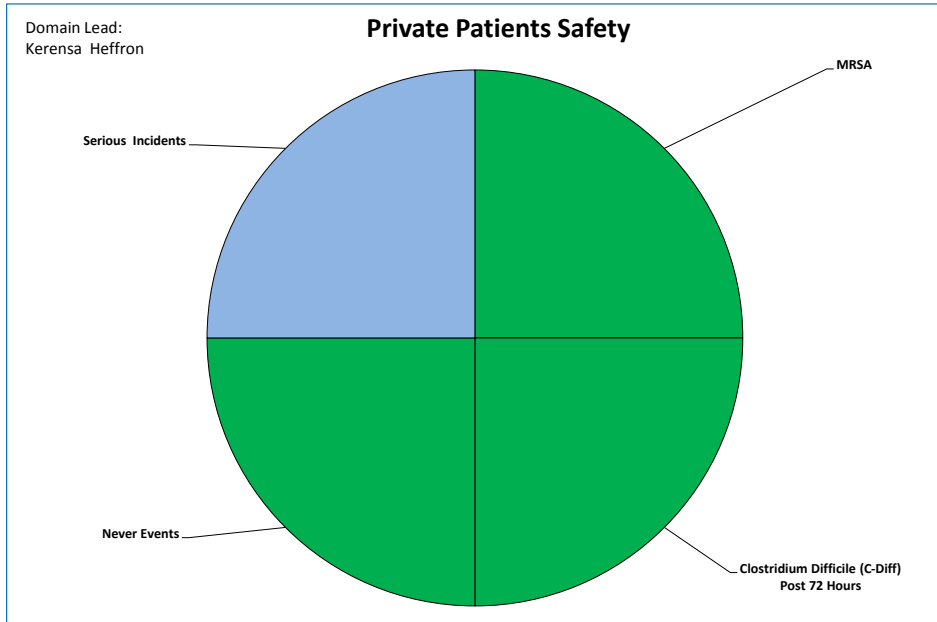
Indicator	Leading	Frequency	Threshold	Performance in 2013/2014	Performance Current					Forecast			Source Framework	
				Q2	Q1-14	Q2-14	Q3-14	Q4-15	YTD	Qtr 3 14/15	Qtr 4 14/15	Qtr 1 15/16		
<b>Research &amp; Development</b>														
Time elapsed between receipt of Valid Research Application and First Patient Recruitment for interventional studies (Mean) 1		Quarterly	<=70	101	95.7	76				171				Define
Time elapsed between receipt of Valid Research Application and First Patient Recruitment for interventional studies (Median) 1		Quarterly	<=55	78	76.0	58				134				Define
Percentage of interventional studies which recruited 1st patient within 70 days of Valid Research Application 1		Quarterly	>=70%	30.0%	57.1%	64.0%				121.1%				Define
Percentage of closed commercially-sponsored interventional studies that recruited to time and target 2		Quarterly	>=60%	57.6%	70.4%	65.0%				135.4%				Define
Proportion of local CSP reviews completed within 15 calendar days		Quarterly	>=70%	78.3%	47.2%	59.2%				106.4%				Define
Total number of NIHR Clinical Research Network (CRN) Portfolio studies to which the Trust has recruited (Cumulative YTD) 3		Quarterly	>241	241	176	235				411				Define
Total number of participants enrolled in NIHR CRN Portfolio Studies (Cumulative YTD) 3		Quarterly	>6215	6215	2933	5929				8862				Define
Number of commercial NIHR CRN Portfolio studies to which the Trust is recruiting (Cumulative YTD) 3		Quarterly	>35	35	24	40				64				Define
Total number of participants enrolled in NIHR CRN Portfolio Commercial Studies Cumulative YTD) 3		Quarterly	>380	380	128	308				436				Define

<sup>[1]</sup> Data source: IC BRC quarterly returns to NIHR CCF.

<sup>[2]</sup> Data source: monthly performance reports from NWL CLRN; data include all study suspensions.

<sup>[3]</sup> Data source: CLRN Recruitment Summary - Individual CLRN reports from NIHR portal for 15 March 2014. Period analysed = Q1 (April to June); Q2 (April to September); Q3 (April to December) in each FY. COSMOS study not included in recruitment totals.





Indicator	Leading	Frequency	Threshold
-----------	---------	-----------	-----------

Performance in 2013/14	
Oct-13	Qtr3

Performance Current Year To Date					
Current Month	Q1	Q2	Q3	Q4	YTD

Forecast		
Qtr 3 14/15	Qtr 4 14/15	Qtr 1 15/16

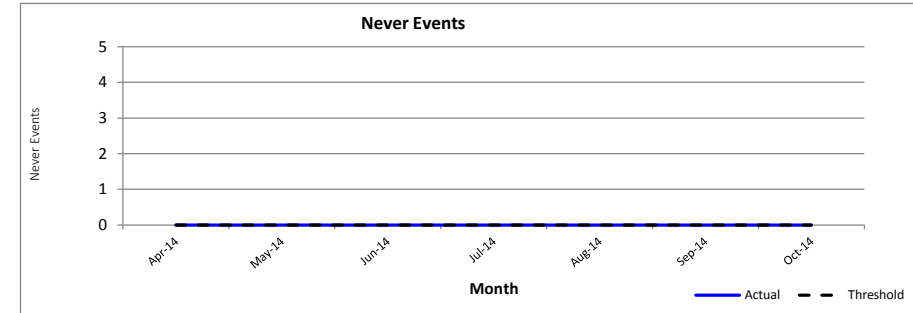
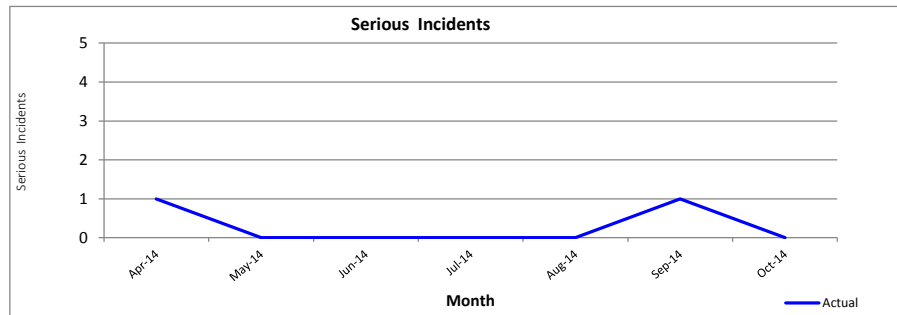
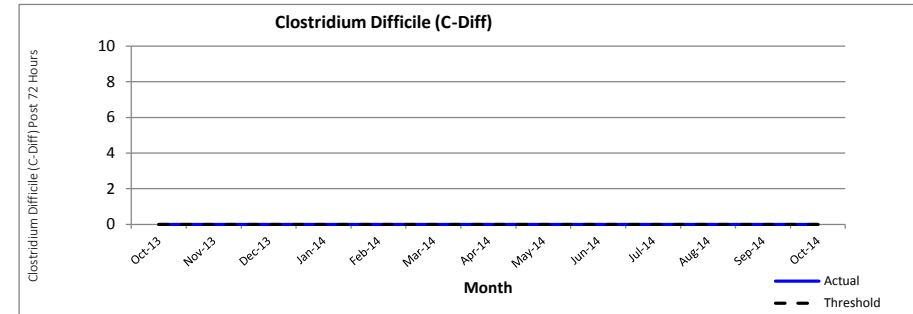
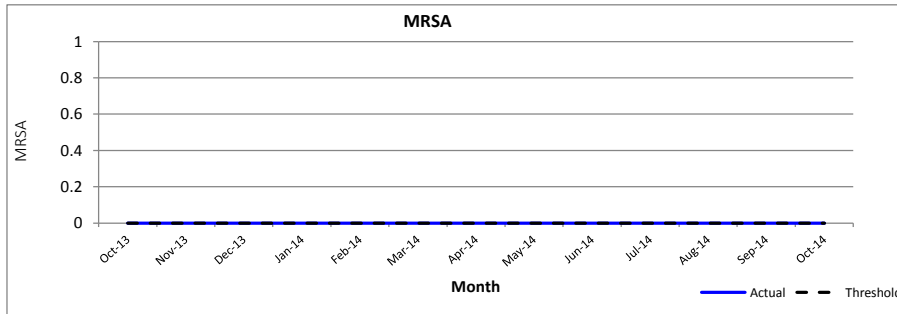
Source Framework
------------------

<b>Infection Control</b>			
MRSA	-	Monthly	0
Clostridium Difficile (C-Diff) Post 72 Hours	-	Monthly	0 p/a
<b>Incidents</b>			
Never Events	-	Monthly	0
Serious Incidents	-	Monthly	n/a

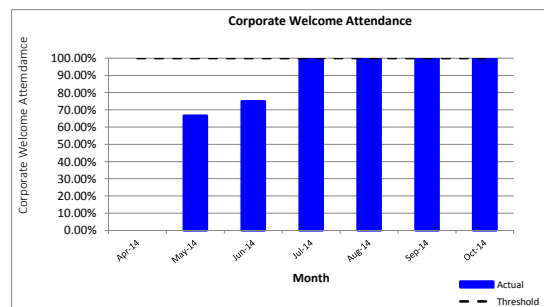
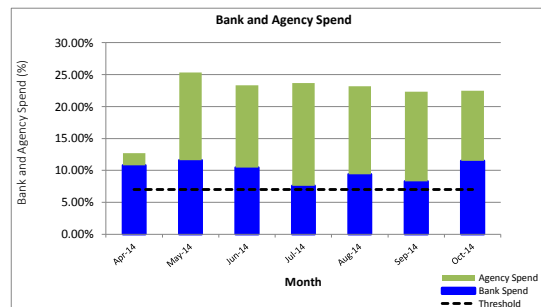
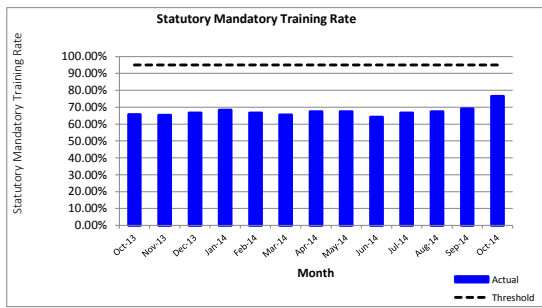
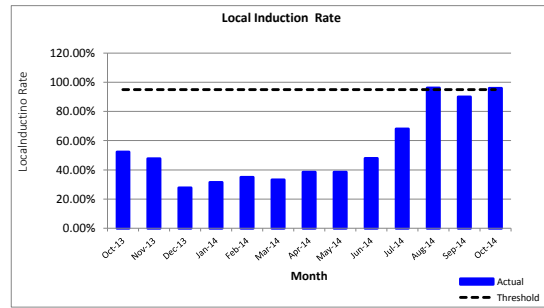
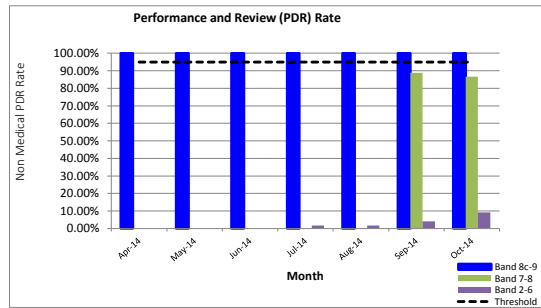
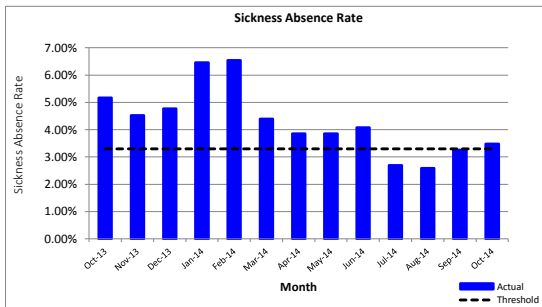
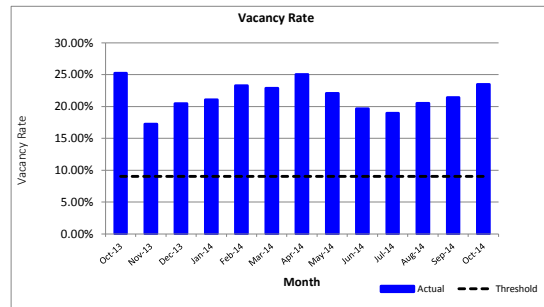
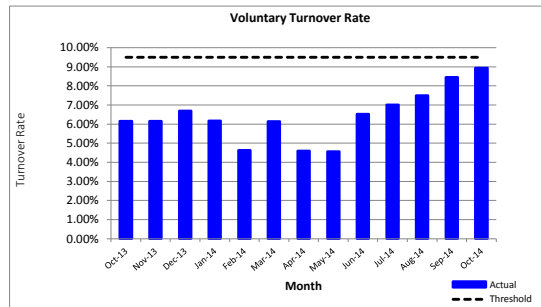
0	0
0	0
0	0
0	0

0	0	0			0
0	0	0			0
0	0	0			0
0	1	1			2


TDA, CQC
Mon, TDA, CQC
TDA, CQC
TDA, CQC



Indicator	Leading	Frequency	Monthly Threshold	Performance in 2013/14		Performance Current Year To Date					Forecast			Source Framework	
				Oct-13	Qtr3	Current Month	Q1	Q2	Q3	Q4	Rolling 12 Months Position	Qtr 3 14/15	Qtr 4 14/15		Qtr 1 15/16
<b>Turnover &amp; Vacancy Rate</b>															
Voluntary Turnover Rate	✓	Monthly	<9.50%	6.16%	6.33%	8.93%	5.22%	7.65%		8.93%					TDA
Vacancy Rate	✓	Monthly	<9.00%	25.24%	20.99%	23.45%	21.43%	20.28%							COC
Sickness Absence Rate	✓	Monthly	<3.4%	5.17%	4.82%	3.48%	3.93%	2.85%		4.17%					COC
<b>Appraisal Rates</b>															
Band 8c-9 Performance and Development Review (PDR) Rate	✓	Monthly	>95.00%	n/a	n/a	100.00%	100.00%	100.00%							Define
Band 7-8 Performance and Development Review (PDR) Rate	✓	Monthly	>95.00%	n/a	n/a	86.67%	n/a	29.63%							Define
Band 2-6 Performance and Development Review (PDR) Rate	✓	Monthly	>95.00%	n/a	n/a	0.75%	n/a	2.49%							Define
<b>Training Compliance</b>															
Local Induction	✓	Monthly	>95.00%	52.38%	42.59%	96.00%	41.64%	84.70%							Define
Statutory Mandatory	✓	Monthly	>95.00%	65.78%	65.90%	76.53%	66.32%	67.70%							Define
<b>Bank and Agency Spend</b>															
Bank Spend (%)	✓	Monthly	<7.00%	n/a	n/a	11.48%	10.95%	8.42%		18.29%					Define
Agency Spend (%)	✓	Monthly	<7.00%	n/a	n/a	10.98%	9.50%	14.66%							Define
<b>Corporate Welcome</b>															
Corporate Welcome Attendance	✓	Monthly	>100.00%	n/a	n/a	100.00%	70.84%	100.00%							Define



Domain	Sub-domain	Page number	Indicator title	Description
Summary	Finance	3	Capital Servicing Capacity	The Capital Servicing Capacity indicates the degree to which the organisation's generated income covers its financing obligations. <u>A high rating indicates that the Trust has a low risk of defaulting.</u>
Summary	Finance	3	Liquidity ratio	<u>The Liquidity ratio is based on a calculation of the Trust's available capital against outstanding debt.</u> <u>A high rating indicates that the Trust has a low risk of defaulting.</u>
Summary	Access	3	18 weeks referral to treatment	Patients have a legal right to commence NHS consultant-led treatment within a maximum of 18 weeks from referral, unless the patient chooses to wait longer or it is clinically appropriate to do so. The Trust's service-level waiting times can be compared to other Healthcare Providers across England.
Summary	Access	3	2 week wait from referral to date first seen all urgent referrals	Patients have a right to be seen by a specialist within a maximum of 2 weeks from GP referral where cancer is suspected.
Summary	Access	3	2 week wait from referral to date first seen breast cancer	Patients have a right to be seen by a specialist within a maximum of 2 weeks from GP referral where breast cancer is suspected.
Summary	Access	3	31 days standard from diagnosis to first treatment	In cases where cancer has been confirmed, patients should wait no more than 31 days from the decision to treat to the start of their treatment.
Summary	Access	3	31 days standard to subsequent cancer treatment	In cases where cancer has been confirmed, patients should wait no more than 31 days from the decision to treat to their subsequent treatment.
Summary	Access	3	62 day wait for first treatment from NHS Screening Services referral / GP referral	In cases where a patient has been referred for suspected cancer, and where cancer has subsequently been confirmed, patients have a right to commence NHS treatment within a maximum of 62 days from referral for suspected cancer.
Summary	Access	3	A&E maximum waiting times 4 hours	Patients should be seen, treated, admitted, or discharged in under four hours of presenting at A&E. The national target is 95%.
Summary	Outcomes	3	Clostridium Difficile (C-Diff) Post 72 hours	<u>Clostridium Difficile (C-Diff) is a type of infectious diarrhoea that can be difficult to treat due to antibiotic resistance.</u> <u>This rating indicates the number of cases of C-Diff infections within the Trust during the reporting period. A high number may be indicative of infection control issues, such as hand hygiene.</u>
Summary	Governance	3	CQC Judgements – warning notice issued, civil and / or criminal action initiated	In Foundation Trusts, Monitor can assign a red rating for governance concern based on CQC warning notices issued or Civil and/or criminal action initiated
Summary	Governance	3	Third party reports from e.g. GMC, Ombudsman, medical Royal Colleges etc – judgement based on severity and frequency of reports	In Foundation Trusts, Monitor can assign a red rating for governance concern based on ad hoc reports from GMC, the Ombudsman, commissioners, Healthwatch England, auditor reports, Health & Safety Executive, patient groups, complaints, whistleblowers, medical Royal Colleges etc. The judgement would be based on the severity and frequency of reports.
CQC	CQC	4	MRSA (latest CQC report)	This rating indicates the total number of incidences of MRSA within the Trust, as reported in the most recent CQC report.
CQC	CQC	4	Clostridium Difficile (latest CQC report)	This rating indicates the total number of incidences of C-Diff within the Trust, as reported in the most recent CQC report.

Domain	Sub-domain	Page number	Indicator title	Description
Quality	Safety	6	Hospital Standardised Mortality Rate (HSMR)	The HSMR is an indicator of healthcare quality that measures the number of deaths in the Trust, during the patients' stay at the Trust, and which is adjusted for a variety of factors (i.e. age, poverty, treatments offered).
				A score of 100 indicates that the number of deaths within the Trust is similar to what you would expect. A higher score means more deaths than expected, which may result from patient safety or clinical quality issues.
Quality	Safety	6	Summary Hospital Mortality Indicator	The SHMI is an indicator of healthcare quality that measures whether the number of deaths in the Trust, or within 30 days of the patient's discharge, is higher or lower than you would expect.
				A score of 100 indicates that the number of deaths within the Trust is similar to what you would expect. A higher score means more deaths than expected, which may result from patient safety or clinical quality issues.
Quality	Safety	6	Number of Dr Foster mortality alerts	Dr Foster Mortality alerts are sent to the Chief Executive of the Trust when the HSMR has, on at least one occasion in the preceding three months, reached double the expected rate for a particular diagnosis or procedure. This rating indicates the total number of Mortality alerts that have been sent to the Chief Executive of the Trust and may require investigation of the safety and quality of clinical care provided.
Quality	Safety	6	Number of deaths in low risk diagnostic groups	This indicator aims to identify deaths that are likely to be attributable to health care errors by measuring deaths in patients admitted with, or for, a condition or procedure that has a low associated risk of death (i.e. headaches; tonsillectomy).
				This rating indicates the total number of deaths in low risk diagnostic groups during the reporting period.
Quality	Safety	7	MRSA	Methicillin-Resistant Staphylococcus Aureus (MRSA) is a type of bacterial infection that is resistant to a number of widely used antibiotics. This rating indicates the total number of incidences of MRSA within the Trust during the reporting period.
Quality	Safety	7	Clostridium Difficile (C-Diff) Post 72 Hours	Clostridium Difficile (C-Diff) is a type of infectious diarrhoea that can be difficult to treat due to antibiotic resistance. This rating indicates the number of cases of C-Diff infections within the Trust during the reporting period. A high number may be indicative of infection control issues, such as hand hygiene.
Quality	Safety	7	Never Events	Never Events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented (i.e. wrong site surgery; wrong route administration of chemotherapy; retained instrument post-operation). The incidence of Never Events may indicate unsafe care.
				This rating indicates the number of Never Events that have occurred within the Trust during the reporting period.
Quality	Safety	7	Serious Untoward Incidents (SUI)	An SUI is a serious incident or event which led, or may have led, to the harm of patients or staff (i.e. Grade 3/4 pressure ulcer; data loss; HCAI outbreak; Never Events)
				This rating indicates the number of SUIs that have occurred within the Trust during the reporting period.
Quality	Safety	7	Harm Free Care (Safety Thermometer)	Delivering Harm Free Care is a core component of the care that we provided to our patients. Harm Free Care is care that is provided in the absence of the four common harms: Pressure Ulcers; Falls; Catheter Associated Urinary Tract Infections (CAUTIs); and Venous Thromboembolism (VTE).
				This rating indicates the percentage of patients that received Harm Free Care at the Trust. A decreasing trend may indicate issues with the quality and safety of care provided to patients.
Quality	Safety	7	VTE Risk Assessments	A VTE (Venous Thromboembolism) is a blood clot that forms within a vein and is a serious, potentially fatal, medical condition. VTE Risk Assessments should be undertaken for every patient within 1 hour of admission.
				The rating indicates the percentage of patients that had a VTE risk assessment undertaken within 1 hour of admission.
Quality	Patient Centredness	8	Inpatients Net Promoter Score (FFT)	This Friends and Family Test (FFT) asks patients whether they would recommend the Trust's Inpatient services to their friends and family if they needed similar care or treatment. The Net Promoter Score (NPS) ranges from -100 to 100. A score that is higher than 0 is generally 'good', whilst a score above 50 is considered 'excellent'. The score is calculated by deducting the proportion of respondents who would not recommend the Trust from the proportion of respondents who would.
Quality	Patient Centredness	8	Inpatients Net Promoter Response Rate	It is important to ensure a high Net Promoter Response Rate (NPRR). A low response rate may mean that the FFT data is not robust, whereas a high response rate is more likely to provide valuable data which can be analysed for potential service improvement ideas.
				The NPRR is the proportion of people that responded to the FFT of the total that were eligible to do so.
Quality	Patient Centredness	8	A&E Net Promoter Score (FFT)	This Friends and Family Test (FFT) asks patients whether they would recommend the Trust's A&E services to their friends and family if they needed similar care or treatment. The Net Promoter Score (NPS) ranges from -100 to 100. A score that is higher than 0 is generally 'good', whilst a score above 50 is considered 'excellent'. The score is calculated by deducting the proportion of respondents who would not recommend the Trust from the proportion of respondents who would.
				It is important to ensure a high Net Promoter Response Rate (NPRR). A low response rate may mean that the FFT data is not robust, whereas a high response rate is more likely to provide valuable data which can be analysed for potential service improvement ideas.
Quality	Patient Centredness	8	A&E Net Promoter Response Rate	The NPRR is the proportion of people that responded to the FFT of the total that were eligible to do so.
Quality	Patient Centredness	8	Maternity Net Promoter Score (FFT)	This Friends and Family Test (FFT) asks patients whether they would recommend the Trust's Maternity services to their friends and family if they needed similar care or treatment. Women will be asked for their views on their maternity services at three touch points: antenatal care; birth and care on the postnatal ward; and postnatal community care.
Quality	Patient Centredness	8	Maternity Net Promoter Response Rate	The Net Promoter Score (NPS) ranges from -100 to 100. A score that is higher than 0 is generally 'good', whilst a score above 50 is considered 'excellent'. The score is calculated by deducting the proportion of respondents who would not recommend the Trust from the proportion of respondents who would.
				It is important to ensure a high Net Promoter Response Rate (NPRR). A low response rate may mean that the FFT data is not robust, whereas a high response rate is more likely to provide valuable data which can be analysed for potential service improvement ideas. The NPRR is the proportion of people that responded to the FFT of the total that were eligible to do so.
Quality	Patient Centredness	8	Number of complaints received	When things do not go according to plan, a patient may decide to formally complain to the organisation. This will usually result in an investigation into the concerns raised and a formal response to the complainant.
				This rating indicates the total number of complaints received by the Trust within the reporting period. A high number of complaints, or an unexpected or prolonged rise in complaints, may warrant extra investigation into the matter.
Quality	Patient Centredness	8	PLACE – Cleanliness; Facilities; Food; Privacy, Dignity, & Well being;	PLACE (Patient-led Assessments of the Care Environment) replaced the PEAT (Patient Environment Action Team) inspections in 2013. These are undertaken annual by teams, which include local people, to assess how the environment supports the patients' privacy and dignity, food, cleanliness, and general building maintenance. This rating indicates how the Trust fared for each of the separate areas (i.e. cleanliness, food). The higher the percentage, the better the score.



Domain	Sub-domain	Page number	Indicator title	Description
Quality	Patient Centredness	8	(TC6) Involvement in care	<p>"The most important goal of a modern health service is to achieve authentic patient participation. The lessons of the Francis inquiry into Stafford hospital are that the absence of patient participation is the root cause of poor care." - Tim Kelsey, Director, NHS-England. Engagement increases the likelihood of successful treatment, whilst also improving our patients' experience.</p> <p>This rating highlights the percentage of people that answered 'yes' to this question on the survey. The higher the score, the stronger the evidence that our staff have involved patients in the development of their treatment plans.</p>
Quality	Patient Centredness	8	(TC7) Worries and Fears	<p>Patients attending the Trust may require support in dealing with their worries and fears during their visit. Overcoming these obstacles is more likely to increase patient engagement with our services, whilst also improving their overall experience.</p> <p>This rating highlights the percentage of people that answered 'yes' to this question on the survey. The higher the score, the stronger the evidence that our staff provide sufficient support to patients to overcome their worries and fears.</p>
Quality	Patient Centredness	8	(LQ35a) Did you get enough help from staff to eat your meals?	<p>Some people may require extra help to ensure that they receive adequate nutrition whilst in hospital. It is important that we identify these patients and support them appropriately, as eating and drinking well while in hospital can help our patients get better sooner and reduce the risk of complications.</p> <p>This rating highlights the percentage of people that answered 'yes' to this question on the survey. The higher the score, the stronger the evidence that our staff assisted our patients to eat their meals.</p>
Quality	Patient Centredness	8	(CLQ14) Do you think hospital staff did everything they could to help control your pain?	<p>Good pain control can help to reduce risks and reduce the patient's length of stay in the hospital. If it is not well controlled, patients may, for example, not be able to breathe deeply or cough, increasing their risk of developing a chest infection; or they may not be able to walk or sit out in a chair, thereby increasing their risk of developing a deep vein thrombosis.</p> <p>This rating highlights the percentage of people that answered 'yes' to this question on the survey. The higher the score, the stronger the evidence that our staff are suitably skilled to ensure that our patients were as comfortable, and pain free, as possible during their stay.</p>
Quality	Patient Centredness	8	(CLQ29) Did you have confidence and trust in the doctors treating you?	<p>It is important that patients have confidence in our doctors, and that they feel that they can trust them. This provides an element of security for the patient and allows them to engage with the service, i.e. by making informed choices about their care.</p> <p>This rating highlights the percentage of people that answered 'yes' to this question on the survey. The higher the score, the stronger the evidence that patients trust our doctors to treat them.</p>
Quality	Patient Centredness	8	(CLQ10) Did you have confidence and trust in the nurses treating you?	<p>It is important that patients have confidence in our nurses, and that they feel that they can trust them. This provides an element of security for the patient and allows them to engage with the service, i.e. by making informed choices about their care.</p> <p>This rating highlights the percentage of people that answered 'yes' to this question on the survey. The higher the score, the stronger the evidence that patients trust our nurses to treat them.</p>
Quality	Patient Centredness	8	(LQ36) Have you been treated with dignity and respect by staff on this ward?	<p>It is important to ensure our patients are treated with dignity and respect, as evidence has shown a link between a failure to do so with a drop in both the patient experience and the quality of care that they experience.</p> <p>This rating highlights the percentage of people that answered 'yes' to this question on the survey. The higher the score, the stronger the evidence that the organisation treats our patients with dignity and respect in a consistent manner.</p>
Quality	Patient Centredness	8	Safeguarding Adults : Referrals per month	<p>The NHS has a key role to play in preventing all forms of harm, abuse and neglect, to our patients. Where abuse is suspected (whether physical, verbal, sexual, financial, or neglect), there is a duty to report this by raising a Safeguarding Alert. Safeguarding alerts generally regard external organisations (i.e. nursing homes; NHS providers).</p> <p>This rating indicates the total number of safeguarding adults referrals were made in the previous month. A significant increase in the number of referrals may warrant further investigation and escalation to our commissioners, whilst a significant decrease may indicate underreporting of safeguarding concerns.</p>
Quality	Effectiveness	9	Stroke Care : % of patients scanned within 1 hr of arrival at hospital	<p>Stroke is a preventable and treatable disease that affects approximately 110,000 people in England each year. A stroke occurs when the blood supply to part of the brain is cut off, which can be caused by a blockage within one of the vessels within the brain or a bleed in the brain. Early intervention is linked with better patient outcomes, including reduced morbidity and dependency.</p> <p>This rating indicates the proportion of patients that had a brain scan within 1 hour of arrival at the hospital. A higher percentage means that we are ensuring that our patients are receiving the right diagnostic intervention at the right time.</p>
Quality	Effectiveness	9	Stroke Care : % of potentially eligible patients thrombolysed within 45 Minutes	<p>Thrombolysis is the use of drugs to break up a blood clot. When given in a timely manner, this can significantly improve the outcome for patients, such as a decreased likelihood of complications.</p> <p>This rating indicates the proportion of eligible patients that were treated with thrombolysing drugs within 45 minutes of arrival at the hospital.</p>

Domain	Sub-domain	Page number	Indicator title	Description
Quality	Efficiency	10	Theatre Utilisation Rate	Theatres are used to undertake surgical procedures. Well-organised theatres can treat more patients within the same timeframe, making them more efficient. Low utilisation rates may indicate problems with the environment, staff attendance, or poor organisation. This can then impact on the timeliness of care provided to patients awaiting surgery.
Quality	Efficiency	10	Average Length of Stay - Elective	This indicator aims to highlight the average number of days a patient spends in the hospital in relation to a specific elective surgery. An elective surgery is surgery that is scheduled in advance because it does not involve a medical emergency (i.e. a mastectomy or inguinal hernia surgery). Shorter lengths of stay indicates more efficient and effective care, whilst also meaning that the patient is able to return home earlier and recuperate in a familiar surrounding. This rating denotes the average number of days a patient spends in hospital in relation to an elective surgery.
Quality	Efficiency	10	Average Length of Stay – Non Elective	This indicator aims to highlight the average number of days a patient spends in the hospital in relation to a specific non-elective surgery. A non-elective surgery is surgery that occurs as a result of a medical emergency (i.e. an injury or illness that is acute and poses an immediate risk to a person's life or long term health). Shorter lengths of stay indicates more efficient and effective care, whilst also meaning that the patient is able to return home earlier and recuperate in a familiar surrounding. This rating denotes the average number of days a patient spends in hospital in relation to non-elective surgery.
Quality	Efficiency	10	Pre Op Length of Stay	The number of days that a patient stays in an overnight bed prior to an operation
Quality	Efficiency	10	Post Op Length of Stay	The number of days that a patient stays in an overnight bed following an operation
Quality	Efficiency	10	Day of Surgery Admission	The percentage of patients that are admitted on the day of their surgery
Quality	Efficiency	11	Day Case Rate	The percentage of patients who are admitted to hospital for a planned surgical procedure, returning home on the same day.
Quality	Efficiency	11	DNA – first Appointment	A DNA (Did Not Attend) occurs where a patient fails to attend an arranged appointment without cancelling it beforehand. DNAs cost the NHS an average of £108 per appointment. When a patient DNAs their first appointment, they may be discharged back to their GP. This rating details the proportion of first appointments that were marked as 'DNA'.
Quality	Efficiency	11	DNA – follow-up appointment	A DNA (Did Not Attend) occurs where a patient fails to attend an arranged appointment without cancelling it beforehand. DNAs cost the NHS an average of £108 per appointment. When a patient DNAs two follow-up appointments, they may be discharged back to their GP. This rating details the proportion of follow-up appointments that were marked as 'DNA'
Quality	Efficiency	11	Hospital Appointment Cancellations (hospital instigated)	Appointments are sometimes cancelled by a service within the hospital. This should only occur in very limited circumstances - such as in an emergency or when a member of staff is ill. Hospital instigated cancellations also impact on the hospital's efficiency and potentially delays treatment for our patients. This rating details the proportion of appointments that were cancelled by the hospital. A high percentage may indicate areas of concern which require further investigation.
Quality	Efficiency	11	Appointments Not Checked In or DNA'd (Appointment Date within the last 90 days)	Within any organisation, it is important to monitor and investigation incidences of data quality issues. This indicator aims to highlight potential data quality issues regarding registering patients upon their arrival to the hospital. This rating indicates the total number of appointments showing as either 'Not Checked In' (i.e. arrived at the hospital) or 'DNA' (Did Not Attend) within the last 90 days.
Quality	Efficiency	11	Appointments in a status of Checked In but not Checked Out	Within any organisation, it is important to monitor and investigation incidences of data quality issues. This indicator aims to highlight potential data quality issues regarding registering patients upon their arrival to the hospital. This rating indicates the total number of appointments showing as 'Checked In' (i.e. arrived at the hospital) within the last 90 days, but where they have not been 'Checked Out' (i.e. had their appointment)

Domain	Sub-domain	Page number	Indicator title	Description
Quality	Timeliness	12	18 weeks referral to treatment	Patients have a legal right to commence NHS consultant-led treatment within a maximum of 18 weeks from referral, unless the patient chooses to wait longer or it is clinically appropriate to do so.
				The Trust's service-level waiting times can be compared to other Healthcare Providers across England.
Quality	Timeliness	12	A&E maximum waiting times 4 hours	Patients should be seen, treated, admitted, or discharged in under four hours of presenting at A&E. The national target is 95%.
Quality	Timeliness	12	Percentage Cancelled Operations rebooked within 28 days	Where a patient's surgery appointment has been cancelled by the hospital, they have a right to be provided a new appointment date that occurs within 28 days of the original operation. This rating indicates the percentage of cancelled operations that were rebooked to occur within 28 days of the original operation.
Quality	Timeliness	12	Percentage Non Clinical Cancelled Operations	Surgical operations may be cancelled for both clinical and non-clinical reasons. The former relates to, for example, where a patient is too unwell to undergo surgery, whereas the latter might occur in instances whereby the theatre is required for an alternate emergency operation. Whilst some cancellations may be unavoidable, it is important to minimise these as it reduces the efficiency of Trust and may be distressing and inconvenient for patients. This rating provides a percentage of operations that were cancelled for non-clinical reasons.
Quality	Timeliness	13	2 week wait from referral to date first seen all urgent referrals	Patients have a right to be seen by a specialist within a maximum of 2 weeks from GP referral where cancer is suspected.
			2 week wait from referral to date first seen breast cancer	These ratings indicate the percentage of patients that were seen within the 2 week target.
Quality	Timeliness	13	31 days standard from diagnosis to first treatment	In cases where cancer has been confirmed, patients should wait no more than 31 days from the decision to treat (either as initial or subsequent treatment) to the start of their treatment. This rating indicates the percentage of patients that were treated within 31 days of a cancer diagnosis, or within 31 days of deciding that subsequent treatment is required.
			31 days standard to subsequent cancer treatment	
Quality	Timeliness	13	62 day wait for first treatment from NHS Screening Services referral / GP referral	In cases where a patient has been referred for suspected cancer, and where cancer has subsequently been confirmed, patients have a right to commence NHS treatment within a maximum of 62 days from referral for suspected cancer. This rating indicates the percentage of patients that were treated within 62 days of referral for suspected cancer.
Quality	Equity	14	CQUIN – Dementia: Find & Assess; Investigate; & Refer	Dementia is a common condition that affects about 800,000 people in the UK. The risk of developing dementia increases as you get older, and usually occurs in people over the age of 65. Most types of dementia cannot be cured, but its progression can be slowed down if detected early. Therefore, it is important to assess patients at risk of developing dementia, as well as undertaking investigations and referring patients to memory specialists if appropriate. This indicator is a combination of three ratings. The first indicator highlights the percentage of eligible patients that were risk assessed. The second highlights the percentage of appropriate patients that underwent further investigation, with the third being the percentage of appropriate patients that were referred onto specialist services.
Quality	Equity	14	Mixed Sex Accommodation	Being in mixed-sex hospital accommodation can be difficult for some patients for a variety of personal and cultural reasons. Therefore, all providers of NHS-funded care are expected to eliminate mixed-sex accommodation (except where it is in the overall best interest of the patient or reflects their personal choice). Hospitals can face a fine of up to £250 for breaching same-sex accommodation guidance. This rating highlights the total number of times that the same-sex accommodation guidance was breached during the reporting period.
Quality	Equity	14	Safeguarding Training - Adults; Children (levels 1 - 3)	Everyone has a responsibility for safeguarding vulnerable people, whether children or adults. Safeguarding is the protection of our patients from maltreatment, such as neglect; emotional, physical, sexual, discriminatory, institutional or financial abuse. Our responsibilities include training our staff to ensure that they are competent to identify, and then act on, safeguarding concerns. This rating indicates the percentage of staff that have attended their Safeguarding training within the last 3 years.
Quality	Equity	14	Female Genital Mutilation Caseload	The total number of patients identified as having FGM before the Reporting Period Start Date, who are actively being treated on the Trust active caseload
Quality	Equity	14	Patients detained under the Mental Health Act	The number of patients detained under the Mental Health Act 1983 in month

Domain	Sub-domain	Page number	Indicator title	Description
People	People	16	Voluntary Turnover Rate	The turnover rate highlights the rate at which an employer loses and gains employees. A certain amount of turnover is unavoidable, although too much may indicate areas of concern within the organisation. this metric measures the numbers of people who choose to leave the Trust voluntarily and is shown as a percentage of the average numbers of people employed. A certain level of turnover is expected and unavoidable and this metric is used to monitor this and to highlight potential areas of concern, within the organisation, where turnover appears to be higher than expected.
People	People	16	Operating Vacancy Rate	this metric measures the number of positions within the Trust which are vacant and is shown as a percentage of the total number of positions which are required to deliver the Trusts services. It is used to monitor levels of directly employed people, linking to service changes, future requirements and areas where recruitment may be difficult.
People	People	16	Non-recruited Vacancy Rate	this metric measures the number of positions within the Trust which are vacant and which have no appointed candidate waiting to join. It is used to understand levels of recruitment activity and the expected numbers of new joiners in the future.
People	People	16	Sickness Absence Rate	this metric measures the amount of working hours lost to sickness absence and is shown as a percentage of total contracted hours available. It is used to monitor levels of sickness absence, highlighting potential areas of concern when sickness is higher than expected and directing further analysis to understand trends or specific health at work issues.
People	People	16	Consultant Performance and Development Review (PDR) Rate	appraisal is an essential element of the revalidation process and this metric measures the number of Consultants, within the Trust who have had an appraisal during the past year; shown as a percentage of the total number of Consultants within the Trust. This metric is used to monitor compliance and to focus attention on areas where compliance is below expected levels.
People	People	16	Band 8c-9 Performance and Development Review (PDR) Rate	all Trust employees are required to have a PDR each year; reviewing performance over the past year, setting new objectives and creating a personal development plan. This metric allows us to understand and monitor the numbers of completed PDR's and to focus attention on areas where compliance is below expected levels.
People	People	16	Band 7 - 8a Performance and Development Review (PDR) Rate	all Trust employees are required to have a PDR each year; reviewing performance over the past year, setting new objectives and creating a personal development plan. This metric allows us to understand and monitor the numbers of completed PDR's and to focus attention on areas where compliance is below expected levels.
People	People	16	Band 2-6 Performance and Development Review (PDR) Rate	all Trust employees are required to have a PDR each year; reviewing performance over the past year, setting new objectives and creating a personal development plan. This metric allows us to understand and monitor the numbers of completed PDR's and to focus attention on areas where compliance is below expected levels.
People	People	16	Local Induction	when new people join us, it is essential they are fully briefed locally about policies procedures and protocols in the form of a local Induction. This metric measures how many people have completed their local induction and allows us to focus on areas where compliance is lower than expected
People	People	16	Statutory Mandatory	Certain training courses are mandatory and are designed to ensure the safety and well-being of all our staff and patients. It also ensures that staff keep up to date with professional standards. The training includes, amongst others, Fire Training; Safeguarding Training; & Equality and Diversity Training. this metric shows us how many people have completed their statutory (i.e. fire) and other mandatory training. There are over 20 different topics of training which healthcare staff need to complete on a 3 yearly cycle. The metric shows us how many people are up to date with their training and highlights areas where training compliance is below expected levels.
People	People	16	Bank Spend (%)	this metric shows the percentage of the paybill which is attributed to temporary bank and agency workers. It is used to understand levels of temporary staffing required to cover vacancies, sickness absence and increases in activity or capacity alongside the resources available and expected levels of use.
People	People	16	Agency Spend (%)	this metric shows the percentage of the paybill which is attributed to temporary bank and agency workers. It is used to understand levels of temporary staffing required to cover vacancies, sickness absence and increases in activity or capacity alongside the resources available and expected levels of use.
People	People	16	Corporate Welcome Attendance	The Corporate Welcome Attendance is mandatory for all new staff and is an opportunity for staff to familiarise themselves with the Trust, meet new colleagues, and undertake face to face mandatory training courses. this metric shows us how many of our new joiners have attended our essential Corporate Welcome event. This is an important event enabling us to welcome our new joiners and to share with them core Trust messages around patient experience, quality and safety. This metric shows us how many people have competed corporate welcome within 8 weeks of joining.
People	People	18	Average fill rate – nurses / care staff; day / night	The Francis report explicitly stated that poor staffing levels at Mid Staffordshire led to poor quality care. Organisations are now required to publish details of staffing levels on each of their wards every month, including the percentage of shifts that met the safe staffing requirements. This rating indicates the percentage of shifts that met the agreed safe staffing requirements.

Domain	Sub-domain	Page number	Indicator title	Description
Finance	Finance	20	Liquidity ratio	The Liquidity ratio is based on a calculation of the Trust's available capital against outstanding debt. A high rating indicates that the Trust has a low risk of defaulting.
Finance	Finance	20	Capital Servicing Capacity	The Capital Servicing Capacity indicates the degree to which the organisation's generated income covers its financing obligations. A high rating indicates that the Trust has a low risk of defaulting.
Finance	Finance	21 - 23	Daycase	Daycases are elective surgeries that do not usually require a patient to be admitted to hospital (i.e. have an overnight stay). Elective surgeries are scheduled (i.e. a mastectomy or inguinal hernia repair). This rating denotes the total number of daycase surgeries that were undertaken during the reporting period.
Finance	Finance	21 - 23	Elective Inpatients	Elective inpatients includes all patients that were admitted to hospital (i.e. had an overnight stay) for a scheduled surgical procedure (i.e. a mastectomy or inguinal hernia repair). This rating denotes the total number of elective inpatients during the reporting period.
Finance	Finance	21 - 23	Non Elective Inpatients	Non-elective inpatients includes all patients that were admitted to hospital (i.e. had an overnight stay) for emergency medical intervention (i.e. an injury or illness that is acute and poses an immediate risk to a person's life or long term health). This rating denotes the total number of non-elective inpatients during the reporting period.
Finance	Finance	21 - 23	First Outpatient	First outpatient appointment are primarily for the patient to discuss their concerns with an appropriate clinician and to coordinate their future care plan with the clinician (including which diagnostic tests to undertake, or which medical intervention is required). This rating denotes the total number of first outpatient appointments that took place during the reporting period.
Finance	Finance	21 - 23	Follow-up Outpatient	Follow up outpatient appointment are primarily for the patient to discuss any new concerns with a clinician, to discuss any investigations that may have been undertaken, and, if appropriate, to agree an appropriate treatment plan. This rating denotes the total number of follow up outpatient appointments that took place during the reporting period.
Finance	Finance	21 - 23	Adult Critical Care	Adult critical care encompasses patients that require high dependency or intensive care following, for example, surgical interventions or serious illnesses or traumatic injuries. In the UK, it costs around £1,328 per bed, per day, for an adult intensive care unit. This rating denotes the total number of adult patients that required critical care during the reporting period.
Finance	Finance	22 - 23	A&E Attendances	There are over 21 million attendances at A&E (Accident & Emergency) departments in England each year. A&E departments assess and treat patients with serious injuries or illnesses (i.e. loss of consciousness; chest pain; severe bleeding that cannot be stopped). This rating denotes the total number of A&E attendances in the Trust during the reporting period.
Research & Education	Research & Education	25	Time elapsed between receipt of Valid Research Application and First Patient Recruitment for interventional studies (mean)	Research is a major priority at Imperial College Healthcare NHS Trust. Medical research is essential for developing new and improved medical treatments to improve the health of both adults and children. It is, therefore, important that research is undertaken in a timely manner after research applications have been approved. There are two ratings associated with this indicator - the mean and median. The mean provides the average length of time elapsed between receipt of a valid research application and the first patient recruitment, whilst the median provides the 'middle number' in a list of these times. The median indicator are used to ensure that anomalous results have not significantly affected the average (i.e. skewing it).
Research & Education	Research & Education	25	Percentage of interventional studies which recruited 1st patient within 70 days of Valid Research Application	This indicator is identical to the above, although the rating indicates the percentage of studies which recruited their first patient within 70 days of a Valid research application.
Research & Education	Research & Education	25	Percentage of closed commercially-sponsored interventional studies that recruited to time and to target	Imperial College Healthcare NHS Trust works closely with commercial enterprises, such as pharmaceutical companies, in the undertaking of medical research to develop and improve new treatments. It is, therefore, important that research is undertaken in a timely manner after applications have been approved, in accordance with bespoke targets to the research item involved. This rating provides a percentage of commercially-sponsored interventional studies that recruited to time and to target.
Research & Education	Research & Education	25	Percentage of local R&D reviews for NIHR CRN Portfolio studies given within 30 days	Local R&D review is a measure of the time taken by the Trust to give approval for clinical research studies to take place at any of our sites. This is a legal requirement, which aims to ensure that all studies taking place at ICHT are appropriately resourced and meet our own standards and policies. However, it is also important to ensure this process is completed in a reasonable timescale, to allow study sponsors to set up studies as quickly
Research & Education	Research & Education	25	Total number of NIHR Clinical Research Network (CRN) portfolio studies to which the Trust is recruiting	The NIHR Clinical Research Network Portfolio is an important subset of all the clinical research studies undertaken at ICHT, these having been reviewed nationally for scientific quality and applicability to the NHS. It is our strategic aim, and that of the NIHR, to grow the number of studies being carried out at ICHT year on year, enabling more of our patients to take part in research. This indicator aims to demonstrate that growth.
Research & Education	Research & Education	25	Total number of participants enrolled in NIHR CRN Portfolio Studies (Cumulative YTD)	The NIHR Clinical Research Network Portfolio is an important subset of all the clinical research studies undertaken at ICHT, these having been reviewed nationally for scientific quality and applicability to the NHS. It is our strategic aim, and that of the NIHR, to enable more of our patients to participate in research. This indicator aims to demonstrate that growth.
Research & Education	Research & Education	25	Number of commercial NIHR CRN Portfolio studies to which the Trust is recruiting	Commercially-sponsored / funded clinical research is an important part of our overall R&D strategy, and that of the NIHR. It is important for the UK to be competitive on the global stage in attracting commercial investment in clinical research. Growing the number of commercial studies at ICHT is an important indicator of our ability to do this.
Research & Education	Research & Education	25	Total number of participants enrolled in NIHR CRN Portfolio Studies	Commercially-sponsored / funded clinical research is an important part of our overall R&D strategy, and that of the NIHR. It is important for the UK to be competitive on the global stage in attracting commercial investment in clinical research. Enabling more of our patients to take part in commercially-sponsored studies at ICHT is an important indicator of our ability to do this.

## Trust Board Public

<b>Agenda Item</b>	2.5
<b>Title</b>	Finance Performance Report – October 2014
<b>Report for</b>	Monitoring
<b>Report Author</b>	Marcus Thorman – Director of Operational Finance
<b>Responsible Executive Director</b>	Bill Shields – Chief Financial Officer

### EXECUTIVE SUMMARY

1. The Trust's Income & Expenditure (I&E) position at the end of October was a Year-to-Date (YTD) surplus of £0.8m (after adjusting for the impairment of fixed assets and donated assets), an adverse variance against the plan of £8.0m. There was an increase in Pay expenditure in the month of £0.4m, due to an increases in medical, A&C and senior management. Overall nursing Pay expenditure, including bank & agency, has been consistent with the previous month. Non-Pay expenditure has increased by £1.6m, excluding R&D, when compared to the previous month. The in-month position also includes income payable for delivery of additional waiting list initiative activity, an increase of £2.1m on the previous month.

The main reasons for the YTD adverse variance are:

- Cost Improvement Plans (CIPs) are behind plan by £12.1m (53%);
- Staff pay costs are significantly higher than planned and with an increase in month, indicating that the previously instigated controls and agreed financial recovery controls are not being implemented

2. There is on-going dialogue with the TDA about the impact of the proposed Project Diamond funding reductions on the Trust's financial position in both current and future years. Any reductions in funding will mean that the Trust's I&E control total will have to reduce accordingly.

**3. Recommendations to the Board: Trust Board is asked to note:**

- The Year to Date (YTD) surplus of £0.8m represents an adverse variance against the plan of £8.0m;
- A continuation of the recently implemented expenditure controls, and implementation and adherence to the agreed financial recovery controls, is required to achieve the financial plan surplus of £11.2m, along with a significant improvement in the delivery of CIPs;
- Delivery of additional activity to meet agreed waiting list operational performance targets must be delivered in full and within the existing forecast of costs;
- Despite the overspend to date, Cerner and Estates expenditure overall, must return to plan;
- Cerner reporting issues need to be resolved and retrospective changes negotiated before the freeze date for month 6 activity reporting to CCGs and NHS England (NHSE), if further income reductions are to be avoided;
- Delivery of performance to ensure payment of Local Incentive Scheme and CQUIN monies; and
- Improved management of overall staff levels, in particular matching the booking of bank and agency staff to agreed vacancies only, is required, with a worsening pay spend this month compared to last.

**4. Trust strategic objectives supported by this paper:**

To develop and provide the highest quality, patient focused and efficiently delivered services to all our patients.

## 1. Introduction

- 1.1 This paper outlines the main drivers behind the Trust's reported financial position for the month ending 31<sup>st</sup> October 2014.
- 1.2 The narrative report is intended to provide a focused statement of the main drivers of the financial performance and direct readers to the relevant pages in the finance performance report.

## 2. Overview of Financial Performance (Pages 1, 2, 3)

- 2.1 **Statement of Comprehensive Income (I&E Account):** The Trust's financial position for the month was a **surplus** of £1.8m; this was an **adverse** variance of £1.6m in month. The Year to Date (YTD) surplus of £0.8m represents an adverse variance against plan of £8.0m.
- 2.2 **CCGs/NHS England Service Level Agreement (SLA) Income:** The CCG & NHS England SLA contract income for the month was calculated using the month six flexed activity data. SLA income shows a **surplus** YTD variance of £0.5m, with full delivery of additional waiting list (RTT) activity and monies assumed. It has been assumed that the year to date performance fund of £4.9m, CQUIN and Project Diamond will be paid in full.
- 2.3 **Private Patient Income:** In Month 7, total Private Patient income was **£0.7m favourable** to plan. In month income is a continued improvement, which is expected to continue for the remainder of the year.
- 2.4 **Other Operating Income:** Research income was below plan by £2.1m, but was matched to expenditure to ensure a net zero impact.

**Expenditure:** Pay expenditure shows an **adverse** YTD variance of **£18.9m** as a result of under-achievement of CIPs and a continued failure to manage bank and agency costs in line with plan, due to lack of effective rostering. Pay costs have increased in month by £0.4m, in medical, admin & clerical and senior management staffing. Overall nursing pay expenditure, including bank & agency, has been consistent with the previous month. This is opposite to the expectation of a further reduction in costs to match 2013/14 levels and a continued reduction in both nursing and medical pay costs. Non-pay expenditure is showing a **favourable** YTD variance of **£8.7m** due to the under-spend on R&D projects of £3.0m, the inclusion of the contingency and un-utilised funding to support service developments and the release of balance sheet accruals. Overall Non-Pay spend has reduced by £0.9m, but increased by £1.6m adjusting for R&D, when compared to the previous month. Changes are mainly in reduction in clinical supplies by £0.4m.



### 3. Monthly Performance (Page 4 A to C)

- 3.1 The Divisions report an in month overspend of £2.1m, bringing the YTD overspend to £14.2m. This is a further deterioration from the improvement seen in month six, with a number of the agreed actions to deliver financial recovery having not been implemented to date and the impact of controls seen in previous months being reversed. The Divisions are forecasting a year end overspend of £22.4m.
- 3.2 Medicine is **overspent by £6m** YTD, a **deterioration of £800k** in month against the plan. Overall this was an **improvement** compared to previous months' and expenditure run rates have significantly improved since the first quarter. However, levels of expenditure remain above 13/14 levels and above plan. In addition there continues to be significant under delivery of CIP.
- 3.3 Women's and Children's is **overspent by £2.4m** YTD including an in-month **deterioration of £0.3m** against the plan. In month expenditure **maintained** the trend of the last three months and was in-line with forecast, however levels of expenditure remain above 13/14 levels and above plan. The YTD position is driven by continued under delivery of CIP.
- 3.4 Investigative Sciences are **overspent by £0.1m** YTD, an in month **deterioration of £0.1m**. The in-month overspend reflects **increased** cost due to activity increases, especially in Theatres and Pathology.
- 3.5 Surgery and Cancer are **overspent by £5.7m** YTD an in month **deterioration of £1.0m**. In month expenditure predominantly on non-pay was **above** run rate compared to Q1 and Q2. In the main this relates to clinical supplies of which some is related to increased RTT activity. However, levels of expenditure remain above 13/14 levels and above plan. In addition the year to date position is driven by under delivery of CIP.
- 3.6 The Corporate Directorates are reporting a year to date **overspend against plan of £2m**. This is predominantly related to the Cerner implementation programme and additional Estates expenditure. Forecast expenditure is expected to reduce in these areas however forecast outturn for corporate directorates is a £3.5m overspend.
- 3.7 The Divisional & Corporate Services' Financial Risk Ratings have not been included this month as they are being reviewed with the intention of including weightings and over-riding rules to make it more targeted.

#### 4. Cost Improvement Plan (Page 5)

- 4.1 Delivery against the CIP programme to date currently sits at 53%, resulting in a month seven year to date position which is **£12.1m behind plan**. The current year end forecast is showing a planned under achievement against plan of £4.8m, a worsening of £1.0m compared to the previous month. To achieve the forecast position of £44.6m, CIP delivery must be maintained at the rate reported in month seven.
- 4.2 Significant under performance is forecast in three of the clinical divisions and a number of non-clinical areas. In year these are partly mitigated non-recurrently by central schemes but need to be addressed on a recurrent basis in 2015/16. This will increase the CIP requirement in 2015/16 if the Trust is to remain in financial balance.
- 4.3 From November, the newly established QuEST team will work alongside operational colleagues to identify and support delivery of an on-going efficiency programme.

#### 5. Statement of Financial Position (Page 6)

- 5.1 The overall movement in year balance was a decrease of £178m and was, predominately, due to the impairment charge on the value of land by £177m. The variance from plan of £6.9m was due to the impairment loss being less than expected.

#### 6. Capital Expenditure (Page 7)

- 6.1 The YTD Expenditure was £13.9m, behind plan by £4.9m. Expenditure was behind plan mainly due to slippage on the capital maintenance and ICT programmes. Expenditure is expected to catch up in future months. The Trust's annual Capital Resource Limit (CRL) has been increased from £30m to £32m, with an increase in the overall capital programme to £35m.

#### 7. Cash (Page 8)

- 7.1 The cash balance at the end of the month was £47.9m; £1.0m behind the TDA plan, made up of a shortfall in income of £12m and reduction in payments of £11m. £10m shortfall on income being the non-payment of Project Diamond monies assumed in the plan and £4.8m reduction in payments due to slippage on the capital programme. Cash is monitored on a daily basis, with surplus cash being invested in the National Loan Fund scheme.

## 8. Monitor metrics – Continuity of Services Risk Rating (Page 9)

8.1 The Trust currently scores a 4 (out of 5) on Monitor's Continuity of Services Risk Rating, showing that the Trust currently has sufficient cash to service debts and liabilities as they fall due.

## 9. Conclusions & Recommendations

9.1 The Trust Board is asked to note:

- The Year to Date (YTD) surplus of £0.8m represents an adverse variance against the plan of £8.0m;
- A continuation of the recently implemented expenditure controls, and implementation and adherence to the agreed financial recovery controls, is required to achieve the financial plan surplus of £11.2m, along with a significant improvement in the delivery of CIPs;
- Delivery of additional activity to meet agreed waiting list operational performance targets must be delivered in full and within the existing forecast of costs;
- Despite the overspend to date, Cerner and Estates expenditure overall, must return to plan;
- Cerner reporting issues need to be resolved and retrospective changes negotiated before the freeze date for month 6 activity reporting to CCGs and NHS England (NHSE), if further income reductions are to be avoided;
- Delivery of performance to ensure payment of Local Incentive Scheme and CQUIN monies; and
- Improved management of overall staff levels, in particular matching the booking of bank and agency staff to agreed vacancies only, is required, with a worsening pay spend this month compared to last.

## Contents

### Finance Performance Report for the month ending 31st October 2014

Page	Description	Risk		Report Status
		Month 7	Month 6	
1	Statement of Comprehensive Income (SOI)	R	R	Attached
2	Income Report	A	A	Attached
3	Expenditure Report	R	R	Attached
4	Divisions and Non Clinical Divisions (pages A to C)	R	R	Attached
5	Cost Improvement Plan	R	R	Attached
6	Statement of Financial Position (Balance Sheet)	G	G	Attached
7	Capital Expenditure Report	G	G	Attached
8	Cash Flow Report	G	G	Attached
9	Debtors and Creditors	A	A	Attached
10	Continuity of Services Risk Rating for Trust	G	G	Attached
11	SLA Activity & Income Performance	A	A	Attached



Building world class finance



**PAGE 1 - STATEMENT OF COMPREHENSIVE INCOME**

	In Month			Year To Date (Cumulative)			Forecast Outturn		
	Plan £000s	Actual £000s	Variance £000s	Plan £000s	Actual £000s	Variance £000s	Plan £000s	Forecast £000s	Variance £000s
<b>Income</b>									
Clinical	67,877	70,057	2,179	452,843	460,471	7,628	773,942	778,288	4,346
Research & Development & Education	10,096	8,558	(1,538)	70,672	67,445	(3,227)	121,200	120,263	(937)
Other	5,913	4,740	(1,174)	40,909	38,678	(2,231)	72,920	77,718	4,798
<b>TOTAL INCOME</b>	<b>83,887</b>	<b>83,354</b>	<b>(533)</b>	<b>564,423</b>	<b>566,594</b>	<b>2,171</b>	<b>968,062</b>	<b>976,269</b>	<b>8,207</b>
<b>Expenditure</b>									
Pay - In post	(40,387)	(40,453)	(67)	(283,250)	(280,889)	2,362	(485,734)	(482,121)	3,613
Pay - Bank	(1,153)	(2,235)	(1,082)	(8,085)	(17,180)	(9,095)	(13,910)	(28,398)	(14,488)
Pay - Agency	(1,544)	(3,348)	(1,803)	(11,629)	(23,794)	(12,165)	(19,269)	(34,887)	(15,618)
Drugs & Clinical Supplies	(19,361)	(20,316)	(956)	(135,084)	(137,190)	(2,106)	(230,055)	(236,017)	(5,962)
General Supplies	(3,476)	(3,171)	305	(24,438)	(22,391)	2,047	(41,769)	(38,153)	3,616
Other	(10,718)	(7,882)	2,836	(65,062)	(56,255)	8,807	(118,197)	(98,000)	20,197
<b>TOTAL EXPENDITURE</b>	<b>(76,640)</b>	<b>(77,406)</b>	<b>(766)</b>	<b>(527,549)</b>	<b>(537,698)</b>	<b>(10,149)</b>	<b>(908,935)</b>	<b>(917,576)</b>	<b>(8,641)</b>
<b>Earnings Before Interest, Tax, Depreciation &amp; Amortisation</b>	<b>7,247</b>	<b>5,949</b>	<b>(1,299)</b>	<b>36,874</b>	<b>28,896</b>	<b>(7,978)</b>	<b>59,127</b>	<b>58,693</b>	<b>(434)</b>
Financing Costs	(4,043)	(4,295)	(252)	(183,212)	(168,416)	14,796	(203,807)	(173,733)	30,074
<b>SURPLUS / (DEFICIT) including donated asset treatment</b>	<b>3,204</b>	<b>1,654</b>	<b>(1,551)</b>	<b>(146,338)</b>	<b>(139,520)</b>	<b>6,818</b>	<b>(144,680)</b>	<b>(115,040)</b>	<b>29,640</b>
Impairment of Assets	0	0	0	154,538	139,570	(14,968)	154,538	125,000	(29,538)
Donated Asset treatment	111	103	(8)	553	711	158	1,329	1,227	(102)
<b>SURPLUS / (DEFICIT)</b>	<b>3,315</b>	<b>1,757</b>	<b>(1,559)</b>	<b>8,753</b>	<b>761</b>	<b>(7,992)</b>	<b>11,187</b>	<b>11,187</b>	<b>0</b>

**Surplus / (Deficit):** The Trust's financial performance in Month 7 was a surplus of £1.8m, an adverse variance to plan of £1.6m. The Year to Date (YTD) position is a surplus of £0.8m, an adverse variance to plan of £8.0m. The worsening of the financial performance this month can be attributed to:

1. Pay costs have increased in month by £0.4m, in medical, admin & clerical and senior management staffing. This is opposite to the expectation of a further reduction in costs to match 2013/14 levels and a continued reduction in both nursing and medical pay costs;
2. Non-Pay spend was £0.9m less than last month due to a reduction in R&D costs of £1.6m, matched to income, and an increase in clinical supplies of £0.4m;
3. Income was ahead of plan partly due to additional income from additional waiting list activity, an increase of £2.1m on the previous month

**Statement of Comprehensive Income (SOCl)**

**Risk: R**

**PAGE 2 - INCOME**

	In Month			Year To Date (Cumulative)			Forecast Outturn		
	Plan £000s	Actual £000s	Variance £000s	Plan £000s	Actual £000s	Variance £000s	Plan £000s	Forecast £000s	Variance £000s
<b>Income from Clinical Activities</b>									
Clinical Commissioning Groups	35,483	38,046	2,563	240,307	244,935	4,628	408,064	412,569	4,505
NHS England	26,195	25,143	(1,052)	176,472	172,316	(4,155)	300,911	294,208	(6,703)
Other NHS Organisations	1,516	1,362	(153)	3,525	7,458	3,933	9,237	9,996	759
<b>Sub-Total NHS Income</b>	<b>63,193</b>	<b>64,551</b>	<b>1,358</b>	<b>420,303</b>	<b>424,709</b>	<b>4,406</b>	<b>718,212</b>	<b>716,773</b>	<b>(1,439)</b>
Local Authority	914	794	(120)	6,162	5,818	(344)	10,509	10,092	(417)
Private Patients	3,238	3,913	675	22,646	24,867	2,221	38,824	42,510	3,686
Overseas Patients	183	480	297	1,283	2,256	973	2,200	3,010	810
NHS Injury Cost Scheme	130	146	17	908	1,142	234	1,557	1,804	247
Non NHS Other	219	172	(46)	1,540	1,678	138	2,640	4,099	1,459
<b>Total - Income from Clinical Activities</b>	<b>67,877</b>	<b>70,057</b>	<b>2,179</b>	<b>452,843</b>	<b>460,471</b>	<b>7,628</b>	<b>773,942</b>	<b>778,288</b>	<b>4,346</b>
<b>Other Operating Income</b>									
Education, Research & Development	10,096	8,558	(1,538)	70,672	67,445	(3,227)	121,200	120,263	(937)
Non patient care activities	2,664	2,635	(29)	18,647	17,494	(1,152)	31,980	30,036	(1,944)
Income Generation	355	281	(74)	2,487	2,108	(379)	4,264	3,595	(669)
Other Income	2,894	1,824	(1,070)	19,776	19,076	(700)	36,676	44,087	7,411
<b>Total - Other Operating Income</b>	<b>16,009</b>	<b>13,297</b>	<b>(2,712)</b>	<b>111,581</b>	<b>106,124</b>	<b>(5,457)</b>	<b>194,120</b>	<b>197,981</b>	<b>3,861</b>
<b>TOTAL INCOME</b>	<b>83,887</b>	<b>83,354</b>	<b>(533)</b>	<b>564,423</b>	<b>566,594</b>	<b>2,171</b>	<b>968,062</b>	<b>976,269</b>	<b>8,207</b>

**Clinical Income** is ahead of plan in month due to income for the delivery of additional waiting list activity of £3.2m from CCGs, in addition to the £2.3m included in the previous month. Actual income includes an accrual for the full payment of the local performance incentive fund of £4.9m, CQUIN and project diamond monies. Private patient activity continues to grow and is £0.7m ahead of the in-month plan and £2.2m YTD.

**Other Operating income** was behind plan due to reductions in Education, and R&D of £1.5m and other income of £1.0m.

<b>Income</b>	<b>Risk:</b>	<b>A</b>
---------------	--------------	----------

**PAGE 3 - EXPENDITURE**

	In Month			Year To Date (Cumulative)			Forecast Outturn		
	Plan £000s	Actual £000s	Variance £000s	Plan £000s	Actual £000s	Variance £000s	Plan £000s	Forecast £000s	Variance £000s
<b>Pay - In Post</b>									
Medical Staff	(12,770)	(13,435)	(665)	(89,918)	(91,382)	(1,464)	(153,689)	(156,095)	(2,406)
Nursing & Midwifery	(12,552)	(12,236)	316	(88,348)	(86,918)	1,431	(151,724)	(149,454)	2,270
Scientific, Therapeutic & Technical staff	(5,844)	(5,551)	294	(40,674)	(38,636)	2,038	(69,865)	(68,056)	1,809
Healthcare assistants and other support staff	(2,373)	(2,423)	(50)	(16,712)	(16,957)	(245)	(28,596)	(28,482)	114
Directors and Senior Managers	(2,513)	(2,664)	(151)	(17,492)	(17,765)	(273)	(30,001)	(29,632)	369
Administration and Estates	(4,335)	(4,146)	189	(30,107)	(29,231)	876	(51,860)	(50,402)	1,458
<b>Sub-total - Pay in post</b>	<b>(40,387)</b>	<b>(40,453)</b>	<b>(67)</b>	<b>(283,250)</b>	<b>(280,889)</b>	<b>2,362</b>	<b>(485,734)</b>	<b>(482,121)</b>	<b>3,613</b>
<b>Pay - Bank/Agency</b>									
Medical Staff	(507)	(886)	(379)	(3,574)	(7,501)	(3,927)	(6,111)	(11,374)	(5,263)
Nursing & Midwifery	(857)	(1,895)	(1,038)	(6,011)	(14,045)	(8,035)	(10,272)	(23,097)	(12,825)
Scientific, Therapeutic & Technical staff	(460)	(629)	(168)	(3,451)	(4,512)	(1,062)	(5,753)	(6,684)	(931)
Healthcare assistants and other support staff	(151)	(511)	(360)	(1,123)	(4,182)	(3,060)	(1,878)	(6,405)	(4,527)
Directors and Senior Managers	1	(302)	(304)	(32)	(1,166)	(1,134)	(23)	(1,387)	(1,364)
Administration and Estates	(723)	(1,359)	(636)	(5,524)	(9,567)	(4,043)	(9,142)	(14,338)	(5,196)
<b>Sub-total - Pay Bank/Agency</b>	<b>(2,698)</b>	<b>(5,583)</b>	<b>(2,885)</b>	<b>(19,714)</b>	<b>(40,974)</b>	<b>(21,260)</b>	<b>(33,179)</b>	<b>(63,285)</b>	<b>(30,106)</b>
<b>Non Pay</b>									
Drugs	(9,160)	(9,819)	(659)	(62,421)	(63,254)	(833)	(106,516)	(108,505)	(1,989)
Supplies and Services - Clinical	(10,201)	(10,497)	(297)	(72,663)	(73,936)	(1,273)	(123,539)	(127,512)	(3,973)
Supplies and Services - General	(3,476)	(3,171)	305	(24,438)	(22,391)	2,047	(41,769)	(38,153)	3,616
Consultancy Services	(1,272)	(635)	637	(8,927)	(7,757)	1,170	(15,269)	(12,342)	2,927
Establishment	(633)	(504)	129	(4,479)	(4,480)	(1)	(7,637)	(8,296)	(659)
Transport	(942)	(1,080)	(137)	(6,619)	(7,146)	(527)	(11,317)	(12,212)	(895)
Premises	(3,026)	(3,372)	(346)	(21,304)	(22,690)	(1,386)	(36,390)	(41,535)	(5,145)
Other Non Pay	(4,844)	(2,292)	2,552	(23,733)	(14,182)	9,551	(47,584)	(23,615)	23,969
<b>Sub-total - Non Pay</b>	<b>(33,555)</b>	<b>(31,369)</b>	<b>2,185</b>	<b>(224,585)</b>	<b>(215,836)</b>	<b>8,749</b>	<b>(390,021)</b>	<b>(372,170)</b>	<b>17,851</b>
<b>TOTAL EXPENDITURE</b>	<b>(76,640)</b>	<b>(77,406)</b>	<b>(766)</b>	<b>(527,549)</b>	<b>(537,698)</b>	<b>(10,149)</b>	<b>(908,935)</b>	<b>(917,576)</b>	<b>(8,641)</b>
<b>Financing Costs</b>									
Interest Receivable	18	13	(5)	137	129	(8)	244	244	(0)
Receipt of Grants for Capital Acquisitions	0	0	(0)	0	34	34	0	34	34
Interest Payable	(0)	(68)	(68)	(417)	(511)	(94)	(810)	(810)	0
Other Gains & Losses	(0)	0	0	(0)	25	25	0	129	129
Impairment on Assets	0	0	0	(154,538)	(139,570)	14,968	(154,538)	(125,000)	29,538
Depreciation	(2,886)	(2,845)	41	(20,169)	(19,722)	447	(34,599)	(33,830)	769
Public Dividend Capital	(1,175)	(1,395)	(220)	(8,225)	(8,801)	(576)	(14,104)	(14,500)	(396)
<b>TOTAL - FINANCING COSTS</b>	<b>(4,043)</b>	<b>(4,295)</b>	<b>(252)</b>	<b>(183,212)</b>	<b>(168,416)</b>	<b>14,796</b>	<b>(203,807)</b>	<b>(173,733)</b>	<b>30,074</b>

**Pay:** Pay spend was £0.4m more than last month due to an increase in spend on in post medical staff and additional admin and senior management costs. Nursing costs have remained relatively flat.

**Non Pay:** Overall Non-Pay spend was £0.9m less than last month due to a reduction in R&D costs of £1.6m, matched to income, and an increase in clinical supplies of £0.4m.

**Finance costs:** The revaluation of Trust's property has resulted in asset impairment of £139.6m.

Expenditure	Risk: <b>R</b>
-------------	----------------

Variance: Favourable / (Adverse)

Month 7, October 2014

**PAGE 4 (a) - Clinical & Non Clinical Divisions**

		In Month			Year to Date (Cumulative)			Forecast Outturn		
		Plan £000s	Actual £000s	Variance £000s	Plan £000s	Actual £000s	Variance £000s	Plan £000s	Actual £000s	Variance £000s
<b>Clinical Divisions</b>	Income	4,139	4,728	589	28,376	28,794	418	49,112	49,344	232
	Pay	(37,227)	(38,209)	(982)	(260,259)	(269,843)	(9,583)	(446,101)	(461,996)	(15,895)
	Non Pay	(13,165)	(14,890)	(1,725)	(93,894)	(98,949)	(5,055)	(159,656)	(166,443)	(6,787)
<b>Clinical Divisions Total</b>		<b>(46,253)</b>	<b>(48,371)</b>	<b>(2,118)</b>	<b>(325,777)</b>	<b>(339,997)</b>	<b>(14,220)</b>	<b>(556,645)</b>	<b>(579,096)</b>	<b>(22,451)</b>
<b>Corporates</b>	Income	6,490	6,613	123	45,388	45,853	465	77,754	78,860	1,107
	Pay	(5,060)	(5,154)	(94)	(37,235)	(36,943)	292	(62,441)	(62,565)	(124)
	Non Pay	(6,234)	(6,214)	20	(44,425)	(47,234)	(2,808)	(76,624)	(80,810)	(4,185)
<b>Corporates Total</b>		<b>(4,804)</b>	<b>(4,756)</b>	<b>48</b>	<b>(36,273)</b>	<b>(38,324)</b>	<b>(2,051)</b>	<b>(61,312)</b>	<b>(64,514)</b>	<b>(3,202)</b>
<b>Income</b>	Income	65,245	67,384	2,139	441,371	441,560	188	751,046	746,154	(4,891)
	Pay	0	0	0	0	0	0	0	0	0
	Non Pay	(77)	(334)	(256)	(542)	(798)	(256)	(929)	(929)	0
<b>Income Total</b>		<b>65,167</b>	<b>67,050</b>	<b>1,883</b>	<b>440,829</b>	<b>440,761</b>	<b>(68)</b>	<b>750,117</b>	<b>745,225</b>	<b>(4,891)</b>
<b>Private Patients Directorate</b>	Income	3,177	2,714	(464)	19,690	19,375	(315)	35,406	33,859	(1,548)
	Pay	(908)	(913)	(5)	(6,357)	(6,262)	95	(10,898)	(11,027)	(129)
	Non Pay	(825)	(907)	(82)	(5,831)	(6,131)	(300)	(9,785)	(10,165)	(380)
<b>Private Patients Directorate Total</b>		<b>1,445</b>	<b>893</b>	<b>(551)</b>	<b>7,501</b>	<b>6,982</b>	<b>(519)</b>	<b>14,724</b>	<b>12,667</b>	<b>(2,056)</b>
<b>Research</b>	Income	4,538	2,413	(2,125)	31,768	26,627	(5,140)	54,459	51,441	(3,018)
	Pay	(1,024)	(700)	324	(7,166)	(4,993)	2,173	(12,285)	(10,435)	1,850
	Non Pay	(1,809)	(160)	1,649	(12,664)	(9,711)	2,954	(21,707)	(20,400)	1,308
<b>Research Total</b>		<b>1,706</b>	<b>1,553</b>	<b>(153)</b>	<b>11,937</b>	<b>11,923</b>	<b>(13)</b>	<b>20,467</b>	<b>20,606</b>	<b>140</b>
<b>Reserves, Financing Cost &amp; Other Contingencies</b>	Income	(210)	(811)	(602)	(5,720)	1,105	6,825	(5,799)	10,497	16,296
	Pay	1,309	(887)	(2,196)	9,278	(2,576)	(11,853)	14,908	2,692	(12,216)
	Non Pay	(11,105)	(8,723)	2,382	(64,850)	(50,964)	13,887	(117,246)	(89,325)	27,921
<b>Reserves, Financing Cost &amp; Other Contingencies Total</b>		<b>(10,006)</b>	<b>(10,421)</b>	<b>(415)</b>	<b>(61,293)</b>	<b>(52,435)</b>	<b>8,858</b>	<b>(108,137)</b>	<b>(76,136)</b>	<b>32,001</b>
<b>Hosted services</b>	Income	507	307	(200)	3,550	3,271	(278)	6,085	6,113	28
	Pay	(180)	(178)	2	(1,260)	(1,285)	(25)	(2,160)	(2,139)	21
	Non Pay	(334)	(130)	205	(2,340)	(2,003)	337	(4,012)	(4,034)	(22)
<b>Hosted Services Total</b>		<b>(7)</b>	<b>(1)</b>	<b>6</b>	<b>(51)</b>	<b>(18)</b>	<b>33</b>	<b>(87)</b>	<b>(60)</b>	<b>27</b>
<b>Earnings Before Interest, Tax, Depreciation &amp; Amortisation</b>		<b>7,247</b>	<b>5,949</b>	<b>(1,299)</b>	<b>36,874</b>	<b>28,896</b>	<b>(7,978)</b>	<b>59,127</b>	<b>58,693</b>	<b>(434)</b>

The Trust delivered a deficit against the EBITDA plan of £1.3m in month. The year to date (YTD) position is a deficit to plan of £8m. The movement in month and YTD position can be attributed to:

1. Actual achievement of CIP in month was an under delivery of £0.8m, year to date the programme has under delivered by £12.1m.
2. Divisions continue to overspend against plan as a consequence of non delivery of CIP and an escalation in pay costs. The in month divisional overspend was £2.1m bringing the YTD overspend to £14.2m. The current forecast position for Divisions is a year end overspend of £22.4m.
3. Corporate departments reported an in month breakeven position resulting in a YTD position of £2.1m. The forecast overspend is £3.2m.
4. Private Patients (PP) Directorate reported a £0.6m adverse variance in month bringing the YTD position to £0.5m adverse. The adverse forecast outturn for PP is overstated due to the recording of some PP income within the divisional position. As shown on the income analysis PP income is forecast to exceed plan by £3.7m

<b>Clinical &amp; Non Clinical Divisions</b>	<b>Risk:</b>	<b>R</b>
--	--------------	----------

**Variance: Favourable / (Adverse)**

**Month 7, October 2014**



**PAGE 4 (b) - Clinical Divisions**

		In Month			Year to Date (Cumulative)			Forecast Outturn		
		Plan £000s	Actual £000s	Variance £000s	Plan £000s	Actual £000s	Variance £000s	Plan £000s	Actual £000s	Variance £000s
<b>Division Of Medicine</b>	Income	928	1,085	157	6,608	6,823	216	11,302	12,036	734
	Pay	(10,715)	(11,317)	(602)	(74,881)	(80,316)	(5,435)	(128,691)	(137,155)	(8,465)
	Non Pay	(4,660)	(4,972)	(312)	(32,998)	(33,758)	(760)	(56,181)	(58,449)	(2,268)
<b>Division Of Medicine Total</b>		<b>(14,447)</b>	<b>(15,204)</b>	<b>(757)</b>	<b>(101,271)</b>	<b>(107,250)</b>	<b>(5,979)</b>	<b>(173,570)</b>	<b>(183,568)</b>	<b>(9,998)</b>
<b>Division Of Women And Children</b>	Income	582	741	159	4,042	3,638	(404)	6,953	6,572	(381)
	Pay	(5,664)	(5,857)	(193)	(39,736)	(41,193)	(1,458)	(67,390)	(70,916)	(3,526)
	Non Pay	(1,592)	(1,839)	(247)	(11,141)	(11,722)	(581)	(19,062)	(19,381)	(319)
<b>Division Of Women And Children Total</b>		<b>(6,674)</b>	<b>(6,955)</b>	<b>(281)</b>	<b>(46,835)</b>	<b>(49,277)</b>	<b>(2,443)</b>	<b>(79,500)</b>	<b>(83,726)</b>	<b>(4,226)</b>
<b>Investigative Sciences &amp; C S</b>	Income	2,254	2,348	94	15,137	15,517	379	26,397	26,246	(151)
	Pay	(8,818)	(8,714)	104	(61,539)	(61,565)	(25)	(105,763)	(105,500)	263
	Non Pay	(3,387)	(3,663)	(275)	(24,280)	(24,771)	(491)	(41,446)	(41,575)	(129)
<b>Investigative Sciences &amp; C S Total</b>		<b>(9,951)</b>	<b>(10,028)</b>	<b>(77)</b>	<b>(70,681)</b>	<b>(70,819)</b>	<b>(138)</b>	<b>(120,812)</b>	<b>(120,829)</b>	<b>(16)</b>
<b>Surgery, Cancer &amp; Cardiovasc Div</b>	Income	375	553	179	2,589	2,816	228	4,460	4,490	30
	Pay	(12,031)	(12,321)	(291)	(84,104)	(86,769)	(2,665)	(144,256)	(148,425)	(4,168)
	Non Pay	(3,526)	(4,417)	(891)	(25,474)	(28,698)	(3,223)	(42,967)	(47,038)	(4,071)
<b>Surg, Canc &amp; Cardiovasc Div Total</b>		<b>(15,182)</b>	<b>(16,185)</b>	<b>(1,003)</b>	<b>(106,989)</b>	<b>(112,650)</b>	<b>(5,660)</b>	<b>(182,763)</b>	<b>(190,973)</b>	<b>(8,210)</b>
<b>Earnings Before Interest, Tax, Depreciation &amp; Amortisation</b>		<b>(46,253)</b>	<b>(48,371)</b>	<b>(2,118)</b>	<b>(325,777)</b>	<b>(339,997)</b>	<b>(14,220)</b>	<b>(556,645)</b>	<b>(579,096)</b>	<b>(22,451)</b>

The Divisions report an in month overspend of £2.1m, bringing the YTD overspend to £14.2m. The Divisions are forecasting a year end overspend of £22.4m.

- 1) Medicine is overspent by £6m YTD, a deterioration of £800k in month against the plan. Overall this was an improvement in previous months and expenditure run rates have significantly improved since the first quarter. However levels of expenditure remain above 13/14 levels and above plan. In addition there continues to be significant under delivery of CIP.
- 2) Women's and Children's is overspent by £2.4m YTD including an in-month deterioration of £0.3m against the plan. In month expenditure maintained the trend of the last three months and was in-line with forecast, however levels of expenditure remain above 13/14 levels and above plan. The YTD position is driven by continued under delivery of CIP.
- 3) Investigative Sciences are overspent by £0.1m YTD, a deterioration in month of £0.1m. The in-month overspend reflects increased cost due to activity increases, especially in Theatres and Pathology.
- 4) Surgery and Cancer was overspent by £5.7m YTD which was a deterioration in month of £1.0m. In month expenditure predominantly on non-pay was above run rate for both Q1 and Q2. In the main this relates to clinical supplies of which some is related to increased RTT activity. The Division is implementing additional controls to ensure non-pay spend is managed to forecast. In addition the year to date position is driven by under delivery of CIP.

<b>Clinical Divisions</b>	<b>Risk:</b>	<b>R</b>
---------------------------	--------------	----------

**PAGE 4 (c)- Financial Performance - Non Clinical Divisions**

		In Month			Year to Date (Cumulative)			Forecast Outturn		
		Plan £000s	Actual £000s	Variance £000s	Plan £000s	Actual £000s	Variance £000s	Plan £000s	Actual £000s	Variance £000s
<b>Director Of Operations</b>	Income	176	372	197	1,229	2,491	1,262	2,106	3,471	1,365
	Pay	(668)	(869)	(201)	(4,972)	(5,103)	(131)	(8,314)	(8,936)	(622)
	Non Pay	(67)	(45)	22	(469)	(395)	74	(804)	(689)	116
<b>Director Of Operations Total</b>		<b>(560)</b>	<b>(542)</b>	<b>18</b>	<b>(4,213)</b>	<b>(3,007)</b>	<b>1,205</b>	<b>(7,011)</b>	<b>(6,153)</b>	<b>858</b>
<b>Estates Directorate</b>	Income	941	939	(2)	6,485	6,503	18	11,088	11,306	218
	Pay	(792)	(848)	(56)	(5,554)	(5,613)	(59)	(9,444)	(9,864)	(420)
	Non Pay	(5,134)	(5,446)	(312)	(35,215)	(36,230)	(1,015)	(61,325)	(61,879)	(554)
<b>Estates Directorate Total</b>		<b>(4,985)</b>	<b>(5,355)</b>	<b>(371)</b>	<b>(34,284)</b>	<b>(35,341)</b>	<b>(1,057)</b>	<b>(59,682)</b>	<b>(60,437)</b>	<b>(755)</b>
<b>Finance</b>	Income	13	(6)	(19)	114	179	66	179	398	219
	Pay	(850)	(833)	17	(6,235)	(5,732)	502	(9,905)	(9,040)	865
	Non Pay	(99)	(198)	(99)	(1,997)	(2,494)	(497)	(3,487)	(4,951)	(1,464)
<b>Finance Total</b>		<b>(937)</b>	<b>(1,038)</b>	<b>(101)</b>	<b>(8,119)</b>	<b>(8,047)</b>	<b>71</b>	<b>(13,214)</b>	<b>(13,594)</b>	<b>(380)</b>
<b>Human Resources</b>	Income	271	237	(34)	1,936	1,811	(124)	3,309	2,987	(322)
	Pay	(480)	(414)	66	(3,548)	(3,446)	102	(6,012)	(6,123)	(112)
	Non Pay	(150)	(123)	28	(1,147)	(1,151)	(4)	(1,939)	(1,776)	163
<b>Human Resources Total</b>		<b>(360)</b>	<b>(300)</b>	<b>60</b>	<b>(2,759)</b>	<b>(2,786)</b>	<b>(27)</b>	<b>(4,641)</b>	<b>(4,912)</b>	<b>(271)</b>
<b>Information &amp; Comms Technology</b>	Income	183	182	(2)	1,282	1,030	(253)	2,198	2,409	210
	Pay	(1,336)	(1,267)	70	(10,547)	(10,583)	(36)	(17,283)	(17,131)	152
	Non Pay	(451)	(137)	315	(3,987)	(5,279)	(1,292)	(6,279)	(8,424)	(2,144)
<b>Information &amp; Comms Technology Total</b>		<b>(1,605)</b>	<b>(1,222)</b>	<b>383</b>	<b>(13,251)</b>	<b>(14,832)</b>	<b>(1,581)</b>	<b>(21,364)</b>	<b>(23,146)</b>	<b>(1,782)</b>
<b>Medical Director</b>	Income	4,881	4,857	(24)	34,164	33,566	(598)	58,568	57,903	(665)
	Pay	(563)	(567)	(4)	(4,165)	(4,129)	36	(6,744)	(6,563)	181
	Non Pay	(287)	(221)	66	(1,296)	(1,326)	(30)	(2,016)	(2,306)	(290)
<b>Medical Director Total</b>		<b>4,030</b>	<b>4,069</b>	<b>39</b>	<b>28,704</b>	<b>28,111</b>	<b>(592)</b>	<b>49,808</b>	<b>49,034</b>	<b>(774)</b>
<b>Nursing directorate</b>	Income	25	27	2	174	179	4	299	293	(6)
	Pay	(278)	(268)	10	(1,651)	(1,787)	(136)	(2,797)	(3,076)	(280)
	Non Pay	(36)	(30)	5	(249)	(237)	12	(427)	(441)	(14)
<b>Nursing directorate Total</b>		<b>(289)</b>	<b>(272)</b>	<b>17</b>	<b>(1,725)</b>	<b>(1,845)</b>	<b>(120)</b>	<b>(2,925)</b>	<b>(3,225)</b>	<b>(300)</b>
<b>Press &amp; Communications</b>	Income	1	6	6	4	94	91	7	91	85
	Pay	(91)	(88)	3	(564)	(550)	14	(960)	(929)	31
	Non Pay	(9)	(14)	(5)	(65)	(121)	(56)	(112)	(320)	(208)
<b>Press &amp; Communications Total</b>		<b>(100)</b>	<b>(96)</b>	<b>4</b>	<b>(625)</b>	<b>(576)</b>	<b>49</b>	<b>(1,066)</b>	<b>(1,158)</b>	<b>(92)</b>
<b>Earnings Before Interest, Tax, Depreciation &amp; Amortisation</b>		<b>(4,804)</b>	<b>(4,756)</b>	<b>48</b>	<b>(36,273)</b>	<b>(38,324)</b>	<b>(2,051)</b>	<b>(60,094)</b>	<b>(63,590)</b>	<b>(3,496)</b>

The Corporate Directorates are reporting a year to date overspend against plan of £2m. This is predominantly related to the Cerner implementation programme and Estates expenditure in relation to the Care Quality Commission (CQC) inspection. Forecast expenditure is expected to reduce in these areas however forecast outturn for corporate directorates is a £3.5m overspend.

<b>Non Clinical Divisions</b>	<b>Risk: R</b>
-------------------------------	----------------

Variance: Favourable / (Adverse)

Month 7, October 2014

**PAGE 5 - Cost Improvement Programme**

Division / Corporate directorate	Responsible Director	In Month			Year to Date (Cumulative)			Forecast Outturn			
		Plan £000s	Actual £000s	Variance £000s	Plan £000s	Actual £000s	Variance £000s	Plan £000s	Actual £000s	Variance £000s	Variance %
Medicine	Steve McManus	681	676	(5)	4,700	2,069	(2,631)	8,332	4,763	(3,569)	-43%
Surgery	Steve McManus	811	592	(219)	4,676	2,893	(1,786)	8,733	7,717	(1,019)	-12%
WAC	Steve McManus	305	189	(116)	1,723	1,018	(706)	3,876	2,807	(1,068)	-28%
DISCs	Steve McManus	557	566	10	2,984	3,195	212	5,767	6,643	868	15%
Private Patients	Bill Shields	335	371	36	2,347	2,390	44	4,023	4,419	396	10%
Corporate Governance	Janice Sigsworth	0	0	0	0	0	0	0	0	0	133%
Director of Operations	Steve McManus	57	0	(57)	481	0	(482)	764	(1,191)	(1,958)	-256%
Estates Directorate	Ian Garlington	423	76	(347)	1,832	571	(1,261)	3,887	3,270	(617)	-16%
Finance Directorate	Bill Shields	120	58	(62)	812	612	(200)	1,414	1,252	(161)	-11%
Human Resources	Jayne Mee	62	58	(5)	433	398	(36)	746	715	(31)	-4%
ICT	Kevin Jarold	95	33	(63)	621	248	(373)	1,182	853	(329)	-28%
Medical Director	Chris Harrison	27	23	(4)	188	151	(37)	322	285	(37)	-11%
Nursing Directorate	Janice Sigsworth	6	20	14	40	31	(10)	71	63	(7)	-10%
Press & Communications	Michelle Dixon	10	7	(3)	67	51	(17)	117	103	(14)	-12%
Central schemes (inc internal phasing adjustment & mitigations)		843	843	0	4,771	0	(4,771)	10,115	12,864	2,749	27%
<b>Total</b>		<b>4,333</b>	<b>3,512</b>	<b>(821)</b>	<b>25,677</b>	<b>13,627</b>	<b>(12,054)</b>	<b>49,347</b>	<b>44,564</b>	<b>(4,798)</b>	<b>-10%</b>

CIP delivery in month 7 was £1m higher than the previous month driven by improvements in the Medicine position. Delivery against plan in month was the highest we have seen this financial year at 81% of plan, this improved delivery has taken YTD delivery to 53%. This increased the YTD shortfall on CIPs to £12.1m. Some slippage on future schemes has also been forecast in month resulting in a further deterioration in the forecast delivery. CIPs are now forecast to be £4.8m behind plan at year end. To achieve the forecast position of £44.6m, CIP delivery must be maintained at the rate reported in month 7.

Significant under performance is forecast in three of the clinical divisions and a number of non-clinical areas. In year these are partly mitigated non-recurrently by central schemes but need to be addressed on a recurrent basis in 2015/16. This will increase the CIP requirement in 2015/16 if the Trust is to remain in financial balance.

<b>Cost Improvement Programme (CIP)</b>	<b>Risk:</b>	<b>R</b>
---	--------------	----------

**PAGE 6 - STATEMENT OF FINANCIAL POSITION**

		Opening Balance 1st April 2014 £000s	Plan as at October £000s	Actual Previous Month Balance £000s	Actual Current Month Balance £000s	Actual In Year Movement £000s	Variance to Plan as at October £000s	Actual Monthly Movement £000s
<b>Non Current Assets</b>	Property, Plant & Equipment	595,639	401,676	413,258	412,455	(183,184)	10,779	(803)
	Intangible Assets	1,413	1,798	1,345	1,793	380	(5)	448
<b>Current Assets</b>	Inventories (Stock)	14,214	15,006	14,563	14,639	425	(367)	76
	Trade & Other Receivables (Debtors)	96,256	87,039	112,435	116,656	20,400	29,617	4,221
	Cash	50,449	48,863	34,149	47,879	(2,570)	(984)	13,730
<b>Current Liabilities</b>	Trade & Other Payables (Creditors)	(128,280)	(123,806)	(127,689)	(142,747)	(14,467)	(18,941)	(15,058)
	Borrowings	(2,701)	(2,327)	(2,327)	(2,327)	374	0	0
	Provisions	(25,091)	(13,928)	(26,195)	(27,154)	(2,063)	(13,226)	(959)
<b>Non Current Liabilities</b>	Borrowings	(20,709)	(19,546)	(19,546)	(19,546)	1,163	0	0
	Provisions	(15,888)	(14,627)	(14,627)	(14,627)	1,261	0	0
	<b>TOTAL ASSETS EMPLOYED</b>	<b>565,302</b>	<b>380,148</b>	<b>385,366</b>	<b>387,021</b>	<b>(178,281)</b>	<b>6,873</b>	<b>1,655</b>

Ratio/Indicators	Risk Rating		
	Current Month	Previous Month	Change in month
Debtor Days	42	41	(1)
Trade Payable Days	55	49	(6)
Cash Liquidity Days	27	26	(1)

The increase in debtors for the month is predominantly due to:

- Increase in NHS debtor accruals of £7.4m. Key items are £3.2m re 18 week accrual , £0.8m R&D MFF, NWL Transitional Fund of £0.7m and over performance of £0.7m
- Decrease in NHS debtors of £2.8 m predominantly due to the receipt of payment from NHS England for 2013/14 Q4 over performance and the reversal of the M6 agreement of balance exercise accounting adjustment of £1.6m relating to credit balances on the sales ledger
- Decrease in non NHS debtors of £1.1m

The Increase in creditors for the month is predominantly due to:

- Increase in NHS deferred income of £9.5m due to the deferral of Q3 LDA and MDEC income of £9.4m
- Decrease in trade creditors of £4.7m
- Increase in NHS creditor accruals of £1.9m
- Increase in non NHS creditor accruals of £7.8m, predominantly due to an increase in the Lloyds pharmacy accrual of £2.8m, POP accrual of £2.1m and ISS of £2.1m
- Increase in non NHS deferred income of £1m due to BRC income received in month 7
- Increase in PDC accrual of £1.4m
- Decrease in Imperial College accrual of £2.3m

Statement of Financial Position (SOFP)

Risk:

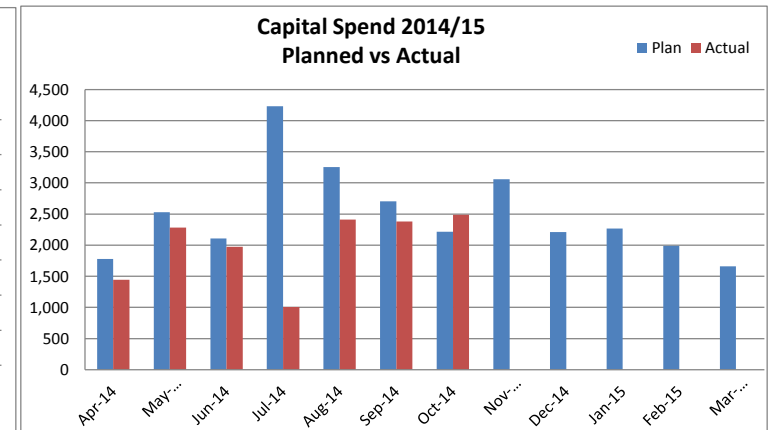
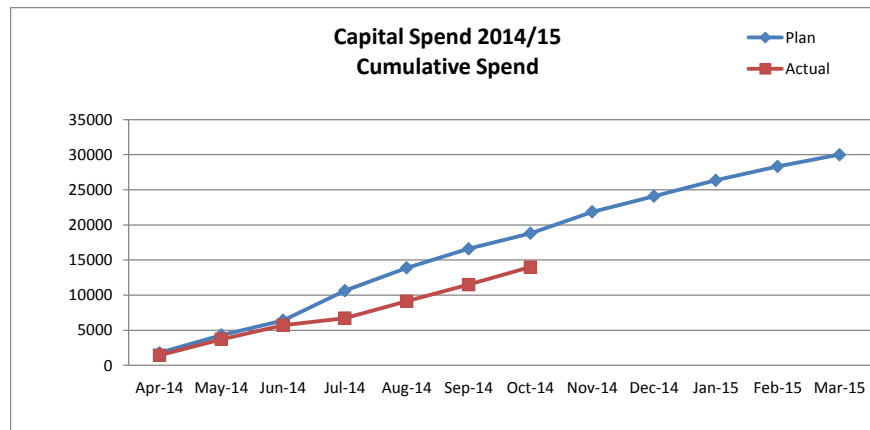
G

Variance: Favourable / (Adverse)

Month 7, October 2014

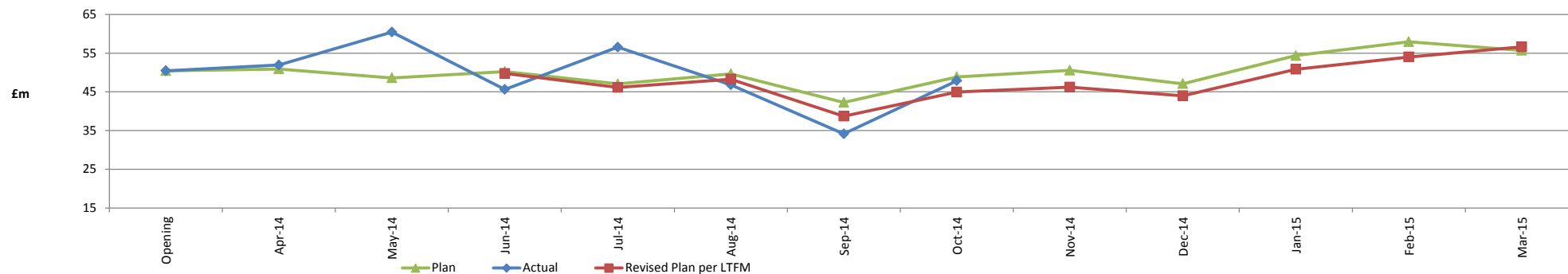
**PAGE 7 - CAPITAL EXPENDITURE**

By Scheme	In Month			Year To Date (Cumulative)			Forecast Outturn		
	Plan £000s	Actual £000s	Variance £000s	Plan £000s	Actual £000s	Variance £000s	Plan £000s	Actual £000s	Variance £000s
Endoscopy provision QEQM level 2 (SMH)	0	6	(6)	330	1,088	(758)	330	1,250	(920)
Site Redevelopment	100	96	4	1,730	1,408	322	2,192	2,700	(508)
Capital Maintenance (Backlog & Statutory) - CXH	230	(4)	234	1,380	406	974	2,520	3,000	(480)
Capital Maintenance (Backlog & Statutory) - HH	170	103	67	1,170	517	653	2,020	2,300	(280)
Capital Maintenance (Backlog & Statutory) - SMH	190	80	110	1,140	820	320	2,090	1,884	206
Imaging Review	0	972	(972)	1,250	1,274	(24)	2,650	2,500	150
Medical Equipment purchases	220	342	(122)	1,320	2,611	(1,291)	2,420	4,600	(2,180)
Theatre Refurbishment Programme	100	0	100	600	5	595	1,000	313	687
ICT investment programme	285	529	(244)	6,826	3,463	3,363	7,226	6,500	726
Minor Works (below £50k)	45	77	(32)	270	471	(201)	500	500	0
Improving the cancer inpatients experience (6 North and 6 South)	150	27	123	700	133	567	700	960	(260)
Private Patients Facility Improvements	0	(3)	3	250	142	108	250	150	100
Waste compound relocation (HH)	50	0	50	50	0	50	500	0	500
Development of Business Cases/Feasibility Studies	20	27	(7)	120	174	(54)	220	250	(30)
PICU St Mary's	320	53	267	960	94	866	2,583	680	1,903
Private Patients Refurbishment	300	0	300	478	0	478	878	0	878
Other site developments	0	157	(157)	0	784	(784)	0	2,285	(2,285)
Imaging Improvements (HH) - providing expanded Imaging in A-Block	38	0	38	240	12	228	1,921	400	1,521
C Block North (Building 114) refurbishment	0	6	(6)	0	34	(34)	0	1,250	(1,250)
New Linear Accelerators	0	2	(2)	0	212	(212)	0	485	(485)
Replacement Ct Scanners in QEQM SMH	0	20	(20)	0	171	(171)	0	1,650	(1,650)
Other Equipment	0	0	0	0	169	(169)	0	1,402	(1,402)
<b>Total Capital Expenditure</b>	<b>2,218</b>	<b>2,490</b>	<b>(272)</b>	<b>18,814</b>	<b>13,988</b>	<b>4,826</b>	<b>30,000</b>	<b>35,059</b>	<b>(5,059)</b>
Donations	0			0	(34)	34	0	(34)	34
Disposals	0			0	(25)	25	0	(3,025)	3,025
<b>Total Charge against Capital Resource Limit</b>	<b>2,218</b>	<b>2,490</b>	<b>(272)</b>	<b>18,814</b>	<b>13,929</b>	<b>4,885</b>	<b>30,000</b>	<b>32,000</b>	<b>(2,000)</b>
<b>Capital Resource Limit</b>							<b>(30,000)</b>	<b>(32,000)</b>	<b>2,000</b>
<b>Over/(Under)spend against CRL</b>							<b>0</b>	<b>0</b>	<b>0</b>



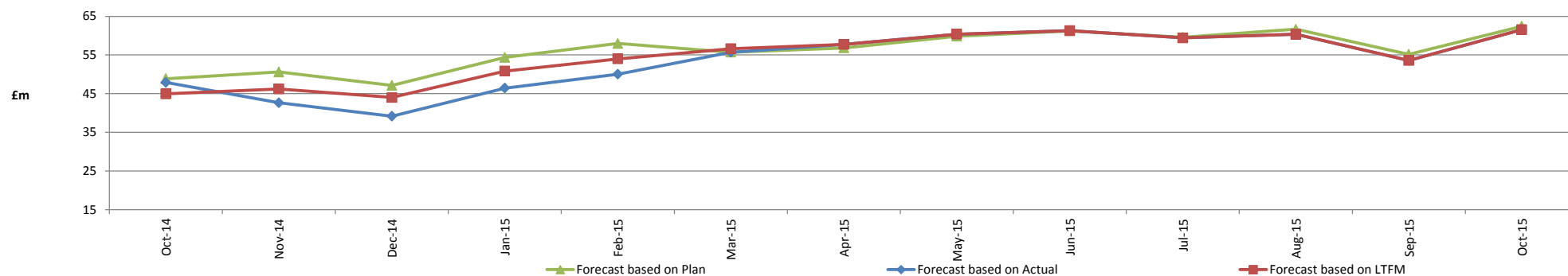
Expenditure in month has been in line with expectations although cumulative actual expenditure remains behind plan for the year to date. We are anticipating a reduction in the variance to plan next month as expenditure increases following final agreement of adjustments to the capital programme

2014/15 monthly forecast versus actual month end cash balances



	Opening	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
<b>Plan</b>	50,449	50,914	48,591	50,245	47,044	49,636	42,286	48,863	50,577	47,091	54,358	57,958	55,701
<b>Actual</b>	50,449	51,917	60,421	45,631	56,521	46,802	34,149	47,879					
<b>Revised Plan per LTFM</b>				49,739	46,109	48,273	38,717	44,943	46,199	43,992	50,825	53,993	56,605

Twelve month rolling cash flow forecast for the period ending 31 October 2015



	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15
<b>Forecast based on Plan</b>	48,863	50,577	47,091	54,358	57,958	55,701	56,834	59,859	61,224	59,589	61,646	55,157	62,422
<b>Forecast based on Actual</b>	47,879	42,629	39,143	46,410	50,010	55,701	57,708	60,367	61,300	59,412	60,336	53,568	61,531
<b>Forecast based on LTFM</b>	44,943	46,199	43,992	50,825	53,993	56,605	57,708	60,367	61,300	59,412	60,336	53,568	61,531

The cash balance at 31st October 2014 was just under £1m below plan. The variance was made up of a short fall of income of £12m and payments under plan of £11m. The short fall of income is largely due to the Project Diamond monies included in the plan but not yet invoiced, totalling £10.0m. Discussions continue to be ongoing at Director level regarding the receipt of this income. £4.8m of the decrease in payments is due to slippage on the capital programme. The balance is due in part to the outsourcing of the Accounts Payable function to ELFS at the beginning of October resulting in delays to payments as the new systems and processes bed in.

At the end of October the balance of cash invested in the National Loan Fund scheme totalled £47.3m. This amount was invested for 7 days at an average rate of 0.4%. Total accumulated interest receivable at 31 October was £129k.

Cash

Risk: G

Variance: Favourable / (Adverse)

Month 7, October 2014

**PAGE 9 - DEBTORS AND CREDITORS**

**Aged Debtor Analysis (£'000)**

Category	0 to 30 Days	31 to 60 days	61 to 90 days	91 days to 6 months	6 to 12 months	Over 1 Year	Grand Total	Previous Month Total
NHS	53,990	6,373	1,990	5,832	14,778	2,081	85,044	76,195
Non-NHS	6,169	859	2,815	2,499	3,384	828	16,554	22,076
Overseas	443	263	215	563	700	1,851	4,035	3,800
Private Patient	2,882	1,011	608	2,564	1,603	439	9,107	9,631
<b>Total</b>	<b>63,484</b>	<b>8,506</b>	<b>5,628</b>	<b>11,458</b>	<b>20,465</b>	<b>5,199</b>	<b>114,740</b>	<b>111,702</b>
<b>% of Total Debt</b>	<b>55.3%</b>	<b>7.4%</b>	<b>4.9%</b>	<b>10.0%</b>	<b>17.8%</b>	<b>4.5%</b>	<b>100.0%</b>	<b>100.0%</b>
<b>Memo - Salary Overpayments</b>	<b>82</b>	<b>65</b>	<b>9</b>	<b>109</b>	<b>32</b>	<b>317</b>	<b>614</b>	<b>503</b>

**Aged Creditor Analysis (£'000)**

Category	0 to 30 Days	31 to 60 days	61 to 90 days	91 days to 6 months	6 to 12 months	Over 1 Year	Grand Total	Previous Month Total
NHS	21,561	1,838	864	1,233	1,491	129	27,116	32,808
Non NHS	4,414	754	190	1,451	1,565	256	8,630	7,744
<b>Total</b>	<b>25,975</b>	<b>2,592</b>	<b>1,054</b>	<b>2,684</b>	<b>3,056</b>	<b>385</b>	<b>35,746</b>	<b>40,552</b>
<b>% of Total Creditors</b>	<b>72.7%</b>	<b>7.3%</b>	<b>2.9%</b>	<b>7.5%</b>	<b>8.5%</b>	<b>1.1%</b>	<b>100.0%</b>	<b>100.0%</b>

**Aged Debtor Analysis**

The aged debtor analysis above includes all sales ledgers, excluding salary overpayments (shown as a memo item), private patients, accruals and work in progress. This is for consistency with the figures reported to the TDA for trade receivables. For month 6 Agreement of Balances purposes, it was necessary to make an accounting adjustment, transferring £1.6m of credit balances on the sales ledger from NHS debtors to NHS creditors and this is reflected in the previous month's figures.

The top 2 debtors based on sales ledger only are:

NHS England	£8.8m of which £5.7m is overdue
NHS Hammersmith and Fulham CCG	£4.6m of which £4.0m is overdue

**Aged Creditor Analysis**

The aged creditor analysis includes the accounts payable ledger, invoice register accruals and other accruals. This is consistent with the figures reported to the TDA for trade payables.

The Trust's largest overdue creditor, based on accounts payable ledger and invoice register only, is Imperial College with £2.1m (total outstanding balance £5.3m). Work with Imperial College is ongoing, with both parties continuing to resolve outstanding queries and disputes to enable invoices to be processed for payment.

**Debtors and Creditors**

**Risk: A**

Continuity of Services Risk Rating

Metric	Weighting	Metric Description	April	May	June	July	August	Sept	Oct
Liquidity Ratio	50%	Liquidity ratio (days)	3	3	3	3	3	3	3
Capital Servicing Capacity	50%	Capital Servicing Capacity (times)	2	3	4	4	4	4	4
<b>Overall Continuity of Service Risk Rating</b>			<b>3</b>	<b>3</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>4</b>

Monitor's continuity service risk rating was green due the Trust's current strong cash position.

Continuity of Services Risk Ratings (CoSRR)

Risk: **G**



**PAGE 11 - SLA Activity & Income by POD (Estimate for October 2014)**

Point of Delivery	Year to Date (Activity)			Year to Date (Income)			Forecast		
	Plan	Actual	Variance	Plan £000s	Actual £000s	Variance £000s	Plan £000s	Forecast £000s	Variance £000s
<b>Admitted Patient Care</b>									
- Day Cases	41,529	34,204	(7,325)	34,623	29,483	(5,140)	58,864	55,224	(3,640)
- Regular Day Attenders	2,335	2,554	219	4,235	3,848	(387)	2,971	6,467	3,496
- Elective	11,712	12,018	306	40,087	37,825	(2,262)	68,551	69,247	696
- Non Elective	48,549	53,556	5,007	94,107	99,732	5,625	160,186	162,461	2,275
Accident & Emergency	98,280	94,051	(4,229)	11,625	10,942	(683)	19,699	19,443	(256)
Adult Critical Care	23,419	79,247	55,828	27,736	31,976	4,240	47,359	47,416	57
Renal Dialysis	148,704	141,121	(7,583)	22,203	21,088	(1,115)	37,864	36,774	(1,090)
Outpatients - New	162,282	150,692	(11,590)	27,174	23,552	(3,622)	53,758	40,923	(12,835)
Outpatients - Follow-up	294,125	273,548	(20,577)	40,686	36,493	(4,193)	68,004	66,282	(1,722)
Ward Attenders	3,043	3,244	201	500	543	43	854	1,050	196
PbR Exclusions	940,606	803,805	(136,801)	53,678	57,828	4,150	91,512	96,715	5,203
Direct Access	1,324,442	1,289,029	(35,413)	9,434	9,301	(133)	16,088	16,053	(35)
CQUIN			0	8,599	8,490	(109)	14,516	8,771	(5,745)
Others	1,279,017	1,289,466	10,449	48,373	58,060	9,687	82,536	100,067	17,531
National Rules			0	(6,291)	(6,529)	(238)	(10,728)	(11,116)	(388)
Contractual Rules			0	(2,994)	(1,703)	1,291	(4,207)	(6,013)	(1,806)
Transformation Fund			0	4,953	4,953	0	8,446	8,446	0
TDA Over performance				6,056		(6,056)	10,485		(86)
NWL Balance to Agreed Baseline			0	1,653	766	(887)	0	2,789	2,789
<b>SLA Income</b>	<b>4,378,043</b>	<b>4,226,535</b>	<b>(151,508)</b>	<b>426,437</b>	<b>426,648</b>	<b>211</b>	<b>726,758</b>	<b>720,999</b>	<b>(5,759)</b>
Less Non English Organisations	0	0	0	(1,538)	(1,678)	(140)	(3,554)	(3,307)	247
Less Foundation Trust Income	0	0	0	(2,145)	(1,949)	196	(3,657)	(2,953)	704
Less Local Authority	0	0	0	(6,026)	(5,818)	208	(10,275)	(10,092)	183
Others	0	0	0	50	50	0	(297)	2,130	2,427
<b>TOTAL</b>	<b>4,378,043</b>	<b>4,226,535</b>	<b>(151,508)</b>	<b>416,778</b>	<b>417,253</b>	<b>475</b>	<b>708,975</b>	<b>706,777</b>	<b>(2,198)</b>

Income by Sector	Year to Date (Income)			Forecast		
	Plan £000s	Actual £000s	Variance £000s	Plan £000s	Forecast £000s	Variance £000s
North West - London	199,228	204,528	5,300	338,018	342,159	4,141
London - Others	24,640	24,373	(267)	40,740	43,634	2,894
Non London	10,906	10,882	(24)	19,718	18,010	(1,708)
NHS England	170,415	172,316	1,901	290,998	294,208	3,210
Non Contracted Activities	4,978	4,599	(379)	8,642	7,820	(822)
Out of Area Treatment	555	555	0	946	946	0
TDA Over performance	6,056		(6,056)	9,913	0	(9,913)
<b>TOTAL</b>	<b>416,778</b>	<b>417,253</b>	<b>475</b>	<b>708,975</b>	<b>706,777</b>	<b>(2,198)</b>

The report is an analysis of NHS SLA Income from clinical activities.

Year to Date position is a favourable variance against plan of £0.5m. The main reasons are :-

- Decrease in Day case activities of (£5.1m) with the key under performing service lines being Obstetrics (£1.1m), Reproductive Medicine (£1.0m), Clinical Haematology (£0.8), Gastroenterology (£0.8m), Nephrology (£0.7m) and Urology (£0.5m).
- Elective activity was below plan by (£2.2m). The key under performing service lines were Cardiac Surgery (£0.8m), General Surgery (£0.8m) and Adult BMT (£0.6m).
- Non Elective work was above plan by £5.6m with the key over performance on Stroke Medicine £2.5m, Midwifery Episodes £1.9m, General Medicine £1.8m, Thoracic Medicine £1.6m, Gastroenterology £1.0m but A&E underperformed (£3.0m).
- Outpatient first appointments were below plan by (£3.6m). The main under performing service line is the Diagnostic Imaging.
- Outpatient follow up appointments have decreased against plan by (£4.2m) which includes OP procedures. The main variances were in Cardiology (£1.0m), Renal Services (£0.7m), AMD (£0.6m), Audiology Medicine (£0.5m), Anaesthetics (£0.4m), Thoracic Medicine (£0.3m), Reproductive Medicine (£0.2) and T&O (£0.2m).
- Full delivery of CQUIN, Local Performance Incentive £4.9m and additional waiting list activity monies £5.3m, has been assu med to date.

Statement of Comprehensive Income (SOI)

Risk: **A**

Variance: Favourable / (Adverse)

Month 7, October 2014

## Trust Board Public

<b>Agenda Item</b>	3.1
<b>Title</b>	Proposal for a public and patient engagement programme
<b>Report for</b>	Decision
<b>Report Author</b>	Michelle Dixon, Director of Communications
<b>Responsible Executive Director</b>	Michelle Dixon, Director of Communications
<b>Freedom of Information Status</b>	Report can be made public

### Executive summary:

This paper sets out a proposal for an external engagement programme to raise awareness and understanding of why and how we are planning changes to the way we provide care and to begin a more structured, two-way discussion with our patients and communities to better understand their needs, concerns and priorities for future health care. It supports the further development and implementation of our clinical strategy, agreed by the Trust Board in July, and responds to feedback from a range of external audiences and stakeholders. The paper also proposes additional engagement activities to follow, including to support patient and public input to our estates redevelopment plans, the development of an overarching communications strategy for the Trust and the development of ongoing public and patient engagement mechanisms. The Trust Board is asked to approve the programme for roll out from late January 2015.

### Recommendation(s) to the Board:

To feedback on, and approve, the proposed engagement programme.

### Trust strategic objectives supported by this paper:

- To achieve excellent patient experience and outcomes, delivered efficiently and with compassion.
- To educate and engage skilled and diverse people committed to continual learning and improvement.
- As an Academic Health Science Centre, to generate world leading research that is translated rapidly into exceptional clinical care.
- To pioneer integrated models of care with our partners to improve the health of the communities we serve.

---

## Background - drivers and requirements

Our eight local clinical commissioning groups have led a wide range of public engagement activities over the past three years or so to inform the *Shaping a healthier future* programme. The main, formal public consultation was completed in October 2012, followed by referral to the Secretary of State for Health who requested advice from the Independent Reconfiguration Panel. The final decision, to proceed as planned (apart from the closure of accident and emergency services at Charing Cross and Ealing hospitals), was made by the Secretary of State for Health in October 2013.

In July 2014, the Trust published its own clinical strategy setting out how our services should develop in the context of *Shaping a healthier future* together with a summary of a proposed major redevelopment of our estate to support implementation of the clinical strategy. An outline business case was also submitted, initially to the CCGs, to begin the process of securing capital funding for the estate redevelopment.

The Trust supported the CCGs' public engagement activities for the *Shaping a healthier future* programme. We also undertook a formal public consultation on our proposal to become a foundation trust in 2013/14 and we involved a large proportion of staff in the development of the clinical strategy. However, feedback from our various audiences and stakeholders indicates that we have not engaged patients, the public and other stakeholders enough on how our care is evolving in order to meet new needs and how we propose to develop services further in the future.

While there increasingly appears to be a recognition of the challenges facing future health care amongst our audiences, many do not feel that we are sufficiently open about how we are developing our plans to meet these challenges or responsive enough to concerns and views. This will make it harder for us to secure their trust and engagement which will be critical to achieving effective and sustainable change.

Specifically, we have not explained clearly enough what the clinical developments will mean in practical terms for our patients and local people, nor indicated the main waypoints for putting our clinical strategy in place. More generally, we need to do more to articulate a clear, overarching vision for the Trust that resonates with all our audiences – one that places our hospitals, and increasingly our community-based services, within a single organisation where the whole is more than the sum of the parts and where care, research and education are working synergistically for the benefit of our patients and local communities.

Without a proactive engagement approach, the focus has tended to be on the more tangible plans for the major redevelopment of our estate. While patient and public input to shaping our new facilities will be essential, we are not yet at that stage. The proposals for Charing Cross Hospital, in particular, require more input from clinical planning before building design can be progressed in detail, up to 12 months from now.

This paper sets out a proposal for an engagement programme focused on raising awareness and understanding of why and how our clinicians are working to improve care and, importantly, to begin a more structured, two-way discussion with our patients and communities to better understand their needs, concerns and priorities for future health care. It also proposes that we work up additional Trust engagement activities to follow, more directly linked to an overarching communications strategy.

## Our proposed engagement approach

***Workstream 1 – a public conversation about how our care is changing (January – September 2015)***

We are developing a set of materials (including infographics and presentations) to help visualise how our clinicians think care needs to change over the next five to ten years, based on the three models of care that form the framework of our clinical strategy:

- integrated care
- systematised care
- personalised medicine.

To make this meaningful, we are looking at what the changes will mean in practice for individuals who need care within five broad service areas as examples:

- maternity/post natal
- children with long term conditions (using diabetes as an example)
- frail, elderly
- cancer
- planned surgery (using hip replacement as an example).

For each, we will:

- Set out what care options or 'pathways' will look like across the whole 'system' - from health promotion, disease prevention or investigating symptoms through to treatment, follow up or ongoing management. Where relevant, we will also show how urgent and emergency care will be accessed.
- Demonstrate the common 'building blocks' of the new models of care (for example, one-stop diagnostic clinics, community-based integrated care hubs, e-consultations, genomics, care navigators, advanced day-case surgery).
- Summarise key evidence for the value of the approach.
- Demonstrate examples of where some of these approaches are already in place and proving to be effective – within the Trust and elsewhere in the UK or internationally.
- Share the likely timescales as they evolve for achieving the changes, at scale, and what will need to be in place to make them fully effective, including changes to our estate, transport and information technology.

These service areas were selected to cover a range of population groups and different types of health care needs, and includes areas where there are some of the biggest changes in need. The specific pathways will illustrate a number of elements that we expect to be common across a range of pathways and so we intend for them to help explain how services are changing more generally as well as within that specific population/need group. Depending on feedback from our key audiences, we will look to develop and roll out pathways for other population groups and needs.

A senior Trust clinician from the relevant specialty is shaping the material for each of the five service areas, drawing on the views of external stakeholders they are working with, including local GPs, social services colleagues and patients. This aspect of the engagement work is also being closely co-ordinated with the work of the clinical transformation programme.

The materials are intended to form the basis of engagement with patients, local communities, GPs and other stakeholders through a range of activities to be rolled out from late January onwards. This would include an outreach programme, working in co-ordination with CCGs and HealthWatch to ask existing local groups - of residents, patients and others – to allow us to run sessions with them, led by clinicians. We would also aim to raise awareness and understanding, and to seek feedback, through our website, social media and traditional media

This engagement would inform the further development and implementation of our clinical strategy, with a summary of the main feedback themes and our response to be published at the half-way point and at the conclusion of this phase of work.

There have been calls recently for further formal public consultations on service reconfigurations arising as part of the *Shaping a healthier future* programme, including from the Save our Hospitals

campaign and from the new leadership at the London Borough of Hammersmith and Fulham. Given the extensive public consultation for *Shaping a healthier future*, it is not yet clear where we might be required to consult formally on specific service changes and so we would like to use the engagement programme to help understand how and when further formal consultation would usefully supplement ongoing engagement.

### ***Workstream 2 – patient and public input to our estates redevelopment (from January 2015)***

The engagement on our clinical services should merge into further detailed engagement and consultation about proposals for our buildings and facilities as and when we reach the relevant stage in our design and planning development timetable. The planning complexities of the St Mary's Hospital site may require an early 2015 commencement of engagement specifically around the scale of any new development. Other plans will need to await further clarity on the outcome of our outline business case.

### ***Workstream 3 – an overarching communications strategy for the Trust (from April 2015)***

We are developing proposals for a work programme for 2015/16 to help us understand what matters most to our audiences and stakeholders about the care we provide and how we provide it, and in particular, how best to articulate what we do and what we stand for as an organisation. Again, feedback from our audiences suggests that they would like more clarity on our 'offer', especially about what our status as an academic health science centre means for them.

This work will build on a number of projects already underway to be more proactive in our communications and engagement, to have clearer messages, and to improve our communications and engagement channels. This includes the development of a single Trust website, with phase 1 of the new website to be delivered in summer 2015; development of a social media strategy; development of a GP engagement strategy; a refresh of our internal communications channels; and recent proactive communications initiatives such as promoting our winter plan with a commitment to publish regular updates on our performance and any additional actions.

### ***Workstream 4 – developing ongoing public and patient engagement mechanisms (from April 2015)***

Linked to all of the other workstreams, we are exploring how we can best develop public and patient engagement mechanisms for ongoing input to and feedback on Trust plans, proposals and materials. We will consider this particularly in light of the developing membership base as we proceed with our application to become a foundation trust and in co-ordination with the work of the patient experience team in the nursing directorate, drawing on best practice and advice from organisations with relevant local engagement expertise. We also need to have a more systematic approach to identifying and highlighting proposals for smaller service changes as they evolve so that we can determine, with our stakeholders, the best approach to wider engagement and appropriate consultation.

## **Resources**

We are able to manage delivery of workstream 1 within existing communications and clinical staff resources for the remainder of 2014/15, and will include staff and non-pay budget considerations for all of the workstreams from April 2015 onwards as part of the 2014/15 planning and budgeting process.

## Trust Board Public

<b>Agenda Item</b>	3.2
<b>Title</b>	NHS Trust Development Authority Self-Certifications
<b>Report for</b>	Approval
<b>Report Author</b>	Anna Bokobza, Head of Planning and Business Development
<b>Responsible Executive Director</b>	Bill Shields, Chief Financial Officer
<b>Freedom of Information Status</b>	Report can be made public

### Executive Summary:

As part of the on-going oversight by the NHS Trust Development Authority (TDA) and in preparation for the Trust's application for Foundation Status, the Trust is required to submit two self-certified declarations on a monthly basis.

The Board is asked to retrospectively approve the August 2014 and September 2014 submissions. No changes have been made.

### Recommendation to the Board:

The Board is asked to retrospectively approve the Trust Development Agency self-certifications.

**NHS TRUST DEVELOPMENT AUTHORITY****OVERSIGHT: Monthly self-certification requirements - Board Statements****Monthly Data: August 2014, Submitted 30/09/2014**

## CLINICAL QUALITY

## FINANCE

## GOVERNANCE

The NHS TDA's role is to ensure, on behalf of the Secretary of State, that aspirant FTs are ready to proceed for assessment by Monitor. As such, the processes outlined here replace those previously undertaken by both SHAs and the Department of Health.

In line with the recommendations of the Mid Staffordshire Public Inquiry, the achievement of FT status will only be possible for NHS Trusts that are delivering the key fundamentals of clinical quality, good patient experience, and national and local standards and targets, within the available financial envelope

For CLINICAL QUALITY, that:	Executive lead
<p>Q1. <i>The Board is satisfied that, to the best of its knowledge and using its own processes and having had regard to the TDA's oversight model (supported by Care Quality Commission information, its own information on serious incidents, patterns of complaints, and including any further metrics it chooses to adopt), the trust has, and will keep in place, effective arrangements for the purpose of monitoring and continually improving the quality of healthcare provided to its patients.</i></p> <p><b>ICHT Response: Yes</b> <b>Explanation: Governance arrangements in place to assure quality of care with clear accountability and reporting.</b></p>	Chris Harrison, Medical Director
<p>Q2. <i>The Board is satisfied that plans in place are sufficient to ensure ongoing compliance with the Care Quality Commission's registration requirements.</i></p> <p><b>ICHT Response: Yes</b> <b>Explanation: Robust process and governance arrangements in place and are part of the preparation and project management of the upcoming Chief Inspector of Hospitals visit, scheduled in early September).</b></p>	Janice Sigsworth, Director of Nursing
<p>Q3. <i>The Board is satisfied that processes and procedures are in place to ensure all medical practitioners providing care on behalf of the trust have met the relevant registration and revalidation requirements.</i></p> <p><b>ICHT Response: Yes</b> <b>Explanation: Responsible officer in place with governance arrangements to provide assurance.</b></p>	Chris Harrison, Medical director
For Finance, that:	
<p>Q4. <i>The Board is satisfied that the trust shall at all times remain a going concern, as defined by the most up to date accounting standards in force from time to time.</i></p> <p><b>ICHT Response: Yes</b> <b>Explanation: The Trust remains a going concern as defined by the most up to date accounting standards.</b> <b>The Board considers annually the Going Concern of the Trust as per IAS 1. The accounts for 2013/14 were prepared on a 'Going Concern' basis with a paper reviewed by the May Trust Board that supported this conclusion.</b></p>	Bill Shields Chief Financial Officer
For GOVERNANCE, that:	
<p>Q5. <i>The Board will ensure that the trust remains at all times compliant with the</i></p>	Cheryl Plumridge, Director of

<p><i>NTDA accountability framework and shows regard to the NHS Constitution at all times.</i></p> <p><b>ICHT Response: Yes</b></p> <p><b>Explanation: A review of the NTDA Accountability Framework and the NHS Constitution was undertaken in February this year by Governance/FT Team. In respect of NTDA Accountability Framework, this document sets out how the TDA will work with the Trust on a day to day basis and how it will measure etc. As an aspirant FT, we have regular involvement and meetings with TDA. The review looked at the themes and approval model and concluded the Trust was on track which was in part supported by the work undertaken for the QGF and BGAF. In respect of the NHS Constitution this consists of 7 principles, 6 values and a number of identified rights for public and patients. We reviewed each element and confirmed that appropriate processes or procedures were in place to enable the Trust to confirm that it complies with the NHS Constitution.</b></p>	Governance and Assurance.
<p>Q6. <i>All current key risks to compliance with the NTDA's Accountability Framework have been identified (raised either internally or by external audit and assessment bodies) and addressed – or there are appropriate action plans in place to address the issues in a timely manner.</i></p> <p><b>ICHT Response: Yes</b></p> <p>The Trust has a Risk Management Strategy and a Corporate Risk Register (CRR). The CRR identifies the key risks to the organisation.</p> <p><b>Explanation: The Trust has a Risk Management Framework in place and risks identified as part of the FT process have been identified and documented with appropriate actions in place to deliver.</b></p>	Cheryl Plumridge, Director of Governance and Assurance.
<p>Q7. <i>The Board has considered all likely future risks to compliance with the NTDA Accountability Framework and has reviewed appropriate evidence regarding the level of severity, likelihood of a breach occurring and the plans for mitigation of these risks to ensure continued compliance.</i></p> <p><b>ICHT Response: Yes</b></p> <p><b>Explanation: The Annual Governance Statement identifies significant issues for the coming year. The Trust has a Risk Management Framework in place and risks identified as part of the FT process have been identified and documented with appropriate actions in place to deliver. In addition the risk management framework includes a rigorous review of scoring and review of controls and mitigation.</b></p>	Cheryl Plumridge, Director of Governance and Assurance.
<p>Q8. <i>The necessary planning, performance management and corporate and clinical risk management processes and mitigation plans are in place to deliver the annual operating plan, including that all audit committee recommendations accepted by the board are implemented satisfactorily.</i></p> <p><b>ICHT Response: Yes</b></p> <p><b>Explanation: There are risk management processes in place and the management of strategic risks is currently undergoing review. Recommendations from the Audit, Risk &amp; Governance Committee are followed up on and the actions reported at each Audit, Risk &amp; Governance Committee.</b></p>	Cheryl Plumridge, Director of Governance and Assurance.
<p>Q9. <i>An Annual Governance Statement is in place, and the trust is compliant with the risk management and assurance framework requirements that support the Statement pursuant to the most up to date guidance from HM Treasury (<a href="http://www.hm-treasury.gov.uk">www.hm-treasury.gov.uk</a>)</i></p>	Cheryl Plumridge, Director of Governance and Assurance.



<p><b>ICHT Response: Yes</b>  <b>Explanation: The AGS has gone through a rigorous process, is overseen by the Audit Risk &amp; Governance Committee, and is tested and challenged by internal and external audit.</b></p>	
<p>Q10.  <i>The Board is satisfied that plans in place are sufficient to ensure on-going compliance with all existing targets as set out in the NTDA oversight model; and a commitment to comply with all known targets going forward.</i></p> <p><b>Meticillin resistant Staphylococcus aureus bloodstream infections (MRSA BSI):</b></p> <ul style="list-style-type: none"> <li>• There is a national expectation of zero MRSA blood stream infections;</li> <li>• To date 3 cases of MRSA BSI have been allocated to the Trust since April 2014;</li> <li>• There were no Trust associated cases confirmed during August 2014.</li> </ul> <p><b>Clostridium difficile infections:</b></p> <ul style="list-style-type: none"> <li>• The Department of Health's annual ceiling for the Trust is 65 cases for 2014/15; to date we have reported 41 cases associated with the Trust with 10 Trust associated cases reported to Public Health England (PHE) for August 2014.</li> <li>• 6 Trust associated cases were reported to Public Health England (PHE) in July 2014;</li> <li>• There were no outbreaks or cases that were epidemiologically linked</li> <li>• Year to date 32122 specimens were tested for C.difficile, with a total 596 specimens tested in August 2014</li> </ul> <p><b>Referral to treatment</b></p> <p>In August, the Trust continued to meet the Referral to Treatment (RTT) standard for patients treated on a non-admitted pathway (as an outpatient). Reported performance remained challenged for patients treated on an admitted pathway (as an inpatient) and for incomplete pathways (patients waiting for treatment). Since implementing a new Patient Administration System (PAS) in April, the Trust has been going through a period of stabilisation and familiarisation. It was expected that there would be a number of data quality issues that would need to be resolved following the switch over. One of the key problems is that the number of patients waiting on our system is showing as higher than the true number of patients. These issues are being managed during weekly meetings with divisional teams. However, there are still some challenges with both ensuring that staff record data correctly onto the system, and the volume of validation that needs to happen to ensure appropriate prospective monitoring of patients waiting for treatment.</p>	<p>Steve McManus,          Chief Operating Officer.</p>
<p>Q11.  <i>The Trust has achieved a minimum of Level 2 performance against the requirements of the Information Governance Toolkit.</i></p> <p><b>ICHT Response: Yes</b>  <b>Explanation: The Trust is compliant and re-submit the toolkit return on 31 March 2014.</b></p>	<p>Kevin Jarrold,          Chief Information Officer.</p>
<p>Q12.  <i>The Board will ensure that the trust will at all times operate effectively. This includes maintaining its register of interests, ensuring that there are no material conflicts of interest in the board of directors; and that all board positions are filled, or plans are in place to fill any vacancies.</i></p>	<p>Cheryl Plumridge,          Director of Governance and Assurance.</p>

<p><b>ICHT Response: Yes</b>  <b>Explanation: We update the register of interests continuously. It is taken to every public Trust Board for Board members. We refresh this by requesting a new return every other Board. Responsibility for making declarations for all staff is advertised periodically – the last one took place in March '14 via the Source which included information on the requirement and how to make a declaration. All Board positions are in place. Reviews have been undertaken on the governance structure and continue to be undertaken which in part consider the effectiveness of the governance structure.</b></p>	
<p>Q13.  <i>The Board is satisfied that all executive and non-executive directors have the appropriate qualifications, experience and skills to discharge their functions effectively, including setting strategy, monitoring and managing performance and risks, and ensuring management capacity and capability.</i>  <b>ICHT Response: Yes</b>  <b>Explanation: A Board development programme is being undertaken as part of the FT application process, which will further enhance the Trust Board's skills.</b></p>	<p>Jayne Mee,          Director of People and Organisational Development.</p>
<p>Q14.  <i>The Board is satisfied that: the management team has the capacity, capability and experience necessary to deliver the annual operating plan; and the management structure in place is adequate to deliver the annual operating plan.</i>  <b>ICHT Response: Yes</b>  <b>Explanation: A high calibre senior management team is in place with the capacity, capability and experience to deliver the annual operating plan. A development plan is also currently being rolled out for the Senior Management team to help optimise the performance of the senior team over the coming year.</b></p>	<p>Jayne Mee,          Director of People and Organisational Development.</p>

**NHS TRUST DEVELOPMENT AUTHORITY****OVERSIGHT: Monthly self-certification requirements - Compliance Monitor.****Monthly Data: August 2014 Submitted 30/09/2014**

1. Condition G4 – Fit and proper persons as Governors and Directors (also applicable to those performing equivalent or similar functions).
2. Condition G5 - Having regard to monitor guidance.
3. Condition G7 – Registration with the Care Quality Commission.
4. Condition G8 – Patient eligibility and selection criteria.
5. Condition P1 – Recording of information.
6. Condition P2 – Provision of information.
7. Condition P3 – Assurance report on submissions to Monitor.
8. Condition P4 – Compliance with the National Tariff.
9. Condition P5 – Constructive engagement concerning local tariff modifications.
10. Condition C1 – The right of patients to make choices.
11. Condition C2 – Competition oversight.
12. Condition IC1 – Provision of integrated care.

Further guidance can be found in Monitor's response to the statutory consultation on the new NHS provider licence:

[The new NHS Provider Licence](#)

**COMPLIANCE WITH MONITOR LICENCE REQUIREMENTS FOR NHS TRUSTS:**

Condition	Executive lead
<b>Q1. Condition G4</b> Fit and proper persons as Governors and Directors. (Also applicable to those performing equivalent or similar functions). <b>ICHT Response: Yes</b> <b>Explanation:</b> All Governors and Directors pass the fit and proper persons test.	Jayne Mee, Director of People and Organisational Development.
<b>Q2. Condition G5</b> Having regard to monitor guidance. <b>ICHT Response: Yes</b> <b>Explanation:</b>	Bill Shields, Chief Financial Officer
<b>Q3. Condition G7</b> Registration with the Care Quality Commission. <b>ICHT Response: Yes</b> <b>Explanation:</b>	Janice Sigsworth, Director of Nursing
<b>Q4. Condition G8</b> Patient eligibility and selection criteria. <b>ICHT Response: Yes</b> <b>Explanation:</b> This condition requires licensees to set and publish transparent patient eligibility and selection criteria and to apply these in a transparent manner. This includes criteria for determining patient eligibility for particular services, for accepting or rejecting referrals or determining the manner in which services are provided. The Trust fulfils this condition through a range of methods including; use of the ICHT access policy which sets out transparently how the Trust manages referrals and access to services, co-design with CCGs and NHSE of the eligibility criteria for access to specialist tertiary services and publication of these criteria to health care professionals and patients, use of specific processes to seek funding approval for those procedures where contractually prior commissioning approval is required, compliance with the standards set out within the NHS Constitution.	Steve McManus, Chief Operating Officer.

<b>Q5. Condition P1</b> Recording of information. <b>ICHT Response: Yes</b> <b>Explanation:</b>	Bill Shields, Chief Financial Officer
<b>Q6. Condition P2</b> Provision of information. <b>ICHT Response: Yes</b> <b>Explanation:</b>	Bill Shields, Chief Financial Officer
<b>Q7. Condition P3</b> Assurance report on submissions to Monitor. <b>ICHT Response: Yes</b> <b>Explanation:</b>	Bill Shields, Chief Financial Officer
<b>Q8. Condition P4</b> Compliance with the National Tariff. <b>ICHT Response: Yes</b> <b>Explanation:</b>	Bill Shields, Chief Financial Officer
<b>Q9. Condition P5</b> Constructive engagement concerning local tariff modifications. <b>ICHT Response: Yes</b> <b>Explanation:</b>	Bill Shields, Chief Financial Officer
<b>Q10. Condition C1</b> The right of patients to make choices. <b>ICHT Response: Yes</b> <b>Explanation:</b> This condition protects patients' rights to choose between providers by obliging providers to make information available and act in a fair way where patients have choice of provider. ICHT achieves this condition through a range of initiatives including; publishing waiting times through Choose & Book to support patients and their GP in making informed decisions in the GP surgery, working closely with CCGs and NHSE to draft and implement referral criteria/pathways for access to specialist services.	Steve McManus, Chief Operating Officer.
<b>Q11. Condition C2</b> Competition oversight. <b>ICHT Response: Yes</b> <b>Explanation:</b>	Bill Shields, Chief Financial Officer
<b>Q12. Condition IC1</b> Provision of integrated care. <b>ICHT Response: Yes</b> <b>Explanation:</b> This condition states that the licensee shall not do anything that could reasonably be regarded as detrimental to enabling integrated care. ICHT works in partnership with commissioners to develop integrated care and whole systems approaches to developing patient pathways including; co-design and piloting of a virtual ward, development of joined community and secondary care outpatient services, improvements to electronic communications relating to patient records.	Steve McManus, Chief Operating Officer.

**NHS TRUST DEVELOPMENT AUTHORITY****OVERSIGHT: Monthly self-certification requirements - Board Statements****Monthly Data: September 2014, Submitted 31/10/2014**

## CLINICAL QUALITY

## FINANCE

## GOVERNANCE

The NHS TDA's role is to ensure, on behalf of the Secretary of State, that aspirant FTs are ready to proceed for assessment by Monitor. As such, the processes outlined here replace those previously undertaken by both SHAs and the Department of Health.

In line with the recommendations of the Mid Staffordshire Public Inquiry, the achievement of FT status will only be possible for NHS Trusts that are delivering the key fundamentals of clinical quality, good patient experience, and national and local standards and targets, within the available financial envelope

For CLINICAL QUALITY, that:	Executive lead
Q1. <i>The Board is satisfied that, to the best of its knowledge and using its own processes and having had regard to the TDA's oversight model (supported by Care Quality Commission information, its own information on serious incidents, patterns of complaints, and including any further metrics it chooses to adopt), the trust has, and will keep in place, effective arrangements for the purpose of monitoring and continually improving the quality of healthcare provided to its patients.</i> <b>ICHT Response: Yes</b> <b>Explanation: Governance arrangements in place to assure quality of care with clear accountability and reporting.</b>	Chris Harrison, Medical Director
Q2. <i>The Board is satisfied that plans in place are sufficient to ensure ongoing compliance with the Care Quality Commission's registration requirements.</i> <b>ICHT Response: Yes</b> <b>Explanation: Robust process and governance arrangements in place and are part of the preparation and project management of the upcoming Chief Inspector of Hospitals visit, scheduled in early September).</b>	Janice Sigsworth, Director of Nursing
Q3. <i>The Board is satisfied that processes and procedures are in place to ensure all medical practitioners providing care on behalf of the trust have met the relevant registration and revalidation requirements.</i> <b>ICHT Response: Yes</b> <b>Explanation: Responsible officer in place with governance arrangements to provide assurance.</b>	Chris Harrison, Medical director
For Finance, that:	
Q4. <i>The Board is satisfied that the trust shall at all times remain a going concern, as defined by the most up to date accounting standards in force from time to time.</i> <b>ICHT Response: Yes</b> <b>Explanation: The Trust remains a going concern as defined by the most up to date accounting standards.</b> <b>The Board considers annually the Going Concern of the Trust as per IAS 1. The accounts for 2013/14 were prepared on a 'Going Concern' basis with a paper reviewed by the May Trust Board that supported this conclusion.</b>	Bill Shields Chief Financial Officer
For GOVERNANCE, that:	
Q5. <i>The Board will ensure that the trust remains at all times compliant with the</i>	Helen Potton Interim Corporate

<p><i>NTDA accountability framework and shows regard to the NHS Constitution at all times.</i></p> <p><b>ICHT Response: Yes</b></p> <p><b>Explanation: A review of the NTDA Accountability Framework and the NHS Constitution was undertaken in February this year by Governance/FT Team. In respect of NTDA Accountability Framework, this document sets out how the TDA will work with the Trust on a day to day basis and how it will measure etc. As an aspirant FT, we have regular involvement and meetings with TDA. The review looked at the themes and approval model and concluded the Trust was on track which was in part supported by the work undertaken for the QGF and BGAF. In respect of the NHS Constitution this consists of 7 principles, 6 values and a number of identified rights for public and patients. We reviewed each element and confirmed that appropriate processes or procedures were in place to enable the Trust to confirm that it complies with the NHS Constitution.</b></p>	Governance Manager
<p>Q6. <i>All current key risks to compliance with the NTDA's Accountability Framework have been identified (raised either internally or by external audit and assessment bodies) and addressed – or there are appropriate action plans in place to address the issues in a timely manner.</i></p> <p><b>ICHT Response: Yes</b></p> <p>The Trust has a Risk Management Strategy and a Corporate Risk Register (CRR). The CRR identifies the key risks to the organisation.</p> <p><b>Explanation: The Trust has a Risk Management Framework in place and risks identified as part of the FT process have been identified and documented with appropriate actions in place to deliver.</b></p>	Janice Sigsworth Director of Nursing
<p>Q7. <i>The Board has considered all likely future risks to compliance with the NTDA Accountability Framework and has reviewed appropriate evidence regarding the level of severity, likelihood of a breach occurring and the plans for mitigation of these risks to ensure continued compliance.</i></p> <p><b>ICHT Response: Yes</b></p> <p><b>Explanation: The Annual Governance Statement identifies significant issues for the coming year. The Trust has a Risk Management Framework in place and risks identified as part of the FT process have been identified and documented with appropriate actions in place to deliver. In addition the risk management framework includes a rigorous review of scoring and review of controls and mitigation.</b></p>	Janice Sigsworth Director of Nursing
<p>Q8. <i>The necessary planning, performance management and corporate and clinical risk management processes and mitigation plans are in place to deliver the annual operating plan, including that all audit committee recommendations accepted by the board are implemented satisfactorily.</i></p> <p><b>ICHT Response: Yes</b></p> <p><b>Explanation: There are risk management processes in place and the management of strategic risks is currently undergoing review. Recommendations from the Audit, Risk &amp; Governance Committee are followed up on and the actions reported at each Audit, Risk &amp; Governance Committee.</b></p>	Bill Shields Chief Financial Officer
<p>Q9. <i>An Annual Governance Statement is in place, and the trust is compliant with the risk management and assurance framework requirements that support the Statement pursuant to the most up to date guidance from HM Treasury (<a href="http://www.hm-treasury.gov.uk">www.hm-treasury.gov.uk</a>)</i></p>	Helen Potton Interim Corporate Governance Manager

<p><b>ICHT Response: Yes</b>  <b>Explanation: The AGS has gone through a rigorous process, is overseen by the Audit Risk &amp; Governance Committee, and is tested and challenged by internal and external audit.</b></p>	
<p>Q10.  <i>The Board is satisfied that plans in place are sufficient to ensure on-going compliance with all existing targets as set out in the NTDA oversight model; and a commitment to comply with all known targets going forward.</i></p> <p><b>Meticillin resistant <i>Staphylococcus aureus</i> bloodstream infections (MRSA BSI):</b></p> <ul style="list-style-type: none"> <li>• To date 3 cases of MRSA BSI have been allocated to the Trust (one case in April and two cases in May);</li> <li>• The third case that was reallocated in May is currently being contested by the Trust and CCG; we are still waiting for the final outcome from Public Health England;</li> <li>• There were no Trust attributed cases confirmed during September 2014.</li> </ul> <p><b>Clostridium difficile infections:</b></p> <ul style="list-style-type: none"> <li>• The Department of Health's annual ceiling for the Trust is 65 cases for 2014/15; to date we have reported 45 cases attributed to the Trust;</li> <li>• Four Trust attributable cases were reported to Public Health England (PHE) in September 2014.</li> </ul> <p><b>Referral to treatment</b>        In September, the Trust did not meet the Referral to Treatment (RTT) standards.</p> <p>The Trust reported 3 patients waiting over 52 weeks for treatment. These are all patients who are related to waits for a particular orthopaedic surgeon. The Trust has offered alternative surgeons to the patients but they have requested to wait. This surgeon is gradually reducing the amount of operating time at ICHT and is not accepting referrals from new patients so this will not be an on-going issue.</p> <p>Since implementing a new Patient Administration System (PAS) in April, the Trust has been going through a period of stabilisation and familiarisation. It was expected that there would be a number of data quality issues that would need to be resolved following the switch over. One of the key problems is that the number of patients waiting on our system is showing as higher than the true number of patients. These issues are being managed during weekly meetings with divisional teams. However, there are still some challenges with ensuring that staff record data correctly onto the system, difficulties with the way that Cerner manipulates data, and the volume of validation that needs to happen to ensure appropriate prospective monitoring of patients waiting for treatment.</p> <p>The Trust is committed to both improving data quality through validation and supporting staff in ensuring that they understand how to correctly record patient encounters on the PAS system to reduce data quality issues. Funded through the national RTT resilience funding, announced in the press during early August, an additional temporary staff have been recruited to support the valuation of data exercise and a team of experienced RTT trainers are training front line staff on the correct way to record RTT pathways to reduce the manual data correction needed at the end of the month.</p>	<p>Steve McManus,        Chief Operating Officer.</p>

<p>At a national level, and locally agreed, we have an agreed level of underperformance in relation to our RTT performance with an expectation that performance will be achieved for all three standards from December (reported in January). This is to allow the Trust to treat as many backlog patients as possible and there is additional funding to fund this extra work. The Trust is focussing on both theatre efficiency and also putting on extra theatre work in order to clear as many patients as we can to add resilience into our system so that the majority of our patients can be treated within 18 weeks.</p>	
<p>Q11.  <i>The Trust has achieved a minimum of Level 2 performance against the requirements of the Information Governance Toolkit.</i>  <b>ICHT Response: Yes</b>  <b>Explanation: The Trust is compliant and re-submit the toolkit return on 31 March 2014.</b></p>	<p>Kevin Jarrold,        Chief Information Officer.</p>
<p>Q12.  <i>The Board will ensure that the trust will at all times operate effectively. This includes maintaining its register of interests, ensuring that there are no material conflicts of interest in the board of directors; and that all board positions are filled, or plans are in place to fill any vacancies.</i>  <b>ICHT Response: Yes</b>  <b>Explanation: We update the register of interests continuously. It is taken to every public Trust Board for Board members. We refresh this by requesting a new return every other Board. Responsibility for making declarations for all staff is advertised periodically – the last one took place in March '14 via the Source which included information on the requirement and how to make a declaration. All Board positions are in place. Reviews have been undertaken on the governance structure and continue to be undertaken which in part consider the effectiveness of the governance structure.</b></p>	<p>Helen Potton        Interim Corporate Governance Manager</p>
<p>Q13.  <i>The Board is satisfied that all executive and non-executive directors have the appropriate qualifications, experience and skills to discharge their functions effectively, including setting strategy, monitoring and managing performance and risks, and ensuring management capacity and capability.</i>  <b>ICHT Response: Yes</b>  <b>Explanation: A Board development programme is being undertaken as part of the FT application process, which will further enhance the Trust Board's skills.</b></p>	<p>Jayne Mee,        Director of People and Organisational Development.</p>
<p>Q14.  <i>The Board is satisfied that: the management team has the capacity, capability and experience necessary to deliver the annual operating plan; and the management structure in place is adequate to deliver the annual operating plan.</i>  <b>ICHT Response: Yes</b>  <b>Explanation: A high calibre senior management team is in place with the capacity, capability and experience to deliver the annual operating plan. A development plan is also currently being rolled out for the Senior Management team to help optimise the performance of the senior team over the coming year.</b></p>	<p>Jayne Mee,        Director of People and Organisational Development.</p>



**NHS TRUST DEVELOPMENT AUTHORITY****OVERSIGHT: Monthly self-certification requirements - Compliance Monitor.****Monthly Data: September 2014 Submitted 29/10/2014**

1. Condition G4 – Fit and proper persons as Governors and Directors (also applicable to those performing equivalent or similar functions).
2. Condition G5 - Having regard to monitor guidance.
3. Condition G7 – Registration with the Care Quality Commission.
4. Condition G8 – Patient eligibility and selection criteria.
5. Condition P1 – Recording of information.
6. Condition P2 – Provision of information.
7. Condition P3 – Assurance report on submissions to Monitor.
8. Condition P4 – Compliance with the National Tariff.
9. Condition P5 – Constructive engagement concerning local tariff modifications.
10. Condition C1 – The right of patients to make choices.
11. Condition C2 – Competition oversight.
12. Condition IC1 – Provision of integrated care.

Further guidance can be found in Monitor's response to the statutory consultation on the new NHS provider licence:

[The new NHS Provider Licence](#)

**COMPLIANCE WITH MONITOR LICENCE REQUIREMENTS FOR NHS TRUSTS:**

Condition	Executive lead
<b>Q1. Condition G4</b> Fit and proper persons as Governors and Directors. (Also applicable to those performing equivalent or similar functions). <b>ICHT Response: Yes</b> <b>Explanation:</b> All Governors and Directors pass the fit and proper persons test.	Jayne Mee, Director of People and Organisational Development.
<b>Q2. Condition G5</b> Having regard to monitor guidance. <b>ICHT Response: Yes</b> <b>Explanation:</b>	Bill Shields, Chief Financial Officer
<b>Q3. Condition G7</b> Registration with the Care Quality Commission. <b>ICHT Response: Yes</b> <b>Explanation:</b>	Janice Sigsworth, Director of Nursing
<b>Q4. Condition G8</b> Patient eligibility and selection criteria. <b>ICHT Response: Yes</b> <b>Explanation:</b> This condition requires licensees to set and publish transparent patient eligibility and selection criteria and to apply these in a transparent manner. This includes criteria for determining patient eligibility for particular services, for accepting or rejecting referrals or determining the manner in which services are provided. The Trust fulfils this condition through a range of methods including; use of the ICHT access policy which sets out transparently how the Trust manages referrals and access to services, co-design with CCGs and NHSE of the eligibility criteria for access to specialist tertiary services and publication of these criteria to health care professionals and patients, use of specific processes to seek funding approval for those procedures where contractually prior commissioning approval is required, compliance with the standards set out within the NHS Constitution.	Steve McManus, Chief Operating Officer.

<b>Q5. Condition P1</b> Recording of information. <b>ICHT Response: Yes</b> <b>Explanation:</b>	Bill Shields, Chief Financial Officer
<b>Q6. Condition P2</b> Provision of information. <b>ICHT Response: Yes</b> <b>Explanation:</b>	Bill Shields, Chief Financial Officer
<b>Q7. Condition P3</b> Assurance report on submissions to Monitor. <b>ICHT Response: Yes</b> <b>Explanation:</b>	Bill Shields, Chief Financial Officer
<b>Q8. Condition P4</b> Compliance with the National Tariff. <b>ICHT Response: Yes</b> <b>Explanation:</b>	Bill Shields, Chief Financial Officer
<b>Q9. Condition P5</b> Constructive engagement concerning local tariff modifications. <b>ICHT Response: Yes</b> <b>Explanation:</b>	Bill Shields, Chief Financial Officer
<b>Q10. Condition C1</b> The right of patients to make choices. <b>ICHT Response: Yes</b> <b>Explanation:</b> This condition protects patients' rights to choose between providers by obliging providers to make information available and act in a fair way where patients have choice of provider. ICHT achieves this condition through a range of initiatives including; publishing waiting times through Choose & Book to support patients and their GP in making informed decisions in the GP surgery, working closely with CCGs and NHSE to draft and implement referral criteria/pathways for access to specialist services.	Steve McManus, Chief Operating Officer.
<b>Q11. Condition C2</b> Competition oversight. <b>ICHT Response: Yes</b> <b>Explanation:</b>	Bill Shields, Chief Financial Officer
<b>Q12. Condition IC1</b> Provision of integrated care. <b>ICHT Response: Yes</b> <b>Explanation:</b> This condition states that the licensee shall not do anything that could reasonably be regarded as detrimental to enabling integrated care. ICHT works in partnership with commissioners to develop integrated care and whole systems approaches to developing patient pathways including; co-design and piloting of a virtual ward, development of joined community and secondary care outpatient services, improvements to electronic communications relating to patient records.	Steve McManus, Chief Operating Officer.



## Trust Board Public

<b>Agenda Item</b>	4.2
<b>Title</b>	Synopsis of the NHS England 5 Year forward View
<b>Report for</b>	Noting
<b>Report Author</b>	Ian Garlington, Director of Strategy
<b>Responsible Executive Director</b>	Ian Garlington, Director of Strategy
<b>Freedom of Information Status</b>	Report can be made public

**Executive Summary:** NHS England published the Five Year Forward View (5YFV) which aims to provide a strategic framework within which the NHS will operate and develop in future years. The document has been led by Simon Stevens, Chief Executive, NHS England and has shared branding with the statutory bodies, including Monitor, Trust Development Authority (TDA), the Care Quality Commission (CQC), Health Education England (HEE) and Public Health England (PHE).

This paper summaries the various chapters, and is designed to give the Board a brief overview of the document in order that the Board may gain assurance that the direction of the Trust is in line with the national direction.

Chapter three provides a great deal of clarity around new models of care and these reflect a high level of correlation to the Trusts clinical strategy and its work within whole systems integrated care. It also sets the direction for the development of Primary Acute Care Systems (PACS) which will become important vertical integration vehicles as care moves out of hospital settings.

The Trust Board may wish to consider the following position in context of each chapter.

### Chapter 1

- a clear and pressing need for additional funding to meet growth in demand if NHS providers are to remain sustainable and protect quality of care in the immediate term, as well as a need to invest in new ways of working. Additional investment in primary care can only be made with some provision for 'double running' to protect patient safety in the secondary care sector during the transition to new models. Within our FT we need to think about the assumptions about the potential use of 'FT surpluses' as one source of funding to drive local transformation and note the autonomy of provider boards to take those decisions based on the needs of their local populations.

- a need for debate between a representative cross section of providers, and NHS England with regard to their intentions for specialised commissioning, which remain unclear within this report.
- further clarity on how the new models of care proposed interact with, and enable, those trusts in the FT pipeline to develop sustainable solutions.

## Chapter 2

ICHT needs to ensure that its place and frequency at the Health and Wellbeing Boards is strengthened.

The ambitions to empower patients through strategies such as integral personal commissioning suggest a very complicated blend of health and social care provision to meet complex and interdependent healthcare needs. To be realisable, NHS England, NTDA and Monitor will need to significantly consider the current approach to tariff to ensure that funding will follow the patient through the system and compensate providers appropriately for costs.

## Chapter 3

Alignment with the Dalton Review and with existing work underway to review the urgent and emergency care, and the proposals for variants of integrated and accountable care organisations.

The potential for local flexibilities with regards to pricing and regular, and greater clarity on how the central bodies will support and enable change at local levels working closely with providers, it is not clear with the investment to allow providers to move to new models will come from given current pressures on the service.

## Chapter 4

In particular and supporting PACs, organisational boards – of providers and commissioners – must take responsibility for agreeing local health priorities and be held accountable for the results. To date, emphasis has been on provider accountability, with little attention paid to commissioners.

- Prevention – The introduction of integrated personal commissioning, a voluntary approach to blending health and social care funding for those with complex needs, which will mean an integrated ‘year of care budget’ managed by individuals or their behalf by councils, NHS or voluntary organisations.
- New models of care – over time GP led multispecialty community providers could take delegated responsibility for managing health service budget for registered patients, or the pooled health and social care budget where relevant.
- There is a clear shift in investment from acute to primary and community services. Where this is clinically appropriate and patient benefit then it is sensible to move care closer to home, but this will need funding to run in parallel.

Although the Forward View sets out options for sustainable funding, it is unclear how the different approaches to tariff and investment will be reflected in them.

**Recommendation to the Board:** For noting by the Trust Board, providing information that supports the Trust Clinical Strategy, Outline Business Case (OBC) for Shaping a Healthier Future (SaHF) and Integrated Business Plan (IBP)

**Trust strategic objectives supported by this paper:**

- To achieve excellent patient experience and outcomes, delivered efficiently and with compassion.
- To educate and engage skilled and diverse people committed to continual learning and improvement.
- As an Academic Health Science Centre, to generate world leading research that is translated rapidly into exceptional clinical care.
- To pioneer integrated models of care with our partners to improve the health of the communities we serve.

## Synopsis of the NHS England 5 Year forward View

The report is for information and to inform the Board of the strategic read across between the national strategic direction contained within the NHSE five year forward view and the Trusts interpretation through its implementation of the clinical strategy, through delivery of the OBC and Clinical Transformation Programme(CTP).

NHS England published the Five Year Forward View (5YFV) which aims to provide a strategic framework within which the NHS will operate and develop in future years. The document has been led by Simon Stevens, chief executive, NHS England and has shared branding with the statutory bodies, including Monitor, Trust Development Authority (TDA), the Care Quality Commission (CQC), Health Education England (HEE) and Public Health England (PHE).

### CHAPTER 1: Why does the NHS need to change?

The opening chapter sets out the rationale for NHS England's strategy by acknowledging the significant progress in care quality, patient satisfaction and clinical outcomes, as well as delivery efficiencies the NHS has made in fifteen years despite sustained growth in budgetary and population pressures. Common challenges facing all industrialised countries' health systems reflect the broader context for strategic change in the NHS: changes in patient health needs and personal preferences about how care is delivered and received; changes in treatments, technologies and care delivery that require and enable more patient-centred approaches to organising care services; and sustained constraint on central funding for health services.

This broader context frames the more specific imperatives that NHS England identifies as driving the rationale for a strategy to drive change across the NHS:

- The health and wellbeing gap: prevention strategies are needed to reduce health inequalities and prevent further increasing proportions of funds and services allocated to treating avoidable illness.
- The care and quality gap: reshaping care delivery and harnessing technology to reduce variation in quality, safety and outcomes.
- The funding and efficiency gap: matching 'reasonable' funding levels with system efficiencies.

The subsequent chapters set out the three elements of the strategy – prevention, service delivery reform, and implementation – to achieve the Forward View's future vision of the NHS.

### CHAPTER 2: What will the future look like? A new relationship with patients and communities

Prevention as the key to future sustainability underpins the approaches outlined in this

chapter, which are designed to target lifestyle behaviours specifically and to help counter the deprivation and social and economic influences contributing to rising avoidable illness. These approaches position the NHS as a social movement - an 'activist agent of health-related social change' - by facilitating healthier lifestyles and incentivising earlier intervention:

- Incentivising and supporting healthier behaviour - focusing specifically on strategies to reduce and prevent smoking, obesity, and harmful drinking.
- Local democratic leadership on public health – giving local authorities and Health and Wellbeing Boards stronger powers to more rapidly implement localised public health improvement strategies.
- Targeted prevention – emphasising the NHS's role in secondary prevention, through proactive primary care, more systematic use of evidence-based interventions and strategic investment decisions. NHS England will develop a preventative services programme with Public Health England.
- NHS Support to help people get in and stay in employment – implementing the new Fit For Work scheme and improving access to NHS services for at-risk individuals.
- Workplace health - incentivising employment-based access to NICE-approved mental and physical health programmes, and the NHS specifically to 'set a national example' on healthy lifestyles with a range of health improvement strategies for NHS staff, who will also act as local 'health ambassadors'.

In addition, NHS England will focus on strategies that aim to personalise care by empowering patients – improving patient access to their records; giving patients a greater say and control over their healthcare; and facilitating improved personal health monitoring and management. Voluntary access to Integrated personal Commissioning (IPC) will provide personal 'year of care' budgets that enable blended health and social care services, managed by either the patient, their local council, the NHE or a voluntary organisation.

NHS England will seek to more directly engage communities through programmes and strategies that provide better support for professional and voluntary carers, including flexible working for NHS staff with major unpaid caring responsibilities, and encouraging community volunteering (citing Yorkshire Ambulance Services' "community first responders" program as an example). NHS England will also encourage stronger local charitable and voluntary sector partnerships by accelerating and easing access to local NHS funding through a shorter local alternative to the standard NHS contract, and encouraging funders to commit where possible to multiyear funding.

### **CHAPTER 3: What will the future look like? New models of care**

NHS England positions the need for new models of care in the context of existing



approaches to NHS service provision that are an increasingly costly impediment to improvements in patient-centred and coordinated care. New approaches to care delivery in the NHS will be guided by key imperatives including:

- A need to manage networks of care, not just organisations;
- Necessary growth in out-of-hospital care;
- Integration of mental and physical health services around the patient or service user;
- Faster learning from local and international best practice; and
- Evaluation of the beneficial impacts on cost and patient benefit.

NHS England considers the strengthening of primary and out-of hospital care as critical to effective service delivery transformation across the NHS. The Forward View sets out several immediate measures to stabilise general practice that include:

- Stabilised core funding for the next two years while an independent review examines resource distribution for primary care;
- Giving CCGs greater influence over the wider NHS budget to facilitate a shift in investment from acute to primary and community services;
- New funding through schemes such as the Challenge Fund to improve GP infrastructure and services availability, and GP training and recruitment and retention schemes.

Innovations in primary and secondary care delivery in Kent, Airedale, Cornwall, Rotherham, and London are cited as good examples of early transformations underway in care models that have led to improved care quality, patient experience and value for money. The following seven new care delivery models will be prioritised and promoted by NHE England:

Multispeciality Community Providers (MCPs) – extended group practices of GPs, nurses, therapists and other community-based professionals will be allowed to form as federations, networks or single organisations to provide an expanded range of care services and shift more outpatient and ambulatory care out of hospital settings. These organisations could eventually take over running local community hospitals, facilitate more immediate referral and coordination between GP and hospital care, and hold responsibility for management of patients' personal health budgets. NHS England will work with emerging practice groups to address barriers to change, service models, access to funding, and optimal use of technology, workforce and infrastructure.

Primary and Acute Care Systems (PACs) will form a new variant of single organisation, providing vertically integrated GP and hospital care together with mental health and community services. These models will be pilot-tested by NHS England

with the aim of developing prototypes; they could be achieved by:

- Permitting hospitals to open their own GP surgeries with registered lists, allowing FTs with surpluses and strong investment positions to expand primary care in areas of high health inequalities;
- Positioning PACs as the next stage in development of MCPs who are in a position to take over running their local DGH; or
- An Accountable Care Organisation-type approach where the organisation is responsible for holistic healthcare services for a population of registered patients under a delegated capitation budget.

Urgent and emergency care (UEC) networks – a reorganisation and simplification of existing NHS UEC pathways by developing networks of linked hospitals to facilitate more rapid access to: specialist emergency and major trauma centres; seven day services; proper funding and integration of mental health crisis services including liaison psychiatry; strengthening clinical triage and advice services; and new ways of measuring the quality of UEC services.

Viable smaller hospitals – where smaller hospitals provide the best option clinically, financially and with local support, their sustainability will be bolstered by reviewing:

- the NHS payments regime to account for impacts of scale (as evidenced by lower EBITDA margins for smaller FTs);
- models of medical staffing to build sustainable cost structures; and
- as will be recommended in the Dalton Review, three new organisational models of small hospital provision that gain the benefits of scale without having to centralise services:
  - ‘hospital chains’;
  - outsourced specialist services provision (ie; Moorfields Eye Hospital); and
  - a mini-PACs approach incorporating local acute, primary and community care.

Specialised care - where there's a strong evidence base for a greater concentration of a particular care service (as has been demonstrated for orthopaedic care in South West London), NHS England will work with local partners to drive consolidation through a programme of three-year rolling reviews. Specialised providers will be incentivised through prime contracting and delegated capitated budgets to develop geographic networks of services, integrating organisations and services around patients.

Modern maternity services - NHS England will commission a review of future models of maternity units to report by summer 2015; seek better alignment of tariff-based funding with patient choice; and facilitate midwifery services.

Enhanced health in care homes – utilising the Better Care Fund, NHS England will work with local authority social services and care homes to develop new shared models of in-reach support to reduce avoidable admissions to hospital.

NHS England will lead the development of new local and national partnerships to facilitate the introduction and development of these new approaches, to enable the necessary local discretion in the application of payment rules, regulatory approaches, staffing models and workforce policies, alongside technical and transitional support. They will support these processes by developing:

- detailed prototypes of the seven new care models outlined above;
- a shared method of assessing the characteristics of local health economies to help inform local choice of preferred models;
- national and regional expertise and support for implementation through greater alignment in the work of strategic clinical networks, clinical senates, NHS IQ, the NHS Leadership Academy and the Academic Health Science Centres and Networks;
- national flexibilities in the current regulatory, funding and pricing regimes to assist local areas to transition to better care models; and
- design of a pump-priming model to fast-track care model transition in areas where it is likely to most rapidly deliver improvement, including through support for FTs that are willing to use accrued savings to help local service transformation.

#### **CHAPTER 4: How we will get there?**

To implement the prevention strategies and care delivery models outlined in chapters 2 and 3, NHS England will focus on the following approaches:

Aligned national leadership – strategies to develop shared work across the key national health bodies to reduce burden on frontline service provision will include:

- cooperation with national statutory bodies and patient and voluntary sector organisations to develop a combined work programme that supports the development of new local care models;
- greater alignment between NHS England, Monitor and TDA across their respective local assessment, reporting and intervention regimes for FTs, NHS trusts and CCGs to develop a whole-system, geographically based intervention regime where appropriate, and a new risk-based assurance regime for CCGs including ‘special measures’;
- deploy national regulatory, pricing and funding regimes under existing flexibilities and discretion to incentivise local change where in the interest of patients; and

- re-energise the National Quality Board as a forum where key NHS oversight organisations can share intelligence, agree action and monitor overall assurance on quality.

Support a modern workforce – working with Health Education England, NHS England will:

- Develop improved recruitment and retention strategies for NHS organisations that include professional skill development, flexibility in deployment across organisational and sector boundaries, and improved education and training;
- Improve existing workforce flexibility through commissioning and expansion of new health and care roles for clinicians and nurses;
- Support NHS organisations to evolve their existing work and pay systems, and terms and conditions to reward high performance, support job and service redesign and encourage recruitment and retention.

Exploit the information revolution – a National Information Board for NHS information technology will publish before April 2015 a set of ‘road maps’ setting out how to transform digital care in the NHS, including:

- Comprehensive transparency of performance data to drive choice and improvement;
- NHS-accredited health apps to assist patients to organise and manage their health and care;
- Fully interoperable electronic health records to which patients will have full access, with the NHS number being used in all care settings;
- Widespread availability of on-line family doctor appointments and electronic and repeat prescribing;
- Joining up of hospital, GP, administrative and audit data (with patients given the choice of ‘opting out’);
- Approaches that also support non-technology users to access to information or their medical records.

Accelerate useful health innovation – a range of strategies will be explored to speed development of new treatments and diagnostics, and to combine different healthcare technologies to transform care through ‘combinatorial innovation’. NHS England will test three new mechanisms to support innovation in healthcare delivery:

- A small number of real world ‘test bed’ sites alongside Academic Health Science Networks and Centres;
- Expanding NHS operational research to address pressing and high-impact healthcare service redesign challenges and behavioural ‘nudge’ policies in healthcare;

- Explore development of health and care 'new towns' where modern healthcare services are designed and implemented free of legacy constraints, and integrate health and social care and other social services including welfare, housing and education (for example, as currently planned for Watford).

Drive efficiency and productive reinvestment – to address the predicted £30 billion funding gap by 2020/21, NHS England will focus strategies on the three drivers of cost pressure:

- Demand – as outlined in the FYFV, NHS England's commissioning will promote a more activist prevention and public health agenda; greater support for patients, carer and community organisations, and new models of care.
- Efficiency – Accelerating current NHS efficiency programmes and supporting the FYFP strategies to drive up the annual NHS net efficiency gain from 0.8% to 2.0% from now until 2020.
- Funding – three possible approaches to address the funding gap are discussed. Depending on the combined efficiency and funding option pursued, £30 billion gap could be reduced by one third, one half, or all the way.
  - Scenario one: the NHS budget remains flat in real terms from 2015/16 to 2020/21, and the NHS delivers its long run productivity gain of 0.8% a year. The predicted combined effect would cut the £30 billion gap by about a third, to £21 billion by 2020/21.
  - Scenario two: the NHS budget remains flat in real terms over the period, but the NHS delivers stronger efficiencies of 1.5% a year. NHS England estimates the combined effect would halve the £30 billion gap in 2020/21 to £16 billion.
  - Scenario three: the NHS receives the infrastructure and operating investment to rapidly adopt the new care models and ways of working described in the Forward View, which NHS England estimates will deliver demand and efficiency gains worth 2%-3% net each year. Combined with staged funding increases close to 'flat real per person' NHS England predicts the £30 billion gap would be closed by 2020/21.

References: NHSE 5YFV; FTN day brief

**Recommendation to the Board:** For noting by the Trust Board, providing information that supports the Trust Clinical Strategy, Outline Business Case (OBC) for Shaping a Healthier Future (SaHF) and Integrated Business Plan (IBP).

## Trust Board Public

<b>Agenda Item</b>	4.3
<b>Title</b>	Synopsis of the LHC 'Better Health for London'
<b>Report for</b>	Noting
<b>Report Author</b>	Ian Garlington, Director of Strategy
<b>Responsible Executive Director</b>	Ian Garlington, Director of Strategy
<b>Freedom of Information Status</b>	Report can be made public

### Executive Summary:

London's healthcare consumes around a fifth of the NHS budget for England. Commissioned by the London mayor, Lord Darzi launched his second plan in seven years for wholesale reform of the city's health systems.

The reports proposes a raft of measures, in many ways unprecedented in their scope, to combat the threats posed by tobacco, alcohol, obesity, lack of exercise and pollution which harm millions.

Lord Darzi set out 6 steps to a healthier, slimmer, fitter city:

- Making Trafalgar Square, Parliament Square and London's parks smoke free. Using byelaw powers, London can act to make 40% of the capital smoke free.
- Mandatory traffic-light labelling on restaurant menus. All chains with more than 15 outlets would be required to show traffic-light labelling on their menus to help Londoners make healthier choices.
- Oyster card discounts for commuters who walk to work. The scheme – financed by employers – would reward commuters who walk the last mile into work and the first mile home with discounts.
- Restrictions on junk food outlets near schools. New planning guidance to prevent new junk food outlets opening within 400m of schools.
- Pilots for a minimum price for alcohol. The plan would support Boroughs afflicted by problem drinking to use their licensing powers to set a minimum 50p per unit price.
- Speeding up air quality measures. Measures to reduce pollution to be accelerated to save lives in the capital.

Within the 64 recommendations, the report says a London Health Commissioner should be appointed reporting to the Mayor to drive through the necessary change.

**Recommendation to the Board:** For noting by the Trust Board, providing information that supports the Trust Clinical Strategy, Outline Business Case (OBC) for Shaping a Healthier Future (SaHF) and Integrated Business Plan (IBP)

**Trust strategic objectives supported by this paper:**

- To achieve excellent patient experience and outcomes, delivered efficiently and with compassion.
- To educate and engage skilled and diverse people committed to continual learning and improvement.
- As an Academic Health Science Centre, to generate world leading research that is translated rapidly into exceptional clinical care.
- To pioneer integrated models of care with our partners to improve the health of the communities we serve.

## Synopsis of the London Health Commission 'Better Health for London'

The purpose of this report is to inform the Trust Board of the content of the London Health Commissions report and its strategic fit into the Trusts strategy and operational delivery.

### Introduction:

London's healthcare consumes around a fifth of the NHS budget for England.

Commissioned by the London mayor, Lord Darzi launched his second plan in seven years for wholesale reform of the city's health systems.

London's NHS is a patchwork of brilliance and failure; loss-making hospitals with seemingly intractable care quality problems sit alongside trusts providing some of the finest specialist care in the world. Networks of GPs achieving extraordinary results in some of the poorest communities in Britain work down the road from practices with a single GP that should not be part of 21st-century healthcare.

Seven years ago Prof The Lord Darzi published his Framework for Action, commissioned by NHS London. Then, his plan for moving substantial care from hospitals to GP-led polyclinics was largely thwarted by GP opposition, but his call for trauma, hyper acute stroke and heart attack services to be centralised in specialist units achieved results that attracted international attention.

The most striking features of his report – Better Health for London – are the robust action demanded on the root causes of ill health and the strong focus on children rather than older people.

Lord Darzi set out 6 steps to a healthier, slimmer, fitter city:

- Making Trafalgar Square, Parliament Square and London's parks smoke free. Using byelaw powers, London can act to make 40% of the capital smoke free.
- Mandatory traffic-light labelling on restaurant menus. All chains with more than 15 outlets would be required to show traffic-light labelling on their menus to help Londoners make healthier choices.
- Oyster card discounts for commuters who walk to work. The scheme – financed by employers – would reward commuters who walk the last mile into work and the first mile home with discounts.
- Restrictions on junk food outlets near schools. New planning guidance to prevent new junk food outlets opening within 400m of schools.
- Pilots for a minimum price for alcohol. The plan would support Boroughs afflicted by problem drinking to use their licensing powers to set a minimum 50p per unit price.
- Speeding up air quality measures. Measures to reduce pollution to be accelerated to save lives in the capital.

These 6 steps are captured within the reports 64 recommendations, among which the Board are directed toward the following:

- Recommendation 1:  
All health and care commissioners and providers should innovatively and energetically engage with Londoners on their health and care, share as much information as possible, and involve people in the future of services.



- Recommendation 8:  
The NHS, Public Health England, and TfL should work together to create a platform to enable employers to incentivise their employees to walk to work through the Oyster or a contactless scheme.
- Recommendation 17:  
Health and care commissioners should commission holistic, integrated physical, mental and social care services for population groups with similar needs, with clearly defined outcomes developed by listening to people.
- Recommendation 18:  
Health and social care professionals should partner with people who use services to ensure that their voice is heard in designing and implementing improvements to care.
- Recommendation 19:  
Health and care commissioners and the voluntary sector should promote the implementation of shared decision making, care and support planning, education for self-management, personal health budgets, and access to health records so that London becomes an exemplar in improving people's participation in their own care and treatment.
- Recommendation 20:  
Health Education England, NHS England, and professional regulators should work together with the voluntary sector to develop education programmes for self management of long-term conditions, which would enable more peer support and empower programme graduates to self-prescribe their own medication for their own condition.
- Recommendation 22:  
Health commissioners should increase the proportion of total London NHS spending dedicated to GPs and primary and community services and facilities.
- Recommendation 27:  
Health commissioners should improve specialist care by accelerating efforts to create centres of excellence for cancer and cardiovascular services, launching a new programme to review elective orthopaedic services, and ensuring London Quality Standards are implemented.
- Recommendation 32:  
The Department of Health, the Department of Business, Innovation and Skills, and the National Institute for Health Research should invest in an Institute for Digital Health and Accelerator for London, coordinated by MedCity and the AHSNs.
- Recommendation 33:  
London's AHSCs should support and help expand the Health Informatics Collaborative funded by NIHR to improve knowledge sharing for research purposes.

- Recommendation 34:  
The Department of Health, the Department of Business, Innovation and Skills, and the National Institute for Health Research should invest in an Institute for Dementia Research to bring together expertise in basic sciences, technology and social policy to address the dementia crisis.
- Recommendation 35:  
London's providers should work with the Health Research Agency and Clinical Research Networks to create a simple and unified gateway for clinical trials in London.
- Recommendation 36:  
Clinical Research Networks should establish a strategic clinical research office to increase late phase research/novel real world studies in smaller NHS Trusts and GP practices.
- Recommendation 37:  
NHS England should strengthen London's AHSNs by further consolidating and Channelling all innovation and improvement programmes through them.
- Recommendation 38:  
AHSC/Ns should forge greater links with Commissioners to advise on the use of latest innovations for patient benefit and to support delivery by providers.
- Recommendation 39:  
AHSNs in the South East should continue to collaborate – specifically on systematic knowledge sharing to improve adoption of innovation – to make South East England a leading region internationally for the adoption of the latest healthcare'
- Recommendation 41:  
The Mayor should create a Citizens' Health Panel to oversee the engagement and involvement of Londoners, ensuring the capital's existing expertise and community diversity is fully represented.
- Recommendation 42:  
AHSNs, CCGs and NHS England should work together to create matched patient-level data sets and real-time information sharing to improve both care delivery and service planning, with robust safeguards for privacy and confidentiality.
- Recommendation 43:  
The National Information Board should designate London as an incubator for innovative health information, providing investment and support.
- Recommendation 45:  
NHS England should fund and trial patient-reported outcomes measures linked to payments to London providers.
- Recommendation 46:  
London CCGs and Strategic Planning Groups should consider developing local initiatives to promote greater equity in financing the health and care system.

- Recommendation 47:  
NHS England should make clear the budget for the London Region of NHS England and for London CCGs for the duration of future spending review periods.
- Recommendation 48:  
NHS England and CCGs should establish a shared transformation budget for investment in strategic change, jointly managed by NHS England (London) and CCGs with investments agreed with subregional health economies.
- Recommendation 49:  
NHS England should work with CCGs and local authorities to trial capitated budgets for specific population groups, such as elderly people with long-term conditions.
- Recommendation 50:  
NHS England should lead the trial and development of Personally Controlled Payments in London, starting with a pilot with 12.5% of payments for maternity care controlled directly by individual mothers.
- Recommendation 51:  
NHS England should reform the rent reimbursement system for GP premises, offer modern facilities for all practices, and require practices to comply with disabled access requirements or accept new facilities.
- Recommendation 52:  
The Department of Health should end the public subsidy for hospital assets that are no longer used for the public good by raising capital charges from 3% (public dividend capital rate) to 8% (the market cost of capital) from 2016/17.
- Recommendation 53:  
The Department of Health should agree with HM Treasury that NHS Trusts in London routinely retain 50% of any capital receipts, with the remaining 50% agreed with the TDA and local commissioners, so that trusts have an incentive to dispose of surplus assets.
- Recommendation 54:  
The Trust Development Authority and Monitor should work with the GLA to establish an unused NHS buildings programme in London so that trusts are encouraged to transfer assets for redevelopment and disposal (receipts would revert back to the trusts).
- Recommendation 55:  
Transformation programmes should be able to apply to a joint HM Treasury, Department of Health, and Department for Communities and Local Government committee for permission to transfer assets from the NHS to other parts of the public sector at District Valuer figures.
- Recommendation 56:  
NHS commissioners and providers and local authorities should create Strategic Planning and Capital Boards to ensure that estates planning and a comprehensive asset database are part of wider service planning.

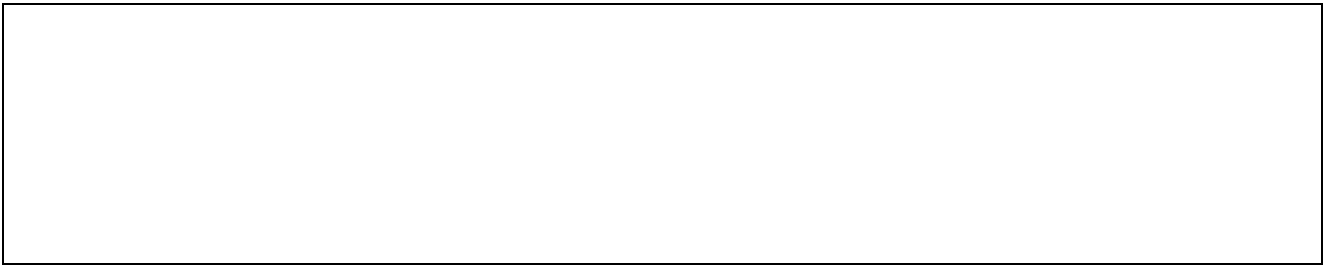
- Recommendation 57:  
Health Education England should ensure that education and training funding continues to support choice, foster excellence, and secure higher quality care.
- Recommendation 58:  
NHS Trusts should be permitted to include affordable housing as part of wider site redevelopment plans, working in partnership with local authorities.
- Recommendation 59:  
Local Education and Training Boards, Health Education England and employers should shift more training to general practice, community and integrated care settings, and explore the creation of new hybrid health and social care roles.
- Recommendation 60:  
The London Leadership Academy and London LETBs should recruit a wider range of NHS and social care professionals to the Darzi Fellowship programme.
- Recommendation 61:  
The Mayor should appoint a London Health Commissioner to champion health in the capital, supported by combining the London region of Public Health England and the GLA health teams; the Mayor should request the Department of Health for the Commissioner to receive a significant budget from Public Health England.
- Recommendation 62:  
NHS England should further empower CCGs to work together
  - with their local authority partners
  - to improve care across multiple boroughs, by devolving further decision-making powers to strategic planning groups.

The maps of childhood obesity across the capital are terrifying. London has the highest rates of childhood obesity of any comparable global city, and the highest proportion of obese children in all the regions of England. One in three children in year six are overweight or obese. Healthy eating messages in schools are overwhelmed by the temptations of more than 8,000 fast food outlets – with around 800 more opening every year.

More than a quarter of London's children live below the poverty line, and their life chances are significantly undermined by the age of three. Pushing for new models of care to support parents of vulnerable young children, a crackdown on junk food outlets and the publication of data on school health and wellbeing. The report cites Glasgow and Brighton as examples of cities which are successfully supporting parents in poverty in raising their children.

References: LHC Better Health for London; The Guardian, Imperial College London

**Recommendation to the Board:** For noting by the Trust Board, providing information that supports the Trust Clinical Strategy, Outline Business Case (OBC) for Shaping a Healthier Future (SaHF) and Integrated Business Plan (IBP).



## Trust Board Public

<b>Agenda Item</b>	4.4
<b>Title</b>	Effectiveness review against Monitor's Code of Governance
<b>Report for</b>	Noting / Approval
<b>Report Author</b>	Helen Potton, Interim Trust Company Secretary
<b>Responsible Executive Director</b>	Tracey Batten, Chief Executive

### Executive Summary:

A well governed organisation should, on an annual basis, undertake a review of the effectiveness of its governance structures. In addition the Board Governance Memorandum (BGM) identified a need to undertake a review against Monitor's Code of Governance to enable the Trust to understand what additional processes would need to be put in place to enable it to be a well-run Foundation Trust.

An assessment document was produced referencing Monitor's Code of Governance and the individual Code and Regulatory Provisions required to meet the Code which was agreed by the Trust Board in July 2014.

The desk top review by the Interim Trust Company Secretary in liaison with the Chief Executive and the Executive leads has now been undertaken and is attached as Appendix 1. This has been reviewed and approved by the Foundation Trust Programme Board at its meeting on 18 November 2014.

The Trust Board is asked to approve the document following which the actions identified will be tracked and updated to ensure that the Trust is appropriately governed once it is authorised by Monitor.

### Recommendation to Trust Board:

The Board is asked to review the review and provide any comments.

### Trust strategic objectives supported by this paper:

To achieve excellent patient experience and outcomes, delivered efficiently and with compassion.



# Monitor’s NHS Foundation Trust Code of Governance Assessment

The attached document takes each element of Monitor’s NHS Foundation Trust Code of Governance (“the Code”) and assesses whether or not the Trust complies with the Code provisions and relevant statutory requirements. Where the Trust does not comply or only partially complies, details of what action will be taken to ensure compliance at the time of authorisation as a Foundation Trust must be included. If it is the intention that the Trust will not comply with a Code provision then narrative needs to be provided to “comply or explain” why the Trust is not intending to comply with best practice. Please note that all statutory requirements must be complied with.

Where it is indicated that the Trust does comply, evidence to support that assessment must be listed against each of the Code provisions or relevant statutory requirements.

The document is assessed using a standard Red, Amber, Green rating for the whole section as follows

	<b>The Trust complies with the main principles or has a robust reason for not complying in accordance with Monitor’s “comply or explain” principles.</b>
	<b>The Trust has a robust action plan in place which will enable it to comply with the main principles at the time of authorisation.</b>
	<b>The Trust does not comply with the main principles and will not comply at the time of authorisation.</b>



<b>A. Leadership</b>					
<b>A.1.</b>	<b>The role of the Board of Directors</b>				
<b>Main Principles</b>	<b>A.1.a.</b> Every NHS foundation trust should be headed by an effective Board of Directors. The Board is collectively responsible for the performance of the NHS foundation trust.				
	<b>A.1.b.</b> The general duty of the Board of Directors and of each Director individually, is to act with a view to promoting the success of the organisation so as to maximise the benefits for the members of the trust as a whole and for the public.				
<b>Code/Statutory Provisions</b>		<b>Evidence</b>	<b>Action Required</b>	<b>Lead</b>	<b>RAG</b>
A.1.1.The board of directors should meet sufficiently regularly to discharge its duties effectively. There should be a schedule of matters specifically reserved for its decision. The schedule of matters reserved for the board of directors should include a clear statement detailing the roles and responsibilities of the council of governors (as described in A.5). This statement should also describe how any disagreements between the council of governors and the board of directors will be resolved. The annual report should include this schedule of matters or a summary statement of how the board of directors and the council of governors operate, including a summary of the types of decisions to be taken by each of the boards and which are delegated to the executive management of the board of directors. These arrangements should be kept under review at least annually.		Standing Orders, Board Calendar, Annual Work Plan	Development of Constitution to include working with CoG.  Development of Annual Report to include working with CoG.	Helen Potton /Jan Aps	
A.1.2. The annual report should identify the chairperson, the deputy chairperson (where there is one), the chief executive, the senior independent director (see A.4.1) and the chairperson and members of the nominations, audit and remuneration committees. It should also set out the number of meetings of the board and those committees and individual attendance by directors.		Annual Report	None	Helen Potton	

<b>Code/Statutory Provisions</b>	<b>Evidence</b>	<b>Action Required</b>	<b>Lead</b>	<b>RAG</b>
A.1.3. The board of directors should make available a statement of the objectives of the NHS foundation trust showing how it intends to balance the interests of patients, the local community and other stakeholders, and use this as the basis for its decision-making and forward planning.	Strategy Annual Operating Plan.	None	Ian Garlington / Bill Shields	
A.1.4. The board of directors should ensure that adequate systems and processes are maintained to measure and monitor the NHS foundation trust's effectiveness, efficiency and economy as well as the quality of its health care delivery. The board should regularly review the performance of the NHS foundation trust in these areas against regulatory and contractual obligations, and approved plans and objectives.	Integrated Performance Scorecard	None	Steve McManus	
A.1.5 The board of directors should ensure that relevant metrics, measures, milestones and accountabilities are developed and agreed so as to understand and assess progress and delivery of performance. Where appropriate and, in particular, in high risk or complex areas, independent advice, for example, from the internal audit function, should be commissioned by the board of directors to provide an adequate and reliable level of assurance.	Integrated Performance Scorecard, Internal Audit Plan	None	Steve McManus / Bill Shields	
A.1.6. The board of directors should report on its approach to clinical governance and its plan for the improvement of clinical quality in accordance with guidance set out by the DH, NHS England, the CQC and Monitor. The board should record where, within the structure of the organisation, consideration of clinical governance matters occurs.	Quality Strategy, Quality Action Plan arising from CQC Inspection	Quality Action Plan to be developed once CQC report received. Quality Strategy to be updated to include Quality Action Plan.	Chris Harrison / Janice Sigsworth	
A.1.7. The chief executive as the accounting officer should follow the procedure set out by Monitor for advising the board of directors and the council of governors and for recording and submitting objections to decisions considered or taken by the board of directors in matters of propriety or regularity, and on issues relating to the wider responsibilities of the accounting officer for economy, efficiency and effectiveness.		Process will be developed prior to being authorised as an FT	Helen Potton / Jan Aps	

<b>Code/Statutory Provisions</b>	<b>Evidence</b>	<b>Action Required</b>	<b>Lead</b>	<b>RAG</b>
A.1.8. The board of directors should establish the constitution and standards of conduct for the NHS foundation trust and its staff in accordance with NHS values and accepted standards of behaviour in public life, which includes the principles of selflessness, integrity, objectivity, accountability, openness, honesty and leadership ( <i>The Nolan Principles</i> ).	Code of Conduct, draft constitution	Develop final constitution Review Code of Conduct	Helen Potton / Jan Aps / Jayne Mee	
A.1.9. The board of directors should operate a code of conduct that builds on the values of the NHS foundation trust and reflect high standards of probity and responsibility. The board of directors should follow a policy of openness and transparency in its proceedings and decision-making unless this is in conflict with a need to protect the wider interests of the public or the NHS foundation trust (including commercial-in-confidence matters) and make clear how potential conflicts of interest are dealt with.	Code of Conduct, draft constitution, Conflict of Interest Register	Develop final Constitution Review Code of Conduct	Helen Potton / Jan Aps / Jayne Mee	
A.1.10. The NHS foundation trust should arrange appropriate insurance to cover the risk of legal action against its directors. Assuming the governors have acted in good faith and in accordance with their duties, and proper process has been followed, the potential for liability for the council should be negligible. Governors may have the benefit of an indemnity and/or insurance from the trust. While there is no legal requirement for trusts to provide an indemnity or insurance for governors to cover their service on the council of governors, where an indemnity or insurance policy is given, this can be detailed in the trust's constitution.	NHSLA policy and Board decision to grant indemnity to the Council of Governors.	Develop final Constitution  Decision by Board to grant indemnity to CoG.	Helen Potton / Jan Aps / Bill Shields	

<b>A. Leadership (Continued)</b>				
<b>A.2</b>	<b>Division of responsibilities</b>			
<b>Main Principle</b>	A.2.a. There should be a clear division of responsibilities at the head of the NHS foundation trust between the chairing of the Boards of Directors and the Council of Governors, and the executive responsibility for the running of the NHS foundation trust's affairs. No one individual should have unfettered powers of decision.			
<b>Code/Statutory Provisions</b>	<b>Evidence</b>	<b>Action Required</b>	<b>Lead</b>	<b>RAG</b>
A.2.1. The division of responsibilities between the chairperson and chief executive should be clearly established, set out in writing and agreed by the board of directors.	Draft Constitution and Standing Orders	Develop final Constitution	Helen Potton/ Jan Aps / Bill Shields	
A.2.2. The roles of chairperson and chief executive must not be undertaken by the same individual.	Annual Report	None	Jayne Mee	

<b>A. Leadership (Continued)</b>				
<b>A.3.</b>	<b>The Chairperson</b>			
<b>Main Principle</b>	A.3.a. The chairperson is responsible for leadership of the Board of Directors and the Council of Governors, ensuring their effectiveness on all aspects of their role and leading on setting the agenda for meetings.			
<b>Code/Statutory Provisions</b>	<b>Evidence</b>	<b>Action Required</b>	<b>Lead</b>	<b>RAG</b>
A.3.1. The chairperson should, on appointment by the council of governors, meet the independence criteria set out in B.1.1. A chief executive should not go on to be the chairperson of the same NHS foundation trust.	Fit and proper person policy.	Develop fit and proper person policy	Jayne Mee	

<b>A. Leadership (Continued)</b>				
<b>A.4</b>	<b>Non-executive Directors</b>			
<b>Main Principle</b>	A.4.a. As part of their role as members of a unitary board, Non-Executive Directors should constructively challenge and help develop proposals on strategy. Non-Executive Directors should also promote the functioning of the board as a unitary board.			
<b>Code/Statutory Provisions</b>	<b>Evidence</b>	<b>Action Required</b>	<b>Lead</b>	<b>RAG</b>
A.4.1. In consultation with the council of governors, the board should appoint one of the independent non-executive directors to be the senior independent director to provide a sounding board for the chairperson and to serve as an intermediary for the other directors when necessary. The senior independent director should be available to governors if they have concerns that contact through the normal channels of chairperson, chief executive, finance director or trust secretary has failed to resolve, or for which such contact is inappropriate. The senior independent director could be the deputy chairperson.	Annual Report	None	Helen Potton / Jayne Mee	
A.4.2. The chairperson should hold meetings with the non-executive directors without the executives present. Led by the senior independent director, the non-executive directors should meet without the chairperson present, at least annually, to appraise the chairperson's performance, and on other such occasions as are deemed appropriate.	Private Board meetings, Minutes of Board Remuneration and Appointment Committee.	Annual appraisal of Board Chair.	Jayne Mee	
A.4.3. Where directors have concerns that cannot be resolved about the running of the NHS foundation trust or a proposed action, they should ensure that their concerns are recorded in the board minutes. On resignation, a director should provide a written statement to the chairperson for circulation to the board, if they have any such concerns.	Board Minutes	None	Helen Potton	

<b>A. Leadership (Continued)</b>				
<b>A.5</b>	<b>Governors</b>			
<b>Main Principles</b>	<b>A.5.a.</b> The Council of Governors has a duty to hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors. This includes ensuring the Board of Director's acts so that the foundation trust does not breach the conditions of its licence. It remains the responsibility of the board of directors to design and then implement agreed priorities, objectives and the overall strategy of the NHS foundation trust.			
	<b>A.5.b.</b> The Council of Governors is responsible for representing the interests of NHS foundation trust members and the public and staff in the governance of the NHS foundation trust. Governors must act in the best interests of the NHS foundation trust and should adhere to its values and code of conduct.			
	<b>A.5.c.</b> Governors are responsible for regularly feeding back information about the trust, its vision and its performance to members and the public and the stakeholder organisations that either elected or appointed them. The trust should ensure governors have appropriate support to help them discharge this duty.			
<b>Code/Statutory Provisions</b>	<b>Evidence</b>	<b>Action Required</b>	<b>Lead</b>	<b>RAG</b>
A.5.1. The council of governors should meet sufficiently regularly to discharge its duties. Typically the council of governors would be expected to meet as a full council at least four times a year. Governors should, where practicable, make every effort to attend the meetings of the council of governors. The NHS foundation trust should take appropriate steps to facilitate attendance.	Annual Calendar of Council meetings	Develop annual calendar of Council meetings.	Helen Potton / Jan Aps	
A.5.2. The council of governors should not be so large as to be unwieldy. The council of governors should be of sufficient size for the requirements of its duties. The roles, structure, composition, and procedures of the council of governors should be reviewed regularly as described in provision B.6.5.	Constitution	Finalise draft constitution	Helen Potton / Jan Aps	
A.5.3. The annual report should identify the members of the council of governors, including a description of the constituency or organisation that they represent, whether they were elected or appointed, and the duration of their appointments. The annual report should also identify the nominated lead governor. A record should be kept of the number of meetings of the council and the attendance of individual governors and it should be made available to members on request.	Annual report, Council minutes	Develop brief for the Annual Report to include Governors. Develop corporate governance structure to include Council of Governors.	Helen Potton / Jan Aps / Michelle Dixon	

<b>Code/Statutory Provisions</b>	<b>Evidence</b>	<b>Action Required</b>	<b>Lead</b>	<b>RAG</b>
A.5.4. The roles and responsibilities of the council of governors should be set out in a written document. This statement should include a clear explanation of the responsibilities of the council of governors towards members and other stakeholders and how governors will seek their views and keep them informed.	Standing Orders, Constitution	Develop and define role of Governors in the Constitution and Standing Orders.	Helen Potton / Jan Aps / Bill Shields	
A.5.5. The chairperson is responsible for leadership of both the board of directors and the council of governors (see A.3) but the governors also have a responsibility to make the arrangements work and should take the lead in inviting the chief executive to their meetings and inviting attendance by other executives and non-executives, as appropriate. In these meetings other members of the council of governors may raise questions of the chairperson or his/her deputy, or any other relevant director present at the meeting about the affairs of the NHS foundation trust.	Council members	Include as part of the Governor induction.	Helen Potton / Jan Aps	
A.5.6. The council of governors should establish a policy for engagement with the board of directors for those circumstances when they have concerns about the performance of the board of directors, compliance with the <i>new provider licence</i> or other matters related to the overall wellbeing of the NHS foundation trust. The council of governors should input into the board's appointment of a senior independent director (see A.4.1).	Council members, Remuneration & Appointments Committee	Develop a draft policy for discussion and agreement with the Governors on raising concerns.	Helen Potton / Jan Aps / Jayne Mee	
A.5.7. The council of governors should ensure its interaction and relationship with the board of directors is appropriate and effective. In particular, by agreeing the availability and timely communication of relevant information, discussion and the setting in advance of meeting agendas and, where possible, using clear, unambiguous language.	Council Calendar, annual workplan.	Develop a draft calendar and annual work plan for discussion and agreement with the Governors.	Helen Potton / Jan Aps	
A.5.8. The council of governors should only exercise its power to remove the chairperson or any non-executive directors after exhausting all means of engagement with the board of directors. The council should raise any issues with the chairperson with the senior independent director in the first instance.	Council minutes, Remuneration and Appointments Committee	Develop a draft policy for discussion and agreement with the Governors in raising concerns.	Helen Potton / Jan Aps / Jayne Mee	



<b>Code/Statutory Provisions</b>	<b>Evidence</b>	<b>Action Required</b>	<b>Lead</b>	<b>RAG</b>
A.5.9. The council of governors should receive and consider other appropriate information required to enable it to discharge its duties, for example clinical statistical data and operational data.	Council papers	Develop a draft calendar and annual work plan for discussion and agreement with the Governors.	Helen Potton / Jan Aps	
A.5.10 The council of governors has a statutory duty to hold the non-executive directors individually and collectively to account for the performance of the board of directors.	Council minutes	Develop a draft policy for discussion and agreement with the Governors on raising concerns.	Helen Potton / Jan Aps / Jayne Mee	
A.5.11. The 2006 Act, as amended, gives the council of governors a statutory requirement to receive the following documents. These documents should be provided in the annual report as per the <i>NHS Foundation Trust Annual Reporting Manual</i> : (a) the annual accounts; (b) any report of the auditor on them; and (c) the annual report.	Annual Report Annual Accounts	Include in annual work plan	Helen Potton / Jan Aps	
A.5.12 The directors must provide governors with an agenda prior to any meeting of the board, and a copy of the approved minutes as soon as is practicable afterwards. There is no legal basis on which the minutes of private sessions of board meetings should be exempted from being shared with the governors. In practice, it may be necessary to redact some information, for example, for data protection or commercial reasons. Governors should respect the confidentiality of these documents.	Council papers	Include in annual workplan	Helen Potton / Jan Aps	
A.5.13 The council of governors may require one or more of the directors to attend a meeting to obtain information about performance of the trust's functions or the directors' performance of their duties, and to help the council of governors to decide whether to propose a vote on the trust's or directors' performance.	Council papers	Include as part of the Governor induction	Helen Potton / Jan Aps	
A.5.14 Governors have the right to refer a question to the independent panel for advising governors. More than 50% of governors who vote must approve this referral. The council should ensure dialogue with the board of directors takes place before considering such a referral, as it may be possible to resolve questions in this way.	Council papers	Develop a draft policy for discussion and agreement with the Governors on raising concerns.	Helen Potton / Jan Aps / Jayne Mee	

<b>Code/Statutory Provisions</b>	<b>Evidence</b>	<b>Action Required</b>	<b>Lead</b>	<b>RAG</b>
<p>A.5.15. Governors should use their new rights and voting powers from the 2012 Act to represent the interests of members and the public on major decisions taken by the board of directors. These new voting powers require:</p> <ul style="list-style-type: none"> <li>• More than half of the members of the board of directors who vote and more than half of the members of the council of governors who vote to approve a change to the constitution of the NHS foundation trust.</li> <li>• More than half of governors who vote to approve a significant transaction.</li> <li>• More than half of all governors to approve an application by a trust for a merger, acquisition, separation or dissolution.</li> <li>• More than half of governors who vote, to approve any proposal to increase the proportion of the trust's income earned from non-NHS work by 5% a year or more. For example, governors will be required to vote where an NHS foundation trust plans to increase its non-NHS income from 2% to 7% or more of the trust's total income.</li> <li>• Governors to determine together whether the trust's non-NHS work will significantly interfere with the trust's principal purpose, which is to provide goods and services for the health service in England, or its ability to perform its other functions.</li> </ul> <p>NHS foundation trusts are permitted to decide themselves what constitutes a "significant transaction" and may choose to set out the definition(s) in the trust's constitution. Alternatively, with the agreement of the governors, trusts may choose not to give a definition, but this would need to be stated in the constitution.</p>	<p>Standing Orders Constitution</p>	<p>Develop final Constitution Review Standing Orders</p>	<p>Helen Potton / Jan Aps / Bill Shields</p>	

<b>B. Effectiveness</b>				
<b>B.1</b>	<b>The composition of the Board</b>			
<b>Main Principle</b>	B.1.a. The Board of Directors and its committees should have the appropriate balance of skills, experience, independence and knowledge of the NHS foundation trust to enable them to discharge their respective duties and responsibilities effectively.			
<b>Code/Statutory Provisions</b>	<b>Evidence</b>	<b>Action Required</b>	<b>Lead</b>	<b>RAG</b>
B.1.1. The board of directors should identify in the annual report each non-executive director it considers to be independent. The board should determine whether the director is independent in character and judgement and whether there are relationships or circumstances which are likely to affect, or could appear to affect, the director's judgement. The board of directors should state its reasons if it determines that a director is independent despite the existence of relationships or which may appear relevant to its determination, including if the director: <ul style="list-style-type: none"> <li>• has been an employee of the NHS foundation trust within the last five years;</li> <li>• has, or has had within the last three years, a material business relationship with the NHS foundation trust either directly, or as a partner, shareholder, director or senior employee of a body that has such a relationship with the NHS foundation trust;</li> <li>• has received or receives additional remuneration from the NHS foundation trust apart from a director's fee, participates in the NHS foundation trust's performance-related pay scheme, or is a member of the NHS foundation trust's pension scheme;</li> <li>• has close family ties with any of the NHS foundation trust's advisers, directors or senior employees;</li> <li>• holds cross-directorships or has significant links with other directors through involvement in other companies or bodies;</li> <li>• has served on the board of the NHS foundation trust for more than six years from the date of their first appointment; or</li> <li>• is an appointed representative of the NHS foundation trust's university medical or dental school.</li> </ul>	Conflicts of Interest register Fit and Proper person policy	Develop Fit and Proper person policy	Jan Aps / Jayne Mee	

<b>Code/Statutory Provisions</b>	<b>Evidence</b>	<b>Action Required</b>	<b>Lead</b>	<b>RAG</b>
B.1.2. At least half the board of directors, excluding the chairperson, should comprise non-executive directors determined by the board to be independent.	Annual Report, Conflict of Interest Register	None	Jayne Mee	
B.1.3. No individual should hold, at the same time, positions of director and governor of any NHS foundation trust.	Annual Report	None	Jayne Mee	
B.1.4. The board of directors should include in its annual report a description of each director's skills, expertise and experience. Alongside this, in the annual report, the board should make a clear statement about its own balance, completeness and appropriateness to the requirements of the NHS foundation trust. Both statements should also be available on the NHS foundation trust's website.	Annual Report	Develop brief for the Annual Report to include appropriate descriptions and statements.	Jayne Mee / Jan Aps / Michelle Dixon	

<b>B. Effectiveness (Continued)</b>				
<b>B.2</b>	<b>Appointments to the Board</b>			
<b>Main Principle</b>	<b>B.2.a.</b> There should be a formal, rigorous and transparent procedure for the appointment of new Directors to the Board. Directors of NHS foundation trusts must be “fit and proper” to meet the requirements of the general conditions of the provider licence.			
<b>Code/Statutory Provisions</b>	<b>Evidence</b>	<b>Action Required</b>	<b>Lead</b>	<b>RAG</b>
B.2.1. The nominations committee or committees, with external advice as appropriate, are responsible for the identification and nomination of executive and non-executive directors. The nominations committee should give full consideration to succession planning, taking into account the future challenges, risks and opportunities facing the NHS foundation trust and the skills and expertise required within the board of directors to meet them.	Nomination and Appointments Committee Terms of Reference	Draft and agree Terms of Reference for the two nomination and appointment committees prior to authorisation and with Governor agreement	Helen Potton / Jan Aps / Jayne Mee	
B.2.2. Directors on the board of directors and governors on the council of governors should meet the “fit and proper” persons test described in the provider licence. For the purpose of the licence and application criteria, “fit and proper” persons are defined as those without certain recent criminal convictions and director disqualifications, and those who are not bankrupt (undischarged). In exceptional circumstances and at Monitor's discretion an exemption to this may be granted. Trusts should also abide by the updated guidance from the CQC regarding appointments to senior positions in organisations subject to CQC regulations	Fit and Proper persons policy	Develop Fit and Proper policy.	Jayne Mee	

<b>Code/Statutory Provisions</b>	<b>Evidence</b>	<b>Action Required</b>	<b>Lead</b>	<b>RAG</b>
B.2.3. There may be one or two nominations committees. If there are two committees, one will be responsible for considering nominations for executive directors and the other for non-executive directors (including the chairperson). The nominations committee(s) should regularly review the structure, size and composition of the board of directors and make recommendations for changes where appropriate. In particular, the nominations committee(s) should evaluate, at least annually, the balance of skills, knowledge and experience on the board of directors and, in the light of this evaluation, prepare a description of the role and capabilities required for appointment of both executive and non-executive directors, including the chairperson.	Nomination and Appointments Committees Terms of Reference and minutes	Draft and agree Terms of Reference for the two nominations and appointments committees prior to authorisation and with Governor agreement	Jayne Mee / Jan Aps	
B.2.4. The chairperson or an independent non-executive director should chair the nominations committee(s).	Nomination and Appointments Committees Terms of Reference	Draft and agree Terms of Reference for the two nomination and appointments committees prior to authorisation and with Governor agreement	Helen Potton / Jan Aps / Jayne Mee	
B.2.5. The governors should agree with the nominations committee a clear process for the nomination of a new chairperson and non-executive directors. Once suitable candidates have been identified the nominations committee should make recommendations to the council of governors.	Nominations Policy	Develop a policy for the nomination and appointment of Chair and NEDs.	Helen Potton / Jan Aps / Jayne Mee	
B.2.6. Where an NHS foundation trust has two nominations committees, the nominations committee responsible for the appointment of non-executive directors should consist of a majority of governors. If only one nominations committee exists, when nominations for non-executives, including the appointment of a chairperson or a deputy chairperson, are being discussed, there should be a majority of governors on the committee and also a majority governor representation on the interview panel.	Nominations and Appointments Committee Terms of Reference	Draft and agree Terms of Reference for the two nomination and appointments committees prior to authorisation and with Governor agreement	Helen Potton / Jan Aps / Jayne Mee	

<b>Code/Statutory Provisions</b>	<b>Evidence</b>	<b>Action Required</b>	<b>Lead</b>	<b>RAG</b>
B.2.7. When considering the appointment of non-executive directors, the council of governors should take into account the views of the board of directors and the nominations committee on the qualifications, skills and experience required for each position.	Nominations Policy	Develop a policy for the nomination and appointment and re-appointment of Chair and NEDs.	Helen Potton / Jan Aps / Jayne Mee	
B.2.8. The annual report should describe the process followed by the council of governors in relation to appointments of the chairperson and non-executive directors.	Annual Report	Develop brief for the Annual Report to include process of appointment.	Michelle Dixon / Jan Aps	
B.2.9. An independent external adviser should not be a member of or have a vote on the nominations committee(s).	Nominations and Appointments Committee Terms of Reference	Draft and agree Terms of Reference for the two nomination and appointments committees prior to authorisation and with Governor agreement	Helen Potton / Jan Aps / Jayne Mee	
B.2.10. A separate section of the annual report should describe the work of the nominations committee(s), including the process it has used in relation to board appointments. The main role and responsibilities of the nominations committee should be set out in publicly available, written terms of reference.	Annual Report	Develop brief for the Annual Report to include section on nomination committee.	Michelle Dixon / Jan Aps	
B.2.11. It is a requirement of the 2006 Act that the chairperson, the other non-executive directors and – except in the case of the appointment of a chief executive – the chief executive, are responsible for deciding the appointment of executive directors. The nominations committee with responsibility for executive director nominations should identify suitable candidates to fill executive director vacancies as they arise and make recommendations to the chairperson, the other non-executives directors and, except in the case of the appointment of a chief executive, the chief executive.	Nominations and Appointments Committee Terms of Reference and minutes	None.	Jayne Mee	
B.2.12. It is for the non-executive directors to appoint and remove the chief executive. The appointment of a chief executive requires the approval of the council of governors.	Nominations and Appointments Committee Terms of Reference Standing Orders Constitution	Finalise Constitution Update Standing Orders	Helen Potton / Jan Aps / Bill Shields / Jayne Mee	

<b>Code/Statutory Provisions</b>	<b>Evidence</b>	<b>Action Required</b>	<b>Lead</b>	<b>RAG</b>
B.2.13 The governors are responsible at a general meeting for the appointment, re-appointment and removal of the chairperson and the other non-executive directors.	Nominations and Appointments Committee Terms of Reference, minutes Council minutes	Develop a draft policy for agreement with the Governors on nomination, appointment and removal of Chair and NEDs	Helen Potton / Jan Aps / Jayne Mee	



<b>B. Effectiveness (Continued)</b>				
<b>B.3</b>	<b>Commitment</b>			
<b>Main Principle</b>	<b>B.3.a.</b> All directors should be able to allocate sufficient time to the NHS foundation trust to discharge their responsibilities effectively.			
<b>Code/Statutory Provisions</b>	<b>Evidence</b>	<b>Action Required</b>	<b>Lead</b>	<b>RAG</b>
B.3.1. For the appointment of a chairperson, the nominations committee should prepare a job specification defining the role and capabilities required including an assessment of the time commitment expected, recognising the need for availability in the event of emergencies. A chairperson's other significant commitments should be disclosed to the council of governors before appointment and included in the annual report. Changes to such commitments should be reported to the council of governors as they arise, and included in the next annual report. No individual, simultaneously whilst being a chairperson of an NHS foundation trust, should be the substantive chairperson of another NHS foundation trust.	NED JD Interview Process Annual report	Include disclosure in Annual Report Develop JD of Chair	Jayne Mee / Jan Aps	
B.3.2. The terms and conditions of appointment of non-executive directors should be made available to the council of governors. The letter of appointment should set out the expected time commitment. Non-executive directors should undertake that they will have sufficient time to meet what is expected of them. Their other significant commitments should be disclosed to the council of governors before appointment, with a broad indication of the time involved and the council of governors should be informed of subsequent changes.	Nomination and Appointments Committees minutes Letters of appointment	Develop JD and terms and conditions of appointment for NEDs and a covering letter of appointment.	Jayne Mee / Jan Aps	
B.3.3. The board of directors should not agree to a full-time executive director taking on more than one non-executive directorship of an NHS foundation trust or another organisation of comparable size and complexity, nor the chairpersonship of such an organisation.	ED Contracts	None	Jayne Mee	

<b>B. Effectiveness (Continued)</b>				
<b>B.4</b>	<b>Development</b>			
<b>Main Principle</b>	<b>B.4.a.</b> All Directors and Governors should receive appropriate induction on joining the board of directors or the council of governors and should regularly update and refresh their skills and knowledge. Both Directors and Governors should make every effort to participate in training that is offered.			
<b>Code/Statutory Provisions</b>	<b>Evidence</b>	<b>Action Required</b>	<b>Lead</b>	<b>RAG</b>
B.4.1. The chairperson should ensure that new directors and governors receive a full and tailored induction on joining the board or the council of governors. As part of this, directors should seek out opportunities to engage with stakeholders, including patients, clinicians and other staff. Directors should also have access, at the NHS foundation trust's expense, to training courses and/or materials that are consistent with their individual and collective development programme.	Induction programme Governors / Directors development programme	Develop an induction programme for Directors and Governors Develop an Annual Governor / Director Development Programme	Jayne Mee / Jan Aps	
B.4.2. The chairperson should regularly review and agree with each director their training and development needs as they relate to their role on the board.	Performance & Development Review of NEDs	Chairman to carry out annual PDR for the NEDs	Jayne Mee	
B.4.3 The board has a duty to take steps to ensure that governors are equipped with the skills and knowledge they need to discharge their duties appropriately.	Induction Programme Governor Development Programme	Induction programme will need to be refined for Governors. Develop an annual Governor Development Programme	Jan Aps / Jayne Mee	

<b>B. Effectiveness (Continued)</b>				
<b>B.5</b>	<b>Information and support</b>			
<b>Main Principle</b>	<b>B.5.a.</b> The Board of Directors and the Council of Governors should be supplied in a timely manner with relevant information in a form and of a quality appropriate to enable them to discharge their respective duties. Statutory requirements on the provision of information from the board of directors to the council of governors are provided in <i>Your statutory duties: A reference guide for NHS foundation trust governors</i> .			
<b>Code/Statutory Provisions</b>	<b>Evidence</b>	<b>Action Required</b>	<b>Lead</b>	<b>RAG</b>
B.5.1. The board of directors and the council of governors should be provided with high-quality information appropriate to their respective functions and relevant to the decisions they have to make. The board of directors and the council of governors should agree their respective information needs with the executive directors through the chairperson. The information for the boards should be concise, objective, accurate and timely, and it should be accompanied by clear explanations of complex issues. The board of directors should have complete access to any information about the NHS foundation trust that it deems necessary to discharge its duties, including access to senior management and other employees.	Board / Council papers, Board / Council minutes, Committee papers, Committee minutes, action logs for Board / Council and Committees.	Discuss with Shadow Governors their information requirements.	Helen Potton / Jan Aps	
B.5.2. The board of directors and in particular non-executive directors, may reasonably wish to challenge assurances received from the executive management. They need not seek to appoint a relevant adviser for each and every subject area that comes before the board of directors, although they should, wherever possible, ensure that they have sufficient information and understanding to enable challenge and to take decisions on an informed basis. When complex or high-risk issues arise, the first course of action should normally be to encourage further and deeper analysis to be carried out in a timely manner, within the NHS foundation trust. On occasion, non-executives may reasonably decide that external assurance is appropriate.	Board minutes, Committee minutes, action logs, ToR. Internal and External Audit Reports	None	Helen Potton	

<b>Code/Statutory Provisions</b>	<b>Evidence</b>	<b>Action Required</b>	<b>Lead</b>	<b>RAG</b>
B.5.3. The board should ensure that directors, especially non-executive directors, have access to the independent professional advice, at the NHS foundation trust's expense, where they judge it necessary to discharge their responsibilities as directors. Decisions to appoint an external adviser should be the collective decision of the majority of non-executive directors. The availability of independent external sources of advice should be made clear at the time of appointment.	Board / Committee minutes and Action Logs and ToR.	None	Helen Potton	
B.5.4 Committees should be provided with sufficient resources to undertake their duties. The board of directors should also ensure that the council of governors is provided with sufficient resources to undertake its duties with such arrangements agreed in advance.	Committee Workplan and minutes Council annual calendar	Discuss with shadow Governors their support requirements.	Helen Potton / Jan Aps	
B.5.5. Non-executive directors should consider whether they are receiving the necessary information in a timely manner and feel able to raise appropriate challenge of recommendations of the board, in particular making full use of their skills and experience gained both as a director of the trust and also in other leadership roles. They should expect and apply similar standards of care and quality in their role as a non-executive director of an NHS foundation trust as they would in other similar roles.	Board minutes, committee minutes.	None	Helen Potton	
B.5.6. Governors should canvass the opinion of the trust's members and the public, and for appointed governors the body they represent, on the NHS foundation trust's forward plan, including its objectives, priorities and strategy, and their views should be communicated to the board of directors. The annual report should contain a statement as to how this requirement has been undertaken and satisfied.	Council Minutes Annual Report	Include as part of Governor Induction Develop statement for annual report	Helen Potton / Jan Aps / Michelle Dixon	
B.5.7. Where appropriate, the board of directors should take account of the views of the council of governors on the forward plan in a timely manner and communicate to the council of governors where their views have been incorporated in the NHS foundation trust's plans, and, if not, the reasons for this.	Board Minutes	Include in annual workplan	Helen Potton / Jan Aps	
B.5.8 The board of directors must have regard for the views of the council of governors on the NHS foundation trust's forward plan.	Board Minutes	Include in annual workplan	Helen Potton / Jan Aps	

<b>B. Effectiveness (Continued)</b>				
<b>B.6</b>	<b>Evaluation</b>			
<b>Main Principles</b>	<b>B.6.a.</b> The Board of Directors should undertake a formal and rigorous annual evaluation of its own performance and that of its committees and individual directors.			
	<b>B.6.b.</b> The outcomes of the evaluation of the executive directors should be reported to the board of directors. The chief executive should take the lead on the evaluation of the Executive Directors.			
	<b>B.6.c.</b> The Council of Governors, which is responsible for the appointment and re- appointment of non-executive directors, should take the lead on agreeing a process for the evaluation of the chairperson and the Non-Executives, with the chairperson and the Non-Executives. The outcomes of the evaluation of the Non-Executive directors should be agreed with them by the chairperson. The outcomes of the evaluation of the chairperson should be agreed by him or her with the senior independent director. The outcomes of the evaluation of the Non-Executive Directors and the chairperson should be reported to the Governors. The governors should bear in mind that it may be desirable to use the senior independent director to lead the evaluation of the chairperson.			
	<b>B.6.d.</b> The council of governors should assess its own collective performance and its impact on the NHS foundation trust.			
<b>Code/Statutory Provisions</b>	<b>Evidence</b>	<b>Action Required</b>	<b>Lead</b>	<b>RAG</b>
B.6.1. The board of directors should state in the annual report how performance evaluation of the board, its committees, and its directors, including the chairperson, has been conducted, bearing in mind the desirability for independent assessment, and the reason why the NHS foundation trust adopted a particular method of performance evaluation.	Board minutes, Committee minutes, Board / Committee ToR PDR of Directors	Develop brief for inclusion in the Annual Report Include annual performance evaluation of Board, Committees, Chairperson and NEDs in annual workplan	Jan Aps / Jayne Mee / Executive Directors leads for Board Committees	
B.6.2. Evaluation of the boards of NHS foundations trusts should be externally facilitated at least every three years. The evaluation needs to be carried out against the board leadership and governance framework set out by Monitor. The external facilitator should be identified in the annual report and a statement made as to whether they have any other connection to the trust.	External Consultant Report Annual Report	External consultant to conduct Board evaluation every three years. Include statement in Annual Report	Jayne Mee / Jan Aps / Michelle Dixon	

<b>Code/Statutory Provisions</b>	<b>Evidence</b>	<b>Action Required</b>	<b>Lead</b>	<b>RAG</b>
B.6.3. The senior independent director should lead the performance evaluation of the chairperson, within a framework agreed by the council of governors and taking into account the views of directors and governors.	PDR of Chair Remuneration and Appointments Committee Minutes	Adopt the Trust's Performance and Development Review process for the Chair	Jayne Mee / Helen Potton / Jan Aps	
B.6.4. The chairperson, with assistance of the board secretary, if applicable, should use the performance evaluations as the basis for determining individual and collective professional development programmes for non-executive directors relevant to their duties as board members.	PDR of NEDs	Develop an annual Director Development Programme	Jayne Mee	
B.6.5. Led by the chairperson, the council of governors should periodically assess their collective performance and they should regularly communicate to members and the public details on how they have discharged their responsibilities, including their impact and effectiveness on: <ul style="list-style-type: none"> <li>holding the non-executive directors individually and collectively to account for the performance of the board of directors.</li> <li>communicating with their member constituencies and the public and transmitting their views to the board of directors; and</li> <li>contributing to the development of forward plans of NHS foundation trusts.</li> </ul> The council of governors should use this process to review its roles, structure, composition and procedures, taking into account emerging best practice. Further information can be found in Monitor's publication: <i>Your statutory duties: A reference guide for NHS foundation trust governors</i> .	Council minutes	Include in annual workplan	Helen Potton / Jan Aps	

<b>Code/Statutory Provisions</b>	<b>Evidence</b>	<b>Action Required</b>	<b>Lead</b>	<b>RAG</b>
<p>B.6.6. There should be a clear policy and a fair process, agreed and adopted by the council of governors, for the removal from the council of any governor who consistently and unjustifiably fails to attend the meetings of the council of governors or has an actual or potential conflict of interest which prevents the proper exercise of their duties. This should be shared with governors. In addition, it may be appropriate for the process to provide for removal from the council of governors where behaviours or actions of a governor or group of governors may be incompatible with the values and behaviours of the NHS foundation trust. Where there is any disagreement as to whether the proposal for removal is justified, an independent assessor agreeable to both parties should be requested to consider the evidence and determine whether the proposed removal is reasonable or otherwise.</p>	<p>Policy for the election and removal of Governors Nomination and Appointment Committee minutes</p>	<p>Develop a policy for the election, re-election and removal of Governors</p>	<p>Helen Potton / Jan Aps / Jayne Mee</p>	

<b>B. Effectiveness (Continued)</b>				
<b>B.7</b>	<b>Re-appointment of Directors and re-election of Governors</b>			
<b>Main Principle</b>	<b>B.7.a.</b> All Non-Executive Directors and elected Governors should be submitted for re- appointment or re-election at regular intervals. The performance of Executive Directors of the Board should be subject to regular appraisal and review. The Council of Governors should ensure planned and progressive refreshing of the Non-Executive Directors.			
<b>Code/Statutory Provisions</b>	<b>Evidence</b>	<b>Action Required</b>	<b>Lead</b>	<b>RAG</b>
B.7.1. In the case of re-appointment of non-executive directors, the chairperson should confirm to the governors that following formal performance evaluation, the performance of the individual proposed for re-appointment continues to be effective and to demonstrate commitment to the role. Any term beyond six years (eg, two three-year terms) for a non-executive director should be subject to particularly rigorous review, and should take into account the need for progressive refreshing of the board. Non-executive directors may, in exceptional circumstances, serve longer than six years (eg, two three-year terms following authorisation of the NHS foundation trust) but this should be subject to annual re-appointment. Serving more than six years could be relevant to the determination of a non-executive's independence.	Policy, Nomination and Appointments Committee Minutes, PDRs of NEDs	Develop a policy for the nomination, appointment and reappointment of Chair and NEDs.	Helen Potton / Jan Aps / Jayne Mee	
B.7.2. Elected governors must be subject to re-election by the members of their constituency at regular intervals not exceeding three years. The names of governors submitted for election or re-election should be accompanied by sufficient biographical details and any other relevant information to enable members to take an informed decision on their election. This should include prior performance information.	Constitution Model Election rules	Finalise Constitution and Model Election Rules	Helen Potton / Jan Aps	
B.7.3. Approval by the council of governors of the appointment of a chief executive should be a subject of the first general meeting after the appointment by a committee of the chairperson and non-executive directors. All other executive directors should be appointed by a committee of the chief executive, the chairperson and non-executive directors.	Constitution Standing Orders Terms of Reference of the Nominations and Appointments Committee Minutes, Council Minutes	Finalise Constitution, review standing orders, review Terms of Reference for the Nomination and Appointments Committee.	Helen Potton / Jan Aps / Jayne Mee	



<b>Code/Statutory Provisions</b>	<b>Evidence</b>	<b>Action Required</b>	<b>Lead</b>	<b>RAG</b>
B.7.4 Non-executive directors, including the chairperson should be appointed by the council of governors for the specified terms subject to re-appointment thereafter at intervals of no more than three years and subject to the 2006 Act provisions relating to removal of a director.	Nomination and Appointment Committee Minutes	Develop policy for the nomination, appointment and re-appointment of Chairman and NEDs	Helen Potton / Jan Aps / Jayne Mee	
B.7.5 Elected governors must be subject to re-election by the members of their constituency at regular intervals not exceeding three years.	Model Election Rules Election Results Constitution	Finalise Constitution and Model Election Rules	Helen Potton / Jan Aps	

<b>B. Effectiveness (Continued)</b>				
<b>B.8</b>	<b>Resignation of Directors</b>			
<b>Main Principle</b>	<b>B.8.a.</b> The Board of Directors is responsible for ensuring ongoing compliance by the NHS Foundation Trust with its licence, its constitution, mandatory guidance issued by Monitor, relevant statutory requirements and contractual obligations. In so doing, it should ensure it retains the necessary skills within its Board and Directors and works with the Council of Governors to ensure there is appropriate succession planning.			
<b>Code/Statutory Provisions</b>	<b>Evidence</b>	<b>Action Required</b>	<b>Lead</b>	<b>RAG</b>
B.8.1 The remuneration committee should not agree to an executive member of the board leaving the employment of an NHS foundation trust, except in accordance with the terms of their contract of employment, including but not limited to service of their full notice period and/or material reductions in their time commitment to the role, without the board first having completed and approved a full risk assessment.	Remuneration and Appointments Committee minutes. Contracts of employment of Executive Directors.	None	Jayne Mee	

<b>C. Accountability</b>				
<b>C.1</b>	<b>Financial, Quality and Operational reporting</b>			
<b>Main Principle</b>	C.1.a. The Board of Directors should present a fair, balanced and understandable assessment of the NHS foundation trust's position and prospects.			
<b>Code/Statutory Provisions</b>	<b>Evidence</b>	<b>Action Required</b>	<b>Lead</b>	<b>RAG</b>
C.1.1. The directors should explain in the annual report their responsibility for preparing the annual report and accounts, and state that they consider the annual report and accounts, taken as a whole, are fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess the NHS foundation trust's performance, business model and strategy. There should be a statement by the external auditor about their reporting responsibilities. Directors should also explain their approach to quality governance in the Annual Governance Statement (within the annual report).	Annual Report Annual Governance Statement	None	Michelle Dixon / Jan Aps	
C.1.2. The directors should report that the NHS foundation trust is a going concern with supporting assumptions or qualifications as necessary.	Going concern report Annual Accounts	None	Bill Shields	
C.1.3. At least annually and in a timely manner, the board of directors should set out clearly its financial, quality and operating objectives for the NHS foundation trust and disclose sufficient information, both quantitative and qualitative, of the NHS foundation trust's business and operation, including clinical outcome data, to allow members and governors to evaluate its performance. Further requirements are included in the <i>NHS Foundation Trust Annual Reporting Manual</i> .	Annual Report	None	Michelle Dixon Executive Directors	

Code/Statutory Provisions	Evidence	Action Required	Lead	RAG
<p>C.1.4.</p> <p>a) The board of directors must notify Monitor and the council of governors without delay and should consider whether it is in the public's interest to bring to the public attention, any major new developments in the NHS foundation trust's sphere of activity which are not public knowledge, which it is able to disclose and which may lead by virtue of their effect on its assets and liabilities, or financial position or on the general course of its business, to a substantial change to the financial wellbeing, health care delivery performance or reputation and standing of the NHS foundation trust.</p> <p>b) The board of directors must notify Monitor and the council of governors without delay and should consider whether it is in the public interest to bring to public attention all relevant information which is not public knowledge concerning a material change in:</p> <ul style="list-style-type: none"> <li>• the NHS foundation trust's financial condition;</li> <li>• the performance of its business; and/or</li> <li>• the NHS foundation trust's expectations as to its performance which, if made public, would be likely to lead to a substantial change to the financial wellbeing, health care delivery performance or reputation and standing of the NHS foundation trust.</li> </ul>	<p>Board Minutes Board Action Log Council Minutes</p>	<p>None</p>	<p>Bill Shields / Jan Aps / Michelle Dixon</p>	

<b>C. Accountability (Continued)</b>				
<b>C.2</b>	<b>Risk Management and Internal Control</b>			
<b>Main Principles</b>	<b>C.2.a.</b> The Board of Directors is responsible for determining the nature and extent of the significant risks it is willing to take in achieving its strategic objectives. The board should maintain sound risk management systems.			
	<b>C.2.b.</b> The Board of Directors should maintain a sound system of internal control to safeguard patient safety, public and private investment, the NHS foundation trust's assets, and service quality. The board should report on internal control through the Annual Governance Statement (formerly the Statement on Internal Control) in the annual report.			
<b>Code/Statutory Provisions</b>	<b>Evidence</b>	<b>Action Required</b>	<b>Lead</b>	<b>RAG</b>
C.2.1. 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.	Risk Management Strategy, Corporate Risk Register, Internal Audit Plan and reports.	None	Janice Sigsworth / Bill Shields	
C.2.2 A trust should disclose in the annual report: (a) if it has an internal audit function, how the function is structured and what role it performs; or (b) if it does not have an internal audit function, that fact and the processes it employs for evaluating and continually improving the effectiveness of its risk management and internal control processes.	Annual Report Annual Governance Statement	None	Jan Aps / Bill Shields	

<b>C. Accountability (Continued)</b>				
<b>C.3</b>	<b>Audit Committee and auditors</b>			
<b>Main Principle</b>	<b>C.3.a.</b> The Board of Directors should establish formal and transparent arrangements for considering how they should apply the corporate reporting and risk management and internal control principles and for maintaining an appropriate relationship with the NHS Foundation Trust’s auditors.			
<b>Code/Statutory Provisions</b>	<b>Evidence</b>	<b>Action Required</b>	<b>Lead</b>	<b>RAG</b>
C.3.1. The board of directors should establish an audit committee composed of at least three members who are all independent non-executive directors. The board should satisfy itself that the membership of the audit committee has sufficient skills to discharge its responsibilities effectively, including ensuring that at least one member of the audit committee has recent and relevant financial experience. The chairperson of the trust should not chair or be a member of the audit committee. He can, however, attend meetings by invitation as appropriate.	Terms of Reference, Audit, Risk & Governance Minutes	None	Helen Potton	

<b>Code/Statutory Provisions</b>	<b>Evidence</b>	<b>Action Required</b>	<b>Lead</b>	<b>RAG</b>
<p>C.3.2. The main role and responsibilities of the audit committee should be set out in publicly available, written terms of reference. The council of governors should be consulted on the terms of reference, which should be reviewed and refreshed regularly. It should include details of how it will:</p> <ul style="list-style-type: none"> <li>• Monitor the integrity of the financial statements of the NHS foundation trust, and any formal announcements relating to the trust's financial performance, reviewing significant financial reporting judgements contained in them;</li> <li>• Review the NHS foundation trust's internal financial controls and, unless expressly addressed by a separate board risk committee composed of independent directors, or by the board itself, review the trust's internal control and risk management systems;</li> <li>• Monitor and review the effectiveness of the NHS foundation trust's internal audit function, taking into consideration relevant UK professional and regulatory requirements;</li> <li>• Review and monitor the external auditor's independence and objectivity and the effectiveness of the audit process, taking into consideration relevant UK professional and regulatory requirements;</li> <li>• Develop and implement policy on the engagement of the external auditor to supply non-audit services, taking into account relevant ethical guidance regarding the provision of non-audit services by the external audit firm; and</li> <li>• Report to the council of governors, identifying any matters in respect of which it considers that action or improvement is needed and making recommendations as to the steps to be taken.</li> </ul>	<p>Terms of Reference of Audit, Risk &amp; Governance Committee</p>	<p>Annual work plan to include Annual review of Audit, Risk &amp; Governance Committee Terms of Reference.</p>	<p>Helen Potton / Jan Aps</p>	

<b>Code/Statutory Provisions</b>	<b>Evidence</b>	<b>Action Required</b>	<b>Lead</b>	<b>RAG</b>
C.3.3. The council of governors should take the lead in agreeing with the audit committee the criteria for appointing, re-appointing and removing external auditors. The council of governors will need to work hard to ensure they have the skills and knowledge to choose the right external auditor and monitor their performance. However, they should be supported in this task by the audit committee, which provides information to the governors on the external auditor's performance as well as overseeing the NHS foundation trust's internal financial reporting and internal auditing.	Policy on appointment, reappointment, removal of external auditors.	Draft policy for appointment, re-appointment and removal of external auditors and agree with Council	Helen Potton / Jan Aps / Bill Shields	
C.3.4. The audit committee should make a report to the council of governors in relation to the performance of the external auditor, including details such as the quality and value of the work and the timeliness of reporting and fees, to enable to council of governors to consider whether or not to re-appoint them. The audit committee should also make recommendation to the council of governors about the appointment, re-appointment and removal of the external auditor and approve the remuneration and terms of engagement of the external auditor.	Council papers	Draft policy for appointment, re-appointment and removal of external auditors and agree with Council	Helen Potton / Jan Aps / Bill Shields	
C.3.5 If the council of governors does not accept the audit committee's recommendation, the board of directors should include in the annual report a statement from the audit committee explaining the recommendation and should set out reasons why the council of governors has taken a different position.	Annual Report	Develop brief for inclusion in the Annual Report	Helen Potton / Jan Aps / Bill Shields	
C.3.6. The NHS foundation trust should appoint an external auditor for a period of time which allows the auditor to develop a strong understanding of the finances, operations and forward plans of the NHS foundation trust. The current best practice is for a three- to five-year period of appointment.	Policy on appointment, re-appointment and removal of external auditors.	Draft policy on appointment, re-appointment and removal of external auditors and agree with Council	Helen Potton / Jan Aps / Bill Shields	
C.3.7. When the council of governors ends an external auditor's appointment in disputed circumstances, the chairperson should write to Monitor informing it of the reasons behind the decision.	Council papers and action log.	Draft policy on appointment, re-appointment and removal of external auditors and agree with Council	Helen Potton / Jan Aps / Bill Shields	



<b>Code/Statutory Provisions</b>	<b>Evidence</b>	<b>Action Required</b>	<b>Lead</b>	<b>RAG</b>
<p>C.3.8. The audit committee should review arrangements that allow staff of the NHS foundation trust and other individuals where relevant, to raise, in confidence, concerns about possible improprieties in matters of financial reporting and control, clinical quality, patient safety or other matters. The audit committee's objective should be to ensure that arrangements are in place for the proportionate and independent investigation of such matters and for appropriate follow-up action. This should include ensuring safeguards for those who raise concerns are in place and operating effectively. Such processes should enable individuals or groups to draw formal attention to practices that are unethical or violate internal or external policies, rules or regulations and to ensure that valid concerns are promptly addressed. These processes should also reassure individuals raising concerns that they will be protected from potential negative repercussions.</p>	<p>Annual report on Whistleblowing submitted to Audit, Risk &amp; Governance Committee.</p>	<p>None</p>	<p>Jayne Mee</p>	
<p>C.3.9. A separate section of the annual report should describe the work of the committee in discharging its responsibilities. The report should include:</p> <ul style="list-style-type: none"> <li>• the significant issues that the committee considered in relation to financial statements, operations and compliance, and how these issues were addressed;</li> <li>• an explanation of how it has assessed the effectiveness of the external audit process and the approach taken to the appointment or re-appointment of the external auditor, the value of external audit services and information on the length of tenure of the current audit firm and when a tender was last conducted; and</li> <li>• if the external auditor provides non-audit services, the value of the non-audit services provided and an explanation of how auditor objectivity and independence are safeguarded.</li> </ul>	<p>Details of Audit, Risk &amp; Governance Committee work detailed in the Annual Report</p>	<p>None</p>	<p>Helen Potton / Jan Aps</p>	

<b>D. Remuneration</b>				
<b>D.1</b>	<b>The level and components of remuneration</b>			
<b>Main Principle</b>	D.1.a. Levels of remuneration should be sufficient to attract, retain and motivate directors of quality, and with the skills and experience required to lead the NHS foundation trust successfully, but an NHS foundation trust should avoid paying more than is necessary for this purpose and should consider all relevant and current directions relating to contractual benefits such as pay and redundancy entitlements.			
<b>Code/Statutory Provisions</b>	<b>Evidence</b>	<b>Action Required</b>	<b>Lead</b>	<b>RAG</b>
D.1.1. Any performance-related elements of the remuneration of executive directors should be designed to align their interests with those of patients, service users and taxpayers and to give these directors keen incentives to perform at the highest levels. In designing schemes of performance-related remuneration, the remuneration committee should consider the following provisions: i) The remuneration committee should consider whether the directors should be eligible for annual bonuses in line with local procedures. If so, performance conditions should be relevant, stretching and designed to match the long-term interests of the public and patients.  ii) Payouts or grants under all incentive schemes should be subject to challenging performance criteria reflecting the objectives of the NHS foundation trust. Consideration should be given to criteria which reflect the performance of the NHS foundation trust relative to a group of comparator trusts in some key indicators, and the taking of independent and expert advice where appropriate. iii) Performance criteria and any upper limits for annual bonuses and incentive schemes should be set and disclosed.  iv) The remuneration committee should consider the pension consequences and associated costs to the NHS foundation trust of basic salary increases and any other changes in pensionable remuneration, especially for directors close to retirement.	Remuneration policy for Executive Directors	Draft Remuneration policy for Executive Directors.	Jayne Mee	

<b>Code/Statutory Provisions</b>	<b>Evidence</b>	<b>Action Required</b>	<b>Lead</b>	<b>RAG</b>
D.1.2. Levels of remuneration for the chairperson and other non-executive directors should reflect the time commitment and responsibilities of their roles.	Remuneration Policy for NEDs	Draft Remuneration policy for NEDs	Jayne Mee	
D.1.3. Where an NHS foundation trust releases an executive director, for example to serve as a non-executive director elsewhere, the remuneration disclosures of the annual report should include a statement of whether or not the director will retain such earnings.	Annual Report	Draft Remuneration policy for Executive Directors	Jayne Mee	
D.1.4. The remuneration committee should carefully consider what compensation commitments (including pension contributions and all other elements) their directors' terms of appointments would give rise to in the event of early termination. The aim should be to avoid rewarding poor performance. Contracts should allow for compensation to be reduced to reflect a departing director's obligation to mitigate loss. Appropriate claw-back provisions should be considered in case of a director returning to the NHS within the period of any putative notice.	Contracts of Employment of Executive Directors	Draft Remuneration policy for Executive Directors	Jayne Mee	

<b>D. Remuneration (Continued)</b>				
<b>D.2</b>	<b>Procedure</b>			
<b>Main Principle</b>	D.2.a. There should be a formal and transparent procedure for developing policy on executive remuneration and for fixing the remuneration packages of individual Directors. No Director should be involved in deciding his or her own remuneration.			
<b>Code/Statutory Provisions</b>	<b>Evidence</b>	<b>Action Required</b>	<b>Lead</b>	<b>RAG</b>
D.2.1. The board of directors should establish a remuneration committee composed of non-executive directors which should include at least three independent non-executive directors. The remuneration committee should make available its terms of reference, explaining its role and the authority delegated to it by the board of directors. Where remuneration consultants are appointed, a statement should be made available as to whether they have any other connection with the NHS foundation trust.	Terms of Reference for Remuneration and Appointments Committee Standing Orders	Revise Terms of Reference for Remuneration and Appointments Committees.	Helen Potton / Jan Aps / Jayne Mee	
D.2.2. The remuneration committee should have delegated responsibility for setting remuneration for all executive directors, including pension rights and any compensation payments. The committee should also recommend and monitor the level and structure of remuneration for senior management. The definition of senior management for this purpose should be determined by the board, but should normally include the first layer of management below board level.	Terms of Reference for Remuneration and Appointments Committee Standing Orders	Revise Terms of Reference for Remuneration and Appointments Committees.	Helen Potton / Jan Aps / Jayne Mee	
D.2.3. The council of governors should consult external professional advisers to market-test the remuneration levels of the chairperson and other non-executives at least once every three years and when they intend to make a material change to the remuneration of a non-executive.	Remuneration policy for NEDs	Draft Remuneration policy of NEDs in liaison with Governors.	Helen Potton / Jan Aps / Jayne Mee	
D.2.4 The council of governors is responsible for setting the remuneration of non-executive directors and the chairperson.	Remuneration policy for NEDs	Draft Remuneration policy of NEDs in liaison with Governors.	Helen Potton / Jan Aps / Jayne Mee	

<b>E. Relations with Stakeholders</b>				
<b>E.1</b>	<b>Dialogue with members, patients and the local community</b>			
<b>Main Principles</b>	<b>E.1 a.</b> The Board of Directors should appropriately consult and involve members, patients and the local community.			
	<b>E.1.b.</b> The Council of Governors must represent the interests of trust members and the public.			
	<b>E.1.c.</b> Notwithstanding the complementary role of the governors in this consultation, the Board of Directors as a whole has responsibility for ensuring that regular and open dialogue with its stakeholders takes place.			
<b>Code/Statutory Provisions</b>	<b>Evidence</b>	<b>Action Required</b>	<b>Lead</b>	<b>RAG</b>
E.1.1. The board of directors should make available a public document that sets out its policy on the involvement of members, patients and the local community at large, including a description of the kind of issues it will consult on.	Membership Strategy Stakeholder Engagement Strategy	Develop communication and engagement strategy	Michelle Dixon // Helen Potton / Jan Aps	
E.1.2. The board of directors should clarify in writing how the public interests of patients and the local community will be represented, including its approach for addressing the overlap and interface between governors and any local consultative forums (eg, Local Healthwatch, the Overview and Scrutiny Committee, the local League of Friends, and staff groups).	Membership Strategy Stakeholder Engagement Strategy	Develop communication and engagement strategy	Michelle Dixon / Helen Potton / Jan Aps	
E.1.3. The chairperson should ensure that the views of governors and members are communicated to the board as a whole. The chairperson should discuss the affairs of the NHS foundation trust with governors. Non-executive directors should be offered the opportunity to attend meetings with governors and should expect to attend them if requested by governors. The senior independent director should attend sufficient meetings with governors to listen to their views in order to help develop a balanced understanding of the issues and concerns of governors.	Board Minutes Council Minutes	Governor/Member feedback to be a standing agenda item on Board Agenda Update from Chairman to be standing agenda item on Council.	Helen Potton / Jan Aps	
E.1.4. The board of directors should ensure that the NHS foundation trust provides effective mechanisms for communication between governors and members from its constituencies. Contact procedures for members who wish to communicate with governors and/or directors should be made clearly available to members on the NHS foundation trust's website and in the annual report.	Member/ Governor Communication Strategy Website Annual Report	Develop Communication Strategy for Members and Governors	Michelle Dixon / Helen Potton / Jan Aps	

<b>Code/Statutory Provisions</b>	<b>Evidence</b>	<b>Action Required</b>	<b>Lead</b>	<b>RAG</b>
E.1.5. The board of directors should state in the annual report the steps they have taken to ensure that the members of the board, and in particular the non-executive directors, develop an understanding of the views of governors and members about the NHS foundation trust, for example through attendance at meetings of the council of governors, direct face-to-face contact, surveys of members' opinions and consultations.	Annual Report	Develop Communication Strategy for Members and Governors	Michelle Dixon / Helen Potton / Jan Aps	
E.1.6. The board of directors should monitor how representative the NHS foundation trust's membership is and the level and effectiveness of member engagement and report on this in the annual report. This information should be used to review the trust's membership strategy, taking into account any emerging best practice from the sector.	Membership Data Base Annual Report	Annual Report to include representation of membership demographics and membership engagement	Michelle Dixon / Helen Potton / Jan Aps	
E.1.7. The board of directors must make board meetings and the annual meeting open to the public. The trust's constitution may provide for members of the public to be excluded from a meeting for special reasons.	Standing orders, Constitution, public Board meetings	Finalise draft Constitution	Helen Potton	
E.1.8 The trust must hold annual members' meetings. At least one of the directors must present the trust's annual report and accounts, and any report of the auditor on the accounts, to members at this meeting.	Annual General meeting	Finalise draft Constitution	Helen Potton	

<b>E. Relations with Stakeholders (Continued)</b>				
<b>E.2</b>	<b>Co-operation with third parties with roles in relation to NHS Foundation Trusts</b>			
<b>Main Principles</b>	E.2.a. The Board of Directors is responsible for ensuring that the NHS Foundation Trust co-operates with other NHS bodies, local authorities and other relevant organisations with an interest in the local health economy.			
<b>Code/Statutory Provisions</b>	<b>Evidence</b>	<b>Action Required</b>	<b>Lead</b>	<b>RAG</b>
E.2.1. The board of directors should be clear as to the specific third party bodies in relation to which the NHS foundation trust has a duty to co-operate. The board of directors should be clear of the form and scope of the co-operation required with each of these third party bodies in order to discharge their statutory duties.	Stakeholder engagement Strategy	Develop Stakeholder Engagement Strategy	Michelle Dixon	
E.2.2. The board of directors should ensure that effective mechanisms are in place to co-operate with relevant third party bodies and that collaborative and productive relationships are maintained with relevant stakeholders at appropriate levels of seniority in each. The board of directors should review the effectiveness of these processes and relationships annually and, where necessary, take proactive steps to improve them.	Results of Annual evaluation of Stakeholder engagement	Conduct an Annual evaluation of Stakeholder engagement.	Michelle Dixon	

## Trust Board Public

<b>Agenda Item</b>	4.5
<b>Title</b>	Adult Safeguarding Annual Report 2013/14
<b>Report for</b>	Noting
<b>Report Author</b>	Guy Young, Deputy Director of Patient Experience
<b>Responsible Executive Director</b>	Janice Sigsworth, Director of Nursing
<b>Freedom of Information Status</b>	Report can be made public

### Executive Summary:

This report summarises activities to support the adult safeguarding agenda at ICHT during the period April 2013 to March 2014.

The report provides a high level summary of structures and processes, activity and training.

### Recommendation(s) to the Board/Committee:

The board is asked to note the contents of the report

### Trust strategic objectives supported by this paper:

- To achieve excellent patient experience and outcomes, delivered efficiently and with compassion.



## **Adult safeguarding annual report 2013/14**

### **1 Introduction**

This is a continually developing area of practice. The Trust has a responsibility to ensure that all patients receive high quality care and that their rights are upheld, including their right to be safe. The primary objective is to prevent and reduce the risk of significant harm to vulnerable adults from abuse or other types of exploitation, whilst supporting individuals in maintaining control over their lives and in making informed choices without coercion.

In 2013/14 the trust worked closely with Tri Borough (Westminster, Hammersmith & Fulham and Kensington & Chelsea) partners to ensure consistent, effective and safe systems for protecting vulnerable adults.

### **2 Background**

*No Secrets* (Department of Health, 2000) established a code of practice and Government guidance for the protection of vulnerable adults from abuse and neglect. This identified the core agencies that are responsible for the protection of and prevention from abuse towards vulnerable adults, including the NHS, Social Services and the Police. Implementation of multi-agency adult protection procedures is the requisite method to address alleged abuse within any setting, including abuse which occurs in NHS Trusts or that which has been perpetrated by staff within any agency.

A vulnerable adult can be defined as a person aged 18 years or over, and who is, or may be in need of community care (including primary and secondary health care) services, by reason of mental or other disability, age or illness and who is, or may be unable to take care of him/herself, or unable to protect him/herself against significant harm or serious exploitation' (Lord Chancellor's Department 1997).

Safeguarding adult strategies are local authority led, whilst the Trust has a responsibility to participate in the multi-agency policies and procedures for safeguarding vulnerable adults. Local practice is overseen by a Trust Safeguarding Adult Board with a Director Lead.

### **3 Structures, processes and roles**

The Director of Nursing provided the Executive Lead for Adult Safeguarding, this changed in year as it was previously the Medical Director. The Deputy Director of Patient Experience, appointed in January 2014, took over managerial responsibility for adult safeguarding and the Inclusion and Vulnerability lead, also appointed in January 2014, provided day-to-day co-ordination.

The Divisional Director of Nursing for Medicine chaired the Trust Safeguarding Adults Board which oversees the development of local policy and practice. This board had representation from Divisions, which retained operational responsibilities, and relevant multi-agency partners. In addition the Divisional Director of Nursing for Medicine represented the trust at the Tri-Borough Safeguarding Adults Executive Board. The Deputy Director of Patient Experience provided a update reports to the North West London CCG Clinical Quality Group.

There were monthly conference calls between the Trust and Tri-Borough colleagues to track cases and validate outcomes for safeguarding alerts raised by the Trust. This process ensured that appropriate action was taken where there was deemed to be a risk or assurance was gained that no risk existed.

### **4 Adult safeguarding activity**

Work undertaken in-year and subsequently, has focused on strengthening the process for raising

and recording safeguarding concerns. Whilst there was a degree of confidence that safeguarding issues were recognised and acted upon, the systems for monitoring and recording these were less robust. Action was taken to remedy this, for example the provision of updated flow charts for responding to safeguarding concerns. These issues were reported to the Quality Committee during the year.

Based on the systems in place at the time for recording and monitoring, 383 incidents categorised as adult safeguarding were reported on the *Datix* incident reporting system in 2013/14. This represents a small increase in number on the previous year. Of these incidents 27% were subsequently confirmed as genuine safeguarding related issues requiring a safeguarding alert to be raised to the local authority. Approximately 40% of these alerts resulted from pressure ulcers acquired in the community discovered on admission to ICHT, which the trust is required to report on the CCG's behalf. The remainder covered the full range of categories of abuse with no particular themes emerging.

All these alerts were investigated, but only a small number (less than 5) required formal intervention by social services or other agencies. An example of one where intervention was required was where a family had been stealing money from an elderly relative. A nurse picked this up when the lady was admitted to one of the wards when she observed unusual anxiety of the patient when her family were visiting. Appropriate referrals were made and the patient's safety was established and the actions of the family followed up by the police.

### **5 Adult safeguarding training**

Staff are able to identify situations such as the one described above when they have been appropriately trained. Throughout the year there was therefore a focus on increasing the volume and uptake of adult safeguarding training. In particular, the delivery of level 1 (awareness) training was addressed. A multi-method approach was adopted including face-to-face and an online training package. In addition work commenced to strengthen and refine the collection of training compliance data, so that this could be accurately reported. This work was still in progress at the end of the year, but was not complete. There was more confidence that the reported training figures were representative, but it was unlikely that these were 100% accurate due to the range of training provided and the reporting systems.

By the end of the period reported on the compliance rate for level 1 training, based on the systems in place, was in the region of 65% (i.e. 65% of those eligible for training had received it). This was below the target figure but a set of actions were in place at the end of the year to further improve this.

### **6 Plans for 2014/15**

The priority areas for development during 2014 are:

- Consolidating the systems and processes for raising, recording and reporting safeguarding concerns
- Achieving an 85% compliance rate for level 1 adult safeguarding training and the provision of a level 2 and 3 training strategy
- Revision and updating of the trust adult safeguarding policy incorporating any recommendations from a pending audit report.
- A restructure of the safeguarding provision to appoint an adult safeguarding specialist nurse (comparable to the child safeguarding model)



## Trust Board Public

<b>Agenda Item</b>	4.5
<b>Title</b>	Safeguarding children and young people service – Annual report 2013/14
<b>Report for</b>	Noting
<b>Report Author</b>	Lynda Hassell, Deputy Divisional Director of Nursing, Children and safeguarding
<b>Responsible Executive Director</b>	Janice Sigsworth – Director of Nursing
<b>Freedom of Information Status</b>	Report can be made public

### Executive Summary:

The Trust continues to meet its statutory duty to safeguard and promote the welfare of children.

There have been no Serious Case Reviews or Domestic Homicide reviews involving ICHT this year.

The priorities for safeguarding children and young people that were identified and achieved in 2013-2014 were:

- Safeguarding children's responsibility and accountability were embedded within the new Trust wide Divisional Structure.
- The rolling clinical audit programme continued. An audit of the assessment of the quality and effectiveness of safeguarding children and young people supervision in paediatrics was undertaken and the recommendations were implemented.
- Online level 1 and level 2 safeguarding children training modules were developed and staff can now access these via Moodle.
- Members of the Safeguarding Children and Young People team worked collaboratively with members of the Cerner team to facilitate uploading an alert onto Cerner and Symphony of all children who are subject to child protection plans from the Tri boroughs and Brent.
- The Safeguarding Children and Young People team continue to proactively participate in multi-agency working to safeguard and promote the welfare of children.

The team have identified priorities for 2014- 2015 which include a review of the safeguarding children and young people's service, developing and launching a safeguarding children and young people's strategy, and developing a trust wide FGM policy and data collection system.

This report has been presented at; the Women and Children's Divisional Quality Committee, the Executive Committee and the Quality Committee.

**Recommendation(s) to the Board:**

- To note the report

**Trust strategic objectives supported by this paper:**

- To achieve excellent patient experience and outcomes, delivered efficiently and with compassion.

## **Safeguarding children and young people service – Annual report 2013/14**

### **1. BACKGROUND**

The Children Act 1989 HM Gov (1989), the Children Act 2004 HM Gov (2004) and the Government's Statutory Guidance contained within Section 11 of the Children Act 2004 specifies that the Trust Board has a legal responsibility to safeguard and promote the welfare of children and young people.

The Healthcare Commission's Child Safeguarding Review in February 2009 highlighted cause for concern in areas of England and Wales resulting in the Secretary of State requesting that the Care Quality Commission (CQC) undertake a review of arrangements across the NHS for safeguarding children and young people CQC (2009).

The Trust Board received David Nicholson's letter of the 16<sup>th</sup> July 2009 setting out the minimum requirements for Trust Boards to be assured that appropriate arrangements were in place for safeguarding children and young people and directing that a declaration should be placed on the website of each provider and commissioning Trust confirming that requirements were in place for safeguarding children and young people. A Trust Board paper was presented at the Trust Board meeting on the 30 September 2009 and ICHT declared itself compliant with the requisite standards. A declaration was first placed on the ICHT website on 19th October 2009.

In March 2013 the safeguarding children & young people service completed the ICHT self-declaration for services as of March 2013, against Care Quality Commission (CQC) Standards for Children and Young People; subsequent to the self-declaration the ongoing work plan has been revised and updated to reflect the achievements to date and to meet evolving service requirements. The March 2014 declaration is included in Appendix 1.

### **2. CONTINUING IMPROVEMENTS TO THE SAFEGUARDING CHILDREN & YOUNG PEOPLE SERVICE FOR 2013-2014**

Nine priorities were identified for 2013-2014; progress against these is reported below:

#### **2.1 Embed safeguarding responsibility and accountability within the new Trust wide Divisional Structure with relevant amendments made to the Terms of Reference.**

Safeguarding children responsibility and accountability has been embedded within the new Trust wide Divisional Structure and relevant amendments have been made to the Terms of Reference

**2.2 Maintain the rolling clinical audit programme, including the outstanding audit of safeguarding children supervision, and implement the findings of the July/August 2013 Parkhill internal review.**

The rolling clinical audit programme has continued. An audit of the assessment of the quality and effectiveness of safeguarding children and young people supervision in paediatrics has been undertaken and the recommendations have been implemented. The maternity safeguarding children supervision audit remains outstanding.

All recommendations of the July/August 2013 Parkhill internal review have been fully implemented except for the ratification of the policy which relates to managing the deprivation of liberty of children and young people and the ratification of the NHS Prevent Policy, which are underway.

**2.3 Training - develop online level 1 and level 2 training modules which can be accessed via Moodle and therefore immediately logged onto the Oracle Learning Management System (OLM).**

Online level 1 and level 2 training modules have been developed and staff can access these via Moodle.

**2.4 Review the capacity of the Safeguarding Children and Young People Team in light of the increasing workload brought about by the Trauma services located at St Mary's Hospital site.**

This review will now take place in 14/15 when the new Named Nurse has taken up post, as the Named Nurse and Clinical Nurse Specialist posts had interim post holders in place due to maternity leave. With the subsequent resignation of the substantive Named Nurse it was not possible to effectively complete the review.

**2.5 Continue to work with the Trust CERNER CRS team to support the implementation of the CQC (2009) recommendation that all health professionals ask patients whether they have children at home and to assess that they are being cared for in 2014.**

The 'caring question' has been incorporated in the Cerner build and this will be a routine question once Cerner is fully implemented. All staff who attend Safeguarding Children training are informed of the need to ask and record the answer to the caring question. An audit was undertaken in the Hammersmith A&E department in May 2013 to ascertain if staff routinely ask patients whether they have responsibilities for children. This audit will be repeated in 2014-2015 in other areas in the Trust.

**2.6 Continue to work with the Trust CERNER CRS team to support the implementation of a trust wide flagging system for NWL children with a child protection plan.**

Members of the Safeguarding Children Team have worked collaboratively with members of the Cerner team to facilitate the uploading and placing an alert on the names of children subject to child protection plans from the Tri- boroughs and Brent. This will ensure that children subject to child protection plans are identified when Cerner becomes live in April 2014.

**2.7 Ensure that all three ICHT ED's receive all four local borough lists containing details of children with child protection plans.**

The lists of children who are subject to child protection plans are received weekly via a secure email address from the boroughs of Brent, Westminster, Hammersmith and Fulham and Kensington and Chelsea. These are manually uploaded to ICHIS and Symphony and will be uploaded to Cerner when this becomes live.

**2.8 Complete action plans that may arise from the Serious Case Review and Domestic Homicide Reviews in progress.**

There have been no Serious Case Reviews or Domestic Homicide reviews involving ICHT this year.

**2.9 Continued partnership working with our Inner North West London colleagues.**

ICHT continues to be committed to working in partnership with our Inner North West London colleagues and proactively participates in partnership working across the organisation, to improve outcomes for children.

**3. GOVERNANCE ARRANGEMENTS FOR SAFEGUARDING CHILDREN & YOUNG PEOPLE**

**3.1 Executive Leadership**

The Intercollegiate Guidance RCPCH (2014) defines roles and responsibilities of named doctors, nurses and midwives. The document also specifies that named individuals and the nominated Trust Board representatives have a duty to monitor safeguarding throughout the organisation. In accordance with this, the Director of Nursing is the Trust Champion and Executive Lead for Safeguarding Children & Young People, and is a member of the ICHT Safeguarding Children and Young People Board and the NSF for Children, Young People and Maternity Services Board.

**3.2 The ICHT Safeguarding Children and Young People Board**



The ICHT Safeguarding Children and Young People Board was established in November 2009. The Terms of Reference were reviewed in August 2013 in light of the Trust wide restructure and are included in Appendix 2.

As an over-arching board it is responsible for providing strategic leadership to assure the integration of all aspects of policy and procedure in relation to the safeguarding of children and young people to ensure that ICHT provides safer, high quality care in the best environment. It does this by agreeing strategic priorities and objectives in a plan based on assessments of local need in line with national standards and accreditations, such as those set out by the CQC and the NSF for Children, Young People and Maternity Services. Once strategic priorities and objectives have been agreed it holds each Division to account for their implementation; its membership includes a senior representative from each Division.

The ICHT Safeguarding Children and Young People Board meets quarterly to address any emerging issues or areas that are highlighted as requiring development and ensures that these are taken forward and monitored. The membership consists of senior leaders and practitioners who have the authority to hold the local services and practitioners to account for delivering the safeguarding children plan.

The ICHT Safeguarding Children and Young People Board reports to the Trust Board via the ICHT Quality and Safety Committee and the ICHT Governance Committee, see attached governance arrangements in Appendix 3.

### **3.3 Disclosure and debarring service checks (formerly Criminal Records Bureau Checks)**

The Trust is currently operating in line with statutory requirements.

### **3.4 Initiating Safe Recruitment Practices**

Ensuring that safer recruitment practice is embedded within the relevant areas has been identified as a key performance indicator and performance against this in 2013/14 was 100%.

## **4. DEVELOPING CAPACITY AND CAPABILITY FOR SAFEGUARDING CHILDREN & YOUNG PEOPLE**

### **4.1 Named Individuals for Safeguarding Children & Young People**

Subsequent to the strengthening of the structure of the Safeguarding Children and Young People Team following a review in 2009, the agreed Clinical Leads supported by administrative support has been maintained to deliver the significant challenges for the service. See Appendix 4 for team structure.

The Named individuals for Safeguarding Children & Young People meet together with the specialist clinical leads, the Head of Nursing for Paediatrics, and the team administrator at a monthly operational group meeting. This meeting is structured to provide close monitoring of required actions. A spreadsheet action tracker is updated each month to assure compliance and evidence against required actions.

#### **4.2 Safeguarding Supervision for Staff involved with Children and Young People**

In order for the standard of Safeguarding of Children and Young People to continue to be of a high standard it is essential that all staff who have direct contact with children have appropriate safeguarding children supervision. The roles of key safeguarding children staff are demanding, stressful and can be distressing, therefore all staff involved in Safeguarding Children and Young People should have supervision according to their role, as set out in the Intercollegiate Document RCPCH (2014). This is also recommended by the CQC. The ICHT Safeguarding Children & Young People Supervision Policy sets out requirements for the relevant staff groups; this policy has been implemented and identified as a key performance indicator. Data analysis is reported quarterly to the Safeguarding Children & Young People Board.

### **5. POLICIES & PROCEDURES IN PLACE TO SAFEGUARD CHILDREN & YOUNG PEOPLE**

The Parkhill internal review of Safeguarding Children Policies and Practice resulted in all Safeguarding Children Policies being reviewed and amended in 2013.

Policy review and development continues to be a significant aspect of the Safeguarding Team's role. Safeguarding Children Policies are regularly reviewed to reflect national and local guidelines as summarised below:

#### **5.1 ICHT Safeguarding Children & Young People Operational Policy**

The ICHT Safeguarding Children & Young People Operational Policy was last reviewed in July 2013 following the Parkhill internal review. Amendments were made to the policy on 16<sup>th</sup> September 2013 and further minor amendments were made on 30<sup>th</sup> February 2014.

#### **5.2 ICHT Safeguarding Children & Young People Training Policy**

The ICHT Safeguarding Children & Young People Training Policy was last reviewed in July 2013 following the Parkhill internal review. The policy was

subsequently updated on the 23<sup>rd</sup> September 2013. The policy is currently being reviewed following the publication in March 2014 of the Third Edition of the Safeguarding Children and Young Peoples Roles and Competencies for Health Care Staff Intercollegiate Document.

### **5.3 ICHT Safeguarding Children & Young People Supervision Policy**

The ICHT Safeguarding Children & Young People Supervision Policy was last reviewed in July 2013 following the Parkhill internal review. The policy was amended on the 20<sup>th</sup> September 2013 and minor amendments were made on 4<sup>th</sup> and 14<sup>th</sup> February 2014.

### **5.4 ICHT Safeguarding Children & Young People Maternity Operational Policy**

The ICHT Safeguarding Children & Young People Maternity Operational Policy was last reviewed in July 2013 following the Parkhill internal review and amended on the 18th October 2013.

### **5.5 ICHT Safeguarding Children & Young People Internal Management Review Policy**

The ICHT Safeguarding Children & Young People Internal Management Review Policy was reviewed in July 2013 following the Parkhill internal review. It was updated on 23<sup>rd</sup> September 2013.

### **5.6 ICHT Safeguarding Children & Young People Management of Allegations of Abuse against Staff Policy**

The ICHT Safeguarding Children & Young People Management of Allegations of Abuse against Staff flowchart was ratified in June 2012 and updated in 2013.

## **6. TRAINING OF STAFF IN SAFEGUARDING CHILDREN & YOUNG PEOPLE**

### **6.1 Level 1, 2 and 3 Safeguarding Children and Young People Training Requirements**

Trusts are responsible for ensuring that all their staff are competent and confident in carrying out their responsibilities for safeguarding and promoting children's welfare, as stated in the revised Working Together to Safeguard Children HM Gov (2013). The ICHT Safeguarding Children & Young People Training Policy has been revised to bring it into line with the above, and to ensure the most efficient use of resources. It will be reviewed again in 2014 in light of the publication of the Third Edition of the Safeguarding Children and Young People's Roles and Competencies for Health Care Staff Intercollegiate Document RCPCH (2014).

## **6.2 Delivery of Safeguarding Children & Young People Training**

### **6.2.1 Level 1 Training**

Training at Level 1 has been delivered via face-to-face sessions at Trust Induction and Statutory Training updates or via on-line e-learning modules. From September 2013, all Level 1 training has been delivered via e-learning.

Between 1<sup>st</sup> April 2013 and 31<sup>st</sup> March 2014 a total of 430 staff have been trained at level 1 from an annual denominator of 573, which equates to 75% of staff trained.

Corporate areas of the Trust are being targeted for level 1 training as this area is below 80%.

### **6.2.2 Level 2 Training**

Level 2 training is delivered by both on-line e-learning modules and face to face training. A series of loop day level two sessions were delivered in June 2013 and repeated in October 2013.

Of the 6562 Trust staff in post who require level 2, 2187 Trust staff need to be trained in any given 12 month period. Between 1<sup>st</sup> April 2013 and 31<sup>st</sup> March 2014, 2652 staff attended level 2 training resulting in an over performance during that period (121%).

### **6.2.3 Level 3 Training**

Level 3 training face to face multidisciplinary training has been implemented, and positively evaluated. This training is delivered by an inter-agency team, including Named Health professional, Domestic Violence and Social Service representation. This is in order to share best practice and promote a common understanding of roles and responsibilities of staff.

Between 1<sup>st</sup> April 2013 and 31<sup>st</sup> March 2014 a total of 368 staff from an annual denominator of 402 have received face to face training, which equates to 92%.

The Trust wide average across the three levels for safeguarding children training is 96% as of 31<sup>st</sup> March 2014.

All training is recorded on the Oracle Learning Management (OLM) System to capture training information electronically.

See appendix 5 for training delivery report for 2013/14.

## **7. AUDIT OF THE SAFEGUARDING CHILDREN & YOUNG PEOPLE SERVICE**

An internal programme of continuing audit has been established. The Named Nurse and Named Midwife for Safeguarding CYP present a quarterly report to the Safeguarding Board reflecting activity, compliance with established standards and identifying trends.

This data will also be utilised to populate the Inner North West London Commissioning cluster Acute Trust Monitoring Safeguarding Children Template.

A more detailed audit of safeguarding maternity supervision has not been completed as planned and this will form one of the key priorities for 2014/15.

## **8. PARTNERSHIP WORKING TO PROMOTE SAFEGUARDING OF CHILDREN & YOUNG PEOPLE**

### **8.1 Local Safeguarding Children's Boards**

Safeguarding children requires comprehensive partnership working between the relevant statutory and non-statutory organisations, and other local agencies. To enable partnership working, each local authority is required under the Children's Act 2004 to establish a Local Safeguarding Children Board (LSCB). This is the principal mechanism for agreeing how relevant local organisations co-operate to safeguard children and ensure that this is done effectively.

A Tri-Borough Local Safeguarding Children Board encompassing the Royal Borough of Kensington & Chelsea, Westminster and Hammersmith and Fulham LSCB's was established on 1<sup>st</sup> April 2012 and is attended by Janice Sigsworth (Director of Nursing), her named deputy is Andrea Goddard (Named Doctor, ICHT). Sub groups have been established with the following named representatives for ICHT.

#### **Tri-Borough LSCB Sub-Groups**

<b>Sub-Group</b>	<b>Proposed Representative</b>	<b>Proposed Deputy</b>
<b>Training</b>	Lavinia Armotrading	Shireen Moodley Interim

	(Interim Named Nurse Safeguarding Children & YP)	Clinical Nurse Specialist Safeguarding Children and Young People
<b>Quality Assurance</b>	Lavinia Armotrading (Interim Named Nurse Safeguarding Children & YP)	Shireen Moodley Interim Clinical Nurse Specialist Safeguarding Children and Young People
<b>Child Death Overview Panel (CDOP)</b>	Nelly Ninis (Paediatric Consultant) Sarah Green Named Midwife (Neonates) Helen Avila Senior Sister-Family Liaison Paediatric/ Neonatal Services (Paediatrics)	Maternity Risk Manager

#### Short Life Working Groups: (see SLWG proposal)

Working Group	Initial Period	Proposed Representative
<b>Safeguarding Children across Cultures and Faiths Group</b>	6 months	Lavinia Armotrading (Interim Named Nurse Safeguarding Children & YP)
<b>Safeguarding of Young People involved in Serious Youth Violence, Gangs and Sexual Exploitation Group</b>	6 months	Andrea Goddard Named Doctor Safeguarding Children & YP

## 9. MONITORING OF SAFEGUARDING CHILDREN AND YOUNG PEOPLE AND QUALITY ASSURANCE MECHANISMS

As described in 3.2 above the ICHT Safeguarding Children and Young People Board ensures that ICHT provides safer, high quality care in the best environment, by agreeing strategic priorities and objectives in line with national standards and accreditations, such as those set out by the CQC and the NSF for Children, Young People and Maternity Services and by holding each Division to account for their implementation.

In addition, Family Support meetings across the Trust provide regular forums for staff to access supervision, case management advice, peer support and multi-agency working. These forums exist to ensure optimal safeguarding children practices and compliance with local and national policy.

### 9.1 Serious Case Reviews and Individual Management Reviews

When a child dies or sustains a potentially life-threatening injury, and abuse or neglect is known or suspected to be a factor in the death or injury, LSCBs must undertake a serious case review (SCR). The purpose of SCRs is to find out what can be learned from the case about the way local professionals and organisations work together to safeguard children. As part of an SCR, the LSCB commissions an overview report and each relevant service should complete a separate management review or an individual management review (IMR).

ICHT is represented on Serious Case Review Panels as necessary and ensures Individual Management Reviews are thorough and extensive and that any learning and recommendations are thoroughly and effectively implemented. A Trust Consultant Paediatrician and Named Midwife for Safeguarding Children & Young People sits on the Child Death Overview Panel.

## **9.2 Savile – Safeguarding Assurances**

Jimmy Savile died in Oct 2011 and a year later allegations of sexual abuse were made against him. The Metropolitan Police Service (MPS) set up Operation Yewtree to look at information provided by over 500 victims who came forward with allegations relating to Savile or others potentially connected to him. Early in 2013, ICHT responded to a request addressed to all NHS Trusts from the NHS Chief Executive for assurance that procedures were robust enough to protect children, young people and vulnerable adults. Trusts were asked to undertake an assurance exercise. ICHT responded to this request in 2013.

As a result of information received as part of the Operation Yewtree investigations, ICHT was asked to conduct an investigation into two allegations of incidents at hospitals that are now part of this Trust. In Nov 2013, The Department of Health (DH) announced that in addition to investigations being undertaken at Stoke Mandeville, Broadmoor and Leeds plus 11 other hospitals, a further 19 hospitals were being requested to investigate information handed to them by the MPS. ICHT was one of those trusts.

## **9.3 Assurance to our Commissioners**

A key priority was to undertake any Safeguarding of Children and Young People work streams that may be associated with Commissioning for Quality and Innovation work.

Reporting templates to provide assurance to our commissioners have been agreed at the ICHT Safeguarding Children and Young People Board of which the Designated Nurses for NHS Westminster and NHS Hammersmith and Fulham are members. Additionally NHS Westminster have included a safeguarding CQUIN relating to the flagging of children with safeguarding plans within the A&E departments.

## **10. KEY PRIORITIES FOR THE NEXT YEAR**

The following are the key priorities for the Safeguarding Children and Young People service for 14/15:

- To develop and launch a trust wide Safeguarding Children and Young People operational strategy.
- To complete a review of the Safeguarding Children and Young People service.
- To ensure the effective continuation of safeguarding procedures with a Cerner CRS, in relation to the flagging of children with a child protection plan.
- To continue to work with the Trust CERNER CRS team to support the implementation of the CQC recommendation that all health professionals ask patients whether they have children at home and assess that they are safe and being cared for.
- Review of training requirements & strategy in light of new Intercollegiate document RCPCH (2014).
- Complete the qualitative audit of staff experience of the quality and efficiency of safeguarding children and young people supervision in the Maternity Department.
- To develop a trust wide Domestic Violence Policy.
- To work together with partner agencies to develop cohesive policy and practice regarding Female Genital Mutilation.
- The implementation of a Youth worker in A&E at St Mary's Hospital site for gangs/sexual exploitation.
- Completion and implementation of the Trust policy in relation to the management of life threatening behaviour and refusal to consent by children and young people.
- To adapt the Standard Operating Procedure for the admission of 16 to 18 year olds, in order to incorporate placements of all children on adult wards trust wide.
- To develop a trust policy on well-wishers delivering gifts to patients eg. gifts to children at Christmas



- To continue to develop partnership working and information sharing pathways between Imperial NHS Health Trust and the Tri Borough Multi Agency Safeguarding Hub (MASH).
- To achieve a successful CQC inspection of Safeguarding Children and Young Peoples Services.
- Complete action plans that may arise from the Serious Case Review and Domestic Homicide Reviews in progress.
- Continued partnership working with our Inner North West London colleagues.

## 11. FUTURE REPORTING

The intention is to report to the Board as follows:

- A Safeguarding Children and Young People Annual Report in July 2015.

## 12. REFERENCES

Care Quality Commission July 2009 *Safeguarding children: A review of arrangements in the NHS for safeguarding children*; London CQC  
[http://www.cqc.org.uk/db/documents/Safeguarding\\_children\\_review.pdf](http://www.cqc.org.uk/db/documents/Safeguarding_children_review.pdf)

HM Government 1989 *The Children Act*. London: HMSO  
[https://www.legislation.hms.gov.uk/acts/acts1989/ukpga\\_19890041\\_en\\_1](https://www.legislation.hms.gov.uk/acts/acts1989/ukpga_19890041_en_1)

HM Government 2004 *The Children Act*: London: HMSO

[http://www.opsi.gov.uk/acts/acts2004/pdf/ukpga\\_20040031\\_en.pdf](http://www.opsi.gov.uk/acts/acts2004/pdf/ukpga_20040031_en.pdf)

HM Government 2007 *The Children Act 2004 Section 11: Statutory guidance on making arrangements to safeguard and promote the welfare of children* London: HMSO

<http://www.dcsf.gov.uk/everychildmatters/download/?id=1372>

HM Government 2013 *Working Together to Safeguard Children. A guide to inter-agency working to safeguard and promote the welfare of children.* London: HMSO

<http://publications.dcsf.gov.uk/default.aspx?PageFunction=productdetails&PageMode=publications&ProductId=DCSF-00305-2010>

Royal College of Paediatrics and Child Health April 2014 *Safeguarding Children and Young People: Roles and Competences for Health Care Staff. Intercollegiate Document.* London: RCPCH

## Appendix 1

### Safeguarding Children and Young People Declaration March 2014

#### 1. Introduction

Imperial College Healthcare NHS Trust (ICHT) is committed to the protection and safeguarding of all patients, including children and young people; ICHT works closely with multi-agency partners to ensure that the outcomes for children are improved by having robust safeguarding arrangements in place.

Imperial College Healthcare NHS Trust meets statutory requirements in relation to Disclosure and Barring Service (DBS) checks. All staff employed at the Trust undergo a DBS check prior to employment and those working with children undergo an enhanced level of assessment.

The Imperial College Healthcare NHS Trust Safeguarding Children & Young People policies and systems are up to date and are reviewed on a regular basis. The last review was September 2013.

The Trust has a process in place for following up children who miss outpatient appointments within any speciality to ensure their care and wellbeing is not compromised. In addition, the Trust has a system in place for flagging children who are subject to a child protection plan from the four neighbouring boroughs.

All eligible staff undertake relevant safeguarding training and this is regularly reviewed to ensure that it is up to date. The Trust has a robust training strategy in place with regard to delivering safeguarding training. The percentage compliance with training for the twelve month period ending 28th February 2014 is as follows against a target of 80%:

	Staff in Post	Staff requiring training per annum	Staff trained	% compliance
Level 1	1718	573	464	<b>81%</b>
Level 2	6562	2187	2460	<b>112%</b>
Level 3	1205	402	342	<b>85%</b>
Overall compliance	9485	3162	3266	<b>103%</b>

## 2. Named Professionals for Safeguarding Children and Young People

The Safeguarding Team is led by a Named Doctor, Named Nurse and Named Midwife. They are clear about their roles and responsibilities and receive appropriate support and training to undertake their roles. This team is supported by sessions from a consultant paediatrician, a clinical nurse specialist, a midwife and nurse covering maternity/neonates along with an administrator.

The team comprises of:

Named Nurse

1 wte

Named Midwife	1 wte
Clinical Nurse Specialist	1 wte
Specialist Midwife	0.6wte
Specialist Nurse (Maternity/NNU)	1wte
Named Doctor	0.4 wte
Paediatric Consultant	0.1 wte
Administrative support	1wte

### 3. Executive Director Lead for Safeguarding Children and Young People

The Director of Nursing is the Trust Executive Lead for safeguarding children and young people and ensures that the Trust Board fulfils its corporate responsibility and continues to provide direction in relation to the Safeguarding of Children and Young People within ICHT.

The Divisional Director of Midwifery and Nursing for the Women and Children's Division chairs the ICHT Safeguarding Children and Young People's Board which reports to the Trust Board on safeguarding children and young people. The Trust Board takes the issue of safeguarding extremely seriously and receives an annual report on safeguarding children issues. The Safeguarding Children and Young People Annual Report was received by the Trust Board via the Director of Nursing's Report taken to the Trust Board Meeting in September 2013. The minutes of all public Trust Board meetings where safeguarding has been discussed can be found at <http://www.imperial.nhs.uk/aboutus/ourorganisation/boardmeetings/index.htm>

**Nick Cheshire**

**Bill Shields**

Joint Chief Executive Officers

## Appendix 2

### Safeguarding Children and Young People Board - Terms of Reference

#### 1. Constitution

1.1 The Trust Board hereby resolves to establish a Safeguarding Children and Young People's Board, who holds only those executive powers as are delegated in the Terms of Reference.

1.2 The Safeguarding Children and Young People's Board, provides the leadership and strategy which integrates all aspects of Safeguarding Children and Young People's policy and procedures to ensure that the Trust provides safer, high quality care in the best environment, manages the risks necessary to innovation in healthcare, uses accurate clinical information to bring about improved outcomes and the achievement of excellence in all regional and national Care Quality Commission (CQC) standards and accreditations.

1.3 The Trust Board has delegated the review of all aspects of the Safeguarding Children and Young People to the Safeguarding Children and Young People's Board,

## **2. Membership**

2.1 The Safeguarding Children and Young People's Board will comprise of the following:-

- Divisional Director of Midwifery and Nursing, Women's and Children's Division (Chair)
- Director of Nursing or delegated representative
- Named Doctor Safeguarding Children and Young People, ICHT
- Designated Nurse for Safeguarding Children CWHH
- Named Nurse Safeguarding Children and Young People, ICHT
- Named Midwife Safeguarding Children and Young People, ICHT
- Head of Nursing Children's Services
- Divisional Directors of Nursing or delegated representatives
- Head of Midwifery
- Associate Head Of Nursing Private Health Care
- Senior/Lead Nurse Neonates
- Chief of Service, Children's Services
- Associate Director HR

2.2 A quorum shall consist of not less than eight members of the Safeguarding Children and Young People's Board, one of which must be the chair or designated deputy.

## **3. Attendance**

3.1 Members of the Safeguarding Children and Young People's Board are expected to attend at a minimum three out of four meetings.

3.2 If Safeguarding Children and Young People's members are unable to attend a meeting they are requested to send a deputy.

## **4. Frequency of Meetings**

4.1 The Safeguarding Children and Young People's Board will meet quarterly in tandem with the National Service Framework for Children, Young People and Maternity Services Board.

4.2 Extraordinary meetings may be called at the request of the Chairman of the Board

## **5. Authority**

5.1 The Safeguarding Children and Young People's Board, is authorised by the Trust Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee with relevant responsibility and knowledge of the matter and all employees are directed to co-operate with any request made by the Safeguarding Children and Young People's Board,

5.2 The Safeguarding Children and Young People's Board, is authorised by the Trust Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary.

## **6. Evaluation of the Effectiveness of the Committee**

6.1 The Safeguarding Children and Young People's Board will prepare an annual report for presentation to the ICHT Quality and Safety Committee and Trust Board.

6.2 The ICHT Quality and Safety Committee is required to ratify the annual objectives.

## **7. Reporting**

7.1 The minutes of Safeguarding Children and Young People's Board meetings shall be formally recorded and submitted to the ICHT Management Committee. The Chair of the Safeguarding Children and Young People's Board shall draw to the attention of the ICHT Management Committee and the Trust Board any issues that require disclosure to the full Trust Board, or require executive action. The minutes of Safeguarding Children and Young People's Board meetings will be submitted to each CPG Board for information.

7.2 The Safeguarding Children and Young People's Board, will receive the following direct reports:-

- Divisional reports
- Local Safeguarding Committee Board Reports
- Reports from Named professionals for Safeguarding Children and Young People
- Safeguarding Children and Young People Action Group reports

## **8 Procedures**

8.1 The Safeguarding Children and Young People's Board, will complete an annual self-assessment exercise and where areas of need have been identified implements and monitors an action plan to address this issues

8.2 Any member of the committee can raise issues and concerns with the Chairman of the Safeguarding Children and Young People's Board, where local resolution has not been taken forward in the spirit of Trust wide learning.

8.3 Any member of staff may raise an issue with the Chairman of the Safeguarding Children and Young People's Board, by written submission. The Chairman shall decide whether or not the issue shall be included in the Chairman's business. The individual raising the issue may be invited to attend.

### **9. Review of Terms of Reference**

9.1 The Safeguarding Children and Young People Board shall review its terms of reference yearly and present these to the Board for approval.

August 2013

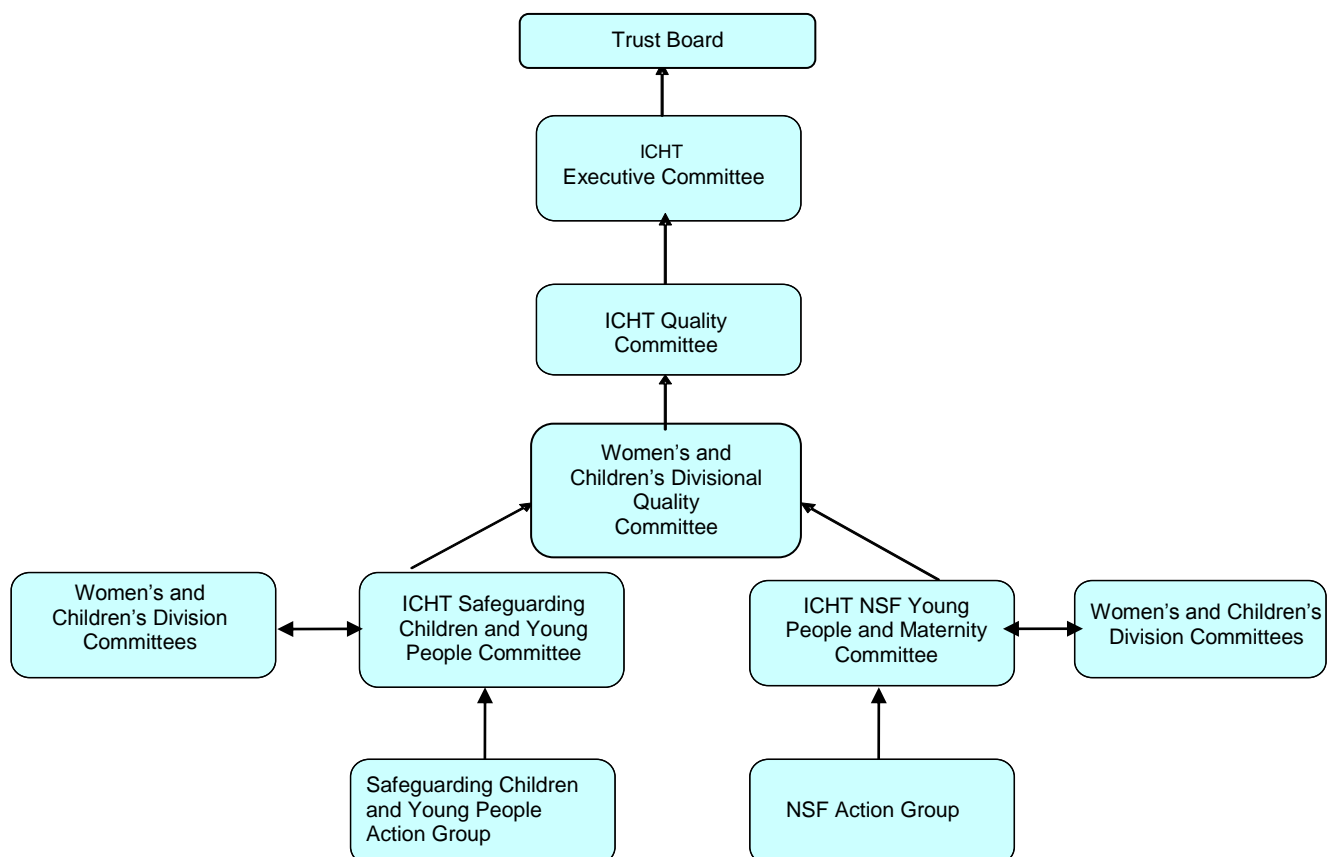
## **Appendix 3**

### **Governance Structure for Safeguarding Children and Young People**

- The Director of Nursing is the Board Level Executive Director lead for Safeguarding – the designated 'Children's Champion'.
- The Director of Midwifery/Head of Nursing for the Women and Children's Division chairs the ICHT Safeguarding Children and Young People Committee, which leads and co-ordinates the management of safeguarding children and young people throughout the ICHT.

- The Deputy Divisional Director of Nursing for Children's Services chairs the ICHT Children, Young People and Maternity NSF Committee.
- Each Division is represented on the ICHT Safeguarding Children and Young People Committee, who will be responsible for reporting the compliance of their Division in meeting the CQC safeguarding standards.

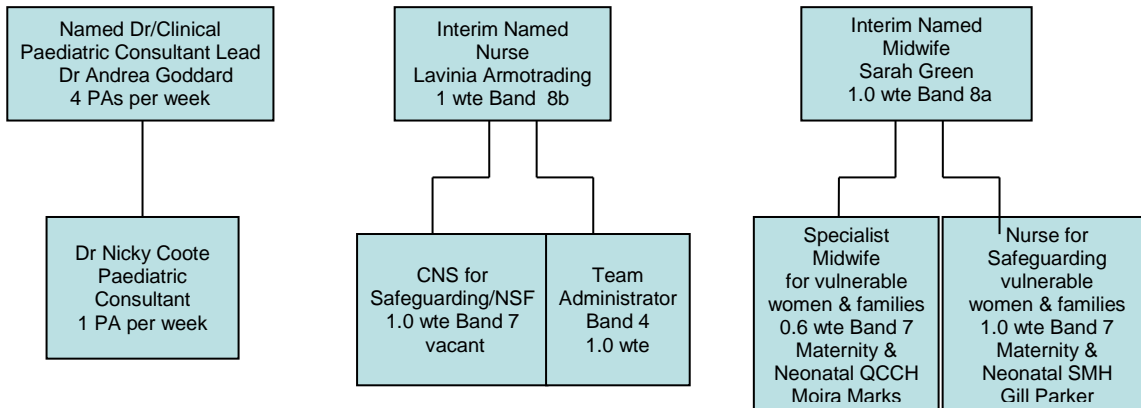
### Reporting Structure for Safeguarding Children and Young People





## Appendix 4

### Safeguarding Children and Young People Team Structure March 2014



### Appendix 5 Safeguarding Children & Young People Training Performance April 1<sup>st</sup> 2013-March 31<sup>st</sup> 2014

	Total Number of Staff in Post	Number of Level 1 Staff in Post per annum (33%)	Total Level 1 Staff Trained at Level 1	Annual Compliance	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13 (Loop Days)	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
<b>LEVEL 1</b>																
Investigative	224	75	74	99%	2	0	7	5	2	2	6	3	10	17	9	11
Medicine	233	78	68	88%	2	2	7	3	4	3	22	1	3	13	3	5
Surgery & Cancer	315	105	88	84%	4	3	3	4	0	5	3	9	24	16	3	14
W and C	70	23	21	90%	0	1	0	1	0	2	6	0	1	3	0	7
Private Patients	51	17	10	59%	0	0	0	0	1	0	4	2	2	1	0	0
Corporate	825	275	160	58%	8	6	22	9	14	5	3	8	21	25	21	18
Non Substantive			9		0	0	3	1	0	0	2	0	0	3	0	0
<b>Total</b>	<b>1718</b>	<b>573</b>	<b>430</b>	<b>75%</b>	<b>16</b>	<b>12</b>	<b>42</b>	<b>23</b>	<b>21</b>	<b>17</b>	<b>46</b>	<b>23</b>	<b>61</b>	<b>78</b>	<b>36</b>	<b>55</b>
	<b>Total Number of Staff in Post</b>	<b>Number of Level 2 Staff in Post per annum (33%)</b>	<b>Total Level 2 Staff Trained at Level 2</b>	<b>Annual Compliance</b>	<b>Apr-13</b>	<b>May-13</b>	<b>Jun-13 (Loop Days)</b>	<b>Jul-13</b>	<b>Aug-13</b>	<b>Sep-13</b>	<b>Oct-13 (Loop Days)</b>	<b>Nov-13</b>	<b>Dec-13</b>	<b>Jan-14</b>	<b>Feb-14</b>	<b>Mar-14</b>
<b>LEVEL 2</b>																
Investigative	1892	631	768	122%	89	14	172	17	14	23	144	77	77	24	43	74
Medicine	2128	709	711	100%	11	31	200	12	19	32	148	48	77	29	34	70
Surgery & Cancer	2093	698	922	132%	12	55	193	20	20	68	107	70	105	60	97	115
W and C	197	66	74	113%	0	1	22	0	0	2	13	16	16	0	2	2
Private Patients	109	36	76	209%	2	1	23	0	0	2	21	0	4	2	2	19
Corporate	143	48	76	159%	1	0	51	2	2	1	1	1	4	1	9	3
Non Substantive			25		1	0	12	1	3	0	2	2	1	1	0	2
<b>Total</b>	<b>6562</b>	<b>2187</b>	<b>2652</b>	<b>121%</b>	<b>116</b>	<b>102</b>	<b>673</b>	<b>52</b>	<b>58</b>	<b>128</b>	<b>436</b>	<b>214</b>	<b>284</b>	<b>117</b>	<b>187</b>	<b>285</b>
	<b>Total Number of Staff in Post</b>	<b>Number of Level 3 Staff in Post per annum (33%)</b>	<b>Total Level 3 Staff Trained at Level 3</b>	<b>Annual Compliance</b>	<b>Apr-13</b>	<b>May-13</b>	<b>Jun-13</b>	<b>Jul-13</b>	<b>Aug-13</b>	<b>Sep-13</b>	<b>Oct-13</b>	<b>Nov-13</b>	<b>Dec-13</b>	<b>Jan-14</b>	<b>Feb-14</b>	<b>Mar-14</b>
<b>LEVEL 3</b>																
Investigative	51	17	17	100%	0	1	0	0	1	1	0	12	0	0	1	1
Medicine	83	28	23	83%	0	0	0	1	2	1	0	9	1	0	2	7
Surgery & Cancer	23	8	6	78%	0	0	0	0	1	0	0	3	2	0	0	0
W and C	971	324	301	93%	26	35	30	11	19	23	27	35	33	0	23	39
Private Patients	41	14	17	124%	1	2	1	0	2	2	1	5	2	0	0	1
Corporate	36	12	0	0%	0	0	0	0	0	0	0	0	0	0	0	0
Non Substantive			4		0	0	0	0	0	0	1	2	0	0	1	0
<b>Total</b>	<b>1205</b>	<b>402</b>	<b>368</b>	<b>92%</b>	<b>27</b>	<b>38</b>	<b>31</b>	<b>12</b>	<b>25</b>	<b>27</b>	<b>29</b>	<b>66</b>	<b>38</b>	<b>0</b>	<b>27</b>	<b>48</b>
<b>Grand Total</b>	<b>9485</b>	<b>3162</b>	<b>3450</b>	<b>109%</b>	<b>159</b>	<b>152</b>	<b>746</b>	<b>87</b>	<b>104</b>	<b>172</b>	<b>511</b>	<b>303</b>	<b>383</b>	<b>195</b>	<b>250</b>	<b>388</b>



## Trust Board

<b>Agenda Item</b>	4.6
<b>Title</b>	NHS Genomics Medicine Centre
<b>Report for</b>	Noting
<b>Report Author</b>	William Mortimer, Director Joint Research Office
<b>Responsible Executive Director</b>	Chris Harrison, Medical Director
<b>Freedom of Information Status</b>	Report can be made public

### Executive Summary:

On 10th December 2012, the Prime Minister announced that the Government intended to achieve a paradigm shift in the way that genomics is used across the NHS. To provide the catalyst for this change and to accelerate the benefits to NHS patients stemming from innovations in genomics, the Government committed to sequencing 100,000 whole human genomes by the end of 2017.

Successful delivery of the 100,000 Genome Project will position the NHS as world leaders in realising a new era of personalised medicine for the benefit of patients, and will build upon the excellent work the NHS and its academic partners have already delivered in the field of molecular medicine, molecular genetics and cytogenetics. The research opportunities and mainstream use of genomic medicine that will flow from this project also stand to make a major contribution toward economic growth in this country through establishing the UK as the leading international base for genomics science and industry.

As the major delivery partners for the 100,000 Genome Project, NHS England needs to put in place arrangements with participating providers to:

- enable participation of patients and relatives;
- achieve acquisition of adequate numbers of samples; and,
- capture clinical phenotype information.

NHS England is therefore embarking on a process of selecting NHS Genomic Medicine Centres. Successful providers will enter into an agreement with NHS England to regulate the delivery of these three elements required for the successful delivery of the 100,000 Genome Project. NHS England envisages a phasing of selecting NHS Genomic Medicine Centres with 3 to 5 identified in the first instance to begin Wave 1 in January 2015.

The Trust is bidding to be the Lead Organisation for a West London NHS Genomics Medicine Centre with Local Delivery Partners: Royal Brompton & Harefield NHS Foundation Trust (CV and respiratory rare disease lead); Royal Marsden NHS Foundation Trust (cancer lead); Chelsea & Westminster Hospital NHS Foundation Trust.

A Programme Board will be established to deliver and govern the work of the Centre, comprising partner Trust research and IT leads, to plan and realise benefits of its cancer and inherited rare disease cohorts. Individual work streams (CV rare diseases; respiratory rare diseases, cancer, other rare diseases and IT) will be established and report to the Programme Board. The Programme Board will be accountable to ExCo, via the AHSC Research Committee.

Imperial College Health Partners (ICHP) has also agreed to adopt the proposed Centre as a work stream of the AHSN research board (Chair, Director of the AHSC). The Programme Board will report to the ICHP Partnership Board via the ICHP Research Board. We anticipate that further partners within the NW London sector will contribute to our Centre.

The price paid for the sample will be capped by NHS England. To mitigate and minimise the financial risk to the Trust all potential costs not covered in the sample price where possible will be built into the associated Capital Bid. Any unmet costs would be found from the Research Capability Funding (RCF) or BRC funding.

Imperial is one of 15 trusts to have successfully met the criteria in the Invitation to Tender (ITT) Stage One. The Lead Investigator is Professor Gerry Thomas. The Final Application (ITT Stage 2) is being submitted on 7<sup>th</sup> November 2014. Becoming a designated NHS Genomics Medicine Centre and in particular a Wave 1 Centre will bring both National and International prestige to ICHNT. The application has the support of the Board (see appendix A).

#### **Recommendation(s) to the Board:**

The Board is asked to note that the Trust is submitting an application to be the Lead Organisation for a West London NHS Genomic Medicine Centre.

#### **Trust strategic objectives supported by this paper:**

- To achieve excellent patient experience and outcomes, delivered efficiently and with compassion.
- As an Academic Health Science Centre, to generate world leading research that is translated rapidly into exceptional clinical care.
- To pioneer integrated models of care with our partners to improve the health of the communities we serve.

## **NHS GENOMIC MEDICINE CENTRE – LETTER OF SUPPORT**

**From: Imperial College Healthcare NHS Trust**

**To: NHS England**

Imperial College Healthcare NHS Trust is submitting an application to be the GMC Lead Organisation for an NHS Genomic Medicine Centre and will collaborate and work in partnership with three GMC Local Delivery Partners to achieve the objectives of the GMC.

The three partners are:

Royal Marsden NHS Foundation Trust

Royal Brompton & Harefield Foundation Trust

Chelsea & Westminster Hospital Foundation Trust

I can confirm that the participation of Imperial College Healthcare NHS Trust as the GMC Lead Organisation for this application has been endorsed at Board Level. I can also confirm that participating in the NHS Genomic Medicine Centre will not impact on the financial stability of the organisation itself, the delivery by the organisation against NHS operational standards or standards of patient care outside the Project. In addition I can confirm that the financial accounts previously provided are still valid and up to date.

**Name:** Dr Tracey Batten

**Signature:** 

**Designation:** Chief Executive, Imperial College Healthcare NHS Trust

**Date:** 23/10/14

## Trust Board Public

<b>Agenda Item</b>	4.7
<b>Title</b>	Improvements to the Timeliness of the Provision of Medication at Discharge
<b>Report for</b>	Monitoring
<b>Report Author</b>	Damien Bruty, Sue Newton, Ann Mounsey
<b>Responsible Executive Director</b>	Steve McManus, Chief Operating Officer
<b>Freedom of Information Status</b>	Report can be made public

**Executive Summary:** This paper identifies improvements and proposed actions to improve the timeliness of the provision of medication to patients at the point of discharge. These actions are intended to reduce patient waiting times for medication and to reduce length of stay.

**Recommendation(s) to the Board/Committee:** The Board are asked to note the contents of this report

**Trust strategic objectives supported by this paper:**

- To achieve excellent patient experience and outcomes, delivered efficiently and with compassion.
- To educate and engage skilled and diverse people committed to continual learning and improvement.

## Improvements to the Timeliness of the Provision of Medication at Discharge

The purpose of this report is to provide the Board with an update on the progress and identified actions to improve the timeliness of the provision of medication at discharge.

Delays have been identified in the time taken from a clinician authorising a prescription to the patient receiving this on the ward. The KPI for discharge medication turnaround is for Pharmacy to complete 90% of patient discharges within 2 hours. This is the time from receipt to completion of dispensing of medication. This has been consistently met throughout 2014. Further consideration has now been given to addressing other elements of the process that take place outside of the Pharmacy department.

### What has been done so far:

- Additional portering rounds have been added to ensure a regular and more frequent collection and delivery to the wards of dispensed medication. This includes deliveries later during the day, with all sites benefiting from a collection at least 6pm or later. In addition a pilot of some deliveries on the Hammersmith Hospital site being for discharge prescriptions only is being trialled.
- Introduction of Pharmacy Tracker System within pharmacy allowing the monitoring of prescriptions at different stages in the Pharmacy process including the current average waiting time and green/amber/red warnings. This is displayed within the department and a pilot has commenced at Hammersmith Hospital to provide ward staff with access to the system enabling monitoring of progress at individual patient level. Plan to review impact at end of November 2014, with the intention of then rolling out to the rest of the Trust.
- Pharmacy staff are now able to update the estimated date of discharge on the Electronic Discharge Communication (EDC) system, allowing for prioritisation of prescriptions.
- Increased emphasis on 'dispensing for discharge' for any medicine required during the in-patient stay so that appropriately labelled supply is already on the ward at the point of discharge.

### Further actions identified:

- 20% - 30% of discharge prescriptions are written and presented to pharmacy after 4pm. Pharmacy engagement with clinical teams and ward staff is necessary to improve the discharge planning process and encourage earlier prescription requests. Currently working with IT to identify a standard report showing the time of writing, by ward and how it compares to the Trust norm. This information will be being fed into divisional quality meetings.
- A Direct Dispensing protocol has been developed and agreed for the whole Trust. Adoption of this protocol is being extended, with over 60 common packs of medication being pre-labelled for dispensing direct from the ward.
- Pharmacy and Transport services are due to commence a pilot at the end of November, facilitating the co-ordination of prescriptions and hospital transport. This is intended to reduce the wait for transport following the dispensing of medication.
- Pharmacy will continue to work with Sodexo on the concept of 'zonal delivery' to see if further gains can be achieved and in addition exploring the greater use of the pneumatic tube system.



- There will be an increased provision of pharmacy service to the 1<sup>st</sup> Floor St Mary's Hospital in early 2015 to help facilitate discharge with extended hours to current, both weekdays and weekends.
- Pharmacy are actively participating in the upcoming Imperial Quality Improvement *Sprint* focusing on discharge.

**Recommendation(s) to the Board/Committee:**

Pharmacy will continue to work on all of the above initiatives with a view to feeding back to the Trust Quality Committee in March 2015.



**Report Title: Quality Committee Chairman's Report****To be presented by: Professor Sir Anthony Newman Taylor, Chairman Quality Committee****1. Introduction**

The Quality Committee met on 12 November 2014 and the main issues discussed at the meeting are set out below.

**2. Significant issues of interest to the Board**

The following issues of interest have been highlighted for the Trust Board:

- The committee received a progress report on the Quality Governance Assurance framework (QGAF) self-assessment noting that after the next cycle the Trust would need to take stock of QGAF as a whole for assurance of progress against the action plan and meeting requirements.
- The committee received an update on the Engagement survey carried out between July and August noting that the response rate had risen to 45% from 27% a year ago.
- The committee received a Health & Safety report noting that a new e-learning module was being developed around fire safety and how health and safety training could be incorporated in the induction programme to advise staff of their responsibilities.
- The committee received an oral update on the action plan for Emergency Surgery at Charing Cross noting that Divisional colleagues were developing proposals for the end of December 2014 for a plan around investment across the three levels of cover required for a 3-5 year period to sustain the Charing Cross Hospital emergency provision.

**3. Key risks discussed**

The following risks were discussed:

- The committee received an update on key risks from the Division of Medicine noting that not meeting the 4 hour target was to be added to the Divisions Risk Register.

**4. Key decisions taken**

The following key decisions were made:

- None

**5. Agreed Key Actions**

The committee agreed actions in relation to:

- Investigative Sciences & Clinical support - Dr Naresh Kikkeri to provide a report on

the turnaround data times to the Quality Committee in January 2015.

- An End of Life Care progress report to be provided by Prof Janice Sigsworth to the committee March 2015.
- Jayne Mee to provide a report on the high level health and safety risks the Trust needs to consider to a future Quality Committee meeting.
- Steve McManus to provide an update on the Action plan for Emergency Surgery at Charing Cross to every Quality Committee meeting.
- A six monthly report on Medication Incidents to be submitted by Dr Naresh Kikkeri.
- Prof Jamil Mayet to provide a report on compliance with WHO checklist.
- The new Director of Imaging will provide a report on the delays in imaging reporting with numbers by interval from time and nature of imaging (e.g. distribution).

## **6. Recommendation**

The Trust Board is asked to note the contents of this paper.

## MINUTES OF THE QUALITY COMMITTEE

**Wednesday 8 October 2014**

**10:00am – 1.00pm**

**Clarence Wing Boardroom**

**St Mary's Hospital**

<b>Present:</b>	
Sir Thomas Legg	Non-Executive Director (Chairman for this meeting)
Sir Gerald Acher	Non-Executive Director
Dr Rodney Eastwood	Non-Executive Director
Dr Tracey Batten	Chief Executive
Prof Chris Harrison	Medical Director
Prof Alison Holmes	Director of Infection Prevention and Control
Prof Jamil Mayet	Divisional Director: Surgery & Cancer (1 to 3.2.3 only)
Steve McManus	Chief Operating Officer
Jayne Mee	Director of People and Organisational Development
Dr Naresh Kikkeri	Acting Divisional Director Investigative Sciences & Clinical support
Prof Tim Orchard	Divisional Director: Medicine
Prof Janice Sigsworth	Director of Nursing
TG Teoh	Divisional Director: Women & Children
<b>In attendance:</b>	
Moya Alexander	Decontamination Lead (3.2.4 to 6 only)
Helen Potton	Interim Corporate Governance Manager
Tracy Walsh	Committee Clerk (Minutes)

<b>1</b>	<b>GENERAL BUSINESS</b>
<b>1.1</b>	<b>Chairman's Opening Remarks</b> Sir Thomas Legg welcomed all present to the meeting and advised he would Chair the meeting in Prof Sir Anthony Newman Taylor's absence.
<b>1.2</b>	<b>Apologies for Absence</b> Apologies had been received from Prof Sir Anthony Newman Taylor and Cheryl Plumridge.
<b>1.3</b>	<b>Declarations of Interest or conflicts of interest</b> There were no conflicts of interest declared.
<b>1.4</b>	<b>Minutes of the Committee's meeting on 20 August 2014</b> The minutes of the meeting held on 20 August 2014 were approved as a true record.
<b>1.5</b>	<b>Matters Arising and Action Log</b> The committee noted the updates to the action log. In addition it was noted that: <ul style="list-style-type: none"> <li>Item 3.2.4.2 A report would be provided to the November Committee meeting.</li> </ul>

<b>1.6</b>	<b>Chief Executive's Introduction</b>
<b>1.6.1</b>	<p>Dr Tracey Batten advised that a decision was required by the end of the calendar year as to whether emergency surgery at Charing Cross Hospital was a sustainable service and if not how to ensure the service at Charing Cross Hospital would be sustainable. Prof Jamil Mayet would produce a detailed action plan by the end of October 2014 and Dr Tracey Batten noted that a sustainable plan needed to be put in place for the next 5-6 years as the Business Case would not be implemented until 2020.</p> <p><b>Action:</b> Action plan for Emergency Surgery at Charing Cross to the November Committee meeting.</p>
<b>2</b>	<b>CLINICAL RISK</b>
<b>2.1</b>	<b>Divisional Directors' Risk Update</b> Steve McManus asked the Divisional Directors to update on their key risks.
<b>2.1.1.1</b>	<b>Surgery &amp; Cancer</b> Prof Jamil Mayet noted that elective surgery at Charing Cross had moved from a Consultant of the day model to Consultant of the week. The recruitment of Junior Doctors remained difficult but the rota was being actively managed although would become an issue in the middle of 2015 as the rotation procedure would change with Junior Doctors being given community placements resulting in a loss to the Trust of 15 Junior Doctors which would be mapped for discussion at ExCo.
<b>2.1.1.2</b>	<p>Prof Jamil Mayet advised that extra beds were required for elective surgery at St Mary's. Plans were being looked at to improve capacity including opening beds in Radiology. Steve McManus advised this would need to be considered as part of the Winter Pressures planning and the Estates review.</p> <p><b>Action:</b> Winter Pressures planning report to the November Committee meeting.</p>
<b>2.1.2</b>	<b>Women &amp; Children</b> TG Tech noted that the PICU Business Case had been approved at the Trust Board on 24 September 2014 which would increase intensive care beds from 8 to 11 and that the recently appointed Gynaecology Director was reviewing pathways. He noted that a private room was required for patients experiencing a medical termination but that this was currently on hold pending a review of the Estate.
<b>2.1.3</b>	<b>Medicine</b> Prof Tim Orchard reported that there was an issue in respect of the Renal Transplant Rota as one member was suspended and a Locum would be brought in to cover.
<b>2.1.3.1</b>	He suggested that the lack of isolation rooms for patients with highly infectious diseases remained an issue although plans to mitigate were in place.
<b>2.1.3.2</b>	He noted that in relation to the recent closure of the Emergency Unit at Hammersmith Hospital a single point of access for medical referrals had been put in place allowing the safe movement of patients between the sites. The Urgent Care Centre (UCC) had had to deal with two urgent cases since the closure and the transfer had worked well with the patients being stabilised first in the UCC prior to being transferred to St Marys.
<b>2.1.3.3</b>	There had been a reduction in the number of patients being seen a from 600 to 500 per week with a knock on effect for the rest of the Trust including increased demand for the UCC at St Mary's between 5-10pm and he advised that rotas would be reviewed carefully to reduce pressure.
<b>2.1.3.4</b>	He advised that there was a productivity issue with the GP's being provided by LCW at St Mary's as they were seeing 2.8 patients per hour rather than 4/5 per hour as was required. Discussions had taken place but productivity had not increased but as there were no significant KPI's in the Contract it was difficult to enforce and the situation would continue to be monitored. The tender for GP services was scheduled

	for January 2015 and the Trust could potentially employ the GP's directly. Sir Gerald Acher asked whether there were a number of patients using the ED that should have used the UCC and Prof Tim Orchard advised that the Trust's consultants had to clear the backlog from the UCC that the LCW GP's were not seeing.
2.1.3.5	<p>Steve McManus advised there were a small number of estate and infrastructure improvements that needed to be addressed in the next couple of months at St Marys to ensure that the Trust could run safely and efficiently for the next 3-4 years prior to the improvements outlined in the Clinical Strategy.</p> <p><b>Action:</b> Post evaluation of A&amp;E closure at Hammersmith to the December Committee meeting.</p>
2.1.3.6	Prof Tim Orchard reported that he was reviewing discharges on a daily basis which had resulted in there being six empty beds on the first floor of St Marys one morning. Sir Gerald Acher asked what were the reasons patients were delayed and Prof Tim Orchard reported this was due to several reasons including that the patient deteriorated medically and was therefore not fit to be discharged but that more often it was due to transport not being available early enough in the day and packages of care in the home not starting until the early afternoon meaning that patients could not be discharged safely into the home. He advised that the Division was working with Social Services for a solution to this.
2.1.4	<p><b>Investigative Sciences &amp; Clinical Support</b></p> <p>Dr Naresh Kikkeri advised that year on year there had been a 10% increase in demand. The Radiology system had been changed making it longer for booking in. Dr Rodney Eastwood asked whether this was perception or fact and Dr Naresh Kikkeri confirmed it was fact and advised that this was the RIS/PACS system (radiology information system and picture archiving &amp; communication system) which the Trust had initially had issues with. Steve McManus reported that the software had recently been upgraded and the next upgrade would improve the speed of the system. Prof Chris Harrison noted that the backlog had improved from 18 months ago.</p>
2.1.4.1	Dr Naresh Kikkeri reported that there was insufficient staff running perinatal pathology as it required two substantive staff and there was currently only one substantive and one part time. He noted that pathology services were being expanded and a system was being considered to relay feedback as there had been some issues with diagnosis being relayed.
3	<b>QUALITY OVERSIGHT</b>
3.1	<b>Quality</b>
3.1.1	<p><b>CQC Post Inspection Feedback</b></p> <p>The report was noted.</p>
3.1.2	<p><b>Updated Quality Strategy</b></p> <p>Prof Chris Harrison advised that he would be reviewing and updating the strategy over the next 6 months. Sir Gerald Acher suggested that there should be a greater focus on the audience as the Quality Strategy was a document that staff should own and be proud of.</p> <p><b>Action:</b> An update on the implementation of the Strategy to the November Committee meeting.</p>
3.1.3	<p><b>2014 National Cancer Patient Experience Survey; summary of results</b></p> <p>Prof Janice Sigsworth noted that the results did show progress as the Trust was now third from the bottom and that she was optimistic that the next results would show progressive improvement. Sir Thomas Legg asked whether the Trust was benchmarking against other London Trusts and Prof Chris Harrison advised that collated themes from the London Cancer Alliance did not differ much from the Trust. Prof Janice Sigsworth reported that this was a reflection of whole patient pathways in</p>

	<p>London and that the age group and ethnicity of both patients and staff was a contributing factor to lower results for London Trusts together with a more complicated and less joined up cancer pathway. Sir Gerald Acher stated that he had been very disappointed with the recent Trust press release which implied that the Trust was doing well in the National Cancer Patient Experience Survey and suggested that the Trust needed to be open and clear in its messages and not use "spin". Steve McManus noted that the next 100 day event would take place on Friday 10 October 2014 and the message to staff would be positive in terms of improvement made but would identify that there was still further work to be done.</p>
<b>3.1.4</b>	<p><b>Clinical Effectiveness Update</b></p> <p>Prof Chris Harrison noted that previously there had been no system in place to review the Trust's position against National Clinical Audits, this was now on the departmental Risk Register and key issues were being reviewed.</p> <p><b>Action:</b> Annual Report to the Committee – Chris Harrison to advise on timing.</p>
<b>3.1.5</b>	<p><b>TDA Quality Observation Report and response letter</b></p> <p>The response letter would be amended by Prof Chris Harrison to reflect that Jayne Mee had been made a member of the Quality Committee and to highlight the Engagement Survey. The letter was approved subject to amendment.</p> <p><b>Action:</b> Our People would be a standing agenda item, recognising that there may not be a report submitted to every meeting.</p>
<b>3.2</b>	<b>SAFETY</b>
<b>3.2.1</b>	<p><b>Future reporting; safe Nurse/Midwife staffing levels &amp; harm free care</b></p> <p>Prof Janice Sigsworth noted that data had been collected for six months and had agreed with Sir Anthony Newman Taylor that going forward it would be reported through the divisional scorecard and not a separate agenda item for the Quality Committee. Exception reports would be brought to the Committee as required.</p>
<b>3.2.2</b>	<p><b>Safety &amp; Effectiveness Report</b></p> <p>Prof Chris Harrison highlighted that:</p> <ul style="list-style-type: none"> <li>• incident reporting rates had increased without an increase in severity;</li> <li>• the number of out of date clinical guidelines had decreased from 496 in April to 7 in September 2014;</li> <li>• the clinical guidelines that were not out of date would be reviewed;</li> <li>• guidance was needed for staff on 'being open' with patients and relatives involved in SIs – reports needed to be more accessible with less jargon.</li> </ul>
<b>3.2.3</b>	<p><b>Isolation facilities IPC report</b></p> <p>Prof Alison Holmes noted that in line with the Health and Social Care Act Code of Practice a minimum of 50% of beds in new builds were required to be single rooms with en-suites. There was an increasing demand for isolation rooms due to Viral Haemorrhagic Fever, diarrhoea and returning travellers. The lack of isolation rooms featured on the department's Risk Register and she was constantly monitoring the situation. She reported that Hammersmith Hospital was a particular concern as there was a need to isolate not only inpatients but patients arriving at the front door and there was only one isolation room in the admission area and although pathways could be adapted this was a short term solution.</p>
<b>3.2.4</b>	<p>Sir Thomas Legg asked if the Trust was prepared for a patient presenting with Ebola and Prof Alison Holmes advised that everyone was well prepared and that pathways had been walked through and practised. There was a need to recognise that obstetrics at Charlottes was potentially an issue and a pathway was in the process of being developed. Sir Thomas Legg noted it was clear that the Trust had an estates problem in regard to isolation rooms and asked what was being done to rectify this. Dr Tracey Batten advised that it was clear that an interim estates solution was required with a proposal for the next five years taking into consideration the</p>



	constrained Capital budget.
<b>3.2.5</b>	<p><b>Decontamination Compliance Report</b> Moya Alexander confirmed that the Trust was compliant with the requirements of the Health and Social Care Act (2008) for the appropriate decontamination of instruments and other equipment. Prof Janice Sigsworth asked what assurance processes were in place for medical devices and it was agreed that she would meet with Prof Chris Harrison and Prof Alison Holmes to discuss this further outside of the meeting.</p> <p><b>Action:</b> Meeting to be arranged re medical devices and decontamination.</p>
<b>3.2.6</b>	Dr Rodney Eastwood asked when packages are opened does the Trust decontaminate and Moya Alexander advised that unless the package states it is sterile it is decontaminated through the whole process from purchase to disposal. Sir Thomas Legg asked how the figures compared to last year and Moya Alexander confirmed there had been an improvement partly due to completely centralised units and new vacuum packed endoscopes.
<b>4</b>	<p><b>ANY OTHER BUSINESS</b> There were no items of any other business.</p>
<b>5</b>	<b>ITEMS FOR FUTURE MEETINGS &amp; COMMITTEE WORK PLAN</b>
<b>6</b>	<p><b>DATE OF NEXT MEETING</b> Wednesday 12 November, 10am to 1pm, Clarence Wing Boardroom, St Mary's Hospital.</p>



## MINUTES OF THE QUALITY COMMITTEE

Wednesday 20 August 2014

10:00am – 1.00pm

Clarence Wing Boardroom

St Mary's Hospital

<b>Present:</b>	
Prof Sir Anthony Newman Taylor	Chairman
Dr Rodney Eastwood	Non-Executive Director
Dr Tracey Batten	Chief Executive
Prof Chris Harrison	Medical Director
Prof Alison Holmes	Director of Infection Prevention and Control
Sir Thomas Legg	Non-Executive Director
Prof Jamil Mayet	Divisional Director: Surgery & Cancer (until item 3.2.3)
Steve McManus	Chief Operating Officer (from item 3.1.3)
Jayne Mee	Director of People and Organisational Development (from item 3.1.2)
Prof Janice Sigsworth	Director of Nursing
TG Teoh	Divisional Director: Women & Children
<b>In attendance:</b>	
Dr Frances Davies	Microbiology Registrar (until item 2.2.4)
Tracey Galletly	Infection Control Nurse (until item 2.2.4)
Sonia Hayes	Head of Legal Services
Sally Heywood	Associate Director Of Nursing Patient Safety (on behalf of Tim Orchard)
Chris O'Boyle	Director of Estates
Helen Potton	Interim Corporate Governance Manager
Liz Redfern	Consultant on the Chief Inspector of Hospital's visit (from item 3.1.3)
Tracy Walsh	Committee Clerk (Minutes)

<b>1</b>	<b>GENERAL BUSINESS</b>
<b>1.1</b>	<b>Chairman's Opening Remarks</b> Prof Sir Anthony Newman Taylor welcomed all present to the meeting.
<b>1.2</b>	<b>Apologies for Absence</b> Apologies had been received from Sir Gerald Acher, Prof Alison Holmes, Cheryl Plumridge, Prof Tim Orchard and Dr Julian Redhead.
<b>1.3</b>	<b>Declarations of Interest or conflicts of interest</b> There were no conflicts of interest declared.
<b>1.4</b>	<b>Minutes of the Committee's meeting on 9 July 2014</b> The minutes of the meeting held on 9 July 2014 were approved as a true record subject to amendment to 2.1.4.1 noting that it was TG Teoh who was absent not Tim Orchard.
<b>1.5</b>	<b>Matters Arising and Action Log</b> The committee noted the updates to the action log. In addition it was noted that: <ul style="list-style-type: none"> <li>Item 1.5 - Prof Sir Anthony Newman Taylor with the Medical and Nursing</li> </ul>

	<p>Directors had met with Mark Brice from the Trust Development Authority (TDA) to discuss their report and feedback on their quality Committee observations. It was noted that:</p> <ul style="list-style-type: none"> <li>○ the balance of operational and strategic matters was good, with good engagement from all;</li> <li>○ there was good challenge from NEDs but less so from Executives, although it was noted that Executives would have had such challenging discussions during Executive Committee meetings;</li> <li>○ appropriate discussions on risk took place with Steve McManus providing an overview of the operational risks;</li> <li>○ the Composition of the Committee was appropriate.</li> </ul> <p>The Trust would be agreeing the recommendations from the report and Prof Chris Harrison had drafted a letter of response.</p> <p><b>Action:</b> Letter and report would be presented to the next meeting.</p> <ul style="list-style-type: none"> <li>● Item 3.1.1 – an all staff email had been sent, separate to the survey and early indications were that response rates had gone up. The open forums in July had been also been used to raise awareness.</li> <li>● Item 3.1.3 – Steve McManus has had discussions with MacMillan and they had agreed to be involved in the Chief Inspector of Hospitals (CiH) and were supportive of what the Trust was doing. Once the Cancer Survey Results were published Prof Janice Sigsworth would provide an analysis and circulate to the Committee.</li> </ul> <p><b>Action:</b> Analysis of Cancer Survey results to committee members by Prof Janice Sigsworth.</p> <p>Prof Sir Anthony Newman Taylor informed the committee that during the pre-brief discussion had taken place to increase the number of rolling briefs to include:</p> <ul style="list-style-type: none"> <li>● Never events</li> <li>● MRSA</li> <li>● Staff Engagement</li> <li>● Cancer Patient Experience</li> <li>● Clinical 3 – Acute Surgery at Charing Cross, Hammersmith Hospital EU and Midwifery</li> <li>● Ward 11 South</li> </ul> <p><b>Action:</b> Items to be included with the rolling briefs and circulated to the Board no later than Thursday 28 August by Helen Potton.</p>
1.6	<p><b>Chief Executive's Introduction</b></p> <p>Dr Tracey Batten reported that the CiH visit had been the main focus for the last 4-6 weeks with weekly updates to Executive Committee noting that there had been significant staff engagement around the visit which had been led by Janice Sigsworth and Senga Steel.</p>
2	<p><b>CLINICAL RISK</b></p>
2.1	<p><b>Divisional Directors' Risk Update</b></p> <p>Prof Sir Anthony Newman Taylor asked how close the Trust was to having a high level Risk Register and Dr Tracey Batten advised that a Risk Workshop with the Executives had taken place on 23 July and that a new Risk Manager, Claire Broster had joined the Trust on 18 August. The work undertaken at the workshop would form the register going forward and a further risk workshop was due to take place in October with the whole Board.</p>

<b>2.1.1.1</b>	<b>Surgery &amp; Cancer</b> Prof Jamil Mayet noted that a dedicated person had been appointed to manage the rota of Junior Doctors in which there were currently 6 vacancies which were in the process of being filled.
<b>2.1.1.2</b>	Prof Sir Anthony Newman Taylor asked whether there was any ongoing issue with acute Surgery at Charing Cross and Prof Mayet confirmed that it was being successfully managed. Dr Tracey Batten informed the Committee that she had asked for a paper to be brought to Executive Committee in September and Quality Committee in October in relation to the options and proposed way forward.
<b>2.1.1.3</b>	Prof Jamil Mayet advised that there were issues with, Healthcare at Home, a specialist drugs contractor, particularly in respect of hypertension patients, as the company was delivering a poor service which may have contributed to the death of a patient. It was believed that they were in financial difficulties. In addition the company were no longer able to accept new patients and the Trust had had to appoint a new member of staff to undertake the additional work which was currently not being funded.
<b>2.1.2.1</b>	<b>Medicine</b> Sally Heywood reported in the absence of Professor Tim Orchard, that the Nursing Division was experiencing a similar issue in the delivery of medication by Healthcare at Home, which was of particular concern for HIV patients. It had been included as a high risk to the Divisions Risk Register and would continue to be monitored.
<b>2.1.2.2</b>	She noted that the risks around the Hammersmith Hospital EU closure had been separated into 4 sub risks which would remain on the Register until the closure on 11 September 2014. Dr Rodney Eastwood asked if there was currently sufficient cover and Sally Heywood confirmed that there was cover for all Junior Doctors.
<b>2.1.3</b>	<b>Women &amp; Children</b> TG Teoh noted there were no new high risks for his division and two lower rated risks should be able to be removed from their Risk Register in the near future.
<b>2.1.4</b>	<b>Investigative Sciences &amp; Clinical Support</b> In the absence of a representative from the Division there was no update to their divisions' risks.
<b>2.2.1</b>	<b>Infection prevention and control risks in patients from overseas and returning travellers to the UK</b> Prof Chris Harrison noted that the Infection Prevention and Control team had produced a report highlighting three areas of concern, the key area being lack of isolation facilities. There was a procedure in place to recognise signs on first sight which A&E staff had been made aware of.
<b>2.2.2</b>	Dr Frances Davies, in the absence of Prof Alison Holmes, reported that there were three very different infectious diseases which posed significant risks to the Trust and which required different isolation procedures.
<b>2.2.3</b>	Whilst there had been no confirmed cases of Middle East Respiratory Syndrome coronavirus (MERS-CoV) in the Trust there had been several investigations in which pathways had been tested and it was believed the Trust had the capacity to deal with this virus.
<b>2.2.4</b>	She noted there had been three confirmed cases of Carbapenemase producing organisms (CPOs) at Hammersmith, one confirmed case at St Mary's and one possible case at Charing Cross. This was an area of concern as recent guidelines required single room accommodation for those affected by, or suspected to have, this organism which was not available at any of the three A&E sites noting that this was also a problem across most London Acutes. Prof Sir Anthony Newman Taylor asked if contingency plans were in place and Dr Davies advised that there were contact isolation points.
<b>2.2.5</b>	Prof Chris Harrison asked what guidance had been provided for the transport of Renal patients and Tracey Galletly advised that Public Health England was due to

	produce some new guidance. Dr Frances Davies noted that the Trust had had to transport a patient in from a Nursing Home and that suitable arrangements had been put in place as all parties were aware that the patient had the infection. Prof Sir Anthony Newman Taylor asked if this situation had been taken into consideration for the refurbishment and new build plans and Dr Tracey Batten confirmed that the new build would all be single rooms as per the latest guidance.
<b>2.2.6</b>	<p>Dr Frances Davies advised the highest risk was in relation to the Ebola virus which required ante-chambers where clothing could be removed due to issues of contamination with blood splatter. There had been two suspected cases of Ebola which had tested negative. The department was receiving many enquiries from concerned patients and staff and systems were being developed to record and monitor this in conjunction with the clinical Infectious Diseases and Occupational health teams. Blood test results in suspected cases were turned around in 12-18 hours and the disposal of waste products, bed linens and urine was covered in relevant up to date policies. It was noted that whilst there were no suitable facilities currently in A&amp;E there were such facilities within the sites which would be utilised if required.</p> <p><b>Action:</b> Professor Alison Holmes would provide a report on the capacity to screen and isolate patients as recommended by the Department of Health to the Quality Committee in October.</p>
<b>3</b>	<b>QUALITY OVERSIGHT</b>
<b>3.1</b>	<b>Quality</b>
<b>3.1.1</b>	<p><b>Update on Investigative Sciences &amp; Clinical Support Scan and x-ray reporting times</b></p> <p>Prof Sir Anthony Newman Taylor had received a briefing note from Dr Julian Redhead which showed a remarkable turnaround in a very short period of time and congratulated the department on its achievement.</p>
<b>3.1.2.1</b>	<p><b>End of Life Care - summary report and strategy</b></p> <p>Prof Janice Sigsworth noted that following the phasing out of the Liverpool Care Pathway and the recommendation to nominate a named Executive and Non-Executive Director for end of life care, the Director of Nursing, Dr Rodney Eastwood had been appointed. An end of life steering group had also been established, chaired by Dr Katie Urch, which would review its Terms of Reference and membership to include members at a more senior level to enable items to be appropriately taken forward. The action plan would be submitted to Executive Committee and then to Quality Committee twice a year reducing to an Annual Report once fully embedded. Current priorities for the steering group were training and communication.</p> <p><b>Action:</b> A six monthly report including an action plan to be submitted by Prof Janice Sigsworth.</p>
<b>3.1.2.2</b>	<p>Prof Sir Anthony Newman Taylor asked what clinical review had taken place and Prof Janice Sigsworth confirmed that all senior clinicians recognised and understood their responsibility noting that the audit process needed to be tested to ensure evidence of good practice which evidence may currently be lacking. Prof Sir Anthony Newman Taylor asked about the engagement with families and Sally Heywood reported that it was good practice with older patients. Prof Janice Sigsworth advised that she and Dr Rodney Eastwood would be supporting Dr Urch to bring greater awareness across the Trust in respect of end of life care.</p>
<b>3.1.3</b>	<p><b>Key Risks Relating to the CQC, (CIH) Chief Inspector of Hospitals' visit</b></p> <p>Prof Janice Sigsworth noted that the key areas that the CQC would focus on were:</p> <ul style="list-style-type: none"> <li>• Clinical Strategy</li> <li>• Any concerns in clinical services and wards</li> <li>• Infection Prevention and Control</li> </ul>

	<ul style="list-style-type: none"> <li>• The rise in <i>C.Diff</i> in the first quarter of the year</li> <li>• Cancer Patient Experience</li> <li>• Never events</li> <li>• Staff engagement</li> <li>• Pressure Ulcers</li> </ul> <p>A substantial amount of detailed work had been completed by the Divisions, with staff briefings and ward visits with staff to ensure that they were fully engaged.</p>
3.1.4.1	<p><b>Feedback from Liz Redfern on the CIH preparation</b></p> <p>Liz Redfern had been meeting with staff to advise on preparations for the visit and had encouraged them to communicate with the inspectors and be proud of their achievements and to be open and honest. There had been a change in leadership of the inspection team and Heidi Smoult would now lead the team and it was expected that they would spend a day at each site. Liz Redfern advised that it was normal practice for the inspectors to visit sites out of office hours usually finishing unannounced visits at 2am and starting again at 5am. Prof Sir Anthony Newman Taylor suggested that it would be helpful to see the overview of the data pack which was agreed.</p> <p><b>Action:</b> The overview to be circulated to the Quality Committee plus the Trust Chairman by Prof Janice Sigsworth.</p>
3.1.4.2	<p>Dr Rodney Eastwood asked about the self-assessment ratings for the Heart Attack centre and Sally Heywood advised that the figures were from three weeks ago with the team being particularly strict on themselves and that the ratings had improved considerably since then. Prof Jamil Mayet noted that it was a low infection area and since a change in leadership there was now strong management on the wards. Dr Rodney Eastwood asked if the process in preparing had been good and Prof Jamil Mayet suggested that it had been. Dr Tracey Batten advised that the framework would be used going forward and at the end of the process a debrief would take place. Dr Tracey Batten noted that it had been a fabulous team effort across all divisions.</p>
3.1.4.3	<p>Additional points highlighted by Liz Redfern were:</p> <ul style="list-style-type: none"> <li>• The Trust appeared well prepared, the Quality Committee papers being a good example of showing where the Trust is with Quality;</li> <li>• It was important to carry on as normal while the inspectors were here and not to bring in extra staff or work longer hours;</li> <li>• The inspectors were not here to inspect the ACHC, which whilst it formed a part of the bigger picture it should be played down rather than up;</li> <li>• Staff should be able to demonstrate knowledge of what the public wants when they walk through the door;</li> <li>• Staff must be able to demonstrate what has been agreed at Board level e.g. Clinical Strategy</li> <li>• Staff should be able to demonstrate where lessons have been learnt, issues identified and plans put in place.</li> </ul>
3.1.5	<p><b>Monthly report on safe Nurse/Midwife staffing levels</b></p> <p>Prof Janice Sigsworth presented a high level overview which included clinical outcome data which had previously been requested by the Committee. Prof Sir Anthony Newman Taylor asked if there were consistent problems with staffing levels on particular wards and Prof Janice Sigsworth advised that ward data indicators would highlight any such trends. There had recently been changes in leadership due to issues on the wards resulting in a positive improvement in the indicators. Steve McManus advised that one of the triggers in the Harm Free Care Report was staffing levels. Prof Sir Anthony Newman Taylor suggested that it would be difficult to see</p>

	how, in the future, Cost Improvement Programmes (CIPs) would not impact on staff levels and ultimately the patient experience.
<b>3.1.6</b>	<p><b>Legal Report</b> Sonia Hayes presented the report and highlighted the training that had taken place with clinicians on Claims and Inquests and the changes in the way premiums were calculated by NHS Litigation Authority (NHSLA). In response to a question from Dr Rodney Eastwood, she advised that the premium the Trust paid was lower than the amount paid out.</p> <p><b>Action:</b> Legal Reports to be further discussed at Executive Committee with future reports to Quality Committee as required. Six monthly report to the Committee by Sonia Hayes.</p>
<b>3.2</b>	<b>SAFETY</b>
<b>3.2.1</b>	<p><b>A review of the actions put in place to reduce failure to rescue (FTR) incidents on the St. Mary's site</b> Steve McManus presented the report and highlighted some of the actions from the FTR Task and Finish Group noting:</p> <ul style="list-style-type: none"> <li>• The removal of the most junior grade of doctors (FY1) from full night shifts at St Mary's;</li> <li>• The implementation of the National Early Warning Score chart (NEWS).</li> </ul> <p>Dramatic improvements had been made in the 'out of hours' period (at night and over the weekends) particularly at St Mary's. Prof Sir Anthony Newman Taylor asked who the Site Nurse Practitioner would contact if they believed that a patient was deteriorating and Steve McManus advised that triggers were in place at which point a Registrar must attend. In response to a question from Prof Sir Anthony Newman Taylor, Prof Jamil Mayet confirmed that due to strong management from the Consultants, Matrons and Nursing staff the process was working well which Prof Chris Harrison confirmed was clear from the weekly review meetings.</p> <p><b>Action:</b> Steve McManus and Prof Chris Harrison to bring an audit of incidents to the Committee.</p>
<b>3.2.2</b>	<p><b>Medical Education Transformation Programme &amp; Visit Update</b> Prof Chris Harrison presented the paper and highlighted:</p> <ul style="list-style-type: none"> <li>• The significant progress in oncology undergraduate education;</li> <li>• The changes in leadership which should result in further improvements in scores going forward.</li> </ul> <p>Dr Rodney Eastwood informed the Committee that in the Undergraduate Students National Survey, 90% of final year medical students were satisfied with their education which was a huge improvement on previous years noting that the majority of teachers were employed by the Trust.</p> <p><b>Action:</b> A summary to be provided annually to the Committee by Prof Chris Harrison.</p>
<b>3.2.3</b>	<p><b>'Sign Up to Safety' Campaign Launch</b> Prof Chris Harrison presented the paper that detailed the 'Sign up to Safety' campaign launched by the Secretary of State for Health in June 2014. Sir Thomas Legg asked if the campaign committed the Trust to any additional financial expenditure and Prof Chris Harrison advised that there was no additional financial impact from the campaign itself although implementation of the wider quality strategy would have resource implications. Liz Redfern noted that she had not seen an Improvement Strategy with supporting finances, suggesting that this put the Trust 10 years behind others.</p>
<b>3.2.4.1</b>	<b>Safety &amp; Effectiveness Report</b>



	<p>Prof Chris Harrison presented the paper and highlighted the Serious Incidents noting that there had been:</p> <ul style="list-style-type: none"> <li>• 4 feeding tubes incorrectly inserted into the lungs in the past 5 months.</li> </ul> <p>He advised that two of these events had been reported as never events because permanent harm had resulted, one had been classified as a serious incident because the patient had recovered and the fourth was under investigation. In each case the underlying cause was a failure by doctors in post graduate training to interpret check x-rays correctly. A comprehensive programme of competency assurance for nurses, an on-line training programme for junior doctors and a change in policy to ensure that all check x-rays for feeding tube placements were reported by a radiologist before feeding commenced had been instituted. This change in policy had been communicated to all doctors in the Trust and to all ward managers through a personal letter from CH.</p> <p>A discussion ensued about the most effective ways of communicating with staff about these matters. Rodney Eastwood suggested that a more comprehensive system was required to catch staff on annual leave, training days and sickness absence and Dr Tracey Batten advised that Cerner could be used to deliver important updates on log in. In response to a question from Dr Rodney Eastwood as to whether the never event would affect the CiH view of the Trust Dr Tracey Batten advised that it was included in her presentation to the inspectors.</p> <p>The divisional representatives present confirmed their understanding and support for the measures taken and that comprehensive communication within the divisions had taken place, including personal visits to wards by the divisional directors of nursing.</p>
<b>3.2.4.2</b>	<p>Prof Sir Anthony Newman Taylor asked for more information relating to the Sis for the Maternity Service on page 19 of the report. TG Teoh confirmed there had been 29 SIs in the Maternity Service in the last financial year, 19 were partly attributable to staffing levels noting that there were no specific patterns and many incidents part of normal childbirth. It was also noted that these events had led to a business case for improved midwifery staffing levels and that this had been approved by Executive Committee, recruitment is to start in early 2015.</p> <p><b>Action:</b> Analysis to be provided by TG Teoh for the October meeting.</p>
<b>3.2.5</b>	<p><b>Responsible Officer's Annual Report</b></p> <p>Prof Chris Harrison noted the paper had been submitted to the Trust Board at their meeting on 30 July 2014 and that he was now the Trusts Responsible Officer.</p>
<b>3.2.6</b>	<p><b>Medication Incident Report</b></p> <p>Prof Chris Harrison noted the paper which illustrated a range of issues noting that a more comprehensive report would come to the October meeting. Sally Heywood suggested that she was unable from the data to demonstrate the link suggested on page 12 in respect of the correlation between Fridays and medication.</p> <p><b>Action:</b> Detailed report to be provided by Dr Julien redhead/Divisional Director for Investigative Sciences.</p>
<b>4</b>	<p><b>ANY OTHER BUSINESS</b></p> <p>There were no items of any other business.</p>
<b>5</b>	<p><b>ITEMS FOR FUTURE MEETINGS &amp; COMMITTEE WORK PLAN</b></p>
<b>6</b>	<p><b>DATE OF NEXT MEETING</b></p> <p>Wednesday 08 October, 10am to 1pm, Clarence Wing Boardroom, St Mary's Hospital.</p>



**MINUTES OF THE FINANCE & INVESTMENT COMMITTEE**

**Thursday 18 September 2014  
4.00pm – 6.00pm  
Clarence Wing Boardroom  
St Mary's Hospital**

<b>Present:</b>	
Sarika Patel	Non-Executive Director (Chair)
Dr Andreas Raffel	Non-Executive Director
Jeremy Isaacs	Non-Executive Director
Dr Tracey Batten	Chief Executive
Bill Shields	Chief Financial Officer
Steve McManus	Chief Operating Officer
<b>In Attendance:</b>	
Ian Garlington	Director of Strategy
Christopher O'Boyle	Interim Director of Estates & Facilities
Cheryl Plumridge	Director of Governance & Assurance
Helen Potton	Interim Governance Manager (Minute taker)
Marcus Thorman	Director of Operational Finance

<b>1.</b>	<b>GENERAL BUSINESS</b>
<b>1.1</b>	<b>Chairman's Opening Remarks</b> The Chairman welcomed everyone to the meeting and noted that there was a significant agenda for the Committee to work through.
<b>1.2</b>	<b>Apologies for Absence</b> Apologies were received from Cheryl Plumridge.
<b>1.3</b>	<b>Declarations of Interest or conflicts of interest</b> There were no declarations of interest declared at the meeting.
<b>1.4</b>	<b>Minutes of the Committee's meeting on 20 March 2014</b> The minutes of the meeting held on 24 July 2014 were approved subject to an amendment to 2.4.5 to read "... in the business case without having <i>sufficient information for discussion</i> . Sarika Patel would ...".
<b>1.5</b>	<b>Matters Arising and Action Log</b> The action log was noted. In addition at 1.5 Sarika Patel request that a date be agreed with the chairman and at 2.12.1 the Cerner update would be included as an appendix to the Finance Report.
<b>2.</b>	<b>MAIN ITEMS</b>
<b>2.1</b>	<b>Finance Report – Month 5</b>
<b>2.1.1</b>	Bill Shields introduced the month 5 Finance Report and suggested that it was discussed in relation to Item 2.2 Financial Recovery Plan.
<b>2.2</b>	<b>Financial Recovery Plan</b>
<b>2.2.1</b>	Bill Shields presented the Financial Recovery Plan which had been presented in outline to the Audit, Risk & Governance Committee and ExCo and which sought to establish a changed control environment with centralised expenditure and strict controls in relation to bank and agency spend.

2.2.2	<p>The month 5 figures indicated that there remained a year to date deficit despite improvement with issues around:</p> <ul style="list-style-type: none"> <li>• Increase in both temporary and permanent staff;</li> <li>• Increase in bank and agency and locum staff;</li> <li>• A lack of effective controls with ineffective delegation;</li> <li>• Capacity not returning to pre winter levels;</li> <li>• Issues with Cerner: <ul style="list-style-type: none"> <li>○ More money on implementation</li> <li>○ Inability to collect activity data effectively</li> </ul> </li> <li>• CIPs (which were the subject of a separate paper) being: <ul style="list-style-type: none"> <li>○ Unrealistic;</li> <li>○ Based on income and not the contractual position;</li> <li>○ Undeliverable.</li> </ul> </li> </ul>
2.2.3	<p>He noted a number of additional controls had been put in place including weekly meetings with the divisions and key staff at which real time data was available and a vacancy control group which sought to control the establishment and had been particularly effective in the Women &amp; Children's division.</p>
2.2.4	<p>A re-forecast had taken place which took into account a prudent view on performance and issues around Cerner. Project Diamond had been excluded which was likely to recover £17.2M but it was expected that the market forces element at £10M would not be recovered which would result in the Trust needing to review its surplus provision downwards.</p>
2.2.5	<p>Work had been split into three risk areas representing low, medium and high risk. The low and medium risks were those which the Trust was confident to deliver but the high risk required further work. He noted that whilst acuity and dependency had increased ie the Trust was seeing patients who were more sick and with more difficult issues including mental health issues, the complexity data had not borne this out suggesting that there was a data issue that needed to be resolved to ensure that correct payments were being received.</p>
2.2.6	<p>Steve McManus advised that the Trust was considering whether CQUINs could be achieved without being cost negative to ensure that any money spent was spent prudently.</p>
2.2.7	<p>Dr Tracey Batten noted in addition that the Trust was also looking at the quality impact which not always a simple black and white discussion. She advised that from a corporate perspective roles were not automatically being replaced referring to the recent removal of the Director of Governance &amp; Assurance role and her EA support following the resignation of Cheryl Plumridge.</p>
2.2.8	<p>Sarika Patel commented that the second year in the Long Term Financial Model (LTFM) was harder to achieve which represented a significant issue if the first year was not deliverable. Bill Shields suggested that it was essential to deliver CIPs in a different and more sustainable way.</p> <p>The Committee <b>noted</b> the plan.</p>
2.3	<p><b>Imperial Private Healthcare – Review of Potential Expansion and Development of Services</b></p>
2.3.1	<p>Sarika Patel suggested that the paper as presented was not what she had expected. Bill Shields confirmed that the paper was not a private patients' strategy but that it sought to set out a number of initiatives that would require further development into a strategy. He noted that an Outline Business Case (OBC), as part of an overarching strategy including cost benefit analysis and potential challenges, would be drafted which would require a significant level of investment to implement and which would be funded by way of a loan.</p>
2.3.2	<p>Andreas Raffel asked whether there was appropriate leadership for the potential £30M project and Bill Shields advised that Kerensa Heffron had been recruited on an interim basis as she had led this work at the Royal Marsden and would play an important part in developing the strategy and the requirements for the longer term leadership of the project.</p>
2.3.3	<p>The Committee noted that there should be no bad debts associated with delivering private patient care as payment should always take place prior to treatment. Bill Shields advised that</p>

	<p>the current private patient debt provision related to the issues with the Libyan Embassy with whom the Trust no longer did business with.</p> <p>The Committee <b>noted</b> the review.</p>
<b>2.4</b>	<b>Cost Improvement Programme (CIP)</b>
<b>2.4.1</b>	<p>Steve McManus presented the report and highlighted that a number of CIPs had been withdrawn following further investigation. He advised that the Quality and Efficiency Support Team (QuEST) had been put in place which would be led by Jon Schlick who had worked with NHS England and Kingston doing similar projects. The role of QuEST would be to improve quality and cost at the same time.</p>
<b>2.4.2</b>	<p>He confirmed that there was already an outline plan in place which had started to be progressed and that there was a bed reduction opportunity which could achieve another £0.5M saving. The expectation was that QuEST would deliver in year and support the programme for the following year and the two year plans to deliver would be presented to the Committee in January 2015.</p> <p><b>Action:</b> Two year plans to January FIC</p>
<b>2.4.3</b>	<p>The Committee noted that the work would be likely to identify opportunities for services that were currently not profitable and Jon Evans advised that there was a new costing system in place which would assist with this together with the data received from the national benchmarking group.</p> <p>The Committee <b>noted</b> the report.</p>
<b>2.5</b>	<b>World Class Supply Chain update</b>
<b>2.5.1</b>	<p>Marcus Thorman presented the update and noted that the Strategy would come back to the November meeting.</p>
<b>2.5.2</b>	<p>He highlighted in particular that the Trust had put in place an agreement with the Shelford Group to purchase items together noting that they represented 10% of the total NHS spend. The first auction from that agreement had taken place in respect of gloves with eight of the Shelford group Trusts taking part with a collective spend of £5.7M which had resulted in a saving of £1.6M to the group as a whole. He confirmed that any product that was put forward for purchase would be reviewed by a member of the group to ensure that it was appropriate and cost efficient. Finally, he advised that the Trust had also participated in a London only group in respect of mobile phone purchase which had resulted in significant cost benefits.</p>
<b>2.5.3</b>	<p>Bill Shields noted that “reverse auctions” had been around for a little while and that he had taken part in a presentation to the TDA who were very interested in this approach to purchasing.</p>
<b>2.5.4</b>	<p>The committee discussed where the savings should be apportioned as currently they were currently held centrally but needed to be given alongside where the budgets were held.</p> <p>The Committee <b>noted</b> the update.</p>
<b>2.6</b>	<b>Estates Update</b>
<b>2.6.1</b>	<p>Chris O’Boyle presented the Estates update and explained that a considerable effort had been undertaken in reviewing policies and procedures which had all been presented and approved at ExCo which would facilitate safe systems of working. In addition there had been a massive push to upgrade the facilities with 1000 tasks recently completed which was a culmination of a backlog of work and lots of small things which required to be done. He noted that during this push, priority had been given to high profile areas including fire alarms, lifts and chillers with work having been reprioritised to ensure compliance.</p>
<b>2.6.2</b>	<p>The Committee discussed the arrangements that were in place in respect of security and potential terrorist attacks and Ian Garlington advised that if there was an area that could pose a threat eg radioactive substances or where a particular individual had been identified the Trust would apply covert surveillance to minimise any potential risk.</p>

<b>2.7</b>	<b>NWL Pathology Full Business Case</b>
<b>2.7.1</b>	Steve McManus presented the Full Business Case (FBC) and highlighted the main changes which related to the Joint Venture Agreement and reserved matters which had been resolved in that nothing could be agreed without the Trust's vote plus two other partners.
	The Committee discussed the benefits of proceeding with the consortium or remaining as a stand-alone provider noting that there were economies of scale as a centralised service with 30% more activity giving an opportunity of taking out £36M staffing costs. It also discussed the importance of research and development being supported as part of this going forward.
	It was suggested that when the paper was presented to the Trust Board it needed to be clearer on understanding the relative merits of the two propositions.
	The Committee <b>recommended</b> the FBC for approval by the Trust Board
<b>2.8</b>	<b>Paediatric Intensive Care Unit (PICU) Business Case</b>
<b>2.8.1</b>	The Committee noted that the Business Case (BC) increased capacity to eleven intensive care and four high dependency beds which was in keeping with the clinical strategy and the plans for St Mary's to develop as a hot site. The BC had been seen by the Strategic Investment Group (SIG) who had undertaken a review of the numbers and ExCo both of whom had supported it. In addition Imperial college were in support as were Commissioners and Imperial Charity who were looking to provide 25% of the cost.
<b>2.8.2</b>	The Committee noted that the BC would be discussed at the Trust Board the following week and if approved would be presented to the Trust Development Authority (TDA) for approval.
<b>2.8.3</b>	Andreas Raffel suggested that a 12 year pay back was a long time and that the BC was very conservative on income and that there was scope for elective paediatric work which would have the potential to be a big money earner.
<b>2.8.4</b>	The Committee discussed the big step up from year two to three and Marcus Thorman suggested that at that stage the capacity would be close to twice the size at that point and that private activity had not been factored in relying only on the most prudent view.
<b>2.8.5</b>	Bill Shields advised that the Trust was currently in further discussions with the Charity with a view to increasing their contribution which had been positive so far.
	The Committee <b>recommended</b> the BC for approval by the Trust Board
<b>2.9</b>	<b>Private Patients Hotel Services Tender</b>
<b>2.9.1</b>	Ian Garlington presented the results of the tender process. Sarika Patel asked whether it was worth changing provider in view of the fact that the difference in costs was marginal. Ian Garlington advised that it was important to follow the criteria set out in the tender process and that going forward it would be more difficult to maintain those services so that it was appropriate to award in accordance with the process.
	The Committee <b>approved</b> the appointment of Sodexo to provide hotel services to Imperial Private Patients.
<b>2.10</b>	<b>Managed Maintenance Services Tender</b>
<b>2.10.1</b>	Ian Garlington presented the results of the tender process and explained that the tender process had had to be restarted following a challenge when the tender was initially awarded which was referred to in the appendices.
	The Committee <b>approved</b> the appointment of GE Healthcare as the managed Maintenance Service provider.
	<b>ITEMS FOR READING</b>
<b>3</b>	<b>GOVERNANCE ITEMS</b> - These items were sent out to the committee members to read and raise any queries or questions of which there were none.
<b>3.1</b>	<b>Summary of the Strategic Investment Group</b>
	This paper was not discussed in the meeting.
<b>3.2</b>	<b>Annual review of Finance &amp; Investment Committee</b>

<b>3.2.1</b>	Sarika Patel explained that it was important for the Committee to review what it was doing and how effective it was and whether what it was doing was in accordance with its terms of reference.
<b>3.2.2</b>	Helen Potton noted that from the responses to the survey her findings so far was: <ul style="list-style-type: none"> <li>• The Committee had the correct membership;</li> <li>• Induction was good;</li> <li>• Some items were rushed through;</li> <li>• Discussion was fair and transparent;</li> <li>• The agenda was too big as were the papers;</li> <li>• Schedule of meetings was appropriate;</li> <li>• Too much detail and not enough focus on the key issues.</li> </ul>
<b>3.2.3</b>	Jeremy Isaacs commented that it was information overload suggesting that it was not possible to absorb so much information and Sarika Patel suggested that papers should be no more than 25 pages including appendices.
<b>3.2.4</b>	A further report following the conclusion of the survey would come to the next Committee meeting.  <b>Action:</b> Helen Potton to prepare survey summary.  The Committee <b>noted</b> the review.
<b>3.3</b>	<b>Terms of Reference review</b>
<b>3.3.1</b>	This was discussed as part of 3.2 Annual review of Finance & Investment Committee.
<b>3.4</b>	<b>Workplan review</b>
<b>3.4.1</b>	This paper was not discussed in the meeting.
<b>4</b>	<b>FINANCE ITEMS</b>
<b>4.1</b>	<b>Reference Costs Report</b>
	This paper was not discussed in the meeting.
<b>4.2</b>	<b>Capital report</b>
	This paper was not discussed in the meeting.
<b>5</b>	<b>ANY OTHER BUSINESS</b>
	None raised.
<b>6</b>	<b>DATE OF NEXT MEETING</b>
<b>6.1</b>	Thursday 20 November 2014, 4.00pm – 6.00pm, Clarence Wing Boardroom, St Mary's Hospital.





## Trust Board Public

<b>Agenda Item</b>	5.3
<b>Title</b>	Foundation Trust Programme Board - Committee Chairman's Report
<b>Report for</b>	Noting
<b>Report Author</b>	Richard Cook, Foundation Trust Programme Manager
<b>Responsible Executive Director</b>	Bill Shields, Chief Financial Officer
<b>Freedom of Information Status</b>	Report can be made public

**Executive Summary:** This paper summarises the meeting of the FTPB held on 16<sup>th</sup> September 2014. It highlights significant issues of interest as being:

- Programme Timetable;
- Board development session with Monitor;
- Quality Governance Framework (QGF) rescore;
- Governance rationale and Constitution changes;
- Member and Governor Engagement.

**Recommendation(s) to the Board:** Trust Board is asked to note the content of this paper and the future business of the FTPB.

**Trust strategic objectives supported by this paper:**

- To achieve excellent patient experience and outcomes, delivered efficiently and with compassion.
- To educate and engage skilled and diverse people committed to continual learning and improvement.
- As an Academic Health Science Centre, to generate world leading research that is translated rapidly into exceptional clinical care.
- To pioneer integrated models of care with our partners to improve the health of the communities we serve.

**Report Title: Foundation Trust Programme Board - Committee Chairman's Report****To be presented by: Rodney Eastwood, Chairman Foundation Trust Programme Board Committee****1. Introduction**

The Foundation Trust Programme Board met on 16<sup>th</sup> September 2014 and the main issues discussed at the meeting are set out below.

**2. Significant issues of interest to the Board**

The following issues of interest have been highlighted for the Trust Board:

**Programme Timetable:** The revised Integrated Business Plan (IBP) and Long Term Financial Model (LTFM) will be presented to Trust Board at its meeting of 17<sup>th</sup> December 2014. This will enable the Trust to proceed to a Readiness Review with the Trust Development Authority (TDA) in March 2015.

**Board Development Session:** A representative of Monitor has been asked to lead a development session for the Trust Board to provide an overview of the Monitor phase of the assessment process.

**Quality Governance Framework Rescore:** Following a further self-assessment a revised score of 3 has been agreed. Grant Thornton will now return to the Trust to give an independent rescore assessment and present their findings to the FTPB in December.

**Governance Rationale and Constitution:** further refinements to the Governance rationale were agreed.

**Member & Governor Engagement:** The database is currently being updated and a communications and engagement plan is being developed. A tender process has commenced for an organisation to run the Governor elections.

**3. Key risks discussed**

A new risk is to be added to the Risk Register reflecting internal capacity to deliver the FT application – this will be considered at the next meeting of the FTPB.

**4. Key decisions taken**

A number of amendments and clarifications were agreed in relation to the proposed Constitution.

**5. Agreed Key Actions**

The Programme Board agreed actions in relation to:

**Board Development Session:** a date will be agreed with Monitor.

**Letters of Support from Stakeholders:** The Chief Executive will approach key stakeholders for letters of support for the Trust's Foundation Trust application at an appropriate time prior to the Readiness Review with the Trust Development Authority.

**Board Governance Assurance Framework:** an updated action plan will be shared with the Executive Committee in October.

**Members and Governor Engagement:** The use of alternative communications channels for communicating with and recruiting members will be established by the Communications Team.

**Risk Register:** The risk register will be updated to reflect the new risk agreed of “Internal capacity”.

## 6. Future Business

The Programme Board will focus on the following areas in the next three months:

- Outputs from the KPMG first stage review (IFR1) and any actions arising out of this;
- Refining the IBP submission and the LTFM including scoping risks, quantifying financial impact and mitigations;
- Preparing for the Grant Thornton rescore of the QGF;
- Addressing issues and areas arising from the BGAF;
- Further refining the Constitution and supporting Governance rationale.

## 7. Recommendation

The Trust Board is asked to note the contents of this paper.



**Minutes of the Foundation Trust Programme Board (FTPB)  
Tuesday 16<sup>th</sup> September 2014  
15:00 – 17:00  
Clarence Wing, Board Room. SMH.**

**ATTENDEES:** Rodney Eastwood (RE) (Chair), Tracey Batten (TB), Michelle Dixon (MD), Kevin Jarrold (KJ), Helen Potton (HP), Sir Tom Legg (TL), Jayne Mee (JM), Cheryl Plumridge (CP), Bill Shields (BS), Steve McManus (SM) from item 10 only.

**IN ATTENDANCE:** Vicky Scott (VS), Aisha Karefa-Smart (AKS), Alex Williams (AW)

1. **Apologies:** Sir Anthony Newman Taylor (ANT), Janice Sigsworth (JS), Chris Harrison (CH), Ian Garlington (IG), Marcus Thorman (MT),

2. **Minutes of last meeting**

The minutes were accepted as a correct reflection of the meeting held on 17<sup>th</sup> June 2014.

3. **Matters Arising**

The Action Log was reviewed and the following updates provided to the meeting:

**Action 20:** The composition of the Council of Governors - invitation to NHS England still outstanding.

- **BS** confirmed that contract with NHS England has been signed and he took an action to invite NHS England.

**Action 26:** Further work needs to be done to deliver the five year CIP plan

- **BS** stated this action would be discussed within his paper (Paper 3).
- **RE** agreed to discuss the issue in Paper 3.

**Action 81:** Voluntary organisation representation on Council of Governors

- **HP** has yet to have a response to enquiries made with FTN, the Shelford Group and Carers UK.
- **RE** asked for a suitable organisation to be held as a reserve option.

**Action 93:** Visit to Oxford University Hospitals

- **TB** informed the Board that she is liaising with St George's Healthcare NHS Trust to arrange a visit. This will likely be held after September.

**TB** requested that a 'tidy up' of the actions be completed to ensure they are all up to date and relevant. She also briefly outlined to FTPB that the Trust's Chief Inspector of Hospitals visit was believed to have been satisfactory; a number of small issues were identified and are being dealt with by Executive Directors. The Trust awaits the draft report from the inspection team.

#### 4. FT Project Sponsor report

**BS** gave an overview of the FT Programme, in particular, following a meeting held with Executive colleagues on Tuesday 19<sup>th</sup> August 2014. He noted that the key task over the coming months would be to translate the clinical strategy into the Long Term Financial Model (LTFM) in time for signoff of this document and the Integrated Business Plan (IBP) at Trust Board on the 17<sup>th</sup> December 2014. In particular, it would be important to have granular Cost Improvement Plans and that they could be articulated at all levels of the organisation.

**BS** stressed the need for a greater level of engagement from Executive Director leads. To help colleagues understand the FT process, **BS** noted that Miranda Carter, Executive Director of Provider Appraisal at Monitor had been invited to address the Trust Board.

**Action: AW** to follow up with Miranda Carter's office to determine a date for her to visit the Trust.

**BS** continued to outline that Baker Tilly are leading the work on the LTFM and its inputs; they are holding meetings with Trust colleagues to determine growth plans, funding constraints and intentions by service line over the next 10 years. This will be an iterative process and that the IBP and LTFM need to be 'living documents'.

**RE** asked whether build capital was included in the LTFM.

**BS** replied that it is included in service improvements, redevelopment of the site and the pathology hub.

**BS** stressed the need for the Trust to be clear about why it wants to become a Foundation Trust and what the Trust will do as one. He spoke about the new FT working group structure and the need for workstream leads to support this process and update their relevant sections of the IBP and LTFM.

**RE** asked for details of when the Trust will need to seek external stakeholder support for the FT application.

**Action: TB** to seek external support in writing from external stakeholders at the appropriate time prior to the Readiness Review with the NHS TDA.

**VS** asked about the pathology OBC and when this was likely to go to the TDA. She also enquired about the Trust's plans to complete 'Independent Financial Review 2 (IFR2)'.

**BS** said that the pathology OBC was going to Finance and Investment Committee on 18th September and would likely be sent to the TDA soon.

**Action: AW** to meet with VS to discuss FT timetable.

## 5. Quality Governance Framework (QGF) Rescore

**PR** informed FTPB that the latest QGF rescore had resulted in a revised score of 3. For the Monitor and TDA stage, a score of 3.5 or below was required. The action plan to reduce the score further will continue to be refreshed as actions are completed.

Grant Thornton will return to the Trust at the end of October to look at every aspect of the QGF again and to give an independent re-score assessment. Consequently, the action plan and the Board Governance Memorandum need to be refreshed before then. Grant Thornton will present their findings to FTPB in December.

**TB** explained that some work needed to be done to rationalise the KPIs and to ensure that those that are used, appear in the scorecards used at Executive Committee. Divisional risk registers will also need to be put onto the Datix system.

## 6. Board Governance Assurance Framework (BGAF) Progress Update

**(Note: this item was unintentionally out of sequence and was discussed prior to AOB)**

**HP** informed FTPB that the action plan was progressing and that it would go to and Executive Committee in October 2014. **RE** stated that he was happy with this.

**Action:** **HP** to submit updated action plan to ExCo in October.

## 7. Trust Development Agency (TDA) Monthly Returns

**AW** introduced the item.

**RE** noted the papers.

## 8. Governance Rationale

**HP** introduced the paper which had been produced following the work to develop the governance rationale which sets out the reasons why the Trust has chosen to make certain decisions around its governance structure which has had a knock on impact upon the draft constitution.

The paper contained various recommendations which were discussed as follows:

- a) Patient Constituency – It was agreed to have requirement to have a minimum of two years eligibility to stand as a Governor as per the recommendation;
- b) Public/Patient Eligibility: It was agreed that there should be a time limit and that the Trust should follow the time periods set out within the Rehabilitation of Offenders Act 1974;
- c) Non-executive Directors: The position regarding Non-executive Directors was noted;

- d) Board of Directors: It was agreed that the Board should consist of between 5 – 7 Executive and between 5 – 7 Non-executive Directors plus the Chairman;
- e) Code of Conduct/Values: It was agreed that the Council should adhere to the same Code of Conduct as the Board as per the recommendation;
- f) Terms of Office for Governors: It was agreed terms of office to a maximum of nine years as per the recommendation;
- g) Governor Vacancies: The eighteen month limitation was agreed as per the recommendation;
- h) Appointment and Removal of NEDs: Process to appoint and remove Non-executive Directors to be included in the Constitution as per the recommendation;
- i) Contributing to Chief Executive's appointment: process to appoint the Chief Executive which includes the Lead Governor to be included in the Constitution as per the recommendation;
- j) Lead Governor: it was agreed that the Trust should have a Lead Governor which should be stated within the Constitution as per the recommendation;
- k) Sub-committees of the Council of Governors: it was agreed to limit the number of sub groups to three save in exceptional circumstances.

## 9. Member and Governor Engagement

**HP** provided an update on the process to recruit members and governors. She spoke about the new membership manager responsible for this effort and outlined that the manager was undertaking a process of cleansing and updating membership data. **HP** explained that the Trust currently had a membership of 7,239.

**RE** asked whether one membership manager was sufficient to cope with the volume of work. **HP** explained that there were no additional recruitment plans and that a volunteer with previous experience had been recruited to support the Trust.

**HP** further explained that a meeting with the communications team has been arranged to ensure there is a consistent message being presented externally. The team has also started a tender process for an organisation to run the elections.

**BS** asked whether there was any strategy to use alternative communications channels (e.g. Facebook or twitter).

**MD** explained that these channels are important to the Trust and that work would be conducted to establish how best to use these channels.

**Action: MD** to establish how best to use alternative communications channels in the process for recruiting and communicating with members or governors.

## 10. Independent Financial Review update



**BS** outlined the IFR plan and explained that actions were being followed and regularly updated.

**RE** noted his agreement with this approach.

**11. Risk Register**

The FTPB reviewed the Risk Register and updates. **AW** was asked to edit the risk register as appropriate.

TB asked for a risk entitled “Internal Capacity Risk” to be added to the Risk Register.

**Action: AW** to add this risk to the register and edit the register.

**12. Any Other Business**

**RE** asked the FTPB to formally thank Cheryl Plumridge, Director of Governance and Assurance for her contribution and to wish her well with her future endeavours.

**Date of Next Meeting:** Tuesday 21<sup>st</sup> October 15:00 – 17:00 Clarence Wing Board Room

