Chelsea and Westminster Healthcare NHS
NHS Trust

Trust Board Meeting

Boardroom, Chelsea and Westminster Hospital, 369 Fulham Road, London SW10
Chair: Juggy Pandit
Date: 6th April 2006
Time: 2:00pm

Agenda

1. GENERAL BUSINESS	**2.00pm**
1.1 Welcome to the Members of the Public	**JG**
1.2 Apologies for Absence	**JG**
1.3 Declarations of Interest	**JG**
1.4 Minutes of the Previous Meeting held on 2nd March 2006 (attached)	**JG**
1.5 Matters Arising (attached)	**JG**
1.6 Chief Executive's Report (attached)	**HL**
1.7 NHS Foundation Trust Update (attached)	**HL**
- Reassessment of Risk	**HL**
2. PERFORMANCE	**3.00pm**
2.1 Finance Report, January 2006 (attached)	**LB**
2.2 Performance Report, January 2006 (attached)	**LB**
2.3 Financial Plan:	
2.3.1 Capital Programme (attached)	**LB**
2.3.2 Revenue Budget 2006/07 (to follow)	**LB**
3. ITEMS FOR DECISION/APPROVAL	**3.30pm**
3.1 Consultant Appointments (attached)	**HL**
4. ITEMS FOR ASSURANCE	**4.00pm**
4.1 Draft Corporate Plan (attached)	**EHJ**
5. ITEMS FOR NOTING	**4.15pm**
5.1 Medicines Management Strategy (attached)	**ED**
6. ITEMS FOR INFORMATION	**4.45pm**
6.1 Minutes of Audit Committee meeting (attached)	**AH**
7. QUESTIONS FROM THE MEMBERS OF THE PUBLIC	**4.45pm**
8. ANY OTHER BUSINESS	
9. DATE OF THE NEXT MEETING	
4th May 2006	
10. CONFIDENTIAL BUSINESS	
To resolve that the public be now excluded from the meeting, because publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be concluded in the second part of the agenda.	

Chelsea and Westminster Healthcare NHS
NHS Trust

Trust Board Meeting, 6th April 2006

AGENDA ITEM NO.	1.5/Apr/06
PAPER	Matters Arising
AUTHOR	Fleur Hansen Contact Number: 020 8846 6716
SUMMARY	This paper lists matters arising from previous meeting(s) and the action taken/to be taken.
BOARD ACTION	The Board is asked to note this report.

Matters Arising from Previous Meetings

Reference	Item	Action
5.1.1/Mar/06	ASSURANCE FRAMEWORK Spreadsheet updated by Exec Directors to include only current or previous risks of 16 and above and also risks which had been rescored by eight points or more. Framework was then resubmitted to Audit Committee on March 21st and was approved by the Committee on behalf of the Board.	Exec. Dir/VR
5.1.2/Mar/06	STANDARDS FOR HEALTH DECLARATION The document was revised and updated as suggested at the last Trust Board and has now been forwarded to the Overview and Scrutiny Committee for comment. It will then return to the Trust Board for ratification.	CM/VR
5.1/Aug/05	CHILD PROTECTION QUARTERLY REPORT Awaiting response from letter to Healthcare Commission.	MA
3.3/Dec/05	SUB-COMMITTEE TERMS OF REFERENCE Discussion between Chairs of Audit, Clinical Governance Assurance Committee and Facilities Assurance Committee. Clarification required regarding what is be reported to the Board.	MFr/ AH/CW
1.6/Mar/06	CONNECTING FOR HEALTH Paper to be presented at April Board exploring the systems available to the Trust. Update assessment of Care Cast and compare to Lastword as well as explore the possibility of a double run.	AG
5.1/Jan/06	INFLUENZA PANDEMIC CONTINGENCY PLANNING New standard item for the Trust Board to be updated via the Chief Executive's report.	AMC
1.7/Mar/06	FOUNDATION TRUST APPLICATION Updated timetable to be circulated once confirmed.	FH
2.1/Mar/06	CAPITAL REPORT A brief report to be prepared for the March Board meeting.	LB/JB
2.2/Feb/06 2.2/Mar/06	PERFORMANCE Delayed discharges to be included in March Performance Report. A brief note on re-admissions to be included in March Performance Report.	NC/LB NC/LB/MA
3.1/Mar/06	CORPORATE PLAN Draft Corporate Plan to be brought to the March Board meeting.	EHJ

Trust Board Meeting, 6th April 2006

AGENDA ITEM NO.	1.6/Apr/06
PAPER	Chief Executive's Report
AUTHOR	Heather Lawrence Contact Number: 020 8846 6711
SUMMARY	This paper outlines key issues for the attention of the Trust Board.
BOARD ACTION	To note the report.

CHIEF EXECUTIVE'S REPORT – MARCH 2006

PAYMENT BY RESULTS

The tariff has now been published and the finance team has assessed the impact. We now need to achieve an additional which will be confirmed shortly CIP. We are re-working our plans for the Foundation Trust and also the Corporate Plan to reflect this.

FINANCE AND PERFORMANCE

The Trust remains on target to achieve a £2.2m surplus having won the HIV arbitration. We are also on target to achieve our key performance targets – Board Members will also note our improved cash position as reported in the finance report.

STANDARDS FOR BETTER HEALTH AND ASSURANCE FRAMEWORK

The Board should be made aware that the Standards for Better Health Declaration has been forwarded to the Trust's Patient and Public Involvement Forum and the Kensington and Chelsea Overview and Scrutiny Committee for their commentary. It will then be tabled at the Trust Board for final ratification before submission to the Healthcare Commission.

The Assurance Framework was tabled at the Audit Committee meeting on March 21st. The revised framework detailed risks that are (or were) scored at 16 or above as well as risks that have been rescored by eight points or more. After discussion on various risks and some rescoring, the Assurance Framework was approved by the Committee.

CONNECTING FOR HEALTH

At the Trust Board I expect to be able to provide an update on this following a meeting with IDX/GE regarding the support they intend to give us so that we are compliant with the national programme whilst Care Cast develops its functionality.

It is imperative that we are able to have partial spine compliance for Choose & Book in order to allow patient choice. We are implementing (along with others) an interim system but action is required by IDX to ensure that we are in a position to implement the online version by the summer.

CHANGES AT NICE

The National Institute for Health and Clinical Excellence (NICE) is the independent organisation responsible for providing national guidance on the promotion of good health and the prevention and treatment of ill health.
From this April NICE will close the 9 regional offices and is establishing a new national field-based team, consisting of five home office-based NICE Implementation Consultants each responsible for a difference part of England. One consultant will be responsible for a ensuring regular interaction with NICE stakeholders in London and the South East. They will:

- engage with organisations and networks at a strategic level, to encourage, inform and facilitate their own implementation activities;
- obtain stakeholder support for all aspects of the NICE implementation strategy;
- create a feedback mechanism to underpin all aspects of the Institute's work.

The new approach will be operational by September 2006 and the Implementation Consultant for London and the South East will be organising meetings with those local organisations with a role to implement NICE guidance. These include: PCTs and Trusts (hospital and mental health), and Local Authorities.

INFLUENZA PANDEMIC PLANNING

This planning is ongoing with fortnightly meetings of the group continuing.
The planning continues to be lead by the Health Authority and though the planning is progressing, there are areas where we are unable to advance whilst we await direction from the Department of Health. We anticipate guidance on, among other areas, clinical care pathways and patient group directives. This information will allow us to complete important areas of work.

Chelsea and Westminster has senior representatives on the North West Thames work streams, including paediatrics, pharmacy, human resources and referral and admission criteria planning. This representation allows us to influence the London response to an influenza pandemic.

The internal work streams include HR, infection control, occupational health, death and bereavement services, and pharmacy.

The influenza plan will be completed by 5th May though it will continue to be altered as guidance changes.

STAFF PAY REWARD

Secretary of State Patricia Hewitt has announced this year's pay awards for NHS staff. These mean that from April 1st:

- Nurses and other health care professionals receive a 2.5% uplift
- Junior doctors receive 2.2 %
- Salaried dentists receive 2.4%
- Staff and associate specialist grade doctors receive 2.4%
- General dentists receive 3%
- Consultants receive 1% rising to 2.2% in November.

The government is also recommending that the pay rise for very senior managers and for chairs and non-executive directors is in line with that of consultants i.e. 1% from April 1 rising to 2.2% in November.
These pay awards had been accurately reflected in our financial projections and therefore do not present us with any additional risk and may in fact result in a small benefit.

SENIOR STAFF

The posts of Deputy Chief Executive and Director of Service Development and Strategy were advertised in the Health Services Journal at the beginning of March. The head-hunters are in the process of meeting applicants to achieve a long list of candidates for each post.

The Trust has also appointed one new consultant and one replacement consultant in the Women's and Children's Directorate which are for approval later on the agenda.

HL.

Chelsea and Westminster Healthcare NHS
NHS Trust

Trust Board Meeting, 6th April 2006

AGENDA ITEM NO.	1.7/Apr/06
PAPER	Foundation Trust Application
LEAD DIRECTOR **AUTHOR**	Heather Lawrence, Chief Executive Contact Number: 020 8846 6711 Fleur Hansen, Foundation Trust Project Lead Contact Number: 020 8846 6716
SUMMARY	This paper outlines key issues for the attention of the Trust Board.
BOARD ACTION	To note the report.

FOUNDATION TRUST UPDATE

MONITOR PRESENTATION

Marianne Loynes, the senior assessment manager allocated to the Trust along with Tania Sang, met with members of the Trust Board on March 22nd. Their presentation gave an overview of the key factors Monitor take into consideration in their assessment and also explained the process and timetable involved in the authorisation process. There was also discussion on what to expect at the Board to Board meeting which will be held in early July. Marianne suggested the Board to Board will concentrate on key risks and the scenarios associated with them.

Potential dates for the Board to Board are as follows:

Monday June 26th
Monday July 3rd
Wednesday July 5th
Thursday July 6th

Monitor hopes to confirm the date shortly.

TIMETABLE

Please find the updated timetable attached.

FINANCE AND SDS

At the Trust Board seminar on April 6th Board members will be asked to reassess the risk matrix as set out in the submitted SDS and to consider new risks. The SDS and the Corporate Plan will incorporate any significant changes identified. Clearly the change in tariff means that we need to ensure our financial liability.

MEMBERSHIP AND ELECTION

We now have 10,136 Foundation Trust members (March 31) and we expect to reach our target of 14,000 members in the near future.

Public and patient members of the Foundation Trust were invited to a seminar on healthcare associated infections as part of the Trust's annual Hand Hygiene Awareness Week – we hope this will be the first of a series of events for members.

Our Members' Council elections were held during March – the overall turnout was 28.1% which, according to Electoral Reform Services who conducted the poll independently on behalf of the Trust, is in line with the current levels of voter turnout in Foundation Trust elections.

A small number of complaints about the election process have been received by the Trust and Electoral Reform Services – they are being dealt with in accordance with the Trust's formal complaints process.

A successful event for all Members' Council election candidates was held on Tuesday, March 28 to thank candidates for taking part in the elections, gain their feedback on the election process and gauge their views about the future running of the Members' Council which will include an induction programme to familiarise all elected candidates with the Trust.

Fleur Hansen
Foundation Trust Lead
March 20th, 2006

Foundation Trust Status - Finance Project Plan									
ID	**Description**	**Lead**	**Start Date**	**Finish date**	**Dependency**	**Exec/Board Sign-off**	**Date Started**	**% Complete**	**Date Finished**
	Service Development Strategy								
	Check SDS for changes	EHJ/LB		05/05/2006					
	Update for impact of 06/07 tariff	LB		22/05/2006					
	Schedule of Services								
	Check contracts signed (or understanding in place)	FH		12/05/2006					
	Mandatory Health Services Workbook	EHJ		26/05/2006					
	Mandatory Education and Training Services Workbook	FH/?		26/05/2006					
	Mandatory Health Services: Commissioner's support letter	EHJ/FH		23/06/2006					
	Exec Sign-off of of Schedule of Services	**FH**		**26/06/2006**		**Monday Exec Meeting**			
A	**Financial Model (LTFM)**								
A1	Identify project accountant to own model	NT		DONE					
A2	Train Project Accountant	NT	ongoing	31/03/2006					
A3	Revise Capacity Plan	NC/EHJ	done	15/03/2006					
A3.1	Confirm Patient Choice flows assumptions	NC/EHJ	ongoing	15/03/2006					
A4	**Exec Sign-off of Capacity Plan**	**FH**		**03/04/2006**		**Monday Exec Meeting**			
A5	Update Income Assumptions for 06/07 Tariff	SR		27/03/2006					
A6	Update for 2006/07 SLA negotiations	SR		31/03/2006					
A7	Construct new version of local model	NT		31/03/2006					
A8	Populate New LTFM	JB		24/03/2006					
A9	**Exec Sign-off of LTFM - Basecase + Scenarios**	**LB**		**17/04/2006**					
A10	Update for Budget Setting/Corporate Planning Outcomes for 06/07	JB		28/04/2006 (date to be confirmed)		Extraordinary Trust Board			
A11	Update for CIP assumptions 2006/07	CMcL		28/04/2006 (date to be confirmed)		Extraordinary Trust Board			
A12	Update for Capital Plan assumptions	LB/JB/HL/MZ		28/04/2006 (date to be confirmed)		Extraordinary Trust Board			
A13	Complete Scenarios	NT		28/04/2006 (date to be confirmed)		Extraordinary Trust Board			
A14	Revisit FT model assumptions and highlight key risk areas	LB		28/04/2006 (date to be confirmed)		Extraordinary Trust Board			
A15	Identify risk mitigation action	LB		28/04/2006 (date to be confirmed)		Extraordinary Trust Board			
A16	I&E 2005/06 position and C/F implications	LB	ongoing	28/04/2006 (date to be confirmed)		Extraordinary Trust Board			
A17	Complete cash flow to determine loan requirement	MZ		28/04/2006 (date to be confirmed)		Extraordinary Trust Board			
A18	Complete Paed Cardiology scenario	LB		21/04/2006					
A18	Check Capacity Plan against M12 accounts	NC		21/04/2006					
A20	**Exec Review of M12 accounts**	**FH**		**24/04/006**		**Monday Exec Meeting**			
A21	Carry out Sensitivity Testing on Proposed PBL	NT		30/04/2006					
A22	**Trust Board Sign-off of LTFM - Basecase + Scenarios**	**FH**		**04/05/2006**		**May Trust Board**			
A23	Review model outputs	LB/FL/HL		05/05/2006					
A24	Set up medium term loan against capital programme	MZ		30/06/2006					
A25	Finalise PLK transfer	LB		30/06/2006					
A26	Secure PBL Approval from Monitor	LB		30/06/2006					

Foundation Trust Status - Finance Project Plan									
ID	**Description**	**Lead**	**Start Date**	**Finish date**	**Dependency**	**Exec/Board Sign-off**	**Date Started**	**% Complete**	**Date Finished**
	Financial Model (Working Capital)								
A27	Agree Phasing of Cashflows	MZ		11/04/2006					
A28	Input Cashflow phasings into Model	NT		20/04/2006 (date to be confirmed)		Extraordinary Trust Board			
B	**Working Capital**								
B1	***Review historical cash flow patterns***								
B1.01	Extract Information from Finance Systems	MZ		31/03/2006					
B1.02	Input Data into Database	MZ		31/03/2006					
B1.03	Analyse Results	MZ		31/03/2006					
B1.04	Review Cashflow Profiles	MZ		31/03/2006					
B2	Building Cash Flow Model	MZ		11/04/2006					
B3	Build Income Profile	MZ		11/04/2006					
B3.01	Agree Phasing of Cashflows OUT	MZ		11/04/2006					
B3.02	Agree Phasing of Cashflows IN	MZ		11/04/2006					
B4	Sign-off Working Capital Plan	MZ		11/04/2006					
B5	**Exec Sign-off of Working Capital Plan**	**FH**		**17/04/2006**		**Monday Exec Meeting**			
B6	**Trust Board Sign-off of Working Capital Plan**	**FH**		**20/04/2006 (date to be confirmed)**		**Extraordinary Trust Board**			
B7	***Prepare Working Capital and Treasury Policy***								
B7.01	Review guidance from Monitor	MZ		30/04/2006					
B7.02	Research other FT's policies	MZ		30/04/2006					
B7.03	Draft Policy on Working Capital and Treasury Management	MZ		30/04/2006					
B7.04	Review Draft Policy	MZ		30/04/2006					
B7.05	Sign-Off Policy	MZ		30/04/2006					
B7.06	Train Key Staff	MZ		30/04/2006					
B7.07	Communicate and Implement Policy	MZ		30/04/2006					
B8	***Tender Working Capital Facility***								
B8.01	Research tender process with existing FTs	MZ		11/04/2006					
B8.02	Agree Facility Required	MZ		30/04/2006					
B8.03	Draw up Tender Documentation	MZ		30/04/2006					
B8.04	Determine Selection Criteria	MZ		30/04/2006					
B8.05	Advertise	MZ		12/05/2006					
B8.06	Shortlist Banks	MZ		19/05/2006					
B8.07	Interview Banks	MZ		26/05/2006					
B8.08	Select Supplier	MZ		26/05/2006					
C	**Contracts and Partnerships**								
C1	Prepare, negotiate and agree service contracts	EHJ		30/04/2006					
C1.01	Draft PCT contract T&Cs	EHJ		30/04/2006					

Foundation Trust Status - Finance Project Plan									
ID	**Description**	**Lead**	**Start Date**	**Finish date**	**Dependency**	**Exec/Board Sign-off**	**Date Started**	**% Complete**	**Date Finished**
C1.02	Assess PCT commissioning intentions	EHJ		30/04/2006					
C1.03	Prepare Trust counter proposals	EHJ		30/04/2006					
C1.04	Negotiate around areas of disagreement	EHJ		30/04/2006					
C1.05	Final Risk Share arrangements	EHJ		30/04/2006					
C1.06	Agree process for information provision to PCTs	EHJ		30/04/2006					
C1.07	Secure Signed Contract by 30th April	EHJ		30/04/2006					
C2	Prepare Provider to Provider Contracts	ED/CML		31/03/2006					
C2.01	Identify all P2P services	ED/CML		10/03/2006					
C2.02	Review of Existing Documentation	ED/CML		10/03/2006					
C2.03	Draft robust legally binding P2P contracts	ED/CML		17/03/2006					
C2.04	Negotiate T&Cs with Service Providers	ED/CML		24/03/2006					
C2.05	Agree risk management arrangements	ED/CML		24/03/2006					
C2.06	Identify material business risks and mitigation	ED/CML		24/03/2006					
C2.07	Secure Signed P2P Contracts by 31st March	ED/CML		31/03/2006					
D	**Capital Plan**								
D1	Detailed review of Strategic Capital Requirements	LB/HL		24/03/2006					
D2	Determine Capital phasing in line with cash affordability	MZ/MAn/ HE/AG		20/04/2006 (date to be confirmed)		Extraordinary Trust Board			
D3	Understand long term borrowing sources and mechanisms and feed into Capital Financing Strategy	MZ		30/06/2006					
D4	Prepare internal procedures for capital approval and financing strategy	MZ		30/06/2006					
D5	Publish agreed procedures across Trust	MZ		30/06/2006					
E	**Governance**								
	Constitution		Already submitted	23/01/2006					
	Governance arrangements and rationale - DONE - Update	FH	Already submitted	23/01/2006					
	Implementation of Governance arrangements	CM/FH		ongoing					
	Timetable of Governance arrangments to M.	CM/FH		?? Ask ML					
	Update on progress	CM/FH		?? Ask ML					
	Outcome of election process	MA		21/07/2006					
	Summary of statutory Consultation process - DONE		Already submitted	23/01/2006					
	Membership strategy - Update on implementation			22/05/2006					

Foundation Trust Status - Finance Project Plan									
ID	**Description**	**Lead**	**Start Date**	**Finish date**	**Dependency**	**Exec/Board Sign-off**	**Date Started**	**% Complete**	**Date Finished**
	Annual Healthcheck submission to HCC (October 2005) - DONE		Already submitted	23/01/2006					
F	**Self-certification on Governance (as per proforma)**			01/07/2006					
	- Any outstanding issues arising from external audit & assessment (incl. RPST & CNST)	FH		05/05/2006					
	- Audit committee recommendations implemented timely and robustly - (REFLECT IN MINUTES)	FH/LB		05/05/2006					
	- Risk/Performance processes in place to deliver Business Plan	LB		05/05/2006					
	- SIC in place and up-to-date	LB/FH		05/05/2006					
	- Board happy that all core national targets met (and will be)	HL		04/05/2006					
	- Key risks to compliance with Authorisation have been identified	HL		05/05/2006					
	- Register of interests (and no conflicts)	FH		15/06/2006					
	- Check Board is appropriately qualified	HL/JP		15/06/2006					
	- Selection process and training programme for NEDs	HL/JP		15/06/2006					
	- Management capability and experience to deliver Business Plan	HL/JP		15/06/2006					
	- Management structure can deliver Trust Strategy	HL/JP		15/06/2006					
G	**Performance Management:**								
	Performance measures defined and monitored	LB		12/05/2006					
	Reasonable targets identified for measures	LB		12/05/2006					
	System for managing performance against targets	LB		12/05/2006					
	Reporting lines in place	LB		12/05/2006					
	Arrangements in place to respond to adverse performance:	LB		12/05/2006					
	- Finance	LB		12/05/2006					
	- Clinical and other operations	LB		12/05/2006					
	- Organisation/HR	LB		12/05/2006					
	- Long term strategy	LB		12/05/2006					
H	**Risk Management:**								
	All key risks identified	LB		12/05/2006					
	Risk areas monitored and intergrated with performance M.	LB		12/05/2006					
	Contingency plans in place	LB		12/05/2006					
	Risk scenarios/contingency plans regularly updated	LB		12/05/2006					
	Reporting lines in place	LB		12/05/2006					
	Effective management of joint partnerships:	LB		12/05/2006					
	- Governance (incl. s31s) understood by Board	LB		12/05/2006					
	- Roles clear to all parties	LB		12/05/2006					
	- Rules for pooled budget in place	LB		12/05/2006					
	- Protocol in place for resolving disputes	LB		12/05/2006					
	- Overspend/underspend process in place	LB		12/05/2006					

Foundation Trust Status - Finance Project Plan									
ID	**Description**	**Lead**	**Start Date**	**Finish date**	**Dependency**	**Exec/Board Sign-off**	**Date Started**	**% Complete**	**Date Finished**
	Sign-off of Board Statement on LTFM	**FH**		**04/05/2006**		**May Trust Board**			
	KPMG review of application		**May**	**June**					
	Board to Board meeting	FH		**early July**					
	Board Memorandum:								
	Form draft document	FH/LB		31/05/2006					
	Populate document once KPMG opinion given	LB/JB		23/06/2006					
	Final Sign-off of Board Memorandum	**FH**		**06/07/2006**		**July Trust Board**			
	Deliverables								
	Updated SDDS for impact of 06/07 revised tariffs	EHJ/LB		22/05/2006					
	LTF Projections	LB		22/05/2006					
	Working Capital Model	LB		22/05/2006					
	Timetable of governance arrangements	FH		?? Ask ML					
	Submit Schedule of Services	FH		01/07/2006					
	Mandatory Health Services	EHJ		01/07/2006					
	Mandatory Health Services: Commissioner Support	EHJ/FH		01/07/2006					
	Mandatory Education & Training Services	?/FH		01/07/2006					
	Non-Mandatory Services	EHJ/FH		01/07/2006					
	Protected Property - Property Register	LB		01/07/2006					
	Copies of Relevant 3rd Party Regulatory Body Reports (e.g. Healthcare Commission Reports)	FH/LB		30/04/2006					
	Governance								
	Update on implementation of membership strategy	AMC/Mak		22/05/2006					
	Update on election process (inc estimate of outturn)	AMC/Mak		22/05/2006					
	Statement of outcome of election	AMC/Mak		21/07/2006					
	Register of Directors' interests	FH		01/07/2006					
	Register of Governors' interests	FH		01/07/2006					
	Self-certification	FH		01/07/2006					
	Chairman's letter	FH		01/07/2006					
	Trust Board papers defining approach to areas	FH		01/07/2006					
	Trust Board minutes confirming confidence	FH		01/07/2006					
	Performance management			22/05/2006					
	Per. Man. Strategy and policy docs approved by TB	LB		22/05/2006					
	Example of Per. Man. Reports	LB/FH		22/05/2006					

Foundation Trust Status - Finance Project Plan									
ID	**Description**	**Lead**	**Start Date**	**Finish date**	**Dependency**	**Exec/Board Sign-off**	**Date Started**	**% Complete**	**Date Finished**
	Recent reports from all inspectorates and regulators	LB/FH		22/05/2006					
	Any further evidence for 3.2.4	LB/FH		22/05/2006					
	Risk management			22/05/2006					
	Risk Man. Strategy and policy docs approved by TB	LB		22/05/2006					
	Statement of Internal Control	LB		22/05/2006					
	Management report on self-assessed compliance with Controls Assurance standards	LB		22/05/2006					
	Draft self-assessment on healthcare standards	LB/FH		22/05/2006					
	Evidence of compliance with RPS and CNST (3rd party)	LB/FH		22/05/2006					
	TB statement that there has been no change in these since assessment	FH		22/05/2006					
	Evidence of Joint Ventures & Partnerships	?/FH		01/06/2006					
	Board Statement	FH		14/07/2006					
	Board Memorandum	FH		14/07/2006					
	Authorisation			**01/08/2006**					
Key	AG: Alex Geddes								
	AMC: Andrew MacCallum								
	CM: Cathy Mooney								
	CML: Carol McLaughlin								
	EHJ: Elliot Howard-Jones								
	FH: Fleur Hansen								
	HE: Helen Elkington								
	HL: Heather Lawrence								
	JB: Jon Bell								
	JP: Juggy Pandit								
	LB: Lorraine Bewes								
	MAn: Mike Anderson								
	MAk:Matt Akid								
	MZ:Mansoor Zaman								
	NC: Nick Cabon								
	NT: Nigel Turner								
	SR: Sharon Robson								

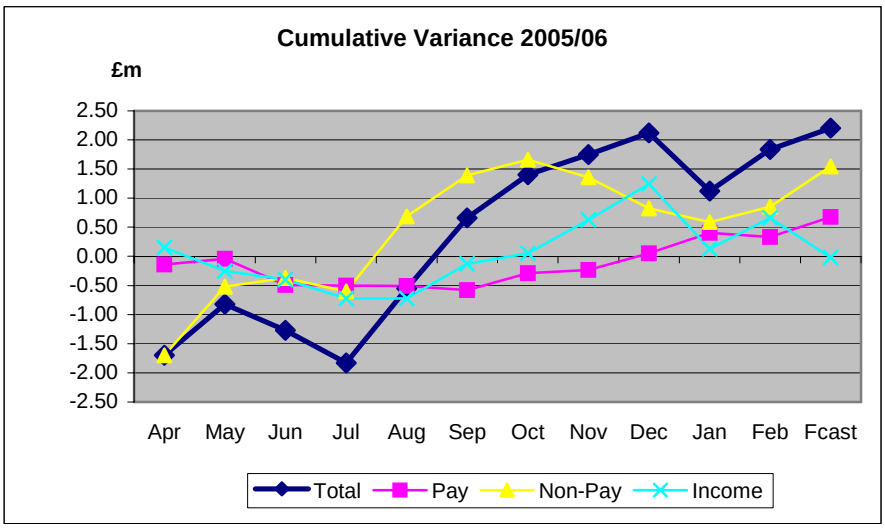
Trust Board Meeting, 6th April 2006

AGENDA ITEM NO.	2.1/Apr/06
PAPER	Financial Report – February 2006
LEAD EXECUTIVE	Lorraine Bewes, Director of Finance and Information Contact Number: 020 8846 6713
AUTHOR	Lorraine Bewes, Director of Finance and Information Contact Number: 020 8846 6713
SUMMARY	The overall income and expenditure position for the eleven months to February 2006 is a surplus against budget of £1.838m, an improvement £0.712m on the position at Month 10. The forecast position for the year-end has increased by £0.1m to a surplus of **£2.2m**. There were two significant risks reported last month. The risk relating to the HIV over-performance has now been resolved for this financial year and the Consortium will reimburse the Trust for over-performance in accordance with existing risk share arrangements. The risk relating to the level of outstanding debt remains a risk but the level of provision against disputed debt is regarded as adequate and is in line with last years audited levels. The cash position of the Trust has improved significantly during the month of February with a cumulative cash position £6.9m higher than the forecast, an improvement of £9.98m since January.
BOARD ACTION	The Board is asked to note the financial position at Month 11.

Finance Report
April 2006
Financial Position – Feb 2006

Summary Income & Expenditure (Form F1)

1. The overall financial position after eleven months is a surplus of **£1.838m**. The Graph below shows the trend in the cumulative variance against budget to the end of February with the forecast year-end position of a £2.2m surplus.



2. The overall pay position at Month 11 is an underspend of **£0.334m** (0.3%). The in-month position is an adverse variance of £0.075m.

3. Non pay including Reserves and Depreciation is under spent by **£0.855m** (1.0%), the favourable movement in month of £0.265m. There were no unexpected variances on non pay expenditure in the month as expenditure patterns largely followed trend. The year to date overspend in Energy and Water costs (£0.273m) is from gas and electricity cost increases previously reported however the final allocation of energy pressure funding to Facilities in February means that energy costs are underspent in month. Other key pressures broadly consistent with trend this month are clinical consumables and prostheses and the unachieved depreciation savings target (£1.016m). Depreciation costs are finalised in March during the annual accounts process but are expected to remain within the forecast outturn. These overspends are offset by an underspend on the drugs budget (£0.609m).

4. The income position, including interest receivable, is **£0.649m** favourable (0.3%) which is a favourable movement in the month of £0.522m. SaFF Contract Income is £0.346m favourable in the month, mainly as a result of the release of year to date provisions following the arbitration decision with Wandsworth PCT, as reported last month. The remaining favourable variance is the continuing overperformance on PCT income.

5. The HIV Consortium proposal to withhold overperformance payment this year has been resolved and the existing risk share arrangements will apply for 2005/06. This has no impact on the Trust position as the risk was not included in the forecast in anticipation of a successful resolution to this issue.

6. The Trust is forecasting a year-end surplus of **£2.205m** which is an improvement of £0.1m from last month. The £0.1m net improvement is a result of a review of directorate expenditure to identify spends that are capital in nature and should therefore be charged against the capital programme. There is also a small deterioration in the income extrapolation (£0.091m) and a

reduction in income assumptions for non England HIV patients (0.090m) however both costs are offset by an improvement in the Management Executive and other central forecasts.

Variance Analysis – Year to Date and In Month

7. The overall position for the Trust is a favourable variance of **£1.838m** which is a favourable movement of **£0.712m** in Month 11. The high-level summary of this position is as follows:

	Year to M10	Year to M11	Movement in month
	£'m	£'m	£'m
Income			
SaFF Baseline	0.234	0.580	0.346
Non-Contract Activity	-0.072	-0.084	-0.012
Private Patient Services	-0.140	-0.045	0.095
Other	0.204	0.294	0.090
Interest Receivable	-0.022	-0.011	0.011
Expenditure			
Pay	0.409	0.334	-0.075
Non Pay pressures	-1.955	-2.017	-0.062
Reserves and Capital Charges	2.468	2.787	0.319
Total	**1.126**	**1.838**	**0.712**

Income and SaFF update

8. The overall YTD income position is **£0.649m** favourable taking into account an adverse position on interest receivable of £0.011m. Within this position Private Patient income, including ACU, is adverse against budget by £0.045m. This is a favourable movement in the month of £0.095m across all private areas: Private Patient Unit (£0.045m), ACU (£0.035m), Private Maternity (£0.019m) and Overseas (£0.016m).

9. SaFF Income is reporting a favourable variance in the month of £0.346m which has improved the year to date position to a surplus of £0.580m. SaFF income is based on an extrapolation of the costed activity up to month 10, after taking consideration of the seasonal down-turn in activity during December. (**Form F2B(ii)**). The improvement in the month is largely due to the release of the Wandsworth PCT provision and favourable PCT income as reported above.

10. The contract with the HIV Consortium is expected to be signed shortly. The Consortium had sought to change the policy on risk share however this issue has now been resolved and the existing risk share arrangements will now continue for this financial year. This removes a significant risk this financial year. The first HIV arbitration resulted in additional resources this year (to be funded by K&C) and this was reflected in the position for the first time this month (£0.662m). The impact of this additional funding was to reduce the overperformance risk share.

11. Non-Contract Activity at Month 11 is showing an adverse variance of £0.084m, an adverse movement from Month 10 of £0.012m.

12. The table below shows the latest status of progress to sign-off of SLA contracts.

	No of SLAs	SLA value agreed /Offer £m	Variance £m
Agreed	119	121,831	(2.41)

Offers received not agreed	1	14,151	(0.59)
Offers received not agreed- HIV	1	37,581	0.08
No offer received	0	0	0
Overseas (reciprocal)	1	943	(0.43)
Total	123	174,509	(3.35)

Expenditure Update

13. The expenditure position is **£1.189m** favourable at Month 11, a favourable movement of £0.190m in the month. This position includes a further month's worth of the deficit payback reversal (£0.286m in the month) and the release of AFC funding (£0.125m in the month).

14. Pay budgets are **£0.334m** favourable (**Form F2D**) which is an adverse movement in the month of £0.075m. The overspend in the month is a departure from trend however it includes a backdated charge of £0.077m for 2.00 WTE SPRs for the year that were charged from Guy's & St Thomas NHS Trust to the Medicine Directorate in the month. Management Executive and Clinical Support are significantly underspent year to date.

15. Existing staffing budgets, e.g. Nursing and new Agenda for Change bands, continue to change as staff are paid under new AFC terms and conditions. At the end of January, 1013 existing staff have been assimilated and paid under AFC and 162 new staff have been appointed directly into vacant posts under AFC terms and conditions. Based on analysis of the awards given to-date and an estimate of future awards, the reserves set aside to fund AFC are considered adequate.

16. Non-pay is reporting a **£0.855m** under spend year-to-date (**From F2E**), which is a favourable movement in the month of £0.265m. The benefit from both the deficit payback and AFC funding is shown under non-pay. Highlights within non-pay are:

    - Provider to provider service level agreements are significantly overspent (Form F2F), £0.048m in the month and £0.639m year to date. This is predominantly the Pathology SLA which is £0.075m overspent in the month and £0.690m year to date relating to over performance.

    - Within central budgets there is an overall favourable position on non pay in the month of £0.566m and £4.120m year to date. Within this central position is a pressure of £0.486m (£0.446m year to date) for the full year cost of the Trust's risk share of 1% on HIV drugs; costs above this level will be funded by K&C following the arbitration decision reported earlier.

    - Drugs are under spent by £0.609m YTD which was a favourable movement of £0.069m in the Month.

    - Depreciation is reporting an adverse variance of **£1.016m** YTD in line with previous months.

    - Patients appliances/prosthesis (£0.751m overspend YTD) and MSSE (£0.799m overspend YTD) continue to be the non-pay categories with the highest overspends.

Directorate Positions (Forms F3A and F3B)

17. The following directorates are those directorates where the forecast out-turn position is either a significant overspend or where there is a medium to high risk of under achieving their forecast out-turn.

18. **Medicine & A&E –** The Medicine & A&E Directorate is £0.699m overspent at Month 11, which represents a negative movement of £0.205m compared to Month 10. The directorate is forecasting a year end overspend of £0.770m, which represents a positive movement of £0.020m compared to the Month 10 forecast. £0.070m of the in month movement represents the booking of costs for Palliative Care SpRs, which had been incorporated into the Month 10 forecast. A negative movement of £0.069m within month relates in part to the six closed beds on Adele Dixon and Frances Burdett needing to be opened due to Norovirus. In addition, both wards had high levels of agency RMN costs; on Adele Dixon alone, there were £0.043m of unbudgeted costs in this area.

19. **Private Patients** – At Month 11 the net position of the unit was a negative variance of £0.414m, a negative movement of £0.035m on Month 10. The negative variance is made up of income over-recovery of £0.021m and overspends of £0.435m. The forecast for the Unit has moved out to a £0.499m deficit for the year, representing a £0.103m movement this period. Billing errors and under accruing for expenditure account for most of the movement. The Trust continues to promote the Unit to consultants with a view to maximising second list and treatment centre income.

20. The forecast is for Overseas income to under-recover by £0.075m at the financial year end. This incorporates general and specific provisions for bad debts, including a specific provision of £0.052m for Month 11 for a single patient, which accounts, in full, for the forecast movement.

21. **Assisted Conception Unit (Form F3B) –** The year to date position within ACU at Month 11 shows an overspend of £0.105m. This is an in-month underspend of £0.056m. In February all the remaining previously un-billed ACU activity was passed for processing, this was the main factor contributing to the in month positive variance. As with trend, activity in month saw cycles down against plan, whilst 'other' activities within the Unit continued to perform well. Overall the income budget is £0.010m over-achieved against target, year to date. Pay and non-pay costs underspent in month, due to staff changes and reductions in bulk purchases. At year end the ACU is currently forecast to overspend by £0.099m.

Savings Target (Form F5A and F5B)

22. **Form F5A** shows the savings target by Directorate and reports those savings that have been identified by directorates and removed from specific expenditure budgets. A total of £2.762m has been removed from budgets at Month 10. This is unchanged from last month.

23. **Form F5B** shows savings that have been removed from budget plus all further savings schemes in progress. At this stage a further £1.053m of schemes have been proposed. In summary a total of £3.815m has been achieved or planned against a target of £4.958m, leaving a shortfall of £1.143m. This is no change to the shortfall remaining at Month 10.

Total Savings

Risk	**£'m**
Achieved	2.762
Low	0.409
Medium	0.418
High	0.226
Not identified	1.143
Total	**4.958**

24. The £4.958m savings target is a recurrent target, of which £3.37m has been identified recurrently, leaving a balance of £1.59m to find. The table below shows the split by directorate.

Recurrent Savings Planned

Directorate	**Recurrent Target £'m**	**Recurrent Planned £'m**	**Outstanding Recurrent £'m**
A&I	570	497	73
Surgery	436	508	-72
W&Cs	681	681	0
Medicine	569	340	229
HIV	700	340	360
Facilities	284	211	73
Pharmacy	82	82	0
Physio & OT	93	62	31
Dietetics	14	0	14
Man Exec	436	248	188
Capital Charges	1,000	0	1000

Directorate	Recurrent Target £'m	Recurrent Planned £'m	Outstanding Recurrent £'m
Other	93	400	-307
Total	**4,958**	**3,369**	**1,589**

25. Directorates continue to focus on converting the non-recurrent elements of 2005/06 savings into recurrent savings for 2006/07 and beyond and also identifying new schemes for the 2006/07 recurrent savings target. Directorates have been asked to look for a minimum of 2.5% savings for next year however this is provisional target until the revised tariff, activity projections and expenditure pressures are applied to budget forecasts for 2006/07.

Year End Forecast

26. The full year forecast is a surplus of **£2.205m,** an improvement of £0.100m on the forecast at Month 10. Within this position there are a number of offsetting changes, the largest of which are reported above in paragraph 6.

27. There is some uncertainty around what PCTs will pay in relation to SLA activity. The income reported is net of provisions for anticipated demand management reductions in the last quarter of the year; operation of a cap on the ratio of follow-up to new outpatient attendances and removal of some activity due to data quality issues.

28. Schedule F3A shows the forecast by directorate and this is summarised below:

	Full Year Forecast at February				Movement from January
	Income	Pay	Non pay	Total	
	£000's	£000's	£000's	£000's	£000's
SaFF Income	468	0	(410)	**58**	**-221**
Other Central Income	-336	0	0	**-336**	**0**
Imaging & Anaesthetics	10	400	-460	**-50**	**0**
HIV/GUM	466	-318	-24	**124**	**1**
Medicine & A&E	-142	-789	161	**-770**	**0**
Surgery	14	609	-574	**49**	**0**
Women & Children's	170	38	173	**381**	**38**
Clinical Support	-56	255	124	**323**	**16**
Facilities	109	-118	-492	**-501**	**44**
Man Exec	103	940	-95	**948**	**136**
Private Patients & ACU	48	-385	-336	**-673**	**-154**
Service Level Agreements	0	0	-634	**-634**	**0**
Other Departments	-32	64	-15	**17**	**9**
Depreciation	-93	0	-907	**-1,000**	**0**
Central	-747	-18	5,034	**4,269**	**231**
Total	**-18**	**678**	**1,545**	**2,205**	**100**

29. The Trust was set a control total to achieve a £2.1m surplus towards the NWL sector deficit and had been forecasting to achieve this since Month 7. The forecast is reviewed on a monthly basis and in February the Trust was in a position to increase its control total to £2.205m.

Risks

30. **HIV overperformance –** The consortium have now confirmed that the existing risk share arrangement for drug overperformance will remain in place for 2005/06. The risk reported last month has therefore now been resolved.

31. **Provisions for doubtful debt** – This remains the only major risk to achieving the forecast surplus. The level of disputed debt arising from the Month 9 agreement of balances exercise is still being investigated and it will be several weeks before the risk is fully assessed as part of the year-end agreement of balances.

Budget Assumptions

32. There were a number of reserves distributed in Month 11 and the most significant items are detailed below.

33. **Agenda for Change** –The largest number of people so far transferred onto AFC terms and conditions in the month and funding of £0.590m was distributed from the Agenda for Change (AFC) Reserve to fund increased costs. There were 352 members of staff who assimilated onto AFC terms and conditions in the month and also 41 new members of staff appointed directly onto AFC terms and conditions.

34. **Urology-** The remaining Urology funding was transferred to A&I Directorate in month. The recurrent funding remains in Reserves for distribution next financial year.

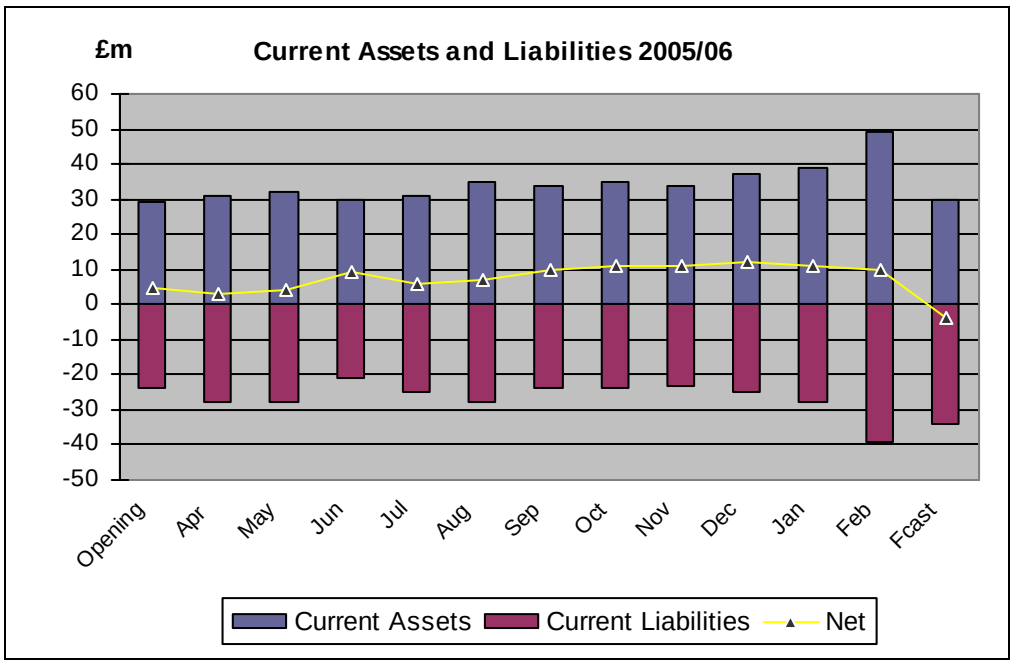
35. **Burns ITU-** non recurrent Burns funding was invoiced in the month following notification of the PCT holding the funds. The £0.476m income was assumed in Reserves (the costs are already incurred and funded in the Directorate).

Balance Sheet: Key Highlights (Forms F6, F7, F8, F9, F10)

Working capital

36. Total current assets and liabilities have increased by £10.8m and £11.05m respectively, i.e. net current assets have reduced by £0.246m. The key changes underlying this are an increase in debtors due to bringing forward raising March invoices to K&C and an increase in creditors as part of the year-end working capital plan. Significant improvements in cash collections at the end of February improved cash reserves at the end of the month to £15m which have been used in March to reduce the level of creditors and pay the PDC Dividend.

37. The graph below shows the movement in current assets and liabilities.



Debtors (Form F7)

38. There has been an upward movement in the overall debt position in February with total debt increasing by 32.7% to £28.672m. Overall debt has increased considerably because K&C requested their March SLA invoice of £7.0m on the 28th of Feb instead of 1st of Mar 06 and also £1 million was raised for HIV out-of-area before the month end. This is shown on Form F7 where aged debtors for 0-30 days increased from 33.92% to 81%

39. Over 90 days debt with Watford and Three Rivers PCT relates to disputed over performance charges raised at year end. They have confirmed that will be making a payment of £0.250m as per the month 9 agreement of balances process.

40. The amount of debt with Private Patients has increased by 9.3% to £1.185m compared to £1.084m last month. There has also been an increase in the value of Overseas Debt by 1.8%.

Creditors (FormF8)

41. The total value of creditors at the end of February has increased by 9.5% to £15.985m. The value of invoices >30 days is up 40.1%.

42. The Hammersmith Hospitals account represents 28.07% of total creditors in February 2006 compared to 31.66% in January. There is a continuous concerted effort to clear this large account, which has a long history of queries, with the oldest invoices being targeted as priority for clearance. The outstanding query invoices are mainly due to charges being raised without the mutual agreement of the two Trusts' with regards to Service Level Agreements and inflation costs, with the remaining charges lacking sufficient backup to enable authorisation.

43. In February 2006 there were a total of five BACS payment runs and four cheque payment runs, with a total value of £6.469m for all payment runs.

44. The values of invoices over 90 days form 32.26% of the total invoices for all suppliers, down from 35.70% in January 2006. The Hammersmith Hospitals account balance of invoices over 90 days has decreased by 3.39% from January 2006 as further older invoices have been cleared via payments made in February.

45. The Imperial College and Richmond and Twickenham accounts both have long outstanding queries. The Imperial College account queries are being resolved by the Trust's Management Accounts, Accounts Payable and key staff at Imperial College. The two queried invoices from

Richmond and Twickenham PCT, amounting to £265.7m relate to SLA Underperformance invoices, contested by this Trust.

46. Invoices within 30 – 90 days have decreased from 17.20% to 7.48% overall from January 2006.

47. A cumulative BPPC target of 73.60 % was achieved at February 2006 compared to 74.68 % in January 2006 for invoices paid within 30 days and a target of 62.96 % was achieved for the value of invoices paid within 30 days compared to 64.52 % in January 2006.

Cash Flow Forecast (Form F9A and F9B)

48. Cumulative cash movements to 28 February 2006 are shown on Form 9B. This reveals that cash increased £14.495m compared to the £7.554m forecast. The result is a year to date excess of actual cumulative cash movement against plan of £6.941m hence, the cumulative cash movement has improved by £9.98m due to higher than forecast receipts for February 2006.

49. The cash forecast assumes that the balance of our cash requirement will be met mainly from planned slippage in creditor payments in February 2006 and the debt collection in March 06 totalling £5.0m.

Capital Expenditure (Form F10)

50. A review of capital spend is currently underway and indications are that capital expenditure is likely to slip by £1.9m, split between projects (£1.0m) and medical equipment (£0.9m). As per the NHS Capital Accounting Manual the under spend of £1.9m against the Capital Resource Limit (CRL) can be carried forward into the next financial year and should serve as a funding stream for the programmes that are being slipped. The Trust has confirmed the carrying forward of the slippage with the North West London Strategic Health Authority and will receive this through its capital allocation in 2006/07.

Lorraine Bewes
Director of Finance and Information
30th March 2006

CHELSEA & WESTMINSTER HEALTHCARE NHS TRUST

FINANCE REPORTS

February 06

CHELSEA & WESTMINSTER HEALTHCARE NHS TRUST

CONSOLIDATED INCOME & EXPENDITURE SUMMARY

TRUST WIDE

FORM F1
February 06

Responsibility: Finance Director

	THIS MONTH			YEAR TO DATE			FULL YEAR			
							ORIGINAL	FULL YEAR	FORECAST	
	BUDGET	ACTUAL	VARIANCE	BUDGET	ACTUAL	VARIANCE	PLAN	BUDGET	ACTUAL	VARIANCE
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
INCOME										
Contract Income SaFF	(13,670)	(14,016)	346	(164,542)	(165,122)	580	(164,789)	(179,888)	(180,343)	455
Non-Contract Activity	(170)	(158)	(12)	(2,163)	(2,079)	(84)	0	(2,362)	(2,362)	0
Private Patients	(617)	(712)	95	(6,719)	(6,674)	(45)	(6,742)	(7,336)	(7,381)	45
Other Income	(3,297)	(3,388)	90	(36,039)	(36,333)	294	(35,536)	(39,776)	(39,258)	(518)
Donated Depreciation Income	(21)	(13)	(8)	(227)	(142)	(85)	(286)	(248)	(248)	0
TOTAL INCOME	**(17,776)**	**(18,287)**	**511**	**(209,690)**	**(210,350)**	**660**	**(207,353)**	**(229,611)**	**(229,593)**	**(18)**
EXPENDITURE			**0**							
Pay	10,106	8,904	1,202	109,286	94,705	14,582	109,662	119,946	103,945	16,001
Bank , Agency & Locum	87	1,364	(1,277)	1,099	15,347	(14,248)	1,334	1,260	16,583	(15,323)
Sub-total Pay	**10,192**	**10,268**	**(75)**	**110,386**	**110,052**	**334**	**110,996**	**121,206**	**120,528**	**678**
Non Pay	6,410	6,472	(62)	75,700	77,717	(2,017)	70,880	82,412	85,673	(3,261)
Sub-Total Non Pay	**6,410**	**6,472**	**(62)**	**75,700**	**77,717**	**(2,017)**	**70,880**	**82,412**	**85,673**	**(3,261)**
Reserves	125	3	122	625	12	613	10,004	5,988	3,706	2,282
Deficit Reversal/Surplus Brought Forward	286	0	286	3,146	0	3,146	0	3,431	0	3,431
Depreciation	645	733	(88)	7,091	8,062	(972)	6,890	7,735	8,642	(907)
Donated Depreciation	21	13	8	227	142	85	286	248	248	0
TOTAL EXPENDITURE	**17,678**	**17,489**	**190**	**197,175**	**195,986**	**1,189**	**199,055**	**221,020**	**218,797**	**2,223**
OPERATING SURPLUS	**97**	**798**	**701**	**12,516**	**14,364**	**1,848**	**8,298**	**8,591**	**10,796**	**2,205**
Profit/Loss on Disposal of Fixed Assets	0	0	0	0	0	0	0	0	0	0
SURPLUS BEFORE DIVIDENDS	**97**	**798**	**701**	**12,516**	**14,364**	**1,848**	**8,298**	**8,591**	**10,796**	**2,205**
Interest Receivable	(19)	(30)	11	(211)	(200)	(11)	0	(230)	(230)	0
Dividends	735	735	(0)	8,086	8,086	(0)	8,298	8,821	8,821	0
SURPLUS / (DEFICIT)	**(619)**	**93**	**712**	**4,641**	**6,478**	**1,838**	**0**	**0**	**2,205**	**2,205**

CHELSEA & WESTMINSTER HEALTHCARE NHS TRUST

FORM F2B(i)
February 06

SERVICE AGREEMENT VALUE SUMMARY

Responsibility: Finance Director

PCT	Original Annual Budget £000's	Agreed / latest Offer	Contract agreed Y/N	Variance on offer /agreed only	Status
North West London Sector:					
KENSINGTON AND CHELSEA PCT	36,288,512	35,780,774	Y	-507,738	Contract agreed & HoA signed
WESTMINSTER PCT	17,260,411	17,080,389	Y	-180,022	Difference relates to urology figure change & dermatology activity reduction
HAMMERSMITH AND FULHAM PCT	21,772,287	21,497,552	y	-274,735	Demand reduction not included in current offer
EALING PCT	2,455,652	2,441,000	Y	-14,652	Additional £180k for Dental given not shown here
HOUNSLOW PCT	4,341,080	4,280,684	Y	-60,396	Offer based on 04/05 plan not outturn
HILLINGDON PCT	505,983	407,000	Y	-98,983	04/05 plan not outturn also includes 5% CIP as activity reduction
BRENT PCT	1,587,130	1,440,353	Y	-146,777	Not buying outturn
HARROW PCT	595,574	546,678	Y	-48,896	Demand reduction
South West London Sector					
WANDSWORTH PCT	14,720,252	14,151,218	N	-569,034	Arbitration still pending -Scheduled for 27th or 30th Jan
RICHMOND AND TWICKENHAM PCT	2,798,265	2,773,291	Y	-24,974	Purcashing plan not outturn
KINGSTON PCT	549,422	556,591	Y	7,169	
CROYDON PCT	648,500	653,387	Y	4,887	
SUTTON AND MERTON PCT	1,052,670	1,035,390	Y	-17,280	
North Central London Sector					
BARNET PCT	461,302	421,000	Y	-40,302	
HARINGEY PCT	335,517	194,026	Y	-141,491	Offer on 04/05 plan not outurn & further reductions requested
ENFIELD PCT	189,561	183,007	Y	-6,554	
ISLINGTON PCT	326,112	330,432	Y	4,320	
CAMDEN PCT	734,000	721,001	Y	-12,999	Contract agreed & HoA to be signed shortly
South East London Sector					
GREENWICH PCT	299,291	255,842	Y	-43,449	Burns outstanding issue
BEXLEY PCT	90,158	87,574	Y	-2,584	
BROMLEY PCT	262,544	258,848	Y	-3,696	
SOUTHWARK PCT	617,637	589,680	Y	-27,957	Not buying outturn
LEWISHAM PCT	676,871	544,135	Y	-132,736	Not buying outturn
LAMBETH PCT	1,523,091	1,514,564	Y	-8,527	Not buying outturn
North East London Sector:					
BARKING AND DAGENHAM PCT	112,452	112,622	Y	170	
HAVERING PCT	112,448	112,610	Y	162	
TOWER HAMLETS PCT	167,993	167,992	Y	-1	
CITY AND HACKNEY PCT	208,198	208,198	Y	0	
NEWHAM PCT	274,343	274,334	Y	-9	
Other Major Non - London:					
REDBRIDGE PCT	168,792	172,807	Y	4,015	
WALTHAM FOREST PCT	186,004	192,800	Y	6,796	
EAST ELMBRIDGE AND MID SURREY PCT	809,901	785,563	Y	-24,338	Activity reductions
EAST SURREY PCT	131,857	102,364	Y	-29,493	Activity reductions
BLACKWATER VALLEY AND HART PCT	471,636	467,287	Y	-4,349	
GUILDFORD AND WAVERLEY PCT	244,998	228,589	Y	-16,409	Activity reductions
NORTH SURREY PCT	813,193	756,530	Y	-56,663	Activity reductions
WOKING PCT	561,573	548,579	Y	-12,994	Activity reductions
HERTFORDSHIRE PCT's(8)	1,091,534	944,030	Y	-147,504	Not buying out turn
EAST & WEST KENT PCTS (9)	794,238	622,855	Y	-171,383	Correction of pricing mistake
BERKSHIRE PCT's (6)	472,244	480,214	Y	7,970	Contract agreed & HoA signed
EAST SUSSEX PCT's (5)	302,136	303,867	Y	1,731	
WEST SUSSEX PCT's (5)	371,983	339,654	Y	-32,329	Activity reductions
HAMPSHIRE PCT's(6)	251,526	251,905	Y	379	
BEDFORDSHIRE PCT's(3)	226,697	206,294	Y	-20,403	Activity reductions
NORTH ESSEX PCT's (8)	218,088	209,661	Y	-8,427	
SOUTH ESSEX PCT's (5)	219,751	178,238	Y	-41,513	PbR stage 2 discrepancy
OXFORDSHIRE PCT's (5)	196,214	116,129	Y	-80,085	NICU to a cost per case contract at full local tariff
DORSET PCT's (5)	86,144	86,144	Y	0	
NORTHAMPTONSHIRE PCT' (3)	63,668	48,611	Y	-15,057	Removal of HRG's from plan
LINCOLNSHIRE PCT's (3)	45,715	46,381	Y	666	
BUCKINGHAMSHIRE PCT's(4)	239,642	248,085	Y	8,443	Contract agreed & HoA signed
DEVON PCT's (4)	24,591	24,628	Y	37	
BRISTOL PCT's(3)		20,900	Y	20,900	
Specialised Services Consortia					
NICU CONSORTIUM	2,650,411	2,597,604	Y	-52,807	Improved offer being discussed to reflect additional cot and improved marginal rate
HIV CONSORTIUM(KC)	37,502,554	37,580,680	N	78,126	Risk share agreements & cost improvement issues
HIV CONSORTIUM(OUT OF LONDON)	4,188,290	4,216,060	Y	27,770	
GUM KC	7,821,459	7,810,664	Y	-10,795	
GUM H & F	2,990,000	2,988,000	Y	-2,000	Will be agreed along with H & F main contract
Other					
Non Contracted activity (NCA)	1,015,039	1,015,039	Y		OATS element to be billed in year to PCT directly
OVS	1,374,000	940,666	Y	-433,334	Based on current K & C offer
K & C HCA's Funding	1,358,000	1,358,000	Y		
Total Contract Income	**177,859,134**	**174,509,000**		**-3,350,134**	

CHELSEA & WESTMINSTER HEALTHCARE NHS TRUST

SERVICE AGREEMENT VALUE SUMMARY

Responsibility: Finance Director

FORM F2B(ii)
February 06

PCT	Revised FY Budget at Month 11 £000's	Revised Target at Month 11 £000's	Actual at Month 11 £000's	Variance at Month 11 £000's
Contract and Over/Underperformance				
North West London Sector:				
Kensington & Chelsea	(37,139)	(34,044)	(34,565)	521
Westminster	(17,080)	(15,657)	(15,589)	(68)
Hammersmith & Fulham	(22,570)	(20,689)	(20,027)	(662)
Ealing	(2,621)	(2,403)	(2,254)	(149)
Hounslow	(4,281)	(3,924)	(3,908)	(15)
Hillingdon	(407)	(373)	(442)	69
Brent	(1,440)	(1,320)	(1,166)	(155)
Harrow	(547)	(501)	(520)	19
South West London Sector				
Wandsworth	(14,784)	(13,552)	(13,451)	(101)
Richmond & Twickenham	(2,773)	(2,542)	(2,609)	67
Kingston	(557)	(510)	(523)	13
Croydon	(653)	(599)	(587)	(12)
Sutton & Merton	(1,035)	(949)	(956)	7
North Central London Sector				
Barnet	(421)	(386)	(403)	17
Haringey	(194)	(178)	(419)	241
Enfield	(183)	(168)	(197)	30
Islington	(330)	(303)	(351)	48
Camden	(721)	(661)	(581)	(80)
South East London Sector				
Greenwich	(300)	(275)	(203)	(72)
Bexley	(88)	(80)	(70)	(11)
Bromley	(259)	(237)	(229)	(9)
Southwark	(590)	(541)	(579)	38
Lewisham	(544)	(499)	(467)	(32)
Lambeth	(1,514)	(1,388)	(1,434)	46
North East London Sector:				
Barking & Dagenham	(113)	(103)	(201)	98
Havering	(113)	(103)	(110)	7
Tower Hamlets	(168)	(154)	(184)	30
City & Hackney	(208)	(191)	(229)	39
Redbridge	(173)	(158)	(150)	(9)
Waltham Forest	(193)	(177)	(239)	62
Other Major Non - London:				
North Surrey	(757)	(694)	(720)	26
East Elmbridge and Mid Surrey	(786)	(720)	(715)	(5)
Woking	(549)	(503)	(685)	182
Blackwater Valley and Hart	(467)	(428)	(418)	(10)
Newham	(274)	(251)	(221)	(30)
Guildford and Waverley	(229)	(210)	(203)	(7)
Watford and Three Rivers	(329)	(301)	(293)	(8)
East Surrey	(102)	(94)	(86)	(7)
All Other PCTs	(3,970)	(3,640)	(3,983)	343
High Cost Drugs				
High Cost Drugs Exclusions Billed	(400)	(372)	(517)	145
Specialised Services Consortia				
NICU Consortium				
Hillingdon	(1,872)	(1,681)	(1,707)	26
Haringey	(54)	(50)	(50)	0
Bexley	(319)	(293)	(293)	0
Croydon	(614)	(562)	(562)	0
Tower Hamlets	(47)	(43)	(43)	0
Brent PCT	(80)	(74)	(74)	0
All Other PCTs	(168)	(154)	(151)	(3)
HIV Consortium & Overperformance				
Kensington & Chelsea	(38,387)	(35,283)	(35,283)	(0)
Out of London PCTs	(4,244)	(3,183)	(3,115)	(69)
GUM				0
Kensington & Chelsea	(7,821)	(7,169)	(7,160)	(9)
Hammersmith & Fulham	(2,988)	(2,739)	(2,739)	0
Other				
London Patient Choice (Receiving)	0	0	0	0
Cost per Case	0	0	0	0
Other income from PCTs	0	0	0	0
Prior Year Deficit Reversal and Surplus Carry Forward	(3,432)	(3,432)	(3,432)	0
Balance on 9D Codes	0	0	(27)	27
Balance on 9A Codes	0	0	0	0
Total Contract Income	**(179,888)**	**(164,542)**	**(165,122)**	**580**

CHELSEA & WESTMINSTER HEALTHCARE NHS TRUST

SERVICE AGREEMENT ACTIVITY SUMMARY - BY PCT

Responsibility: Finance Director

FORM F2B(iii)
February 06

	ACTIVITY TARGET TO FEBRUARY 06								ACTIVITY ACTUAL TO FEBRUARY 06								ACTIVITY VARIANCE TO FEBRUARY 06								
	DC+DA	EL	EL XBD	NON-ELEC	NON-ELEC-XBD	NON-ELEC-SS	OPFA	OPFUP	DC+DA	EL	EL XBD	NON-ELEC	NON-ELEC-XBD	NON-ELEC-SS	OPFA	OPFUP	DC+DA	EL	EL XBD	NON-ELEC	NON-ELEC-XBD	NON-ELEC-SS	OPFA	OPFUP	TOTAL
North West London Sector:																									
KENSINGTON & CHELSEA	5,017	1,496	1,085	6,166	4,166	380	4,982	40,713	4,912	1,295	1,272	6,680	3,873	606	6,508	48,934	-106	-201	187	514	-293	227	1,526	8,221	**10,073**
WESTMINSTER	2,554	1,194	1,114	2,769	2,435	154	2,767	23,700	3,083	1,020	828	2,835	1,586	201	2,951	26,162	529	-174	-285	65	-849	47	185	2,463	**1,981**
HAMMERSMITH & FULHAM	2,769	967	894	5,209	3,352	259	4,617	28,050	3,169	1,063	749	5,284	2,230	392	5,358	29,710	400	96	145	76	-1,123	133	741	1,660	**1,839**
EALING	565	224	225	567	352	39	581	4,623	612	246	84	662	228	31	673	4,849	47	22	-141	96	-124	-8	92	226	**210**
HOUNSLOW	640	249	221	762	171	44	755	5,584	838	297	180	666	454	43	726	5,297	198	48	-41	-96	284	-1	-29	-287	**76**
HILLINGDON	63	30	28	63	40	6	70	102	73	59	11	111	9	14	127	836	9	29	-17	48	32	9	57	734	**837**
BRENT	404	149	310	364	313	15	323	2,231	290	134	43	322	288	39	345	2,178	-114	-15	-267	-42	24	24	23	-53	**468**
HARROW	51	47	37	111	40	3	94	527	63	35	7	167	56	4	81	459	11	-12	-30	56	16	2	-13	-68	**-37**
SOUTH WEST LONDON SECTOR																	-	-	-	-	-	-	-	-	-
WANDSWORTH	1,714	646	626	4,943	4,186	193	3,391	19,155	1,784	655	443	4,858	2,701	307	3,135	21,910	70	9	-182	-86	-1,485	114	-256	2,755	**940**
RICHMOND & TWICKENHAM	374	146	95	774	248	28	623	4,422	436	164	84	876	164	53	629	4,632	62	18	-11	101	-84	25	6	210	**327**
KINGSTON	59	36	28	105	76	11	170	836	68	50	45	80	19	3	165	791	9	14	18	-24	57	-8	-5	-45	**99**
CROYDON	95	87	19	81	114	3	118	987	58	57	23	140	11	8	154	883	-37	-29	4	59	103	5	36	-104	**-170**
SUTTON & MERTON	110	36	26	178	144	15	266	1,586	133	63	6	193	98	18	316	1,560	23	27	-20	15	-46	3	50	-26	**25**
NORTH CENTRAL LONDON SECTOR																	-	-	-	-	-	-	-	-	-
BARNET	61	31	7	59	26	8	105	660	55	32	75	88	7	6	127	690	-6	1	67	29	-20	-3	22	30	**121**
HARINGEY	24	11	6	48	19	13	64	350	67	15	6	88	8	8	86	530	43	4	-	40	-12	-5	21	180	**273**
ENFIELD	27	17	-	30	3	8	51	337	30	23	3	42	7	1	63	353	3	7	3	12	4	-7	11	16	**48**
ISLINGTON	40	15	1	91	26	3	95	516	39	31	1	108	14	8	98	534	2	16	0	17	12	5	3	18	**45**
CAMDEN	63	89	39	175	96	17	164	886	94	61	66	108	53	14	167	901	30	-28	28	-67	43	-2	3	-15	**64**
SOUTH EAST LONDON SECTOR																	-	-	-	-	-	-	-	-	-
GREENWICH	25	22	8	33	19	3	73	428	12	14	2	31	18	1	73	382	-13	-8	6	-2	2	-2	-0	-46	**-78**
BEXLEY	8	12	6	10	105	-	34	169	6	6	12	11	29	2	39	201	-3	-6	6	-1	76	-2	-5	-32	**39**
BROMLEY	34	19	50	65	3	3	62	338	47	30	24	40	13	-	56	388	13	10	-25	-25	10	-3	-6	50	**25**
SOUTHWARK	49	42	70	63	32	9	148	956	62	42	36	125	33	6	210	1,013	13	-0	-33	62	1	-4	62	57	**158**
LEWISHAM	36	21	1	53	18	9	115	571	34	25	29	82	48	2	129	631	-2	-4	-28	-8	30	-7	-14	61	**136**
LAMBETH	214	96	127	234	113	55	438	2,410	383	90	73	326	334	34	415	2,445	-169	-6	-55	-92	222	-21	-23	-35	**413**
NORTH EAST LONDON SECTOR:																	-	-	-	-	-	-	-	-	-
BARKING & DAGENHAM	6	10	-	14	-	3	22	208	9	12	6	109	85	6	36	206	-3	-2	-6	-95	-85	-3	-14	-2	**206**
HAVERING	19	15	17	19	10	3	29	175	9	14	13	41	10	6	28	151	-10	-1	-3	-21	-0	-3	-1	-24	**-15**
TOWER HAMLETS	22	13	1	33	66	-	48	303	68	13	0	98	57	3	52	409	46	0	-1	-65	-9	-3	-4	-107	**215**
CITY & HACKNEY	25	19	4	33	10	-	67	318	26	18	7	70	14	3	91	404	-2	-2	-2	-37	-5	-3	-25	-86	**158**
REDBRIDGE	25	17	7	21	1	6	47	270	24	11	2	70	29	3	40	288	-1	-6	-5	-50	-27	-2	-8	-19	**74**
WALTHAM FOREST	17	24	6	32	11	6	44	305	25	18	75	83	25	3	57	400	-8	-7	-68	-51	-14	-2	-13	-95	**241**
OTHER MAJOR NON - LONDON:																	-	-	-	-	-	-	-	-	-
NORTH SURREY	147	43	18	102	23	17	87	670	154	69	81	99	43	12	86	683	7	26	-63	-3	-20	-4	-2	-13	**120**
EAST ELM & MID SURREY	301	81	101	80	43	14	139	883	251	109	121	122	33	9	145	888	-50	-28	-20	-42	-10	-5	-6	-5	**37**
WOKING	146	-	-	58	-	11	51	557	130	58	89	117	100	3	89	552	-16	-58	-89	-59	-100	-8	-39	-5	**317**
BLACKWATER VALLEY	91	44	18	88	18	14	40	551	93	41	17	75	8	6	87	561	-3	-3	-1	-13	-10	-8	-47	-10	**23**
NEWHAM PCT	34	38	17	84	15	6	56	363	34	21	20	56	37	1	73	455	-0	-17	-3	-28	-22	-4	-16	-92	**85**
GUILDFORD & WAVERLEY	65	-	-	87	17	19	42	545	44	23	12	76	11	6	59	416	-21	-23	-12	-11	-6	-14	-17	-129	**-127**
WATFORD & THREE RIVERS	33	27	6	30	133	-	41	226	33	22	11	37	0	2	54	244	-	-5	-6	-7	-133	-2	-13	-19	**92**
EAST SURREY	11	8	1	8	12	3	20	132	11	8	7	4	3	1	23	140	-	-1	-6	-4	-9	-2	-3	-8	**1**
ALL OTHER 'S	594	426	301	1,113	297	52	764	4,659	496	399	289	1,329	527	41	928	4,640	-97	-26	-12	-216	-230	-12	-164	-19	**444**
TOTAL CONTRACT ACTIVITY	**16,531**	**6,446**	**5,517**	**24,752**	**16,752**	**1,425**	**21,602**	**150,296**	**17,754**	**6,342**	**4,850**	**26,287**	**13,262**	**1,904**	**24,477**	**166,705**	**1,223**	**-105**	**-667**	**-1,535**	**-3,490**	**480**	**-2,875**	**-16,409**	**18,259**
HIV/GUM & Well babies	23	100	-	4,765	-	-	12,524	40,678	13	130	136	4,026	1,242	187	12,197	50,085	**-10**	**29**	**-136**	**-739**	**-1,242**	**187**	**-327**	**-9,408**	**9,926**
TOTAL ALL ACTIVITY	**16,554**	**6,547**	**5,517**	**29,517**	**16,752**	**1,425**	**34,127**	**190,973**	**17,767**	**6,471**	**4,986**	**30,313**	**14,504**	**2,091**	**36,674**	**216,790**	**1,213**	**-76**	**-531**	**-796**	**-2,248**	**667**	**-2,547**	**-25,817**	**28,186**

CHELSEA & WESTMINSTER HEALTHCARE NHS TRUST

FORM F2B(iv)

February 06

SERVICE AGREEMENT ACTIVITY SUMMARY - BY SPECIALTY

Responsibility: Finance Director

	ACTIVITY TARGET TO FEBRUARY 06								ACTIVITY ACTUAL TO FEBRUARY 06								ACTIVITY VARIANCE TO FEBRUARY 06								
	DC+DA	EL	EL XBD	NON-ELEC	NON-ELEC- XBD	NON-ELEC-SS	OPFA	OPFUP	DC+DA	EL	EL XBD	NON-ELEC	NON-ELEC-XBD	NON-ELEC-SS	OPFA	OPFUP	DC+DA	EL	EL XBD	NON-ELEC	NON-ELEC- XBD	NON-ELEC-SS	OPFA	OPFUP	TOTAL
SURGERY and A&I																									
ANAESTHETICS	0	271	0	1,933	0	13	0	0	0	316	0	2,395	0	19	0	0	0	44	0	462	0	6	0	0	512
BURNS	32	60	43	338	325	32	1,612	4,350	8	116	97	294	364	33	1,709	4,996	(24)	56	44	(44)	39	1	97	646	815
CRANIO SURGERY	5	11	1	34	0	2	8	40	8	26	28	20	37	0	10	34	3	15	27	(14)	37	(2)	2	(6)	62
GENERAL SURGERY	535	897	543	1,062	885	189	1,154	7,927	373	884	624	1,048	559	141	1,053	6,234	(162)	(12)	81	(14)	(326)	(48)	(101)	(1,693)	(2,275)
OPHTHALMOLOGY	743	33	13	3	0	0	955	11,405	603	41	22	3	3	0	903	9,533	(140)	8	9	1	3	0	(51)	(1,873)	(2,044)
ORAL SURGERY	72	4	1	6	0	0	35	1,889	11	0	0	0	0	0	21	1,682	(61)	(4)	(1)	(6)	0	0	(15)	(207)	(294)
PAIN MANAGEMENT	283	21	33	2	0	0	458	1,263	264	47	11	1	0	0	396	1,701	(19)	26	(22)	(1)	0	0	(62)	437	359
PALLIATIVE MEDICINE	36	21	133	14	61	3	16	206	43	28	160	12	0	0	25	231	7	7	26	(2)	(61)	(3)	9	25	9
PLASTIC SURGERY	1,182	711	445	1,507	440	203	382	8,421	1,073	873	447	1,558	482	194	603	7,906	(109)	162	2	51	42	(9)	220	(515)	(156)
T & O	690	858	693	880	1,658	118	4,068	15,480	503	800	474	846	942	84	2,749	11,815	(187)	(58)	(218)	(35)	(716)	(35)	(1,319)	(3,665)	(6,232)
UROLOGY	801	1,120	93	205	129	15	548	4,406	1,097	595	199	251	56	32	436	5,350	296	(525)	106	46	(73)	17	(112)	944	699
Sub-Total Surgery & A&I	**4,377**	**4,006**	**1,998**	**5,984**	**3,497**	**574**	**9,237**	**55,387**	**3,981**	**3,726**	**2,050**	**6,427**	**2,443**	**502**	**7,905**	**49,481**	**(396)**	**(280)**	**52**	**444**	**(1,054)**	**(72)**	**(1,332)**	**(5,906)**	**(8,545)**
WOMEN & CHILDREN																									
GYNAECOLOGY	868	949	548	886	301	18	1,960	7,104	717	898	453	1,001	273	55	5,137	9,638	(150)	(52)	(95)	115	(28)	37	3,177	2,534	5,538
NICU (Note this is a Cot Day)	0	0	0	414	0	0	1	964	0	1	0	798	0	9	8	926	0	1	0	383	0	9	7	(38)	363
OBSTETRICS	0	16	8	5,571	3,453	0	2,714	12,180	1	9	2	5,912	2,572	372	615	20,075	1	(7)	(6)	341	(881)	372	(2,099)	7,895	5,616
PAED CRANIO	94	40	19	4	0	0	162	863	64	11	22	2	0	0	145	427	(30)	(29)	3	(2)	0	0	(17)	(436)	(511)
PAED DENTISTRY	230	17	1	6	0	0	63	1,141	734	23	2	1	0	0	86	2,193	504	6	1	(4)	0	0	22	1,053	1,581
PAED ENT	124	165	10	14	3	2	265	606	136	307	3	13	2	0	284	871	13	142	(6)	(1)	(1)	(2)	19	265	430
PAED GASTRO	159	197	378	52	221	17	151	1,596	232	234	298	90	689	11	255	1,961	74	37	(80)	38	467	(6)	104	365	1,000
PAED NEUROLOGY	43	34	17	10	29	3	44	199	45	25	3	8	99	0	47	213	2	(9)	(14)	(2)	70	(3)	4	15	64
PAEDI OPTHALMOLOGY	17	2	0	0	0	0	0	0	21	3	0	0	0	0	154	1,007	3	1	0	0	0	0	154	1,007	1,165
PAED PLASTIC SURG	164	49	7	162	10	11	3	143	185	88	50	155	3	7	9	144	21	39	42	(7)	(6)	(4)	6	1	92
PAEDIATRIC SURGERY	567	330	385	650	422	53	371	1,892	634	389	190	683	255	68	1,900	5,114	66	59	(195)	33	(167)	15	1,529	3,222	4,563
PAEDIATRICS	139	60	102	2,310	647	84	1,512	5,798	176	75	48	2,519	534	153	1,060	5,943	37	15	(53)	209	(114)	69	(451)	150	(139)
SPECIAL CARE BABIES	0	0	0	4,052	0	0	0	0	0	0	0	3,671	0	0	0	0	0	0	0	(381)	0	0	0	0	(381)
Sub-Total Women & Children	**2,404**	**1,859**	**1,474**	**14,130**	**5,086**	**188**	**7,245**	**32,481**	**2,945**	**2,064**	**1,073**	**14,853**	**4,426**	**674**	**9,700**	**48,513**	**540**	**205**	**(402)**	**723**	**(660)**	**486**	**2,455**	**16,032**	**19,380**
MEDICINE & A&E																									
A & E	296	4	4	88	0	11	641	87	270	9	29	65	13	20	1,498	183	(26)	5	25	(23)	13	9	857	96	956
CARDIOLOGY	16	11	137	89	567	3	983	9,348	57	10	3	106	339	3	1,477	10,742	42	(2)	(134)	17	(228)	1	494	1,393	1,583
CLINICAL HAEM	982	21	21	40	11	3	292	6,798	974	6	9	11	90	0	232	9,738	(9)	(15)	(12)	(29)	79	(3)	(60)	2,941	2,892
DERMATOLOGY	2,556	31	59	52	55	3	497	14,190	3,366	20	28	50	44	6	680	14,794	810	(11)	(32)	(2)	(11)	3	183	604	1,544
ELDERLY MED	59	48	67	963	1,925	127	130	1,972	63	64	141	1,023	1,807	168	139	1,862	4	16	73	61	(118)	41	8	(110)	(25)
ENDOCRINOLOGY	82	3	0	16	17	0	435	7,316	144	7	13	12	182	2	452	7,161	63	4	13	(3)	165	2	17	(155)	105
ENDOSCOPY	3,534	97	343	137	554	5	0	0	3,518	87	139	90	259	12	0	0	(16)	(10)	(205)	(47)	(295)	8	0	0	(565)
GASTRO	343	60	91	156	306	16	482	6,210	297	57	284	184	255	14	497	5,425	(46)	(2)	193	27	(51)	(1)	16	(784)	(649)
GENERAL MEDICINE	299	109	473	2,630	4,265	435	81	2,092	367	123	512	2,952	2,707	442	125	2,142	68	15	39	322	(1,558)	8	44	49	(1,013)
MEDICAL ONCOLOGY	643	89	383	31	146	6	103	1,567	560	59	164	28	32	1	65	1,350	(83)	(30)	(219)	(4)	(114)	(4)	(38)	(217)	(709)
NEUROLOGY	253	66	259	33	117	3	273	4,187	410	55	240	22	74	4	311	3,578	157	(11)	(20)	(11)	(43)	2	39	(609)	(497)
RESPIRATORY MED	142	22	131	366	202	53	368	2,403	207	31	28	391	458	46	397	2,339	65	9	(103)	24	255	(7)	29	(65)	208
RHEUMATOLOGY	545	22	76	25	6	0	170	3,575	596	25	140	68	133	9	290	3,878	52	3	64	43	128	9	121	302	721
Subtotal Medicine & A&E	**9,749**	**582**	**2,044**	**4,626**	**8,168**	**663**	**4,454**	**59,746**	**10,828**	**552**	**1,727**	**5,001**	**6,392**	**728**	**6,164**	**63,191**	**1,080**	**(30)**	**(317)**	**375**	**(1,776)**	**65**	**1,710**	**3,444**	**4,551**
OTHER	1	0	0	12	0	0	666	2,682	0	0	0	6	0	0	708	5,520	(1)	0	0	(7)	0	0	42	2,838	2,872
TOTAL CONTRACT ACTIVITY	**16,531**	**6,446**	**5,517**	**24,752**	**16,752**	**1,425**	**21,602**	**150,296**	**17,754**	**6,342**	**4,850**	**26,287**	**13,262**	**1,904**	**24,477**	**166,705**	**1,223**	**(105)**	**(667)**	**1,535**	**(3,490)**	**480**	**2,875**	**16,409**	**18,259**
WELL BABIES	0	7	0	4,420	0	0	0	0	2	10	0	3,606	930	111	0	0	2	3	0	(814)	930	111	0	0	232
HIV	23	94	0	344	0	0	1,055	23,153	11	120	136	420	312	76	1,157	25,818	(12)	26	136	76	312	76	102	2,665	3,383
GUM	0	0	0	1	0	0	11,469	17,525	0	0	0	0	0	0	11,040	24,267	0	0	0	(1)	0	0	(429)	6,742	6,311
TOTAL ALL ACTIVITY	**16,554**	**6,547**	**5,517**	**29,517**	**16,752**	**1,425**	**34,127**	**190,973**	**17,767**	**6,471**	**4,986**	**30,313**	**14,504**	**2,091**	**36,674**	**216,790**	**1,213**	**(76)**	**(531)**	**796**	**(2,248)**	**667**	**2,547**	**25,817**	**28,186**

CHELSEA & WESTMINSTER HEALTHCARE NHS TRUST

SUMMARY SALARIES AND WAGES

Responsibility:

TRUST WIDE

FORM F2D
February 06

	Full Year	THIS MONTH				YEAR TO DATE			
	Budget £000s	Budget £000s	Actuals £000s	Variance £000s	Variance % £000s	Budget £000s	Actual £000s	Variance £000s	Variance % £000s
MEDICAL									
Senior Medical	21,400	1,791	1,781	10	0.57%	19,610	19,441	169	0.86%
Junior Medical	18,124	1,517	1,404	113	7.46%	16,604	14,879	1,725	10.39%
Other Medical & Dental	13	1	0	1	100.00%	12	7	4	37.44%
Medical Locum	12	(0)	190	(190)		12	2,092	(2,081)	
Medical sub total	**39,548**	**3,309**	**3,375**	**(65)**	**-1.97%**	**36,237**	**36,420**	**(183)**	**-0.50%**
AGENDA FOR CHANGE									
Agenda for Change Bands 1-4	(8)	(2)	(3)	1	-52.29%	(6)	(2)	(4)	69.55%
Agenda for Change Bands 5-9	(38)	(10)	(21)	11	-116.77%	(28)	(10)	(18)	64.69%
Agenda for Change sub total	**(45)**	**(12)**	**(24)**	**12**	**-106.15%**	**(34)**	**(12)**	**(22)**	**65.51%**
NURSING & MIDWIFERY									
Trained Nursing	24,956	(2,322)	(2,692)	370	-15.94%	23,268	16,737	6,530	28.07%
Untrained Nursing	2,138	(46)	32	(78)	169.61%	1,989	1,991	(3)	-0.13%
Health Care Assistants	660	5	(69)	74	1541.85%	617	189	428	69.38%
Bank Nursing & Midwifery	307	15	605	(590)		212	7,123	(6,911)	
Agenda for Change Bands 1-4	1,824	418	367	51		1,606	1,290	316	
Agenda for Change Bands 5-9	18,573	6,001	5,649	353		16,290	14,615	1,675	
Agency Nursing & Midwifery	230	16	278	(262)		214	2,334	(2,120)	
Nursing & Midwifery sub total	**48,688**	**4,087**	**4,170**	**(83)**	**-2.02%**	**44,196**	**44,279**	**(84)**	**-0.19%**
PAMS									
Dieticians	216	18	7	11	59.52%	198	187	12	5.84%
Radiographers	973	(302)	(311)	9	-3.03%	889	785	104	11.66%
Therapists	1,245	(557)	(630)	73	-13.16%	1,141	1,034	107	9.40%
Agenda for Change Bands 1-4	85	54	41	12		75	43	33	
Agenda for Change Bands 5-9	3,323	1,327	1,434	(107)		2,945	3,049	(104)	
All Other	3,634	248	139	109	44.01%	3,326	2,840	486	14.61%
Agency/Locums (PAMS)	25	2	27	(25)		23	424	(401)	
PTA - sub totals	**9,501**	**789**	**706**	**83**	**10.50%**	**8,597**	**8,362**	**235**	**2.74%**
OTHER									
Pharmacists	2,179	182	171	11	6.21%	1,997	1,916	81	4.08%
Agenda for Change Bands 1-4	110	23	64	(41)		100	120	(20)	
Agenda for Change Bands 5-9	854	80	63	16		774	287	487	
Chaplains	0	(0)	0	(0)	100.00%	0	0	(0)	-196.67%
Other sub	**3,143**	**285**	**298**	**(13)**	**-4.60%**	**2,872**	**2,323**	**548**	**19.09%**
ADMIN									
Admin & Clerical	13,077	224	233	(10)	-4.38%	12,085	9,317	2,768	22.90%
Bank Admin & Clerical	143	16	217	(201)		135	2,716	(2,581)	
Agency Admin & Clerical	543	37	47	(9)		504	656	(152)	
Senior Managers & Trust Board	4,395	254	238	16	6.14%	4,054	3,553	501	12.36%
Agenda for Change Bands 1-4	2,426	931	749	182		2,077	1,825	252	
Agenda for Change Bands 5-9	858	274	259	15		733	612	122	
Agency Other	0	0	0	0		0	0	0	
Admin - sub total	**21,442**	**1,736**	**1,743**	**(7)**	**-0.42%**	**19,588**	**18,679**	**909**	**4.64%**
Payroll	**122,278**	**10,194**	**10,268**	**(73)**	**-0.72%**	**111,456**	**110,052**	**1,404**	**1.26%**
Unidentified Savings	(1,073)	(2)	0	(2)		(1,070)	0	(1,070)	
PAY TOTAL	**121,206**	**10,192**	**10,268**	**(75)**	**-0.74%**	**110,386**	**110,052**	**334**	**0.30%**

CHELSEA & WESTMINSTER HEALTHCARE NHS TRUST

SUMMARY NON PAY EXPENDITURE

TRUST WIDE

FORM F2E
February 06

Responsibility:

NON PAY EXPENDITURE	Full Year Budget £000s	THIS MONTH				YEAR TO DATE			
		This Months Budget £000s	This Months Actuals £000s	This Months Variance £000s	This Months Variance % £000s	Year to Date Budget £000s	Year to Date Actual £000s	Year to Date Variance £000s	Year to Date Variance % £000s
DRUGS (incl HIV/GUM) & MEDICAL GASES	33,497	2,082	2,013	69	3%	30,801	30,192	609	2%
MEDICAL & SURGICAL EQUIPMENT & DRESSINGS	6,669	558	601	-42	-8%	6,111	6,910	-799	-13%
X-RAY FILM, EQUIP & MATERIALS	1,476	123	150	-27	-22%	1,353	1,451	-99	-7%
LABORATORY EQUIP & MATERIALS	260	22	27	-5	-25%	239	404	-165	-69.01%
PATIENT APPLIANCES / PROTHESES	1,595	133	197	-64	-48%	1,462	2,213	-751	-51.35%
BLOOD PRODUCTS	1,164	97	70	27	28%	1,067	992	75	7.06%
PATHOLOGY SERVICES	6,805	569	670	-100	-18%	6,236	7,060	-825	-13.23%
OTHER TESTS	535	45	30	14	32%	490	426	65	13.16%
SERVICE LEVEL AGREEMENT	3,530	284	229	55	19%	3,246	3,108	138	4.27%
CONTRACT SERVICES			0			0	0		
Contract Catering	2,005	167	187	-20	-12%	1,838	1,921	-83	-4.52%
Domestics	2,343	195	195	-0	0%	2,148	2,157	-9	-0.44%
Portering	971	81	83	-2	-3%	890	879	11	1.27%
Carparking	14	1	8	-7	-572%	13	-17	30	229.95%
Laundry Contract	797	66	101	-35	-52%	731	762	-31	-4.26%
Change control Levy, CCNs	75	6	-41	47	753%	69	6	62	90.75%
Carillion Management Charge	925	77	82	-5	-7%	848	876	-29	-3.37%
Total Bed Management Contract / Lease	176	15	32	-17	-117%	162	145	17	10.46%
IT Services	0	0	0	0	0%	0	0	0	0.00%
Other External Contracts	1,374	211	167	44	21%	1,264	1,362	-98	-7.75%
PROVISIONS & OTHER CATERING	2	0	8	-8	-3715%	2	120	-118	-5202.74%
LAUNDRY, LINEN, UNIFORMS & CLOTHING	94	8	10	-2	-25%	86	107	-20	-23.14%
CLEANING EQUIPMENT	0	0	0	0	0%	0	0	0	0.00%
LEGAL FEES	3,493	291	296	-5	-2%	3,202	3,239	-37	-1.15%
PRINTING, STATIONERY & POSTAGE	920	76	126	-50	-65%	844	823	20	2.41%
TELEPHONES	650	54	54	0	0%	596	590	6	1.04%
TRAVEL, SUBSISTENCE & REMOVALS	209	16	13	3	18%	193	211	-19	-9.80%
TRANSPORT	1,260	105	120	-15	-15%	1,155	1,256	-101	-8.77%
ADVERTISING & PUBLICITY	443	37	21	16	43%	406	363	43	10.48%
TRAINING	787	64	34	31	48%	732	437	295	40.33%
ENERGY & WATER	2,097	293	276	17	6%	1,922	2,195	-273	-14.21%
FURNITURE, FITTINGS & OFFICE EQIPMENT	243	20	10	10	50%	223	163	60	26.80%
IT EQUIPMENT & SUPPLIES	1,799	145	184	-39	-27%	1,654	1,803	-149	-8.99%
RENT & RATES	1,895	158	160	-2	-1%	1,737	1,760	-23	-1.34%
ESTATES MAINTENANCE	2,069	172	208	-35	-21%	1,897	2,142	-246	-12.95%
CONSULTANCY	1,062	85	99	-14	-16%	981	1,047	-66	-6.76%
WARD BUDGETS	0	0	0	0	0%	0	0	0	0.00%
BAD DEBT PROVISION	0	0	56	-56	0%	0	127	-127	0.00%
OTHER EXPENDITURE	906	149	-4	152	102%	836	239	598	71.46%
FACILITIES /THEATRE RECHARGES	22	2	-1	3	154%	20	12	9	42.54%
CIP NON PAY SAVINGS	0	0	0	0	0%	0	0	0	0.00%
Non Pay	**82,412**	**6,410**	**6,472**	**-62**	**-1%**	**75,700**	**77,719**	**-2,019**	**-2.67%**
Depreciation	7,687	641	733	-92	-14%	7,047	8,062	-1,016	-14.41%
CIP Depreciation Savings	48	4	0	4	100%	44	0	44	100.00%
Donated Depreciation	248	21	13	8	37%	227	142	85	37.41%
DIVIDENDS PAYABLE	8,821	735	735	-0	0%	8,086	8,086	-0	0.00%
Deficit Reversal/Surplus Brought Forward	0	0	0	0	0%	0	0	0	0.00%
Reserves	9,419	411	3	408	99%	3,771	10	3,761	99.73%
TOTAL NON PAY	**108,635**	**8,221**	**7,956**	**265**	**3%**	**94,875**	**94,020**	**855**	**0.90%**

CHELSEA & WESTMINSTER HEALTHCARE NHS TRUST

SERVICE LEVEL AGREEMENTS EXPENDITURE

Responsibility: Edward Donald

FORM F2F
February 06

Account	Service Level Agreement	Budget Holder	Full Year Budget £000	THIS MONTH				YEAR TO DATE			
				This Months Budget £000	This Months Actuals £000	This Months Variance £000	This Months Variance %	Year to Date Budget £000	Year to Date Actual £000	Year to Date Variance £000	Year to Date Variance %
3A040	BLOOD PRODUCTS		0	0	(19)	19	0.0%	0	0	0	0.0%
3A250	NATIONAL BLOOD SERVICE CONTRAC		1,164	97	90	7	7.2%	1,067	982	85	8.0%
3C010	PRINTING & STATIONARY (INC. CO		0	0	0	0	0.0%	0	0	0	0.0%
3C060	TELECOMMUNICATIONS SLA		0	0	0	0	0.0%	0	37	(37)	0.0%
3D160	COMPUTER HARDWARE PURCHASES		0	0	0	0	0.0%	0	0	0	0.0%
3D250	RENT & ACCOMMODATION SERVICEWS		369	31	32	(1)	-3.2%	338	353	(15)	-4.4%
3H030	MISCELLANEOUS		0	0	0	0	0.0%	0	0	0	0.0%
3H120	HOSPITALITY		0	0	(3)	3	0.0%	0	(3)	3	0.0%
3H200	SOCIAL SERVICES		144	12	8	4	33.3%	132	101	31	23.5%
3H210	MEDICAL ILLUSTRATION		332	28	51	(23)	-82.1%	305	320	(15)	-4.9%
3H220	A/V SERVICES		0	0	0	0	0.0%	0	0	0	0.0%
3J010	NATIONAL AMBULANCE		0	0	0	0	0.0%	0	0	0	0.0%
3J030	PATHOLOGY SLA (HHT)		6,720	560	635	(75)	-13.4%	6,160	6,850	(690)	-11.2%
3J040	CARDIOLOGY SLA (RBH)		375	31	32	(1)	-3.2%	344	343	1	0.3%
3J050	INFORMATION SYSTEMS SLA		0	0	1	(1)	0.0%	0	1	(1)	0.0%
3J060	CLINICAL ENGINEERING SLA		519	43	43	0	0.0%	476	475	1	0.2%
3J070	EEG SLA		0	0	0	0	0.0%	0	0	0	0.0%
3J080	MEDICAL PHYSICS SLA		31	3	7	(4)	-133.3%	28	73	(45)	-160.7%
3J090	PSYCHOLOGY SLA		0	0	0	0	0.0%	0	0	0	0.0%
3J110	CLINICAL HAEMATOLOGY SLA		0	0	0	0	0.0%	0	0	0	0.0%
3J120	OBSTETRICS COVER		0	0	0	0	0.0%	0	0	0	0.0%
3J130	RADIATION PHYSICS SLA		24	2	9	(7)	-350.0%	22	38	(16)	-72.7%
3J140	CVP UNIT SLA		0	0	0	0	0.0%	0	0	0	0.0%
3J150	GUM CLINIC OVERHEADS		0	0	0	0	0.0%	0	0	0	0.0%
3J160	PAEDIATRICS/CDC OVERGEADS		0	0	0	0	0.0%	0	0	0	0.0%
3J180	SPEECH THERAPY		183	15	12	3	20.0%	168	137	31	18.5%
3J190	VICTORIA SHC SLA		0	0	0	0	0.0%	0	0	0	0.0%
3J200	EXTERNAL TESTS		0	0	0	0	0.0%	0	0	0	0.0%
3J210	PHARMACY SLA (HHT)		0	0	0	0	0.0%	0	0	0	0.0%
3J500	SERVICES NHS BODIES SUBCONTRAC		0	0	0	0	0.0%	0	0	0	0.0%
3J510	PLASTICS OUTREACH SLA		0	0	4	(4)	0.0%	0	4	(4)	0.0%
3J520	BURNS OUTREACH SLA		0	0	(34)	34	0.0%	0	(34)	34	0.0%
3J530	PAEDIATRIC ENT SLA		0	0	0	0	0.0%	0	2	(2)	0.0%
9B011	PROVIDER TO PROVIDER INCOME- BROMPTON		(200)	(17)	167	(184)	1082.4%	(183)	0	(183)	100.0%
9B012	PROVIDER TO PROVIDER INCOME- MARSDEN		(90)	(8)	(190)	182	-2275.0%	(83)	(266)	183	-220.5%
VF010	SLAs SAVINGS TARGET		0	0	0	0		0	0	0	
	TOTAL ALL SLAs		**9,571**	**797**	**845**	**(48)**	**-6.0%**	**8,774**	**9,413**	**(639)**	**-7.3%**

CHELSEA & WESTMINSTER HEALTHCARE NHS TRUST

TRUST WIDE SUMMARY BY DIRECTORATE

Responsibility: Finance Director

FORM F3A
February 06

Directorate/ Service Area	Accountability	Annual Budget				In Month Variance				YTD Variance				Full Year Forecast at Feb-06				
		Income	Pay	Non pay	Total	Income	Pay	Non Pay	Total	Income	Pay	Non Pay	Total	Income	Pay	Non pay	Total	Move't
Central Income		£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
SaFF income	Lorraine Bewes	(180,701)	0	0	(180,701)	354	0	(37)	317	399	0	(410)	(11)	468	0	(410)	58	(221)
Central Non SaFF income	Lorraine Bewes	(28,954)	0	0	(28,954)	50	0	0	50	(209)	0	0	(209)	(336)	0	0	(336)	0
Total Central Income		(209,655)	0	0	(209,655)	404	0	(37)	367	190	0	(410)	(220)	132	0	(410)	(278)	(221)
Frontline Directorate																		
Imaging & Anaesthetics	Kate Hall	(480)	20,920	5,338	25,777	29	93	(52)	70	5	162	(415)	(249)	10	400	(460)	(50)	0
HIV/GUM	Claire James	(723)	10,358	27,197	36,832	29	(48)	35	16	377	(254)	(50)	73	466	(318)	(24)	124	1
Medicine & A&E	Nicola Hunt	(841)	22,643	6,470	28,272	(57)	(186)	38	(205)	(130)	(751)	181	(699)	(142)	(789)	161	(770)	0
Surgery	Kate Hall	(424)	14,674	4,454	18,704	12	27	(31)	8	15	473	(542)	(54)	14	609	(574)	49	0
Womens & Children's	Sherryn Elsworth	(3,804)	29,780	4,244	30,220	1	22	14	37	152	(21)	118	250	170	38	173	381	38
Subtotal Frontline Directorates		(6,272)	98,374	47,704	139,806	14	(92)	3	(75)	418	(391)	(707)	(680)	518	(60)	(724)	(266)	39
Pharmacy	Karen Robertson	(772)	3,924	396	3,548	10	(1)	5	13	26	80	56	162	26	80	64	170	30
Physiotherapy & Occ Therapy	Douline Schoeman	(178)	3,860	174	3,856	(3)	(13)	(9)	(25)	(15)	88	32	105	(16)	103	35	122	(14)
Dietetics	Helen Stracey	(24)	582	30	588	(0)	(1)	2	1	(6)	29	4	27	(7)	34	4	31	0
Regional Pharmacy	Susan Sanders	(59)	39	33	12	(5)	3	3	1	(54)	35	30	11	(59)	38	21	0	0
Subtotal Clinical Support		(1,032)	8,405	633	8,005	2	(12)	1	(9)	(49)	232	122	305	(56)	255	124	323	16
Chief Executive	Heather Lawrence	(84)	1,058	182	1,156	6	3	(7)	2	15	56	24	95	16	85	28	129	13
Governance & Corporate Affairs	Vivia Richards	(3)	721	3,530	4,248	(0)	17	(10)	8	(1)	210	(19)	190	(1)	223	(21)	201	13
Nursing	Andrew MacCallum	(875)	2,391	317	1,832	(1)	9	(0)	7	(4)	105	29	130	(9)	94	31	116	17
Human Resources	Maxine Foster	(104)	1,771	352	2,019	(4)	6	6	7	9	90	94	193	6	86	97	189	7
Finance	Lorraine Bewes	(421)	3,414	811	3,803	(1)	(5)	30	25	19	77	(59)	37	19	69	(61)	27	24
IC&T & EPR	Alex Geddes	(518)	1,578	1,862	2,922	(1)	25	10	34	(3)	319	(72)	244	87	359	(170)	276	58
Occupational Health	Stella Sawyer	(169)	332	61	223	(4)	3	3	2	(14)	21	5	12	(15)	24	1	10	4
Subtotal Management Exec		(2,175)	11,265	7,113	16,203	(6)	58	32	84	20	879	2	901	103	940	(95)	948	136
Facilities	Helen Elkington	(2,465)	143	15,993	13,671	16	(10)	(57)	(52)	89	(119)	(367)	(398)	109	(118)	(492)	(501)	44
Research & Development	Mervyn Maze	(3)	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Private Patients	Elizabeth Ogunoye	(3,520)	919	481	(2,120)	46	(15)	(67)	(35)	22	(210)	(226)	(414)	(7)	(229)	(263)	(499)	(103)
Overseas	Elizabeth Ogunoye	(690)	0	0	(690)	16	0	(54)	(38)	65	0	(119)	(54)	45	(120)	0	(75)	(55)
ACU	Sherryn Elsworth	(1,204)	706	440	(58)	42	6	8	56	10	(42)	(74)	(105)	10	(36)	(73)	(99)	4
Post Graduate Centre	Kevin Shotlift	0	89	132	221	(8)	1	6	(2)	16	13	30	59	0	14	28	42	6
Projects	Helen Elkington	(493)	1,032	154	693	2	(1)	(1)	(1)	22	(12)	(17)	(8)	24	(15)	(16)	(7)	4
Simulation Centre	Andrew MacCallum	(287)	274	51	38	(8)	0	(2)	(9)	(58)	58	(13)	(14)	(56)	65	(27)	(18)	(1)
Service Level Agreements	Edward Donald	(290)	0	9,861	9,571	(1)	0	(46)	(48)	0	0	(639)	(639)	0	0	(634)	(634)	0
Subtotal Other Directorates		(8,951)	3,162	27,115	21,326	105	(20)	(214)	(129)	165	(311)	(1,426)	(1,572)	125	(439)	(1,477)	(1,791)	(101)
Total All Directorates		(18,431)	121,206	82,565	185,340	115	(66)	(177)	(129)	555	408	(2,009)	(1,046)	690	696	(2,172)	(786)	90
Central Budgets																		
Capital Charges	Lorraine Bewes	(248)	0	16,756	16,508	(8)	0	(85)	(92)	(85)	0	(931)	(1,016)	(93)	0	(907)	(1,000)	0
Central Budgets	Lorraine Bewes	(1,507)	0	(106)	(1,612)	11	(9)	564	566	(11)	(74)	4,205	4,120	(747)	(18)	5,034	4,269	231
Reserves	Lorraine Bewes	0	0	9,419	9,419	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Central Budgets		(1,755)	0	26,070	24,315	3	(9)	480	474	(96)	(74)	3,274	3,104	(840)	(18)	4,127	3,269	231
Net Deficit(-)/Surplus(+)		(229,841)	121,206	108,635	(0)	522	(75)	265	712	649	334	855	1,838	(18)	678	1,545	2,205	100

CHELSEA & WESTMINSTER HEALTHCARE NHS TRUST

ACU Summary

FORM F3B
February 06

	IN MONTH PLAN ACTIVITY	IN MONTH ACTUAL ACTIVITY	IN MONTH VARIANCE ACTIVITY	YTD PLAN ACTIVITY	YTD ACTUAL ACTIVITY	YTD VARIANCE ACTIVITY	ANNUAL PLAN ACTIVITY	YE FORECAST ACTIVITY	VARIANCE TO PLAN ACTIVITY
Activity Cycles per year									
IVF	15	14	(1)	153	110	(43)	168	125	(43)
ICSI	10	4	(6)	102	83	(19)	112	93	(19)
Sub total self fund cycles	**25**	**18**	**(7)**	**255**	**193**	**(62)**	**280**	**218**	**(62)**
IUI (procedure)	30	32	2	330	319	(11)	360	349	(11)

	IN MONTH PLAN £000	IN MONTH ACTUAL £000	IN MONTH VARIANCE £000	YTD PLAN £000	YTD ACTUAL £000	YTD VARIANCE £000	ANNUAL PLAN £000	YE FORECAST £000	VARIANCE TO PLAN £000
Income									
IVF	(33)	(32)	(1)	(330)	(253)	(77)	(363)	(286)	(77)
ICSI	(27)	(11)	(16)	(272)	(221)	(51)	(299)	(248)	(51)
Sub total self fund cycles	**(60)**	**(43)**	**(17)**	**(602)**	**(474)**	**(129)**	**(662)**	**(534)**	**(129)**
IUI	(20)	(23)	4	(215)	(186)	(29)	(234)	(205)	(29)
Consultations	(4)	(4)	1	(37)	(32)	(5)	(40)	(36)	(5)
Drugs income	(18)	(11)	(7)	(186)	(163)	(23)	(204)	(181)	(23)
Other	(6)	(67)	62	(59)	(254)	195	(64)	(259)	195
Income sub total	**(106)**	**(149)**	**42**	**(1,098)**	**(1,108)**	**10**	**(1,204)**	**(1,214)**	**10**
Pay	59	53	6	640	682	(42)	706	742	(36)
Non pay	37	29	8	403	477	(74)	440	514	(74)
Surplus/ Deficit	**(11)**	**(67)**	**56**	**(55)**	**50**	**(105)**	**(58)**	**41**	**(99)**

CHELSEA & WESTMINSTER HEALTHCARE NHS TRUST

SUMMARY OF RESERVES MOVEMENT

Responsibility: Finance Director

FORM 6A
February 06

Reserve	Code	Opening Ledger Balance 01/04/05	Distributed 05/06 Month 1 & 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Total	Closing Ledger balance 2005/06	Committed 2005/06	Uncommitted 2005/06	Uncommitted 2006/07
		£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Specific Expenditure Reserves	2X010	7,804	(4,066)	(1,471)	(541)	(558)	(251)	(690)	(73)	455	(319)	(65)	(7,679)	124	(405)	(280)	(1,628)
Other Income Inflation Target	2X020	1,700	0	(149)	(883)	50	(594)	(322)	252		(250)		(1,995)	(295)	0	(295)	(296)
Income	2X050	2,259	0	(664)	(193)					(770)			(1,627)	632	0	632	632
Pay Inflation	2X060	4,504	(1,213)	0	(2,609)	(329)							(4,151)	354	(33)	321	(38)
Non Pay	2X070	2,633	(694)	0	(1,272)	93	(294)					(142)	(2,310)	323	0	323	0
Contingency	2X080	730	(222)	(230)	454		(159)	(14)	(28)			(125)	(323)	407	(171)	236	512
Cost Improvement Programme	2X190	(1,022)	213	500	0								713	(309)	0	(309)	(309)
Deficit Payback	2X195	4,802	(4,665)	(138)	0	3,432							(1,371)	3,431	0	3,431	(1)
Agenda for Change Reserve	2X250	3,798	615	(19)	279	(61)	(167)	(236)	(193)	(210)	(64)	(607)	(663)	3,134	(2,404)	730	0
EWTD Reserve	2X260	826	(145)	(215)	255	(137)		(25)	(37)				(304)	522	(26)	496	355
Pensions Indexation	2X270	250	0	0									0	250	0	250	0
CNST Reserve	2X280	674	(669)	0									(669)	5	0	5	5
Consultant Contract Reserve	2X290	636	(49)	0	(300)	(17)	(12)						(377)	259	(159)	100	0
LDP - Emergency Care	2X410	141	0	0									0	141	0	141	0
NICE Drugs	2X510	1,553	(1,656)	39									(1,618)	(65)	0	(65)	(65)
Capital Charges	2X600	1,675	0	(1,675)									(1,675)	0	0	0	0
Ringfenced Funding	2X680	512	(89)	(23)	202	(10)	103	(65)	(90)	(64)	(48)	(21)	(5)	506	(510)	(3)	0
Generics	2X700	(1,140)	0	491	173							476	1,140	(0)	0	(0)	512
		32,33	(12,639)	(3,555)	(4,335)	2,463	(1,474)	(1,352)	(168)	(589)	(781)	(484)	(22,915)	9,41	(1,708)	5,71	(322)

CHELSEA & WESTMINSTER HEALTHCARE NHS TRUST

TRUST WIDE SAVINGS ACHIEVED BY DIRECTORATE

FORM F5A

February 06

Responsibility: Finance Director

Directorate/ Service Area	Accountability	Original Target 2.5% Note 1	Savings Achieved									Outstanding target to Achieve
			Procure-ment Initiatives	Nursing Skill Mix Review	IMPACT Projects	Depreciation Savings	Dell PC Leases	Returning Drugs Initiatives	LAS Contract Reduction	Other	Total Savings Achieved	
Central Income												
SaFF income	Lorraine Bewes										0	0
Central Non SaFF income	Lorraine Bewes										0	0
Total Central Income		**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Frontline Directorate												
Imaging & Anaesthetics	Kate Hall	(570)		83						341	424	(146)
HIV/GUM	Paul Walsh	(700)		300						400	700	0
Medicine & A&E	Nicola Hunt	(569)		109	47					43	199	(370)
Surgery	Kate Hall	(436)								192	192	(244)
Womens & Children's	Sherryn Elsworth	(681)		71						610	681	0
Subtotal Frontline Directorates		**(2,956)**	**0**	**563**	**47**	**0**	**0**	**0**	**0**	**1,586**	**2,196**	**(760)**
Pharmacy	Karen Robertson	(82)									0	(82)
Physiotherapy & Occ Therapy	Douline Schoeman	(93)								93	93	0
Dietetics	Helen Stracey	(14)								14	14	0
Regional Pharmacy	Susan Sanders	0									0	0
Subtotal Clinical Support		**(189)**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**107**	**107**	**(82)**
Chief Executive	Heather Lawrence	0									0	0
Governance & Corporate Affairs	Susan Burnett	(19)									0	(19)
Nursing	Andrew MacCallum	(39)									0	(39)
Human Resources	Maxine Foster	(36)								10	10	(26)
Finance	Lorraine Bewes	(78)								78	78	0
IM&T & EPR	Alex Geddes	(259)					160				160	(99)
Occupational Health	Stella Sawyer	(5)									0	(5)
Subtotal Management Exec		**(436)**	**0**	**0**	**0**	**0**	**160**	**0**	**0**	**88**	**248**	**(188)**
Facilities	Edward Donald	(284)							60	151	211	(73)
Private Patients	Paul Walsh	0									0	0
ACU	Sherryn Elsworth	0									0	0
Post Graduate Centre	Kevin Shotlift	0									0	0
Projects	Edward Donald	0									0	0
Simulation Centre	Paul White	0									0	0
Service Level Agreements	Edward Donald	0									0	0
Subtotal Other Directorates		**(284)**	**0**	**0**	**0**	**0**	**0**	**0**	**60**	**151**	**211**	**(73)**
Total All Directorates		**(3,865)**	**0**	**563**	**47**	**0**	**160**	**0**	**60**	**1,932**	**2,762**	**(1,103)**
Central Budgets												
Capital Charges	Lorraine Bewes	(1,093)									0	(1,093)
Central Budgets	Lorraine Bewes										0	0
Reserves	Lorraine Bewes										0	0
Total Central Budgets		**(1,093)**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**(1,093)**
Net Deficit(-)/Surplus(+)		**(4,958)**	**0**	**563**	**47**	**0**	**160**	**0**	**60**	**1,932**	**2,762**	**(2,196)**

Note 1- Target calculated after funding of brought forward savings. CNST and Drugs budgets excluded from calculation of 2.5%

CHELSEA & WESTMINSTER HEALTHCARE NHS TRUST

TRUST WIDE SAVINGS DETAIL INCLUDING PLANS IN DEVELOPMENT

Responsibility: Finance Director

FORM F5B
February 06

Directorate/ Service Area	Accountability	Risk	Savings Target (From Form F5(A))	Total Savings Including Those Under Development									Outstanding Target
				Procurement Initiatives	Nursing Skill Mix Review	IMPACT Projects	Depreciation Savings	Dell PC Leases	Returning Drugs Initiatives	LAS Contract Reduction	Other	Total Savings	
Central Income													
SaFF income	Lorraine Bewes											0	0
Central Non SaFF income	Lorraine Bewes											0	0
Total Central Income			**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Frontline Directorate													
Imaging & Anaesthetics	Kate Hall		(570)										(570)
Nursing Skill Mix Review		Achieved			54							54	54
Radiology		Low									100	100	100
GM post in A&I		Achieved									19	19	19
2nd Burns on call ITU bed		Achieved									200	200	200
Bed closed in ITU		High									46	46	46
MTO 3 post in Anaesthetics		Achieved									15	15	15
G grade post in Theatres		Achieved			29							29	29
Perioperative Nurse Practitioner		Achieved									17	17	17
Anaesthetics Practitioner Project Management Funding		Achieved									10	10	10
Critical Care G Grade part year effect		Achieved									31	31	31
Maintenance Saving		Achieved									20	20	20
Miscellaneous Saving		Achieved									29	29	29
			(570)	0	83	0	0	0	0	0	487	570	0
HIV/GUM	Paul Walsh		(700)										(700)
Nursing Skill Mix Review		Achieved			300							300	300
Non-Recurring Savings CX Clinic		Achieved									308	308	308
Non-Recurrent Pay Slippage		Achieved									10	10	10
Other Savings		Achieved									82	82	82
			(700)	0	300	0	0	0	0	0	400	700	0
Medicine & A&E	Nicola Hunt		(569)										(569)
Nursing Skill Mix Review		Achieved			71							71	71
12-14 bed reduction (6 immediately)		Achieved				47						47	47
12-14 bed reduction		High				105						105	105
Floating SpR locum		Low									15	15	15
A&E Skill Mix		Achieved			38							38	38
Consultant Pay Savings		Achieved									43	43	43
Sleep studies		-										0	0
			(569)	0	109	152	0	0	0	0	58	319	(250)
Surgery	Kate Hall		(436)										(436)
Management pay budget savings		Achieved									108	108	108
SK Skin Bank pye facilities		Achieved									84	84	84
Close 10 surgical beds		Medium									100	100	100
Nursing Skill Mix Review (Outpatients)		Low			24							24	24
Plastics SPR Banding savings		Medium									120	120	120
			(436)	0	24	0	0	0	0	0	412	436	0
Womens & Children's	Sherryn Elsworth		(681)										(681)
Nursing Skill Mix		Achieved			71							71	71
NICU HDU Income		Achieved									177	177	177
Delayed Recruitment		Achieved									433	433	433
			(681)	0	71	0	0	0	0	0	610	681	0
Subtotal Frontline Directorates			**(2,956)**	**0**	**587**	**152**	**0**	**0**	**0**	**0**	**1,967**	**2,706**	**(250)**

Directorate/ Service Area	Accountability	Risk	Savings Target (From Form F5(A))	Total Savings Including Those Under Development									Outstanding Target
				Procurement Initiatives	Nursing Skill Mix Review	IMPACT Projects	Depreciation Savings	Dell PC Leases	Returning Drugs Initiatives	LAS Contract Reduction	Other	Total Savings	
Pharmacy	Karen Robertson		(82)									0	(82)
Prescription income		Low									20	20	20
PCT Income		Low									5	5	5
Charitable Funds Micro-HHNT		Low									10	10	10
Purchasing/ reclaims		Low									40	40	40
BKCW non-SLA		Low									7	7	7
			(82)	0	0	0	0	0	0	0	82	82	0
Physiotherapy & Occ Therapy	Douline Schoeman		(93)									0	(93)
Delayed recruitment		Achieved									93	93	93
			(93)	0	0	0	0	0	0	0	93	93	0
Dietetics	Helen Stracey	Achieved	(14)								14	14	0
Regional Pharmacy	Susan Sanders		0									0	0
Subtotal Clinical Support			**(189)**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**189**	**189**	**0**
Chief Executive	Heather Lawrence		0									0	0
Governance & Corporate Affairs	Susan Burnett	Low	(19)								19	19	0
Nursing	Andrew MacCallum	Low	(39)								39	39	0
Human Resources	Maxine Foster	Low	(26)								26	26	0
Human Resources	Maxine Foster	Achieved	(10)								10	10	0
Finance	Lorraine Bewes	Achieved	(78)								78	78	0
IM&T & EPR	Alex Geddes	Achieved	(160)					160				160	0
IM&T & EPR Other Savings	Alex Geddes	Low	(99)								99	99	0
Occupational Health	Stella Sawyer	Low	(5)								5	5	0
Subtotal Management Exec			**(436)**	**0**	**0**	**0**	**0**	**160**	**0**	**0**	**276**	**436**	**0**
Facilities	Helen Elkington		(284)									0	(284)
LAS/Taxis		Achieved								60		60	60
Telecoms		Achieved									25	25	25
Car Parking		Achieved									76	76	76
Consultancy reduction		Achieved									25	25	25
Climate Control Levy		Achieved									25	25	25
Rates appeal		High									50	50	50
Interpretation		High									25	25	25
			(284)	0	0	0	0	0	0	60	226	286	2
Private Patients	Paul Walsh		0									0	0
ACU	Sherryn Elsworth		0									0	0
Post Graduate Centre	Kevin Shotlift		0									0	0
Projects	Helen Elkington		0									0	0
Simulation Centre	Paul White		0									0	0
Service Level Agreements	Edward Donald		0									0	0
Viral load testing													0
Subtotal Other Directorates			**(284)**	**0**	**0**	**0**	**0**	**0**	**0**	**60**	**226**	**286**	**2**
Total All Directorates			**(3,865)**	**0**	**587**	**152**	**0**	**160**	**0**	**60**	**2,658**	**3,617**	**(248)**
Central Budgets													
Capital Charges	Lorraine Bewes		(1,093)									0	(1,093)
Central Budgets	Lorraine Bewes											0	0
Procurement Savings	Vince Pross	Medium		100								100	100
PODs	Karen Robertson											0	0
Drug returns	Karen Robertson	Medium							98			98	98
			0	100	0	0	0	0	98	0	0	198	198
Reserves	Lorraine Bewes											0	0
Total Central Budgets			**(1,093)**	**100**	**0**	**0**	**0**	**0**	**98**	**0**	**0**	**198**	**(895)**
Net Deficit(-)/Surplus(+)			**(4,958)**	**100**	**587**	**152**	**0**	**160**	**98**	**60**	**2,658**	**3,815**	**(1,143)**

Chelsea & Westminster Healthcare NHS Trust

FORM F6

February 06

BALANCE SHEET

Month Ended 28 Feb 2006

Responsibility: Finance Director

	OPENING BALANCE £000	LAST MONTH ACTUAL £000	THIS MONTH ACTUAL £000	YEAR END FORECAST £000
INTANGIBLE FIXED:	**0**	**0**	**0**	**0**
TANGIBLE FIXED ASSETS :				
Land	44,500	46,739	46,739	46,739
Buildings	208,590	206,235	205,627	215,279
Plant & Equipment	9,416	8,286	8,148	14,488
RELEVANT FIXED ASSETS :	**262,506**	**261,260**	**260,514**	**276,506**
Under Construction	7,136	15,095	16,161	2,271
TOTAL FIXED ASSETS :	**269,642**	**276,355**	**276,675**	**278,777**
CURRENT ASSETS :				
Stocks & Work In Progress	4,147	4,234	5,458	4,597
Trade Debtors	16,583	21,416	28,672	24,895
Provision for Irrecoverable Debt	-5,520	-4,264	-4,318	-4,370
Prepayments	12,974	8,602	3,021	3,762
Other Debtors	444	1,952	1,329	361
Cash at Bank & in Hand	620	3,567	7,147	400
Short - term Investment	0	3,000	8,000	0
TOTAL CURRENT ASSETS :	**29,248**	**38,507**	**49,309**	**29,645**
CURRENT LIABILITIES :				
Tax and Social Security	(3,700)	(3,940)	(3,971)	(6,732)
Dividends Payable	0	(2,940)	(3,675)	0
Trade Creditors	(12,223)	(14,598)	(15,985)	(19,431)
Accruals	(5,969)	(3,546)	(12,308)	(5,294)
Other Creditors	(1,727)	(2,687)	(2,818)	(2,406)
TOTAL CURRENT LIABILITIES :	**(23,619)**	**(27,711)**	**(38,758)**	**(33,863)**
NET CURRENT ASSETS / (LIABILITIES)	**5,629**	**10,796**	**10,550**	**(4,218)**
Creditors over one year	(996)	(996)	(996)	(996)
Provisions for liabilities and Charges	(2,518)	(2,044)	(2,035)	(2,122)
TOTAL ASSET EMPLOYED	**271,757**	**284,111**	**284,194**	**271,441**
CAPITAL & RESERVES				
Public Dividend Capital	177,764	177,764	177,764	168,981
Loans	0	0	0	0
TOTAL CAPITAL DEBT	**177,764**	**177,764**	**177,764**	**168,981**
RESERVES				
Revaluation Reserve	90,811	97,099	97,099	96,714
Donation Reserve	5,885	5,570	5,557	6,344
Other Reserve				
Income & Expenditure Reserve / (Deficit)	(2,703)	3,678	3,774	(598)
TOTAL RESERVE	**93,993**	**106,348**	**106,430**	**102,460**
TOTAL CAPITAL AND RESERVES	**271,757**	**284,111**	**284,194**	**271,441**

Chelsea & Westminster Healthcare NHS Trust

Age Debtor Analysis

FORM F7
February 06

Responsibility: Finance Director

February	%Age	Total	Days 0-30	Days 31-90	Days 91+
Kensington and Chelsea PCT	**30.32%**	8,695,393	7,337,880	1,325,821	31,692
The Hammersmith Hospitals NHS Trust	**9.40%**	2,659,492	317,638	288,499	2,053,356
Wandsworth PCT	**3.01%**	863,248	228,218	226,337	408,693
Hammersmith & Fulham PCT	**2.28%**	656,065	575,683	47,381	33,001
Imperial College	**2.09%**	600,804	190,421	371,543	38,840
Adur Arun & Worthing PCT	**2.04%**	587,050	170,961	128,192	287,897
Southend on Sea PCT	**1.96%**	563,937	122,950	159,857	281,131
CNWL Mental Health Tust	**1.54%**	443,121	434,259	0	8,862
BKCW Mental health Trust	**1.44%**	413,640	0	0	413,640
Western Sussex PCt	**1.38%**	397,865	0	0	397,865
Sub Total	**55.46%**	**15,880,615**	**9,378,011**	**2,547,628**	**3,954,976**
Other Debtors	**43.54%**	12,791,799	3,883,148	2,667,484	6,241,167
	100%	28,672,413	13,261,159	5,215,112	10,196,143
% of total		**100.0%**	**46.25%**	**18.19%**	**35.56%**
Increase/decrease on last month		**7,072,945**	**5,933,398**	**578,269**	**561,279**
% Increase/(decrease)on previous month		**32.7%**	**81.0%**	**12.5%**	**5.8%**

Analysis of Private Patients Debtors

Outstanding as at 28 February 2006		1,290,704	678,199	96,890	515,614
% of total		**100.0%**	**52.5%**	**7.5%**	**39.9%**
Increase/decrease on last month		105,753	108,832	-51,234	48,154
% Increase/(decrease)on previous month		8.9%	19.1%	-34.6%	10.3%

Analysis of Overseas Visitors Debtors

Outstanding as at 28 February 2006		1,228,397	42,787	40,208	1,145,402
% of total		**100.0%**	**3.5%**	**3.3%**	**93.2%**
Increase/decrease on last month		20,101	9,206	-11,188	22,084
% Increase/(decrease)on previous month		1.7%	27.4%	-21.8%	2.0%

January	%Age	Total	Days 0-30	Days 31-90	Days 91+
Kensington & Chelsea PCT	**11.90%**	2,570,480	1,771,567	778,437	20,476
The Hammersmith Hospitals NHS Trust	**11.67%**	2,522,268	327,683	943,805	1,250,781
North West London SHA	**6.20%**	1,339,548	1,360,284	0	-20,737
Wandsworth PCT	**3.44%**	744,604	265,949	69,962	408,693
North West London WDC	**3.08%**	667,172	645,436	0	21,736
Southend on Sea PCT	**2.23%**	483,734	56,042	114,499	313,194
Adur Arun & Worthing PCT	**2.08%**	450,784	93,216	79,740	277,828
Watford and Three Rivers PCT	**1.95%**	421,280	-145,424	152,916	413,788
Brent KCW Mental Health Trust	**1.91%**	413,640	0	0	413,640
Imperial College London	**1.91%**	412,814	2,514	374,750	35,550
Sub Total	**46.37%**	**10,026,325**	**4,377,268**	**2,514,108**	**3,134,949**
Other Debtors	**53.63%**	11,573,144	2,950,493	2,122,735	6,499,915
Total		21,599,469	7,327,761	4,636,843	9,634,864
		100%	**33.92%**	**21.48%**	**44.60%**
Analysis of Private Patients Debtors					
Outstanding as at 31 January 2006		**1,184,951**	**569,367**	**148,124**	**467,460**
% of total		**100.0%**	**48.0%**	**12.5%**	**39.4%**
Analysis of Overseas Visitors Debtors					
Outstanding as at 31 January 2006		**1,208,296**	**33,581**	**51,396**	**1,123,319**
% of total		**100.0%**	**2.8%**	**4.3%**	**93.0%**

	%age	TOTAL	0 - 30	Days 30 - 90	OVER 90
Opening Balance April 2004-2005	**100.00%**	**17,378,760**	**8,446,128**	**285,892**	**8,646,739**
Age Analysis %		**100.00%**	**48.60%**	**1.65%**	**49.75%**

Customer Movement - Top 10	**£**
Kensington and Chelsea PCT	6,173,125
The Hammersmith Hospitals NHS Trust	89,012
Wandsworth PCT	-476,299
Hammersmith & Fulham PCT	378,383
Imperial College	-66,369
Adur Arun & Worthing PCT	103,316
Southend on Sea PCT	113,153
CNWL Mental Health Tust	349,599
BKCW Mental health Trust	-7,640
Western Sussex PCt	-15,774
Total	6,640,505

Chelsea & Westminster Healthcare NHS Trust
Age Creditors Analysis Report & Better Payment Practice Code Month Ended 28 Feb 2006

FORM F8A
February 06

Responsibility: Finance Director

	CURRENT MONTH	**%age of Total Car's**	**TOTAL**	**Days 0 - 30**	**Days 30 - 90**	**Days OVER 90**
	Top 10 Creditor Balances		**£**	**£**	**£**	**£**
1	HAMMERSMITH HOSPITALS NHS TRU	28.07%	4,487,533	1,317,251	-141,381	3,311,662
2	MAWDSLEYS	5.37%	858,526	835,271	23,779	-524
3	ISS MEDICLEAN LTD.	5.04%	805,090	786,668	18,422	0
4	GILEAD SCIENCES LTD.	4.22%	673,791	673,791	0	0
5	BRISTOL-MYERS SQUIBB PHARMACE	4.14%	661,945	661,945	0	0
6	NHS LOGISTICS AUTHORITY	3.38%	539,539	437,205	102,334	0
7	ROTARY SOUTHERN LTD	2.91%	465,427	465,427	0	0
8	IMPERIAL COLLEGE	2.80%	447,880	90,785	61,414	295,682
9	HADEN BUILDING MANAGEMENT LTD	2.42%	386,868	248,777	87,616	50,474
10	ENI UK LTD	2.28%	363,832	233,875	129,957	0
	Sub Total	60.62%	9,690,430	5,750,994	282,142	3,657,294
	Prepayments	39.38%	6,294,746	3,881,689	912,957	1,500,100
	TOTAL	100.00%	15,985,176	9,632,683	1,195,098	5,157,394
	% of total		**100.00%**	**60.26%**	**7.48%**	**32.26%**
	last month		**1,386,257**	**2,756,092**	**-1,315,978**	**-53,857**
	on last month		**9.50%**	**40.08%**	**-52.41%**	**-1.03%**

	PREVIOUS MONTH : January Accruals	**%age of Total Cr's**	**TOTAL**	**Days 0 - 30**	**Days 30 - 90**	**Days OVER 90**
	Top 10 Creditor Balances		**£**	**£**	**£**	**£**
1	HAMMERSMITH HOSPITALS NHS TRU	31.66%	4,622,537	156,622	1,037,847	3,428,068
2	ISS MEDICLEAN LTD.	5.27%	769,446	762,315	3,765	3,366
3	GILEAD SCIENCES LTD.	4.99%	728,956	728,956	0	0
4	NHS LITIGATION AUTHORITY	4.22%	616,495	0	616,495	0
5	MAWDSLEYS	4.01%	585,240	584,212	1,250	-222
6	NHS BLOOD AND TRANSPLANT	3.44%	501,537	155,066	184,887	161,584
7	HADEN BUILDING MANAGEMENT LTD	2.84%	414,442	334,761	42,678	37,004
8	IMPERIAL COLLEGE	2.78%	405,891	30,399	49,999	325,493
9	BRISTOL-MYERS SQUIBB PHARMACE	2.53%	369,460	369,460	0	0
10	NHS LOGISTICS AUTHORITY	1.89%	275,514	275,514	0	0
	Sub Total	63.63%	9,289,518	3,397,304	1,936,921	3,955,293
	Others Creditors	36.37%	5,309,401	3,479,287	574,156	1,255,958
	TOTAL	100.00%	14,598,919	6,876,592	2,511,077	5,211,251
	Percentage of No. of days / Total Creditors		***100.00%***	***47.10%***	***17.20%***	***35.70%***

	Opening Balance April 2005 - 2006		12,222,784	8,159,674	992,944	3,070,166
		%age	***100.00%***	***66.76%***	***8.12%***	***25.12%***

Movement from Previous Month

	Supplier	**£**
1	HAMMERSMITH HOSPITALS NHS TRU	-135,004
2	MAWDSLEYS	273,286
3	ISS MEDICLEAN LTD.	35,644
4	GILEAD SCIENCES LTD.	-55,166
5	BRISTOL-MYERS SQUIBB PHARMACE	292,485
6	NHS LOGISTICS AUTHORITY	-76,955
7	ROTARY SOUTHERN LTD	465,427
8	IMPERIAL COLLEGE	41,989
9	HADEN BUILDING MANAGEMENT LTD	-27,575
10	ENI UK LTD	363,832
	Total	1,177,963

BETTER PAYMENT PRACTICE CODE - INVOICES PAID WITHIN 30 DAYS

	This month				**Cumulative**		**Pior year**
	VALUE	**NUMBER**	**%age (Value)**	**%age (No)**	**%age (Value)**	**%age (No)**	**%age (No)**
April	£5,534,623	3,673	79.09%	81.69%	79.09%	81.69%	84.01%
May	£6,204,915	3,195	78.00%	78.00%	78.25%	80.15%	83.95%
June	£6,785,311	4,216	86.96%	89.74%	83.55%	81.23%	79.66%
July	£5,220,672	3,896	78.54%	88.38%	80.62%	84.75%	76.72%
August	£3,776,265	3,292	82.40%	88.78%	80.86%	85.45%	70.10%
September	£2,049,386	2,107	33.43%	73.54%	73.62%	84.04%	65.76%
October	£3,504,461	3,415	39.42%	59.43%	67.42%	79.33%	67.15%
November	£4,134,379	2,979	53.56%	58.72%	65.54%	76.35%	69.27%
December	£5,956,630	2,570	76.46%	71.17%	66.87%	75.88%	70.24%
January	£2,906,653	2,453	70.69%	76.87%	67.10%	75.96%	70.93%
February	£1,518,384	2,428	35.47%	62.64%	65.25%	74.83%	71.29%
March							

Chelsea & Westminster Healthcare NHS Trust

Age Creditors Analysis Report & Better Payment Pra Month Ended 28 Feb 2006

FORM F8B
February 06

Responsibility: Finance Director

	CURRENT MONTH	**%age of Total Cr's**	**TOTAL**	**Days 0 - 30**	**Days 30 - 90**	**Days OVER 90**
	Top 8 NHS Balances & 2 Non Nhs Bal		**£**	**£**	**£**	**£**
1	HAMMERSMITH HOSPITALS NHS TRU	28.07%	4,487,533	1,317,251	-141,381	3,311,662
2	ISS MEDICLEAN LTD.	5.04%	805,090	786,668	18,422	0
3	NHS LOGISTICS AUTHORITY	3.38%	539,539	437,205	102,334	0
4	IMPERIAL COLLEGE	2.80%	447,880	90,785	61,414	295,682
5	NHS BLOOD AND TRANSPLANT	1.67%	267,035	108,176	158,859	0
6	RICHMOND&TWICKENHAM PCT	1.66%	265,705	0	0	265,705
7	LONDON AMBULANCE SERVICE NHS	1.08%	172,238	86,004	86,235	0
8	CNWL MENTAL HEALTH NHS TRUST	1.03%	164,622	11,609	0	153,013
9	ST MARYS HOSPITAL NHS TRUST	0.98%	156,201	62,802	26,228	67,171
10	ROYAL BROMPTON & HAREFIELD NH	0.95%	151,218	53,152	4,036	94,030
	Sub Total	46.65%	7,457,061	2,953,650	316,147	4,187,263
	Prepayments	53.35%	8,528,115	6,679,033	878,951	970,131
	TOTAL	100.00%	15,985,176	9,632,683	1,195,098	5,157,394
	Percentage of No. of days / Total Creditors		***100.00%***	***60.26%***	***7.48%***	***32.26%***

	PREVIOUS MONTH : January	**%age of Total Cr's**	**TOTAL**	**Days 0 - 30**	**Days 30 - 90**	**Days OVER 90**
	Top 8 NHS Balances & 2 Non Nhs Bal		**£**	**£**	**£**	**£**
1	HAMMERSMITH HOSPITALS NHS TRU	31.66%	4,622,537	156,622	1,037,847	3,428,068
2	ISS MEDICLEAN LTD.	5.27%	769,446	762,315	3,765	3,366
3	Accruals	4.22%	616,495	0	616,495	0
4	NHS BLOOD AND TRANSPLANT	3.44%	501,537	155,066	184,887	161,584
5	IMPERIAL COLLEGE	2.78%	405,891	30,399	49,999	325,493
6	NHS LOGISTICS AUTHORITY	1.89%	275,514	275,514	0	0
7	RICHMOND&TWICKENHAM PCT	1.82%	265,705	0	0	265,705
8	WANDSWORTH PRIMARY CARE TRUST	1.18%	172,795	36,326	42,784	93,686
9	ROYAL BROMPTON & HAREFIELD NH	1.15%	167,421	72,837	7,882	86,703
10	ST MARYS HOSPITAL NHS TRUST	0.98%	143,558	60,975	22,064	60,519
	Sub Total	54.39%	7,940,900	1,550,054	1,965,722	4,425,124
	Others Creditors	45.61%	6,658,020	5,326,538	545,354	786,127
	TOTAL	100.00%	14,598,919	6,876,592	2,511,077	5,211,251
	Percentage of No. of days / Total Creditors		***100.00%***	***47.10%***	***17.20%***	***35.70%***

	Opening Balance April 2005 - 2006		12,222,784	8,159,674	992,944	3,070,166
		%age	***100.00%***	***66.76%***	***8.12%***	***25.12%***

Movement from Previous Month

	Supplier	**£**
1	HAMMERSMITH HOSPITALS NHS TRU	-135,004
2	ISS MEDICLEAN LTD.	35,644
3	NHS LOGISTICS AUTHORITY	264,025
4	IMPERIAL COLLEGE	41,989
5	NHS BLOOD AND TRANSPLANT	-234,502
6	RICHMOND&TWICKENHAM PCT	0
7	LONDON AMBULANCE SERVICE NHS	172,238
8	CNWL MENTAL HEALTH NHS TRUST	164,622
9	ST MARYS HOSPITAL NHS TRUST	12,643
10	ROYAL BROMPTON & HAREFIELD NH	-16,204

Chelsea and Wesminster Healthcare NHS Trust
Cash Flow Statement

FORM F9A
February 06

Responsibility: Finance Director

£ 000	1 Actual Apr-05	2 Actual May-05	3 Actual Jun-05	4 Actual Jul-05	5 Actual Aug-05	6 Actual Sep-05	7 Actual Oct-05	8 Actual Nov-05	9 Actual Dec-05	10 Actual Jan-06	11 Actual Feb-06	12 Forecast Mar-06	Actual YTD	Forecast Total Mar-06
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Total Operating Surplus/(Deficit)	1,172	3,253	427	327	1,680	2,958	1,584	541	2,848	(1,226)	798	(3,565)	14,361	10,796
Depreciation and Amortisation	669	640	822	733	746	746	746	746	746	746	741	902	8,081	8,983
Transfer from the donated asset reserve	0						0		-			(248)	0	(248)
(Increase)/Decrease in Stocks	21	(1,162)	528	327	314	194	1,315	(910)	(20)	(694)	(1,224)	860	(1,310)	(450)
(Increase)/Decrease in Debtors	(1,274)	543	1,280	1,030	(6,818)	776	(1,155)	1,828	1,465	(901)	(997)	4,056	(4,223)	(167)
Increase/(Decrease) in Creditors	730	(1,058)	(2,329)	590	3,001	32	(608)	(1,656)	910	3,064	11,017	(3,479)	13,693	10,214
Increase/(Decrease) in Provisions	-	(6)	-	(5)	0	0	(373)	(33)	(22)	(34)	(9)	86	(482)	(396)
OPERATING ACTIVITIES														
Net cash inflow(outflow) from operating activities	**1,317**	**2,209**	**729**	**3,002**	**(1,077)**	**4,706**	**1,509**	**515**	**5,927**	**955**	**10,326**	**(1,387)**	**30,119**	**28,732**
RETURNS ON INVESTMENTS AND SERVICING OF FINANCE:														
Interest receivable	13	15	22	10	17	14	14	18	12	31	30	32	196	228
Interest payable	0	0	0	0	0	0		0	0	0	0	0	0	0
Interest element of finance leases	0	0	0	0	0	0		0	0	0	0	0	0	0
Net cash inflow/(outflow) from returns on investments and servicing of finance	**13**	**15**	**22**	**10**	**17**	**14**	**14**	**18**	**12**	**31**	**30**	**32**	**196**	**228**
CAPITAL EXPENDITURE														
Payments to acquire tangible fixed assets	(409)	(2,398)	(980)	(507)	(1,320)	(498)	(580)	(393)	(1,490)	(1,026)	(1,806)	(798)	(11,408)	(12,206)
Donations	0	0	0	0	0	0		0	0	0	0	600	0	600
Net cash inflow (outflow) from capital expenditure	**(409)**	**(2,398)**	**(980)**	**(507)**	**(1,320)**	**(498)**	**(580)**	**(393)**	**(1,490)**	**(1,026)**	**(1,806)**	**(198)**	**(11,408)**	**(11,606)**
DIVIDENDS PAID	0	0	0	0	0	(4,411)	0	0	0	0	0	(4,410)	(4,411)	(8,821)
Net cash inflow/(outflow) before management of liquid resources and financing	**921**	**(174)**	**(229)**	**2,505**	**(2,380)**	**(189)**	**943**	**140**	**4,449**	**(40)**	**8,550**	**(5,963)**	**14,497**	**8,533**
MANAGEMENT OF LIQUID RESOURCES														
Net cash inflow (outflow) from management of liquid resources	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Net cash inflow (outflow) before financing	**921**	**(174)**	**(229)**	**2,505**	**(2,380)**	**(189)**	**943**	**140**	**4,449**	**(40)**	**8,550**	**(5,963)**	**14,497**	**8,533**
FINANCING														
Public dividend capital received	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other capital receipts and payments (LT Debtors/creditors Governm	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Capital element of finance lease rental payments	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Brokerage payments and receipts	0	0	0	0	0	0	0	0	0	0	0	(8,783)	0	(8,783)
Net cash inflow (outflow) from financing	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**(8,783)**	**0**	**(8,783)**
Increase (decrease) in cash	**921**	**(174)**	**(229)**	**2,505**	**(2,380)**	**(189)**	**943**	**140**	**4,449**	**(40)**	**8,550**	**(14,746)**	**14,497**	**(250)**
Opening Cash Balance	**620**	**1,541**	**1,367**	**1,138**	**3,643**	**1,263**	**1,074**	**2,017**	**2,157**	**6,606**	**6,566**	**15,117**	**620**	620
Cash Balance at the end of the period	**1,541**	**1,367**	**1,138**	**3,643**	**1,263**	**1,074**	**2,017**	**2,157**	**6,606**	**6,566**	**15,117**	**370**	**15,117**	370
05/06 CASH NET INFLOW BEFORE EFL REPAYMENT	**1,541**	**1,367**	**1,138**	**3,643**	**1,263**	**1,074**	**2,017**	**2,157**	**6,606**	**6,566**	**15,117**	**370**	**15,117**	**0**
BROKERAGE PAID BACK										0	0	0		0

Chelsea & Westminster Healthcare NHS Trust
ANALYSIS OF CASH FUNDS MOVEMENT
Responsibility: Finance Director

FORM F9B
February 06

NORMAL ACTIVITIES	April	May	June	July	August	September	October	November	December	January	February	March	**TOTAL**
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
RECEIPTS	19,662	17,358	21,264	19,410	13,605	21,141	21,809	19,697	22,814	16,400	25,041		218,202
PAYMENTS	(18,741)	(17,533)	(21,492)	(16,905)	(15,985)	(21,331)	(20,866)	(19,557)	(18,364)	(16,441)	(16,492)		-203,706
NET MOVEMENT	921	(175)	(228)	2,505	(2,380)	(189)	943	140	4,450	(40)	8,549	0	14,495
Cumulative	921	746	518	3,023	643	454	1,397	1,537	5,987	5,947	14,495		
FUNDING / BROKERAGE	0	0	0	0	0	0	0	0	0				0
NET MOVEMENT	0	0	0	0	0	0	0	0	0	0	0	0	0
Cumulative	0	0	0	0	0								
TOTAL FUND MOVEMENT	921	(175)	(228)	2,505	(2,380)	(189)	943	140	4,450	(40)	8,549		14,495
Cumulative	921	746	518	3,023	643	454	1,397	1,537	5,987	5,947	14,495		

SUMMARY OF CUMULATIVE MOVEMENTS	April	May	June	July	August	September	October	November	December	January	February	March	
NORMAL ACTIVITIES													
Forecast	921	1,792	3,809	4,696	5,566	5,142	4,953	5,449	7,935	8,985	7,554		
Actual	921	746	518	3,023	643	454	1,397	1,537	5,987	5,947	14,495		
FUNDING / BROKERAGE													
Forecast	0	0	0	0	0	0	0	0	0	0	0		
Actual	0	0	0	0	0	0	0	0	0	0	0		
COMBINED													
Forecast	921	1,792	3,809	4,696	5,566	5,142	4,953	5,449	7,935	8,985	7,554		
Actual	921	746	518	3,023	643	454	1,397	1,537	5,987	5,947	14,495		
	0	1,046	3,291	1,673	4,923	4,688	3,556	3,912	1,948	3,038	(6,941)		

Chelsea & Westminster Healthcare NHS Trust
CAPITAL PROGRAM 2005/2006
Responsibility: Finance Director

FORM F10
February 06

	Planned Spend 2005/2006	Expenditure to date	Forecast Out-turn to 31/03/06	Over/(Under) spend
	£000	£000	£000	£000
SUMMARY				
1A. PROJECTS	2,870.0	2,032.0	2,561.0	(309.0)
1B. SPECIAL PROJECTS	3,172.0	3,173.0	3,207.0	35.0
1C. TREATMENT CENTRE	2,082.0	1,794.0	1,794.0	(288.0)
1D. INFORMATION COMMUNICATION TECHNOLOGY	1,109.0	797.0	797.0	(312.0)
1E. MEDICAL EQUIPMENT	3,382.0	2,151.0	2,430.0	(952.0)
1F. CONTINGENCY	252.0	129.0	129.0	(123.0)
1G. DONATED FUNDED CAPITAL EXPENDITURE	560.0	560.0	560.0	-
CAPITAL PROGRAMME TOTAL	**13,427.0**	**10,636.0**	**11,478.0**	**(1,949.0)**
FUNDING				
CAPITAL RESOURCE LIMIT - FUNDING RECEIVED				
BLOCK ALLOCATION	7,272.0		7,272.0	
BROKERAGE RECEIVED 05/06	4,393.0		4,393.0	
A & E INCENTIVE SCHEME	200.0		200.0	
CARRIED FORWARD	2.0		2.0	
BROKERAGE REVERSAL 04/05	820.0		820.0	
NEO NATAL INTENSIVE CARE	159.0		159.0	
JNR DOCTORS	21.0		21.0	
TOTAL CRL	**12,867.0**		**12,867.0**	
DONATED				
DONATED	560.0		560.0	
DONATED FUNDING	**560.0**		**560.0**	
TOTAL FUNDING	**13,427.0**		**13,427.0**	
PROGRAMME (DEFICIT)/SURPLUS	**-**		**1,949.0**	

Chelsea and Westminster Healthcare NHS
NHS Trust

Trust Board Meeting, 6th April 2006

AGENDA ITEM NO.	2.2/Apr/06
PAPER	Performance Report
LEAD EXECUTIVE	Lorraine Bewes, Director of Finance and Information Contact Number: 020 8846 6713
AUTHOR	Nicolas Cabon, Head of Performance and Information Contact Number: 020 8237 2426
SUMMARY	The purpose of this report is to provide information about the Trust's performance for the period ending 28th February 2006.
BOARD ACTION	The Trust Board is asked to note and discuss the report and actions.

Chelsea and Westminster Healthcare NHS

NHS Trust

PERFORMANCE REPORT FOR THE PERIOD TO 28 FEBUARY 2006

1. PURPOSE

The purpose of this report is to provide information about the Trust's performance for the period of April 2005 to February 2006. The Trust Board is asked to note the report and conclusions.

2. SUMMARY

A summary report for the targets is set out in Appendix A, and the other indicators are summarised in Appendix B. Each indicator has been given a banding based on the performance during 2005/6 assessed against the new Annual Health Check methodology. There are also comments associated with each indicator. There are four possible outcomes for the targets – the indicator is deemed to be Fully Met, Almost Met, Partly Met or Not Met.

The Trust is on course to meet many of the Healthcare Commission targets, but there is still some work to do in a number of areas. There are also a few concerns amongst the other indicators, particularly those relating to the staff surveys and the clinical indicators.

3. HEALTHCARE COMMISSION TARGETS

The Trust is on course to meet most of the existing targets, but there are five areas that should be treated as a risk at this stage. These are Cancer, Thrombolysis, Rapid Access Chest Pain Clinics, Delayed Transfers of Care and Ethnic Coding.

The Healthcare Commission has recently published the constructions of the new targets for acute trusts. The Trust appears to be on target for most of the indicators, the exception being the indicator on access to GUM clinics.

5. CANCER INDICATORS

There are three targets relating to cancer services. The Trust has been assessed on its performance against the 14 day target throughout the year. The reporting period for the 31 day target and the 62 day target started on 1st January 2006. The level of activity in the 62 day target is very low. Consequently, each breach carries significant weight.

The achievement of the 31 day target has been helped by the re-calculation of the expected activity levels. The Trust had been categorised as a medium sized hospital and was expected to treat 600 cancer patients each year. However, following discussion with the Cancer Action Team in the Department of Health the expected number of patients has been halved.

There were no breaches of any of the cancer indicators in February 2006. It is the second month running in which there have not been any breaches. Despite the recent good performance the Trust must maintain its focus in this area in order to

achieve all three targets. One breach in the 62 day indicator would be enough to drop our performance below the expected target.

6. THROMBOLYSIS

The Trust has provided thrombolytic treatment within one hour to 60% of eligible patients this year. The target for this year is 68%, and it is unlikely that we will achieve this target. However, the Trust has historically had very few patients in this area, and there is a possibility that this indicator will not be applicable to this Trust.

7. RAPID ACCESS CHEST PAIN CLINICS

The Trust had several breaches of this standard in January, and the performance to date dropped to 98.68%. It is unlikely that the Trust will achieve the 99% target for the year. The breaches occurred in January, and were a consequence of there being inadequate cover during the festive period to deal with the higher than expected demand on the service. The Trust has discussed cover arrangements with the Royal Brompton Hospital in order to ensure that there is adequate cover in the future.

8. DELAYED TRANSFERS OF CARE

The Trust achieved a rate of 1.8% in February. This is against a target of 0.5%. Throughout the whole year the Trust's rate is 2.5%. There is a shortage of intermediate care beds in the area, and the Trust continues to discuss this issue with local PCTs.

9. ETHNIC CATEGORY CODING

The Ethnic Coding target presents a significant challenge to the organisation. Only 81.4% of patients admitted in the first three quarters of the year had a valid ethnic category code recorded against them. The Trust's Data Quality Group has identified a number of actions that are being taken forward in order to achieve the 95% target in this area.

10. TOTAL TIME IN A&E

The Trust performance in February was 97.51%. This reduced the year-to-date position to 97.96%. However, an action plan that included the provision of additional rotas was devised and the Trust has performed well in March and appears to be on course to achieve the 98% target.

11. ACCESS TO GUM CLINICS

This is a new target for the Trust, and it is based on the percentage of GUM patients who are given appointments within 48 hours. The Trust's performance has been compromised by the temporary closure of the John Hunter Clinic. The clinic has now been re-opened following refurbishment. Based on the data recorded by the Trust, only 23% of patients were given an appointment within 48 hours this year. It is unlikely that the Trust will perform well in this area in 2005/6, but we need to ensure that we amend our processes in order to meet the target in the future.

12. OTHER INDICATORS

Patient Surveys: The Trust has historically performed at the average in the patient surveys with some areas of excellence. The surveys this year relate to adults who were admitted and children who were treated at the Trust. The results of the adult survey show that the Trust has improved as a whole and has not got worse in any area. The children's survey will be sent out later this year.

MRSA: The Trust is right on the trajectory for MRSA indicator. It should meet the target if it has fewer than 3 cases in March.

Patient Complaints: It is unlikely that the Trust will achieve the indicator relating to Patient Complaints. The year-to-date performance of 85.2% is nearly 5% below the target, and it would be very difficult for the Trust to make the necessary improvement in just one month.

Clinical Indicators: Compared with the Dr Foster casemix-adjusted benchmark, the Trust had a low rate of adult readmissions, but was slightly above the expected rate for readmissions following discharge for fractured hip.

Other Indicators: Performance has been good in many of the other indicators. The Trust is on target to achieve the hospital cleanliness, better hospitals food, 12 hour A&E trolley waits and the workforce indicators. The Trust is nearly on course to achieve the 4 hour A&E trolley waits target. However, it would require a very high number of admissions from A&E in March in order to achieve it.

IMPACT Project: As part of the Improving Partnerships in Health project the Trust has been looking at its use of resources. The aim of the project is to apply the lessons form the 10 High Impact Changes in order to improve the patient's journey through the hospital. There have been several efficiency gains as a result of this project. The Trust's average length of stay has been consistently lower than in 2004/5, and it continued to fall in February. There has also been a significant increase in the percentage of patients being admitted on the day of their elective admission. The rate in 2004/5 was 43.35% and the rate in February 2006 was over 61%.

Service Level Agreement Performance: The Trust is ahead of the activity plan in most of the areas of the service level agreements. The exceptions are elective inpatients and excess bed days. In income terms the Trust is behind plan for these points of delivery and also for the block element.

13. CONCLUSION

The cancer indicators remain high risks for the Trust and must be monitored very closely. Indicators on delayed discharges, waiting times for rapid access chest pain clinics, access to GUM clinics and ethnic category coding are also of concern. The Trust appears to be on target to achieve the other access targets for the year.

Nick Cabon
Head of Performance and Information
29th March 2006

Trust Board Performance Dashboard - February 2006

Healthcare Commission Targets

Cancer	⇔	Ethnic Coding	⇧
A&E	⇩	Delayed Transfers	⇩
Elective Waits	⇔	MRSA	⇔
Outpatient Waits	⇔	RACPC	⇧
Bookings	⇔	CNST	⇔
Cancelled Operations	⇩	Thrombolysis	⇩

Operational Indicators and Targets

Hospital Cleanliness	⇧	Patient Complaints	⇧
A&E Trolley Waits	⇩	Hospital Food	⇧
Clinical Indicators		Day of Surg Admission	⇧
Information Governance	⇔	Average LoS	⇧

Workforce Indicators - Currently under Development

Staff Surveys	Vacancy Rate
Bank Spend	Agency Spend
Sickness Rate	

Service Level Agreement Performance

(Negative figures indicate that the Trust is performing below the plan)

	Activity	Income
Daycase	2.92%	4.33%
Elective	-3.92%	-0.57%
Elective Excess Bed Days	-13.67%	-12.14%
Regular Day Admissions	30.88%	17.57%
Non-Elective	8.45%	5.29%
Non-Elective Excess Bed Days	-21.53%	-8.40%
1st Outpatients	4.99%	1.66%
Follow Up Outpatients	10.37%	4.63%
Total	**6.19%**	**2.47%**

Key

	The Trust is on track to meet this target
	The Trust is slightly off track towards this target
	It does not seem likely that the Trust will meet this target.
	It is not possible to accurately assess performance in this area.
⇧	Performance in this indicator is improving.
⇔	There is no significant change in performance in this indicator.
⇩	Performance in this indicator is getting worse.

Appendix A - Existing and New Targets

Name	Performance Last Month	YTD Performance	Target/Likely Threshold	Predicted Banding	Comments/Actions
All cancers: two week wait	100.00%	99.29%	98.00%	Fully Met	The threshold to achieve this indicator in 2003/4 was 98%.
Cancer patients waiting 31 days from decision to treat to first treatment	100.00%	100% for the final quarter of 2005/6	98.00%	Fully Met	The actual reporting period for these indicators is January to March 2006. The Trust did not have any breaches in January or February 2006.
Cancer patients waiting 62 days from GP referral to first treatment	100.00%	100% for the final quarter of 2005/6	95.00%	Fully Met	
Financial management		Forecast £2.2m surplus		Fully Met	The Trust's performance in this area will be based on the Auditor's Local Evaluation that will take place between May and August 2006.
Elective patients waiting longer than the standard (Target of 9 month wait from April to December 2005; target of 6 months from January to March 2006)	0.00%	0.00%	0.03%	Fully Met	There have not been any breaches of the standard this year. The maximum waiting time reduced to 6 months in January 2006
Outpatients waiting longer than the standard (Target of 17 weeks wait from April to December 2005; target of 13 weeks from January to March 2006)	0.00%	0.006%	0.03%	Fully Met	The threshold for this indicator in 2004/5 was 0.03%. The standard drops to 13 weeks from January 2006.
Outpatient and elective (inpatient and daycase) full and partial booking	Outpatient = 100%; Elective = 100%	Outpatient 71.8% Apr to Dec 2005, 100% Jan to Feb 2006; Elective = 96.6% Apr to Dec 2005, 100% Jan to Feb 2006	100% From Jan 06	Fully Met	This indicator will be measured over two data periods. From April to December the threshold will be 67%. In the last quarter 100% of elective admissions and outpatients will need to be booked.
Total time in A&E: four hours or less	97.51%	97.96%	98.00%	Almost Met	The target for this indicator is 98%. The Trust must achieve 98.5% in March in order to meet this target.
MRSA	Data not Provided	26 Cases to January - Rate per 1000 Bed days = 0.15; Availability of Alcohol Gel = Good.	Rate per 1000 Bed days = 0.175	Fully Met	There were 47 cases throughout the whole of 2004/5. The Trust is on track to achieve the required reduction in MRSA cases this year. In addition to MRSA, there were also 12 cases of Clostridium difficile between August and November 2005.
Cancelled operations	0.33%	0.65%	0.80%	Fully Met	Many of the operations were cancelled as a result of the major incident on 7th July. If these are excluded the YTD rate would be 0.49%
Cancelled operations not readmitted within 28 days	0.17%	0.02%	0.50%	Fully Met	This is a new indicator for 2005/6. So far, there have been 2 breaches of this standard.
Thrombolysis - 60 minute call to needle time	0%	60%	68%	Almost Met	The Trust did not have sufficient activity for a statistically significant assessment to be made in 2004/5. There is a possibility that this indicator will be deemed "Not Applicable" for the same reason this year.
Delayed transfers of care	1.8%	2.5%	0.50%	Partly Met	
Waiting times for rapid access chest pain clinic	100%	98.68%	99.00%	Almost Met	There were 4 breaches in January. It will be very difficult to achieve this target.
Clinical risk management		CNST Level 2		Fully Met	The Trust achieved CNST Level 2 in January 2006.
Data quality on ethnic group		81.40%	95%	Partly Met	The Trust has developed a plan to improve performance in this area.
Infant Health - Data Completeness	99.3%	97.8%			This is a new target and it is difficult to predict a target for this indicator.
Waiting times for MRI or CT scans	100%	100%		Fully Met	The Trust has not had any patients waiting over 26 weeks for either a CT or MRI scan this year.
Participation in Audits (MINAP)		92%	90%	Fully Met	
Patient surveys - Adults and Children: access and waiting				See Comment	The surveys will be carried out in the Spring of 2006. It is difficult to predict a performance banding for them. These indicators have represented a challenge for the Trust in previous years.
Patient surveys - Adults and Children: better information, more choice					
Patient surveys - Adults and Children: building closer relationships					
Patient surveys - Adults and Children: clean, comfortable, friendly place to be					
Patient surveys - Adults and Children: safe, high quality, coordinated care					
Access to GUM Clinics	0%	23%		**Not Met**	Performance in this area has been severly compromised by the re-furbishment of the John Hunter Clinic.

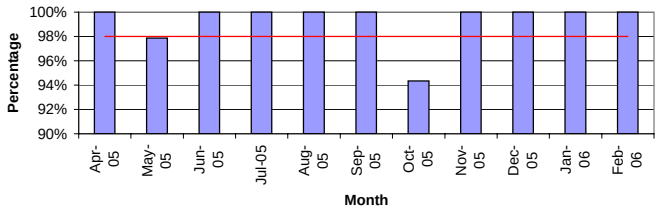
Drug Misusers - Information, Screening and Referral				Fully Met	The Trust has an action plan in place and it is anticipated that all of the requirements will be met.
Emergency Bed Days					This indicator is based on performance in 2003/4 and 2004/5.
Obesity - Identification and Management in Secondary Care				Fully Met	The Trust has devised a process for the identification and onward referral of applicable patients.
Compliance with NICE guidelines on the treatment and management of self harm in A&E				Fully Met	The Trust has an action plan in place and it is anticipated that all of the requirements will be met.
Smoke-free NHS				Fully Met	The Trust has an action plan in place and it is anticipated that all of the requirements will be met.

Appendix B - Other Indicators

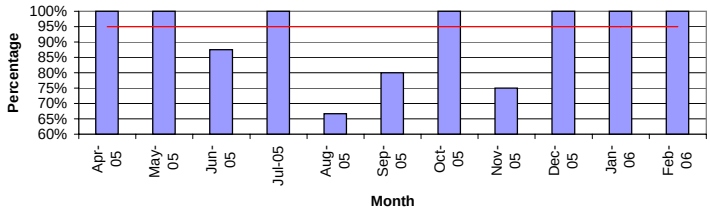
Name	Performance Last Month	YTD Performance	Target/Likely Threshold	Predicted Banding	Comments/Actions
Hospital cleanliness	92%	90%	60%	Fully Met	The PEAT assessment was carried out in February 2005. The next assessment will be towards the end of this financial year.
12 Hour waits for emergency admission via A&E post decision to admit	100.00%	100.00%	100.00%	Fully Met	The threshold to achieve this indicator in 2004/5 was 100%.
A&E emergency admission waits (four hours)	98.3%	98.8%	99.0%	Almost Met	The threshold to achieve the top band for this indicator in 2004/5 was 99%.
Staff opinion survey: Health, safety and incidents					The Trust performed below average in these indicators in 2004/5.
Staff opinion survey: human resource management					
Staff opinion survey: staff attitudes					
Deaths following selected non-elective surgical procedures	Not Applicable - these indicators are based on the Calendar Year	1.53% (Deaths in this trust only)			Difficult to predict a banding for this indicator because it depends on deaths outside of this hospital.
Emergency readmissions following discharge (adults)		10.6%	11.4%	Fully Met	The Targets for these indicators are based on the expected performance derived from the Dr Foster
Emergency readmissions following discharge for fractured hip		9.0%	8.6%	Almost Met	
Information governance toolkit		76.8%	70%	Fully Met	The IGSG has devised an action plan to improve performance in this area this year.
Patient complaints	94%	85.2%	90.0%	Almost Met	In 2004/5 the threshold to achieve the top band was 90%.
Better Hospital Food	96%	84%	60%	Fully Met	The next PEAT assessment will take place towards the end of this financial year
Workforce indicator	IWL - Practice Plus; Junior Doctors Hours = 100%; Sickness Absence = 3.3%	IWL - Practice Plus; Junior Doctors Hours = 100%; Sickness Absence Rate = 3.41%		Fully Met	

Graphs relating to New and Existing Targets (Target Line in Red)

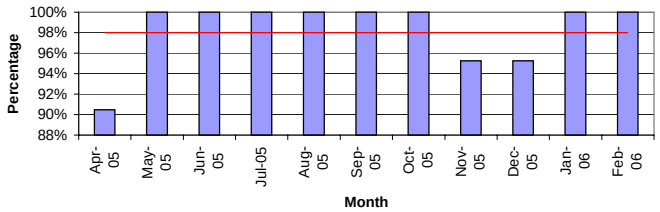
Monthly Cancer 2 Week Wait Performance



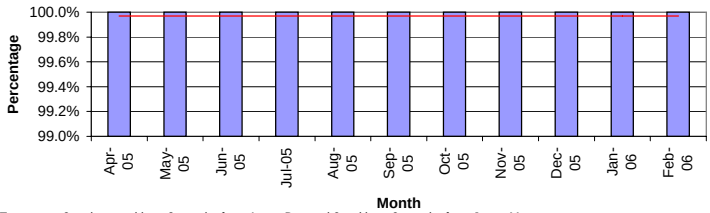
Monthly Cancer 62 Day Wait Performance



Monthly Cancer 31 Day Wait Performance

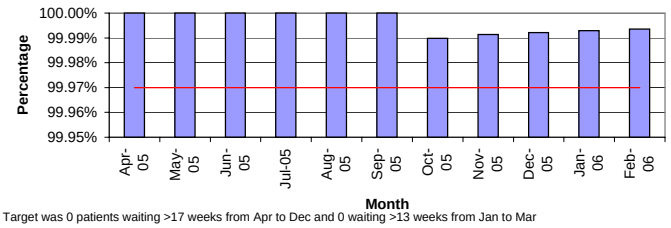


Cumulative Elective Inpatient Wait Performance



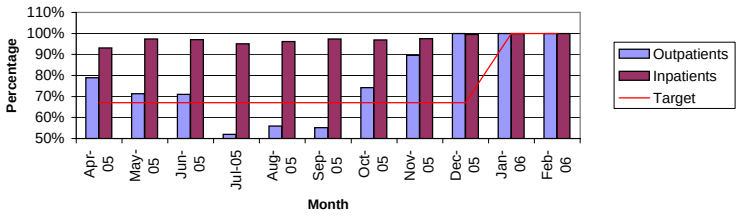
Target was 0 patients waiting >9 months from Apr to Dec and 0 waiting >6 months from Jan to Mar

Cumulative Outpatient Wait Performance

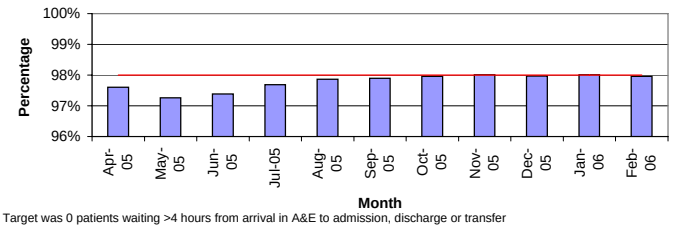


Target was 0 patients waiting >17 weeks from Apr to Dec and 0 waiting >13 weeks from Jan to Mar

Monthly Booking Indicator Performance

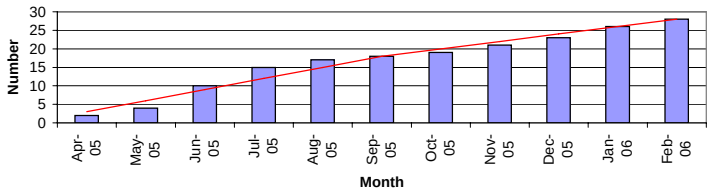


Cumulative Total Time in A&E Performance

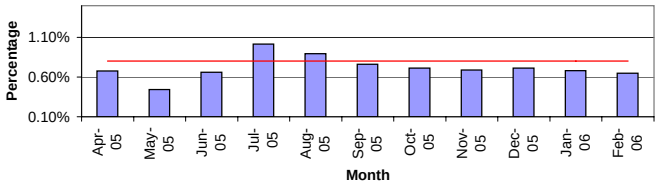


Target was 0 patients waiting >4 hours from arrival in A&E to admission, discharge or transfer

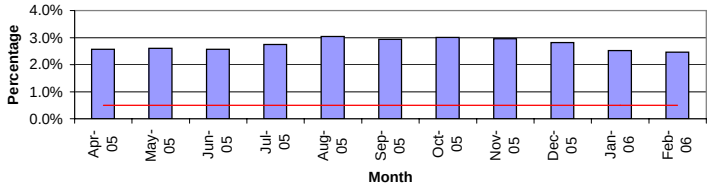
Cumulative MRSA Performance
(Better Performance below the Target)



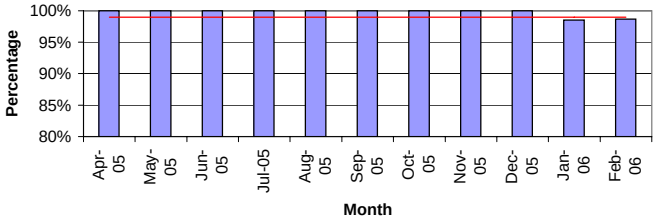
Cumulative Cancelled Operations Performance
(Better Performance below the Target)



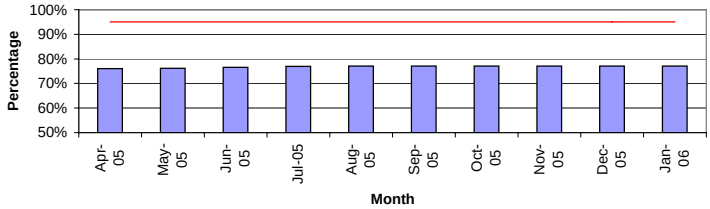
Cumulative Delayed Transfers of Care Performance



Cumulative Waiting Time for RACPC Performance

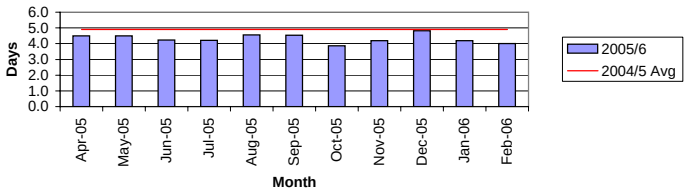


Cumulative Inpatient Ethnic Coding Performance

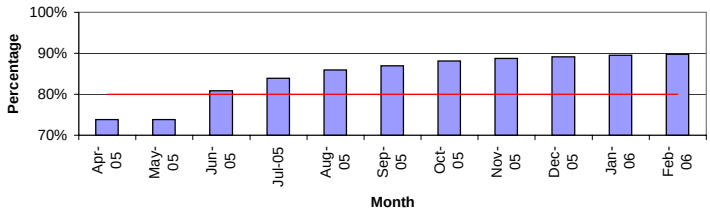


Graphs relating to Operational Targets (Benchmark/Target Line in Red)

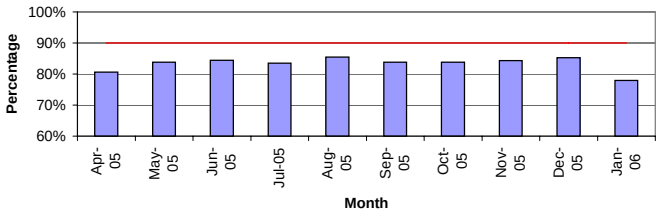
Average Length of Stay
(Better Performance Below the Target)



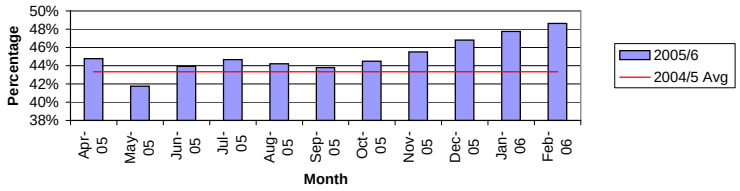
Cumulative Hospital Cleanliness Performance



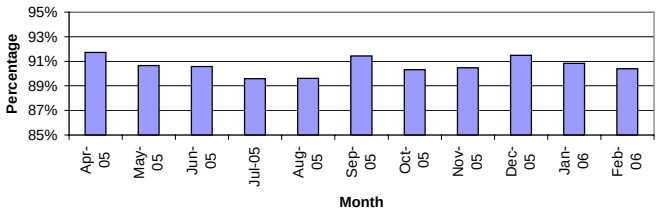
Cumulative Patient Complaints Performance



Cumulative Elective Admissions on Day of Surgery



Cumulative Bed Occupancy



Service Level Agreement Performance

(Negative figures indicate that the Trust is performing below the plan)

Activity				
	Plan	**Actual**	**Variance**	**% Variance**
Daycase	13961	14369	408	2.9%
Elective IP	6446	6194	-252	-3.9%
Elective IP Excess Beddays	5517	4763	-754	-13.7%
Non Elective IP	26176	28389	2213	8.5%
Non Elective IP Excess Beddays	16752	13145	-3607	-21.5%
Outpatients First Attendance	54586	57309	2723	5.0%
Outpatients Follow Up Attendance	150296	165877	15581	10.4%
Regular Day Admissions	2570	3364	794	30.9%
Grand Total	**276304**	**293410**	**17106**	**6.2%**

Excludes Well Babies and HIV/GUM

Income				
	Plan	**Actual**	**Variance**	**% Variance**
Daycase	£ 9,158,028	£ 9,554,250	£ 396,222	4.3%
Elective IP	£ 9,277,241	£ 9,224,229	-£ 53,012	-0.6%
Elective IP Excess Beddays	£ 1,084,198	£ 952,530	-£ 131,668	-12.1%
Regular Day Admissions	£ 312,882	£ 367,855	£ 54,973	17.6%
Non Elective IP	£ 45,343,900	£ 47,740,535	£ 2,396,634	5.3%
Non Elective IP Excess Beddays	£ 5,041,949	£ 4,618,291	-£ 423,658	-8.4%
Outpatients First Attendance	£ 11,641,957	£ 11,835,127	£ 193,170	1.7%
Outpatients Follow Up Attendance	£ 16,657,122	£ 17,428,701	£ 771,579	4.6%
Block	£ 22,483,866	£ 22,483,866	-£ 218,393	-1.0%
Grand Total	**£ 121,001,144**	**£ 124,205,383**	**£ 2,985,846**	**2.5%**

Chelsea and Westminster Healthcare NHS
NHS Trust

Trust Board Meeting, 6th April 2006

AGENDA ITEM NO.	2.3.1/Apr/06
PAPER	Capital Programme 2006/07
LEAD EXECUTIVE	Lorraine Bewes, Director of Finance and Information Contact Number: 020 8846 6713
AUTHOR	Lorraine Bewes, Director of Finance and Information
SUMMARY	Annually the Trust Board is required to approve the capital programme for the Trust as stipulated in the Standing Financial Instructions and Reservations of Powers to the Board. This paper seeks Board approval to programme capital expenditure for the year 2006/07, as set out in the appendices, to the value of £9,035k. The priorities for capital bids have been determined by the Capital Programme Board, which is chaired by the Chief Executive. Bids have been received from Clinical and Corporate Directorates and the Capital Programme Board has evaluated these against the Service Development Strategy priorities and the Trust Risk Register.
ACTION	To approve the Capital Programme for 2006/07

REPORT TO THE TRUST BOARD
CAPITAL PROGRAMME 2006/07

Introduction

Under section 11 of the Standing Financial Instructions and section 5 of the Reservation of Powers to the Board the annual capital programme requires Trust Board approval within the yearly allocation given by the Department of Health. This is the last year that a yearly allocation of Public Dividend Capital will be devolved to the Trust. The capital funding regime is expected to change in line with the Foundation Trust regime from 2007/08 but details of the regime have still to be published. Therefore in future, the Trust Board will be required to consider capital financing options as well as the phasing of priorities in the programme.

For the 2006/07 financial year, Chelsea and Westminster Healthcare NHS Trust has a capital resource limit of £9,035k.

The recommendations contained in this paper have been reviewed and approved by the Capital Programme Board on 27th March 2006. The priorities for capital bids have been determined by the Capital Programme Board, which is chaired by the Chief Executive. Bids have been received from Clinical and Corporate Directorates and the Capital Programme Board has evaluated these against the Service Development Strategy priorities and the Trust Risk Register.

The Capital Programme Board will review the 5 year forward Capital Plan at its meeting in May.

Capital Programme for 2006/07

The total amount of capital funding available for 2006/07 is £9,035k. This is built up as follows:

	£'000
Block Allocation	7,999
Brokerage reversal 05/06	(4,393)
Old Capital Brokerage converted to Permanent PDC	3,480
05/06 underspend carried forward	1,949
Total Budget Available	9,035

The main elements of the capital programme are summarised below:

	£' 000
Funding	**9,035**
Expenditure	
1. Schemes c/f from 05/06	1,334
2 Approved Schemes >1 year	2,883
3. Backlog Maintenance	740
4. Environmental	220
5. Development Works	452
6. Special Projects	1,370
7. IT Equipment	385
8. Medical Equipment	1,100
9. Contingency	551
GRAND TOTAL CAPITAL PROGRAMME	**9,035**

The detailed programme is set out at Appendix 1. The contingency will be reviewed and allocated at the next Capital Programme Board in May 2006.

The Trust Board is asked to approve the proposed programme subject to formal tendering or quotations being sought as required under Section 9 of the Standing Orders and to delegate the capital budget allocation and monitoring through the Capital Programme Board.

Lorraine Bewes
Director of Finance and Information **29th March 2006**

CHELSEA AND WESTMINSTER HEALTHCARE NHS TRUST
FINANCIAL PERFORMANCE RETURNS
CAPITAL BUDGET 2006/7 - 2008/9

	Project Lead	Status	Total 2006/2007	Total 2007/2008	Total 2008/2009
			£000	£000	£000
FINANCED BY					
BLOCK ALLOCATION			7,999.0	7,999.0	7,999.0
BROKERAGE REVERSAL 05/06			(4,393.0)		
OLD CAPITAL BROKERAGE CONVERTED TO PERMANENT PDC			3,480.0		
05-06 UNDER SPEND CARRIED FORWARD			1,949.0		
TOTAL FUNDING			**9,035.0**	**7,999.0**	**7,999.0**
PROPOSED CAPITAL PROGRAMME					
SCHEMES CARRIED FORWARD FROM 05/06					
APPROVED SLIPPAGE					
CAPITAL SCHEME MOVED TO 05-06	Various	Approved	1,334.5		
APPROVED SCHEMES STRADDLING MORE THAN ONE YEAR					
LIFTS	T Lawes	Project c/over	669.0	17.0	
SECURITY	T Lawes	Project c/over	892.0	23.0	
COOLING PROJECT	T Lawes	Project c/over	852.0	22.0	
BED PAN WASHERS	T Lawes	Project c/over	470.0	12.0	
WARD KITCHENS	T Lawes	Project c/over			257.0
Sub total			**4,217.5**	**74.0**	**257.0**
BACKLOG MAINTENANCE					
ST STEPHENS CENTRE - LEGIONELLA	T Lawes	Proposed	60.0		
BOILER HOUSE - HOTWELL REPLACEMENT	T Lawes	Proposed	283.0		
UPS SOCKET IDENTIFICATION	R Taylor	Proposed	25.0		
BACKLOG MAINTENANCE	H Elkington	Proposed	120.0		
WATER TREATMENT / SYSTEMS	T Lawes	Proposed	46.5	37.0	60.0
MEDICAL GAS UPGRADES	T Lawes	Proposed	40.0	45.0	
UNIT 2 VERNEY HOUSE	T Lawes	Proposed	165.0		
Sub total			**739.5**	**82.0**	**60.0**
ENVIRONMENTAL					
ENERGY CONSERVATION	J Broughton	Proposed	170.0		
PEAT (OTHER)	P Holmes	Proposed	50.0		
Sub total			**220.0**	**-**	**-**

CHELSEA AND WESTMINSTER HEALTHCARE NHS TRUST
FINANCIAL PERFORMANCE RETURNS
CAPITAL BUDGET 2006/7 - 2008/9

	Project Lead	Status	Total 2006/2007	Total 2007/2008	Total 2008/2009
			£000	£000	£000
DEVELOPMENT WORKS					
PATHOLOGY SECURITY UPGRADE	R Taylor	Proposed	47.0		
VIE	K Robertson	Proposed	55.0		
FIRE, HEALTH & SAFETY	H Elkington	Proposed	100.0	150.0	150.0
TB RM & 3 PATIENT ROOMS	T Lawes	Proposed	90.0		
ELECTRONIC DRAWINGS PHASE 2	T Lawes	Proposed	50.0		
THEATRE 3 - TREATMENT CENTRE	K Hall	Proposed	60.0		
SINGLE POINT ACCESS - MATERNITY	S Elsworth	Proposed	50.0		
Sub total			**452.0**	**150.0**	**150.0**
SPECIAL PROJECT					
CHILD CARE	M Foster	Proposed	220.0		
REGIONAL BURNS UNIT	K Hall	Proposed	500.0	3,500.0	
PACS	A Geddes	Proposed	600.0		
REVERSE ISOLATION IN A&E	N Hunt	Proposed	50.0		
Sub total			**1,370.0**		
IT EQUIPMENT					
NETWORK RESILIENCE UPGRADE - HARDWARE	B Gordon	Proposed	114.0		
NETWORK RESILIENCE UPGRADE - COMMUNICATION	B Gordon	Proposed	36.0		
PC LEASE PURCHASE	B Gordon	Proposed	23.0		
CITRIX FARM RE-ENGINEERING	B Gordon	Proposed	59.0		
E-PROCUREMENT	V Pross	Proposed	153.0		
Sub total			**385.0**	**3,500.0**	**-**
MEDICAL EQUIPMENT					
MEDICAL EQUIPMENT TO BE PRIORITISED	M Anderson	Proposed	1,100.0		
Sub total			**1,100.0**	**-**	**-**
CONTINGENCY					
CONTINGENCY BALANCE TO BE APPROVED	H Lawrence	Proposed	551.0		
Sub total			**551.0**	**-**	**-**
TOTAL PROPOSED CAPITAL PROGRAMME			**9,035.0**	**3,806.0**	**467.0**

CHELSEA AND WESTMINSTER HEALTHCARE NHS TRUST
FINANCIAL PERFORMANCE RETURNS
CAPITAL BUDGET 2006/7 - 2008/9

	Project Lead	Status	Total 2006/2007	Total 2007/2008	Total 2008/2009
			£000	£000	£000
CURRENT FORECAST FUNDING DEFICIT/(SURPLUS)			**-**	**(4,193.0)**	**(7,532.0)**

Chelsea and Westminster Healthcare NHS
NHS Trust

Trust Board Meeting, 6th April 2006

AGENDA ITEM NO.	2.3.2/Apr/06
PAPER	Budget Setting 2006-07
AUTHOR	Lorraine Bewes, Director of Finance and Information Telephone 020 8846 6713
LEAD EXECUTIVE	Lorraine Bewes, Director of Finance and Information
SUMMARY	This paper sets out the proposed budget for 2006-07. The Trust is required to plan for a 1% surplus in 2006-07. In order to achieve this and to fund the unavoidable cost pressures faced by the Trust in 2006-07, a savings target of £9.9m is required. All directorates have been tasked with identifying savings targets of 2.5%. This will deliver £3.8m of the required savings. The Medicine Directorate is required to identify further savings to recover the full underlying Medicine deficit and the remaining £5.4m is to be delivered through Trust-wide savings initiatives.
ACTION	The Board is asked to consider the proposed budget and approve this budget as the opening budget for 2006/07.

Budget Setting 2006-07

Introduction

This paper updates the Board on the budget setting process for the 2006-07 budgets. It will outline the approach to budget setting and propose the draft budget and savings target required to deliver the activity commissioned by PCTs and achieve a 1% surplus in 2006/07.

The original plan set out in the Service Development Strategy (SDS) has been updated to reflect both changes in the Capacity Plan, the impact of the latest stage of PbR rebasing and the new tariff published on the 17th March. This then forms the basis of the budget for 2006/07. With regard to service developments, only those developments included in the SDS will be considered during budget setting.

The principles followed during the budget setting process are attached at Appendix 1 for information.

Financial Context for 2006/07

The 2006/07 financial year will be a very challenging year for all NHS organisations, including C&W. Specific issues that will impact on the Trust include:

- Cash releasing efficiencies: all Trusts are required to deliver a minimum of 2.5% cash releasing efficiency savings. This is in addition to the 1.7% in 2004/05 and 1% in 2003/04 and is equivalent to £5.1m of contract income. This saving is not available for reinvestment in acute services.

- Health Economy Deficit: the deficit in the North West London sector is expected to be £105m in 2005/06. In order to address deficits across London, pan-London planning rules have been issued which require:

    - All Trusts either in balance or delivering a surplus in 2005-06 to deliver a 1% surplus in 2006-07. This is equivalent to a £2.3m surplus for C&W.

    - All PCTs to contribute 3% towards a London risk fund. While PCTs are not allowed to pass this on to Trusts, it will reduce their capacity to fund any growth in 2006/07.

- Reduced Pay Costs: All Trusts in London are required to reduce pay spend by 5% in 2006/07. This is equivalent to a reduction of £6m on the current pay spend.

- Tariff Deflator: the national tariff published in March 2006 had been deflated to ensure affordability across the NHS. This has the effect of reducing any gains anticipated from the introduction of PbR.

The requirement to deliver a surplus of 1% means that the Trust will have no contingency against unplanned spend or income losses in 2006/07.

Underlying Position for 2005/06

While the Trust expects to end 2005/06 with a surplus of £2.2m, it must be remembered that the Trust benefited from the non-recurrent £3.4m reversal of the

2003/04 deficit overpayment and the surplus carried forward from last year. In addition to this there was a non-recurrent benefit of £1.1m arising from the national agreement reached regarding Agenda for Change for outsourced staff. Together with other non-recurrent savings and expenditure, the underlying 2005/06 deficit is estimated to be £3.335m. This deficit is due to the following headlines:

Table 1: Underlying Deficit 2005/06

	£000	**£000**
Capital Charges unmet Savings	1,000	
Medicine Directorate Deficit (excluding drugs)	1,260	
Private Patients Deficit	500	
Pathology Overspend	634	
Utilities Overspend	501	
MPET Income Loss	340	
Other/Recurrent Available Reserves	-900	
Total Underlying Deficit 2005/06		**3,335**

Generic Uplift and Cost Pressures

The national generic uplift applied to service income for 2006/07 is 4%, which is net of the 2.5% efficiency requirement. The uplift for the training levies has not been confirmed however it is expected that this will be zero. The uplift on R&D funding has been confirmed at 3%. Pay awards have been based on the latest announcement from the DoH i.e. 1% from April rising to 2.2% in October for Senior Medical Staff, 2.2% from April for Junior Medical Staff and 2.5% from April for all other staff.

There are a number of significant new cost pressures that the Trust will face in 2006/07 that are not fully covered by the generic uplift. These include:

- SIFT Income Losses: The second of a three-year local SIFT rebasing exercise will result in a further £0.350m loss in 2006/07.

- Drugs spend (excl HIV): it is estimated that drug costs will increase by 21% over the 2005/06 spend. This is due to a combination of volume increases, new high-cost drugs and the impact of NICE guidance. The current policy for devolving drugs budgets will be reviewed and final drugs budgets for Directorates agreed during budget setting.

- Utility Costs: the cost of utilities has risen significantly in recent months. The plan assumes the increase in utility costs could be 100% above 2005/06 budget.

- CNST Costs: the Trust's CNST contribution increases by 14%, before discounts. However, thanks to the efforts to achieve Level 2 accreditation, the net increase will reduce to £0.050m or 1.3%.

- Agenda for Change on Outsourced Staff: The national agreement reached on agenda for change for outsourced staff could cost C&W an estimated £1.2m in 2006/07, of which £0.750m has been set aside and the balance adds to the cost pressures for the new year.

- Agenda for Change Incremental Drift: there is an additional annual pressure arising from the fact that many staff who have not historically received

increments will now be entitled to annual increments in addition to inflationary rises. The exact impact of this has yet to be accurately determined however a reserve of £0.5m has been set aside.

- Capital Charges: the estimated capital charges in 2006/07 increases by £3.4m compared to 2005/06. This is due to the impact of a higher District Valuer's valuation than the Director's Valuation used in 2005/06.

- HIV Drugs: it is not clear how the funding for HIV drugs in 2006/07 will operate. It is currently assumed that recurrent overperformance in 2005/06 will not be reimbursed by the HIV Consortium in 2006/07. The net impact of this is assumed to be £1.6m in 2006/07.

Service Developments

There are a number of Trust-wide developments that have been included in the budget and these include:

- Implementation of Electronic Staff Record (ESR) and eProcurement.

- Organisational infrastructure costs to support operating as a Foundation Trust

Directorate service developments will be discussed and agreed with Directorates during the budget setting meetings to be held in April.

2006/07 Income Assumptions

The Planning Framework for 2006-07 published by the Department of Health sets out the principles followed in setting the Tariff used to reimburse Trusts for all activity covered by PbR. The key principles include:

- The net inflationary uplift on the Tariff assumes a reduction of 2.5% to reflect efficiency savings that all Trusts are required to make;

- The net uplift on the Tariff is also inclusive of a "deflator" of a further 2.5% on average across all prices. This adjustment is made to ensure that the whole Payment by Results system across England is affordable.

- Total generic cost pressures assumed nationally is 6.5%. After the adjustment for efficiency and the deflator, the net increase on the Tariff is 1.5%

- Any overall income gain resulting from using the National Tariff in 2006-07 will be capped by the DoH at 50% of the total gain or 4.04% of total income covered by PbR, whichever is the lowest gain.

- Any overall income loss resulting from using the National Tariff in 2006-07 will be capped by the DoH at 50% of the total loss or 4.04% of total income covered by PbR, whichever is the lowest loss.

- There will be a combined tariff for minor A&E and minor injuries unit attendances

- Non-elective activity will incur a marginal rate of 50% for all activity over 3.2% higher than 2004-05 out-turn. It should be noted that the impact of this has not been fully assessed in the current plan.

The clinical income for the Trust in 2006/07 is derived from the Capacity Plan priced using the National Tariff for activity included in PbR and using Local tariffs for non-PbR activity.

The Trust also receives a Market Forces Factor (MFF) of £29.210m in 2006/07 which is net of a £8.637m clawback. The clawback is the adjustment made to reduce the gain the Trust receives through PbR to either 50% of the total gain or, as in C&Ws case, 4.04% of total PbR income. The net gain the Trust expects from the introduction of the National Tariff is £3.7m tariff, of which £0.975m relates to increases in A&E activity in 2005/06 which we are expecting to be funded for in 2006/07 baselines.

The total clinical income for the Trust is calculated from the Capacity Plan. The Capacity Plan includes a number of assumptions regarding income changes between 2006/07 and these assumptions are attached at Appendix 2. The financial impact of the changes in the activity plan is an increase of £0.99m in income, of which £1.06m is due to estimated increases in GUM activity in 2006/07.

Draft Financial Plan 2006/07

The Table below summarises the draft financial plan for 2006-07:

Table 2: Draft Financial Plan 2006/07

	£000	£000	Reference
Forecast Out-Turn 2005-06		**2,205**	
Non recurrent Income 2005-06		**-3,432**	
Non recurrent Savings and Expenditure		**-2,108**	
2005-06 Underlying Deficit		**-3,335**	Table 1
Generic Uplift and Pressures			
2.5% National Efficiency	-5,125		
0% Uplift on MPET Levies	-656		
Shortfall Generic Cost Pressures	-1,181		Appendix 3
		-6,962	
New Cost Pressures			
Local Cost Pressures	-2,810		Appendix 4
Loss of HIV Income	-1,625		
Rebasing of SIFT	-350		
		-4,785	
Additional Income			
Impact of PbR	2,719		
Activity Growth 2005-06	975		
2006-07 Capacity Changes	996		
		4,690	
CNST Level 2 Savings Confirmed		**423**	
2005-06 Surplus and Incentive Paid Back		**2,358**	

Deficit Before Savings	**-7,611**
Savings Target (to Achieve 1% Surplus)	**9,911**
Target Surplus in 2006-07	**2,300**

There are a number of risks and assumptions in the above position that the Board should be aware about. These include:

- The capacity plan income increases and the income from the 2005/06 activity increases are subject to agreement with PCTs and even if agreed, under PbR any reduction in actual activity during the year will result in reductions in income. SLA negotiations will be completed by the end of April in line with the DoH national deadline.

- All local cost pressures identified by Directorates during the budget meetings will have to be managed within existing directorate resources.

- The NHS Bank will be charging interest for any brokerage in 2006-07. The proposal is to charge interest on the facility rather than the drawn down amount and therefore the assumption in the plan is that the full brokerage requirement will be drawn down and invested to earn interest until it is required. The full impact on I&E of resolving the historic cash deficit will depend on the eventual solution.

- The expected 2005-06 surplus will be returned to the Trust in 2006-07 together with a £0.153m incentive bonus. This bonus will be reinvested in the Trust.

- The plan assumes that the 2005/06 surplus paid back to the Trust in 2006/07 will be available in full throughout the year and not just pro-rated for the period prior to becoming a foundation trust.

The proposed budget by Directorate is shown in Appendix 5.

2006/07 Savings Plans

For the Trust to deliver the required surplus, cash releasing efficiency savings of £9.9m will need to be delivered across the Trust, in addition to making any non-recurrent 2005-06 savings recurrent. Appendix 6 shows progress in making 2005-06 savings recurrent and also 2006-07 Directorate savings identified as part of their 2.5% of cash releasing savings requirement. This will deliver a total £3.8m of the savings target.

In addition, the Medicine Directorate are required to recover their underlying deficit of £1.26m, less the correction of historical budget anomalies identified through zero-basing. This will contribute a further £0.655m to the savings.

The balance of £5.4m will be delivered through Trust wide initiatives as listed in Table 3 below:

Table 3: 2006-07 Savings Plans

		£000
Directorate Savings Targets (see Appendix 6)		**3,843**
Further Medicine Directorate Recovery		**655**
Trust Wide Savings Initiatives		
Director's Valuation	500	
Capital Charges Slippage	1,200	
Procurement Savings	1,000	
Nurse Rostering/Bank and Agency Rates etc	1,000	
Corporate Services	500	
Ward Stock Management	200	
Other Initiatives to be Identified	1013	
		5,413
Total Savings Plans 2006-07		**9,911**

The need to identify continuous savings from efficiencies and system reform is a key theme throughout this year's corporate planning, as under Payment By Results there will need to be a direct link between income generated and expenditure plans. Key priority areas that each Directorate are exploring include:

- In Surgery, CIP plans have been developed using Dr Foster benchmarking. Medicine's CIP plan uses a similar approach and both will result in using a smaller number of beds more efficiently.
- Efficiency savings arising from benchmarking against Measures for Success.
- Benefits realised from Agenda for Change and ICT implementation.
- Reductions in the use of agency and bank spend through improvements in recruitment and retention, use of annualised hours contracts, best practice rostering and daily productivity monitoring;
- Improved management of non-pay stocks on wards and in departments;
- Opportunities for improved economies of scale through cross-directorate and cross-organisation working e.g. Fulham Road economies of scale;
- At a corporate level, exploring opportunities for shared services;
- Identifying opportunities for securing best value in procurement. Any opportunities for planned procurement savings identified by directorates can be counted as part of directorate savings plans.
- Invest to save initiatives. Any investment, either capital or revenue, required to deliver savings should also be identified for consideration.
- All external consultancy budgets will be centralised under the Chief Executive and any consultancy spend will require Chief executive approval.

It should be noted that the Directorate Budget meetings have not been completed at the time of writing this report. Once these have been held and the budgets and savings have been signed off, full details of agreed savings plans will be presented to the Board.

Recommendation

The Trust Board is asked to approve the draft opening budgets for Directorates as detailed in Appendix 5. Following conclusion of Budget setting meetings with Directorates and finalisation of Directorate drugs budgets, a final opening budget will be brought to the May Board for approval.

Appendix 1: Budget Setting Principles

The following principles will be applied during the budget setting process and should be followed by all budget holders:

I. The Trust will be planning to deliver a surplus in 2006-07.

II. All savings must be demonstrably cash releasing and driven by Impact and operational benchmarking.

III. Cost pressure funding will be subject to identifying all savings in full however Directorates should assume minimal cost pressure funding will be available.

IV. All 2005-06 savings must be identified recurrently and reflected in the opening budgets.

V. All directorates should aim to achieve at least a 2.5% cash releasing efficiency saving and should expect this target to be revised once the income position for 2006-07 is known.

VI. Any proposals to increase income must be supported by a robust business case to include commissioning support and full sensitivity analysis.

VII. Additional activity will generally be delivered through increased productivity.

VIII. Productivity measures and benchmarking should be used when reviewing budgets.

IX. All ward staffing budgets should be reviewed using the Ward Costing Model to take account of the new Agenda for Change terms and conditions, optimum shift patterns and productivity benchmarks. The Ward Costing Model for each ward should be signed-off as part of budget setting. The Model will be circulated via Finance Managers.

X. Pay budgets will be funded for superannuation costs based on the people in post on the 1st February 2006.

XI. Pressures arising from changes to Agenda for Change terms and conditions (excluding pay increases) should be identified during budget setting.

XII. Reductions in activity will require rationalisation of resources and plans must demonstrate this.

XIII. All unfunded posts must be identified during budget setting with plans to either remove the post or put funding in place (from savings elsewhere in the directorate).

XIV. Any material historical budget errors must be identified for consideration during budget setting.

Appendix 2: Capacity Plan Assumptions

General Assumptions and Methodology

- Growth in GP referrals varied according to the PCT. The SHA sent us data showing the demographic changes over the next 10 years, and these rates were applied to the appropriate specialties.

- A generic 2.15% growth was applied to Other referrals (tertiary). This was the level recommended by the SHA. This figure does not change throughout the years because this hospital is a tertiary referral centre.

- To calculate the growth in non-elective activity the average growth rate over the past three years was calculated for each specialty. This rate was applied to each of the future years.

- To calculate the growth in A&E attendances the activity for 1999/2000 to 2004/2005 was analysed with a view to applying the average annual increase. However, changes to the GP out-of-hours service led to a significant increase in 2004/2005, and it was felt that this was not indicative of the trend. Therefore, the average increase from 1999/2000 to 2003/2004 was calculated and applied to the 2005/2006 forecast outturn.

- To calculate the 2005/2006 forecast outturn the actual activity from April to December 2005 was divided by the SLA plan from April to December 2005 and multiplied by the annual SLA plan. This was calculated by HRG, by specialty, by PoD and by PCT.

- From the forecast outturn for 2005/2006 we calculated the conversion rates from referral to 1st outpatients, from 1st to follow-up outpatients, from outpatients to elective spells, and the day case rate. These rates were applied to referral figures in the future years to calculate the levels of outpatient and elective activity.

- The government has indicated that some activity will be carried out by the independent sector from 2006/2007. Therefore, a reduction of 1% has been applied to GP referrals for all adult surgical specialties in each year from 2007/2008 to 2009/2010.

- It is anticipated that there will be a reduction in the non-elective activity for the local PCTs due to improved management of patients with long-term conditions. K&C PCT has already begun to actively manage these patients and this is reflected in the 2005/2006 forecast outturn.

- An adjustment was made to account for the likely additional 1st attendances required to meet the waiting times targets from 2006/2007 to 2009/2010. The additional activity was taken from the December 2005 QM08r. The following adjustments have been made: 2006/2007 increase by the number of patients waiting between 11 and 13 weeks; 2007/2008 increase by the number of patients waiting between 8 and 11 weeks; 2008/2009 increase by the number of patients waiting between 5 and 8 weeks.

- An adjustment was made to account for the likely additional elective activity required to meet the waiting times targets from 2006/2007 to 2009/2010. The additional activity was taken from the December 2005 Kh07 report. The following adjustments have been made: 2006/2007 increase by the number of patients waiting between 5 and 6 months; 2007/2008 increase by the number of patients waiting between 4 and 5 months; 2008/2009 increase by the number of patients waiting between 3 and 4 months.

- Where the Trust's new to follow up outpatient ratio was lower than the NHS average for April to December 2005 we have maintained them. Where the rates were higher than the NHS average we have applied the NHS rate in 2006/2007. The NHS rate taken from the Dr Foster toolkit. However, for Plastic Surgery, Dermatology, Gastroenterology and Medical Oncology the average of the London Teaching Hospitals was applied.

- Where the Trust's average length of stay was lower than the NHS average for April to December 2005 we have maintained it. Where the length of stay was higher than the NHS average we have applied the NHS rate. The NHS rate is based on the casemix adjusted expected length of stay taken from the Dr Foster toolkit.

- Where the Trust's day case rates were higher than the Dr Foster average for the first 9 months of 2005/6 we have kept our rate. Where the rates were lower than the Dr Foster average we have applied the peer rate. The Trust will move half way to the Dr Foster average rate in 2006/2007 and then achieve the rate in 2007/2008.

- It is assumed that the following occupancy rates will be achieved from 2006/2007 onwards: Paediatric specialties = 80%; Obstetrics = 80%; Burns = 75%; HIV/GUM = 65%; all other specialties = 90%.

- For the purpose of this model a single outpatient clinic would include the lead clinician (consultant or nurse) and all of their associated resources. A clinic runs for half a day. To calculate the average number of attendances per clinic we divided the total attendances by the number of clinics as per the clinic schedule.

- For the purpose of this model a theatre session runs for half a day. To calculate the average cases per theatre session we divided the total number of patients who went to theatres with the total number of theatre sessions as per the theatre schedule.

- No increase in the number of cases per operating theatre list has been factored into the model. There is a lack of robust benchmarking data available, and it was felt that the prudent approach would be to maintain the current rates.

- Evidence from the USA suggests that there has been a significant increase in the incidence of skin cancer, and that this will continue to grow. Therefore, we have assumed that there will be a 50% increase in such activity in 2006/2007 and a further 33% increase in 2007/2008 (therefore the activity will double between 2005/2006 and 2007/2008).

Surgery, A&I Directorate

- It is proposed that a new bariatrics consultant will be employed in 2006/2007. This will lead to an increase in General Surgery and Dietetics activity.

- It is anticipated that a proportion of elective orthopaedic activity will transfer to Ravenscourt Park Hospital in 2006/2007. Therefore a reduction of 188 elective spells has been incorporated into the model.

- A new back pain service will come on line from 2006/2007 and will result in a 2% increase in GP referrals. However, it is not anticipated that this will lead to additional inpatient activity.

- Due to developments in technology it is expected that the day case rate in Urology will increase to 70% by 2007/2008.

- The SHA has predicted that demand for burns care will increase by 7.6% each year from 2006/2007 to 2008/2009. This has been modelled into the capacity plan.

- K&C PCT are establishing a triage and treatment service that will assess referrals to Orthopaedics, with the expected reduction of c7% Orthopaedic GP referrals in 2006/2007.

Medical Directorate

- K&C PCT are establishing a triage and treatment service that will assess referrals to Rheumatology with the expected reduction of c6.8% GP referrals in 2006/2007.

- K&C PCT are developing an anti-coagulation service. It is anticipated that this will result in a reduction of Clinical Haematology follow up attendances of c600 from 2006/2007.

Women & Children Directorate

- Due to the expansion of the Combined Care Unit in the Obstetrics department the Trust expects to be able to deliver an additional 425 (10%) babies from 2006/2007.

HIV/GUM Directorate

- It is anticipated that there will be annual increases in outpatient attendances of 8%pa for HIV activity and 13%pa for GUM.

Appendix 3

Generic Uplift and Cost Pressures

	Uplift Income							Uplift Exp	Total	
	%	SaFF	Cat C	Other Income	Provider SLAs	Private Patients	Redn: SIFT/ R&D/ Cat C	Total	Expenditure		
		£'k	£'k	£'k	£'k	£'k	£'k	£'k	£'k	£'k	
Pay	2.1%	3,736	656	196	9	154	0	4,751	3,125	1,626	
Non Pay	0.5%	889	0	0	2	37	0	928	2,135	(1,207)	
Clin Negligence	0.3%	534	0	0	1	22	0	557	473	84	
Secondary care drugs	0.6%	1,067	0	0	3	44	0	1,114	2,400	(1,286)	
Revenue cost of capital	0.4%	712	0	0	2	29	0	743	3,416	(2,673)	
Consultant Contract	0.1%	178	0	0	0	7	0	186	246	(60)	
NCGG Reform	0.1%	178	0	0	0	7	0	186	0	186	
AFC	1.3%	2,313	0	0	6	96	0	2,414	1,250	1,164	
NICE Appraisals	0.6%	1,067	0	0	3	44	0	1,114	0	1,114	Included in Drugs
Reform & Quality	0.2%	356	0	0	1	15	0	371	1,058	(687)	PACS
NHS Connecting for Health	0.3%	534	0	0	1	22	0	557	0	557	PACS
	6.5%	11,563	656	196	29	478	0	12,922	14,103	(1,181)	

Uplift is before the national efficiency requirement of 2.5%

Appendix 4

2006-07 Local Cost Pressures

	2006/07 Current Year £'k
New Specific Reserves	
Discretionary Points	12
Foundation Trust infrastructure costs	300
Uplift on Prior Year AFC Reserve	96
Gas contingency	172
Electricity contingency	245
Capacity Plan Net Changes	470
Misc Man Exec Uplifts above inflation	29
Haden elements above routine uplift	245
LAS Contingency above routine uplift	22
ISS Contingency above routine uplift	77
Man Exec new space costs	113
ESR Project	100
E-procurement & Marketplace	300
PLK Transfer	267
SHA SLA	50
Interest on Brokerage	160
Incentive Bonus Investment	153
Total Local Cost Pressures	2,810

Appendix 5

	Month 11 Annual Budget 2005/06	Non recurrent /Full Year Effect Adj	Opening Recurrent Budget 2006/07	Distri-bute b/fwd Reserves	B/fwd Pressures	Routine Uplifts	PBR/ Capacity Increases	MFF	Income: Rebasing SIFT ; MFF Clawback	Other exp pressures	Surplus carried forward	Net Budget before savings 2006/07	Savings Target	Net Budget	Net Budget Split across Income, Pay and Non Pay(Income= Neg/ Expend= Pos)		
															Income	Non-Pay	Pay
	£'k	£'k	£'k	£'k	£'k	£'k	£'k	£'k	£'k	£'k	£'k	£'k	£'k	£'k	£'k	£'k	£'k
Central Income																	
SaFF income	180,701	-4,528	176,173	0	0	7,187	4,690	-35,931	8,637	0	0	160,756	0	160,756	160,756	0	0
Market Forces Factor	1,916	0	1,916	0	0	0	0	35,931	-8,637	0	0	29,210	0	29,210	27,294	0	0
Surplus pay back	0	0	0	0	0	0	0	0	0	0	2,358	2,358	0	2,358	2,358	0	0
Central Non SaFF income	27,038	-0	27,038	0	-340	120	0	0	-350	0	0	26,468	0	26,468	28,070	0	0
Total Central Income	209,655	-4,528	205,127	0	-340	7,307	4,690	0	-350	0	2,358	218,792	0	218,792	218,478	0	0
Frontline Directorate																	
Imaging & Anaesthetics	25,777	-1,056	24,721	584	0	-10	0	0	0	0	0	25,295	-602	24,693	356	5,203	19,846
HIV/GUM	36,832	-2,157	34,675	683	0	3,204	0	0	0	0	0	38,562	-284	38,278	738	25,257	13,758
Medicine & A&E	28,272	-154	28,118	140	0	-23	0	0	0	0	0	28,235	-604	27,631	711	6,006	22,964
Surgery	18,704	-120	18,584	0	0	-12	0	0	0	0	0	18,572	-449	18,123	424	3,956	14,591
Womens & Children's	30,220	-508	29,712	0	0	-78	0	0	0	0	0	29,634	-727	28,907	4,043	3,229	29,721
Subtotal Frontline Directorates	139,806	-3,996	135,810	1,407	0	3,081	0	0	0	0	0	140,298	-2,666	137,632	6,271	43,652	100,880
Pharmacy	3,548	27	3,575	0	0	-14	0	0	0	0	0	3,561	-88	3,473	704	308	3,869
Physiotherapy & Occ Therapy	3,856	-63	3,793	0	0	-7	0	0	0	0	0	3,786	-98	3,689	184	77	3,796
Dietetics	588	0	588	0	0	-1	0	0	0	0	0	587	-15	572	25	15	582
Regional Pharmacy	12	-0	12	0	0	-0	0	0	0	0	0	12	-0	11	59	32	39
Subtotal Clinical Support	8,005	-37	7,968	0	0	-22	0	0	0	0	0	7,946	-201	7,746	972	432	8,285
Chief Executive	1,156	-41	1,115	0	0	-1	0	0	0	0	0	1,114	-28	1,086	29	144	972
Governance & Corporate Affairs	4,248	-1	4,247	0	0	0	0	0	0	0	0	4,247	-107	4,140	3	3,423	721
Nursing	1,832	-77	1,755	0	0	-22	0	0	0	0	0	1,733	-45	1,688	897	191	2,396
Human Resources	2,019	-477	1,542	0	0	0	0	0	0	0	0	1,542	-39	1,503	104	208	1,399
Finance	3,803	-260	3,543	0	0	-8	0	0	0	0	0	3,535	-89	3,446	373	542	3,273
IC&T & EPR	2,922	512	3,434	0	0	-0	0	0	0	0	0	3,434	-88	3,345	8	1,773	1,581
Occupational Health	223	-1	222	0	0	-4	0	0	0	0	0	218	-6	212	173	55	331
Subtotal Management Exec	16,203	-345	15,858	0	0	-35	0	0	0	0	0	15,823	-402	15,421	1,587	6,336	10,672
Facilities	13,671	-180	13,491	0	504	1,186	0	0	0	0	0	15,181	-343	14,839	2,516	15,471	1,883
Research & Development	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Private Patients	-2,120	0	-2,120	0	0	-141	0	0	0	0	0	-2,261	0	-2,261	3,161	481	919
Overseas	-690	0	-690	0	0	-28	0	0	0	0	0	-718	0	-718	718	0	0
ACU	-58	-9	-67	0	0	-52	0	0	0	0	0	-119	0	-119	1,256	440	697
Post Graduate Centre	221	0	221	0	0	0	0	0	0	0	0	221	0	221	0	132	89
Projects	693	116	809	0	0	2	0	0	0	0	0	811	-21	790	213	140	863
Simulation Centre	38	-30	8	0	0	-6	0	0	0	0	0	2	-0	2	293	37	257
Service Level Agreements	9,571	-0	9,571	0	634	484	0	0	0	0	0	10,689	-210	10,479	299	9,651	1,127
Total All Directorates	21,326	-103	21,223	0	1,138	1,447	0	0	0	0	0	23,808	-574	23,234	8,454	26,352	5,835
Central Budgets	0	0	0	0	0	0	0	0	0	0	0	0	0				
Capital Charges	16,508	-0	16,508	0	1,000	3,416	0	0	0	0	0	20,924	0	20,924	248	16,756	4,416
Central Budgets	-1,612	208	-1,404	5,812	0	798	0	0	0	0	0	5,206	0	5,206	401	3,667	1,941
Reserves	9,419	-255	9,164	-8,436	2,074	6,787	0	0	0	2,657	153	12,399	-6,069	6,330	168	3,648	1,407
Total Central Budgets	24,315	-47	24,268	-2,624	3,074	11,001	0	0	0	2,657	153	38,529	-6,069	32,460	817	24,071	7,764
Total All Directorates	0	0	0	1,217	-4,552	-8,165	4,690	0	-350	-2,657	2,205	-7,612	9,911	2,300	236,580	100,843	133,436

Appendix 6

Directorate Savings Targets and Plans Identified

	Prior Year Savings (Recurrent)			2006/07 Recurrent		
Directorate	**Target £'k**	**Booked/ Planned £'k**	**Outstanding £'k**	**Indicative Target @ 2.5% Excl drugs £'k**	**Draft Savings Plans £'k**	**Outstanding £'k**
A&I	570	497	73	602	600	2
Surgery	436	508	(72)	449	443	6
W&Cs	681	681	0	727	290	437
Medicine	569	343	226	604	0	604
HIV	700	558	142	284	0	284
Estates & Facilities	284	284	0	343	505	(162)
Pharmacy	82	82	0	88	80	8
Subtotal	**3,322**	**2,953**	**369**	**3,097**	**1,918**	**1,179**
Physio & OT	93	62	31	98	0	98
Dietetics	14	0	14	15	0	15
Man Exec	436	248	188	402	0	402
Capital Charges	1,000	0	1,000	0	0	0
SLAs			0	210	0	210
Projects			0	21	0	21
Private Patients			0	0	0	0
ACU			0	0	0	0
Simulation centre			0	0	0	0
Other	93	252	(159)	0	0	0
			0			
Total	**4,958**	**3,515**	**1,443**	**3,843**	**1,918**	**1,925**

Chelsea and Westminster Healthcare NHS
NHS Trust

Trust Board Meeting, 6th April 2006

AGENDA ITEM NO.	3.1/Apr/06
PAPER	Consultant Appointments
LAY CHAIRMAN	Marilyn Frampton, Appointments Panel

POST	Consultant in Acute Paediatrics
CONSULTANT	Dr Saji Alexander

POST	Consultant in Neonatal Medicine
CONSULTANT	Dr Mark Thomas

BOARD ACTION	The Board is asked to ratify these recommendations of the Appointments Panel

Chelsea and Westminster Healthcare NHS
NHS Trust

Trust Board Meeting, 6th April 2006

AGENDA ITEM NO.	4.1/Apr/06
PAPER	Annual Plan 2006-07
LEAD DIRECTOR **AUTHOR**	Elliot Howard-Jones, Interim Director of Strategy and Service Planning Contact Number: 020 8846 6823 Elliot Howard-Jones, Interim Director of Strategy and Service Planning Contact Number: 020 8846 6823
SUMMARY	This draft is presented to the Board as a work in progress. As a result of the delay in the tariff, the financial projections were not available. It is therefore presented as an introduction to the format of the Annual Plan expected by Monitor and as an early opportunity for the Board to comment on content. The evaluation of risks to delivery is a key aspect of Monitor ongoing regulation of the Trust, and the Board Seminar will focus on Board input on strategic risks that are implicit within the plan.
BOARD ACTION	The Board is asked to identify strategic risks that may arise from this document.

Chelsea and Westminster Healthcare NHS
NHS Trust

Annual Plan
2006-2007

First Draft

This draft is presented to the Board as a work in progress.

As a result of the delay in the tariff, the financial projections were not available. It is therefore presented as an introduction to the format of the Annual Plan expected by Monitor and as an early opportunity for the Board to comment on content.

The evaluation of risks to delivery is a key aspect of Monitor ongoing regulation of the Trust, and the Board Seminar will focus on Board input on strategic risks that are implicit within the plan.

Table of Contents

1 Past year performance

1.1 Chief Executive's summary of the year

2005/6 has been a successful year for Chelsea and Westminster, and has been dominated by hard work to achieve targets, and progressing our application for Foundation Trust status.

Central to this continues to be our ability to perform well against national targets. This year we expect to achieve:

- 100% of cancer patients treated within the 31/62 day standard
- No elective patients waiting more than 6 months
- No outpatients waiting longer than 13 weeks
- 98% of patients in A&E 4 hours or less
- Low levels of cancelled operations
- Low levels of MRSA

The trust has joined a small group of Trusts who have achieved CNST (clinical negligence scheme for Trusts) level 2 which demonstrates our commitment to the highest standards of clinical care and governance within the Trust.

Agenda for Change, the national pay scheme, has now been implemented across the vast majority of staff within the Trust, and has been a major effort involving the evaluation of all jobs within the hospital.

All these achievements are against a backdrop of increased activity, with more than 94,000 attendances at A&E, 61,000 admissions and 105,000 outpatient referrals.

1.2 Summary of financial performance

This will be included as part of the final plan, with year end figures

2 Strategy and objectives for 2006-7

2.1 Strategic overview

Chelsea and Westminster Healthcare NHS Trust is:

- Secure our position as a major provider of choice, with the local population choosing to use our services;
- A centre of excellence for a number of specialist services, including HIV, burn care, dermatology and anaesthetics;
- A major centre for teaching, training and research;
- A high quality, modern environment for delivering healthcare, with first class clinical and diagnostic facilities;
- An integral part of the provision of acute services for West London, and in particular, a close working partner of our Fulham Road neighbours, The Royal Marsden NHS Foundation Trust and the Royal Brompton and Harefield NHS Trust;
- An organisation dedicated to working with our primary care partners and in clinical networks to enhance the quality of care we provide;
- An efficient organisation, with the right configuration and size of services to effectively deliver high quality services

The Trust has a track record at the leading edge of patient service delivery, provided by multi-disciplinary teams trained using advanced simulation techniques, driven by evidence-based research and supported by advanced IT and robotics. The National Innovation Centre Hub for the NHS is located at Chelsea and Westminster, and is a partnership venture between Imperial College of Science, Technology and Medicine, the NHS Institute and the Trust. Our approach ensures high quality clinical care, as demonstrated by our strong performance across a wide range of indicators.

Our vision is to develop, not merely protect, our reputation as a centre of excellence in healthcare. We want to be recognised for the quality of our services, the transparency of our processes and the trust and confidence of our service users. We intend to develop a strong communication and marketing function to build and promote our brand in the future.

A key part of our success as a Foundation Trust will be to provide appropriate, high quality care within the constraints of Payment by Results and National Tariff. To ensure this, we will need to operate at a cost base that is appropriately resourced in terms of staff, wards, equipment assets and space, especially beds. A vital theme over the coming year, and beyond, will be to better understand costs and the space required in the hospital to deliver the activity specified in our Service Development Strategy.

The Service Development Strategy (SDS) submitted as part of the Foundation Trust application builds upon the seven overarching corporate objectives agreed by the Board and which formed the basis of the 2005/6 Corporate Plan. The Trust's broad vision has remained stable, and this is reflected in the Corporate Objectives, which remain:

1. Improve the patient journey
2. Improve patient outcomes and assure patient safety
3. To develop effective partnerships
4. To ensure clinical care is supported effectively
5. To ensure a skilled, motivated and productive workforce
6. To develop world class services
7. Implement Integrated Governance Framework & Resource Management

The plan does not attempt to identify every activity that is undertaken within the Trust. Of necessity it limits itself to the major corporate level work programmes and the work required delivering these. Within the management structure of the Trust, each Directorate develops its own annual plan. These plans take their direction from the Trust's Annual Plan and at each level the detail of objectives and work programmes becomes more distinct. It is through this planning system that the work of individual members of staff, in conjunction with the annual appraisal system, can be linked to our aims as a Trust and the aims of the NHS as a whole.

The Trust continues to pursue Foundation Trust status, as we believe that FT status will bring:

- Local people, patients, staff and our local partners have a greater opportunity to have a real say in setting the direction of hospital services. The Council of Governors will help us be ever more responsive to the needs of our local community.

- Work closely with the various different communities in our catchment area. Chelsea and Westminster will act as a common partner to develop coherent plans across the area.

- Greater financial flexibility to access additional money for patient care. There are three aspects to this:

    - » As the Trust moves swiftly towards national tariff arrangements, it will benefit from the efficient cost base.

    - » There will be the opportunity to negotiate contracts on a longer-term basis with the PCTs who commission and pay for services. This will enable the Trust to plan ahead with more certainty.

» The Trust will be able to borrow money (up to a defined limit). This will make a real difference by allowing capital improvements (like new wards and departments).

- Be able to set priorities locally, in agreement with the PCTs, allowing the Trust to respond more quickly and effectively to local needs.

- Provide new opportunities to work jointly with our local PCTs, streamlining services and developing alternatives to hospital admission. This could include services in community hospitals, in primary care, or in patients' homes. It could also include much closer working between A&E and the GP out of hours service.

- Have greater opportunities for involving patients and the public in important aspects of our work, for example, in clinical governance.

2.2 Trust Corporate Objectives

The complete set of the Trust's corporate objectives is set out in Appendix 1. The key elements of the corporate objectives are shown below:

<table>
<tr><td colspan="2"><u>Improve the patient journey</u>

The trust's aims are to:

• meet national waiting time targets
• progress toward the 18 week maximum wait target
• improve outpatient services as the "front door" to the Trust</td></tr>
<tr><td><u>Patient outcomes and safety</u>

The Trust's objectives are to:

• Ensure that clinical governance systems comply with new integrated governance rules
• Use Dr Foster to benchmark performance of services
• Have an effective plan to deal with an influenza pandemic</td><td><u>Develop effective partnerships</u>

This will be progressed through:

• Deliver high quality teaching to undergraduates
• Greater involvement of staff and patients in feedback on services
• Work with neighbouring NHS organisations to develop better pathways of care</td></tr>
</table>

Ensure clinical care is supported The Trust will: • Develop workforce plans to ensure training is provided and developments are planned • Improve the collection and understanding of data relating to costs and activity • Work with facilities partners to deliver safe and secure environment • Work with Connecting for Health to maximise IM&T opportunities	Develop world class services The trust will continue to develop: • HIV services • seek designation as a Burns centre for adults and children • specialist obstetric services
Skilled & motivated workforce The Trust will: • Ensure all staff have annual reviews • Respond to issues raised in staff survey • Reduce turnover of staff	Integrated governance and resource management The trust will: • Achieve statutory financial duties • Plan and realise savings from 10 high impact changes • Develop performance management framework to manage objectives • Deliver CIP programme

2.3 Directorate Objectives

Each directorate has specific objectives that underpin the corporate objectives:

Surgical, Anaesthetics and Imaging Directorate

Performance

- Achieve the 5 month (+/- 2 weeks) maximum wait for elective surgery
- Achieve the 11 week maximum wait for first outpatient appointment
- Reduction in length of stay to the National Average

- Roll out Nurse led discharge
- Achieve the National average new:f/u ratio for outpatients
- Support the Cancer team in achieving the 2 week, 31 and 62 day waiting time standard
- Ensure reasonableness and equity in waiting list management
- Reduce cancelled operations on the day of surgery or TCI for non clinical reasons
- Increase the day case rate from 63.3% to 75%
- Increase admissions on the day of surgery to at least 80%
- Reconfigure the Surgical wards to further reduce incidence of MRSA and to ensure efficient scheduling of elective patients
- To increase productivity of theatre lists by both effective scheduling and promoting robust admissions protocols

Plastic Surgery

- Development of a Plastics Trauma Unit within the TC
- Ensure compliance with EWTD

Burns

- Ensure that the Trust achieves formal designation as a Burns Centre for Adults
- Establish a Chair in conjunction with Imperial College and the Healing Foundation

Orthopaedics

- Develop a business case for an Orthopaedic Surgeon with special interest in spinal surgery
- Continue to reduce length of stay for patients admitted with fractured neck of femur by measuring variance against the integrated care pathway

Ophthalmology

- Streamline the patient pathway for Ophthalmology patients

Urology

- Further develop the joint urology service with SMH
- Work with the Cancer Network and PCTS to develop HIFU as a cost efficient service for the Trust

General Surgery

- Develop a cost neutral business case for the development of bariatric surgery
- Recruit a substantive General Surgeon in partnership with the RMH

Workforce

- Restructure within Anaesthetics & Imaging to ensure efficient service delivery
- Use Measures of Success as a benchmark to ensure appropriate skill mix and numbers
- To act on the key themes identified through the Staff Survey

User Involvement

- Further develop effective partnerships with all stakeholders
- To act on the key themes identified through the Patient Survey

Treatment Centre

- Develop an efficient, productive and marketable Treatment Centre
- Fully integrate PICIS and the benefits into the operational management of the TC

Theatres

- Maximise productivity for elective and emergency work in Theatres in collaboration with the Surgical Directorate

Radiology

- Further develop the Radiology Service to provide rapid access imaging services
- Install PACS into the Department
- Deliver a maximum wait of 133 weeks in diagnostics

TSSU

- Support and retain the TSSU staff through the Decontamination Project and subsequent outcome

ICU

- Development of the 2nd Burns ICU bed
- Increase access to Level 2 and 3

Medical Directorate

Cardiology

- Improve joint working with Royal Brompton on clinical and administrative issues
- Review thrombolysis service to ensure compliance with national targets

Dermatology

- Appoint Mohs surgeon
- Review service to ensure that capacity and demand are in balance, and that the administrative processes are efficient

Diabetes / Endocrinology

- Ensure that national new to follow up ratio is met in outpatients through development of pathways with PCT, and teaching disease management to patients

Elderly care / Stroke

- Consolidate dedicated stroke unit with Royal Borough, development of intermediate services, and integrated care pathways
- Review progress against the NSF, and produce business plan for future development

Emergency care

- Establish primary care front end to A&E service
- Reduce length of stay for emergency admissions

Gastroenterology

- To develop a joint academic department with the Royal Marsden
- Undertake a zero based budgeting exercise
- To develop nurse endoscopist role within the department

Neurology

- Develop nurse specialist role to comply with NSF requirements
- Review service to ensure that capacity and demand are in balance, and that the administrative processes are efficient

Rheumatology

- Review capacity and demand to achieve reduction in new to follow up rates
- Explore new ways of providing support to patients and primary care including telephone consultations

Cancer services

- Continue to provide excellence in chemotherapy and Palliative Care with a strong focus on the patient centred approach to care.
- Build on the successful patient centred and multi-disciplinary team based working to deliver the chemotherapy, palliative care, support and information in general medicine, surgery and HIV components of the service.
- Improve patient outcomes and assure patient safety in line with the Trust's Clinical Governance framework
- Continue to deliver and maintain the 2 week wait for suspected cancer and the cancer waiting times 31 and 62 day targets.
- Work towards implementing recently published NICE Cancer Services Guidance for Haemato-oncology, Skin cancer, Palliative Care and Paediatrics cancer

Women and Children Directorate

Maternity

- Develop single manned entry point to department
- Replace consultant obstetric sessions
- Reconfigure ante natal clinic to increase capacity and clinic space
- Be maternity provider of choice for local women
- Improve post natal discharge process to reduce length of stay
- Develop flexible staffing methods to respond to variation in bookings
- Improve accurate recording of activity and costs

Gynaecology

- Strengthen urogynaecology service delivery
- Develop Termination of Pregnancy service by ensuring appropriate medical cover
- Increase Daycase rate from 44% to 55%
- Increase admissions on day of surgery from 14% to 80%
- Develop smoother pathways of care for emergency admissions
- Improve co-ordination of teaching through consultant lead

Neonatal intensive care unit

- Reduce Length of stay by improving process for discharge to other units and special care in the community
- Integrate neonatal surgical gastroenterology service with referring hospital or community service through local follow up of patients

Paediatrics

- Increase admissions on day of surgery to 80%
- Reconfiguration of senior medical staff to improve outpatient waiting times

HIV and GUM Directorate

GUM

- Achieve the 48hour access target for GUM
- Achieve a 13% growth in GUM activity
- Achieve a stabilisation of the GUS data system
- Develop models of team working in GUM
- Increase the use of POCT for HIV in line with offering all patients attending a HIV test
- Develop a call centre and e-triage system for all clinics
- Develop nurse lead clinics to increase access
- Explore use of Urine based tests to increase access

HIV

- Achieve an 8% growth in HIV activity
- Achieve a stabilisation of the GUS data system
- Continue to provide the only treatment centre for HIV patients with cancer
- Reduction in LoS
- Continue to work and develop links with SSAT and provide world class research facilities
- Develop and increase uptake of home delivery for HIV medication and roll out option E
- Tender Viral Load work and reduce the cost to the Directorate
- Continue to develop team working in Kobler out patients
- Provide an inpatient HIV tertiary referral centre for HIV patients
- Review emergency walk in services for HIV

- Further develop the Patient Forum and patient involvement in service development

Workforce

- Develop an effective and efficient call centre, reception and notes area by going through a Change Management process

Corporate Directorates

Human Resources

- Work with Higher and Further education providers to deliver a high standard of teaching
- Promote equality and diversity in service provision
- Review content and delivery of trust wide induction and mandatory training
- Meet the national timetable for implementation of electronic staff record

Information Management & Technology

- Further use of Patientline at the bedside in support of patient care
- Extension of digital image acquisition through the PACS system
- Continually develop the IT infrastructure to support clinical and corporate governance
- Fully implement Theatre Management and Instrument Tracking system

Communications

- Develop and implement a corporate communication strategy, including:
    - » Bring the running of press office in-house
    - » Develop healthy two-way communication within the Trust
    - » Develop clear guidelines for producing patient information
    - » Develop the Trust external and intranet web sites
    - » Update the Trust Membership Development and Communications strategy

Nursing Directorate

- Raise the profile of the needs of children through the Children's NSF
- Develop learning and education of staff through focussed use of resources and development of educational partnership
- Introduce balanced scorecard reflecting clinical and operational standards for wards
- Develop a model for the levels of professional nursing practice across the Trust

Strategy & service development

- Prepare the Trust for Foundation Trust financial approval process and ongoing operations as an FT.
- Review and update 5 year service development strategy.
- Develop Board's approach to identifying risks to delivery of service development strategy to include scenario planning and identification of contingencies as well as risk mitigation.
- Develop Strategic Savings Plan to deliver robust recurrent financial position.
- Support the review of the Trust's Research and Teaching strategy and ensure there is a robust financial strategy to underpin changes in future funding streams.
- Identify opportunities for corporate shared services to ensure best value for money.

Finance

- Deliver the Financial Plan target of 1% surplus.
- Ensure that the organization is fully prepared for changes in the regime under PbR especially to manage the changes in HIV funding and living within the tariff.
- Develop a strategy which secures short and long term cash requirements to deliver the Trust's strategic objectives, including capital financing and working capital strategy.
- Achieve Level 3 or equivalent in Local Auditor Evaluation Assessment.
- Achieve Bronze Award in 'Promoting Good Practice' Scheme.
- Support the implementation of an Electronic Staff Record system.
- Facilitate key developments such as Burns, Decontamination, PACS, Document Management, Tertiary Paediatrics
- Ensure provision of an effective, efficient and value added financial management and financial services support to the organisation.

Performance and information

- Develop the performance management framework to support the delivery of Trust objectives and establish key organisation wide performance targets for Board level review.
- Develop robust coding and information systems to support billing under PbR
- Achieve Information Governance toolkit target of 85% and HES DQI of 96.9% and lead plan to deliver 95% ethnic coding target.

- Improve information decision support to Directorates and Executives to deliver timely, relevant, intelligent information, particularly regarding capacity planning, waiting list management and SLA management.
- Roll out Dr Foster benchmarking to clinical directorates and support Clinical Teams and Directorates to ensure this is used to improve service quality and efficiency.
- Ensure provision of an effective, efficient and value added performance and information service.

Procurement

- Secure Board approval for a 5 year procurement strategy
- Implement a Trust-wide e-procurement system.
- Deliver target procurement savings
- Ensure provision of an effective, efficient and value added procurement service.

Governance

- Ensure there is a robust internal control environment that enables unqualified Statement on Internal Control.
- Ensure provision of an effective, efficient and value added internal audit and counter fraud service.
- Support the development of Integrated Governance in terms of delivering improved intelligent information to the Board, review of Board purpose, streamlining assurance structures and Board forward plan (10 key action points from Integrated Governance Handbook).

Finance and Information Directorate

- Agree performance development plan for senior managers and establish succession planning.
- Identify space solution for the department.
- Deliver target Savings plan for directorate
- Complete Agenda for Change Assimilation in all departments.
- Roll out e-KSF to all departments and ensure regular appraisals are in place

Pharmacy

- Pilot electronic inpatient prescribing
- Streamline discharge medicines process
- Provide better information to patients, and involve them with drug administration
- Work with PCTs to reduce admissions of patients with chronic conditions

- Reduce outpatient prescription waiting times
- Develop Trust wide medicine education and training
- Ensure that adverse incidents are reported, and that these, and patient safety notices, are acted upon

Activity plans from the long term financial model (LTFM)
will be inserted in the final version

2.4 Operating resources required to deliver service development

This section will detail:

- changes in operating expenses from original forecasts including:
  - » Impact of cost improvement programmes
  - » Changes in resources required to achieve National Standards and Targets
  - » Technical changes in funding available (e.g. levels of cost inflation)
  - » Impact of changes in Service Development Strategy on operating cost forecasts
- A table comparing the Authorisation as an FT with current forecasts

2.5 Investment and disposal strategy

This section will detail:

A detailed explanation of any material changes to plans for investments or disposals with the aim of assessing the risk involved

- details of any significant new investment plans, whether in fixed assets or in new business;
- separate business plans for any new investments in either non-UK or non-healthcare projects;
- any material changes to existing PFI projects, or new plans for PFI projects; and
- consideration of whether the service development strategy makes acceptable assumptions about property and asset disposals.

2.6 Financing and working capital strategy

This section will provide:

A commentary on any changes to financing and working capital plans, including:

- compliance with PBC ratios;
- changes to working capital facilities, including changes relating to drawdown, expiry, renewal, headroom or covenants; and
- any other changes to long-term loans and any other borrowing plans.

3 Risk analysis

The aim of this section is to understand the key strategic risks facing the NHS foundation trust, and what measures have been taken to mitigate them. Current risks to the plan will be discussed and developed in the Board Seminar

The sections that will need to be included in the annual plan are shown below, and more information is available in Monitor's Annual Plan guidance, circulated with this document.

3.1 Governance risk

3.1.1 Proposed Governance risk rating and commentary

3.1.2 Significant risks

3.2 Mandatory services risk

3.2.1 Proposed Mandatory Services risk rating and commentary

3.2.2 Significant risks

3.3 Financial risk

3.3.1 Commentary on Financial risk rating

3.3.2 Significant risks

3.4 Risk of any other non-compliance with terms of authorisation

4. Declarations and self-certification

4.1 Board statements

The Board of Directors must confirm that the following statements are true.

Risk and performance management

- Issues and concerns raised by external audit and external assessment groups (including the RPST and CNST reports for NHS Litigation Authority assessments) have been addressed and resolved. Where any issues or concerns are outstanding, the Board is confident that there are appropriate action plans in place to address the issues in a timely manner
- All recommendations to the Board from the audit committee are implemented in a timely and robust manner and to the satisfaction of the body concerned
- The necessary planning, performance management and risk management processes are in place to deliver the annual plan
- A Statement of Internal Control ("SIC") is in place, and the NHS foundation trust is compliant with the risk management and assurance framework requirements that support the SIC pursuant to most up to date guidance from HM Treasury (see http://www.hm-treasury.gov.uk)
- The Board is satisfied that plans are in place to ensure that all core national healthcare targets and standards are met going forwards
- All key risks to compliance with the Authorisation have been identified and addressed

Board roles, structures and capacity

- The Board maintains its register of interests, and can specifically confirm that there are no material conflicts of interest in the Board
- The Board is satisfied that all Directors are appropriately qualified to discharge their functions effectively, including setting strategy, monitoring and managing performance, and ensuring management capacity and capability
- The selection process and training programs in place ensure that the NEDs have appropriate experience and skills
- The management team have the capability and experience necessary to deliver the annual plan
- The management structure in place is adequate to deliver the annual plan objectives for the next three years

Compliance with Authorisation

- The Board will ensure that the NHS foundation trust remains at all times compliant with the Authorisation and relevant legislation

- The Board has considered all likely future risks to compliance with the Terms of Authorisation they face going forwards, the level of severity and likelihood of a breach occurring and the plans for mitigation of these risks
- The Board has considered appropriate evidence to review these risks and has put in place action plans to address them where required to ensure continued compliance with the Authorisation

4.2 Membership report

Public constituency	**Last year (2005/06)**	**Next year (estimated)**
At year start (April 1)	263	1929
New members	1666	990
Members leaving	0	190
At year end (March 31)	1929	2919
Staff constituency	**Last year**	**Next year (estimated)**
At year start (April 1)	308	755
New members	447	475
Members leaving	0	75
At year end (March 31)	755	1155
Patient constituency	**Last year**	**Next year (estimated)**
At year start (April 1)	3362	7271
New members	3909	3525
Members leaving	0	725
At year end (March 31)	7271	10,071

Constituencies

Membership of our Foundation Trust is drawn from the three core constituencies of our patients, the public and our staff:

- Patients must have been treated at the hospital in the last three years – our Members' Council includes 10 patient representatives.
- The public constituencies are open to anyone living in our four local boroughs of Kensington and Chelsea, Hammersmith and Fulham, City of Westminster and Wandsworth – to ensure fair representation across our public constituency, and to avoid any danger that our Members' Council would be dominated by people living in particular areas of the four boroughs, we divided each borough into two areas for the purposes of voting in our Members' Council elections.

- The staff constituency is divided into six classes – doctors, nurses and midwives, managers, admin and clerical staff, allied health professionals and contracted staff – to ensure a broad range of staff would be elected to the Members' Council to represent the interests of these different types of staff.

We believe that, through this careful sub-division of the three different constituencies, our Members' Council (elected in March 2006) will be a well balanced and representative body that will help make the Trust more accountable to the local community that it serves and its staff.

Future membership

We committed ourselves to increasing our membership to 14,000 by the end of April 2006 in our Membership Development and Communication Strategy and we are on course to achieve this goal through a series of activities led by the Campaign Company, an external company employed by the Trust – our membership at March 31 2006 stood at just under 10,000, representing an increase of 6,000 in just a few months since the Trust began to actively recruit members for the first time since its first Foundation Trust application in 2004.

Our planned recruitment for 2006/07 is predicated on maintaining the current membership balance between the three constituencies of patients, public and staff members – with a 10% 'attrition' rate built into our assumptions since staff turnover and population changes in our local community and patient groups can be expected.

However, we are targeting a number of specific groups in each of the three constituencies for recruitment over the next 12 months.

Our Membership Development and Communication Strategy sets out the key steps that we plan to take within the first 12 months of the life of our new Foundation Trust Members' Council (up to April 2006) to continue to ensure a representative membership.

These next steps will build on our existing practice of monitoring the make-up of our membership on an ongoing basis to compare it with the age, gender,ethnicity and socio-economic groups of our local population.

We are committed to establishing a working group of the Members' Council whose role will be to broaden the diversity of membership by, for example, encouraging different ethnic groups, people with disabilities and young people to join the Foundation Trust.

We intend to link this working group with existing community groups that represent traditionally 'hard to reach' groups, with staff equality and diversity

forums such as our black and minority ethnic staff forum, and with active patient and user groups for 'hard to reach' groups such as our recently established HIV patient group.

This work to target under-represented groups in our patient or public constituencies for membership growth will be conducted alongside an audit of the Trust's current relationships with community groups and patient groups which is being undertaken by a member of Trust staff who has recently been appointed to the newly created role of Partnership and Engagement Co-ordinator.

The Trust has an opt-in system for its own staff so that joining the Foundation Trust is a decision actively taken by staff working in the hospital rather than an opt-out system which would have meant all staff were members, unless they specifically said they didn't wamt to join – as a result, staff membership has steadily increased but still represents only approximately one in three staff.

Increasing staff membership numbers is therefore a key target for membership growth and we plan to employ a number of different methods to achieve this goal.

Information about the benefits of FT membership for staff will be included in the corporate induction for all staff joining the Trust so that all new starters have the opportunity to join our Foundation Trust as soon as they start working here.

In addition, we intend to increase membership among contracted staff working in support services such as portering, housekeeping and building maintenance by briefing senior managers in the contracted companies and attaching letters to payslips.

Election of Governors

The Board of Directors must confirm that all elections to the Board of Governors are held in accordance with the election rules, as stated in the constitution.

We can assure the Board that the elections – held from March 2 to 21 2006 – were conducted in accordance with our election rules, as laid down in our constitution.

The Trust engaged two external companies to firstly, help recruit new members to the Foundation Trust and encourage members to stand for election, and to secondly, conduct the election process to ensure its independence from the Trust.

5. Financial projections

This section will include on completion of the Long Term Financial Model:

- The Excel templates that must be completed to submit financial results and projections will be sent to each NHS foundation trust which will incorporate relevant historical data.

- The templates include financial results for 2005-06, and quarterly projections for 2006-07, and annual projections for 2008-09 and 2008-09. In each case, the results or projections requested are divided into Income & Expenditure Statement, Balance Sheet, and Cash-Flow Statement.

Appendix 1: Trust Corporate Objectives 2006-7

Overarching Corporate Objective 1 : To improve the patient journey by delivering the NHS National performance standards

1.1 For elective care: to deliver the 18 week maximum journey time by 2008. More information on www.18weeks.nhs.uk. This should mean a 5 month inpatient wait during 2006/7 (+/- 2 weeks), and a 11 week maximum outpatient wait.
1.2 For emergency care: to deliver a 5% reduction in bed days by 2008 and a maximum 4 hour period in Accident and Emergency for 98% of patients
1.3 For ambulatory care: to increase the % of elective day case activity to a Trust average of 79%
1.4 For cancer care: to deliver the 31 day maximum wait from diagnosis to treatment and 62 day maximum wait from referral to treatment
1.5 For sexual health: to guarantee access to services within 48 hours
1.6 Plan to deliver a maximum 13 week wait in diagnostics by March 2007.
1.7 Reduce hospital acquired infection rates each year, particularly MRSA
1.8 Deliver the targets established in the National Service Frameworks
1.9 To ensure that outpatient services are “fit for purpose” as the front door to the Trust in terms of quality of delivery, reducing DNAs, matching capacity and demand and clear communication with patients and GPs.

Overarching Corporate Objective 2 : To improve patient outcomes and assure patient safety

2.1 Ensure that clinical governance structures, systems and processes comply with Integrated Governance guidance and other national guidance where appropriate.
2.2 To maintain CNST level 2 and achieve CNST level 3
2.3 The trust should have an effective plan to deal with any influenza pandemic.
2.4 To have a plan to deal effectively with interpretation services.
2.5 Each department to pick 5 measures to improve from Dr Foster

Overarching Corporate Objective 3 : To develop effective partnerships with all stakeholders

3.1 Provide opportunities for users and staff to give feedback on the quality of services provided and to use feedback to improve service delivery

3.2 Work with the Strategic Health Authority, PCTs, Royal Borough and neighbouring Trusts to support 'joined up' service planning and provision, provide complementary and cost effective services, support the delivery of sector wide priorities and improve sector performance

3.3 To work with Imperial College to deliver a high standard of teaching to undergraduates.

3.4 Asses and respond to implications of "Best Practice for Best Health" on research within the Trust.

Overarching Corporate Objective 4: To ensure clinical care is supported and enabled by appropriate workforce, administrative systems and support services in clinical and non-clinical areas

4.1. Ensure that Information Governance systems and processes are robust and support the delivery of the Trust objectives

4.2. Support the modernising of the service through workforce plan including staff requirements, ensuring appropriate skillmix, identification of change in roles and functions/processes and production of a training plan.

4.3. For each directorate to have a plan for improving data quality, to understand costs and fully recover current casemix in PbR income driven by benchmarking reference costs against tariff and peer groups.

4.4. Work with Connecting for Health to maximise opportunities for Chelsea and Westminster

4.5. Develop a procurement strategy for the Trust that ensures the delivery of targeted savings and ensure that procurement services deliver best value for money

4.6. Work with our facilities partners to deliver a safe and secure environment

4.7. Develop our public relations and communication systems to enhance internal and external communications with all of our stakeholders and develop branding

4.8. Ensure provider to provider SLAs are put on a sound legal basis, particularly pathology services

Overarching Corporate Objective 5: To ensure we have a highly skilled, motivated and productive workforce; fit for purpose in the modern NHS.

5.1 Ensure that the equality and diversity agenda is a priority in all Trust business
5.2 Ensure all staff have an annual appraisal
5.3 Each directorate to produce a staff survey action plan
5.4 Each directorate to produce an action plan for meeting 2009 EWTD – including the impact of rotas, new roles and working practices, and overall staffing numbers
5.3 Review the content and delivery of Trust wide induction and mandatory training
5.4 Reducing turnover to 14% overall within each directorate to demonstrate AfC benefit.
5.5 For each directorate to have a plan for engaging all staff groups in the design of healthcare services

Overarching Corporate Objective 6: To develop world class specialist services

6.1 Formulate a plan to manage the impact of the change in the HIV funding formula
6.2 Develop and confirm the model of care and establish an HIV and sexual health brand within primary and secondary care services in North West London
6.3 Build upon the reputation of excellence in paediatrics by consolidating expertise and developing academic and research opportunities
6.4 Ensure that the Trust achieves designation as a Burn Centre for adults and children

Overarching Corporate Objective 7: Implement the Trust's framework for integrated governance underpinned by robust resource management

7.1 Ensure that financial governance structures and processes comply with national guidance on integrated governance.
7.2 Achieve statutory financial duties including financial balance and deliver planned surpluses as per Foundation Trust Strategy.
7.3 Plan to scope and realise the benefits from 10 high impact changes, workforce reform (AfC, new contracts), Connecting for Health, and system reform (PbR, Choice). Areas to consider are day of surgery admission, reductions in LOS, daycase rates, % of patients pre-assessed, "one stop" services in outpatients

7.4 Develop a performance management framework to support the delivery of Trust objectives

7.5 Maximise opportunities from private patient income activity within the trust, to generate income to support NHS activity within Foundation Trust rules.

7.6 To deliver savings through measures identified in budget guidance, using Measures of Success, the IMPACT programme and Dr Foster indicators.

7.7 To identify, through the CIP, a reduction of 5% in workforce costs.

Chelsea and Westminster Healthcare NHS
NHS Trust

Trust Board Meeting, 6th April 2006

AGENDA ITEM NO.	5.1/Apr/06
PAPER	Medicines Management Strategy 2005 to 2008
LEAD EXECUTIVE	Edward Donald, Director of Operations Contact Number: 020 8846 6718
AUTHOR	Karen Robertson, Chief Pharmacist Contact Number: 020 8746 8386
SUMMARY	This documented was presented to the Trust Executive Team Meeting – Clinical Governance in November 2005 and approved. It was then taken to the Trust Board in February who asked for commentary on the following areas to be included:-: • Impact of the Pharmacy Robot on errors and target for further reduction. • Differentiation between errors as a result of administration, prescribing and dispensing. • Comparison of Chelsea and Westminster and national statistics. • Benefits realisation associated with the investment made in the pharmacy robot and electronic prescribing. Amendments in line with these comments have been highlighted and are on pages 1,3,9,10,11. The Trust Board asked that the strategy be revised in line with these recommendations and re-submitted to the Trust Executive Clinical Governance meeting in March 2006 for approval (achieved March 2006) followed by an update to the April 2006 Trust Board for noting.
BOARD ACTION	Following approval at The Trust Executive – Clinical Governance Meeting, the Trust Board is asked to note the revised Medicines Management Strategy.

Chelsea and Westminster Healthcare NHS
NHS Trust

Medicines Management Strategy
2005 to 2008

Date Written: Oct 2005
Review Date: Oct 2006
Post Responsible for Review: Chief Pharmacist

Contents

1.0 Introduction

Medicines management encompasses the way medicines are selected, procured, delivered, prescribed, prepared, administered and reviewed to optimise the contribution that medicines make to producing informed and desired outcomes of patient care.

Medicines management is central to the provision of quality healthcare and most patients who receive care from the Trust will receive medicines as part of their hospital stay or outpatient visit. Chelsea and Westminster NHS Trust (C & W) spend approximately £34 million (£26 million on HIV) on medicines per annum. Expenditure rises every year because the population is ageing and new medicines are being developed which are additional to existing therapies. Treatment regimes are becoming more complex and the volume of new information supporting their use is increasing exponentially.

In the last 5 years a number of national documents have helped raise the profile of medicines management. The Healthcare Commission's Standards for Better Health require that Healthcare organisations keep patients safe by having systems to ensure that medicines are handled safely and securing, the Department of Health's Performance Management Framework for Medicines Management requires that the Trust has a Medicines Management Strategy and the NHS Litigation Authority's Clinical Negligence Scheme for Trusts (CNST) requires a number of medicine related policies to be in place and the Trust Board to receive a Medicines Management Annual Report detailing progress and audit reports.

The Trust recognises that medicines management is an integral part of the care provided to patients at C & W. Responsibility for medicines management at a corporate level rests with the Chief Pharmacist but for the delivery of effective medicines management, close collaboration is needed between medical, pharmacy and nursing staff. As a result the Medical Director, Chief Pharmacist and Director of Nursing are committed to the integration of safe and cost effective medicines use into Trust philosophy, practices and business plans so that it is not viewed as a separate programme and that responsibility for implementation is accepted at all levels of the organisation.

2.0 Purpose

This strategy has been prepared to provide an overview of medicines management developments for the next 3 years.

The DoH Performance Management Framework for Medicines Management was developed in 2001 and reviewed in 2003 following the launch of 'A Vision for Pharmacy in the New NHS'. The framework had two main purposes; firstly to clarify the responsibilities of Chief Executives regarding the management of medicines within Trusts and their related health economies and secondly to assist Trusts to develop systems ahead of the value for money audits planned for 2005. Acute Trusts undertook a self assessment exercise in 2001 and 2003 which was completed by the Chief Pharmacist in conjunction with the Chief Executive and Medical Director. The domains used in this framework have been incorporated into this strategy to maintain a consistent approach to development programmes and support subsequent monitoring arrangements.

3.0 Domains

3.1 Increase senior management involvement and develop the strategic direction for medicines management at C & W

C & W has a clear medicines management accountability structure defined in the Trust's Medicines Policy. This includes responsibilities of the Chief Executive, Chief Pharmacist, Medicines Committee, Risk Management Committee, Medication Incident Committee, Antibiotic Steering Group and the Cytotoxic Working Group.

The Chief Executive is responsible for the provision of regular, updated assurances that a strategic plan exists and is being implemented as required by the Medicines Management Framework. The Chief Pharmacist is responsible for ensuring that systems are in place to appropriately address all aspects of medicines management and reports directly to the Trust Board, via the Chief Executive for the medicines management agenda. In practice this can only be achieved by collaborative working between the Medical Director, Director of Nursing and Chief Pharmacist. The Chief Pharmacist is responsible for producing the Medicines Management Strategy and an annual Medicines Management Report for approval by the Medicines Committee, the Trust Executive Team Meeting for Clinical Governance and the Trust Board.

The Medicines Committee at C & W has representation from local PCTs to ensure that implications for the local health economy are considered. The Committee will continue to review and approve the introduction of new medicines, significant changes in usage of existing medicines, medicines policies and pan-directorate clinical medicine related guidelines. A programme of development will be produced to support the Medicines Management Strategy and this will be regularly reviewed by the Medicines Committee. The first Medicines Management Annual report was produced for 2004/2005 and noted by the Trust Board. This report will be now produced on an annual basis in line with CNST standards.

The Medicines Committee will continue to develop the existing, strong links with primary care colleagues particularly during the period of uncertainty surrounding the changes in PCT management and service delivery arrangements. The Trust will explore opportunities, relating to medicines management, for closer collaboration within the Fulham Road Alliance to support economies of scale and share experience.

3.2 Develop the pharmacy financial reporting systems and business planning arrangements

The JAC system enables the pharmacy team to provide detailed expenditure and trend reports down to both individual medicine and consultant level. This information, together with horizon scanning for the following will continue to be used to identify cost pressures and support finance to ensure that budgets accurately reflect forecasted expenditure:-

- use of new medicines
- use of existing medicines for new indications
- assessments of the impact of National Service Frameworks and National Institute of Clinical Excellence (NICE) guidance
- implications of expanded access to new medicines following the completion of clinical trials

The Trust Board are expected to receive at least quarterly financial reports on medicines usage. At C & W the Trust Board receives a monthly finance report which includes total

medicine expenditure against budget and the individual directorate summaries include information regarding significant over or under spend.

Detailed reports are presented monthly to the Budget Control Group and provide information at speciality level including any reasons for over / under spend and forecast future expenditure against budget.

During 2005/6 pharmacy will work with finance to produce phased budgets for 2006/7 which reflect exponential increase resulting from growth in use of long term high costs medicines and seasonal variations such as increased costs in winter versus summer. This will allow expenditure versus budget to be more accurately compared during the year.

Pharmacy will work with finance and I.T. to develop systems for identifying the cost of medicines for individual conditions in order that our HRG reference prices reflect the associated medicine costs. This will enable the Trust to compare its reference price more accurately to the tariff price. This will be particularly important when outpatients and high costs drugs are included in the tariff. In addition pharmacy will work with clinicians to assess the optimal use of medicines, taking into account clinical effectiveness, cost effectiveness and impact on length of stay in order to maximise income as a consequence of payment by results.

Outpatient prescribing reviews will be undertaken to investigate the level of policy and formulary implementation as well as the extent of repeat prescribing.

JAC will be installed at the Kobler pharmacy which will provide live stock control and the ability for more detailed financial reporting of HIV medicines.

Pharmacy will work with finance and the directorates to ensure that business cases for any additional services include the associated medicine costs and any necessary costs of pharmacy staff.

3.3 Develop medicine policies and practices

The Medicines Policy at C & W covers an extensive range of medicine related activities such as prescribing, administration, transport and storage. The policy will be reviewed and updated on an ongoing basis as new national guidance and regulations emerge in addition to undergoing a formal review every two years. The policy will be updated to include additional sections such as “non-medical prescribing” and reviewed to include the new guidance from the Medicines and Healthcare Products Regulatory Agency, Guidance Note 14 (relating to the use of unlicensed medicines), the new Duthie regulations (relating to the safe and secure handling of medicines) and the new controlled drug regulations resulting from the Shipman Report.

The C & W Medicines Formulary will be reviewed and published on the intranet.

A Pharmacy audit plan will be developed which outlines all aspects of medicines management audits to be undertaken each year and prioritises areas such as the implementation of NICE recommendations, NSFs, the new cancer measures and an annual Duthie audit. Pharmacy will work with the Clinical Governance Team to develop a system whereby an audit of compliance is established at the time of entry of NICE approved medicines to the formulary.

A system for pharmacist 'authorisation' of all medicine related guideline will be developed and integrated into the Trust guideline production policy to support the quality assurance process.

The Chief Pharmacist will continue to represent C & W at the North West London Medicines Management Committee. This sector wide committee oversees prescribing policies and shared care guidelines for both primary and secondary care.

The Antibiotic Steering Group will continue to act as a multidisciplinary forum to ensure optimal use of anti-infectives within the Trust. A review of the role of the pharmacist with responsibility for antimicrobial prescribing and resistance will be undertaken to facilitate the delivery of an enhanced pharmacy service in this area with an increased focus on optimising antimicrobial practices, prescribing reviews and policy development.

3.4 Enhance procurement practices

C & W will continue to procure medicines according to national and regional contracts defined by the Supply Chain Excellence Programme (SCEP).

In addition pharmacy staff will continually review high value issues within their directorates and develop cost saving strategies to support the management of medicines budgets. This will include negotiating local contracts where SCEP contracts do not exist, procuring generic medicines as soon as patents expire and reviewing Trust prescribing policies and clinical guidelines if cheaper, clinically equivalent medicines become available.

The role of the Clinical Governance Pharmacist will be extended to ensure that medicine error reduction strategies are incorporated into procurement decisions.

3.5 Design services around patients

The modernisation of the pharmacy department 3 years ago has enabled pharmacy services to become more patient focused. All wards at C & W receive a clinical pharmacy service each day in order that any new medicines prescribed are reviewed and any pharmaceutical monitoring is undertaken. One stop dispensing (dispensing for discharge) has been rolled out across the Trust and all appropriate wards have patient bedside lockers in which the medicines are stored. The use of patients own medicines occurs on a selection of wards and this will be extended to all wards.

The pharmacy discharge service will continue to develop by extending the number of pharmacists transcribing discharge prescriptions, working with the new patient flow and bed managers, developing a pharmacy discharge hotline, and contributing to the medicine aspects of care plans. This will prevent patients waiting for their discharge medicines and support the Trust in achieving the 4 hour A&E waiting time target and reduce length of stay.

Roles for pharmacists in pre-admission assessments and outpatient clinics will be developed.

The Medicines Help Line will continue to provide a service to support patients following outpatient attendance or discharge from hospital.

The use of Healthcare at Home will be reviewed and extended as appropriate to allow more patients with chronic conditions to benefit from direct delivery of medicines to their homes.

The need to involve patients in their medication related care to a greater extent is recognised and will be developed. Prescribing and clinically screening electronic discharge prescriptions (and inpatient prescribing and administration when available) will occur at the patient's bedside using patient line. Self administration systems will be established and implemented in a Trust wide programme. Pharmacy staff currently counsel all outpatients on the use of their medicines and will increase their involvement in counselling inpatients regarding their discharge medicines.

The pharmacy department will continue to develop automation to improve efficiency and release staff for patient focused activities.

Developing services will be influenced to a greater extent by patient involvement. Comments, suggestions and complaints, from patients as well as results from annual patient surveys will be considered when identifying and prioritising improvements.

3.6 Influence prescribing and training programmes

Medicines management training is provided monthly for nursing staff for both induction of new staff and updates. Training for junior doctors is provided on induction. The training covers the Trust Medicines Policy and highlights medicine related risks and medicines commonly involved in incidents.

C & W recognises multidisciplinary team working between pharmacists and clinicians as a key component of influencing prescribing and providing continual training, particularly of junior doctors and pharmacists. Pharmacists will continue to take part in consultant ward rounds and directorate clinical governance meetings.

The introduction of foundation training for all doctors will create new opportunities to improve multidisciplinary teaching and training which is responsive to the risks identified within the Trust.

New methods of delivering education and training will be developed utilising CD ROMs linked to the Trust's training database to support managers in identifying staff who have not yet undertaken the training.

Inpatient electronic prescribing system will be developed to include decision support which will reduce clinical risk, promote optimal treatment for patients, promote adherence to the Medicines Formulary and will incorporate changes in prescribing recommendations as they develop. Extensive support will be provided by the pharmacy to implement inpatient electronic prescribing.

3.7 Increase risk management activity

The Medicines Committee will continue to oversee the regular update of the Medicines Policy to ensure we are working within a safe and appropriate medicines policy framework. The Cytotoxic Working Group will ensure that all processes related to the management of cancer patient comply with peer review standards.

Medicine incidents will continue to be reported on Trust incident forms entered on Datix and included in reports sent to the National Reporting and Learning System established by the National Patient Safety Agency.
Clinical pharmacists will review all medicine incidents within their directorate and work within the multi disciplinary team to establish any necessary actions to prevent reoccurrence by undertaking root cause analysis where appropriate. All incidents rated as either moderate or major will undergo an incident review in line with the Trust Risk Management Practices.

The Medicine Incident Committee will continue to review trends across the Trust and promote cross directorate learning of good practice. The role of this committee will be developed to include monitoring medicine related action plans of any incident reviews or any medicine risks entered on the Trust Risk Register.

Medication errors reported on Trust incident forms and recorded on Datix will be categorised according to whether they are a result of prescribing, administration or dispensing errors. Snap shot audits using a sample of prescriptions will be undertaken each year to determine actual error rates in these categories and compared with rates in published literature. The national statistics on error rates are based on studies rather than incident reporting through the NPSA as it is recognised that not all errors are recorded on incident forms and therefore reported to the NPSA. The NPSA advise that an increased number of incident reports does not necessarily correlate with an increased occurrence of errors but is more likely to reflect better reporting due to an open culture. Emphasis should be put on reviewing errors that are reported and taking action to prevent recurrence.

The Medicines Management Annual Report will include both the number of prescribing, administration and dispensing errors reported on C & W Trust Incident forms as well as results of the snap shot audits compared to national statistics which will be available later in 2006/07.

The introduction of the pharmacy dispensing robot reduced dispensing errors by 30% (from 29.9 per 100,000 items dispensed to 21.2 per 100,000 items dispensed). The risk of dispensing the wrong medicine as a result of similar packaging has been completely mitigated for all medicines stored in the robot, as the robot picks the medicine using the barcode. 37,968 of 52,898 packs or 72% were picked by the robot in October 2004. It should be noted that accurate dispensing of medicines stored in the robot is still reliant on the dispenser choosing the correct medicine from the labelling terminal, in turn labelling the medicine with the correct directions. The dispensing error rate will continue to be monitored with a target for a further 10% reduction.

Pharmacy staff will extend the number of patient medication histories taken on admission and will ensure that all patients have been counselled on the use of their medicines prior to discharge, most importantly focusing on changes in medicines to ensure continuity after discharge. A system for medication reviews pre and post discharge will be developed for selected patients to encourage concordance and prevent readmission.

Information on discharges summaries will be reviewed with the aim of providing more information for the G.P regarding changes in medication.

The development of inpatient electronic prescribing and use of barcode technology for patient identification and medicine administration will bring extensive changes in practice and need careful management and implementation to minimise risk.

The pharmacy technical services unit will work to increase capacity to support the increased demand in aseptic chemotherapy preparations and clinical trails.

3.8 Develop staff and roles

New prescribing roles will be developed for nurses and pharmacists in line with the NHS Plan by extending the number of supplementary prescribers and introducing independent prescribers when changes in legislation creates this opportunity.

The resident pharmacists will continue to provide C & W hospital with a full out of hours service and will develop their role to become more integrated with the Hospital at Night (HAN) team, attending handovers to support the smooth transfer of care from day to night.

The roles of the ward based pharmacy technicians will continue to develop and include a greater focus on patient counselling.

The need, in certain areas of practice, for consultant pharmacist posts will enable us to develop specialist posts in line with the national clinical practitioner model.

Developing practice research skills will be a focus for the pharmacy staff.

3.0 Benefit Realisation associated with the pharmacy robot and electronic prescribing

The following benefits were seen as a result of introduction of the pharmacy robot and will be continually monitored with results reported in the Medicines Management Annual Report:-

- Reduced waiting time for outpatient prescriptions from 1.5 hours to 2 hours to 30 to 40 minutes.
- Reduced waiting times for discharge medicines. The turn around time for urgent discharge prescriptions have reduced from 37% completion in 1 hour to 89% completion in 1 hour. In addition the target of all discharge medicines being available at the planned time of discharge will be monitored on an ongoing basis.
- Reduced dispensing errors by 30%
- Staff time released enabling dispensary based staff to undertake more patient focused ward based activities such as:-
  - Writing discharge prescriptions (a task previously performed only by doctors), which contributes to the reduced waiting times for discharge prescriptions.
  - Reviewing medication histories, which has been demonstrated to reduce medication errors. Local data not currently available but will be audited on an annual basis.
  - Checking patients own drugs for re-use which reduces medicine expenditure. This practice was not in place at C & W prior to the robot installation and is now in place on 60% of wards. Locally evaluating financial benefits requires time consuming audits over a long period as the extent to which patients bring in their own medicines and the value of individual medicines varies greatly. Extensive studies in 3 large teaching hospitals report average savings to be £5 per patient (where on average 50% of patients brought in their own medicines) and it can therefore be assumed this benefit has been made at C & W.
  - Counselling patients on their medicines prior to discharge. Results of the 2005 inpatient surveys show a 2% improvement in patient information relating to the purpose of their medicines (85% in 2005 vs. 83% in 2002) and a 3% improvement in patient information relating to side-effects of their medicine (55% in 2005 vs. 52% in 2002).

- Reduced pharmacy stock holding. Stock turnover is a useful method of measuring stock holding as it takes into account annual expenditure as well as actual stock holding. The higher the turnover the lower the value of stock held. A suggested frequency of medicines stock turnover to aim for is 12 times a year. Stock turnover increased from 11 times per year to 16 times per year between May 2003 (stock holding of £2,400,000) and May 2004 (stock holding of £1,900,000) i.e. pre and post – robot implementation. Stock turnover continues to be monitored on a regular basis and was 18 times per annum in November 2005 (£1,600,000).

Outpatient electronic prescribing has improved the accuracy of prescriptions and reduced the risk of patients receiving inappropriate medicines or doses. A study of 10,000 prescriptions pre and post implementation showed a reduction in prescription non-clinical discrepancies from 6% to 0.2% (such as incorrect patient name / no doctors signature) and a reduction of clinical discrepancies from 9% to 4% (such as incorrect dosing).

Benefit Realisation is a key component of the inpatient electronic prescribing project plan. Data will be collected pre and post pilot and will include: - adherence to medication NPSA guidance, NICE guidance, and local clinical guidelines and care pathways, effects on length of stay, prescribing and / or administration errors and financial impacts.

5.0 Conclusion

Chelsea and Westminster Hospital recognises successful medicines management as integral to achieving its Corporate Objectives and many of the developments outlined in this strategy form part of the Trust's 2005 Business Plan. Recent Department of Health Guidance and future changes in legislation provide much scope for improving the systems involved in medicines use as well as extending roles of staff in this area. The years ahead will be challenging but there is a firm commitment to continually improve medicines management at C & W and as a result improve patient care.

Chelsea and Westminster Healthcare NHS
NHS Trust

Trust Board Meeting, 6th April 2006

AGENDA ITEM NO.	6.1/Apr/06
PAPER	Minutes of the Audit Committee meeting held on March 22nd 2006
AUTHOR	Fleur Hansen, Foundation Trust Lead Contact Number: 020 8846 6716
SUMMARY	This paper records the minutes of the most recent Audit Committee meeting.
BOARD ACTION	Minutes are for information. Any amendments should be forwarded to Fleur Hansen.

Chelsea and Westminster Healthcare NHS
NHS Trust

Audit Committee, March 21st 2006
Minutes

Present:

Non-Executive Directors:	Andrew Havery (AHa) Chairman Marilyn Frampton (MF)
Executive Directors:	Heather Lawrence (HL), Chief Executive Lorraine Bewes (LB), Director of Finance and Information Alex Geddes (AG), Director of IM&T Cathy Mooney (CM), Director of Governance
In Attendance:	Helen Elkington (HE), General Manager, Facilities (for Edward Donald) Alison Heeralall (AHe), Deputy Director of HR (for Maxine Foster) Fleur Hansen (FH), Foundation Trust Lead Michael Harling (MH), Parkhill Audit Agency Tim Merritt, Bentley Jennison Risk Management Ltd. Chris Rising (CR), Bentley Jennison Risk Management Ltd. Roger Miles, Deloitte

DRAFT

1. GENERAL BUSINESS

1.1 Apologies for Absence

Apologies were received from Karin Norman, Maxine Foster (who was represented by Alison Heeralall) and Edward Donald (who was represented by Helen Elkington).

1.2 Declarations of Interest

No conflicts of interest were declared.

1.3 Minutes of the Previous Meetings held on November 17th and December 13th, 2006

The minutes of the previous meetings were agreed to be a true and accurate record.

1.4 Schedule of Actions

Consultancy Services

Total spend on external consultants from April 2005 to February 2006 was £623,430.23 RM pointed out to the committee that external consultants were employed when there is a shortage of resource and that in actual fact the Trust's spend on external consultants was actually quite low. HL highlighted the importance of a governance process for external consultants which should be followed as much as possible. LB pointed out that there would be a re-launch of tendering best practice for hiring external consultants.

Forward Audit Committee Plan 2006/07

The plan that was tabled was deemed a good schedule, with a couple of suggestions. LB suggested that the draft accounts be brought forward to an earlier meeting and that the Statutory Accounts deadline be moved from September to July. CM also suggested that the Healthcare Standards may want to be scheduled for the September meeting as well to look at the published standards.

Action: LB to action re-launch of tendering best practice for hiring external consultants **LB**

Performance Measures for Internal Audit
There was discussion around when key performance measures would be assessed. Measures two and three (Staffing and Value for Money) will be assessed at contract award by the Trust whilst the first four bullets of measure one (Effectiveness) will be done by Bentley Jennison and brought back to the next Audit Committee meeting.
Action: Assessment of the first four Effectiveness measures to be brought to the May Audit Committee. **TM**

Audit Committee Annual Report
It was decided this would be discussed further at the May Audit Committee.
Action: Template Annual Report to be forwarded to LB. **TM**

Audit Committee Effectiveness
AH suggested that a view on this be formed at the May or July Committee meetings which would allow time to determine if the Committee was been working efficiently. LB enquired if there was a Terms of Reference available to which TM replied there was and then went on to comment that the aim of the Annual Report was to report to the Trust Board on the effectiveness and ensure that sufficient controls are in place.

5.2 Assurance Framework (brought forward in the meeting)

CM explained to the Committee that due to some errors, the Assurance Framework was not passed at the February Trust Board and therefore it had come to this meeting for ratification on behalf of the Board. CM confirmed that the revised Framework highlighted risks that were (or had been) sixteen or above and risks which had moved by eight points or more. HL added that it was important for the Committee to discuss some aspects of the Framework in detail – particularly where there had been a significant difference in scoring. HL also pointed out that a risk could only be classified as such if its detrimental effect is certain – e.g. a negative shift in PCT targets may not be a risk if not accepted by Trusts.

There was more in-depth discussion on risk 7 (1.2.1) 'PCTs may not prioritise funding to deliver 18 week target'. LB commented that this two-year target did not pose such a big financial risk now but that it was important to track the mitigation of this and all other risks. HL commented that the risk is still three years away yet the Trust is currently hitting the target. It was decided that this risk should be rescored at 16.

Risk ID 6 (7.2.7), it was noted, was scored before London commissioning intentions were known. HL said that at the time the risk was assessed, loss of income from the HIV Consortium was a significant risk for 05/06 but it was resolved last week. The base case loss for 06/07 was expected to be £1.6m. LB commented that there was also a possibility that PCTs will try and to introduce block contracts for emergency work in an attempt to save money. It was decided that there was still significant issues so the risk was rescored at 16.

Risk ID 1 (7.3.5) regarding coding systems had seen the largest change in score with a reduction of 13 points. AG informed the group that the issue was being addressed this month but it was highlighted that data quality is an ongoing issue which will continue on into the next financial year.

Risk ID 47 (1.8.1) – the rescore risk should be 9.
Action: Amendments to Assurance Framework to be incorporated. **CM/VR**

TM commented that he believes the Trust's Assurance Framework was too long and that we should try and narrow down the list to the real key risks. Many of the risks in the framework were future business risks and as such did not need to be included in the framework. HL also commented that for Foundation Trust authorisation the Trust would need to list less risks and that the management system should deal with operational risks whilst the Trust Board would deal with the more strategic issues. CM

DRAFT

agreed that a system of prioritising risks was required and she assured the committee that a formal SWOT analysis would be undertaken to inform the Assurance Framework.

Action: Undertake SWOT analysis and update Assurance Framework. **CM**

It was noted by the chairman that generally scores have gone down. CM replied that this was due in part to some over-scoring and HL suggested that the scoring system needed to be developed with executive directors. HL also suggested using a Foundation Trust that has scored green for governance as a guide for what key risks we should be looking at and what level they should be scored at. HL indicated further work would be undertaken by executive directors to reduce the number of risks listed in the framework.

Action: Executive directors to reassess risks listed on Assurance Framework. **Exec. Dir CM/HL**

MFr suggested that it may be useful to have a Board Seminar on the Assurance Framework and requested that in future the Assurance Framework should include version control.

2. COUNTER FRAUD PRO-ACTIVE WORK

2.1 Counter Fraud Progress Report

The chairman asked MH to highlight any additions to the report from the previous committee meeting. MH listed them as follows:

PAA1011 – Overpayment of salary. This individual returned to work for the Trust whereupon it was established that they were owed Statutory Maternity Pay amounting to more than their overpayment.

PA1020, 1021, 1022 – Overpayment of salaries. These individuals were also receiving salaries after they had left the Trust. So far only one has acknowledged correspondence from the Trust and sent a cheque for £100.

PA1023 – Obtaining property by deception. This concerns an individual who is alleged to have been obtaining money from private patients for an NHS service. The secretary involved is refuting the claim.

PA1046 – False claiming sick pay. The former employee worked occasional shifts through staff bank but also claimed Statutory sick pay. It was then revealed that the person in question had been dismissed from the Trust prior to claiming sick pay. Enquiries are being made as to how this was possible.

All other cases have already appeared before the committee.

The chairman asked on Karin Norman's behalf if CF could start to track increases of type of fraud year on year, perhaps by directorate, would be possible. Karin also wanted to know if any of these should go on the Risk Register but as CM pointed out, they only need to be included if process is not in place to identify fraud.

KN also enquired as to the working relationship between Parkhill and the HR department. AHe and MH agreed that this was working very well with AHe suggesting work needs to be done around communicating with staff.

3. INTERNAL AUDIT

3.1 Progress Report

TM informed the committee that the 2005/06 audit plan was drawing to a close with a few outstanding audits still to complete.

The chairman suggested at this point that it would be helpful to run through the audits that were of more significant importance rather than work through all in detail. Therefore only reports 3.3 (Medical Devices) and 3.5 (Bank and Agency) were discussed in detail as well as the Recommendations and Implementation Schedule and Audit

DRAFT

Strategy 2006/07.

3.3 Medical Devices
CR informed the committee that this report was the only one listed with a fundamental recommendation from Bentley Jennison. There was discussion around the medical devices training risk which was apparent in the Trust. TM explained that there was not a problem with misuse of devices but a problem with evidencing that staff, particularly new staff, are trained. CM and HE explained that there has generally been liaison officer(s) for medical devices in place but not at this present time. Alison Crombie is working with the training department to pick up on this. A business case has been done for staffing and also establishing a training database. HL said this issue needs to be a high priority for the next financial year.

The chairman enquired as to whether there was a risk of misuse to which HL explained that there was not as professional conduct required medical staff to ensure that they are trained to use a device. HE highlighted the positive CNST report indicating that significant training does occur – the Trust just needs a system to pull this information together and identify any gaps. HL said management need to pick up other checks such as CNST in their audit responses.

On behalf of KN, the chairman queried a couple of points in the report:

p.1, 1.5 – 'Based on the evidence obtained from our testing, we have concluded that the application of established controls is not adequate.' This then corresponds with the conclusion on the previous page.

p.6, risks 3 & 4 – Both these risks were evaluated as effective when in fact the test results indicate that there was insufficient evidence to confirm this.
Action: Report to be corrected as appropriate. **CR/TM**

p.8, risk 6 – TM clarified that this was deemed effective because even though there was no training undertaken in 2005, this fact was recorded.

Overall, some key points came from this discussion:

- CNST level 2 assurance must be linked in to audit
- Need to ensure connections between people changing roles are made
- Response times to audits need to be quicker ie within one month and Bentley Jennison should escalate to HL if no response within six weeks.

3.5 Bank and Agency
CR told the committee that there were nine key recommendations in this report where controls were not being met. MH informed the group that Parkhill are to put forward a report to the committee on bank and agency timesheets and if these recommendations are met then the problem should be reduced. AHe told the group that there has been some progress on the issue of CRB clearance with a procedure being written for all of HR including ISS. An authorised signatory policy is also in the final draft stages and a bank and agency manual is being written.

AHe also informed the committee that contrary to the Conclusion on Adequacy Controls (1.4), there is a formal staffing structure in place within staff bank but the staff interviewed for the audit may not have been aware of it. The audit had been useful in identifying this gap and procedures would be written down and circulated in the future. HL enquired as to why the Trust was not using the NHS Professionals programme – this could be a very useful benchmark scheme.

3.10 Recommendations and Implementation Schedule
CR informed that committee that satisfactory progress was being made on recommendations although two recommendations at the time of the review had not

DRAFT

being implemented. The first recommendation concerned the production of a Budget Manual for budget holders which details their responsibilities. The second recommendation concerned procedures for the purchase and disposal of Hospital Arts works. LB informed the committee that both of these items would be reviewed at the end of April. TM commented that there were a number of recommendations still outstanding but that none posed any explicit risk. The chairman suggested that an overall reconciliation of implementation of recommendations would be useful.

Action: Bentley Jennison to perform reconciliation. **CR/TM**

3.11 Audit Strategy 2006/07

CR informed the committee that the Assurance Framework had been used to build the Audit Strategy for 2006/07. CR asked the committee to agree the overall areas for audit and then there would be a meeting set up with the executive directors to agree the scope. TM added that this is a fluid document and if risks change, it can be refocused. HL suggested there should be a topic on Research and Development and SIFT changes and Foundation Trust status.

HL also commented that there needs to be a strategy for business continuity but that an audit of this would need to be undertaken first. RM commented that the Trust's audit work should be shifted into the future and not focusing on the past by using a projection system. AH asked that under Training and Development, 5.6.3 be removed.

Action: Strategy to be corrected as appropriate. **CR/TM**

Action: Executives to review Audit Strategy and inform Bentley Jennison of any further changes. **Exec. Dir**

4. EXTERNAL AUDIT

4.1 Auditors Local Evaluation (ALE) Baseline Assessment

RM told the committee that he was happy with the progress of the ALE thus far and that the final report would be available at the May Audit Committee meeting. The assessment was currently mid-way through with the outcome expected in two weeks time. MFr asked the committee to note what an excellent job LB had done in coordinating the ALE. LB also pointed out that the ALE would be very useful for the strategic planning work required for the Trust's Foundation Trust application.

Action: Completed ALE to be presented at May committee meeting. **RM**

4.2 Use of Resources – oral update

Nothing to report.

5. ITEMS FOR DECISION/APPROVAL

5.1 Healthcare Standards Declaration

Withdrawn from the meeting.

6. ITEMS FOR INFORMATION

6.1 IT – Oral Update

AG updated the committee on the EPR issue. He said the Trust was awaiting a response from GE/IDX which was expected at the end of the month on how to move forward. Choose and Book is now up and running and connectivity to the national spine will be live by the middle of the year.

AG also told the committee that due to the London pricing lottery, the Trust had decided to go to tender for PACS.

6.2 Losses and Compensation

There were no questions on this paper.

6.3 Waivers of SFIs

There were no questions on this paper.

6.4 Integrated Governance Handbook

DRAFT

The chairman informed the committee that this was recommended reading and he highlighted that particularly useful information could be found on pages 13-16, 27, 32, 34, 49 and 60. LB suggested holding this over to the next meeting to allow CM time to assess the Trust's status against the handbook. HL also suggested that the various governance codes would be a topic for a future Trust Board seminar.

Action: Review of governance codes and status versus Integrated Governance for May committee meeting. **CM**

6.5 Consultation on the NHS Foundation Trust Code of Governance

HL informed the group that the key issues around this were the suggested requirement of a senior independent director and the company secretary. FH sent in a limited response to the Code and the Trust should await final guidance from Monitor.

7. ANY OTHER BUSINESS

There was no other business.

9. DATE OF THE NEXT MEETING

The next meeting is scheduled for May 16th, 2006.

Action: Check with Karin Norman that a 4pm start works for her. **FH**

DRAFT