

## Trust Board Meeting

Boardroom, Chelsea and Westminster Hospital, 369 Fulham Road, London SW10

**Chair:** Juggy Pandit

**Date:** 3<sup>rd</sup> August 2006

**Time:** 2:00pm

## Agenda

|                                                                                                                                                                                                                                   |               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| <b>1. GENERAL BUSINESS</b>                                                                                                                                                                                                        | <b>2.00pm</b> |
| 1.1 Welcome to the Members of the Public                                                                                                                                                                                          | JP            |
| 1.2 Apologies for Absence                                                                                                                                                                                                         | JP            |
| 1.3 Declarations of Interest                                                                                                                                                                                                      | JP            |
| 1.4 Minutes of the Previous Meetings held on 6 <sup>th</sup> July 2006 (attached)                                                                                                                                                 | JP            |
| 1.5 Matters Arising (attached)                                                                                                                                                                                                    | JP            |
| 1.6 Chief Executive's Report (incorporating the Foundation Trust Update) (attached)                                                                                                                                               | HL            |
| <b>2. PERFORMANCE</b>                                                                                                                                                                                                             | <b>2.30pm</b> |
| 2.1 Finance Report, Month 3 (attached)                                                                                                                                                                                            | LB            |
| 2.2 Performance Report, Month 3 (attached)                                                                                                                                                                                        | LB            |
| <b>3. ITEMS FOR DECISION / APPROVAL</b>                                                                                                                                                                                           | <b>3.30pm</b> |
| 3.1 Medicine Recovery Plan – Interim Report (to follow)                                                                                                                                                                           | LB            |
| 3.2 Agency Staffing Spend – Oral Update                                                                                                                                                                                           | MFo           |
| 3.3 Working Capital Facility (attached)                                                                                                                                                                                           | LB            |
| 3.4 Independent Valuation (attached)                                                                                                                                                                                              | LB            |
| <b>4. ITEMS FOR ASSURANCE</b>                                                                                                                                                                                                     | <b>4.30pm</b> |
| 4.1 Draft Annual Report (to follow)                                                                                                                                                                                               | JP            |
| <b>5. ITEMS FOR NOTING</b>                                                                                                                                                                                                        | <b>4.30pm</b> |
| 5.1 Annual Reports                                                                                                                                                                                                                |               |
| 5.1.1 Complaints Annual Report (attached)                                                                                                                                                                                         | ST            |
| 5.1.2 PALS Annual Report (attached)                                                                                                                                                                                               | ST            |
| 5.2 Workforce Report (attached)                                                                                                                                                                                                   | MFo           |
| <b>6. ITEMS FOR INFORMATION</b>                                                                                                                                                                                                   | <b>4.45pm</b> |
| 6.1 Minutes of the Audit Committee held 4 <sup>th</sup> July (attached)                                                                                                                                                           | LB            |
| <b>7. QUESTIONS FROM THE MEMBERS OF THE PUBLIC</b>                                                                                                                                                                                | <b>4.45pm</b> |
| <b>8. ANY OTHER BUSINESS</b>                                                                                                                                                                                                      |               |
| <b>9. DATE OF THE NEXT MEETING</b>                                                                                                                                                                                                |               |
| 7 <sup>th</sup> September 2006                                                                                                                                                                                                    |               |
| <b>10. CONFIDENTIAL BUSINESS</b>                                                                                                                                                                                                  |               |
| 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. |               |

## Trust Board Meeting, 3<sup>rd</sup> August 2006

|                            |                                                                         |
|----------------------------|-------------------------------------------------------------------------|
| <b>AGENDA<br/>ITEM NO.</b> | 1.4/Aug/06                                                              |
| <b>PAPER</b>               | Draft minutes of the Previous Meeting held on 6 <sup>th</sup> July 2006 |
| <b>AUTHOR</b>              | Fleur Hansen, Foundation Trust Lead<br>Contact Number: 020 8846 6716    |
| <b>SUMMARY</b>             | This paper outlines key issues for the attention of the Trust Board.    |
| <b>BOARD<br/>ACTION</b>    | To agree the minutes as a correct record.                               |

## **DRAFT** **Trust Board Meeting, 6<sup>th</sup> July 2006** **Minutes**

### **Present:**

|                                 |                                                                                                                                                                                                                                                                                                                                                                                                          |
|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Non-Executive Directors:</b> | Juggy Pandit (JP) (chairman)<br>Marilyn Frampton (MFr)<br>Andrew Havery (AH)<br>Richard Kitney (RK)<br>Karin Norman (KN)<br>Charles Wilson (CW)                                                                                                                                                                                                                                                          |
| <b>Executive Directors:</b>     | Heather Lawrence (HL), Chief Executive<br>Mike Anderson (MA), Medical Director<br>Lorraine Bewes (LB), Director of Finance and Information<br>Edward Donald (ED), Director of Operations<br>Maxine Foster (MFo), Director of Human Resources<br>Alex Geddes (AG), Director of IM&T<br>Andrew MacCallum (AMC), Director of Nursing<br>Catherine Mooney (CM), Director of Governance and Corporate Affairs |
| <b>In Attendance:</b>           | Fleur Hansen (FH), Foundation Trust Lead<br>Nicolas Cabon (NC) (for items 2.2 and 2.3)<br>Mansoor Zaman (MZ) (for item 3.4)<br>Paul Hargreaves (PH) (for item 5.1)                                                                                                                                                                                                                                       |

### **1. GENERAL BUSINESS**

#### **1.2 Apologies for Absence**

No apologies were recorded.

#### **1.3 Declarations of Interest**

No conflicts of interest were declared.

#### **1.4 Minutes of the Previous Meetings held 1<sup>st</sup> June 2006.**

The following amendment were made to the minutes:

- P.4, 2.2, second sentence: The word address was replaced with measure. The sentence now reads as follows: The 2006/07 ALE would measure this. (CM)
- P.4 2.2, fourth sentence: The reference to MRSA was removed from this sentence. It now reads as follows: CM suggested that it might be useful to look at handwashing rates.

Subject to the changes listed above, the minutes were agreed as a true and accurate record.

#### **1.5 Matters Arising**

##### **2.3.1/Apr/06 Lift Expenditure**

This item has been tabled for later in the meeting.

##### **5.2/May/06 Contracted Services**

This item has been tabled for part B of the meeting.

### **8/May/2/06 Benefits of being a Foundation Trust**

Comments on the benefits of being a Foundation Trust were passed on to the chairman.

### **2.3/May/06 Independent Valuation**

The independent valuation update would be delivered to a future Board meeting when completed.

### **1.6/May/06 External Audit**

The approval letter for Deloitte's appointment has been written to the Audit Commission.

### **4.2.1/May/06 Staff Survey**

The comparison on harassment and bullying with other trusts will be circulated prior to the August Board meeting.

**Action: Comparison on harassment and bullying with other trusts to be circulated prior to the August 3<sup>rd</sup> Board meeting.**

**MFo**

### **1.6/Jun/06 Constitution**

The revised constitution was forwarded to Monitor.

### **2.1/Jun/06 Private Patients**

The report of Private Patients will be brought to the September/October Board meeting.

### **1.4/Jun/06 Bank and Agency Staff**

This item has been tabled for later in the meeting.

### **1.4/Jun/06 Performance Report**

A review of cancelled operations has been added to the Performance Report which will be tabled later in the meeting.

### **4.2.2/Jun/06 Ethnicity Report**

An update on this will be circulated in part B of the meeting.

### **2.1/Jun/06 Finance Report**

A report on locum spend has been tabled for later in the meeting.

### **2.2/Jun/06 Performance Report**

The following amendments were made to the Performance Report:

- Target graphs on report amended to include names of months on the x axis.
- Average length of stay graph – red line changed to reflect target not average.

### **6.1/Jun/06 Complaints Report**

A comparison of attitude complaints across directorates and action/mitigation information will be added to the next quarterly Complaints Report.

### **1.6 Chief Executive's Report**

HL briefly highlighted a couple of key issues from her report – namely the restructuring of the SHA and the executive move to Verney House. JP commented that he had met with Dr Greener, the new chairman of the London SHA and noted that weekly meetings will be held between David Nicholson the new chief executive and the various chief executives of the London trusts to help get the SHA up and running.

## **2. PERFORMANCE**

### **2.1 Finance Report, May 2006**

LB informed the Board that with the savings profiling updated, Month 2 resulted in an

overspend of £300k on pay and £300k on CIP slippage. LB noted that the key pressure areas were still in medicine, women's and children's and A&E. The Board was asked to note though that each directorate had produced a recovery plan and that these were now being implemented.

In the medicine directorate, due to the closure of a ward in month 1 it was expected to see a reduction in bank and agency spend in month 2 but this had not been realised. In addition there had also been a significant pressure in RMNs, estimated at £150k full year cost pressure. ED said that the existing protocol on deploying RMNs needed to be re-circulated to reinforce good practice in this area. AMC commented that there was an issue around when to use a support worker as opposed to a RMN.

LB informed the Board that the cash position was strong for the end of month 2 being £1.7m above target. This was mainly due to the recent success in liquidating old debt.

In light of the Board to Board on Wednesday 5<sup>th</sup> July, HL suggested that the updated position on month 3 CIP be forwarded to Monitor to help alleviate some of their concerns regarding CIPs.

**Action: Updated CIP position to be forwarded to Monitor.**

**LB**

HL also informed the Board that the medicine directorate continued to have difficulty in delivering an adequate savings plan. An internal recovery team led by the Director of Operations, the HR Director and a senior Financial Account has been asked to work with the Medicine Directorate team, in particular address bank and agency spend. HL also said that the Board would need to determine whether the target of £600k was actually achievable for the medicine directorate. ED commented that their CIP was 5.4% by comparison to other directorates which at 2.5% - LB responded that this was due to the need for medicine to recover last year's overspend. HL commented that the difficulties in medicine were in part due to delayed discharge of elderly patients where the secondary care on offer was not their or their families first choice. This equates to four beds or one nurse per shift overspend due to delayed discharge. HL said that action needed to be taken by CNLs, consultants and directors to encourage families to move elderly patients on to second choice homes whilst awaiting their preferred home to reduce the length of stay.

**Action: Policy to reduce elderly length of stay in medicine to be employed at CNL and consultant level.**

**ED**

ED commented that £861k of the medicine savings plan will be delivered which the Board did not consider to be an acceptable level. HL also suggested that the internal recovery team come up with a plan before the August 2<sup>nd</sup> Trust Board meeting to identify what robust savings are possible for the medicine directorate. LB commented that she had met with members of the medicine directorate regarding endoscopy the result being that there is money in reserve to allocate to non pay but that they would need to see the position of non pay procedures benchmarked. Therefore, HL commented there was some scope for an improvement in the medicine position and that further work should be done.

**Action: Medicine directorate Savings Plan to be presented to the next Board meeting.**

**ED/LB**

The Board then discussed the high pay spend particularly in women's and children's directorate which was a significant pressure for the year to date. ED noted that women's and children's was £252k overspent on pay budgets in month 2. This was being addressed at directorate level through the establishment of bank quotas for medical and nursing staff, with sign-off at General Manager and Clinical Nurse Lead level. ED also noted significant pay pressure in maternity due to overseas recruitment and inefficient off-duty rostering which the directorate would be addressing. A cost pressure of £177k to the end of month 3 was estimated for maternity, on the basis that recent controls would not impact until month 4. There is also a pressure due to having to pay midwives from overseas the qualified rate whilst they are still under induction.

**Action: Review pay levels for midwives recruited from overseas whilst under induction.** ED/MFo

The Board agreed that further action would need to be taken to make up the shortfall in the savings plans. CW suggested a rolling plan whilst JP said that execs would need to work with directorates to come up with further proposals.

**Action: Execs to work with directorates to come up with further savings proposals.** Exec. Dir.

The Board then discussed the proposal of reducing the pay overspend by banning the use of agency staff Trust wide. MA and ED both commented that some positions in specialised medical fields, Registered Mental Nurses, medical secretaries and therapies could only be filled by agency staff as there was no bank staff available if cover was required. CW suggested that these fields needed clear identification and that these, subject to GM signoff, be the only acceptable areas for agency use. ED commented that nursing may present problems if there was not sufficient bank staff available to fill shifts – this could result in unfilled shifts. AMC commented that if benchmarking was taken into account, there should be enough nurses in the bank system to fill most, if not all, shifts. AH enquired if shifts had to be absolutely full – MFo commented that shifts often ran below full staffing as it was.

Total agency spend for the first two months of the year was £1.3m running at the same monthly average as last year. The Board agreed that more work would need to be done on this at executive level and that they would need to report back at the next Board meeting. KN asked what areas could be liquidated quickly to provide cash if necessary – LB responded that a freeze could be put on non-essential items such as furniture and some types of training. In summary JP said that the Board cannot police agency staffing or support a blanket ban but did support a policy of using agency staff only when essential.

**Action: Positions that can only filled by agency staff to be identified.** Exec. Dir.

**Action: Further work to be undertaken by the executive team to reduce agency spend and then report back to the August Board meeting.** Exec. Dir.

## **2.2 Performance Report, May 2006**

LB told the Board that NC had been invited to present the Performance Report as there had been a number of formatting changes which needed explanation. This had been in part due to the recommendations of KPMG to link KPIs with clinical indicators.

NC informed the Board that the model for the improved report had arisen from the recent development of the Performance Management Strategy which had been presented at the May Extraordinary Board meeting. The changes made to the report had incorporated those recommended by 'The Intelligent Board' and the report was still work in progress and the Board could expect further developments in the future. Some highlights of the report were as follows:

- The Thrombolysis target achievement was poor but determined by factors outside the Trust's control e.g. one had a long ambulance journey to hospital resulting in them not arriving in time to be treated within the 60 minute target.
- Delayed transfers was also an area of concern with 45 so far this year. ED said that escalation rates should be improved and that work should be undertaken with clinical directors to improve this.
- One of the 6 National Targets is for all GUM patients to be seen within 48 hours by December 2008 but the Trust was currently achieving only 49% within 48 hours. LB said though that the internal trajectories would need revising to achieve the target for 07/08. It was also noted that we were not able to distinguish situations where patient choice had adversely affected the numbers and that this concern should be logged with the HCC.

**Action: Further work to be undertaken with the GUM directorate on internal trajectories.**

**LB/ED**

- There was discussion on the ethnicity coding – the Trust was currently only achieving 82% of this target. The Board noted that the issue of not being able to distinguish a refusal had been discussed at previous Board meetings and NC pointed out that we were recording this information internally but it was not possible externally. KN noted that our coding achievement was less than other NW London trusts and that we should be doing more work with staff to help them gather ethnicity information. AMC commented that the Trust membership had found a rate of 30% 'other' and that a portion of this may actually be refusals. Further work would need to be done on this.

**Action: Ethnic code 'other' for Trust membership to be investigated further.**

**AMC/NC**

JP commented that the new style of the Report was very good and the Board extended its congratulations to NC and the Information team.

### **2.3 Update on Healthcare Commission Improvement Reviews**

HL asked the Board to note that the Trust had achieved a good result in the recent Children's Services Improvement Review scoring a 3 out of 4 which was as high a result achieved by any other trust. NC asked the Board to note that the Heart Failure Improvement Review results were expected shortly.

The Board was also asked to note the Acute Hospitals Portfolio results with the Trust achieving 'fair' for Admissions Management and Diagnostic Management and 'excellent' for Medicines Management. The main issue arising from this concerned procedure coding on the waiting list and the facility not being currently available on LastWord. AG said though that this could be resolved.

**Action: Procedure coding issue in LastWord to be resolved.**

**AG**

## **3. ITEMS FOR DECISION/APPROVAL**

### **3.1 Board Memorandum**

LB asked the Board to note that the Memorandum tabled at the meeting was not the final version as the mitigations were yet to be agreed and had already been discussed at the pre-Board seminar. It was decided to ask JP to take chairman's action to sign off the Memorandum once the mitigations had been completed. LB asked the Board to pass any concerns about the assumptions on to her. LB said that the Board needed to agree the working capital facility of £18m but that this could not be done until after discussions with Martin Monroe, partner at KPMG. It was decided that available non-execs would join the meeting with Martin Monroe on Tuesday 10<sup>th</sup> July to ensure that they were satisfied with the choices made prior to submitting the final Memorandum on July 14<sup>th</sup>. Non-execs who were not available would be circulated the details of what was being proposed to ensure that they are satisfied.

**Action: NEDs to attend meeting on Memorandum mitigations with Martin Monroe or circulated details if they cannot attend. Once satisfied, chairman's action may be taken to sign off the Memorandum.**

**JP/LB**

#### **3.1.1 Board Statement**

It was noted that the Board would need to approve the Memorandum before this could be signed off. It was decided that JP could take chairman's action to sign the Board Statement once the Board was satisfied with the Memorandum.

**Action: Once the Board is satisfied with the Memorandum, chairman's action may be taken to sign off the Statement.**

**JP/FH**

### **3.2 Self Certification on Governance**

CM explained to the Board that the top section of this document, Risk and Performance Management, had been signed off by the Board at the May extraordinary meeting when the direct evidence for Risk and Performance Management had been submitted. The Board was now asked to approve the second part of the Monitor Self Certification document that relates to Board roles, structures and capacity. The Board discussed the five requirements listed and it was decided to approve the Self Certification document. The chairman signed on behalf of the Board.

### **3.3 Working Capital Facility**

This item was deferred until the August 3<sup>rd</sup> Board meeting.

### **3.4 Annual Accounts 2005/06**

Mansoor Zaman (MZ) attended for this item. LB informed the Board that the Annual Accounts had been tabled at the recent Audit Committee meeting and they had been approved by the Committee. LB noted that the external auditors Deloitte had reviewed the Accounts and had not identified any major concerns and confirmed their true and fair opinion. The audit had gone entirely to plan. KN identified one correction that was required – on page 23, the use of the word 'segmental'. MZ immediately changed this and returned the edited page to the meeting.

The decision to approve the Annual Accounts was endorsed by the Board. AH extended the Board's congratulations to MZ and his team on achieving such positive results for the audit and the year end accounts process.

## **4. ITEMS FOR ASSURANCE**

### **4.1 Locum Spend in Women's and Children's**

This item has already been covered under the Finance Report.

### **4.2 Bank and Agency Costing Comparison**

This item has already been covered under the Finance Report.

### **4.3 Safer Patient Initiatives**

CM briefly informed the Board that this initiative was being funded by the Health Foundation and that the bid was in conjunction with the West Middlesex Trust. CM asked for the Board's support and a non-exec lead. MA commented that the medical staff were supporting this initiative.

The Board gave its support and Marilyn Frampton agreed to be the non-exec lead.

## **5. ITEMS FOR NOTING**

### **5.1 Child Protection Annual Report**

PH briefly ran through key issues raised in the Child Protection Annual Report, these included a change in the local and national committee structures and an overview of the Trust's arrangements and activity. The issue of electronic flagging of potentially at risk children was raised and it was decided that this warranted further discussion outside the meeting. PH also said that there was an issue around discharge summaries but that an audit was being undertaken to try and resolve this. The Board also discussed the funding for child protection training and it had been decided that this must be funded from the directorate's training fund. CM said that she would check that the key child protection issues were on the Risk Register.

**Action: Check that key child protection issues are on the Risk Register.**

**CM**

## 5.2 Lift Expenditure

The Board had asked for further information on the recent lift expenditure. ED informed the Board that an independent assessor recommended refurbishing the lifts in 2002 as they were 10 years old, in a poor state of repair and were constantly breaking down. Installing new lifts was estimated to cost £8m for useful life of 15 years. The refurbishment option was estimated to cost £2.1m with a useful life of 15 years and thus was selected as it represented the best value for money. As a result, lift faults have been halved from 67 to 28 in March 2006. The final phase of refurbishment started in March 2006 and is scheduled to be completed by March 2007, covering the car park, pharmacy, Core 4 and A&E lifts. Lift Bank C has now been completed and been re-designated as a priority for patient transport, in response to the 1000 Good Ideas Campaign.

## 5.3 Integrated Governance Update

CM informed the Board that the original version of this paper had been taken to the March Audit Committee meeting. CM briefly outlined the seven key themes of the core recommendations of the paper including the Board's strategic direction, and its annual business cycle. Regarding the Board's annual business cycle, CM said that a paper would be brought to the September Board meeting on this laying out the meeting plan for the forthcoming year. CM also said that a paper addressing the committee structure issue would be brought to the September meeting.

**Action: Papers on the annual business cycle and committee structure to be brought to the September Board meeting.**

CM

Regarding assurance and control, CM said that this has been covered in the Assurance Framework paper but that more attention needed to be paid to external guidance. MFr commented that this was a very important document so JP suggested that integrated governance be revisited at a pre-Board seminar.

## 6. ITEMS FOR INFORMATION

### 6.1 Minutes of Audit Committee meeting on 16<sup>th</sup> May 2006

AH asked the Board to note the minutes of this Audit Committee meeting and said that no key issues required the attention of the Board. AH went on to briefly update the Board on the most recent Audit Committee meeting which had been held on July 4<sup>th</sup>. The Committee decided to remove training from the Statement of Internal Control, had a briefing from AG on the IT systems and history and signed off the Annual Accounts amongst other items. Also AH said that Roger Miles from Deloitte had raised an interesting issue regarding internal audit's role if the Trust were to become a Foundation Trust. AH said that he would lead a review of this, were the Trust to be authorised.

## 7. QUESTIONS FROM MEMBERS OF THE PUBLIC

## 8. ANY OTHER BUSINESS

## 9. DATE OF THE NEXT MEETING

The next meeting is scheduled for 3<sup>rd</sup> August 2006.

## 10. CONFIDENTIAL BUSINESS

The Chairman proposed and the Trust Board resolved 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 concluded in the second part of the agenda.

## Trust Board Meeting, 3<sup>rd</sup> August 2006

|                            |                                                                                             |
|----------------------------|---------------------------------------------------------------------------------------------|
| <b>AGENDA<br/>ITEM NO.</b> | 1.5/Aug/06                                                                                  |
| <b>PAPER</b>               | Matters Arising                                                                             |
| <b>AUTHOR</b>              | Fleur Hansen, Foundation Trust Lead<br>Contact Number: 020 8846 6716                        |
| <b>SUMMARY</b>             | This paper lists matters arising from previous meeting(s) and the action taken/to be taken. |
| <b>BOARD<br/>ACTION</b>    | The Board is asked to note the matters arising and update where appropriate.                |

## Matters Arising from Previous Meetings

| Reference    | Item                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Action                                                                                     |
|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| 5.2/May/06   | <u>CONTRACTED SERVICES</u><br>Facilities Assurance Committee to report to the September Board meeting on the performance of Haden.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ED                                                                                         |
| 2.3/May/06   | <u>INDEPENDENT VALUATION</u><br>Update of independent valuation to be delivered to the Board when completed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | LB                                                                                         |
| 4.2.1/May/06 | <u>STAFF SURVEY</u><br>A comparison on harassment and bullying with other Trust to be circulated before the August 3 <sup>rd</sup> Trust Board meeting.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | MFo                                                                                        |
| 2.1/Jun/06   | <u>PRIVATE PATIENTS</u><br>Private Patient Report for September/October Board meeting.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | LB                                                                                         |
| 4.2.2/Jun/06 | <u>ETHNICITY REPORT</u><br>1. Breakdown of disciplinary action by directorate and data on turnover and length of employment be added to the report.<br><br>2. Comparison with other trusts to be added to the report.                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | MFo<br><br>MFo                                                                             |
| 2.1/Jul/06   | <u>FINANCE REPORT</u><br>1. Updated CIP position to be forwarded to Monitor.<br><br>2. Policy to reduce elderly length of stay in medicine to be employed at CNL and consultant level.<br><br>3. Medicine Directorate Savings Plan to be presented to the next Board meeting.<br><br>4. Review pay levels for midwives recruited from overseas whilst under induction.<br><br>5. Execs to work with directorates to come up with further savings proposals.<br><br>6. Positions that can only be filled by agency staff to be identified.<br><br>7. Further work to be undertaken by the executive team to reduce agency spend and then report back to the August 3 <sup>rd</sup> Board meeting. | LB<br><br>ED<br><br>ED/LB<br><br>MFo<br><br>Exec. Dir.<br><br>Exec. Dir.<br><br>Exec. Dir. |
| 2.2/Jul/06   | <u>PERFORMANCE REPORT</u><br>1. Further work to be undertaken with the GUM directorate on internal trajectories.<br><br>2. Ethnicity coding results for Trust membership to be reviewed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | LB/ED<br><br>AMC/NC                                                                        |

|              |                                                                                                                                                                                                                        |       |
|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| 2.3/Jul/06   | <u>ACUTE HOSPITALS PORTFOLIO</u><br>Procedure coding issue in LastWord to be resolved.                                                                                                                                 | AG    |
| 3.1/Jul/06   | <u>BOARD MEMORANDUM</u><br>NEDs to attend meeting on Memorandum mitigations with Martin Monroe or circulated details if they cannot attend. Once satisfied, chairman's action may be taken to sign off the Memorandum. | JP/LB |
| 3.1.1/Jul/06 | <u>BOARD STATEMENT</u><br>Once the board is satisfied with the Memorandum, chairman's action may be taken to sign off the Statement.                                                                                   | JP/FH |
| 5.1/Jul/06   | <u>CHILD PROTECTION ANNUAL REPORT</u><br>Check that key child protection issues are on the Risk Register.                                                                                                              | CM    |
| 5.3/Jul/06   | <u>INTEGRATED GOVERNANCE UPDATE</u><br>Papers on the annual business cycle and committee structure to be brought to the September Board meeting.                                                                       | CM    |

## Trust Board Meeting, 3<sup>rd</sup> August 2006

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

## **CHIEF EXECUTIVE'S REPORT – JULY 2006**

### **Foundation Trust**

Update to be provided on Monday August 31<sup>st</sup> 2006.

### **New NHS Chief Executive**

As you may be aware, David Nicholson has been appointed chief executive of the NHS. In a letter received from David he said that in order to maintain effective leadership in London though, he would remain in post until suitable arrangements had been made for the management of NHS London. Sir Ian Carruthers will remain in post until such time and will then take up the role of Chief Executive of NHS South West.

### **PPI Forum**

The Health Minister Rosie Winterton has announced that PPI Forums will be replaced by Local Involvement Networks (LINKs) in the future and that the Commission for Patient and Public Involvement in Health (CPPIH) will be abolished. These alterations are a result of the Government's review of public and patient involvement and have been proposed so to align with the major changes in the NHS such as trust reconfigurations and the move towards the commissioning of services. They will cover the same areas as the new PCTs.

No timetable for the changeover has been indicated as yet and until such point the PPI forum will retain its statutory role and responsibilities.

### **St Mary's and Hammersmith Academic Merger**

On July 26<sup>th</sup> the Boards of St Mary's and Hammersmith Trusts announced their intention to create the UK's first Academic Health Sciences Centre (AHSC) in partnership with Imperial College London.

The merger would be subject to staff, patient and public consultation plus NHS London and Department of Health approval. Both NHS London and the Secretary of State for Health will need to be assured of the improved benefits for patients that the new organisation would bring.

Heather Lawrence  
28<sup>th</sup> August 2006

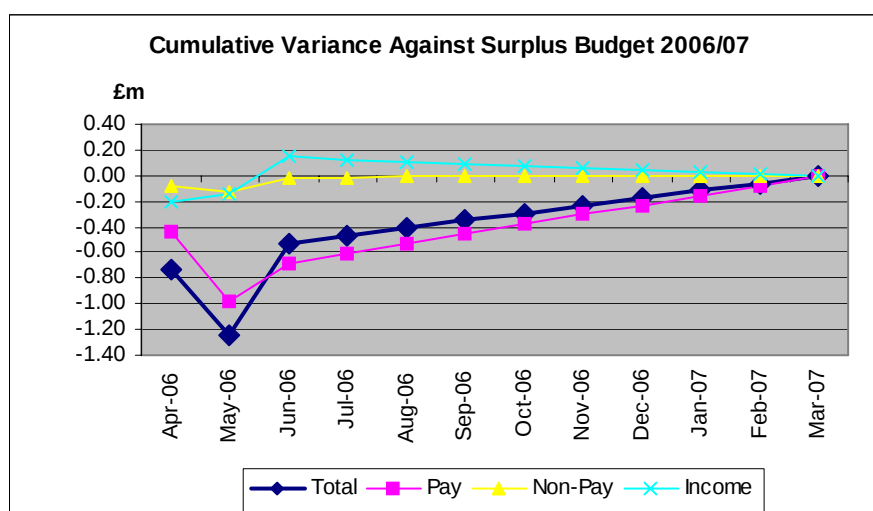
## Trust Board Meeting, 3<sup>rd</sup> August 2006

|                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>AGENDA<br/>ITEM NO.</b> | 2.1 /Aug/06                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>PAPER</b>               | Financial Report – June 2006                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>LEAD<br/>EXECUTIVE</b>  | Lorraine Bewes, Director of Finance and Information<br>Contact Number: 020 8846 6713                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>AUTHOR</b>              | Lorraine Bewes, Director of Finance and Information<br>Contact Number: 020 8846 6713                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>SUMMARY</b>             | <p>The year to date position against budget for Month 3 is an adverse variance of £0.528m, driven primarily by pressures in pay and the savings plan in Directorate positions. This is offset by release of reserves and overachievement of savings in the central budgets.</p> <p>However this represents a significant turnaround from the Month 2 position, a favourable movement in the month of £0.721m. This reflects the focus on identifying the CIP in full, including removal of 6.4 wtes headcount as required by the Board last month. Restrictions in agency use and non pay have been introduced to further recover the position and the Medicine Directorate has identified a recovery plan, which is considered as a separate paper on the agenda.</p> <p>A new risk on HIV day case income has been identified this month. The forecast position assumes this is not resolved in full but the Director of Finance will be writing to the Consortium with a proposal to mitigate the risk.</p> <p>The Trust's initial forecast for the year end is to achieve the target surplus of £2.36m. Achievement of the target surplus depends upon the following assumptions:</p> <ul style="list-style-type: none"> <li>• Achievement of Directorate action plans to recover pay and non pay overspends via reduced bank and agency quotas and restrictions on non pay.</li> <li>• HIV/GUM drugs contained within budget.</li> <li>• Activity performance trend continues in line with the first 3 months.</li> <li>• Achievement of savings schemes scheduled later in the year.</li> </ul> <p>Working capital improved slightly in month. The cash position is slightly ahead of the revised forecast, with cash balances at £10.3m. This is nearly £9m better than the Foundation Trust plan at Month 3. The Trust achieved cumulatively 93% by number and 92% by value against the creditor payments Better Payment Practice Code target.</p> |
| <b>BOARD<br/>ACTION</b>    | The Board is asked to note the financial position at Month 3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

## Finance Report - August 2006 Financial Position – June 2006

### Summary Income & Expenditure (Form F1)

1. The Trust's budget is set to achieve a surplus of £2.360m in 2006/07 which is approximately 1% of income.
2. Within this position the total savings required are £11.073m, comprising £9.412m of a new target set this year and £1.661m of unachieved target brought forward from last year. Savings targets are phased into the position to reflect the profile of planned schemes. In total 100% of savings are achieved or planned. YTD there is slippage of £0.245m (10%). Further details on savings plans are given in Paragraph 33.
3. The income plan reflects the agreed capacity plan at April 2006. Negotiations have progressed well with PCTs and 57/123 contracts are now agreed including Kensington and Chelsea PCT SLA. Agreed contracts account for 94% of total contract value. The principles agreed with our host PCT were rolled out to all London PCTs in accordance with the London Commissioning framework. See paragraph 11.
4. The HIV SLA has now been agreed but it should be noted that the commissioning principles for HIV are significantly different to previous years, with growth funding for drugs based on an average price per patient. While the risk of spending more than the average on drugs lies with the Trust, if any savings can be made then the Trust can retain them. A new risk to HIV income was identified this month relating to potential HIV day case activity; further explanation is provided in paragraph 38.
5. The overall financial position after three months is an adverse variance against budget of **£0.528m** which is driven primarily by the pay and savings positions. However, this is a **favourable** movement in the month of **£0.721m**, which shows significant recovery from the month 2 position on both pay and savings. This reflects the focus on identifying the remaining CIP, including removal of 6.4 wtes headcount as required by the Board last month. In addition restrictions on agency and non pay have been introduced to further recover the position and the Medicine Directorate has identified a recovery plan, which is considered as a separate paper on the agenda. The Graph below shows the cumulative variance to date and the trajectory required for the remainder of the year to achieve a zero variance against budget and consequently a £2.4m I&E surplus at the year end.



6. The overall pay position at Month 3 is an **overspend** of **£0.693m** (2.2%), which is a **favourable** movement in the month of **£0.288m** (2.6%). This includes unidentified pay savings targets of £0.352m year to date but a **surplus** on Pay savings against budget in the month by **£0.272m** because significant savings were removed from budgets in Month 3.

7. Non pay including Reserves and Capital Charges is close to breakeven: it is adverse against budget by **£0.009m** (0.03%) year to date and favourable by **£0.121m** (1.4%) in the month. Within this position is unidentified Non Pay Savings Target of £0.007m year to date. Similar to Pay there is a favourable Non Pay Savings variance due to significant savings removed from expenditure budgets in the month.
8. The income position, including interest receivable, is also favourable against budget year to date **£0.175m** (0.3%) and **£0.313m** (1.6%) favourable in the month. The PCT SLA income position reflects actual activity for quarter one based on an extrapolation of activity for the first two months.

#### **Variance Analysis – Year to Date and In Month**

9. The overall position for the Trust is an adverse variance of **£0.528m** at Month 3, a favourable movement in the month of **£0.721m**. The high-level summary of this position is as follows:

|                              | Month 2       | Month 3       | Movement in the Month |
|------------------------------|---------------|---------------|-----------------------|
|                              | £'m           | £'m           | £'m                   |
| <b>Income</b>                |               |               |                       |
| SaFF Baseline                | -0.042        | 0.123         | 0.165                 |
| Non-Contract Activity        | 0.000         | 0.000         | 0.000                 |
| Private Patient Services     | -0.157        | -0.066        | 0.091                 |
| Other                        | 0.003         | 0.030         | 0.027                 |
| Interest Receivable          | 0.058         | 0.089         | 0.031                 |
| <b>Expenditure</b>           |               |               |                       |
| Pay                          | -1.003        | -0.693        | 0.310                 |
| Non Pay pressures            | -0.116        | -0.031        | 0.085                 |
| Reserves and Capital Charges | 0.008         | 0.020         | 0.012                 |
| <b>Total</b>                 | <b>-1.249</b> | <b>-0.528</b> | <b>0.721</b>          |
|                              |               |               |                       |

#### **Income and SaFF update**

10. The overall year to date income position is **£0.175m** favourable against budget, taking into account a favourable position on interest receivable of £0.089m, a favourable variance on SLA income of £0.123m (Form F2B(ii)) offset by a slight adverse variance of £0.066m (3.4%) on private patients.
11. 57 PCT SLAs have now been agreed representing 94% of the total value of SLAs. This is summarised in the table below.

|                            | No of SLAs | SLA value agreed /Offer<br>£m | Variance<br>£m |
|----------------------------|------------|-------------------------------|----------------|
| Agreed                     | 57         | 177.668                       | -0.430         |
| Offers received not agreed | 5          | 3.698                         | -0.050         |
| No offer received          | 60         | 6.570                         | 0              |
| Overseas (reciprocal)      | 1          | 1.957                         | 0              |
| Total                      | 123        | 189.893                       | -0.480         |

12. Private Patient income, including ACU, is adverse against budget by £0.066m. However within this position ACU income is favourable against target by £0.080m which is offset by an adverse position on both Private Patients Unit (£0.098m) and Private Maternity (£0.035m).

13. As reported above SaFF Income is based on an extrapolation of activity for the first two months. The net over/under performance excluding NICU Consortium and HIV is £0.208m favourable against target year to date.
14. The NICU Consortium contract has not been signed because the Trust disputed the offer of consolidating last year's overperformance into the contract baseline at only 50% marginal rate (last year it was paid at 70%) and paying this year's overperformance at 50%. The Consortium has made a revised offer to pay overperformance at 70% but the Trust is looking for 100% because any other level of funding is insufficient to cover the cost of the additional activity. The budget for NICU Consortium income is based on last year's outturn plus additional activity anticipated this year, a budget increase of £0.412m. NICU Consortium income in the position for the first three months prudently reflects over performance at 50% marginal rate resulting in a £0.077m adverse variance against budget. This position will improve from M4.

### **Expenditure Update**

15. The overall expenditure position is adverse against budget by **£0.702m** (1.1%) year to date and favourable against budget by **£0.408m** (2.1%) in the month.
16. Pay budgets are adverse against budget year to date by **£0.693m** (2.2%) however in the month pay budgets were favourable by **£0.288m** (2.6%) (**Form F2D**). The largest element of the year to date adverse position is unachieved savings target of £0.352m year to date. However there is a favourable savings variance in the month due to the removal of savings against expenditure budgets and the rephasing of Executive led savings targets to reflect the planned delivery profile, for example, ward rostering savings are expected to deliver from October.
17. The remaining pay variance in the month is adverse within Medical Staff (£0.137m) and Allied Healthcare Professionals (£0.059m) and further commentary on this is within the directorate reports from Paragraph 20. Spend of £3.471m on bank and agency excluding medical locums is 6% lower than the year to date spend at Month 3 last year.
18. Existing staffing budgets, e.g. nursing and new Agenda for Change (AFC) bands, continue to change as staff are paid under new AFC terms and conditions. There are 1,672 staff now paid under AFC terms and conditions and a further 506 staff who have not yet moved to AFC terms and conditions.
19. Non-pay including capital charges is virtually breakeven against budget at a **£0.009m** year to date adverse variance which is a favourable movement in the month of £0.121m (1.4%) (**From F2E**). There are a number of offsetting variances however the most significant adverse variances in the month and year to date are in Medical and Surgical Equipment and Consumables (£0.267m in the month), prosthetics (£0.080m in the month) and Service Level Agreements (£0.163m in the month). Further commentary is in the directorate reports below. Also in the month Non pay Savings Target is favourable against budget (£0.224m) due to the removal of expenditure budgets against savings.

### **Directorate Positions (Forms F3A and F3B)**

20. The following directorates are those directorates where the position is a year to date overspend at Month 3 or there are significant over or underspends within the position.
21. **Medicine & A&E** – The Medicine & A&E Directorate is £0.391m adverse against budget at Month 3, an adverse movement of £0.132m in the month. The Directorate closed the Adele Dixon ward part way through April and the budget has been recurrently removed to meet brought forward 2005-06 Savings and the 2006-07 target. In addition, the directorate has been set a deficit recovery target of £0.655m to ensure that the underlying cost pressures are managed within budget. The year-to-date unmet proportion of the savings target target, plus some of the underlying pressures (for example Endoscopy income and non-pay cost pressures and bank and agency spend on the wards and A&E) account for the year to date adverse variance. However, additional funding has been anticipated in the forecast (pending an Endoscopy review) which, along with new pharmacy procurement savings and plans to recover nursing bank and agency overspending year-to-date, result in an adverse forecast of £0.471m for the year.

22. **Anaesthetics & Imaging-** The financial position for the Imaging & Anaesthetics Directorate is adverse against budget by £0.162m, an adverse movement of £0.047m in month. The position reported includes three months' funding for the Urology activity transferred from St Mary's plus the 2<sup>nd</sup> Burns ITU bed.

23. The key issues to note at Month 3 are as follows:

- The Anaesthetics medical pay budget is overspent by £0.035m in month. Part of this pressure is due to the fact that three new locums have been employed on short term contracts to address the requirement to cover the paediatric anaesthetic rota due to the continued absence of two consultants from the rota, in addition to covering maternity leave and long term sickness. This measure is expected to have a positive impact on expenditure on additional consultant sessions, which were previously utilised to fill in gaps in the clinical rota.
- The Treatment Centre is showing an adverse variance of £0.115m year to date, with an in-month adverse variance of £0.021m on nursing and admin pay and £0.031m on non-pay, specifically MSSE. The adverse pay variance is being addressed through a bank and agency quota that will bring the nursing variance back to break-even by 1<sup>st</sup> December. The unit has also been given a non-pay expenditure quota with immediate effect.
- The Theatres financial position showed an adverse variance on pay of £0.007m in month, indicating that bank and agency costs are being controlled within the quota, however there was an adverse variance on non-pay of £0.030m in month which relates to both Main and Paediatric Theatres. This pressure is in line with the trends of 2005-2006 and relates particularly to the change in case mix in Paediatric Theatres over the last 12 months.

24. The Directorate forecast has been calculated at Month 3 as a projected adverse variance against budget of £0.147m. Within this forecast there remains a pressure on the Anaesthetics medical staff budget but this will be managed to a total projected overspend of £0.150m by means of working strictly to the 4.5 month minimum wait for routine surgery, hence allowing the cancellation of theatre lists where appropriate. Aside from this, the assumption is that all other areas of pay overspending will be brought back in line with budget by means of the strict bank and agency quotas that are already in operation. The forecast also assumes that all areas of non-pay overspending will also be managed to budget with the exception of Theatres, where the pressure on paediatric theatres non-pay expenditure is expected to continue since this is specifically linked with activity levels.

25. **Surgery** – The financial position for the Surgery Directorate for the year to date is an adverse variance against budget of £0.240m, representing an adverse movement in month of £0.145m. The key issues to note at Month 3 are as follows:

- £0.050m of the adverse movement in month is against the General Surgery Management non-pay budget. This is due to an unusually high level of invoices for MSSE and prosthetics in June, which includes approx £0.010m spend on high value gastric bands.
- There has been a £0.011m adverse variance against the nursing pay budget on St Mary Abbotts Ward during June, part of which relates to the use of "specials" for patients who required one to one nursing care.
- The prosthetics budget in T&O is adverse by £0.039m in Month 3, although this represents a reduction in the trend of expenditure seen in 2005-2006 (the year to date adverse variance at Month 3 is £0.074m compared to £0.124m for the same period last year).
- There has again been a pressure on the Plastics medical staffing budget due to locum expenditure. The Directorate is now focussing on reviewing the processes around booking medical locums to ensure that the criteria for using locums is being strictly adhered to across all specialties. In addition a medical locum quota has been put in place for each Surgical specialty.

26. **Women & Children's Directorate-** The Month 3 position for the Women and Children's Directorate shows an adverse variance against budget of £0.392m and an in-month adverse movement of £0.061m. The key issues are as follows:
- Maternity is favourable against budget in Month 3 but remains £0.111m adverse year to date, due to high costs in the first two months of the year as the result of overseas recruitment and midwife orientation programmes.
  - NICU continued to show an adverse variance against budget, in the main due to the current Consortium Contract offer tabled being at a reduced marginal rate from 05/06 as reported above in Paragraph 14. Discussions with the Consortium are on-going however an improved Contract position has been reflected in the forecast position.
  - Medical staffing across the directorate continues to create some cost pressures, although funding has been identified to fund an SpR and Consultant Contract increments.
  - Paediatric Wards pay is adverse against budget due to bank and agency usage; a revised quota has been implemented to reduce this overspend in the coming months.
  - There are a number of expenditure budget adjustments for additional funding that will be actioned for Month 4 and this has resulted in a current forecast year end position of £0.203m adverse.
27. **HIV/GUM Directorate-** The year to date financial position for the HIV/GUM Directorate is an adverse variance against budget of £0.062m, which is an £0.011 adverse movement in the month. The year to date adverse variance arises as a result of a one off non-pay costs in the Victoria Clinic and savings not yet booked, but planned. The Directorate has been set a savings target of 2.5%, plus a carried forward recurrently unmet savings target of £0.400m from 2005-06. However, the Directorate are currently working up plans to be able to meet this target, and stay within budget for the year. The Directorate are reviewing activity within Kobler Day Care with a view to understanding and rectifying, to the extent that this is possible, a significant income deficit that is apparent from activity reporting. This is reflected in the forecast Central income position as reported above in Paragraph 4.
28. **Private Patients** – The Month 3 position shows an under recovery against income target of £0.098m and an adverse variance against expenditure budget of £0.059m, a combined adverse variance of £0.157m. Private Patient income has continued to improve throughout the year, from a poor start in April, which saw a very low level of activity. The service manager reports that Month 4 performance is likely to meet the Unit's target, so performance continues to trend towards recovery of some of the earlier deficit at this time. While the performance has improved over the first quarter, the earlier income deficit and some underlying cost pressures result in an adverse forecast variance of £0.276m at year end.
29. **Overseas Income-** Overseas income is currently showing a year to date adverse variance of £0.005m against a year-to-date income target of £0.180m, this is a £0.003m favourable movement in the month.
30. **Facilities-** The Facilities Directorate was £0.002m adverse against budget at Month 3 with a favourable in month movement of £0.002m, due to minor under spends.
- Electricity costs from Scottish & Southern Energy are forecast for a full year spend of £1.922m. This represents an increase of 36% on the total electricity expenditure of 2005-06. Actual electricity costs for April – May are £0.007m below forecast.
  - Gas costs from ENI are forecast for a full year spend of £1.222m. This represents an increase of 48% on the total gas expenditure of 2005-06. Actual gas costs are £0.119m below forecast. This is mainly due to the new chillers being electrical instead of steam powered and the seasonally high temperatures reducing consumption levels.
  - Both contracts have been reviewed via PASA.
  - The Directorate is forecasting a year end adverse variance of £0.008m. The Facilities Directorate had an 06/07 savings target of £0.343m. The Directorate has planned savings of £0.578m in 06/07 and therefore the Directorate has **overachieved** the initial savings target by £0.235m with all savings schemes identified
31. **Management Executive-** The Management Executive directorate was £0.119m favourable against budget at Month 3 with an in month favourable movement of £0.075m. The favourable year to date position can be attributed to both the pay budget and income target. The income

target is favourable by £0.075m year to date which is entirely due to interest receivable. There is also a vacancy level of 54 WTE's across the corporate directorates which, excluding Pay Savings budgets, has resulted in a £0.200m year to date favourable Pay variance. The EPR department has 10 WTE vacancies resulting in a £0.06m saving year to date. However this saving is partly offset by the use of agency and bank staff as cover for the vacant posts. These favourable budget variances are partially mitigated by an adverse position on the non pay budget of £0.139m with the main spends being on the recruitment process and IT related costs. The Management Executive Directorate had a 2006/07 savings target of £0.903m introduced in month 1 in addition to the £0.154m recurrent savings target from 2005/06 giving a total in year savings target of £1.057m. As at month 3, the Management Executive directorate had allocated recurrent savings of £0.991m leaving a remaining savings target of £0.066m which is expected to be met following further review. The Directorate is forecasting a year end favourable variance against budget of £0.151m.

32. **Assisted Conception Unit (Form F3B)** – The Month 3 position in ACU shows a favourable variance of £0.058m and an in month favourable movement of £0.032m. Activity and income again over-performed in month; this was after releasing some of the year end provision that was set up for known disputed invoices and also after a number of credit notes had been processed. Thus overall the Unit continues to perform well above its current activity plan. Pay expenditure is marginally adverse against budget year to date; whilst non-pay expenditure variance is adverse by £0.023m at Month 3, as a result of an adverse variance against Drugs. The current forecast year end position is a favourable variance of £0.092m.

#### **Savings Target (Form F5A and F5B)**

33. As reported last month the new savings target for 2006/07 required to achieve the budget plan is £9.412m. The unachieved recurrent savings brought forward from last year are £1.661m which added to the new target for 2006/07 gives a total savings target of £11.073m to achieve this year. Savings schemes are now identified in full for 2006/07 totalling £11.073m. Some of the savings plans will begin delivering savings later in the year therefore the targets are phased in directorates or the central position to reflect this. **Form F5A** shows the target and total savings already achieved or planned.
34. **Form F5B** details each individual savings scheme that is planned or achieved and provides a risk rating for those not achieved. This is summarised in the first table showing an overall total by risk rating and in the second table below showing the savings total by directorate/department. In total £9.235m (83%) of schemes are achieved.

| <b>Achieved/Risk rating</b> | <b>£'m</b>    | <b>%</b>    |
|-----------------------------|---------------|-------------|
| Achieved                    | 9.235         | 83%         |
| Low                         | 0.395         | 4%          |
| Medium                      | 1.026         | 9%          |
| High                        | 0.417         | 4%          |
| <b>Total</b>                | <b>11.073</b> | <b>100%</b> |

| Directorate/ Service Area              | Accountability   | 2005/06 B/F target | New Target 2006/07 | Total Target 2006/07 | Total Planned/ Achieved 2006/07 | Outstanding target to Achieve |
|----------------------------------------|------------------|--------------------|--------------------|----------------------|---------------------------------|-------------------------------|
|                                        |                  | £'m                | £'m                | £'m                  | £'m                             | £'m                           |
| <b>Frontline Directorate</b>           |                  |                    |                    |                      |                                 |                               |
| Imaging & Anaesthetics                 | Kate Hall        |                    | (0.602)            | (0.602)              | 0.602                           | 0.000                         |
| HIV/GUM                                | Debbie Richards  | (0.400)            | (0.284)            | (0.684)              | 0.723                           | 0.039                         |
| Medicine & A&E                         | Nicola Hunt      | (0.226)            | (1.259)            | (1.485)              | 0.920                           | (0.565)                       |
| Surgery                                | Kate Hall        |                    | (0.449)            | (0.449)              | 0.492                           | 0.043                         |
| Womens & Children's                    | Sherryn Elsworth |                    | (0.727)            | (0.727)              | 0.762                           | 0.035                         |
| <b>Subtotal Frontline Directorates</b> |                  | <b>(0.626)</b>     | <b>(3.321)</b>     | <b>(3.947)</b>       | <b>3.499</b>                    | <b>(0.448)</b>                |
| Pharmacy                               | Karen Robertson  |                    | (0.088)            | (0.088)              | 0.088                           | 0.000                         |
| Physiotherapy & Occ Therapy            | Douline Schoeman | (0.031)            | (0.098)            | (0.129)              | 0.160                           | 0.031                         |
| Dietetics                              | Helen Stracey    | (0.014)            | (0.015)            | (0.029)              | 0.025                           | (0.004)                       |
| <b>Subtotal Clinical Support</b>       |                  | <b>(0.045)</b>     | <b>(0.201)</b>     | <b>(0.246)</b>       | <b>0.273</b>                    | <b>0.027</b>                  |
| Chief Executive                        | Heather Lawrence |                    | (0.028)            | (0.028)              | 0.028                           | 0.000                         |
| Governance & Corporate Affairs         | Cathy Mooney     | (0.019)            | (0.081)            | (0.100)              | 0.100                           | 0.000                         |
| Nursing                                | Andrew MacCallum | (0.005)            | (0.142)            | (0.147)              | 0.147                           | 0.000                         |
| Human Resources                        | Maxine Foster    | (0.026)            | (0.126)            | (0.152)              | 0.136                           | (0.016)                       |
| Finance                                | Lorraine Bewes   |                    | (0.259)            | (0.259)              | 0.310                           | 0.051                         |
| IM&T & EPR                             | Alex Geddes      | (0.099)            | (0.261)            | (0.360)              | 0.360                           | 0.000                         |
| Occupational Health                    | Stella Sawyer    |                    | (0.006)            | (0.006)              | 0.006                           | 0.000                         |
| <b>Subtotal Management Exec</b>        |                  | <b>(0.149)</b>     | <b>(0.903)</b>     | <b>(1.052)</b>       | <b>1.087</b>                    | <b>0.035</b>                  |
| Facilities                             | Helen Elkington  |                    | (0.343)            | (0.343)              | 0.578                           | 0.235                         |
| Projects                               | Edward Donald    |                    | (0.021)            | (0.021)              | 0.021                           | (0.000)                       |
| Service Level Agreements               | Edward Donald    |                    | (0.210)            | (0.210)              | 0.125                           | (0.085)                       |
| <b>Subtotal Other Directorates</b>     |                  | <b>0.000</b>       | <b>(0.574)</b>     | <b>(0.574)</b>       | <b>0.724</b>                    | <b>0.150</b>                  |
| <b>Total All Directorates</b>          |                  | <b>(0.820)</b>     | <b>(4.999)</b>     | <b>(5.819)</b>       | <b>5.583</b>                    | <b>(0.236)</b>                |
| <b>Central Targets</b>                 |                  |                    |                    |                      |                                 |                               |
| Capital Charges                        | Lorraine Bewes   | (1.000)            | (0.700)            | (1.700)              | 1.907                           | 0.207                         |
| Procurement Savings                    | Lorraine Bewes   |                    | (0.500)            | (0.500)              | 0.273                           | (0.227)                       |
| Staff Rostering                        | Edward Donald    |                    | (0.500)            | (0.500)              | 0.592                           | 0.092                         |
| Bank and Agency Rates                  | Maxine Foster    |                    | (0.500)            | (0.500)              | 0.344                           | (0.156)                       |
| Ward Stock Management                  | Edward Donald    |                    | (0.200)            | (0.200)              | 0.000                           | (0.200)                       |
| HCD Income                             | Lorraine Bewes   |                    | (0.513)            | (0.513)              | 0.447                           | (0.066)                       |
| GUM Overperformance                    | Lorraine Bewes   |                    | (0.500)            | (0.500)              | 0.487                           | (0.013)                       |
| Other                                  | Lorraine Bewes   | 0.159              | (0.100)            | 0.059                | 0.301                           | 0.359                         |
| Director's Valuation                   | Lorraine Bewes   |                    | (0.500)            | (0.500)              | 0.740                           | 0.240                         |
| High Cost Drugs                        | Lorraine Bewes   |                    | (0.400)            | (0.400)              | 0.400                           | 0.000                         |
| <b>Total Central Budgets</b>           |                  | <b>(0.841)</b>     | <b>(4.413)</b>     | <b>(5.254)</b>       | <b>5.490</b>                    | <b>0.236</b>                  |
| <b>Total</b>                           |                  | <b>(1.661)</b>     | <b>(9.412)</b>     | <b>(11.073)</b>      | <b>11.073</b>                   | <b>0.000</b>                  |

35. **Form F5C** shows the phasing of savings achieved by directorate by month for this financial year- as reported above £9.234m has been achieved in total. This includes both recurrent and non recurrent schemes.

36. **Form F5D** shows savings achieved for the first three months against the planned profile of savings for the first three months. This shows a shortfall in savings of £0.245m (10%). These savings that have not been achieved are contributing to an adverse year to date variance in the Trust I&E position and are therefore already reflected in the overall adverse variance against budget and within the Trust's forecast outturn reported below. The key areas of slippage are in Management Executive (£0.097m), HIV/GUM (£0.036m) and GUM over performance income (£0.059m).

### Year End Forecast

37. The full year forecast is a zero variance against budget which will deliver an I&E surplus of £2.360m. This is the first forecast prepared this financial year and is based on an extrapolation of the year to date outturn and actions being undertaken by General Managers to recover overspends. There is risk in the forecast position in two main areas: firstly the ability to recover overspends in Pay and Non Pay via bank and agency quotas and restrictions on Non Pay ordering and secondly, the achievement of savings schemes scheduled to deliver later this financial year, for example, staff rostering and bank rates projects. Risks are discussed in greater detail below.

38. The SaFF income forecast is based on an extrapolation of the activity for first three months of the year and then adjusted down for the potential loss of income on the HIV contract relating to Day Case activity. This risk has arisen following the transfer of day case activity to payment by results from this financial year. The actual day case activity for the first three months is significantly less

than the estimated level extracted from the block contract and set up as Day Case. The HIV/GUM Directorate is reviewing the classification of activity between Day Case and Outpatients to ensure it recorded accurately however the size of the gap means it is unlikely that re-classifications will close it completely. The forecast assumes there is a loss of income against contract of circa £1m. To mitigate this risk the Director of Finance will be writing to the Consortium to request an in year change to the baseline contract.

39. The central position is a forecast favourable variance against budget of £2.0m due to release of funds from Reserves following a review of Reserves created during 2006/07 budgeting setting and and excess savings above certain targets (as reported above in sections 33 to 36). This favourable central position is offsetting the adverse variance on SaFF income and frontline directorate.

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

| Directorate/ Service Area | Accountability   | Full Year Forecast at June 06 |               |              |              |
|---------------------------|------------------|-------------------------------|---------------|--------------|--------------|
|                           |                  | Income                        | Pay           | Non pay      | Total        |
|                           |                  | £'m                           | £'m           | £'m          | £'m          |
| SaFF income               | Lorraine Bewes   | -1.060                        | 0.000         | 0.000        | -1.060       |
| Central Non SaFF income   | Lorraine Bewes   |                               |               |              | 0.000        |
| Imaging & Anaesthetics    | Kate Hall        | 0.070                         | 0.019         | -0.236       | -0.147       |
| HIV/GUM                   | Debbie Richards  | 0.388                         | -0.588        | 0.200        | 0.000        |
| Medicine & A&E            | Nicola Hunt      | 0.144                         | -1.053        | 0.438        | -0.471       |
| Surgery                   | Kate Hall        | 0.029                         | 0.093         | -0.346       | -0.224       |
| Womens & Children's       | Sherryn Elsworth | 0.331                         | -0.321        | -0.213       | -0.203       |
| Clinical Support          |                  | -0.052                        | 0.155         | 0.042        | 0.145        |
| Management Exec           |                  | 0.138                         | 0.162         | -0.149       | 0.151        |
| Facilities Management     | Helen Elkington  | 0.013                         | -0.008        | -0.013       | -0.008       |
| Operation Management      | Edward Donald    | 0.000                         | 0.000         | 0.001        | 0.001        |
| Research & Development    | Mervyn Maze      | 0.000                         | 0.000         | 0.000        | 0.000        |
| Private Patients          | Edward Donald    | -0.131                        | -0.049        | -0.096       | -0.276       |
| Overseas                  | Edward Donald    | 0.080                         | 0.000         | -0.080       | 0.000        |
| ACU                       | Sherryn Elsworth | 0.179                         | 0.001         | -0.088       | 0.092        |
| Other                     | Andrew MacCallum | -0.074                        | 0.074         | 0.000        | 0.000        |
| Capital Charges           | Lorraine Bewes   | 0.000                         | 0.000         | 0.000        | 0.000        |
| Central Budgets/Reserves  | Lorraine Bewes   | 0.000                         | 0.508         | 1.492        | 2.000        |
| <b>Total</b>              |                  | <b>0.055</b>                  | <b>-1.007</b> | <b>0.952</b> | <b>0.000</b> |

## Risks

41. The risks which will need to be managed in order to achieve the target surplus are as follows:

- **HIV/GUM Drugs** – the commissioning arrangements for HIV drugs have changed this year and the Trust will now be reimbursed at an average price per patient for ARV drugs. In previous years, the Trust was reimbursed for all drug costs after the agreed 1.5% risk share. The Directorate will need to manage costs within the average price otherwise any overspends will stay with the Trust. For GUM drugs, the consortium will no longer reimburse the Trust for these costs as they are now included in the tariff. This will result in a pressure of over £0.4m that was not originally planned for and will need to be managed in-year.

- **HIV Day case activity**- as reported above in Paragraph 38, there is a risk that HIV income will be significantly lower than contract due to the classification of day case activity in the contract at a significantly higher level than there is.
- **Month 3 activity** –the forecast activity performance of the Trust against the agreed SLAs is based on activity for the first three months extrapolated to the end of the year. However there is a risk that priced activity could be below plan.
- **Achievement of Savings**– the delivery of the full savings plan of £11.1m recurrently is crucial to achieving the required surplus.

### **Budget Assumptions**

42. Reserves (**Form F4A**) retained centrally at Month 3 total £16.971m. During the months net expenditure budgets of £2.894m were distributed to directorates/departments. The main distributions are shown below:

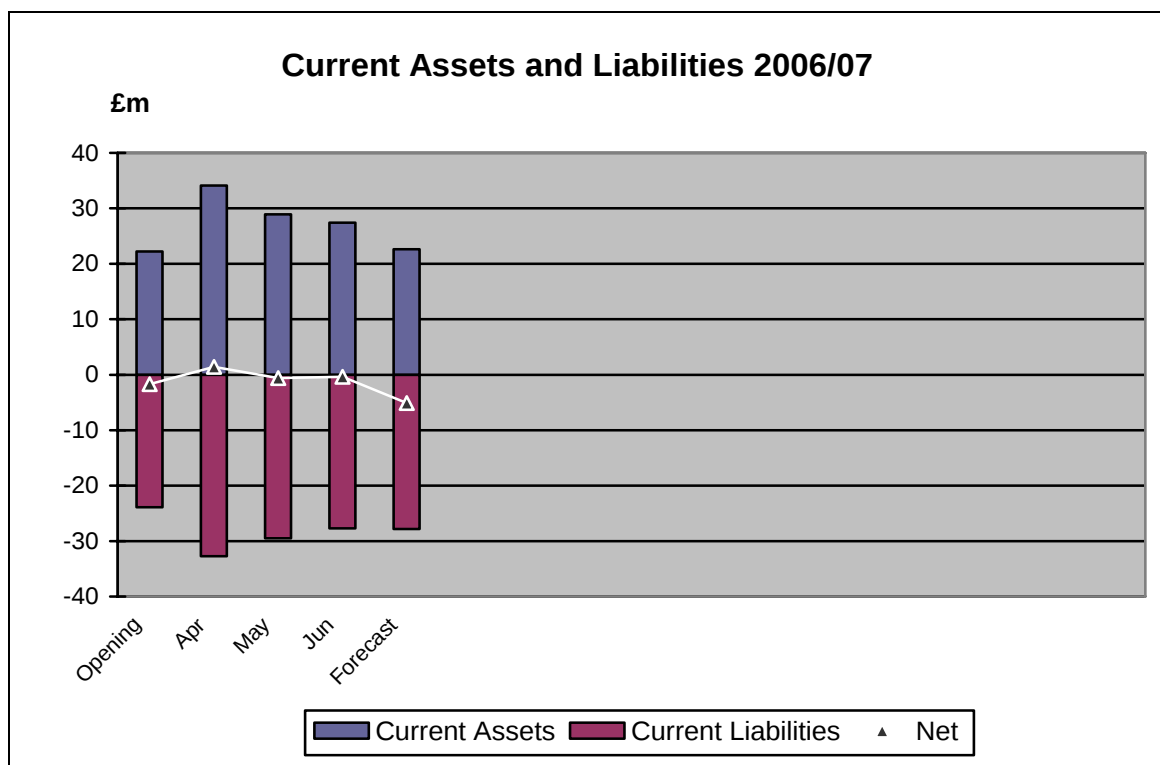
- **Specific Expenditure Reserves:** Removal of income budgets consolidated centrally for Cheyne and NICU Consortium (£0.443m), AFC increments released centrally (£0.192m), AFC savings taken Savings (£0.300m), FT Costs (£0.093m), Monitors and Anaesthetic Maintenance (£0.080m)
- **Pay Uplifts:** Inflation uplift on all staff paid under Agenda for Change terms and conditions (£1.244m)
- **Non pay Uplifts:** HIV Drugs uplift for Month 3 (£0.312m)

### **Balance Sheet: Key Highlights (Forms F6, F7, F8, F9, F11)**

#### **Working capital**

43. Net current liabilities show a slight improvement on last month, £0.589m and £0.364m for May 06 and June 06, respectively. This can be accounted for by a relatively equal decrease in debtors and creditors balances of around £3.000m

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



#### Debtors (Form F7)

45. Overall debt has decreased by £3.000m (16%) from last month. This is due to the enforcement of robust measures implemented by the Accounts Receivable team.
46. Kensington and Chelsea PCT debt has decreased by £1.500m in June and £0.500m which was expected in June has now been received in July. The credit against the 4<sup>th</sup> quarter non contract activities invoice has been raised and payment of the balance of this invoice will be made in July.
47. Hammersmith and Fulham PCT's debtor balance has reduced by £0.500m in June. The interim overperformance invoices for £0.186m and £0.127m have both been paid as well as the outstanding Paediatric community invoices for 05-06.

#### Creditors (Form F8)

48. There has been a decrease in total creditors by almost £3.000(23%) from May 2006.
49. The Hammersmith Hospitals account represents 44% of total creditors in June 2006 compared to 42.64% in May. 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. A target of £1.000m is currently scheduled to be paid to Hammersmith Hospitals each month. One payment was processed for Hammersmith Hospitals in June 2006; total payment value of £1.236m, this has resulted in an overall decrease in the Hammersmith balance for the month by £1.115m. The outstanding invoices are mainly due to unresolved dispute invoices which are currently under review. The Hammersmith Hospitals account balance of invoices over 90 days has decreased by 24% from May 2006 as the one payment made during the month targeted the older outstanding invoices. Further progress is expected as both Finance directorates of the Hammersmith Hospitals and Chelsea & Westminster Healthcare NHS Trust have agreed to resolve the majority of all outstanding issues in relation to creditor's balances as well as debtors balances.
50. In June 2006 there were a total of ten BACS payment runs, total value £11.527m, up 34% on last months of £8.579m. There were comparatively less cheque payment runs this month, however the total payment runs, including the BACS, was £11.566m up 33% on last month's £8.645m.

51. A cumulative BPPC target of 92% was achieved at June 2006 compared to 91% in May 2006 for invoices paid within 30 days and a target of 85% was achieved for the value of invoices paid within 30 days compared to 92% in May 2006.

#### **Cash Flow Forecast (Form F9A&B)**

52. The cumulative movement in cash to date is £9.666m up £0.031m against June's forecast. Cash movement in the month is £0.828m resulting in a balance of £10.344. The current forecast has been reprofiled since the Foundation Trust financial model, which had planned cash balance of £1.7m for June.

#### **Capital Expenditure (Form F10)**

53. The expenditure to date column represents current activity levels against each sub division. The values at the end of June-06 of £0.980m against a planned spend of £8.378m represents 12% of the current capital programme – 2006-07 against expected 25%.
54. The level of expenditure against planned spend is low due to a high number of projects being at the tendering/initial stages. This level should increase once this process has been completed and the requisition orders raised.
55. The overall capital programme is showing an under spend of approximately £0.100m against our capital funding due to an increase in value of the Trust's under spend in 2005-06.

#### **Provision for Debtors (F11)**

56. Provision for irrecoverable debts shows a reduction of £0.251m from last month's of £8.789m and the amount released relates to NHS credit notes provision. The provision as at June 2006 represents 56% of our total debtors of £15.328m.
57. The value of debtors over 60 days is £10.198m (67% of total debtors) of which the total provision is created against. The provision, therefore, as a whole forms on average 84% of debtors over 60 days old.
58. The current level of provisions is approximately £8.538m which can be sub divided into NHS Debtors (Credit Notes) Provision £7.393m, Overseas patients debtors provision £0.680m and Other Non NHS debtors provisions £0.465m.
59. Provision for the aged debts is based on 100% of our debtors overdue by 361+ days, 100% of debtors overdue by 181 - 360 days, 68% of debtors overdue by 91-180 days and 20% of debtors overdue by 61-90 days.

**Lorraine Bewes**  
**Director of Finance and Information**  
**28th July 2006**

**CHELSEA & WESTMINSTER HEALTHCARE NHS TRUST**  
**FINANCE REPORTS**  
June 06

|     | <b>FINANCE DIRECTOR'S REPORT</b>                     | <b><u>REPORTS TO</u></b> | <b><u>PAGE</u></b> |
|-----|------------------------------------------------------|--------------------------|--------------------|
| F1  | INCOME & EXPENDITURE - TRUST SUMMARY                 | BOARD                    | 2                  |
| F2B | SERVICE AGREEMENT VALUE AND ACTIVITY SUMMARIES       | BOARD                    | 3-4                |
| F2D | PAY SUMMARY - TRUST LEVEL                            | BOARD                    | 5                  |
| F2E | NON PAY SUMMARY - TRUST LEVEL                        | BOARD                    | 6                  |
| F2F | SERVICE LEVEL AGREEMENTS - TRUST LEVEL               | BOARD                    | 7                  |
| F3  | I & E SUMMARY - CLINICAL & NON CLINICAL DIRECTORATES | BOARD                    | 8                  |
| F3B | I & E and ACTIVITY SUMMARY - ACU                     | BOARD                    | 9                  |
| F4A | SUMMARY OF RESERVE MOVEMENTS                         | BOARD                    | 10                 |
| F5A | SAVINGS TARGETS - OVERVIEW                           | BOARD                    | 11                 |
| F5B | SAVINGS TARGETS - DETAIL                             | BOARD                    | 12-15              |
| F5C | SAVINGS TARGETS - ACHIEVED                           | BOARD                    | 16                 |
| F5D | SAVINGS TARGETS - YEAR TO DATE                       | BOARD                    | 17                 |
| F6  | BALANCE SHEET                                        | BOARD                    | 18                 |
| F7  | AGED DEBTORS & OVERDUES                              | BOARD                    | 19                 |
| F8  | CREDITORS AND PUBLIC SECTOR PAYMENT POLICY           | BOARD                    | 20-21              |
| F9  | CASHFLOW ANALYSIS                                    | BOARD                    | 22-23              |
| F10 | CAPITAL EXPENDITURE SUMMARY                          | BOARD                    | 24                 |
| F11 | PROVISIONS FOR AGED DEBT                             | BOARD                    | 25                 |

**CHELSEA & WESTMINSTER HEALTHCARE NHS TRUST**  
**CONSOLIDATED INCOME & EXPENDITURE SUMMARY**

Responsibility: Finance Director

**TRUST WIDE**

FORM F1

June 06

|                                          | THIS MONTH      |                 |            | YEAR TO DATE    |                 |              | FULL YEAR        |                  | FORECAST         |                |
|------------------------------------------|-----------------|-----------------|------------|-----------------|-----------------|--------------|------------------|------------------|------------------|----------------|
|                                          | BUDGET          | ACTUAL          | VARIANCE   | BUDGET          | ACTUAL          | VARIANCE     | ORIGINAL PLAN    | FULL YEAR BUDGET | ACTUAL           | VARIANCE       |
|                                          | £000            | £000            | £000       | £000            | £000            | £000         | £000             | £000             | £000             | £000           |
| <b>INCOME</b>                            |                 |                 |            |                 |                 |              |                  |                  |                  |                |
| Contract Income SaFF                     | (13,495)        | (13,661)        | 165        | (40,879)        | (41,002)        | 123          | (163,114)        | (163,669)        | (162,959)        | (710)          |
| Non-Contract Activity                    | (164)           | (164)           | (0)        | (493)           | (493)           | (0)          | (1,971)          | (1,971)          | (1,971)          | 0              |
| Private Patients                         | (678)           | (768)           | 90         | (1,954)         | (1,888)         | (66)         | (6,367)          | (7,818)          | (7,912)          | 94             |
| Other Income                             | (5,640)         | (5,667)         | 27         | (18,441)        | (18,471)        | 30           | (64,650)         | (66,426)         | (66,596)         | 170            |
| Donated Depreciation Income              | (13)            | (13)            | 0          | (39)            | (39)            | 0            | (248)            | (156)            | (156)            | 0              |
| <b>TOTAL INCOME</b>                      | <b>(19,990)</b> | <b>(20,272)</b> | <b>282</b> | <b>(61,806)</b> | <b>(61,892)</b> | <b>86</b>    | <b>(236,350)</b> | <b>(240,040)</b> | <b>(239,594)</b> | <b>(446)</b>   |
| <b>EXPENDITURE</b>                       |                 |                 | 0          |                 |                 |              |                  |                  |                  |                |
| Pay                                      | 10,907          | 9,327           | 1,580      | 31,683          | 28,428          | 3,255        | 130,925          | 126,038          | 113,897          | 12,141         |
| Bank , Agency & Locum                    | 19              | 1,311           | (1,293)    | 80              | 4,028           | (3,949)      | 980              | 199              | 13,347           | (13,148)       |
| <b>Sub-total Pay</b>                     | <b>10,926</b>   | <b>10,639</b>   | <b>288</b> | <b>31,763</b>   | <b>32,456</b>   | <b>(693)</b> | <b>131,905</b>   | <b>126,237</b>   | <b>127,244</b>   | <b>(1,007)</b> |
| Non Pay                                  | 9,746           | 9,640           | 106        | 24,619          | 24,650          | (31)         | 81,142           | 91,545           | 91,583           | (38)           |
| <b>Sub-Total Non Pay</b>                 | <b>9,746</b>    | <b>9,640</b>    | <b>106</b> | <b>24,619</b>   | <b>24,650</b>   | <b>(31)</b>  | <b>81,142</b>    | <b>91,545</b>    | <b>91,583</b>    | <b>(38)</b>    |
| Reserves                                 | (2,501)         | (2,548)         | 47         | 48              | 1               | 47           | 0                | 1,727            | 737              | 990            |
| Deficit Reversal/Surplus Brought Forward | 0               | 0               | 0          | 0               | 0               | 0            | 0                | 0                | 0                | 0              |
| Depreciation                             | 746             | 779             | (33)       | 2,313           | 2,338           | (25)         | 11,259           | 8,510            | 8,510            | 0              |
| Donated Depreciation                     | 13              | 13              | (0)        | 39              | 39              | (0)          | 248              | 156              | 156              | 0              |
| <b>TOTAL EXPENDITURE</b>                 | <b>18,931</b>   | <b>18,523</b>   | <b>408</b> | <b>58,782</b>   | <b>59,485</b>   | <b>(702)</b> | <b>224,554</b>   | <b>228,175</b>   | <b>228,230</b>   | <b>(55)</b>    |
| <b>OPERATING SURPLUS</b>                 | <b>1,059</b>    | <b>1,750</b>    | <b>690</b> | <b>3,024</b>    | <b>2,407</b>    | <b>(616)</b> | <b>11,796</b>    | <b>11,865</b>    | <b>11,364</b>    | <b>(501)</b>   |
| Profit/Loss on Disposal of Fixed Assets  | 0               | 0               | 0          | 0               | 0               | 0            | 0                | 0                | 0                | 0              |
| <b>SURPLUS BEFORE DIVIDENDS</b>          | <b>1,059</b>    | <b>1,750</b>    | <b>690</b> | <b>3,024</b>    | <b>2,407</b>    | <b>(616)</b> | <b>11,796</b>    | <b>11,865</b>    | <b>11,364</b>    | <b>(501)</b>   |
| Interest Receivable                      | (42)            | (73)            | 31         | (80)            | (169)           | 89           | (230)            | (161)            | (662)            | 501            |
| Dividends                                | 895             | 896             | (0)        | 2,506           | 2,507           | (0)          | 9,666            | 9,666            | 9,666            | 0              |
| <b>SURPLUS / (DEFICIT)</b>               | <b>206</b>      | <b>927</b>      | <b>721</b> | <b>598</b>      | <b>70</b>       | <b>(528)</b> | <b>2,360</b>     | <b>2,360</b>     | <b>2,360</b>     | <b>0</b>       |

## SERVICE AGREEMENT VALUE SUMMARY

Responsibility: Finance Director

June 06

| PCT                                   | Original<br>Annual Budget<br>£000's | Agreed / latest<br>Offer | Contract<br>agreed Y/N | Variance on<br>offer / agreed<br>only |
|---------------------------------------|-------------------------------------|--------------------------|------------------------|---------------------------------------|
| <b>North West London Sector:</b>      |                                     |                          |                        |                                       |
| KENSINGTON AND CHELSEA PCT            | 36,612,000                          | 37,618,000               | Y                      | 1,006,000                             |
| WESTMINSTER PCT                       | 15,119,000                          | 14,702,251               | Y                      | -416,749                              |
| HAMMERSMITH AND FULHAM PCT            | 20,034,800                          | 20,217,039               | Y                      | 182,239                               |
| EALING PCT                            | 3,063,000                           | 2,702,506                | Y                      | -360,494                              |
| HOUNSLOW PCT                          | 3,445,000                           | 3,719,603                | Y                      | 274,603                               |
| HILLINGDON PCT                        | 518,000                             | 486,000                  | Y                      | -32,000                               |
| BRENT PCT                             | 1,489,000                           | 1,468,501                | Y                      | -20,499                               |
| HARROW PCT                            | 507,000                             | 444,000                  | N                      | -63,000                               |
| <b>South West London Sector</b>       |                                     |                          |                        |                                       |
| WANDSWORTH PCT                        | 14,142,803                          | 13,521,273               | Y                      | -621,530                              |
| RICHMOND AND TWICKENHAM PCT           | 2,455,000                           | 2,269,000                | Y                      | -186,000                              |
| KINGSTON PCT                          | 441,000                             | 429,490                  | Y                      | -11,510                               |
| CROYDON PCT                           | 552,000                             |                          | N                      | -552,000                              |
| SUTTON AND MERTON PCT                 | 850,000                             | 800,000                  | Y                      | -50,000                               |
| <b>North Central London Sector</b>    |                                     |                          |                        |                                       |
| BARNET PCT                            | 406,000                             | 407,021                  | Y                      | 1,021                                 |
| HARINGEY PCT                          | 271,000                             |                          | N                      | -271,000                              |
| ENFIELD PCT                           | 195,000                             | 184,915                  | Y                      | -10,085                               |
| ISLINGTON PCT                         | 410,000                             | 331,289                  | Y                      | -78,711                               |
| CAMDEN PCT                            | 576,000                             | 565,000                  | Y                      | -11,000                               |
| <b>South East London Sector</b>       |                                     |                          |                        |                                       |
| GREENWICH PCT                         | 136,000                             | 135,144                  | Y                      | -856                                  |
| BEXLEY PCT                            | 86,000                              |                          | N                      | -86,000                               |
| BROMLEY PCT                           | 210,000                             | 202,890                  | Y                      | -7,110                                |
| SOUTHWARK PCT                         | 485,000                             | 466,570                  | Y                      | -18,430                               |
| LEWISHAM PCT                          | 292,000                             | 285,450                  | Y                      | -6,550                                |
| LAMBETH PCT                           | 1,362,000                           | 1,331,604                | Y                      | -30,396                               |
| <b>North East London Sector:</b>      |                                     |                          |                        |                                       |
| BARKING AND DAGENHAM PCT              | 160,000                             | 121,528                  | Y                      | -38,472                               |
| HAVERING PCT                          | 77,000                              |                          | N                      | -77,000                               |
| TOWER HAMLETS PCT                     | 215,000                             | 203,000                  | Y                      | -12,000                               |
| CITY AND HACKNEY PCT                  | 225,000                             |                          | N                      | -225,000                              |
| NEWHAM PCT                            | 285,000                             | 246,775                  | Y                      | -38,225                               |
| <b>Other Major Non - London:</b>      |                                     |                          |                        |                                       |
| REDBRIDGE PCT                         | 127,000                             |                          | N                      | -127,000                              |
| WALTHAM FOREST PCT                    | 218,000                             |                          | N                      | -218,000                              |
| EAST ELMBRIDGE AND MID SURREY PCT     | 816,000                             |                          | N                      | -816,000                              |
| EAST SURREY PCT                       | 65,000                              |                          | N                      | -65,000                               |
| BLACKWATER VALLEY AND HART PCT        | 465,000                             |                          | N                      | -465,000                              |
| GUILDFORD AND WAVERLEY PCT            | 364,000                             |                          | N                      | -364,000                              |
| NORTH SURREY PCT                      | 625,000                             |                          | N                      | -625,000                              |
| WOKING PCT                            | 561,000                             |                          | N                      | -561,000                              |
| HERTFORDSHIRE PCT's(8)                | 675,000                             | 675,000                  | Y                      | 0                                     |
| WEST KENT PCTs (4)                    | 249,000                             | 246,431                  | Y                      | -2,569                                |
| EAST KENT PCTs (9)                    | 667,000                             |                          | N                      | -667,000                              |
| BERKSHIRE PCT's (6)                   | 508,000                             | 508,000                  | Y                      | 0                                     |
| EAST SUSSEX PCT's (5)                 | 341,000                             | 331,827                  | Y                      | -9,173                                |
| WEST SUSSEX PCT's (5)                 | 225,000                             | 241,218                  | Y                      | 16,218                                |
| HAMPSHIRE PCT's(6)                    | 129,000                             |                          | N                      | -129,000                              |
| BEDFORDSHIRE PCT's(3)                 | 220,000                             | 190,000                  | N                      | -30,000                               |
| NORTH ESSEX PCT's (8)                 | 276,000                             |                          | N                      | -276,000                              |
| SOUTH ESSEX PCT's (5)                 | 232,000                             |                          | N                      | -232,000                              |
| OXFORDSHIRE PCT's (5)                 | 71,000                              |                          | N                      | -71,000                               |
| DORSET PCT's (5)                      | 76,000                              |                          | N                      | -76,000                               |
| NORTHAMPTONSHIRE PCT' (3)             | 144,000                             |                          | N                      | -144,000                              |
| LINCOLNSHIRE PCT's (3)                | 62,000                              |                          | N                      | -62,000                               |
| BUCKINGHAMSHIRE PCT's(4)              | 339,000                             | 302,070                  | Y                      | -36,930                               |
| DEVON PCT's (4)                       | 44,000                              |                          | N                      | -44,000                               |
| BRISTOL PCT's(3)                      | 6,000                               |                          | N                      | -6,000                                |
| <b>Specialised Services Consortia</b> |                                     |                          |                        |                                       |
| NICU CONSORTIUM                       | 2,971,000                           | 3,011,252                | N                      | 40,252                                |
| HIV CONSORTIUM(KC)                    | 43,649,800                          | 43,570,638               | Y                      | -79,162                               |
| <b>Other</b>                          |                                     |                          |                        |                                       |
| Non Contracted activity (NCA)         | 1,957,000                           | 1,957,000                | Y                      | 0                                     |
| REVALUATION                           | 230,000                             |                          | N                      | -230,000                              |
| OTHER                                 | 181,000                             |                          | N                      | -181,000                              |
| Market forces Factor                  | 29,210,000                          | 29,210,000               | Y                      | 0                                     |
| <b>Total Contract Income</b>          | <b>190,323,403</b>                  | <b>183,102,285</b>       | <b>0</b>               | <b>-7,221,118</b>                     |

**CHELSEA & WESTMINSTER HEALTHCARE NHS TRUST**  
**SERVICE AGREEMENT VALUE SUMMARY**

Responsibility: Finance Director

FORM F2B(ii)

June 06

| PCT                                                   | Revised FY<br>Budget at Month<br>3<br>£000's | Revised Target<br>at Month 3<br>£000's | Actual at<br>Month 3<br>£000's | Variance at<br>Month 3<br>£000's |
|-------------------------------------------------------|----------------------------------------------|----------------------------------------|--------------------------------|----------------------------------|
| <b>Contract and Over/Underperformance</b>             |                                              |                                        |                                |                                  |
| <b>North West London Sector:</b>                      |                                              |                                        |                                |                                  |
| Kensington & Chelsea                                  | (37,866)                                     | (9,466)                                | (9,144)                        | (323)                            |
| Westminster                                           | (14,997)                                     | (3,749)                                | (3,822)                        | 72                               |
| Hammersmith & Fulham                                  | (21,107)                                     | (5,277)                                | (5,575)                        | 298                              |
| Ealing                                                | (2,703)                                      | (676)                                  | (706)                          | 31                               |
| Hounslow                                              | (3,720)                                      | (930)                                  | (836)                          | (94)                             |
| Hillingdon                                            | (515)                                        | (129)                                  | (112)                          | (16)                             |
| Brent                                                 | (1,472)                                      | (368)                                  | (354)                          | (14)                             |
| Harrow                                                | (495)                                        | (124)                                  | (70)                           | (54)                             |
| <b>South West London Sector</b>                       |                                              |                                        |                                |                                  |
| Wandsworth                                            | (13,730)                                     | (3,433)                                | (3,640)                        | 207                              |
| Richmond & Twickenham                                 | (2,408)                                      | (602)                                  | (711)                          | 109                              |
| Kingston                                              | (437)                                        | (109)                                  | (88)                           | (21)                             |
| Croydon                                               | (539)                                        | (135)                                  | (99)                           | (36)                             |
| Sutton & Merton                                       | (837)                                        | (209)                                  | (215)                          | 6                                |
| <b>North Central London Sector</b>                    |                                              |                                        |                                |                                  |
| Barnet                                                | (407)                                        | (102)                                  | (74)                           | (28)                             |
| Haringey                                              | (269)                                        | (67)                                   | (92)                           | 25                               |
| Enfield                                               | (199)                                        | (50)                                   | (38)                           | (12)                             |
| Islington                                             | (428)                                        | (107)                                  | (75)                           | (32)                             |
| Camden                                                | (566)                                        | (142)                                  | (178)                          | 37                               |
| <b>South East London Sector</b>                       |                                              |                                        |                                |                                  |
| Greenwich                                             | (135)                                        | (34)                                   | (73)                           | 39                               |
| Bexley                                                | (85)                                         | (21)                                   | (20)                           | (1)                              |
| Bromley                                               | (203)                                        | (51)                                   | (66)                           | 15                               |
| Southwark                                             | (472)                                        | (118)                                  | (115)                          | (3)                              |
| Lewisham                                              | (285)                                        | (71)                                   | (63)                           | (9)                              |
| Lambeth                                               | (1,357)                                      | (339)                                  | (359)                          | 20                               |
| <b>North East London Sector:</b>                      |                                              |                                        |                                |                                  |
| Barking & Dagenham                                    | (151)                                        | (38)                                   | (47)                           | 9                                |
| Havering                                              | (75)                                         | (19)                                   | (18)                           | (1)                              |
| Tower Hamlets                                         | (214)                                        | (53)                                   | (47)                           | (6)                              |
| City & Hackney                                        | (228)                                        | (57)                                   | (54)                           | (3)                              |
| Redbridge                                             | (129)                                        | (32)                                   | (37)                           | 5                                |
| Waltham Forest                                        | (210)                                        | (53)                                   | (18)                           | (35)                             |
| <b>Other Major Non - London:</b>                      |                                              |                                        |                                |                                  |
| North Surrey                                          | (616)                                        | (154)                                  | (162)                          | 8                                |
| East Elmbridge and Mid Surrey                         | (816)                                        | (204)                                  | (224)                          | 19                               |
| Woking                                                | (555)                                        | (139)                                  | (59)                           | (80)                             |
| Blackwater Valley and Hart                            | (460)                                        | (115)                                  | (147)                          | 32                               |
| Newham                                                | (282)                                        | (70)                                   | (34)                           | (36)                             |
| Guildford and Waverley                                | (361)                                        | (90)                                   | (131)                          | 40                               |
| Watford and Three Rivers                              | (194)                                        | (49)                                   | (38)                           | (10)                             |
| East Surrey                                           | (63)                                         | (16)                                   | (31)                           | 15                               |
| All Other PCTs                                        | (4,592)                                      | (1,148)                                | (1,181)                        | 33                               |
| <b>High Cost Drugs</b>                                |                                              |                                        |                                |                                  |
| High Cost Drugs Exclusions Billed                     | 0                                            | 0                                      | 0                              | 0                                |
| <b>Specialised Services Consortia</b>                 |                                              |                                        |                                |                                  |
| <b>NICU Consortium</b>                                |                                              |                                        |                                |                                  |
| Hillingdon                                            | (516)                                        | (129)                                  | (391)                          | 262                              |
| Haringey                                              | 0                                            | 0                                      | (14)                           | 14                               |
| Bexley                                                | 0                                            | 0                                      | (80)                           | 80                               |
| Croydon                                               | 0                                            | 0                                      | (153)                          | 153                              |
| Tower Hamlets                                         | 0                                            | 0                                      | (12)                           | 12                               |
| Brent PCT                                             | 0                                            | 0                                      | 0                              | 0                                |
| All Other PCTs                                        | (2,971)                                      | (743)                                  | (145)                          | (597)                            |
| <b>HIV Consortium &amp; Overperformance</b>           |                                              |                                        |                                |                                  |
| Kensington & Chelsea                                  | (39,615)                                     | (9,904)                                | (9,730)                        | (174)                            |
| Out of London PCTs                                    | (4,032)                                      | (1,008)                                | (1,163)                        | 155                              |
| <b>GUM</b>                                            |                                              |                                        |                                |                                  |
| Kensington & Chelsea                                  | 0                                            | 0                                      | 0                              | 0                                |
| Hammersmith & Fulham                                  | 0                                            | 0                                      | 0                              | 0                                |
| <b>Other</b>                                          |                                              |                                        |                                |                                  |
| London Patient Choice (Receiving)                     | 0                                            | 0                                      | 0                              | 0                                |
| Prior year                                            | 0                                            | 0                                      | (9)                            | 9                                |
| Other income from PCTs                                | 0                                            | 0                                      | 0                              | 0                                |
| Prior Year Deficit Reversal and Surplus Carry Forward | (2,357)                                      | (589)                                  | (589)                          | (0)                              |
| Balance on 9D Codes                                   | 0                                            | 0                                      | 0                              | 0                                |
| Balance on 9A Codes                                   | 0                                            | 0                                      | 0                              | 0                                |
| <b>Total Contract Income</b>                          | <b>(163,669)</b>                             | <b>(40,917)</b>                        | <b>(41,039)</b>                | <b>122</b>                       |

CHELSEA & WESTMINSTER HEALTHCARE NHS TRUST  
SUMMARY SALARIES AND WAGES

Responsibility:

TRUST WIDE

FORM F2D

June 06

|                                          | Full Year<br>Budget<br>£000s | THIS MONTH      |                  |                   |                     | YEAR TO DATE    |                 |                   |                     |
|------------------------------------------|------------------------------|-----------------|------------------|-------------------|---------------------|-----------------|-----------------|-------------------|---------------------|
|                                          |                              | Budget<br>£000s | Actuals<br>£000s | Variance<br>£000s | Variance %<br>£000s | Budget<br>£000s | Actual<br>£000s | Variance<br>£000s | Variance %<br>£000s |
| <b>MEDICAL</b>                           |                              |                 |                  |                   |                     |                 |                 |                   |                     |
| Senior Medical                           | 21,773                       | 1,830           | 1,840            | (11)              | -0.58%              | 5,486           | 5,466           | 20                | 0.37%               |
| Junior Medical                           | 18,512                       | 1,546           | 1,458            | 88                | 5.67%               | 4,637           | 4,337           | 300               | 6.47%               |
| Other Medical & Dental                   | 13                           | 493             | 492              | 1                 | 0.22%               | 495             | 492             | 3                 | 0.66%               |
| Medical Locum                            | (0)                          | 0               | 215              | (215)             |                     | 0               | 557             | (557)             |                     |
| <b>Medical sub total</b>                 | <b>40,299</b>                | <b>3,869</b>    | <b>4,006</b>     | <b>(137)</b>      | <b>-3.55%</b>       | <b>10,619</b>   | <b>10,852</b>   | <b>(234)</b>      | <b>-2.20%</b>       |
| <b>AGENDA FOR CHANGE</b>                 |                              |                 |                  |                   |                     |                 |                 |                   |                     |
| Agenda for Change Bands 1-4              | 192                          | 192             | (2)              | 194               | 101.02%             | 191             | (2)             | 193               | 101.08%             |
| Agenda for Change Bands 5-9              | 0                            | 0               | (41)             | 41                | 164252.00%          | 0               | (48)            | 48                | 63834.67%           |
| <b>Agenda for Change sub total</b>       | <b>192</b>                   | <b>192</b>      | <b>(43)</b>      | <b>235</b>        | <b>122.37%</b>      | <b>191</b>      | <b>(50)</b>     | <b>240</b>        | <b>126.15%</b>      |
| <b>NURSING &amp; MIDWIFERY</b>           |                              |                 |                  |                   |                     |                 |                 |                   |                     |
| Trained Nursing                          | 43,788                       | 4,134           | 3,412            | 722               | 17.46%              | 11,374          | 9,315           | 2,058             | 18.10%              |
| Untrained Nursing                        | 4,272                        | 377             | 327              | 51                | 13.38%              | 1,076           | 972             | 104               | 9.68%               |
| Health Care Assistants                   | 200                          | 4               | 8                | (3)               | -81.48%             | 56              | 14              | 42                | 74.95%              |
| Bank Nursing & Midwifery                 | 54                           | 7               | 651              | (644)             |                     | 21              | 2,006           | (1,985)           |                     |
| Agency Nursing & Midwifery               | 22                           | (6)             | 111              | (117)             |                     | 5               | 511             | (506)             |                     |
| <b>Nursing &amp; Midwifery sub total</b> | <b>48,335</b>                | <b>4,517</b>    | <b>4,509</b>     | <b>7</b>          | <b>0.16%</b>        | <b>12,532</b>   | <b>12,818</b>   | <b>(286)</b>      | <b>-2.29%</b>       |
| <b>AHPs</b>                              |                              |                 |                  |                   |                     |                 |                 |                   |                     |
| Dieticians                               | 176                          | 16              | 13               | 4                 | 23.05%              | 49              | 42              | 7                 | 13.98%              |
| Radiographers                            | 554                          | 5               | 5                | (0)               | -4.79%              | 139             | 54              | 84                | 60.96%              |
| Therapists                               | 716                          | 15              | 61               | (46)              | -299.14%            | 152             | 220             | (68)              | -44.67%             |
| AHPs AFC                                 | 4,847                        | 506             | 477              | 29                | 5.69%               | 1,209           | 1,263           | (53)              | -4.42%              |
| Agency/Locums (AHPs)                     | 1                            | (2)             | 44               | (46)              |                     | 0               | 104             | (103)             |                     |
| <b>PTA - sub totals</b>                  | <b>6,294</b>                 | <b>541</b>      | <b>600</b>       | <b>(59)</b>       | <b>-10.94%</b>      | <b>1,549</b>    | <b>1,683</b>    | <b>(133)</b>      | <b>-8.62%</b>       |
| <b>OTHER</b>                             |                              |                 |                  |                   |                     |                 |                 |                   |                     |
| Pharmacists                              | 2,486                        | 213             | 218              | (5)               | -2.15%              | 626             | 566             | 60                | 9.62%               |
| Scientific & Professional AFC            | 276                          | 24              | 6                | 18                | 74.57%              | 64              | 4               | 59                | 93.08%              |
| Healthcare Scientists AFC                | 1,966                        | 485             | 548              | (63)              | -13.05%             | 761             | 910             | (148)             | -19.50%             |
| Chaplains                                | 0                            | 0               | 0                | 0                 | 0.00%               | 0               | 0               | 0                 | 0.00%               |
| All Other                                | 6,159                        | (1,057)         | (1,054)          | (3)               | 0.27%               | 598             | 507             | 91                | 15.16%              |
| <b>Other sub</b>                         | <b>10,888</b>                | <b>(335)</b>    | <b>(282)</b>     | <b>(53)</b>       | <b>15.71%</b>       | <b>2,048</b>    | <b>1,987</b>    | <b>62</b>         | <b>3.01%</b>        |
| <b>ADMIN</b>                             |                              |                 |                  |                   |                     |                 |                 |                   |                     |
| Admin & Clerical                         | 15,656                       | 1,419           | 1,160            | 259               | 18.28%              | 3,965           | 3,223           | 742               | 18.71%              |
| Bank Admin & Clerical                    | 82                           | 17              | 232              | (216)             |                     | 43              | 685             | (642)             |                     |
| Agency Admin & Clerical                  | 40                           | 3               | 58               | (54)              |                     | 10              | 165             | (155)             |                     |
| Senior Managers & Trust Board            | 6,740                        | 427             | 394              | 32                | 7.57%               | 1,158           | 1,093           | 66                | 5.68%               |
| Agency Other                             | 0                            | 0               | 0                | 0                 |                     | 0               | 0               | 0                 |                     |
| <b>Admin - sub total</b>                 | <b>22,519</b>                | <b>1,866</b>    | <b>1,844</b>     | <b>22</b>         | <b>1.18%</b>        | <b>5,177</b>    | <b>5,166</b>    | <b>11</b>         | <b>0.21%</b>        |
| <b>Payroll</b>                           | <b>128,527</b>               | <b>10,650</b>   | <b>10,634</b>    | <b>15</b>         | <b>0.14%</b>        | <b>32,115</b>   | <b>32,456</b>   | <b>(341)</b>      | <b>-1.06%</b>       |
| Unidentified Savings                     | (2,290)                      | 276             | 4                | 272               |                     | (352)           | 0               | (352)             |                     |
| <b>PAY TOTAL</b>                         | <b>126,237</b>               | <b>10,926</b>   | <b>10,639</b>    | <b>288</b>        | <b>2.63%</b>        | <b>31,763</b>   | <b>32,456</b>   | <b>(693)</b>      | <b>-2.18%</b>       |

## SUMMARY NON PAY EXPENDITURE

TRUST WIDE

FORM F2E

June 06

Responsibility:

| NON PAY EXPENDITURE                      | Full Year<br>Budget £000s | THIS MONTH                        |                                    |                                     |                              | YEAR TO DATE                    |                                 |                                   |                            |
|------------------------------------------|---------------------------|-----------------------------------|------------------------------------|-------------------------------------|------------------------------|---------------------------------|---------------------------------|-----------------------------------|----------------------------|
|                                          |                           | This<br>Months<br>Budget<br>£000s | This<br>Months<br>Actuals<br>£000s | This<br>Months<br>Variance<br>£000s | This<br>Months<br>Variance % | Year to Date<br>Budget<br>£000s | Year to Date<br>Actual<br>£000s | Year to Date<br>Variance<br>£000s | Year to Date<br>Variance % |
| DRUGS (incl HIV/GUM) & MEDICAL GASES     | 32,888                    | 2,967                             | 2,937                              | 30                                  | 1%                           | 8,813                           | 8,690                           | 123                               | 1%                         |
| MEDICAL & SURGICAL EQUIPMENT & DRESSINGS | 6,452                     | 565                               | 832                                | -267                                | -47%                         | 1,663                           | 2,011                           | -348                              | -21%                       |
| X-RAY FILM, EQUIP & MATERIALS            | 1,476                     | 123                               | 61                                 | 62                                  | 51%                          | 369                             | 285                             | 84                                | 23%                        |
| LABORATORY EQUIP & MATERIALS             | 286                       | 19                                | 24                                 | -5                                  | -26%                         | 72                              | 84                              | -12                               | -17.09%                    |
| PATIENT APPLIANCES / PROTHESES           | 1,548                     | 128                               | 208                                | -80                                 | -62%                         | 387                             | 586                             | -199                              | -51.50%                    |
| BLOOD PRODUCTS                           | 1,164                     | 97                                | 67                                 | 30                                  | 31%                          | 291                             | 254                             | 37                                | 12.60%                     |
| PATHOLOGY SERVICES                       | 6,562                     | 547                               | 409                                | 138                                 | 25%                          | 1,687                           | 1,565                           | 123                               | 7.27%                      |
| OTHER TESTS                              | 535                       | 45                                | -10                                | 54                                  | 122%                         | 134                             | 109                             | 25                                | 18.87%                     |
| SERVICE LEVEL AGREEMENT                  | 3,504                     | 1,067                             | 1,230                              | -163                                | -15%                         | 1,651                           | 1,785                           | -133                              | -8.06%                     |
| CONTRACT SERVICES                        |                           |                                   | 0                                  |                                     |                              | 0                               | 0                               |                                   |                            |
| Contract Catering                        | 2,005                     | 167                               | 164                                | 3                                   | 2%                           | 501                             | 507                             | -5                                | -1.05%                     |
| Domestics                                | 2,247                     | 187                               | 190                                | -3                                  | -2%                          | 562                             | 578                             | -16                               | -2.89%                     |
| Portering                                | 940                       | 81                                | 76                                 | 5                                   | 6%                           | 243                             | 239                             | 4                                 | 1.65%                      |
| Carparking                               | 14                        | 1                                 | 1                                  | -0                                  | -14%                         | 4                               | 8                               | -4                                | -125.42%                   |
| Laundry Contract                         | 770                       | 64                                | 85                                 | -21                                 | -33%                         | 193                             | 212                             | -19                               | -9.96%                     |
| Change control Levy, CCNs                | 75                        | 6                                 | -7                                 | 13                                  | 204%                         | 19                              | -41                             | 60                                | 321.08%                    |
| Carillion Management Charge              | 909                       | 76                                | 82                                 | -6                                  | -9%                          | 227                             | 247                             | -20                               | -8.91%                     |
| Total Bed Management Contract / Lease    | 169                       | 14                                | 15                                 | -1                                  | -6%                          | 42                              | 33                              | 10                                | 22.66%                     |
| IT Services                              | 0                         | 0                                 | 0                                  | 0                                   | 0%                           | 0                               | 0                               | 0                                 | 0.00%                      |
| Other External Contracts                 | 1,214                     | 101                               | 112                                | -11                                 | -11%                         | 303                             | 345                             | -41                               | -13.67%                    |
| PROVISIONS & OTHER CATERING              | 2                         | 0                                 | 12                                 | -12                                 | -5807%                       | 1                               | 35                              | -35                               | -5620.71%                  |
| LAUNDRY, LINEN, UNIFORMS & CLOTHING      | 86                        | 7                                 | 12                                 | -5                                  | -66%                         | 22                              | 34                              | -12                               | -55.70%                    |
| CLEANING EQUIPMENT                       | 0                         | 0                                 | 0                                  | 0                                   | 0%                           | 0                               | 0                               | 0                                 | 0.00%                      |
| LEGAL FEES                               | 3,491                     | 291                               | 285                                | 6                                   | 2%                           | 873                             | 830                             | 42                                | 4.85%                      |
| PRINTING, STATIONERY & POSTAGE           | 839                       | 70                                | 66                                 | 4                                   | 6%                           | 214                             | 212                             | 2                                 | 0.83%                      |
| TELEPHONES                               | 619                       | 51                                | 63                                 | -12                                 | -23%                         | 155                             | 154                             | 0                                 | 0.14%                      |
| TRAVEL, SUBSISTENCE & REMOVALS           | 185                       | 14                                | 14                                 | -0                                  | 0%                           | 46                              | 71                              | -25                               | -53.52%                    |
| TRANSPORT                                | 1,060                     | 88                                | 150                                | -62                                 | -70%                         | 265                             | 366                             | -101                              | -37.93%                    |
| ADVERTISING & PUBLICITY                  | 353                       | 26                                | 17                                 | 9                                   | 34%                          | 88                              | 78                              | 11                                | 12.05%                     |
| TRAINING                                 | 652                       | 58                                | 38                                 | 20                                  | 34%                          | 181                             | 119                             | 62                                | 34.32%                     |
| ENERGY & WATER                           | 3,477                     | 231                               | 116                                | 116                                 | 50%                          | 762                             | 591                             | 171                               | 22.50%                     |
| FURNITURE, FITTINGS & OFFICE EQUIPMENT   | 242                       | 20                                | 26                                 | -5                                  | -27%                         | 60                              | 44                              | 16                                | 27.31%                     |
| IT EQUIPMENT & SUPPLIES                  | 1,679                     | 139                               | 126                                | 13                                  | 9%                           | 466                             | 512                             | -46                               | -9.83%                     |
| RENT & RATES                             | 2,008                     | 167                               | 77                                 | 90                                  | 54%                          | 502                             | 411                             | 91                                | 18.04%                     |
| ESTATES MAINTENANCE                      | 2,069                     | 172                               | 175                                | -3                                  | -2%                          | 517                             | 571                             | -53                               | -10.30%                    |
| CONSULTANCY                              | 897                       | 118                               | 137                                | -19                                 | -16%                         | 293                             | 341                             | -48                               | -16.23%                    |
| WARD BUDGETS                             | 0                         | 0                                 | 0                                  | 0                                   | 0%                           | 0                               | 0                               | 0                                 | 0.00%                      |
| BAD DEBT PROVISION                       | 0                         | 0                                 | 19                                 | -19                                 | 0%                           | 0                               | 19                              | -19                               | 0.00%                      |
| OTHER EXPENDITURE                        | 4,755                     | 1,779                             | 1,799                              | -20                                 | -1%                          | 3,015                           | 2,768                           | 248                               | 8.22%                      |
| FACILITIES /THEATRE RECHARGES            | 22                        | 2                                 | 0                                  | 2                                   | 100%                         | 6                               | -0                              | 6                                 | 100.02%                    |
| CIP NON PAY SAVINGS                      | -30                       | 255                               | 31                                 | 224                                 | 88%                          | -7                              | 0                               | -7                                | 100.00%                    |
| <b>Non Pay</b>                           | <b>85,163</b>             | <b>9,746</b>                      | <b>9,640</b>                       | <b>106</b>                          | <b>1%</b>                    | <b>24,619</b>                   | <b>24,650</b>                   | <b>-31</b>                        | <b>-0.13%</b>              |
| Depreciation                             | 9,352                     | 779                               | 779                                | 0                                   | 0%                           | 2,338                           | 2,338                           | 0                                 | 0.00%                      |
| CIP Depreciation Savings                 | -842                      | -33                               | 0                                  | -33                                 | 100%                         | -25                             | 0                               | -25                               | 100.00%                    |
| Donated Depreciation                     | 156                       | 13                                | 13                                 | -0                                  | 0%                           | 39                              | 39                              | -0                                | -0.01%                     |
| DIVIDENDS PAYABLE                        | 9,666                     | 895                               | 896                                | -0                                  | 0%                           | 2,506                           | 2,507                           | -0                                | 0.00%                      |
| Deficit Reversal/Surplus Brought Forward | 0                         | 0                                 | 0                                  | 0                                   | 0%                           | 0                               | 0                               | 0                                 | 0.00%                      |
| Reserves                                 | 8,109                     | -2,501                            | -2,548                             | 47                                  | -2%                          | 48                              | 1                               | 47                                | 97.23%                     |
| <b>TOTAL NON PAY</b>                     | <b>111,604</b>            | <b>8,900</b>                      | <b>8,780</b>                       | <b>121</b>                          | <b>1%</b>                    | <b>29,526</b>                   | <b>29,535</b>                   | <b>-9</b>                         | <b>-0.03%</b>              |

**CHELSEA & WESTMINSTER HEALTHCARE NHS TRUST**  
**SERVICE LEVEL AGREEMENTS EXPENDITURE**

Responsibility: Edward Donald

**FORM F2F**  
**June 06**

| Account | Service Level Agreement               | Budget Holder | Full Year Budget<br>£000 | THIS MONTH                 |                             |                              |                        | YEAR TO DATE                |                             |                               |                         |
|---------|---------------------------------------|---------------|--------------------------|----------------------------|-----------------------------|------------------------------|------------------------|-----------------------------|-----------------------------|-------------------------------|-------------------------|
|         |                                       |               |                          | This Months Budget<br>£000 | This Months Actuals<br>£000 | This Months Variance<br>£000 | This Months Variance % | Year to Date Budget<br>£000 | Year to Date Actual<br>£000 | Year to Date Variance<br>£000 | Year to Date Variance % |
| 3A040   | BLOOD PRODUCTS                        |               | 0                        | 0                          | (27)                        | 27                           | 0.0%                   | 0                           | (27)                        | 27                            | 0.0%                    |
| 3A250   | NATIONAL BLOOD SERVICE CONTRAC        |               | 1,164                    | 97                         | 94                          | 3                            | 3.1%                   | 291                         | 288                         | 3                             | 1.0%                    |
| 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                           | 0                           | 0                             | 0.0%                    |
| 3D160   | COMPUTER HARDWARE PURCHASES           |               | 0                        | 0                          | 0                           | 0                            | 0.0%                   | 0                           | 0                           | 0                             | 0.0%                    |
| 3D250   | RENT & ACCOMMODATION SERVICEWS        |               | 369                      | 31                         | (62)                        | 93                           | 300.0%                 | 92                          | 0                           | 92                            | 100.0%                  |
| 3H030   | MISCELLANEOUS                         |               | 0                        | 0                          | 0                           | 0                            | 0.0%                   | 0                           | 0                           | 0                             | 0.0%                    |
| 3H120   | HOSPITALITY                           |               | 0                        | 0                          | 44                          | (44)                         | 0.0%                   | 0                           | 44                          | (44)                          | 0.0%                    |
| 3H200   | SOCIAL SERVICES                       |               | 144                      | 12                         | 82                          | (70)                         | -583.3%                | 36                          | 106                         | (70)                          | -194.4%                 |
| 3H210   | MEDICAL ILLUSTRATION                  |               | 332                      | 28                         | (11)                        | 39                           | 139.3%                 | 83                          | 44                          | 39                            | 47.0%                   |
| 3H220   | A/V SERVICES                          |               | 0                        | 0                          | 0                           | 0                            | 0.0%                   | 0                           | 0                           | 0                             | 0.0%                    |
| 3J010   | NATIONAL AMBULANCE                    |               | 0                        | 0                          | 22                          | (22)                         | 0.0%                   | 0                           | 22                          | (22)                          | 0.0%                    |
| 3J030   | PATHOLOGY SLA (HHT)                   |               | 6,485                    | 537                        | 401                         | 136                          | 25.3%                  | 1,655                       | 1,521                       | 134                           | 8.1%                    |
| 3J040   | CARDIOLOGY SLA (RBH)                  |               | 367                      | 31                         | 31                          | 0                            | 0.0%                   | 92                          | 92                          | 0                             | 0.0%                    |
| 3J050   | INFORMATION SYSTEMS SLA               |               | 0                        | 0                          | 0                           | 0                            | 0.0%                   | 0                           | 0                           | 0                             | 0.0%                    |
| 3J060   | CLINICAL ENGINEERING SLA              |               | 519                      | 43                         | 33                          | 10                           | 23.3%                  | 130                         | 119                         | 11                            | 8.5%                    |
| 3J070   | EEG SLA                               |               | 0                        | 0                          | 0                           | 0                            | 0.0%                   | 0                           | 0                           | 0                             | 0.0%                    |
| 3J080   | MEDICAL PHYSICS SLA                   |               | 31                       | 3                          | 15                          | (12)                         | -400.0%                | 8                           | 20                          | (12)                          | -150.0%                 |
| 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                          | 55                          | (53)                         | -2650.0%               | 6                           | 59                          | (53)                          | -883.3%                 |
| 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                         | 26                          | (11)                         | -73.3%                 | 46                          | 56                          | (10)                          | -21.7%                  |
| 3J190   | VICTORIA SHC SLA                      |               | 0                        | 0                          | 29                          | (29)                         | 0.0%                   | 0                           | 29                          | (29)                          | 0.0%                    |
| 3J200   | EXTERNAL TESTS                        |               | 0                        | 0                          | (3)                         | 3                            | 0.0%                   | 0                           | (3)                         | 3                             | 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                          | 9                           | (9)                          | 0.0%                   | 0                           | 9                           | (9)                           | 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                           | 0                           | 0                             | 0.0%                    |
| 9B011   | PROVIDER TO PROVIDER INCOME- BROMPTON |               | (205)                    | (17)                       | 43                          | (60)                         | 352.9%                 | (51)                        | 8                           | (59)                          | 115.7%                  |
| 9B012   | PROVIDER TO PROVIDER INCOME- MARSDEN  |               | (94)                     | (8)                        | (67)                        | 59                           | -737.5%                | (23)                        | (83)                        | 60                            | -260.9%                 |
| VF010   | SLAs SAVINGS TARGET 2005/06           |               | 0                        | 0                          | 0                           | 0                            |                        | 0                           | 0                           | 0                             |                         |
| Vf042   | SLAs SAVINGS TARGET 2006/07           |               | (185)                    | (15)                       | 31                          | (46)                         |                        | (46)                        | 0                           | (46)                          |                         |
|         | <b>TOTAL ALL SLAs</b>                 |               | <b>9,134</b>             | <b>759</b>                 | <b>779</b>                  | <b>(20)</b>                  | <b>-2.6%</b>           | <b>2,319</b>                | <b>2,338</b>                | <b>(19)</b>                   | <b>-0.8%</b>            |

**CHELSEA & WESTMINSTER HEALTHCARE NHS TRUST**  
**TRUST WIDE SUMMARY BY DIRECTORATE**

Responsibility: Finance Director

FORM F3A

June 06

| Directorate/ Service Area              | Accountability   | Annual Budget    |                |                |                |                  | In Month Variance |               |               |               |               | YTD Variance  |               |               |               |                | Full Year Forecast at June 06 |                |               |                |
|----------------------------------------|------------------|------------------|----------------|----------------|----------------|------------------|-------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|----------------|-------------------------------|----------------|---------------|----------------|
|                                        |                  | Income           | Pay            | Savings        | Non pay        | Total            | Income            | Pay           | Savings       | Non Pay       | Total         | Income        | Pay           | Savings       | Non Pay       | Total          | Income                        | Pay            | Non pay       | Total          |
| <b>Central Income</b>                  |                  | <b>£000's</b>    | <b>£000's</b>  | <b>£000's</b>  | <b>£000's</b>  | <b>£000's</b>    | <b>£000's</b>     | <b>£000's</b> | <b>£000's</b> | <b>£000's</b> | <b>£000's</b> | <b>£000's</b> | <b>£000's</b> | <b>£000's</b> | <b>£000's</b> | <b>£000's</b>  | <b>£000's</b>                 | <b>£000's</b>  | <b>£000's</b> | <b>£000's</b>  |
| SaFF income                            | Lorraine Bewes   | (164,234)        | 0              | 0              | 0              | (164,234)        | 247               | 0             | 0             | (35)          | 212           | 247           | 0             | 0             | (104)         | 143            | (1,060)                       | 0              | 0             | (1,060)        |
| Central Non SaFF income                | Lorraine Bewes   | (55,668)         | 0              | 0              | 0              | (55,668)         | 3                 | 0             | 0             | 0             | 3             | (32)          | 0             | 0             | 0             | (32)           | 0                             | 0              | 0             | 0              |
| <b>Total Central Income</b>            |                  | <b>(219,902)</b> | <b>0</b>       | <b>0</b>       | <b>0</b>       | <b>(219,902)</b> | <b>250</b>        | <b>0</b>      | <b>0</b>      | <b>(35)</b>   | <b>216</b>    | <b>215</b>    | <b>0</b>      | <b>0</b>      | <b>(104)</b>  | <b>111</b>     | <b>(1,060)</b>                | <b>0</b>       | <b>0</b>      | <b>(1,060)</b> |
| <b>Frontline Directorate</b>           |                  |                  |                |                |                |                  |                   |               |               |               |               |               |               |               |               |                |                               |                |               |                |
| Imaging & Anaesthetics                 | Kate Hall        | (494)            | 20,496         | 0              | 5,288          | 25,289           | 0                 | (35)          | 9             | (22)          | (47)          | 8             | (84)          | (0)           | (86)          | (162)          | 70                            | 19             | (236)         | (147)          |
| HIV/GUM                                | Debbie Richards  | (833)            | 10,875         | (341)          | 26,158         | 35,859           | 32                | (36)          | (47)          | 39            | (11)          | 97            | (94)          | (115)         | 49            | (62)           | 388                           | (588)          | 200           | 0              |
| Medicine & A&E                         | Nicola Hunt      | (711)            | 22,529         | (819)          | 6,649          | 27,648           | 16                | (96)          | 14            | (67)          | (132)         | 7             | (235)         | (177)         | 14            | (391)          | 144                           | (1,053)        | 438           | (471)          |
| Surgery                                | Kate Hall        | (339)            | 14,345         | (33)           | 4,104          | 18,077           | 13                | (79)          | 8             | (87)          | (145)         | 6             | (50)          | (16)          | (179)         | (240)          | 29                            | 93             | (346)         | (224)          |
| Womens & Children's                    | Sherryn Elsworth | (4,096)          | 30,716         | (64)           | 4,310          | 30,866           | (39)              | (55)          | 38            | (6)           | (61)          | (145)         | (307)         | (16)          | 76            | (392)          | 331                           | (321)          | (213)         | (203)          |
| <b>Subtotal Frontline Directorates</b> |                  | <b>(6,472)</b>   | <b>98,961</b>  | <b>(1,258)</b> | <b>46,509</b>  | <b>137,740</b>   | <b>23</b>         | <b>(300)</b>  | <b>23</b>     | <b>(142)</b>  | <b>(397)</b>  | <b>(27)</b>   | <b>(770)</b>  | <b>(325)</b>  | <b>(125)</b>  | <b>(1,246)</b> | <b>962</b>                    | <b>(1,850)</b> | <b>(157)</b>  | <b>(1,045)</b> |
| Pharmacy                               | Karen Robertson  | (769)            | 4,049          | 0              | 351            | 3,631            | 5                 | 5             | 0             | 22            | 32            | (9)           | 47            | 0             | 16            | 54             | (40)                          | 147            | 38            | 145            |
| Physiotherapy & Occ Therapy            | Douline Schoeman | (200)            | 3,922          | 0              | 139            | 3,861            | 5                 | (32)          | 1             | (3)           | (29)          | (10)          | (65)          | (0)           | 3             | (73)           | 0                             | 0              | 0             | 0              |
| Dietetics                              | Helen Stracey    | (25)             | 593            | 0              | 25             | 594              | (0)               | 3             | 1             | 1             | 5             | (3)           | 2             | 0             | (2)           | (3)            | (12)                          | 8              | 4             | 0              |
| Regional Pharmacy                      | Susan Sanders    | (59)             | 70             | 0              | 33             | 44               | 10                | (11)          | 0             | (5)           | (6)           | (0)           | (0)           | 0             | 0             | (0)            | 0                             | 0              | 0             | 0              |
| <b>Subtotal Clinical Support</b>       |                  | <b>(1,053)</b>   | <b>8,634</b>   | <b>0</b>       | <b>548</b>     | <b>8,129</b>     | <b>20</b>         | <b>(35)</b>   | <b>1</b>      | <b>16</b>     | <b>2</b>      | <b>(22)</b>   | <b>(16)</b>   | <b>0</b>      | <b>17</b>     | <b>(21)</b>    | <b>(52)</b>                   | <b>155</b>     | <b>42</b>     | <b>145</b>     |
| Chief Executive                        | Heather Lawrence | (1,740)          | 2,983          | 0              | 265            | 1,508            | 5                 | 14            | 0             | 4             | 22            | 12            | 20            | 0             | (7)           | 25             | 16                            | 31             | (5)           | 42             |
| Governance & Corporate Affairs         | Cathy Mooney     | (3)              | 739            | 0              | 3,504          | 4,239            | (0)               | 17            | 0             | 8             | 24            | (1)           | 38            | 0             | 4             | 42             | (1)                           | 54             | 6             | 59             |
| Nursing                                | Andrew MacCallum | (897)            | 2,149          | 0              | 201            | 1,454            | (5)               | 56            | 0             | 0             | 52            | (2)           | 62            | 0             | (8)           | 52             | (2)                           | 57             | (17)          | 38             |
| Human Resources                        | Maxine Foster    | (104)            | 1,478          | (61)           | 177            | 1,489            | (5)               | 16            | (5)           | 4             | 10            | (18)          | 22            | (15)          | 13            | 2              | (18)                          | 26             | 13            | 21             |
| Finance                                | Lorraine Bewes   | (768)            | 3,321          | 0              | 693            | 3,246            | 30                | (28)          | 6             | (12)          | (4)           | 97            | (40)          | 0             | (48)          | 9              | 183                           | (113)          | (70)          | 0              |
| IC&T & EPR                             | Alex Geddes      | (78)             | 1,730          | 0              | 1,572          | 3,224            | (12)              | 29            | 0             | (45)          | (28)          | (2)           | 92            | 0             | (85)          | 6              | (2)                           | 81             | (77)          | 2              |
| Occupational Health                    | Stella Sawyer    | (173)            | 344            | (5)            | 55             | 220              | (4)               | 2             | (0)           | 1             | (1)           | (11)          | 5             | (1)           | (8)           | (16)           | (38)                          | 26             | 1             | (11)           |
| <b>Subtotal Management Exec</b>        |                  | <b>(3,763)</b>   | <b>12,744</b>  | <b>(66)</b>    | <b>6,467</b>   | <b>15,381</b>    | <b>9</b>          | <b>105</b>    | <b>1</b>      | <b>(40)</b>   | <b>75</b>     | <b>75</b>     | <b>200</b>    | <b>(16)</b>   | <b>(139)</b>  | <b>119</b>     | <b>138</b>                    | <b>162</b>     | <b>(149)</b>  | <b>151</b>     |
| Facilities Management                  | Helen Elkington  | (2,696)          | 240            | 0              | 17,017         | 14,562           | (52)              | (4)           | (0)           | 57            | 2             | (50)          | (18)          | (0)           | 66            | (2)            | 13                            | (8)            | (13)          | (8)            |
| Operation Management                   | Edward Donald    | 0                | 716            | 0              | 7              | 723              | 0                 | 13            | 0             | 0             | 13            | 0             | 13            | 0             | 1             | 14             | 0                             | 0              | 1             | 1              |
| Research & Development                 | Mervyn Maze      | 0                | 0              | 0              | 0              | 0                | 0                 | 0             | 0             | 0             | 0             | 0             | 0             | 0             | 0             | (0)            | 0                             | 0              | 0             | 0              |
| Private Patients                       | Edward Donald    | (3,698)          | 988            | 0              | 481            | (2,229)          | 2                 | (17)          | 6             | 4             | (5)           | (98)          | (30)          | 0             | (29)          | (156)          | (131)                         | (49)           | (96)          | (276)          |
| Overseas                               | Edward Donald    | (718)            | 0              | 0              | 0              | (718)            | 23                | 0             | 0             | (19)          | 3             | 15            | 0             | 0             | (19)          | (5)            | 80                            | 0              | (80)          | 0              |
| ACU                                    | Sherryn Elsworth | (1,256)          | 735            | 0              | 440            | (81)             | 42                | 1             | 0             | (10)          | 32            | 80            | 1             | 0             | (23)          | 58             | 179                           | 1              | (88)          | 92             |
| Post Graduate Centre                   | Kevin Shotliff   | 0                | 90             | 0              | 132            | 222              | 0                 | 1             | 0             | (2)           | (1)           | (3)           | 4             | 0             | (2)           | (2)            | 0                             | 0              | 0             | 0              |
| Projects                               | Edward Donald    | (345)            | 1,125          | 0              | 128            | 907              | 3                 | 4             | 0             | (5)           | 1             | 9             | 10            | 0             | (3)           | 17             | 0                             | 0              | 0             | 0              |
| Simulation Centre                      | Andrew MacCallum | (293)            | 259            | 0              | 37             | 4                | (8)               | 10            | 0             | 1             | 3             | (19)          | 28            | 0             | 5             | 14             | (74)                          | 74             | 0             | 0              |
| Service Level Agreements               | Edward Donald    | (299)            | 0              | (185)          | 9,617          | 9,134            | 0                 | (8)           | (50)          | 26            | (33)          | (0)           | (8)           | (50)          | 26            | (32)           | 0                             | 0              | 0             | 0              |
| <b>Subtotal Other Directorates</b>     |                  | <b>(9,304)</b>   | <b>4,153</b>   | <b>(185)</b>   | <b>27,860</b>  | <b>22,524</b>    | <b>10</b>         | <b>(1)</b>    | <b>(44)</b>   | <b>51</b>     | <b>16</b>     | <b>(66)</b>   | <b>(0)</b>    | <b>(50)</b>   | <b>22</b>     | <b>(94)</b>    | <b>67</b>                     | <b>18</b>      | <b>(276)</b>  | <b>(191)</b>   |
| <b>Total All Directorates</b>          |                  | <b>(20,592)</b>  | <b>124,493</b> | <b>(1,509)</b> | <b>81,384</b>  | <b>183,776</b>   | <b>61</b>         | <b>(231)</b>  | <b>(19)</b>   | <b>(116)</b>  | <b>(305)</b>  | <b>(40)</b>   | <b>(586)</b>  | <b>(391)</b>  | <b>(225)</b>  | <b>(1,242)</b> | <b>1,115</b>                  | <b>(1,515)</b> | <b>(540)</b>  | <b>(940)</b>   |
| <b>Central Budgets</b>                 |                  |                  |                |                |                |                  |                   |               |               |               |               |               |               |               |               |                |                               |                |               |                |
| Capital Charges                        | Lorraine Bewes   | (156)            | 0              | 0              | 19,174         | 19,018           | 0                 | 0             | (0)           | 0             | 0             | 0             | 0             | (0)           | (0)           | (0)            | 0                             | 0              | 0             | 0              |
| Central Budgets                        | Lorraine Bewes   | (1,120)          | 246            | (1,652)        | 303            | (2,223)          | 2                 | 246           | 482           | 79            | 810           | 0             | 245           | 6             | 352           | 603            | 0                             | 508            | 502           | 1,010          |
| Reserves                               | Lorraine Bewes   | 1,569            | 3,788          | 0              | 11,614         | 16,971           | 0                 | 0             | 0             | 0             | 0             | 0             | 0             | 0             | 0             | 0              | 0                             | 0              | 990           | 990            |
| <b>Total Central Budgets</b>           |                  | <b>293</b>       | <b>4,034</b>   | <b>(1,652)</b> | <b>31,091</b>  | <b>33,766</b>    | <b>2</b>          | <b>246</b>    | <b>482</b>    | <b>79</b>     | <b>810</b>    | <b>0</b>      | <b>245</b>    | <b>6</b>      | <b>352</b>    | <b>603</b>     | <b>0</b>                      | <b>508</b>     | <b>1,492</b>  | <b>2,000</b>   |
| <b>Net Deficit(-)/Surplus(+)</b>       |                  | <b>(240,201)</b> | <b>128,527</b> | <b>(3,161)</b> | <b>112,475</b> | <b>(2,360)</b>   | <b>313</b>        | <b>15</b>     | <b>463</b>    | <b>(71)</b>   | <b>721</b>    | <b>175</b>    | <b>(341)</b>  | <b>(385)</b>  | <b>23</b>     | <b>(528)</b>   | <b>55</b>                     | <b>(1,007)</b> | <b>952</b>    | <b>0</b>       |

Savings achieved not yet booked

Savings unachieved

|     |       |       |       |       |
|-----|-------|-------|-------|-------|
| 0   | (16)  | 140   | (124) | 0     |
| 175 | (357) | (245) | (101) | (528) |

CHELSEA & WESTMINSTER HEALTHCARE NHS TRUST  
ACU Summary

FORM F3B  
June 06

|                                   | IN MONTH<br>PLAN<br>ACTIVITY | IN MONTH<br>ACTUAL<br>ACTIVITY | IN MONTH<br>VARIANCE<br>ACTIVITY | YTD<br>PLAN<br>ACTIVITY | YTD<br>ACTUAL<br>ACTIVITY | YTD<br>VARIANCE<br>ACTIVITY | ANNUAL<br>PLAN<br>ACTIVITY | YE<br>FORECAST<br>ACTIVITY | VARIANCE<br>TO PLAN<br>ACTIVITY |
|-----------------------------------|------------------------------|--------------------------------|----------------------------------|-------------------------|---------------------------|-----------------------------|----------------------------|----------------------------|---------------------------------|
| <b>Activity Cycles per year</b>   |                              |                                |                                  |                         |                           |                             |                            |                            |                                 |
| IVF                               | 15                           | 21                             | 6                                | 45                      | 52                        | 7                           | 180                        | 195                        | 15                              |
| ICSI                              | 10                           | 8                              | (2)                              | 30                      | 32                        | 2                           | 120                        | 125                        | 5                               |
| <b>Sub total self fund cycles</b> | <b>25</b>                    | <b>29</b>                      | <b>4</b>                         | <b>75</b>               | <b>84</b>                 | <b>9</b>                    | <b>300</b>                 | <b>320</b>                 | <b>20</b>                       |
| IUI (procedure)                   | 30                           | 41                             | 11                               | 90                      | 127                       | 37                          | 360                        | 425                        | 65                              |

|                                   | IN MONTH<br>PLAN<br>£000 | IN MONTH<br>ACTUAL<br>£000 | IN MONTH<br>VARIANCE<br>£000 | YTD<br>PLAN<br>£000 | YTD<br>ACTUAL<br>£000 | YTD<br>VARIANCE<br>£000 | ANNUAL<br>PLAN<br>£000 | YE<br>FORECAST<br>£000 | VARIANCE<br>TO PLAN<br>£000 |
|-----------------------------------|--------------------------|----------------------------|------------------------------|---------------------|-----------------------|-------------------------|------------------------|------------------------|-----------------------------|
| <b>Income</b>                     |                          |                            |                              |                     |                       |                         |                        |                        |                             |
| IVF                               | (35)                     | (44)                       | 9                            | (104)               | (114)                 | 10                      | (418)                  | (470)                  | 52                          |
| ICSI                              | (28)                     | (30)                       | 2                            | (84)                | (97)                  | 13                      | (336)                  | (380)                  | 44                          |
| <b>Sub total self fund cycles</b> | <b>(63)</b>              | <b>(74)</b>                | <b>11</b>                    | <b>(188)</b>        | <b>(211)</b>          | <b>23</b>               | <b>(754)</b>           | <b>(850)</b>           | <b>96</b>                   |
| IUI                               | (18)                     | (30)                       | 12                           | (55)                | (81)                  | 26                      | (219)                  | (256)                  | 37                          |
| Consultations                     | (2)                      | (5)                        | 3                            | (7)                 | (9)                   | 2                       | (29)                   | (33)                   | 4                           |
| Drugs income                      | (18)                     | (24)                       | 6                            | (53)                | (73)                  | 20                      | (212)                  | (245)                  | 33                          |
| Other                             | (3)                      | (13)                       | 10                           | (10)                | (19)                  | 9                       | (42)                   | (50)                   | 9                           |
| <b>Income sub total</b>           | <b>(105)</b>             | <b>(146)</b>               | <b>42</b>                    | <b>(314)</b>        | <b>(394)</b>          | <b>80</b>               | <b>(1,256)</b>         | <b>(1,435)</b>         | <b>179</b>                  |
| <b>Pay</b>                        | <b>63</b>                | <b>63</b>                  | <b>1</b>                     | <b>182</b>          | <b>182</b>            | <b>1</b>                | <b>713</b>             | <b>712</b>             | <b>1</b>                    |
| <b>Non pay</b>                    | <b>37</b>                | <b>47</b>                  | <b>(10)</b>                  | <b>110</b>          | <b>133</b>            | <b>(23)</b>             | <b>440</b>             | <b>528</b>             | <b>(88)</b>                 |
| <b>Surplus/ Deficit</b>           | <b>(5)</b>               | <b>(36)</b>                | <b>32</b>                    | <b>(22)</b>         | <b>(79)</b>           | <b>58</b>               | <b>(103)</b>           | <b>(195)</b>           | <b>92</b>                   |

**CHELSEA & WESTMINSTER HEALTHCARE NHS TRUST**  
**SUMMARY OF RESERVES MOVEMENTS**

Responsibility: Finance Director

FORM 4A

June 06

| Reserve                       | Code  | Revised<br>Opening<br>Balance<br>01/04/06 | Distributed 2006/07 |         |         |          | Closing<br>Ledger<br>balance<br>2006/07 | Committed<br>2006/07 | Uncomm-<br>itted<br>2006/07 | Uncomm-<br>itted<br>2007/08 |
|-------------------------------|-------|-------------------------------------------|---------------------|---------|---------|----------|-----------------------------------------|----------------------|-----------------------------|-----------------------------|
|                               |       |                                           | Month 1             | Month 2 | Month 3 | Total    |                                         |                      |                             |                             |
|                               |       | £000's                                    | £000's              | £000's  | £000's  | £000's   | £000's                                  | £000's               | £000's                      | £000's                      |
| Specific Expenditure Reserves | 3X010 | 16,775                                    | (3,266)             | (1,064) | (2,101) | (6,431)  | 10,344                                  | 9,474                | 870                         | 0                           |
| Pay Inflation                 | 3X060 | 3,228                                     |                     | (739)   | (1,244) | (1,983)  | 1,245                                   | 1,245                | 0                           | 0                           |
| Non Pay                       | 3X070 | 7,124                                     | (1,456)             | (2,768) | (320)   | (4,544)  | 2,580                                   | 2,502                | 78                          | 0                           |
| Contingency                   | 3X080 | 41                                        | (15)                | (19)    | 18      | (16)     | 25                                      | 25                   | 0                           | 0                           |
| Deficit Payback               | 3X195 | 2,360                                     |                     | (2,360) |         | (2,360)  | 0                                       | 0                    | 0                           | 0                           |
| Agenda for Change Reserve     | 3X250 | 2,903                                     | (435)               | (642)   |         | (1,077)  | 1,826                                   | 1,826                | 0                           | 0                           |
| EWTB Reserve                  | 3X260 | 543                                       |                     | (126)   | (80)    | (206)    | 337                                     | 295                  | 42                          | 0                           |
| Consultant Contract Reserve   | 3X290 | 198                                       |                     |         |         | 0        | 198                                     | 198                  | 0                           | 0                           |
| Additional Savings            | 3X490 | 0                                         |                     |         | 193     | 193      | 193                                     | 193                  | 0                           | 0                           |
| Drugs Reserve                 | 3X510 | 0                                         |                     | 158     | (37)    | 121      | 121                                     | 121                  | 0                           | 0                           |
| Ringfenced Funding            | 3X680 | 0                                         | (555)               | (20)    | 677     | 102      | 102                                     | 102                  | 0                           | 0                           |
|                               |       | 0                                         |                     |         |         |          |                                         |                      |                             |                             |
|                               |       | 33,173                                    | (5,728)             | (7,580) | (2,894) | (16,202) | 16,971                                  | 15,981               | 990                         | 0                           |

**CHELSEA & WESTMINSTER HEALTHCARE NHS TRUST**  
**TRUST WIDE SAVINGS ACHIEVED BY DIRECTORATE**

Responsibility: Finance Director

FORM F5A

June 06

| Directorate/ Service Area              | Accountability   | 2005/06 B/F target | New Target 2006/07 | Total Target 2006/07 | Savings Planned/ Achieved |                     |                       |                     |              |              |               | Outstanding target to Achieve |
|----------------------------------------|------------------|--------------------|--------------------|----------------------|---------------------------|---------------------|-----------------------|---------------------|--------------|--------------|---------------|-------------------------------|
|                                        |                  |                    |                    |                      | Process Redesign          | Corporate Functions | Other Workforce Costs | Procurement Savings | Other        | Income       | Total         |                               |
|                                        |                  | £000's             | £000's             | £000's               | £000's                    | £000's              | £000's                | £000's              | £000's       | £000's       | £000's        | £000's                        |
| <b>Central Income</b>                  |                  |                    |                    |                      |                           |                     |                       |                     |              |              |               |                               |
| SaFF income                            | Lorraine Bewes   |                    |                    |                      |                           |                     |                       |                     |              |              | 0             | 0                             |
| Central Non SaFF income                | Lorraine Bewes   |                    |                    |                      |                           |                     |                       |                     |              |              | 0             | 0                             |
| <b>Total Central Income</b>            |                  | <b>0</b>           | <b>0</b>           | <b>0</b>             | <b>0</b>                  | <b>0</b>            | <b>0</b>              | <b>0</b>            | <b>0</b>     | <b>0</b>     | <b>0</b>      | <b>0</b>                      |
| <b>Frontline Directorate</b>           |                  |                    |                    |                      |                           |                     |                       |                     |              |              |               |                               |
| Imaging & Anaesthetics                 | Kate Hall        | 0                  | (602)              | (602)                | 232                       | 0                   | 291                   | 79                  | 0            | 0            | 602           | 0                             |
| HIV/GUM                                | Debbie Richards  | (400)              | (284)              | (684)                | 23                        | 0                   | 39                    | 271                 | 220          | 170          | 723           | 39                            |
| Medicine & A&E                         | Nicola Hunt      | (226)              | (1,259)            | (1,485)              | 747                       | 0                   | 49                    | 0                   | 106          | 18           | 920           | (565)                         |
| Surgery                                | Kate Hall        | 0                  | (449)              | (449)                | 371                       | 0                   | 43                    | 78                  | 0            | 0            | 492           | 43                            |
| Womens & Children's                    | Sherryn Elsworth | 0                  | (727)              | (727)                | 711                       | 0                   | 35                    | 0                   | 16           | 0            | 762           | 35                            |
| <b>Subtotal Frontline Directorates</b> |                  | <b>(626)</b>       | <b>(3,321)</b>     | <b>(3,947)</b>       | <b>2,084</b>              | <b>0</b>            | <b>457</b>            | <b>428</b>          | <b>342</b>   | <b>188</b>   | <b>3,499</b>  | <b>(448)</b>                  |
| Pharmacy                               | Karen Robertson  |                    | (88)               | (88)                 | 0                         | 0                   | 67                    | 13                  | 0            | 8            | 88            | 0                             |
| Physiotherapy & Occ Therapy            | Douline Schoeman | (31)               | (98)               | (129)                | 0                         | 0                   | 131                   | 13                  | 0            | 15           | 160           | 31                            |
| Dietetics                              | Helen Stracey    | (14)               | (15)               | (29)                 | 20                        | 0                   | 0                     | 5                   | 0            | 0            | 25            | (4)                           |
| <b>Subtotal Clinical Support</b>       |                  | <b>(45)</b>        | <b>(201)</b>       | <b>(246)</b>         | <b>20</b>                 | <b>0</b>            | <b>198</b>            | <b>31</b>           | <b>0</b>     | <b>23</b>    | <b>273</b>    | <b>27</b>                     |
| Chief Executive                        | Heather Lawrence |                    | (28)               | (28)                 | 0                         | 0                   | 0                     | 0                   | 28           | 0            | 28            | 0                             |
| Governance & Corporate Affairs         | Cathy Mooney     | (19)               | (81)               | (100)                | 0                         | 100                 | 0                     | 0                   | 0            | 0            | 100           | 0                             |
| Nursing                                | Andrew MacCallum | (5)                | (142)              | (147)                | 0                         | 125                 | 0                     | 22                  | 0            | 0            | 147           | 0                             |
| Human Resources                        | Maxine Foster    | (26)               | (126)              | (152)                | 0                         | 15                  | 80                    | 41                  | 0            | 0            | 136           | (16)                          |
| Finance                                | Lorraine Bewes   |                    | (259)              | (259)                | 0                         | 96                  | 17                    | 35                  | 0            | 162          | 310           | 51                            |
| IM&T & EPR                             | Alex Geddes      | (99)               | (261)              | (360)                | 0                         | 139                 | 0                     | 151                 | 0            | 70           | 360           | 0                             |
| Occupational Health                    | Stella Sawyer    |                    | (6)                | (6)                  | 0                         | 6                   | 0                     | 0                   | 0            | 0            | 6             | 0                             |
| <b>Subtotal Management Exec</b>        |                  | <b>(149)</b>       | <b>(903)</b>       | <b>(1,052)</b>       | <b>0</b>                  | <b>481</b>          | <b>97</b>             | <b>249</b>          | <b>28</b>    | <b>232</b>   | <b>1,087</b>  | <b>35</b>                     |
| Facilities                             | Helen Elkington  |                    | (343)              | (343)                | 0                         | 0                   | 0                     | 398                 | 0            | 180          | 578           | 235                           |
| Private Patients                       | Edward Donald    |                    | 0                  | 0                    | 0                         | 0                   | 0                     | 0                   | 0            | 0            | 0             | 0                             |
| ACU                                    | Sherryn Elsworth |                    | 0                  | 0                    | 0                         | 0                   | 0                     | 0                   | 0            | 0            | 0             | 0                             |
| Post Graduate Centre                   | Kevin Shotliff   |                    | 0                  | 0                    | 0                         | 0                   | 0                     | 0                   | 0            | 0            | 0             | 0                             |
| Projects                               | Edward Donald    |                    | (21)               | (21)                 | 0                         | 0                   | 0                     | 21                  | 0            | 0            | 21            | (0)                           |
| Simulation Centre                      | Andrew MacCallum |                    | 0                  | 0                    | 0                         | 0                   | 0                     | 0                   | 0            | 0            | 0             | 0                             |
| Service Level Agreements               | Edward Donald    |                    | (210)              | (210)                | 0                         | 0                   | 0                     | 125                 | 0            | 0            | 125           | (85)                          |
| <b>Subtotal Other Directorates</b>     |                  | <b>0</b>           | <b>(574)</b>       | <b>(574)</b>         | <b>0</b>                  | <b>0</b>            | <b>0</b>              | <b>544</b>          | <b>0</b>     | <b>180</b>   | <b>724</b>    | <b>150</b>                    |
| <b>Total All Directorates</b>          |                  | <b>(820)</b>       | <b>(4,999)</b>     | <b>(5,819)</b>       | <b>2,104</b>              | <b>481</b>          | <b>752</b>            | <b>1,251</b>        | <b>370</b>   | <b>623</b>   | <b>5,582</b>  | <b>(237)</b>                  |
| <b>Central Targets</b>                 |                  |                    |                    |                      |                           |                     |                       |                     |              |              |               |                               |
| Capital Charges                        | Lorraine Bewes   | (1,000)            | (700)              | (1,700)              | 0                         | 0                   | 0                     | 0                   | 1,907        | 0            | 1,907         | 207                           |
| Procurement Savings                    | Lorraine Bewes   |                    | (500)              | (500)                | 0                         | 0                   | 0                     | 273                 | 0            | 0            | 273           | (227)                         |
| Staff Rostering                        | Edward Donald    |                    | (500)              | (500)                | 592                       | 0                   | 0                     | 0                   | 0            | 0            | 592           | 92                            |
| Bank and Agency Rates                  | Maxine Foster    |                    | (500)              | (500)                | 0                         | 0                   | 344                   | 0                   | 0            | 0            | 344           | (156)                         |
| Ward Stock Management                  | Edward Donald    |                    | (200)              | (200)                | 0                         | 0                   | 0                     | 0                   | 0            | 0            | 0             | (200)                         |
| HCD Income                             | Lorraine Bewes   |                    | (513)              | (513)                | 0                         | 0                   | 0                     | 0                   | 0            | 447          | 447           | (66)                          |
| GUM Overperformance                    | Lorraine Bewes   |                    | (500)              | (500)                | 0                         | 0                   | 0                     | 0                   | 0            | 487          | 487           | (13)                          |
| Other                                  | Lorraine Bewes   | 159                | (100)              | 59                   | 0                         | 0                   | 0                     | 300                 | 0            | 0            | 300           | 359                           |
| <b>Savings to be worked up</b>         |                  |                    |                    |                      |                           |                     |                       |                     |              |              |               |                               |
| Director's Valuation                   | Lorraine Bewes   |                    | (500)              | (500)                | 0                         | 0                   | 0                     | 0                   | 740          | 0            | 740           | 240                           |
| High Cost Drugs                        | Lorraine Bewes   |                    | (400)              | (400)                | 0                         | 0                   | 0                     | 0                   | 0            | 400          | 400           | 0                             |
| <b>Total Central Budgets</b>           |                  | <b>(841)</b>       | <b>(4,413)</b>     | <b>(5,254)</b>       | <b>592</b>                | <b>0</b>            | <b>344</b>            | <b>573</b>          | <b>2,647</b> | <b>1,334</b> | <b>5,490</b>  | <b>236</b>                    |
| <b>Net Deficit(-)/Surplus(+)</b>       |                  | <b>(1,661)</b>     | <b>(9,412)</b>     | <b>(11,073)</b>      | <b>2,696</b>              | <b>481</b>          | <b>1,096</b>          | <b>1,825</b>        | <b>3,016</b> | <b>1,957</b> | <b>11,072</b> | <b>(1)</b>                    |

| Directorate/ Service Area              | Accountability  | Risk     | Total Savings Target | Savings Planned/Achieved |                     |                       |                     |        |        |               | Outstanding Target |
|----------------------------------------|-----------------|----------|----------------------|--------------------------|---------------------|-----------------------|---------------------|--------|--------|---------------|--------------------|
|                                        |                 |          |                      | Process Redesign         | Corporate Functions | Other Workforce Costs | Procurement Savings | Other  | Income | Total Savings |                    |
|                                        |                 |          | £000's               | £000's                   | £000's              | £000's                | £000's              | £000's | £000's | £000's        | £000's             |
| <b>Frontline Directorate</b>           |                 |          |                      |                          |                     |                       |                     |        |        |               |                    |
| <b>Imaging &amp; Anaesthetics</b>      | Kate Hall       |          | (602)                |                          |                     |                       |                     |        |        |               | (602)              |
| Capacity plan 04-05                    |                 | Achieved |                      |                          |                     | 291                   |                     |        |        | 291           | 291                |
| Critical Care 1 % savings              |                 | Achieved |                      | 3                        |                     |                       |                     |        |        | 3             | 3                  |
| IMPACT secondment                      |                 | Achieved |                      | 12                       |                     |                       |                     |        |        | 12            | 12                 |
| ITU 1% savings                         |                 | Achieved |                      | 22                       |                     |                       |                     | 13     |        | 35            | 35                 |
| ITU bed closure                        |                 | Achieved |                      | 46                       |                     |                       |                     |        |        | 46            | 46                 |
| Radiology 1% savings                   |                 | Achieved |                      | 43                       |                     |                       |                     | 25     |        | 68            | 68                 |
| Theatres 1% savings                    |                 | Achieved |                      | 45                       |                     |                       |                     | 1      |        | 46            | 46                 |
| Theatres skill mix                     |                 | Achieved |                      | 41                       |                     |                       |                     |        |        | 41            | 41                 |
| Treatment Centre 1% savings            |                 | Achieved |                      | 20                       |                     |                       |                     | 5      |        | 25            | 25                 |
| TSSU 1% savings                        |                 | Achieved |                      |                          |                     |                       |                     | 7      |        | 7             | 7                  |
| Urology Non-Pay                        |                 | Achieved |                      |                          |                     |                       |                     | 28     |        | 28            | 28                 |
|                                        |                 |          | (602)                | 232                      | 0                   | 291                   | 79                  | 0      | 0      | 602           | 0                  |
| <b>HIV/GUM</b>                         | Debbie Richards |          | (684)                |                          |                     |                       |                     |        |        |               | (684)              |
| Contribution from Chlamydia initiative |                 | Achieved |                      |                          |                     |                       |                     |        | 10     | 10            | 10                 |
| Skill Mix saving - Charing Cross       |                 | Achieved |                      | 6                        |                     |                       |                     |        |        | 6             | 6                  |
| Skill Mix saving - The Ward            |                 | Achieved |                      | 17                       |                     |                       |                     |        |        | 17            | 17                 |
| Viral Load Testing Tender              |                 | Achieved |                      |                          |                     |                       | 211                 |        |        | 211           | 211                |
| VAT Saving on Home delivery of Drugs   |                 | Achieved |                      |                          |                     |                       | 60                  |        |        | 60            | 60                 |
| Development Funding                    |                 | Achieved |                      |                          |                     |                       |                     | 155    |        | 155           | 155                |
| New Income targets                     |                 | High     |                      |                          |                     |                       |                     |        | 161    | 161           | 161                |
| Travel Costs                           |                 | Medium   |                      |                          |                     |                       |                     | 15     |        | 15            | 15                 |
| Non recurring underpends               |                 | Medium   |                      |                          |                     |                       |                     | 50     |        | 50            | 50                 |
| Band 6 Saving                          |                 | Achieved |                      |                          |                     | 39                    |                     |        |        | 39            | 39                 |
|                                        |                 |          | (684)                | 23                       | 0                   | 39                    | 271                 | 220    | 171    | 724           | 40                 |
| <b>Medicine &amp; A&amp;E</b>          | Nicola Hunt     |          | (1,485)              |                          |                     |                       |                     |        |        |               | (1,485)            |
| A&E Floating Locum                     |                 | Achieved |                      | 41                       |                     |                       |                     |        |        | 41            | 41                 |
| Close Ward                             |                 | Achieved |                      | 673                      |                     |                       |                     |        |        | 673           | 673                |
| Medicine Floating Locum                |                 | Achieved |                      | 33                       |                     |                       |                     |        |        | 33            | 33                 |
| Sleep Studies                          |                 | Medium   |                      |                          |                     |                       |                     |        | 18     | 18            | 18                 |
| Thalium Scans                          |                 | Medium   |                      |                          |                     |                       |                     | 70     |        | 70            | 70                 |
| Rental Of Adele Dixon                  |                 | Low      |                      |                          |                     |                       |                     | 36     |        | 36            | 36                 |
| Consultant Savings                     |                 | Achieved |                      |                          |                     | 25                    |                     |        |        | 25            | 25                 |
| Band 2 Nurse                           |                 | Achieved |                      |                          |                     | 24                    |                     |        |        | 24            | 24                 |
|                                        |                 |          | (1,485)              | 747                      | 0                   | 49                    | 0                   | 106    | 18     | 920           | (565)              |
| <b>Surgery</b>                         | Kate Hall       |          | (449)                |                          |                     |                       |                     |        |        |               | (449)              |
| Burn- Unit                             |                 | Achieved |                      |                          |                     |                       | 25                  |        |        | 25            | 25                 |
| Close Surgical Beds                    |                 | Achieved |                      | 260                      |                     |                       | 45                  |        |        | 305           | 305                |
| Management saving                      |                 | Achieved |                      |                          |                     |                       | 8                   |        |        | 8             | 8                  |
| Plastic Medical Staff                  |                 | Achieved |                      | 73                       |                     |                       |                     |        |        | 73            | 73                 |
| Restructuring of Admin Support         |                 | Achieved |                      | 38                       |                     |                       |                     |        |        | 38            | 38                 |
| Band 5 and 0.4 A&C 3                   |                 | Achieved |                      |                          |                     | 43                    |                     |        |        | 43            | 43                 |
|                                        |                 |          | (449)                | 371                      | 0                   | 43                    | 78                  | 0      | 0      | 492           | 43                 |

| Directorate/ Service Area                             | Accountability   | Risk     | Total Savings Target | Savings Planned/Achieved |                     |                       |                     |        |        |               | Outstanding Target |
|-------------------------------------------------------|------------------|----------|----------------------|--------------------------|---------------------|-----------------------|---------------------|--------|--------|---------------|--------------------|
|                                                       |                  |          |                      | Process Redesign         | Corporate Functions | Other Workforce Costs | Procurement Savings | Other  | Income | Total Savings |                    |
|                                                       |                  |          | £000's               | £000's                   | £000's              | £000's                | £000's              | £000's | £000's | £000's        | £000's             |
| <b>Womens &amp; Children's</b>                        | Sherryn Elsworth |          | (727)                |                          |                     |                       |                     |        |        |               | (727)              |
| Staff Savings - Gynae                                 |                  | Achieved |                      | 95                       |                     |                       |                     |        |        | 95            | 95                 |
| Closing Bay on Annie Zunz at weekends-staff & Non pay |                  | Achieved |                      | 58                       |                     |                       |                     |        |        | 58            | 58                 |
| Closing Bay on Annie Zunz at weekends-catering        |                  | Medium   |                      | 2                        |                     |                       |                     |        |        | 2             | 2                  |
| Additional Colposcopy/Hysteroscopy Income             |                  | Medium   |                      | 67                       |                     |                       |                     |        |        | 67            | 67                 |
| Staff Savings - Mgmt                                  |                  | Achieved |                      | 20                       |                     |                       |                     |        |        | 20            | 20                 |
| Staff Savings - Maternity                             |                  | Achieved |                      | 123                      |                     |                       |                     |        |        | 123           | 123                |
| Skill Mix Savings - NICU                              |                  | Achieved |                      | 34                       |                     |                       |                     |        |        | 34            | 34                 |
| Staff Savings - Paed Community                        |                  | Achieved |                      | 65                       |                     |                       |                     |        |        | 65            | 65                 |
| Staff Savings - Paeds                                 |                  | Achieved |                      | 109                      |                     |                       |                     |        |        | 109           | 109                |
| Closing Jupiter Wards at weekends                     |                  | Achieved |                      | 73                       |                     |                       |                     |        |        | 73            | 73                 |
| Closing Jupiter Wards at weekends- catering           |                  | Medium   |                      | 3                        |                     |                       |                     |        |        | 3             | 3                  |
| Paediatric Dental Recharge                            |                  | Achieved |                      |                          |                     |                       |                     | 16     |        | 16            | 16                 |
| Staff Savings - Women's Medical                       |                  | Achieved |                      | 26                       |                     |                       |                     |        |        | 26            | 26                 |
| SHO Rota Change                                       |                  | Achieved |                      | 37                       |                     |                       |                     |        |        | 37            | 37                 |
| Band 5                                                |                  | Achieved |                      |                          |                     | 35                    |                     |        |        | 35            | 35                 |
|                                                       |                  |          | (727)                | 711                      | 0                   | 35                    | 0                   | 16     | 0      | 762           | 35                 |
| <b>Subtotal Frontline Directorates</b>                |                  |          | (3,947)              | 2,084                    | 0                   | 457                   | 428                 | 342    | 189    | 3,500         | (447)              |
| <b>Pharmacy</b>                                       | Karen Robertson  |          | (88)                 |                          |                     |                       |                     |        |        | 0             | (88)               |
| 0.4 WTE MTO2 reduction                                |                  | Achieved |                      |                          |                     | 12                    |                     |        |        | 12            | 12                 |
| A&C 4 1WTE (band3)                                    |                  | Achieved |                      |                          |                     | 25                    |                     |        |        | 25            | 25                 |
| Books                                                 |                  | Achieved |                      |                          |                     |                       | 8                   |        |        | 8             | 8                  |
| Hammersmith Microbiology Income                       |                  | Achieved |                      |                          |                     |                       |                     |        | 8      | 8             | 8                  |
| MSSE                                                  |                  | Achieved |                      |                          |                     |                       | 5                   |        |        | 5             | 5                  |
| MT04 Uncovered maternity leave                        |                  | Achieved |                      |                          |                     | 5                     |                     |        |        | 5             | 5                  |
| Staff pay 0.3 E grade leave vacant                    |                  | Achieved |                      |                          |                     | 15                    |                     |        |        | 15            | 15                 |
| Technical staff                                       |                  | Achieved |                      |                          |                     | 10                    |                     |        |        | 10            | 10                 |
|                                                       |                  |          | (88)                 | 0                        | 0                   | 67                    | 13                  | 0      | 8      | 88            | 0                  |
| <b>Physiotherapy &amp; Occ Therapy</b>                | Douline Schoeman |          | (129)                |                          |                     |                       |                     |        |        | 0             | (129)              |
| Income savings                                        |                  | Achieved |                      |                          |                     |                       |                     |        | 15     | 15            | 15                 |
| Non-pay Savings                                       |                  | Achieved |                      |                          |                     | 22                    | 13                  |        |        | 35            | 35                 |
| Staff Savings                                         |                  | Achieved |                      |                          |                     | 83                    |                     |        |        | 83            | 83                 |
| Band 4                                                |                  | Achieved |                      |                          |                     | 26                    |                     |        |        | 26            | 26                 |
|                                                       |                  |          | (129)                | 0                        | 0                   | 131                   | 13                  | 0      | 15     | 160           | 31                 |
| <b>Dietetics</b>                                      | Helen Stracey    |          | (29)                 |                          |                     |                       |                     |        |        | 0             | (29)               |
| Non-pay Savings                                       |                  | Achieved |                      |                          |                     |                       | 5                   |        |        | 5             | 5                  |
| Staff Savings                                         |                  | Achieved |                      | 20                       |                     |                       |                     |        |        | 20            | 20                 |
|                                                       |                  |          | (29)                 | 20                       | 0                   | 0                     | 5                   | 0      | 0      | 25            | (4)                |
| <b>Subtotal Clinical Support</b>                      |                  |          | (246)                | 20                       | 0                   | 198                   | 31                  | 0      | 23     | 273           | 27                 |
| <b>Chief Executive</b>                                | Heather Lawrence | Achieved | (28)                 |                          |                     |                       |                     | 28     |        | 28            | 0                  |
| <b>Governance &amp; Corporate Affairs</b>             | Catherine Mooney |          | (100)                |                          |                     |                       |                     |        |        | 0             | (100)              |
| Clinical Gov Coordinator 1.0 post                     |                  | Achieved |                      |                          | 45                  |                       |                     |        |        | 45            | 45                 |
| Clinical Gov Support Officer 1.0 post                 |                  | Achieved |                      |                          | 29                  |                       |                     |        |        | 29            | 29                 |
| Consultancy                                           |                  | Low      |                      |                          | 9                   |                       |                     |        |        | 9             | 9                  |
| Legal fees                                            |                  | Achieved |                      |                          | 18                  |                       |                     |        |        | 18            | 18                 |
|                                                       |                  |          | (100)                | 0                        | 100                 | 0                     | 0                   | 0      | 0      | 100           | 0                  |

| Directorate/ Service Area                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Accountability   | Risk     | Total Savings Target | Savings Planned/Achieved |                     |                       |                     |        |        |               | Outstanding Target |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------|----------------------|--------------------------|---------------------|-----------------------|---------------------|--------|--------|---------------|--------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |          |                      | Process Redesign         | Corporate Functions | Other Workforce Costs | Procurement Savings | Other  | Income | Total Savings |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |          | £000's               | £000's                   | £000's              | £000's                | £000's              | £000's | £000's | £000's        | £000's             |
| <b>Nursing</b><br>Computer Hardware<br>Staff budget review<br>Lead Nurse Practice & Prof Dev 1.0 WTE<br>Practice Education Facilitator 0.5 WTE<br>Printing & Stationary<br>Vacant Grade 5 post 1.0<br><br><b>Human Resources</b><br>Consultancy<br>Snr Workforce Info Analyst post<br>Miscellaneous Training<br>Play Scheme<br>Reduce Bank opening hours (cost savings)<br>Reduction in Advertising costs<br>Staff recruitment<br><br><b>Finance</b><br>Charities Salary Recharges<br>Arrears Charities Salary Recharges<br>Bank Charges<br>Bank Weekly to Monthly Paid<br>CD-rom service reduction<br>Cancellation OFA Software<br>Capitalisation of Capital Accountant (100%)<br>Creditors current vacant post<br>Other savings<br>Pharmacy to GL Interface<br>Staff recruitment - use e-recruit<br>Interest Receivable Target<br><br><b>IM&amp;T &amp; EPR</b><br>Budget for IBM contract<br>IDX<br>Ing Lease for 209 PC's (CHEW01)<br>Lease Cars<br>Legal Fees<br>EPR Savings<br>Software Licences<br>Telephone calls<br>Training<br>Various Leases<br><br><b>Occupational Health</b><br>Counselling | Andrew MacCallum | Achieved | (147)                |                          |                     |                       | 14                  |        |        | 0             | (147)              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  | Achieved |                      |                          | 7                   |                       |                     |        |        | 14            | 14                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  | Low      |                      |                          | 47                  |                       |                     |        |        | 7             | 7                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  | Low      |                      |                          | 48                  |                       |                     |        |        | 47            | 47                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  | Achieved |                      |                          |                     |                       | 8                   |        |        | 48            | 48                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  | Achieved |                      |                          | 24                  |                       |                     |        |        | 8             | 8                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |          | (147)                | 0                        | 125                 | 0                     | 22                  | 0      | 0      | 24            | 24                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |          |                      |                          |                     |                       |                     |        |        | 147           | 0                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Maxine Foster    | Achieved | (152)                |                          |                     | 35                    |                     |        |        | 0             | (152)              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  | Achieved |                      |                          | 15                  |                       |                     |        |        | 35            | 35                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  | Achieved |                      |                          |                     |                       | 5                   |        |        | 15            | 15                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  | Achieved |                      |                          |                     |                       | 10                  |        |        | 5             | 5                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  | Medium   |                      |                          |                     | 45                    |                     |        |        | 10            | 10                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  | Achieved |                      |                          |                     |                       | 17                  |        |        | 45            | 45                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  | Achieved |                      |                          |                     |                       | 10                  |        |        | 17            | 17                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |          | (152)                | 0                        | 15                  | 80                    | 41                  | 0      | 0      | 10            | 10                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |          |                      |                          |                     |                       |                     |        |        | 136           | (16)               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Lorraine Bewes   | Low      | (259)                |                          |                     |                       |                     |        |        | 0             | (259)              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  | Low      |                      |                          |                     |                       |                     |        | 59     | 59            | 59                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  | Achieved |                      |                          |                     |                       | 5                   |        | 15     | 15            | 15                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  | High     |                      |                          |                     | 17                    |                     |        |        | 5             | 5                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  | Achieved |                      |                          |                     |                       | 12                  |        |        | 17            | 17                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  | Achieved |                      |                          |                     |                       | 4                   |        |        | 12            | 12                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  | Achieved |                      |                          | 32                  |                       |                     |        |        | 4             | 4                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  | Low      |                      |                          | 24                  |                       |                     |        |        | 32            | 32                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  | Medium   |                      |                          | 16                  |                       |                     |        |        | 24            | 24                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  | Low      |                      |                          | 25                  |                       |                     |        |        | 16            | 16                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  | Achieved |                      |                          |                     |                       | 14                  |        |        | 25            | 25                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  | Achieved |                      |                          |                     |                       |                     |        | 88     | 14            | 14                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |          | (259)                | 0                        | 96                  | 17                    | 35                  | 0      | 162    | 88            | 88                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |          |                      |                          |                     |                       |                     |        |        | 310           | 51                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Alex Geddes      | Achieved | (360)                |                          |                     |                       | 68                  |        |        | 0             | (360)              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  | Low      |                      |                          | 134                 |                       |                     |        |        | 68            | 68                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  | Achieved |                      |                          |                     |                       | 36                  |        |        | 134           | 134                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  | Achieved |                      |                          |                     |                       | 3                   |        |        | 36            | 36                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  | Achieved |                      |                          | 5                   |                       |                     |        |        | 3             | 3                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  | Achieved |                      |                          |                     |                       |                     |        |        | 5             | 5                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  | Achieved |                      |                          |                     |                       |                     |        | 70     | 70            | 70                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  | Achieved |                      |                          |                     |                       | 9                   |        |        | 9             | 9                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  | Achieved |                      |                          |                     |                       | 10                  |        |        | 10            | 10                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  | Achieved |                      |                          |                     |                       | 22                  |        |        | 22            | 22                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  | Achieved |                      |                          |                     |                       | 3                   |        |        | 3             | 3                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |          | (360)                | 0                        | 139                 | 0                     | 151                 | 0      | 70     | 360           | (0)                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Stella Sawyer    | Medium   | (6)                  |                          | 6                   |                       |                     |        |        | 0             | (6)                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |          |                      |                          |                     |                       |                     |        |        | 6             | 6                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |          | (6)                  | 0                        | 6                   | 0                     | 0                   | 0      | 0      | 6             | 0                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |          |                      |                          |                     |                       |                     |        |        |               |                    |
| <b>Subtotal Management Exec</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |          | (1,052)              | 0                        | 481                 | 97                    | 249                 | 28     | 232    | 1,087         | 35                 |

| Directorate/ Service Area          | Accountability  | Risk     | Total Savings Target | Savings Planned/Achieved |                     |                       |                     |        |        |               | Outstanding Target |
|------------------------------------|-----------------|----------|----------------------|--------------------------|---------------------|-----------------------|---------------------|--------|--------|---------------|--------------------|
|                                    |                 |          |                      | Process Redesign         | Corporate Functions | Other Workforce Costs | Procurement Savings | Other  | Income | Total Savings |                    |
|                                    |                 |          | £000's               | £000's                   | £000's              | £000's                | £000's              | £000's | £000's | £000's        | £000's             |
| <b>Facilities</b>                  | Helen Elkington |          | (343)                |                          |                     |                       |                     |        |        | 0             | (343)              |
| Carparking                         |                 | Achieved |                      |                          |                     |                       |                     |        | 180    | 180           | 180                |
| Franking Machine Mail              |                 | Medium   |                      |                          |                     |                       | 42                  |        |        | 42            | 42                 |
| Interpretation                     |                 | Achieved |                      |                          |                     |                       | 20                  |        |        | 20            | 20                 |
| ISS contract terms re: Bed Making  |                 | Achieved |                      |                          |                     |                       | 24                  |        |        | 24            | 24                 |
| ISS Francis Burdette Ward Cleaning |                 | Achieved |                      |                          |                     |                       | 44                  |        |        | 44            | 44                 |
| ISS General Areas Cleaning         |                 | Achieved |                      |                          |                     |                       | 18                  |        |        | 18            | 18                 |
| ISS Reception Staffing             |                 | Achieved |                      |                          |                     |                       | 16                  |        |        | 16            | 16                 |
| ISS Ward Cleaning                  |                 | Achieved |                      |                          |                     |                       | 34                  |        |        | 34            | 34                 |
| LAS contract                       |                 | Achieved |                      |                          |                     |                       | 200                 |        |        | 200           | 200                |
|                                    |                 |          | (343)                | 0                        | 0                   | 0                     | 398                 | 0      | 180    | 578           | 235                |
| <b>Projects</b>                    | Edward Donald   |          | (21)                 |                          |                     |                       |                     |        |        | 0             | (21)               |
| Sewage & Water                     |                 | Achieved |                      |                          |                     |                       | 2                   |        |        | 2             | 2                  |
| Telephone Calls                    |                 | Achieved |                      |                          |                     |                       | 19                  |        |        | 19            | 19                 |
|                                    |                 |          | (21)                 | 0                        | 0                   | 0                     | 21                  | 0      | 0      | 21            | (0)                |
| <b>Service Level Agreements</b>    | Edward Donald   |          | (210)                |                          |                     |                       |                     |        |        | 0             | (210)              |
| Pathology Savings                  |                 | Medium   |                      |                          |                     |                       | 100                 |        |        | 100           | 100                |
| Viral Load Testing Tender          |                 | Achieved |                      |                          |                     |                       | 25                  |        |        | 25            | 25                 |
|                                    |                 |          | (210)                | 0                        | 0                   | 0                     | 125                 | 0      | 0      | 125           | (85)               |
|                                    |                 |          |                      |                          |                     |                       |                     |        |        |               | 0                  |
| <b>Subtotal Other Directorates</b> |                 |          | (574)                | 0                        | 0                   | 0                     | 544                 | 0      | 180    | 724           | 150                |
| <b>Total All Directorates</b>      |                 |          | (5,819)              | 2,104                    | 481                 | 752                   | 1,251               | 370    | 624    | 5,583         | (236)              |
| <b>Central Budgets</b>             |                 |          |                      |                          |                     |                       |                     |        |        |               |                    |
| Capital Charges                    | Lorraine Bewes  | Achieved | (1,700)              |                          |                     |                       |                     | 1,907  |        | 1,907         | 207                |
| Procurement Savings                | Lorraine Bewes  | Achieved | (500)                |                          |                     |                       | 273                 |        |        | 273           | (227)              |
| Staff Rostering                    | Edward Donald   | Medium   | (500)                | 592                      |                     |                       |                     |        |        | 592           | 92                 |
| Bank and Agency Rates              | Maxine Foster   | Achieved | (500)                |                          |                     | 344                   |                     |        |        | 344           | (156)              |
| Ward Stock Management              | Edward Donald   | Medium   | (200)                |                          |                     |                       |                     |        |        | 0             | (200)              |
| HCD Income                         | Lorraine Bewes  | Achieved | (513)                |                          |                     |                       |                     |        | 447    | 447           | (66)               |
| GUM Overperformance                | Lorraine Bewes  | Achieved | (500)                |                          |                     |                       |                     |        | 248    | 248           | (252)              |
| GUM Overperformance                | Lorraine Bewes  | High     |                      |                          |                     |                       |                     |        | 239    | 239           | 239                |
| Other                              | Lorraine Bewes  | Achieved | 59                   |                          |                     |                       | 300                 |        |        | 300           | 359                |
| <b>Savings to be worked up</b>     |                 |          |                      |                          |                     |                       |                     |        |        | 0             | 0                  |
| Director's Valuation               | Lorraine Bewes  | Achieved | (500)                |                          |                     |                       |                     | 740    |        | 740           | 240                |
| High Cost Drugs                    | Lorraine Bewes  | Achieved | (400)                |                          |                     |                       |                     |        | 400    | 400           | 0                  |
|                                    |                 |          | (5,254)              | 592                      | 0                   | 344                   | 573                 | 2,647  | 1,334  | 5,490         | 236                |
|                                    |                 |          |                      |                          |                     |                       |                     |        |        |               |                    |
| <b>Total Central Budgets</b>       |                 |          | (5,254)              | 592                      | 0                   | 344                   | 573                 | 2,647  | 1,334  | 5,490         | 236                |
|                                    |                 |          |                      |                          |                     |                       |                     |        |        |               |                    |
| <b>Net Deficit(-)/Surplus(+)</b>   |                 |          | (11,073)             | 2,696                    | 481                 | 1,096                 | 1,825               | 3,016  | 1,958  | 11,073        | 0                  |
| Achieved                           |                 |          |                      | 2,032                    | 175                 | 1,034                 | 1,683               | 2,845  | 1,466  | 9,235         | 83%                |
| Low                                |                 |          |                      | 0                        | 285                 | 0                     | 0                   | 36     | 74     | 395           | 4%                 |
| Medium                             |                 |          |                      | 664                      | 22                  | 45                    | 142                 | 135    | 18     | 1,026         | 9%                 |
| High                               |                 |          |                      | 0                        | 0                   | 17                    | 0                   | 0      | 400    | 417           | 4%                 |
| Total                              |                 |          |                      | 2,696                    | 481                 | 1,096                 | 1,825               | 3,016  | 1,958  | 11,073        | 100%               |

**CHELSEA & WESTMINSTER HEALTHCARE NHS TRUST**  
**TRUST WIDE SAVINGS ACHIEVED BY DIRECTORATE**

Responsibility: Finance Director

FORM FC  
June 06

| Directorate/ Service Area              | Accountability   | 2005/06 B/F target | New Target 2006/07 | Total Target 2006/07 | Total Savings Planned/ Achieved | Outstanding target to Achieve |
|----------------------------------------|------------------|--------------------|--------------------|----------------------|---------------------------------|-------------------------------|
|                                        |                  | £000's             | £000's             | £000's               | £000's                          | £000's                        |
| <b>Central Income</b>                  |                  |                    |                    |                      |                                 |                               |
| SaFF income                            | Lorraine Bewes   |                    |                    |                      | 0                               | 0                             |
| Central Non SaFF income                | Lorraine Bewes   |                    |                    |                      | 0                               | 0                             |
| <b>Total Central Income</b>            |                  | <b>0</b>           | <b>0</b>           | <b>0</b>             | <b>0</b>                        | <b>0</b>                      |
| <b>Frontline Directorate</b>           |                  |                    |                    |                      |                                 |                               |
| Imaging & Anaesthetics                 | Kate Hall        | 0                  | (602)              | (602)                | 602                             | 0                             |
| HIV/GUM                                | Debbie Richards  | (400)              | (284)              | (684)                | 723                             | 39                            |
| Medicine & A&E                         | Nicola Hunt      | (226)              | (1,259)            | (1,485)              | 920                             | (565)                         |
| Surgery                                | Kate Hall        | 0                  | (449)              | (449)                | 492                             | 43                            |
| Womens & Children's                    | Sherryn Elsworth | 0                  | (727)              | (727)                | 762                             | 35                            |
| <b>Subtotal Frontline Directorates</b> |                  | <b>(626)</b>       | <b>(3,321)</b>     | <b>(3,947)</b>       | <b>3,499</b>                    | <b>(448)</b>                  |
| Pharmacy                               | Karen Robertson  | 0                  | (88)               | (88)                 | 88                              | 0                             |
| Physiotherapy & Occ Therapy            | Douline Schoeman | (31)               | (98)               | (129)                | 160                             | 31                            |
| Dietetics                              | Helen Stracey    | (14)               | (15)               | (29)                 | 25                              | (4)                           |
| <b>Subtotal Clinical Support</b>       |                  | <b>(45)</b>        | <b>(201)</b>       | <b>(246)</b>         | <b>273</b>                      | <b>27</b>                     |
| Chief Executive                        | Heather Lawrence | 0                  | (28)               | (28)                 | 28                              | 0                             |
| Governance & Corporate Affairs         | Cathy Mooney     | (19)               | (81)               | (100)                | 100                             | 0                             |
| Nursing                                | Andrew MacCallum | (5)                | (142)              | (147)                | 147                             | 0                             |
| Human Resources                        | Maxine Foster    | (26)               | (126)              | (152)                | 136                             | (16)                          |
| Finance                                | Lorraine Bewes   | 0                  | (259)              | (259)                | 310                             | 51                            |
| IM&T & EPR                             | Alex Geddes      | (99)               | (261)              | (360)                | 360                             | 0                             |
| Occupational Health                    | Stella Sawyer    | 0                  | (6)                | (6)                  | 6                               | 0                             |
| <b>Subtotal Management Exec</b>        |                  | <b>(149)</b>       | <b>(903)</b>       | <b>(1,052)</b>       | <b>1,087</b>                    | <b>35</b>                     |
| Facilities                             | Helen Elkington  | 0                  | (343)              | (343)                | 578                             | 235                           |
| Private Patients                       | Edward Donald    | 0                  | 0                  | 0                    | 0                               | 0                             |
| ACU                                    | Sherryn Elsworth | 0                  | 0                  | 0                    | 0                               | 0                             |
| Post Graduate Centre                   | Kevin Shotliff   | 0                  | 0                  | 0                    | 0                               | 0                             |
| Projects                               | Edward Donald    | 0                  | (21)               | (21)                 | 21                              | (0)                           |
| Simulation Centre                      | Andrew MacCallum | 0                  | 0                  | 0                    | 0                               | 0                             |
| Service Level Agreements               | Edward Donald    | 0                  | (210)              | (210)                | 125                             | (85)                          |
| <b>Subtotal Other Directorates</b>     |                  | <b>0</b>           | <b>(574)</b>       | <b>(574)</b>         | <b>724</b>                      | <b>150</b>                    |
| <b>Total All Directorates</b>          |                  | <b>(820)</b>       | <b>(4,999)</b>     | <b>(5,819)</b>       | <b>5,582</b>                    | <b>(237)</b>                  |
| <b>Central Targets</b>                 |                  |                    |                    |                      |                                 |                               |
| Capital Charges                        | Lorraine Bewes   | (1,000)            | (700)              | (1,700)              | 1,907                           | 207                           |
| Procurement Savings                    | Lorraine Bewes   | 0                  | (500)              | (500)                | 273                             | (227)                         |
| Staff Rostering                        | Edward Donald    | 0                  | (500)              | (500)                | 592                             | 92                            |
| Bank and Agency Rates                  | Maxine Foster    | 0                  | (500)              | (500)                | 344                             | (156)                         |
| Ward Stock Management                  | Edward Donald    | 0                  | (200)              | (200)                | 0                               | (200)                         |
| HCD Income                             | Lorraine Bewes   | 0                  | (513)              | (513)                | 447                             | (66)                          |
| GUM Overperformance                    | Lorraine Bewes   | 0                  | (500)              | (500)                | 487                             | (13)                          |
| Other                                  | Lorraine Bewes   | 159                | (100)              | 59                   | 300                             | 359                           |
| <b>Savings to be worked up</b>         |                  | <b>0</b>           | <b>0</b>           | <b>0</b>             | <b>0</b>                        | <b>0</b>                      |
| Director's Valuation                   | Lorraine Bewes   | 0                  | (500)              | (500)                | 740                             | 240                           |
| High Cost Drugs                        | Lorraine Bewes   | 0                  | (400)              | (400)                | 400                             | 0                             |
| <b>Total Central Budgets</b>           |                  | <b>(841)</b>       | <b>(4,413)</b>     | <b>(5,254)</b>       | <b>5,490</b>                    | <b>236</b>                    |
| <b>Net Deficit(-)/Surplus(+)</b>       |                  | <b>(1,661)</b>     | <b>(9,412)</b>     | <b>(11,073)</b>      | <b>11,072</b>                   | <b>(1)</b>                    |

| Phasing 2006/07 of Savings Achieved |         |         |         |         |         |         |         |         |          |          |          | Total  |
|-------------------------------------|---------|---------|---------|---------|---------|---------|---------|---------|----------|----------|----------|--------|
| Month 1                             | Month 2 | Month 3 | Month 4 | Month 5 | Month 6 | Month 7 | Month 8 | Month 9 | Month 10 | Month 11 | Month 12 |        |
| £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 |
| 0                                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0        | 0        | 0        | 0      |
| 53                                  | 53      | 53      | 49      | 49      | 49      | 49      | 49      | 49      | 49       | 49       | 49       | 602    |
| 23                                  | 23      | 44      | 44      | 44      | 44      | 46      | 46      | 46      | 46       | 46       | 46       | 496    |
| 2                                   | 71      | 71      | 71      | 71      | 80      | 71      | 71      | 71      | 71       | 71       | 71       | 796    |
| 41                                  | 41      | 41      | 41      | 41      | 41      | 41      | 41      | 41      | 41       | 41       | 41       | 492    |
| 48                                  | 53      | 49      | 57      | 62      | 62      | 62      | 62      | 62      | 59       | 57       | 57       | 687    |
| 167                                 | 241     | 258     | 263     | 267     | 276     | 269     | 269     | 269     | 266      | 264      | 264      | 3,073  |
| 7                                   | 7       | 7       | 7       | 7       | 7       | 7       | 7       | 7       | 7        | 7        | 7        | 88     |
| 24                                  | 24      | 23      | 11      | 14      | 12      | 9       | 9       | 9       | 9        | 9        | 8        | 160    |
| 0                                   | 0       | 0       | 0       | 0       | 3       | 3       | 3       | 3       | 3        | 3        | 3        | 25     |
| 31                                  | 31      | 30      | 19      | 22      | 22      | 20      | 20      | 20      | 20       | 20       | 19       | 273    |
| 2                                   | 2       | 2       | 2       | 2       | 2       | 2       | 2       | 2       | 2        | 2        | 2        | 28     |
| 8                                   | 8       | 8       | 8       | 8       | 8       | 8       | 8       | 8       | 8        | 8        | 8        | 91     |
| 3                                   | 3       | 5       | 5       | 5       | 5       | 5       | 5       | 5       | 5        | 5        | 5        | 53     |
| 8                                   | 8       | 8       | 8       | 8       | 8       | 8       | 8       | 8       | 8        | 8        | 8        | 91     |
| 13                                  | 13      | 13      | 13      | 13      | 13      | 13      | 13      | 13      | 13       | 13       | 13       | 158    |
| 19                                  | 19      | 19      | 19      | 19      | 19      | 19      | 19      | 19      | 19       | 19       | 19       | 226    |
| 0                                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0        | 0        | 0        | 0      |
| 52                                  | 52      | 54      | 54      | 54      | 54      | 54      | 54      | 54      | 54       | 54       | 54       | 647    |
| 45                                  | 45      | 45      | 45      | 45      | 45      | 45      | 45      | 45      | 45       | 45       | 45       | 536    |
| 0                                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0        | 0        | 0        | 0      |
| 0                                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0        | 0        | 0        | 0      |
| 0                                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0        | 0        | 0        | 0      |
| 2                                   | 2       | 2       | 2       | 2       | 2       | 2       | 2       | 2       | 2        | 2        | 2        | 21     |
| 0                                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0        | 0        | 0        | 0      |
| 0                                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0        | 0        | 0        | 0      |
| 0                                   | 0       | 3       | 3       | 3       | 3       | 3       | 3       | 3       | 3        | 3        | 3        | 25     |
| 46                                  | 46      | 49      | 49      | 49      | 49      | 49      | 49      | 49      | 49       | 49       | 49       | 582    |
| 297                                 | 371     | 391     | 385     | 392     | 401     | 392     | 392     | 392     | 389      | 387      | 386      | 4,575  |
| 159                                 | 159     | 159     | 159     | 159     | 159     | 159     | 159     | 159     | 159      | 159      | 159      | 1,907  |
| 23                                  | 23      | 23      | 23      | 23      | 23      | 23      | 23      | 23      | 23       | 23       | 23       | 273    |
| 0                                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0        | 0        | 0        | 0      |
| 0                                   | 0       | 0       | 38      | 38      | 38      | 38      | 38      | 38      | 38       | 38       | 38       | 344    |
| 0                                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0        | 0        | 0        | 0      |
| 37                                  | 37      | 37      | 37      | 37      | 37      | 37      | 37      | 37      | 37       | 37       | 37       | 447    |
| 0                                   | 23      | 23      | 23      | 23      | 23      | 23      | 23      | 23      | 23       | 23       | 23       | 248    |
| 25                                  | 25      | 25      | 25      | 25      | 25      | 25      | 25      | 25      | 25       | 25       | 25       | 300    |
| 0                                   | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0       | 0        | 0        | 0        | 0      |
| 62                                  | 62      | 62      | 62      | 62      | 62      | 62      | 62      | 62      | 62       | 62       | 62       | 741    |
| 33                                  | 33      | 33      | 33      | 33      | 33      | 33      | 33      | 33      | 33       | 33       | 33       | 400    |
| 339                                 | 362     | 362     | 400     | 400     | 400     | 400     | 400     | 400     | 400      | 400      | 400      | 4,660  |
| 636                                 | 733     | 753     | 784     | 792     | 801     | 792     | 792     | 792     | 789      | 787      | 786      | 9,234  |

**CHELSEA & WESTMINSTER HEALTHCARE NHS TRUST**  
**TRUST WIDE SAVINGS ACHIEVED BY DIRECTORATE**

Responsibility: Finance Director

FORM F5D  
June 06

| Directorate/ Service Area              | Accountability   | Total Target 2006/07 |
|----------------------------------------|------------------|----------------------|
|                                        |                  | £000's               |
| <b>Central Income</b>                  |                  |                      |
| SaFF income                            | Lorraine Bewes   |                      |
| Central Non SaFF income                | Lorraine Bewes   |                      |
| <b>Total Central Income</b>            |                  | 0                    |
| <b>Frontline Directorate</b>           |                  |                      |
| Imaging & Anaesthetics                 | Kate Hall        | (602)                |
| HIV/GUM                                | Debbie Richards  | (684)                |
| Medicine & A&E                         | Nicola Hunt      | (1,485)              |
| Surgery                                | Kate Hall        | (449)                |
| Womens & Children's                    | Sherryn Elsworth | (727)                |
| <b>Subtotal Frontline Directorates</b> |                  | (3,947)              |
| Pharmacy                               | Karen Robertson  | (88)                 |
| Physiotherapy & Occ Therapy            | Douline Schoeman | (129)                |
| Dietetics                              | Helen Stracey    | (29)                 |
| <b>Subtotal Clinical Support</b>       |                  | (246)                |
| Chief Executive                        | Heather Lawrence | (28)                 |
| Governance & Corporate Affairs         | Cathy Mooney     | (100)                |
| Nursing                                | Andrew MacCallum | (147)                |
| Human Resources                        | Maxine Foster    | (152)                |
| Finance                                | Lorraine Bewes   | (259)                |
| IM&T & EPR                             | Alex Geddes      | (360)                |
| Occupational Health                    | Stella Sawyer    | (6)                  |
| <b>Subtotal Management Exec</b>        |                  | (1,052)              |
| Facilities                             | Helen Elkington  | (343)                |
| Private Patients                       | Edward Donald    | 0                    |
| ACU                                    | Sherryn Elsworth | 0                    |
| Post Graduate Centre                   | Kevin Shotlift   | 0                    |
| Projects                               | Edward Donald    | (21)                 |
| Simulation Centre                      | Andrew MacCallum | 0                    |
| Service Level Agreements               | Edward Donald    | (210)                |
| <b>Subtotal Other Directorates</b>     |                  | (574)                |
| <b>Total All Directorates</b>          |                  | (5,819)              |
| <b>Central Targets</b>                 |                  |                      |
| Capital Charges                        | Lorraine Bewes   | (1,700)              |
| Procurement Savings                    | Lorraine Bewes   | (500)                |
| Staff Rostering                        | Edward Donald    | (500)                |
| Bank and Agency Rates                  | Maxine Foster    | (500)                |
| Ward Stock Management                  | Edward Donald    | (200)                |
| HCD Income                             | Lorraine Bewes   | (513)                |
| GUM Overperformance                    | Lorraine Bewes   | (500)                |
| Other                                  | Lorraine Bewes   | 59                   |
| <b>Savings to be worked up</b>         |                  |                      |
| Director's Valuation                   | Lorraine Bewes   | (500)                |
| High Cost Drugs                        | Lorraine Bewes   | (400)                |
| <b>Total Central Budgets</b>           |                  | (5,254)              |
| <b>Net Deficit(-)/Surplus(+)</b>       |                  | (11,073)             |
| <b>3/12ths of Outstanding Target</b>   |                  |                      |
| <b>Total</b>                           |                  | 2,367                |

| Phasing 2006/07 Planned/Achieved |         |         |        |
|----------------------------------|---------|---------|--------|
| Month 1                          | Month 2 | Month 3 | Total  |
| £000's                           | £000's  | £000's  | £000's |
| 0                                | 0       | 0       | 0      |
| 53                               | 53      | 53      | 159    |
| 35                               | 35      | 56      | 126    |
| 2                                | 71      | 71      | 144    |
| 41                               | 41      | 41      | 123    |
| 53                               | 59      | 55      | 167    |
| 184                              | 259     | 276     | 720    |
| 7                                | 7       | 7       | 22     |
| 24                               | 24      | 23      | 70     |
| 0                                | 0       | 0       | 1      |
| 31                               | 31      | 30      | 93     |
| 2                                | 2       | 2       | 7      |
| 8                                | 8       | 8       | 25     |
| 11                               | 11      | 13      | 35     |
| 8                                | 12      | 12      | 31     |
| 23                               | 23      | 23      | 68     |
| 30                               | 30      | 30      | 89     |
| 1                                | 1       | 1       | 2      |
| 82                               | 86      | 88      | 256    |
| 48                               | 48      | 48      | 145    |
| 0                                | 0       | 0       | 0      |
| 0                                | 0       | 0       | 0      |
| 0                                | 0       | 0       | 0      |
| 2                                | 2       | 2       | 5      |
| 0                                | 0       | 0       | 0      |
| 8                                | 8       | 11      | 27     |
| 58                               | 58      | 61      | 177    |
| 356                              | 435     | 455     | 1,246  |
| 159                              | 159     | 159     | 477    |
| 23                               | 23      | 23      | 68     |
| 0                                | 0       | 0       | 0      |
| 0                                | 0       | 0       | 0      |
| 0                                | 0       | 0       | 0      |
| 37                               | 37      | 37      | 112    |
| 20                               | 42      | 42      | 104    |
| 25                               | 25      | 25      | 75     |
| 0                                | 0       | 0       | 0      |
| 62                               | 62      | 62      | 185    |
| 33                               | 33      | 33      | 100    |
| 359                              | 381     | 381     | 1,121  |
| 715                              | 816     | 836     | 2,367  |
|                                  |         |         | (0)    |
|                                  |         |         | 2,367  |

| Phasing 2006/07 Achieved |         |         |        |
|--------------------------|---------|---------|--------|
| Month 1                  | Month 2 | Month 3 | Total  |
| £000's                   | £000's  | £000's  | £000's |
| 0                        | 0       | 0       | 0      |
| 53                       | 53      | 53      | 159    |
| 23                       | 23      | 44      | 90     |
| 2                        | 71      | 71      | 144    |
| 41                       | 41      | 41      | 123    |
| 48                       | 53      | 49      | 149    |
| 167                      | 241     | 258     | 666    |
| 7                        | 7       | 7       | 22     |
| 24                       | 24      | 23      | 70     |
| 0                        | 0       | 0       | 1      |
| 31                       | 31      | 30      | 93     |
| 2                        | 2       | 2       | 7      |
| 8                        | 8       | 8       | 23     |
| 3                        | 3       | 5       | 11     |
| 8                        | 8       | 8       | 23     |
| 13                       | 13      | 13      | 39     |
| 19                       | 19      | 19      | 56     |
| 0                        | 0       | 0       | 0      |
| 52                       | 52      | 54      | 159    |
| 45                       | 45      | 45      | 134    |
| 0                        | 0       | 0       | 0      |
| 0                        | 0       | 0       | 0      |
| 0                        | 0       | 0       | 0      |
| 2                        | 2       | 2       | 5      |
| 0                        | 0       | 0       | 0      |
| 0                        | 0       | 3       | 3      |
| 46                       | 46      | 49      | 142    |
| 297                      | 371     | 391     | 1,060  |
| 159                      | 159     | 159     | 477    |
| 23                       | 23      | 23      | 68     |
| 0                        | 0       | 0       | 0      |
| 0                        | 0       | 0       | 0      |
| 0                        | 0       | 0       | 0      |
| 37                       | 37      | 37      | 112    |
| 0                        | 23      | 23      | 45     |
| 25                       | 25      | 25      | 75     |
| 0                        | 0       | 0       | 0      |
| 62                       | 62      | 62      | 185    |
| 33                       | 33      | 33      | 100    |
| 339                      | 362     | 362     | 1,062  |
| 636                      | 733     | 753     | 2,122  |

| Variance of M1-M3 Plan to Achieved Over/ (Under) | Var as % of Planned/ Achieved |
|--------------------------------------------------|-------------------------------|
| £000's                                           | %                             |
| 0                                                | 0                             |
| 0                                                | 0                             |
| (36)                                             | -28.5%                        |
| 0                                                | 0                             |
| 0                                                | 0                             |
| (17)                                             | -10.3%                        |
| (53)                                             | -7.4%                         |
| 0                                                | 0                             |
| 0                                                | 0                             |
| 0                                                | 0                             |
| 0                                                | 0                             |
| 0                                                | 0                             |
| (2)                                              | -8.6%                         |
| (24)                                             | -68.1%                        |
| (8)                                              | -26.5%                        |
| (28)                                             | -41.8%                        |
| (34)                                             | -37.5%                        |
| (2)                                              | -100.0%                       |
| (97)                                             | -38.0%                        |
| (11)                                             | -7.3%                         |
| 0                                                | 0                             |
| 0                                                | 0                             |
| 0                                                | 0                             |
| 0                                                | 0                             |
| 0                                                | 0                             |
| (25)                                             | -90.9%                        |
| (35)                                             | -20.0%                        |
| (186)                                            | -14.9%                        |
| 0                                                | 0                             |
| 0                                                | 0                             |
| 0                                                | 0                             |
| 0                                                | 0                             |
| 0                                                | 0                             |
| 0                                                | 0                             |
| (59)                                             | -56.8%                        |
| 0                                                | 0.0%                          |
| 0                                                | 0                             |
| 0                                                | 0                             |
| 0                                                | 0                             |
| (59)                                             | -5.3%                         |
| (245)                                            | -10.4%                        |
| (0)                                              | 100.0%                        |
| (245)                                            | -10.4%                        |

**BALANCE SHEET**

Responsibility: Finance Director

|                                           | OPENING<br>BALANCE<br>£000 | LAST MONTH<br>ACTUAL<br>£000 | THIS MONTH<br>ACTUAL<br>£000 | YEAR END<br>FORECAST<br>£000 |
|-------------------------------------------|----------------------------|------------------------------|------------------------------|------------------------------|
| <b>INTANGIBLE FIXED:</b>                  | 0                          | 0                            | 0                            | 0                            |
| <b>TANGIBLE FIXED ASSETS :</b>            |                            |                              |                              |                              |
| Land                                      | 46,725                     | 46,725                       | 46,725                       | 49,395                       |
| Buildings                                 | 208,922                    | 207,614                      | 206,962                      | 228,338                      |
| Plant & Equipment                         | 12,347                     | 12,070                       | 11,930                       | 16,165                       |
| <b>RELEVANT FIXED ASSETS :</b>            | <b>267,994</b>             | <b>266,409</b>               | <b>265,617</b>               | <b>293,898</b>               |
| Under Construction                        | 11,927                     | 11,573                       | 12,500                       | 6,414                        |
| <b>TOTAL FIXED ASSETS :</b>               | <b>279,921</b>             | <b>277,982</b>               | <b>278,117</b>               | <b>300,312</b>               |
| <b>CURRENT ASSETS :</b>                   |                            |                              |                              |                              |
| Stocks & Work In Progress                 | 5,237                      | 4,464                        | 4,968                        | 5,545                        |
| Trade Debtors                             | 18,490                     | 18,339                       | 15,328                       | 15,229                       |
| Provision for Irrecoverable Debt          | (8,850)                    | (8,789)                      | (8,538)                      | (4,314)                      |
| Accruals and Prepayments                  | 2,322                      | 2,055                        | 3,638                        | 2,298                        |
| Other Debtors                             | 4,372                      | 1,651                        | 1,613                        | 1,698                        |
| Cash at Bank & in Hand                    | 678                        | 11,172                       | 10,344                       | 2,186                        |
| Short - term Investment                   | 0                          | 0                            | 0                            | 0                            |
| <b>TOTAL CURRENT ASSETS :</b>             | <b>22,249</b>              | <b>28,892</b>                | <b>27,353</b>                | <b>22,642</b>                |
| <b>CURRENT LIABILITIES :</b>              |                            |                              |                              |                              |
| Tax and social security costs             | (2,836)                    | (2,963)                      | (3,127)                      | (3,146)                      |
| Dividends Payable                         | 0                          | (1,611)                      | (2,417)                      | 0                            |
| Trade Creditors                           | (11,302)                   | (12,918)                     | (9,949)                      | (19,557)                     |
| Accruals and deferred income              | (7,931)                    | (10,216)                     | (10,109)                     | (3,393)                      |
| Other Creditors                           | (1,816)                    | (1,773)                      | (2,115)                      | (1,673)                      |
| <b>TOTAL CURRENT LIABILITIES :</b>        | <b>(23,885)</b>            | <b>(29,481)</b>              | <b>(27,717)</b>              | <b>(27,769)</b>              |
| <b>NET CURRENT ASSETS / (LIABILITIES)</b> | <b>(1,636)</b>             | <b>(589)</b>                 | <b>(364)</b>                 | <b>(5,127)</b>               |
| Creditors over one year                   | (969)                      | (969)                        | (969)                        | (2,192)                      |
| Provisions for liabilities and Charges    | (4,557)                    | (4,545)                      | (3,992)                      | (432)                        |
| <b>TOTAL ASSET EMPLOYED</b>               | <b>272,759</b>             | <b>271,879</b>               | <b>272,791</b>               | <b>292,561</b>               |
| <b>CAPITAL &amp; RESERVES</b>             |                            |                              |                              |                              |
| Public Dividend Capital                   | 168,981                    | 168,981                      | 168,981                      | 161,718                      |
| Loans                                     | 0                          | 0                            | 0                            | 3,750                        |
| <b>TOTAL CAPITAL DEBT</b>                 | <b>168,981</b>             | <b>168,981</b>               | <b>168,981</b>               | <b>165,468</b>               |
| <b>RESERVES</b>                           |                            |                              |                              |                              |
| Revaluation Reserve                       | 97,085                     | 97,085                       | 97,085                       | 117,859                      |
| Donation Reserve                          | 7,192                      | 7,168                        | 7,155                        | 7,332                        |
| Other Reserve                             | 0                          | 0                            | 0                            | 0                            |
| Income & Expenditure Reserve / (Deficit)  | (499)                      | (1,355)                      | (429)                        | 1,902                        |
| <b>TOTAL RESERVE</b>                      | <b>103,778</b>             | <b>102,898</b>               | <b>103,811</b>               | <b>127,093</b>               |
| <b>TOTAL CAPITAL AND RESERVES</b>         | <b>272,759</b>             | <b>271,879</b>               | <b>272,792</b>               | <b>292,561</b>               |

## Age Debtor Analysis

June 06

Responsibility: Finance Director

| June                                   | %Age          | Total             | Days<br>0-30     | Days<br>31-90    | Days<br>91+      |
|----------------------------------------|---------------|-------------------|------------------|------------------|------------------|
| Kensington & Chelsea PCT               | 14.48%        | 1,109,034         | 0                | 1,153,592        | 56,022           |
| Westminster PCT                        | 6.65%         | 734,192           | 685,552          | 18,876           | 29,763           |
| Hammersmith and Fulham PCT             | 3.95%         | 731,769           | 307,326          | 81,108           | 343,335          |
| The Hammersmith Hospitals NHS Trust    | 2.76%         | 710,690           | 0                | 23,196           | 687,494          |
| Royal Brompton and Harefield NHS Trust | 2.53%         | 506,202           | 55,153           | 276,840          | 174,209          |
| Brent KCW Mental Health Trust          | 2.25%         | 413,639           | 0                | 0                | 413,639          |
| Western Sussex PCT                     | 2.16%         | 397,830           | 0                | 0                | 397,830          |
| Southend on Sea PCT                    | 2.10%         | 390,150           | 18,571           | 24,607           | 346,971          |
| Adur Arun and Worthing PCT             | 2.00%         | 356,246           | 0                | 64,550           | 291,695          |
| Hounslow PCT                           | 1.98%         | 294,911           | 88,992           | 69,510           | 136,409          |
| <b>Sub Total</b>                       | <b>40.86%</b> | <b>5,644,663</b>  | <b>1,155,595</b> | <b>1,712,280</b> | <b>2,877,369</b> |
| <b>Other Debtors</b>                   | <b>59.14%</b> | <b>9,683,587</b>  | <b>1,516,094</b> | <b>2,617,440</b> | <b>5,550,053</b> |
|                                        | <b>100%</b>   | <b>15,328,251</b> | <b>2,671,689</b> | <b>4,329,720</b> | <b>8,427,422</b> |
| % of total                             |               | 100.0%            | 17.4%            | 28.2%            | 55.0%            |
| Increase/(decrease) on last month      |               | -3,015,262        | -4,595,635       | 1,669,877        | 11,077           |
| % Increase/(decrease)on previous month |               | -16.4%            | -63.2%           | 62.8%            | 0.1%             |

## Analysis of Private Patients Debtors

|                                        |  |           |         |         |         |
|----------------------------------------|--|-----------|---------|---------|---------|
| Outstanding as at 30 June 2006         |  | 1,523,143 | 722,348 | 308,670 | 492,125 |
| % of total                             |  | 100.0%    | 47.4%   | 20.3%   | 32.3%   |
| Increase/(decrease) on last month      |  | 168,893   | 153,368 | 9,595   | 4,931   |
| % Increase/(decrease)on previous month |  | 12.5%     | 27.0%   | 3.2%    | 1.0%    |

## Analysis of Overseas Visitors Debtors

|                                        |  |           |         |         |           |
|----------------------------------------|--|-----------|---------|---------|-----------|
| Outstanding as at 30 June 2006         |  | 1,259,726 | 90,309  | 0       | 1,169,417 |
| % of total                             |  | 100.0%    | 7.2%    | 0.0%    | 92.8%     |
| Increase/(decrease) on last month      |  | 55,964    | 87,299  | -20,304 | -11,032   |
| % Increase/(decrease)on previous month |  | 4.6%      | 2900.3% | -100.0% | -0.9%     |

| May                                  | %Age          | Total             | Days<br>0-30     | Days<br>31-90    | Days<br>91+      |
|--------------------------------------|---------------|-------------------|------------------|------------------|------------------|
| Kensington & Chelsea PCT             | 19.25%        | 2,656,370         | 2,206,484        | 389,464          | 60,422           |
| Hammersmith and Fulham PCT           | 3.24%         | 1,221,015         | 831,035          | 319,106          | 70,874           |
| Westminster PCT                      | 2.79%         | 724,654           | 675,914          | 18,976           | 29,763           |
| Imperial College London              | 2.78%         | 506,816           | 9,886            | 430,945          | 65,986           |
| Royal Brompton & Harefield NHS Trust | 2.52%         | 464,869           | 24,668           | 265,166          | 175,034          |
| Brent KCW Mental Health Trust        | 2.46%         | 413,639           | 0                | 0                | 413,639          |
| Western Sussex PCT                   | 2.41%         | 397,830           | 0                | 0                | 397,830          |
| Guildford and Waverley PCT           | 2.30%         | 386,161           | 59,873           | 212,167          | 114,122          |
| Southend on Sea PCT                  | 2.00%         | 367,545           | 5,665            | 6,532            | 355,349          |
| Adur Arun and Worthing PCT           | 1.96%         | 363,773           | 95,989           | -20,454          | 288,237          |
| <b>Sub Total</b>                     | <b>41.71%</b> | <b>7,502,674</b>  | <b>3,909,513</b> | <b>1,621,904</b> | <b>1,971,256</b> |
| <b>Other Debtors</b>                 | <b>58.29%</b> | <b>10,840,838</b> | <b>3,357,811</b> | <b>1,037,939</b> | <b>6,445,089</b> |
|                                      | <b>100%</b>   | <b>18,343,512</b> | <b>7,267,324</b> | <b>2,659,843</b> | <b>8,416,345</b> |
|                                      |               | 100.0%            | 39.6%            | 14.5%            | 45.9%            |

## Analysis of Private Patients Debtors

|                               |  |           |         |         |         |
|-------------------------------|--|-----------|---------|---------|---------|
| Outstanding as at 31 May 2006 |  | 1,354,250 | 568,980 | 299,075 | 487,193 |
| % of total                    |  | 100.0%    | 42.0%   | 22.1%   | 36.0%   |

## Analysis of Overseas Visitors Debtors

|                               |  |           |       |        |           |
|-------------------------------|--|-----------|-------|--------|-----------|
| Outstanding as at 31 May 2006 |  | 1,203,763 | 3,010 | 20,304 | 1,180,449 |
| % of total                    |  | 100.0%    | 0.3%  | 1.7%   | 98.1%     |

|                                 | %age    | TOTAL      | 0 - 30    | Days<br>30 - 90 | OVER 90   |
|---------------------------------|---------|------------|-----------|-----------------|-----------|
| Opening Balance April 2006-2007 | 100.00% | 18,427,343 | 7,426,985 | 1,205,330       | 9,795,027 |
| Age Analysis %                  |         | 100.0%     | 40.3%     | 6.5%            | 53.2%     |

| Customer Movement - Top 10             | £                 |
|----------------------------------------|-------------------|
| Kensington & Chelsea PCT               | -1,547,337        |
| Westminster PCT                        | 9,538             |
| Hammersmith and Fulham PCT             | -489,247          |
| The Hammersmith Hospitals NHS Trust    | 360,702           |
| Royal Brompton and Harefield NHS Trust | 41,334            |
| Brent KCW Mental Health Trust          | 0                 |
| Western Sussex PCT                     | 0                 |
| Southend on Sea PCT                    | 22,605            |
| Adur Arun and Worthing PCT             | -7,527            |
| Hounslow PCT                           | 88,993            |
| <b>Total</b>                           | <b>-1,520,938</b> |

Responsibility: Finance Director

| CURRENT MONTH: June                |                        |                  |                  |                  |                  |
|------------------------------------|------------------------|------------------|------------------|------------------|------------------|
|                                    | %age<br>of Total Car's | TOTAL            | Days<br>0 - 30   | Days<br>30 - 90  | Days<br>OVER 90  |
| <b>Top 10 Creditor Balances</b>    |                        | £                | £                | £                | £                |
| 1 HAMMERSMITH HOSPITALS NHS TRU    | 44.15%                 | 4,392,546        | 857,480          | 1,563,060        | 1,972,006        |
| 2 ISS MEDICLEAN LTD.               | 8.37%                  | 832,541          | 758,044          | 54,124           | 20,373           |
| 3 IDX SYSTEMS UK LIMITED           | 5.45%                  | 542,263          | 0                | 0                | 542,263          |
| 4 HOUNSLOW PRIMARY CARE TRUST..    | 5.11%                  | 508,302          | 0                | 508,302          | 0                |
| 5 IMPERIAL COLLEGE                 | 3.63%                  | 361,491          | 120,971          | 14,896           | 225,624          |
| 6 NHS LITIGATION AUTHORITY         | 3.42%                  | 339,961          | 339,961          | 0                | 0                |
| 7 HADEN BUILDING MANAGEMENT LTD    | 2.74%                  | 272,439          | 209,607          | 12,088           | 50,744           |
| 8 WANDSWORTH PRIMARY CARE TRUST    | 2.43%                  | 241,555          | 55,373           | 52,048           | 134,134          |
| 9 ST MARYS HOSPITAL NHS TRUST      | 1.71%                  | 169,771          | 28,662           | 30,184           | 110,925          |
| 10 ROYAL BROMPTON & HAREFIELD NH   | 1.60%                  | 159,224          | 30,719           | 7,242            | 121,264          |
| <b>Sub Total</b>                   | <b>78.60%</b>          | <b>7,820,094</b> | <b>2,400,817</b> | <b>2,241,945</b> | <b>3,177,332</b> |
| Others Creditors                   | 21.40%                 | 2,128,745        | 1,451,171        | 311,406          | 366,168          |
| <b>TOTAL</b>                       | <b>100.00%</b>         | <b>9,948,840</b> | <b>3,851,988</b> | <b>2,553,351</b> | <b>3,543,500</b> |
| % of total                         |                        | 100.00%          | 38.72%           | 25.66%           | 35.62%           |
| Incease/decrease on last month     |                        | -2,969,144       | -2,750,308       | -92,511          | -126,325         |
| % increase /decrease on last month |                        | -22.98%          | -41.66%          | -3.50%           | -3.44%           |

| PREVIOUS MONTH : May                        |                       |                   |                  |                  |                  |
|---------------------------------------------|-----------------------|-------------------|------------------|------------------|------------------|
| Accruals                                    | %age<br>of Total Cr's | TOTAL             | Days<br>0 - 30   | Days<br>30 - 90  | Days<br>OVER 90  |
| <b>Top 10 Creditor Balances</b>             |                       | £                 | £                | £                | £                |
| 1 HAMMERSMITH HOSPITALS NHS TRU             | 42.64%                | 5,507,645         | 1,592,867        | 1,334,639        | 2,580,140        |
| 2 ISS MEDICLEAN LTD.                        | 6.59%                 | 851,509           | 802,651          | 41,918           | 6,940            |
| 3 GILEAD SCIENCES LTD.                      | 4.22%                 | 544,769           | 544,769          | 0                | 0                |
| 4 HOUNSLOW PRIMARY CARE TRUST..             | 3.93%                 | 508,302           | 0                | 508,302          | 0                |
| 5 ROTARY SOUTHERN LTD                       | 3.53%                 | 455,604           | 455,604          | 0                | 0                |
| 6 IMPERIAL COLLEGE                          | 2.99%                 | 386,510           | 135,028          | 10,405           | 241,077          |
| 7 MAWDSLEY BROOKS & CO LTD                  | 2.70%                 | 349,330           | 349,229          | 101              | 0                |
| 8 NHS LOGISTICS AUTHORITY                   | 2.64%                 | 341,310           | 341,310          | 0                | 0                |
| 9 SOUTHERN ELECTRIC.                        | 2.20%                 | 283,656           | 78,221           | 205,435          | 0                |
| 10 NHS BLOOD AND TRANSPLANT                 | 1.98%                 | 255,674           | 176,457          | 79,217           | 0                |
| <b>Sub Total</b>                            | <b>73.42%</b>         | <b>9,484,309</b>  | <b>4,476,135</b> | <b>2,180,018</b> | <b>2,828,157</b> |
| Others Creditors                            | 26.58%                | 3,433,675         | 2,126,161        | 465,845          | 841,668          |
| <b>TOTAL</b>                                | <b>100.00%</b>        | <b>12,917,984</b> | <b>6,602,296</b> | <b>2,645,863</b> | <b>3,669,825</b> |
| Percentage of No. of days / Total Creditors |                       | 100.00%           | 51.11%           | 20.48%           | 28.41%           |

|                                          |                   |                |               |              |               |
|------------------------------------------|-------------------|----------------|---------------|--------------|---------------|
| <b>Opening Balance April 2006 - 2007</b> |                   | 11,302,033     | 5,430,889     | 507,928      | 5,363,215     |
| <b>%age</b>                              |                   | <b>100.00%</b> | <b>48.05%</b> | <b>4.49%</b> | <b>47.45%</b> |
| <b>Movement from Previous Month</b>      |                   |                |               |              |               |
| Supplier                                 | £                 |                |               |              |               |
| 1 HAMMERSMITH HOSPITALS NHS TRU          | -1,115,099.05     |                |               |              |               |
| 2 ISS MEDICLEAN LTD.                     | -18,967.99        |                |               |              |               |
| 3 IDX SYSTEMS UK LIMITED                 | 542,262.50        |                |               |              |               |
| 4 HOUNSLOW PRIMARY CARE TRUST..          | 0.00              |                |               |              |               |
| 5 IMPERIAL COLLEGE                       | -25,018.56        |                |               |              |               |
| 6 NHS LITIGATION AUTHORITY               | 339,961.49        |                |               |              |               |
| 7 HADEN BUILDING MANAGEMENT LTD          | 272,439.18        |                |               |              |               |
| 8 WANDSWORTH PRIMARY CARE TRUST          | 241,554.51        |                |               |              |               |
| 9 ST MARYS HOSPITAL NHS TRUST            | 169,770.98        |                |               |              |               |
| 10 ROYAL BROMPTON & HAREFIELD NH         | 159,224.35        |                |               |              |               |
| <b>Total</b>                             | <b>566,127.41</b> |                |               |              |               |

## BETTER PAYMENT PRACTICE CODE - INVOICES PAID WITHIN 30 DAYS

|              | This month |        |              |           | Cummulative  |           | Prior year |
|--------------|------------|--------|--------------|-----------|--------------|-----------|------------|
|              | VALUE      | NUMBER | %age (Value) | %age (No) | %age (Value) | %age (No) | %age (No)  |
| <b>April</b> | £6,122,327 | 4,043  | 91.97%       | 91.84%    | 91.97%       | 91.84%    | 79.83%     |
| <b>May</b>   | £6,501,739 | 4,064  | 92.34%       | 90.63%    | 92.16%       | 91.23%    | 77.50%     |
| <b>June</b>  | £8,988,152 | 5,310  | 76.07%       | 93.01%    | 84.71%       | 91.93%    | 89.09%     |

Responsibility: Finance Director

| CURRENT MONTH: June                                |                       |                   |                  |                  |                  |
|----------------------------------------------------|-----------------------|-------------------|------------------|------------------|------------------|
|                                                    | %age<br>of Total Cr's | TOTAL             | Days<br>0 - 30   | Days<br>30 - 90  | Days<br>OVER 90  |
| <b>Top 8 NHS Balances &amp; 2 Non Nhs Bal</b>      |                       | £                 | £                | £                | £                |
| 1 HAMMERSMITH HOSPITALS NHS TRU                    | 44.15%                | 4,392,546         | 857,480          | 1,563,060        | 1,972,006        |
| 2 ISS MEDICLEAN LTD.                               | 8.37%                 | 832,541           | 758,044          | 54,124           | 20,373           |
| 3 HOUNSLOW PRIMARY CARE TRUST..                    | 5.11%                 | 508,302           | 0                | 508,302          | 0                |
| 4 IMPERIAL COLLEGE                                 | 3.63%                 | 361,491           | 120,971          | 14,896           | 225,624          |
| 5 NHS LITIGATION AUTHORITY                         | 3.42%                 | 339,961           | 339,961          | 0                | 0                |
| 6 WANDSWORTH PRIMARY CARE TRUST                    | 2.43%                 | 241,555           | 55,373           | 52,048           | 134,134          |
| 7 ST MARYS HOSPITAL NHS TRUST                      | 1.71%                 | 169,771           | 28,662           | 30,184           | 110,925          |
| 8 ROYAL BROMPTON & HAREFIELD NH                    | 1.60%                 | 159,224           | 30,719           | 7,242            | 121,264          |
| 9 LONDON AMBULANCE SERVICE NHS                     | 1.02%                 | 101,432           | 98,521           | 1,262            | 1,649            |
| 10 SOUTHEND PCT                                    | 0.96%                 | 95,494            | 0                | 0                | 95,494           |
| <b>Sub Total</b>                                   | <b>72.39%</b>         | <b>7,202,319</b>  | <b>2,289,731</b> | <b>2,231,118</b> | <b>2,681,469</b> |
| Others Creditors                                   | 27.61%                | 2,746,521         | 1,562,257        | 322,233          | 862,031          |
| <b>TOTAL</b>                                       | <b>100.00%</b>        | <b>9,948,840</b>  | <b>3,851,988</b> | <b>2,553,351</b> | <b>3,543,500</b> |
| <b>Percentage of No. of days / Total Creditors</b> |                       | <b>100.00%</b>    | <b>38.72%</b>    | <b>25.66%</b>    | <b>35.62%</b>    |
| PREVIOUS MONTH : May                               |                       |                   |                  |                  |                  |
|                                                    | %age<br>of Total Cr's | TOTAL             | Days<br>0 - 30   | Days<br>30 - 90  | Days<br>OVER 90  |
| <b>Top 8 NHS Balances &amp; 2 Non Nhs Bal</b>      |                       | £                 | £                | £                | £                |
| 1 HAMMERSMITH HOSPITALS NHS TRU                    | 42.64%                | 5,507,645         | 1,592,867        | 1,334,639        | 2,580,140        |
| 2 ISS MEDICLEAN LTD.                               | 6.59%                 | 851,509           | 802,651          | 41,918           | 6,940            |
| 3 HOUNSLOW PRIMARY CARE TRUST..                    | 3.93%                 | 508,302           | 0                | 508,302          | 0                |
| 4 IMPERIAL COLLEGE                                 | 2.99%                 | 386,510           | 135,028          | 10,405           | 241,077          |
| 5 NHS LOGISTICS AUTHORITY                          | 2.64%                 | 341,310           | 341,310          | 0                | 0                |
| 6 NHS BLOOD AND TRANSPLANT                         | 1.98%                 | 255,674           | 176,457          | 79,217           | 0                |
| 7 LONDON AMBULANCE SERVICE NHS                     | 1.64%                 | 212,342           | 139,122          | 73,220           | 0                |
| 8 WANDSWORTH PRIMARY CARE TRUST                    | 1.46%                 | 188,517           | 506              | 51,542           | 136,469          |
| 9 CNWL MENTAL HEALTH NHS TRUST                     | 1.13%                 | 146,021           | 0                | 73,443           | 72,579           |
| 10 ST MARYS HOSPITAL NHS TRUST                     | 1.12%                 | 144,920           | 19,554           | 24,169           | 101,197          |
| <b>Sub Total</b>                                   | <b>66.13%</b>         | <b>8,542,752</b>  | <b>3,207,495</b> | <b>2,196,855</b> | <b>3,138,401</b> |
| Others Creditors                                   | 33.87%                | 4,375,232         | 3,394,801        | 449,230          | 531,201          |
| <b>TOTAL</b>                                       | <b>100.00%</b>        | <b>12,917,984</b> | <b>6,602,296</b> | <b>2,646,085</b> | <b>3,669,603</b> |
| <b>Percentage of No. of days / Total Creditors</b> |                       | <b>100.00%</b>    | <b>51.11%</b>    | <b>20.48%</b>    | <b>28.41%</b>    |
| <b>Opening Balance April 2006 - 2007</b>           |                       |                   |                  |                  |                  |
|                                                    | %age                  | 11,302,033        | 5,430,889        | 507,928          | 5,363,215        |
|                                                    |                       | 100.00%           | 48.05%           | 4.49%            | 47.45%           |
| <b>Movement from Previous Month</b>                |                       |                   |                  |                  |                  |
| Supplier                                           | £                     |                   |                  |                  |                  |
| 1 HAMMERSMITH HOSPITALS NHS TRU                    | -1,115,099.05         |                   |                  |                  |                  |
| 2 ISS MEDICLEAN LTD.                               | -18,967.99            |                   |                  |                  |                  |
| 3 HOUNSLOW PRIMARY CARE TRUST..                    | 0.00                  |                   |                  |                  |                  |
| 4 IMPERIAL COLLEGE                                 | -25,018.56            |                   |                  |                  |                  |
| 5 NHS LITIGATION AUTHORITY                         | 339,961.49            |                   |                  |                  |                  |
| 6 WANDSWORTH PRIMARY CARE TRUST                    | 53,037.42             |                   |                  |                  |                  |
| 7 ST MARYS HOSPITAL NHS TRUST                      | 24,850.58             |                   |                  |                  |                  |
| 8 ROYAL BROMPTON & HAREFIELD NH                    | 159,224.35            |                   |                  |                  |                  |
| 9 LONDON AMBULANCE SERVICE NHS                     | -110,910.19           |                   |                  |                  |                  |
| 10 SOUTHEND PCT                                    | 95,494.00             |                   |                  |                  |                  |

| Chelsea and Wesminster Healthcare NHS Trust<br>Cash Flow Statement<br>Responsibility: Finance Director |                  |                  |                  |                    |                    |                    |                    |                    |                    |                    |                    |                    |                | FORM F9A<br>June 06         |
|--------------------------------------------------------------------------------------------------------|------------------|------------------|------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|----------------|-----------------------------|
| £ 000                                                                                                  | 1                | 2                | 3                | 4                  | 5                  | 6                  | 7                  | 8                  | 9                  | 10                 | 11                 | 12                 |                | Forecast<br>Total<br>Mar-07 |
|                                                                                                        | Actual<br>Apr-06 | Actual<br>May-06 | Actual<br>Jun-06 | Forecast<br>Jul-06 | Forecast<br>Aug-06 | Forecast<br>Sep-06 | Forecast<br>Oct-06 | Forecast<br>Nov-06 | Forecast<br>Dec-06 | Forecast<br>Jan-07 | Forecast<br>Feb-07 | Forecast<br>Mar-07 | Actual<br>YTD  |                             |
|                                                                                                        | £'000            | £'000            | £'000            | £'000              | £'000              | £'000              | £'000              | £'000              | £'000              | £'000              | £'000              | £'000              | £'000          | £'000                       |
| Total Operating Surplus/(Deficit)                                                                      | 2,196            | (1,537)          | 1,750            | 1,020              | 1,026              | 1,885              | 1,013              | 1,015              | 1,020              | 1,022              | 950                | 621                | 2,409          | 11,980                      |
| Depreciation and Amortisation                                                                          | 838              | 746              | 792              | 838                | 838                | 838                | 838                | 838                | 838                | 838                | 838                | 976                | 2,376          | 10,056                      |
| Transfer from the donated asset reserve                                                                | (20)             | (6)              | (13)             | (20)               | (20)               | (20)               | (20)               | (20)               | (20)               | (20)               | (20)               | (41)               | (39)           | (240)                       |
| (Increase)/Decrease in Stocks                                                                          | 639              | 133              | (504)            | 24                 | 24                 | 24                 | 24                 | 24                 | 24                 | 24                 | 24                 | (770)              | 268            | (308)                       |
| (Increase)/Decrease in Debtors                                                                         | (237)            | 3,316            | 1,215            | 2,318              | 1,384              | 1,255              | 1,087              | (700)              | 268                | (584)              | (1,582)            | (6,274)            | 4,294          | 1,466                       |
| Increase/(Decrease) in Creditors                                                                       | 8,830            | (4,394)          | (2,648)          | (2,398)            | (1,120)            | (1,738)            | (863)              | (164)              | (165)              | (866)              | (816)              | 7,586              | 1,788          | 1,244                       |
| Increase/(Decrease) in Provisions                                                                      | (85)             | 73               | (553)            | (588)              | (588)              | (588)              | (588)              | (2)                | (2)                | (2)                | (2)                | (1,268)            | (565)          | (4,193)                     |
| <b>OPERATING ACTIVITIES</b>                                                                            |                  |                  |                  |                    |                    |                    |                    |                    |                    |                    |                    |                    |                |                             |
| <b>Net cash inflow(outflow) from operating activities</b>                                              | <b>12,161</b>    | <b>(1,669)</b>   | <b>39</b>        | <b>1,194</b>       | <b>1,544</b>       | <b>1,656</b>       | <b>1,491</b>       | <b>991</b>         | <b>1,963</b>       | <b>412</b>         | <b>(608)</b>       | <b>830</b>         | <b>10,531</b>  | <b>20,005</b>               |
| <b>RETURNS ON INVESTMENTS AND<br/>SERVICING OF FINANCE:</b>                                            |                  |                  |                  |                    |                    |                    |                    |                    |                    |                    |                    |                    |                |                             |
| Interest received                                                                                      | 55               | 51               | 60               | 35                 | 55                 | 35                 | 45                 | 45                 | 60                 | 60                 | 60                 | 39                 | 166            | 600                         |
| Interest paid                                                                                          | 0                | 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                  | (80)               | 0              | (80)                        |
| <b>Net cash inflow(outflow) from returns on<br/>investments and servicing of finance</b>               | <b>55</b>        | <b>51</b>        | <b>60</b>        | <b>35</b>          | <b>55</b>          | <b>35</b>          | <b>45</b>          | <b>45</b>          | <b>60</b>          | <b>60</b>          | <b>60</b>          | <b>(41)</b>        | <b>166</b>     | <b>520</b>                  |
| <b>CAPITAL EXPENDITURE</b>                                                                             |                  |                  |                  |                    |                    |                    |                    |                    |                    |                    |                    |                    |                |                             |
| Payments to acquire tangible fixed assets                                                              | -                | (104)            | (927)            | (1,372)            | (585)              | (748)              | (690)              | (469)              | (979)              | (854)              | (290)              | (1,400)            | (1,031)        | (8,418)                     |
| Donations                                                                                              | 0                | 0                | 0                | 0                  | 0                  | 0                  | 0                  | 0                  | 0                  | 0                  | 0                  | 0                  | 0              | 0                           |
| <b>Net cash inflow (outflow) from capital expenditure</b>                                              | <b>0</b>         | <b>(104)</b>     | <b>(927)</b>     | <b>(1,372)</b>     | <b>(585)</b>       | <b>(748)</b>       | <b>(690)</b>       | <b>(469)</b>       | <b>(979)</b>       | <b>(854)</b>       | <b>(290)</b>       | <b>(1,400)</b>     | <b>(1,031)</b> | <b>(8,418)</b>              |
| <b>DIVIDENDS PAID</b>                                                                                  | <b>0</b>         | <b>0</b>         | <b>0</b>         | <b>0</b>           | <b>0</b>           | <b>(4,833)</b>     | <b>0</b>           | <b>0</b>           | <b>0</b>           | <b>0</b>           | <b>0</b>           | <b>(4,833)</b>     | <b>0</b>       | <b>(9,666)</b>              |
| <b>Net cash inflow(outflow) before management<br/>of liquid resources and financing</b>                | <b>12,216</b>    | <b>(1,722)</b>   | <b>(828)</b>     | <b>(143)</b>       | <b>1,014</b>       | <b>(3,890)</b>     | <b>846</b>         | <b>567</b>         | <b>1,044</b>       | <b>(382)</b>       | <b>(838)</b>       | <b>(5,444)</b>     | <b>9,666</b>   | <b>2,441</b>                |
| <b>MANAGEMENT OF LIQUID RESOURCES</b>                                                                  | <b>0</b>         | <b>0</b>         | <b>0</b>         | <b>0</b>           | <b>0</b>           | <b>0</b>           | <b>0</b>           | <b>0</b>           | <b>0</b>           | <b>0</b>           | <b>0</b>           | <b>0</b>           | <b>0</b>       | <b>0</b>                    |
| <b>Net cash inflow (outflow) from management of liquid resources</b>                                   | <b>0</b>         | <b>0</b>         | <b>0</b>         | <b>0</b>           | <b>0</b>           | <b>0</b>           | <b>0</b>           | <b>0</b>           | <b>0</b>           | <b>0</b>           | <b>0</b>           | <b>0</b>           | <b>0</b>       | <b>0</b>                    |
| <b>Net cash inflow (outflow) before financing</b>                                                      | <b>12,216</b>    | <b>(1,722)</b>   | <b>(828)</b>     | <b>(143)</b>       | <b>1,014</b>       | <b>(3,890)</b>     | <b>846</b>         | <b>567</b>         | <b>1,044</b>       | <b>(382)</b>       | <b>(838)</b>       | <b>(5,444)</b>     | <b>9,666</b>   | <b>2,441</b>                |
| <b>FINANCING</b>                                                                                       |                  |                  |                  |                    |                    |                    |                    |                    |                    |                    |                    |                    |                |                             |
| Public dividend capital received                                                                       | 0                | 0                | 0                | 0                  | 0                  | 0                  | 0                  | 0                  | 0                  | 0                  | 0                  | 0                  | 0              | 0                           |
| Public dividend capital repaid                                                                         | 0                | 0                | 0                | 0                  | 0                  | 0                  | 0                  | 0                  | 0                  | 0                  | 0                  | (8,374)            | 0              | (8,374)                     |
| Other capital receipts and payments (LT Debtors/creditors Government)                                  | 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                  | (38)               | 0              | (38)                        |
| Loan from Public Works Loan Board                                                                      | 0                | 0                | 0                | 0                  | 3,330              | 0                  | 1,714              | 0                  | 0                  | 2,750              | 0                  | 0                  | 0              | 7,794                       |
| Brokerage payments and receipts                                                                        | 0                | 0                | 0                | 0                  | 0                  | 0                  | 0                  | 0                  | 0                  | 0                  | 0                  | 0                  | 0              | 0                           |
| <b>Net cash inflow (outflow) from financing</b>                                                        | <b>0</b>         | <b>0</b>         | <b>0</b>         | <b>0</b>           | <b>3,330</b>       | <b>0</b>           | <b>1,714</b>       | <b>0</b>           | <b>0</b>           | <b>2,750</b>       | <b>0</b>           | <b>(8,412)</b>     | <b>0</b>       | <b>(618)</b>                |
| <b>Increase (decrease) in cash</b>                                                                     | <b>12,216</b>    | <b>(1,722)</b>   | <b>(828)</b>     | <b>(143)</b>       | <b>4,344</b>       | <b>(3,890)</b>     | <b>2,560</b>       | <b>567</b>         | <b>1,044</b>       | <b>2,368</b>       | <b>(838)</b>       | <b>(13,856)</b>    | <b>9,666</b>   | <b>1,823</b>                |
| <b>Opening Cash Balance</b>                                                                            | <b>678</b>       | <b>12,894</b>    | <b>11,172</b>    | <b>10,344</b>      | <b>10,201</b>      | <b>14,545</b>      | <b>10,655</b>      | <b>13,216</b>      | <b>13,783</b>      | <b>14,827</b>      | <b>17,195</b>      | <b>16,357</b>      | <b>678</b>     | <b>678</b>                  |
| <b>Cash Balance at the end of the period</b>                                                           | <b>12,894</b>    | <b>11,172</b>    | <b>10,344</b>    | <b>10,201</b>      | <b>14,545</b>      | <b>10,655</b>      | <b>13,216</b>      | <b>13,783</b>      | <b>14,827</b>      | <b>17,195</b>      | <b>16,357</b>      | <b>2,501</b>       | <b>10,344</b>  | <b>2,501</b>                |

| NORMAL ACTIVITIES   | April    | May      | June     | July     | August   | September | October  | November | December | January  | February | March    | TOTAL     |
|---------------------|----------|----------|----------|----------|----------|-----------|----------|----------|----------|----------|----------|----------|-----------|
|                     | Actual   | Actual   | Actual   | Forecast | Forecast | Forecast  | Forecast | Forecast | Forecast | Forecast | Forecast | Forecast | Forecast  |
|                     | £'000    | £'000    | £'000    | £'000    | £'000    | £'000     | £'000    | £'000    | £'000    | £'000    | £'000    | £'000    | £'000     |
| RECEIPTS            | 29,493   | 17,449   | 21,427   | 23,510   | 22,769   | 20,356    | 22,386   | 20,829   | 20,829   | 20,829   | 20,829   | 26,846   | 267,552   |
| PAYMENTS            | (17,277) | (19,171) | (22,255) | (23,653) | (21,755) | (24,246)  | (21,540) | (20,262) | (19,785) | (21,211) | (21,667) | (32,290) | (265,112) |
| NET MOVEMENT        | 12,216   | (1,722)  | (828)    | (143)    | 1,014    | (3,890)   | 846      | 567      | 1,044    | (382)    | (838)    | (5,444)  | 2,440     |
| Cumulative          | 12,216   | 10,494   | 9,666    | 9,523    | 10,537   | 6,647     | 7,493    | 8,060    | 9,104    | 8,722    | 7,884    | 2,440    |           |
| FUNDING / BROKERAGE | 0        | 0        | 0        | 0        | 3,330    | 0         | 1,714    | 0        | 0        | 2,750    | 0        | (8,412)  | 0         |
| NET MOVEMENT        | 0        | 0        | 0        | 0        | 3,330    | 0         | 1,714    | 0        | 0        | 2,750    | 0        | (8,412)  | 0         |
| Cumulative          | 0        | 0        | 0        | 0        | 3,330    | 3,330     | 5,044    | 5,044    | 5,044    | 7,794    | 7,794    | (618)    |           |
| TOTAL FUND MOVEMENT | 12,216   | (1,722)  | (828)    | (143)    | 4,344    | (3,890)   | 2,560    | 567      | 1,044    | 2,368    | (838)    | (13,856) | 2,440     |
| Cumulative          | 12,216   | 10,494   | 9,666    | 9,523    | 13,867   | 9,977     | 12,537   | 13,104   | 14,148   | 16,516   | 15,678   | 1,822    |           |

| SUMMARY OF CUMULATIVE MOVEMENTS | April  | May    | June  | July  | August | September | October | November | December | January | February | March |  |
|---------------------------------|--------|--------|-------|-------|--------|-----------|---------|----------|----------|---------|----------|-------|--|
| NORMAL ACTIVITIES               |        |        |       |       |        |           |         |          |          |         |          |       |  |
| Forecast                        | 3,123  | 8,737  | 9,635 | 9,767 | 7,752  | 7,399     | 11,188  | 11,895   | 12,698   | 12,740  | 12,424   | 3,054 |  |
| Actual                          | 12,216 | 10,494 | 9,666 | 0     | 0      | 0         | 0       | 0        | 0        | 0       | 0        | 0     |  |
| FUNDING / BROKERAGE             |        |        |       |       |        |           |         |          |          |         |          |       |  |
| Forecast                        | 0      | 0      | 0     | 0     | 3,330  | 3,330     | 5,044   | 5,044    | 5,044    | 7,794   | 7,794    | (618) |  |
| Actual                          | 0      | 0      | 0     | 0     | 0      | 0         | 0       | 0        | 0        | 0       | 0        | 0     |  |
| COMBINED                        |        |        |       |       |        |           |         |          |          |         |          |       |  |
| Forecast                        | 3,123  | 8,737  | 9,635 | 9,523 | 13,867 | 9,977     | 12,537  | 13,104   | 14,148   | 16,516  | 15,678   | 1,823 |  |
| Actual                          | 12,216 | 10,494 | 9,666 | 0     | 0      | 0         | 0       | 0        | 0        | 0       | 0        | 0     |  |

**Chelsea & Westminster Healthcare NHS Trust**

**CAPITAL PROGRAMME 2006/2007: ACTUAL SPEND AND FORECAST OUT-TURN AS AT 30th JUNE 2006**

Responsibility: Finance Director

FORM F10

June 06

|                                         | Planned<br>Spend<br>2006/2007<br>£000 | Expenditure<br>to date<br>£000 | Forecast<br>Out-turn<br>£000 | (Over)/Under<br>Spend<br>£000 |
|-----------------------------------------|---------------------------------------|--------------------------------|------------------------------|-------------------------------|
| <b>SUMMARY</b>                          |                                       |                                |                              |                               |
| 1A. SCHEMES CARRIED FORWARD FROM 05/06  | 936.0                                 | 576.0                          | 936.0                        | 360.0                         |
| 1B. APPROVED SCHEMES MORE THAN ONE YEAR | 2,353.0                               | 158.0                          | 2,353.0                      | 2,195.0                       |
| 1C. BACK LOG MAINTENANCE                | 740.0                                 | 37.0                           | 740.0                        | 703.0                         |
| 1D. ENVIRONMENTAL                       | 220.0                                 | 13.0                           | 220.0                        | 207.0                         |
| 1E. DEVELOPMENT WORKS                   | 452.0                                 | 58.0                           | 452.0                        | 394.0                         |
| 1F. SPECIAL PROJECT                     | 1,370.0                               | 19.0                           | 1,370.0                      | 1,351.0                       |
| 1G. IT EQUIPMENT                        | 553.0                                 | 32.0                           | 553.0                        | 521.0                         |
| 1H. MEDICAL EQUIPMENT                   | 1,338.0                               | -                              | 1,338.0                      | 1,338.0                       |
| 1J. CONTINGENCY                         | 383.0                                 | -                              | 383.0                        | 383.0                         |
| 1K. DONATED                             | 33.0                                  | 33.0                           | 33.0                         | -                             |
| OTHERS                                  | -                                     | 54.0                           | -                            | (54.0)                        |
|                                         |                                       | -                              |                              | -                             |
| <b>CAPITAL PROGRAMME TOTAL</b>          | <b>8,378.0</b>                        | <b>980.0</b>                   | <b>8,378.0</b>               | <b>7,398.0</b>                |

|                                                  |                |  |   |
|--------------------------------------------------|----------------|--|---|
| <b>FUNDING</b>                                   |                |  |   |
| <b>CAPITAL RESOURCE LIMIT - FUNDING RECEIVED</b> |                |  |   |
| BLOCK ALLOCATION                                 | 7,999.0        |  |   |
| CARRIED FORWARD                                  | 1,373.0        |  |   |
| BROKERAGE REVERSAL 05/06                         | (4,393.0)      |  |   |
| OLD CAPITAL BROKERAGE CONVERTED TO PERMANENT PDC | 3,480.0        |  |   |
| <b>TOTAL CRL</b>                                 | <b>8,459.0</b> |  | - |

|                |      |      |      |
|----------------|------|------|------|
| <b>DONATED</b> |      |      |      |
| DONATED        | 33.0 | 33.0 | 33.0 |
|                |      |      |      |

|                        |             |
|------------------------|-------------|
| <b>DONATED FUNDING</b> | <b>33.0</b> |
|------------------------|-------------|

|                      |                |
|----------------------|----------------|
| <b>TOTAL FUNDING</b> | <b>8,492.0</b> |
|----------------------|----------------|

|                                     |              |
|-------------------------------------|--------------|
| <b>PROGRAMME (OVER)/UNDER SPEND</b> | <b>114.0</b> |
|-------------------------------------|--------------|

Chelsea & Westminster Healthcare NHS Trust

Provision for Aged Debtors

Responsibility: Finance Director

FORM F11

June 06

| Customer                                 | Amount            | % of Total Debtors | Current          | Overdue by 1-30 Days | Overdue by 31-60 Days | Overdue by 61-90 Days | Overdue by 91-180 Days | Overdue by 181-360 Days | Overdue by 361+ Days | Provisions         |
|------------------------------------------|-------------------|--------------------|------------------|----------------------|-----------------------|-----------------------|------------------------|-------------------------|----------------------|--------------------|
| NHS Bodies                               | 11,102,296        | 72.43%             | 1,519,691        | (69,716)             | 2,510,373             | 1,010,019             | 924,099                | 901,963                 | 4,305,866            | (7,393,389)        |
| NHS Other                                | 27,193            | 0.18%              | 4,195            | 3,486                | 2,058                 | 1,000                 | 2,115                  | 1,650                   | 12,690               |                    |
| Private Patients - Self Funding          | 270,342           | 1.76%              | 169,318          | 3,688                | 2,189                 | 46,275                | 36,654                 | 32,693                  | (20,474)             |                    |
| Private Patients - Insurance Companies   | 920,545           | 6.01%              | 281,299          | 94,136               | 80,244                | 148,643               | 51,082                 | 104,554                 | 160,588              |                    |
| Private Patients - Maternity             | 251,153           | 1.64%              | 152,706          | (5,775)              | (3,995)               | 14,861                | (41,530)               | 38,653                  | 96,234               |                    |
| Private Patients - ACU                   | 79,062            | 0.52%              | 21,485           | 4,992                | 7,862                 | 11,761                | 26,455                 | 205                     | 6,303                |                    |
| Private Patients - Overseas              | 1,259,726         | 8.22%              | 79,366           | 10,944               | (52,913)              | 13,462                | 49,915                 | 163,844                 | 995,110              | (679,562)          |
| Private Patients - Doctors & Consultants | 2,040             | 0.01%              | 150              | 350                  | 480                   | 350                   | 710                    | 0                       | 0                    |                    |
| Default                                  | 23,105            | 0.15%              | 11,724           | (4,961)              | 759                   | (2,601)               | 7,594                  | 1,399                   | 9,192                |                    |
| Other General Trading Organisations      | 1,392,787         | 9.09%              | 103,309          | 55,958               | 147,344               | 391,549               | 25,900                 | 197,650                 | 471,078              | (465,064)          |
| <b>Grand Total:</b>                      | <b>15,328,251</b> | <b>100.00%</b>     | <b>2,343,241</b> | <b>93,100</b>        | <b>2,694,401</b>      | <b>1,635,319</b>      | <b>1,082,993</b>       | <b>1,442,610</b>        | <b>6,036,586</b>     | <b>(8,538,015)</b> |

Provisions Cover

% of Provision Cover

|               |               |                |                |                  |
|---------------|---------------|----------------|----------------|------------------|
| 327,064       | 731,755       | 1,442,610      | 6,036,586      | <b>8,538,015</b> |
| <b>20.00%</b> | <b>67.57%</b> | <b>100.00%</b> | <b>100.00%</b> | <b>0.00</b>      |

## Trust Board Meeting, 3<sup>rd</sup> August 2006

|                            |                                                                                                                                      |
|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| <b>AGENDA<br/>ITEM NO.</b> | 2.2/Aug/06                                                                                                                           |
| <b>PAPER</b>               | Performance Report                                                                                                                   |
| <b>LEAD<br/>EXECUTIVE</b>  | Lorraine Bewes – Director of Finance and Information                                                                                 |
| <b>AUTHOR</b>              | Nick Cabon – Head of Performance and Information<br>Contact Number: 020 8237 2426                                                    |
| <b>SUMMARY</b>             | The purpose of this report is to provide information about the Trust's performance for the period ending 30 <sup>th</sup> June 2006. |
| <b>BOARD<br/>ACTION</b>    | The Trust Board is asked to note and discuss the report and actions.                                                                 |

## PERFORMANCE REPORT FOR THE PERIOD APRIL - JUNE 2006

### 1. PURPOSE

The purpose of this report is to provide information about the Trust's performance from April to June 2006. The Trust Board is asked to note the report and conclusions.

### 2. DEVELOPMENT OF PERFORMANCE REPORT

Changes have been made to this performance report to include information on activity levels, human resources indicators and efficiency and use of resources. Where there are blank boxes, this highlights an area currently under development and within the next few months these will be populated. The activity information now includes performance against plan.

Over the coming months this report will further evolve in order to reflect the initiatives described in the performance management strategy document and comments raised by KPMG as part of their foundation trust assessment of financial reporting procedures. In addition the report will include indicators of performance against finance, clinical and patient experience targets. Finance activity and risk information will be linked and reported at directorate level in order to improve the understanding of activity drivers within the Trust.

### 3. SUMMARY

The report comprises of the following components:

- o **Predicted Performance Position 2005/6**
- o **Board Dashboard**
- o **Existing and New External Indicators Summary**
- o **Internal Indicators Summary**
- o **Analysis of Breaches of Targets**
- o **Activity Summary**
- o **HR Summary**
- o **Efficiency and Resources Summary**

The Board dashboard highlights the Trust position against key Healthcare Commission targets and internal indicators.

The summary report of existing and new core targets sets out further comments and detail including performance last month, year to date and a banding given comparing performance to the latest target or threshold. There are four possible outcomes for the targets – the indicator is deemed to be Fully Met, Almost Met, Partly Met or Not Met. The internal indicators summary is set out in exactly the same way.

Analysis of breaches of targets provides details on where the Trust is not expected to meet the external performance indicators, for this month's report there are breaches in four areas.

The activity summary shows the levels of activity of the Trust compared with the same period last year and also against the year-to-date plan.

The HR summary shows key workforce information in relation to numbers of staff, bank and agency usage, sickness and turnover rates. Vacancy rates will be included from month 4.

The efficiency and use of resources summary shows how the Trust is performing against targets that were derived from the capacity plan, Dr Foster national averages, CHKS benchmarks or the average Trust performance for the previous year. The sources of the targets are indicated on each table.

#### **4. PREDICTED PERFORMANCE POSITION 2005/6 (page 6)**

The Healthcare Commission has analysed Trust data against existing and new targets and the ratification process has commenced. From the information available a predicted scoring has been calculated.

Overall the Trust fully met existing indicators having scored 28 points from a possible 30. Of the 12 indicators 8 were fully met, 2 were almost met, these relate to Cancelled Operations and Rapid Access Chest Pain Clinics. 2 further indicators were not applicable to this Trust.

The overall position on new indicators is 'fair', the Trust scored 25 points from 33 available. Of the 12 indicator areas 7 had a score of 'excellent', data quality was rated 'good', experience of patients and emergency bed days were deemed 'fair' and 48 hour access to GUM clinics was rated 'weak'.

The performance for the financial management indicator is based on the Auditors Local Evaluation (ALE). The assessment for three of the elements of the 2005/06 performance has been carried out. The Trust has a provisional rating of level 3 (performing well) for Value for Money and Financial Management, and level 2 (adequate performance) for Internal Control. The last two elements, Financial Standing and Financial Reporting will be reported later in the autumn.

#### **5. EXTERNAL HEALTHCARE COMMISSION TARGETS (pages 8)**

The Healthcare Commission recently published its list of existing performance targets for 2006/07. Many of them are very similar to the 2005/6 set. We will be monitoring our performance against the latest set of indicators. We will also continue to monitor performance against the 2005/6 new targets until an updated list is published by the Healthcare Commission.

The Trust is on schedule to fully meet nine of the existing targets and five of the new targets; however there are three areas that are forecast to underachieve. These targets relate to Thrombolysis, 48 hour access to GUM clinics, and Data Quality on Ethnic Group.

A further two targets for which the Trust rates as amber on the dashboard as they are below plan in meeting the required standard are Financial Management and Cancelled Operations.

##### **a. THROMBOLYSIS (page 14)**

There have been 5 eligible patients so far this year, in the majority of cases the ambulance journey time was very long and consequently the patients didn't receive thrombolytic treatment within one hour. In the past the Healthcare Commission has not assessed trusts that have fewer than 20 cases in the year against this indicator. If the Trust has 5 cases per quarter for the rest of the year we will be assessed against this standard. If the Trust does have at least 15 more eligible patients this year then we can only afford to have one more breach of the standard.

#### **b. 48 HOUR ACCESS TO GUM CLINICS**

The assessment of this indicator is based on quarterly audits carried out by the Health Protection Agency. The Trust's performance in the May 2006 audit has improved to 49%. This target provides a significant challenge to the Trust because of the patient-centred administration of the clinics. Patients can book appointments at a time that is convenient to them, which is often longer than 48 hours away. The assessment does not take account of patients who choose to wait longer than 48 hours. The next audit will be carried out in August 2006, and the Trust expects to achieve a rate of 60% by that stage. For next month the trajectory to get to 100% will be published and monitored against the plan.

#### **c. ETHNIC CATEGORY CODING**

There is a six week time lag for reporting data on ethnic coding. Performance in May 2006 improved to 92%. The year-to-date performance is 89%. This represents a significant improvement compared with the 2005/6 performance (83.6%). The Healthcare Commission has not published the thresholds for this indicator; the national target is 95%. A contributing factor in the improved performance in this area has been the daily missing data items report that is sent to each directorate. These reports allow the staff to update incomplete items before the patient is discharged home.

#### **d. FINANCIAL MANAGEMENT**

If the Trust is successful in its application for Foundation Trust status then our performance in this area will be assessed by Monitor rather than via the ALE from August 2006.

The Trust has an adverse variance of £528k at the end of month 3, but is projected to meet the target of £2.3m surplus at the year end. The action to recover the month 3 position is set out in the Finance Report.

#### **e. CANCELLED OPERATIONS (page 12)**

The Trust cancelled 0.46% of elective operations in June 2006. The total number of cancelled operations year to date was 32. This equates to 0.53% of activity and is above the threshold for the indicator (0.50%). If activity levels remain the same as 2005/06 (excluding the impact of the July bombs) the Trust has a total tolerance of 113 cancellations for the year, leaving 81 remaining for the year or 2.1 per week. As shown in the graph on page 12, specialties that are performing worse this year compared with last year are General Surgery, Paediatric Orthopaedics, Pain Management, T&I and Urology. Improvements have been seen in Gynaecology, Ophthalmology, and Paediatric ENT. The principle reasons for cancellations this year are administrative error, lists overrunning due to a complicated case and equipment failure or unavailable.

### **6. INTERNAL INDICATORS (page 9)**

Performance in the internal indicators has remained constant during June. Of the 10 indicators 8 are on track to be met and 2 are slightly off track.

There is concern around the following indicators: 4 hour trolley waits where year to date the Trust position stands at 98.94% against a target rate of 99%. There were 2 deaths following selected non-elective surgical procedures in June 2006 therefore the year to date position is 1.15% against a benchmark of 1.00%.

After a validation exercise the readmissions following fracture neck of femur have reduced to 3 year to date bringing the Trust well within the benchmark Dr Foster rate.

## **7. ACTIVITY SUMMARY (pages 16 to 17)**

The total number of referrals has increased year to date compared with last year. GP referrals are currently 22% higher than referrals in the first quarter of last year, and Other referrals are 11% higher. These figures are derived from the QM08 outpatient waiting time report, the accuracy of this report has been questioned and is currently being investigated.

New outpatient attendances year to date are lower than the same period last year and are also 1% lower than plan for the period. Follow up attendances are significantly lower than last year and are 3% below plan. This reflects the Trust's work in reducing the new to follow up rate in accordance with the capacity plan and suggestions from PCTs.

Elective inpatient activity is 16% greater than plan and levels have remained constant to the same period last year. The predicted rise in day case spells has been seen with an additional 4 % growth on plan. This may be partly due to a correction of HIV procedures previously recorded as outpatient attendances where from April 2006 are recorded as day cases.

The anticipated rise in emergency spells has not been seen year to date as activity was 9% lower than plan. However non-elective spells have increased significantly on the same period last year and are 24% greater than plan. Of this increase the number of maternity deliveries was 43% greater than expected in the plan.

A&E attendances were 2.2% higher than the same period last year; this is almost right on track against the plan.

## **8. HR INDICATORS (pages 18 to 19)**

The Trust's headcount at the end of June 2006 is 63 members of staff higher than June last year in whole time equivalents this is a difference of 35.

Bank staff as a percentage of whole time equivalents was higher during June 2006 (14.3%) than the monthly average of 2005/6 (13.1%). An increase of 3.1% has been seen in the medical staff group, registered nursing has remained constant and other staff areas have decreased by 9%.

Agency staff as a percentage of whole time equivalents was lower in June 2006 (2.8%) than the monthly average of 2005/6 (3.2%). All of the staff groups contributed to the reduction.

Staff turnover levels as an average year-to-date are lower than the same period last year, down from 1.58% to 1.44%.

Sickness rates during June 2006 (3.55%) are higher than June 2005 (3.15%). As an average for the first 3 months of the year this shows a similar increase of 0.37%.

## **9. EFFICIENCY AND RESOURCES (pages 20 to 23)**

There have been general improvements in efficiency and use of resources so far this year. Whilst overall performance has improved there are some concerns at directorate level.

The new to follow up rate improved to a trust average of 1.84 in June 2006. The target for the year is 1.9 so the Trust is on track to meet this target. There is still some improvement needed in the Surgery and Women and Children's directorates.

The Trust is not achieving the average length of stay targets for the year. The year-to-date elective performance is 3.31 days compared with our target of 3.15 days. Non-elective patients stayed nearly a day longer than the Trust target in June. The average non-elective length of stay for most directorates improved in June compared with the previous months. The Director of Operations has asked General Managers for an action plan to address this issue.

The proportion of elective inpatients admitted on the day of surgery increased slightly in May compared with April 2006. This has contributed to an 18% reduction in the average pre-operative length of stay in the first two months compared with the whole of 2005/6.

The Trust still has some significant work to do to improve its day case rates, the target for the Trust is 73% for the year and the performance for the first quarter was 69.1%. The day case rate dropped for the second month running.

There are several aspects of waiting list management that are a concern for the Trust. The number of elective inpatients who had a procedure and did not stay overnight is much higher this year than in 2005/6. These are patients who could have been admitted as day cases, and there has been a 29% increase in the incidence of this in the first two months of 2006/7 compared with last year's average. It appears that there are many cases where the wrong intended management is recorded on the waiting list i.e. intended treatment as inpatient instead of day case which potentially understates our day case rate. General Managers have been asked to resolve this issue.

At the end of June 2006 11% of patients on the waiting list were suspended. Of these, 57% had suspensions lasting more than three months. Suspensions are not being managed in line with Trust policy, the Trust's Access Policy states that any patients who are suspended should be reviewed within three months.

The Trust is not utilising the available theatre sessions as well this year as the average for 2005/6. Performance deteriorated in June compared with the first two months of the year. However the percentage of theatre time being used is slightly higher in the first quarter than the average of last year.

## **10. CONCLUSION**

The dashboard of indicators shows that the Trust is on track to achieve a majority of the external targets and is also doing well in many of the other indicators. However, there are a number of areas of concern. These relate to Thrombolysis; 48 Hour Access to GUM Clinics; and Data Quality on Ethnic Group. There is also some room for improvement in Financial Management and Cancelled Operations.

The Trust is making progress towards many of the efficiency and use of resources indicators. The new to follow-up rate is on track along with elective inpatient admissions on the day of surgery, pre-operative length of stay and utilisation of theatre time.

Nick Cabon  
Head of Performance and Information  
26<sup>th</sup> July 2006

## Performance Against 2005-06 Healthcare Commission Targets

### Existing National Targets

| Indicator Name                  | Additional Indicator Detail | Final Figure   | Performance | Points Available | Points Scored | Overall Rating |
|---------------------------------|-----------------------------|----------------|-------------|------------------|---------------|----------------|
| Inpatient waits                 |                             | 0.00%          | Fully Met   | 3                | 3             | FULLY MET      |
| Outpatient waits                |                             | 0.01%          | Fully Met   | 3                | 3             |                |
| Cancer - 2 weeks                |                             | 99.65%         | Fully Met   | 3                | 3             |                |
| Cancer - 1 month                |                             | 100.00%        | Fully Met   | 3                | 3             |                |
| Cancer - 2 months               |                             | 100%           | Fully Met   | 3                | 3             |                |
| Delayed Transfers of Care       |                             | 2.57%          | Fully Met   | 3                | 3             |                |
| Convenience & Choice            | Information                 | Complete       | Fully Met   | 3                | 3             |                |
|                                 | Booking                     | 100%           |             |                  |               |                |
| Cancelled Operations            | Cancellations               | 0.51%          | Almost Met  | 3                | 2             |                |
|                                 | 28 Day Rebook               | 6.09%          |             |                  |               |                |
| Rapid Access Chest Pain Clinics |                             | 98.76%         | Almost Met  | 3                | 2             |                |
| A&E                             |                             | 98.33%         | Fully Met   | 3                | 3             |                |
| Thrombolysis                    |                             | Not Applicable | n/a         | n/a              | n/a           |                |
| Revascularisation               |                             | Not Applicable | n/a         | n/a              | n/a           |                |
|                                 |                             |                | Total       | 30               | 28            |                |

### New National Targets

| Indicator Name                | Additional Indicator Detail              | Final Figure | Performance | Points Available | Points Scored | Overall Rating |
|-------------------------------|------------------------------------------|--------------|-------------|------------------|---------------|----------------|
| MRSA                          |                                          | -6.67%       | Excellent   | 3                | 3             | FAIR           |
| Drug Misuse                   |                                          | Complete     | Excellent   | 3                | 3             |                |
| Data Quality                  | Ethnic Group                             | 84.88%       | Good        | 3                | 2             |                |
|                               | Infant Health - Breast Feeding           | 86.76%       |             |                  |               |                |
|                               | Infant Health - Smoking                  | 96.91%       |             |                  |               |                |
| Smoke-free NHS                |                                          | Complete     | Excellent   | 3                | 3             |                |
| 48 hour Access to GUM Clinics |                                          | 32.05%       | Weak        | 3                | 0             |                |
| Experience of Patients        | Access & waiting                         | 85%          | Fair        | 3                | 1             |                |
|                               | Safe, high quality, co-ordinated care    | 67%          |             |                  |               |                |
|                               | Better information, more choice          | 70%          |             |                  |               |                |
|                               | Building relationships                   | 83%          |             |                  |               |                |
|                               | Clean, comfortable, friendly place to be | 78%          |             |                  |               |                |
| Participation in Audits       |                                          | 93%          | Excellent   | 3                | 3             |                |
| NICE Guidelines on Self Harm  |                                          | Complete     | Excellent   | 3                | 3             |                |
| Obesity                       |                                          | Complete     | Excellent   | 3                | 3             |                |
| MRI & CT Waits                |                                          | 0.00%        | Excellent   | 3                | 3             |                |
| Emergency Bed Days            |                                          | 0.62%        | Fair        | 3                | 1             |                |
|                               |                                          |              | Total       | 33               | 25            |                |

## Dashboard of Indicators to June 06

| Indicator Name      |                                                                           | Expected Performance | Trend |
|---------------------|---------------------------------------------------------------------------|----------------------|-------|
| Existing Indicators | All cancers: two week wait                                                |                      |       |
|                     | Cancer patients waiting 31 days from decision to treat to first treatment |                      |       |
|                     | Cancer patients waiting 62 days from GP referral to first treatment       |                      |       |
|                     | Cancelled operations                                                      |                      |       |
|                     | Financial management                                                      |                      |       |
|                     | Outpatient and elective (inpatient and daycase) booking                   |                      |       |
|                     | Delayed transfers of care                                                 |                      |       |
|                     | Elective patients waiting longer than the standard                        |                      |       |
|                     | Outpatients waiting longer than the standard                              |                      |       |
|                     | Thrombolysis                                                              |                      |       |
|                     | Total time in A&E: four hours or less                                     |                      |       |
|                     | Waiting times for rapid access chest pain clinic                          |                      |       |
| New Indicators      | Access to GUM Clinics                                                     |                      |       |
|                     | Data quality on ethnic group                                              |                      |       |
|                     | Emergency Bed Days                                                        |                      |       |
|                     | Infant Health - Data Completeness                                         |                      |       |
|                     | MRSA                                                                      |                      |       |
|                     | Participation in Audits (MINAP)                                           |                      |       |
|                     | Waiting times for MRI or CT scans                                         |                      |       |
| Other Indicators    | Clinical risk management                                                  |                      |       |
|                     | Hospital Cleanliness                                                      |                      |       |
|                     | Better Hospital Foods                                                     |                      |       |
|                     | 4 hour wait for emergency admission via A&E (trolley waits)               |                      |       |
|                     | Deaths following selected elective surgical procedures                    |                      |       |
|                     | Emergency readmissions following discharge (adults)                       |                      |       |
|                     | Emergency readmissions following discharge for fractured hip              |                      |       |
|                     | Information governance toolkit                                            |                      |       |
|                     | Patient complaints                                                        |                      |       |
|                     | Workforce                                                                 |                      |       |

### 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.                   |  |

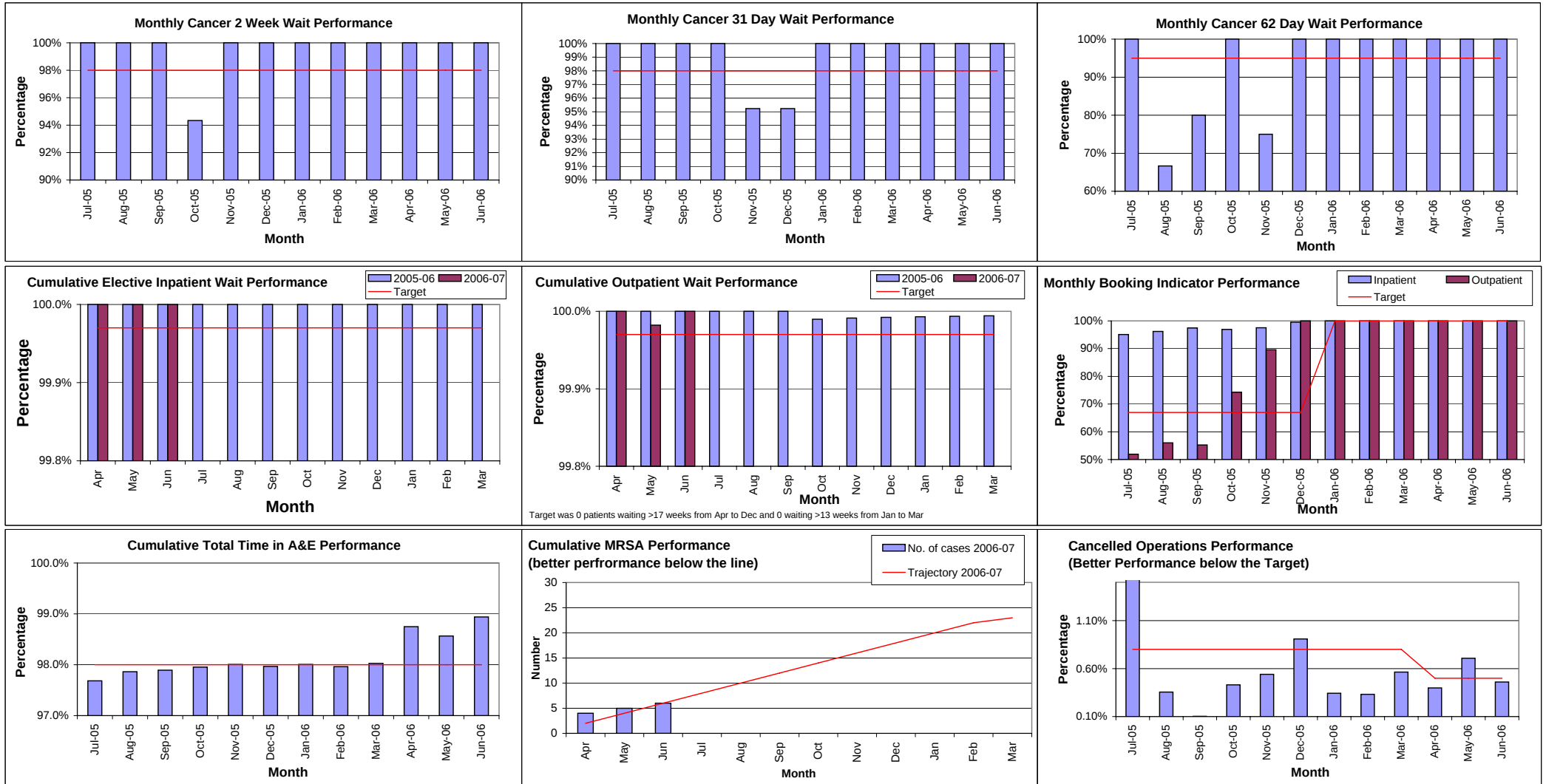
## Existing and New Targets

| Name                                                                                | Performance Last Month                    | YTD Performance                           | Target/Likely Threshold | Predicted Banding | Comments/Actions                                                                                                                                                                               |
|-------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------------|-------------------------|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| All cancers: two week wait                                                          | 100%                                      | 100%                                      | 98%                     | Fully Met         | There have not been any breaches of these standards this year.                                                                                                                                 |
| Cancer patients waiting 31 days from decision to treat to first treatment           | 100%                                      | 100%                                      | 98%                     | Fully Met         |                                                                                                                                                                                                |
| Cancer patients waiting 62 days from GP referral to first treatment                 | 100%                                      | 100%                                      | 95%                     | Fully Met         |                                                                                                                                                                                                |
| Financial management                                                                | M2 £1,249 k deficit                       | M3 £528 k deficit                         | £2.4 million surplus    | Almost Met        | The Trust's performance for 05/06 in this area will be based on the Auditor's Local Evaluation which will be carried out later in the year. The year-to-date deficit is a significant concern. |
| Elective patients waiting longer than the standard (Target of 6 months for 2006-07) | 0.00%                                     | 0.00%                                     | 0.03%                   | Fully Met         | There have not been any breaches of the standard this year.                                                                                                                                    |
| Outpatients waiting longer than the standard (Target of 13 weeks wait 2006-07)      | 0.00%                                     | 0.01%                                     | 0.03%                   | Fully Met         | There was 1 breach of the standard in May 2006.                                                                                                                                                |
| Outpatient and elective (inpatient and daycase) full and partial booking            | Outpatient = 100%;<br>Elective = 100%     | Outpatient = 100%;<br>Elective = 100%     | 100%                    | Fully Met         | The Trust has achieved 100% booking for each month this year.                                                                                                                                  |
| Total time in A&E: four hours or less                                               | 98.24%                                    | 98.45%                                    | 98.00%                  | Fully Met         | The trust has achieved the 98% target each month this year.                                                                                                                                    |
| MRSA (rate per 1000 occupied bed days)                                              | 0.01                                      | 0.04                                      | 0.16                    | Fully Met         | There was one MRSA case during June. The Trust is on course to meet this target.                                                                                                               |
| Cancelled operations                                                                | 0.46%                                     | 0.53%                                     | 0.50%                   | Almost Met        | If current activity levels continue the Trust has a tolerance of 116 cancellations for the year and therefore cannot afford to cancel more than 81 during the final 9 months of the year.      |
| Cancelled operations not readmitted within 28 days                                  | 0.00%                                     | 0.00%                                     | 0.50%                   | Fully Met         | There have not been any breaches of the standard this year.                                                                                                                                    |
| Thrombolysis - 60 minute call to needle time                                        | 0%                                        | 0%                                        | 68%                     | Not Met           | There were 3 eligible patients in June 2006. 2 took over 60 mins for the ambulance to arrive at the hospital, the 3rd required a further ECG which delayed the process.                        |
| Delayed transfers of care                                                           | 2.4%                                      | 1.8%                                      | 3.5%                    | Fully Met         | The threshold for this indicator has been published at 3.5%, and therefore the trust is on track to meet this indicator.                                                                       |
| Waiting times for rapid access chest pain clinic                                    | 100%                                      | 100%                                      | 99%                     | Fully Met         | There have not been any breaches of the standard this year.                                                                                                                                    |
| Clinical risk management                                                            | CNST Level 2                              | CNST Level 2                              |                         | Fully Met         | The Trust achieved CNST Level 2 in January 2006.                                                                                                                                               |
| Data quality on ethnic group                                                        | 92% (May 06)                              | 89%                                       | 95%                     | Almost Met        | The data for this indicator was not available at the time of producing this report, therefore the figure relates to May 2006. Performance in this area was below the required level in 2005/6. |
| Infant Health - Data Completeness                                                   | 99.28%                                    | 99.38%                                    |                         |                   | This was a new indicator in 2005/6. It is difficult to predict a target for this indicator until the 2005/6 indicator thresholds are published.                                                |
| Waiting times for MRI or CT scans (percentage of patients waiting under 13 weeks)   | MRI=97.31%,<br>CT=100%,<br>Overall=97.89% | MRI=98.11%,<br>CT=100%,<br>Overall=98.50% |                         |                   | The 2005/06 target was 26 weeks a new target has yet to be published, we expect the target to be 13 weeks this year.                                                                           |
| Participation in Audits (MINAP)                                                     | 100%                                      | 100%                                      | 90%                     | Fully Met         |                                                                                                                                                                                                |
| 48 hour Access to GUM Clinics                                                       | 49%                                       | 49%                                       | 60%                     | Partly Met        | The data for this indicator is derived from quarterly audits carried out by the HPA. This data relates to the audit carried out in May.                                                        |
| Emergency Bed Days                                                                  | -3.6%                                     | -3.6%                                     | Reduction               | Fully Met         | This indicator is based on performance in 2004/5 and 2005/6.                                                                                                                                   |

Other Indicators

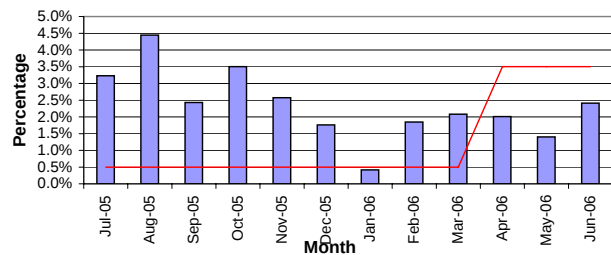
| Name                                                         | Performance Last Month | YTD Performance | Target /Likely Threshold | Predicted Banding | Comments/Actions                                                                                           |
|--------------------------------------------------------------|------------------------|-----------------|--------------------------|-------------------|------------------------------------------------------------------------------------------------------------|
| Hospital cleanliness                                         | 93%                    | 94%             | 60%                      | Fully Met         | The Trust continues to perform well against this indicator.                                                |
| 12 Hour waits for emergency admission via A&E                | 100%                   | 100%            | 100%                     | Fully Met         | There have not been any breaches of this standard so far this year.                                        |
| A&E emergency admission waits (four hours)                   | 98.38%                 | 98.94%          | 99.00%                   | Almost Met        | The threshold to achieve the top band for this indicator in 2004/5 was 99%.                                |
| Deaths following selected non-elective surgical procedures   | 1.54%                  | 1.15%           | 1.00%                    | Almost Met        | There were 2 deaths in June 2006.                                                                          |
| Emergency readmissions following discharge (adults)          | 12.85%                 | 10.61%          | 11.40%                   | Fully Met         | The Targets for these indicators are based on the expected performance derived from the Dr Foster toolkit. |
| Emergency readmissions following discharge for fractured hip | 0.00%                  | 3.61%           | 8.6%                     | Fully Met         |                                                                                                            |
| Information governance toolkit                               | 85% (2005/06)          | 85%             | 70%                      | Fully Met         | This indicator is assessed annually and is next due to be updated for year ending March 2006/07.           |
| Patient complaints                                           | 95% (May 06)           | 94%             | 90%                      | Fully Met         | The Trust is performing well in this area.                                                                 |
| Better Hospital Food                                         | 95%                    | 92%             | 60%                      | Fully Met         | The Trust continues to perform well against this indicator.                                                |

## Indicator Graphs

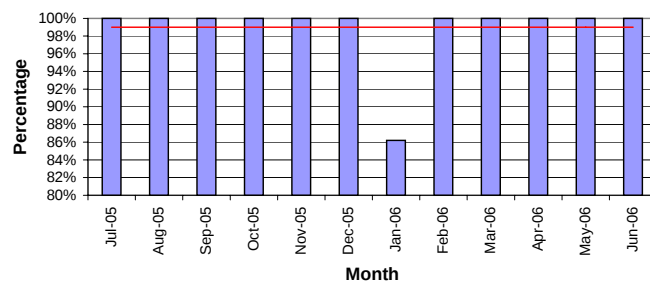


## Indicator Graphs

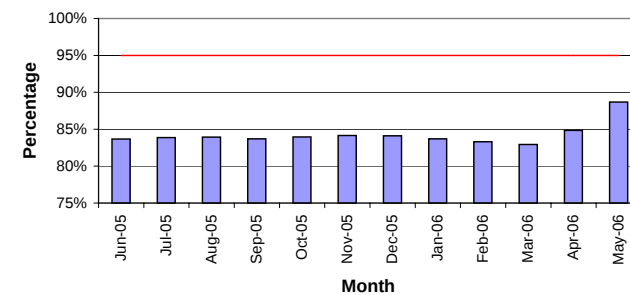
**Delayed Transfers of Care Performance  
(Better Performance Below the Target)**



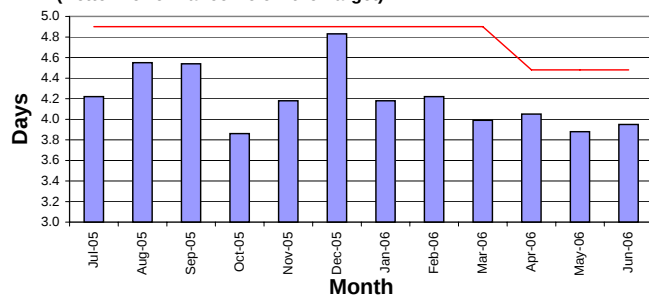
**Waiting Time for RACPC Performance**



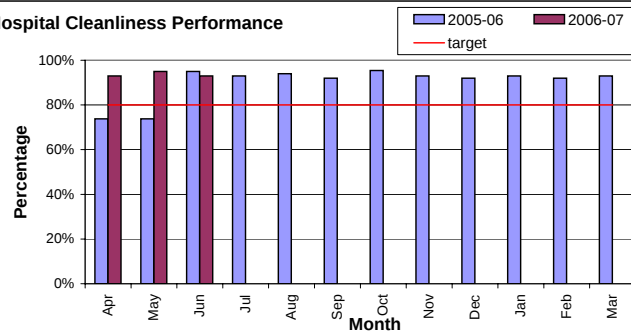
**Monthly Inpatient Ethnic Coding Performance**



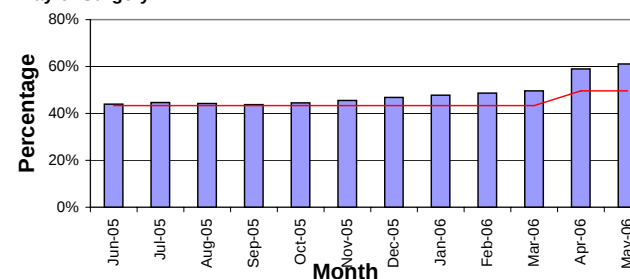
**Average Length of Stay  
(Better Performance Below the Target)**



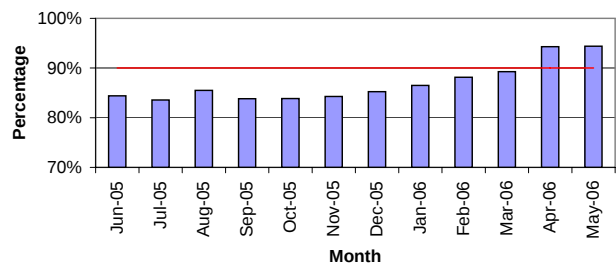
**Hospital Cleanliness Performance**



**Cumulative Elective Admissions on  
Day of Surgery**



**Cumulative Patient Complaints Performance**

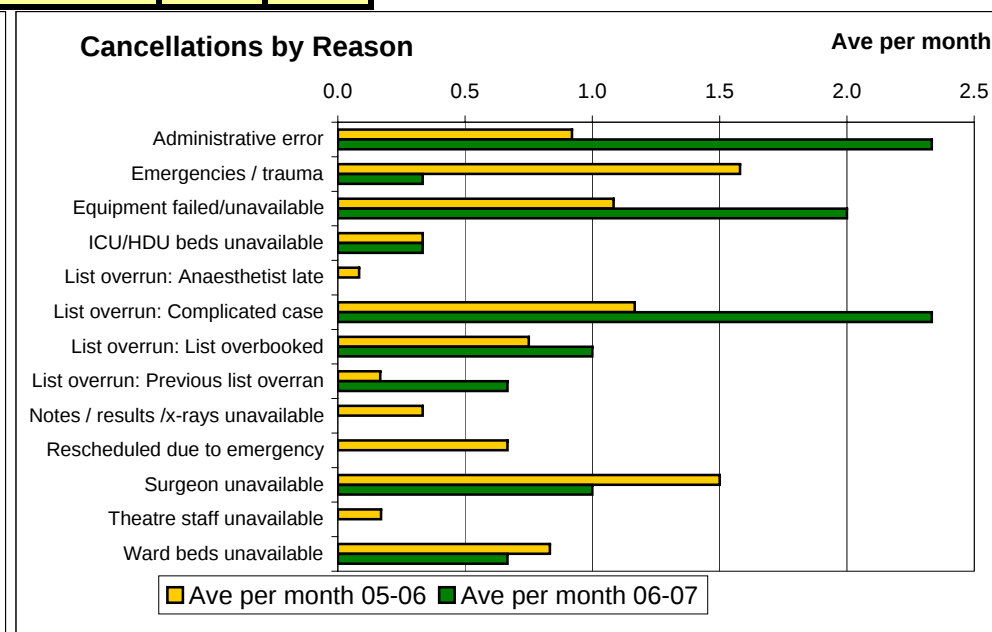
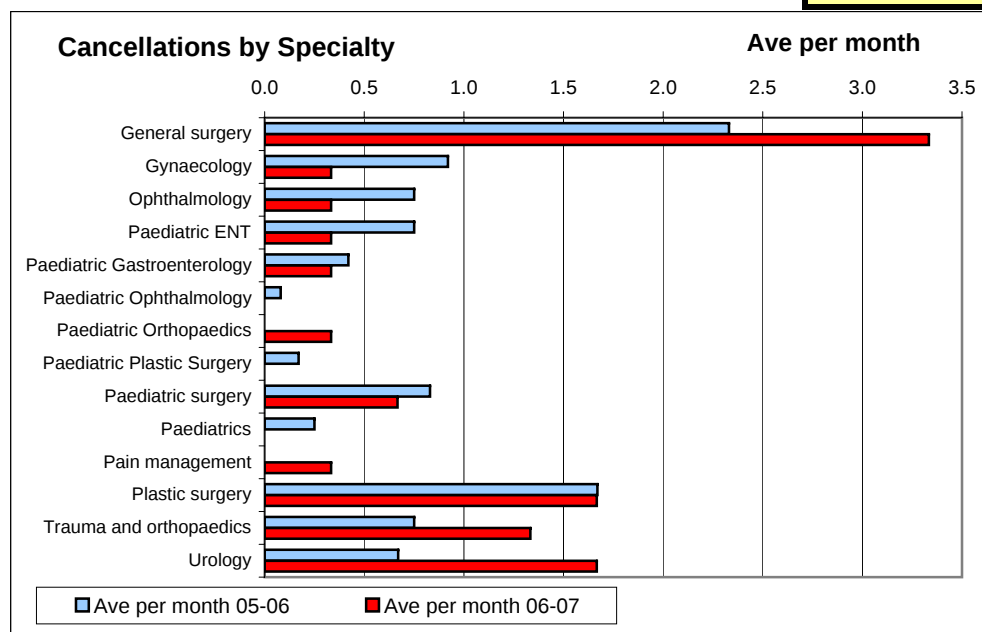


## Cancelled Operations 2006-07

| Cancelled Operations Summary                         |             |             |
|------------------------------------------------------|-------------|-------------|
|                                                      | 2005 - 2006 | 2006 - 2007 |
| Total Cancellations                                  | 1237        | 309         |
| Reportable Cancellations                             | 115         | 32          |
| % of Activity                                        | 0.51%       | 0.53%       |
| Average per week                                     | 2.2         | 2.5         |
| Tolerance                                            |             | 113         |
| Remaining cancellations to stay within tolerance     |             | 81          |
| Ave. cancellations per week to stay within tolerance |             | 2.1         |

| Cancelled Operations - By Specialty |                     |                     |
|-------------------------------------|---------------------|---------------------|
| Specialty                           | Ave per month 05-06 | Ave per month 06-07 |
| General surgery                     | 2.3                 | 3.3                 |
| Gynaecology                         | 0.9                 | 0.3                 |
| Ophthalmology                       | 0.8                 | 0.3                 |
| Paediatric ENT                      | 0.8                 | 0.3                 |
| Paediatric Gastroenterology         | 0.4                 | 0.3                 |
| Paediatric Ophthalmology            | 0.1                 | 0.0                 |
| Paediatric Orthopaedics             | 0.0                 | 0.3                 |
| Paediatric Plastic Surgery          | 0.2                 | 0.0                 |
| Paediatric surgery                  | 0.8                 | 0.7                 |
| Paediatrics                         | 0.3                 | 0.0                 |
| Pain management                     | 0.0                 | 0.3                 |
| Plastic surgery                     | 1.7                 | 1.7                 |
| Trauma and orthopaedics             | 0.8                 | 1.3                 |
| Urology                             | 0.7                 | 1.7                 |
| <b>TOTAL</b>                        | <b>9.6</b>          | <b>10.7</b>         |

| Cancelled Operations - By Reason    |                     |                     |
|-------------------------------------|---------------------|---------------------|
| Reason (Use pick list)              | Ave per month 05-06 | Ave per month 06-07 |
| Administrative error                | 0.9                 | 2.3                 |
| Emergencies / trauma                | 1.6                 | 0.3                 |
| Equipment failed/unavailable        | 1.1                 | 2.0                 |
| ICU/HDU beds unavailable            | 0.3                 | 0.3                 |
| List overrun: Anaesthetist late     | 0.1                 | 0.0                 |
| List overrun: Complicated case      | 1.2                 | 2.3                 |
| List overrun: List overbooked       | 0.8                 | 1.0                 |
| List overrun: Previous list overrun | 0.2                 | 0.7                 |
| Notes / results /x-rays unavailable | 0.3                 | 0.0                 |
| Rescheduled due to emergency        | 0.7                 | 0.0                 |
| Surgeon unavailable                 | 1.5                 | 1.0                 |
| Theatre staff unavailable           | 0.2                 | 0.0                 |
| Ward beds unavailable               | 0.8                 | 0.7                 |
| <b>TOTAL</b>                        | <b>9.6</b>          | <b>10.7</b>         |

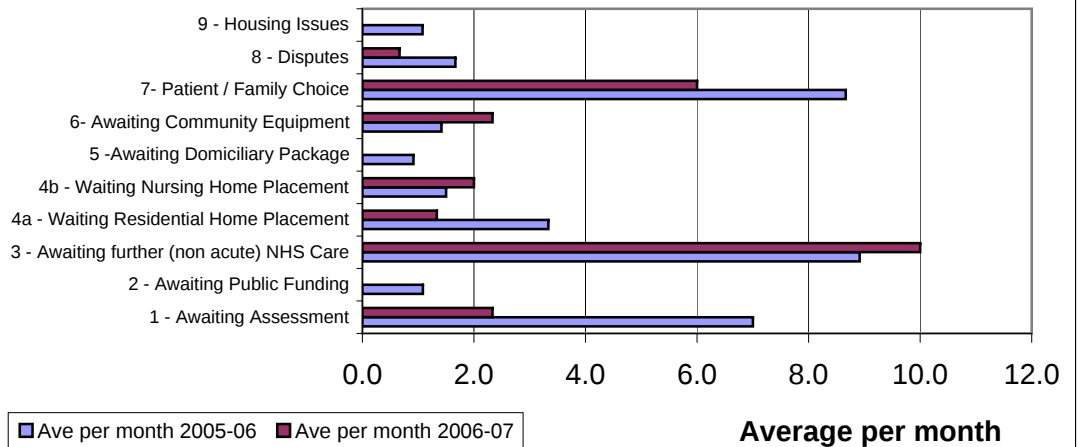


## Delayed Transfers of Care 2006-07

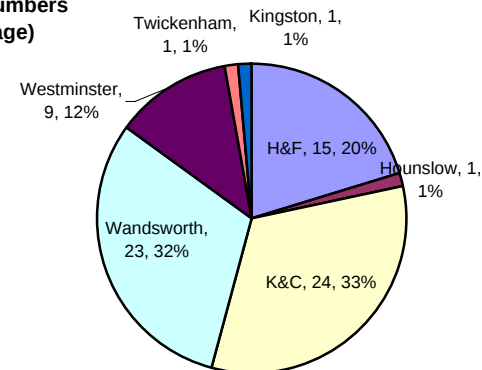
|         | Number of Delayed Transfers | Beddays used from Delayed Transfers | Total Beds Occupied as stated on weekly sitrep | % of Activity | Average per month | Tolerance | Remaining delayed transfers to stay within tolerance | Average remaining delayed transfers per month to stay within tolerance |
|---------|-----------------------------|-------------------------------------|------------------------------------------------|---------------|-------------------|-----------|------------------------------------------------------|------------------------------------------------------------------------|
| 2006-07 | 74                          | 239                                 | 4141                                           | 1.79%         | 24.7              | 604       | 530                                                  | 13.6                                                                   |
| 2005-06 | 442                         | 2372                                | 17247                                          | 2.56%         | 35.8              |           |                                                      |                                                                        |

| PCT                      | REASON                                    | Number of Patients | Sum of Bed Days |
|--------------------------|-------------------------------------------|--------------------|-----------------|
| H&F                      | 1 - Awaiting Assessment                   | 2                  | 9               |
|                          | 3 - Awaiting further (non acute) NHS Care | 5                  | 24              |
|                          | 4b - Waiting Nursing Home Placement       | 1                  | 7               |
|                          | 7- Patient / Family Choice                | 6                  | 38              |
|                          | 4a - Waiting Residential Home Placement   | 1                  | 2               |
| <b>H&amp;F Total</b>     |                                           | <b>15</b>          | <b>80</b>       |
| Hounslow                 | 7- Patient / Family Choice                | 1                  | 4               |
| <b>Hounslow Total</b>    |                                           | <b>1</b>           | <b>4</b>        |
| K&C                      | 1 - Awaiting Assessment                   | 3                  | 9               |
|                          | 3 - Awaiting further (non acute) NHS Care | 8                  | 30              |
|                          | 4b - Waiting Nursing Home Placement       | 5                  | 28              |
|                          | 7- Patient / Family Choice                | 8                  | 51              |
|                          |                                           |                    |                 |
| <b>K&amp;C Total</b>     |                                           | <b>24</b>          | <b>118</b>      |
| Twickenham               | 3 - Awaiting further (non acute) NHS Care | 1                  | 2               |
| <b>Twickenham Total</b>  |                                           | <b>1</b>           | <b>2</b>        |
| Wandsworth               | 1 - Awaiting Assessment                   | 1                  | 3               |
|                          | 3 - Awaiting further (non acute) NHS Care | 12                 | 72              |
|                          | 7- Patient / Family Choice                | 3                  | 17              |
|                          | 6- Awaiting Community Equipment           | 7                  | 39              |
| <b>Wandsworth Total</b>  |                                           | <b>23</b>          | <b>131</b>      |
| Westminster              | 1 - Awaiting Assessment                   | 1                  | 1               |
|                          | 3 - Awaiting further (non acute) NHS Care | 3                  | 16              |
|                          | 4a - Waiting Residential Home Placement   | 3                  | 20              |
|                          | 8 - Disputes                              | 2                  | 14              |
| <b>Westminster Total</b> |                                           | <b>9</b>           | <b>51</b>       |
| Kingston                 | 3 - Awaiting further (non acute) NHS Care | 1                  | 7               |
| <b>Kingston Total</b>    |                                           | <b>1</b>           | <b>7</b>        |
| <b>Grand Total</b>       |                                           | <b>74</b>          | <b>393</b>      |

**Delayed Transfers of Care by Reason**



**Delayed Transfers by PCT (numbers & percentage)**



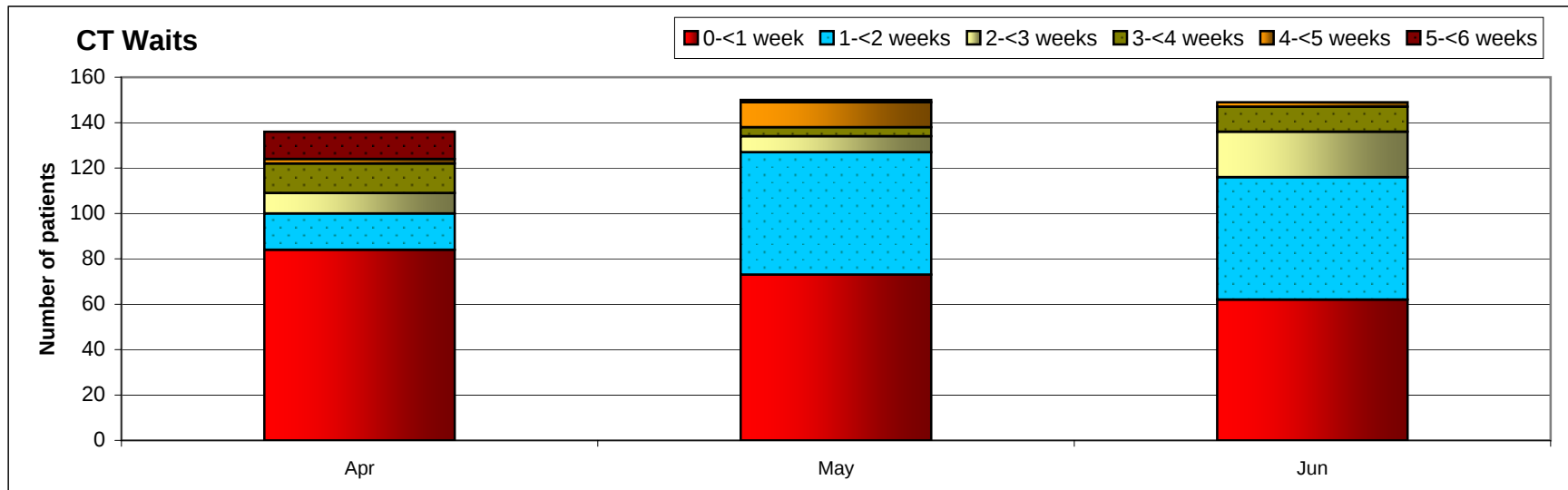
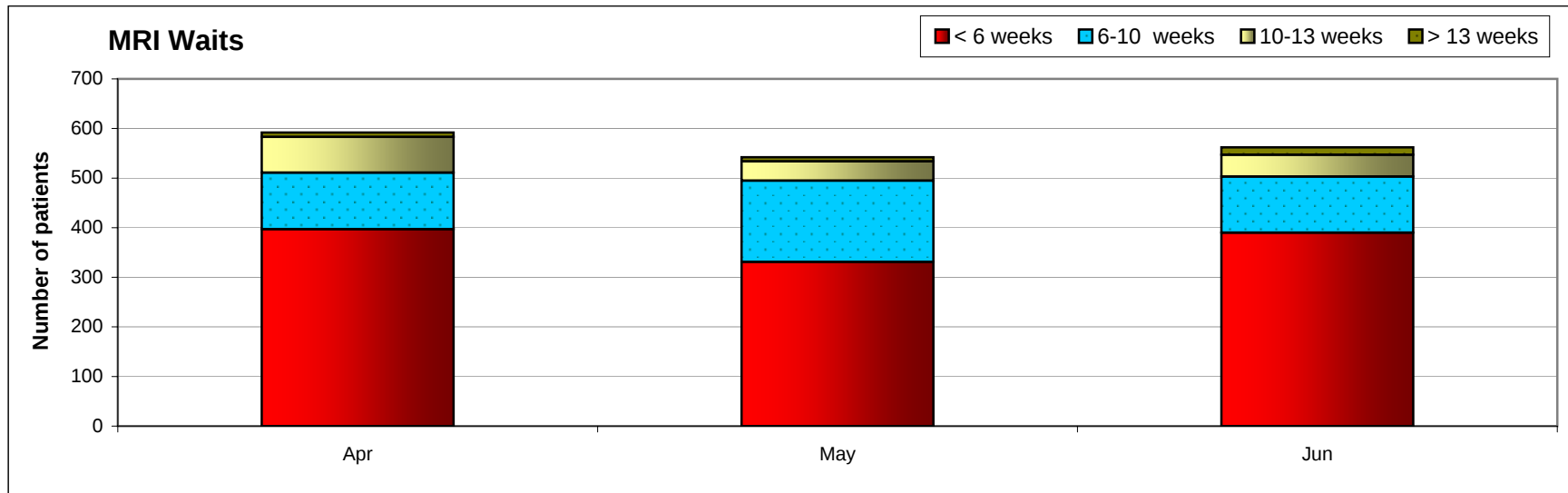
| Specialty              | Total     |
|------------------------|-----------|
| Dermatology            | 2         |
| Elderly Medicine Acute | 28        |
| Gastro                 | 6         |
| Gastro HIV             | 1         |
| General Medicine       | 26        |
| General Surgery        | 2         |
| Medical Oncology       | 1         |
| Palliative Medicine    | 1         |
| Respiratory            | 2         |
| T&O                    | 5         |
| <b>Grand Total</b>     | <b>74</b> |

| Breaches of the Thrombolysis Target |                                                                                                                                                                                                                                                |
|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Month                               | Breach Reason                                                                                                                                                                                                                                  |
| Apr-06                              | 1 patient CtoN >60min (long Call to Hospital time = 46min)                                                                                                                                                                                     |
| May-06                              | 1 patient CtoN >60min. Call to needle time 98 minutes, ambulance took 63 minutes to arrive at the hospital                                                                                                                                     |
| Jun-06                              | 3 patients CtoN >60 min (1 patient call to hospital time 76 mins, comment from LAS "difficult entry to patient's housing block", 1 patient call to hospital time 64 mins, 1 patient door to needle time 39 mins due to delays in the process.) |

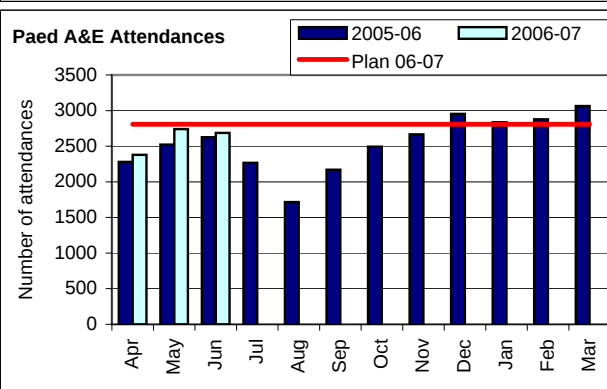
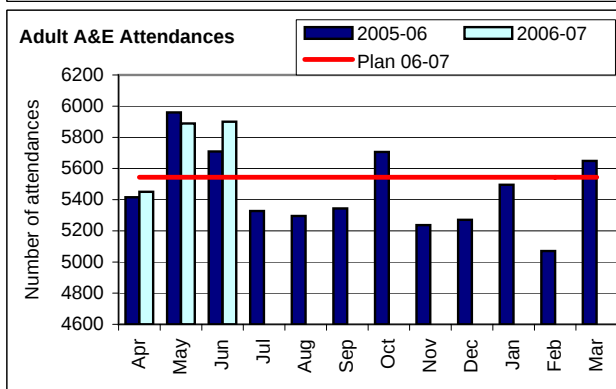
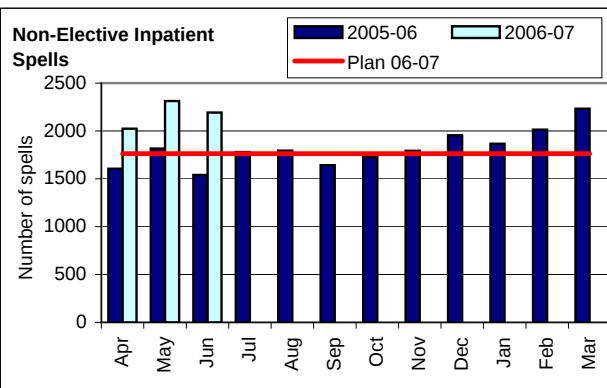
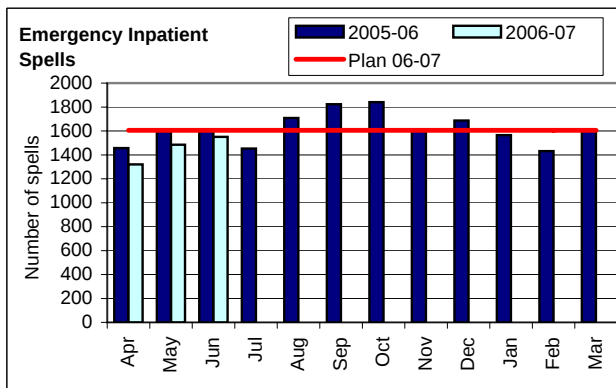
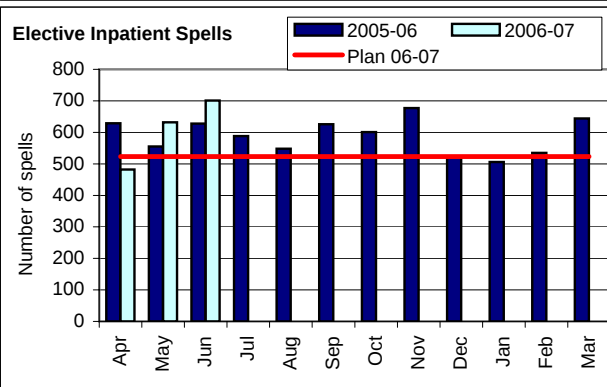
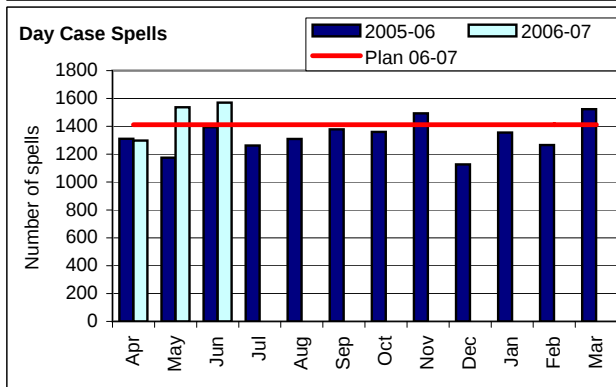
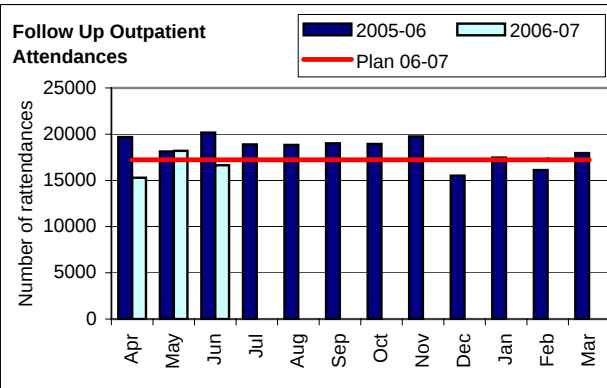
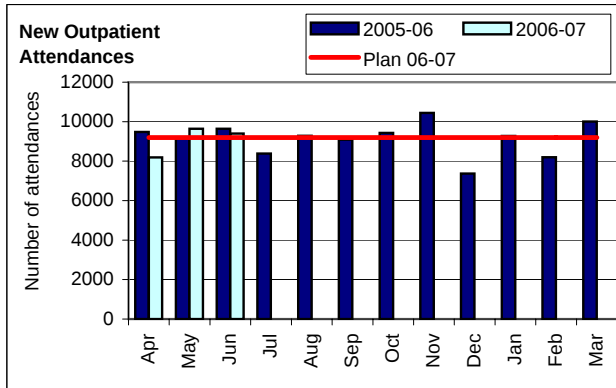
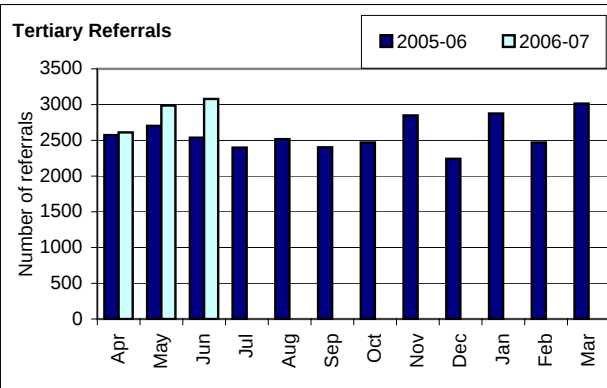
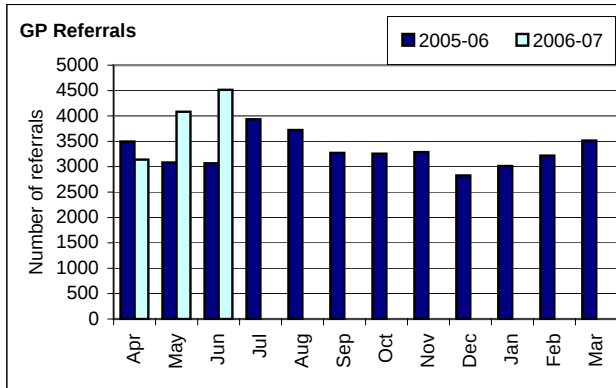
| Breaches of the Outpatient Waiting Time Target |                                                                                                                                                                                       |
|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Month                                          | Breach Reason                                                                                                                                                                         |
| May-06                                         | Dermatology patient - referral letter was misfiled after prioritisation and not added to the pend list. The incident is to be reviewed through the serious untoward incident process. |

## MRI & CT Waiting Lists

| Month | MRI                    |                            |                     | CT                     |                            |                     | Overall                |                            |                     |
|-------|------------------------|----------------------------|---------------------|------------------------|----------------------------|---------------------|------------------------|----------------------------|---------------------|
|       | Total patients waiting | Patients waiting >13 weeks | % waiting >13 weeks | Total patients waiting | Patients waiting >13 weeks | % waiting >13 weeks | Total patients waiting | Patients waiting >13 weeks | % waiting >13 weeks |
| Apr   | 592                    | 9                          | 1.52%               | 136                    | 0                          | 0.00%               | 728                    | 9                          | 1.24%               |
| May   | 542                    | 8                          | 1.48%               | 150                    | 0                          | 0.00%               | 692                    | 8                          | 1.16%               |
| Jun   | 562                    | 15                         | 2.67%               | 149                    | 0                          | 0.00%               | 711                    | 15                         | 2.11%               |



## Activity Graphs



## Activity Report - June 06

| GP Referrals |               |               |                      |                      |                    |                  |
|--------------|---------------|---------------|----------------------|----------------------|--------------------|------------------|
| Directorate  | Actual Jun 05 | Actual Jun 06 | Actual M1-M3 2005/06 | Actual M1-M3 2006/07 | Plan M1-M3 2006/07 | Variance on plan |
| A & I        | 52            | 70            | 170                  | 177                  | 143                | 24%              |
| HIV / GUM    | 4             | 5             | 5                    | 26                   | 19                 | 39%              |
| MEDICINE     | 1180          | 1390          | 3620                 | 3995                 | 3566               | 12%              |
| SURGERY      | 756           | 1196          | 2255                 | 2750                 | 2180               | 26%              |
| W & C        | 1074          | 1855          | 3596                 | 4789                 | 4018               | 19%              |
| <b>TRUST</b> | <b>3066</b>   | <b>4516</b>   | <b>9646</b>          | <b>11737</b>         | <b>9925</b>        | <b>18%</b>       |

| 1st Outpatient Attendances |               |               |                      |                      |                    |                  |
|----------------------------|---------------|---------------|----------------------|----------------------|--------------------|------------------|
| Directorate                | Actual Jun 05 | Actual Jun 06 | Actual M1-M3 2005/06 | Actual M1-M3 2006/07 | Plan M1-M3 2006/07 | Variance on plan |
| A & I                      | 69            | 72            | 247                  | 227                  | 212                | 7%               |
| HIV / GUM                  | 3968          | 4178          | 11516                | 12246                | 12167              | 1%               |
| MEDICINE                   | 1749          | 1698          | 5038                 | 4786                 | 4916               | -3%              |
| SURGERY                    | 1559          | 1355          | 4428                 | 3825                 | 4094               | -7%              |
| W & C                      | 2292          | 2095          | 7076                 | 6146                 | 6199               | -1%              |
| <b>TRUST</b>               | <b>9637</b>   | <b>9398</b>   | <b>28305</b>         | <b>27230</b>         | <b>27588</b>       | <b>-1%</b>       |

| Elective Inpatient Spells |               |               |                      |                      |                    |                  |
|---------------------------|---------------|---------------|----------------------|----------------------|--------------------|------------------|
| Directorate               | Actual Jun 05 | Actual Jun 06 | Actual M1-M3 2005/06 | Actual M1-M3 2006/07 | Plan M1-M3 2006/07 | Variance on plan |
| A & I                     | 20            | 10            | 52                   | 77                   | 114                | -32%             |
| HIV / GUM                 | 8             | 24            | 26                   | 67                   | 66                 | 2%               |
| MEDICINE                  | 48            | 133           | 153                  | 211                  | 117                | 80%              |
| SURGERY                   | 363           | 348           | 1014                 | 953                  | 782                | 22%              |
| W & C                     | 189           | 186           | 567                  | 507                  | 492                | 3%               |
| <b>TRUST</b>              | <b>628</b>    | <b>701</b>    | <b>1812</b>          | <b>1815</b>          | <b>1571</b>        | <b>16%</b>       |

| Emergency Inpatient Spells |               |               |                      |                      |                    |                  |
|----------------------------|---------------|---------------|----------------------|----------------------|--------------------|------------------|
| Directorate                | Actual Jun 05 | Actual Jun 06 | Actual M1-M3 2005/06 | Actual M1-M3 2006/07 | Plan M1-M3 2006/07 | Variance on plan |
| A & I                      | 180           | 173           | 428                  | 389                  | 628                | -38%             |
| HIV / GUM                  | 46            | 60            | 130                  | 166                  | 420                | -60%             |
| MEDICINE                   | 518           | 520           | 1494                 | 1453                 | 1541               | -6%              |
| SURGERY                    | 427           | 388           | 1269                 | 1089                 | 1197               | -9%              |
| W & C                      | 430           | 410           | 1336                 | 1260                 | 1027               | 23%              |
| <b>TRUST</b>               | <b>1601</b>   | <b>1551</b>   | <b>4657</b>          | <b>4357</b>          | <b>4813</b>        | <b>-9%</b>       |

| A&E Attendances      |               |               |                      |                      |                    |                  |
|----------------------|---------------|---------------|----------------------|----------------------|--------------------|------------------|
| Department           | Actual Jun 05 | Actual Jun 06 | Actual M1-M3 2005/06 | Actual M1-M3 2006/07 | Plan M1-M3 2006/07 | Variance on plan |
| Adult A&E            | 5709          | 5900          | 17084                | 17239                | 16633              | 4%               |
| Paed A&E             | 2627          | 2687          | 7431                 | 7808                 | 8423               | -7%              |
| <b>Total A&amp;E</b> | <b>8336</b>   | <b>8587</b>   | <b>24515</b>         | <b>25047</b>         | <b>25056</b>       | <b>0%</b>        |

| Other Referrals |               |               |                      |                      |                    |                  |
|-----------------|---------------|---------------|----------------------|----------------------|--------------------|------------------|
| Directorate     | Actual Jun 05 | Actual Jun 06 | Actual M1-M3 2005/06 | Actual M1-M3 2006/07 | Plan M1-M3 2006/07 | Variance on plan |
| A & I           | 43            | 91            | 151                  | 196                  | 183                | 7%               |
| HIV / GUM       | 102           | 509           | 420                  | 1493                 | 640                | 133%             |
| MEDICINE        | 479           | 466           | 1442                 | 1392                 | 1510               | -8%              |
| SURGERY         | 762           | 826           | 2213                 | 2254                 | 2239               | 1%               |
| W & C           | 1150          | 1186          | 3584                 | 3341                 | 3191               | 5%               |
| <b>TRUST</b>    | <b>2536</b>   | <b>3078</b>   | <b>7810</b>          | <b>8676</b>          | <b>7762</b>        | <b>12%</b>       |

| Follow-Up Outpatient Attendances |               |               |                      |                      |                    |                  |
|----------------------------------|---------------|---------------|----------------------|----------------------|--------------------|------------------|
| Directorate                      | Actual Jun 05 | Actual Jun 06 | Actual M1-M3 2005/06 | Actual M1-M3 2006/07 | Plan M1-M3 2006/07 | Variance on plan |
| A & I                            | 179           | 172           | 531                  | 536                  | 549                | -2%              |
| HIV / GUM                        | 4345          | 3204          | 11598                | 9383                 | 12158              | -23%             |
| MEDICINE                         | 6186          | 5042          | 18112                | 14929                | 15334              | -3%              |
| SURGERY                          | 4569          | 3994          | 13402                | 11859                | 11023              | 8%               |
| W & C                            | 4885          | 4220          | 14326                | 13414                | 12631              | 6%               |
| <b>TRUST</b>                     | <b>20164</b>  | <b>16632</b>  | <b>57969</b>         | <b>50121</b>         | <b>51695</b>       | <b>-3%</b>       |

| Day Case Spells |               |               |                      |                      |                    |                  |
|-----------------|---------------|---------------|----------------------|----------------------|--------------------|------------------|
| Directorate     | Actual Jun 05 | Actual Jun 06 | Actual M1-M3 2005/06 | Actual M1-M3 2006/07 | Plan M1-M3 2006/07 | Variance on plan |
| A & I           | 33            | 37            | 93                   | 104                  | 80                 | 30%              |
| HIV / GUM       | 1             | 54            | 2                    | 117                  | 4                  | 2825%            |
| MEDICINE        | 766           | 778           | 2124                 | 2170                 | 2088               | 4%               |
| SURGERY         | 346           | 394           | 960                  | 1102                 | 1173               | -6%              |
| W & C           | 248           | 307           | 701                  | 912                  | 892                | 2%               |
| <b>TRUST</b>    | <b>1394</b>   | <b>1570</b>   | <b>3880</b>          | <b>4405</b>          | <b>4237</b>        | <b>4%</b>        |

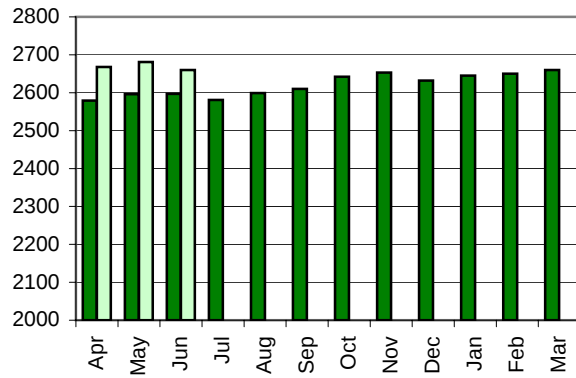
| Non-Elective Inpatient Spells |               |               |                      |                      |                    |                  |
|-------------------------------|---------------|---------------|----------------------|----------------------|--------------------|------------------|
| Directorate                   | Actual Jun 05 | Actual Jun 06 | Actual M1-M3 2005/06 | Actual M1-M3 2006/07 | Plan M1-M3 2006/07 | Variance on plan |
| A & I                         | 0             | 0             | 40                   | 0                    | 0                  | n/a              |
| HIV / GUM                     | 2             | 3             | 11                   | 10                   | 25                 | -60%             |
| MEDICINE                      | 2             | 2             | 13                   | 9                    | 10                 | -10%             |
| SURGERY                       | 8             | 3             | 22                   | 11                   | 12                 | -8%              |
| W & C                         | 829           | 1203          | 2597                 | 3548                 | 2892               | 23%              |
| NICU & SCBU                   | 699           | 982           | 2279                 | 2951                 | 2347               | 26%              |
| <b>TRUST</b>                  | <b>1540</b>   | <b>2193</b>   | <b>4962</b>          | <b>6529</b>          | <b>5286</b>        | <b>24%</b>       |

| Deliveries  |               |               |                      |                      |                    |                  |
|-------------|---------------|---------------|----------------------|----------------------|--------------------|------------------|
| Directorate | Actual Jun 05 | Actual Jun 06 | Actual M1-M3 2005/06 | Actual M1-M3 2006/07 | Plan M1-M3 2006/07 | Variance on plan |
| Deliveries  | 297           | 386           | 993                  | 1104                 | n/a                | n/a              |
| Spells      | 453           | 775           | 1420                 | 2318                 | 1616               | 43%              |

## HR Graphs

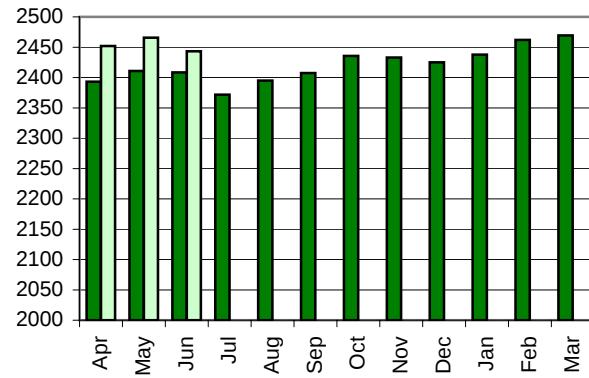
Headcount

■ 2005-06 ■ 2006-07



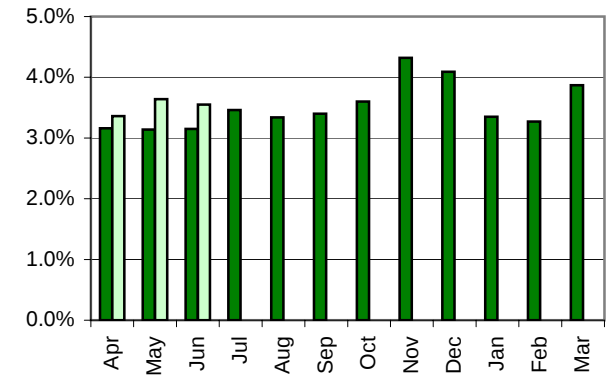
WTE's

■ 2005-06 ■ 2006-07



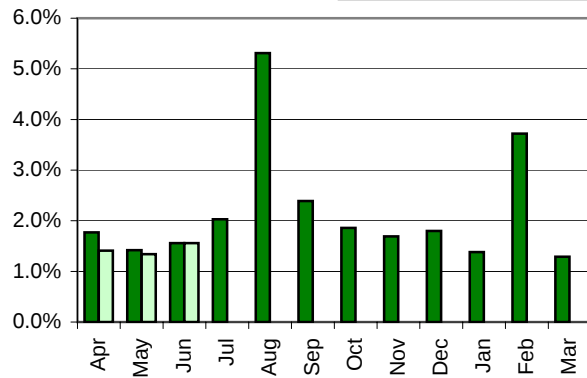
Sickness Rate

■ 2005-06 ■ 2006-07



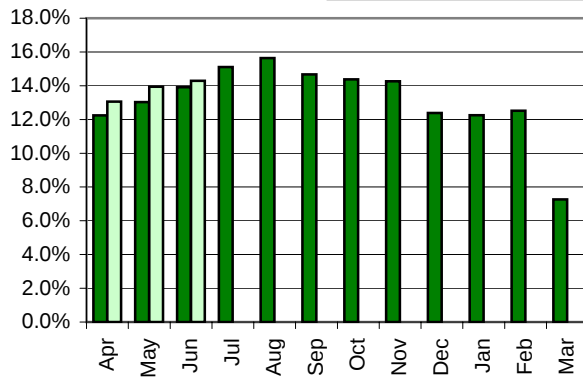
Turnover Rate

■ 2005-06 ■ 2006-07



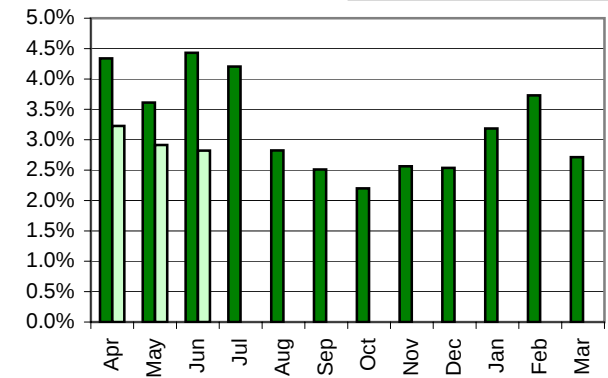
Bank Staff as % of WTEs

■ 2005-06 ■ 2006-07



Agency Staff as % of WTEs

■ 2005-06 ■ 2006-07



## HR Report

| Headcount          |             |             |                       |                       |
|--------------------|-------------|-------------|-----------------------|-----------------------|
| Staff Group        | Jun-05      | Jun-06      | Average M1-M3 2005/06 | Average M1-M3 2006/07 |
| Medical            | 498         | 503         | 496                   | 506                   |
| N&M (reg)          | 1030        | 1035        | 1026                  | 1041                  |
| N&M (supp)         | 174         | 175         | 176                   | 177                   |
| Prof & Tech (reg)  | 54          | 77          | 53                    | 75                    |
| Prof & Tech (supp) | 37          | 17          | 36                    | 21                    |
| AHPs (Reg)         | 157         | 168         | 157                   | 168                   |
| AHPs (Supp)        | 15          | 22          | 14                    | 21                    |
| Sci & Prof         | 57          | 72          | 57                    | 73                    |
| A&C                | 470         | 479         | 470                   | 477                   |
| Snr Mgt            | 67          | 70          | 66                    | 70                    |
| Other              | 38          | 42          | 40                    | 41                    |
| <b>Trust</b>       | <b>2597</b> | <b>2660</b> | <b>2591</b>           | <b>2670</b>           |

| WTEs               |             |             |                       |                       |
|--------------------|-------------|-------------|-----------------------|-----------------------|
| Staff Group        | Jun-05      | Jun-06      | Average M1-M3 2005/06 | Average M1-M3 2006/07 |
| Medical            | 453         | 444         | 452                   | 447                   |
| N&M (reg)          | 951         | 949         | 949                   | 955                   |
| N&M (supp)         | 160         | 158         | 162                   | 159                   |
| Prof & Tech (reg)  | 50          | 71          | 50                    | 70                    |
| Prof & Tech (supp) | 35          | 16          | 34                    | 20                    |
| AHPs (Reg)         | 143         | 151         | 144                   | 151                   |
| AHPs (Supp)        | 14          | 19          | 13                    | 19                    |
| Sci & Prof         | 55          | 70          | 54                    | 70                    |
| A&C                | 447         | 457         | 446                   | 456                   |
| Snr Mgt            | 66          | 69          | 65                    | 69                    |
| Other              | 35          | 39          | 35                    | 37                    |
| <b>Trust</b>       | <b>2408</b> | <b>2443</b> | <b>2404</b>           | <b>2454</b>           |

| Bank Staff (WTE / %) |              |                            |                     |                                       |
|----------------------|--------------|----------------------------|---------------------|---------------------------------------|
| Staff Group          | WTE Jun-06   | Bank WTE as % of Total WTE | Average WTE 2005/06 | Average WTE 2005/06 as % of TOTAL WTE |
| Medical              | 20.5         | 4.6%                       | 12.2                | 1.5%                                  |
| N&M (reg)            | 207.2        | 21.8%                      | 208.4               | 21.6%                                 |
| Other                | 121.6        | 11.6%                      | 117.2               | 20.6%                                 |
| <b>Trust</b>         | <b>349.3</b> | <b>14.3%</b>               | <b>337.7</b>        | <b>13.1%</b>                          |

| Agency Staff (WTE / %) |             |                              |                     |                                       |
|------------------------|-------------|------------------------------|---------------------|---------------------------------------|
| Staff Group            | WTE Jun-06  | Agency WTE as % of Total WTE | Average WTE 2005/06 | Average WTE 2005/06 as % of TOTAL WTE |
| Medical                | 13.4        | 2.9%                         | 14.2                | 3.2%                                  |
| N&M (reg)              | 42.0        | 4.4%                         | 47.6                | 5.0%                                  |
| A&C                    | 12.7        | 2.8%                         | 15.5                | 3.4%                                  |
| Other                  | 0.0         | 0.0%                         | 1.1                 | 0.2%                                  |
| <b>Trust</b>           | <b>68.0</b> | <b>2.8%</b>                  | <b>78.3</b>         | <b>3.2%</b>                           |

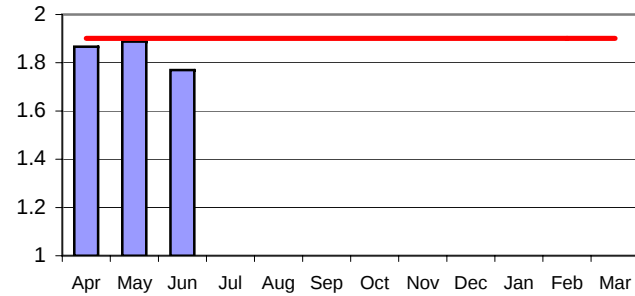
| Staff Turnover (%) |             |             |                       |                       |
|--------------------|-------------|-------------|-----------------------|-----------------------|
| Staff Group        | Jun-05      | Jun-06      | Average M1-M3 2005/06 | Average M1-M3 2006/07 |
| Planned            | 0.47        | 0.07        | 0.38                  | 0.07                  |
| Unplanned          | 1.09        | 1.27        | 0.99                  | 0.98                  |
| Medical Rotation   | 0.00        | 0.22        | 0.21                  | 0.39                  |
| <b>Trust</b>       | <b>1.56</b> | <b>1.56</b> | <b>1.58</b>           | <b>1.44</b>           |

| Sick Leave (%) |             |             |                       |                       |
|----------------|-------------|-------------|-----------------------|-----------------------|
| Staff Group    | Jun-05      | Jun-06      | Average M1-M3 2005/06 | Average M1-M3 2006/07 |
| Long Term      | 1.72        | 2.10        | 1.73                  | 2.02                  |
| Short Term     | 1.43        | 1.45        | 1.42                  | 1.50                  |
| <b>Trust</b>   | <b>3.15</b> | <b>3.55</b> | <b>3.15</b>           | <b>3.52</b>           |

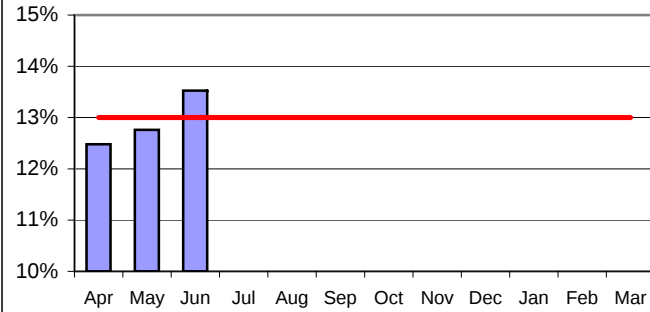
## Efficiency Indicator Trends 2006-07

Better performance below the line unless indicated

### New to Follow up Rate

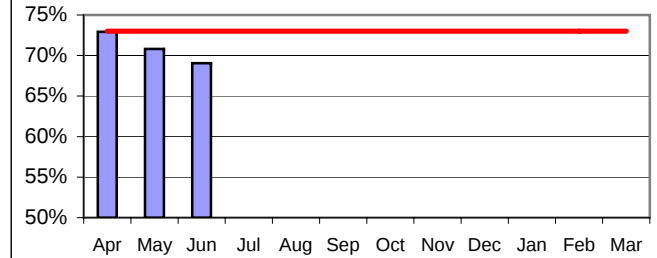


### OP DNA Rate

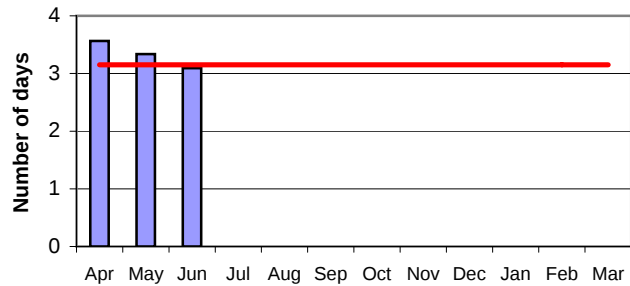


### Day Case Rate

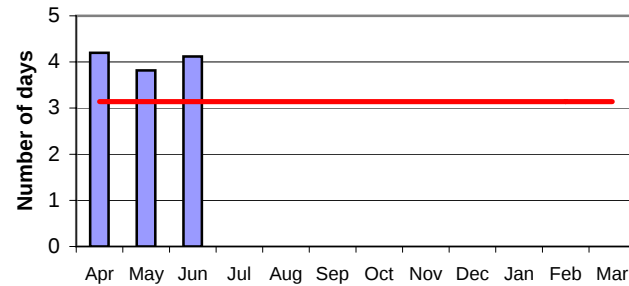
(better performance above the line)



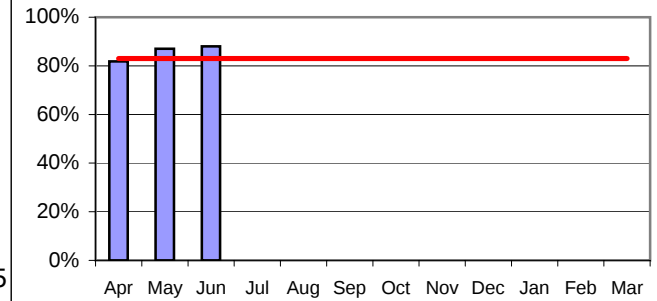
### Elective Inpatient Length of Stay



### Non-Elective Inpatient Length of Stay

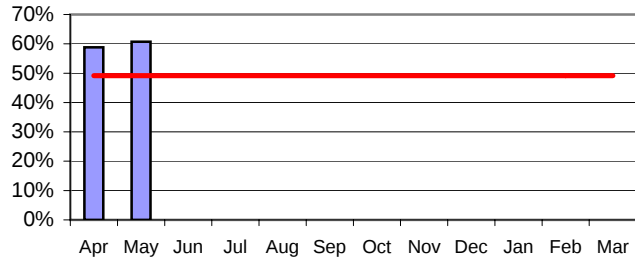


### Bed Occupancy Rate

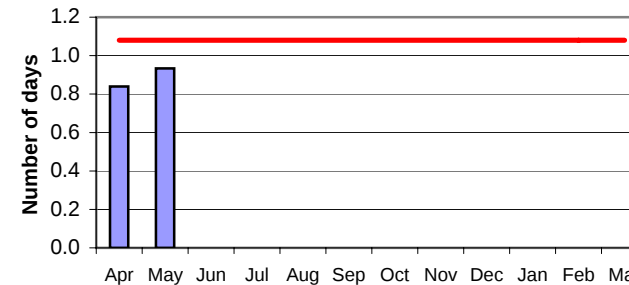


### Elective Inpatients Admitted on Day of Surgery

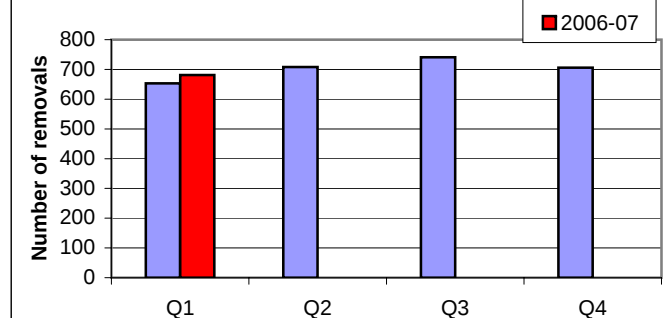
(better performance above the line)

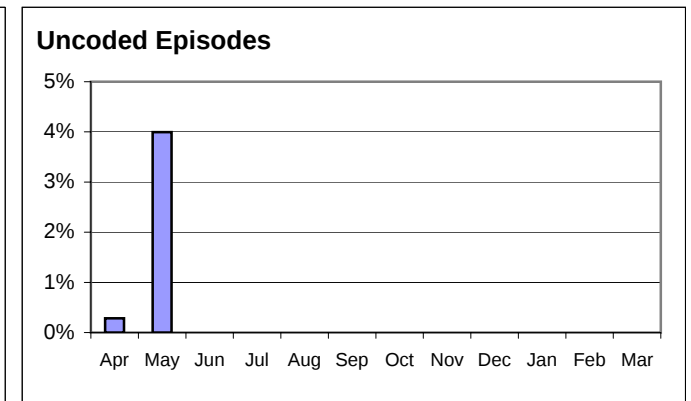
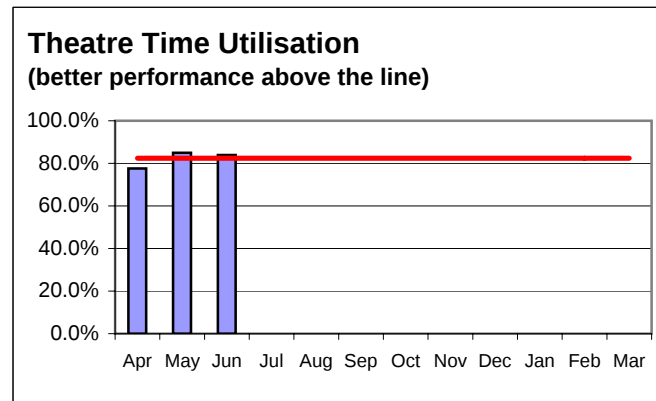
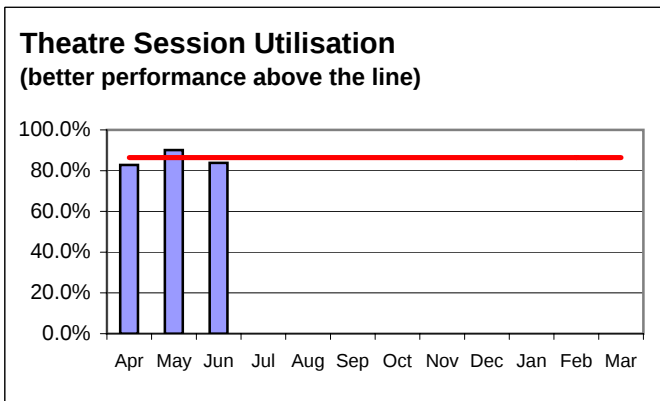
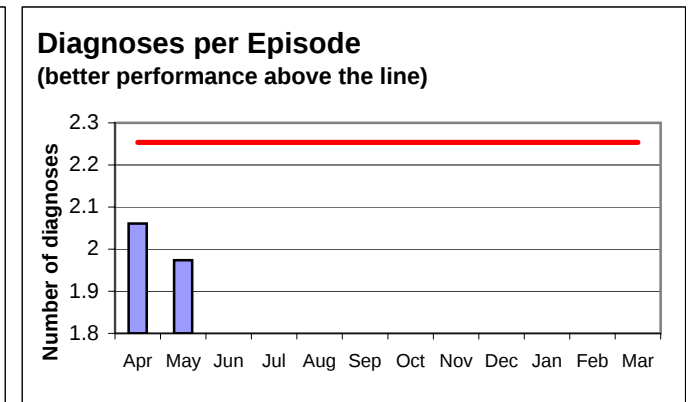
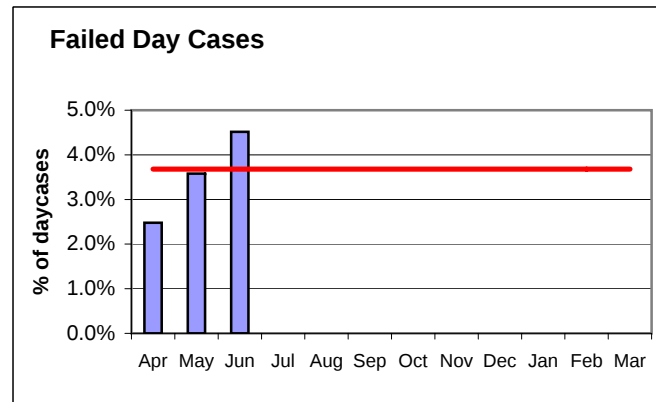
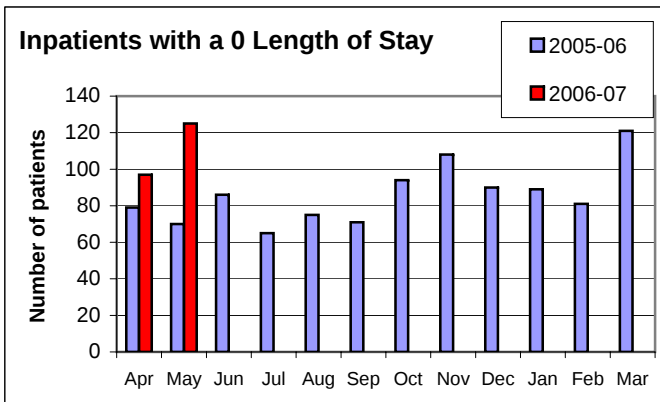


### Average Pre-operative Length of Stay



### WL Removals other than treatment





## Trust Board Efficiency Report - June 2006

| New to Follow-UP Outpatient Rate |        |              |                        |
|----------------------------------|--------|--------------|------------------------|
| Directorate                      | Jun-06 | Year-to-Date | Target (Capacity Plan) |
| A&I                              | 2.39   | 2.36         | 2.60                   |
| HIV / GUM                        | 0.77   | 0.77         | 1.00                   |
| MEDICINE                         | 2.97   | 3.12         | 3.40                   |
| SURGERY                          | 2.95   | 3.10         | 2.69                   |
| W&C                              | 2.01   | 2.18         | 2.04                   |
| TRUST                            | 1.77   | 1.84         | 1.90                   |

| Outpatient DNA Rate |                               |              |                          |
|---------------------|-------------------------------|--------------|--------------------------|
| Directorate         | Jun-06                        | Year-to-Date | Target (Average 2005-06) |
| A&I                 | 15%                           | 13%          | 16%                      |
| HIV / GUM           | Data unavailable at this time |              |                          |
| MEDICINE            | 14%                           | 13%          | 13%                      |
| SURGERY             | 14%                           | 13%          | 14%                      |
| W&C                 | 13%                           | 12%          | 13%                      |
| TRUST               | 14%                           | 13%          | 13%                      |

| Average Elective Inpatient Length of Stay |        |              |                        |
|-------------------------------------------|--------|--------------|------------------------|
| Directorate                               | Jun-06 | Year-to-Date | Target (Capacity Plan) |
| A&I                                       | 2.93   | 4.37         | 1.38                   |
| HIV / GUM                                 | 5.59   | 5.22         | 3.61                   |
| MEDICINE                                  | 7.35   | 7.61         | 5.96                   |
| SURGERY                                   | 2.87   | 3.09         | 3.36                   |
| W&C                                       | 2.30   | 2.44         | 2.62                   |
| TRUST                                     | 3.09   | 3.31         | 3.15                   |

| Average Non-Elective Inpatient Length of Stay |        |              |                        |
|-----------------------------------------------|--------|--------------|------------------------|
| Directorate                                   | Jun-06 | Year-to-Date | Target (Capacity Plan) |
| A&I                                           | 4.76   | 6.95         | 1.05                   |
| HIV / GUM                                     | 5.56   | 6.17         | 4.92                   |
| MEDICINE                                      | 8.99   | 8.73         | 7.38                   |
| SURGERY                                       | 5.19   | 5.25         | 4.67                   |
| W&C                                           | 2.20   | 2.23         | 2.04                   |
| TRUST                                         | 4.12   | 4.04         | 3.14                   |

| Day Case Rate |        |              |                        |
|---------------|--------|--------------|------------------------|
| Directorate   | Jun-06 | Year-to-Date | Target (Capacity Plan) |
| A&I           | 78.7%  | 57.5%        | 79.7%                  |
| HIV / GUM     | 69.2%  | 63.6%        | 5.4%                   |
| MEDICINE      | 85.8%  | 91.3%        | 91.5%                  |
| SURGERY       | 52.8%  | 53.5%        | 60.0%                  |
| W&C           | 61.8%  | 64.1%        | 64.6%                  |
| TRUST         | 69.1%  | 70.8%        | 73.0%                  |

| % of Elective Inpatients Admitted on the Day of Surgery |        |              |                           |
|---------------------------------------------------------|--------|--------------|---------------------------|
| Directorate                                             | May-06 | Year-to-Date | 2005-06 average per month |
| A&I                                                     | 0%     | 100%         | 75%                       |
| HIV / GUM                                               | 10%    | 17%          | 9%                        |
| MEDICINE                                                | 57%    | 54%          | 44%                       |
| SURGERY                                                 | 56%    | 55%          | 49%                       |
| W&C                                                     | 75%    | 73%          | 51%                       |
| TRUST                                                   | 61%    | 60%          | 49%                       |

| Average Elective Inpatient Pre-Operative Length of Stay |        |              |                           |
|---------------------------------------------------------|--------|--------------|---------------------------|
| Directorate                                             | May-06 | Year-to-Date | 2005-06 average per month |
| A&I                                                     | 0.00   | 4.00         | 1.55                      |
| HIV / GUM                                               | 5.57   | 3.92         | 2.27                      |
| MEDICINE                                                | 2.94   | 2.38         | 3.12                      |
| SURGERY                                                 | 0.85   | 0.86         | 0.93                      |
| W&C                                                     | 0.45   | 0.49         | 1.17                      |
| TRUST                                                   | 0.93   | 0.89         | 1.08                      |

| Un-coded Episodes |        |              |             |
|-------------------|--------|--------------|-------------|
| Directorate       | May-06 | Year-to-Date | Target Rate |
| A&I               | 15%    | 10%          |             |
| HIV / GUM         | 20%    | 10%          |             |
| MEDICINE          | 3%     | 2%           |             |
| SURGERY           | 1%     | 1%           |             |
| W&C               | 5%     | 3%           |             |
| TRUST             | 4%     | 2%           |             |

| Average Number of Diagnoses Per Episode |        |              |                    |
|-----------------------------------------|--------|--------------|--------------------|
| Directorate                             | May-06 | Year-to-Date | Target (CHKS Peer) |
| A&I                                     | 3.08   | 3.10         | 3.44               |
| HIV / GUM                               | 4.49   | 4.31         | 4.47               |
| MEDICINE                                | 2.23   | 2.29         | 2.61               |
| SURGERY                                 | 1.75   | 1.81         | 2.07               |
| W&C                                     | 1.73   | 1.73         | 1.91               |
| TRUST                                   | 1.97   | 2.02         | 2.25               |

| Midnight Bed Occupancy Rate |        |              |        |
|-----------------------------|--------|--------------|--------|
| Directorate                 | Jun-06 | Year-to-Date | Target |
| HIV / GUM                   | 82.3%  | 75.3%        | 159%   |
| MEDICINE                    | 103.1% | 93.2%        | 85%    |
| SURGERY A&I                 | 89.3%  | 87.2%        | 82%    |
| W&C                         | 79.4%  | 79.9%        | 79%    |
| TRUST                       | 90.3%  | 86.4%        | 81%    |

NB - Coding figures have a 1 month time lag

| Inpatient Theatre Session Utilisation |        |              |                           |
|---------------------------------------|--------|--------------|---------------------------|
| Directorate                           | Jun-06 | Year-to-Date | 2005-06 average per month |
| HIV / GUM                             | 0.0%   | 0.0%         | 0.0%                      |
| MEDICINE                              | 0.0%   | 0.0%         | 0.0%                      |
| SURGERY A&I                           | 86.0%  | 87.8%        | 89.2%                     |
| W&C                                   | 79.7%  | 81.6%        | 79.8%                     |
| TRUST                                 | 83.8%  | 85.8%        | 86.4%                     |

| Directorate | Jun-06 | Year-to-Date | 2005-06 average per month |
|-------------|--------|--------------|---------------------------|
| HIV / GUM   | 0.0%   | 0.0%         | 0.0%                      |
| MEDICINE    | 0.0%   | 0.0%         | 0.0%                      |
| SURGERY A&I | 78.6%  | 77.0%        | 77.4%                     |
| W&C         | 95.3%  | 96.3%        | 96.4%                     |
| TRUST       | 83.9%  | 82.5%        | 82.4%                     |

NB - Data relates to all of June 06 except the treatment centre which is up until 14th June.  
 Women & Children's includes obstetrics, Surgery/A&I includes Burns and Hand Theatres

| Failed Day Cases |        |              |                           |
|------------------|--------|--------------|---------------------------|
| Directorate      | Jun-06 | Year-to-Date | 2005-06 average per month |
| A&I              | 2.6%   | 3.7%         | 7.5%                      |
| HIV / GUM        | 18.2%  | 16.4%        | 25.0%                     |
| MEDICINE         | 1.5%   | 1.5%         | 1.8%                      |
| SURGERY          | 7.6%   | 5.7%         | 5.7%                      |
| W&C              | 5.2%   | 3.8%         | 4.9%                      |
| TRUST            | 4.5%   | 3.6%         | 3.7%                      |

| Waiting List Suspensions |        |         |
|--------------------------|--------|---------|
| Directorate              | Jun-06 | % of WL |
| A&I                      | 7      | 4%      |
| SURGERY                  | 286    | 12%     |
| W&C                      | 120    | 10%     |
| TRUST                    | 413    | 11%     |

| Elective Waiting List Removals other than Treatment |          |              |                             |
|-----------------------------------------------------|----------|--------------|-----------------------------|
| Directorate                                         | Q1 06-07 | Year-to-Date | 2005-06 average per quarter |
| A&I                                                 | 4        | 4            | 6                           |
| HIV / GUM                                           | 0        | 0            | 0                           |
| MEDICINE                                            | 1        | 1            | 0                           |
| SURGERY                                             | 441      | 441          | 451                         |
| W&C                                                 | 235      | 235          | 245                         |
| TRUST                                               | 681      | 681          | 702                         |

| Percentage of Missing Notes (Outpatients) |        |              |             |
|-------------------------------------------|--------|--------------|-------------|
| Directorate                               | Jun-06 | Year-to-Date | Target Rate |
| A&I                                       |        |              |             |
| HIV / GUM                                 |        |              |             |
| MEDICINE                                  |        |              |             |
| SURGERY                                   |        |              |             |
| W&C                                       |        |              |             |
| TRUST                                     |        |              |             |

| Outliers    |        |              |             |
|-------------|--------|--------------|-------------|
| Directorate | Jun-06 | Year-to-Date | Target Rate |
| A&I         |        |              |             |
| HIV / GUM   |        |              |             |
| MEDICINE    |        |              |             |
| SURGERY     |        |              |             |
| W&C         |        |              |             |
| TRUST       |        |              |             |

| Theatre Late Starts |        |              |             |
|---------------------|--------|--------------|-------------|
| Directorate         | Jun-06 | Year-to-Date | Target Rate |
| A&I                 |        |              |             |
| HIV / GUM           |        |              |             |
| MEDICINE            |        |              |             |
| SURGERY             |        |              |             |
| W&C                 |        |              |             |
| TRUST               |        |              |             |

| Operations Out of Hours |        |              |             |
|-------------------------|--------|--------------|-------------|
| Directorate             | Jun-06 | Year-to-Date | Target Rate |
| A&I                     |        |              |             |
| HIV / GUM               |        |              |             |
| MEDICINE                |        |              |             |
| SURGERY                 |        |              |             |
| W&C                     |        |              |             |
| TRUST                   |        |              |             |

| Data Quality - Missing Items |        |              |             |
|------------------------------|--------|--------------|-------------|
| Directorate                  | Jun-06 | Year-to-Date | Target Rate |
| A&I                          |        |              |             |
| HIV / GUM                    |        |              |             |
| MEDICINE                     |        |              |             |
| SURGERY                      |        |              |             |
| W&C                          |        |              |             |
| TRUST                        |        |              |             |

| Elective Inpatients with 0 days Length of Stay |        |                                |                           |
|------------------------------------------------|--------|--------------------------------|---------------------------|
| Directorate                                    | May-06 | Year-to-Date Average per month | 2005-06 average per month |
| A&I                                            | 0      | 0                              | 3                         |
| HIV / GUM                                      | 1      | 2                              | 1                         |
| MEDICINE                                       | 9      | 12                             | 12                        |
| SURGERY                                        | 78     | 61                             | 42                        |
| W&C                                            | 37     | 37                             | 28                        |
| TRUST                                          | 125    | 111                            | 86                        |

Note - data excludes uncoded spells

| Waiting List Suspensions > 3 Months |        |                  |         |
|-------------------------------------|--------|------------------|---------|
| Directorate                         | Jun-06 | % of Suspensions | % of WL |
| A&I                                 | 4      | 57%              | 2%      |
| SURGERY                             | 167    | 58%              | 7%      |
| W&C                                 | 63     | 53%              | 5%      |
| TRUST                               | 234    | 57%              | 6%      |

| % of Elective Patients who had a Pre-Op Assessment |        |              |                           |
|----------------------------------------------------|--------|--------------|---------------------------|
| Directorate                                        | May-06 | Year-to-Date | 2005-06 average per month |
| A&I                                                |        |              |                           |
| HIV / GUM                                          |        |              |                           |
| MEDICINE                                           |        |              |                           |
| SURGERY                                            |        |              |                           |
| W&C                                                |        |              |                           |
| TRUST                                              |        |              |                           |

| Percentage of Missing Notes (Elective Admissions) |        |              |             |
|---------------------------------------------------|--------|--------------|-------------|
| Directorate                                       | Jun-06 | Year-to-Date | Target Rate |
| A&I                                               |        |              |             |
| HIV / GUM                                         |        |              |             |
| MEDICINE                                          |        |              |             |
| SURGERY                                           |        |              |             |
| W&C                                               |        |              |             |
| TRUST                                             |        |              |             |

| Critical Care Transfers |        |              |             |
|-------------------------|--------|--------------|-------------|
| Directorate             | Jun-06 | Year-to-Date | Target Rate |
| A&I                     |        |              |             |
| HIV / GUM               |        |              |             |
| MEDICINE                |        |              |             |
| SURGERY                 |        |              |             |
| W&C                     |        |              |             |
| TRUST                   |        |              |             |

| Theatre Overruns/Underruns |        |              |             |
|----------------------------|--------|--------------|-------------|
| Directorate                | Jun-06 | Year-to-Date | Target Rate |
| A&I                        |        |              |             |
| HIV / GUM                  |        |              |             |
| MEDICINE                   |        |              |             |
| SURGERY                    |        |              |             |
| W&C                        |        |              |             |
| TRUST                      |        |              |             |

| Theatre Cases per List |        |              |             |
|------------------------|--------|--------------|-------------|
| Directorate            | Jun-06 | Year-to-Date | Target Rate |
| A&I                    |        |              |             |
| HIV / GUM              |        |              |             |
| MEDICINE               |        |              |             |
| SURGERY                |        |              |             |
| W&C                    |        |              |             |
| TRUST                  |        |              |             |

## Trust Board Meeting, 3<sup>rd</sup> August 2006

|                            |                                                                                                                                                  |
|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>AGENDA<br/>ITEM NO.</b> | 3.1/Aug/06                                                                                                                                       |
| <b>PAPER</b>               | Medicine Recovery Plan – Interim Report                                                                                                          |
| <b>LEAD<br/>EXECUTIVE</b>  | Edward Donald, Director of Operations<br><br>Contact Number 020 8846 6718                                                                        |
| <b>AUTHOR</b>              | Edward Donald, Director of Operations<br><br>Contact Number 020 8846 6718                                                                        |
| <b>SUMMARY</b>             | This is an interim report from the Medicine Directorate Recovery Plan Team which sets out the financial performance of the Medicine Directorate. |
| <b>BOARD<br/>ACTION</b>    | The Board is asked to discuss and approve this Plan.                                                                                             |

# **MEDICINE DIRECTORATE RECOVERY PLAN**

## **INTERIM REPORT**

**27 JULY 2006**

## EXECUTIVE SUMMARY

The Trust Board approved the Chief Executive's request to establish an Interim Recovery Plan Team, led by the Director of Operations, to support the Medicine Directorate in identifying opportunities to improve its financial performance against current budget and to address the savings target.

The team comprises of Medicine Directorate General Manager, Clinical Director and Finance Manager, HRM Director and Director of Nursing, along with support from the Information Department as required.

In the first month of the team's work, attention has been focused on improving the forecast out-turn in 2006/07 from a straight line deficit at the end of month 3 of £1.487m to a revised forecast out-turn deficit of £471k. **It is recommended that this be approved as the control target for the Directorate in 2006/07, whilst the full recovery plan is completed.**

This interim report sets out the Medicine Directorate's financial performance to the end of month 3 and identifies the action taken to deliver the improved forecast out-turn.

A summary recovery plan and risk assessment table is included in this interim report, identifying the short, medium and longer term action and opportunities that the directorate have identified that will support an improvement in financial performance.

This will allow the directorate and Trust Board to track progress in relation to delivery of savings/income, timescale and level of risk.

The table has been completed for the short-term items and cover medium and long term items as part of the final report, which will enable a break-even date to be identified.

The final report will be presented to the Trust Board meeting on 2<sup>nd</sup> November 2006, allowing time for the detailed diagnostic work to be completed which will include a Zero Based Budgeting exercise, along with development of savings opportunities for each of the medium term plans.

There will be detailed discussion and challenge prior to sign-off of the Recovery Plan between the interim recovery team and the CEO. This timescale also allows for discussion within the directorate between the clinical and management teams, which might identify further opportunities and will be important in relation to local ownership.

It is anticipated that the final report will cover the following areas:

- Executive summary and recommendations
- Financial, Activity and Savings performance
  - o Historic
  - o Current
  - o Forecast
- PbR performance
- Efficiency measures
- Medium term plan
- Long term plan
- Summary Recovery Plan and Risk Rating
- Implementation and Monitoring

## Medicine Directorate Recovery Plan – Interim Report

### Financial Performance – 1 April to 30 June 2006

The Medicine Directorate is £372k overspent by comparison to its budget allocation, the key driver being pay overspend of £412k.

This is caused by 3 key factors:

- 1) Ward nurse pay overspend of £122k, of which £70k relates to the cost of Level 1 patients and £35k to the cost of RMNs not historically funded.
- 2) Under funding of budget lines, which will be better quantified as part of the Zero Based Budgeting (ZBB) exercise, is currently estimated at £180k to the end of month 3 and £719k full year effect.
- 3) £50k old year invoices that have been charged in 06/07 against no reserves.

A review of each budget line at the end of Month 3 has been undertaken as part of the diagnostic exercise to identify the underlying reasons for the over spend.

The majority of the over spend is caused by savings not met and under funding, which will be better quantified as part of the ZBB exercise, to include benchmark efficiency comparisons, prior to budget funding recommendations being made in the final report.

Measures taken to reduce the straight line over spend projection of £1.487m are set out in the forecast 2006/07 section below.

Table 1: Month 3 (30 June 2006) Medicine Directorate Budget Performance

|                               | <b>Pay</b>       | <b>Non Pay</b> | <b>Income</b> | <b>Total</b>     |
|-------------------------------|------------------|----------------|---------------|------------------|
| <b>Cardiology</b>             | (20,510)         | (1,350)        | 14,310        | (7,550)          |
| <b>Dermatology</b>            | (30,090)         | 1,100          | (10,210)      | (39,200)         |
| <b>Gastroenterology</b>       | 65,390           | (44,730)       | (15,640)      | 5,020            |
| <b>General Medicine</b>       | (13,700)         | (9,970)        |               | (23,670)         |
| <b>Clinical Haematology</b>   | (19,550)         | 19,080         |               | (470)            |
| <b>Medical Elderly</b>        | 14,000           | 9,030          | (310)         | 22,720           |
| <b>Medicine Management</b>    | (168,480)        | 36,920         |               | (131,560)        |
| <b>Metabolic Medicine</b>     | (7,790)          | 42,000         | (4,990)       | 29,220           |
| <b>Neurology</b>              | (26,250)         | 40,670         | 11,440        | 25,860           |
| <b>Oncology</b>               | (9,110)          | 6,500          | (6,440)       | (9,050)          |
| <b>Respiratology</b>          | (40,630)         | (5,680)        | 17,990        | (28,320)         |
| <b>Rheumatology</b>           | (5,530)          | (19,110)       | (250)         | (24,890)         |
| <b>Accident and Emergency</b> | (30,290)         | (37,630)       |               | (67,920)         |
| <b>Wards</b>                  | (119,310)        | (3,600)        | 850           | (122,060)        |
| <b>Total</b>                  | <b>(411,850)</b> | <b>33,230</b>  | <b>6,750</b>  | <b>(371,870)</b> |

## Medicine Directorate Recovery Plan – Interim Report

### Forecast 31 March 2007

Short-term action has been taken to improve the forecast out-turn to £471k by comparison to a straight line at month 3, which would have resulted in an over-spend £1.487m.

This has been achieved as a result of the following short-term action:

- a) Bank and Agency quota controls for all staff groups (medical, nursing, administration and clerical) £83k
- b) Non-pay freeze of non-essential items £25k
- c) Removal of £153k income target (e.g. re-charge for consultants who have retired)
- d) Level 1 beds funded at £54k p.y.e. (£94k f.y.e.)
- e) Endoscopy allocation of £465k to forecast out-turn pending sign-off of final ZBB
- f) Budget transfers for Discharge Team and TB nurse, net benefit to the Directorate of £60k due to unfunded posts
- g) Drugs procurement benefit of £132k p.y.e.
- h) Outpatient follow-up prescribing reduction of £28k, p.y.e.

An agency and non-essential non-pay freeze has been implemented in line with Trust wide arrangements in July 2006.

A Bank quota for nursing expenditure at ward level has been set to deliver a forecast over-spend of £203k. This recognises that ward budgets were not funded for Level 1 at the start of the year (£70.5k specials April to June). It also recognises that ward budgets are not funded for RMN nursing throughout the year, to an estimated value of £150k.

Table 2: Forecast Out-turn at the end Month 3 (June 2006)

|                               | Pay                | Non Pay        | Income         | Total            |
|-------------------------------|--------------------|----------------|----------------|------------------|
| <b>Cardiology</b>             | (82,040)           | (5,400)        | 57,240         | <b>(30,200)</b>  |
| <b>Dermatology</b>            | (120,360)          | 4,400          | (40,840)       | <b>(156,800)</b> |
| <b>Gastroenterology</b>       | 332,560            | 66,080         | 54,440         | <b>453,080</b>   |
| <b>General Medicine</b>       | (54,800)           | (39,880)       |                | <b>(94,680)</b>  |
| <b>Clinical Haematology</b>   | (78,200)           | 76,320         |                | <b>(1,880)</b>   |
| <b>Medical Elderly</b>        | 56,000             | 36,120         | (1,240)        | <b>90,880</b>    |
| <b>Medicine Management</b>    | (541,920)          | 147,680        |                | <b>(394,240)</b> |
| <b>Metabolic Medicine</b>     | (31,160)           | 168,000        | (19,960)       | <b>116,880</b>   |
| <b>Neurology</b>              | (105,000)          | 162,680        | 45,760         | <b>103,440</b>   |
| <b>Oncology</b>               | (36,440)           | 26,000         | (25,760)       | <b>(36,200)</b>  |
| <b>Respiratology</b>          | (162,520)          | (22,720)       | 71,960         | <b>(113,280)</b> |
| <b>Rheumatology</b>           | (22,120)           | (76,440)       | (1,000)        | <b>(99,560)</b>  |
| <b>Accident and Emergency</b> | (15,160)           | (90,520)       |                | <b>(105,680)</b> |
| <b>Wards</b>                  | (191,740)          | (14,400)       | 3,400          | <b>(202,740)</b> |
| <b>Total</b>                  | <b>(1,052,900)</b> | <b>437,920</b> | <b>144,000</b> | <b>(470,980)</b> |

Medical, administration and clerical pay areas have quotas established to break-even by comparison to budget allocation. Drugs procurement, maintaining Haematology drugs spend at current levels and reducing follow-up scripts reduces expenditure by £160k p.y.e and £274k f.y.e.

Taken together, these measures enable a control total of £471k overspend to year end to be established, whilst the final report is concluded.

## **SUMMARY RECOVERY PLAN AND RISK RATING**

A summary recovery plan and risk rating table has been developed, covering short, medium and longer term. The progress to date is set out in the table below.

The savings and expenditure control table shows the profile of savings and control for overspends. The status shows whether the savings are on target via a “traffic light” system to enable the directorate and Trust Board to track progress in relation to delivery and a risk rating will be established for the final report for each item.

There is a more detailed plan per scheme with dates for action with the profile of savings by month and the impact on activity, staff and other departments/specialties. This will be agreed with the relevant Budget Holders and General Manager prior to a formal sign off.

The summary recovery plan will enable the directorate and Trust Board to track progress in relation to delivery, compared to timetable and risk rating.

As further opportunities are identified they will be added. This will be supplemented by a detailed report, which will profile each item over the recovery plan period, including start and completion dates, actual savings/ income achieved along with a traffic light system to enable risk to be assessed quickly.

Once the ZBB exercise is completed and the medium term opportunities have been quantified financially with a risk assessment, a projected break-even date for the directorate will be identified.

# Medicine Directorate Recovery Plan – Interim Report

Medicine Directorate Recovery Plan - Savings and Expenditure Reduction Profile

| Scheme Number       | Brief Description                         | Lead       | Savings Target |     | Recurring | Non Recurring | Total | Short Term |       |       | Medium Term |       | Long Term |       |       |       | Total |
|---------------------|-------------------------------------------|------------|----------------|-----|-----------|---------------|-------|------------|-------|-------|-------------|-------|-----------|-------|-------|-------|-------|
|                     |                                           |            | FYE            | PYE |           |               |       | 06/07      |       |       | 06/07       | 07/08 | 07/08     |       |       |       |       |
|                     |                                           |            |                |     |           |               |       | Qtr 1      | Qtr 2 | Qtr 3 |             |       | Qtr 4     | Qtr 1 | Qtr 2 | Qtr 3 |       |
|                     |                                           |            | £k             | £k  | £k        | £k            | £k    | £k         | £k    | £k    | £k          | £k    | £k        | £k    | £k    | £k    |       |
| Savings Plan        |                                           |            |                |     |           |               |       |            |       |       |             |       |           |       |       |       |       |
| 1                   | Drugs Procurement                         | HP         | 104            | 104 | 104       |               | 104   |            | 35    | 35    | 35          |       |           |       |       | 104   |       |
| 2                   | OPD F/Up Drugs Prescribing                | HP/CD      | 29             | 29  | 29        |               | 29    |            | 10    | 10    | 10          |       |           |       |       | 29    |       |
| 3                   | Ward Stock Reduction                      | CNL        | 50             | 25  | 25        |               | 25    |            | 8     | 8     | 8           |       |           |       |       | 25    |       |
| 4                   | Ward Rostering                            | Trust Wide |                |     |           |               |       |            |       |       |             |       |           |       |       |       |       |
| 5                   | Endoscopy Procurement                     | DP         |                |     |           |               |       |            |       |       |             |       |           |       |       |       |       |
| 6                   | Junior Doctor Rotas                       | GM/CD      |                |     |           |               |       |            |       |       |             |       |           |       |       |       |       |
| 7                   | A&E Medical Staff Ratios                  | GM/CD      |                |     |           |               |       |            |       |       |             |       |           |       |       |       |       |
| 8                   | LOS Productivity Gain                     | GM/CD      |                |     |           |               |       |            |       |       |             |       |           |       |       |       |       |
| 9                   | Clinical Productivity                     | GM/CD      |                |     |           |               |       |            |       |       |             |       |           |       |       |       |       |
| 10                  | Neurophysiology SLA                       | GM/FM      |                |     |           |               |       |            |       |       |             |       |           |       |       |       |       |
| 11                  | Thalium Scans                             | RM/GM      | 138            | 59  | 59        |               | 59    |            |       | 20    | 20          | 20    |           |       |       | 59    |       |
| 12                  | Rental of Adele Dixon (SSAT Hire of Beds) |            | 36             | 36  | 36        |               | 36    |            |       | 18    | 18          |       |           |       |       | 36    |       |
| 13                  | Pathology GP Tests                        | GM HIV     |                |     |           |               |       |            |       |       |             |       |           |       |       |       |       |
| 14                  | Sleep Studies Income                      |            | 23             | 17  | 17        |               | 17    |            | 6     | 6     | 6           |       |           |       |       | 17    |       |
| 15                  | Capacity Plan                             | GM         |                |     |           |               |       |            |       |       |             |       |           |       |       |       |       |
| 16                  | PUVA Income                               | FM         |                |     |           |               |       |            |       |       |             |       |           |       |       |       |       |
| 17                  | OPD Procedure Income                      | FM/HB      |                |     |           |               |       |            |       |       |             |       |           |       |       |       |       |
| 18                  | Maximising Endoscopy Income (NHS & PP)    | GM/FM      |                |     |           |               |       |            |       |       |             |       |           |       |       |       |       |
| 19                  | Acute rehabilitation income (stroke)      | GM/FM/PFSM |                |     |           |               |       |            |       |       |             |       |           |       |       |       |       |
| 20                  | Haematology Transfer                      | GM/CSM     |                |     |           |               |       |            |       |       |             |       |           |       |       |       |       |
| 21                  | Clinical Trials Unit                      | DB/BG      |                |     |           |               |       |            |       |       |             |       |           |       |       |       |       |
| 22                  | New Referrals Marketing                   | GM/CD      |                |     |           |               |       |            |       |       |             |       |           |       |       |       |       |
| 23                  | Maximising A&E Income under PbR           | GM/FM      |                |     |           |               |       |            |       |       |             |       |           |       |       |       |       |
| 24                  | Process Redesign (Ward Closures)          |            | 734            | 671 | 671       |               | 671   |            |       |       |             |       |           |       |       | 671   |       |
| 25                  | Unidentified Savings                      |            | 371            |     |           |               |       |            |       |       |             |       |           |       |       |       |       |
|                     | Total                                     |            | 1,485          | 941 | 941       |               | 941   | 671        | 58    | 96    | 96          | 20    |           |       |       | 941   |       |
| Expenditure Control |                                           |            |                |     |           |               |       |            |       |       |             |       |           |       |       |       |       |
| 1                   | Bank & Agency - Wards                     | CNL        |                | 68  | 68        |               | 68    |            | 23    | 23    | 23          |       |           |       |       | 68    |       |
| 2                   | Bank & Agency - Clerical                  | AGM        |                | 9   | 9         |               | 9     |            | 3     | 3     | 3           |       |           |       |       | 9     |       |
| 3                   | Bank & Agency - Medical                   | CD/GM      |                | 6   | 6         |               | 6     |            | 2     | 2     | 2           |       |           |       |       | 6     |       |
| 4                   | A&E Floating Locum                        |            | 60             | 40  | 40        |               | 40    |            | 13    | 13    | 13          |       |           |       |       | 40    |       |
| 5                   | Medicine Floating Locum                   |            | 50             | 33  | 33        |               | 33    |            | 11    | 11    | 11          |       |           |       |       | 33    |       |
| 6                   | Consultant Sabbatical                     |            |                | 25  | 25        |               | 25    |            | 13    | 13    |             |       |           |       |       | 25    |       |
| 7                   | Non Pay Freeze                            | GM         |                | 25  | 25        |               | 25    |            | 8     | 8     | 8           |       |           |       |       | 25    |       |
|                     | Total                                     |            | 110            | 206 | 206       |               | 73    | 133        | 73    | 60    |             |       |           |       |       | 206   |       |
|                     | GRAND TOTAL                               |            |                |     |           | 1,014         | 133   | 1,147      | 671   | 131   | 169         | 156   | 20        |       |       | 1,147 |       |

Note: Non recurring savings are to recoup the current overpends to an agreed control total

Status  
 Achieved  
 On Going  
 Not Achieved/High Risk



## Key:

AGM = Assistant general Manager  
 HP = Head of Pharmacy  
 DP = Director of Procurement

CD = Clinical Director  
 GM = General Manager  
 PFSM = Patient Flow and Site Manager

CNL = Clinical Nurse Lead  
 DB = Derek Bell  
 CSM = Cancer Services Manager

HB = Head of Booking  
 BG = Brian Gazzard

FM = Finance Manager  
 RM = Radiology Manager

## Savings Target Calculation:

|                        | £k           |
|------------------------|--------------|
| 05/06 b/f              | 226          |
| 06/07 2.5%             | 604          |
| 06/07 Deficit Recovery | 655          |
|                        | <b>1,485</b> |

## Trust Board Meeting, 3<sup>rd</sup> August 2006

|                            |                                                                                                                                                                                                                                                                                          |
|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>AGENDA<br/>ITEM NO.</b> | 3.3/Aug/06                                                                                                                                                                                                                                                                               |
| <b>PAPER</b>               | Working Capital Facility                                                                                                                                                                                                                                                                 |
| <b>AUTHOR</b>              | Nana Agyei – Deputy Financial Controller                                                                                                                                                                                                                                                 |
| <b>LEAD<br/>EXECUTIVE</b>  | Lorraine Bewes, Director of Finance and Information<br>Contact Number: 020 8846 6713                                                                                                                                                                                                     |
| <b>SUMMARY</b>             | This paper summarises the Trust's progress in arranging a working capital facility in anticipation of being licensed to become a Foundation Trust from 1 <sup>st</sup> August 2006.                                                                                                      |
| <b>ACTION</b>              | The Board is asked to approve the facility being put in place and to authorise the Chief Executive and Director of Finance and Information to execute the required documents on behalf of the Foundation Trust in order to have this facility in place by the 1 <sup>st</sup> of August. |

## WORKING CAPITAL FACILITY

### Introduction

The Board will recall its discussions with KPMG concerning its working capital projections for the next 24 months and the adequacy of cash headroom in a sensitised downside scenario.

The Board has reviewed the detailed assumptions underpinning the working capital projections as outlined in its Board Memorandum dated 14<sup>th</sup> July 2006 and confirmed to Monitor that the working capital available to the Trust is sufficient for its present requirements.

The Board has determined that it requires a working capital facility structured as follows:

1. £12m committed working capital facility for 18 months from 1<sup>st</sup> August 2006.
2. £6m working capital facility for 364 days from 1<sup>st</sup> August 2006.

The £12m committed facility for 18 months is required in view of the fact that the Trust is in a net debt position and to provide adequate cover in a sensitised downside scenario. The additional £6m facility is required to maintain the Trust's liquidity ratio and financial risk rating at a minimum level of 3 in the sensitised downside scenario. The total £18m represents 30 days operating expenditure, being the maximum facility to apply for.

The minimum cash headroom under the base case is £16.5m on 31<sup>st</sup> July 2007 with no use of the working capital facility. Under the sensitised case, the minimum cash headroom is projected to be £10.7m on 31<sup>st</sup> July 2007, being the level of unused working capital facility.

This paper confirms the arrangements the Trust has made in relation to setting up the working capital facility in accordance with the Board's requirements in the event of being licensed as a Foundation Trust from 1<sup>st</sup> August.

The Board is asked to endorse the arrangements set out in this paper and to delegate authority to the Chief Executive and Finance Director to open a bank account with the Royal Bank of Scotland with the said working capital facility.

### Background

The Trust Board reserves the power to approve the opening of any bank or investment account unto itself. The Finance Department has approached three different banks (recommended by the Department of Health), Royal Bank of Scotland (RBS), Lloyds TSB and Barclays and obtained quotations for the provision of the financing facility service.

The results were:

|                              | <b>Royal Bank of Scotland</b>                                                      | <b>Lloyds TSB</b>                     | <b>Barclays Bank</b> |
|------------------------------|------------------------------------------------------------------------------------|---------------------------------------|----------------------|
| <b>Facility Amount</b>       | £18m                                                                               | £18m                                  | No response          |
| <b>Available Terms</b>       | £12m – 18 months committed facility<br>£6m - 364 days facility – reviewed annually | 364 days facility – reviewed annually | No response          |
| <b>Arrangement Fee</b>       | £6m - 0.1%<br>£12m – 0.13%                                                         | 0.125%                                | No response          |
| <b>Set up Cost (12 mths)</b> | £21.6k                                                                             | £22.5k                                | No response          |
| <b>Non Utilisation Fee</b>   | 0.5%                                                                               |                                       |                      |
| <b>Interest Rate</b>         | 1% over Base Rate                                                                  | 1.25% over Base Rate                  | No response          |
|                              |                                                                                    |                                       |                      |

After meetings and presentations from these organisations the Trust recommends that the Royal Bank of Scotland is appointed as the service provider for this facility due to their competitive rates and knowledge of the market. Currently the Royal Bank of Scotland provides over 56% of the working capital facilities for Foundation Trusts within the UK

### **Recommendation**

The Director of Finance has requested the Royal Bank of Scotland to put in place an £18m financing facility for 12 months after which point it reduces to £12m for a further 6 months. The terms on which the bank will offer this facility will be reviewed by the Trust's legal department. The bank has confirmed in writing that they can provide this facility and it has been approved by its credit committee (See letter attached).

The Board is asked to approve the facility being put in place and to authorise the Chief Executive and Director of Finance and Information to execute the required documents on behalf of the Foundation Trust in order to have this facility in place by the 1<sup>st</sup> of August.

## Trust Board Meeting, 3<sup>rd</sup> August 2006

|                            |                                                                                                                                                                                                                                                                                       |
|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>AGENDA<br/>ITEM NO.</b> | 3.4/Aug/06                                                                                                                                                                                                                                                                            |
| <b>PAPER</b>               | Independent Valuation                                                                                                                                                                                                                                                                 |
| <b>AUTHOR</b>              | Nana Agyei – Deputy Financial Controller                                                                                                                                                                                                                                              |
| <b>LEAD<br/>EXECUTIVE</b>  | Lorraine Bewes, Director of Finance and Information<br>Contact Number: 020 8846 6713                                                                                                                                                                                                  |
| <b>SUMMARY</b>             | This paper reports on the results of the independent valuation, the variance between this and the current net book value, the accounting treatment and the possible impact on the Trust.                                                                                              |
| <b>ACTION</b>              | The Board is asked to consider this paper and to confirm that it is willing to adopt the Montagu Evans valuation for the purposes of valuing land and buildings from 1 <sup>st</sup> April 2006 and to adopt the remaining asset life of 42 years upon licence as a Foundation Trust. |

## DIRECTOR'S VALUATION

### Introduction

The Director of Finance has instructed Montagu Evans, an independent firm of chartered surveyors, to carry out a professional valuation of land and buildings in anticipation of becoming a Foundation Trust. Their final report is attached to this paper and the valuation is at 1<sup>st</sup> April 2006.

This paper reports on the results of the independent valuation, the variance between this and the current net book value, the accounting treatment and the possible impact on the Trust. The Board is asked to agree to adopt the independent valuation as the basis for valuing land and buildings in this financial year.

### Background

The last asset valuation was undertaken by the District Valuer as part of the 5 yearly NHS valuation exercise at the 1<sup>st</sup> of April 2005. The current net book value and asset life based on this exercise compared with the revised asset valuation per Montagu Evans are as follows.

| Asset Type            | Current Value | Revised      |
|-----------------------|---------------|--------------|
| Land                  | £49,395,000   | £50,000,000  |
| Building – Owned      | £218,982,000  | £192,193,000 |
| Remaining Useful Life | 28yrs         | 42yrs        |
|                       |               |              |

### Accounting Treatments

In line with the NHS and FT Financial Reporting Manuals and FRS 15/11 the fall in value (impairment) should either go straight to the I&E or should be taken firstly against the revaluation reserve with any surplus going to the I&E. The criteria for each of these is specified in the accounting standards and is such that an impairment from a loss of economic benefit would go straight to the I&E but an impairment as a result of a fall in prices should be offset against any balance currently in the revaluation reserve.

Having had a separate valuation carried out recently (i.e. within the past five years) by the District Valuer and Montagu Evans the Trust had to understand the movement between this valuation and the previous one. This has been achieved by tracking the reason for the movement between valuations and identifying whether, e.g. the difference was due to indexation over-inflating the value or due to another reason (such as evidence of obsolescence or underutilisation etc).

The Trust is confident that the difference in valuation is due to the previous valuation being based on unrealistic Building Cost Information Services (BCIS) indices and not due to obsolescence or underutilisation. This is also confirmed in the Montagu Evans report. In addition the Directors are not aware of any physical deterioration to the estate and Montagu Evans comment that the property has been maintained to a high standard with a vigorous ongoing programme of maintenance on a preventative basis.

The Trust proposes as per FRS 15/11 to allocate the impairment firstly against the revaluation reserve with any surplus going against the I&E. The Trust has adequate funds in its revaluation reserve to cover this impairment. This treatment has been discussed with the Trust's external auditors.

## **Impact on Trust / Foundation Trust.**

The fall in the value of the assets will lead to a reduction in depreciation. If the Trust is licensed to become a Foundation Trust then it can use the asset life as per the independent valuer's report but otherwise it would have to use the current remaining life. This is because the NHS Reporting Manual specifically only allows for the District Valuers' view of the asset life to determine the rate of depreciation, whereas the Foundation Trust Reporting Manual, in line with FRS15, allows the Directors to rely on their independent professional valuers' opinion.

There is a current benefit of approx. £0.9m reduction in depreciation due to the reduction in valuation and from next year the PDC dividend will reduce by £0.7m. The Trust has taken the £0.9m towards its savings programme for 06/07. In the event that the Trust remains an NHS Trust, the Board is asked to adopt the independent valuation from 1<sup>st</sup> April 2006, but retain the District Valuer's remaining asset life of 28 years for the purposes of valuing the asset base and calculation of depreciation and PDC dividend.

If the Trust is successful with its Foundation Trust application and adopts the independent valuers' asset life the reduction in depreciation is expected to increase to approx. £2m in 2006/07 and the Board is asked to adopt both the valuation and remaining asset life of 42 years from inception as a Foundation Trust.

A paper detailing the calculations for depreciation and PDC dividend has been attached for review.

## **Conclusion**

The Board is asked to consider this paper and to confirm that it is willing to adopt the Montagu Evans valuation for the purposes of valuing land and buildings from 1<sup>st</sup> April 2006 and to adopt the remaining asset life of 42 years upon licence as a Foundation Trust.

GH/LT/cp/VNF  
 email: gary.howes@montagu-evans.co.uk

10 July 2006

The Board of Directors  
 Chelsea and Westminster Healthcare NHS Trust  
 Chelsea and Westminster Hospital  
 369 Fulham Road  
 London  
 SW10 9NH

CHARTERED SURVEYORS

Premier House  
 44-48 Dover Street  
 London W1S 4AZ  
 Tel: 020 7493 4002  
 Fax: 020 7312 7548

www.montagu-evans.co.uk

Dear Sirs

**Chelsea and Westminster Hospital, St Stephens Clinic, Medical Centre and Chenies Centre**

In accordance with your instructions we have prepared a revaluation of the above property as at 1<sup>st</sup> April 2006. We confirm that our revaluation has been prepared for account purposes of the Trust and is in accordance with the definition of Market Value as set out in the Appraisal and Valuation Standards of the Royal Institution of Chartered Surveyors. This report may be relied upon by the Trust for account purposes and in their submission for Foundation Trust status. We would refer you to our Terms of Business attached to this report which sets out the basis of our instruction and the caveats upon which this report is prepared.

As the Trust is aware we have previously valued the hospital as at 1<sup>st</sup> April 2003 and 1<sup>st</sup> April 2004 and would refer to our earlier reports in this regard. As instructed, this report and valuation is prepared on the same basis.

In view of the specialist nature of the property we have prepared our valuation on the basis of Depreciated Replacement Cost of the hospital buildings together with our opinion of the Market Value for existing use of the land. We have had regard to the definition of Depreciated Replacement Cost (DRC) as set out in the Appraisal and Valuation Standards of the RICS.

In arriving at our opinion of value we have relied on the gross internal floor areas of the property as provided by the trust, which we understand have been agreed as part of the rating assessment. These provide the following:

|                    |                    |
|--------------------|--------------------|
| Hospital           | 66,534 sq m        |
| St Stephens Clinic | 2,481 sq m         |
| Medical School     | 7,979 sq m         |
| Chenies Centre     | 492 sq m           |
| <b>Total</b>       | <b>77,486 sq m</b> |

In addition, you will note from our last valuation that we referred to a remaining asset life of the property of 44 years. This was derived through a comparison of the usual asset life adopted by the District Valuer of 40 years and our own estimate of the asset life of 60 years. We compromised on the entire asset life of the building at 55 years and in 2004, the building was 11 years old, giving a remaining life of 44 years. We have retained the same approach on this occasion and have therefore adopted a remaining asset life of 42 years in our valuation.

p:\job files\lv8525 - chelsea and westminster hospital, 369 fulham rd, london\letters\10-07-2006.2.doc

In assessing the DRC we have had regard to a number of approaches in order to assess an appropriate methodology in establishing value. These are briefly summarised below:-

1. We have had regard to the present build cost in accordance with the RICS Building Cost Information Service (BCIS). The latest building cost prices are based on 4<sup>th</sup> quarter of 2005 estimates and provide actual build cost data from a sample of public sector hospitals. We have adopted a figure at the top of the range within the indices reflecting the nature of the property, its multi-storey status and relatively restricted London site. That said, in the current cost sensitive environment, there is the potential that a winning bid could be below this figure should construction of the hospital be competitively tendered.

The current BCIS build cost is £2,600 per sq m.

2. We have had regard to the original actual build costs as set out in a Valuation Office Submission dated 16<sup>th</sup> January 1997 for a Valuation Tribunal Hearing in respect of the Rating Assessment of the Hospital. This shows a total actual construction cost in the sum of £121,565,000, as follows:

| Element                                                                         | Actual Cost         |
|---------------------------------------------------------------------------------|---------------------|
| Superstructure (foundations)                                                    | £8,300,000          |
| Superstructure                                                                  | £30,800,000         |
| Finishes (costs adjusted by £2m to reflect loose equipment)                     | £25,200,000         |
| Mechanical & Electrical (adjusted by 5% to reflect items of non-rateable plant) | £54,815,000         |
| External Works                                                                  | £2,450,000          |
| <b>Total</b>                                                                    | <b>£121,565,000</b> |

The total actual cost reflects £1,762 per sq m. However, the cost ultimately incurred was in the sum of £212,000,000 but there is no indication of why the stated build cost was exceeded.

We have adopted the actual build cost of £1,762 per sq m from 1993 and increased this in two ways to establish an equivalent price at the valuation date.

- a) Utilising the BCIS Index it shows that between quarter 1 of 1993 and quarter 4 of 2005 construction costs have increased by 100%. This would provide a current figure of £3,523 per sq m. This is significantly in excess of the current BCIS Indices and in our view, suggests that this is not a realistic way of assessing growth in build costs. This is mainly due to the fact that such a simple arithmetic exercise does not take account of changing styles and methods of construction which may have occurred over the intervening period and in our view are likely to reduce comparative build costs over the period.
- b) We have adopted our own growth rate that we believe is more akin to actual cost inflation over the period. During the period 1993 and 1996 we believe there was no inflationary growth on costs with the expectation that costs may have decreased during this period in view of the difficult economic climate prevailing at that time. Thereafter, we believe there has been steady growth in costs and have applied a growth rate of 5.00% compounded over the subsequent ten-year period. This

produces a current construction cost of £2,870 per sq m. However, in view of the subjective nature of this approach, we would maintain the actual BCIS for the present time.

3. The third alternative is to utilise the District Valuer's cost database. The present "mean" construction cost prepared by the District Valuer for the 2005 Rating Revaluation is £1,288 per sq m before this figure is adjusted to reflect locational factors and such other adjustments as are made for rating purposes. In our opinion, applying the average rate, including a 35% adjustment for the location of the property within the Royal Borough of Kensington and Chelsea, produces an adjusted construction cost of £1,739 per sq m. This appears to be too low for asset valuation purposes having regard to the location and nature of the subject property.
4. A further comparison can be made with the previous Capital Charge Valuations undertaken by the District Valuer. These do not appear to have been based on prevailing build costs or the actual costs of construction as set out in the Valuation Office report referred to above. The District Valuer appears to have made adjustments for growth and depreciation on the original final cost of £212,000,000. This produces the figures set out below but appears at odds with the rating approach in assessing the construction figures. The base figure of £3,072 per sq m appears out of line even with today's figures. This is also the case for the 2005 Capital Charge figure of £271,723,478, which reflects £3,945 per sq m. Again, we consider this figure to be out of line with current BCIS indices. Using a similar growth factor to previous revaluations we have also estimated capital charge figure for 2006 that may be proposed by the District Valuer. This is considerably in excess of all costs calculated using the other basis outlined above and is, in our view, unrealistic.

#### VOA Build Cost Calculator

| Year          | Build Costs  | Total (£ per sq m) |
|---------------|--------------|--------------------|
| 1993          | £212,000,000 | £3,072             |
| 1995          | £215,551,280 | £3,123             |
| 2000          | £222,876,450 | £3,229             |
| 2005          | £271,723,478 | £3,945             |
| Expected 2006 | £326,068,174 | £4,734             |

Having regard to all of the above, we believe the current BCIS figure of £2,600 per sq m provides the most appropriate base for a DRC valuation for asset purposes. This produces a construction cost inclusive of fees of £2,925 per sq m, which when attributed to the total floor area of 77,486 sq m produces a replacement cost in the sum of £226,646,550 (Two Hundred and Twenty Six Million, Six Hundred and Forty Six Thousand, Five Hundred and Fifty Pounds).

Having arrived at the above rebuilding cost it is appropriate to consider the relevant depreciation factors to apply to the replacement cost of the building. The District Valuer has traditionally adopted a building life of 40 years but our own view is that the asset life is more appropriately reflected at 60 years. Our views on a longer asset life reflect the unique nature of the hospital when compared to many typical NHS hospitals. The hospital offers highly flexible floor space effectively providing a large box with good floor to ceiling height on every floor. This offers the opportunity to reconfigure the internal arrangement of the property without excessive cost and in our view, could enable alternative users to utilise the building for both healthcare and non-healthcare users. The adaptability of the style of construction of the hospital does, in our view, prolong its asset life as it could be suited to more than one use, unlike most hospital buildings. We also believe the property has been maintained to a high standard with a vigorous ongoing programme of maintenance on a preventative basis with the expectation that this will maximise the asset life of the building.

In view of the above, we are of the opinion that the assumed asset life put forward by the District Valuer, which is a figure applied to all NHS properties, is inappropriate and too short for the subject premises. Whilst we remain of the view that an asset life, in keeping with accounting principles, of 60 years is appropriate, we have adopted a compromise between the two figures of 55 years. This is in keeping with our previous approach.

On the basis of an asset life of 55 years, the building is now 13 years old which leaves a remaining life of 42 years.

Over the life of the building it is usual for the building to depreciate by 50%. As the building is 13 years old it is now almost 24% of the way through its life. By analysing this depreciation factor to return an end value of 50%, we have calculated the replacement cost as stated above needs to be depreciated by 11.82%.

In view of the flexibility of the property we have not made any additional allowance for the fact the building is in excess of three storeys, which is a usual approach by the District Valuer for rating purposes. We do not believe this should be stated over and above the straight-line depreciation given above for asset purposes.

Having regard to the above, we are of the opinion that the Depreciated Replacement Cost of the Chelsea and Westminster Hospital is in the sum of £199,861,049 (One Hundred and Ninety Nine Million, Eight Hundred and Sixty One Thousand and Forty Nine Pounds).

Turning to the market value for the existing use of the land, we have had regard to various scenarios.

First, should the hospital not be in existence and it was required in this location it would be necessary to acquire land at its market value through competing with alternative users. In Fulham, this would most likely be residential but we believe this provides an excessive valuation in view of the specialist community use nature of the hospital. Such facilities are usually constructed on land gifted to the respective NHS Trust, provided by way of a planning gain, or are established on less valuable locations. As such the land value we have derived for residential use of £95,000,000 is, in our opinion, too high in view of the nature of the premises.

The alternative is to have regard to competing land use values for other community uses. One of the most relevant would potentially be affordable housing. However, local planning policies in respect of affordable housing vary from Council to Council and in view of the overall vagaries of the planning system it is not possible to accurately assess an applicable land value. That said, it is our experience that land values for such uses are often nominal, as usually sale prices for affordable housing do not exceed the cost of construction.

Notwithstanding the above, whilst the site if utilised for affordable housing may have limited value when viewed in isolation, it is likely to have significant value to developers of residential schemes elsewhere in the Borough who could utilise the site for affordable housing and retain other development sites for private dwellings only. As such, a value for this site could be funded by the profit released from other residential sites elsewhere in the Borough. This again could give a range of values depending on the size and density of other schemes and not related to the scale of development that could be accommodated on the subject site.

With this in mind, a developer could be bidding against alternative users for the property including both commercial and residential schemes. In our experience many health sector related sites (such as doctors' surgeries and clinics) are often not dissimilar to office buildings in terms of rental levels that can be derived for the finished product and in many cases are viewed as suitable alternative uses, in planning terms. This will be particularly relevant to the subject property which is within a commercial location. With this in mind, we have undertaken a valuation of the property to produce a residual land value assuming an office scheme is constructed on site which we consider represents the alternative commercial value of the site if it was not in hospital use. On this basis, we are of the opinion that the Market Value of the land is in the sum of £50,000,000 (Fifty Million Pounds).

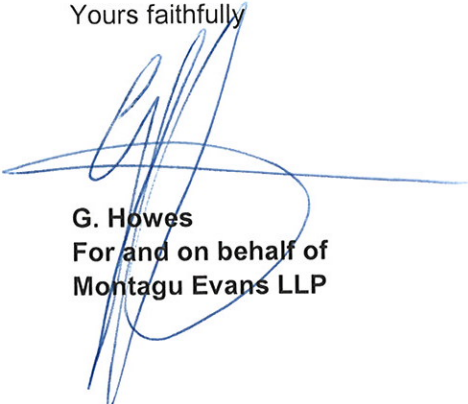
On the basis that the land value of the property is in the sum of £50,000,000, this would represent a proportion of 22% of the replacement cost (before depreciation). This compares with the District Valuer's guideline of between 10% and 25% for rating purposes.

This produces a total asset valuation in the sum of £249,861,049 (Two Hundred and Forty Nine Million, Eight Hundred and Sixty One Thousand, and Forty Nine Pounds).

In considering the St Stephens Clinic, this is included within the above valuation. However, the Trust has requested the value of the clinic is stated separately and as such, have based our figure on a pro-rata basis of the above valuation. The clinic extends to 2,481 sq m which accounts for 3.2% of the total floor area of the entire hospital. On this basis the St Stephens Clinic would have a total asset value of £8,000,223 (Eight Million, Two Hundred and Twenty Three Pounds).

We trust this is sufficient for your purposes but please do not hesitate to contact us should you wish to discuss any of the figures stated above or require any additional background to our report.

Yours faithfully



**G. Howes**  
**For and on behalf of**  
**Montagu Evans LLP**

**CLIENT** Chelsea & Westminster Hospital NHS Trust

**JOB INSTRUCTIONS** Asset Valuation of Chelsea & Westminster Hospital

**DATE** 10<sup>th</sup> July 2006

**MONTAGU EVANS REF.** GH/LTV.8525

## 1. INTRODUCTION

1.1 These terms of business apply to Montagu Evans LLP subsequently referred to as "the LLP" which has been instructed by the Client (as defined above) to render services for it as defined above under Job Instructions. Payment for those services will be due to the LLP, which is duly authorised to give a good and valid receipt for invoices for services supplied by it.

1.2 A UK limited liability partnership is a body corporate that has (members) and not "partners". However, it is more usual for senior professionals to be referred to as "partners" and our members have decided they prefer to retain the traditional title of "partner". Therefore, when we refer in these terms of business, or otherwise in the course of your dealings with us, to a person being a "partner", that title means the person is a member of the LLP. The contract is subject to English Law, and will be interpreted in accordance therewith.

## 2. TERMS APPLICABLE TO THE CONTRACT

2.1 The Client is deemed to have accepted the Terms of Business of the LLP upon confirmation, either by the Client requesting the LLP to undertake the Instructions as set out above, or upon the LLP undertaking the Instructions as set out above. In the event that the client subsequently withdraws the instructions to the LLP, the LLP shall be entitled to recover from the client, a maximum sum of £7,500 + VAT, upon producing written evidence of expenditure in the preparation of marketing particulars.

2.2 We may decide to stop acting for you only with good reason. For example, if you do not pay an interim bill, or you give us instructions to proceed which conflict with our rules of professional conduct. We will notify you of any such decision. Further, we may wish to assign the benefit of these Terms of Business to any partnership, or corporate entity that carries on the business of the LLP in succession to us. We will discuss and agree with the client the performance of such assignee of the Terms of Business and substitution of the LLP.

## 3. CHARGES & PAYMENT

3.1 The LLP's fees and commission will be subject to applicable VAT and are as detailed in our letter to you of the same date as these Terms of Business. The client will also indemnify the LLP against marketing costs to a maximum sum of £4,000 + VAT.

3.2 The LLP will normally invoice for remuneration when the work is completed, at which time we will send you a final invoice. Completion is defined as follows: -

- 3.2.1 Agency work – on satisfactory completion of sale.
- 3.2.2 Rent reviews & lease renewals - on agreement of terms.
- 3.2.3 Valuation work – on receipt of our final report.
- 3.2.4 Other work – As defined in the attached letter.

3.3 An invoice submitted shall include in addition costs incurred in preparation of marketing particulars, as set out in our letter of the 25<sup>th</sup> May 2006, and applicable VAT on the total amount. Further, the invoice will deem to be agreed, unless the Client contests it within 28 days. Invoices are due for payment within 30 days and interest will be charged on late payment of invoices.

3.4 In the event that the LLP agrees to place orders for approved marketing particulars, the LLP will invoice the Client for these as and when the LLP incurs those costs. Further, we will send you an interim bill for our services and expenses at appropriate intervals

while the work is in progress.

## 4. EXCLUSIONS AND LIMITATIONS ON OUR LIABILITY

4.1 There is a risk that we will be prejudiced by a limitation or exclusion of liability which you agree with any other person (for example, another advisor) in connection with a matter in which we are advising you. This is because such a limitation or exclusion of liability might also operate to limit the amount which we could recover from that other person by way of contribution if we were required to pay you more than our proper share of the liability. Accordingly, in order that our position is not adversely affected by any limitation or exclusion of another person's liability, you agree that we will not be liable to you for any amount which we would have been able to recover from that other person by way of indemnity, contribution or otherwise but are unable to recover because you agreed, or are treated as having agreed, with them any limitation or exclusion on their liability.

4.2 You accept that we have an interest in limiting the personal liability and exposure to litigation of employees, consultants and partners. Having regard to that interest you accept that we are a limited liability entity and agree that you will not bring any claim personally against any individual employees, consultants or partners in respect of losses which you suffer or incur, directly or indirectly, in connection with our services. The provisions of this paragraph will not limit or exclude the liability of the LLP for the acts or omissions of our employees, consultants or partners.

4.3 The provisions of this paragraph are intended for the benefit of our employees, consultants and partners provided that these Terms of Business may be varied from time to time, or terminated without the consent of all, or any of those persons.

## 5. OTHER CONDITIONS

5.1 A copy of our Complaints Procedure is available on request.

5.2 We are required by data protection legislation to obtain your consent for processing information about you and your colleagues. We will process this information solely for the purposes of providing services to you. In addition, we may send you brochures and updates from time to time concerning the LLP and may invite you to conferences, or social events. Please let us know if you do not wish us to process information about you and your colleagues for these additional purposes. We will keep files and other papers relating to your matters for a reasonable period, after which we will review the files we hold and dispose of them without notice to you.

5.3 We may be required by statutory and other legal requirements to disclose information to governmental or other regulatory authorities. In particular you should be aware that under anti-money laundering legislation we may be obliged to notify the National Criminal Intelligence Service if we know, or suspect, or have reasonable grounds for suspecting that you, or another person, is using the proceeds of crime. You should be aware that in those circumstances we might be precluded from seeking your consent, or informing you that we have made a notification, or disclosure.

## 6. VALUATION ADVICE

6.1 The property/properties will be valued in accordance with the Royal Institution of Chartered Surveyors ("RICS") requirements as set out in The RICS Appraisal and Valuation Standards, Fifth Edition.

6.2 Our report and valuation advice will be prepared for the

Client, or its Bank, as stated in the letter of the same date. Further, the following are also stated in that letter: -

- 6.2.1 Purpose of valuation.
- 6.2.2 Property, (or properties) and their type.
- 6.2.3 Interest(s) to be valued.
- 6.2.4 Date of valuation.
- 6.2.5 Any special assumptions, or special instructions
- 6.2.6 Whether we are acting as an independent or external valuer.

6.3 Neither the whole nor any part of our report and valuation, nor any reference thereto may be included in any published document, circular or statement, or published in any way without our written approval which may specify the form and context in which it may appear.

6.4 In accordance with the definition adopted by the RICS, we will value on the basis of Market Value (unless stated otherwise) and this means: -

6.5 "The estimated amount for which a property should exchange on the date of valuation between a willing buyer and a willing seller in an arms-length transaction after proper marketing wherein the parties had each acted knowledgeably, prudently and without compulsion".

6.6 Market Value is stated after the deduction of purchaser's costs including stamp duty at the prevailing rate.

6.7 Depreciated Replacement Cost is defined as the current cost of reproduction or replacement of an asset less deductions for physical deterioration and all relevant forms of obsolescence and optimisation.

6.8 We will rely upon information supplied to us by you, or your Solicitors in relation to the legal title and the terms of the occupational leases.

6.9 In addition, where it necessary to rely upon information provided by Local Authorities and Central Government Departments, informal enquiries only will be made and our advice will take into account information revealed as a result of such enquiries.

6.10 We will not carry out a building survey of the property, or a test of the building's services but will reflect in our valuation any defects, or items of disrepair noted during the course of our inspection, or brought to our attention. Our valuation is on the assumption that no high alumina cement or other deleterious materials have been used in the construction or alteration of the premises.

6.11 Our report is prepared on the assumption that no contamination exists and specifically excludes any contamination, unless instructed otherwise.

## **7 RENT REVIEW & LEASE RENEWAL ADVICE**

7.1 The client is to be responsible for instructions to his Solicitors for the preparation of serving any notices within prescribed times, which are required under the terms of the lease, or relevant statutes.

## **8 EXPERT WITNESS ADVICE**

8.1 If a matter proceeds either to an expert, arbitration, inquiry, court or any other additional judicial body ("the Third Party"), an additional fee to cover the preparation for and attendance at contentious hearings is chargeable. This fee will normally be agreed with the client beforehand and, where time allows, confirmed in writing. At that stage our duty is then to the Third Party, rather than the client and the overall fee basis has to reflect this duty. Therefore, the fee basis can no longer be on an incentive, or contingency basis.

## **9 AGENCY ADVICE**

9.1 In providing agency advice, we will rely on the following assumptions and representations unless notified by the Client to the contrary.

9.1.1 All information provided the Client, the Client's professional

advisor's, Local Authorities, other statutory bodies and investigating agents regarding the property is complete and correct. We must be advised by the Client to meet if there are any inaccuracies or changes in property information supplied to us to comply with the Property Misdescriptions Act 1991.

9.1.2 The property is free from any onerous or unusual covenants, wayleaves and other restrictions or liabilities which may effect the marketability of the property.

9.1.3 The property complies with all statutory requirements.

9.1.4 The property has been constructed and is occupied in accordance with valid planning and building regulation approval.

9.1.5 The property is not contaminated.

9.2 The LLP will have no management liability, or responsibility for the property, unless separately agreed. In particular, the Client will be responsible for the security and insurance arrangements of the property and will be responsible for the maintenance and repair, or for any damage to the property while unoccupied. The Client is advised to take preventative action to protect the property from adverse weather conditions and for securing the property.

9.3 We may hold keys to the property, and these may be loaned out to prospective tenants/purchasers. We accept no responsibility for the actions of any third parties, including prospective tenants/purchasers.

9.4 Any marketing report produced by us should not be construed, or relied upon as a valuation. The information contained in such a report may not have been prepared in accordance with The RICS Appraisal and Valuation Standards, Fifth Edition.

9.5 Finally, under the Estates Agent Act 1979, we must disclose to any interested party, any personal interest. If the Client becomes aware of any such interest, we should be informed immediately.

Chelsea & Westminster Healthcare NHS Trust  
Montagu Evans' valuation of Chelsea & Westminster Hospital - Revised

|                           | Existing Valuation |               |                |               |              | Montagu Evans  |               |                |               |              | Savings        |                |              | PDC dividend     |                  |              | Adjs             |
|---------------------------|--------------------|---------------|----------------|---------------|--------------|----------------|---------------|----------------|---------------|--------------|----------------|----------------|--------------|------------------|------------------|--------------|------------------|
|                           | Total<br>£'000     | Land<br>£'000 | Build<br>£'000 | Life<br>Years | PDC<br>£'000 | Total<br>£'000 | Land<br>£'000 | Build<br>£'000 | Life<br>Years | PDC<br>£'000 | Total<br>£'000 | Dep'n<br>£'000 | PDC<br>£'000 | Revsied<br>£'000 | Current<br>£'000 | Adj<br>£'000 | Revalue<br>£'000 |
| NBV @ 31/3/06             | 249,283            | 46,725        | 202,558        |               |              | 249,283        | 46,725        | 202,558        |               |              |                |                |              |                  |                  |              |                  |
| Indexation @ 1 April      | 19,094             | 2,670         | 16,424         |               |              | 19,094         | 2,670         | 16,424         |               |              |                |                |              |                  |                  |              |                  |
| Revaluation adj           | -                  |               |                |               |              | (26,184)       | 605           | (26,789)       |               |              |                |                |              |                  |                  |              | (26,184)         |
| NBV @ 1/4/06              | 268,377            | 49,395        | 218,982        | 28            |              | 242,193        | 50,000        | 192,193        | 42            |              |                |                |              |                  |                  |              |                  |
| Depreciation for 4 months | (2,565)            |               | (2,565)        |               |              |                |               | (1,525)        |               |              |                |                |              |                  |                  |              | 38               |
| NBV @ 31/7/08             | 265,812            | 49,395        | 216,417        |               |              | 242,193        | 50,000        | 190,668        |               |              |                |                |              |                  |                  |              |                  |
| Depreciation for 8 months | (5,130)            |               | (5,130)        |               |              | (3,051)        |               | (3,051)        |               |              |                |                |              |                  |                  |              | 76               |
| NBV @ 31/3/07             | 260,682            | 49,395        | 211,287        | 27            | n/a          | 239,142        | 50,000        | 187,617        | 41            | n/a          | 2,079          | 2,079          | -            | (9,627)          | (9,627)          | -            |                  |
| Indexation @ 1 April      | -                  |               |                |               |              | -              |               |                |               |              |                |                |              |                  |                  |              |                  |
| NBV @ 1/4/07              | 260,682            | 49,395        | 211,287        |               |              | 239,142        | 50,000        | 187,617        |               |              |                |                |              |                  |                  |              |                  |
| Depreciation for year     | (7,694)            |               | (7,694)        |               |              | (4,576)        |               | (4,576)        |               |              |                |                |              |                  |                  |              |                  |
| Revaluation @ 31 March    | 12,768             | 2,646         | 10,122         |               |              | 11,778         | 2,679         | 9,100          |               |              |                |                |              |                  |                  |              | (989)            |
| NBV @ 31/3/08             | 265,756            | 52,041        | 213,714        | 26            | 9,213        | 246,345        | 52,679        | 192,141        | 40            | 8,496        | 3,835          | 3,118          | 717          | (9,249)          | (9,961)          | 717          |                  |
| Indexation @ 1 April      | -                  |               |                |               |              | -              |               |                |               |              |                |                |              |                  |                  |              |                  |
| NBV @ 1/4/08              | 265,756            | 52,041        | 213,714        |               |              | 246,345        | 52,679        | 192,141        |               |              |                |                |              |                  |                  |              |                  |
| Depreciation for year     | (8,077)            |               | (8,077)        |               |              | (4,804)        |               | (4,804)        |               |              |                |                |              |                  |                  |              |                  |
| Revaluation @ 31 March    | -                  |               |                |               |              | -              |               |                |               |              |                |                |              |                  |                  |              | -                |
| NBV @ 31/3/09             | 257,679            | 52,041        | 205,638        | 25            | 9,160        | 241,541        | 52,679        | 187,337        | 39            | 8,538        | 3,895          | 3,273          | 622          | (9,681)          | (10,303)         | 622          |                  |
| Indexation @ 1 April      | -                  |               |                |               |              | -              |               |                |               |              |                |                |              |                  |                  |              |                  |
| NBV @ 1/4/09              | 257,679            | 52,041        | 205,638        |               |              | 241,541        | 52,679        | 187,337        |               |              |                |                |              |                  |                  |              |                  |
| Depreciation for year     | (8,077)            |               | (8,077)        |               |              | (4,804)        |               | (4,804)        |               |              |                |                |              |                  |                  |              |                  |
| Revaluation @ 31 March    | 25,857             | 5,725         | 20,132         |               |              | 24,396         | 5,795         | 18,600         |               |              |                |                |              |                  |                  |              | (1,461)          |
| NBV @ 31/3/10             | 275,459            | 57,766        | 217,692        | 24            | 9,330        | 261,133        | 58,474        | 201,134        | 38            | 8,797        | 3,806          | 3,273          | 533          | (10,450)         | (10,988)         | 533          |                  |
| Indexation @ 1 April      | -                  |               |                |               |              | -              |               |                |               |              |                |                |              |                  |                  |              |                  |
| NBV @ 1/4/10              | 275,459            | 57,766        | 217,692        |               |              | 261,133        | 58,474        | 201,134        |               |              |                |                |              |                  |                  |              |                  |
| Depreciation for year     | (8,900)            |               | (8,900)        |               |              | (5,293)        |               | (5,293)        |               |              |                |                |              |                  |                  |              |                  |
| Revaluation @ 31 March    | -                  |               |                |               |              | -              |               |                |               |              |                |                |              |                  |                  |              | -                |
| NBV @ 31/3/11             | 266,559            | 57,766        | 208,792        | 23            | 9,485        | 255,840        | 58,474        | 195,841        | 37            | 9,047        | 4,045          | 3,607          | 438          | (11,253)         | (11,701)         | 438          |                  |

Annual indices

|                              |       |       |       |       |  |
|------------------------------|-------|-------|-------|-------|--|
| Indexation:                  |       |       |       |       |  |
| 2006/07                      | 5.71% | 8.11% |       |       |  |
| 2007/08 onwards              | 5.36% | 4.97% |       |       |  |
| Revaluation (annual indices) | 5.36% | 4.97% | 5.36% | 4.97% |  |
| PDC dividend                 | 3.50% |       | 3.50% |       |  |

Source

Nana Agyei ("NA") & 2005/06 draft financial statements [per NA, owned land & buildings (excl dwellings) relates to Chelsea & Westminster Hospital only]

Chelsea & Westminster Healthcare NHS Trust

Capex Adjustment

|                                    | 2006/2007 | 2007/2008 | 2008/2009 | 2009/2010 | 2010/2011 |
|------------------------------------|-----------|-----------|-----------|-----------|-----------|
|                                    | Budget    | Plan      | Plan      | Plan      | Plan      |
|                                    | £'000     | £'000     | £'000     | £'000     | £'000     |
| Capex adj re Directors' valuation: |           |           |           |           |           |
| @ 2005/06 prices                   | -         | -         | (3,000)   | (3,000)   | (3,000)   |
| @ inflated prices                  | -         | -         | (3,382)   | (3,496)   | (3,630)   |

Previous capex forecast:

|                  |       |        |       |       |        |
|------------------|-------|--------|-------|-------|--------|
| Building         | 5,849 | 6,998  | 7,363 | 6,127 | 6,963  |
| Plant            | 1,100 | 1,100  | 1,500 | 1,800 | 2,100  |
| IT               | 845   | 2,679  | 1,000 | 1,200 | 1,385  |
| @ 2006/07 prices | 7,794 | 10,777 | 9,863 | 9,127 | 10,448 |

Per CWH Assessment Model v7.9

|                             |       |        |       |       |        |
|-----------------------------|-------|--------|-------|-------|--------|
| Regional Burns Unit         | 481   | 3,364  | 481   | -     | -      |
| Paediatrics A&E Expansion   | -     | 1,442  | -     | -     | -      |
| Private Maternity Expansion | -     | 481    | -     | -     | -      |
| PACS                        | 577   | 2,190  | -     | -     | -      |
| Medical Equipment           | 1,265 | 43     | 1,442 | 1,730 | 2,018  |
| Other projects              | 945   | -      | -     | -     | -      |
| Non-maintenance             | 3,267 | 7,520  | 1,922 | 1,730 | 2,018  |
| Maintenance                 | 4,224 | 2,838  | 7,557 | 7,042 | 8,023  |
| @ 2005/06 prices            | 7,491 | 10,358 | 9,479 | 8,772 | 10,042 |
| @ 2006/07 prices            | 303   | 419    | 384   | 355   | 406    |
| @ 2006/07 prices            | 7,794 | 10,777 | 9,863 | 9,127 | 10,448 |

|                          |      |      |      |      |      |
|--------------------------|------|------|------|------|------|
| Capital inflation factor | 1.04 | 1.08 | 1.13 | 1.17 | 1.21 |
|--------------------------|------|------|------|------|------|

|                     | Total | Apr   | May   | Jun   | Jul   | Aug   | Sep   | Oct   | Nov   | Dec   | Jan   | Feb   | Mar   |
|---------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Expenditure profile | -     | 11.1% | 11.9% | 5.0%  | 6.9%  | 4.5%  | 3.3%  | 5.4%  | 2.4%  | 14.2% | 3.1%  | 18.2% | 13.9% |
|                     | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 |

Capital expenditure

|           |         |       |       |       |       |       |       |       |      |       |       |       |       |
|-----------|---------|-------|-------|-------|-------|-------|-------|-------|------|-------|-------|-------|-------|
| Buildings |         |       |       |       |       |       |       |       |      |       |       |       |       |
| 2006/07   | -       | -     | -     | -     | -     | -     | -     | -     | -    | -     | -     | -     | -     |
| 2007/08   | -       | -     | -     | -     | -     | -     | -     | -     | -    | -     | -     | -     | -     |
| 2008/09   | (3,382) | (377) | (402) | (169) | (234) | (153) | (111) | (184) | (80) | (481) | (106) | (617) | (470) |
| 2009/10   | (3,496) | (390) | (415) | (175) | (242) | (158) | (114) | (190) | (82) | (497) | (110) | (638) | (486) |
| 2010/11   | (3,630) | (405) | (431) | (182) | (251) | (164) | (119) | (197) | (85) | (516) | (114) | (662) | (504) |

Capitalisation

|           |         |         |         |         |         |         |         |         |         |         |         |         |          |
|-----------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|----------|
| Buildings |         |         |         |         |         |         |         |         |         |         |         |         |          |
| 2006/07   | -       |         |         | -       | -       | -       | -       | -       | -       | -       | -       | -       | -        |
| 2007/08   | -       | -       | -       | -       | -       | -       | -       | -       | -       | -       | -       | -       | -        |
| 2008/09   | (3,382) | -       | -       | (948)   | (948)   | (948)   | (1,445) | (1,445) | (1,445) | (2,189) | (2,189) | (2,189) | (3,382)  |
| 2009/10   | (3,496) | (3,382) | (3,382) | (4,362) | (4,362) | (4,362) | (4,876) | (4,876) | (4,876) | (5,645) | (5,645) | (5,645) | (6,878)  |
| 2010/11   | (3,630) | (6,878) | (6,878) | (7,895) | (7,895) | (7,895) | (8,429) | (8,429) | (8,429) | (9,228) | (9,228) | (9,228) | (10,508) |

'Gross' [Cost] Revaluation

Buildings @ 4.97% pa

|         |  |  |  |  |  |  |  |  |  |  |  |  |       |
|---------|--|--|--|--|--|--|--|--|--|--|--|--|-------|
| 2006/07 |  |  |  |  |  |  |  |  |  |  |  |  |       |
| 2007/08 |  |  |  |  |  |  |  |  |  |  |  |  | -     |
| 2008/09 |  |  |  |  |  |  |  |  |  |  |  |  |       |
| 2009/10 |  |  |  |  |  |  |  |  |  |  |  |  | (701) |
| 2010/11 |  |  |  |  |  |  |  |  |  |  |  |  |       |

Accumulated Depn Revaluation

Buildings @ 4.97% pa

|         |  |  |  |  |  |  |  |  |  |  |  |  |      |
|---------|--|--|--|--|--|--|--|--|--|--|--|--|------|
| 2006/07 |  |  |  |  |  |  |  |  |  |  |  |  |      |
| 2007/08 |  |  |  |  |  |  |  |  |  |  |  |  | -    |
| 2008/09 |  |  |  |  |  |  |  |  |  |  |  |  |      |
| 2009/10 |  |  |  |  |  |  |  |  |  |  |  |  | (21) |
| 2010/11 |  |  |  |  |  |  |  |  |  |  |  |  |      |

NBV Revaluation

Buildings @ 4.97% pa

|         |  |  |  |  |  |  |  |  |  |  |  |  |       |
|---------|--|--|--|--|--|--|--|--|--|--|--|--|-------|
| 2006/07 |  |  |  |  |  |  |  |  |  |  |  |  |       |
| 2007/08 |  |  |  |  |  |  |  |  |  |  |  |  | -     |
| 2008/09 |  |  |  |  |  |  |  |  |  |  |  |  |       |
| 2009/10 |  |  |  |  |  |  |  |  |  |  |  |  | (680) |
| 2010/11 |  |  |  |  |  |  |  |  |  |  |  |  |       |

Depreciation

Buildings over 30 years

|         |       |      |      |      |      |      |      |      |      |      |      |      |      |
|---------|-------|------|------|------|------|------|------|------|------|------|------|------|------|
| 2006/07 | -     |      |      | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    |
| 2007/08 |       | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    | -    |
| 2008/09 | (48)  | -    | -    | (3)  | (3)  | (3)  | (4)  | (4)  | (4)  | (6)  | (6)  | (6)  | (9)  |
| 2009/10 | (162) | (9)  | (9)  | (12) | (12) | (12) | (14) | (14) | (14) | (16) | (16) | (16) | (19) |
| 2010/11 | (280) | (19) | (19) | (22) | (22) | (22) | (23) | (23) | (23) | (26) | (26) | (26) | (29) |

Accumulated Depreciation

Buildings

|         |  |       |       |       |       |       |       |       |       |       |       |       |       |
|---------|--|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 2006/07 |  |       |       | -     | -     | -     | -     | -     | -     | -     | -     | -     | -     |
| 2007/08 |  | -     | -     | -     | -     | -     | -     | -     | -     | -     | -     | -     | -     |
| 2008/09 |  | -     | -     | (3)   | (5)   | (8)   | (12)  | (16)  | (20)  | (26)  | (32)  | (38)  | (48)  |
| 2009/10 |  | (57)  | (66)  | (78)  | (91)  | (103) | (116) | (130) | (143) | (159) | (175) | (190) | (210) |
| 2010/11 |  | (229) | (248) | (270) | (292) | (314) | (337) | (360) | (384) | (409) | (435) | (461) | (490) |

# Chelsea & Westminster Healthcare NHS Trust

## Revised Depreciation Workings based in Montague Evans @ 1st April 06

|                   | Building    | Depreciation                   |
|-------------------|-------------|--------------------------------|
| Revalued Amount   | 196,966,645 |                                |
| DV Life           | 28          |                                |
| Depreciation      |             | 6,920,824                      |
| ME Life           | 42          |                                |
| Depreciation      |             | 4,689,682                      |
| <b>Difference</b> |             | <b><u><u>2,231,142</u></u></b> |

DV = District Valuer

ME = Montague Evans - Independent Valuers

Actual Depreciation - 06/07

|               | Current          | DV Life          | ME Life          |
|---------------|------------------|------------------|------------------|
| Building      | 7,661,688        | 6,920,824        | 4,689,682        |
| Finance Lease | 77,383           | 77,383           | 77,383           |
| Equipment     | 1,612,929        | 1,612,929        | 1,612,929        |
|               | <b>9,352,000</b> | <b>8,611,136</b> | <b>6,379,994</b> |

|            |         |           |
|------------|---------|-----------|
| Difference | 740,864 | 2,972,006 |
|------------|---------|-----------|

### Summary of PDC Impact in 07/08

PDC Payment in 07/08 10039

Revised Amount - After Re' 9,122 **See PDC Impact Sheet**

Potential Savings **917**

**2007/08 CAPITAL DIVIDENDS PAYMENT ESTIMATE**

Trust Name:

Trust Code:

Form completed by:

Telephone Number:

| Telephone Number:                    |  | Clinics  |          |         |       | Residential |       |                       |       |           |       |                  |       |                           |       |         |  |
|--------------------------------------|--|----------|----------|---------|-------|-------------|-------|-----------------------|-------|-----------|-------|------------------|-------|---------------------------|-------|---------|--|
| ASSET BASE                           |  | LAND     |          |         |       | BUILDINGS   |       | BUILDINGS             |       | EQUIPMENT |       | EQUIPMENT - I.T. |       | ASSETS UNDER CONSTRUCTION |       | TOTALS  |  |
|                                      |  | (Area)   |          | (Value) |       | (Structure) |       | (Engineering/Fitting) |       |           |       |                  |       |                           |       |         |  |
|                                      |  | A        | B        | C       | D     | E           | F     | G                     | H     | I         | J     | K                | L     | M                         | N     | O       |  |
|                                      |  | NHS      | D'TED    | NHS     | D'TED | NHS         | D'TED | NHS                   | D'TED | NHS       | D'TED | NHS              | D'TED | NHS                       | D'TED | £000s   |  |
|                                      |  | Hectares | Hectares | £000s   | £000s | £000s       | £000s | £000s                 | £000s | £000s     | £000s | £000s            | £000s | £000s                     | £000s |         |  |
| DEPRECIATED VALUE                    |  |          |          |         |       |             |       |                       |       |           |       |                  |       |                           |       |         |  |
| 1 At 01/04/2006 (Revalued Amount)    |  |          |          | 45,500  |       | 196,967     |       | 1,292                 |       | 9,947     |       | 1,822            |       | 10,398                    |       | 265,926 |  |
| 2 Revaluation/Impairment             |  |          |          | 0       |       | 0           |       | 0                     |       | 0         |       | 0                |       |                           |       | 0       |  |
| 3 Annual Indexation 2006/07          |  |          |          | 0       | 0     | 0           | 0     | 105                   | 0     | 274       | 0     |                  |       | 843                       | 0     | 1,222   |  |
| 4 Acquisitions                       |  |          |          |         |       | 5,520       |       |                       |       | 1,338     |       | 936              |       |                           |       | 7,794   |  |
| 5 Disposals                          |  |          |          |         |       |             |       |                       |       |           |       |                  |       |                           |       | 0       |  |
| 6 Transfers                          |  |          |          |         |       |             |       |                       |       |           |       |                  |       |                           |       | 0       |  |
| (i) To/From Other HAs/Trusts         |  |          |          |         |       |             |       |                       |       |           |       |                  |       |                           |       | 0       |  |
| (ii) To/From Other Categories        |  |          |          |         |       |             |       |                       |       |           |       |                  |       |                           |       | 0       |  |
| 7 Depreciation (-)                   |  |          |          |         |       | -4,689      |       | -77                   |       | -1,174    |       | -439             |       |                           |       | -6,379  |  |
| 8 Other valuation Changes            |  |          |          |         |       |             |       |                       |       |           |       |                  |       |                           |       | 0       |  |
| 9 At 31/03/2007                      |  | 0.00     | 0.00     | 45,500  | 0     | 197,798     | 0     | 1,320                 | 0     | 10,385    | 0     | 2,319            | 0     | 11,241                    | 0     | 268,563 |  |
| 10 Revaluation/Impairment            |  |          |          |         |       |             |       |                       |       |           |       |                  |       |                           |       | 0       |  |
| 11 Annual Indexation 2007/08         |  |          |          | 0       | 0     | 0           | 0     | 0                     | 0     | 0         | 0     |                  |       | 0                         | 0     | 0       |  |
| 12 Acquisitions                      |  |          |          |         |       | 7,241       |       |                       |       | 1,138     |       | 2,772            |       |                           |       | 11,151  |  |
| 13 Disposals                         |  |          |          |         |       |             |       |                       |       |           |       |                  |       |                           |       | 0       |  |
| 14 Transfers                         |  |          |          |         |       |             |       |                       |       |           |       |                  |       |                           |       | 0       |  |
| (i) To/From Other HAs/Trusts         |  |          |          |         |       |             |       |                       |       |           |       |                  |       |                           |       | 0       |  |
| (ii) To/From Other Categories        |  |          |          |         |       |             |       |                       |       |           |       |                  |       |                           |       | 0       |  |
| 15 Depreciation (-)                  |  |          |          |         |       | -4,820      |       | -77                   |       | -1,326    |       | -639             |       |                           |       | -6,862  |  |
| 16 Other valuation changes           |  |          |          |         |       |             |       |                       |       |           |       |                  |       |                           |       | 0       |  |
| 17 At 31/03/2008                     |  | 0.00     | 0.00     | 45,500  | 0     | 200,219     | 0     | 1,243                 | 0     | 10,197    | 0     | 4,452            | 0     | 11,241                    | 0     | 272,852 |  |
| CAPITAL CHARGES 2007/08              |  |          |          |         |       |             |       |                       |       |           |       |                  |       |                           |       |         |  |
| 18 Cost of Capital before Adjustment |  |          |          | 1,593   |       | 6,965       |       | 45                    |       | 360       |       | 118              |       | 393                       |       | 9,475   |  |
| 19 Working Balances Adjustment       |  |          |          |         |       |             |       |                       |       |           |       |                  |       |                           |       | -353    |  |
| 20 Cost of Capital after Adjustment  |  |          |          |         |       |             |       |                       |       |           |       |                  |       |                           |       | 9,122   |  |
| 21 Depreciation                      |  |          |          |         |       | 4,820       |       | 77                    |       | 1,326     |       | 639              |       |                           |       | 6,862   |  |
| 22 TOTAL                             |  |          |          | 1,593   |       | 11,785      |       | 122                   |       | 1,686     |       | 757              |       | 393                       |       | 15,984  |  |

**Assumptions**

- Life of buildings is depreciated over 42 years as per Montague Evans revaluation exercise
- No Indexation in 07/08 due to the Trust being a Foundation Trust
- No Indexation in 06/07 on Land and Buildings due to the revaluation exercise.

## Trust Board Meeting, 3<sup>rd</sup> August 2006

|                            |                                                                                                                                                                                                                                                                                                                                                                          |
|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>AGENDA<br/>ITEM NO.</b> | 4.1/Aug/06                                                                                                                                                                                                                                                                                                                                                               |
| <b>PAPER</b>               | Draft Annual Report 2005/06                                                                                                                                                                                                                                                                                                                                              |
| <b>AUTHOR</b>              | Matthew Akid, Head of Communications<br><br>Contact Number: 020 8846 6828                                                                                                                                                                                                                                                                                                |
| <b>LEAD<br/>EXECUTIVE</b>  | Heather Lawrence, Chief Executive<br><br>Contact Number 020 8846 9611                                                                                                                                                                                                                                                                                                    |
| <b>SUMMARY</b>             | This is the draft Annual Report which will be published in time for the Annual General Meeting on September 7 <sup>th</sup> . The Board is asked to note that this version of the Annual Report has already been approved by the chairman and Charles Wilson. Once approved by the chief executive, the report will be sent to the external auditors for their approval. |
| <b>ACTION</b>              | For information.                                                                                                                                                                                                                                                                                                                                                         |



# ANNUAL REPORT 2005/06

# INTRODUCTION

2005/06 was a year of considerable achievements for Chelsea and Westminster Healthcare NHS Trust.

We regained the maximum three stars in the government's performance ratings, reduced waiting times for outpatient appointments, inpatient surgery and treatment in our busy A&E department, and also reduced our MRSA rate by almost 40%.

Increasingly, patients can now either come into hospital on the day of their surgery, instead of spending the previous night in hospital, or have day surgery, so they can return home on the same day as their operation. Our new Treatment Centre has created a state-of-the-art environment for day surgery.

Other new developments such as an Early Pregnancy Assessment Unit, a Pre-operative Assessment Unit and our redeveloped St Stephen's Centre—home to many of our sexual health and HIV services—have all improved the way we provide care for patients.

These achievements, and many more, are detailed in this annual report but we believe we can make Chelsea and Westminster even better by listening to and learning from our patients, staff and local community.

This philosophy is integral to our application to become an NHS Foundation Trust. A decision on our application for

Foundation Trust status from August 1 2006 was deferred by the independent regulator, Monitor, pending the resolution of issues, which they were confident could be resolved within three months.

Our 14,000 Foundation Trust members and the Members' Council elected by them will have a key role to play in shaping that future and we look forward to working with them.

We believe that our commitment to listening and learning—and, most importantly, acting on what you tell us to maintain and improve our services—is demonstrated by the stories in this year's annual report. We hope you enjoy reading it.

Panoramic view from the roof of the hospital facing northwest



# CONTENTS

|                                     |   |
|-------------------------------------|---|
| Chairman's foreword . . . . .       | 2 |
| Chief Executive's message . . . . . | 3 |
| Our year ahead . . . . .            | 4 |

## LISTENING AND LEARNING

|                                               |    |
|-----------------------------------------------|----|
| Introduction . . . . .                        | 5  |
| Foundation Trust . . . . .                    | 6  |
| Learning from patients . . . . .              | 8  |
| With a little help from our friends . . . . . | 11 |

## DELIVERING EXCELLENCE IN CARE

|                                                 |    |
|-------------------------------------------------|----|
| Introduction . . . . .                          | 13 |
| On target . . . . .                             | 14 |
| Better and safer care . . . . .                 | 16 |
| Making privacy and dignity a priority . . . . . | 20 |
| Improving cancer care . . . . .                 | 22 |
| Innovation in sexual health services . . . . .  | 24 |
| High quality research and teaching . . . . .    | 26 |

## CREATING A FIRST CLASS PATIENT ENVIRONMENT

|                                |    |
|--------------------------------|----|
| Introduction . . . . .         | 27 |
| Keeping it clean . . . . .     | 28 |
| Environmental action . . . . . | 30 |
| Food, glorious food . . . . .  | 32 |
| Safety first . . . . .         | 34 |

## VALUING OUR STAFF

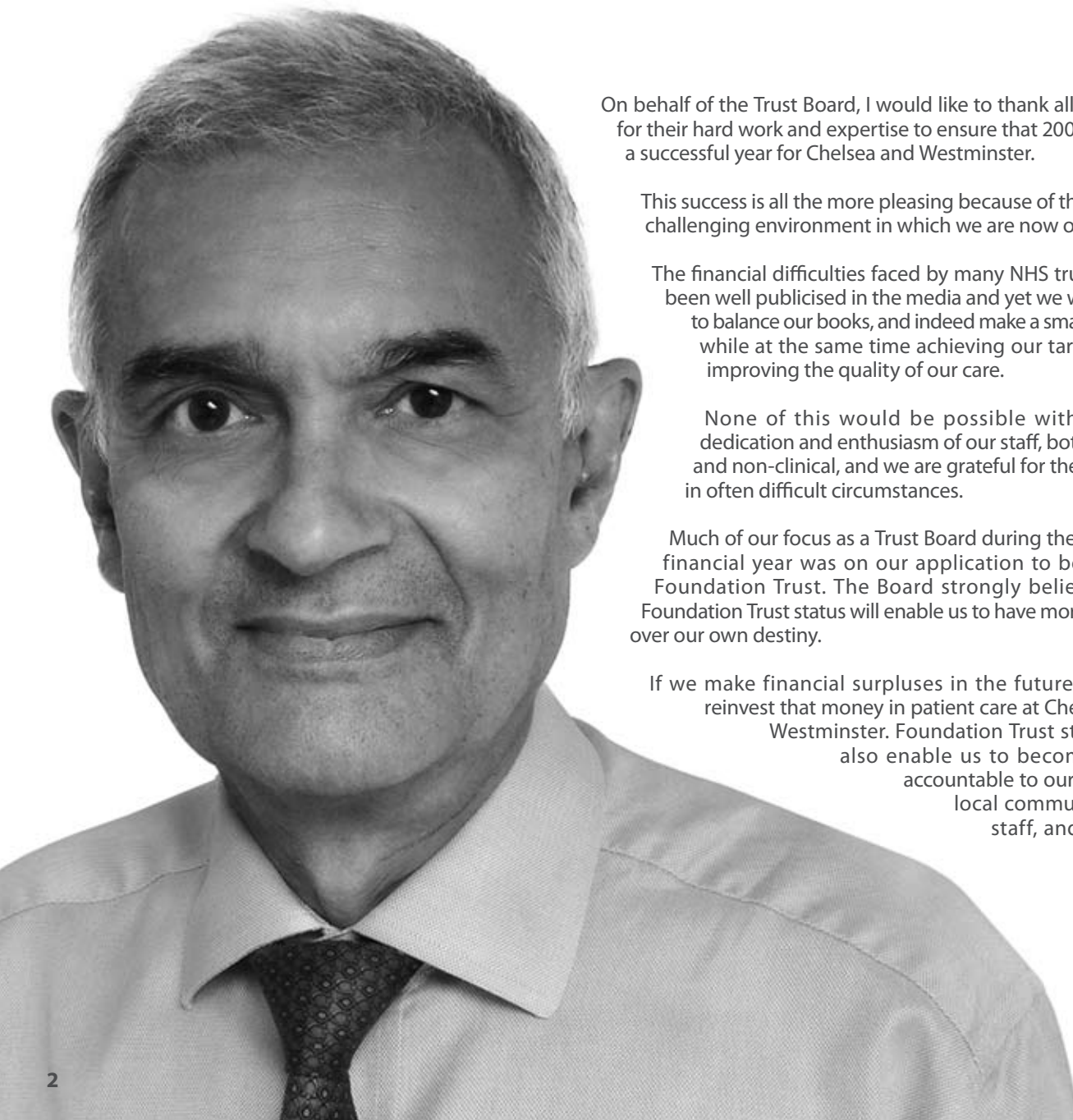
|                                                  |    |
|--------------------------------------------------|----|
| Introduction . . . . .                           | 35 |
| HR highlights . . . . .                          | 36 |
| Creating a diverse maternity workforce . . . . . | 38 |
| Developing our staff . . . . .                   | 40 |

## CORPORATE AND CLINICAL GOVERNANCE

|                                        |    |
|----------------------------------------|----|
| Our organisational structure . . . . . | 42 |
| Summary financial statements . . . . . | 44 |
| Our services . . . . .                 | 48 |



# CHAIRMAN'S FOREWORD



On behalf of the Trust Board, I would like to thank all our staff for their hard work and expertise to ensure that 2005/06 was a successful year for Chelsea and Westminster.

This success is all the more pleasing because of the hugely challenging environment in which we are now operating.

The financial difficulties faced by many NHS trusts have been well publicised in the media and yet we were able to balance our books, and indeed make a small surplus, while at the same time achieving our targets and improving the quality of our care.

None of this would be possible without the dedication and enthusiasm of our staff, both clinical and non-clinical, and we are grateful for their efforts in often difficult circumstances.

Much of our focus as a Trust Board during the 2005/06 financial year was on our application to become a Foundation Trust. The Board strongly believes that Foundation Trust status will enable us to have more control over our own destiny.

If we make financial surpluses in the future, we can reinvest that money in patient care at Chelsea and Westminster. Foundation Trust status will also enable us to become more accountable to our patients, local community and staff, and give us

more flexibility to develop services that are in the best interests of our patients.

Monitor, the independent regulator, deferred a decision on our application to become a Foundation Trust from August 1 2006. However, they said that they expected issues affecting our authorisation as a Foundation Trust could be resolved within three months. We remain committed to becoming a Foundation Trust.

If, as we hope, we become a Foundation Trust in the near future, we look forward to working in partnership with our members and the Members' Councillors who were voted in during our first ever Foundation Trust elections in March 2006.

Looking ahead, we recognise that the financial environment of the NHS will remain challenging and that, while celebrating our successes, we must continue to improve our services to ensure we are a hospital of choice for patients and staff.

This report outlines our commitment to work in partnership with patients, staff and other key stakeholders to make that a reality.

A handwritten signature in blue ink, reading 'J Pandit'.

Juggy Pandit  
Chairman

# CHIEF EXECUTIVE'S MESSAGE

This year's Chelsea and Westminster annual report focuses on our commitment to creating a culture of listening to and learning from the patients who we care for, the staff whose hard work we rely on to provide that care, and our local community.

Our 1,000 Good Ideas campaign, which won a prestigious national award this year, established our philosophy of integrating listening and learning into everything we do.

Foundation Trust status, which we hope to achieve in the very near future, will strengthen our accountability to our Members' Council of patients, staff and people living locally, and to our 14,000 Foundation Trust members.

As the stories in this report show, our staff use a range of mechanisms including patient surveys, focus groups, comment cards, patient forums and one-off events not only to ask patients for their views but also to act on what they tell us.

Our application for Foundation Trust status was a significant piece of work during 2005/06 which I strongly believe will lead to tangible benefits in patient care.

The rigorous application process has helped to crystallize our thinking as a Trust Board about the strategic direction of Chelsea and Westminster and how we can ensure we are fit for purpose as a hospital of choice.

Payment by Results and Patient Choice are changing the NHS environment but our Foundation Trust application has enabled us to move forward with confidence.

Financially, we achieved a surplus of £2.2 million in 2005/06—at a time when many other NHS trusts recorded large deficits—but there is no doubt that our £10 million Cost Improvement Programme for 2006/07 is a considerable challenge and will require us to continue to improve our efficiency.

I believe that the short term pain of making these efficiency savings is justified not just by the long term gain of establishing a balanced budget as the basis for our future plans, but also in equipping us to provide patient care at the leading edge.

Finally, I would like to thank our staff for not only ensuring we met all our targets in 2005/06 but also for 'going the extra mile' to improve patient care.

There will always be new challenges for us to face but I hope you will agree, as you read about the achievements of our staff in this report, that Chelsea and Westminster has much to celebrate.

*Heather Lawrence*

Heather Lawrence  
Chief Executive



# OUR YEAR AHEAD

The Trust's strategy for 2006/07 is set within the overall context of the NHS including the extension of Patient Choice, the government's vision for more health services to be provided in the community and a challenging financial position nationally.

## 4 KEY THEMES EMBEDDED IN THE TRUST'S CORPORATE OBJECTIVES 2006/07

### Patient Choice

To ensure that the Trust develops its role as a provider of choice through customer care, using the results of patient surveys to improve services, providing excellent services and good communication with patients and GPs.

### Excellence in teaching

To build on Chelsea and Westminster's reputation as a teaching organisation to ensure that the experience of undergraduates and postgraduates within the Trust remains positive.

### Workforce development

To develop all our staff to meet the challenges we face and to be a fair and equitable employer, valuing the benefits that diversity provides.

### Understanding our revenue and cost base

To understand clearly the relationship between income and expenditure in each clinical area, under the Payment by Results system.

## 7 CORPORATE OBJECTIVES 2006/07 AGREED BY THE TRUST BOARD

1. To improve the patient journey by delivering national NHS performance standards.
2. To improve patient outcomes and assure patient safety.
3. To develop effective partnerships with all stakeholders and partners.
4. To ensure clinical care is supported and enabled by appropriate administrative systems and support services.
5. To ensure we have a highly skilled, motivated and productive workforce, fit for purpose in the modern NHS.
6. To develop world class services.
7. To implement the Trust's framework for integrated governance, underpinned by robust resource management.

# LISTENING AND LEARNING

Listening to patients, the public and our staff ensures we know what they want and can implement changes based on what they tell us to maintain and improve our services.

This culture is at the heart of Chelsea and Westminster's application to become a Foundation Trust to give us more control over our own destiny and more freedom to shape the care we provide in line with the wishes of our patients and local community.

We are grateful for the involvement and support of so many people—Foundation Trust members, hospital volunteers, members of the Friends, those who have made a donation to the Chelsea and Westminster Health Charity, and those who have completed a comment card with their views about their care.

## MEMBERS' COUNCIL

PATIENT MEMBER



**Who are you?**  
Martin Rowell

**What do you do?**  
I work in sales and marketing for interiors and construction materials.

### Why did you become a Members' Councillor?

Because this is an opportunity to drive forward better services and better communication between the hospital and the people who use its services. It's also a chance to give something back to the hospital.

PATIENT MEMBER



**Who are you?**  
Jean Hunt

**What do you do?**  
I am one of the St Stephen's Volunteers.

### Why did you become a Members' Councillor?

I have been a volunteer for more than 20 years, since the advent of HIV/AIDS, and I was asked to stand for election to the Members' Council by a couple of doctors in the St Stephen's Centre.

PUBLIC MEMBER



**Who are you?**  
Christine Blewett

**What do you do?**  
I work for Westminster Primary Care Trust as Co-Director of Westside Contraceptive Services.

### Why did you become a Members' Councillor?

I would like to influence the development of the hospital to ensure that it continues to cater for the needs of local people.

# FOUNDATION TRUST



Andrew MacCallum, the Trust's Director of Nursing (3rd left), with Foundation Trust recruiters Robert Atkinson, Catherine Atkinson, Simon Turner, Jenny Walker and Sandee Allen

## DEVELOPING OUR FOUNDATION TRUST MEMBERSHIP

The Trust decided to apply for NHS Foundation Trust status at its Board meeting in December 2005.

Patricia Hewitt, Secretary of State for Health, gave us the go ahead to submit an application to the Foundation Trust regulator, Monitor, in January 2006.

Monitor, the independent regulator, deferred a decision on our application to become a Foundation Trust from August 1 2006 because of issues that Monitor expected could be resolved within three months. We remain committed to achieving Foundation Trust status.

During the application process, the Trust aimed to recruit as many Foundation Trust members as possible—patients, staff, and members of the public.

Patients who have been treated at the hospital in the last three years, staff and members of the public living in the local boroughs of Kensington and Chelsea, Hammersmith and Fulham, City of Westminster and Wandsworth can all become members.

Members receive a membership card as part of their joining pack, which entitles them to a range of discounts at local businesses, leisure centres, bars and restaurants upon production of the card.

We have already held a number of events for Foundation Trust members, including a seminar on MRSA during this year's Hand Hygiene Awareness Week.

All existing Foundation Trust members were also invited to last year's Trust Annual General Meeting.

Our successful recruitment drive has created a large and vibrant membership:

| Number of members | 1 Apr 2005   | 31 Mar 2006  |
|-------------------|--------------|--------------|
| Patients          | 3,362        | 7,271        |
| Public            | 263          | 1,929        |
| Staff             | 308          | 755          |
| <b>Total</b>      | <b>3,933</b> | <b>9,955</b> |

By June 2006, we achieved our aim of establishing a Foundation Trust membership of 14,000 including more than 11,000 patients.

As part of our Membership Development and Communication Strategy, we regularly analyse our membership database by age, gender and ethnicity to ensure that our membership is broadly representative of the community we serve.

We aim to broaden the diversity of membership by, for example, encouraging different ethnic groups, people with disabilities and young people to join us.

## MEET THE MEMBERS' COUNCIL

Chelsea and Westminster held its first Foundation Trust Members' Council elections in March 2006—all members were eligible to stand for election.

Almost 7,000 people who had already signed up as Foundation Trust members by this date were able to cast their vote to choose who they wanted to sit on the Council to represent them.

The election turnout of 28.1% was broadly in line with other Foundation Trust elections.

Election constituencies were consistent with the membership constituencies to ensure the Council will be a well balanced and representative body that will help make the Trust more accountable to patients, the public and staff.

If, as we hope, we become a Foundation Trust this year, the Council will work with the Board of Directors as a 'critical friend', helping us shape the way the Trust develops in coming years.

It includes:

- 10 patient members.
- 8 public members—2 each from our 4 local boroughs.
- 6 staff members—1 each from 6 different staff groups.
- 10 nominated representatives from partnership organisations.

The blue panels on these pages contain profiles of just a few of the Members' Councillors who we hope will help to shape the future direction of Chelsea and Westminster.

## COME AND JOIN US

If you haven't already signed up as a member of our Foundation Trust, it couldn't be easier:

- Call us on 020 8846 6727 to ask for an application form.
- Email us at [foundation.trust@chelwest.nhs.uk](mailto:foundation.trust@chelwest.nhs.uk) if you would like to receive a form by email.
- Log on at [www.chelwest.nhs.uk/foundationtrust](http://www.chelwest.nhs.uk/foundationtrust) to join online.

## FOUNDATION TRUST WEBSITE

We have created a special Foundation Trust website, which you can view at [www.chelwest.nhs.uk/foundationtrust](http://www.chelwest.nhs.uk/foundationtrust). It has all the latest information about our Foundation Trust application, membership and the Members' Council, including news and events.



## MEMBERS' COUNCIL

### Who are you?

Valerie Arends



### What do you do?

I recently retired but I have worked extensively in the tourist industry.

### Why did you become a Members' Councillor?

I have a family tradition of community involvement. For example, I used to be a volunteer at the old Brompton Hospital, and I have always been interested in healthcare and science. My late husband was a biochemist.

### Who are you?

Nigel Grant



### What do you do?

I am Assistant Director of Human Resources.

### Why did you become a Members' Councillor?

I have been involved in NHS management for more than 10 years and I am interested in the life of the hospital. I feel I can make a contribution and provide a voice for management on the Members' Council.

### Who are you?

Kieran Hand



### What do you do?

Hospital pharmacist.

### Why did you become a Members' Councillor?

Because I would like to represent my fellow healthcare professionals and I have an interest in the workings of the Trust.

## PATIENT AND PUBLIC INVOLVEMENT FORUM

The Patient and Public Involvement Forum (PPIF) for Chelsea and Westminster is an independent organisation whose role is to find out what patients, carers and local people think about the Trust and its services.

Members of the Forum, which is chaired by Lydia Jackson, meet with the Trust on a regular basis and undertake specific pieces of work.

A key area of work during 2005/06 was an audit of the Trust's outpatient appointments booking system.

### For further information about the PPIF, contact:

Aneesa Chaudhry, PPI Forum Co-ordinator,  
Kensington & Chelsea Social Council,  
Lighthouse West London, London W11 1QT

Tel: 020 7243 9808

Email: [aneesa@kcsc.demon.co.uk](mailto:aneesa@kcsc.demon.co.uk)



Patient Florence Russell having lunch during a protected mealtime

## 1,000 GOOD IDEAS SUGGESTIONS

**1. All patients should be given the opportunity to comment on their care when they leave hospital.**

**Action:** Comment cards are now provided by our PALS team to gather patient feedback. Find out more—see page 10.

**2. Ask patients if they want to be referred to by their first name.**

**Action:** The Trust has launched a Privacy and Dignity Charter to tackle this and other important issues. Find out more—see page 20.

**3. Contact patients by text message instead of letter.**

**Action:** The majority of sexual health test results are now sent by text message. Find out more—see page 24.

**4. Give patients more help at meal times.**

**Action:** Protected mealtimes have been introduced in the hospital. Find out more—see page 32.

# LEARNING FROM PATIENTS

## GOOD IDEA WINS AWARD

The Trust's 1,000 Good Ideas campaign, which got patients, visitors, staff and the public involved in generating ideas to improve our services, won a prestigious Health Service Journal Award in November 2005.

Our campaign used staff and patient focus groups, an ideas board near the hospital entrance, a telephone hotline and a dedicated email address to generate the ideas.

Patricia Hewitt, Secretary of State for Health said: "Chelsea and Westminster Healthcare NHS Trust has proved itself to be right at the forefront of the transformation taking place in the health service and it fully deserves its award."

Trust Chief Executive Heather Lawrence said: "The campaign has helped us bring about real improvements to services for our patients and a better working environment for our staff."

Improvements in our services resulting from the 1,000 Good Ideas campaign are included in the blue panel on this page.

## HOW WE WORK IN PARTNERSHIP WITH PATIENT GROUPS

Patient surveys and focus groups give us a snapshot of patients' views on a particular service or treatment but we are also committed as a Trust to working in partnership with a wide variety of patient groups.



Chief Executive Heather Lawrence (2nd left) and Director of Nursing Andrew MacCallum (3rd left) pick up their Health Service Journal Award from impressionist Rory Bremner (far left) and Ron Finlay (far right) of award sponsors Fishburn Hedges

For example, the Positive Patient Forum for patients from the Trust's three HIV clinics—Kobler, Victoria and Nkosi Johnson—was launched in early 2006 and has quickly established itself as an influential group.

Forum meetings are open to all patients who use the Trust's HIV services and represent a real opportunity for patients to get involved in shaping the future of these services.

In total, 18 patients from the Trust's three HIV clinics attended the first meeting and the Forum now meets on a monthly basis.

The Forum has launched a newsletter, arranged for suggestion boxes and information boards to be placed in waiting areas, launched a website and e-discussion group, and got involved in a Trust working group to review emergency access to HIV services at Chelsea and Westminster.

## HOW WE LEARN

As a Trust, we encourage our staff to report incidents where something has either gone wrong or could have gone wrong so that we can learn from our mistakes.

Vivia Richards, Head of Clinical Governance, said: "Things will sometimes go wrong in an organisation as large and complex as Chelsea and Westminster but, when they do, we need to take action to prevent the mistake being repeated.

"We are committed to providing a safe environment of care for patients, staff and visitors by ensuring that we have systems in place to identify and manage any risks that could or do cause harm."

Here are just two examples of how we learn:

### Example 1

An extensive review was undertaken to analyse all incidents relating to intravenous administration of medication over one year—14 incidents were due to incorrect setup of infusion pumps, including patient-controlled analgesics (PCAs). Work was completed to standardise pumps across the hospital, where possible, and the pain team is now informed of all incidents involving PCAs. In areas where a number of PCA-related incidents occurred, the pain team provided additional staff training.

### Example 2

All security-related incidents in the Trust are reported and reviewed. In addition, the NHS Security Management Service is sending a strong message to people who abuse NHS staff—stop or you could be prosecuted. During October 2005 the Trust launched a number of security-related campaigns, 'In Safe Hands', in response to themes identified in both incident reports and the 2005 Staff Survey:

- Increasing access to training to help staff manage patients who behave aggressively.
- Introducing a red and yellow card system for individuals who are violent or abusive.
- Improving workplace security to reduce thefts of Trust equipment and personal property.

## HOW WE LISTEN TO PATIENTS

Patient satisfaction surveys are an important way for us to listen to patients—and make improvements based on what they tell us.

For example, patients who had outpatient appointments with therapists were quizzed about all aspects of their treatment.

A total of 147 patients completed the survey and, although the vast majority were happy with their care, nevertheless an action plan was agreed to tackle areas for improvement.

Esther Palmer, Senior Physiotherapist, explained: "There were lots of positives in the comments we received from our patients but we took note of the negatives and fed those back through our teams to learn from them."

Alison Holdstock, Senior Occupational Therapist, said: "One of our actions was to post the survey results on a noticeboard in the therapies department so that those patients who took the time and trouble to complete the survey were not only aware of the results but also knew what we were doing in response."

Survey results included the fact that 72% of outpatients were seen early, on time or within five minutes of their appointment, 98% of patients had confidence and trust in their therapist, only 5% of patients had their appointment date and time changed, and 80% of patients said they were fully involved in decisions about their care and treatment.



## HOW OUR PALS HELP US TO IMPROVE PATIENT CARE

Our Patient Advice and Liaison Service (PALS) provides patients, their families and members of the public with help, information and advice.

In 2005/06 the PALS team received 2,342 enquiries, 63% of which were seeking information, advice or praising aspects of our service—this is a small increase in the number of enquiries in comparison with 2004/05.

Most enquiries were made face to face at the PALS office, which is based near the main hospital entrance, but email contacts have increased following the introduction of the [PALS@chelwest.nhs.uk](mailto:PALS@chelwest.nhs.uk) email address and a web-based feedback form can now be accessed through the Trust website [www.chelwest.nhs.uk](http://www.chelwest.nhs.uk).

PALS received 224 comment cards, which was fewer than in 2004/05—the team will focus on raising the profile of the comment cards scheme this year.

The comment card has recently been revised to provide patients with a clear guide to making suggestions and comments about our services. A number of changes and improvements have been made in response to feedback received through the PALS team in 2005/06:

- Disposable curtains are being piloted to reduce the risk of healthcare associated infections through dirty curtains.
- A search facility and a translation tool have been added to the Trust website to make it easier to use and more accessible.
- Food vouchers to be used in the hospital restaurant by nursing mothers whose children are being cared for on inpatient wards have been introduced, and a larger fridge freezer has been provided for parents whose children are long term patients.

PALS can be contacted via email [PALS@chelwest.nhs.uk](mailto:PALS@chelwest.nhs.uk), on 020 8846 6727 or drop into the PALS office near the main hospital entrance.

## HOW WE LEARN FROM COMPLAINTS

The Trust aims to ensure that all complaints are investigated to a consistently high standard and that complainants are provided with an open, honest, full and timely response.

Wherever possible, we hope to resolve people's concerns immediately and indeed before they become complaints. The Trust believes that complaints are a valuable source of information about the services we provide.

In 2005/06 we received a total of 461 complaints, which was just 0.098% of the total number of patient contacts with the Trust during the year—this includes inpatient admissions, outpatient appointments and A&E attendances.

This represented a small rise of three complaints compared with 2004/05—90% of complaints were responded to within 20 working days, as required by NHS guidelines.

The three biggest areas for complaints at Chelsea and Westminster were the same as the three biggest areas for complaints across the NHS in England—aspects of clinical care or treatment, the attitude or behaviour of staff, and aspects of the appointment system.

Changes and improvements have been made in response to feedback received through the complaints process—here are three examples:

**Subject:** Aspects of clinical care or treatment.

**Improvement:** A formal transfer protocol is being developed for children who are transferred to the hospital from other units, including a checklist of essential information to be obtained over the phone and to be included in written handover letters.

**Subject:** Attitude or behaviour of staff.

**Improvement:** A customer care training programme for all staff will be rolled out during 2006/07.

**Subject:** Aspects of the appointment system.

**Improvement:** A single phone number for all patients wanting an appointment at any of the Trust's three HIV and sexual health clinics has been introduced to replace the previous system of multiple phone numbers.



PALS Officers Jason Lane and Corinne Howard with the comment cards that patients used to provide feedback about their care

# WITH A LITTLE HELP FROM OUR FRIENDS

Friends Chairman Lady Smith-Gordon, Lamy Bouhali (Burns Therapy Technical Instructor) and Councillor Frances Taylor, who is also a member of the Friends, with another generous donation to the hospital



## FRIENDS MAKE A DIFFERENCE

The Friends of the Chelsea and Westminster Hospital is a voluntary organisation and registered charity which supports the work of the hospital for the benefit of patients, their families and the staff who care for them.

They run a shop on the ground floor of the hospital and provide a trolley service on the wards for patients who cannot get to the shop. They also lease premises on the hospital site for a hairdressing salon for patients and staff. Income generated is used to purchase medical and other equipment when funding is not possible from other sources.

These purchases make a tangible difference. For example, this year the Friends helped to buy a digital camera and photographic printer for staff who look after patients recovering from burns injuries so they can keep a visual record of how scars improve.

Occupational Therapist Brierley McCarten explained: "When a patient sees a picture showing the improvement, they are amazed. Previously, we had nothing in the department to monitor treatments visually, so it is great to have this equipment."

"The Friends really have made a huge difference to patient care and we are extremely grateful."

- If you would like to join the Friends, please call 020 8746 8825, email [friends.office@chelwest.nhs.uk](mailto:friends.office@chelwest.nhs.uk) or write to The Administrator, The Friends of the Chelsea and Westminster Hospital, 369 Fulham Road, London SW10 9NH.

## CHARITY SUPPORTS HOSPITAL

During 2005/06 a new charity, the Chelsea and Westminster Health Charity, was established with a new Chief Executive, Diane Yeo.

The Charity, which has independent Trustees, looks after financial assets of £23 million that were previously administered by the Charitable Funds Committee.

It also gives grants and raises funds for the improvement of healthcare and the benefit of patients and staff at Chelsea and Westminster Hospital.

The Charity, which supports the strategic aims of the hospital, the local community and research projects, aims to provide added value rather than replacing NHS provision.

In addition to its financial assets, the Charity also owns the collection of art for which Chelsea and Westminster Hospital is well known and funds its Hospital Arts scheme.

Since the hospital opened in 1993, its visual and performing arts programme has become internationally recognised for activities which benefit patients, their families, staff and visitors as an integral part of a holistic philosophy of healthcare.

Research published in 2005/06, conducted over three years at Chelsea and Westminster Hospital by a team led by Dr Rosalia Staricoff, proved that introducing artwork and music into different clinical areas can benefit patient care.

For example, a varied programme of music was played in the Medical Day Unit to measure its effect on patients' levels of anxiety and depression—patients being treated in the presence of music were 32% less anxious and 31% less depressed.

Dr Rosalia Staricoff said: "This work offers a good indication of the beneficial effects of integrating the arts into the hospital's work in caring for patients. We hope the project raises awareness of the real value of using arts in health."

- To find out more about the Chelsea and Westminster Health Charity, to make a donation or to get involved in fundraising, please contact Diane Yeo via email [diane.yeo@chelwest.nhs.uk](mailto:diane.yeo@chelwest.nhs.uk) or call 020 8846 6600.



The angel from one of the stained glass windows—part of the complete piece displayed near the hospital chapel, restored with funding from the Chelsea and Westminster Health Charity



Volunteer Virginia Llewellyn

## VOLUNTEERS MAKE AN IMPRESSION

Unpaid volunteers who give up their time to help out in wards and departments all over the hospital play a vital role in improving our patients' experience of Chelsea and Westminster.

For example, volunteers can be found on the main reception desk near the hospital entrance to help welcome visitors to Chelsea and Westminster.

Our volunteers ensure that our visitors' first impressions of Chelsea and Westminster are positive.

They direct visitors to wards and departments, answer questions and are also trained on the hospital computer system so they can deal with telephone queries.

Virgina Llewellyn, who is one of the volunteers who regularly works at main reception, said: "I like the fact that I can help people when they come to the hospital at what is often a very stressful and worrying time for them, whether they are a patient or the friend or relative of a patient."

"It is nice to know that sometimes we can make a real difference to someone's experience of the hospital by taking the time to help."

- If you would like to become a volunteer at Chelsea and Westminster, please contact Cinzia Giammarchi, Volunteer Liaison Manager, on 020 8746 8480 or email [cinzia.giammarchi@chelwest.nhs.uk](mailto:cinzia.giammarchi@chelwest.nhs.uk).

## NEW PARENT ROOMS OPENED ON NEONATAL UNIT

The Children's Hospital Trust Fund is just one of a large number of special interest charities that benefit patients and their families at Chelsea and Westminster.

Thanks to a generous donation to the Fund of £71,000 from the Ronald McDonald Children's Charity, two new parent rooms and a day room on the hospital's Neonatal Intensive Care Unit (NICU) have been given a major makeover.

The parent rooms provide a place for parents to stay while their babies are being cared for on NICU.



Carolyn Bond and twins Jemima and Bertie Bond in one of the new parent rooms on the Neonatal Unit with Sister Alex Mancini, Staff Nurse Joy Bilono, Staff Nurse Diyenemy Pagayon and Sister Christina Morales

Carolyn Bond, who officially opened the revamped rooms in October 2005, knows all about spending time on NICU because her twins Bertie and Jemima were born prematurely and spent almost six months being cared for on the unit.

She said: "The nursing staff on NICU were second to none—they saved my children's lives and kept me going. I know how important it is to have somewhere peaceful and quiet to rest when you are spending a lot of time on the unit."

Dr Martin Brueton, Chairman of The Children's Hospital Trust Fund, added: "We are delighted to acknowledge the generosity of the Ronald McDonald Children's Charity."

- To find out more about the Fund, contact Charles Henderson, Administrator, The Children's Hospital Trust Fund, Chelsea and Westminster Hospital, 369 Fulham Road, London SW10 9NH, or call 020 8746 8956.

# DELIVERING EXCELLENCE IN CARE

This year we maintained our reputation as a centre of excellence for clinical care by, for example, achieving three stars in the government's performance ratings and hitting our targets.

We have also provided services in new and better ways to improve patients' experience of their care by utilising new technology, developing new schemes to reach out to patients and delivering cutting edge and innovative treatment.

Chelsea and Westminster has continued to build on its reputation as a centre for high quality teaching and research and development.

# ON TARGET

## THREE STARS AND A CLEAN BILL OF HEALTH

Chelsea and Westminster earned the maximum three stars in the NHS performance ratings that were published in July 2005.

The Trust achieved key targets including waiting times for A&E treatment, outpatient appointments and hospital cleanliness.

This was the final year of the star ratings system, which has been replaced by the new annual health check.

All NHS trusts in England must submit a declaration about their compliance against 24 core standards in areas including safety, clinical effectiveness and patient focus.

This self-assessment evaluation will then help inform the Healthcare Commission's overall performance rating for each trust—each trust will be given a rating for quality of care and use of resources on a four-point scale ranging from excellent to weak.

Chelsea and Westminster, like all other NHS trusts, will discover its performance rating for 2005/06 when the Healthcare Commission publishes the annual health check in October 2006.

The Trust Board declared that Chelsea and Westminster was compliant against all 24 core standards in 2005/06 after receiving assurances that the evaluation of standards and evidence was robust.

## EMERGENCY PREPAREDNESS

The Trust Board has confirmed that the Trust's Major Incident Plan is fully compliant with the requirements of Department of Health guidance for emergency preparedness—one of the 24 core standards under the new annual health check.

Chelsea and Westminster instigated its Major Incident Plan on July 7 2005 as part of the emergency services' response to the bombing attacks in London.

All non-emergency operations were put on hold and A&E staff were on standby to receive casualties.

In the end the hospital did not receive a large number of casualties but five patients were transferred to our specialist burns unit.

The Trust also participated in Exercise Tamino, a London major incident training exercise, in May 2006 to test our ability to treat mass casualties from a major incident—official observers

analysing our response gave us the most positive feedback of any acute NHS trust taking part in the exercise.

During 2005/06 Rona McKay, Clinical Nurse Lead in the hospital's A&E department, led work to develop the Trust's contingency plan in the event of a flu pandemic which is based on the model of the Major Incident Plan.

## PATIENTS GIVE POSITIVE VERDICT

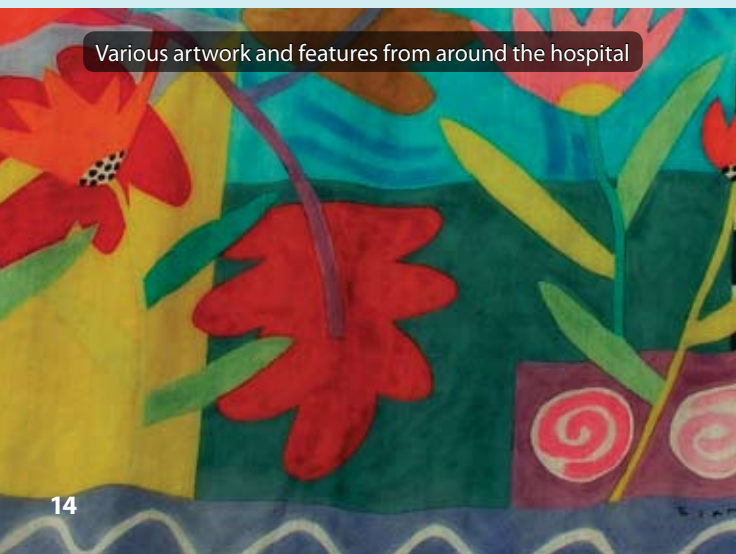
The quality of care we provide has improved over the last year, according to the results of our 2005 Patient Survey.

More than 400 patients at Chelsea and Westminster took part in the survey, which NHS watchdog, the Healthcare Commission, requires all acute hospitals to complete.

It included 57 questions about all aspects of patients' treatment in hospital—Chelsea and Westminster was ranked in the top 20% nationally on 10 questions and in the bottom 20% nationally on just one question.

When compared to the Trust's performance in the previous year, Chelsea and Westminster scored significantly better on nine questions and significantly worse on none.

Various artwork and features from around the hospital



Important areas where we were significantly better than the national average included our arrangements for discharging patients from hospital and the way that doctors ensure patients can discuss their condition or treatment with them.

The Trust has taken action to tackle the one area of the survey in which its performance was worse than the national average—hospital food. See page 32 of this report for full details.

Patient Survey results were broken down for every ward in the hospital so that staff could develop their own local action plans to address issues of particular relevance.

## TEAM EFFORT REDUCES A&E WAITING TIMES

A real team effort by staff throughout the Trust helped achieve the national target set by the government that 98% of patients are seen, treated and then either admitted to hospital or discharged within four hours of arriving in our A&E department.

Edward Donald, Director of Operations, said: "This was only possible because of the commitment and teamwork of staff working throughout the hospital, as well as in A&E, which has resulted in patients spending significantly less time in the department."

For example, during 2002/03 46% of patients spent more than four hours in A&E but in 2005/06 just 2% of patients spent that long in the department.

Average waiting times have been reduced at the same time as the number of people treated in A&E continues to increase, in line with national trends.

We also have a dedicated 24-hour children's A&E department, the only such NHS facility in our area of London, which continues to see more and more young patients as its popularity spreads through word of mouth.

## KEY TARGETS ACHIEVED

All Trust staff worked hard to ensure we achieved our targets in 2005/06—an impressive achievement because we were busier than ever this year:

- 96,000 patients were treated in our A&E department.
- 56,000 patients were admitted to the hospital for inpatient treatment.
- 316,000 patients had new or follow-up outpatient appointments.

Key targets achieved in 2005/06 included:

- No patient waited more than six months for a planned inpatient operation—a significant improvement on 2004/05 when we did not fully meet this target.
- No patient waited more than 13 weeks for a first outpatient appointment.
- 98% of A&E patients were seen, treated and then either discharged or admitted to hospital for treatment within four hours.

- 100% of cancer patients were treated within the three national standards—two weeks for an urgent referral to a specialist for suspected cancer, 31 days from decision to treat to first treatment, and 62 days from GP referral to first treatment.
- There was a 38% reduction in the rate of MRSA infections at Chelsea and Westminster.

## EXTERNAL ASSESSORS PRAISE TRUST

The Trust successfully passed a key test of the quality of both our patient care and our ability to manage risks associated with providing this care.

The Clinical Negligence Scheme for Trusts (CNST) helps NHS trusts to fund the cost of legal action. Trusts contribute financially to the scheme and are allowed to reduce their contributions by meeting certain standards.

Chelsea and Westminster achieved Level 2 status for both the acute trust standard and maternity services standard when a team of external assessors visited the Trust in January 2006.

They were looking for evidence that the Trust has effective risk management systems to ensure the safety of patients and staff.

The CNST assessors praised two specific areas at Chelsea and Westminster—our policy for discharging patients from hospital and the documentation audit tools developed in the Trust—as examples of best practice nationally.



# BETTER AND SAFER CARE

## HIGH IMPACT

Chelsea and Westminster operates within the wider framework of the NHS and so our work must complement the government's drive to encourage alternative pathways of care for all patients who use our services.

We work in partnership with GPs, Primary Care Trusts, social services, voluntary organisations and our patients to provide care in new and better ways and to deliver better value for taxpayers' money.

Frontline staff are helping to improve our patients' journeys and reform pathways of care through a project called IMPACT—Improving Services for Patients At Chelsea and Westminster Trust.

This led to significant efficiency improvements and better value for money in 2005/06:

|                                                           | Apr 2005 | Apr 2006  |
|-----------------------------------------------------------|----------|-----------|
| Average length of hospital stay for patients              | 4.5 days | 4.05 days |
| Patients admitted to hospital on the day of their surgery | 45%      | 63%       |

## IMPACT IN ACTION

Frontline staff are driving forward IMPACT initiatives to benefit patient care—here are just three examples of how our staff are improving our patients' journeys through the Trust:

## Therapists extend their services

Therapists are an integral part of the Trust's clinical team and this year they extended their services to improve care for A&E patients and patients recovering from orthopaedic surgery such as hip or knee replacements.

The Rapid Response Team in A&E, which includes occupational therapists, physiotherapists and social workers, now provides a Saturday service to prevent unnecessary admissions to hospital and promote home safety.

Occupational Therapist Carol Brimacombe, who leads the team, said: "We started piloting our Saturday service in September 2005 and it proved so successful that it's now permanent.

"The majority of patients we see are elderly and frail, many of whom have suffered falls. A large number of these people have fractures, mobility problems, are confused or all of the above.

"Our job is to ensure that patients can be discharged safely from A&E by assessing their needs in the department and by liaising with social services, GPs and district nurses.

"The team frequently visits patients at home to identify fully what puts them at risk of hospital admissions, and then address their needs."

The Trust's orthopaedic physiotherapy service has also been extended, to Sundays, so there is now physio input on the orthopaedic wards seven days a week.

Mary Jones, Clinical Specialist Physiotherapist in Orthopaedics, said: "We ran a pilot project from September to November 2005 which showed that we treated an extra 108 patients who would otherwise have had to wait for physio until after the weekend."

The Sunday service, which helps to improve patients' range of movement and mobility after their surgery, is now permanent.



The Rapid Response Team—Jo Sanday (Occupational Therapist), Anna Green (Physiotherapist), Carol Brimacombe (Occupational Therapist/Rapid Response Team leader), Sarah Dawson (Occupational Therapist) and Ireti Olanipekon (Therapy Assistant)

## A new approach to discharge planning

A new 'predicted date of discharge' scheme was piloted in December 2005, and has now been rolled out to all appropriate inpatient areas, to help ensure that patients don't have to stay longer in hospital than necessary.

This helps us to reduce the time that patients spend in hospital and plan ahead so patients are discharged when they are clinically ready to go home.

It has contributed to reducing the average length of time that patients spend in hospital from 4.5 days to 4.05 days in the last year.

Modern Matron Sharon Dooley said: "Establishing a predicted date of discharge means that patients know what is likely to happen to them during their time in hospital as soon as they arrive here.

"It helps patients' recovery to know how their care should proceed and enables them to plan their lives for when they leave hospital."

## Improving intensive care

A new approach to common therapeutic interventions in the Trust's hi-tech Intensive Care Unit (ICU) is improving care.

'Care bundles' have been established so that every patient who requires either a tracheostomy or ventilation receives a prescribed standard of care which is rooted in evidence of what is best for patients.

Elaine Manderson, Clinical Nurse Specialist in ICU, said: "The main advantages of this approach are safety, consistency and equity in care for patients."

Jane-Marie Hamill, Clinical Nurse Lead in ICU, agreed: "The 'care bundles' approach really makes us scrutinise every aspect of an intervention, like tracheostomy care for example, by auditing all its individual elements.

"We audit our performance against each of those elements on a monthly basis and submit our data to the North West London Critical Care Network, which compares figures from 13 NHS and independent sector hospitals in our area of London."

## PRE-OPERATIVE ASSESSMENT REDUCES RISKS OF SURGERY

All adult patients who are due to have surgery at Chelsea and Westminster have a pre-operative assessment to ensure they are as fit as possible at the time of their operation and to reduce any potential risks.

This service prepares patients physically and psychologically for surgery and reduces the number of patients who either fail to turn up for their operation or cancel at the last minute.

The number of patients who have a pre-operative assessment at Chelsea and Westminster has doubled in the last six years.

In 2000, 400 patients a month who were having day surgery with a general anaesthetic had an assessment. By 2006 the figure had increased to 800 patients a month, now covering all adult patients having surgery in the hospital.

This year the pre-operative assessment team has expanded to include six nurses, a support worker and an administrative co-ordinator.

## PATIENTS GIVE TREATMENT CENTRE THE THUMBS UP

Our new Treatment Centre opened in May 2005 to increase the number of short stay surgical patients, the majority of whom are day cases.

The Treatment Centre enables the Trust to treat more patients as day surgery patients, which is not only most patients' personal preference but also reduces average waiting times for patients having routine, planned operations.

A total of 6,383 patients were operated on in the Treatment Centre in the 2005/06 financial year.

It has state-of-the-art medical facilities, including its own operating theatres, and a modern environment incorporating artwork to help make patients' experience of Chelsea and Westminster as pleasant as possible.

The blue panel contains the views of four patients who took part in recent focus groups about the Treatment Centre.

## TREATMENT CENTRE FOCUS GROUP



**Elizabeth Fisher**

"I've now had two cataract operations in the Treatment Centre and I have to say it was an enjoyable experience, which might seem like a strange thing to say about coming into hospital. It was much less intimidating than going onto a ward and it was great to be able to just walk home afterwards."



**Alan Forbes**

"The Treatment Centre was fantastic and I congratulate the hospital on the service. I have never had anything wrong with me and so I was terrified when I came in for my surgery but the staff spotted my fears and they took the time and care to come and reassure me. If they hadn't been there, or if I had been on a ward, I would almost certainly have gone home because I was so worried."



**John Hebditch**

"I really liked the fact that I didn't have to stay overnight after my cataract operation and I appreciated the way that the nurses kept checking that I was okay when I was waiting before the operation. The whole experience was good, everything from having your own locker for your personal belongings to the communal waiting room which meant you didn't have to sit on your own before the operation."



**Ira Winter**

"I had a really good experience when I came into the Treatment Centre for a hernia repair—it was very quick and efficient, and the staff were also helpful and reassuring and helped me get over my nerves before the operation. The staff really made the difference because they realised that you need a lot of explanation and reassurance as a patient, and they worked as a team."

Charlene Ellis with her children Akira (7), Asia (2), and Marley (3 months) in the Early Pregnancy Assessment Unit



## CHARLENE SINGS TINA'S PRAISES

Suffering a miscarriage is every pregnant woman's worst nightmare and so, when Charlene Ellis lost her baby, she was grateful to be able to turn to Tina Hutchings for help and support.

Tina is the Specialist Sister in the hospital's Early Pregnancy Assessment Unit (EPAU) which provides expert care and treatment for women who are experiencing problems with their pregnancy.

The Unit was officially opened by world famous ballet dancer Darcey Bussell OBE in April 2005 and now provides an assessment, counselling and scanning service for 400 women a month.

Charlene, 23, said: "I can't thank Tina enough for what she did for me when I had my miscarriage in April last year and then when I was pregnant with my son Marley, who was born in March this year. I look upon Tina as my compassionate friend who has always been there for me.

"She was very caring, she explained everything she was doing and she always had time to talk to me. She offered me and

my partner a copy of the scan picture of the baby daughter who we lost, who we named Precious, after I miscarried and delivered my baby.

"Tina bathed our daughter and wrapped her in blankets, she took a photo of her and printed her footprints and gave us copies for a keepsake.

"At first I didn't want to see Precious but Tina explained that it would help me to come to terms with what had happened—and she was right."

When Charlene and her partner Marlon discovered she was pregnant again, Tina supported them throughout the pregnancy and baby Marley was born on March 26 2006.

Tina Hutchings said: "This is a very rewarding job although it can be very sad. I really get to know these families and I do everything possible to support them.

"I wouldn't be able to do this job without the help of the Unit's receptionist Georgina Merriner, who is worth her weight in gold, our ultrasonographers, and all the nursing staff on Annie Zunz Ward, where the women who I see are cared for if they need to be admitted to hospital."

Darcey Bussell, who gave birth to both her daughters at Chelsea and Westminster, said: "I am so grateful to all the wonderful staff at the hospital. They looked after us so well."

Charlene and many other women like her, who have been treated in the EPAU, would certainly agree.

## PHARMACY ROBOT REDUCES PATIENT WAITING TIMES

The pharmacy robot, which was installed in 2003, continues to improve the quality and efficiency of pharmacy services for patients.

It now holds 75% of all pharmacy stock and processes 66% of requests for medicines.

Thanks to the £500,000 robot, which was funded by the Chelsea and Westminster Health Charity, the average waiting time for outpatient prescriptions is just 36 minutes and the dispensing error rate has been reduced by 60% in just two years.

This innovative use of technology and related improvements means pharmacists can spend more time on the wards talking to patients.

As a result, our 2005 Patient Survey showed an increase in the number of patients at Chelsea and Westminster who felt better informed about their medicines when they were discharged from hospital.

## CHILDREN'S DAY CASES INCREASED

The number of children who are able to have surgery and return home on the same day, instead of spending a night in hospital, has risen rapidly in the last 12 months.

There were 117 day case operations performed in April 2005 but that figure had increased to 184 by April 2006, thanks to the expansion of the Day Case Unit on Saturn Ward which now has 10 beds.

Children being cared for in the Day Case Unit often have relatively minor surgical procedures, and therefore relatively short anaesthesia times, but previously all children had to stay for a minimum of four hours after their anaesthetic.

However, many children are ready to be discharged well before the four hours are up and so now the minimum discharge time post-anaesthetic has been reduced to two hours—as long as children meet set clinical criteria and their parents or carers are happy to take them home.

This change not only means that children and their families can go home sooner but will also improve efficiency further so that more children can have day case surgery.

## PHARMACISTS IMPROVE PATIENT CARE

Hospital pharmacists play an important role in improving patient care.

Chelsea and Westminster now uses electronic prescribing of medication for all outpatient clinics and 'take home' medication for patients being discharged from hospital.

Electronic prescribing reduces errors, improves consistency and speeds up the dispensing of drugs. It is due to be piloted and then rolled out to all inpatient wards during 2006/07.



Sara Milton, Specialist Pharmacist for Medicine

Ensuring that patients take their medication after they leave hospital is a major issue for the pharmacy department—the World Health Organisation says that adherence to long term therapy for chronic illnesses in developed countries averages only 50%.

Chelsea and Westminster provides medicines compliance aids for patients to help them adhere to their treatment after they return home from hospital.

The use of these aids is being improved through a package of measures:

- A formal assessment to assess patients' suitability for medicines compliance aids is being introduced—an assessment tool has been developed in partnership with St Mary's NHS Trust, Kensington and Chelsea PCT and Westminster PCT.
- Patients will be given a two week supply of their medication in a medicines compliance aid, instead of the current one week supply—this will allow a longer time period to get GP repeat prescriptions and to get medicines compliance aids refilled.
- A disposable medicines compliance aid, which patients helped to choose, will be used instead of the current

refillable device—this will be a more efficient use of resources.

- A copy of the patient's discharge medication list will be faxed to community pharmacists—this will help reduce errors following discharge from hospital.

## IMPROVING CARE FOR CRITICALLY ILL PATIENTS

A new system to spot patients who are at risk of becoming critically ill has been introduced at Chelsea and Westminster.

The Chelsea Early Warning Scoring System, which has been developed by Andrea Blay, Critical Care Nurse Consultant, and the Critical Care Outreach Team, was piloted on two medical wards—David Erskine and Edgar Horne—before being rolled out across the Trust.

The system helps identify patients on hospital wards who may require a higher level of care or who are at risk of deteriorating. Nurse Consultant Andrea Blay said: "By identifying patients at risk of deterioration and intervening early, the aim is to

improve outcomes for these patients, reduce admissions to the Intensive Care Unit, and speed up transfers to appropriate critical care areas to meet patients' needs."

## IT'S YOUR CHOICE

A national system that puts patients at the centre of their care, by giving them choice over where and when they are treated, is up and running at Chelsea and Westminster.

The Trust currently operates the Choose and Book Indirect Booking Service for outpatient clinic appointments which means that a GP can help a patient choose Chelsea and Westminster as the hospital where they want to be treated.

The patient is given a booking number, which enables them to phone the Trust immediately after seeing their GP to book an appointment.

The Choose and Book Direct Booking Service, which enables GPs to book outpatient clinic appointments for patients, is due to be piloted this year before Trustwide implementation.

The Critical Care Outreach Team—Lisa Wright, Sophie Brew, Dan Ford, Theresa Weldring, Julie Darroch and Richard Harvey



# MAKING PRIVACY AND DIGNITY A PRIORITY

## PRIVACY AND DIGNITY—EVERY PATIENT’S RIGHT

Improving privacy and dignity for all patients is a huge challenge for the NHS—and Chelsea and Westminster is no different from other hospitals.

Our Clinical Nurse Leads throughout the Trust have been charged with the task of auditing our performance on privacy and dignity to highlight areas of good practice and areas for improvement.

Helen Brown, Lead Nurse for Support Worker Development, and Reverend Steven Smith, Head of the Chaplaincy Service, have championed work to develop a privacy and dignity charter which sets out the key principles of privacy and dignity that staff should promote in their daily working lives.

The charter spells out the FRESH values that can help safeguard the privacy and dignity of patients and staff:

## FAIRNESS RESPECT EMPOWERMENT SHARING HONESTY

The charter was nominated for this year’s Patients Association Awards which recognise good practice and reward excellent patient care.

It is part of a much broader programme of initiatives to promote privacy and dignity at Chelsea and Westminster including:

- Privacy and dignity training sessions for staff.
- Introduction of an assessment tool so that staff can benchmark practice in their area of the hospital.
- Updated Privacy and Dignity Policy to provide staff with guidance and procedures.

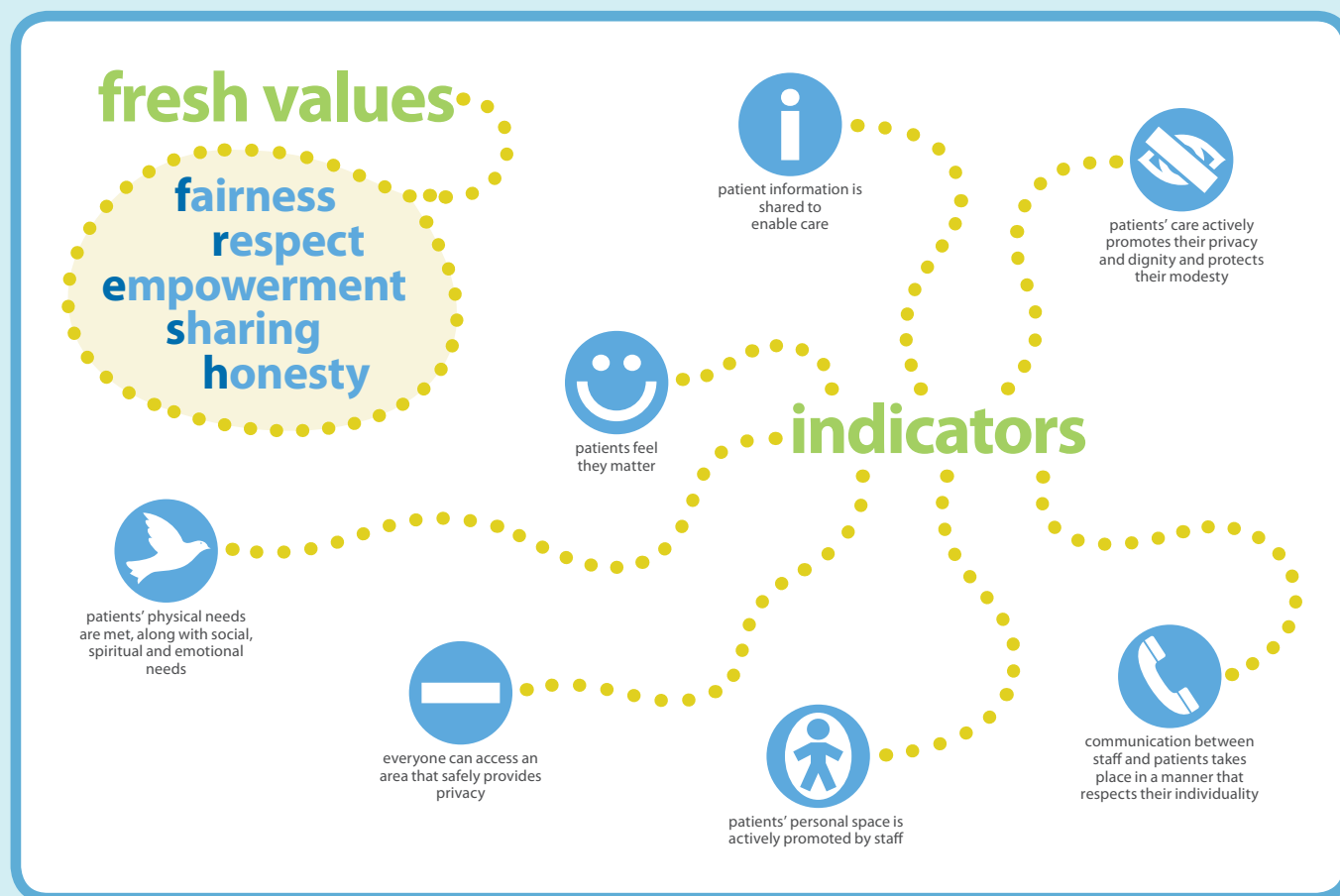
The policy includes practical examples of the kind of good practice that makes the difference when it comes to treating patients as individuals, respecting their confidentiality at all times and protecting their dignity and modesty.

Examples include the fact that staff should be introducing themselves when they first talk to a patient, clearly stating their name and role, always knocking before entering a room, and checking whether a patient wants to be referred to by their first name or surname.

## NURSE CHAMPION FOR OLDER PEOPLE

Nick Hale joined Chelsea and Westminster this year as our new Nurse Consultant for older people’s services at a time when respecting privacy and dignity has become a particularly big issue for our older patients.

His role is to work with ward and clinical teams to ensure the implementation of the key Department of Health document,



*A New Ambition for Old Age: Next Steps in Implementing the National Service Framework for Older People.*

Nick, who joined the Trust from Buckinghamshire Chilterns University where he was Principal Lecturer in the Health faculty, has a particular focus in his new role on personal care for older people including issues relating to privacy and dignity.

He says: "The main challenges of my new role here at the Trust are encapsulated by the three key areas outlined in *A New Ambition for Old Age*.

"They are dignity, the importance of providing 'joined-up' services across staff disciplines in the Trust and across organisations—including social services, primary care trusts and the voluntary sector—and healthy ageing which includes identifying the main impediments to the health of older people by promoting continence, nutrition, foot care and other factors.

"The group of patients that I am working with in particular are those frail, older patients whose care is complex because they might suffer from more than one long-term degenerative condition, for example, and experience difficulties meeting their everyday living needs."

## OVER 50s GIVE US THE THUMBS UP

The care provided by the Chelsea and Westminster makes it one of the best hospitals in England for the treatment of the over 50s—according to an independent study published by Saga Health Care in March 2006.

We were rated as one of the top 26 hospitals in the country—out of a total of 223 hospitals—which were all analysed according to four key factors that were deemed most important to people aged over 50.

Factors were quality of care, including the number of doctors and nurses and mortality ratios, patient experience, including cleanliness and infection control, and access to services, including waiting times for inpatient and outpatient treatment.

Andrew Goodsell, Chief Executive of Saga, said: "This survey provides a snapshot of how the NHS is meeting the needs of today's over 50s. It is encouraging to see the majority of

hospitals performing well, and this is a tribute to the dedication of NHS staff."

Saga's free guide to the performance of hospitals in England can be ordered online at [www.saga.co.uk/goodhospitalguide](http://www.saga.co.uk/goodhospitalguide)—it includes full details of the care provided by Chelsea and Westminster for the over 50s.

## AGE CONCERN LINKS UP WITH TRUST

The Trust aims to consolidate its outreach work with local voluntary organisations as part of its engagement and partnership strategy.

This is particularly relevant in the area of older people's services where it is important that we have strong partnerships with social services, GPs and other NHS primary care staff, and the voluntary sector.

For example, we welcomed the Hammersmith and Fulham branch of the charity Age Concern to the hospital for the first of what it is hoped will be a regular series of information sessions.

The charity already has an information stand once a month at Charing Cross and Hammersmith hospitals.

Catherine Thomas, of Age Concern Hammersmith and Fulham, said she was delighted that the Trust has demonstrated its commitment to providing high quality care for older people by appointing Nick Hale as Nurse Consultant dedicated to this area.

She said: "This is music to my ears."

This year the Trust created the new role of Engagement and Partnership Co-ordinator to drive forward its programme of work with the voluntary sector and other local partners.

Julie Cooper, who joined the Trust in this newly created role in early 2006, has undertaken an audit of our existing patient and public involvement activities.

She works with wards and departments on patient satisfaction surveys, focus groups and other activities, which enable us to involve service users and others in the life of the hospital.



Nurse Consultant Nick Hale

# IMPROVING CANCER CARE

## CANCER ACCESS TARGETS

The Trust's cancer services team worked hard during the 2005/06 financial year to achieve all three key cancer access targets:

- 2 weeks for an urgent referral to a specialist for patients with suspected cancer.
- 31 days from a decision being made to treat a patient after they are diagnosed with cancer to first treatment.
- 62 days from a cancer patient being urgently referred by their GP for treatment at Chelsea and Westminster to first treatment.

These targets are a significant challenge for the Trust and require all staff to play their part, not just the cancer services team.

The 31 and 62 day targets are particularly challenging due to the relatively small number of patients involved, because a breach in relation to one patient's care will mean the Trust does not score maximum points in this area.

## EXTERNAL ASSESSORS PRAISE OUR CANCER SERVICES

A team of assessors from the National Cancer Peer Review Programme visited the Trust in February this year to review our cancer services.

They examined the hospital's performance against national quality measures for each of the cancers that are treated at Chelsea and Westminster as well as chemotherapy, palliative care, cancer imaging and our pathology services.

These national quality measures aim to ensure that all patients with suspected or diagnosed cancer are well managed by a team of multi-disciplinary staff.

They also aim to ensure that patients and their carers are kept fully informed and supported during their treatment and that

we are working within agreed treatment and management guidelines.

Initial feedback from the assessors was largely positive although their final report, which will provide public information about the quality of our cancer services, had not yet been published as this annual report went to press.

The National Cancer Peer Review Programme assessors gave particular praise to the Trust as the first in London to successfully pass the measures related to the administration of chemotherapy through the spine—'intrathecal' chemotherapy.

In preparation for February's peer review, cancer services staff provided documentary evidence to demonstrate that they are meeting national standards, including patient surveys about their experience of cancer care at Chelsea and Westminster.

Here are just two examples of positive feedback from these surveys:

### Lung cancer patients

(survey carried out September 2005)

- 80% said they had enough time during their consultation.
- 70% understood the roles of different members of the clinical team in their care.
- 85% said they were given good written information about their treatment.

### Gynaecological cancer patients—follow-up care

(survey carried out November 2005)

- 89% felt they were seen at a frequency they were happy with.
- 83% were satisfied that their follow-up care was adequate.
- 78% received copies of clinic letters.



The Macmillan Centre has a wealth of information for patients and their families

## MACMILLAN CENTRE SUPPORTS PATIENTS AND THEIR FAMILIES

The Macmillan Centre at Chelsea and Westminster is an excellent example of how the Trust works in partnership with the voluntary sector to provide a holistic package of care for patients.

It provides information, support and counselling for patients who have either suspected or diagnosed cancer—and their families and carers who often also need support at this difficult time.

The Centre is an oasis of calm in the middle of a bustling hospital, with a whole wealth of patient leaflets and other information resources.

The Centre has one full-time member of staff but also a whole army of volunteers who provide a complementary therapy service which is free for patients, whether they are visiting the hospital for an outpatient appointment or are inpatients.

Therapies offered include massage, reflexology and aromatherapy—and they can be provided on the wards for patients who are too ill or weak to visit the Centre.

A recent survey of outpatients using the complementary therapies service demonstrates their popularity:

- 92% of patients said complementary therapies made living with cancer easier.
- 88% said these therapies improved their experience of cancer care at Chelsea and Westminster.
- More than 80% said complementary therapies helped them to relax and relieved stress.
- Almost 70% said they felt less anxious after having a complementary therapy.

The individual comments of cancer patients who took part in the survey, anonymised to protect their identities, were just as positive.

One patient said: “It is very easy to assume that your world has been wholly reduced to living with cancer. These therapies help enormously in opening my mind again—wonderful!”

Another patient said: “I can’t find any fault with the wonderful service and kindness that has been given to me over the past few months. Thank you very much.”

## WORKING IN PARTNERSHIP TO DELIVER BETTER CANCER CARE

The Trust works in cancer networks to provide integrated services for cancer patients.

Chelsea and Westminster is part of not only the West London Cancer Network, whose designated Cancer Centre is Hammersmith Hospital, but also the South West London Cancer Network, whose designated Cancer Centre is the Royal Marsden.

We provide both surgery and chemotherapy for cancer patients, although not for all types or grades of cancer, and we also provide a range of diagnostic services including CT and MRI scans, endoscopy and biopsies.

Working in cancer networks ensures that patients receive the best possible treatment in designated centres of excellence at different stages of their treatment.

An example of how the Trust works closely with its partners to provide the best possible care for cancer patients is the recent appointment of Patricia Dopheide to the new role of Macmillan Clinical Specialist Occupational Therapist in our palliative care team.

This post, which is shared jointly between Chelsea and Westminster Hospital and Kensington and Chelsea Primary Care Trust, will enable Patricia to help manage the care of palliative care patients both in hospital and in the local community.

Patricia will also work closely with the local community team from Trinity Hospice in Clapham.

## IMPROVING END OF LIFE CARE

A new care pathway has been introduced at Chelsea and Westminster for patients who are approaching the end of life.

The Liverpool Care Pathway is a care plan to guide staff through not only identifying and addressing the physical and emotional needs of patients but also supporting partners, families and friends both before and after the death of a loved one.

Nurse Edel Costello, who was seconded to the post of Liverpool Care Pathway Facilitator in October 2005 following generous funding of this post by the Friends of Chelsea and Westminster, has led the implementation of the care pathway on all 14 adult wards in the hospital.

She said: “My role has been to provide a comprehensive package of training for all staff, both clinical and non-clinical, so they are equipped with the knowledge they need to provide high quality end of life care for patients and their families.

“Although care for the dying is often associated primarily with cancer patients, in fact 60% of people die in hospital and so it is important for us to provide the best possible end of life care for all patients in the Trust.”

The Trust is taking part in a national audit of the Liverpool Care Pathway which will assess how successfully this new model of care has been implemented at Chelsea and Westminster.



Nurse Edel Costello, Liverpool Care Pathway Facilitator

# INNOVATION IN SEXUAL HEALTH SERVICES

## A REPUTATION FOR EXCELLENCE

HIV and sexual health services at Chelsea and Westminster have earned an international reputation for being at the cutting edge of treatment and research.

Our staff work closely with partners in primary care and voluntary organisations to deliver services at three main centres—the John Hunter Clinic at Chelsea and Westminster, the West London Centre for Sexual Health at Charing Cross Hospital and the Victoria Clinic in SW1—as well as community outreach venues.

We develop innovative new ways of delivering services, whether that is through providing tests in gay bars and other non-traditional care settings or utilising the latest call centre, mobile phone and internet technology to improve efficiency.

This innovation helps us not only to provide the best possible care for patients but also to keep pace with rapidly increasing rates of sexually transmitted infections and tackle a new government target that by 2008 all patients must be able to access NHS sexual health services within 48 hours.

Leading edge research into HIV, including the development of both new treatments and potentially life-saving vaccines, is led by internationally renowned clinicians.

The Trust works on research in partnership with organisations including the St Stephen's AIDS Trust and the International AIDS Vaccine Initiative which both have research laboratories in the St Stephen's Centre at Chelsea and Westminster.

## NEW TECHNOLOGY BOOSTS JOHN HUNTER CLINIC REVAMP

The redevelopment of the St Stephen's Centre at Chelsea and Westminster, allied to the use of state-of-the-art technology, is improving treatment for sexual health and HIV patients.



The Centre—which is located next to the main hospital building and is home to many of the Trust's sexual health services including the John Hunter Clinic—has been redeveloped at a cost of £900,000 to provide a better environment for patients.

Improvements in the design of the John Hunter Clinic mean that an extra 30% more patients can be treated there since it re-opened in March this year—patients now have a new waiting area, triage room and double the number of examination rooms.

The clinic is supported by the innovative use of new technology so that access to sexual health services for patients is easier and their treatment is quicker—here are three examples:

### Call centre

A new call centre has been established in the St Stephen's Centre so that there is now one phone number for patients who want to book appointments at any of the Trust's sexual health and HIV clinics—there were previously different phone numbers for different clinics.

### Text messaging

According to research published by doctors at Chelsea and Westminster this year, sending test results for sexually transmitted infections by text message instead of providing results in clinic or by phone is quicker, more efficient and cheaper.

Texting accounted for 75% of all test results by August 2005 and the number of patients receiving test results every month increased from 600 in August 2003 to 1,000 in August 2005. The cost of providing test results fell by 40% over the same time period despite the increasing number of results.

Most importantly, the research showed that the average number of days before patients received their test results was just under eight for the text messaging service compared with more than 11 for results provided in person or on the phone.

### Internet appointments

Internet technology is being developed via the Trust website so that patients who think they may need treatment in a sexual health clinic can 'triage' themselves online 24 hours a day—when the service is up and running later this year, patients will be able to find out where they should seek treatment and even book appointments via email.

## DOUBLE AWARDS SUCCESS FOR VICTORIA CLINIC

Two services run by staff from the Victoria Clinic in Vincent Square, SW1 won prestigious national awards in 2005/06.

Staff received the Best Patient/Public Campaign award in the annual Communique Awards for the SORTED campaign which encourages more gay men to get vaccinated against Hepatitis A and B.

Even though Hepatitis B is 100 times more infectious than HIV, only 50% of gay men in London have been vaccinated—the vaccination is free and it can help protect people from a potentially life-threatening disease.

The SORTED campaign has increasingly been run less in the traditional setting of sexual health clinics and more through outreach work in the gay community.

Two senior staff nurses from the Victoria Clinic, Beth Gannon and Martin Lincoln, were transformed into sexual health superheroes—‘The Vaccinators’—as part of SORTED’s eye-catching new campaign for 2006.

Hepatitis vaccinations were offered as part of a night out at the G-A-Y Bar in Soho to encourage more gay men to get vaccinated—a total of 81 gay men were vaccinated in just four nights at G-A-Y.

Dr Alan McOwan, Lead Clinician at the Victoria Clinic, said: “Our new campaign raises the profile of the importance of gay men being proactive about their health.”

The second award for Victoria Clinic staff was a Nursing Times Award won by Tony Kerley, Senior Staff Nurse for HIV, for the innovative OptionE service. This service enables HIV patients, who are stable on treatment, to have drugs delivered to their home and test results emailed to them.

He received the prestigious national award from Patricia Hewitt, Secretary of State for Health, in November 2005.

Tony said: “The OptionE service reduces the number of visits HIV patients need to make to hospital, helping them to get on with their life. If they are stable on treatment we can email them test results at home and deliver drugs to their home.

“This means they only need to see a doctor once a year and a nurse three times a year which helps to free up time to see other patients.”

## WEST LONDON CENTRE PIONEERS NEW PARTNERSHIPS

The West London Centre for Sexual Health, which is run by Chelsea and Westminster but based at Charing Cross Hospital, provides targeted clinics to encourage minority and ‘hard to reach’ groups to access sexual health services.

These services are often set up in partnership with voluntary sector and other NHS organisations as well as community groups.

For example, the WEST 6 clinic was launched in June 2005 for men who have sex with men, who are at a higher risk of contracting HIV and other sexually transmitted infections.

Ealing, Hammersmith and Hounslow Gay Men’s Project carried out a small survey of gay men which showed that 60% of those asked were more likely to attend the West London Centre if there was a designated service.

WEST 6 offers one-hour HIV testing, information, advice, testing and treatment for sexually transmitted infections, Hepatitis A and B vaccinations and free condoms.

Staff at the West London Centre have recently embarked on a new partnership with the West London HIV Prevention Group, which includes Ealing, Hounslow and Hammersmith & Fulham PCTs.

They are targeting African communities, which are statistically at a higher risk of contracting HIV, and also the least likely to access services.

The new collaboration, which is called the West London African HIV Prevention Partnership Project, builds on the Love Safely project which trains community volunteers to perform HIV outreach work.

Staff at the West London Centre felt this project was an opportunity to share specialist HIV and sexual health knowledge with their local African communities.

This ‘word of mouth’ approach is crucial in getting more people to test for HIV, which is not only beneficial for their own health, but also the health of the community at large because it reduces the risk of infection.



Beth Gannon (Senior Staff Nurse, Victoria Clinic), Andrew La'Bray (Practice Supervisor, CLASH) and Martin Lincoln (Senior Staff Nurse, Victoria Clinic) launch the new SORTED Hepatitis A and B vaccination campaign

# HIGH QUALITY RESEARCH AND TEACHING

Chelsea and Westminster is a campus of the Imperial College School of Science, Technology & Medicine and a teaching centre for Thames Valley University.

We use these teaching networks to drive a first class programme of academic research and development.

There are 15 key programmes of research and development, covering areas ranging from HIV to cancer and from bone tissue engineering to perinatal and reproductive medicine.

The Trust's research and development office recorded a total of 270 research papers published in the 2005 calendar year—129 research projects are currently underway.

## RESEARCH TACKLES THE RISK OF HEART DISEASE IN PREGNANCY

A mother with a history of heart surgery gave birth to a healthy baby boy in August 2005 after doctors at Chelsea and Westminster provided special treatment for her throughout her pregnancy.

Sharon Jebb was herself born with a blocked heart valve which required surgery but she had no idea that she would need special care until she was referred to a doctor at our neighbours just down the Fulham Road, the Royal Brompton Hospital.

She then ensured her GP informed Chelsea and Westminster where she was looked after during her antenatal care by a special congenital heart disease team.

Every time she saw the midwife, she also saw the specialist heart team who advised about a clear birthing plan to reduce stress on her heart caused by labour contractions.

Sharon discussed her experience when a new research report was published by a team of leading heart and pregnancy doctors at Chelsea and Westminster and the Royal Brompton in February 2006.



The research warned that more than 125,000 women in the UK with congenital heart disease are at significant risk of dying during pregnancy, and that the majority of adult patients with the condition are not aware of the need for continuous specialist care.

Professor Philip Steer, Professor of Obstetrics and Gynaecology at Chelsea and Westminster, said: "When these at risk women are pregnant it's essential they have specialist care, especially antenatally and in labour, and they need good aftercare too.

"If they don't get the care they deserve, sadly some women will continue to die needlessly."

## CHIEF MEDICAL OFFICER VISITS HI-TECH TRAINING CENTRE

Sir Liam Donaldson, the Chief Medical Officer for the UK, visited the Trust's Simulation Centre after junior doctors undergoing postgraduate training in the hi-tech centre gave positive feedback on the programme for Foundation Year 1 doctors.

The programme, which began in 2005, develops key competencies around procedures, investigation and clinical skills needed to recognise patients becoming critically ill as

well as a more detailed set of wider competencies—all using a simulator to replicate the challenges doctors face in real life.

More than 150 junior doctors completed the Simulation Centre course between August 2005 and January 2006—95% rated the course as either 'very good' or 'excellent' and 100% said their experience in the simulator would have a positive impact on their future work as doctors.

During his visit in June 2006, Sir Liam saw a scenario involving complications during an operation on a 'patient' which is actually a computerised mannequin that realistically exhibits the responses of a real patient and whose condition responds to correct treatment.

He met junior doctors who had been on the course and took part in a discussion about the role of medical simulation in both the training of doctors and the improvement of patient safety in the NHS.

## PROMOTING INNOVATION IN STAFF TRAINING

Chelsea and Westminster is the lead organisation for the new Training Hub for Operative Technologies in Healthcare (THOTH), created in 2005/06 with £2 million funding from the Department for Trade and Industry, NHS Institute and Imperial College.

THOTH develops high quality, innovative training methods for advanced medical technologies which will help improve patient safety and the efficiency of NHS care.

It works with NHS organisations, as well as the medical device and information technology industries, to identify training needs and facilitate knowledge sharing.

Dr Aniko Zagon, Managing Director of THOTH, said: "We are delighted to be associated with Chelsea and Westminster Hospital which, in partnership with Imperial College, is a recognised centre of excellence in technology training research and provides a stimulating environment and expert partnership for THOTH."

# CREATING A FIRST CLASS PATIENT ENVIRONMENT

Our patients' experience of Chelsea and Westminster is not just about the medical treatment they receive or the doctors, nurses and other members of the clinical team who care for them.

High quality clinical care is supported by the best possible environment for our patients to ensure that Chelsea and Westminster is a welcoming place—clean, safe and as stress-free as possible.

No one chooses to spend time in hospital but we can make the experience as pleasant as possible—working in partnership with our facilities contractors ISS Mediclean and Haden Building Management.

# KEEPING IT CLEAN



Senior Staff Nurse Vicky Cruz and Staff Nurse Christina Hoeft audit hand hygiene standards

## INFECTION CONTROL TEAM NOMINATED FOR NATIONAL AWARD

Roz Wallis, Senior Infection Control Nurse, and the Trust's infection control team were nominated for this year's Patients Association Awards after introducing a special catheter into everyday use at Chelsea and Westminster.

The silver alloy catheter helps reduce urinary tract infections which not only cause patients a lot of discomfort but also cost the NHS thousands of pounds a year.

It limits the ability of bacteria to bond to the surface of the catheter and so reduces the risk of bacteria moving into the bladder and causing an infection.

When the new catheters were introduced this year, the infection control team used this opportunity to launch a comprehensive package of training and awareness raising among staff to improve catheter care overall.

## HAND HYGIENE AWARENESS WEEK

This year's Hand Hygiene Awareness Week at Chelsea and Westminster, which raised the profile of hand hygiene and infection control among staff, patients and visitors to the hospital, was bigger and better than ever.

The week was fun as well as educational, with events ranging from seminars for frontline staff to participatory art projects and even circus performers handing out hand hygiene leaflets to hospital visitors.

There was also a seminar on MRSA and other infection control issues for patient and public members of our Foundation Trust and members of our Patient and Public Involvement Forum.

Key aims of this popular annual event were not only to help reduce MRSA rates and remind people to clean their hands when they enter or leave wards but also to reach people who might not be engaged by more traditional communication methods.

Achievements of this year's Hand Hygiene Awareness Week included:

- More than 1,000 staff attended educational seminars, presentations and other face to face events during the week.
- Four hand hygiene roadshows were held in patient areas to take the hand hygiene message directly to staff, patients and visitors.
- 3,000 hand hygiene information leaflets were distributed.
- A series of fun events were held, including everything from a pub quiz to a comedy night.



Striking a pose during Hand Hygiene Awareness Week are Betty Chan (Occupational Therapist), Kate Petts (Inpatient Therapy Lead) and Nathalie O'Connor (Occupational Therapist)

## RCN LAUNCHES ANTI-MRSA CAMPAIGN AT CHELSEA AND WESTMINSTER

Beverly Malone, General Secretary of the Royal College of Nursing, launched the piloting of the RCN's MRSA Wipe it Out campaign at Chelsea and Westminster in July 2005.

The campaign includes information leaflets, posters and booklets as part of a programme to inform staff, patients and visitors about MRSA and other healthcare associated infections and how they can help tackle them.

Beverly Malone said: "We are delighted that the Trust has signed up to our Wipe it Out campaign which promotes common sense steps to tackle MRSA.

"The campaign emphasises the part that everyone from nurses to patients and visitors can play in fighting infection, so that in partnership we can tackle this together."

Chelsea and Westminster also joined the National Patient Safety Agency's Clean Your Hands campaign in July 2005.

This campaign includes eye-catching posters to help raise awareness of hand hygiene and alcohol hand gel dispensers placed at ward entrances and next to patients' beds to make it easier for staff, patients and visitors to clean their hands.

Individual bottles of alcohol hand gel have also been provided so staff can clean their hands on the move. This makes it easier for staff to maintain a strict hand hygiene regime to reduce the risk of infection.

Heather Lawrence, Chief Executive, said: "One very important aspect of the Clean Your Hands campaign is involving patients in improving hand hygiene. We encourage patients to ask their nurse or doctor whether they have cleaned their hands."

## MRSA RATES REDUCED

We reduced the rate of MRSA infections at Chelsea and Westminster by 38% in 2005/06—there were just 29 MRSA bacteraemia during the year, compared with 47 cases in 2004/05.

This is good news for patients who may be concerned about picking up an infection when they come to hospital, and we believe a lot of the credit must go to our new network of Infection Control Link Professionals.

They are a team of 80 specially trained staff who have responsibility for promoting good infection control and helping fight the spread of infections in their area of the hospital.

They are nurses, therapists, radiographers and other healthcare professionals who act as role models for other staff and carry out monthly audits of hand hygiene.

The link professionals are an essential link between local clinical areas and the central infection control team, and they also encourage staff to take responsibility for making things happen in their area.

The first Infection Control Link Professionals took up their posts in July 2005. They all have a four-day training course to equip them with the knowledge and understanding they need to implement changes.

Roz Wallis, Senior Infection Control Nurse, said: "Our link professionals have made a real difference and I have no doubt that their hard work has contributed to the significant reduction in our MRSA rate this year."



Three-year-old Shannon Stokes with Staff Nurse Michelle Venganayi-Gudza and Senior Staff Nurse Malar Sutharshan



Some of the Trust's Infection Control Link Professionals, a team of staff from all over the hospital who are helping to fight the spread of infections

## SHANNON SAYS: CLEAN YOUR HANDS

If a three-year-old can remember to clean her hands to reduce the risk of infections being spread around the hospital, what's your excuse?

Little Shannon Stokes, a patient on Mercury Ward, is the hospital's youngest hand hygiene champion.

Malar Sutharshan, Senior Staff Nurse and the ward's Infection Control Link Professional, says that Shannon plays a vital role in stressing to hospital staff and visitors how important it is to keep your hands clean.

She explained: "Every time Shannon picks something up or touches the floor, she cleans her hands with alcohol hand gel. She sets a great example.

"Shannon helps me to demonstrate to staff how to clean their hands properly with the alcohol gel. She really helps get the message across."

Shannon is particularly vulnerable to infection because she has had a liver transplant and so Malar and other staff on Mercury Ward encourage her to maintain her strict hand hygiene routine.

# ENVIRONMENTAL ACTION

## CLEANING REACHES NEW HEIGHTS

Keeping a hospital as big as seven football pitches clean is no easy task—and Chelsea and Westminster's unique design, with its 30-metre high atrium walls and large panes of glass, makes the job even tougher.

Only our special abseiling cleaners are able to reach some of the most inaccessible parts of the hospital and ensure that every corner is kept as clean as possible.

The Trust publicised the role of the abseilers, as well as the small army of housekeeping staff employed by our cleaning contractors ISS Mediclean to help maintain high standards of cleanliness, during Think Clean Day in March 2006.

This special day included a series of events, including a display of the abseiling cleaners' skills, to raise the profile of cleaning with patients, visitors and staff, and stress how seriously the Trust takes the issue of hospital cleanliness.

## DEEP CLEAN

A comprehensive deep cleaning programme was launched at Chelsea and Westminster this year to improve the hospital environment for patients, visitors and staff.

The deep clean covered inpatient wards, outpatient departments and communal areas of the hospital.

Staff were presented with certificates of cleanliness to acknowledge the significant commitment and enthusiasm demonstrated during the deep cleaning programme, which required a lot of hard work and organisation.

Wards and departments were asked to 'dump the junk' cluttering up their areas.

They were also encouraged to display a photo of their housekeeper to help reinforce the importance of teamwork in driving up improved standards of cleanliness.

## PATIENTS HELP IMPROVE HOSPITAL ENVIRONMENT

Since the Trust was rated with a green light by external assessors from the government's national Patient Environment Action Team (PEAT), we now carry out our own annual PEAT assessment of the hospital's environmental standards.

Key areas inspected by the Trust team include the quality of hospital food, cleanliness of wards, furniture, decoration and tidiness.

The Trust has actively involved patients in its PEAT activities because we know that we can only provide the best possible environment for our patients by hearing more from them about the issues that cause them concern.

PEAT patient representatives help carry out the annual inspection and are also involved with the PEAT Plus scheme which the Trust has introduced of its own accord with new local targets and formal inspections every two months.

Liz Thomas, who is one of the PEAT patient representatives, said: "I visit the hospital regularly as a patient and I have always wanted to be involved in the hospital's affairs. I believe it is important for Chelsea and Westminster to maintain its high standard of care."

Following her experience of being involved in the PEAT project, Liz stood for election to our new Foundation Trust Members' Council in March this year and was elected to serve as a Members' Councillor.

Patients were further involved in PEAT this year when we held two focus groups with patients and staff to celebrate our success in driving up standards while at the same time identifying areas where further improvement is needed.

Projects launched as a direct result of feedback received from the patient focus groups included reviewing of the range of drinks provided for patients, exploring the availability of different food



Liz Thomas, patient representative on the Patient Environment Action Team, with Facilities Manager Philip Holmes

portion sizes on our wards and pushing for faster response times when there are building maintenance issues in the hospital.

Andrew MacCallum, Director of Nursing and Chairman of the PEAT Management Group, said: "Projects initiated following these focus groups will be monitored on a monthly basis. It is important that these projects are achievable and measurable to ensure that the feedback from patients and frontline staff is addressed."

## PATIENTS FIRST

All three of the main lift banks in the hospital building have been refurbished this year to provide a better service for patients and their visitors who need to use the lifts during their time in hospital.

One of the lifts in Lift Bank C now includes a priority call system for patients being moved around the hospital on trolleys or in chairs to ensure they are not delayed by staff or visitors using the lifts.

The new priority system aims to minimise delays in transporting patients to and from key departments such as the main

operating theatres, the Treatment Centre and the X-ray department.

Priority call keys are only held by those staff who are responsible for moving patients to and from these departments.

Notices clearly displayed in and around the lifts, as well as a specially recorded voice message in the lifts, make clear that visitors and staff must leave the lift when requested, unless they are accompanying the patient.

## CHELSEA AND WESTMINSTER GOES SMOKE FREE

The Trust implemented a complete ban on smoking anywhere in the hospital with effect from December 2005—in line with government policy that all NHS buildings should become smoke free.

As an employer of approximately 2,700 staff, the Trust has an obligation to promote a healthy working environment and, as a provider of healthcare services, it is clearly right that smoking has been stubbed out in the hospital.

We recognise that there is still an issue about people smoking near the main hospital entrance. Further work is required to address this issue which is complicated by the fact that the Trust does not own the pavement in front of the main entrance.

## NHS WATCHDOG GIVES US A CLEAN BILL OF HEALTH

The Trust scored 97% when the independent watchdog, the Healthcare Commission, carried out an unannounced inspection of cleanliness in December 2005.

Their detailed inspection was carried out in our A&E department and on David Erskine and William Gilbert wards.

Our excellent performance put Chelsea and Westminster in the top band of all hospitals inspected and in the top three of all acute hospitals inspected.

The Healthcare Commission said that hospitals scoring in this top band demonstrated high standards of cleanliness across the board.

Edward Donald, Director of Operations, said: "This performance is a tribute to Trust staff, and those staff employed by our cleaning contractors ISS Mediclean. Together we have made great strides to improve cleanliness at Chelsea and Westminster."

Just one example of an area of the hospital that presents a huge challenge to keep clean is our busy A&E department because more than 90,000 patients pass through its doors every year.

And so it is a credit to the housekeeping staff who work in A&E that they achieved a cleanliness score of 98% in April.

Claire Washbourne, Emergency Nurse Consultant, said: "A big thank you to all the housekeeping staff who have done so much to improve the appearance of the department.

"But this has to be a team effort from all staff because the cleaning staff can't do everything on their own."

This principle—that maintaining a clean and tidy environment for patients is everyone's responsibility—is true wherever staff work at Chelsea and Westminster.



A&E housekeeping staff Juliet Williamson, Hakeem Kosoko and Chris Zander with Ray Henwood, Unit Administrator, and Claire Washbourne, Emergency Nurse Consultant

# FOOD, GLORIOUS FOOD

## IMPROVING HOSPITAL FOOD

The Trust's performance in the 2005 Patient Survey, which NHS watchdog the Healthcare Commission requires all acute hospitals to complete, was worse than the national average in only one area—hospital food.

We have taken significant action this year to improve all aspects of the quality of food provided at Chelsea and Westminster for patients, visitors and staff.

## TAKING TIME OUT FOR FOOD

Protected meal times have been introduced on wards this year so that nursing staff and ward housekeepers can ensure that patients get the right food at the right time.

Protected meal times is a national NHS initiative launched in 2004 and it was also highlighted in our 1,000 Good Ideas campaign when it was suggested that ideas should be explored to support patients who need more help eating and drinking.

During lunch and supper times only emergency or essential care is provided and visitors, except for those involved in helping their relative at meal times, are restricted to ensure patients on our wards can eat their meals in peace.

The protected meal times initiative is beneficial in ensuring patients' nutritional needs are met in hospital, by encouraging ward staff to develop an 'all hands on deck' philosophy, so that food and feeding are a priority at meal times.

Protected meal times were first introduced on our medical wards and during 2005/06 the scheme was extended to surgical wards.

Staff have more time to support those patients in particular who need nutritional support. Research shows that patients who are not interrupted and who receive appropriate support during meal times are happier, more relaxed and eat more.

The bottom line is that the better nutrition a patient receives, the better his or her chances of recovering.

Another initiative to improve patients' nutrition is the 'Blue Tray' scheme.

Vulnerable patients who are unable to feed themselves or require assistance with feeding are served their food on a blue tray.

This helps nurses and healthcare assistants identify them and focus their attention on helping these patients in particular.

## ASSESSING PATIENTS' NUTRITION NEEDS

A new screening tool to assess patients' nutrition is being introduced at Chelsea and Westminster.

It enables nurses to assess the nutritional status of patients when they are admitted.

This assessment analyses the patient's appetite, weight loss and eating habits, and identifies any areas of concern, which can be flagged up with the hospital's team of dietitians.

The Malnutrition Universal Screening Tool will help the Trust comply with National Institute of Clinical Excellence guidelines on nutritional support and the Essence of Care nutrition benchmark.

Monitoring the nutritional status of patients is part of a holistic approach to all aspects of care, and the hospital's dietetic services department plays an important role in supporting nurses.

The new nutritional screening tool is being piloted on two wards, one medical and one surgical, in summer 2006 before being rolled out across the Trust in the autumn.

Nurses will be trained to use the screening tool as part of the rollout.



Maureen Andrew, Charmaine Robinson and Patricia Atkinson in the restaurant on the lower ground floor

## MUMS AND CHILDREN TASTE THE DIFFERENCE

Hospital food for children on our paediatric wards, and for nursing mothers whose children are being cared for at Chelsea and Westminster, has been improved.

The need to improve these areas was highlighted during a PEAT Plus inspection—the scheme that the Trust has introduced with new local targets and formal inspections every two months in addition to the annual PEAT assessment of all aspects of the hospital environment.

As a direct result, nursing mothers whose babies are inpatients at Chelsea and Westminster now have the option to receive

food vouchers for three meals a day that can be redeemed in the hospital restaurant.

Mums who previously only had the option of eating the same food that children receive on our wards now have a better choice of food.

In addition, leaving the ward and going to the restaurant means they are able to take time out with other parents at what is a very difficult and stressful time.

Food on our children's wards has also improved following feedback from the PEAT Plus inspection.

New children's menus have been introduced while brightly coloured plates and bowls, as well as child-friendly cutlery, make the whole experience of being in hospital as friendly as possible for our youngest patients.

## SURVEY LEADS TO NEW HEALTHY MENU

The first ever survey of food available for visitors and staff in the hospital was completed during April and May 2005 by the Trust and our catering contractor ISS Mediclean.

It was carried out to identify what visitors and staff were happy with and where improvements were needed to encourage more people to visit the restaurant on the lower ground floor and the coffee shop on the ground floor.

Suggestions for improvements from those who filled in questionnaires included the introduction of more healthy options and more salads.

As a direct result of the survey, a new healthy option menu called Taste of Health was introduced in the hospital restaurant in January this year.

Taste of Health uses stars to highlight dishes and foods that are healthy—those dishes which carry the star are low in fat, added sugar and added salt.

Helen Stracey, Dietetic Services Manager, said: "This is a clear and easy method for helping everyone to make informed choices. It provides flexibility and helps to cut through the confusion about what is healthy."



Chefs Nero Tontchev and Paul Dsane in the kitchen on Thomas Macaulay Ward

# SAFETY FIRST

## CREATING A SAFETY CULTURE

A series of measures to improve the safety and security of patients, visitors and staff were introduced at Chelsea and Westminster this year:

- The Trust Board approved a new security policy which is being implemented to make the hospital a safer place.
- Substantial investment was made in access control systems and CCTV cameras.
- A new licensing system for security staff was introduced to ensure these staff are of a high standard.
- Trust staff were given security briefings—35% of wards, clinics and departments have now had a briefing to update them on safety and security issues.
- Frontline staff were trained in conflict resolution techniques to create a pool of staff who can train their colleagues in techniques to defuse difficult situations and resolve potential conflicts.
- Red and yellow cards were issued to patients and visitors who failed to respect our zero tolerance policy to any violence, aggression or abuse against our staff.

Edward Donald, the Trust's Director of Operations, stresses that our staff must be able to get on with their job of caring for patients without the fear of being attacked—and that action will be taken against patients and visitors who flout this policy.

He said: "Our first priority has to be to try to de-escalate all potentially difficult situations. However, if this does not work, then the red and yellow card policy is there to protect our staff from verbal and physical abuse."

## NEW LICENCES FOR SECURITY STAFF

In line with a national requirement enforced by the government in March that all private security staff must have a licence to work, our ISS Mediclean security team have successfully received their Security Operation Licences after passing a compulsory test.



Security Officer Michael Dunkerton with Receptionist Sinead Jones

The licences are issued by the Security Industry Authority (SIA) as a requirement of the Private Industry Security Act 2001.

The SIA also conducts Criminal Records Bureau and police searches on anybody applying for a licence, including both frontline staff and anybody else involved in security work.

The BTEC Level 2 qualification received after security training covers topics such as conflict management, knowledge of the law, communication skills, First Aid awareness and drug awareness.

Similar legal requirements for our security staff to have a CCTV Public Space Surveillance Licence if they are operating CCTV equipment and a Vehicle Immobilisation Licence if they are clamping vehicles have also come into force and so training, tests and checks have been conducted in these areas.

Dominic Hutchings, Security Manager, said: "It's great that all 12 of our security team have their Security Operation Licence and recognised qualifications, which help to acknowledge security work as a profession."

## STAFF TRAINED IN SECURITY TECHNIQUES

A network of frontline staff across the Trust have been trained in conflict resolution techniques.

This 'train the trainer' course means that there is now a group of staff working all over the Trust who can return to their ward

or department and train other staff in these techniques, which are of practical use.

Edward Donald, Director of Operations, said: "The 'train the trainer' course will enable us to cascade best practice in reducing harassment, bullying and abuse from patients or their relatives against our staff throughout the Trust.

"The Trust acknowledges that security in the workplace is an issue across the NHS and continues to be a priority for our own staff. We have delivered security briefings in wards and departments so that staff can discuss their concerns because we know from our staff surveys that these opportunities are welcomed.

"In response to this feedback, the security team has launched a new telephone helpline service where staff can leave messages about any security matter, whether it concerns them personally or relates to a broader issue."

The 'train the trainer' course is just one example of how the Trust is responding to staff concerns about security issues.

We now undertake to complete all reviews of security-related incidents within 20 days. This includes establishing the facts of an incident, investigating it and making a decision about any further action required, which can include involving the police in bringing charges against people whose behaviour towards our staff is unacceptable.

# VALUING OUR STAFF

We rely on the enthusiasm and professionalism of all our staff to deliver high quality patient care in an excellent environment—we value their contribution and we are grateful for all their efforts in often challenging circumstances.

Developing our staff is one of the four key themes embedded in the Trust's corporate objectives. We are committed to the development of our staff to create a skilled, motivated and productive workforce which is able to meet the demands of the modern NHS.

As a Trust, we also value the benefits that our diverse workforce brings to our organisation and to patients from the ethnically and socially diverse area of London that we serve.

# HR HIGHLIGHTS

## AN EMPLOYER OF CHOICE

Chelsea and Westminster employs approximately 2,700 staff which makes us one of the biggest employers in the borough of Kensington and Chelsea.

Our goal is to be an employer of choice for all. We have a clear Equal Opportunities Policy to ensure that there is no direct or indirect discrimination and to build a workforce whose diversity reflects the community we serve, so we can deliver the best possible healthcare for this community.

The employment of people with disabilities forms an integral part of our Equal Opportunities Policy. The Trust has a Code of Practice on the Employment of Disabled People to ensure that no job applicant or employee is discriminated against because of a disability.

## IMPROVING WORKING LIVES

The Trust achieved Improving Working Lives Practice Plus status in April 2005. This national accreditation is only awarded to NHS trusts which have achieved consistently high standards in areas including equality and diversity, flexible working, and training and development.

A team of independent validators from the national Improving Working Lives programme visited the Trust in March 2005.

They said: "Many staff reported that there was a real 'can do' attitude and actions were being taken rather than just spoken about."

The validators gave particularly positive feedback on the Trust's occupational health service, found evidence of considerable improvements in the crucial area of equality and diversity, and commended significant progress in childcare support.

Even though Practice Plus status has now been achieved, the Trust's Improving Working Lives Steering Group continues to meet on a monthly basis to drive forward improvements.

## AGENDA FOR CHANGE

More than 2,000 Trust staff received Agenda for Change offer letters, including full details of their proposed salary under the new NHS pay and conditions system, by the end of the 2005/06 financial year.

This represented good progress towards transferring all Trust staff except doctors and the most senior managers to the new system. Staff also have the option to remain on their current contract instead of accepting their Agenda for Change offer.

Progress has only been possible because of the hard work of all those staff involved in the project. Its success has been due to the fact that the project has been a genuine partnership between management and staff representatives.

## LISTENING TO OUR STAFF

We are committed to keeping our staff fully informed about everything that has an impact on patient care and their working lives at Chelsea and Westminster by consulting them on key decisions and listening to what they tell us.

The Chief Executive and Executive Directors meet with staff representatives every month at the Joint Management and Trade Union Committee and a dialogue is maintained with these representatives at all times to ensure a partnership approach.

This year we involved staff again in developing an action plan to tackle the areas for improvement that were identified in our Staff Survey, part of the national survey of NHS staff co-ordinated by the independent watchdog, the Healthcare Commission.

Maxine Foster, Director of Human Resources, explained: "We celebrated the positive feedback included in the survey, including high levels of teamworking, job satisfaction and staff involvement, but we also needed to look at our main problem areas.



Nurse Edna Tungol, who won our staff communication survey prize draw, with a copy of our monthly staff magazine Trust News and her prize of store vouchers

"We decided that we could only do that by ensuring staff throughout the Trust had a real say. We held six open forums to discuss the survey results with staff and invited their comments and suggestions to help us develop the action plan.

"The final action plan has now been agreed by the Trust Board and the Improving Working Lives Steering Group, which includes staff from all over the hospital. It focuses on key issues including workload and flexible working, communication and valuing staff."

We also worked hard this year to improve communication with our staff:

- An internal communication survey was included in our monthly staff magazine Trust News—82% of staff rated the magazine as either 'excellent' or 'good'.
- The monthly Team Briefing corporate briefing document is emailed to all Trust staff, and all staff are encouraged to attend the face to face briefing with the Chief Executive. According to the internal communication survey, most staff have an opportunity to read Team Briefing or to discuss it with their line manager.
- In response to evidence from the survey that most staff prefer to receive information via a face to face meeting or briefing, a monthly question and answer session with the Chief Executive and Executive Directors is being launched.

## EUROPEAN WORKING TIME DIRECTIVE

Complying with the requirements of the European Working Time Directive, an issue in relation to the hours worked by junior doctors, represents a huge challenge for Chelsea and Westminster and all other NHS hospitals.

All staff must work no more than 48 hours a week by August 2009 and so we are taking action now to ensure we are fully compliant by that date.

We are aiming for House Officers to be compliant with the requirements by the end of this financial year, Senior House Officers by August 2007 and Specialist Registrars by August 2008.

The Trust is also assessing the additional costs likely to be incurred because of the need to comply with this European legislation. Additional or different posts may need to be funded because currently many junior doctors work more than 48 hours a week.

## EMBRACING EQUALITY AND DIVERSITY

The Trust continues to make every effort to promote a culture that celebrates all aspects of equality and diversity.

For example, a number of groups run by staff for staff have been established including a Black and Minority Ethnic (BME)

Group which is attended by staff from all areas of the Trust and all healthcare professions.

Cathy James, who chairs the BME Group and is also a UNISON rep at Chelsea and Westminster, said: "The group was set up in July 2005 and is open to all Trust staff. There was a demand from staff for this kind of forum to discuss a range of issues.

"Members of the group have visited other NHS trusts where BME groups are already in existence, to learn from their experience, and we are now finalising our plan of action.

"The setting up of the group in the Trust is a positive development because it is an acknowledgement that equality and diversity is a key area, and it gives us the opportunity to promote awareness of these issues and a place to discuss them."

Equality and diversity was also the topic of the Trust's Seasonal Working Conference, targeted specifically at nurses and midwives, in July 2005.

The emphasis was on examining attitudes and behaviours, and exploring the practical steps that can be taken to tackle prejudice and discrimination.

Guest speakers at the conference included gay rights campaigner Peter Tatchell, actor and disability rights advocate Mat Fraser, and Edie Friedman, Director of the Jewish Council on Race Equality.

Peter Tatchell said: "This conference is testimony to the Trust's commitment to fighting bigotry. I am sure it will have long term benefits."



Members of the Trust's Black and Minority Ethnic (BME) Group for staff—Abdul Sahraoui, Cathy James, Ibrahim Ahmed, Tony Clements and Galal Suliman

# CREATING A DIVERSE MATERNITY WORKFORCE

## RECRUITMENT AND RETENTION STRATEGY BUILDS MIDWIFERY TEAM

It is widely recognised that there is a national shortage of midwives which is particularly acute in London because of a number of factors, including the higher cost of living in the capital.

Chelsea and Westminster was no different—just two years ago our midwifery team had a vacancy rate of 32%.

The impact on our service for women and their families was significant. Increased usage of bank and agency midwives cost significant amounts of money and led to a lack of continuity of care for women.

We have implemented a recruitment and retention strategy including a range of initiatives not only to recruit midwives locally, nationally and internationally but also to develop our support workers in maternity to help us deliver better care.

As a result, the Trust's midwife vacancy rate has been reduced from 32% to 5% in the last two years and the use of bank and agency midwives has been reduced significantly.

## SUPPORT WORKERS HELP BOOST MATERNITY CARE

It's all change in maternity services at Chelsea and Westminster where the maternity support workers who are vital members of

our midwifery team now have greater clarity about the scope of their roles on a day-to-day basis.

A further three new roles have been developed for maternity support workers—a Discharge Co-ordinator, Nursery Nurses and support workers based in Recovery.

We were one of 50 NHS trusts that participated in a national programme launched by NHS Employers to appoint and train maternity support workers.

A report published by NHS Employers said that trained midwives were able to spend more quality time with new mothers and their babies because support workers took on duties which would traditionally have been undertaken by midwives.

The report showed that some midwives could save up to 60% of their time by handing over simple duties to maternity support workers and then using the time saved to provide more effective care.

Jayne Rogers, Hospital Midwifery Manager, said: "Five new members of staff have now joined the Trust with specific roles under the umbrella of 'maternity support workers'. I am confident that, together with our existing maternity support staff, they will make a huge difference to the care we can provide."

Marie Leek is the Discharge Co-ordinator, a single point of contact for new mums and their families to co-ordinate everything that needs to happen before they can go home with their babies.

Ellie Buckingham and Joanna Black are Nursery Nurses while Sandra Dos Fantos and Jodie Reynolds are maternity support workers based in Recovery.

Jayne Rogers added: "We have been keen to develop valued staff who are already in post as well as recruiting to the new roles. A Maternity Essence of Care course has been developed from the already established Essence of Care qualification for



Maternity support workers Lynda Maxwell, Michael Adair, Kay Boyle, Lita Reyes, Ellie Buckingham, Joanna Black, Marie Leek and Maria Adap

support workers, in partnership with Kensington and Chelsea College.

“Kay Boyle, Linsey Flores and Lita Reyes were the first three maternity support workers to undertake the new course.”

## MATERNITY SERVICE RESPONDS TO PATIENT SURVEY

The maternity service at Chelsea and Westminster took part in a major survey of patients and staff in September 2005.

All women who were more than 36 weeks pregnant, and all women who gave birth at Chelsea and Westminster in September, were invited to fill in a questionnaire with their views on the quality of care provided here.

The survey results and recommendations were fed back to the Trust's Maternity Service Liaison Committee in January 2006. A sub-group of the committee was formed to agree an action plan in response to its key findings.

Our maternity service underwent a comprehensive restructure in January 2006, which was the culmination of a series of reviews of the service during the last two years. Therefore, the main action point from the survey's key findings was to evaluate this new structure.

Following the restructure of the maternity service, a series of team building days were held to develop a maternity team philosophy.

In addition, a 'Normalising Birth' working party has been established to address concerns raised by the Maternity Service Liaison Committee about high rates of Caesarean sections and other interventions during childbirth.

The working party will aim to reduce these rates, increase use of the hospital birthing unit, increase home birth rates and improve awareness among women of natural birth options.

## THE WORLD COMES TO CHELSEA AND WESTMINSTER

Chelsea and Westminster launched an international recruitment initiative as part of a recruitment and retention strategy to reduce our midwife vacancy rate.

The diversity of the Trust's midwifery team has been strengthened by the recruitment of staff from many different countries, who bring valuable new perspectives to the care we provide for women.

We commissioned an international agency to help us recruit midwives from overseas—predominantly Finland, Sweden, Denmark and Greece—in accordance with Department of Health guidelines on ethical recruitment.

The Trust is no longer actively recruiting midwives from abroad following our success in reducing our vacancy rate, although midwives from many different countries approach us of their own accord because they want to work here.

Recruiting midwives from abroad was about more than just reducing our vacancy rate—it was important for us to integrate these new recruits into our midwifery team. All newly recruited overseas midwives received a comprehensive six-week induction programme to introduce them to the Trust and ensure a smooth transition into the midwifery team.

Team building away days explored effective communication and cultural differences while every effort has been made to celebrate diversity. For example, a special celebration lunch was held on International Midwives Day this year to give midwives a chance to meet socially and discuss their experiences.

Yan Choo, the Trust's Recruitment and Retention Midwife, said: “The training of our overseas recruits is often very different from training here in the UK. There are sometimes cultural issues and, of course, language issues for all maternity staff to adjust to.

“But the enthusiasm, energy and drive of these midwives is contagious and what may seem to be a difficulty to some has proved to be a revelation in best practice for our unit.

“Now we are no longer actively recruiting overseas, we want to concentrate on encouraging midwives recruited both abroad and in this country to stay here at Chelsea and Westminster and help us provide an excellent service to our patients.”



Yan Choo, the Trust's Recruitment and Retention Midwife, with Finnish midwife Virpi Korhanen

# DEVELOPING OUR STAFF



Pharmacy Assistant Hernani Barros-Marta and Learning Centre Adviser Rona Davis

## FROM PORTER TO PHARMACY ASSISTANT

We aim to support our staff and enable them to develop in their roles and pursue bigger and better opportunities within the Trust. Retention of staff is just as important as recruitment.

For example, Hernani Barros-Marta achieved his ambition of working as a Pharmacy Assistant at Chelsea and Westminster with the help of Rona Davis from the Trust's Learning Resource Centre.

He previously worked as a member of the hospital's team of porters who are employed by ISS Mediclean, the Trust's contractors.

Hernani, who had experience of working as a Pharmacy Assistant in Portugal, was suitably qualified to take up a similar post here but there were issues around his written and verbal communication skills.

Pharmacy assistants are vital members of the team in the pharmacy department because they help to collect drugs and deliver them to wards for use by patients.

Rona said: "The Human Resources department in the Trust suggested Hernani should come and talk to me because they thought he was a good candidate for the position of Pharmacy Assistant but they had concerns about the quality of his communication skills.

"I worked with Hernani on a variety of exercises on a weekly basis to improve his confidence and that really paid off.

"It's really positive that the HR team recognised Hernani was a good candidate, even if English was not his first language, because otherwise we would have lost a talented and enthusiastic member of staff."

## EVA MAKES THE GRADE

Eva Celaya has made the step up from Healthcare Assistant to Staff Nurse—thanks to the opportunity to complete her National Vocational Qualification (NVQ) level three qualification at Chelsea and Westminster.

She started her NVQ in 2001 when she was working as a Healthcare Assistant in the Kobler outpatients clinic and, after completing this training course, she embarked on a three-year nursing diploma.

Eva successfully completed her diploma qualification in 2005 and is now a Staff Nurse on Thomas Macaulay Ward.

Eva explained: "I was interested in becoming a qualified nurse and it was suggested to me that I do the NVQ first. It's the best

stepping stone I could have taken because it was very thorough and prepared me for the diploma course at university, which I enrolled on just one month after completing my NVQ.

"It can be very daunting starting something like this but the support I received was excellent. My advice to other staff who find themselves in a similar position is not to be afraid because there is plenty of support as long as you are willing to work hard."

Eva is just one of many staff throughout the hospital who have benefited from studying for an NVQ—32 staff received their NVQs at a special ceremony in September 2005.

## COURSE ENCOURAGES LOCAL RECRUITMENT

A course run by the Trust in partnership with Kensington and Chelsea College has provided a springboard for local people who are interested in pursuing a career in the NHS.

The Essence of Care qualification was developed by Verna Lyus of Kensington and Chelsea College, Judy Craven from the London Open College Network and Helen Brown, Lead Nurse for Support Worker Development at the hospital.

It aims to provide a firm foundation for the training and education pathway of healthcare support workers, not only those already employed by the Trust as Healthcare Assistants and in other support roles, but also people living locally who haven't worked for the NHS before.

The course includes 90 hours of learning, incorporating 30 hours of study at Kensington and Chelsea College, 30 hours of self-study and 30 hours of work experience at Chelsea and Westminster Hospital.

Helen Brown said: "The Essence of Care course provides local people who are considering working in healthcare with the knowledge, understanding and practical experience they need."

There is now a waiting list of local people wanting to enrol, while a number of those who have completed the course have secured jobs at Chelsea and Westminster.

An evaluation of the course, carried out by Mike Fenton of the London Learning Skills Council, included interviews with six local people who completed their Essence of Care qualification and now work at the Trust as Healthcare Assistants.

According to his report, they thought the course was “a good introduction for someone new to the health sector and a way of gaining work experience as an entry point into healthcare work”.

- Local people interested in the Essence of Care course should contact Helen Brown on 020 8237 5150.

## STAFF BENEFIT FROM COMPUTER SKILLS TRAINING

Training and development staff at Chelsea and Westminster have received a Grade A accreditation for their provision of training for an international IT qualification.

They earned their accreditation for being an excellent European Computer Driving Licence (ECDL) test centre—this is an internationally recognised IT qualification.

It was awarded to Chelsea and Westminster for the second year running by the British Computer Society, which carries out annual checks on all ECDL test centres.

Their assessors carried out rigorous checks on all aspects of the Trust’s provision of ECDL training. They also interviewed a sample of staff studying for their ECDL qualification before awarding the Grade A accreditation.

Currently more than 70 staff from all areas of the Trust are studying for an ECDL qualification.

Maxine Foster, the Trust’s Director of Human Resources, said: “It can be a challenge to maintain the best possible accreditation.

“I would like to congratulate our staff for maintaining such a high standard and achieving a Grade A for the second year in a row.”

## JOIN THE TEAM

Are you interested in working for Chelsea and Westminster Healthcare NHS Trust?

We are always interested in seeking new staff who are committed to participating in and building on our success—we have a range of jobs for everyone from doctors and nurses to medical secretaries and receptionists.

Staff benefits include:

- NHS Pension Scheme.
- Interest free season ticket loans for public transport.
- A subsidised play scheme during school holidays for the children of Trust staff.

- Childcare vouchers for your choice of childcare scheme.
- NHS Discounts—a national scheme offering a wide range of competitive discounts.
- Staff discounts—a local scheme for Trust staff offering a wide range of discounts in local shops, leisure centres, bars and restaurants.

For all our latest vacancies, please log onto the Trust website [www.chelwest.nhs.uk](http://www.chelwest.nhs.uk)—the ‘Working here’ section has a wealth of information about working at Chelsea and Westminster and the job opportunities available.

Jaz Mallan, the Trust’s Recruitment and Retention Manager, said: “E-recruitment allows us to reach a wider audience in our search for the best candidate to fill a post. It also reduces the time it takes to recruit and is more cost effective.”



Trust staff studying for their European Computer Driving Licence (ECDL) qualification

# CORPORATE AND CLINICAL GOVERNANCE

## OUR ORGANISATIONAL STRUCTURE

The Trust Board consists of the Chairman, Non-Executive Directors (part-time) and Executive Directors (full-time).

The Board's composition embraces diversity and its membership includes people with a range of qualifications, skills and backgrounds.

Our Members' Council was elected in March 2006 and will go live if, as we hope, we become an NHS Foundation Trust in the near future—the Chairman of the Trust Board will also chair the Members' Council.

The Members' Council comprises 10 patient members, eight public members and six staff members, all elected from the Foundation Trust membership, together with 10 representatives nominated from local organisations.

An induction for people elected to the Members' Council was held in July 2006 as an important part of our preparation for Foundation Trust status.

## INTEGRATED GOVERNANCE—A SAFE AND RISK AWARE CULTURE OF CARE

The Trust Board has put in place systems and processes to govern and manage the Trust—known collectively as our integrated governance structure—which represent an effective Board assurance framework.

This assurance framework aims to ensure that risks to the Trust are being properly managed and monitored.

The Trust has developed a committee structure, with patients at its centre, to support engagement throughout the organisation from frontline staff to senior management.

Committees providing assurance include the Audit Committee, Remuneration Committee, Clinical Governance Assurance Committee and Facilities Assurance Board.

## NON-EXECUTIVE DIRECTORS

### JUGGY PANDIT, Chairman

Juggy Pandit has been Chairman of the Trust since November 1999 and a Non-Executive Director since February 1996. He had a 30-year career in industry, working for ICI, Unilever and Thorn EMI before his retirement.

### MARILYN FRAMPTON

Marilyn Frampton has been a Non-Executive Director since November 1999. She has a legal background and has worked in education and training in the public sector as a senior manager for many years. She has also served on a number of national committees.

### ANDREW HAVERY

Councillor Andrew Havery was appointed as a Non-Executive Director in December 2003. He is a chartered accountant and worked for KPMG for eight years before becoming a compliance officer to investment banks. He has been a councillor in Westminster since 2002.

### PROFESSOR RICHARD KITNEY OBE\*

Professor Richard Kitney OBE was appointed as a Non-Executive Director in May 2006. He is Dean of the Faculty of Engineering and Professor of Biomedical Systems Engineering at Imperial College.

### KARIN NORMAN

Karin Norman was appointed as a Non-Executive Director in July 2005. She brings to the Trust a wide range of experience and expertise from her 19 years as an investment banker in London and New York. She is a member of the Audit Committee for the Parkinson's Disease Society.

### CHARLES WILSON

Charles Wilson was first appointed as a Non-Executive Director in September 2000. He was formerly Managing Director of the Mirror Group plc, publishers of the Daily Mirror and The Independent, and prior to that was a successful journalist and editor of a number of newspapers including The Times.

## EXECUTIVE DIRECTORS

### HEATHER LAWRENCE

Chief Executive

### DR MICHAEL ANDERSON

Medical Director

### LORRAINE BEWES

Director of Finance & Information

### EDWARD DONALD

Director of Operations

### MAXINE FOSTER

Director of Human Resources

### ALEX GEDDES

Director of Information, Computing & Technology

### ANDREW MACCALLUM

Director of Nursing

### CATHERINE MOONEY\*\*

Director of Governance & Corporate Affairs

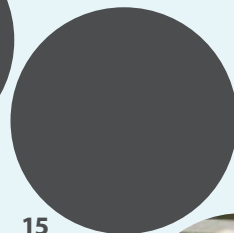
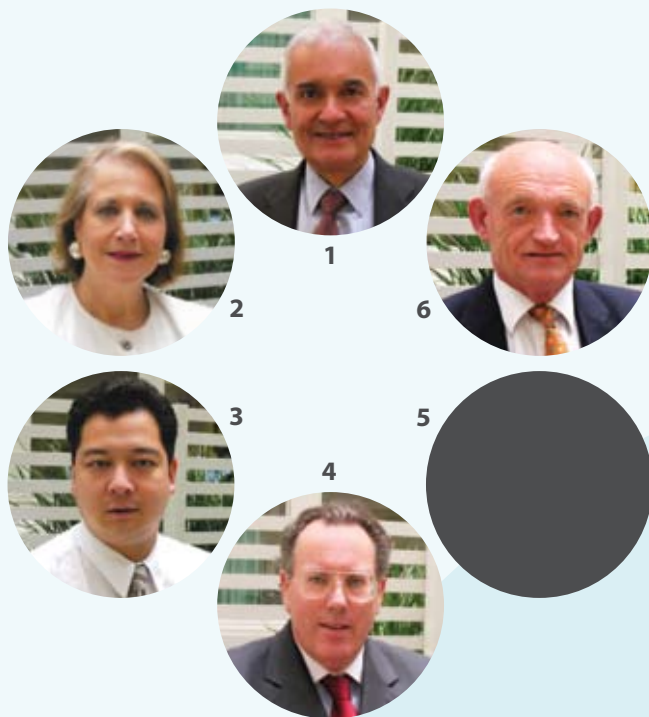
### AMANDA PRITCHARD\*\*\*

Deputy Chief Executive

\*Professor Kitney replaced Professor Ara Darzi who resigned from the Trust Board during the 2005/06 financial year.

\*\*Took up post in March 2006. Pippa Roberts was Acting Director of Governance & Corporate Affairs until July 2005. Susan Burnett was Interim Director of Governance & Corporate Affairs from July to September 2005.

\*\*\*Due to take up post in September 2006. Ms Pritchard was previously Acting Director of Strategy & Service Development before leaving the Trust at the end of December 2005.



## NON-EXECUTIVE DIRECTORS

1. **JUGGY PANDIT**  
Chairman
2. **MARILYN FRAMPTON**  
Non-Executive Director
3. **ANDREW HAVERY**  
Non-Executive Director
4. **PROFESSOR RICHARD KITNEY OBE**  
Non-Executive Director
5. **KARIN NORMAN**  
Non-Executive Director
6. **CHARLES WILSON**  
Non-Executive Director

## EXECUTIVE DIRECTORS

7. **HEATHER LAWRENCE**  
Chief Executive
8. **DR MICHAEL ANDERSON**  
Medical Director
9. **LORRAINE BEWES**  
Director of Finance & Information
10. **EDWARD DONALD**  
Director of Operations
11. **MAXINE FOSTER**  
Director of Human Resources
12. **ALEX GEDDES**  
Director of Information, Computing & Technology
13. **ANDREW MACCALLUM**  
Director of Nursing
14. **CATHERINE MOONEY**  
Director of Governance & Corporate Affairs
15. **AMANDA PRITCHARD**  
Deputy Chief Executive

# SUMMARY FINANCIAL STATEMENTS

## FOREWORD TO THE SUMMARY FINANCIAL STATEMENTS

These Summary Financial Statements are merely a summary of the information in the full accounts.

These can be obtained from the Director of Finance and Information, Finance Directorate, Chelsea and Westminster Healthcare NHS Trust, 369 Fulham Road, London SW10 9NH.

## FINANCIAL DUTIES

An NHS Trust has the following statutory financial duties laid down by the NHS Executive:

### **To break-even on its income and expenditure account taking one year with another.**

The Trust has retained a surplus of £2,204,000 for the year and a surplus of £429,000 over the last three years taking one year with another, thereby meeting its break even duty.

### **To keep within the annual Capital Resource Limit (CRL).**

This was met by the Trust with an underspend against its CRL of £12,867,000.

The underspend will be carried forward into the capital plan for 2006/07.

### **To keep within the External Financing Limit which is the limit placed on net borrowing.**

The Trust remained within its cash limit totals for the year. An undershoot of £27,000 was recorded at the end of the year which is within the allowed tolerance.

### **To achieve a 3.5% return on its relevant net assets (Capital Cost Absorption Duty).**

The trust under achieved this duty, with a 3.3% return on capital after paying dividends totalling £8,821,000.

The 3.3% is within the required tolerance level of 3%-4%.

## BETTER PAYMENT PRACTICE CODE

The Better Payment Practice Code requires the Trust to pay all valid invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later unless other payment terms have been agreed with the supplier. The Trust paid 75% of its bills within the time scale, representing 65% in terms of value. The NHS standard is to pay 90% of the number of invoices received within 30 days. The Trust has put plans in place to improve BPPC performance towards that target.

## FINANCIAL PLANS 2006/07

2006/07 is a year of potentially significant change, as the Trust is applying for Foundation Trust status for a licence from 1st August 2006. Operating as a Foundation Trust will enable the Trust to operate with greater financial freedoms and to position itself well as Practice Based Commissioning and Patient Choice develop in West London. As a Foundation Trust we will be able to retain future surpluses to reinvest in the hospital service and access to capital will be more immediate.

As part of its application process, the Trust has developed a 5 year financial plan based on its Service Development Strategy and has developed detailed forward working capital projections for the next 2 years. The Trust is planning for a £2,400,000 surplus in 2006/07 after delivering a savings plan of £11,100,000. This is a challenging but achievable target and builds on the excellent improvements in clinical efficiency driven by the Trust's IMPACT programme in 2005/06.

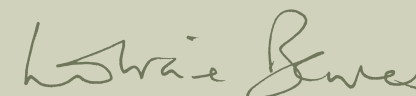
As well as achieving Foundation Trust status, the Trust's financial strategy priority is to develop an excellent activity based costing system, which will enable us to continue to operate efficiently under the Payment by Results tariff. The Trust already operates below the national average cost with a Reference Cost Index of 97 (100 = National Average).

The overall financial outlook for the Northwest London Sector continues to be challenging and our host PCT, Kensington and Chelsea PCT has published its Turnaround Plan to recover a £22,000,000 cumulative deficit. The Trust is working in partnership with the host PCT on a range of issues to develop and deliver joint plans for a variety of mutual priorities, including a return to financial balance for the sector. To this end, the Trust has planned for the impact of demand

management initiatives next year to avoid unnecessary follow up outpatient visits and introduction of community support for patients with long term conditions with the aim of improving care and avoiding hospital admission.



Heather Lawrence  
Chief Executive  
As approved by the Board on 6 July 2006



Lorraine Bewes  
Director of Finance and Information  
As approved by the Board on 6 July 2006

## STATEMENT ON INTERNAL CONTROL FOR THE YEAR ENDED 31 MARCH 2006

The statement on internal control can be found in the full accounts.

## INDEPENDENT AUDITOR'S REPORT TO THE DIRECTORS OF THE BOARD OF CHELSEA AND WESTMINSTER HEALTHCARE NHS TRUST

We have audited the financial statements of Chelsea and Westminster Healthcare NHS Trust for the year ended 31 March 2006 under the Audit Commission Act 1998.

These comprise the Income and Expenditure Account, the note to the Income and Expenditure account, the Balance Sheet, the Statement of Total Recognised Gains and Losses, Cash Flow Statement, and the related notes. These financial statements have been prepared under the accounting policies relevant to the National Health Service set out within the statements.

This report is made solely to the Board of Chelsea and Westminster Healthcare NHS Trust, as a body, in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 54 of the Statement of Responsibilities of Auditors and of Audited Bodies, prepared by the Audit Commission.

Our audit work has been undertaken so that we might state to the Board those matters we are required to state to them in an auditors' report and for no other purpose. To the fullest extent permitted by law, we do not, in giving our opinion, accept or assume responsibility to anyone other than the Trust and the Board, as a body, for this report, or for the opinions we have formed.

## RESPECTIVE RESPONSIBILITIES OF DIRECTORS AND AUDITORS

The directors' responsibilities for preparing the financial statements in accordance with directions made by the Secretary of State are set out in the Statement of Directors' Responsibilities.

Our responsibility is to audit the financial statements in accordance with relevant legal and regulatory requirements and International Standards on Auditing (UK and Ireland).

We report to you our opinion as to whether the financial statements give a true and fair view and whether the part of the Remuneration Report to be audited has been properly prepared in accordance with the accounting policies directed by the Secretary of State as being relevant to the National Health Service in England.

We review whether the directors' statement on internal control reflects compliance with the Department of Health's requirements contained in 'The Statement of Internal Control 2003/2004' issued on 15 September 2003. We report if it does not meet the requirements specified by the Department of Health or if the statement is misleading or inconsistent with other information we are aware of from our audit of the financial statements. We are not required to consider, nor have we considered, whether the directors' statement on internal control covers all risks and controls. We are also not required to form an opinion on the effectiveness of the Trust's corporate governance procedures or its risk and control procedures.

We read the other information contained within, which comprises only the Foreword and the unaudited information for the Directors' Remuneration Report and consider whether it is consistent with the audited financial statements. We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with the financial statements. Our responsibilities do not extend to any other information.

## BASIS OF AUDIT OPINION

We conducted our audit in accordance with the Audit Commission Act 1998, the Code of Audit Practice issued by the Audit Commission and International Standards on Auditing (UK and Ireland) issued by the Auditing Practices Board.

An audit includes examination, on a test basis, of evidence relevant to the amounts and disclosures in the financial statements and the part of the Remuneration Report to be audited.

It also includes an assessment of the significant estimates and judgments made by the directors in the preparation of the financial statements, and of whether the accounting policies are appropriate to the Trust's circumstances, consistently applied and adequately disclosed.

We planned and performed our audit so as to obtain all the information and explanations which we considered necessary in order to provide us with sufficient evidence to give reasonable assurance that the financial statements and the part of the Remuneration Report to be audited are free from material misstatement, whether caused by fraud or other irregularity or error.

In forming our opinion we also evaluated the overall adequacy of the presentation of information in the financial statements and the part of the Remuneration Report to be audited.

## OPINION

In our opinion:

- the financial statements give a true and fair view, in accordance with the accounting policies directed by the Secretary of State as being relevant to the National Health Service in England, of the state of the Trust's affairs as at 31 March 2006 and of its income and expenditure for the year then ended.
- the part of the Remuneration Report to be audited has been properly prepared in accordance with the accounting policies directed by the Secretary of State as being relevant to the National Health Service in England.

Deloitte & Touche LLP, St Albans  
10 July 2006

## CONCLUSION ON ARRANGEMENTS FOR SECURING ECONOMY, EFFICIENCY AND EFFECTIVENESS IN THE USE OF RESOURCES

### DIRECTORS' RESPONSIBILITIES

The directors are responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in the Trust's use of resources, to ensure proper stewardship and governance, and regularly to review the adequacy and effectiveness of these arrangements.

### AUDITOR'S RESPONSIBILITIES

We are required by the Audit Commission Act 1998 to be satisfied that proper arrangements have been made by the Trust for securing economy, efficiency and effectiveness in its use of resources. The Code of Audit Practice issued by the Audit Commission requires us to report to you our conclusion in relation to proper arrangements, having regard to the criteria for NHS bodies specified by the Audit Commission. We report if significant matters have come to our attention which prevent us from concluding that the Trust has made such proper arrangements. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

## CONCLUSION

We have undertaken our audit in accordance with the Code of Audit Practice and we are satisfied that, having regard to the criteria for NHS bodies specified by the Audit Commission and published in July 2005, in all significant respects, Chelsea and Westminster Healthcare NHS Trust made proper arrangements to secure economy, efficiency and effectiveness in its use of resources for the year ending 31 March 2006.

## CERTIFICATE

We certify that we have completed the audit of the accounts in accordance with the requirements of the Audit Commission Act 1998 and the Code of Audit Practice issued by the Audit Commission.

Deloitte & Touche LLP, St Albans  
10 July 2006

## INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31 MARCH 2006\*

|                                                           | 2005/06<br>£000 | 2004/05<br>£000 |
|-----------------------------------------------------------|-----------------|-----------------|
| Income from activities                                    | 195,999         | 177,626         |
| Other operating income                                    | 33,561          | 30,282          |
| Operating expenses                                        | (218,651)       | (199,600)       |
| <b>OPERATING SURPLUS BEFORE INTEREST</b>                  | <b>10,909</b>   | 8,308           |
| Interest receivable                                       | 248             | 227             |
| Interest payable                                          | (132)           | (132)           |
| Other finance costs—change in discount rate on provisions | 0               | 0               |
| <b>SURPLUS FOR THE FINANCIAL YEAR</b>                     | <b>11,025</b>   | 8,403           |
| Public Divident Capital dividends payable                 | (8,821)         | (8,298)         |
| <b>RETAINED SURPLUS FOR THE YEAR</b>                      | <b>2,204</b>    | 105             |

## BALANCE SHEET AS AT 31 MARCH 2006

|                                                                | 31 Mar 2006<br>£000 | 31 Mar 2005<br>£000 |
|----------------------------------------------------------------|---------------------|---------------------|
| <b>FIXED ASSETS</b>                                            |                     |                     |
| Intangible assets                                              | 0                   | 0                   |
| Tangible assets                                                | 279,918             | 269,642             |
|                                                                | 279,918             | 269,642             |
| <b>CURRENT ASSETS</b>                                          |                     |                     |
| Stocks and work in progress                                    | 5,237               | 4,147               |
| Debtors                                                        | 16,950              | 24,481              |
| Cash at bank and in hand                                       | 678                 | 620                 |
|                                                                | 22,865              | 23,619              |
| <b>CREDITORS: Amounts falling due within one year</b>          | <b>(24,449)</b>     | <b>(23,619)</b>     |
| <b>NET CURRENT ASSETS/(LIABILITIES)</b>                        | <b>(1,634)</b>      | 5,629               |
| <b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>                   | <b>278,284</b>      | 275,271             |
| <b>CREDITORS: Amounts falling due after more than one year</b> | <b>(969)</b>        | (996)               |
| <b>PROVISIONS FOR LIABILITIES AND CHARGES</b>                  | <b>(4,554)</b>      | (2,518)             |
| <b>TOTAL ASSETS EMPLOYED</b>                                   | <b>272,761</b>      | 271,757             |
| <b>FINANCED BY:</b>                                            |                     |                     |
| <b>TAXPAYERS' EQUITY</b>                                       |                     |                     |
| Public dividend capital                                        | 168,981             | 177,764             |
| Revaluation reserve                                            | 97,085              | 90,811              |
| Donated asset reserve                                          | 7,194               | 5,885               |
| Income and expenditure reserve                                 | (499)               | (2,703)             |
| <b>TOTAL TAXPAYERS' EQUITY</b>                                 | <b>272,761</b>      | 271,757             |

## STATEMENT OF TOTAL RECOGNISED GAINS AND LOSSES FOR THE YEAR ENDED 31 MARCH 2006

|                                                                                                                            | 2005/06<br>£000 | 2004/05<br>£000 |
|----------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|
| Surplus for the financial year before dividend payments                                                                    | 11,025          | 8,403           |
| Unrealised surplus on fixed asset revaluations/indexation                                                                  | 6,330           | 31,883          |
| Increases in the donated asset and government grant reserve due to receipt of donated and government grant financed assets | 1,408           | 489             |
| <b>TOTAL GAINS AND LOSSES RECOGNISED IN THE FINANCIAL YEAR</b>                                                             | <b>18,763</b>   | 40,775          |

## CASH FLOW STATEMENT FOR THE YEAR ENDED 31 MARCH 2006

|                                                                               | 31 Mar 2006<br>£000 | 31 Mar 2005<br>£000 |
|-------------------------------------------------------------------------------|---------------------|---------------------|
| <b>OPERATING ACTIVITIES</b>                                                   |                     |                     |
| Net cash inflow from operating activities                                     | 27,581              | 9,985               |
| <b>RETURNS ON INVESTMENTS AND SERVICING OF FINANCE</b>                        |                     |                     |
| Interest received                                                             | 248                 | 227                 |
| Interest element of finance leases                                            | (132)               | (132)               |
| Net cash inflow from returns on investments and servicing of finance          | 116                 | 95                  |
| <b>CAPITAL EXPENDITURE</b>                                                    |                     |                     |
| Payments to acquire tangible fixed assets                                     | (9,339)             | (9,778)             |
| Net cash outflow from capital expenditure                                     | (9,339)             | (9,778)             |
| <b>DIVIDENDS PAID</b>                                                         | <b>(8,821)</b>      | (8,298)             |
| Net cash inflow/(outflow) before management of liquid resources and financing | 8,883               | (7,996)             |
| <b>FINANCING</b>                                                              |                     |                     |
| Public dividend capital received                                              | 0                   | 8,500               |
| Public dividend capital repaid (not previously accrued)                       | (8,783)             | 0                   |
| Public dividend capital repaid (accrued in prior period)                      | 0                   | 0                   |
| Capital element of finance lease rental payments                              | (42)                | (42)                |
| Net cash inflow/(outflow) from financing                                      | (8,825)             | 8,458               |
| <b>INCREASE IN CASH</b>                                                       | <b>58</b>           | 462                 |

*Heather Lawrence*

Heather Lawrence  
Chief Executive  
As approved by the Board on 6 July 2006

## MANAGEMENT COSTS

|                            | 2005/06<br>£000 | 2004/05<br>£000 |
|----------------------------|-----------------|-----------------|
| Management costs           | 10,560          | 9,437           |
| Income                     | 229,560         | 207,908         |
| % Management costs: income | 4.6%            | 4.5%            |

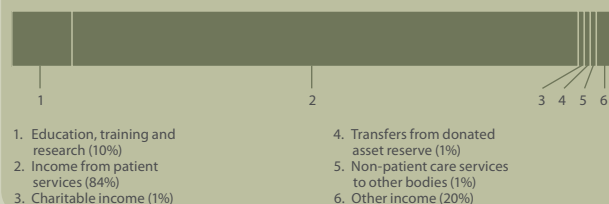
## BETTER PAYMENT PRACTICE CODE— MEASURE OF COMPLIANCE

|                                        | 2005/06<br>number | 2004/05<br>number |
|----------------------------------------|-------------------|-------------------|
| Total bills paid in the year           | 53,201            | 45,268            |
| Total bills paid within target         | 39,740            | 32,684            |
| Percentage of bills paid within target | 75%               | 72%               |

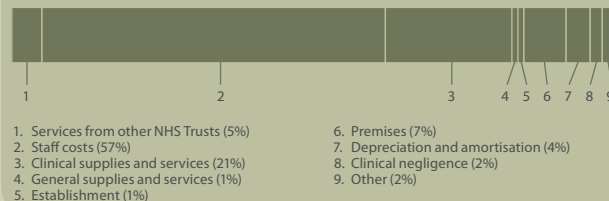
## AUDIT FEES

|                | 2005/06<br>£000 | 2004/05<br>£000 |
|----------------|-----------------|-----------------|
| Audit Services | 171             | 169             |

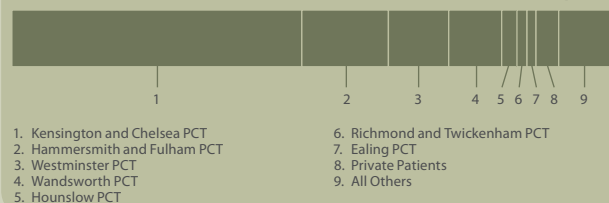
### \*SOURCES OF INCOME 2005/06



### \*OPERATING EXPENDITURE 2005/06



### \*INCOME BY PURCHASER OF HEALTHCARE 2005/06



## SALARY AND PENSION ENTITLEMENTS OF SENIOR MANAGERS

|                                                                                   | Salary<br>(bands of<br>£5,000) | Cash<br>Equivalent<br>Transfer Value<br>at 31 Mar 2006 | Real increase<br>in pension<br>and related<br>lump sum at<br>age 60<br>(bands of<br>£2,500) | Total accrued<br>pension and<br>related lump<br>sum at age 60<br>at 31 Mar 2006<br>(bands of<br>£5,000) | 2005/06<br>£000<br><br>Real<br>increase<br>in pension<br>at age 60<br>(bands of<br>£2,500) | 2004/05<br>£000<br><br>Salary<br>(bands of<br>£5,000) | Cash<br>Equivalent<br>Transfer Value<br>at 31 Mar 2005 |
|-----------------------------------------------------------------------------------|--------------------------------|--------------------------------------------------------|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------|
| Juggy Pandit, Chairman                                                            | 20-25                          | -                                                      | -                                                                                           | -                                                                                                       | -                                                                                          | 20-25                                                 | -                                                      |
| Heather Lawrence, Chief Executive                                                 | 145-150                        | 858                                                    | 24-26.5                                                                                     | 142.5-145                                                                                               | 8-10.5                                                                                     | 125-130                                               | 688                                                    |
| Mike Anderson, Medical Director                                                   | 120-125                        | 647                                                    | 122-124.5                                                                                   | 122.124.5                                                                                               | 40-42.5                                                                                    | 120-125                                               | 722                                                    |
| Lorraine Bewes, Director of<br>Finance & Information                              | 95-100                         | 247                                                    | 6-8.5                                                                                       | 52-54.5                                                                                                 | 0-2.5                                                                                      | 90-95                                                 | 208                                                    |
| Edward Donald, Director of Operations                                             | 85-90                          | 222                                                    | 2-4.5                                                                                       | 57-59.5                                                                                                 | 0-2.5                                                                                      | 80-85                                                 | 199                                                    |
| Maxine Foster, Director of HR (f)                                                 | 65-70                          | 279                                                    | 65-67.5                                                                                     | 65-67.5                                                                                                 | 20-22.5                                                                                    | 35-40                                                 | 232                                                    |
| Claire McGurk, Director of HR (c)                                                 | 0                              | 0                                                      | 0                                                                                           | 0                                                                                                       | 0                                                                                          | 40-45                                                 | 88                                                     |
| Alex Geddes, Director of ICT                                                      | 80-85                          | 0                                                      | 2-4.5                                                                                       | 7-9.5                                                                                                   | 0-2.5                                                                                      | 80-85                                                 | 0                                                      |
| Elliott Howard-Jones, Interim Director of<br>Strategy and Service Development (e) | 0-15                           | -                                                      | -                                                                                           | -                                                                                                       | -                                                                                          | 0                                                     | -                                                      |
| Amanda Pritchard, Acting Director of<br>Strategy and Service Development (d)      | 55-60                          | 61                                                     | 6-8.5                                                                                       | 20-22.5                                                                                                 | 0-2.5                                                                                      | 15-20                                                 | 43                                                     |
| Andrew MacCallum, Director of<br>Nursing & Patient Services                       | 80-85                          | 285                                                    | 6-8.5                                                                                       | 67.5-80                                                                                                 | 0-2.5                                                                                      | 75-80                                                 | 248                                                    |
| Catherine Mooney, Director of<br>Governance & Corp Affairs (g)                    | 0-5                            | 259                                                    | 5-7.5                                                                                       | 55-57.5                                                                                                 | 0-2.5                                                                                      | 0                                                     | 229                                                    |
| Susan Burnett, Interim Director of<br>Governance & Corp Affairs (b)               | 20-25                          | -                                                      | -                                                                                           | -                                                                                                       | -                                                                                          | 0                                                     | -                                                      |
| Pippa Roberts, Acting Director of<br>Governance & Corp Affairs (a)                | 30-35                          | 110                                                    | 10-12.5                                                                                     | 32-34.5                                                                                                 | 2.5-5                                                                                      | 30-35                                                 | 72                                                     |
| Prof Sir Ara Darzi,<br>Non-Executive Director (h)                                 | 0-5                            | -                                                      | -                                                                                           | -                                                                                                       | -                                                                                          | 5-10                                                  | -                                                      |
| Marilyn Frampton,<br>Non-Executive Director                                       | 5-10                           | -                                                      | -                                                                                           | -                                                                                                       | -                                                                                          | 5-10                                                  | -                                                      |
| Andrew Havery,<br>Non-Executive Director                                          | 5-10                           | -                                                      | -                                                                                           | -                                                                                                       | -                                                                                          | 5-10                                                  | -                                                      |
| Jenny Hill,<br>Non-Executive Director                                             | 0-5                            | -                                                      | -                                                                                           | -                                                                                                       | -                                                                                          | 5-10                                                  | -                                                      |
| Karin Norman,<br>Non Executive Director                                           | 0-5                            | -                                                      | -                                                                                           | -                                                                                                       | -                                                                                          | 0                                                     | -                                                      |
| Charles Wilson,<br>Non-Executive Director                                         | 5-10                           | -                                                      | -                                                                                           | -                                                                                                       | -                                                                                          | 5-10                                                  | -                                                      |

### Notes

- a) Pippa Roberts started 1 Oct 2004 and left 31 Jul 2005  
b) Susan Burnett started 1 Jul 2005 and left 30 Sep 2005 (Secondment from NPSA)  
c) Claire McGurk started 1 May 2004 and left 22 Oct 2004  
d) Amanda Pritchard started 4 Jan 2005 and left 31 Dec 2005

- e) Elliott Howard-Jones started 17 Jan 2006  
f) Maxine Foster started 1 Nov 2004  
g) Catherine Mooney started 15 Mar 2006  
h) Prof Sir Ara Darzi left 1 May 2006

# OUR SERVICES

## ANAESTHETICS & IMAGING

- Acute & Chronic Pain Management Service
- Angiography
- CT Scans
- DEXA Scanning (Bone Density)
- Intensive Care Unit (ICU)
- MRI
- Operating Theatres
- Phlebotomy Service
- Plain Film Radiography
- Radionuclide Imaging Studies
- Resuscitation Service
- Sterile Supplies Unit
- Treatment Centre
- Ultrasound

## HIV/GUM

- HIV Day Care
- John Hunter Clinic
- Kobler Clinic
- Sexual Health Services
- Thomas Macaulay Ward
- Victoria Clinic
- West London Centre for Sexual Health (WLCSH)

## MEDICINE & EMERGENCY CARE

- Cardiology
- Dermatology
- Diabetes
- Elderly Medicine
- Emergency Care
- Gastroenterology
- General Medicine
- Haematology
- Immunology
- Metabolic Medicine
- Neurology
- Oncology
- Palliative Care
- Renal
- Respiratory
- Rheumatology
- Stroke Team

## SURGERY

- Burns
- Craniofacial Unit
- General Surgery
- Hand Management Unit
- Ophthalmology
- Orthopaedics
- Plastic Surgery
- Trauma
- Urology

Panoramic view from the roof at the rear of the hospital facing southeast



## WOMEN & CHILDREN'S

- Assisted Conception Unit (ACU)
- Early Pregnancy Assessment Unit (EPAU)
- Gynaecology
- Neonatal Services
- Obstetrics
- Paediatric A&E
- Paediatrics

## OTHER SERVICES

- Cancer Services
- Nutrition & Dietetics
- Pharmacy
- Therapies

Visit our website at [www.chelwest.nhs.uk](http://www.chelwest.nhs.uk) for full details of our services. See [www.nhs.uk](http://www.nhs.uk) for information about waiting times for all clinical specialties at Chelsea and Westminster Hospital.

## CREDITS

This annual report has been produced in-house by Chelsea and Westminster Healthcare NHS Trust. For more copies, please ring the Communications Department on 020 8846 6828 or ask at the PALS office on the ground floor of the hospital.

## CONTENT AND ARTICLES

Matt Akid

## DESIGN AND LAYOUT

George Vasilopoulos

## PHOTOGRAPHY

George Vasilopoulos  
Jeanette Albert  
Macmillan Cancer Support

## PROOFING

Jeanette Albert  
Nicola Hunt  
Victoria Prewer

© 2006 Chelsea and Westminster Healthcare NHS Trust.  
All rights reserved. Printed in the United Kingdom.



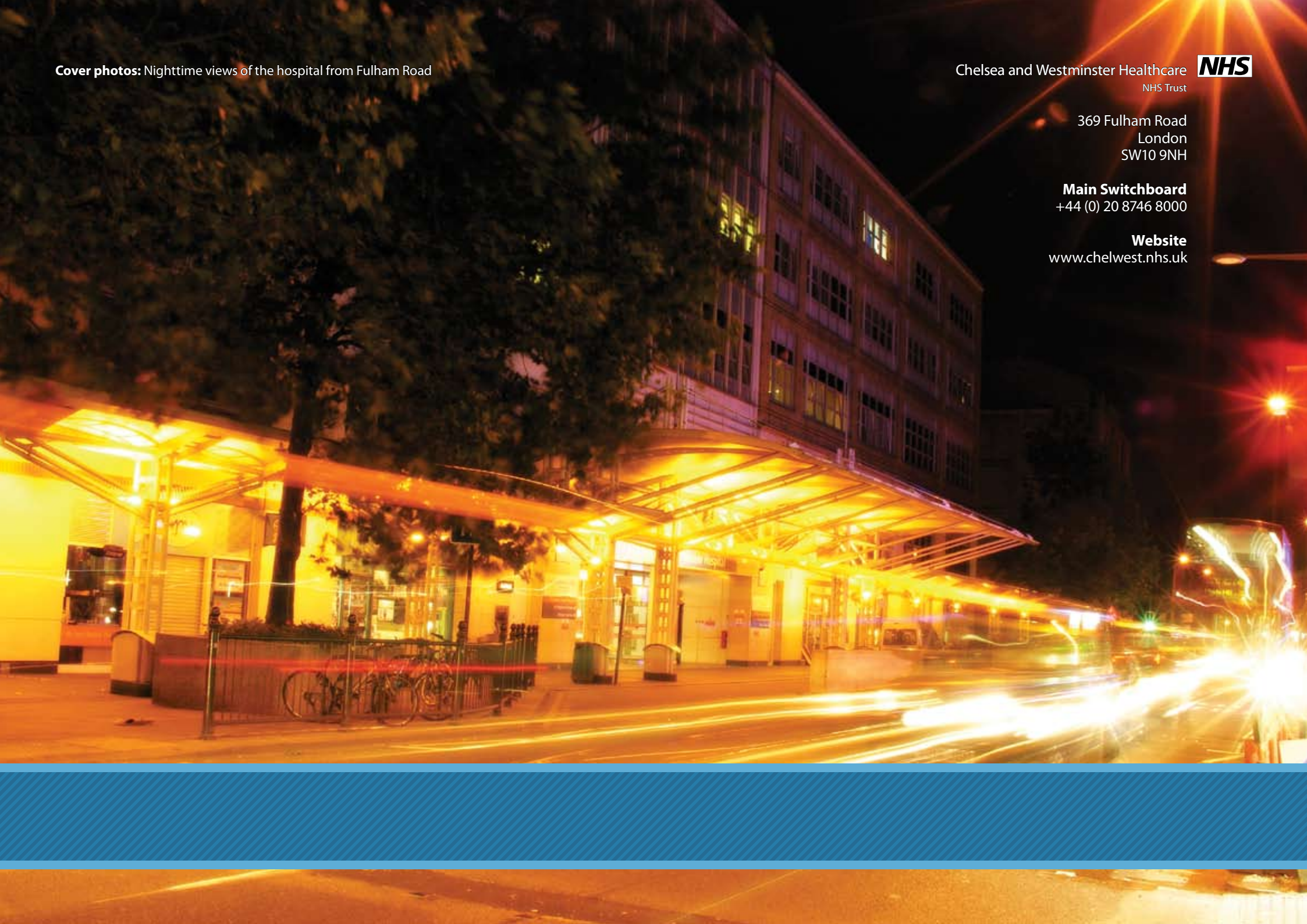
**Cover photos:** Nighttime views of the hospital from Fulham Road

Chelsea and Westminster Healthcare **NHS**  
NHS Trust

369 Fulham Road  
London  
SW10 9NH

**Main Switchboard**  
+44 (0) 20 8746 8000

**Website**  
[www.chelwest.nhs.uk](http://www.chelwest.nhs.uk)



## Trust Board Meeting, 3<sup>rd</sup> August 2006

|                            |                                                                                                                                                                                                                                                                                                                                                         |
|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>AGENDA<br/>ITEM NO.</b> | 5.1.1/Aug/06                                                                                                                                                                                                                                                                                                                                            |
| <b>PAPER</b>               | Complaint Annual Report                                                                                                                                                                                                                                                                                                                                 |
| <b>AUTHOR</b>              | Amanda Harrington, Patient Affairs Manager<br>Contact Number: 020 8846 7867                                                                                                                                                                                                                                                                             |
| <b>LEAD<br/>EXECUTIVE</b>  | Sharon Terry, Assistant Director of Nursing (for Andrew MacCallum)<br>Contact Number: 020 8846 6721                                                                                                                                                                                                                                                     |
| <b>SUMMARY</b>             | <p>The report provides an overview of trends identified through the complaint process, how the Trust responded to the complaints and what action the Trust has taken in response to complaints during the year.</p> <p>The report also gives complaints referred to both the Healthcare Commission and the Health Service Commissioner (Ombudsman).</p> |
| <b>ACTION</b>              | The Board is asked to note this report.                                                                                                                                                                                                                                                                                                                 |

## Annual Complaint Report 2005/2006

**Author:** Amanda Harrington  
Patient Affairs Manager  
**Date:** June 2006

## INDEX

|                                                                         |         |
|-------------------------------------------------------------------------|---------|
| 1.0 Introduction                                                        | Page 3  |
| 2.0 Complaint Guidance                                                  | Page 3  |
| 3.0 The Patient Affairs Team                                            | Page 3  |
| 4.0 Benchmarking Complaint Performance                                  | Page 4  |
| 5.0 Number of Complaints received by the Trust                          | Page 4  |
| 6.0 Complaint Figures 2005/2006                                         | Page 5  |
| 7.0 Directorate Performance                                             | Page 6  |
| 8.0 Complaints by Subjects                                              | Page 7  |
| 8.1 Benchmarking the Top Three Complaint Subjects                       | Page 8  |
| 8.2 Aspects of Clinical Care or Treatment                               | Page 8  |
| 8.3 Attitude/Behaviour of Staff                                         | Page 9  |
| 8.4 Appointment System                                                  | Page 11 |
| 9.0 Actions Taken in Response to Formal Complaints                      | Page 11 |
| 9.1 Communication                                                       | Page 11 |
| 9.2 Clinical                                                            | Page 11 |
| 9.3 Access to Services                                                  | Page 12 |
| 9.4 Facilities                                                          | Page 12 |
| 9.4.1 Cleaning Issues                                                   | Page 13 |
| 10.0 Reopened Complaints 2005/2006                                      | Page 13 |
| 11.0 Healthcare Commission - Independent Reviews                        | Page 13 |
| 12.0 Health Service Commissioner                                        | Page 13 |
| 13.0 Risk Grading of Complaints                                         | Page 14 |
| 14.0 Complaints, Litigation and Risk                                    | Page 14 |
| 15.0 Staff Training                                                     | Page 14 |
| 16.0 Demographics                                                       | Page 15 |
| Appendix 1 – Patient Affairs Team Structure                             |         |
| Appendix 2 - HIV/GUM Complaints                                         |         |
| Appendix 3 - Medicine Directorate Complaints                            |         |
| Appendix 4 - Anaesthetics and Imaging Directorate Complaints            |         |
| Appendix 5 - Surgical Directorate Complaints                            |         |
| Appendix 6 - Women and Children's Directorate Complaints                |         |
| Appendix 7 - Housekeeping/Estates Complaints                            |         |
| Appendix 8 - Pathology, Medical Records and Therapy Services Complaints |         |

## **1.0 Introduction**

The aim of this report is to provide an overview of trends identified through the complaint process, how the Trust responded to the complaints and what action the Trust has taken in response to complaints during the year 1<sup>st</sup> April 2005 to 31<sup>st</sup> March 2006.

The report will: -

- Report on the number of complaints received in 2005/2006 and identify any trends.
- Identify actions that have been taken in response to these trends.
- Report on requests to the Healthcare Commission for independent review and the outcome of these requests.
- Report on complaints that have been referred to the Parliamentary and Health Service Commissioner (Ombudsman).

## **2.0 Complaint Guidance**

In line with national guidance the Trust has a policy of emphasising the value of early local resolution of concerns raised by users of our services. Raising staff awareness about the need to handle complaints sensitively and appropriately at the earliest possible stage (local resolution) has continued to be the main focus of staff complaint training.

We aim to convey the importance of recognising and dealing with a patient or relative's dissatisfaction before it becomes a formal complaint. Staff are encouraged to do this by acknowledging the problem, apologising and where possible resolving the issue or providing an explanation.

If the member of staff is unable to address the issues raised he/she is encouraged to arrange for a more senior member of staff to speak to the complainant.

## **3.0 Patient Affairs Team**

The complaints team is part of the Patient Affairs Department (**for team structure see Appendix 1**) and is placed within the Nursing Directorate. The Director of Nursing meets each week with the Patient Affairs Manager to review current complaints and action being taken in response to complaints.

Complaints are a valuable source of information about where the Trust can improve its services. The complaints team aim to ensure all complaints are investigated to a consistent standard and to provide complainants with an open, honest, full and timely response to their concerns. The response will include relevant apologies and details about actions taken to ensure the service is improved.

The complaints team is managed by the Patient Affairs Manager, who is the designated Complaints Manager and reports to the Director of Nursing. There are two Patient Advisers and a Complaint Administrator working within the complaints team. The Patient Advisers work with specific directorates, to improve communication between the directorates and the complaints team.

The General Managers are responsible for ensuring the quality of complaint investigations within their directorate and providing the directorate response to the complaint team. The investigation and response is then reviewed by the relevant Patient Adviser to confirm that an adequate investigation has been undertaken and that the response is written in appropriate language and addresses all the issues.

The final version of the response is reviewed by the Patient Affairs Manager, prior to being provided to the Chief Executive with all the relevant paperwork.

The Patient Advisers maintain regular contact with complainants, both written and verbal, to ensure the complainant is kept informed about the progress of their complaint. They meet with complainants to provide them with advice and support relating to the complaint process and to advise them of the options available at each stage.

All complainants are given contact details and information for the Independent Complaints Advocacy Service (ICAS), who provide independent support to complainants who wish to access their service.

The complaints team are responsible for the administration and reporting of complaints. They provide advice, support and training for staff relating to complaint management.

The department maintains a database of all formal complaints and reports on complaint trends each quarter through the quarterly Clinical Governance Reports and in a Complaints report to the Trust Board.

#### **4.0 Benchmarking Complaint Performance**

The most recently published national data<sup>1</sup> with which to compare the Trust performance is for the year 2004/2005.

The national average figure for responding to complaints within the performance standard of twenty working days in 2004/2005 was 74.7%. This compares with the Chelsea & Westminster Healthcare NHS Trust figures of 86% of complaints responded to within twenty working days in the same year and 90% in the year 2005/2006.

The following table compares the performance of this hospital with other hospitals in the North West London Strategic Health Authority<sup>2</sup>.

| <b>Hospital</b>                                                  | <b>No of Complaints 2004/2005</b> | <b>Percentage of Complaint Responded to within 20 Working Days 2004/2005</b> |
|------------------------------------------------------------------|-----------------------------------|------------------------------------------------------------------------------|
| Chelsea & Westminster Healthcare NHS Trust                       | 458                               | 86%                                                                          |
| Hammersmith Hospital NHS Trust                                   | 632                               | 85%                                                                          |
| West Middlesex University NHS Trust                              | 332                               | 81%                                                                          |
| Hillingdon Hospital NHS Trust                                    | 317                               | 80%                                                                          |
| St Mary's Hospital NHS Trust                                     | 761                               | 76%                                                                          |
| Ealing Hospital NHS Trust                                        | 284                               | 74%                                                                          |
| Brent, Kensington, Chelsea & Westminster Mental Health NHS Trust | 158                               | 72%                                                                          |
| North West London Hospitals NHS Trust                            | 900                               | 56.6%                                                                        |

#### **5.0 Number of Complaints Received by the Trust**

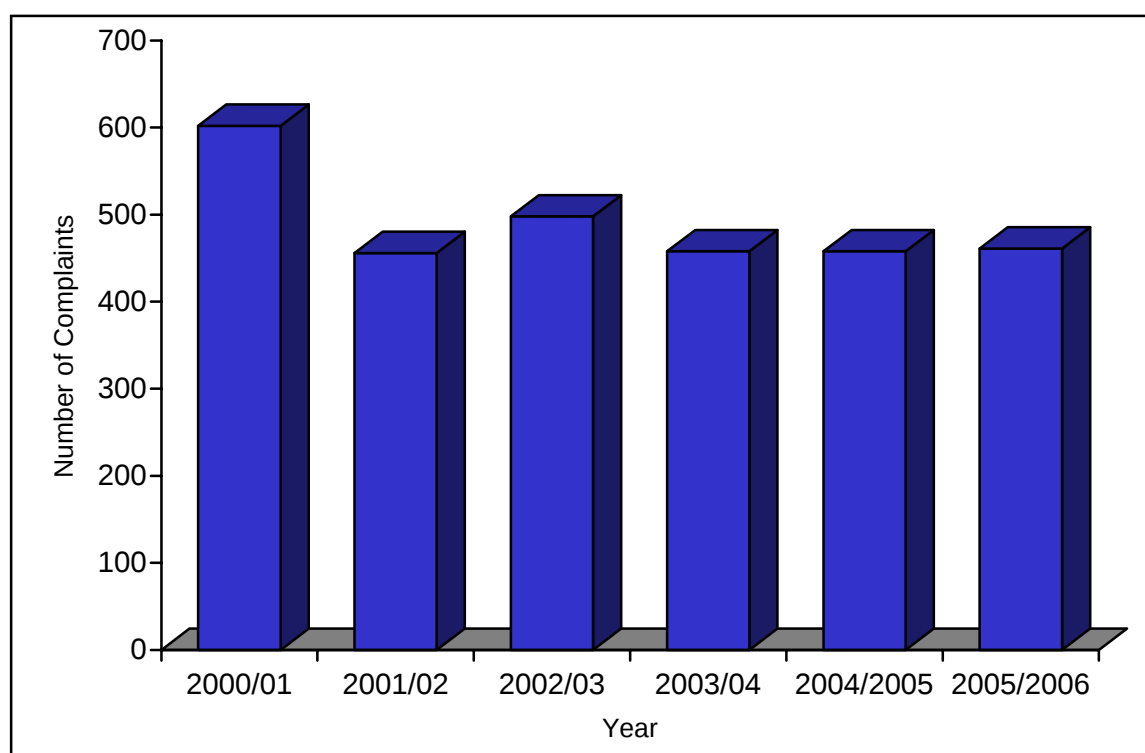
The total number of formal complaints received during the period 1<sup>st</sup> April 2005 and 31<sup>st</sup> March 2006 was 461. The graph below highlights the numbers of complaints received by the Trust over a six year period. There was a downward trend of 8% between the year 2002/2003 and the year 2003/2004. This downward trend was likely to have been the result of establishing the Patient Advice and Liaison Service, in April 2002. The PALS service seeks to resolve issues before they become formal complaints. However, over the last three years the number of complaints has remained almost static, with a small rise of three complaints between 2003/2004 and this year.

---

<sup>1</sup> Source: NHS Health and Social Care Information Centre dataset K041a

<sup>2</sup> Source: NHS Health and Social Care Information Centre dataset K041a

**Graph 1**  
**Complaints Received between 2000 and 2006**



#### **6.0 Complaint Figures 2005/2006**

Graph 2, based on the data in the table below represents the number of complaints received by the Trust in each quarter of the year, 1<sup>st</sup> April 2005 to 31<sup>st</sup> March 2006. The red line represents the percentage of complaints for which the Trust provided a full response within 20 working days in each quarter.

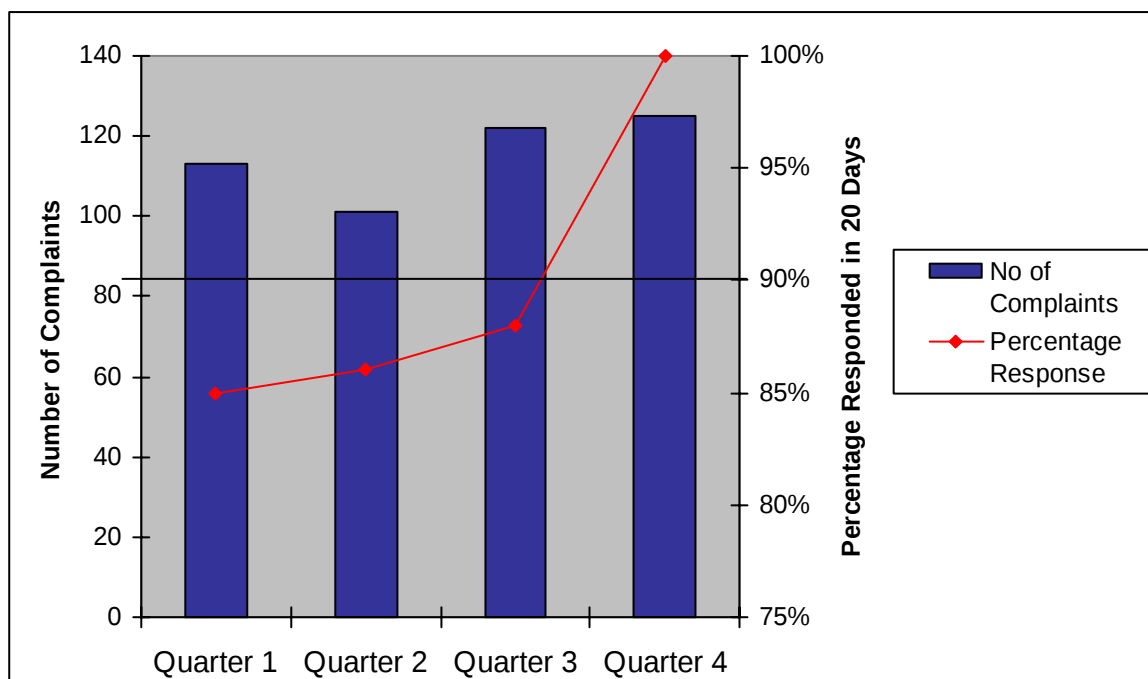
The black line indicates the standard of 90%, which we aim to respond to within the 20 working day period. This is in line with the target thresholds published by the Healthcare Commission. To achieve performance standard within the top band (Band 5) this is the figure the Trust needed to achieve.

Of the 461 formal complaints received by the Trust between 1 April 2005 and 31 March 2006, 90% were responded to within the required 20 working days.

**Table 1**  
**Number of Complaints Received Each Quarter and Response Figures.**

|                                            | <b>Total No Complaints</b> | <b>Percentage Responded to within 20 working days</b> |
|--------------------------------------------|----------------------------|-------------------------------------------------------|
| <b>Quarter 1<br/>(1/04/05– 30/06/06)</b>   | 113                        | 85%                                                   |
| <b>Quarter 2<br/>(01/07/05–30/09/05)</b>   | 101                        | 86%                                                   |
| <b>Quarter 3<br/>(01/10/05 – 31/12/06)</b> | 122                        | 88%                                                   |
| <b>Quarter 4<br/>(01/01/06 - 31/03/06)</b> | 125                        | 100%                                                  |
| <b>TOTALS</b>                              | <b>461</b>                 | <b>90%</b>                                            |

**Graph 2**  
**Management of Formal Complaints 2005/2006**

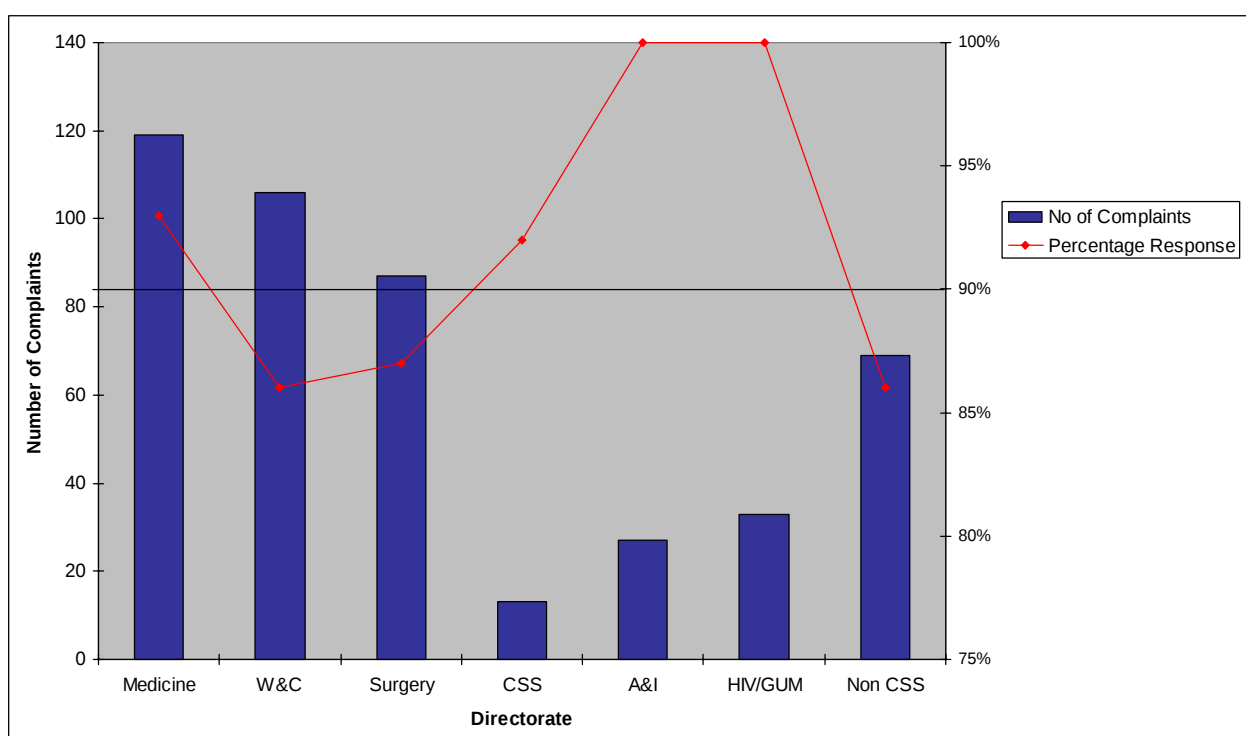


### 7.0 Directorate Performance 2005/2006

Graph 3 shows the number of complaints received by each directorate during the year 2005/2006. The red line represents the percentage of complaints for which the Trust provided a full response within 20 working days in each directorate.

Figures for performance in relation to complaint responses are measured each month and used as one of the performance indicators for each Directorate's monthly performance review.

**Graph 3**  
**Directorate Performance 2005/2006**



During 2005/2006 the HIV/GUM, Medicine, Anaesthetic and Imaging Directorates and Clinical Support Services have reached the performance standard of 90% or above throughout the year.

The Surgical Directorate responded to 87% of complaints within 20 working days during the year 2005/2006.

The Women and Children's Directorate responded to 86 % of complaints within 20 working days during the year 2005/2006. The figures for the three services within this directorate are:

- Gynaecology responded to 83% of complaints within 20 working days during the year 2005/2006.
- Paediatrics responded to 82% of complaints within 20 working days during the year 2005/2006.
- Maternity responded to 91% of complaints within 20 working days during the year 2005/2006

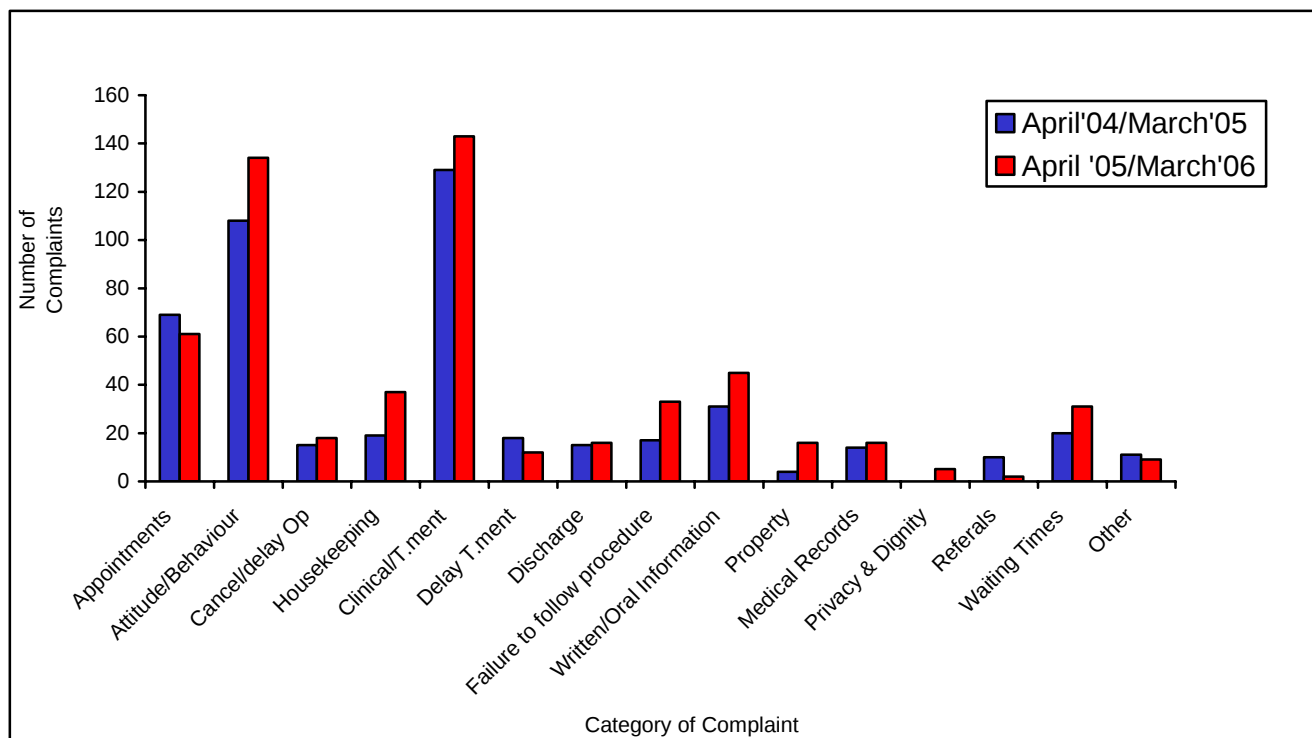
During the year 2005/2006 Non Clinical Support Services responded to 86% of complaints within 20 working days.

Response times for complaints relating to aspects of the appointments system, where contact is through the central appointments office, for the year 2005/2006 was 88%.

There is a commitment by the Board to early resolution of complaints and a number of complainants have been invited to meetings to discuss their concerns with the Chief Executive or Director of Nursing and appropriate representatives from the relevant Directorate. There is a more detailed analysis of the complaints in each Directorate in the attached appendices.

## 8.0 Complaints by Subject 2005/2006

**Graph 4**  
**Complaints by Subject 2005/2006**



Graph four above, highlights the top three subjects complained about during the year 2005/2006. These are the same as the top three complaint subjects in the previous year 2004/2005.

## 8.1 Benchmarking the Top Three Complaint Subjects with National Figures

### Top Three Complaint Subjects 2005/2006 for Chelsea & Westminster Healthcare NHS Trust

| Subject                               | Number of Complaints | Percentage of Total Number of Complaints |
|---------------------------------------|----------------------|------------------------------------------|
| Aspects of Clinical Care or Treatment | 143                  | 31%                                      |
| Attitude or behaviour of staff        | 134                  | 29%                                      |
| Aspects of the appointment system.    | 61                   | 13%                                      |

### Top Three Complaint Subjects 2004/2005 for England

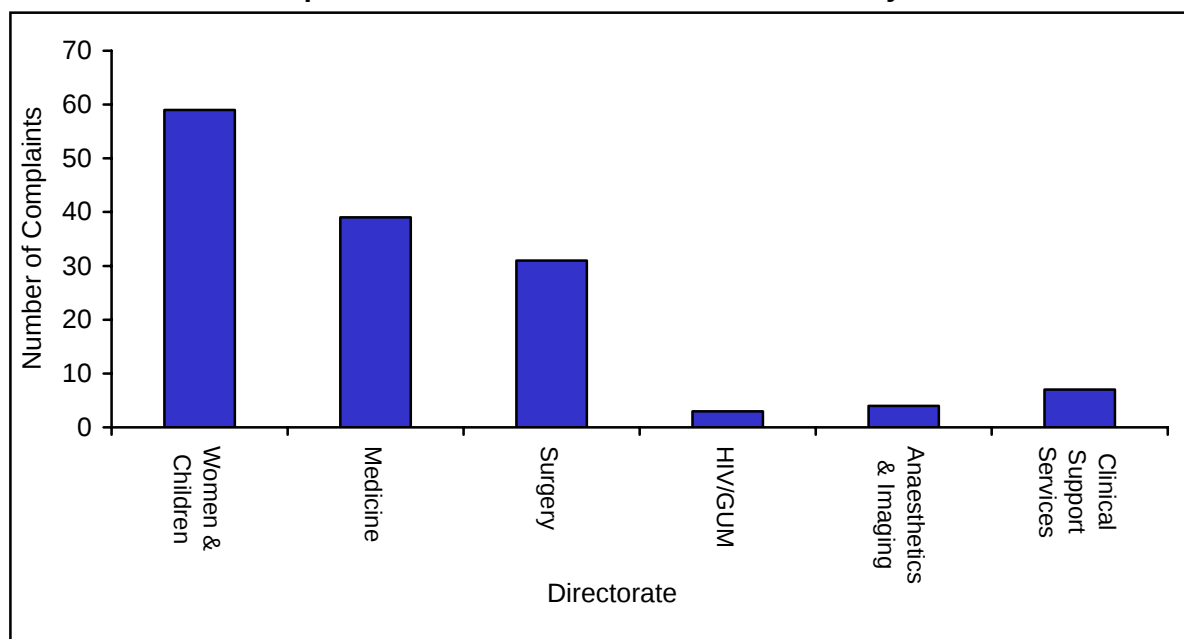
| Subject                               | Number of Complaints | Percentage of Total Number of Complaints |
|---------------------------------------|----------------------|------------------------------------------|
| Aspects of Clinical Care or Treatment | 32, 496              | 36%                                      |
| Attitude or behaviour of staff        | 11, 497              | 13%                                      |
| Aspects of the appointment system.    | 10, 957              | 12%                                      |

The tables above demonstrates that the trend in the top three subjects complained about at this hospital reflect the national data published for 2004/2005<sup>3</sup>. However, the complaints regarding attitude and behaviour of staff reflect a larger percentage of the total number of complaints at Chelsea & Westminster Healthcare NHS Trust than nationally.

## 8.2 Aspects of Clinical Care or Treatment

The Trust has received 143 complaints relating to aspects of clinical care or treatment in the year 2005/2006. This is an increase of 12 complaints in this category when compared with the previous year 2004/2005.

**Graph 6**  
**Complaints about Clinical Care or Treatment by Directorate**

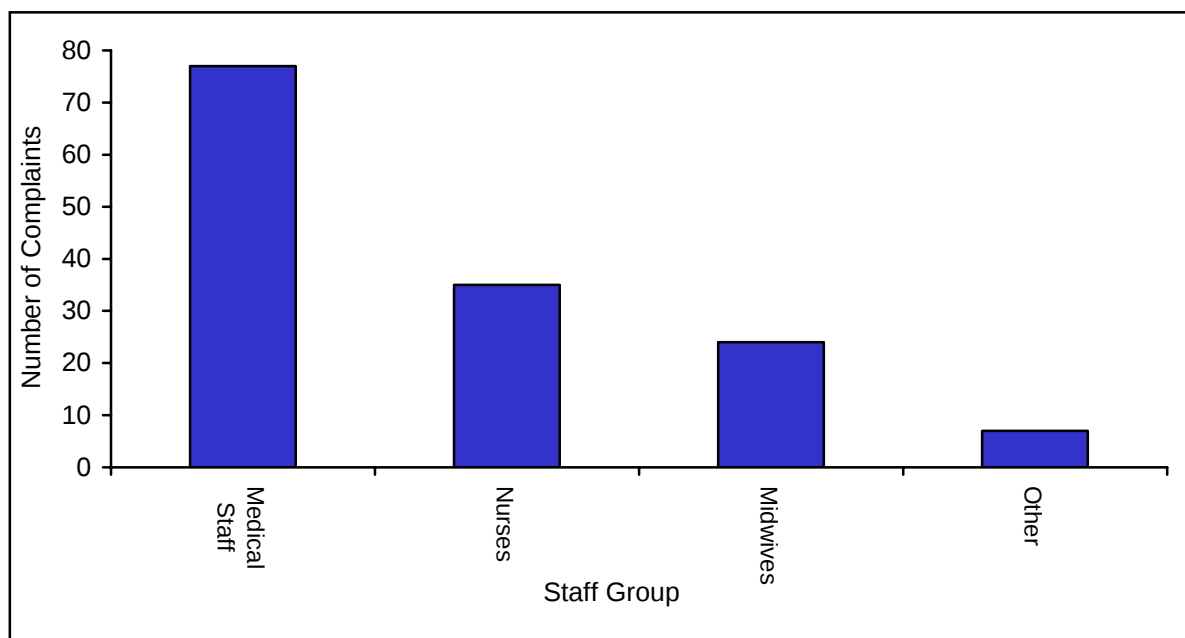


<sup>3</sup> Source: NHS Health and Social Care Information Centre dataset K041a

The largest number of complaints relating to aspects of clinical care or treatment are in the Women and Children's Directorate. These relate to the following staff groups in this Directorate:

- Midwives: 30 complaints
- Medical Staff: 16 complaints
- Nurses: 3 complaints

**Graph 7**  
**Complaints about Clinical Care or Treatment by Staff Group**



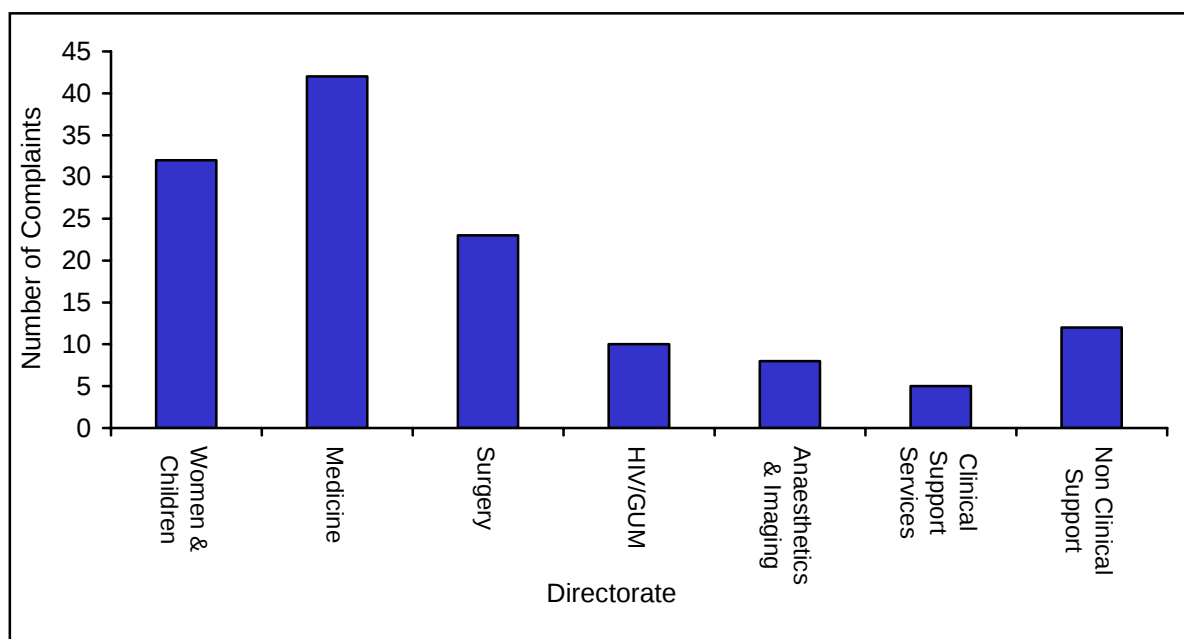
The largest number of complaints relating to aspects of clinical care or treatment refer to medical staff. These relate to the Directorates as follows:

| Directorate              | Number of Complaints relating to care from a doctor |
|--------------------------|-----------------------------------------------------|
| Anaesthetics and Imaging | 4                                                   |
| HIV/GUM                  | 4                                                   |
| Medicine                 | 32                                                  |
| Surgery                  | 17                                                  |
| Women and Children's     | 17                                                  |

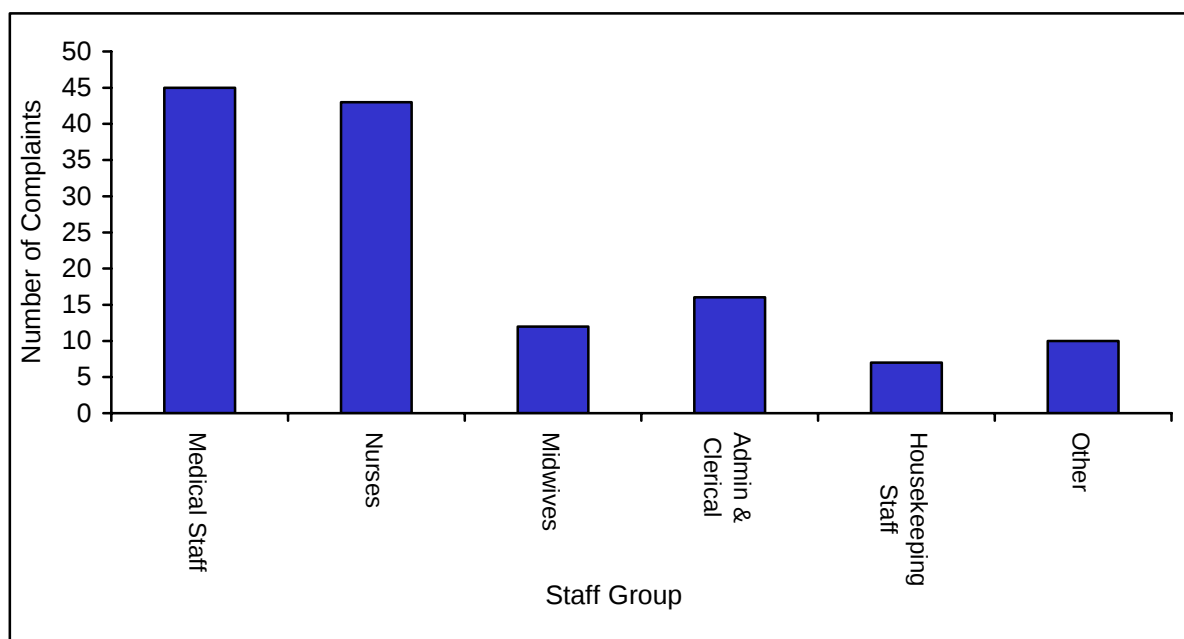
### 8.3 Attitude or Behaviour of Staff

The Trust has received 134 complaints relating to aspects of staff behaviour or attitude in the year 2005/2006. This is an increase of 26 complaints relating to this subject compared to 2004/2005.

**Graph 8**  
**Complaints about Attitude and Behaviour by Directorate 2005/2006**



**Graph 9**  
**Complaints about Attitude and Behaviour by Staff Group**



In order to address the number of concerns relating to the attitude and behaviour of staff the Trust has been through a tendering process to identify a company to facilitate a customer care programme for staff in the organisation. This programme will be implemented in 2006/2007.

Concerns raised about the attitude or behaviour of individual staff members are used to inform the appraisal process and identify individual training and development requirements.

## 8.4 Appointment System

Sixty one complainants (13% of the total number of complainants) made a complaint relating to an outpatient appointment issue during the year 2005/2006. This compares with 70 complaints during 2004/2005.

The following table shows which directorates the appointment complaints relate to in 2005/2006.

| Appointment Issues by Directorate | Number of Complaints |
|-----------------------------------|----------------------|
| Women and Children                | 12                   |
| Medicine                          | 12                   |
| Surgery                           | 6                    |
| HIV/GUM                           | 11                   |
| Anaesthetics & Imaging            | 3                    |
| Clinical Support Services         | 4                    |
| Appointment Office                | 13                   |

- 12 complaints related to cancelled or delayed appointments.
- 21 complaints related to difficulty accessing appointments.
- 9 complaints relate to the wait for an appointment.
- 9 complaints related to a change in the appointment system within a specific service.
- 5 complaints relate to a failure to send a follow up appointment.
- 5 complaints relate to being unable to access the appointment number.

## 9.0 Actions taken in Response to Formal Complaints

The following changes and improvements have been made in response to feedback received through the complaints process:

### 9.1 Communication

- A series of Team Away days were developed for all midwives and maternity support workers focusing on communication, customer care skills and relationship building. A session on 'Welcoming the new mother and baby' was also been included on the agenda.
- A review of discharge information in the Surgical Directorate to make sure the information provided is more specific to procedure undertaken.
- Guideline in the Early Pregnancy Unit have been reviewed and amended in response to a concern raised about the information provided to a patient regarding medical management.
- Customer care training has been provided as a priority to all housekeeping staff.
- A customer care programme for all staff is planned for 2006/2007.

### 9.2 Clinical

- A formal transfer protocol is being developed for children who are transferred to the hospital from other units; this will include a check list of essential information to be obtained over the telephone and to be included in written handover letters.
- A training programme for both nursing and medical staff working in the Paediatric High Dependency Unit Training, in addition to new staff appointments, has enabled the Unit to provide effective and supportive care for children who require BiPAP (Biphasic positive airway pressure) or CPAP (continuous positive airway pressure) support.

- The system for Consultant Paediatricians attending the wards has changed to ensure that the same Consultant is on duty for five days to provide continuity of care to patients and their parents.
- A Breastfeeding Maternity Working Group has been re-established to review the developments, training and standards that are required to enhance breastfeeding care, advice and practices.
- The Maternity Unit is developing a maternity support worker role to provide additional support to women. In addition nursery nurses and a discharge co-ordinator are being recruited to enhance the experience of women in the unit.
- A ward round is now undertaken by a Specialist Registrar on the Children's wards each night. This has been instituted and audited to ensure compliance.
- The process for making oncology follow up appointments after surgery has been improved to ensure patients are given pathology results at the earliest opportunity.

### **9.3 Access to Services**

- We had received a number of complaints regarding the difficulties that patients were experiencing trying to get through to the Victoria clinic. To address this, a call waiting system was implemented; this enables people to be put straight through to the department they require and frees up the line for appointments.
- A policy for transferring children between hospitals has been developed reinforcing the need to ensure that all requests for transfers, once accepted by medical team, are agreed by the paediatric bed manager. This transfer policy is now included in the induction programme for all new Senior House Officers and Specialist Registrars. The policy is also included in their induction pack.
- The administration office and reception desk in the Dermatology clinic are being redesigned to improve the facilities for the staff and the patients. New cabling has been installed to provide an additional computer in order that a second receptionist can register patients in, a more timely and efficient manner.
- The system for booking patients requiring a gynaecological operation was reviewed and improved. Doctors now print duplicate admission forms for both Treatment Centre and inpatient admissions. One copy is delivered to the pre operative assessment clinic by the patient and the other is handed to the gynaecology secretary to add patient to admission list. This aims to minimise the likelihood of an admission request being mislaid
- The Appointment Office has developed guidance and an escalation policy for the management of urgent referrals when the clinic lists are full.
- The process of GP referrals for suspected cancers was reviewed and a central e mail address specifically for cancer referrals created; there is also a central fax number. The Trust wrote to all PCTS outlining the process and emphasising that all these referrals should be directed to the central appointment office.
- The evening clinic service in the Kobler centre was increased as a result of complaints about access to this service.
- Design of the reception area on the labour ward improved to include a proper sign, desk and receptionist to ensure women arriving on the labour ward are greeted and that their arrival is reported to the midwifery team.
- There are now dedicated time slots on the gynaecology operating lists in the treatment centre for emergency procedures required following a miscarriage. Women are given a date and

time to attend for procedure. This reduces the long waits on the ward previously experienced.

#### **9.4 Facilities**

- A sign is displayed in all public toilet areas advising service users that everyone has a part to play in reducing infections in hospital and advising on the appropriate hand hygiene technique.
- Areas of paving around the trees in the children's playground had been subjected to ground heave created by the tree roots and was identified as a hazard. Playground was closed until the appropriate remedial action had been taken. The work is in progress and the imminent reopening of the playground is planned.
- To improve the patient experience in the Endoscopy Unit, commodes have been made available for use. All patients are offered two gowns to preserve their dignity and washing facilities for patients can now be provided.
- Training in food presentation has been provided to housekeeping staff to enable them to present food in an appetising manner.
- The times that toilets are cleaned has been reviewed and changed in response to complaints received.
- Different sized crockery has been introduced to reflect the different portion size requests on the menu.
- A new user group has been established to monitor the service provided by Patient Line and to review the complaints relating to this service.

##### **9.4.1 Cleaning**

- The Trust has embarked on a campaign to improve the quality of ward and departmental cleaning. Senior ward staff have been trained on how to audit and monitor the standards of cleanliness against a nationally recognised auditing tool and they undertake audits previously carried out by housekeeping staff.
- In the ward areas, the cleaning, tidiness and overall environment is formally inspected once a month and the scores are circulated throughout the Trust.
- Where issues in the quality of cleanliness are identified a new fast track escalation procedure for ward staff has been introduced. This ensures that any problems with the standard of cleanliness can be swiftly addressed.
- In parallel with this initiative a Trust wide programme of deep cleaning was completed during the year. All the clinical areas were thoroughly deep cleaned and stripped of all floor polish. The walls, ceilings, furniture and all painted surfaces were washed with an anti-bactericidal solution.
- A bi-monthly cycle of unannounced ward inspections, called 'PEAT Plus' has been implemented. A patient representative attends every PEAT inspection; where they are unable to attend, the inspection is delayed in order to ensure the validity of the inspection scores.

#### **10.0 Number of Complaints Reopened during 2005/2006**

During the year 2005/2006, 69 (15%) of complainants wrote back to the Trust seeking a further response to their complaints. The majority of these complainants were invited into the Trust to meet with the relevant staff to discuss their concerns further.

### **11.0 Healthcare Commission - Independent Reviews**

Since the 30<sup>th</sup> July 2004, complainants have been able to refer their complaint to the Healthcare Commission for review if they are dissatisfied with the Trusts attempts to resolve their concerns.

During the year 2005/2006 seventeen requests for review of a complaint were forwarded to the Healthcare Commission.

The Healthcare Commission have made the following decisions with regard to these complaints:

4 complaints they recommended no further action.

6 they advised further local resolution and stated which issues required further investigation.

7 have not yet had a decision.

For further detail see the Directorate specific appendices.

### **12.0 Health Service Commissioner (Parliamentary and Health Service Ombudsman)**

The Trust has had five complaints referred to the Ombudsman during the year 2005/2006.

Three complaints related to the Medicine Directorate

One complaint related to the HIV/GUM Directorate.

One complaint related to both the Medical and Surgical Directorates.

These are reported in more detail in the directorate specific appendices.

### **13.0 Risk Grading of Complaints**

All formal complaints received by the Trust are allocated a risk grading based on the consequence of the incident and the likelihood of a reoccurrence. Of the 461 complaints received during the year 2005/2006:

290 scored Very Low Risk (green)

167 scored Low risk (yellow).

4 scored a moderate risk (orange).

Any complaints scored as moderate (orange) or high (red) are put on the Trust Risk Register. A Directorate review was undertaken of the four complaints that scored as a moderate risk.

### **14.0 Complaints, Litigation and Risk**

The prompt and effective management of complaints can identify potential legal claims, or in some cases avoid litigation or secure early settlement of damages; this benefits both the complainant and the Trust.

Complaints can also identify adverse incidents which may not have been reported through the incident reporting route.

The complaints department interacts daily with the Legal Services and Clinical Risk departments. They also meet formally at the Complaints, Claims and Risk Group. This group reviews all new claims, and any incidents or complaints which are graded moderate or high.

In the year 2005/2006 thirty six legal claims were instigated against the Trust. Of these claims twelve (33%) initially presented as a complaint.

### **15.0 Staff Training**

The complaints team undertake training sessions on all the nursing induction, corporate induction and update programmes. They also participate in the orientation programme for Specialist Registrars in the Trust. Sessions have been facilitated on the development programmes for Staff Nurses and sessions with individual directorates.

## 16.0 Demographics

### 16.1 Ethnicity of Patients involved in Complaints 2005/2006

Ethnicity data was collected for 91% of complainants. Within the group of complaints for which this data was collected 72% of complaints received related to 'White British' patients. 13% were in the 'Other White' category and 4% in the Irish category.

| Ethnic category of complainant |                           | Ethnic category code | Line no. | Total number of written complaints received |
|--------------------------------|---------------------------|----------------------|----------|---------------------------------------------|
| White                          | : British                 | A                    | 01       | 302                                         |
|                                | : Irish                   | B                    | 02       | 19                                          |
|                                | : Other white             | C                    | 03       | 56                                          |
| Mixed                          | : White & Black Caribbean | D                    | 04       | 1                                           |
|                                | : White & Black African   | E                    | 05       | 0                                           |
|                                | : White & Asian           | F                    | 06       | 1                                           |
|                                | : Other mixed             | G                    | 07       | 3                                           |
| Asian or Asian British         | : Indian                  | H                    | 08       | 2                                           |
|                                | : Pakistani               | J                    | 09       | 1                                           |
|                                | : Bangladeshi             | K                    | 10       | 1                                           |
|                                | : Other Asian             | L                    | 11       | 10                                          |
| Black or Black British         | : Black Caribbean         | M                    | 12       | 3                                           |
|                                | : Black African           | N                    | 13       | 8                                           |
|                                | : Other Black             | P                    | 14       | 1                                           |
| Other ethnic                   | : Chinese                 | R                    | 15       | 5                                           |
|                                | : Other ethnic category   | S                    | 16       | 7                                           |
| Not stated                     |                           | Z                    | 17       | 41                                          |
| Total                          |                           |                      | 99       | 461                                         |

### 15.2 Gender of Patients involved in Complaints 2005/2006

58 % of complaints related to female patients.

42% of complaints related to male patients.

### 15.3 Age of Patients involved in Complaints 2005/2006

Information regarding the age of the patient was collected for 91% of complaints.

11% of the group of complaints for whom this data was collected were 16 or under.

25% of the group of complaints for whom this data was collected were 65 or over.

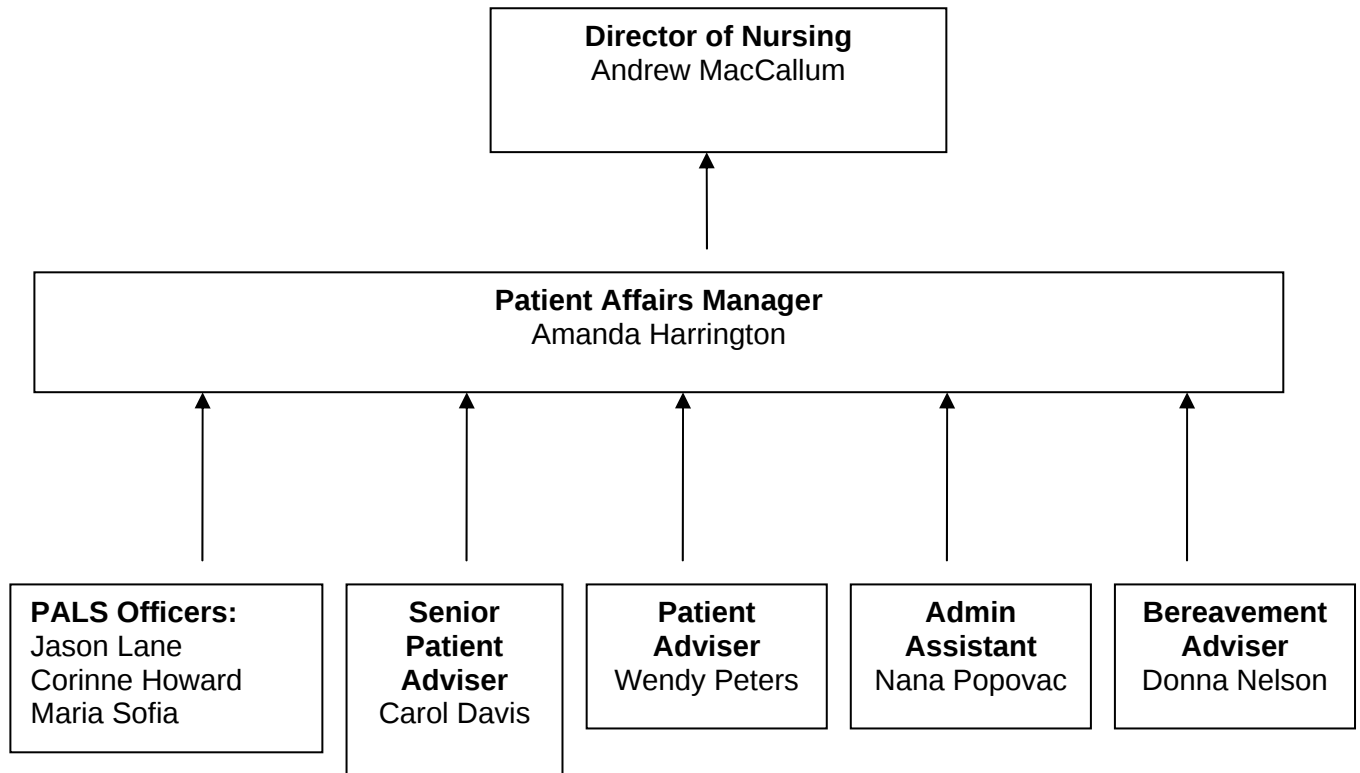
66% (70 complaints) of the 65 plus age group were over 75 years of age.

### 15.4 Discrimination in Complaints 2005/2006

The Trust reports on complaints regarding alleged incidents of all types of discrimination. During the year 2005/2006 there were two complaints in this category. One related to age discrimination and one to mental health status.

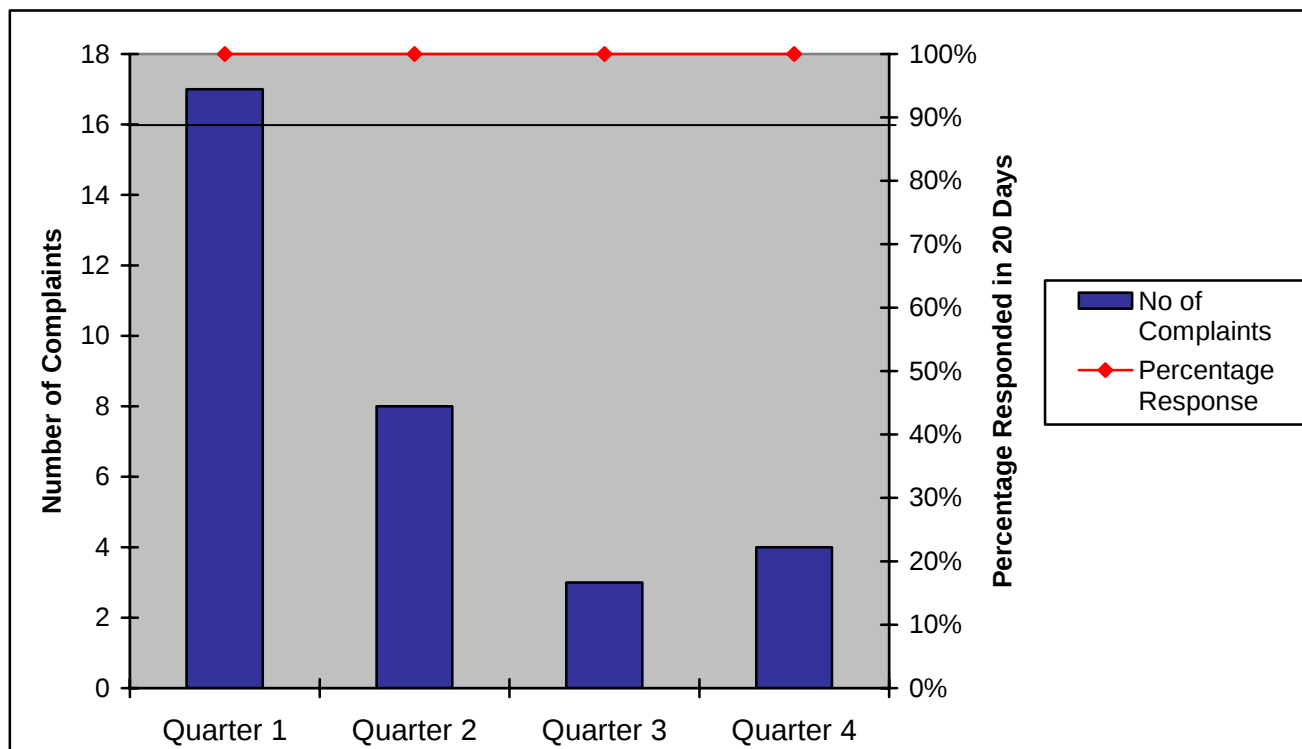
## Appendix 1

### Patient Affairs Reporting Structure



## Appendix 2

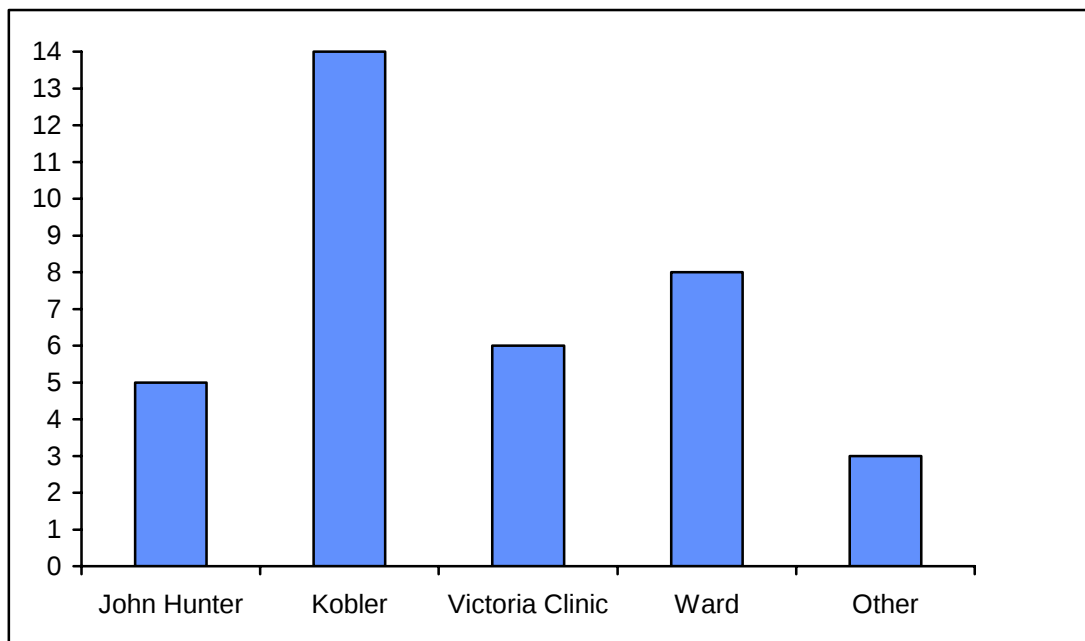
### 1.0 Management of Formal Complaints HIV/GUM Directorate 2005/2006



The total number of complaints received regarding the HIV/GUM Directorate during the year 2005/2006 is 32. 100% of complaints received in this directorate during 2005/2006 have been responded to within 20 working days. The total number of complaints for the year 2005/2006 has increased by 31% when compared with the year 2004/2005.

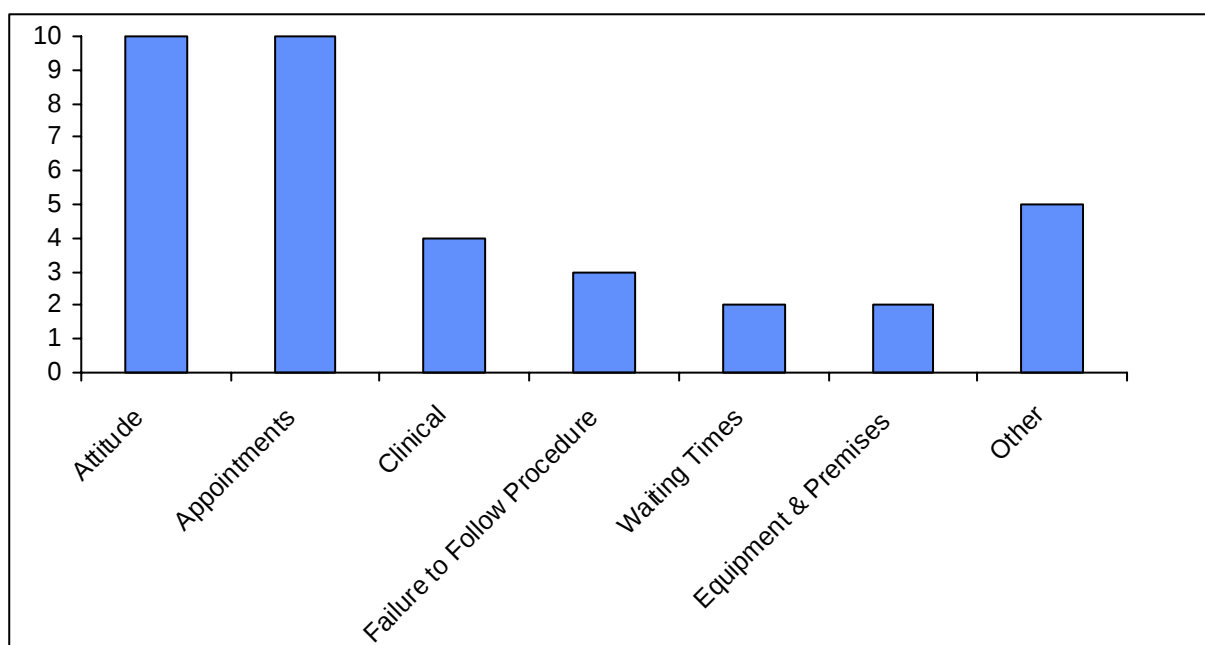
The increase in the number of complaints received during 2005/2006 was during quarter one. These complaints regarding the Kobler centre, related to changes in the appointment system. The Trust has received only four complaints relating to this area in the following three quarters of the year.

### 2.0 Complaints by Speciality (HIV/GUM) 2005/2006



As stated above the increase in the number of complaints regarding the Kobler clinic related to the changes in the appointment system.

#### 4.0 Complaints by Subject (HIV/GUM Directorate) 2005/2006



#### 6.0 Complaint Trends in HIV/GUM Directorate 2005/2006

The largest number of complaints in this Directorate relate to attitude of staff and appointment issues. Both categories represent 30% of the complaints received by the Directorate.

##### 6.1 Attitude/Behaviour of Staff

The following table shows which staff groups and services the complaints about attitude or behaviour of staff referred to.

|                    | Doctors | Admin and Clerical Staff | Nurse | Other |
|--------------------|---------|--------------------------|-------|-------|
| John Hunter Clinic |         | 1                        | 1     |       |
| Kobler Clinic      | 1       | 2                        | 1     |       |
| Victoria Clinic    |         |                          | 1     |       |

|              |          |          |          |          |
|--------------|----------|----------|----------|----------|
| <b>Ward</b>  |          |          | <b>2</b> | <b>1</b> |
| <b>TOTAL</b> | <b>1</b> | <b>3</b> | <b>5</b> | <b>1</b> |

## 6.2 Appointments

During the first quarter of the year 2005/2006 there was a rise in the number of complaints about accessing appointments, due to a change in the appointment system. Between quarters two and four the Trust received only three complaints relating to appointments in this Directorate.

The Kobler Clinic changed how the appointment system worked and staff now work in teams offering a greater choice for the patient. This led to some doctors having to change the times of their clinics, as a result we received complaints about access especially to evening clinic appointments. The directorate has taken action in response to these complaints and increased the evening clinic service as a result.

## 8.0 Healthcare Commission (HCC)

### Complaint: Ref 73

This complaint related to an alleged failure to make timely diagnosis in 1996, 2001 and 2002, the loss of blood and sputum specimens and issues relating to the handling of the complaint.

The HCC were satisfied that the Trust had taken appropriate action in respect of the concerns raised about complaint handling.

With regard to the missing specimens, the HCC requested that the Trust provide both them and the complainant with a report of the deficiencies identified in the sample labelling and transportation of samples systems, with a summary of improvements made and their effectiveness.

The HCC asked the Trust to seek independent clinical advice relating to the clinical issues raised.

The Trust has provided the response requested in relation to the missing specimens. We are in the process of identifying a Clinical Assessor to provide the independent report.

### Complaint: Ref 1162

The complaint initially raised issues regarding the Trust's refusal to allow patients to take blood samples outside the hospital and transport the sample to the clinic.

However, the issue referred to the HCC related to the complaint management. The HCC noted the delay in acknowledging the complaint. Further, when there was a slight delay in providing a full response, the complainant was not notified of the delay.

The Trust was asked to provide a further written response to the complainant explaining steps being taken to address complaints within a reasonable timescale and to ensure complainants are notified of any delays.

This action has now been completed.

## 9.0 Health Service Ombudsman

One complaint relating to this Directorate has been referred to the Health Service Ombudsman.

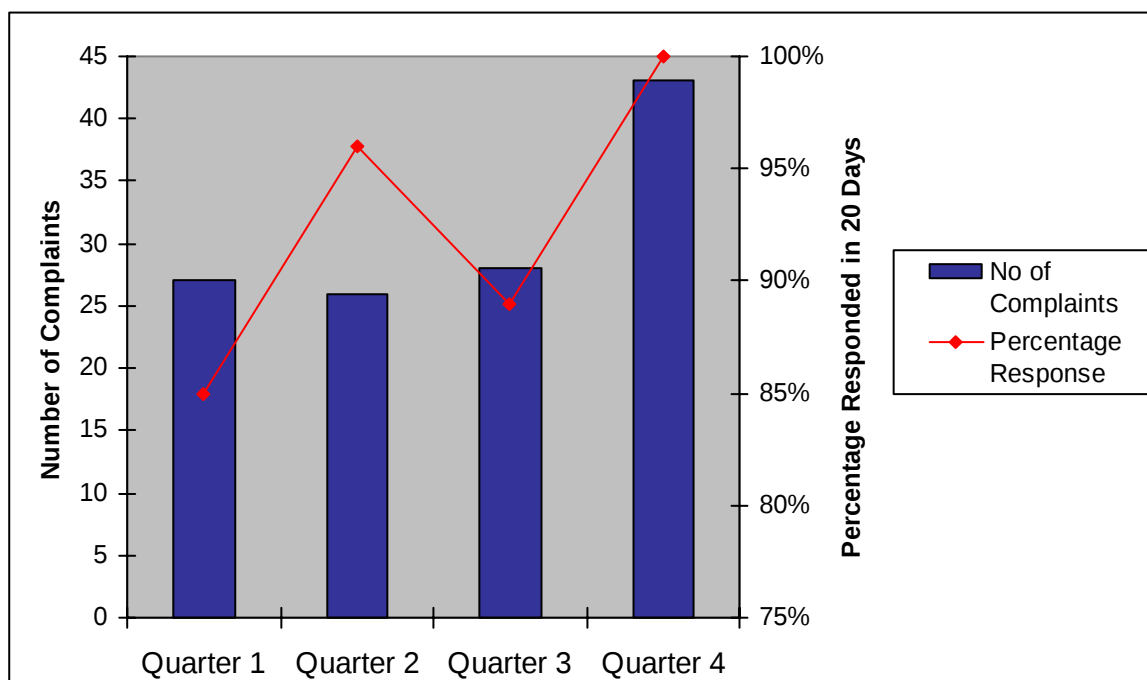
This complaint was initially raised in June 2002; the complainant raised issues relating to conflicting healthcare advice offered by the Trust and the Terence Higgins Trust about the risks of contracting HIV.

The complainant raised a further concern that a mental health referral was inappropriate and resulted in his care at this Trust being terminated.

The Trust has not yet received the final report regarding this complaint.



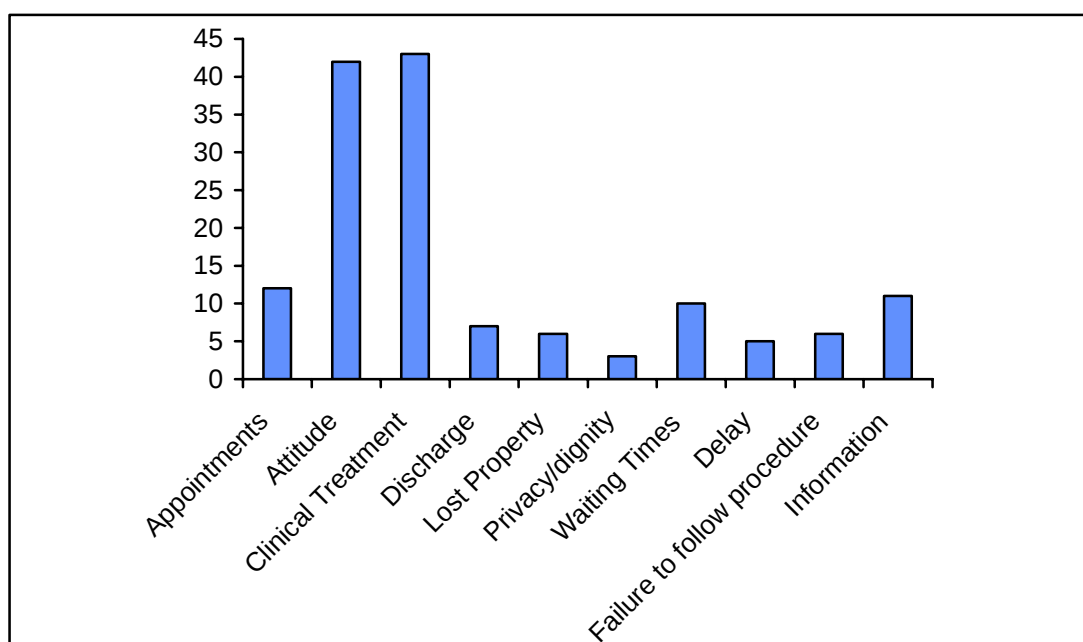
### 1.0 Management of Formal Complaints Medicine Directorate 2005/2006



The total number of complaints regarding the Medicine Directorate for the year 2005/2006 is 124. 93% of complaints received in this directorate during the year 2005/2006 have been responded to within 20 working days. This exceeds the performance standard that the Trust aims to achieve.

During the previous year 2004/2005 the Medicine Directorate received a total of 120 complaints, there has therefore been a small rise (4) in the number of complaints received.

### 2.0 Complaints by Subject 2005/2006



35% (43) of complainants in the year 2005/2006 raised a concern regarding the clinical treatment of patients; this is consistent with the number of complaints received during the previous year in this category.

34% (42) of complainants identified a concern regarding the attitude of behaviour of staff; this is an increase of 7 complaints in this category when compared with 2004/2005.

## 2.1 Clinical Treatment 2005/2006

43 complaints relating to aspects of clinical care and treatment were received by the Medicine Directorate during 2005/2006. These relate to the areas and staff groups shown in the table below.

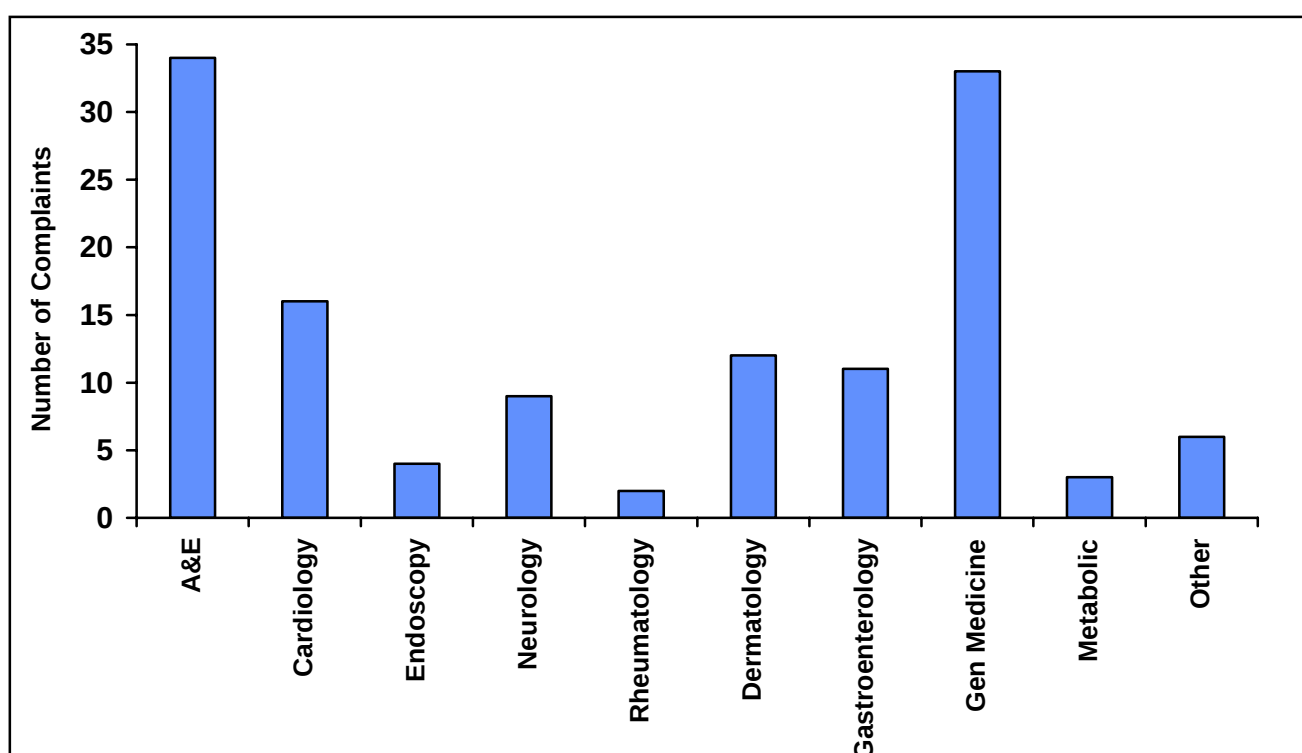
|                                 | Medical Staff | Nursing Staff |
|---------------------------------|---------------|---------------|
| <b>Accident &amp; Emergency</b> | 11            | 6             |
| <b>Dermatology</b>              |               | 1             |
| <b>Gastroenterology</b>         | 2             | 1             |
| <b>General Medicine</b>         | 4             |               |
| <b>Neurology</b>                | 3             |               |
| <b>Cardiology</b>               | 3             |               |
| <b>Haematology</b>              | 1             |               |
| <b>Medical Day Unit</b>         |               | 1             |
| <b>Wards</b>                    |               | 10            |

## 2.2 Attitude/Behaviour of Staff - April 2005 – March 2006

During the year 2005/2006 the Directorate received 42 complaints relating to attitude/behaviour of staff.

- Twenty one complaints relate to the attitude or behaviour of nursing staff.  
Five of these relate to the Accident and Emergency department  
Thirteen relate to ward areas.
- Seventeen complaints relate to the attitude of clinical staff.  
Five of these relate to medical staff in the Accident and Emergency department.
- Four complaints relate to the attitude of administrative staff

## 3.0 Complaints by Speciality 2005/2006



27% of complaints relating to the Medicine Directorate during the year 2005/2006 relate to the Accident and Emergency department. This compares with 23% of complaints in this Directorate for the year 2004/2005.

41% (14) of A&E complaints relate to clinical issues (this compares with 8 clinical complaints for the year 2004/2005).

29% (10) of A&E complaints relate to attitude or behaviour of staff (this compares with 8 complaints relating to attitude/behaviour for the year 2004/2005).

#### **4.0 Healthcare Commission (HCC)**

During the year 2005/2006 the HCC notified the Trust about five complaints referred to them regarding the Medicine Directorate.

##### **Complaint 886**

This complaint related to several aspects of patient care. The issues identified included, an allegation that sedation had been administered at the wrong time and that this contributed to the death of the patient.

The family expressed concern that they believed the patient was dropped by staff soon after her death and that the family were not informed of the full extent of the injuries. There was concern that a member of the nursing team was unsympathetic and rude.

The Healthcare Commission recommended that no further action needed to be taken in respect of the majority of issues. In relation to the attitude of a member of the nursing team they recommended that the Trust try to resolve locally by sharing information about ward teaching sessions with the complainant. They also recommended that staff should be reminded of the correct procedure regarding the amendment of records.

##### **Complaint 498**

This complaint relates to a concern that the patient (deceased) was prescribed a drug, which he had been allergic to, when the allergy was documented in his medical records. The complainant was also seeking to establish if the patient had received a blood transfusion during his admission.

The Trust was notified that the HCC were considering the request for review in June 2005. The decision regarding the issues raised was received by the Trust in December 2005.

The HCC acknowledged the steps already taken by the Trust to resolve the issues. In response to the concern that a drug was inappropriately prescribed the Healthcare Commission reassured the complainant that the prescription had been appropriate.

The Trust was asked to provide a further apology to the complainant and to update her with information about how the Trust is ensuring that the cleanliness standards on the wards are maintained. These actions have been completed.

##### **Complaint 958**

There were ten issues raised by this complainant regarding aspects of her nursing and medical care. This complaint relates to both the Medicine and Anaesthetics and Imaging Directorates. The decision of the HCC was that, no further action was required in respect of five of the issues. Further action was advised in relation to three further issues and additional recommendations were made to the Trust relating to the remaining two. Recommendations are summarised below:

- In response to the concerns relating to lack of involvement of dietician in care and difficulty accessing a special diet, the HCC recommended that the Trust should demonstrate what arrangements are in place in relation to provision of special diets.
- The complainant expressed concern that she was offered poor oral hygiene during her admission. The Healthcare Commission acknowledged that the Trust has taken action with

regard to this issue and requested that the Trust should provide the complainant with a copy of revised procedures for oral care.

- In response to concerns that the bathrooms and toilets were dirty, the HCC requested that the Trust provide evidence of robust infection control procedures and recent cleanliness audits.
- The complainant identified issues relating to the current hospital beds and the Trust have been asked to share with the complainant information regarding a bed replacement programme.

The Trust has now provided the complainant with a response to the above issues as advised by the Healthcare Commission.

### **Complaint 705**

This complaint related to aspects of the patients clinical care, poor standard of communication with patient, a failure to provide copies of medical records and issues relating to the handling of the complaint.

The Healthcare Commission asked the Trust to provide a more detailed response to the issues raised and requested that we seek independent clinical advice in respect of the clinical concerns expressed by the complainant.

The Trust has responded to the outstanding issues. The independent Clinical Advice received supported the clinical care given to the patient and commended the standard of communication with the patient.

### **Complaint 1284**

This complaint relates to the loss of jewellery during an inpatient admission and failure of staff to look through rubbish bags for missing property.

The Trust has not yet been notified of the outcome of this complaint.

## **5.0 Health Service Ombudsman**

The Medicine Directorate has four complaints currently being investigated by the Health Service Ombudsman.

### **Complaint 781**

The issue investigated related to the withdrawal of consent during a procedure. The final report was issued in December 2005 and an action plan has been agreed and notified to the Ombudsman's office.

The Trust is required to update the Ombudsman in July 2006 with regard to progress against the action plan.

### **Complaint 99**

The issues being considered by the Ombudsman are that:

- The Trust failed to adequately address failings in nursing care and did not provide sufficient explanation for the failings.
- The Trust exercised a poor standard of complaint handling.

The Trust is awaiting the final report from the Health Service Ombudsman in relation to these complaints.

### **Complaint 214 (Aspects of this complaint relate to Surgical Directorate)**

This complaint relates to several aspects of nursing care, including concern that drugs were not administered as prescribed, that patients catheter became dislodged as result of inadequate care,

that a hoist was left under patient to enable staff to move him more easily. A further concern was that the patient had a cardiac arrest as a result of the inadequate care.

The Trust received the final report in February 2006. Recommendations made to the Trust included:

- Annual Review of nursing records across all wards.
- Results of Communication Benchmarking exercise be provided to Ombudsman.
- Trust undertakes a review of staffing levels based on patient dependency.
- Both wards involved were asked to develop action plans to consider as a team all issues raised in complaint and report back results of deliberations.

The Trust action in response to the recommendations has now been reported back to the Ombudsman.

### **Complaint 67**

This complaint relates to concerns raised in July 2001. The main concern relates to the fact that patient was admitted with dehydration and an early recovery was anticipated, complainant alleges that as a result of poor clinical and nursing care patient became increasingly unwell and died.

The issues relate to administration of inappropriate sedation, lack of encouragement to eat and other nursing issues.

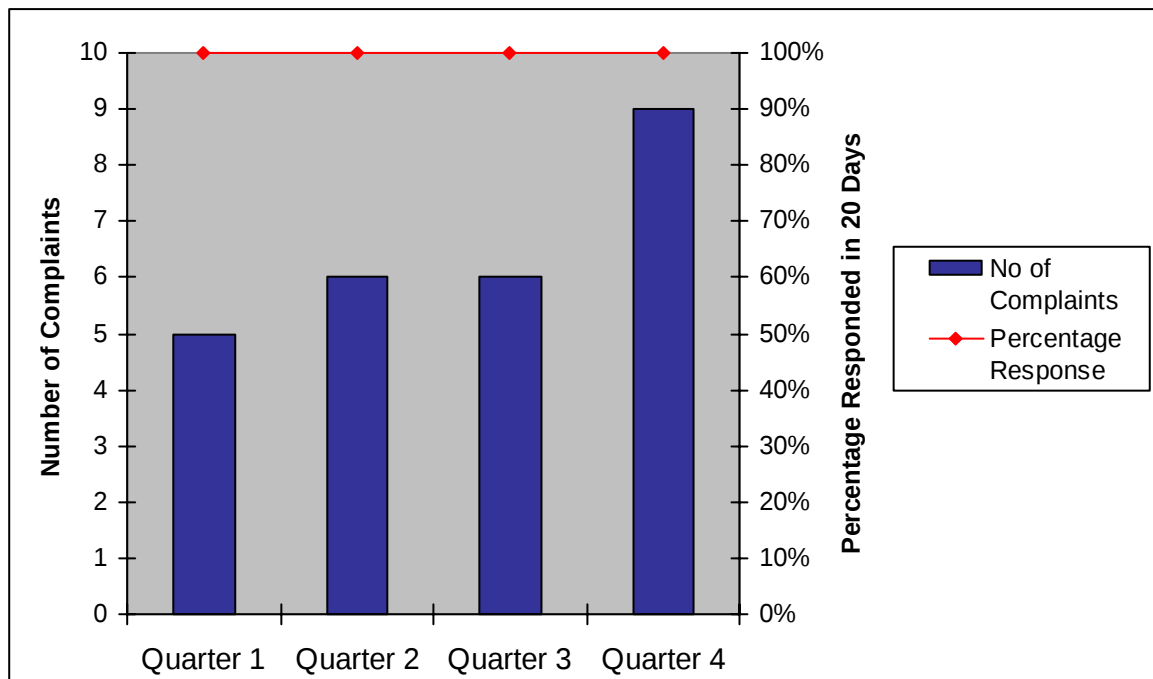
The final report was received in March 2005.

Overall, the Ombudsman concluded that the standard of care was reasonable, with the exception of the decision to prescribe Haloperidol; both the dose and route of administration were unacceptable. However, guidelines implemented since this complaint for management of elderly patients with dementia and for the administration of sedative or hypnotic drugs were considered to provide appropriate support for managing similar situations.

The Ombudsman expressed concern about inaccuracies in the dating of medical records, but was satisfied that the audit tool provided by the Trust evidenced improvements in relation to documentation.

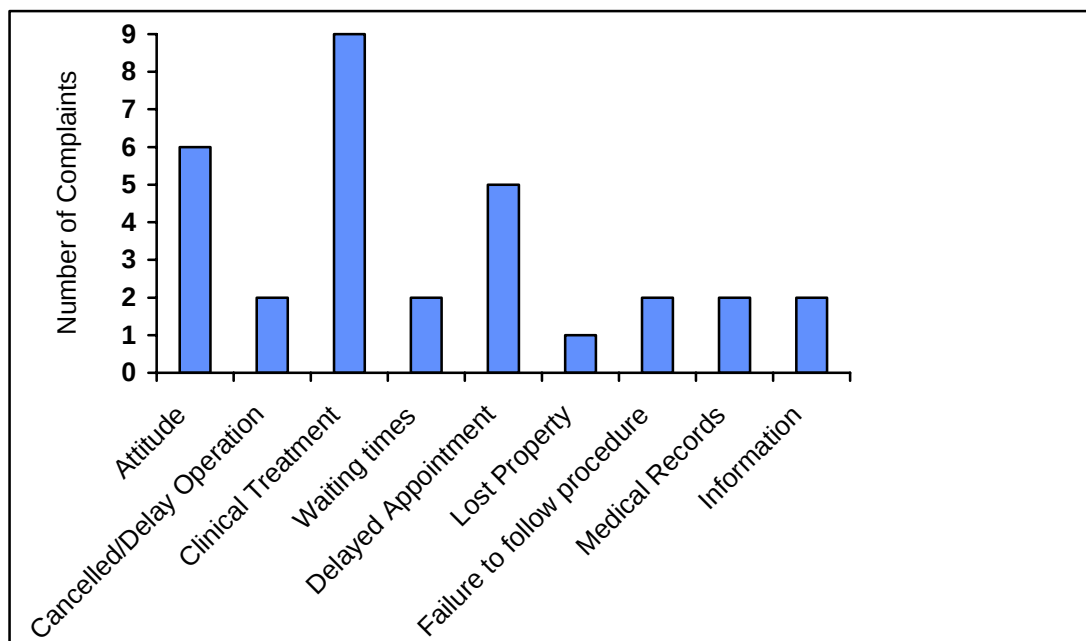
## Appendix 5

### 1.0 Management of Formal Complaints Anaesthetics and Imaging Directorate 2005/2006



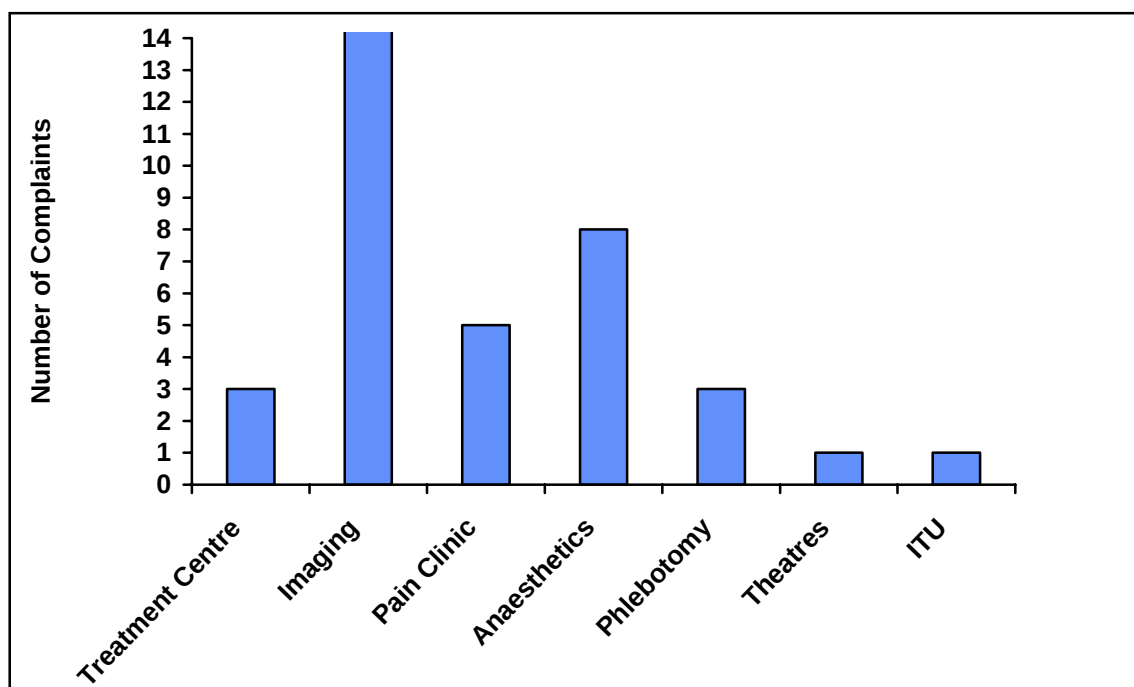
The total number of complaints received regarding the Anaesthetics and Imaging Directorate during the year 2005/2006 is 26. 100% of complaints received in this directorate have been responded to within 20 working days. The total number of complaints for the year 2005/2006 has decreased by 31% when compared with the year 2004/2005.

### 2.0 Complaints by Subject 2005/2006



The above issues were raised in relation to the Anaesthetics and Imaging Directorate during the year 2005/2006.

### 3.0 Complaints by Speciality 2005/2006



### 4.0 Complaint Trends in Anaesthetics and Imaging Directorate 2005/2006

The total number of complaints received relating to this Directorate was 26; the 26 complaints identified 37 issues. The following table shows the breakdown of complaints received by service and subject of complaint.

|                  | Clinical Treatment | Appointments | Attitude/ Behaviour of Staff | Delay treatment | Cancelled Operation | Other    | TOTALS    |
|------------------|--------------------|--------------|------------------------------|-----------------|---------------------|----------|-----------|
| Pain Clinic      |                    | 1            |                              | 4               |                     |          | 5         |
| Imaging          | 5                  | 2            | 4                            |                 |                     | 5        | 16        |
| Treatment Centre |                    |              |                              | 1               | 2                   |          | 3         |
| Anaesthetics     | 4                  |              | 3                            | 1               |                     |          | 8         |
| Phlebotomy       |                    |              |                              | 2               |                     | 1        | 3         |
| Theatres         |                    |              |                              | 1               |                     |          | 1         |
| ITU              |                    |              |                              |                 |                     | 1        | 1         |
| <b>TOTAL</b>     | <b>9</b>           | <b>3</b>     | <b>7</b>                     | <b>9</b>        | <b>2</b>            | <b>7</b> | <b>37</b> |

### 4.0 Healthcare Commission

#### Complaint 958

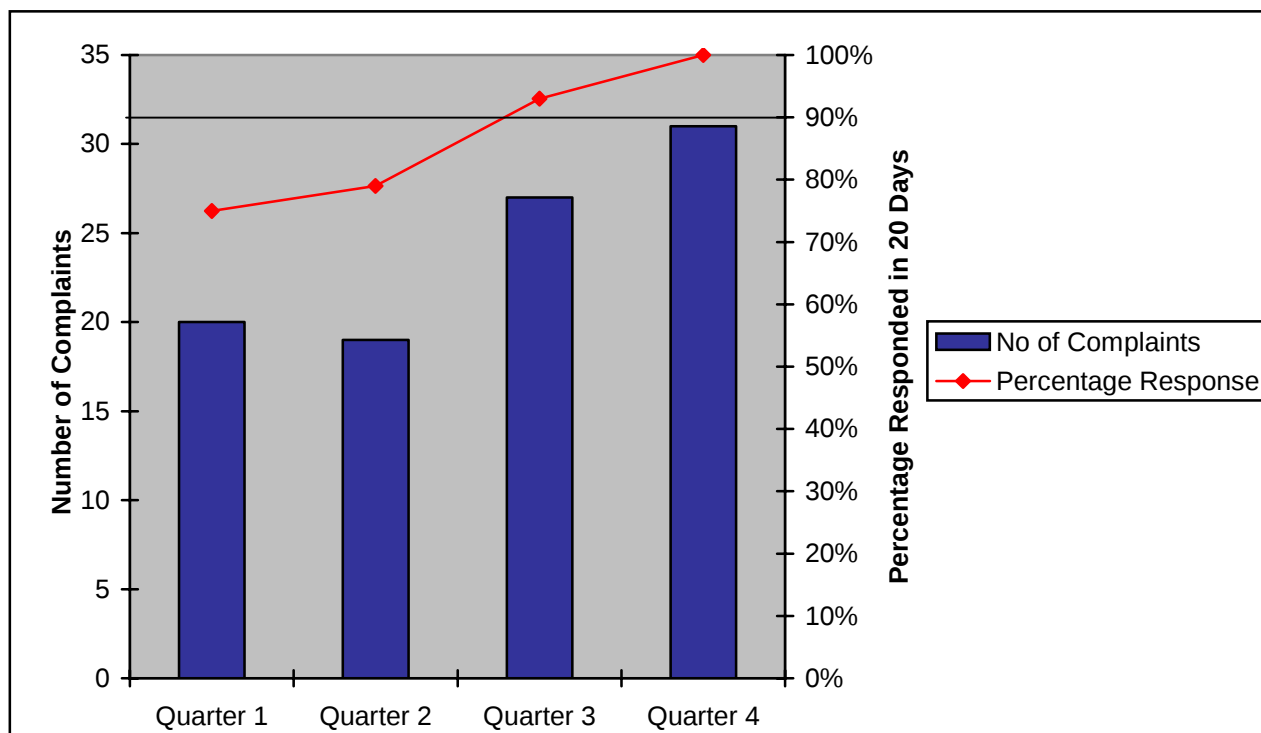
Ten issues were identified by this complainant relating to aspects of her nursing and medical care. The complaint relates to both the Medicine and Anaesthetics and Imaging Directorates. The decision of the Healthcare Commission was that of those ten issues, no further action was required in respect of five of the issues. Further action was advised in relation to three further issues and additional recommendations were made to the Trust relating to the remaining two. Recommendations are summarised below:

- In response to the concerns regarding the lack of involvement of a dietician in the patient's care and difficulty accessing a special diet, the Healthcare Commission has recommended that the Trust should demonstrate what arrangements are in place in relation to provision of special diets.

- The complainant expressed concern that she was offered poor oral hygiene during her admission. The Healthcare Commission acknowledged that the Trust has taken action with regard to this issue and requested that the Trust provide the complainant with a copy of revised procedures for oral care.
- In response to concerns that the bathrooms and toilets were dirty, the HCC has requested that the Trust provide evidence of robust infection control procedures and recent cleanliness audits.
- The complainant identified issues relating to the current hospital beds and the Trust have been asked to share with the complainant information relating to a bed replacement programme.

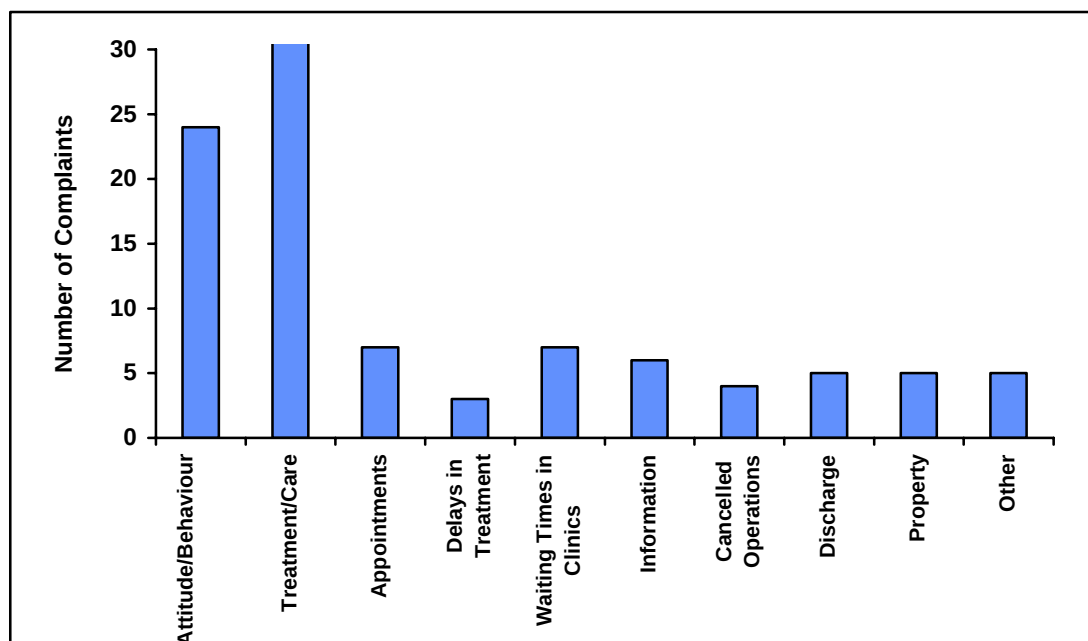
The Trust has now provided the complainant with a response to the above issues as advised by the Healthcare Commission.

## 1.0 Management of Formal Complaints Surgical Directorate 2005/2006



The total number of complaints received regarding the Surgical Directorate for the year 2005/2006 is 87. During the year 2005/2006 87% of complaints have been responded to within 20 working days. This falls 3% below the performance standard the Trust aims to achieve. The total number of complaints for the year has increased by 15% when compared with the year 2004/2005.

## 2.0 Complaints by Subject 2005/2006



### 2.1 Clinical Care/Treatment 2005/2006

Thirty one complaints relating to aspects of clinical care and treatment were received by the Surgical Directorate during 2005/2006. These relate to the areas and staff groups shown in the table below.

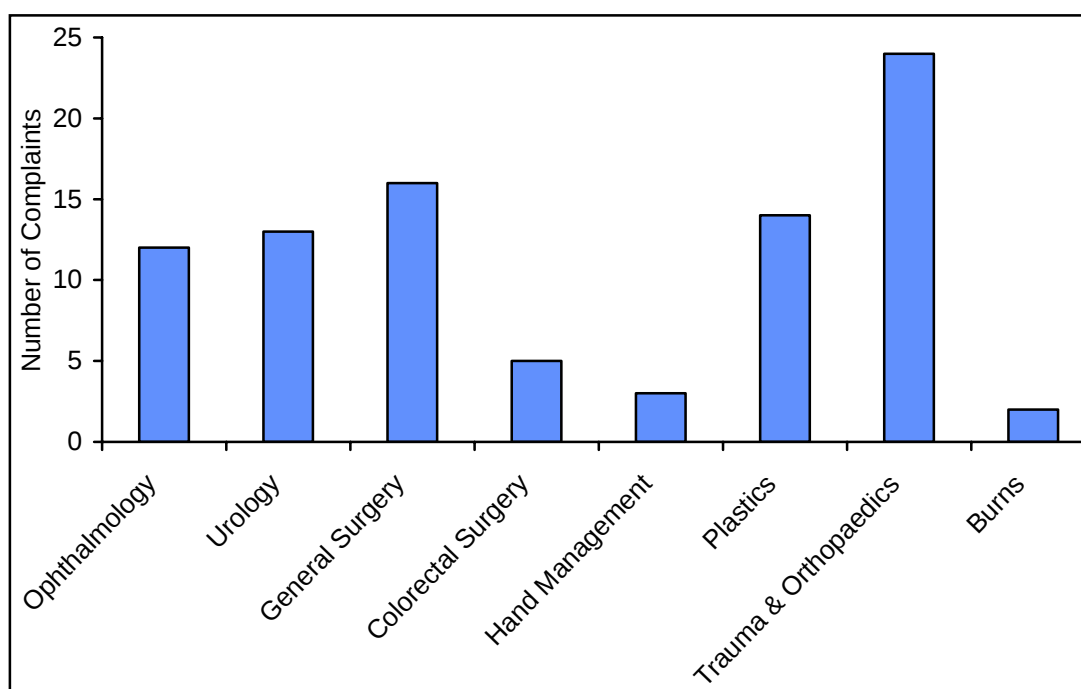
|                       | Medical Staff | Nursing Staff |
|-----------------------|---------------|---------------|
| Colorectal            | 1             |               |
| General Surgery       | 6             |               |
| Hand Management       | 2             |               |
| Ophthalmology         | 1             |               |
| Plastic Surgery       | 4             |               |
| Trauma & Orthopaedics | 5             |               |
| Urology               | 2             |               |
| Wards                 |               | 10            |

## 2.2 Attitude/Behaviour of Staff – 2005/2006

During the year 2005/2006 the Surgical Directorate has received twenty four complaints relating to attitude/behaviour of staff.

- Fourteen complaints relate to the attitude or behaviour of nursing staff.
- Nine complaints relate to the attitude of clinical staff.
- One complaint related to the attitude of administrative staff

## 3.0 Complaints by Speciality 2005/2006



### 3.1 Trauma and Orthopaedics 2005/2006

24 (28%) of complaints related to the Orthopaedic service during the year 2005/2006. Complaints relating to this service included:

Thirteen complaints about aspects of clinical care.  
Four complaints about the attitude and behaviour of staff.  
Three complaints about lost property.

Of the thirteen complaints relating to aspects of clinical care:

Two related to an episode of outpatient care.  
Eleven related to in patient care.

Eight complaints relating to inpatient care were about aspects of nursing care.

Four complaints relating to inpatient care were about aspects of medical care.

#### **4.0 Healthcare Commission**

##### **Complaint 1**

This complaint relates to the outcome of plastic surgery undertaken following an accident. The complainant was dissatisfied with the outcome of the surgery and raised issues regarding access to appointments and other care issues.

The complainant first contacted the Trust to express concern about her treatment in June 2005; her last appointment was in March 2002. The complainant was advised that due to the time lapse between her last contact with the hospital and making a complaint, the Trust was unable to investigate her concerns.

The complainant has asked the HCC to review this decision.

#### **5.0 Ombudsman**

##### **Complaint 214 (Aspects of this complaint relate to Medicine Directorate)**

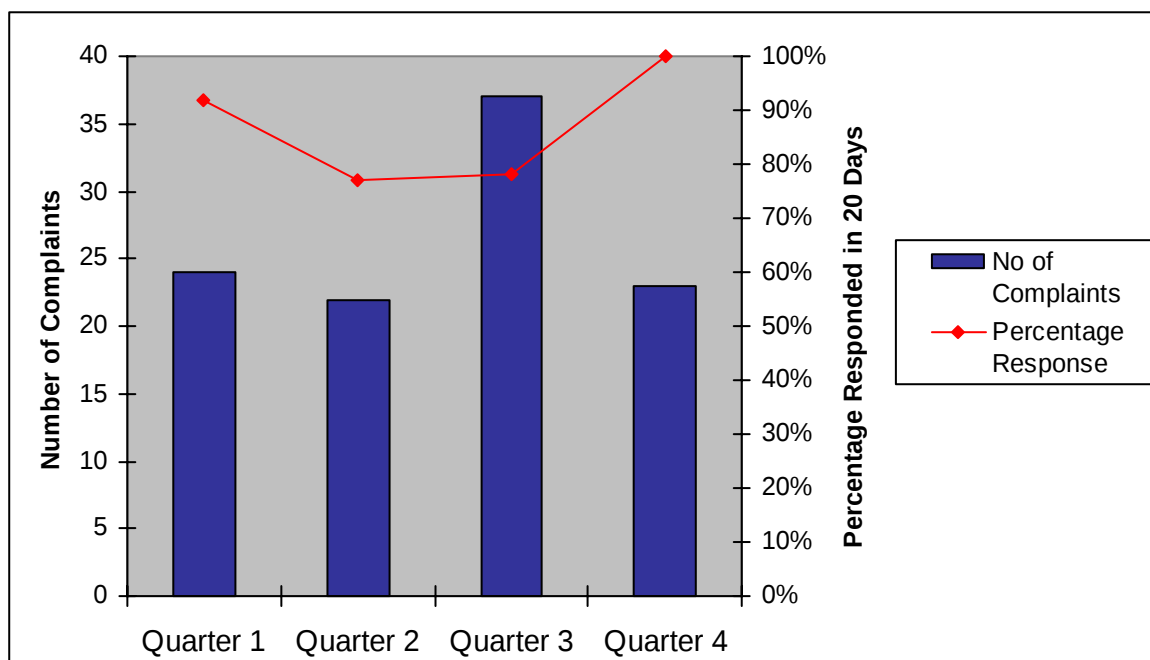
This complaint relates to several aspects of nursing care, including concern that drugs were not administered as prescribed, that patients catheter became dislodged as result of inadequate care, that a hoist was left under patient to enable staff to move him more easily. A further concern was that the patient had a cardiac arrest as a result of the inadequate care.

The Trust received the final report in February 2006. Recommendations made to the Trust included:

- Annual Review of nursing records across all wards.
- Results of Communication Benchmarking exercise be provided to Ombudsman.
- Trust undertakes a review of staffing levels based on patient dependency.
- Both wards involved were asked to develop action plans to consider as a team all issues raised in complaint and report back results of deliberations.

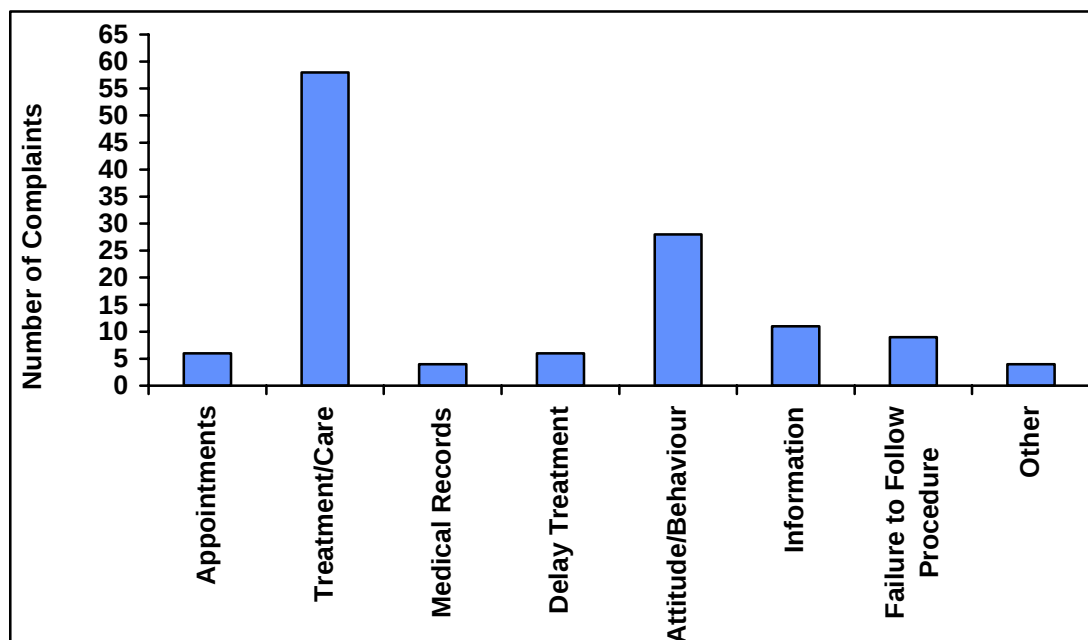
The Trust action in response to the recommendations has now been reported back to the Ombudsman.

## 1.0 Management of Formal Complaints Women and Children's Directorate 2005/2006

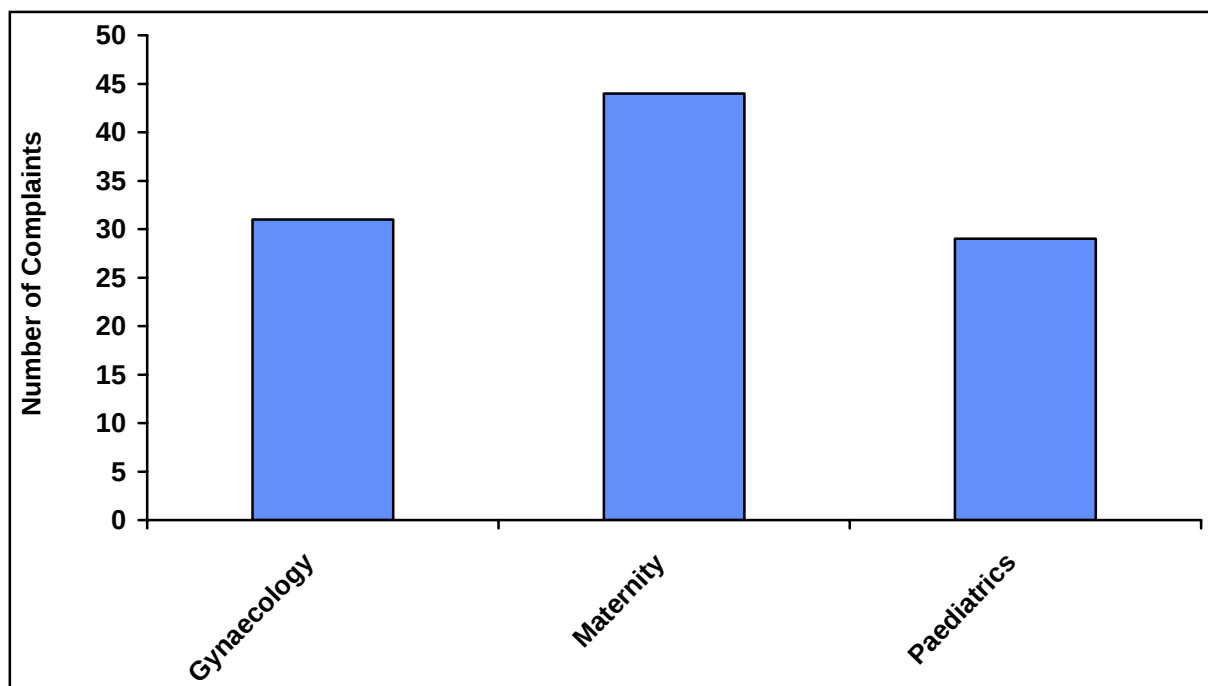


The total number of complaints received regarding the Women and Children's Directorate for the year 2005/2006 is 106. During the year 2005/2006 86% of complaints have been responded to within 20 working days. This is 4% below the performance standard we aim to achieve. The total number of complaints for the year 2005/2006 has fallen by 13% when compared with the year 2004/2005.

## 2.0 Complaints by Subject 2005/2006

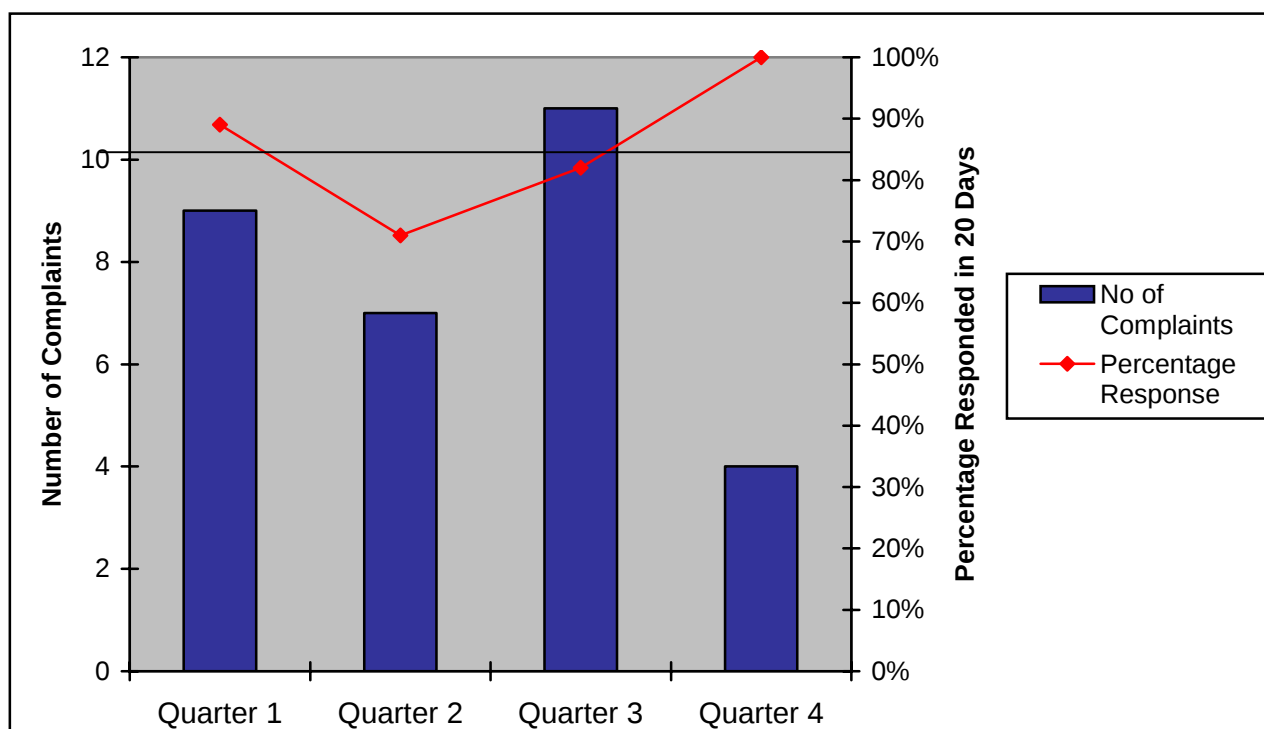


### 3.0 Complaints by Speciality - 2005/2006



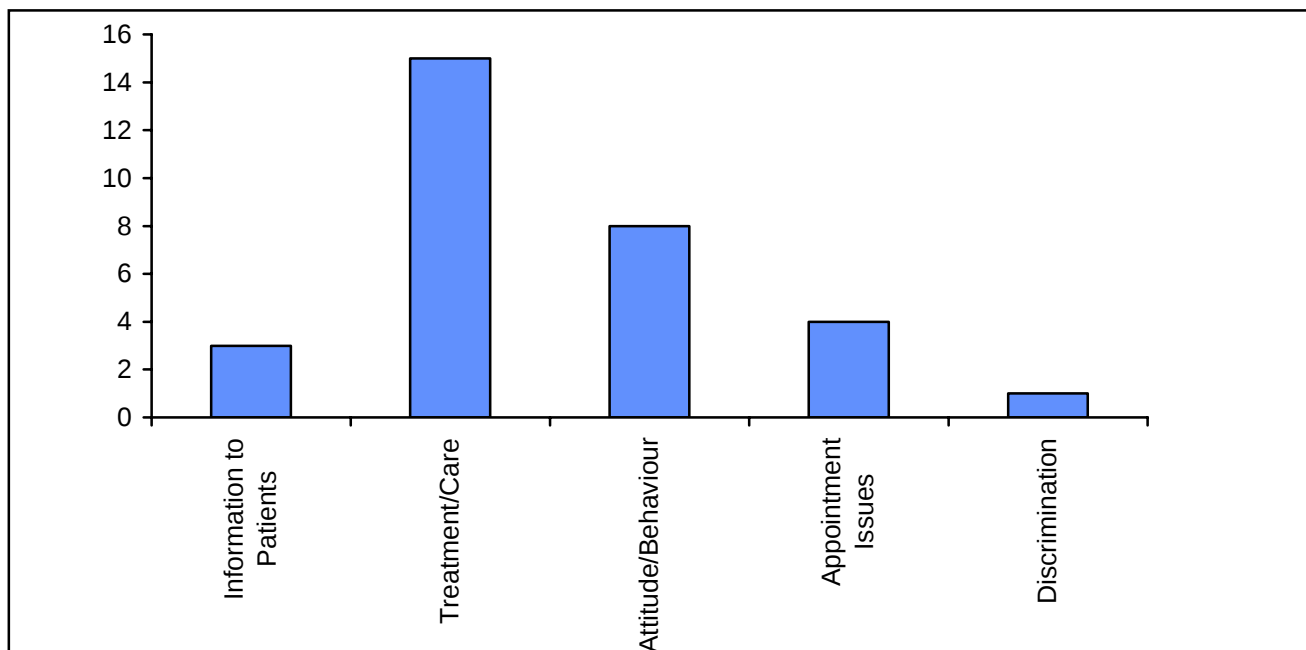
Complaints relating to maternity services represent 42% of complaints for this directorate. Complaints relating gynaecology services represent 30% of complaints for this directorate. Complaints relating to children's services represent 28% of complaints for this directorate.

### 4.0 Management of Gynaecology Complaints – 2005/2006



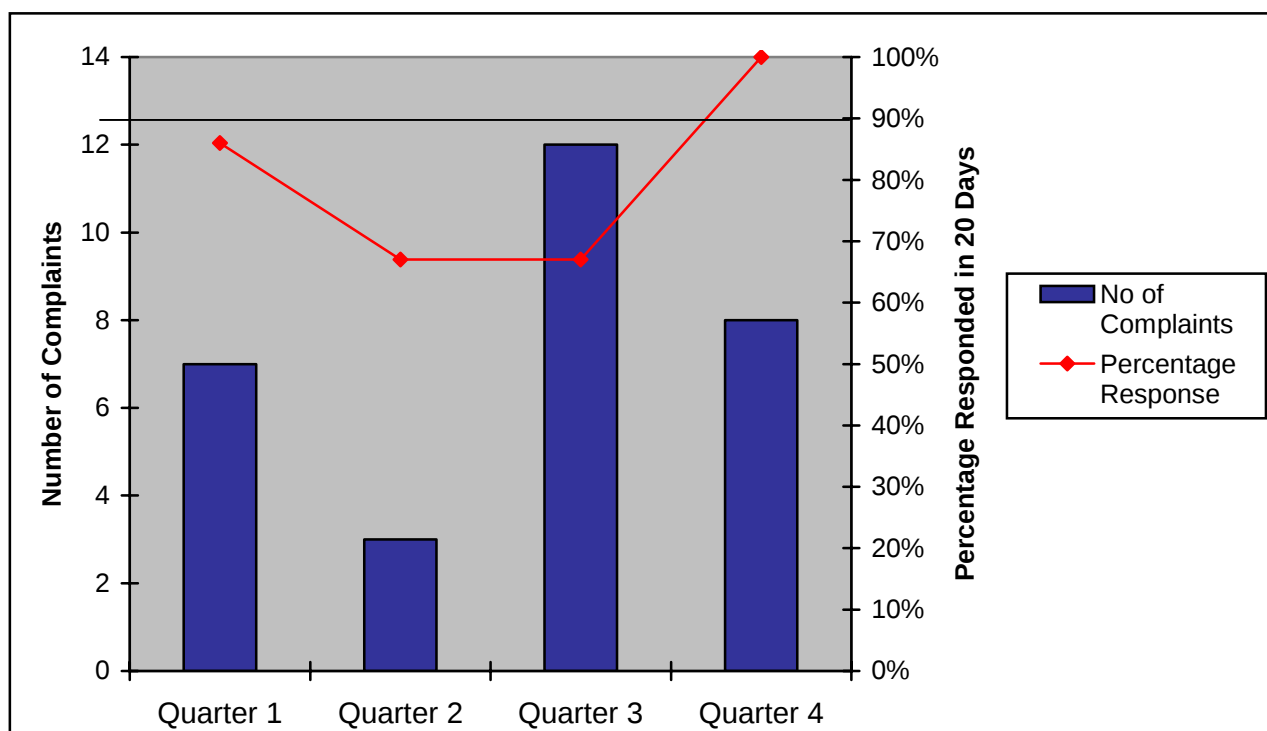
The total number of complaints relating to the gynaecology service for the year 2005/2006 is thirty one. Over the year 2005/2006 83% of complaints have been responded to within 20 working days. This falls 7% below the performance standard we aim to achieve.

#### 4.1 Gynaecology Complaints by Subject 2005/2006



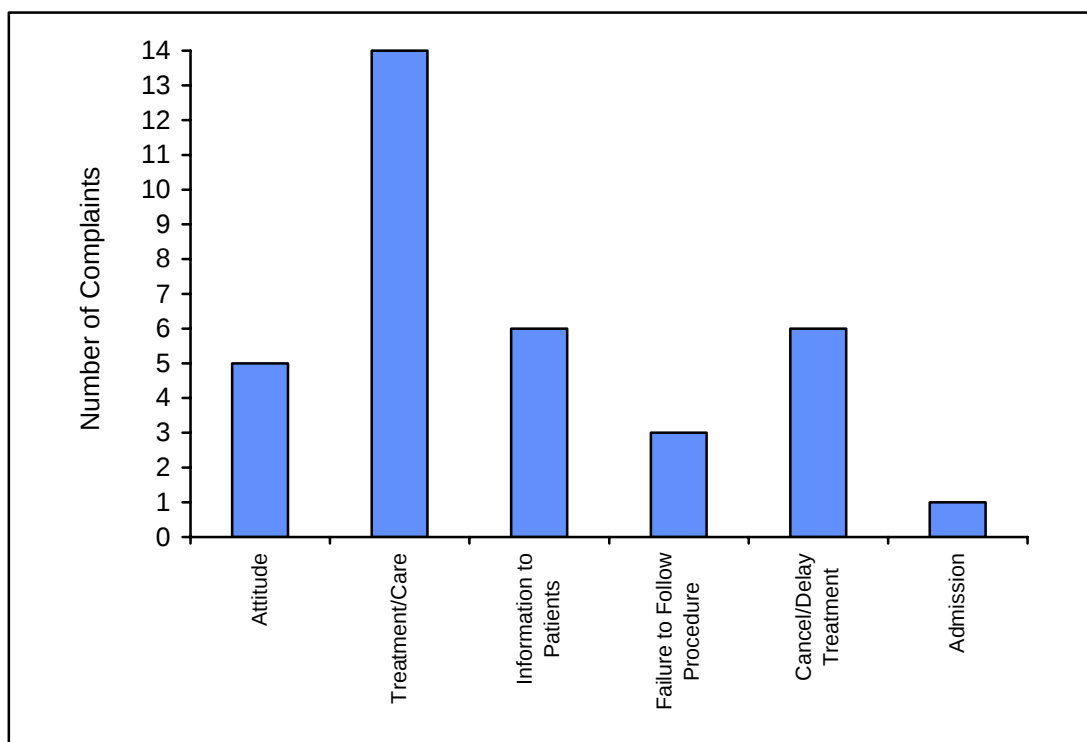
Fifteen complaints received during the year 2005/2006 related to aspects of clinical care or treatment. Thirteen of these complaints relate to care or treatment from medical staff. (Three complaints relate to aspects of care in the Assisted Conception Unit).

#### 5.0 Management of Paediatric Complaints – 2005/2006



The total number of complaints in the paediatric service during the year 2005/2006 is thirty one. During the year 2005/2006 82% of complaints have been responded to within 20 working days. This falls below the performance standard by 8%.

## 5.1 Paediatric Complaints by Subject

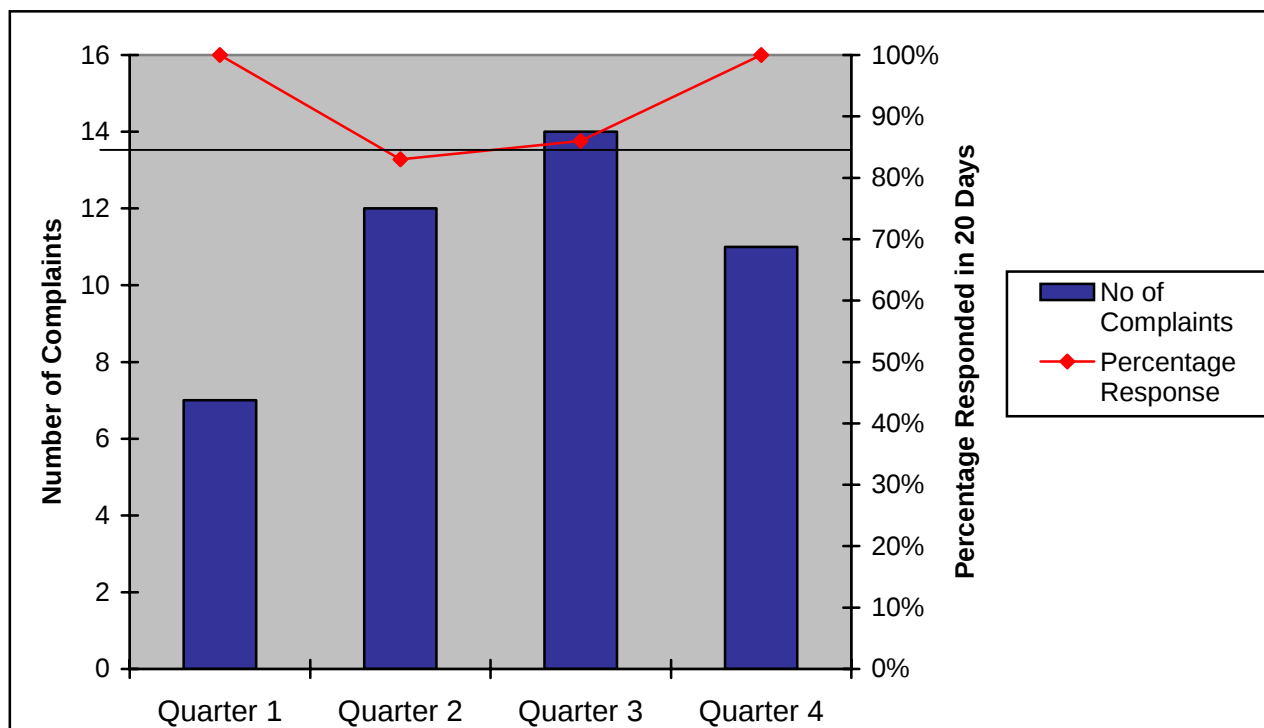


The paediatric service received 14 complaints relating to aspects of treatment or care during the year 2005/2006.

12 of these complaints relate to medical staff.

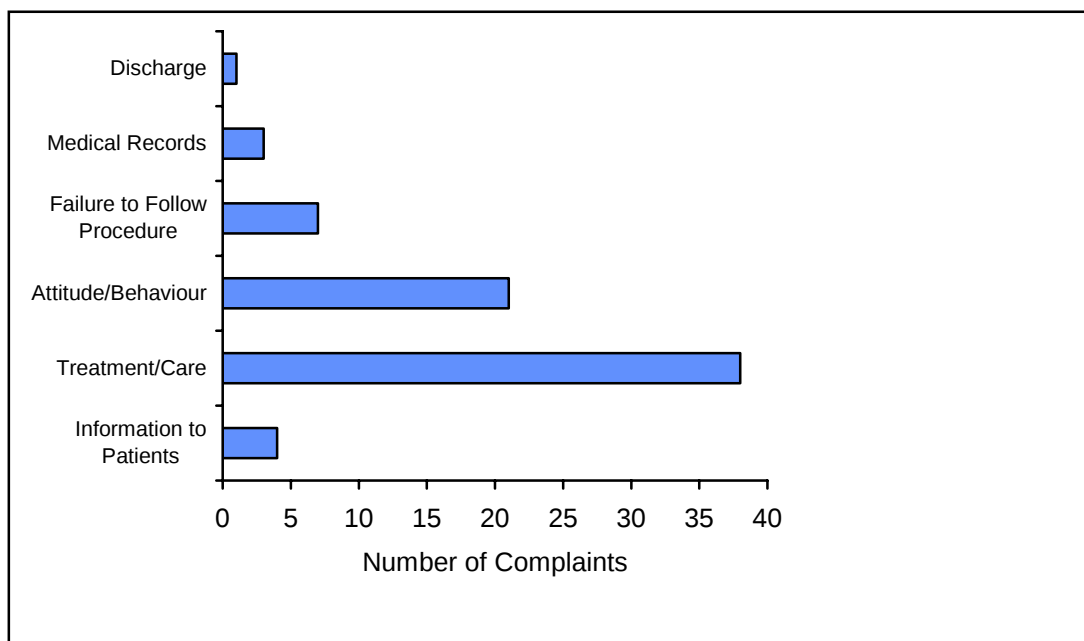
2 of these complaints relate to nursing staff.

## 5.0 Management of Maternity Complaints – 2005/2006



The total number of complaints in the Maternity Service for the year 2005/2006 is forty four. Over the year 2005/2006 91% of complaints have been responded to within 20 working days.

### 5.1 Maternity Complaints by Subject 2005/2006



## 5.2 Aspects of Clinical Care and Treatment

During the year 2005/2006 twenty nine complaints raised concerns about aspects of their care or treatment.

5 of these complaints related to care from a doctor.

24 related to aspects of care from a midwife.

12 complaints relate to care on the labour ward.

8 complaints relate to aspects of post natal care.

## 6.0 Healthcare Commission

During 2005/2006 the Healthcare Commission notified the Trust they are undertaking an initial review of five complaints relating to the Women and Children's directorate.

### Complaint 948

This complaint relates to aspects of care of a child during induction of anaesthesia.

The HCC asked the Trust to respond further to the complainant explaining in detail changes that have been made to procedures for anaesthetising children; this has now been completed.

### Complaint 320

This complaint related to aspects of clinical care provided to a premature baby who subsequently died. The issues related to the diagnosis of a perforation in the baby's stomach, whether milk curds found to be present in the baby's stomach related to effective monitoring of feeding and digestion and whether an infection acquired was related to the administration of a blood transfusion.

The Healthcare Commission sought clinical advice and was reassured that the care and treatment provided to the baby was appropriate and that there was no further explanation that the Trust could provide. Therefore the decision was that no further action would be taken in response to the issues identified.

The Clinical Adviser recommended that the Trust review the procedure for gastric tube feeding in line with a patient safety alert published by the National Patient Safety Agency in August 2005. This action had already been taken. This complaint has now been closed.

### Complaint 801

This complaint relates to aspects of care and treatment during the delivery of a baby by caesarean section and that the patient sustained a bladder injury during the procedure. The patient expressed concern that she did not have access to an interpreter during her admission and that she was not offered a follow up appointment.

The Healthcare Commission concluded that the patient care and management had been appropriate and that there was no further action to be taken in respect of any of the issues identified.

This complaint has therefore been closed.

#### **Complaint 898**

This complaint relates to the loss of a sample of colon which had been taken during a surgical procedure. The sample should have been forwarded to another Trust at the request of the complainant for research purposes.

The Healthcare Commission recommended that no further action should be taken in respect of the complaint, but advised the Trust to provide the complainant with a copy of the procedure for handling non-routine samples which was revised as a result of this complaint.

This action has been taken and the complaint is now closed.

#### **Complaint 667**

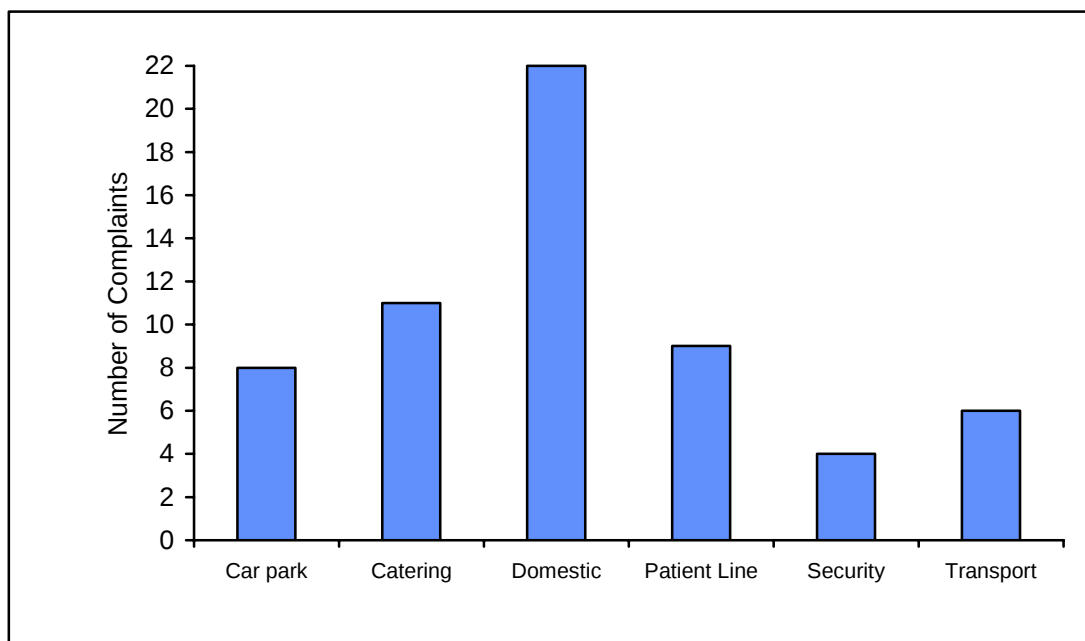
This complaint relates to the length of wait for a child to commence treatment, cancellation of appointments and the complaint management.

The Healthcare Commission notified the Trust that they had received a request for review in July 2005. The Trust has not yet been notified of the decision reached by the Healthcare Commission.

### 1.0 Non Clinical Support Services Quarter 2005/2006

The total number of complaints relating to non clinical support services for the year 2005/2006 is sixty nine. During the year 2005/2006 86% of complaints were responded to within 20 working days. This is 4% below the performance standard we aim to achieve.

### 2.0 Housekeeping Complaints by Speciality - 2005/2006



During the year 2005/2006 22 complaints were received regarding domestic issues. However, during the third and fourth quarters there have been no formal complaints relating to domestic issues.

### 3.0 Appointment Office 2005/2006

During the year 2005/2006 20 complaints were received relating to the Appointments Office. 88% of complaints relating to the appointments office have been addressed in 20 working days. This is 2% below the performance standard.

During quarter four 2005/2006 the Trust received only one complaint relating to the Appointments Office. This complaint related to difficulty accessing appointment office by phone.

### **1.0 Clinical Support Service Complaints Quarter 4 - 2005/2006**

The total number of complaints relating to Clinical Support Services for the year 2005/2006 is 13. 92% of complaints have been responded to within 20 working days during the year 2005/2006.

### **2.0 Physiotherapy Services**

During the year 2005/2006 the following issues were identified by complainants relating to physiotherapy.

- Two complaints related to a delay in accessing an appointment.
- Three complaints related to aspects of clinical management.
- Three complaints related to the attitude of a member of staff.
- One complaint related to lack of information about NHS physiotherapy.

100% of these complaints were responded to within 20 working days.

### **3.0 Pharmacy Services**

During the year 2005/2006 the following issues were identified by complainants relating to pharmacy services.

- Six complaints related to a delay in dispensing medication.
- One complaint related to lack of advice given at discharge.
- One complaint related to dispensing of out of date medication.
- Two complaints related to failure to dispense prescribed quantity of medication.

100% of these complaints were responded to within 20 working days.

## Trust Board Meeting, 3<sup>rd</sup> August 2006

|                            |                                                                                                                                                                                                                                                                                                                                |
|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>AGENDA<br/>ITEM NO.</b> | 5.1.2/Aug/06                                                                                                                                                                                                                                                                                                                   |
| <b>PAPER</b>               | PALS Annual Report                                                                                                                                                                                                                                                                                                             |
| <b>AUTHOR</b>              | Amanda Harrington, Patient Affairs Manager<br><br>Contact Number: 020 8846 7867                                                                                                                                                                                                                                                |
| <b>LEAD<br/>EXECUTIVE</b>  | Sharon Terry, Assistant Director of Nursing (for Andrew MacCallum)<br><br>Contact Number: 020 8846 6721                                                                                                                                                                                                                        |
| <b>SUMMARY</b>             | The report collates information received from comment cards and enquiries to the Patient Advice and Liaison Service (PALS) during the year. It also highlights issues raised by service users who have contacted the PALS department either to raise concern about aspects of the service or to request information or advice. |
| <b>ACTION</b>              | The Board is asked to note this report.                                                                                                                                                                                                                                                                                        |

Patient Advice and Liaison Service  
(PALS)  
Annual Report  
2005/2006

**Author:** Amanda Harrington  
Patient Affairs Manager  
**Date:** June 2006

## **Index**

|                                                                |                |
|----------------------------------------------------------------|----------------|
| <b>1.0 Introduction</b>                                        | <b>Page 3</b>  |
| <b>2.0 The PALS Team</b>                                       | <b>Page 3</b>  |
| <b>3.0 Contacts with the PALS Service</b>                      | <b>Page 3</b>  |
| <b>4.0 Query Types</b>                                         | <b>Page 4</b>  |
| <b>5.0 Method of Contact with PALS Office</b>                  | <b>Page 5</b>  |
| <b>6.0 Directorate Profiles</b>                                | <b>Page 6</b>  |
| <b>7.0 Top Three Themes Receiving Positive Feedback</b>        | <b>Page 7</b>  |
| <b>8.0 Top Five Concerns</b>                                   | <b>Page 7</b>  |
| 8.1 Appointments System                                        | Page 8         |
| 8.2 Attitude/Behaviour of Staff                                | Page 8         |
| 8.3 Aids, Equipment, Appliances and Premises                   | Page 9         |
| <b>9.0 Changes in Response to PALS Feedback</b>                | <b>Page 10</b> |
| <b>10.0 Non Directorate Related Enquiries</b>                  | <b>Page 10</b> |
| <b>11.0 Ethnicity of PALS Clients</b>                          | <b>Page 11</b> |
| <br>                                                           |                |
| <b>Appendix 1 Patient Affairs Team Structure</b>               |                |
| <b>Appendix 2 Anaesthetics and Imaging Directorate Profile</b> |                |
| <b>Appendix 3 HIV/GUM Directorate Profile</b>                  |                |
| <b>Appendix 4 Medicine Directorate Profile</b>                 |                |
| <b>Appendix 5 Surgical Directorate Profile</b>                 |                |
| <b>Appendix 6 Women and Children's Directorate Profile</b>     |                |
| <b>Appendix 7 Clinical Support Services Profile</b>            |                |
| <b>Appendix 8 Non Clinical Support Services Profile</b>        |                |

---

## 1.0 Patient Advice and Liaison Service (PALS)- Report 2005/2006

---

This report collates information received from comment cards and enquiries to the Patient Advice and Liaison Service (PALS) during the year 1<sup>st</sup> April 2005 – 31<sup>st</sup> March 2006. The report highlights issues raised by service users who have contacted the PALS department either to raise a concern about aspects of the service or to request information or advice.

The report will present general statistical information relating to issues raised within the PALS service and changes that have been made in the Trust as a result of this user feedback.

A profile of each directorate and the specific issues raised is attached to this report as appendices.

---

## 2.0 The PALS Team

---

The Patient Advice and Liaison Service team is part of the Patient Affairs Department **(for team structure see Appendix 1)** and sits within the Nursing Directorate.

All queries, concerns or requests for information raised with the PALS team are registered on the PALS module of the Risk Management database ('Datix'). This is a valuable source of information about how the Trust can improve its services.

The PALS team is managed by the Patient Affairs Manager. There are three PALS officers in the team. The team provides both a drop in and appointment service for clients. They also manage queries raised by telephone, e-mail, Trust comment card or feedback form on the Trust website.

The information collected through the PALS database is reported quarterly to each directorate through quarterly Clinical Governance Reports and a PALS report presented to the Trust Board.

---

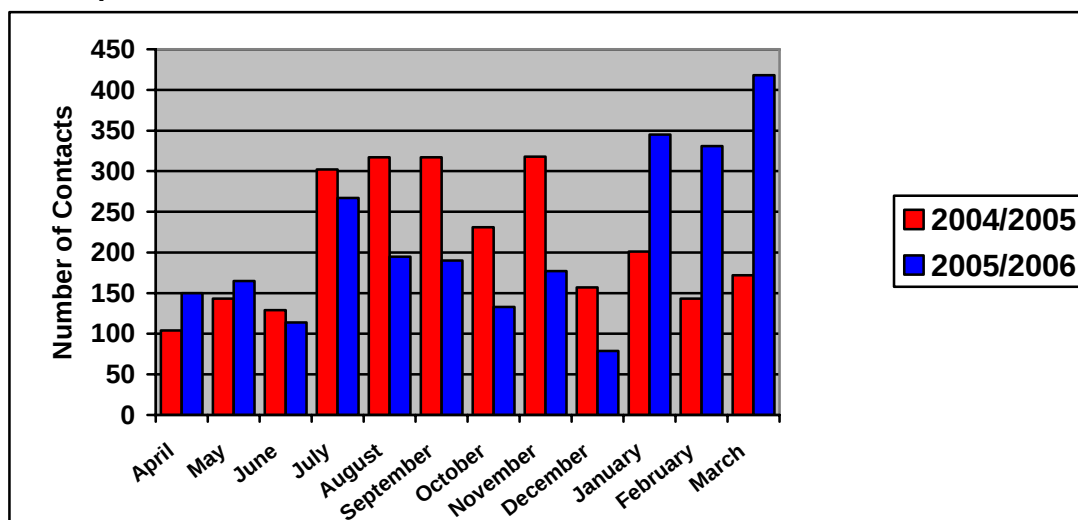
## 3.0 Number of Contacts with PALS service between 1<sup>st</sup> April 2005 and 31<sup>st</sup> March 2006

---

**Table 1 – Number of Contacts with PALS team 2005/2006**

| Month         | Comment Cards | Other Contacts | Totals      |
|---------------|---------------|----------------|-------------|
| April         | 20            | 130            | 150         |
| May           | 15            | 150            | 165         |
| June          | 25            | 89             | 114         |
| July          | 20            | 247            | 267         |
| August        | 14            | 182            | 196         |
| September     | 14            | 176            | 190         |
| October       | 24            | 109            | 133         |
| November      | 23            | 154            | 177         |
| December      | 16            | 63             | 79          |
| January       | 12            | 333            | 345         |
| February      | 19            | 312            | 331         |
| March         | 22            | 397            | 419         |
| <b>TOTALS</b> | <b>224</b>    | <b>2342</b>    | <b>2566</b> |

**Graph 1 – Number of Contacts with PALS team 2004/2005 and 2005/2006**



The increase in the number of client contacts between January and March 2006 is likely to be due to improved data entry. Due to staff shortfall it is likely that the data recorded prior to quarter four did not capture all the client contacts. The PALS team was reduced to one member throughout some of this period. From the beginning of January 2006 the team has been at full capacity and this is reflected in the data for quarter four 2005/2006.

Overall, there has been a slight increase in the number of contacts with the PALS service in 2005/2006 when compared with the previous year (an additional 32 contacts).

There has been a decrease in the number of comment cards received over the preceding two years and the PALS team will focus on raising the profile of this scheme in the year 2006/2007 to encourage service users to feedback about their experience.

During the year 2006/2007 there will be a campaign to raise awareness amongst staff and service users of the comment card scheme. The cards will be given a higher profile in patient areas and the number of places where cards can be posted will be increased.

---

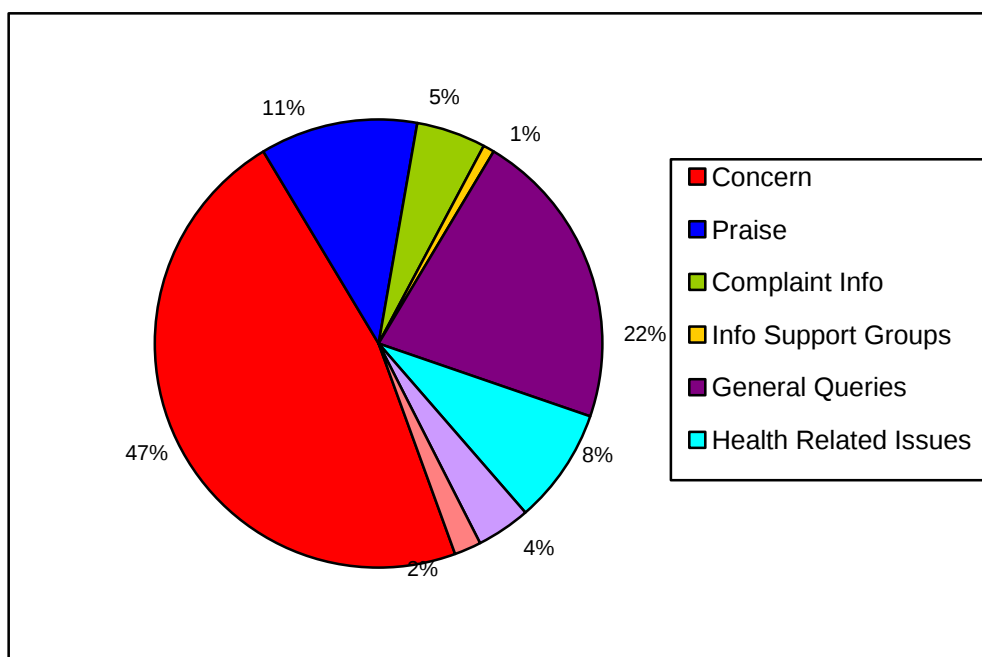
#### **4.0 Query Type between 1<sup>st</sup> April 2005 and 31<sup>st</sup> March 2006**

---

**Table 2 – Types of Query Received by PALS team 2005/2006**

|                                    | Quarter 1  | Quarter 2  | Quarter 3  | Quarter 4   | Total 05/06 |
|------------------------------------|------------|------------|------------|-------------|-------------|
| Concern                            | 205        | 184        | 217        | 255         | 861         |
| Praise                             | 52         | 54         | 47         | 53          | 206         |
| How to make a complaint            | 7          | 23         | 9          | 50          | 89          |
| Contact Information support groups | 4          | 3          | 3          | 7           | 17          |
| General Queries                    | 96         | 109        | 38         | 155         | 398         |
| Health Related Issues              | 25         | 52         | 22         | 52          | 151         |
| PCT Info/Local Services            | 6          | 25         | 5          | 34          | 70          |
| Comments/Suggest                   | 1          | 8          | 19         | 9           | 37          |
| Brief Queries                      | 33         | 195        | 29         | 480         | 737         |
| <b>Total</b>                       | <b>429</b> | <b>653</b> | <b>389</b> | <b>1095</b> | <b>2566</b> |

**Graph 2 - Types of Enquiry 2005/2006**



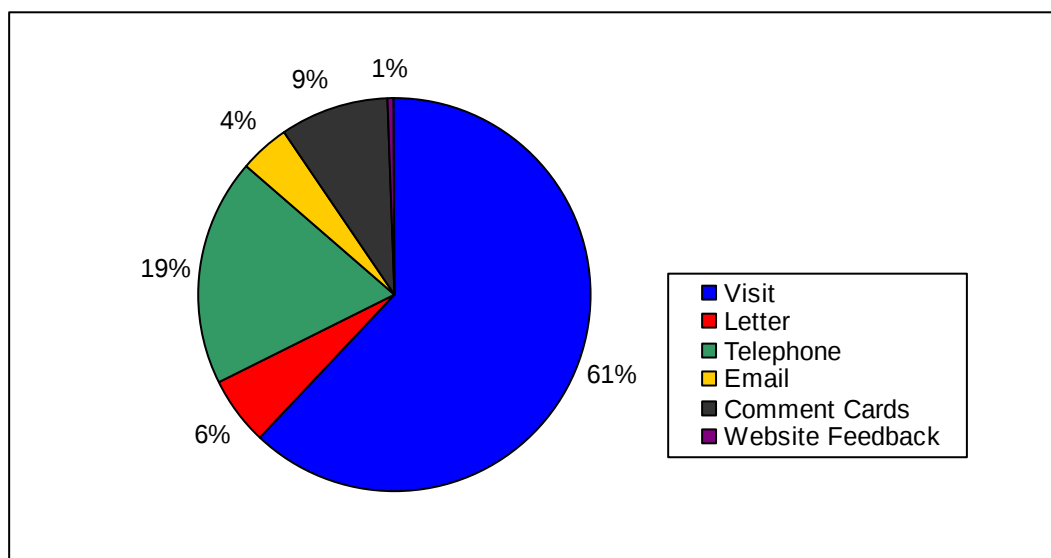
Not all contacts with the PALS office are to express concern about the service, as indicated by the above table. Of those making contact during the year 2005/2006, 63 % were seeking information, advice, or praising an aspect of the service. This percentage remains consistent with the figures in 2004/2005.

## 5.0 Method of contact with PALS Office 1st April 2005 – 31<sup>st</sup> March 2006

**Table 3 – Method of Contact with PALS Team 2005/2006**

|                       | <b>Total 2005/2006</b> |
|-----------------------|------------------------|
| Visit                 | 1589                   |
| Letter                | 145                    |
| Telephone             | 486                    |
| Email/Fax             | 106                    |
| Comment Card          | 224                    |
| Website Feedback form | 16                     |
| <b>Total</b>          | <b>2566</b>            |

**Graph 3 - Method of Contact with PALS Team 2005/2006**



The above chart represents the method of contact with the PALS office during the year 2005/2006. 88% of contacts were directly with PALS staff either in person or by telephone. The remaining 12% of contacts were made in writing. Following the introduction of a generic e-mail address ([PALS@chelwest.nhs.uk](mailto:PALS@chelwest.nhs.uk)) in 2004/2005 there has been a significant increase in the number of contacts made by e-mail (22 contacts in 2004/2005 and 106 contacts during 2005/2006).

During the year 2005/2006 a web based feedback form accessible through the Trust website was created; 1% of contacts have been made through the website. It is anticipated that the number of contacts made through the website will increase during the year 2006/2007.

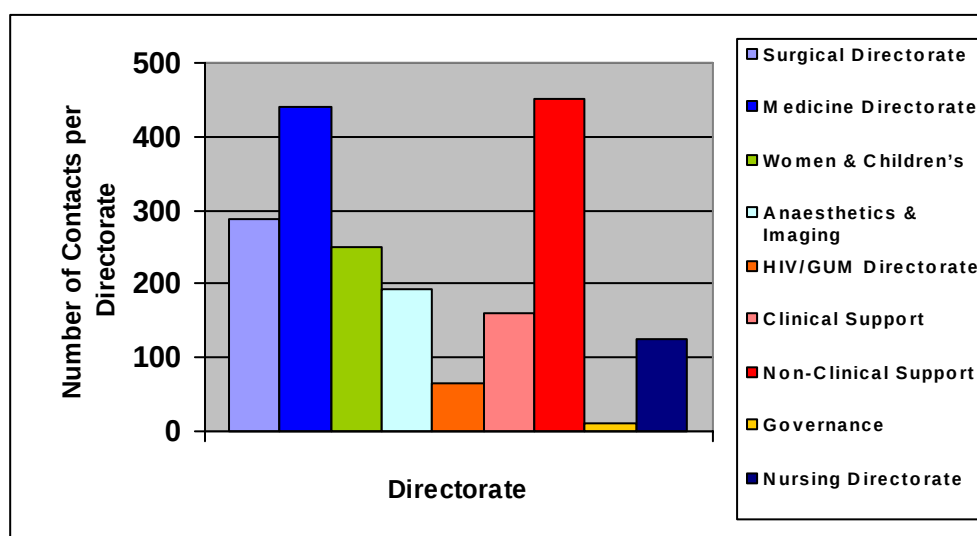
## 6.0 Directorate Profiles

**Table 4 - Number of Contacts by Directorate**

| Directorate                    | Number of Contacts |
|--------------------------------|--------------------|
| Non Clinical Support Services  | 451                |
| Medicine Directorate           | 439                |
| Surgical Directorate           | 288                |
| Women & Children's             | 251                |
| Anaesthetics & Imaging         | 193                |
| Clinical Support               | 161                |
| Nursing Directorate            | 125                |
| HIV/GUM Directorate            | 64                 |
| Not-Applicable                 | 27                 |
| Governance & Corporate Affairs | 12                 |
| Pathology                      | 6                  |
| <b>Total</b>                   | <b>2017</b>        |

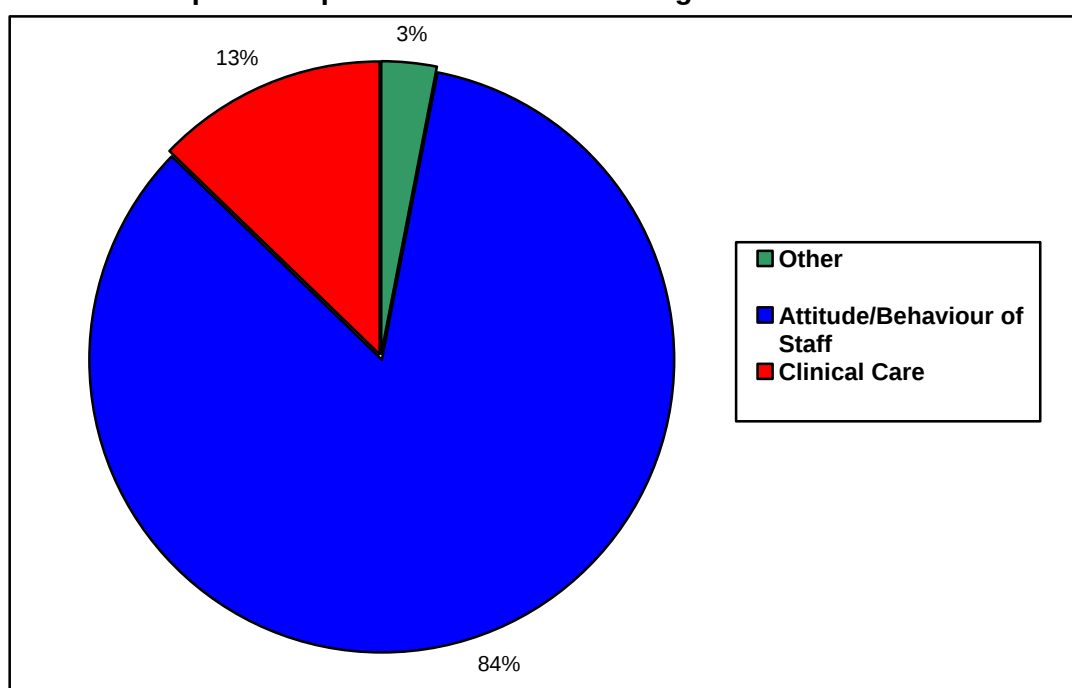
In addition to the above enquiries there were 549 enquiries that did not relate to a directorate.

**Graph 4 – Number of Contacts by Directorate**



## 7.0 Top Themes Receiving Positive Feedback

**Graph 5 – Top Three Themes Receiving Positive Feedback**

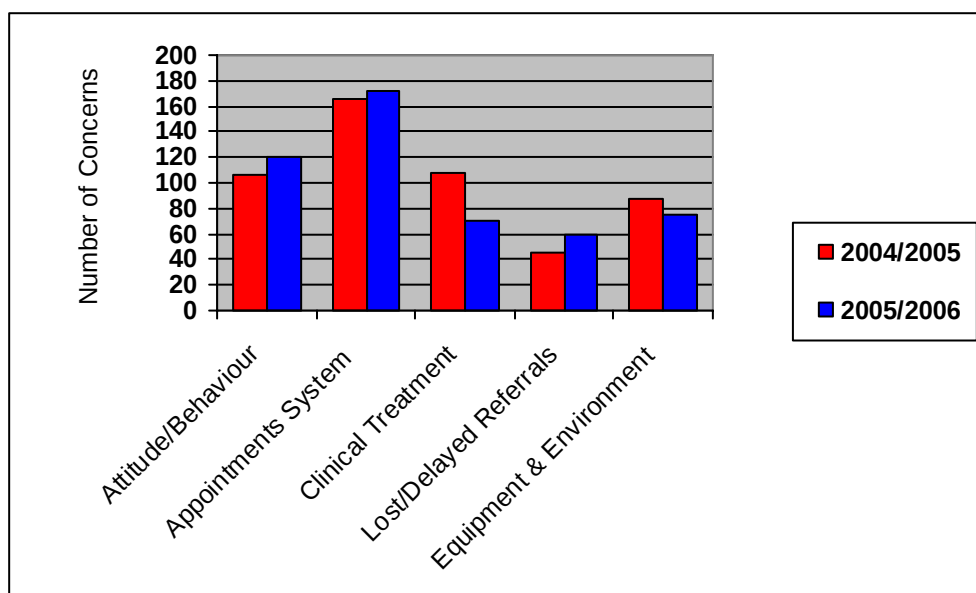


The PALS service received positive feedback from two hundred and six service users. 84% of these praised the attitude and behaviour of staff and 13% related to aspects of clinical care or treatment.

The top two themes are the same as for the previous two years. Positive feedback is always disseminated to the Head of Department with a letter from the Chief Executive, noting the positive comments. Where individuals are identified by service users, the feedback is passed directly to them accompanied by a letter from the Chief Executive.

## 8.0 Top Five Themes relating to Concerns raised with PALS

Graph 6 – Top Three Themes Relating to Concerns 2004/2005 and 2005/2006



The data in graph six shows the top five issues of concern raised with the PALS team in 2005/2006. The graph compares this with the figures for the same issues in the year 2004/2005.

### 8.1 Appointments System

Concerns relating to the appointment system account for one hundred and seventy two client contacts with PALS throughout 2005/2006. This is a slight increase when compared with the previous year when one hundred and sixty six client contacts expressed concern about this aspect of our services.

During the year 2004/2005 the main issue identified by clients related to access to the appointment office call centre. A number of initiatives described in last year's PALS Annual Report were put in place to improve access and this year the number of clients experiencing these problems has fallen to ten.

Seventy clients expressed concerns about appointments that had been cancelled or delayed.

Sixteen clients expressed concern that they were having difficulty contacting a clinic regarding an appointment.

Fourteen clients expressed concern that they were unable to access an appointment within the specified time.

Ten clients expressed concern that they did not receive a letter notifying them about their appointment.

Nine clients raised concerns regarding the pending appointment system.

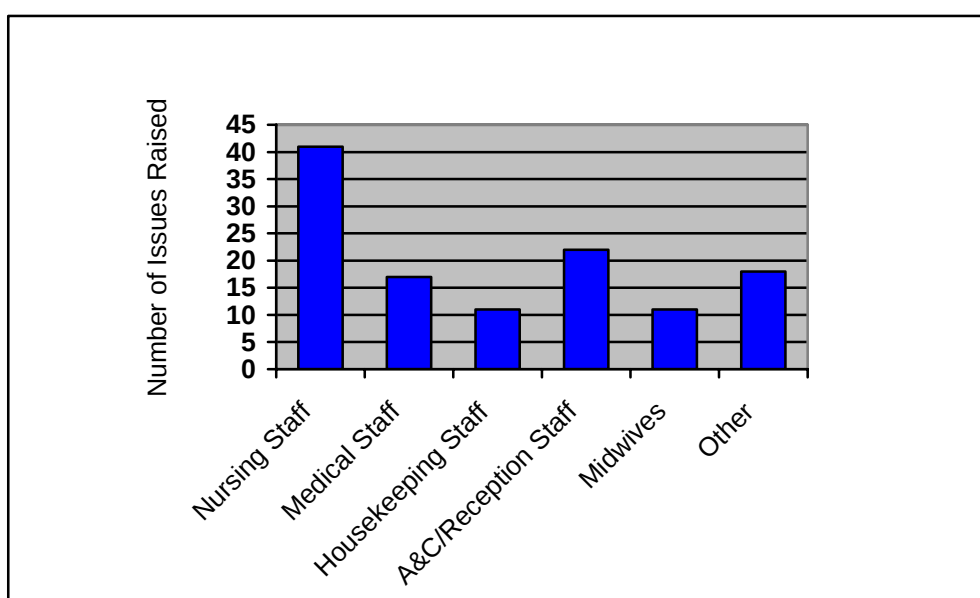
### 8.2 Attitude/Behaviour of Staff

Of the client contacts with the PALS service during the year 2005/2006, one hundred and twenty related to concern regarding the attitude or behaviour of staff. The chart below indicates the concerns raised about attitude and/or behaviour by staff group. There is no specific trend in relation to services.

In order to address the number of concerns relating to the attitude and behaviour of staff the Trust has been through a tendering process to identify a company to facilitate a customer care programme for staff in the organisation. This programme will be implemented in 2006/2007.

Concerns raised about the attitude or behaviour of individual staff members are used to inform the appraisal process and identify individual training and development requirements.

**Graph 7 - Concerns about Attitude/Behaviour by Staff Group**



### 8.3 Aids, Equipment, Appliances and Premises

Seventy five clients (9% of those who have raised a concern) have expressed concern relating to aspects of the environment or equipment.

Within this category, thirty eight clients have raised concerns about aspects of the service provided by Patient Line. The number of concerns raised has risen when compared with the same period in the previous year, during which twelve concerns were raised.

- Twenty four clients raised concerns relating to technical problems with their patient bedside communication systems.
- Sixteen clients (patients and staff) expressed frustration at being unable to access Patient Line staff.
- Concerns were also raised by several of the above clients about cards they had bought but been unable to use due to technical difficulties.

The Trust Soft Services Manager is now taking the lead on managing the Patient Line contract and addressing the issues with them. In order to help create an opportunity to discuss any concerns and compliments regarding the current quality of the Patient Line Service, and a Patient Line User Group is being established.

Concerns have been raised by seven clients regarding patients or staff smoking in inappropriate areas.

---

## **9.0 Changes in response to PALS Feedback during 2005/2006**

---

- Disposable curtains are being piloted to reduce risk of infection.
- As part of the process of updating hospital signage, signs regarding mobile phone use are being reviewed and updated.
- No smoking signs have been installed in children's park at side of hospital and there has been an increase in security patrols to discourage staff and members of public from smoking in this area.
- The entrance to outpatient pharmacy has a heavy door opening into the pharmacy, which caused problems for patients using a wheelchair or crutches. The door now has a mechanism which allows the door to be propped open for ease of access, but in the event of a fire, it automatically releases.
- The details on the appointments letter have been amended to advise that the phlebotomy department closes at 16.30 and that it is advisable for patients coming for a blood test in the afternoon to arrive an hour before closure to ensure they are able to have their bloods taken due to the volume of patients attending the department.
- Theatres have reintroduced the wearing of over gowns for visiting the wards, the re-education of staff to wear their own clothes or hospital uniforms when outside theatres, including not wearing theatre shoes, or covering them up if they have no chance to change.
- Missing plugs replaced in ward hand basins.
- Search facility added to Trust website.
- Changes to administration of prescriptions for private patients.
- Translation tool linked to Trust website.
- Food vouchers for nursing mothers with children admitted to paediatrics to access food in canteen.
- Provision of larger fridge/freezer for use of parents of children who are long term patients.

## **10.0 Non-Directorate Related Enquiries**

The PALS office has dealt with a diverse range of enquiries relating to issues outside any of the Trust services. These include:

- Blood donor queries
- Rehousing issues
- GP/Dentist registration
- Various aspects of sickness benefits.
- Carers benefits
- Pensions
- Reciprocal healthcare agreements.
- Immigration
- Disease specific information
- Job opportunities at Chelsea & Westminster Healthcare NHS Trust
- Wheelchair hire/purchase

- Smoking cessation
- Access to counselling
- Help with NHS charges.
- Access to Walk in centres
- Local accommodation
- Locating patients
- Reimbursement of travel expenses
- Access to bereavement counselling and support for children
- Information about Alzheimer's Society
- Information about Age Concern Groups.
- Alcohol related problems – support groups.

---

## 11.0 Ethnicity of PALS 2005/2006

---

| <b>Ethnic category of complainant</b>    | <b>Total number of PALS Enquiries</b> |
|------------------------------------------|---------------------------------------|
| White : British                          | <b>270</b>                            |
| : Irish                                  | <b>12</b>                             |
| : Other white                            | <b>65</b>                             |
| Mixed : White & Black Caribbean          | <b>2</b>                              |
| : White & Black African                  | <b>4</b>                              |
| : White & Asian                          | <b>3</b>                              |
| : Other mixed                            | <b>4</b>                              |
| Asian or Asian British : Indian          | <b>12</b>                             |
| : Pakistani                              | <b>2</b>                              |
| : Bangladeshi                            | <b>0</b>                              |
| : Other Asian                            | <b>16</b>                             |
| Black or Black British : Black Caribbean | <b>3</b>                              |
| : Black African                          | <b>4</b>                              |
| : Other Black                            | <b>4</b>                              |
| Other ethnic : Chinese                   | <b>1</b>                              |
| : Other ethnic category                  | <b>22</b>                             |
| Not stated                               | <b>160</b>                            |
| <b>Total</b>                             | <b>584</b>                            |

PALS dealt with 1215 anonymous enquiries for which this data was not collected.

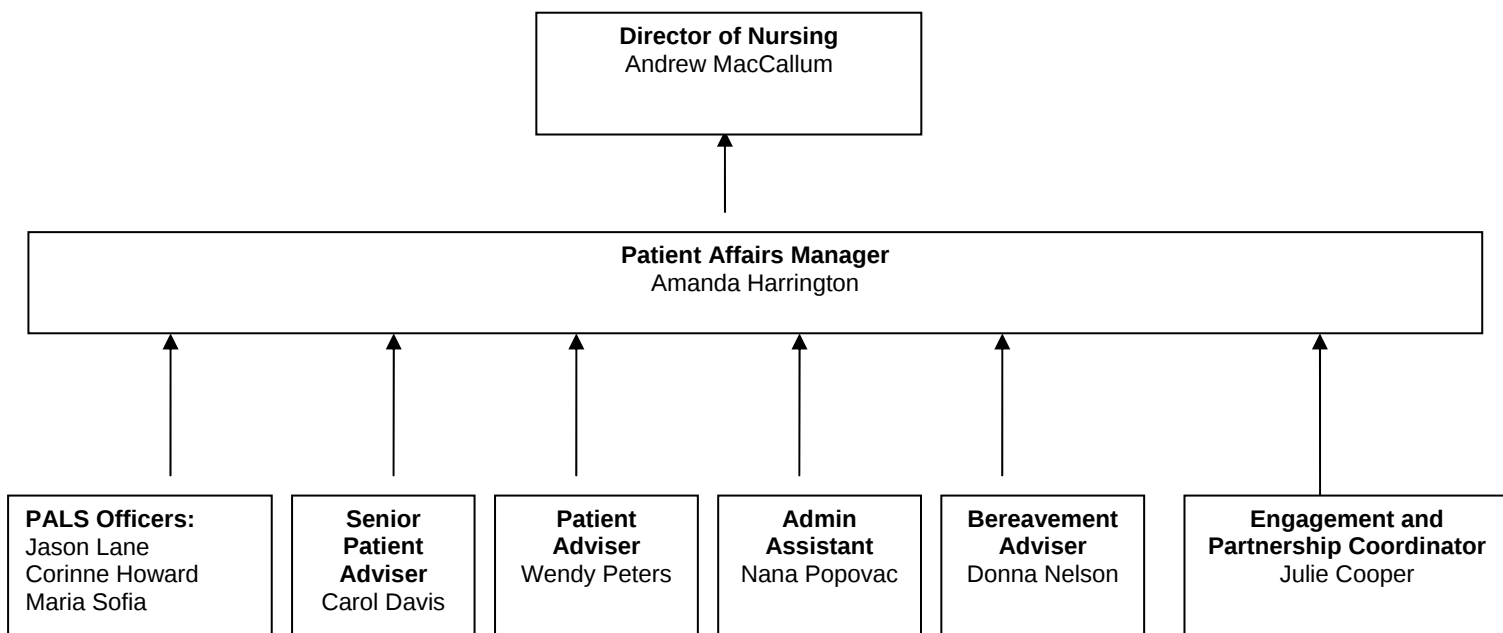
If the group of anonymous clients are excluded, ethnicity data was recorded for 43% of clients. This has fallen when compared with last year's figure of 60%.

The collection of this data needs to improve and we will aim to attain monitoring figures for 70% of clients.

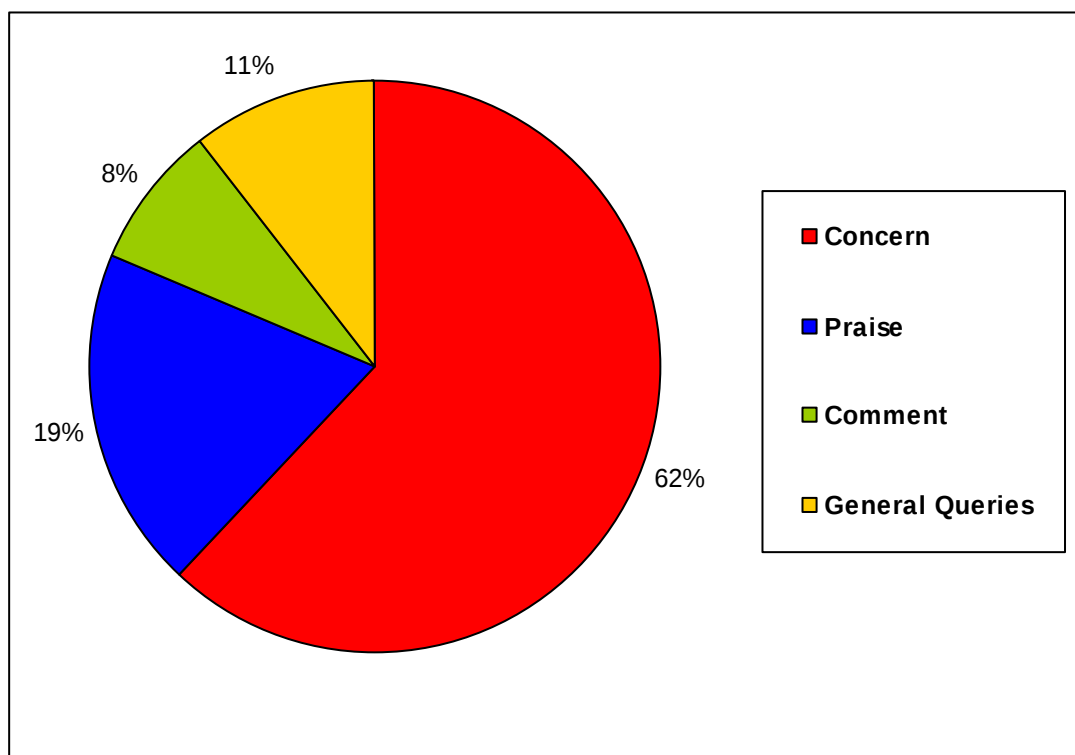
---

**Appendix 1 – Patient Affairs Team Structure**

---



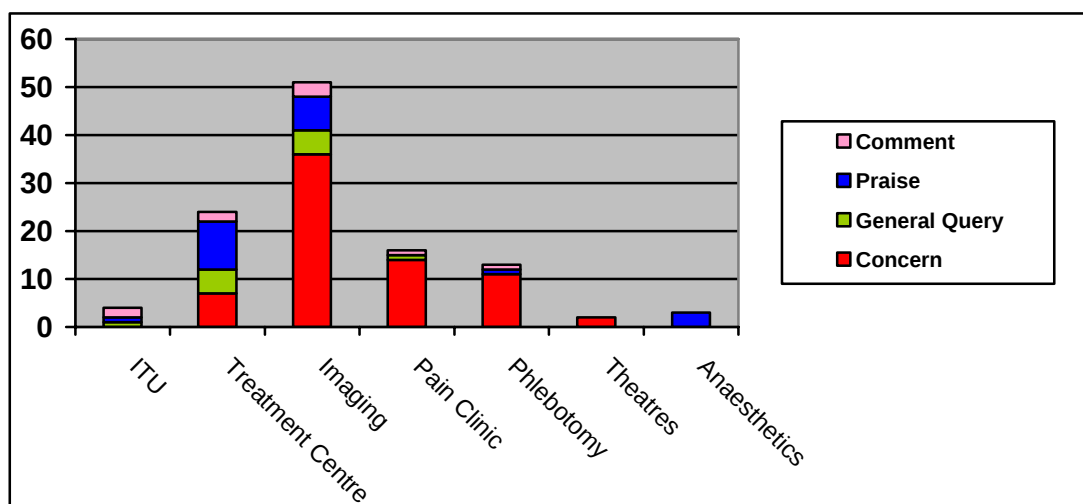
Graph 1 - Anaesthetics and Imaging Directorate - Type of PALS Enquiries 2005/2006



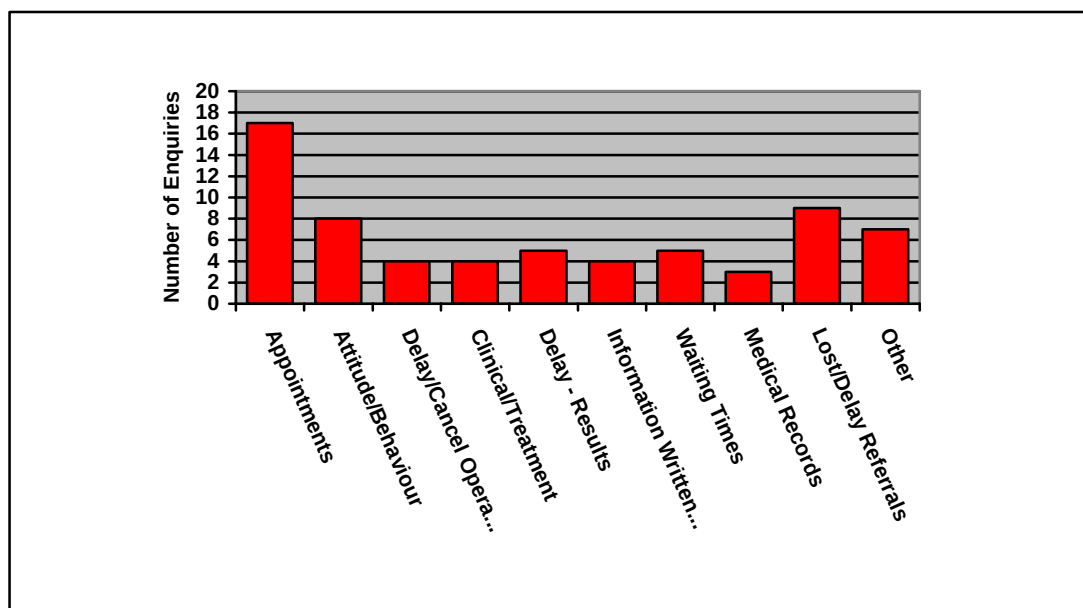
The above chart indicates the type of enquiries to the PALS office relating to the Anaesthetics and Imaging Directorate between 1<sup>st</sup> April 2005 and 31<sup>st</sup> March 2006:

62% related to concerns  
 19% were positive comments about the services  
 11% were requests for information.  
 8% were comments or suggestions about the service.

Graph 2 - PALS Enquiries by Speciality 2005/2006



**Graph 3 - Subject of Concerns Relating to the Anaesthetics & Imaging Directorate  
2005/2006**



### **Top Concerns Identified in Anaesthetics and Imaging Directorate - 2005/2006**

#### **Appointment issues**

Seventeen issues relating to appointments were identified in the Anaesthetics and Imaging directorate. This is a reduction from 30 issues identified in the previous year 2004/2005.

Twelve concerns relate to the imaging department:

- Three relate to waiting list for MRI scan.
- Three relate to waiting list for Ultrasound scan.
- Four relate to cancelled appointments.
- One relates to patient being advised unable to reschedule appointment.
- One relates to difficulty co-ordinating scan with other appointment.

Four concerns relate to the pain clinic:

- Two relate to cancelled appointments.
- Two relate to waiting list for appointment.

#### **Lost/Delayed Referrals**

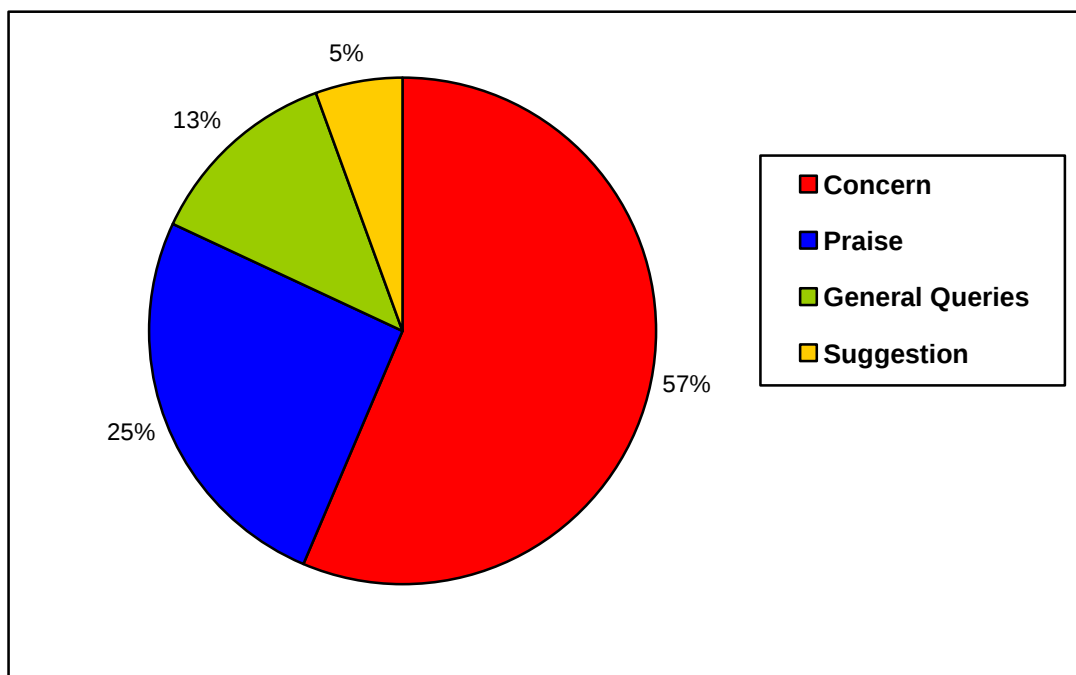
Nine clients expressed concerns about a delay in processing a referral or loss of a referral letter.

- Seven of these relate to the pain clinic.

### **Praise for Anaesthetics and Imaging Directorate 2005/2006**

- Nine clients praised the attitude of staff in the Treatment centre.
- Two clients praised their clinical treatment in the Treatment centre.
- Seven clients gave praise relating to the attitude of staff in the Imaging department.
- Three clients praised the attitude of the anaesthetic team.
- One client praised aspects of clinical care and attitude of staff in the intensive care unit.

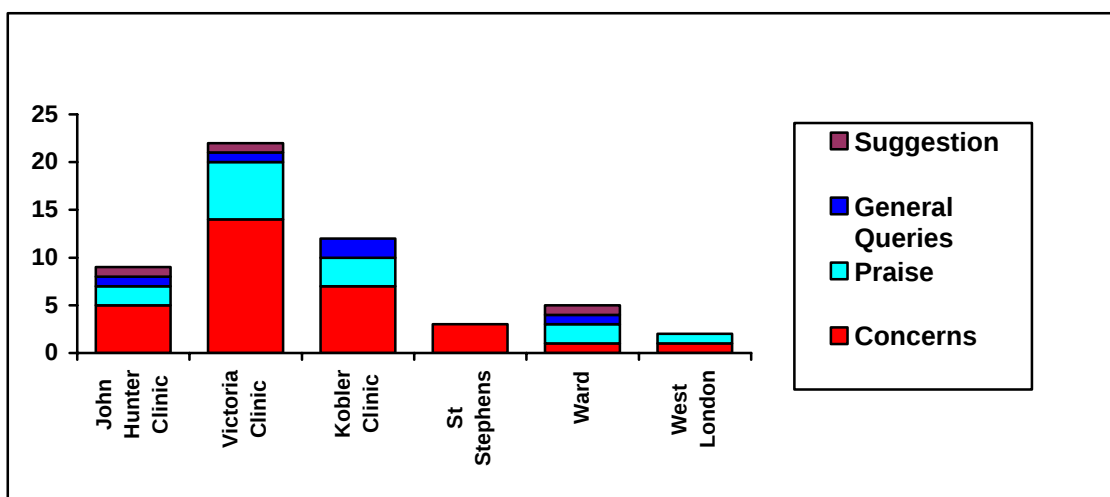
Graph 1 - HIV/GUM Directorate - Type of PALS Enquiries 2005/2006



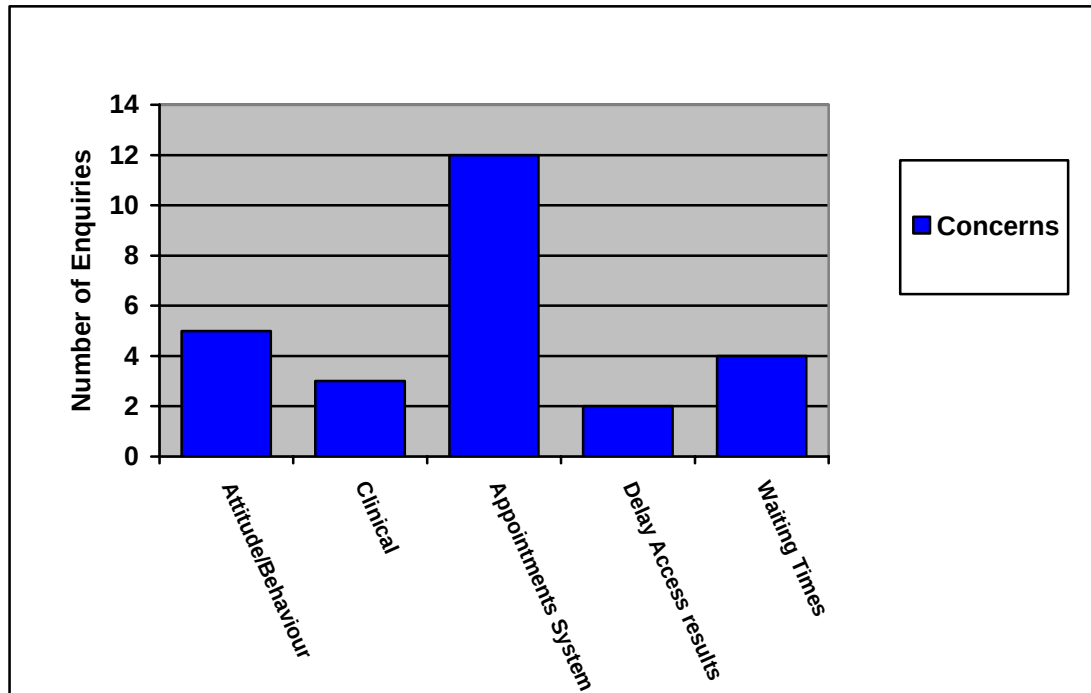
The above chart indicates the type of enquiries to the PALS office relating to the HIV/GUM Directorate between 1<sup>st</sup> April 2005 and 31<sup>st</sup> March 2006:

57% related to concerns raised about aspects of the service.  
 25% were positive comments about the services  
 18% were requests for information.

Graph 2 - Type of PALS Enquiries by Service 2005/2006



**Graph 3 -Subject of PALS Concerns HIV/GUM Directorate 2005/2006**



During the first quarter of the year 2005/2006 there was a rise in the number of concerns about accessing appointments, due to a change in the appointment system.

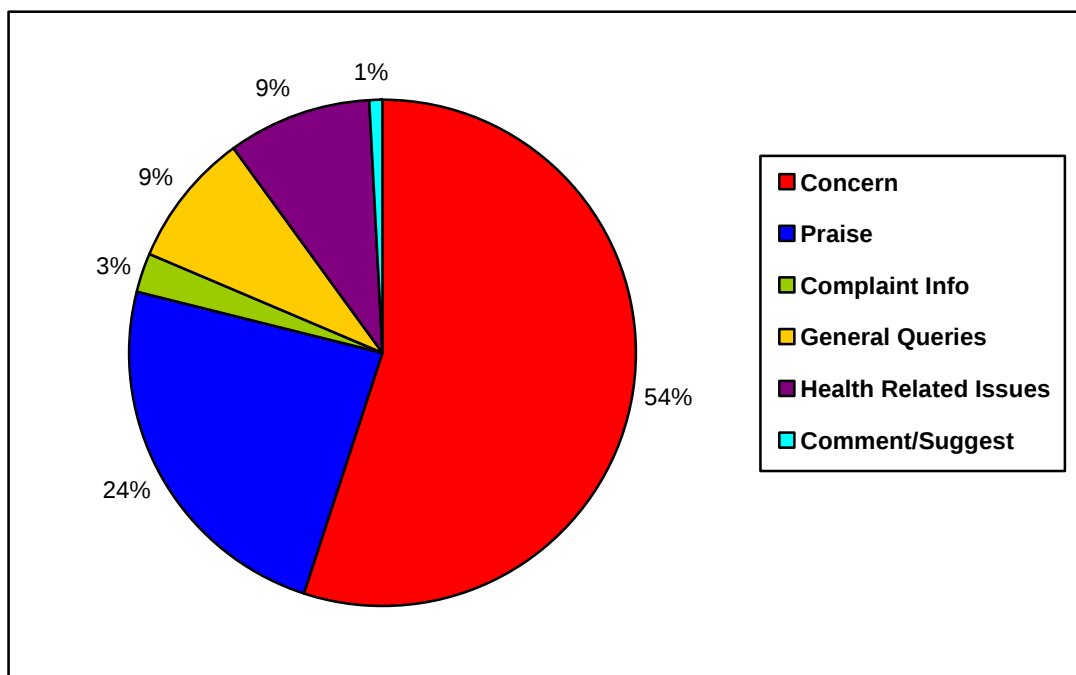
The Kobler Clinic changed how the appointment system worked and staff now work in teams offering a greater choice for the patient. This led to some doctors having to change the times of their clinics, as a result we received complaints about access especially to evening clinic appointments. The directorate has taken action in response to these complaints and increased the evening clinic service as a result.

### **Praise**

**Fourteen clients have praised aspects of the service in this Directorate 2005/2006:**

- Eleven clients have praised the attitude of clinic staff.
- One client praised decision to continue to provide mental health service for patients.
- One client praised efficiency of new automated telephone service.
- One client praised service provided by clinic.

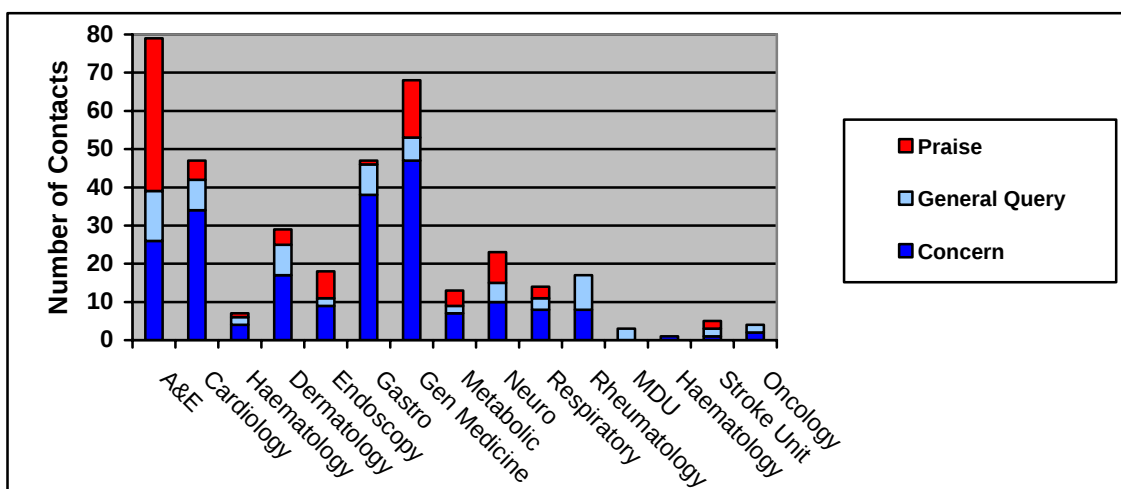
Graph 1 - Medicine Directorate - Type of PALS Enquiries 2005/2006



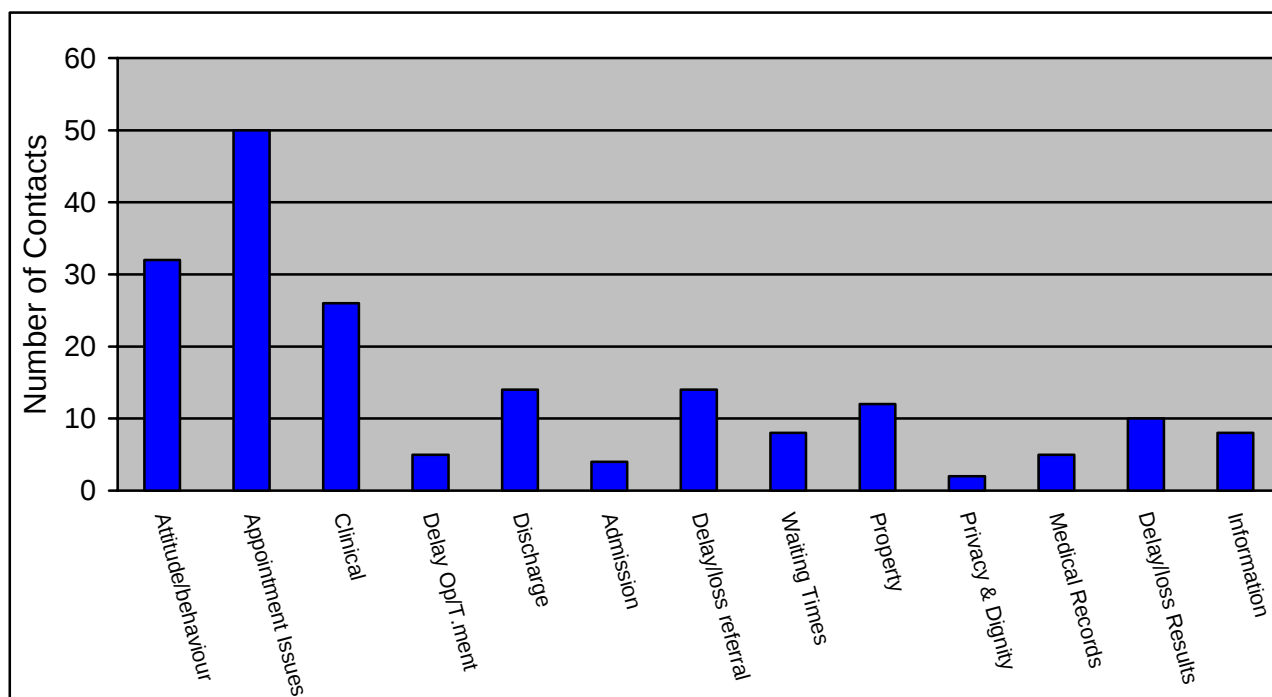
The above chart indicates the type of enquiries made through the PALS office relating to the Medicine Directorate between 1<sup>st</sup> April 2005 and 31<sup>st</sup> March 2006:

54% related to concerns  
 24% were positive comments about the services  
 22% were requests for information.

Graph 2 - Type of PALS Enquiries by Service 2005/2006



**Graph 3 - Concerns Raised in Medicine Directorate – April 2005 – March 2006**



### **Appointment Issues**

Fifty-one clients raised concerns pertaining to appointment issues. Issues raised include:

- Four patients who were not notified about appointment dates and received a 'Did Not Attend' letter.
- Four patients were concerned that their appointment had been cancelled and they were unable to attend alternative offered.
- Six patients expressed concern that no appointment was available within time frame requested.
- Two patients expressed concern that they were not notified that appointment had been cancelled.
- Two patients expressed concern that there was a delay of several weeks/months for alternative appointment following hospital cancellation.
- Two patients were concerned that they did not receive notification of appointment date.
- No follow up appointment following discharge
- Hospital cancelled appointment, did not receive date of new appointment until too late to attend.

### **Attitude/Behaviour of Staff**

Thirty-one clients expressed concern about aspects of staff attitude and behaviour in the Medicine Directorate. These did not relate to any specific service and are summarised in the table below.

| Number of Concerns | Staff Type         | Ward/Department        |
|--------------------|--------------------|------------------------|
|                    |                    |                        |
| 3                  | Admin and Clerical | Endoscopy              |
| 2                  | Admin and Clerical | Outpatient Clinic      |
| 2                  | Admin and Clerical | Accident and Emergency |
| 3                  | Medical Staff      | Accident and Emergency |
| 2                  | Medical Staff      | William Gilbert Ward   |
| 1                  | Medical Staff      | David Erskine ward     |
| 4                  | Nursing Staff      | Accident and Emergency |
| 14                 | Nursing Staff      | Wards                  |

### **Clinical Care/Treatment**

Twenty-eight clients expressed concern about aspects of their clinical care/treatment. These did not relate to any specific service.

Five of the above clients were given advice relating to the formal complaints procedure

### **Praise**

Thirty-six comments were received praising aspects of the service provided by the Accident and Emergency department. These included:

- Twenty-nine comments on the behaviour or attitude of staff in the department.
- Six praising aspects of their clinical care or treatment.
- One comment on waiting times in the department.

Four positive comments were received about the Cardiology service. These included:

- Three praising the attitude of the nursing team on the Coronary Care Unit.
- One praising the clinical treatment.

Eight positive comments were received about the Neurology service. These included:

- Five praising the attitude of the medical team.
- Three praising their clinical care or treatment.

One positive comment was received praising the clinical treatment given by the Haematology medical team.

One positive comment was received praising the attitude of doctors in the Respiratory team.

Three positive comments were received about the Dermatology service. These praise the attitude and behaviour of the reception team and the medical team.

Eight positive comments were received about the attitude of Staff in the Endoscopy department;

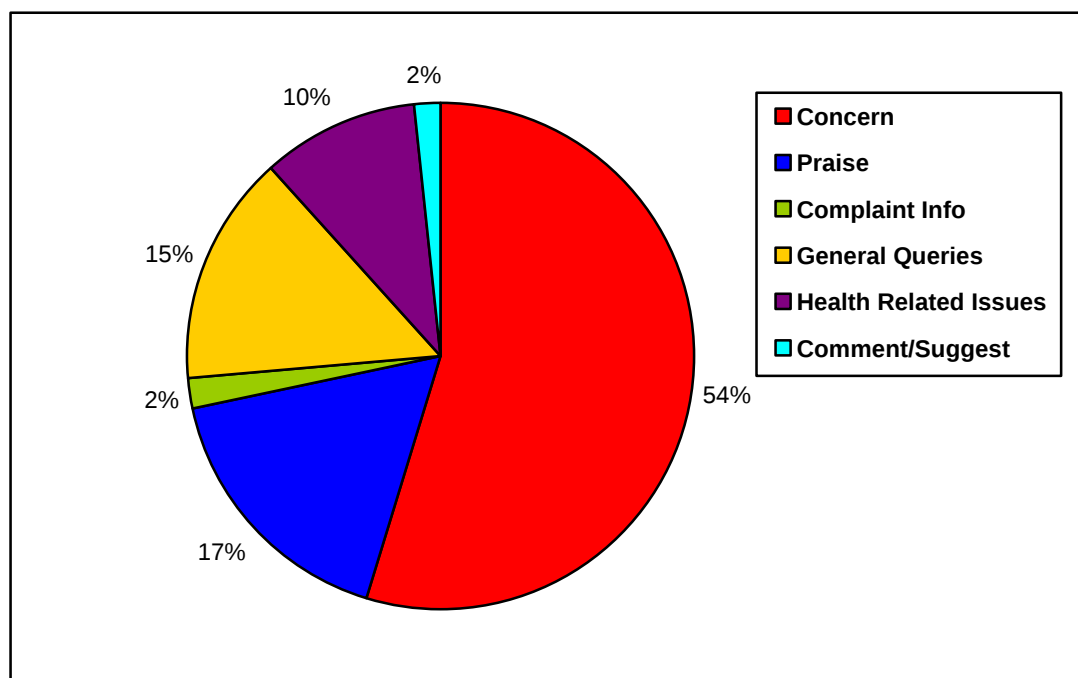
- Six praising the attitude of nursing staff.
- One praising the attitude of reception staff.
- One praising the attitude of all staff in the department.

Two positive comments relating to attitude of Consultants, Specialist Nurse and receptionist in Beta Cell Unit.

Eleven positive comments were received about aspects of care in General Medicine. These include:

- Three praising the attitude of both the nursing and medical teams on Adele Dixon ward.
- Two praising the attitude of both nursing and medical staff on the Medical Day Unit.
- Three praising the attitude of nursing staff on William Gilbert ward.
- One praising the attitude of nursing staff on Nell Gwynne ward.
- Two praising attitude of medical staff in outpatient clinic.
- One praising attitude of nursing staff in outpatient clinic.

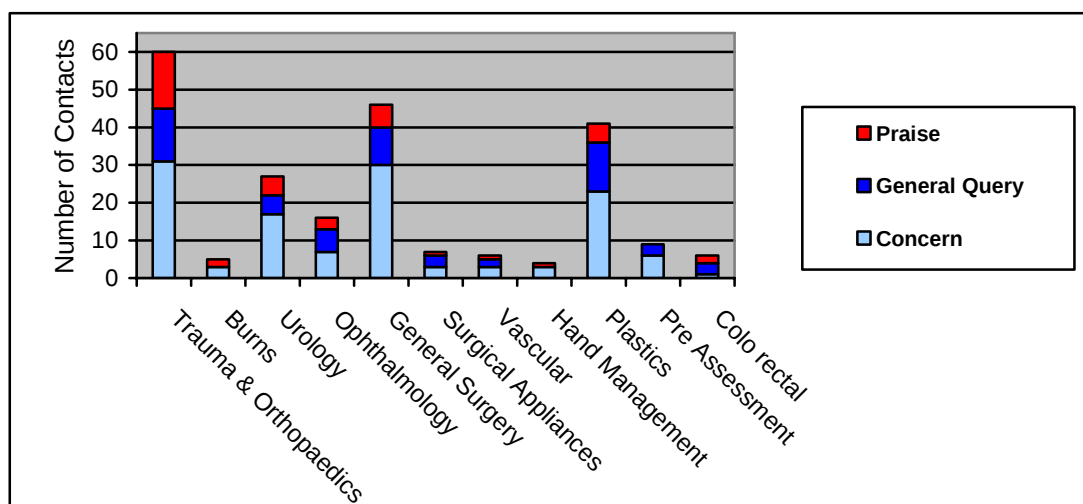
Graph 1 - Surgical Directorate - Type of PALS Enquiries 2005/2006



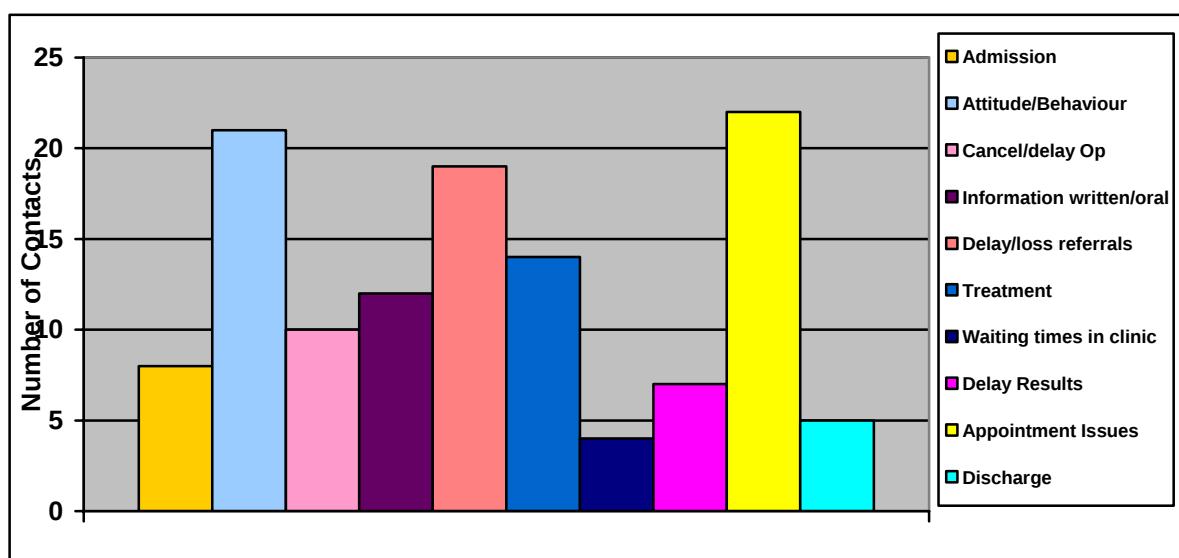
The above chart indicates the type of enquiries to the PALS office relating to the Surgical Directorate between 1<sup>st</sup> April 2005 and 31<sup>st</sup> March 2006:

54% related to concerns  
 17% were positive comments about the services  
 29% were requests for information.

Type of PALS Enquiries Surgical Directorate 2005/2006



## Concerns raised in Surgical Directorate – 2005/2006



### Appointment Issues

Twenty one clients expressed concern about issues relating to appointments:

- One client states she did not receive a letters notifying her about two appointments.
- Three clients had difficulty getting through to clinic by telephone to book appointment.
- Six clients expressed concern that appointment cancelled and rescheduled for two or three months later than initial appointment.
- Four clients expressed concern that they did not receive a follow up appointment after discharge.
- Three clients expressed concern about the wait for an outpatient appointment.
- Four clients expressed concern that appointment had been cancelled.

### Attitude/Behaviour

Twenty clients expressed concern about the attitude or behaviour of members of staff:

| Number of Concerns | Staff Type         | Ward/Department         |
|--------------------|--------------------|-------------------------|
| 1                  | Technical Staff    | Outpatient Clinic       |
| 1                  | Admin and Clerical | Outpatient Clinic       |
| 1                  | Admin and Clerical | Pre assessment          |
| 1                  | Admin and Clerical | Ophthalmology           |
| 2                  | Doctor             | Plastics                |
| 1                  | Doctor             | Urology                 |
| 1                  | Doctor             | Trauma and Orthopaedics |
| 10                 | Nursing Staff      | Wards                   |
| 1                  | Nursing Staff      | Outpatient Clinic       |
| 1                  | Other              | Trauma and Orthopaedics |

### Delay/Loss of Referrals

Eighteen clients expressed concern about delays in processing a referral or loss of a referral.

Eight clients expressed concern about a delay in making internal referrals.

Seven clients expressed concern about a delay in processing referrals.

Two clients expressed concern about a delay due to inappropriate referrals.

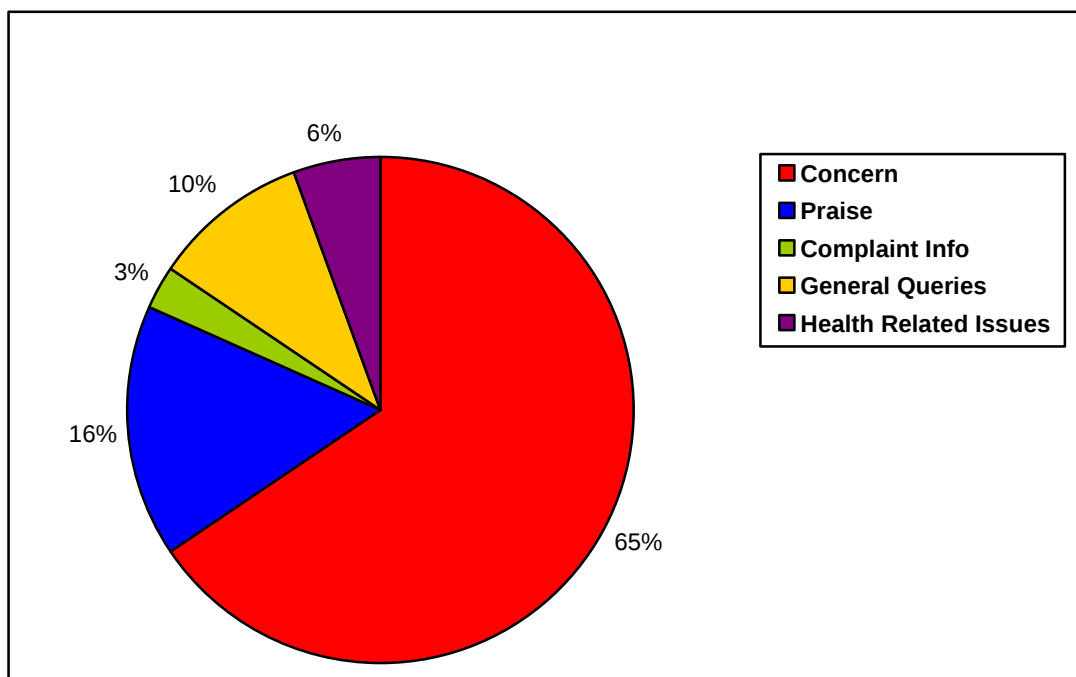
One client concerned that although he had originally been advised that he had open access to the clinic if symptoms deteriorated, and he was subsequently told he needed a referral.

### **Praise relating to Surgical Directorate**

Forty positive comments were received about aspects of care in the Surgical Directorate. These include:

- Two praising the attitude of both the nursing and medical teams on Lord Wigram ward.
- Two praising the attitude of nursing staff on Lord Wigram ward.
- Four praising the attitude of both the nursing and medical teams on David Evans ward.
- Three praising clinical treatment from orthopaedic medical staff.
- Four praising the attitude of the orthopaedic medical staff.
- One praising the attitude of Burns medical team.
- Six praising attitude of nursing and medical staff on Rainsford Mowlem ward.
- One praising clinical treatment from colo rectal team.
- Two praising the attitude of nursing staff on St Mary Abbot's ward.
- Three praising attitude of ophthalmology consultant.
- One praising treatment from nursing and medical teams in plastics outpatient clinic.
- One praising clinical treatment from general surgical team.
- One praising clinical treatment from the hand management team.
- Attitude of urology medical team.
- Attitude of vascular medical team.

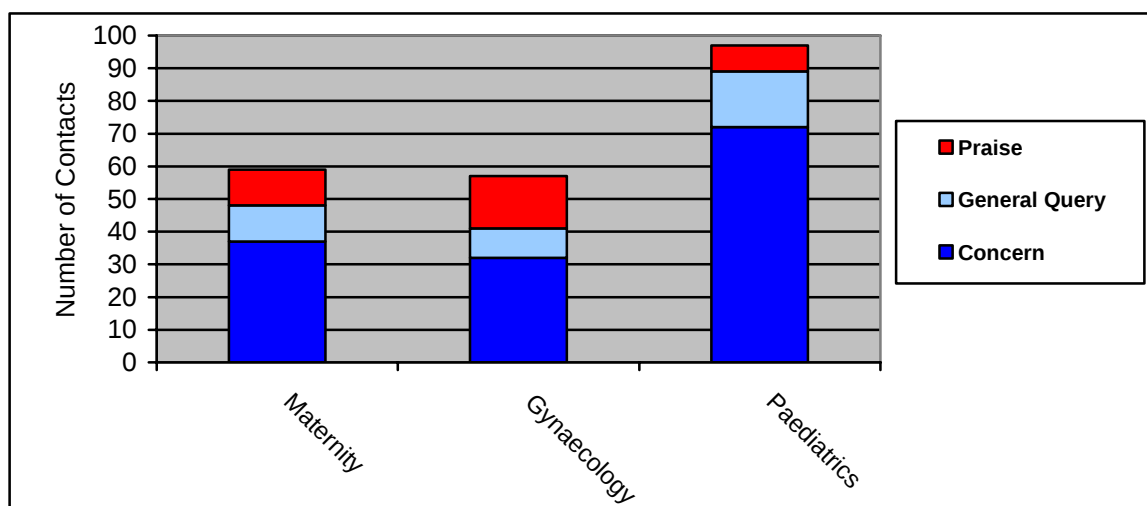
Graph 1 - Women and Children's Directorate - Type of PALS Enquiries 2005/2006



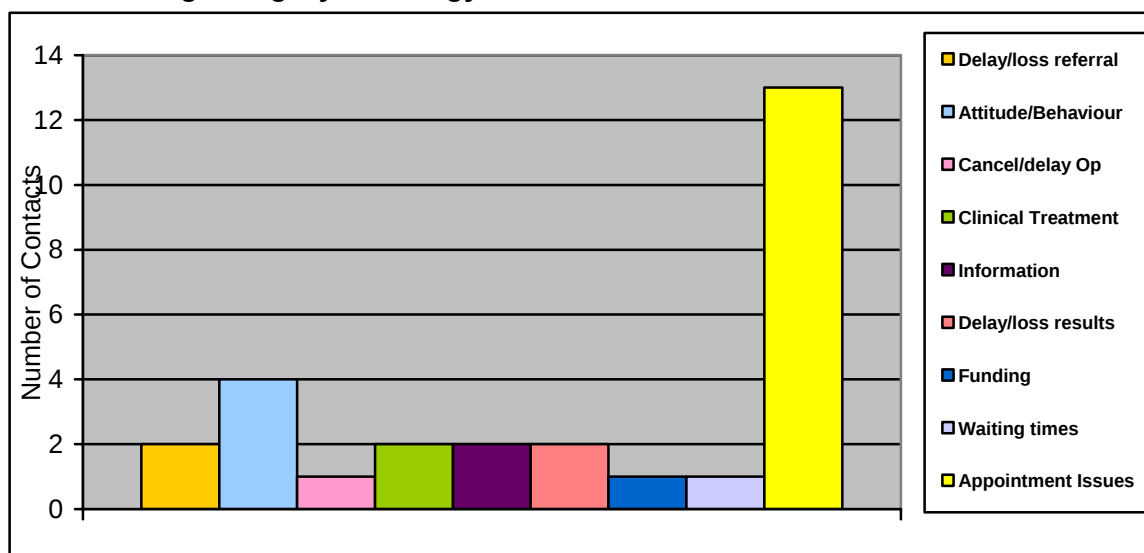
The above chart indicates the type of enquiries to the PALS office relating to the Women and Children's Directorate between 1<sup>st</sup> April 2005 and 31<sup>st</sup> March 2006:

65% related to concerns  
 16% were positive comments about the services  
 19% were requests for information.

Women and Children's Directorate – April 2005 – March 2006



## Concerns Regarding Gynaecology Services



### Appointment Issues

Concerns relating to appointments is the main concern raised by clients. Thirteen clients have expressed concerns which include:

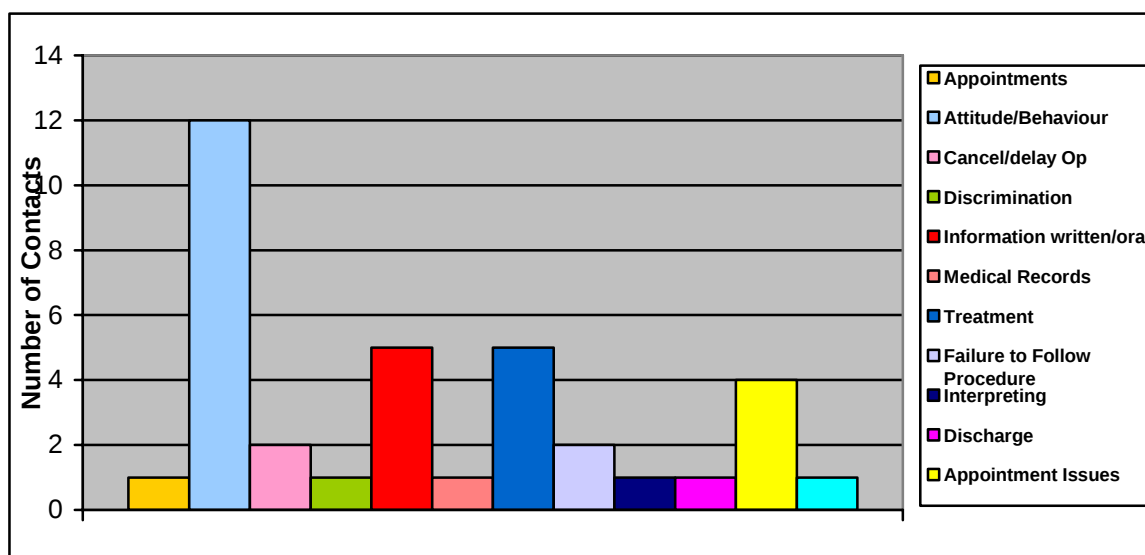
- Five clients raised concerns about difficulty accessing timely follow up appointments.
- One date on appointment card wrong.
- Four clients expressed concern about cancelled appointments.
- One client concerned about confusion relating to appointments with appropriate consultant.
- One client concerned that only one working days notice was given for changed appointment over holiday period. Client subsequently missed appointment.
- One client advised by clinic she could see Consultant – not available when attended appointment.

### Praise

Fifteen clients praised aspects of the gynaecology service. These include:

- Ten clients praising nursing staff on Annie Zunz ward.
- Four of the above also praised the attitude of the medical teams.
- Praise for attitude of nursing staff in outpatient clinic.
- Two clients praised the team in the Early Pregnancy Unit.
- Praise for attitude of medical staff in outpatient clinic.

## Concerns Regarding Maternity Services 2005/2006



### Attitude/Behaviour of Staff

Concerns relating to attitude or behaviour of staff is the main concern raised by clients. Twelve clients have expressed concerns which include:

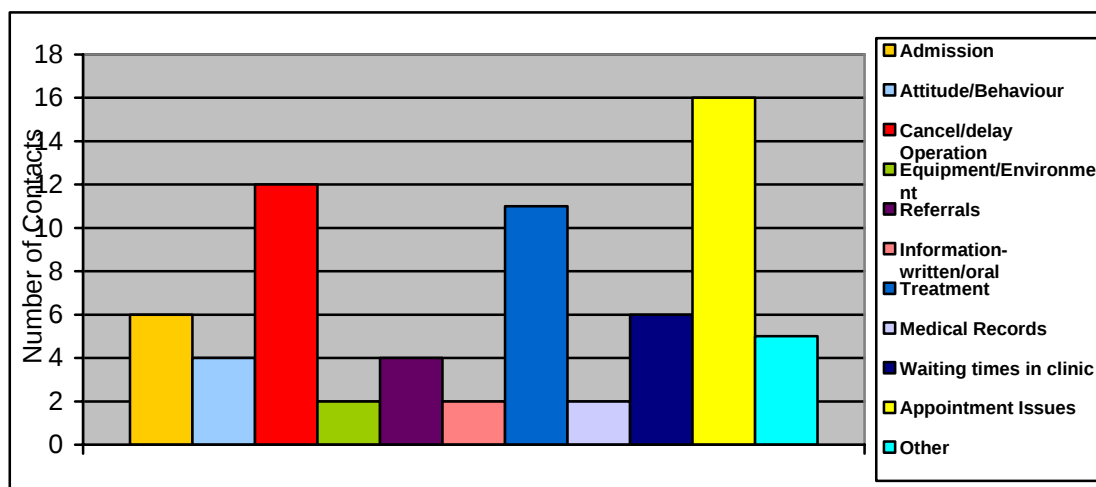
- Ten commenting on aspects of attitude and behaviour of midwives.
- Two comment on attitude of a doctor.

### Praise

Eleven clients wrote letters or comment cards praising the attitude of staff involved in their care. These related to:

- Five clients praised the attitude of staff on the labour ward.
- One client praised the support received from antenatal staff.
- Four clients praised the attitude of staff on Josephine Barnes ward.
- Two clients learnt praise for the obstetricians and midwives.

## Concerns Regarding Paediatric Services 2005/2006



The main area for concern within the paediatric service relates to appointment issues. Sixteen clients have raised concerns relating to this aspect of the service. There is no identifiable trend relating to this group of concerns.

## **4.2 Praise**

- Five clients have praised the attitude or behaviour of nursing staff.
- One client praised the attitude of Consultant.
- One client praised the attitude of play therapy staff.

### **Nutrition and Dietetics**

One concern relating to discharge from clinic for failing to attend two appointments. Client stated had not been notified about appointments.

One general enquiry about how to access the dietetics service.

One client arrived ten minutes late for appointment; advised to wait to be seen. Waited thirty minutes then realised member of staff had left.

### **Occupational Therapy**

One client raised concern about a delay in adaptations required to the home to ensure safety on discharge.

PALS received three general enquiries relating to occupational therapy. All related to aids to help patients on discharge.

### **Pharmacy**

Four concerns were raised relating to outpatient pharmacy.

- One related to waiting time for prescription to be dispensed.
- One related to poor access for wheelchair users.
- One related to a lack of clarity in relation to drugs dispensed.
- One related to the process of paying for private prescriptions.

Three general enquiries were raised. One enquiry related to prescription charges and one related to information about prescribed medication.

The third enquiry related to an article in the press about hospital pharmacies using cheaper brands of drugs.

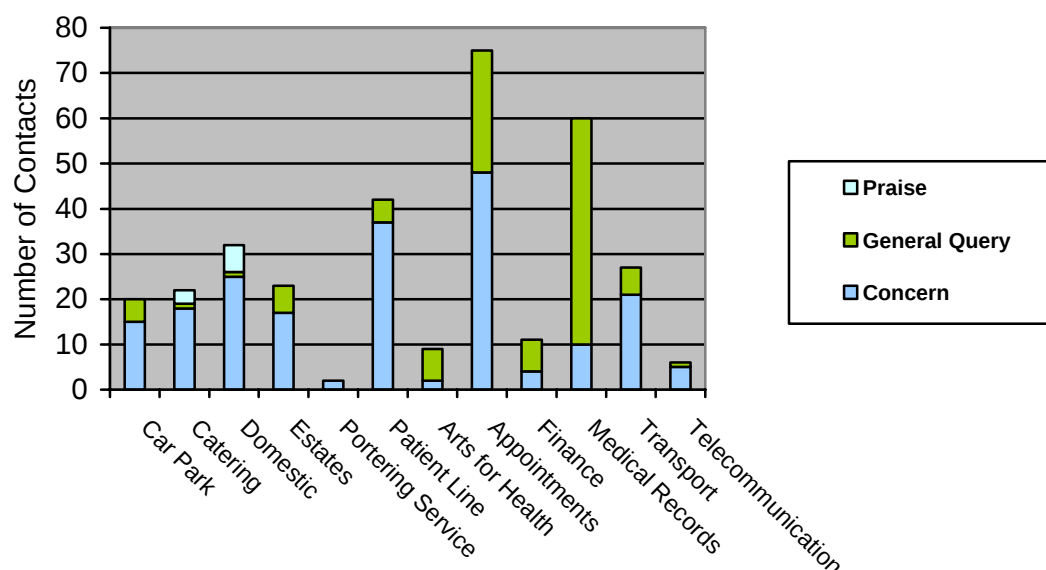
### **Physiotherapy**

Eighteen concerns were raised relating to aspects of the physiotherapy service. These include:

- Four concerns raised about aspects of booking appointments.
- Failure to inform patient about NHS provision of after care.
- Attitude of staff.
- Two concerns about discharge from service.
- Two concerns from patients outside catchment area for physiotherapy at this hospital.
- Three concerns relating to a delay in responding to referral.
- Concern relating to lack of concessionary prices for hydrotherapy for patients on benefits.
- Failure to book transport for patient.
- Unable to access wheelchair – referred to service that was closed.
- Concern about lack of information provided to GP.

## Appendix 8 Non Clinical Support Services

### Non Clinical Support Services –2005/2006



#### Domestic Issues

Twenty five clients have expressed concerns about aspects of domestic services.

- One client expressed concern that curtains are a source of infection and are not cleaned regularly
- Thirteen clients expressed concern about standard of cleanliness in ground floor toilets.
- Three clients complained about attitude of housekeeping staff.
- Seven clients expressed concern about standard of cleanliness on wards.
- One client expressed concern about state of patient hotel.

#### Praise

Five clients praised the standards of cleanliness on wards.

Three clients praised the attitude of cleaning staff.

#### Catering Issues

Eighteen clients have expressed concerns about aspects of the catering services.

- Nine clients raised concern about quality of food.
- Seven clients raised concerns about attitude of catering staff.
- One client raised concern about failure to provide meals ordered from menu.
- One client raised concern about prices in the canteen.

#### Praise

One client praised the attitude of staff in the coffee shop.

One client praised the quality of food.

#### Car park

Fifteen clients have expressed concerns about aspects of the car park.

- Two clients expressed concerns that sign notifying charges for car park obscured by trees.
- Three clients expressed concern at length of queue to access Car Park.
- One client expressed concern that there is no notice to inform disabled visitors in advance that they need to take their blue badges to the reception.

- One client expressed concern relating to dim lighting in car park.
- Three clients expressed concern about car park charges. (also that unable to pay by credit card).
- Two clients expressed concern about lack of indication of whether disabled spaces are free and no provision to bypass main queue.
- Two clients expressed concern that was charged full price when entitled to concessions.
- One client expressed concern about the information given by staff about disabled parking.

### **Porter Service**

One concern raised relating to attitude of member of portering team.

### **Patient Line**

38 clients have raised concerns about aspects of the service provided by Patient Line. The number of concerns raised has risen when compared with the same period in the previous year, during which twelve concerns were raised.

- Twenty four clients raised concerns relating to technical problems with their patient bedside communication systems.
- Sixteen clients (patients and staff) expressed frustration at being unable to access Patient Line staff.
- Concerns were also raised by several of the above clients about cards they had bought but been unable to use due to technical difficulties.

The Trust Soft Services Manager is now taking the lead on managing the Patient Line contract and addressing the issues with them. In order to help create an opportunity to discuss any concerns and compliments regarding the current quality of the Patient Line Service, he is in the process of establishing a Patient Line User Group.

### **Appointments Office**

Forty eight clients have raised concern about the appointments office.

- Fourteen clients raised concern about being held in phone queue for extended periods of time\*.
- Eight clients expressed concern that no appointments available when ring as instructed.
- Six clients raised concern about the attitude of staff.
- Five clients raised concern about delays in processing referrals.
- Two concerns about letters arriving in unsealed envelopes.
- Four clients expressed concern that they received letters advising them that they would be discharged due to failure to contact; but none of them had received letter inviting them to book appointment.
- Nine clients raised concern about other aspects of the appointments system.

\*During this period the appointment office call centre experienced significant technical problems. The impact of which was that the local queuing system did not work effectively. Staff were unable to see how many patients were in the queue at any one time. A small number of patients were being placed into a queue that did not connect to the appointments office, causing patients to wait for an extended periods without getting thorough to book their appointment.

Thames Net, our telephone service provider, worked to ensure the above problems were rectified as soon as possible. The system was also changed to ensure that if a call fails, for what ever reason, the call is rejected and not placed in an interminable queue.

**Arts for Health**

The PALS team have received seven general enquiries relating to the art work or accessing the service as an exhibitor.

Two concerns have been raised:

- One relating to lack of water in water feature in main atrium.
- One relating to a poster which appeared to support terrorism in Sri Lanka. (This was removed in response to concern).

## Trust Board Meeting, 3<sup>rd</sup> August 2006

|                            |                                                                                                               |
|----------------------------|---------------------------------------------------------------------------------------------------------------|
| <b>AGENDA<br/>ITEM NO.</b> | 5.2/Aug/06                                                                                                    |
| <b>PAPER</b>               | Workforce Report                                                                                              |
| <b>LEAD<br/>EXECUTIVE</b>  | Maxine Foster, Director of Human Resources<br>Contact Number: 020 8846 6726                                   |
| <b>AUTHOR</b>              | Maxine Foster, Director of Human Resources<br>Contact Number: 020 8846 6726                                   |
| <b>SUMMARY</b>             | This paper informs the Board of the key of the Human Resources Department's key activities during Q1 2006/07. |
| <b>BOARD<br/>ACTION</b>    | The Board is asked to note this report.                                                                       |

**CHELSEA AND WESTMINSTER HEALTHCARE NHS TRUST**

**Directorate of Human Resources**

**Workforce Report – Quarter One**

**April to June 2006/07**

**Introduction**

The annual trust pay budget for this financial year is £131.9 million so controlling staffing costs and improving productivity has continued to be a major priority to support the Trust achieving financial balance. The budget for the first quarter was £31, 763m and at the end of the quarter total pay expenditure was £32, 456m, an overspend of £693k, driven by an spend of £3.949 million on bank, agency and locum pay. To this end our activity has focused on completing the modernisation of pay (Agenda for Change) controlling and reducing bank and agency costs, reducing sickness absence, reducing the cost of recruitment, and responding to the messages in the 2005 staff survey.

**Key Performance Indicators**

**Sickness Absence**

Reducing sickness absence and facilitating earlier return to work is an area where workforce efficiency savings can be made. Sickness over the quarter has ranged from 3.41% in April to 3.65% in June therefore showing a slight increase since the beginning of the financial year. For the same quarter last year the sickness absence ranged from 3.6% in April to 3.1% in June 2005. The average annual sickness rate in NW London in 2005 was 4.0% and nationally the rate was 4.5%. The average Trust rate for the last year was 3.7%.

The Occupational Health Department is taking a more proactive approach to supporting managers with concerns over sickness absence, especially intermittent short term absence. HR Managers are supporting General Managers to more actively manage sickness absence to reduce the number of days lost and improve employee health. Changes are being made to the sickness policy and a standard return to work form for managers to complete with their staff is being piloted as a support tool for informal discussions to improve sickness recording.

**Vacancies**

Trust vacancies ranged between 13.51% and 14.25% over the quarter. However these figures are calculated using last year's budget. We will see a decrease in the vacancy rate in August once the new budgets reflect posts being taken out. Qualified nurse

vacancies have risen from 19.43% in April to 20.00% in June. Midwifery vacancies have decreased in particular.

## **Turnover**

Turnover was between 0.68% and 1.31% over the quarter, the same as quarter one last year. The average this quarter was lower than last year's average of 1.18%.

## **Recruitment Advertising**

The Human resources Department and all directorates have reduced their expenditure on recruitment advertising and switched to the NHS Jobs web site and E Recruitment methods. Advertising in journals and newspapers is the exception now for all recruitment except for medical posts where an advert in a paper journal is a requirement. Savings have also come from faster turnaround times, reduced postage and printing costs, although the Recruitment Bureau is still frequently asked to print and photocopy CVs and Applications received via email to forward to managers for shortlisting.

The following savings are projected:

Saving of £250,000 pa if 70% of jobs are filled via E Recruitment

Saving £180,000 if 50% of jobs are filled via E Recruitment.

## **Electronic Staff Record**

During the quarter work started within HR and Finance Directorate on the Electronic Staff Record Project. This is the integrated Human Resources, Training and Payroll system for the NHS. The official project duration is 11 months with a "go live" date of July 2007. The Workforce Information Manager has been focusing on the readiness stages of the project (largely data cleansing, preparation of data extracts and migration). The post of ESR Workforce Officer was recruited to and an ESR Project Manager post was advertised. The expected benefits to the trust will come from elimination of manual processes, increased accuracy and scope of reports and self service – in time employees and managers will become responsible for some of their personal details and career planning. Process changes will integrate HR, Payroll and Service Managers to deliver data entry as close as possible to the information source for more timely and accurate data. A Project Board is being established which will report to the Trust Executive through the General Matters meetings.

## **Agenda for Change**

Agenda for Change is intended to be a tool for staff development and service improvement, supporting increasing productivity, restructuring and reorganization. By the end of June 2006 76.8% of staff were paid their new agenda for change salary. Currently 177 additional staff had accepted the offer of moving across representing 88% of staff (Not including Medical staff and Board members). 22 people needed pay protection in June. By the end of June 110 post holders had requested reviews of their banding of which 64 had their banding changed as a result. (58% of posts changed bandings as a result of the review). 52 posts were due to be reviewed. 33 post holders had requested reviews but not returned their paperwork. 2 staff had elected to remain on their local trust contracts.

At 30th December the Trust had achieved 100% of the KSF Post outlines. The focus has since been on assigning outlines to individuals in the posts and providing support and guidance to embed KSF into the personal development review process. Awareness sessions and master classes are ongoing to ensure managers and staff understand how to use the KSF and the e-KSF tool.

### **Agenda for Change Assimilation to the end of June 2006**

| Directorate  | Assimilated and Paid | Waiting to receive acceptance letter back | Total       |
|--------------|----------------------|-------------------------------------------|-------------|
| Surgery      | 161                  | 28                                        | 189         |
| A&I          | 242                  | 89                                        | 331         |
| W&C          | 424                  | 91                                        | 515         |
| Medicine     | 292                  | 75                                        | 367         |
| HIV/GU       | 163                  | 20                                        | 183         |
| Man Exec     | 127                  | 101                                       | 228         |
| Clin Support | 199                  | 81                                        | 280         |
| Other        | 64                   | 21                                        | 85          |
| <b>Total</b> | <b>1672</b>          | <b>506</b>                                | <b>2178</b> |

### **Bank and Agency Usage**

Controlling bank and agency spending is a key area where the Trust is aiming to make efficiency savings. The spend for the quarter on bank, agency and locum staff was £4.028 million. This compares favorably with £4.236 million for the same quarter last year. Following initial overspending on pay, effective controls were re-established in front line directorates through a reduced quota system capped to the pay budget or below where recovery needs to be made. At the end of June levels of activity had been brought back down to below the 2003/04 levels. Detailed Executive Director weekly and monthly monitoring of expenditure compared to pay budgets and quotas has continued. A ban on all Agency bookings has been imposed except for RMN nurses. Exceptions are only being approved by Executive Directors.

As part of the Savings Plan for this year there is a central target to reduce Bank expenditure by £500,000 through reducing the rates of pay. In line with the rates paid by NHS Professional from 31 July 2006 rates of pay for temporary employees will be changing to Agenda for Change rates. This will harmonize remuneration within the Trust and reflect the changed labour market conditions that mean premia are no longer necessary to attract staff to work on the Bank.

In 2004/5 the HR team worked with the Procurement team and achieved £445,900 full year savings on last year's activity levels from new agreements with Agencies.

The Bank was established to provide a temporary staffing service for ad hoc vacancies and gaps that need covering on a short term basis. It was not intended to include long

term cover which should be addressed via substantive, fixed term or acting up arrangements. In May we examined all those positions where a temporary person had been in post from the Bank for over 12 months. After this time if bank workers are undertaking the same role continuously they may attract employment rights similar to those of employed staff whilst being paid at a higher rate and able to choose what hours to work. HR Managers have been actively encouraging line managers to decide whether to recruit substantively, end the temporary cover or undertake a restructure /organizational change process.

In future, assignments lasting more than 6 months will be flagged up to the line manager and general manager for review. This should result in addressing long term vacancies or organizational reviews earlier, create more equity amongst staff, and reduce the number of Bank records that need to transfer to ESR at £30 per staff record.

### **Junior Doctor hours**

The Trust remains 100% New Deal and Working Time Directive (WTD) compliant within current regulations. Doctors in training are required to work no more than an average of 56 hours of actual work. From August 2009, there's a legal WTD requirement to reduce this to an average of 48 hours a week of actual work.

To help directorates to achieve this reduction in hours in a planned way, the HR directorate produced an Action Plan with phased implementation commencing in Quarter 1 of 2006. This was initiated with the WTD consultant and HR Managers attending Directorate Policy Boards to brief the MDT groups about the changes, thereby opening up new discussions for implementation. Subsequently key staff have met and worked on new compliant rotas feasible for implementation in this financial year.

The plan devised by HR, in consultation with Directorates, proposed a scaled reduction to 48 hours commencing with FY1s (HOs) in 2006-7, FY2s/SHOs in 2007-8 and SpRs in 2008-9. This aims to minimize the impact on clinical services and allows a staged structured approach so that any issues can be rectified in advance of the 2009 deadline.

The Directorates have made good progress to date with achieving this with both Surgery and Medicine working on 48 hour compliant rotas to be trialed with the new FY1s commencing in August 2006. These changes will result in the rota changing from 2B to 1A and provisional approval to change the banding has been requested and submitted to the SHA. It should be noted that, whilst this achieves 48hr compliance, there is no financial difference between these two bandings. The FY1 rotas will be revisited with a view to a further reduction to Band 1B.

Other areas have made progress ahead of the action plan:

Medicine has been working on a 48hr compliant SHO/FY2 rota which will mean a reduction in band from Band 2A to 1B, with implementation in August 2006;  
HIV/GU has devised a 48hr compliant SpR rota which will also mean a reduction in band from 2B to 1B. This will be implemented from August 2006 however it should be noted that SpRs in HIV/GU are on long term Trust contracts of up to 4 years, therefore pay

protection will apply for the majority of post holders in August and the Directorate will see gradual financial savings as the doctors change over.

HIV/GU have also proposed a compliant SHO/FY2 rota from 2B to 1B which will need further discussion before implementing after the new SpR rota has been successfully established.

Any training proposals that potentially affect working patterns as a result of MMC (example change from 6 to 4 months, new posts, transition to FY2s next year), will consider WTD and New Deal regulations and involve wider MDT discussion.

## Staff Survey

Reducing turnover is another way to deliver savings and redirect our funds to patient care. Retention can be improved by responding to feedback from staff surveys and exit interviews. Board members will recall receiving the Staff Survey Report in May and approving the action plan. Additional information was requested comparing our performance regarding harassment and bullying with other Trusts.

Our performance had significantly improved on the previous year, but the Trust still fell in the bottom 20% of all acute trusts for staff experiencing harassment, bullying or abuse from patients/relatives.

The tables below compare our performance with all Trusts, all acute Trusts, and, Teaching Hospitals in London.

### % Staff experiencing harassment, bullying or abuse from patients or relatives in previous 12 months

|                                    |            |
|------------------------------------|------------|
| All Trusts                         | 24%        |
| All Acute Trusts                   | 25%        |
| Acute Teaching                     | 26%        |
| London Teaching                    | 29%        |
| <b>Chelsea &amp; Westminster</b>   | <b>37%</b> |
| St Mary's                          | 31%        |
| Kings College Hospital             | 31%        |
| Royal Free Hampstead               | 28%        |
| Hammersmith Hospitals              | 28%        |
| Barts & The London                 | 27%        |
| University College London Hospital | 27%        |
| St George's Hospital               | 27%        |
| Guy's & St Thomas'                 | 24%        |

**% Staff experiencing harassment, bullying or abuse from other staff in previous 12 months**

|                                       |            |
|---------------------------------------|------------|
| All Trusts                            | 14%        |
| All Acute Trusts                      | 16%        |
| Acute Teaching                        | 17%        |
| London Teaching                       | 20%        |
| Royal Free<br>Hampstead               | 25%        |
| Hammersmith<br>Hospitals              | 24%        |
| Kings College<br>Hospital             | 20%        |
| University College<br>London Hospital | 20%        |
| Barts & The London                    | 19%        |
| St George's Hospital                  | 18%        |
| <b>Chelsea &amp;<br/>Westminster</b>  | <b>18%</b> |
| Guy's & St Thomas'                    | 17%        |
| St Mary's                             | 15%        |

The following action is being taken to address the issues:

We are focusing on reducing abuse from patients and relatives through providing staff with training in conflict resolution as well as launching our customer care programme in the autumn. In addition, the communications department is working closely with us to introduce zero-tolerance posters and advice on steps to take and support available in front line areas. The Trust Security Group is also reviewing processes including the red and yellow card system for patients.

Regarding abuse amongst staff, we have a better than average score for London teaching hospitals. Our focus through the Staff Survey action plan is to reinforce Zero Tolerance of Bullying and Harassment and give more publicity for staff support mechanisms.

The Improving Working Lives Group has agreed a number of positive actions to improve awareness and reduce bullying and harassment. These include:

- HR surgeries;
- joint staff side and HR floor by floor visits;
- additional mediation resources and trained mediators to be identified and established within the Trust;
- better communication mechanisms via the intranet, email, posters, and various groups such as BME, IWL, E&D, JMTUC, Execs and Trust Board;
- Co-ordinated support, advice and awareness provided at the Valuing Staff week agreed to take place in September (in conjunction with the Trust Annual General Meeting), and, during the national Bullying and Harassment Week in November, feedback from the Trust BME group;

In addition, the Trust already actioned and put in place a number of support systems such as:

- The Dignity at Work Policy updated and ratified last November 2005, with staff side
- Dignity at Work and Equality and Diversity part of the mandatory corporate induction programme
- Trust trained Harassment Counsellors
- A free phone confidential advisory service
- HR and staff side support and advice
- Occupational Health advice, including stress at work training for both managers and staff. (Those referred to occupational health often cite workload and performance management as factors contributing to bullying and harassment.)

Following a recommendation from the Strategic Health Authority we intend to explore commissioning a company called BullyProof who have worked successfully with the SHA and the Royal Brompton. Their approach is to establish the extent of the problem, deliver one day programmes for managers and staff and help improve procedures for handling harassment and bullying in the workplace.

**Maxine Foster**  
**Director of Human Resources**  
**July 2006**

