Chelsea and Westminster Healthcare NHS
NHS Trust

Meeting of the Trust Board, 02nd February 2006 at 2.00p.m

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

Agenda

		Attached
1. GENERAL BUSINESS	**2.00p.m**	
1.1 Welcome to the Members of the Public		
1.2 Apologies for Absence		
1.3 Declarations of Interest		
1.4 Minutes of the Previous Meeting held on 5th January 2006		1.4
1.5 Matters Arising		1.5
1.6 Chief Executive's Report		1.6
1.7 NHS Foundation Trust Application		1.7
1.8 NHS Foundation Trust Application - Cash Risk Update		1.8
2.. PERFORMANCE	**3.00p.m**	
2.1 Finance Report, December 2005		2.1
2.2 Performance Report, December 2005		2.2
2.3 Workforce Report, October – December 2005		2.3
3. ITEMS FOR DECISION/APPROVAL	**3.45p.m**	4.1
4. ITEMS FOR ASSURANCE	**3.45p.m**	5.1
4.1 Annual Health Check – Improvement Reviews		5.2.1
5. ITEMS FOR NOTING	**4.00p.m**	5.2.2
5.1 Medicines Management Strategy		5.2.3
5.2 Minutes of Sub-Committees		5.3
5.2.1 Audit Committee		6.1
5.2.2 Clinical Governance Assurance Committee		
5.2.3 Facilities Assurance Committee		
5.3 Register of Sealing		
6. ITEMS FOR INFORMATION	**4.30p.m**	
6.1 Patientline		
7. QUESTIONS FROM THE MEMBERS OF THE PUBLIC	**4.45p.m**	
8. ANY OTHER BUSINESS		
9. DATE OF THE NEXT MEETING		
2nd March 2006		
10. CONFIDENTIAL BUSINESS		

To resolve that the public be now excluded from the meeting, because publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be concluded in the second part of the agenda.

Enquiries
Sue Perrin
Tel 020 8746 8485

Chelsea and Westminster Healthcare NHS
NHS Trust

Trust Board Meeting, 2nd March 2006

AGENDA ITEM NO.	1.4/Mar/06
PAPER	Minutes of the Previous Meeting held on 2nd February 2006
AUTHOR	Sue Perrin/Fleur Hansen Contact Number: 020 8846 6716
SUMMARY	This paper outlines key issues for the attention of the Trust Board.
BOARD ACTION	1. To agree the minutes as a correct record. 2. The Chairman to sign the minutes.

Minutes of the Public Meeting of the Trust Board held on 2nd February 2006.

Present:

Non-Executive Directors

Juggy Pandit (Chair) Marilyn Frampton Andrew Havery
Karin Norman Charles Wilson

Executive Directors

Heather Lawrence, Chief Executive
Lorraine Bewes, Director of Finance and Information
Edward Donald, Director of Operations
Maxine Foster, Director of Human Resources
Alex Geddes, Director of Information Communications and Technology
Andrew MacCallum, Director of Nursing

In Attendance: Elliot Howard-Jones, Acting Director of Strategy and Service Planning
Sue Perrin, Head of Corporate Affairs
Fleur Hansen, Foundation Trust Lead

Action

1. GENERAL MATTERS

1.1 WELCOME AND REMARKS BY THE CHAIRMAN

The Chairman welcomed Elliot Howard-Jones, Fleur Hansen and members of staff and the public.

1.2 APOLOGIES FOR ABSENCE

Apologies were received from Mike Anderson.

1.3 CONFLICT OF INTEREST

No conflicts of interest were declared.

1.4 MINUTES OF THE MEETING HELD ON 02nd JANUARY 2006

The minutes of the meeting held on 02nd January 2006 were agreed as a correct record and signed.

1.5 MATTERS ARISING FROM PREVIOUS MINUTES

The Trust Board noted the update on matters arising and discussed the following:

1.5.1 CHILD PROTECTION QUARTERLY REPORT

Mike Anderson would be asked to confirm to the next meeting that the letter regarding Capio Nightingale House had been sent on behalf of the Trust Board. MA

1.5.2 SUB-COMMITTEE TERMS OF REFERENCE

Marilyn Frampton said that she had met briefly with Charles Wilson, Chair of the Facilities Assurance Committee (she had previously met with Andrew Havery, Chair of the Audit Committee). The alignment of the agendas of the three committees remained work in progress.

1.5.3 MINUTES OF MEETING HELD ON 01st DECEMBER 2005

A note had been added to the minutes of 01st December 2005 in line with the redrafting of the resolution regarding the Trust's NHS Foundation Trust Application at the 09th January meeting. AG

Action

1.5.4 BUSINESS CONTINUITY RISK

Paper to be brought to the Trust Board via Information Management and Technology Committee.

1.5.5 PROPOSED CLOSURE OF PRINCESS LOUISE (KENSINGTON HOSPITAL)

Heather Lawrence said that a response had been sent to the effect that whilst the Trust Board supported the closure in principle, it would expect the PCT to spend the equivalent amount of money on community care, as it had done on the hospital.

1.5.6 PRIVATE PATIENTS RECOVERY PLAN

Edward Donald said that the Business Case for a General Manager Private Practice had been developed and was being considered by the Executive team on the basis of the post being self-financing, following which a recommendation would be made to the Trust Board.

1.5.7 COMBINED HEAT AND POWER

Edward Donald said that this was no longer an option following removal of the steam absorption machines, which was approved when the Trust originally decided to stop using Combined Heat and Power (CHP) due to failures of the original system. There were also other considerations, namely gas price increases meant it was no longer economic, the cooling towers needed to be dry air based due to the risk of legionella whereas CHP needed water based coolers and new environmental standards in relation to carbon emissions which a CHP system would not support.

NORTH WEST LONDON SECTOR STRATEGIC REVIEW

1.5.8 This review had been superseded by the changes to London's Strategic Health Authorities, which would be implemented on 1st July 2006. The PCT re-configuration was scheduled for late summer, but the London PCTs would remain in their present form.

Heather Lawrence noted that the review of paediatric services was ongoing.

PATHOLOGY

1.5.9 Heather Lawrence said that a service level agreement was being developed, with clearly defined activity levels and turnaround times. The plan was for the SLA to be in place by 31st March 2006.

Karin Norman asked about the impact of Agenda for Change. Lorraine Bewes said that there was itemised billing between different elements of the service, and an uplift was anticipated. This would be formally resisted.

Heather Lawrence noted that assessments/interviews were in progress for a General Manager, HIV/Pathology.

INFORMATION AND DATA QUALITY

1.5.10 Alex Geddes said that the policy had been agreed by the Information Governance Committee and would be brought to the next meeting. AG

INFLUENZA PANDEMIC CONTINGENCY PLANNING

1.5.11 Andrew MacCallum said that feedback from the Strategic Health Authority was being incorporated in the Plan, and there were some areas awaiting clarification. Influenza Planning would be included in the Corporate Plan.

It had been recognised that an influenza pandemic should be recorded in the risk register. The risk was currently being scored. AMacC

The Trust Board would be informed of the risks and how these could be mitigated.

		Action
	COMPLAINTS AND PALS REPORTS	
1.5.12	AMacCallum said that he had relayed the Trust Board's comments to the Complaints and PALS Team.	
	RISK MANAGEMENT MINTUES	
1.5.13	The Director of Governance would be asked to advise on whether the Trust Board should receive these minutes. Marilyn Frampton referred to her discussion with Mike Anderson regarding the roles of the Trust Executive Clinical Governance and the Clinical Governance Assurance Committees. The Trust Executive discussed these minutes, and it would be appropriate for that committee to refer key items to the Clinical Governance Assurance Committee/Trust Board.	Dir/Gov
1.6	Andrew Havery joined the meeting.	
	CHIEF EXECUTIVE'S REPORT	
1.6.1	The Trust Board noted the Chief Executive's report and discussed the following:	
	CNST LEVEL 2 Heather Lawrence said that the CNST Level 2 compliance had been achieved for both the Trust and maternity services. She commended Viva Richard's work in leading the assessment. This significant achievement demonstrated effective management of claims and clinical risk across the organisation. Progression to level 3 would be included in the Corporate Plan.	
	PERFORMANCE	
1.6.2	Heather Lawrence said that, whist the Trust was making sound progress on its performance targets, the were some areas of risk, namely cancer 62 day target, ethnic category coding, delayed transfers of care and Accident & Emergency 4 hour target. The Cancer Unit would be subject to peer review/assessment the following week. The predicted date of discharge had been rolled out over all directorates. Work was on going with Social Services in respect of stays of over 20 days.	
	TRAINING HUB FOR OPERATIVE TECHNOLOGIES IN HEALTH CARE (THOTH)	
1.6.3	Heather Lawrence said that she was pleased to report that one of the Training Hubs would be sited at the Trust. It would raise the profile of the Trust and provide an opportunity for innovative schemes.	
	MEMORANDUM OF UNDERSTANDING WITH THE ROYAL BROMPTON	
1.6.4	Heather Lawrence said that she was taking legal advice on the memorandum, which she would bring back to the next meeting for ratification. In the interim, talks would continue with the Royal Brompton. The Royal Marsden Chairman and Chief Executive had asked to meet to discuss a similar arrangement.	HL
	WHITE PAPER – HEALTH REFORM	
1.6.5	In response to a question from Marilyn Frampton, Heather Lawrence said that the White Paper could present some risk to the Trust – there were eleven hospitals in a small geographical area. PCTs might take services off site, which would effect Payment by Results. There was also a threat from the Hammersmith and Fulham White City development. Elliot Howard-Jones was asked to advise on the implications.	

The Trust was undertaking a space review as part of its plans for future development of services, and a strategy paper, linking to the Corporate Plan, would be brought to the next meeting. **Action** EHJ

NON-EXECUTIVE DIRECTOR

1.6.6 The Chairman said that he hoped to be able to inform the Board of the name of the Imperial College representative, for the vacant non-executive post, at the next meeting.

The Trust Board noted the report.

1.7 NHS FOUNDATION TRUST APPLICATION

The Chairman reported that he, Heather Lawrence and Lorraine Bewes had attended a briefing from Monitor, at which it had been made clear that there would be no money to help Trusts with inherited debt. The Trust was required to put forward a careful analysis of risk and risk mitigation.

Heather Lawrence presented the report, which included the formal submission. She said that the Trust was in batch 6 and KPMG would be undertaking the financial assessment. Fleur Hansen would be picking up issues and linking back with the directors. Any Trust, which failed or was deferred, would be notified early in the process.

In addition to risks and risk mitigation, Board development and capability, and stakeholder support were important issues.

It was likely that the Board to Board would take place in early June, and the financial assessment at the end of March.

The Trust Board noted the Update.

1.8 NHS FOUNDATION TRUST APPLICATION – CASH RISK UPDATE.

Lorraine Bewes presented the report, which provided an update on progress with finding a solution to the Trust's under capitalisation and the attendant cash risk. The Trust had an historic cash brokerage problem of £20 million. The Strategic Health Authority had agreed to £3.5 million of this being waived, leaving a residual problem of £16.5 million.

On becoming a Foundation Trust, cash brokerage would be lost. The Trust would require sufficient short term cash to finance its opening working capital requirements, and sufficient headroom on its balance sheet to borrow long term finance in order to finance significant future capital projects.

The Trust had considered a number of concurrent strategies: - a formal request to the Department of Health (DoH) to write off the brokerage or a compromise solution with a phased repayment; alternative phasing of capital expenditure; and alternative sources of financing.

A formal request to the DoH to write off the brokerage had been made in December. Informal discussions had led the Trust to believe that is was unlikely that this request would be agreed. The DoH had been specifically asked to consider whether the Trust was being treated fairly compared with other Foundation Trusts and to consider a compromise solution of a three year phased repayment of brokerage. LB

Lorraine Bewes said that the DoH had responded that it would not waive brokerage in full. She noted that there was also regime change for NHS Trusts. Firstly, there would be no more equity – all new issues would be interest bearing. Secondly, brokerage would be charged at 10%.

The Trust wished to avoid using up gearing to deal with legacy debt. Three scenarios had been developed to consider ways of phasing of the brokerage payment and/ or

variations to the long term borrowing. **Action**

Lorraine Bewes said that there was £10 million per annum free cash flow available to finance the capital programme, increasing to £20 million over five years. A paper would be brought to the Board providing a sensitivity check on how large the capital programme would need to be to ensure the Trust's gearing ratios remained reasonable and ensure must do schemes were funded. The paper would consider schemes in respect of the fabric of the building and equipment separately.

An alternative source of cash could potentially be raised through the Charity trustees.

The Trust Board discussed how this situation would differ if Foundation Trust status was not achieved. Lorraine Bewes considered it to be a lesser risk because ultimately cash would be there for a Trust. The failure regimes differed slightly.

Heather Lawrence said that the executives would be looking at revenues, expenditure, measures for success, data quality, information and referrals to give the Board confidence. Essentially the Trust had to resolve its own problems.

Lorraine Bewes would need to demonstrate that is could meet all ratios whilst undertaking a substantial development programme over a five year period.

The Chairman said that the Trust had already delivered £7.8 million savings plan last year and should not undervalue itself. LB

The Trust Board discussed the three scenarios set out in the report. A total of £16.5 million brokerage had to be repaid, and half of this amount by the year end. Scenario 1 had been discounted as, even if the facility was allowed, it would be a very expensive form of financing. Scenarios 2 and 3 were viable but were dependent upon the DoH agreeing to a phased repayment of the brokerage.

The Trust Board noted that, on achievement of Foundation Trust status, it would have access to a working capital facility.

The Trust Board noted the Cash Risk Update and discussed the recommendation that the Board should continue progressing its application for Foundation Trust Status based on work in progress.

The Board agreed that the Trust should continue its application for Foundation Trust status, and required to see further work on cash management at the next meeting.

Karin Norman said that additional time was required to go though the new financial reporting formats for Monitor and understand how they tied into current Board financial reporting format. It was agreed that this should be covered from 12noon to 1pm before the next Trust Board (future members of Foundation Trust Board only). The Corporate Plan would be discussed from 1pm to 2pm (all Trust Board members).

2. PERFORMANCE

2.1 FINANCIAL REPORT – DECEMBER 2005

Lorraine Bewes presented the report, which showed the forecast position for the year-end had remained as a surplus of £2.1 million. There was a new risk in respect of HIV income. A net £2 million risk had arisen from a proposal by the HIV consortium to not pay for any over performance in 2005/2006. This proposed unilateral change in the risk sharing policy had not been accepted by the Trust, which was seeking support from the SHA to resolve this. Heather Lawrence noted that this was in conflict with a recent arbitration ruling.

In reply to a question from Charles Wilson, Heather Lawrence said that Gareth Goodier was the Chair of the HIV Consortium. LB

Charles Wilson asked if this was linked to the previous problem with HIV funding. Lorraine Bewes said that the previous problem related to cross subsidisation of HIV drugs and other services. The issue had arisen because of the way in which money

had been badged. It was not connected with over performance. **Action**
Karin Norman asked if there would be an arbitration process for Foundation Trusts – Lorraine Bewes to clarify at the next meeting. Lorraine Bewes said that contracts with Foundation Trusts were legally binding.
Kairn Norman requested that the Board be able to see expenses deferred on an exceptional basis for whatever purpose to assess the new cash position.

The Trust Board considered whether is had a duty to contribute £2.1 million to the SHA in the light of the proposed underpayment of £2 million for HIV.
Karin Norman asked about current cash brokerage arrangements. Lorraine Bewes said that plans had been projected through to ensure that arrangements were sustainable. A weekly cash flow had been forecast to the end of June. This identified the minimum amount of cash required. An update would be brought to the next meeting.
Heather Lawrence reminded Board members that the Trust had received a once off repayment of £3.4 million in the current year.
Andrew Havery noted that the Trust had approximately £9 million of NHS debt, of which £5.5 million was over six months old and that data quality issues meant that it was taking a long time to resolve these issues. LB
Karin Norman referred to billing for incorrect activity and the time lapse before this had been corrected. Lorraine Bewes said that Foundation Trusts would invoice monthly and could not send late bills. Quarterly reconciliations for over and underperformance was now the NHS standard. Improvements had been made in coding and a default setting had been set up to ensure that patients re-admitted would not be incorrectly grouped to one spell.

The Trust Board noted the financial position at month 9.

2.2.

PERFORMANCE

Lorraine Bewes presented the report and noted that key areas of risk had been covered in the Chief Executive's report. She drew attention to the new format of the appendices and specifically the 'Performance Dashboard'. The report remained work in progress and feedback would be welcome.
Previously the report had focused on 'must do' targets. This had now been broadened to include Healthcare Commission targets, pulling together Workforce indicators and secondary targets, plus key operational drivers. The graphs relating to operational targets gave some sense of movement. LB
Service Level Agreement Performance showed activity plus income. Work was in hand in respect of delayed discharges and to improve information governance. The Board would receive a report on delayed discharges the following month.
Overall, performance was ahead of plan in both activity and income, but certain elective areas were behind plan.
The Chairman noted that average length of stay was consistently lower than the previous year.

The Trust Board noted the report and commended the new format.

2.3

WORKFORCE REPORT

Maxine Foster presented the report. She said that the assumptions made in respect of the impact of Agenda for Change on the pay bill were holding up to date. 98% of staff had been assimilated. The process had reached the more senior grades in the Trust and the impact would be monitored closely.
Lorraine Bewes said that worst case assumptions had been factored into the budget

and she would share the detailed assumptions with the Board. **Action**
Charles Wilson asked about project management costs of £361,000. Maxine Foster said that this was the cost of the project team. MFo
Controls on Bank and Agency Staff continued to be effective. Significant savings had been made on the Agency contract and Bank rates would be reviewed.
The results of the staff survey would be released in February.
The Improving Working Lives Group was revisiting certain initiatives, for example

the role of the Childcare Advisor had been expanded to become the Working Families Advisor.
The Trust had continued to adopt the on-line NHS E-recruitment.
The Strategic Health Authority had established a new North West London Race Equality and Human Rights Group. Karin Norman and Edward Donald had been nominated to represent the Trust.
The Equality and Diversity training course for managers and supervisors had continued, and had included staff from the Royal Brompton. Staff support groups were being developed.
The Board considered the number of exit interviews to be disappointing. It was suggested that there should be a target of 10% of total staff leaving, and that the interview should be with the manager not the HR advisor.
Karin Norman asked if ethnicity was measured in respect of disciplinary hearings. Maxine Foster said that this figure would be given in the Annual Report. Karin Norman requested the figure quarterly.

The Trust Board noted the report.

2.4 CORPORATE PLAN 2006/2007

Elliot Howard-Jones outlined the process, which will be a key document as we move towards Foundation Trust status. The Strategic Development Strategy would be the core document, and this will drive the items in the Corporate Plan.
The Corporate Plan would be updated, identifying Year 1 successes and what was still relevant in terms of the Strategic Development Strategy. The Plan would relate to the overall Budget and Service Level Agreement process. Key additions would include efficiencies, Measures for Success and benefits realisation from, for example, Agenda for Change and IT infrastructure. Some of the content of the Dr Foster tool would be used, as this was how the Trust was perceived externally. EH-J EH-J
The process would involve a series of seminars and meetings to ensure that the process and impact were understood.
It was intended that the Plan would be complete by mid/late March, and brought back to the April Trust Board for approval.
The budget would be a separate document but part of the one process. Elliot Howard-Jones agreed to produce a planning guidance paper for information.
The Chairman raised the subject of marketing.
Heather Lawrence said that she had authorised the purchase of Dr Foster software, which would show where GPs sent their patients.
Charles Wilson noted that Guys and St. Thomas's had extensive pages for GPs.
Suggestions made included GP sessions and customer surveys.

The Trust Board noted the oral report.

3. ITEMS FOR DECISION/APPROVAL

3.1 There were no items under this heading.

Action

4. ITEMS FOR ASSURANCE

4.1 ANNUAL HEALTH CHECK – IMPROVEMENT REVIEWS

The Trust Board received the report for information.

Lorraine Bewes noted that hospitals now had responsibilities in respect of public health targets.

5. ITEMS FOR NOTING

5.1 MEDCINES MANAGEMENT STRATEGY 2005 ED

It was noted that the date should be 2005-2008. Edward Donald agreed to ask the Chief Pharmacist to include commentary on the following areas:

- Impact of the Pharmacy Robot on errors and target for further reduction.
- Differentiation between errors as a result of administration, prescribing and dispensing.
- Comparison of Chelsea and Westminster and national statistics.
- Benefits realisation associated with the investment made in the pharmacy robot and electronic prescribing.

The strategy would be revised in line with these recommendations and re-submitted to the Trust Executive Clinical Governance meeting in March 2006 for approval followed by an update to the April 2006 Trust Board for final ratification.

5.2 MINUTES OF SUB-COMMITTEES

5.2.1 AUDIT COMMITTEE

Andrew Havery said that the new Audit Committee Handbook had been discussed and it had been agreed that it was not necessary to change the terms of reference.

5.2.2 CLINICAL GOVENRNANCE ASSURANCE COMMITTEE

Marilyn Frampton said that she had nothing to add to the minutes.

5.2.3 FACILITIES ASSURANCE COMMITEE

Edward Donald said that ISS Mediclean had performed well in the first year of their contract, with positive partnership work evidenced by improvements in cleaning standards, catering and more recently security. In relation to Haden Building Management (HBM) further work was required to achieve the contract standards, particularly in relation to record keeping. This had been discussed with HBM and a contract re-invigoration programme agreed, including additional support from their Head Office. The progress made would be reviewed at the March 2006 Facilities Assurance Committee.

Heather Lawrence said that the generators continued to be a risk. A recent generator test had failed because of battery problems.

Edward Donald explained that because of the historic problems associated with the generators, Haden had been indemnified for this element of the contract, until such time as they had passed two all day tests on full load. A detailed joint programme of work had been undertaken and if the generators passed the all day test scheduled for 19 February 2006, it was agreed that the indemnity would be removed as HBM would then be in a position to maintain the generators, having been restored to the required working condition.

The Trust Board discussed concerns regarding demonstration of the maintenance work being undertaken, what should have been undertaken given earlier comments about record keeping and whether this had impacted on the Trusts ability to resolve the indemnity issues sooner. HL

Edward Donald said that HBM were working in partnership with the Trust to resolve long standing issues regarding the reliability of the standby generators on the basis that satisfactory resolution was in both party's interests. A maintenance programme continued to be in place. It was agreed that this matter would be reviewed in detail at the next Facilities Assurance Committee, given the continuing level of risk. **Action**

Heather Lawrence said that the two existing standby generators did not have enough spare capacity to support a significant increase in clinical services on site. To enable the standby generators to cope with electrical supply to the hospital with the existing level of services, some non-essential areas had been removed from the essential load category. She confirmed that the previous contractor had advised on the purchase of the new generators.

Edward Donald reported on the actions to mitigate the legionella concerns in the St. Stephens building. The showers identified had been closed and work was in progress in respect of water flow throughout the building to resolve the risk overall.

Edward Donald said that the washer disinfector in the Treatment Centre and in Endoscopy were currently compliant with the relevant Health Technical Memorandum (HTM) standards. The endoscopy washer disinfector had recently passed the relevant microbiological test regime required by the HTM for the first time and this would continue to be monitored closely.

5.3 REGISTER OF SEALING

A lease with the Friends of the Hospital had been sealed in respect of the Hairdresser's. The Chairman asked if the duration of 15 years could be re-considered. There was debate around a number of issues associated with the sealing of the Hairdresser's lease with questions being asked as to why such a low level of rent applied when they were in fact open to the public. There was also discussion around the length of the lease and the location of the Hairdresser's.

6. ITEMS FOR INFORMATION

6.1 PATIENTLINE

The report giving Patientline's comments/press statement on the Ofcom report on its investigation under competition law into the prices charged by Patientline and Premier Telesolutions for incoming calls and into the terms of the contracts between the providers and NHS Trusts was received.

7. QUESTIONS FROM THE MEMBERS OF THE PUBLIC

7.1 There were no questions.

ANY OTHER BUSINESS

8. There was no other business.

8.1

DATE OF THE NEXT MEETING

9 2nd March 2006

9.1

CONFIDENTIAL BUSINESS

10. The Chairman proposed and the Trust Board resolved that the public be now

10.1 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. The item to be discussed related to commercial matters and to individual patients.

Chelsea and Westminster Healthcare NHS
NHS Trust

Trust Board Meeting, 02nd February 2006

AGENDA ITEM NO.	1.5/Feb/06
PAPER	Matters Arising
AUTHOR	Sue Perrin, Head of Corporate Affairs Telephone: 020 8746 8485
SUMMARY	The paper lists matters arising from previous meeting(s) and the action taken/to be taken.
BOARD ACTION	The Trust Board is asked to note the report.

Chelsea and Westminster Healthcare NHS
NHS Trust

Matters Arising from Previous Meetings

Reference	Item	Action
5.1/Aug/05	CHILD PROTECTION QUARTERLY REPORT Paul Hargreaves to draft letter on behalf of Trust Board to Healthcare Commission setting out concerns regarding Capio Nightingale House.	MA
3.2/Dec/05	MEMORANDUM OF UNDERSTANDING WITH THE ROYAL BROMPTON Legal advice to be obtained and discussions with Royal Brompton to be taken forward.	HL
3.3/Dec/05	SUB-COMMITTEE TERMS OF REFERENCE Discussion between Chairs of Audit, Clinical Governance Assurance Committee and Facilities Assurance Committee.	MF/AH/CW
1.4.1/Jan/06 1.4.2/Jan/06	MINUTES OF MEETING HELD ON 01st DECEMBER Note to be added to minutes to reflect revision to 3rd part of resolution, following Extraordinary meeting held on 09th December. NHS FOUNDATION TRUST STATUS To be standard agenda item.	Chair/SP HL
1.5.1/Jan/06	MATTERS ARISING NHS FOUNDATION TRUST STATUS Paper re: financial issues. Business continuity risk – paper to be brought to Trust Board via Information Management and Technology Committee.	 LB AG
1.5.2/Jan/06	PROPOSED CLOSURE OF PRINCESS LOUISE (KENSINGTON) HOSPITAL HL to respond to consultation on behalf of Trust Board.	HL
1.5.3/Jan/06	PRIVATE PATIENTS REVOVERY PLAN Business case for manager to be finalised.	HL

Reference	Item	Action
1.6.1/Jan/06	AUDIT COMMISSION – NHS AUDIT 2005/2006 Annual Health Check – details of specific requirements of improvement reviews.	LB
1.6.4/Jan/06	FINANCE Advice on whether Combined Heat and Power remains an option.	ED
1.6.6/Jan/06	NORTH WEST LONDON SECTOR STRATEGIC REVIEW HL to respond on behalf of the Trust.	HL
2.1/Jan/06	FINANCIAL REPORT Service specification for Pathology to be taken forward through Trust Executive.	HL
2.2/Jan/06	PERFORMANCE Standard for delayed discharges to be discussed at Trust Executive.	HL
2.3/Jan/06	INFORMATION AND DATA QUALITY POLICY To be discussed at the Information and Management Technology Group and brought back.	AG
5.1/Jan/06	INFLUENZA PANDEMIC CONTINGENCY PLANNING Trust Plan to be brought to next meeting.	AMacC
5.2/Jan/06	NHS FOUNDATION TRUST RECRUITMENT REPORT Advice on whether Members Council would be set up in shadow, should the Trust not achieve NHS Foundation Trust Status.	AMacC
5.3/Jan/06	COMPLAINTS AND PALS REPORTS Accident & Emergency to be split from Medicine. Clarification of 'concern, general enquiries and brief queries'. Further feedback on 1000 Good Ideas.	AMacC
6.2/Jan/06	RISK MANAGEMENT MINUTES Advice on whether minutes should be received by the Trust Board.	Dir of Governance

Chelsea and Westminster Healthcare NHS
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Trust Board Meeting, 2nd February 2006

AGENDA ITEM NO.	1.6 Feb06
PAPER	Chief Executive's Report
AUTHOR	Heather Lawrence Contact Number: 020 8846 6711
SUMMARY	This paper outlines key issues for the attention of the Trust Board.
BOARD ACTION	To note the report.

CHIEF EXECUTIVE'S REPORT – JANUARY 2005

SENIOR STAFF

I should like to welcome Cathy Mooney to the meeting, although not taking up post as Director of Governance and Corporate Affairs until March and Elliot Howard-Jones, who has started as Director of Strategy and Service Planning three days per week working on Service Level Agreements/Local Delivery Plans and the Corporate Plan.

CNST LEVEL 2

I am pleased to report that Chelsea and Westminster Healthcare NHS Trust achieved CNST Level 2 compliance against the comprehensive external assessment by Willis, as part of the NHS Litigation Authority. The assessment culminated in an on-site visit. This significant achievement demonstrates effective management of claims and clinical risk across the organisation.

The period for the Maternity Service CNST assessment is slightly longer than for that of the other services within the Trust. However, we are confident, based on the preliminary feedback from the assessors and regular progress reports from the team, that maternity will be in a position to demonstrate compliance against the Level 2 standards by Monday 6th February; the deadline for the conclusion of the Maternity Service assessment period is 21st February.

The impact for the organisation is:

- Reputation, as a quality indicator of clinical governance for patients (choice) and staff (recruitment and retention)
- Form part of Annual Health Check
- A significant financial gain of circa £700k

PERFORMANCE

The performance report provides details of the new performance framework – "The Annual Health Check" – which replaces the star ratings from 2005/6 onwards.

The Trust is making sound progress on its performance targets. There are some areas of risk which require work:

- Cancer 62 day target
- Ethnic category coding
- Delayed transfers of care
- A&E 98% / 4 hour target

TRAINING HUB FOR OPERATIVE TECHNOLOGIES IN HEALTH CARE (THOTH)

On Tuesday 24 January the Department of Trade and Industry announced several schemes to turn scientific research into reality. One of these is the Training Hub for Operative Technologies in Healthcare, an England-wide scheme (led by Chelsea and Westminster Healthcare NHS Trust and covering hospitals across England). £1.7 million has been awarded to the Innovation Centre / Imperial College initiative with the Innovation Hub at Chelsea and Westminster.

INFLUENZA PLANNING

An epidemic of Influenza is now considered to be imminent. Andrew MacCallum and Rona McKay, Emergency Planning Lead, will be sharing our Contingency Plan with the Board. I have asked Andrew to add this to our Risk Register.

FULHAM ROAD ALLIANCE

Lawyers have checked our Draft Memorandum of Agreement with Royal Brompton Hospital and this will be tabled for ratification. The Royal Marsden Hospital Chairman and Chief Executive have asked to meet to discuss a similar arrangement.

Heather Lawrence

January 2006

Chelsea and Westminster Healthcare NHS
NHS Trust

Trust Board Meeting, 2nd February 2006

AGENDA ITEM NO.	1.7/Feb/06
PAPER	NHS Foundation Trust Application
AUTHOR	Heather Lawrence Contact Number: 020 8846 6711
SUMMARY	The report updates the Trust Board on the progress made with the Trust's application and includes a copy of the formal submission.
BOARD ACTION	To note the report.

NHS FOUNDATION HOSPITAL TRUST APPLICATION

On 19th January 2006 we received notification from the Secretary of State that she is supporting our application for authorisation as an NHS Foundation Trust in Wave 2. Wave 2 applicants have been batched into groups for authorisation on 1st April and 1st July 2006. Chelsea and Westminster has been allocated to the second group for consideration with an authorisation date 1st July 2006.

The Trust submitted the basic required supporting information as requested by 23 January – namely the documents submitted to the Department of Health and the letter of support from Secretary of State.

On Monday 30 January the Chairman, Lorraine Bewes as Finance Director and myself as Chief Executive will attend a briefing from Monitor. A detailed timetable will be shared with the Trust Board when this is available. Fleur Hansen will be supporting me with the administration of this process and Elliot Howard-Jones, Acting Director of Strategy and Service Planning will increase his support to the Trust and this process from April.

At the Awayday on Wednesday 25th January we began a process of identifying key roles and relationships for the new smaller NHS Foundation Trust Board and will be turned into a workstream. Our facilitator Adrienne Fresko has agreed to aim to have the write up of the morning session available in time for our Trust Board meeting.

In the afternoon Lorraine Bewes presented on risk, working capital and cash. We identified further work and Lorraine has written a paper on this (agenda item 1.8) and the next stream of work to be undertaken at the Board meeting. The aim of this session was to gain further understanding of the level of risk and risk mitigation strategy in the event of no support being available for the historical financial deficit.

We also discussed progress on the membership and the role of the Members Council. We agreed to have a seminar for the whole Trust Board prior to our main meeting on 2nd February.

I am confirming that the next two Trust Board meetings will commence with a relevant seminar/briefing at 12 noon prior to the Board.

I have attached the Trust's 'Wave 2 Application – Formal Submission'.

Trust: **Chelsea and Westminster Healthcare NHS Trust**	
Background information:	
Chair: Mr Juggy Pandit **Chief :Executive** Mrs Heather Lawrence	
Income: £207m	
Description of Trust: Teaching	
No. of sites, beds, and no. of staff: One main site with services also delivered at 3 further small locations; beds – 500; staff – 2,578	
RCI: 97% (after MFF)	
PFI: None	
Current Membership Numbers: **Staff:** **Public:** Total 4,000 all opted in **Patient:**	
Service Development Strategy (SDS):	***Please comment,*** *in particular, where this is either a* ***strength*** *of the application, or a potential* ***weakness*** *to the application*
Is the applicant able to evidence consistency of the SDS with the strategic plans of the local health economy?	Yes. The Trust demonstrates throughout the document consultation and working with local providers, PCTs and the SHA, especially as part of the NW London SHA Sector Strategy for acute services. Assumptions made in the Strategy are incorporated into the Trust's base case and significant risks are modelled within the risk scenarios.
Do the service and financial plans demonstrate consistency and integration?	Yes. Significant work has been put into developing future plans and planning scenarios and these are well documented in Apps 7 and 10. There are common themes running throughout the document which articulate the Trust's assumptions clearly and provide a robust basis for their capacity and financial planning.
Is there a clear connection between a robust market analysis (incorporating demand, capacity and competitor analysis) and the service and financial plans set out by the Trust? Has the applicant provided evidence that key commissioners support the activity and	Yes. There is a thorough market analysis which clearly informs the Trust's assumptions and is carried through into the risk and SWOT sections. Potential for inflows and outflows is articulated clearly and prudent assumptions are made about likely impacts on the Trust.

income forecasts?	The SDS includes letters (all dated end of August/beginning of September) of support from commissioners and the SHA but they are all caveated in terms of activity and income. This could be a question of timing, in that the organisations were obviously viewing an earlier document, but the Trust must be aware that currently the document does not demonstrate that their assumptions are signed off by the LHE. That said, it is stated within the SDS that the Trust has used advice from the SHA and commissioners, as well as the assumptions behind the NW London SHA Sector Strategy for acute services, to inform its planning. *Note: Wandsworth PCT has not signed the 2005/06 SLA with the Trust.*
Is the applicant able to demonstrate strong leadership and management competence to take the organisation forward as an NHSFT and deliver the service plans?	Yes. It evidences its strong leadership from its track record of financial balance and achievement of 3 star status in 2004/05. In 2004/05 the Trust delivered a surplus of £105k after achieving a savings programme of £7.8m and has achieved 100% of its CIPs 3 years out of 4 including 2004/05. It has conducted a gap analysis of Board competencies and has developed a Board development programme to address the gaps.
Is the applicant able to demonstrate how system reform will impact on the service plans for the organisation for the next five years?	Yes. One of the stated biggest drivers for change in the LHE is the financial position of the sector (2004/05, deficit of £71m). The acute review is considering significant opportunities for addressing this problem and the Trust, in Section 2.2.5, cover the context and likely impacts on C&W. The potential impacts are also covered in the SWOT and risk assessment sections. These appear to be pragmatic assumptions and are well articulated. The Trust also discusses potential for future changes in commissioning and patient flows, and makes prudent assumptions about shifts from secondary care to primary, and NHS to ISTC. It expects to benefit from patient choice based on reputation,

	convenience and quality of facilities.
Does the Trust's explanation of its current and proposed arrangements for corporate governance, including information management, service and contractual planning, financial control, treasury management, reporting and management demonstrate existing effective corporate governance and an understanding of the changes required as an NHSFT?	Yes. The Trust recognises what is and will be required. It recognises the need for robust information systems that link activity, income, cost and manpower, to support planning requirements. The Trust has established a new directorate, Governance and Corporate Affairs, which will take the lead role in building the capacity required to manage the governance agenda, clinical and corporate to ensure the Trust can operate effectively as an FT.
Does the applicant demonstrate financial stability and viability, over a range of possible scenarios, for the duration of the integrated business plan (and beyond eg with a PFI)? Are there any significant areas where there appears to be potential for divergence between service strategies and financial capability?	Yes. The Trust delivered a £7.8m CIP in 2004/05 to establish a recurrent breakeven position. It is projecting a £2.1m surplus in 2005/06 and at month 7 was on track to achieve this being £1.4m underspent. However, given the financial position of the LHE, the Trust needs to be aware how this could impact on their financial position going forward. The Trust has assessed this and incorporated details in their risk sections and scenarios, the overall assumption being that the 'major change' options which may be taken by the SHA will actually be beneficial for the Trust. C&W has 3 areas of financial concern; HIV income, reduction in elective activity and cash. These are all covered fully in the SDS in terms of financial planning, scenarios, and risk. The Trust has developed mitigation plans and has included potential impacts in their base case.
Are the key service and financial risks facing the Trust identified and understood, and are there effective mitigation strategies in place to manage these risks?	Yes. The Trust has undertaken a thorough risk assessment, prioritisation and mitigation exercise and this is clearly articulated in the SDS.
Overall, are there any issues that should prevent the application going forward to Monitor? If so, please list the issues.	None.
Governance arrangements:	***Please comment,*** *in particular, where this is either a* ***strength*** *of the application, or a potential* ***weakness*** *to the application*
Have all the key stakeholders been identified and included within the	The key stakeholders were identified and consulted with including

public consultation and, as a consequence, has the applicant developed a robust, legally based, governance structure to meet organisational needs?	• Royal Borough of Kennsington and Chelsea Overview & Scrutiny Committee • Local NHS Trusts e.g. St Mary's • Local Primary Care Trusts Public meetings were held in Abbey Community Centre, Great Smith Street, Westminster, 5th April 2004 – 1 person attended and Kensington Town Hall, 15th April 2004 – 17 people attended. A series of external presentations to a number of voluntary organisations and community groups as well as internal meetings for staff and volunteers were also held. The document was available in full and in summary version and was available on the Web site. As a result of the comprehensive consultation process the Trust has developed a robust, legally based, governance structure.
Is the applicant able to demonstrate that a representative membership base has been developed?	The Trust has demonstrated that it has developed a strategy for recruiting a representative membership base but without the analysis of the existing membership it is not possible to state whether or not a representative base has been established. The Trust is committed to encouraging all qualifying individuals to become active members of Chelsea and Westminster. They have analysed their local population in terms of age, gender, ethnicity and socio-economic groups. They intend to monitor the makeup of their membership on an ongoing basis and to compare it with the age, gender, ethnicity and socio-economic groups of the local population. In this way, they will be able to take immediate action to focus recruitment activities on any particular groups that prove to be under-represented within our membership.

	The Campaign Company has already identified opportunities to engage with traditionally 'hard to reach' community groups to ensure that a representative membership is developed. In addition, they are planning to work with their Black and Minority Ethnic Group and Gay, Lesbian and Bisexual Group to harness their support for membership. See issue re associate membership.
Is the applicant able to demonstrate an open and effective public consultation exercise was undertaken, and how public dissent (if any,) was handled?	The Trust has demonstrated an open and effective consultation. They have compared responses received against their referral patterns, by PCT. The results were as follows: Kensington & Chelsea – 55% of responses, 32% of referrals Hammersmith and Fulham – 9% of responses, 22% of referrals Westminster – 24% of responses, 15% of referrals Wandsworth – 4% of responses, 13% of referrals Other – 8% of responses, 18% of referrals This demonstrates that the responses covered all four of their main referral areas, but that Kensington and Chelsea were slightly over-represented. Over 1500 voluntary organisations, many of which represent black and ethnic minority constituencies, were targeted and sent consultation document. They were offered meetings to explain the proposals although only 3 responded to this. The vast majority of responses received by the Trust were either strongly or broadly in favour of the proposals. Those opposing the proposals made some general comments about this being the introduction of privatisation, or a "two-tier" NHS.

	There were also some more specific comments on some of the technical governance proposals. Some respondents felt that the Members Council should be able to appoint its own chair. The Trust explained that the regulations do not permit the Council to elect its own Chair but in time it will select the Chair of the Trust. There was a concern expressed about the lack of detail in the consultation document specifically with regard to finance. The Trust believed that this was purely a matter of timing and intends to share the detailed business plan with key stakeholders later in the process. The remaining objections tended to deal with more personal issues raised by individuals and were outside the remit of the consultation.
Is the applicant able to demonstrate that feedback received from the consultation has been taken account of and/or incorporated into the governance arrangements or other submissions (if applicable)?	413 responses were received including telephone and verbal responses at meetings. Other than key stakeholders 206 formal responses were received. 156 (76%) were broadly in favour, 31 (15%) were broadly neutral and 19 (9%) were broadly opposed. There was concern about the suggestion that the Trust would appoint some patient/public members onto the Council if the membership numbers were too low to support an initial election. This attracted criticism as being undemocratic in its approach. The Trust are no longer proposing to appoint public or patient members as a result of the feedback.
Has the applicant articulated it's plans for continued growth, development and maintenance of an active and representative membership base, including how it will communicate with and exploit this resource to influence the development of future strategic direction?	To ensure that the Trust has a large, representative and engaged membership and so is able to maximise the opportunities of Foundation Hospital Trust status, it will increase its membership from 4,000 currently to 14,000 by April 2006 through a series of activities, led by the Campaign Company including :

	• Patient members - contact all those who have been Trust patients in the last 12 – 15 months by post. • Public members – combine face to face discussion with telephone contact. • Staff members – use a range of approaches including pay slip bulletins, internal communications, meetings and face-to-face discussion. Longer term the responsibility for the membership will pass to the Members' Council and their activities will include: • Recruiting membership champions • Linking with existing community groups to encourage diversity in the membership including the active patient/ users forum such as those within the HIV and Gum directorate. The Trust has listed a number of objectives to ensure an active and engaged membership including linking with the Trust's existing work and strategies on user and public involvement and in particularly working with existing user groups and representatives. Identifying models for informal member groups and networks (looking at other membership organisations) and examining alternative forms of involvement as opposed to traditional meeting structures and pilot in specific areas e.g. telephone/video conferencing, internet. Additionally they want to: • Establish membership team networks in order to share best practice across the Trust. • Work with other agencies to develop educational resources to

	promote co-operation in the community, with particular emphasis on young people and under represented groups. • Explore ways of working with schools and the education sector to promote an understanding of the Trust's objectives. The Trust intends over the coming months to refine its communication package for members including: • Build on existing material to customise the communications package for members and potential members to ensure content and distribution is appropriate to members engaging with the Chelsea and Westminster Healthcare NHS Foundation Trust at different levels. In particular, identify opportunities for two-way communications and for promoting active membership. • Develop and maximise the potential of the Internet for information, communication and democratic purposes. • Establish a clear brand for membership, reviewing materials and ensuring language is clear and modern. • Identify how Trust locations can be better used as community resources and member information points e.g. improved notice boards. • Provide to all new members relevant information about the Chelsea and Westminster Healthcare NHS Foundation Trust, the benefits of membership and the role of members. The role of the members outside of the statutory duties is not well

	defined at present but the Trust intends over the coming months to identify initiatives where members can be used more as a source of feedback on patient or quality issues, e.g. referenda, patients' jury. The Trust has clearly recognised that there is more to do in this area and has developed a detailed action plan for the coming months up until April 2006.
How effectively has the applicant planned to develop a role for governors outside of the statutory duties?	This is a weakness and will require further thought over the coming months. The role outside of the statutory duties is centered around communication with the membership and developing membership.
Has the applicant submitted a constitution that is compliant with the Act?	The constitution is compliant with the Act other than the inclusion of student associates which Monitor now says is not permissible, pursuant to the Act. I believe that earlier waves have been allowed associate membership so this needs to be clarified. They have included 4 as the minimum number in the public, patient and staff constituencies.
Is the applicant able to demonstrate how it has identified, assessed and addressed leadership, management and Board (including NED) development needs to nurture personal accountability and responsibility throughout the organisation?	The Trust has developed a framework of unique C&W board competencies which will form part of the suite of evidence demonstrating their preparedness for FT status. They also plan to hold assessment centres for existing senior staff to compare their level of confidence and ability across the competency framework. It is planned to reconfigure the executive team in preparation to become an NHSFT and to appoint a deputy CEO. They have a good mix of relevant skills amongst the NEDs including accounting, corporate finance and commercial sector experience. They began a process of Board development in 2005, through a series of Board seminars and this highlighted the need for a more formal programme of development. They have engaged Echelon Learning Limited to undertake some of this work.

	The HR strategy highlights how they intend to transform the organisation through sustainable cultural change. (HR links to Governance): SDS appendices p 21 skills analysis for board Board and OD paper e.g. proposed competences pages 6 -8 – are all okay and cover the basics (but weak on entrepreneurialism /enterprising /mutuality type skills although partnership is one aspect they do cover HR strategy p 6+7 exec man dev and 3.3.3 p 13 (hr strat) and p 14 on internal organisational influences and their plans to raise management capability and capacity, in addition to page 17 3.4.2 transforming organisation through sustainable change all outline /touch on leadership/management development.
Overall, are there any issues that should prevent the application going forward to Monitor? If so, please list the issues.	There are some minor issues, which the Trust should address: • The legality of associate members • A breakdown of the current membership In addition over the coming months they should: • Continue to recruit members • Continue with the action plan as outlined in the membership strategy • Identify the role of the members • Progress the development of a role outside of statutory responsibilities for the governors • Progress the Board development programme • Prepare the induction programme for governors • Develop standing orders for the Council of Governors and the Board of Directors • Ensure that the organisation fully understands the cultural

	change required of a NHS FT and ensure that all staff are equipped to benefit from the new freedoms.
HR strategy and workforce plans:	***Please comment,*** *in particular, where this is either a* ***strength*** *of the application, or a potential* ***weakness*** *to the application*
What evidence is there to demonstrate effective staff engagement and involvement in the development of the HR strategy and service plans to date, and going forward as an NHSFT?	Staff feedback to overall consultation is in the summary of consultation document Timetable of actions – membership development and communication strategy p 24 involves staff communications, HR strategy objectives table 2 page 40 promote staff involvement and empowerment, section 7 p 34 has the consultation process for developing the HR strategy, section 3.4.1 page 15 discusses staff and stakeholder involvement and generally throughout the HR strategy there are pieces of evidence/mentions of engaging and involving staff (e.g. page 5 – the consultation process.)
What evidence is there to demonstrate how the organisation intends to develop to meet the challenges of being an NHSFT (in particular the cultural change required to deliver an empowered, responsibility-led, organisation)?	Board and OD paper, and within the SDS there are responses to this. In the HR strategy e.g. transforming the organisation through sustainable change and page 17 3.4.2 and the objectives on p 41 objective 2 of the HR strategy all discuss how they will deliver the cultural changes to the organisation as an FT.
Is the applicant able to demonstrate how the workforce plans fit with the SDS and governance arrangements to ensure delivery of organisational objectives?	The SDS is cross referenced to the HR strategy P 6 – section 2 summary of SDS in the Hr strategy 3.4.3 modernising the workforce in the HR strategy p 20 and recruitment strategies p 22 and appendix 1 of the HR strategy discuss the future workforce and service plans, HR strategy section 4 p.26 – 29 workforce aspirations and challenges, and in the SDS - section 5 in the SDS and appendix 6,7,8,9,10, and throughout the SDS e.g. section 4 'priority service development' discuss staffing and capacity issues and solutions, as does section 3.5 pages 32-22
Is the applicant able to demonstrate how innovative practices (staff development, recruitment & retention, use of volunteers), will be	Customer service section in the HR strategy p 19, and throughout the HR strategy many ideas and aspirations are discussed and being

introduced / developed to enable a highly effective workforce to facilitate service delivery	actioned.
Overall are there any issues that should prevent the application going forward to Monitor? If so, please list the issues.	HR requisites are covered. No HR issues that should prevent the application from going forward to monitor.

Chelsea and Westminster Healthcare NHS
NHS Trust

Trust Board Meeting, Thursday 2nd February 2006

AGENDA ITEM NO.	1.8/Feb 06
PAPER	Foundation Trust Application – Cash Risk Update
AUTHOR	Lorraine Bewes Director of Finance and Information Telephone: 020 8846 6713
LEAD EXECUTIVE	Lorraine Bewes Director of Finance and Information
SUMMARY	This paper summarises the work that has been done to date to resolve the cash risk identified in the Service Development Strategy.
ACTION	The Trust Board is asked to note the paper and discuss the recommendation that the Board should continue progressing with its application for Foundation Trust status based on the work in progress.

FOUNDATION TRUST APPLICATION

CASH RISK UPDATE

BACKGROUND

1. The Board will recall when it agreed that the Trust should submit its application to be a second wave Foundation Trust in December, that it was essential that the Trust had a sound capital structure as a Foundation Trust.

2. The Service Development Strategy noted that the Trust is due to repay £16.5m cash brokerage at the end of March 2006. The historic cash pressure arises from an undercapitalisation since its inception, exacerbated by overpayments on capital charges for a number of years, as a result of a fundamental error in the valuation of our estate.

3. The Board agreed that the application should be contingent upon a satisfactory solution being found for the undercapitalisation and the attendant cash risk therein.

4. Subsequently the Trust has been working on a number of concurrent strategies for resolving this without compromising our ability to borrow for capital investment purposes.

5. This paper provides an update for the Board on progress with finding a solution, following on from the briefing at the Trust Board Development away day on 25th January 2006.

BASE CASE ANALYSIS

6. The summary financial statements for the Base Case in our Service Development Strategy (SDS) are set out at Appendix 1.

7. To recap, the Trust has a historic cash brokerage problem of £20m. However, by agreement with the Strategic Health Authority, £3.5m has been waived, leaving a residual problem of £16.5m.

8. The base case solution for covering the payback of brokerage of £16.5m in 06/07 is as follows:

Risk	Base Case Solution

Cash Deficit	Borrowing of £10.2m at 4.75% over 10 years. Repay Brokerage of £8.5m Working Capital Improvement £8.5m: • Debtor Days 36 • Creditor days 40

PRUDENTIAL BORROWING CODE

9. As a Foundation Trust (FT), the cash draw down arrangements with the DoH, including brokerage, and the duty to remain within an External Financing Limit and to keep cash surpluses to a minimum, will be replaced by a Prudential Borrowing Limit (PBL) as determined by a Prudential Borrowing Code (PBC). The Prudential Borrowing Code was circulated to the Trust Board for the Away day and can be found on the Monitor's website.

10. The PBL is set annually and determines the amount of borrowing an FT may take onto its balance sheet, and is in two parts:

- The maximum cumulative long term borrowing that the Trust can enter subject to passing the 5 PBC Ratios.
- The amount of any approved working capital facility for short term borrowing requirements.

11. The PBL is linked to the annual risk rating set by Monitor based on 3 year plans submitted by the Trust and in year quarterly monitoring of these plans. The risk rating scoring is 1 to 5 (1 being the worst or highest risk, 5 being the best or lowest risk). Details of the Risk Rating framework together with definitions of the 5 PBC Ratios are set out at Appendices 2 – 4.

12. The current thresholds for the risk ratings are:

Metric	5	4	3	2	1
EBITDA Margin	10%	8%	4%	0%	<0%
EBITA % Achieved	100%	80%	60%	25%	<25%
ROA	5%	4%	2%	-3%	<-3%
I&E surplus margin	2%	1%	0%	-3%	<-3%
Liquid ratio (days)	35	25	15	10	<10
Maximum Debt/Capital ratio	40%	25%	15%	10%	0%

13. A working capital facility requirement will also be set by Monitor. Initial enquiries with the commercial banks suggest that the Trust could expect a facility of up to 10% of income, equivalent to £22.5m this year. This is subject to a formal tender and the bank's scrutiny of our financial plans and historical statements. From discussions with Monitor, we would expect Monitor to require a facility of at least 30 days of operating expenditure, which is equivalent to £18m.

RISK ASSESSMENT

14. In the light of losing the cash brokerage on becoming an FT, the Trust Board was concerned about two key issues:

a) Would the Trust have sufficient short term cash to finance its ongoing working capital requirements?

b) Would the Trust have sufficient headroom on its balance sheet to borrow long term finance in order to finance significant capital projects in the future?

15. For the purposes of testing these risks, the Trust has completed some scenario and sensitivity testing based on an assumption that it would want to build a Tertiary Paediatric Centre over 2 years in 2007/08 and 2007/09 and has considered the impact on its cash flow, financing requirements, potential risk rating and prudential borrowing code ratios.

16. The initial results, set out in Appendix 5, demonstrated that:

a) With a working capital facility of £18m to £22.5m, the Trust should be able to finance its short term working capital requirements. The assumed working capital levels in the SDS (debtor days of 36 and creditor days of 40) compare with an average achievement over the period of April 2004 to December 2005 of 39 days for debtors and 50 days for creditors. The range of debtor days per month has varied between 27 and 53 and creditor days between 37 and 79. Therefore although the debtor day requirement is 3 days better than has been achieved historically, the creditor days assumption is 10 days worse, giving a net £2m headroom on working capital compared with what has been achieved in the past.

b) However, the Trust was concerned that if £10.2m of the brokerage was converted to long term debt in 2006/07, and assuming the worst case, that the Trust had a risk rating of 2, then the Trust would potentially breach the maximum debt/capital ratio of 10%.

STRATEGIES FOR RESOLUTION

17. Since December, the Trust has considered a number of concurrent strategies as follows:

a) Make a formal request to the Department of Health to write off the brokerage or a compromise solution with a phased repayment.
b) Consider alternative phasing of capital expenditure.
c) Consider alternative sources of financing.

RESULTS TO DATE

18. The Trust has made some progress on each of these strategies but there is still further work to do.

19. A formal request (previously circulated to Trust Board members) to John Guest at the DoH to write off the brokerage was made on 15th December and there has been correspondence to clarify our request. Our understanding from informal discussions is that it is unlikely that the DoH will agree to our request and we have specifically asked them to consider whether we are being treated fairly compared with other FTs and to consider a compromise solution of a 3 year phased repayment of brokerage. John Guest has agreed to provide us with a formal response by Tuesday 31st January, and a verbal update will be made at the Board.

20. The Director of Finance has e-mailed all Second Wave Foundation Trust Directors of Finance to establish if there are any applicants with similar issues who would be willing to work together on this.

21. The Trust has run a further 15 scenarios and from this developed 3 scenarios to consider alternative phasing of the brokerage payment and or variations to the long term borrowing taken out.

22. The scenarios are set out in the table below and the detailed results are attached at Appendix 6:

Scenario 1	No Borrowing against capital programme. Repay Brokerage of £8.5m Working Capital improvement as Base Case.
Scenario 2	No Borrowing against capital programme. Phase repayment of £8.5m Brokerage over 3 years Working Capital improvement as Base Case.
Scenario 3	Borrow £5.45m at 4.75% over 10 years. Phase repayment of £8.5m Brokerage over 3 years Working Capital improvement as Base Case.

23. Scenario 1 was carried out to test whether the Trust's cash requirements could be covered entirely through a working capital facility rather than through a long term loan. The results suggest a maximum working capital requirement of £32m would be needed. This option has therefore been discounted as, even if the facility was allowed, it would be a very expensive form of financing.

24. Scenario 2 would require a maximum working capital facility of £5m and the Maximum Debt/Capital ratio would be no more than 8.52%, within the 10% maximum. This would therefore be a viable option but is dependent upon the DoH agreeing to a phased repayment of the Brokerage.

25. Scenario 3 would require no working capital facility and the Maximum Debt/Capital ratio would be 9.59%. This is also dependent upon the DoH agreeing to a phased repayment of the Brokerage.

26. Therefore the Trust has identified potential alternative solutions to taking out a long term loan. However these depend upon an agreement with the DoH to defer pay back of the brokerage.

NEXT STEPS

27. It should also be noted that the risk assessment has not yet factored in the income and expenditure cash flows that would follow from a £30m build, nor has the assessment considered the impact of phasing or varying the size of the capital builds. The Trust will also explore the potential for attracting charitable sources of finance. These scenarios will be worked up for the next Trust Board.

28. The Trust will also need to revisit the future capital programme in more detail to test whether more cash flow can be achieved through reprioritising proposed programmes. Within the base case there is annual free cash flow in a range from £12m up to £19.6m from depreciation available towards the normal capital requirements and it may be possible to finance some of the exceptional developments from this source.

CONCLUSION

29. In conclusion, the work to date suggests that there are viable alternative solutions to repay the DoH brokerage without compromising short and long term cash requirements. These depend upon an agreement to defer the DoH brokerage repayment.

30. However, the Executive believe it is important to find a solution that is not dependent upon the DoH and will work up the additional scenarios detailed in paragraphs 27 and 28. The Executive believe there is still scope to find such a solution and will bring this back to the next Trust Board.

31. On this basis, it is recommended that the Trust continues its application with Monitor.

Chelsea and Westminster Healthcare NHS

NHS Trust

Trust Board Meeting, February 2006

AGENDA ITEM NO.	
PAPER	Financial Report – December 2005
SUMMARY	The overall income and expenditure position for the nine months to December 2005 is a surplus against budget of £2.121m, an improvement of £0.393m on the position at Month 8. For the third consecutive month the forecast position for the year-end remains at a surplus of **£2.1m**. The forecast SaFF income position of a surplus of £1.019m is net of a number of provisions, including provisions for a reduction in activity in the last quarter which may result from PCT demand management; a provision against the application of the outpatient new to follow-up ratio cap and provision against the possible removal of activity due to data quality issues. While a number of significant provisions have been made, there are a number of risks that are not in the forecast position and these include: • A net £2m risk arising from a proposal by the HIV consortium to not pay for any overperformance in 2005/06. This proposed unilateral change in the risk sharing policy is not accepted by the Trust and the Trust is seeking support from the SHA to resolve this. • There is a risk that the demand management reductions assumed in the provisions on SaFF income may be understated as the impact of this, and the roll out of choose and book, is very difficult to quantify. • There are a number of NHS debtors from 2004/05 that are disputing the level of over performance billed at the end of last year. The complexity of the disputes, with, in some cases, multiple organisations commissioning through one body and data quality issues means that it is taking a long time to resolve these issues and establish the likely impact on cash and I&E. The Trust has approximately £9m of debt which is over 6 months old and has a total provision of approximately £5.5m. We consider this to be reasonable provision based on prior experience however the adequacy of this provision will only be known once the current review of aged debt is completed. The Trust has a control total target of a £2.1m surplus and subject to the risks identified above, expects to meet this target. We can report an improvement in the cumulative cash position, which is now £1.9m behind plan compared with £3.9m behind last month. The full £12m cash brokerage request has now been identified through a combination of additional brokerage and slippage on tax and NI payments. In addition the Trust needs to generate £8m of cash from working capital management. The planning work to deliver this cashflow gain is ongoing and plans will be in place by the end of January.
AUTHOR	Lorraine Bewes, Director of Finance and Information: Telephone: 020 8846 6713
BOARD ACTION	The Board is asked to note the financial position at Month 9.

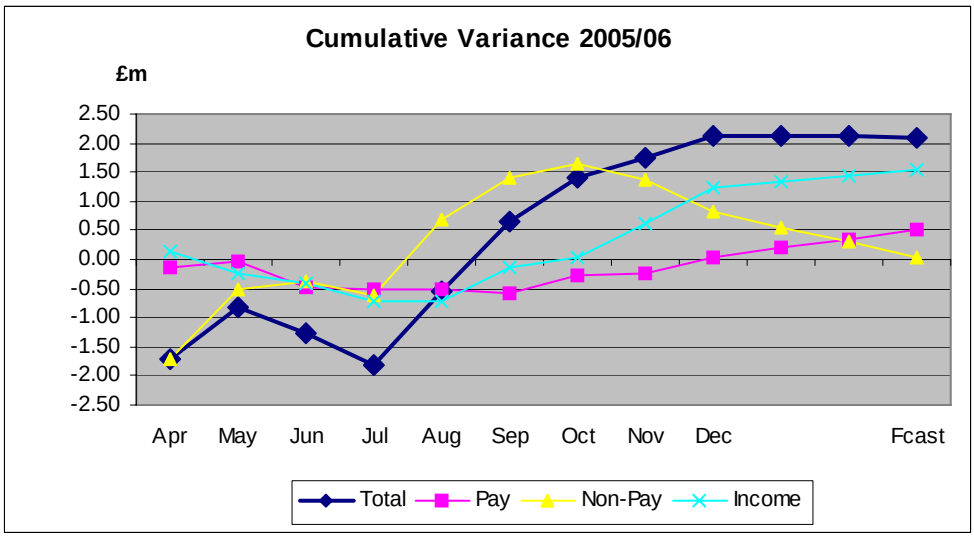
Chelsea and Westminster Healthcare NHS

NHS Trust

Finance Report
February 2006
Financial Position – Dec 2005

Summary Income & Expenditure (Form F1)

1. The overall financial position after nine months is a surplus of **£2.121m**. The Graph below shows the trend in the cumulative variance against budget to the end of December with the forecast year-end position of a £2.1m surplus.



2. The overall pay position at Month 9 is an over spend of **£0.298m** (0.1%). The in-month position is a favourable variance of £0.298m.

3. Non pay including Reserves and Depreciation is under spent by **£0.825m** (1.1%), an adverse movement in month of £0.532m. There is a significant adverse movement on provider to provider service level agreements (£0.332m), for the second consecutive month, reflecting the Pathology costs already included in last months forecast. In common with last month, this takes account of anticipated in-year pressures from over performance on the Pathology contract, but does not reflect any additional costs for agenda for change for Pathology staff over and above the generic uplift. Other key pressures included the unachieved depreciation savings target (£0.795m) and overspending on clinical consumables and prostheses. These overspends are offset by an underspend on the drugs budget (£0.483m).

4. The income position, including interest receivable, is **£1.245m** favourable (0.7%) which is a favourable movement in the month of £0.627m. This position includes overperformance income billed to PCTs in December following the correction of the spell conversion issue reported last month that is now reflected in the YTD position as well as the forecast. This has resulted in a favourable SaFF income variance of £0.525m in the month (£1.192m year to date). Non contract income variance is favourable by £0.167m. This reflects the net favourable position on overseas patients from countries with a reciprocal agreement which is billed to K&C PCT. K&C PCT has written to the Trust requesting that activity over and above their funding is billed only at marginal rate. This is not in line with Department of Health guidance and the Trust has made this position clear to K&C, however a provision has been made for a reduction in the over-performance to a marginal rate of 67%. The underlying position includes a £0.225m shortfall in income in Private Patients and the Assisted Conception Unit, offset by overperformance in SaFF income.

5. The HIV Consortium has written to the Trust advising that overperformance will not be paid this year. The Trust does not accept this change in risk management policy, issued after arbitration on the 2005/06 contract had been held and resolved and has written to the Consortium rejecting this change. The total income at risk from this policy change is approximately £2.0m and this is not in

the current reported out-turn. Further information is provided in the directorate report in Paragraph 21.

6. The Trust is forecasting a year-end surplus of **£2.105m** which remains unchanged from last month. There were only minimal changes within the forecast however the income position is net of a number of provisions and there are also a number of risks. Both of which are explained in paragraphs 38 and 41 to 46. The SaFF income forecast improved by £0.190m, offset by a small overall deterioration in frontline directorate of £0.043m. There was also an improvement of £0.052m in the Clinical Support forecast, mainly in Pharmacy. As reported above in Paragraph 3 it is anticipated that there will be an in year pressure on the Pathology contract although the actual amount is not yet known. The position is unchanged since the last report in that the Trust has not received written communication from HHT advising of this year's changes. The forecast continues to include an estimated overspend of £0.634m for over performance but excludes any additional costs for agenda for change.

Variance Analysis – Year to Date and In Month

7. The overall position for the Trust is a favourable variance of **£2.121m** which is a favourable movement of **£0.393m** in Month 9. The high-level summary of this position is as follows:

	M8	M9	Movement in month
Income	**£'m**	**£'m**	**£'m**
SaFF Baseline	0.667	1.192	0.525
Non-Contract Activity	-0.103	0.064	0.167
Private Patient Services	-0.194	-0.227	-0.033
Other	0.336	0.319	-0.017
Interest Receivable	-0.026	-0.033	-0.007
Expenditure			
Pay	-0.247	0.051	0.298
Non Pay pressures	-0.528	-1.362	-0.834
Reserves and Capital Charges	1.823	2.117	0.294
Total	**1.728**	**2.121**	**0.393**

Income and SaFF update

8. The overall income position is **£1.245m** favourable taking into account an adverse position on interest receivable of £0.033m. Within this position Private Patient income, including ACU, is adverse against budget by £0.227m, an adverse movement in the month of £0.033m.

9. SaFF Income is reporting an improvement of £0.525m in the month; £1.192m surplus year to date. SaFF income is based on an extrapolation of the costed activity up to month 8, with an adjustment within the forecast for a seasonal down-turn in activity during December. (**Form F2B(ii)**).

10. The contract with the HIV Consortium has not been signed yet as the Consortium have sought to change the policy on risk share, post arbitration on the 2005/06 contract.

11. The arbitration hearing for Wandsworth PCT did not take place in December as originally expected. To date this case has not been heard and the latest advised date for the hearing is the 30th January.

12. Non-Contract Activity at Month 9 is showing an adverse variance of £0.064m, an improvement of £0.167m in the month. The activity relating to patients from countries with a reciprocal agreement has risen by over 100% in comparison to last year's activity. All this activity is billed to our host

PCT. K&C are seeking to share the risk of this overperformance with C&W by agreeing a marginal rate for overperformance above the funding levels K&C have received. In anticipation of a possible agreement on risk share, a provision has been included for a reduction in the tariff to 67% for overperformance. Any concession on the marginal rates for overseas activity will be subject to resolution of all outstanding main SLA and HIV over-performance issues.

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

	No of SLAs	**SLA value agreed /Offer £m**	Variance £m
Agreed	119	121,831	(2.41)
Offers received not agreed	1	14,151	(0.59)
Offers received not agreed- HIV	1	37,581	0.08
No offer received	0	0	0
Overseas (reciprocal)	1	943	(0.43)
Total	123	174,509	(3.35)

Expenditure Update

14. The expenditure position is **£0.876m** favourable at Month 9, an adverse movement of £0.235m in the month. This position includes a further month's worth of the deficit payback reversal (£0.286m in the month) and the release of AFC funding (£0.125m in the month).

15. Pay budgets are **£0.051m** favourable (**Form F2D**) which is a favourable movement in the month of £0.298m. The favourable in month position is as a result of the underlying pay position being offset by the release of funding for the Burns ITU bed and Radiology staff chargeable to the PACS Project. (see the Directorate report at Paragraph 19).

16. Existing staffing budgets, e.g. Nursing and new Agenda for Change bands, continue to change as staff are paid under new AFC terms and conditions. At the end of December 652 staff have been assimilated and paid under AFC and a further 100 staff have been appointed directly into vacant posts under AFC terms and conditions. Based on analysis of the awards given to-date and an estimate of future awards, the reserves set aside to fund AFC are considered adequate.

17. The quota system for bank and agency usage introduced in September has continued to be used and is successfully contributing to a reduction in bank and agency hours. However it should be noted that although there was a planned reduction in activity over the Christmas period and 300 fewer episode end dates in December compared with November, occupied beds days increased by 1,164 (9.7%) from November to December. Despite the increase in occupied bed days bank and agency hours booked within inpatient areas in December reduced by 11.7% against hours booked in November, a reduction of 3,776 hours.

18. Non-pay is reporting a **£0.825m** under spend year-to-date (**From F2E**), which is an adverse movement in the month of £0.5326m. The benefit from both the deficit payback and AFC funding is shown under non-pay. Highlights within non-pay are:

    - For the second consecutive month the Provider to provider service level agreements are significantly overspent (Form F2F), £0.332m in the month and £0.525m year to date. This is predominantly the Pathology SLA which is £0.492m overspend in the month and £0.697, year to date for cost pressures for over performance as reported above.

    - Within central budgets there is an overall favourable position on non pay in the month of £0.167m however within this position there is an adverse movement for the release for the first time this month of the 1.5% risk share pressure on drug expenditure within the HIV contract. This contributes £0.251m overspend to the in month non pay position. It should be noted that there is £0.486m within the forecast for the full year cost of the HIV drugs risk share.

    - Drugs are under spent by £0.483m YTD which was a favourable movement of £0.029m in the Month.

    - Depreciation is reporting an adverse variance of **£0.831m** YTD in line with previous months.

- Patients appliances/prosthesis (£0.573m overspend YTD) and MSSE (£0.574m overspend YTD) continue to be the non-pay categories with the highest overspends.

Directorate Positions (Forms F3A and F3B)

19. Imaging & Anaesthetics, Surgery and Management Executive are on track to meet their year-end forecasts and there is minimal risk in their forecast out-turn.

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

21. **HIV/GUM –** The financial position for the HIV/GUM Directorate at Month 9 is a cumulative under-spend against budget of £0.013m. The forecast for HIV anti-retroviral drugs is break even within the Directorate's position. The Trust has assumed expenditure of £0.486m, under SLA risk share arrangements, for its share of the predicted £2.550m overspend. However, the Consortium recently responded to a report into 2004-05 anti-retroviral drugs reporting by the Trust, saying that they have not accepted the Trust's view that certain infrastructure costs, historically recovered through the drugs funding, should be moved to the infrastructure funding stream within the SLA. The Consortium had promised a review of infrastructure to settle this issue in a pan-London exercise, but have yet to follow thorough on this. Instead, the Consortium has decided not to honour the risk share arrangements within the SLA and have said that they will not pay the Trust any overperformance in 2005-06. The Chief Executive has written to the consortium rejecting this policy change and will seek arbitration if the consortium do not withdraw this proposal.

22. **Medicine & A&E –** The Medicine & A&E Directorate is £0.435m overspent at Month 9, which represents a negative movement of £0.133m compared to Month 8. The directorate is forecasting a year end overspend of £0.790m, which represents a negative movement of £0.057m compared to the Month 8 forecast. The Directorate are seeing much increased pressures on budgets as a result of higher activity – especially in Elderly, General Medicine and Respiratory. As a result, the wards and A&E were overspent by £71k for the month. The Directorate have recorded 824 more bed days in the month compared to the average for periods 1 to 8, an 18% increase. Compensating for the overspend is an increase in the forecast underspend on drugs, by a further £0.050m to £0.530m. The Directorate booked full-year-effect savings of £0.188m (£0.047m in year) by removing the budget for 6 beds in Adele Dixon and Frances Burdett. The current forecast allows for the Month 9 cost pressures to last until mid-February. If they persist beyond this point, or are repeated before financial year end, the forecast overspend is likely to increase.

23. **Women & Children's Directorate** – The Women and Children's Directorate has an overspend of £0.148m at Month 9. This is an improvement in-month of £0.040m, in part aided by the continued good practice around bank and agency control and high Private Maternity activity. The overspend year to date is predominantly within the Paediatrics Wards, Paediatric Specialist Nursing and NICU pay/non-pay lines. Continued high activity in NICU, both in consortia and non-consortia, is leading to an overspend on pay and non-pay budgets, to deliver the additional activity. The income relating to this over activity is split between the directorate and central income. From Month 10, all marginal overperformance on NICU activity will be included within the directorate. The overspend in Paediatrics is largely due to Emergency over-performance and high dependency patient care activity, with further TPN costs. The overspend in these areas has been offset by continued additional income in Private Maternity, as well as continued vacancies across the directorate and good management of bank & agency staffing. The year end forecast for W&C currently shows an overspend of £0.029m but this is dependent on significant additional non-consortium NICU activity in the last quarter resulting from increasing capacity through the opening of the Combined Care Unit.

24. **Facilities -** The Facilities Directorate was £0.215m over spent as at Month 9 with an adverse in month movement of £0.067m, due almost entirely to increased costs for utilities. The electricity price per kilo-watt hour has increased by 50% from October with a further increase of 10% scheduled for January 2006, fixed until March 2006. The gas price per kilo-watt hour increased by 125% in November and by another 20% in December. Due to the volatile nature of the current energy market the prices forecasted for gas could change significantly. However, the data used for forecasting the gas costs are based on the spot price from International Petroleum Exchange as reported by PASA. The 2.5% savings target within the directorate was £0.284m. £0.211m of

recurring savings have been achieved against this target to leave a balance of £0.073m to find. The Directorate is forecasting a year end deficit of £0.547m.

25. **Private Patients** – At Month 9 the net position of the unit was a negative variance of £0.432m, a slight positive movement on Month 8, which exists because the Unit has struggled to earn a consistent level of income throughout the year. The negative variance is made up of income under-recovery of £0.770m and overspends of £0.355m. The Trust continues to promote the Unit to consultants with a view to maximising the second list and treatment centre income. The Unit continues to work on the measures flagged up in recent reports to reduce expenditure, some relating to improvements in efficiency and others which will curb expenditure in the Unit not directly relating to Private Patients activity. The forecast for the Unit remains a £0.396m deficit for the year. Overseas income is now reported separately from Private Patients. The forecast is for Overseas income to under-recover by £0.015m at the financial year end. This incorporates estimated bad debts at 15% of income older than 60 days.

26. **Assisted Conception Unit (Form F3B) –** The year to date position within ACU at Month 9 shows an overspend of £0.207m. In December the number of cycles was down against plan due to the Christmas and New Year period, although the forecast had taken into account an element of reduced activity. 'Other' activities within the Unit continued to perform well. Overall the income budget is £0.094m under-achieving against target, year to date. However, last month, work with the unit has identified a large amount of activity that has been undertaken but subsequently not billed. This is the result of a number of factors, including; Self-funders being incorrectly classified as PCT funded and thus not having bills raised to them; and secondly, a number of self-funders not being billed at all or being incorrectly billed during their treatment cycle. In January these bills will be raised and the financial value has been calculated at £0.120m, which will improve the income position overall. Pay costs are overspent year to date, due to staff absence covered by Locum staff. Non-pay is also overspent year to date, in part due to bulk buying in the early part of the financial year. At year end the ACU is currently forecast to overspend by £0.119m.

27. The Chief Executive has requested a retrospective review of ACU financial performance over the past few years and the General Manager and Clinical Director for Women and Children's will prepare a proposal for achieving a recurrent financial balance.

Savings Target (Form F5A and F5B)

28. **Form F5A** shows the savings target by Directorate and reports those savings that have been identified by directorates and removed from specific expenditure budgets. A total of £2.762m has been removed from budgets at Month 9. This is a small increase from last month.

29. **Form F5B** shows savings that have been removed from budget plus all further savings schemes in progress. At this stage a further £1.053m of schemes have been proposed. In summary a total of £3.815m has been achieved or planned against a target of £4.958m, leaving a shortfall of £1.143m. This is no change to the shortfall remaining at Month 8.

Total Savings

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

30. The £4.958m savings target is a recurrent target, of which £2.5m has been identified recurrently leaving a balance of £2.4m to find. The table below shows the split by directorate.

Recurrent Savings Planned

Directorate	Recurrent Target £'m	Recurrent Planned £'m	Outstanding Recurrent £'m
A&I	570	497	73
Surgery	436	508	-72*
W&Cs	681	681	0
Medicine	569	152	417
HIV	700	340	360
Facilities	284	286	-2*
Pharmacy	82	82	0
Physio & OT	93	52	41
Dietetics	14	0	14
Man Exec	436	248	188
Capital Charges	1,093	0	1093
Total	**4,958**	**2,846**	**2,112**

*The excess target planned will count towards 2006/07 savings.

31. Directorates are currently focussing on converting the non-recurrent elements of 2005/06 savings into recurrent savings for 2006/07 and beyond and also identifying new schemes for the 2006/07 recurrent savings target. Directorates have been asked to look for a minimum of 2% savings for next year however, guidance released on the 26th January has stated that the efficiency savings removed from tariff will be 2.5% in 2006/07.

Year End Forecast

32. The full year forecast is a surplus of **£2.105m,** a small deterioration of £0.028m on the forecast at Month 8. Within this position there are small changes in directorates and clinical support and an improvement in the overall income position of £0.190m.

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

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

	Full Year Forecast at December				Movement from November
	Income	Pay	Non pay	Total	
	£000's	£000's	£000's	£000's	£000's
SaFF Income	1019	0	0	**1019**	**190**
Other Central Income	-336	0	0	**-336**	**0**
Imaging & Anaesthetics	-3	313	-270	**40**	**0**
HIV/GUM	498	-329	-80	**89**	**-53**
Medicine & A&E	-74	-797	81	**-790**	**-57**
Surgery	0	626	-577	**49**	**0**
Women & Children's	245	104	-378	**-29**	**67**
Clinical Support	-1	185	49	**233**	**52**
Facilities	143	-108.4	-581.4	**-546.8**	**2**
Man Exec	92	727.5	-144.3	**675.2**	**-10**
Private Patients & ACU	-4	-259	-268	**-531**	**-11**
Service Level Agreements	0	0	-634	**-634**	**0**
Other Departments	-25	49	-41	**-17**	**-19**
Depreciation	0	0	-1,000	**-1000**	**0**

	Full Year Forecast at December				Movement from November
	Income	Pay	Non pay	Total	
Central	0	0	3,884	3884	-189
Total	**1,554**	**511.1**	**40.3**	**2,105**	**-28**

35. The Trust had been set a control total to achieve a £2.1m surplus towards the NWL sector deficit and is currently forecasting to achieve this. However, the Board should note that while the forecast is realistic there are a number of risks that could deteriorate the actual out-turn, most notably the recent notification from the HIV Consortium that it will not pay overperformance. The risks are discussed in detail below.

Risks

36. There are four main areas of risk that could impact on the financial forecast reported in this report and these are set out below:

37. **HIV overperformance –** the HIV consortium are attempting to change their policy regarding payment for overperformance in 2005/06 which, if successful, would result in a net deterioration of circa £2m in the forecast out-turn. This proposed policy change has only been notified to the Trust in January, which is after arbitration on the 2005/06 HIV contracts has been heard. The Chief Executive has written to the Consortium lead rejecting this change in policy and will take the issue to arbitration of it is not withdrawn.

38. **Savings Plan Delivery -** The current forecast assumes that the Directorates will deliver the majority of their allocated savings target through recurrent and non-recurrent savings including reductions in bank and agency spend. There is £0.226m of high risk assumptions in the savings plan, predominately around the assumption of additional NICU activity resulting from the opening of the Combined Care Unit, that is not within the control of the Trust.

39. **Demand Management –** the current forecast income position has made a number of assumptions around reductions in outpatient activity due to the demand management initiatives being implemented by local PCTs. The PCTs are also proposing to impose a cap on the ratio of New to Follow-Up and not paying for any follow-ups that exceed this cap. There is a medium risk that estimates of activity reductions assumed within the forecast could prove to be understated.

40. **Provisions for doubtful debt** – as previously reported, there are a number of debtors from 2004/05 that are disputing the level of over performance billed at the end of last year. The complexity of the disputes, with, in some cases, multiple organisations commissioning through one body and data quality issues means that it is taking a long time to resolve these issues and establish the likely impact on cash and I&E. The Trust has approximately £9m of debt which is over 6 months old, £1.3m of which relates to Hammersmith Hospital. Against this figure, is a total provision of approximately £5.5m. A detailed review of this debt is currently underway and this will provide the information needed to assess the adequacy of the provision.

Budget Assumptions

41. There were a number of reserves distributed in Month 9 and the most significant items are detailed below.

42. **Agenda for Change** - Recurrent funding of £0.194m was distributed from the Agenda for Change (AFC) Reserve to fund increased costs for the additional 120 members of staff who assimilated onto AFC terms and conditions in the month and also 33 new members of staff appointed directly onto AFC terms and conditions.

43. A reserve was created for Connecting for Health funding as planned in the forecast (£0.510m).

44. HIV Drugs Expenditure - Drugs uplift funding from the HIV Consortium was distributed to the Directorate in the month (£0.770m).

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

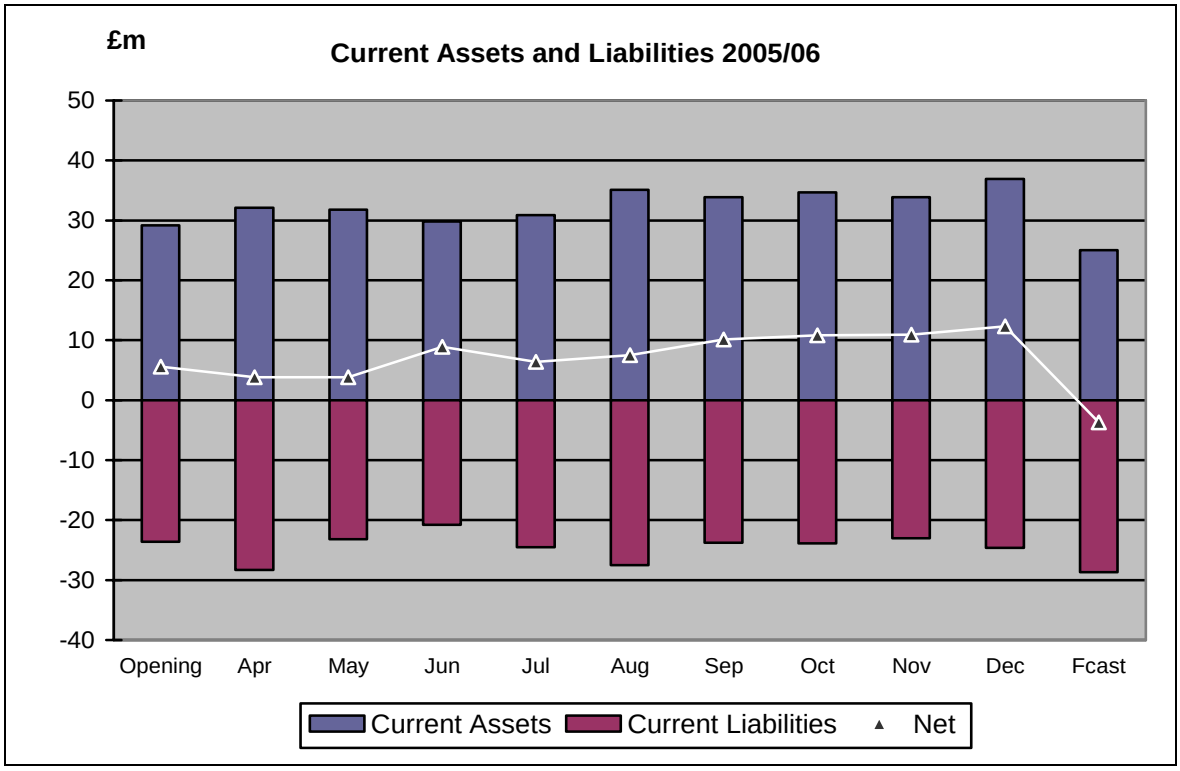
Working capital

45. Total current assets increased by £3.006m mainly due to a deliberate build up of cash being accumulated to cover dividend payment in March 2006. Consequently net current assets have gone up £1.341m although current liabilities have increased by £1.645m.

46. At 31 December 2005, the Trust debtor days based on balance sheet values were 39 compared to 45 achieved at 30 November. The year end target is 33 days.

47. The Trust was taking on average 43 days to pay creditors in December 2005 compared to 39 days in November 2005. The year end target is 55 days. In order to achieve this target, a list of creditors has been compiled which identifies potential creditors whose payment terms will be stretched in March 2006.

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



Debtors (Form F7)

49. There has been little movement in the overall debt position in December although total debt has decreased 2.1% to £19.424m. The large volume of invoices raised at the end of November have not been paid. In addition there was over £1.0m Quarter 2 overperformance billed in December. Over 90 days debt has decreased by 1.2% or £0.120m.

50. The Hammersmith Hospitals debt has increased marginally to £2.3m from £2.2m at the end of December 2005. As this account is linked to the amount we owe HHT, the agreement is that net debt, after adjusting for disputed amounts and 1.4m for credit notes, should not exceed £0.9m.

51. The level of debt with Kensington and Chelsea PCT has increased by £0.23m. The outstanding debt relates to current billing and should be cleared in January 2006. The debt consists of £0.575m out of area treatment, £0.119m high cost drugs, £0.497m overperformance and £0.511m NPFIT.

52. Increase in debt with Wandsworth PCT is for overperformance billing and salary recharges. Overperformance invoices for 2004/05 totalling £0.350m are still in dispute.

53. Over 90 days debt with Watford and Three Rivers PCT relates to disputed overperformance charges raised at year end. A full review of this account has taken place and the position will be resolved by the next report.

54. £0.371m of the amounts outstanding for Imperial College London is for facilities charges for the period April to September. This has now been authorised for payment expected in early February.

55. Adur, Arun and Worthing PCT 1-30 day debt relates to HIV out of area and overperformance invoices. Credits have now been raised for underperformance which will offset the over performance.

56. A full review has been carried out on the outstanding debtor with Southend on Sea PCT and it is expected that all outstanding issues will be resolved by the next report.

57. The amount of debt with Private Patients has increased slightly by 0.1% to £1.084m compared to £1.083m last month, while there has been a reduction in the value of Overseas Debt by 1.2%.

Creditors (FormF8)

58. The total value of creditors at the end of December has decreased by 10.3% to £11.1m and most of this decrease relates to Hammersmith Hospitals NHS Trust (HHT) and ISS Mediclean Ltd.

59. The value of invoices >90 days is up 13.9% with Hammersmith Hospitals NHS Trust accounting for more that 70%.

60. The level of debt with Hammersmith Hospitals has reduced £0.507 or 8.1% from £6.1m to £5.6m. An agreement has been reached to maintain the net debt at £0.9m.

61. The BPPC performance has declined with 71.17% in number and 76.46% by value of invoices paid within 30 days. The cumulative results are 75.88% in number and 66.87% by value of invoices paid within 30 days. Last year the cumulative results were 70.25% in number and 66.69% by value were paid within 30 days.

Cash Flow Forecast (Form F9A and F9B)

62. Cumulative cash movements to 31 December 2005 are shown on Form 9B. This reveals that cash increased £5.987m compared to the £7.935m forecast. The result is a year to date shortfall of actual cumulative cash movement against plan of £1.948m however, the cumulative cash movement has improved by £1.964m due to higher than forecast receipts for December 2005.

63. The Strategic Health Authority has now confirmed that they will release the remaining £2.044m balance of historic brokerage effectively improving our EFL from £11.050m (notified on the 13th January) to £9.006m. Of our historic brokerage totalling £8.520m only £6m has been rolled forward. The balance will be met by delaying payment of February PAYE and NI contributions until April, as agreed with the SHA and the Inland Revenue.

64. The cash forecast assumes that the balance of our cash requirement will be met mainly from planned slippage in creditor payments in February and March 2006 totalling £7.384m, of which £5.2m is revenue and £2.1m capital.

Capital Expenditure (Form F10A and F10B)

65. A review of capital spend is currently underway and indications are that capital expenditure is likely to slip by £2.0m, split between projects (£1.5m) and medical equipment (£0.5m). The Capital Programme Board will negotiate brokerage with the SHA so that this can be carried forward to 2006/07.

Lorraine Bewes
Director of Finance and Information
27th January 2006

CHELSEA & WESTMINSTER HEALTHCARE NHS TRUST

FINANCE REPORTS

December 05

CHELSEA & WESTMINSTER HEALTHCARE NHS TRUST

CONSOLIDATED INCOME & EXPENDITURE SUMMARY

TRUST WIDE

FORM F1
December 05

Responsibility: Finance Director

	THIS MONTH			YEAR TO DATE			FULL YEAR			
							ORIGINAL	FULL YEAR	FORECAST	
	BUDGET	ACTUAL	VARIANCE	BUDGET	ACTUAL	VARIANCE	PLAN	BUDGET	ACTUAL	VARIANCE
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
INCOME										
Contract Income SaFF	(15,705)	(16,231)	525	(136,599)	(137,791)	1,192	(164,789)	(180,556)	(181,575)	1,019
Non-Contract Activity	(199)	(366)	167	(1,793)	(1,857)	64	0	(2,391)	(2,391)	0
Private Patients	(617)	(584)	(33)	(5,485)	(5,258)	(227)	(6,742)	(7,336)	(7,419)	83
Other Income	(3,702)	(3,685)	(17)	(29,533)	(29,852)	319	(35,536)	(39,107)	(39,559)	452
Donated Depreciation Income	(21)	(13)	(8)	(186)	(116)	(70)	(286)	(248)	(248)	0
TOTAL INCOME	**(20,244)**	**(20,879)**	**634**	**(173,596)**	**(174,874)**	**1,279**	**(207,353)**	**(229,638)**	**(231,192)**	**1,554**
EXPENDITURE			**0**							
Pay	10,165	8,673	1,492	88,874	77,022	11,852	109,662	118,937	105,166	13,770
Bank , Agency & Locum	59	1,253	(1,194)	906	12,708	(11,801)	1,334	1,201	14,460	(13,259)
Sub-total Pay	**10,224**	**9,926**	**298**	**89,780**	**89,730**	**51**	**110,996**	**120,137**	**119,626**	**511**
Non Pay	6,496	7,330	(834)	62,262	63,624	(1,362)	70,880	82,260	81,219	1,040
Sub-Total Non Pay	**6,496**	**7,330**	**(834)**	**62,262**	**63,624**	**(1,362)**	**70,880**	**82,260**	**81,219**	**1,040**
Reserves	125	29	96	375	36	339	10,004	7,236	7,236	0
Deficit Reversal/Surplus Brought Forward	286	0	286	2,574	0	2,574	0	3,431	3,431	0
Depreciation	645	733	(88)	5,801	6,597	(795)	6,890	7,735	8,735	(1,000)
Donated Depreciation	21	13	8	186	116	70	286	248	248	0
TOTAL EXPENDITURE	**17,796**	**18,031**	**(235)**	**160,979**	**160,103**	**876**	**199,055**	**221,047**	**220,496**	**551**
OPERATING SURPLUS	**2,448**	**2,848**	**400**	**12,617**	**14,771**	**2,154**	**8,298**	**8,591**	**10,696**	**2,105**
Profit/Loss on Disposal of Fixed Assets	0	0	0	0	0	0	0	0	0	0
SURPLUS BEFORE DIVIDENDS	**2,448**	**2,848**	**400**	**12,617**	**14,771**	**2,154**	**8,298**	**8,591**	**10,696**	**2,105**
Interest Receivable	(19)	(12)	(7)	(173)	(139)	(33)	0	(230)	(230)	0
Dividends	735	735	(0)	6,616	6,616	(0)	8,298	8,821	8,821	0
SURPLUS / (DEFICIT)	**1,732**	**2,125**	**393**	**6,174**	**8,295**	**2,121**	**0**	**0**	**2,105**	**2,105**

CHELSEA & WESTMINSTER HEALTHCARE NHS TRUST

FORM F2B(i)
December 05

SERVICE AGREEMENT VALUE SUMMARY

Responsibility: Finance Director

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

CHELSEA & WESTMINSTER HEALTHCARE NHS TRUST

SERVICE AGREEMENT VALUE SUMMARY

Responsibility: Finance Director

FORM F2B(ii)
December 05

PCT	Revised FY Budget at Month 9 £000's	Revised Target at Month 9 £000's	Actual at Month 9 £000's	Variance at Month 9 £000's
Contract and Over/Underperformance				
North West London Sector:				
Kensington & Chelsea	(37,139)	(27,854)	(27,887)	33
Westminster	(17,080)	(12,810)	(13,058)	247
Hammersmith & Fulham	(22,693)	(17,020)	(16,882)	(138)
Ealing	(2,621)	(1,966)	(1,983)	17
Hounslow	(4,281)	(3,211)	(3,363)	152
Hillingdon	(407)	(305)	(397)	92
Brent	(1,440)	(1,080)	(980)	(100)
Harrow	(547)	(410)	(420)	10
South West London Sector				
Wandsworth	(14,784)	(11,088)	(11,084)	(4)
Richmond & Twickenham	(2,773)	(2,080)	(2,137)	57
Kingston	(557)	(417)	(434)	17
Croydon	(653)	(490)	(468)	(22)
Sutton & Merton	(1,035)	(777)	(841)	65
North Central London Sector				
Barnet	(440)	(330)	(356)	26
Haringey	(194)	(146)	(321)	175
Enfield	(183)	(137)	(171)	34
Islington	(330)	(248)	(286)	38
Camden	(721)	(541)	(496)	(45)
South East London Sector				
Greenwich	(300)	(225)	(190)	(35)
Bexley	(88)	(66)	(62)	(4)
Bromley	(259)	(194)	(195)	1
Southwark	(622)	(466)	(481)	14
Lewisham	(686)	(515)	(378)	(137)
Lambeth	(1,548)	(1,161)	(1,176)	15
North East London Sector:				
Barking & Dagenham	(113)	(84)	(122)	37
Havering	(113)	(84)	(73)	(11)
Tower Hamlets	(168)	(126)	(159)	33
City & Hackney	(208)	(156)	(199)	43
Redbridge	(173)	(130)	(114)	(15)
Waltham Forest	(193)	(145)	(201)	56
Other Major Non - London:				
North Surrey	(757)	(567)	(640)	72
East Elmbridge and Mid Surrey	(786)	(589)	(658)	69
Woking	(549)	(411)	(560)	148
Blackwater Valley and Hart	(467)	(350)	(352)	2
Newham	(274)	(206)	(169)	(37)
Guildford and Waverley	(229)	(171)	(183)	11
Watford and Three Rivers	(329)	(247)	(248)	1
East Surrey	(102)	(77)	(76)	(1)
All Other PCTs	(3,970)	(2,979)	(3,104)	125
High Cost Drugs				
High Cost Drugs Exclusions Billed	(400)	(316)	(355)	39
Specialised Services Consortia				
NICU Consortium				
Hillingdon	(1,952)	(1,359)	(1,466)	107
Haringey	(54)	(41)	(41)	0
Bexley	(319)	(240)	(240)	0
Croydon	(614)	(460)	(460)	0
Tower Hamlets	(47)	(35)	(35)	0
All Other PCTs	(168)	(126)	(131)	5
HIV Consortium & Overperformance				
Kensington & Chelsea	(38,705)	(29,440)	(29,440)	0
Out of London PCTs	(4,244)	(3,183)	(3,183)	(0)
GUM				0
Kensington & Chelsea	(7,821)	(5,866)	(5,866)	0
Hammersmith & Fulham	(2,988)	(2,241)	(2,241)	0
Other				
London Patient Choice (Receiving)	0	0	0	0
Cost per Case	0	0	0	0
Other income from PCTs	0	0	0	0
Prior Year Deficit Reversal and Surplus Carry Forward	(3,432)	(3,432)	(3,432)	0
Balance on 9D Codes	0	0	0	0
Balance on 9A Codes	0	0	0	0
Total Contract Income	**(180,556)**	**(136,599)**	**(137,791)**	**1,192**

CHELSEA & WESTMINSTER HEALTHCARE NHS TRUST

SERVICE AGREEMENT ACTIVITY SUMMARY - BY PCT

Responsibility: Finance Director

FORM F2B(iii)

December 05

	ACTIVITY TARGET TO DECEMBER 05								ACTIVITY ACTUAL TO DECEMBER 05								ACTIVITY VARIANCE TO DECEMBER 05								
	DC+DA	EL	EL XBD	NON-ELEC	NON-ELEC- XBD	NON-ELEC-SS	OPFA	OPFUP	DC+DA	EL	EL XBD	NON-ELEC	NON-ELEC- XBD	NON-ELEC-SS	OPFA	OPFUP	DC+DA	EL	EL XBD	NON-ELEC	NON-ELEC- XBD	NON-ELEC-SS	OPFA	OPFUP	TOTAL
North West London Sector:																									
KENSINGTON & CHELSEA	4,105	1,224	888	5,045	3,409	155	4,076	33,310	4,028	1,087	379	4,080	4,553	1,874	5,320	41,117	-78	-137	-509	-965	1,144	1,719	1,244	7,806	**10,225**
WESTMINSTER	2,090	977	911	2,266	1,992	63	2,264	19,391	2,450	856	370	1,650	2,206	749	2,427	21,875	360	-120	-541	-615	214	686	163	2,484	**2,631**
HAMMERSMITH & FULHAM	2,266	791	731	4,275	2,771	106	3,777	22,950	2,606	890	311	2,822	2,075	1,715	4,555	24,845	340	99	-421	-1,454	-696	1,609	778	1,895	**2,149**
EALING	462	183	184	464	288	16	476	3,782	523	215	32	397	135	196	560	3,979	61	32	-152	-66	-153	180	85	197	**183**
HOUNSLOW	524	204	181	623	140	18	618	4,569	731	249	57	315	333	244	624	4,470	208	45	-123	-308	194	226	7	-99	**148**
HILLINGDON	52	25	23	52	33	2	57	84	63	59	0	42	9	41	111	704	11	34	-23	-10	-24	38	54	621	**701**
BRENT	331	122	254	298	256	6	264	1,825	235	110	26	162	252	135	275	1,802	-96	-12	-228	-136	-4	129	10	-23	**-358**
HARROW	42	38	30	91	33	1	77	431	53	29	2	96	77	23	66	378	11	-9	-28	5	44	21	-11	-53	**-20**
SOUTH WEST LONDON SECTOR																	-	-	-	-	-	-	-	-	**-**
WANDSWORTH	1,402	528	512	4,044	3,425	79	2,774	15,672	1,589	533	218	2,770	2,925	1,384	2,586	18,298	186	5	-294	-1,275	-500	1,305	-188	2,626	**1,867**
RICHMOND & TWICKENHAM	306	119	78	633	203	11	510	3,618	372	138	19	406	129	270	494	3,839	66	19	-59	-227	-73	259	-16	221	**190**
KINGSTON	48	29	23	86	62	5	139	684	63	44	12	34	19	24	142	663	15	15	-10	-52	-43	19	2	-21	**-75**
CROYDON	78	71	16	66	93	1	118	770	57	53	6	66	34	36	125	766	-20	-18	-10	-	-60	35	7	-3	**-70**
SUTTON & MERTON	90	29	21	146	118	6	218	1,298	107	57	3	91	44	79	258	1,286	17	28	-18	-54	-74	73	40	-12	**0**
NORTH CENTRAL LONDON SECTOR																	-	-	-	-	-	-	-	-	**-**
BARNET	50	26	6	48	21	3	86	540	50	25	55	54	6	29	110	587	-	-	1	49	6	16	26	25	47	**136**
HARINGEY	20	9	5	39	16	5	53	287	61	11	2	39	5	39	71	426	41	2	-2	0	-11	34	18	140	**223**
ENFIELD	22	14	-	25	2	3	42	276	15	19	0	28	6	15	51	305	-8	-6	-	-3	-3	11	9	29	**54**
ISLINGTON	33	12	1	74	21	1	77	422	29	29	0	51	23	24	77	467	-4	-17	-1	-24	-1	23	-1	45	**56**
CAMDEN	52	73	32	143	79	7	134	725	72	52	0	47	29	47	149	780	20	-21	-32	-96	-50	41	15	55	**-67**
SOUTH EAST LONDON SECTOR																	-	-	-	-	-	-	-	-	**-**
GREENWICH	20	18	7	27	16	1	60	350	10	12	0	11	25	7	63	300	10	-6	-7	-16	-9	6	3	-50	**-70**
BEXLEY	7	10	5	8	86	-	28	138	2	5	0	9	35	3	34	174	-5	-5	-5	-1	-51	3	6	-36	**-19**
BROMLEY	28	16	41	53	2	1	51	277	41	25	10	23	17	10	46	340	12	9	-30	-30	15	9	-5	63	**43**
SOUTHWARK	40	35	57	52	26	4	121	782	52	35	19	77	26	32	171	869	12	0	-38	25	-0	28	50	87	**163**
LEWISHAM	29	17	1	44	15	4	94	467	25	18	3	44	27	15	117	519	-5	1	3	0	12	11	23	52	**97**
LAMBETH	175	79	104	191	92	23	358	1,972	344	71	41	194	350	106	344	2,105	170	-8	-64	-2	258	83	-14	133	**560**
NORTH EAST LONDON SECTOR:																	-	-	-	-	-	-	-	-	**-**
BARKING & DAGENHAM	5	8	-	11	-	1	18	170	7	8	0	63	10	10	29	178	2	-	-	52	10	9	11	8	**92**
HAVERING	16	12	14	16	8	1	24	143	8	9	6	33	1	2	25	127	-8	-3	-8	-17	-7	1	1	-16	**-23**
TOWER HAMLETS	18	11	1	27	54	-	39	248	83	11	0	75	34	17	44	360	65	1	-1	48	-20	17	5	113	**227**
CITY & HACKNEY	20	16	3	27	8	-	55	260	20	15	0	48	26	21	83	342	-	-1	-3	21	18	21	29	82	**167**
REDBRIDGE	20	14	6	17	1	2	39	221	20	9	0	35	1	7	36	244	-	-5	-6	18	-	5	-3	24	**32**
WALTHAM FOREST	14	20	5	26	9	2	36	250	18	17	39	66	33	17	44	336	4	-3	34	41	24	15	8	87	**208**
OTHER MAJOR NON - LONDON:																	-	-	-	-	-	-	-	-	**-**
NORTH SURREY	120	35	15	83	19	7	71	548	128	59	25	46	19	55	70	548	8	23	10	-37	-	48	-2	0	**50**
EAST ELM & MID SURREY	246	66	83	65	35	6	114	722	241	98	260	86	2	28	167	755	5	32	177	20	-33	23	53	33	**299**
WOKING	119	-	-	47	-	5	41	456	100	50	55	69	77	28	74	444	-19	50	55	21	77	24	33	-11	**229**
BLACKWATER VALLEY	74	36	15	72	15	6	33	451	80	32	5	52	8	25	71	461	6	-5	10	-20	7	19	38	10	**31**
NEWHAM PCT	28	31	14	69	12	2	46	297	23	19	6	27	9	15	57	379	-6	-12	-8	-42	-3	12	11	82	**35**
GUILDFORD & WAVERLEY	53	-	-	71	14	8	34	446	38	17	0	35	5	43	43	336	-15	17	-	-36	-9	35	8	-109	**-109**
WATFORD & THREE RIVERS	27	22	5	25	109	-	33	185	25	21	0	27	0	11	45	212	-2	-1	-5	-2	109	11	12	27	**-64**
EAST SURREY	9	7	1	7	10	1	16	108	12	7	1	7	2	2	18	120	3	-	0	-	-8	1	2	12	**11**
ALL OTHER 'S	486	348	246	910	243	21	625	3,812	395	333	142	1,040	420	156	762	3,909	-91	-15	-105	-129	-177	-135	-137	-98	**-464**
TOTAL CONTRACT ACTIVITY	**13,526**	**5,274**	**4,514**	**20,265**	**13,734**	**583**	**17,696**	**122,931**	**14,775**	**5,325**	**2,104**	**15,215**	**13,983**	**7,532**	**20,342**	**139,644**	**1,249**	**50**	**-2,410**	**-5,050**	**249**	**6,949**	**2,646**	**16,713**	**20,396**
HIV/GUM & Well babies	19	82	-	3,899	-	-	10,250	33,278	8	102	33	2,366	2,039	1,025	10,037	41,153	**-11**	**20**	**33**	**-1,533**	**2,039**	**1,025**	**-213**	**7,874**	**9,234**
TOTAL ALL ACTIVITY	**13,544**	**5,357**	**4,514**	**24,163**	**13,734**	**583**	**27,947**	**156,209**	**14,783**	**5,427**	**2,136**	**17,580**	**16,021**	**8,557**	**30,380**	**180,797**	**1,238**	**71**	**-2,378**	**-6,583**	**2,287**	**7,974**	**2,433**	**24,587**	**29,629**

CHELSEA & WESTMINSTER HEALTHCARE NHS TRUST

FORM F2B(iv)

December 05

SERVICE AGREEMENT ACTIVITY SUMMARY - BY SPECIALTY

Responsibility: Finance Director

	ACTIVITY TARGET TO DECEMBER 05								ACTIVITY ACTUAL TO DECEMBER 05								ACTIVITY VARIANCE TO DECEMBER 05								
	DC+DA	EL	EL XBD	NON-ELEC	NON-ELEC- XBD	NON-ELEC-SS	OPFA	OPFUP	DC+DA	EL	EL XBD	NON-ELEC	NON-ELEC-XBD	NON-ELEC-SS	OPFA	OPFUP	DC+DA	EL	EL XBD	NON-ELEC	NON-ELEC- XBD	NON-ELEC-SS	OPFA	OPFUP	TOTAL
SURGERY and A&I																									
ANAESTHETICS	0	222	0	1,581	0	5	0	0	0	279	0	1,845	0	25	0	0	0	57	0	264	0	20	0	0	340
BURNS	26	49	35	276	266	13	1,320	3,558	7	100	19	188	300	75	1,394	4,075	(20)	51	(16)	(89)	35	62	74	517	615
CRANIO SURGERY	4	9	1	28	0	1	7	33	7	26	3	11	10	6	3	33	3	17	3	(17)	10	5	(3)	0	17
GENERAL SURGERY	438	734	444	869	724	77	944	6,485	311	748	276	728	654	273	869	5,204	(127)	15	(169)	(141)	(70)	196	(75)	(1,281)	(1,653)
OPHTHALMOLOGY	608	27	11	2	0	0	781	9,332	501	37	16	2	0	1	752	7,833	(107)	10	5	0	0	1	(30)	(1,498)	(1,618)
ORAL SURGERY	59	3	1	5	0	0	29	1,546	11	0	0	0	0	0	18	1,428	(48)	(3)	(1)	(5)	0	0	(11)	(118)	(186)
PAIN MANAGEMENT	231	17	27	2	0	0	375	1,034	198	42	0	0	0	1	322	1,465	(33)	24	(27)	(2)	0	1	(53)	431	341
PALLIATIVE MEDICINE	29	17	109	11	50	1	13	169	37	24	47	11	3	0	25	194	8	7	(62)	0	(46)	(1)	11	25	(58)
PLASTIC SURGERY	967	582	364	1,233	360	83	314	6,888	916	744	167	414	362	1,096	525	6,665	(51)	162	(198)	(819)	2	1,013	212	(224)	97
T & O	564	702	567	720	1,356	48	3,328	12,665	415	672	273	547	1,194	231	2,160	9,746	(149)	(30)	(293)	(174)	(163)	182	(1,168)	(2,919)	(4,714)
UROLOGY	655	916	76	168	106	6	448	3,605	881	483	83	165	133	60	378	4,557	226	(434)	7	(2)	27	54	(70)	952	760
Sub-Total Surgery & A&I	**3,581**	**3,278**	**1,635**	**4,896**	**2,861**	**235**	**7,560**	**45,314**	**3,283**	**3,153**	**884**	**3,912**	**2,656**	**1,767**	**6,445**	**41,199**	**(299)**	**(124)**	**(751)**	**(984)**	**(205)**	**1,533**	**(1,114)**	**(4,116)**	**(6,060)**
WOMEN & CHILDREN																									
GYNAECOLOGY	710	777	448	725	246	8	1,604	5,813	599	771	126	378	134	502	4,349	7,831	(111)	(6)	(322)	(347)	(113)	494	2,746	2,018	4,359
NICU (Note this is a Cot Day)	0	0	0	339	0	0	1	789	0	1	0	731	0	10	7	771	0	1	0	392	0	10	6	(18)	392
OBSTETRICS	0	13	7	4,558	2,825	0	2,222	9,963	1	12	0	2,463	1,623	2,401	584	16,822	1	(0)	(7)	(2,096)	(1,202)	2,401	(1,638)	6,859	4,319
PAED CRANIO	77	33	15	3	0	0	133	706	53	9	0	1	0	1	114	345	(24)	(24)	(15)	(2)	0	1	(19)	(361)	(444)
PAED DENTISTRY	188	14	1	5	0	0	52	933	613	16	0	0	0	1	68	1,766	425	2	(1)	(5)	0	1	16	833	1,270
PAED ENT	101	135	8	11	2	1	217	496	110	244	2	3	1	7	225	674	9	110	(6)	(8)	(1)	6	8	178	296
PAED GASTRO	130	161	309	43	181	7	123	1,306	203	192	138	57	467	34	216	1,598	73	31	(171)	15	286	27	93	292	645
PAED NEUROLOGY	35	28	14	8	24	1	36	169	37	20	0	5	26	1	38	185	2	(8)	(14)	(3)	2	0	3	22	4
PAEDI OPTHALMOLOGY	14	2	0	0	0	0	0	0	16	2	0	0	0	0	127	863	2	0	0	0	0	0	127	863	992
PAED PLASTIC SURG	134	40	6	132	8	5	2	117	147	70	34	17	0	125	8	117	14	30	28	(116)	(8)	120	6	0	74
PAEDIATRIC SURGERY	464	270	315	532	345	22	303	1,548	525	318	84	293	261	343	1,590	4,311	61	48	(231)	(240)	(84)	321	1,286	2,763	3,926
PAEDIATRICS	114	49	83	1,889	530	35	1,237	4,740	151	57	15	1,029	377	1,081	908	4,920	37	9	(69)	(860)	(153)	1,047	(329)	180	(138)
SPECIAL CARE BABIES	0	0	0	3,315	0	0	0	0	0	0	0	2,912	0	1	0	0	0	0	0	(404)	0	1	0	0	(402)
Sub-Total Women & Children	**1,967**	**1,521**	**1,206**	**11,560**	**4,161**	**77**	**5,929**	**26,573**	**2,455**	**1,713**	**399**	**7,889**	**2,889**	**4,507**	**8,233**	**40,202**	**488**	**193**	**(807)**	**(3,672)**	**(1,272)**	**4,430**	**2,304**	**13,629**	**15,292**
MEDICINE & A&E																									
A & E	242	3	3	72	0	5	525	69	230	9	20	17	11	61	1,259	114	(12)	6	17	(55)	11	56	734	45	802
CARDIOLOGY	13	9	112	87	492	1	810	7,640	52	7	0	69	539	5	1,149	9,282	39	(3)	(112)	(19)	47	3	339	1,643	1,938
CLINICAL HAEM	804	17	17	33	9	1	239	5,562	807	5	0	9	105	1	189	7,965	3	(12)	(17)	(24)	96	0	(50)	2,403	2,399
DERMATOLOGY	2,091	26	48	42	45	1	411	11,599	2,741	19	3	42	12	8	557	12,347	650	(6)	(45)	(1)	(33)	7	146	748	1,465
ELDERLY MED	48	39	55	788	1,575	52	106	1,614	53	55	37	766	2,467	154	102	1,584	5	16	(18)	(21)	892	102	(4)	(30)	941
ENDOCRINOLOGY	67	2	0	13	14	0	356	5,986	127	8	6	9	267	0	348	5,969	60	6	6	(4)	253	0	(9)	(17)	296
ENDOSCOPY	2,891	90	281	112	453	2	0	0	3,036	59	99	71	308	33	0	0	145	(21)	(182)	(41)	(145)	31	0	0	(213)
GASTRO	281	49	75	128	250	6	399	5,076	248	55	24	142	470	43	406	4,709	(33)	6	(51)	14	220	36	8	(367)	(167)
GENERAL MEDICINE	245	89	387	2,152	3,489	178	67	1,712	288	102	389	1,931	3,618	837	109	1,763	43	14	2	(221)	129	659	42	51	719
MEDICAL ONCOLOGY	526	73	313	26	119	2	84	1,282	478	48	47	23	42	1	57	1,117	(48)	(24)	(266)	(3)	(78)	(1)	(27)	(165)	(612)
NEUROLOGY	207	54	212	27	96	1	223	3,426	321	42	149	18	86	5	259	3,021	113	(12)	(64)	(9)	(10)	3	36	(405)	(348)
RESPIRATORY MED	116	18	107	300	165	22	301	1,966	164	27	14	266	403	95	312	1,923	48	9	(93)	(34)	237	73	10	(44)	207
RHEUMATOLOGY	446	18	62	20	5	0	139	2,924	494	23	33	53	110	14	225	3,246	48	4	(30)	33	106	14	86	321	582
Subtotal Medicine & A&E	**7,976**	**476**	**1,673**	**3,799**	**6,711**	**271**	**3,660**	**48,855**	**9,037**	**458**	**820**	**3,413**	**8,438**	**1,254**	**4,971**	**53,039**	**1,061**	**(18)**	**(852)**	**(386)**	**1,726**	**983**	**1,311**	**4,184**	**8,009**
OTHER	1	0	0	10	0	0	548	2,188	0	0	0	1	0	3	693	5,204	(1)	0	0	(9)	0	3	145	3,016	3,154
TOTAL CONTRACT ACTIVITY	**13,526**	**5,274**	**4,514**	**20,265**	**13,734**	**583**	**17,696**	**122,931**	**14,775**	**5,325**	**2,104**	**15,215**	**13,983**	**7,532**	**20,342**	**139,644**	**1,249**	**50**	**(2,410)**	**(5,050)**	**249**	**6,949**	**2,646**	**16,713**	**20,396**
WELL BABIES	0	6	0	3,616	0	0	0	0	2	8	0	2,026	1,556	945	0	0	2	2	0	(1,590)	1,556	945	0	0	915
HIV	19	77	0	281	0	0	865	18,942	6	95	33	340	483	80	932	20,709	(13)	18	33	59	483	80	67	1,767	2,492
GUM	0	0	0	1	0	0	9,386	14,336	0	0	0	0	0	0	9,106	20,444	0	0	0	(1)	0	0	(280)	6,107	5,826
TOTAL ALL ACTIVITY	**13,544**	**5,357**	**4,514**	**24,163**	**13,734**	**583**	**27,947**	**156,209**	**14,783**	**5,427**	**2,136**	**17,580**	**16,021**	**8,557**	**30,380**	**180,797**	**1,238**	**71**	**(2,378)**	**(6,583)**	**2,287**	**7,974**	**2,433**	**24,587**	**29,629**

CHELSEA & WESTMINSTER HEALTHCARE NHS TRUST

SUMMARY SALARIES AND WAGES

Responsibility:

TRUST WIDE

FORM F2D
December 05

	Full Year	THIS MONTH				YEAR TO DATE			
	Budget £000s	Budget £000s	Actuals £000s	Variance £000s	Variance % £000s	Budget £000s	Actual £000s	Variance £000s	Variance % £000s
MEDICAL									
Senior Medical	21,358	1,798	1,787	11	0.60%	16,026	15,836	190	1.19%
Junior Medical	18,121	1,514	1,339	175	11.54%	13,567	12,136	1,432	10.55%
Other Medical & Dental	13	1	0	1	100.00%	10	7	2	23.54%
Medical Locum	12	(0)	129	(129)		12	1,703	(1,691)	
Medical sub total	**39,504**	**3,313**	**3,255**	**58**	**1.74%**	**29,615**	**29,682**	**(67)**	**-0.23%**
AGENDA FOR CHANGE									
Agenda for Change Bands 1-4	(8)	(2)	0	(2)	100.00%	(2)	1	(3)	172.78%
Agenda for Change Bands 5-9	(38)	(10)	(4)	(6)	61.42%	(9)	(2)	(7)	81.38%
Agenda for Change sub total	**(45)**	**(12)**	**(4)**	**(8)**	**67.78%**	**(11)**	**(0)**	**(10)**	**97.79%**
NURSING & MIDWIFERY									
Trained Nursing	30,570	1,931	1,299	632	32.71%	23,575	17,970	5,606	23.78%
Untrained Nursing	2,420	92	103	(11)	-11.90%	1,861	1,773	87	4.70%
Health Care Assistants	736	35	(34)	69	196.23%	554	238	316	57.05%
Bank Nursing & Midwifery	274	33	680	(647)		164	5,926	(5,761)	
Agenda for Change Bands 1-4	1,436	280	263	17		996	790	206	
Agenda for Change Bands 5-9	12,532	1,690	1,606	84		8,659	7,622	1,038	
Agency Nursing & Midwifery	230	16	126	(110)		181	1,844	(1,663)	
Nursing & Midwifery sub total	**48,198**	**4,077**	**4,044**	**34**	**0.82%**	**35,990**	**36,163**	**(172)**	**-0.48%**
PAMS									
Dieticians	216	(0)	18	(18)	4601.75%	163	163	(0)	-0.09%
Radiographers	1,437	(208)	(185)	(23)	10.96%	1,068	994	74	6.95%
Therapists	2,162	(330)	(298)	(32)	9.83%	1,621	1,499	123	7.57%
Agenda for Change Bands 1-4	26	19	0	19		19	0	19	
Agenda for Change Bands 5-9	1,818	683	901	(218)		1,327	1,395	(68)	
All Other	3,716	301	275	26	8.76%	2,764	2,399	365	13.22%
Agency/Locums (PAMS)	25	(48)	27	(74)		19	362	(343)	
PTA - sub totals	**9,399**	**417**	**738**	**(320)**	**-76.77%**	**6,982**	**6,811**	**171**	**2.45%**
OTHER									
Pharmacists	2,179	131	164	(33)	-24.86%	1,633	1,572	61	3.74%
Agenda for Change Bands 1-4	94	33	13	20		68	43	25	
Agenda for Change Bands 5-9	839	488	42	446		595	159	435	
Chaplains	0	(1)	0	(1)	100.00%	0	0	0	3.26%
Other sub	**3,113**	**651**	**218**	**433**	**66.51%**	**2,296**	**1,774**	**522**	**22.73%**
ADMIN									
Admin & Clerical	14,107	927	725	203	21.88%	10,801	8,276	2,524	23.37%
Bank Admin & Clerical	124	8	235	(227)		110	2,310	(2,200)	
Agency Admin & Clerical	537	50	56	(7)		419	562	(142)	
Senior Managers & Trust Board	4,552	295	288	7	2.43%	3,476	3,008	469	13.48%
Agenda for Change Bands 1-4	1,395	304	260	43		878	859	19	
Agenda for Change Bands 5-9	471	191	114	77		351	285	66	
Agency Other	0	0	(3)	3		0	0	0	
Admin - sub total	**21,185**	**1,774**	**1,675**	**99**	**5.61%**	**16,035**	**15,300**	**735**	**4.59%**
Payroll	**121,354**	**10,222**	**9,926**	**296**	**2.89%**	**90,908**	**89,730**	**1,178**	**1.30%**
Unidentified Savings	(1,216)	2	0	2		(1,128)	0	(1,128)	
PAY TOTAL	**120,137**	**10,224**	**9,926**	**298**	**2.91%**	**89,780**	**89,730**	**51**	**0.06%**

CHELSEA & WESTMINSTER HEALTHCARE NHS TRUST

SUMMARY NON PAY EXPENDITURE

TRUST WIDE

FORM F2E
December 05

Responsibility:

NON PAY EXPENDITURE	Full Year Budget £000s	THIS MONTH				YEAR TO DATE			
		This Months Budget £000s	This Months Actuals £000s	This Months Variance £000s	This Months Variance % £000s	Year to Date Budget £000s	Year to Date Actual £000s	Year to Date Variance £000s	Year to Date Variance % £000s
DRUGS (incl HIV/GUM) & MEDICAL GASES	33,595	2,621	2,592	29	1%	25,674	25,191	483	2%
MEDICAL & SURGICAL EQUIPMENT & DRESSINGS	6,633	580	653	-73	-13%	4,978	5,552	-574	-12%
X-RAY FILM, EQUIP & MATERIALS	1,476	123	129	-6	-5%	1,107	1,157	-50	-5%
LABORATORY EQUIP & MATERIALS	260	22	49	-28	-128%	195	326	-131	-67.05%
PATIENT APPLIANCES / PROTHESES	1,595	133	215	-82	-62%	1,196	1,770	-573	-47.91%
BLOOD PRODUCTS	1,164	97	103	-6	-6%	873	833	40	4.63%
PATHOLOGY SERVICES	6,790	565	936	-371	-66%	5,094	5,743	-649	-12.74%
OTHER TESTS	535	45	32	13	28%	401	360	41	10.33%
SERVICE LEVEL AGREEMENT	3,530	293	247	47	16%	2,678	2,552	126	4.72%
CONTRACT SERVICES			0			0	0		
Contract Catering	2,005	167	140	27	16%	1,504	1,559	-56	-3.69%
Domestics	2,343	195	195	0	0%	1,757	1,766	-9	-0.53%
Portering	929	77	81	-3	-4%	697	714	-17	-2.43%
Carparking	14	1	1	-0	-8%	10	-26	36	344.99%
Laundry Contract	797	66	82	-16	-23%	598	597	1	0.09%
Change control Levy, CCNs	75	6	14	-7	-117%	56	87	-31	-54.45%
Carillion Management Charge	925	77	82	-5	-7%	694	712	-19	-2.68%
Total Bed Management Contract / Lease	176	15	13	2	11%	132	99	34	25.49%
IT Services	0	0	0	0	0%	0	0	0	0.00%
Other External Contracts	1,256	129	170	-42	-33%	951	1,081	-130	-13.65%
PROVISIONS & OTHER CATERING	2	0	33	-33	-16051%	2	94	-93	-5000.00%
LAUNDRY, LINEN, UNIFORMS & CLOTHING	94	8	9	-1	-14%	71	88	-18	-24.94%
CLEANING EQUIPMENT	0	0	0	0	0%	0	0	0	0.00%
LEGAL FEES	3,493	291	293	-2	-1%	2,620	2,661	-41	-1.55%
PRINTING, STATIONERY & POSTAGE	920	76	83	-7	-9%	690	657	34	4.88%
TELEPHONES	650	54	92	-38	-70%	487	485	3	0.57%
TRAVEL, SUBSISTENCE & REMOVALS	206	16	17	-0	-3%	157	167	-10	-6.36%
TRANSPORT	1,260	105	110	-5	-4%	945	1,000	-55	-5.86%
ADVERTISING & PUBLICITY	443	37	23	14	38%	332	326	6	1.70%
TRAINING	765	63	30	32	52%	597	358	240	40.10%
ENERGY & WATER	1,955	163	234	-72	-44%	1,467	1,655	-188	-12.82%
FURNITURE, FITTINGS & OFFICE EQIPMENT	243	20	10	10	51%	182	132	51	27.84%
IT EQUIPMENT & SUPPLIES	1,798	159	171	-13	-8%	1,349	1,474	-125	-9.26%
RENT & RATES	1,895	158	158	-1	0%	1,421	1,451	-30	-2.09%
ESTATES MAINTENANCE	2,069	172	190	-18	-10%	1,552	1,654	-102	-6.60%
CONSULTANCY	1,053	78	71	7	9%	810	875	-65	-7.97%
WARD BUDGETS	0	0	0	0	0%	0	0	0	0.00%
BAD DEBT PROVISION	0	0	-8	8	0%	0	3	-3	0.00%
OTHER EXPENDITURE	1,043	-159	40	-199	125%	720	222	497	69.13%
FACILITIES /THEATRE RECHARGES	22	2	2	0	16%	17	12	5	29.75%
CIP NON PAY SAVINGS	0	0	0	0	0%	0	0	0	0.00%
Non Pay	**82,260**	**6,496**	**7,329**	**-833**	**-13%**	**62,262**	**63,624**	**-1,362**	**-2.19%**
Depreciation	7,687	641	733	-92	-14%	5,765	6,597	-831	-14.41%
CIP Depreciation Savings	48	4	0	4	100%	36	0	36	100.00%
Donated Depreciation	248	21	13	8	37%	186	116	70	37.41%
DIVIDENDS PAYABLE	8,821	735	735	-0	0%	6,616	6,616	-0	0.00%
Deficit Reversal/Surplus Brought Forward	0	0	0	0	0%	0	0	0	0.00%
Reserves	10,667	411	29	382	93%	2,949	36	2,913	98.78%
TOTAL NON PAY	**109,731**	**8,307**	**8,839**	**-531**	**-6%**	**77,814**	**76,989**	**825**	**1.06%**

CHELSEA & WESTMINSTER HEALTHCARE NHS TRUST

SERVICE LEVEL AGREEMENTS EXPENDITURE

Responsibility: Edward Donald

FORM F2F
December 05

Account	Service Level Agreement	Budget Holder	Full Year Budget £000	THIS MONTH				YEAR TO DATE			
				This Months Budget £000	This Months Actuals £000	This Months Variance £000	This Months Variance %	Year to Date Budget £000	Year to Date Actual £000	Year to Date Variance £000	Year to Date Variance %
3A040	BLOOD PRODUCTS		0	0	19	(19)	0.0%	0	19	(19)	0.0%
3A250	NATIONAL BLOOD SERVICE CONTRAC		1,164	97	83	14	14.4%	873	804	69	7.9%
3C010	PRINTING & STATIONARY (INC. CO		0	0	0	0	0.0%	0	0	0	0.0%
3C060	TELECOMMUNICATIONS SLA		0	0	42	(42)	0.0%	0	42	(42)	0.0%
3D160	COMPUTER HARDWARE PURCHASES		0	0	0	0	0.0%	0	0	0	0.0%
3D250	RENT & ACCOMMODATION SERVICEWS		369	31	28	3	9.7%	277	289	(12)	-4.3%
3H030	MISCELLANEOUS		0	0	0	0	0.0%	0	0	0	0.0%
3H120	HOSPITALITY		0	0	0	0	0.0%	0	0	0	0.0%
3H200	SOCIAL SERVICES		144	12	9	3	25.0%	108	83	25	23.1%
3H210	MEDICAL ILLUSTRATION		332	28	26	2	7.1%	249	242	7	2.8%
3H220	A/V SERVICES		0	0	0	0	0.0%	0	0	0	0.0%
3J010	NATIONAL AMBULANCE		0	0	0	0	0.0%	0	0	0	0.0%
3J030	PATHOLOGY SLA (HHT)		6,719	560	906	(346)	-61.8%	5,040	5,591	(551)	-10.9%
3J040	CARDIOLOGY SLA (RBH)		375	31	31	0	0.0%	281	281	0	0.0%
3J050	INFORMATION SYSTEMS SLA		0	0	(9)	9	0.0%	0	(9)	9	0.0%
3J060	CLINICAL ENGINEERING SLA		519	43	44	(1)	-2.3%	389	388	1	0.3%
3J070	EEG SLA		0	0	0	0	0.0%	0	0	0	0.0%
3J080	MEDICAL PHYSICS SLA		31	3	31	(28)	-933.3%	23	59	(36)	-156.5%
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	(47)	49	2450.0%	18	19	(1)	-5.6%
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	(10)	25	166.7%	137	112	25	18.2%
3J190	VICTORIA SHC SLA		0	0	0	0	0.0%	0	0	0	0.0%
3J200	EXTERNAL TESTS		0	0	0	0	0.0%	0	0	0	0.0%
3J210	PHARMACY SLA (HHT)		0	0	0	0	0.0%	0	0	0	0.0%
3J500	SERVICES NHS BODIES SUBCONTRAC		0	0	0	0	0.0%	0	0	0	0.0%
3J510	PLASTICS OUTREACH SLA		0	0	0	0	0.0%	0	0	0	0.0%
3J520	BURNS OUTREACH SLA		0	0	0	0	0.0%	0	0	0	0.0%
3J530	PAEDIATRIC ENT SLA		0	0	0	0	0.0%	0	0	0	0.0%
9B011	PROVIDER TO PROVIDER INCOME- BROMPTON		(200)	(17)	(17)	0	0.0%	(150)	(150)	0	0.0%
9B012	PROVIDER TO PROVIDER INCOME- MARSDEN		(90)	(8)	(8)	0	0.0%	(68)	(68)	0	0.0%
VF010	SLAs SAVINGS TARGET		0	0	0	0		0	0	0	
	TOTAL ALL SLAs		**9,570**	**797**	**1,128**	**(331)**	**-41.5%**	**7,177**	**7,702**	**(525)**	**-7.3%**

CHELSEA & WESTMINSTER HEALTHCARE NHS TRUST

TRUST WIDE SUMMARY BY DIRECTORATE

Responsibility: Finance Director

FORM F3A
December 05

Directorate/ Service Area	Accountability	Annual Budget				In Month Variance				YTD Variance				Full Year Forecast at Dec-05				
		Income	Pay	Non pay	Total	Income	Pay	Non Pay	Total	Income	Pay	Non Pay	Total	Income	Pay	Non pay	Total	Move't
Central Income		£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
SaFF income	Lorraine Bewes	(181,548)	0	0	(181,548)	717	0	0	717	1,098	0	0	1,098	1,019	0	0	1,019	190
Central Non SaFF income	Lorraine Bewes	(28,954)	0	0	(28,954)	(24)	0	0	(24)	(243)	0	0	(243)	(336)	0	0	(336)	0
Total Central Income		(210,502)	0	0	(210,502)	692	0	0	692	855	0	0	855	683	0	0	683	190
Frontline Directorate																		
Imaging & Anaesthetics	Kate Hall	(480)	20,690	5,252	25,462	1	99	11	111	(9)	(60)	(163)	(231)	(3)	313	(270)	40	0
HIV/GUM	Claire James	(723)	10,262	27,295	36,835	(1)	(47)	(61)	(110)	328	(225)	(89)	13	498	(329)	(80)	89	(53)
Medicine & A&E	Nicola Hunt	(841)	22,556	6,470	28,185	(36)	(16)	(82)	(134)	(40)	(579)	185	(435)	(74)	(797)	81	(790)	(57)
Surgery	Kate Hall	(424)	14,642	4,454	18,672	(1)	64	(38)	26	3	406	(406)	3	0	626	(577)	49	0
Womens & Children's	Sherryn Elsworth	(3,804)	29,581	4,238	30,015	(4)	105	(62)	40	237	(75)	(311)	(148)	245	104	(378)	(29)	67
Subtotal Frontline Directorates		(6,272)	97,732	47,710	139,169	(41)	205	(231)	(67)	519	(532)	(785)	(798)	666	(83)	(1,224)	(641)	(43)
Pharmacy	Karen Robertson	(690)	3,822	396	3,529	21	7	9	37	77	12	24	113	19	65	12	95	40
Physiotherapy & Occ Therapy	Douline Schoeman	(178)	3,794	174	3,790	(2)	12	10	20	(10)	86	27	103	(13)	85	37	108	13
Dietetics	Helen Stracey	(24)	582	30	588	(0)	2	2	3	(5)	27	1	23	(7)	36	1	30	(1)
Regional Pharmacy	Susan Sanders	(59)	39	33	12	(5)	3	3	1	(44)	29	24	9	0	0	0	0	0
Subtotal Clinical Support		(950)	8,237	633	7,919	14	24	24	61	18	154	77	248	(1)	185	49	233	52
Chief Executive	Heather Lawrence	(84)	1,043	181	1,140	6	11	(2)	15	9	36	26	71	5	47	43	95	4
Governance & Corporate Affairs	Vivia Richards	(3)	721	3,530	4,248	(0)	21	1	22	(1)	172	(13)	158	(1)	191	(19)	170	13
Nursing	Andrew MacCallum	(875)	2,387	297	1,809	(0)	6	6	12	(1)	86	22	107	(6)	69	21	84	13
Human Resources	Maxine Foster	(104)	1,722	324	1,942	6	12	2	20	13	78	85	175	3	19	93	114	(36)
Finance	Lorraine Bewes	(421)	3,342	693	3,614	(4)	5	(14)	(12)	20	65	(80)	5	16	69	(83)	1	(4)
IC&T & EPR	Alex Geddes	(518)	1,578	1,862	2,922	(1)	26	(15)	11	(2)	272	(85)	185	88	314	(195)	207	0
Occupational Health	Stella Sawyer	(169)	332	61	223	(0)	1	1	2	(10)	15	4	10	(13)	20	(3)	4	0
Subtotal Management Exec		(2,175)	11,126	6,948	15,899	7	83	(20)	70	28	722	(40)	710	92	728	(144)	675	(10)
Facilities	Edward Donald	(2,465)	143	15,851	13,529	7	(10)	(63)	(67)	77	(99)	(193)	(215)	143	(108)	(581)	(547)	2
Research & Development	Mervyn Maze	(3)	0	3	0	3	0	0	3	0	0	0	0	0	0	0	0	0
Private Patients	Elizabeth Ogunoye	(3,520)	919	481	(2,120)	10	(13)	10	8	(77)	(184)	(171)	(432)	(27)	(197)	(173)	(397)	0
Overseas	Elizabeth Ogunoye	(690)	0	0	(690)	(17)	0	0	(17)	25	0	0	25	(15)	0	0	(15)	0
ACU	Sherryn Elsworth	(1,204)	697	440	(67)	(27)	18	(11)	(21)	(94)	(40)	(72)	(207)	38	(62)	(95)	(119)	(11)
Post Graduate Centre	Kevin Shotlift	0	89	132	221	0	0	5	5	24	11	26	62	0	13	0	13	0
Projects	Edward Donald	(343)	921	150	729	2	(5)	2	(1)	18	(9)	(15)	(7)	24	(23)	(13)	(12)	(11)
Simulation Centre	Andrew MacCallum	(287)	274	51	38	(9)	1	(10)	(17)	(45)	53	(15)	(6)	(49)	59	(28)	(18)	(8)
Service Level Agreements	Edward Donald	(290)	0	9,861	9,571	0	0	(332)	(332)	0	0	(525)	(525)	0	0	(634)	(634)	0
Subtotal Other Directorates		(8,801)	3,043	26,969	21,211	(30)	(8)	(400)	(438)	(72)	(269)	(964)	(1,305)	114	(318)	(1,524)	(1,729)	(28)
Total All Directorates		(18,199)	120,137	82,259	184,198	(50)	303	(627)	(375)	493	75	(1,713)	(1,144)	871	511	(2,844)	(1,462)	(29)
Central Budgets																		
Capital Charges	Lorraine Bewes	(248)	0	16,756	16,508	(8)	0	(85)	(92)	(70)	0	(762)	(831)	0	0	(1,000)	(1,000)	0
Central Budgets	Lorraine Bewes	(919)	0	32	(887)	(7)	(5)	180	167	(33)	(25)	3,299	3,241	0	0	3,884	3,884	(189)
Reserves	Lorraine Bewes	0	0	10,683	10,683	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Central Budgets		(1,167)	0	27,472	26,305	(15)	(5)	95	75	(103)	(25)	2,538	2,410	0	0	2,884	2,884	(189)
Net Deficit(-)/Surplus(+)		(229,868)	120,137	109,731	(0)	627	298	(532)	393	1,245	51	825	2,121	1,554	511	40	2,105	(28)

CHELSEA & WESTMINSTER HEALTHCARE NHS TRUST

FORM F3B
December 05

ACU SUMMARY

Responsibility:

	IN MONTH PLAN ACTIVITY	IN MONTH ACTUAL ACTIVITY	IN MONTH VARIANCE ACTIVITY	YTD PLAN ACTIVITY	YTD ACTUAL ACTIVITY	YTD VARIANCE ACTIVITY	ANNUAL PLAN ACTIVITY	YE FORECAST ACTIVITY	VARIANCE TO PLAN ACTIVITY
Activity Cycles per year									
IVF	15	6	(9)	123	93	(30)	168	121	(47)
ICSI	10	7	(3)	82	71	(11)	112	105	(7)
Sub total self fund cycles	**25**	**13**	**(12)**	**205**	**164**	**(41)**	**280**	**226**	**(54)**
IUI (procedure)	30	25	(5)	270	257	(13)	360	356	(4)

	IN MONTH PLAN £000	IN MONTH ACTUAL £000	IN MONTH VARIANCE £000	YTD PLAN £000	YTD ACTUAL £000	YTD VARIANCE £000	ANNUAL PLAN £000	YE FORECAST £000	VARIANCE TO PLAN £000
Income									
IVF	(33)	(13)	(20)	(265)	(213)	(52)	(363)	(331)	(32)
ICSI	(27)	(20)	(7)	(218)	(187)	(31)	(299)	(288)	(11)
Sub total self fund cycles	**(60)**	**(33)**	**(27)**	**(483)**	**(400)**	**(83)**	**(662)**	**(620)**	**(43)**
IUI	(20)	(16)	(4)	(176)	(145)	(31)	(234)	(224)	(10)
Consultations	(4)	(6)	3	(30)	(25)	(5)	(40)	(36)	(5)
Drugs income	(18)	(9)	(9)	(150)	(139)	(11)	(204)	(193)	(11)
Other	(6)	(15)	10	(48)	(83)	36	(64)	(170)	106
Income sub total	**(106)**	**(79)**	**(27)**	**(886)**	**(791)**	**(94)**	**(1,204)**	**(1,242)**	**38**
Pay	58	40	18	523	563	(40)	697	760	(62)
Non pay	37	48	(11)	330	402	(72)	440	535	(95)
Surplus/ Deficit	**(11)**	**9**	**(21)**	**(33)**	**174**	**(207)**	**(67)**	**52**	**(119)**

CHELSEA & WESTMINSTER HEALTHCARE NHS TRUST

SUMMARY OF RESERVES MOVEMENTS

Responsibility: Finance Director

FORM 4A

December 05

Reserve	Code	Opening Ledger Balance 01/04/05	Distributed 05/06								Closing Ledger balance 2005/06	Committed 2005/06	Uncomm-itted 2005/06	Uncomm-itted 2006/07
			Month 1 & 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Total				
		£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Specific Expenditure Reserves	3X010	**7,804**	(4,066)	(1,471)	(541)	(558)	(351)	(690)	(73)	455	**(7,295)**	**508**	**(1,191)**	**(682)**	**(1,688)**
Other Income Inflation Target	3X020	**1,700**	0	(149)	(883)	50	(594)	(322)	252		**(1,645)**	**55**	**(55)**	**0**	**0**
Income	3X050	**2,259**	0	(664)	(193)					(770)	**(1,627)**	**632**	**0**	**632**	**632**
Pay Inflation	3X060	**4,504**	(1,213)	0	(2,609)	(329)					**(4,151)**	**354**	**(33)**	**320**	**(38)**
Non Pay	3X070	**2,633**	(694)	0	(1,273)	93	(294)				**(2,168)**	**465**	**(142)**	**323**	**0**
Contingency	3X080	**730**	(222)	(230)	454		(159)	(14)	(28)		**(198)**	**532**	**(202)**	**330**	**512**
Cost Improvement Programme	3X190	**(1,022)**	213	500	0						**713**	**(309)**	**0**	**(309)**	**(309)**
Deficit Payback	3X195	**4,802**	(4,665)	(138)	0	3,432					**(1,371)**	**3,431**	**0**	**3,431**	**(1)**
Agenda for Change Reserve	3X250	**3,798**	615	(19)	279	(61)	(167)	(236)	(193)	(210)	**8**	**3,805**	**(3,072)**	**733**	**0**
EWTD Reserve	3X260	**826**	(145)	(215)	255	(137)		(25)	(37)		**(304)**	**522**	**(93)**	**429**	**355**
Pensions Indexation	3X270	**250**	0	0							**0**	**250**	**0**	**250**	**0**
CNST Reserve	3X280	**674**	(669)	0							**(669)**	**5**	**0**	**5**	**5**
Consultant Contract Reserve	3X290	**636**	(49)	0	(300)	(17)	(12)				**(377)**	**259**	**(159)**	**100**	**0**
LDP - Emergency Care	3X410	**141**	0	0							**0**	**141**	**0**	**141**	**0**
NICE Drugs	3X510	**1,553**	(1,656)	39							**(1,618)**	**(65)**	**0**	**(65)**	**(65)**
Capital Charges	3X600	**1,675**	0	(1,675)							**(1,675)**	**0**	**0**	**0**	**0**
Ringfenced Funding	3X680	**512**	(89)	(23)	302	(10)	103	(65)	(90)	(64)	**64**	**575**	**(576)**	**(0)**	**0**
Generics	3X700	**(1,140)**	0	491	173						**664**	**(476)**	**476**	**(0)**	**512**
		32,334	**(12,639)**	**(3,555)**	**(4,335)**	**2,463**	**(1,474)**	**(1,352)**	**(168)**	**(589)**	**(21,650)**	**10,684**	**(5,046)**	**5,637**	**(86)**

CHELSEA & WESTMINSTER HEALTHCARE NHS TRUST

TRUST WIDE SAVINGS ACHIEVED BY DIRECTORATE

Responsibility: Finance Director

FORM F5A
December 05

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

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

CHELSEA & WESTMINSTER HEALTHCARE NHS TRUST

TRUST WIDE SAVINGS DETAIL INCLUDING PLANS IN DEVELOPMENT

FORM F5B
December 05

Responsibility: Finance Director

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

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

CHELSEA & WESTMINSTER HEALTHCARE NHS TRUST

FORM F6

December 05

BALANCE SHEET

Responsibility: Finance Director

	OPENING BALANCE £000	LAST MONTH ACTUAL £000	THIS MONTH ACTUAL £000	YEAR END FORECAST £000
INTANGIBLE FIXED:	**0**	**0**	**0**	**0**
TANGIBLE FIXED ASSETS :				
Land	44,500	46,739	46,739	46,739
Buildings	208,590	207,450	206,842	204,993
Plant & Equipment	9,416	8,563	8,425	7,783
RELEVANT FIXED ASSETS :	**262,506**	**262,752**	**262,006**	**259,515**
Under Construction	7,136	13,330	14,798	19,602
TOTAL FIXED ASSETS :	**269,642**	**276,082**	**276,804**	**279,117**
CURRENT ASSETS :				
Stocks & Work In Progress	4,147	3,520	3,540	3,597
Trade Debtors	16,583	19,838	19,139	13,895
Provision for Irrecoverable Debt	-5,520	-4,371	-4,199	-4,370
Accruals and Prepayments	12,974	11,255	9,816	10,862
Other Debtors	444	1,548	2,049	361
Cash at Bank & in Hand	620	2,157	6,607	683
Short - term Investment	0	0	0	0
TOTAL CURRENT ASSETS :	**29,248**	**33,947**	**36,953**	**25,028**
CURRENT LIABILITIES :				
Tax and Social Security	(3,700)	(4,059)	(3,894)	(6,732)
Dividends Payable	0	(1,470)	(2,205)	0
Trade Creditors	(12,223)	(11,982)	(9,345)	(15,431)
Accruals and Prepayments	(5,969)	(2,881)	(6,504)	(7,072)
Other Creditors	(1,727)	(2,610)	(2,698)	(2,074)
TOTAL CURRENT LIABILITIES :	**(23,619)**	**(23,002)**	**(24,647)**	**(31,309)**
NET CURRENT ASSETS / (LIABILITIES)	**5,629**	**10,945**	**12,306**	**(6,281)**
Creditors over one year	(996)	(996)	(996)	(996)
Provisions for liabilities and Charges	(2,518)	(2,100)	(2,079)	(719)
TOTAL ASSET EMPLOYED	**271,757**	**283,930**	**286,034**	**271,121**
CAPITAL & RESERVES				
Public Dividend Capital	177,764	177,764	177,764	168,661
Loans	0	0	0	0
TOTAL CAPITAL DEBT	**177,764**	**177,764**	**177,764**	**168,661**
RESERVES				
Revaluation Reserve	90,811	97,099	97,099	96,714
Donation Reserve	5,885	5,608	5,583	6,344
Other Reserve				
Income & Expenditure Reserve / (Deficit)	(2,703)	3,459	5,589	(598)
TOTAL RESERVE	**93,993**	**106,167**	**108,271**	**102,460**
TOTAL CAPITAL AND RESERVES	**271,757**	**283,930**	**286,034**	**271,121**

Debtors days

1) F7	**29**	**31**	**28**	**22**
2) B/S	**43**	**45**	**39**	**33**

Creditor days

1) F8	**23**	**21**	**20**	**27**
2) B/S	**45**	**39**	**43**	**55**

Stock days

1) B/S	**36**	**27**	**29**	**39**

CHELSEA & WESTMINSTER HEALTHCARE NHS TRUST

FORM F7

AGE DEBTOR ANALYSIS

December 05

Responsibility: Finance Director

December	%Age	Total	Days 0-30	Days 31-90	Days 91+
The Hammersmith Hospitals NHS Trust	**12.06%**	2,341,854	288,499	826,376	1,226,980
Kensington & Chelsea PCT	**10.70%**	2,078,579	2,079,276	-14,149	13,452
Wandsworth PCT	**3.27%**	635,030	203,687	22,650	408,693
Watford and Three Rivers PCT	**3.10%**	602,394	152,739	-39,309	488,964
Imperial College London	**2.45%**	476,388	371,543	7,084	97,761
Adur Arun & Worthing PCT	**2.37%**	460,502	156,135	-16,361	320,728
Southend on Sea PCT	**2.33%**	452,473	158,162	-46,656	340,966
Brent Kensington C & W Mental Health Trust	**2.13%**	413,640	0	0	413,640
Western Sussex PCT	**2.05%**	397,830	0	0	397,830
Hillingdon PCT	**1.86%**	362,076	191,474	6,250	164,352
Sub Total	**42.32%**	**8,220,767**	**3,601,515**	**745,886**	**3,873,366**
Other Debtrors	**57.68%**	11,203,397	5,225,637	147,170	5,830,590
Total	**100%**	19,424,164	8,827,152	893,056	9,703,957
% of total		**100.0%**	**45.44%**	**4.60%**	**49.96%**
Increase/decrease on last month		**-416,804**	**34,889**	**-331,744**	**-119,949**
% Increase/(decrease)on previous month		**-2.1%**	**0.4%**	**-27.1%**	**-1.2%**

Analysis of Private Patients Debtors

Outstanding as at 31 December 2005		1,084,338	424,125	271,101	389,112
% of total		**100.0%**	**39.1%**	**25.0%**	**35.9%**
Increase/decrease on last month		863	-96,173	62,607	34,429
% Increase/(decrease)on previous month		0.1%	-18.5%	30.0%	9.7%

Analysis of Overseas Visitors Debtors

Outstanding as at 31 December 2005		1,186,978	24,716	66,183	1,096,079
% of total		**100.0%**	**2.1%**	**5.6%**	**92.3%**
Increase/decrease on last month		-14,911	-47,956	-4,009	37,054
% Increase/(decrease)on previous month		-1.2%	-66.0%	-5.7%	3.5%

November	%Age	Total	Days 0-30	Days 31-90	Days 91+
The Hammersmith Hospitals NHS Trust	**11.21%**	2,224,075	973,295	62,970	1,187,810
North West London WDC	**8.75%**	1,735,448	1,483,646	0	251,802
Kensington & Chelsea PCT	**7.84%**	1,555,914	1,535,438	18,250	2,226
Watford and Three Rivers PCT	**2.92%**	580,320	91,356	66,752	422,212
CNWL Mental Health Trust	**2.58%**	511,357	440,773	58,181	12,402
Wandsworth PCT	**2.43%**	482,266	73,573	0	408,693
Imperial College London	**2.40%**	476,305	374,750	7,286	94,269
Southend on Sea PCT	**2.28%**	453,234	112,331	-34,204	375,108
Adur Arun & Worthing PCT	**2.28%**	452,980	132,063	-131,876	452,793
Brent KCW Mental Health Trust	**2.08%**	413,640	0	0	413,640
Sub Total	**44.78%**	**8,885,540**	**5,217,224**	**47,359**	**3,620,957**
Other Debtrors	**55.22%**	10,955,429	3,575,039	1,177,441	6,202,949
Total	**100%**	19,840,968	8,792,263	1,224,800	9,823,905
		100%	**32.80%**	**10.82%**	**56.39%**
Analysis of Private Patients Debtors					
Outstanding as at 31 October 2005		**1,083,475**	**520,298**	**208,494**	**354,683**
% of total		**100.0%**	**48.0%**	**19.2%**	**32.7%**
Analysis of Overseas Visitors Debtors					
Outstanding as at 31 October 2005		**1,201,889**	**72,673**	**70,191**	**1,059,025**
% of total		**100.0%**	**6.0%**	**5.8%**	**88.1%**

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

Customer Movement - Top 10	**£**
The Hammersmith Hospitals NHS Trust	117,779
Kensington & Chelsea PCT	522,665
Wandsworth PCT	152,764
Watford and Three Rivers PCT	22,074
Imperial College London	83
Adur Arun & Worthing PCT	7,522
Southend on Sea PCT	-761
Brent Kensington C & W Mental Health Trust	0
Western Sussex PCT	0
Hillingdon PCT	110,195
Total	932,321

CHELSEA & WESTMINSTER HEALTHCARE NHS TRUST

AGE CREDITORS ANALYSIS REPORT & BETTER PAYMENT PRACTICE CODE

FORM F8A
December 05

Responsibility: Finance Director

	CURRENT MONTH	%age of Total Car's	TOTAL	Days 0 - 30	Days 30 - 90	Days OVER 90
	Top 10 Creditor Balances		£	£	£	£
1	HAMMERSMITH HOSPITALS NHS TRU	50.90%	5,680,839	90,607	1,480,493	4,109,739
2	NHS LITIGATION AUTHORITY	5.52%	616,495	0	616,495	0
3	IMPERIAL COLLEGE	5.47%	610,235	243,410	91,602	275,222
4	NHS BLOOD AND TRANSPLANT	4.12%	460,064	162,666	202,128	95,271
5	RICHMOND&TWICKENHAM PCT	2.38%	265,705	0	0	265,705
6	MAWDSLEYS	2.15%	239,514	239,736	-222	0
7	BRISTOL-MYERS SQUIBB PHARMACE	2.06%	230,338	230,338	0	0
8	NHS LOGISTICS AUTHORITY	1.50%	167,828	167,828	0	0
9	ABBOTT LABORATORIES LTD	1.49%	166,294	166,257	37	0
10	INTERSPACE LTD	1.33%	148,704	0	0	148,704
	Sub Total	76.94%	8,586,016	1,300,842	2,390,533	4,894,641
	Others Creditors	23.06%	2,573,731	1,344,909	556,123	672,700
	TOTAL	100.00%	11,159,748	2,645,751	2,946,656	5,567,341
	% of total		**100.00%**	**23.71%**	**26.40%**	**49.89%**
	Incease/decrease on last month		**-1,286,580**	**-3,039,170**	**1,070,895**	**681,695**
	% increase /decrease on last month		**-10.34%**	**-53.46%**	**57.09%**	**13.95%**

	PREVIOUS MONTH : November	%age of Total Cr's	TOTAL	Days 0 - 30	Days 30 - 90	Days OVER 90
	Top 10 Creditor Balances		£	£	£	£
1	HAMMERSMITH HOSPITALS NHS TRU	49.71%	6,187,172	1,592,542	1,123,555	3,471,075
2	ISS MEDICLEAN LTD.	6.19%	769,873	758,723	10,824	326
3	NHS LITIGATION AUTHORITY	4.95%	616,495	616,495	0	0
4	IMPERIAL COLLEGE	3.61%	449,112	92,603	100,275	256,234
5	NHS BLOOD AND TRANSPLANT	3.00%	373,850	184,351	188,587	911
6	MAWDSLEYS	2.47%	307,332	307,332	0	0
7	RICHMOND&TWICKENHAM PCT	2.13%	265,705	0	0	265,705
8	HADEN BUILDING MANAGEMENT LTD	2.01%	249,902	201,595	31,481	16,826
9	GILEAD SCIENCES LTD.	1.94%	241,043	241,043	0	0
10	WANDSWORTH PRIMARY CARE TRUST	1.65%	205,846	42,784	71,713	91,350
	Sub Total	77.66%	9,666,329	4,037,468	1,526,434	4,102,427
	Others Creditors	22.34%	2,779,998	1,647,453	349,326	783,219
	TOTAL	100.00%	12,446,327	5,684,921	1,875,760	4,885,646
	Percentage of No. of days / Total Creditors		***100.00%***	***45.68%***	***15.07%***	***39.25%***

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

Movement from Previous Month

	Supplier	£
1	HAMMERSMITH HOSPITALS NHS TRU	-506,332
2	NHS LITIGATION AUTHORITY	0
3	IMPERIAL COLLEGE	161,123
4	NHS BLOOD AND TRANSPLANT	86,215
5	RICHMOND&TWICKENHAM PCT	0
6	MAWDSLEYS	-67,818
7	BRISTOL-MYERS SQUIBB PHARMACE	230,338
8	NHS LOGISTICS AUTHORITY	167,828
9	ABBOTT LABORATORIES LTD	166,294
10	INTERSPACE LTD	148,704
11	ISS MEDICLEAN LTD.	-743,294
	Total	-356,943

BETTER PAYMENT PRACTICE CODE - INVOICES PAID WITHIN 30 DAYS

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

CHELSEA & WESTMINSTER HEALTHCARE NHS TRUST

AGE CREDITORS ANALYSIS REPORT & BETTER PAYMENT PRACTICE CODE

FORM F8B
December 05

Responsibility: Finance Director

	CURRENT MONTH	%age of Total Cr's	TOTAL	Days 0 - 30	Days 30 - 90	Days OVER 90
	Top 8 NHS Balances & 2 Non Nhs Bal		£	£	£	£
1	HAMMERSMITH HOSPITALS NHS TRU	50.90%	5,680,839	90,607	1,480,493	4,109,739
2	NHS LITIGATION AUTHORITY	5.52%	616,495	0	616,495	0
3	IMPERIAL COLLEGE	5.47%	610,235	243,410	91,602	275,222
4	NHS BLOOD AND TRANSPLANT	4.12%	460,064	162,666	202,128	95,271
5	RICHMOND&TWICKENHAM PCT	2.38%	265,705	0	0	265,705
6	NHS LOGISTICS AUTHORITY	1.50%	167,828	167,828	0	0
7	WANDSWORTH PRIMARY CARE TRUST	1.22%	136,469	0	45,119	91,350
8	ROYAL BROMPTON & HAREFIELD NH	1.12%	125,402	36,210	47,760	41,432
9	GUY'S & ST THOMAS' FOUNDATION	1.09%	121,981	43,226	6,879	71,875
10	ST MARYS HOSPITAL NHS TRUST	0.88%	98,551	32,186	11,407	54,958
	Sub Total	74.23%	8,283,568	776,133	2,501,883	5,005,552
	Others Creditors	25.77%	2,876,180	1,869,618	444,772	561,789
	TOTAL	100.00%	11,159,748	2,645,751	2,946,656	5,567,341
	Percentage of No. of days / Total Creditors		***100.00%***	***23.71%***	***26.40%***	***49.89%***

	PREVIOUS MONTH : November	%age of Total Cr's	TOTAL	Days 0 - 30	Days 30 - 90	Days OVER 90
	Top 8 NHS Balances & 2 Non Nhs Bal		£	£	£	£
1	HAMMERSMITH HOSPITALS NHS TRU	49.71%	6,187,172	1,592,542	1,123,555	3,471,075
2	ISS MEDICLEAN LTD.	6.19%	769,873	758,723	10,824	326
3	NHS LITIGATION AUTHORITY	4.95%	616,495	616,495	0	0
4	IMPERIAL COLLEGE	3.61%	449,112	92,603	100,275	256,234
5	NHS BLOOD AND TRANSPLANT	3.00%	373,850	184,351	188,587	911
6	RICHMOND&TWICKENHAM PCT	2.13%	265,705	0	0	265,705
7	WANDSWORTH PRIMARY CARE TRUST	1.65%	205,846	42,784	71,713	91,350
8	NHS LOGISTICS AUTHORITY	1.09%	135,804	135,804	0	0
9	ROYAL BROMPTON & HAREFIELD NH	0.89%	110,798	53,053	35,001	22,744
10	GUY'S & ST THOMAS' NHS TRUST	0.89%	110,209	32,728	12,756	64,725
	Sub Total	74.12%	9,224,863	3,509,083	1,542,710	4,173,070
	Others Creditors	25.88%	3,221,464	2,175,838	333,051	712,576
	TOTAL	100.00%	12,446,327	5,684,921	1,875,760	4,885,646
	Percentage of No. of days / Total Creditors		***100.00%***	***45.68%***	***15.07%***	***39.25%***

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

Movement from Previous Month

	Supplier	£
1	HAMMERSMITH HOSPITALS NHS TRU	-506,332
2	NHS LITIGATION AUTHORITY	0
3	IMPERIAL COLLEGE	161,123
4	NHS BLOOD AND TRANSPLANT	86,215
5	RICHMOND&TWICKENHAM PCT	0
6	NHS LOGISTICS AUTHORITY	32,024
7	WANDSWORTH PRIMARY CARE TRUST	-69,377
8	ROYAL BROMPTON & HAREFIELD NH	14,604
9	GUY'S & ST THOMAS' FOUNDATION	11,772
10	ST MARYS HOSPITAL NHS TRUST	98,551

CHELSEA & WESTMINSTER HEALTHCARE NHS TRUST

FORM F9A

CASH FLOW STATEMENT

December 05

Responsibility: Finance Director

£ 000	1 Actual Apr-05	2 Actual May-05	3 Actual Jun-05	4 Actual Jul-05	5 Actual Aug-05	6 Actual Sep-05	7 Actual Oct-05	8 Actual Nov-05	9 Actual Dec-05	10 Forecast Jan-06	11 Forecast Feb-06	12 Forecast Mar-06	Actual YTD	Forecast Total Mar-06
	£	£	£	£	£	£	£	£	£	£	£	£		£
Total Operating Surplus/(Deficit)	1,172	3,253	427	327	1,680	2,958	1,584	541	2,848	(1,364)	(1,364)	(1,365)	14,789	10,696
Depreciation and Amortisation	669	640	822	733	746	746	746	746	746	772	772	797	5,848	8,935
Transfer from the donated asset reserve	0						0		-			(248)	0	(248)
(Increase)/Decrease in Stocks	21	(1,162)	528	327	314	194	1,315	(910)	(20)	(19)	(18)	(20)	1,517	550
(Increase)/Decrease in Debtors	(1,274)	543	1,280	1,030	(6,818)	776	(1,155)	1,828	1,465	2,018	2,019	2,019	(4,152)	3,733
Increase/(Decrease) in Creditors	730	(1,058)	(2,329)	590	3,001	32	(608)	(1,656)	910	438	500	7,384	1,268	7,933
Increase/(Decrease) in Provisions	-	(6)	-	(5)	0	0	(373)	(33)	(22)	(449)	(449)	(462)	(406)	(1,799)
OPERATING ACTIVITIES														
Net cash inflow(outflow) from operating activities	**1,317**	**2,209**	**729**	**3,002**	**(1,077)**	**4,706**	**1,509**	**515**	**5,927**	**1,396**	**1,460**	**8,106**	**18,864**	**29,800**
RETURNS ON INVESTMENTS AND SERVICING OF FINANCE:														
Interest receivable	13	15	22	10	17	14	14	18	12	32	32	31	123	230
Interest payable	0	0	0	0	0	0		0	0	0	0	0	0	0
Interest element of finance leases	0	0	0	0	0	0		0	0	0	0	0	0	0
Net cash inflow/(outflow) from returns on investments and servicing of finance	**13**	**15**	**22**	**10**	**17**	**14**	**14**	**18**	**12**	**32**	**32**	**31**	**123**	**230**
CAPITAL EXPENDITURE														
Payments to acquire tangible fixed assets	(409)	(2,398)	(980)	(507)	(1,320)	(498)	(580)	(393)	(1,490)	(1,391)	(1,391)	(1,088)	(7,086)	(12,446)
Donations	0	0	0	0	0	0		0	0	0	0	402	0	402
Net cash inflow (outflow) from capital expenditure	**(409)**	**(2,398)**	**(980)**	**(507)**	**(1,320)**	**(498)**	**(580)**	**(393)**	**(1,490)**	**(1,391)**	**(1,391)**	**(686)**	**(7,086)**	**(12,044)**
DIVIDENDS PAID	0	0	0	0	0	(4,411)	0	0	0	0	0	(4,410)	(4,411)	(8,821)
Net cash inflow/(outflow) before management of liquid resources and financing	**921**	**(174)**	**(229)**	**2,505**	**(2,380)**	**(189)**	**943**	**140**	**4,449**	**37**	**101**	**3,041**	**7,490**	**9,166**
MANAGEMENT OF LIQUID RESOURCES														
Net cash inflow (outflow) from management of liquid resources	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Net cash inflow (outflow) before financing	**921**	**(174)**	**(229)**	**2,505**	**(2,380)**	**(189)**	**943**	**140**	**4,449**	**37**	**101**	**3,041**	**7,490**	**9,166**
FINANCING														
Public dividend capital received	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other capital receipts and payments (LT Debtors/creditors Governm	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Capital element of finance lease rental payments	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Brokerage payments and receipts	0	0	0	0	0	0	0	0	0	0	0	(9,103)	0	(9,103)
Net cash inflow (outflow) from financing	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**(9,103)**	**0**	**(9,103)**
Increase (decrease) in cash	**921**	**(174)**	**(229)**	**2,505**	**(2,380)**	**(189)**	**943**	**140**	**4,449**	**37**	**101**	**(6,062)**	**7,490**	**63**
Opening Cash Balance	**620**	**1,541**	**1,367**	**1,138**	**3,643**	**1,263**	**1,074**	**2,017**	**2,157**	**6,607**	**6,644**	**6,745**	**620**	620
Cash Balance at the end of the period	**1,541**	**1,367**	**1,138**	**3,643**	**1,263**	**1,074**	**2,017**	**2,157**	**6,607**	**6,644**	**6,745**	**683**	**8,110**	683
05/06 CASH NET INFLOW BEFORE EFL REPAYMENT	**1,541**	**1,367**	**1,138**	**3,643**	**1,263**	**1,074**	**2,017**	**2,157**	**6,607**	**6,644**	**6,745**	**683**	**8,110**	**0**
BROKERAGE PAID BACK										0	0	0		0

CHELSEA & WESTMINSTER HEALTHCARE NHS TRUST

ANALYSIS OF CASH FUNDS MOVEMENT

Responsibility: Finance Director

FORM F9B
December 05

NORMAL ACTIVITIES	April	May	June	July	August	September	October	November	December	January	February	March	**TOTAL**
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
RECEIPTS	19,662	17,358	21,264	19,410	13,605	21,141	21,809	19,697	22,814				176,761
PAYMENTS	(18,741)	(17,533)	(21,492)	(16,905)	(15,985)	(21,331)	(20,866)	(19,557)	(18,364)				-170,774
NET MOVEMENT	921	(175)	(228)	2,505	(2,380)	(189)	943	140	4,450	0	0	0	5,987
Cumulative	921	746	518	3,023	643	454	1,397	1,537	5,987				
FUNDING / BROKERAGE	0	0	0	0	0	0	0	0	0				0
NET MOVEMENT	0	0	0	0	0	0	0	0	0	0	0	0	0
Cumulative	0	0	0	0	0								
TOTAL FUND MOVEMENT	921	(175)	(228)	2,505	(2,380)	(189)	943	140	4,450				5,987
Cumulative	921	746	518	3,023	643	454	1,397	1,537	5,987				

SUMMARY OF CUMULATIVE MOVEMENTS	April	May	June	July	August	September	October	November	December				
NORMAL ACTIVITIES													
Forecast	921	1,792	3,809	4,696	5,566	5,142	4,953	5,449	7,935				
Actual	921	746	518	3,023	643	454	1,397	1,537	5,987				
FUNDING / BROKERAGE													
Forecast	0	0	0	0	0	0	0	0	0				
Actual	0	0	0	0	0	0	0	0	0				
COMBINED													
Forecast	921	1,792	3,809	4,696	5,566	5,142	4,953	5,449	7,935				
Actual	921	746	518	3,023	643	454	1,397	1,537	5,987				
	0	1,046	3,291	1,673	4,923	4,688	3,556	3,912	1,948				

CHELSEA & WESTMINSTER HEALTCARE NHS TRUST

CAPITAL EXPENDITURE - 2005/06

SUMMARY

Responsibility: Finance Director

FORM 10A
December 05

Description	CURRENT YEAR							ALL YEARS : 2003-2009								
	Original In Year Budget	Revised In Year Budget P5	Commitments	Actual spend YTD	Expected spend not yet Committed	Total Forecast Expenditure	Variance	2003/04 Budget	2004/05 Budget	2005/06 Budget	2006/07 Budget	Other years	Scheme Total Budget		Total Forecast Expenditure	Scheme Variance
FUNDING																
Block	7,272	7,272				7,272		7,419	11,685	7,272	6,774	192	33,342		33,342	0
Brokerage	4,300	5,096				5,096			-4,300	5,096	0	0	796		796	0
A & E additional allocation	100	100				100			100	100	0	0	200		200	0
Prior year adj	117	299				299			-117	299	0	0	182		182	0
Donated	365	402				402			301	402	0	0	703		703	0
Total Funding	12,154	13,169				13,169		7,419	7,669	13,169	6,774	192	35,223		35,223	0
EXPENDITURE																
Projects	3,465	2,870	764	2,334	535	2,869	1	4,498	1,993	2,870	2,994	0	12,355		12,354	1
Special Projects	2,996	3,122	1,446	1,899	1,224	3,123	-1	23	54	3,122	3,194	192	6,585		6,586	-1
Treatment Centre	1,643	2,082	13	2,082	0	2,082	0	513	3,866	2,082	0	0	6,461		6,461	0
Information Communications Technology	732	1,109	40	834	273	1,107	2	107	340	1,109	0	0	1,556		1,554	2
Medical Equipment	3,170	3,382	627	2,409	972	3,381	1	2,277	1,113	3,382	586	0	7,358		7,357	1
Contingency	200	202	0	23	179	202	0	1	2	202	0	0	205		202	3
Funded Capital Expenditure	365	402	77	402	0	402	0	0	301	402	0	0	703		703	0
Total expenditure	12,571	13,169	2,967	9,983	3,183	13,166	3	7,419	7,669	13,169	6,774	192	35,223		35,217	6
Under (-Over) Committed	-417	0				3		0	0	0	0	0	0		6	

CHELSEA & WESTMINSTER HEALTHCARE NHS TRUST

CAPITAL PROGRAMME - 2005/06 to M9

Responsibility: Finance Director

FORM 10B
December 05

		CURRENT YEAR							ALL YEARS : 2003-2009							
Project Code	Description	Original In Year Budget	Revised In Year Budget P5	Commitments	Total spend YTD	Expected spend not yet Committed	Total Forecast Expenditure	Variance	2003/04 Budget	2004/05 Budget	2005/06 Revised Budget	2006/07 Budget	Other Years	Scheme Total Budget	Total Forecast Expenditure	Scheme Variance
	Block	7,272	7,272				7,272	0	7,419	11,685	7,272	6,774	192	33,342	33,342	
	Brokerage	4,300	5,096				5,096	0	0	-4,300	5,096		0	796	796	
	A & E additional allocation	100	100				100	0	0	100	100		0	200	200	
	In year allocations	117	299				299	0	0	-117	299		0	182	182	
	Donated	365	402				402	0	0	301	402		0	703	703	
Funding		12,154	13,169				13,169	0	7,419	7,669	13,169	6,774	192	35,223	35,223	0
Projects C/F 2002/03																
P774	Early Pregnancy Unit (EPU)	0	0	0	0	0	0	0	291	79	0	0	0	370	370	0
P709	Clinical Skills GCPC	0	0	3	0	0	0	0	957	16	0	0	0	973	973	0
P773	Maternity Modernization Monies	0	0	0	0	0	0	0	103	17	0	0	0	120	120	0
	Total Projects C/F 2002/03	0	0	3	0	0	0	0	1,351	112	0	0	0	1,463	1,463	0
Projects C/F 2003/04																
P541	Generators	0	0	0	0	0	0	0	1,056	42	0	0	0	1,098	1,098	0
P700	Generators/Load Shed	0	0	0	0	0	0	0	0	63	0	0	0	63	63	0
P702	Balustrades	0	0	0	0	0	0	0	78	3	0	0	0	81	81	0
P703	Fire Alarm System	0	0		2	0	2	-2	465	219	0	0	0	684	686	-2
P704	Lifts	724	574	73	574	0	574	0	609	231	574	886	0	2,300	2,300	0
P705	Security	32	32	0	33	0	33	-1	273	112	32	0	0	417	418	-1
P706	Life Expired Equipment	100	100	0	100	0	100	0	70	194	100	0	0	364	364	0
P706	Life Expired Equipment	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
P706	Life Expired Equipment-Fire damper access	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
P707	Peat & Other Works	0	0	0	0	0	0	0	173	221	0	0	0	394	394	0
P712	Decontamination	0	0	0	0	0	0	0	133	151	0	0	0	284	284	0
P772	Pharmacy Completions	0	0	0	0	0	0	0	276	-1	0	0	0	275	275	0
P782	Cooling (Temporary)	136	313	54	313	0	313	0	14	32	313	0	0	359	359	0
			0													
	Total Projects C/F 2003/04	992 0	1,019	127	1,022	0	1,022	-3	3,147	1,267	1,019	886	0	6,319	6,322	-3
Projects C/F 2004/05																
C051	Bed Pan Washers replacement	0	0	0	0	0	0	0	0	13	0	353	0	366	366	0
C052	Compliance with Disability Discrimination Act	60	60	58	60	0	60	0	0	6	60	0	0	66	66	0
C053	Office Works for Haden,ISS,Supplies	0	0	0	0	0	0	0	0	158	0	0	0	158	158	0
C054	Back log maintenance-Lower Ground Floor	313	323	25	62	261	323	0	0	76	323	0	0	399	399	0
C055	Temp, Additional Cooling-Mechanical Plant	0	0	0	0	0	0	0	0	101	0	0	0	101	101	0
C056	William Gilbert Assessment Facility	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
C057	Patient Pre Assessment	115	107	0	105	0	105	2	0	29	107	0	0	136	134	2
C058	Private Patient Upgrade	165	6	0	6	0	6	0	0	17	6	333	0	356	356	0
C059	Ward Kitchens	30	30	28	30	0	30	0	0	13	30	257	0	300	300	0
C060	Restaurant refurb & start up costs	0	0	0	0	0	0	0	0	39	0	0	0	39	39	0
C061	Medical Assessment (A+E)	0	0	0	0	0	0	0	0	161	0	0	0	161	161	0
C062	Lift Core Glazing /Film	0	0	0	1	0	1	-1	0	1	0	0	0	1	2	-1
C074	Pharmacy Air Conditioning	0	35	6	35	0	35	0	0	0	35	0	0	35	35	0
	Total New Projects 2004/05	683 0	561	117	299	261	560	1	0	614	561	943	0	2,118	2,117	1
New projects 2005/06																
D001	Medical Gas Vacuum and Air	192	192	0	43	149	192	0	0	0	192	0	0	192	192	0
D002	VIE Replacement of Oxygen Cylinders	60	60	0	0	60	60	0	0	0	60	0	0	60	60	0
D003	Panic Alarm Installation	150	150	30	147	0	147	3	0	0	150	0	0	150	147	3
D005	Security and CCTV Installation	300	50	7	50	0	50	0	0	0	50	915	0	965	965	0
D006	Kitchen Refurbishment(EHO Requirement)	100	0	0	0	0	0	0	0	0	0	100	0	100	100	0
D007	Electronic Reproduction of Survey Drawings	100	100	83	100	0	100	0	0	0	100	0	0	100	100	0
D008	Health and Safety	141	141	63	141	0	141	0	0	0	141	0	0	141	141	0
D009	Life Expired Equipment/ Backlog	241	241	187	241	0	241	0	0	0	241	0	0	241	241	0
D010	Peat & Other Works	354	204	77	204	0	204	0	0	0	204	150	0	354	354	0
D011	UPS system for St Stephens Centre	21	21	0	0	21	21	0	0	0	21	0	0	21	21	0
D016	Gym refurbishment	50	50	38	50	0	50	0	0	0	50	0	0	50	50	0
D013	Male Changing Rooms	19	19	18	19	0	19	0	0	0	19	0	0	19	19	0
D014	Nurse Call System	18	18	8	18	0	18	0	0	0	18	0	0	18	18	0
D015	Medical Equipment Library	44	44	0	0	44	44	0	0	0	44	0	0	44	44	0
D012	PMS Staff Costs 05/06 - P771	0	0	6	0	0	0	0	0	0	0	0	0	0	0	0
New Projects 2005/06		1,790 0	1,290	517	1,013	274	1,287	3	0	0	1,290	1,165	0	2,455	2,452	3
	Total All Projects	3,465 0	2,870	764	2,334	535	2,869	1	4,498	1,993	2,870	2,994	0	12,355	12,354	1

CHELSEA & WESTMINSTER HEALTHCARE NHS TRUST

CAPITAL PROGRAMME - 2005/06 to M9

Responsibility: Finance Director

FORM 10B
December 05

		CURRENT YEAR							ALL YEARS : 2003-2009							
Project Code	Description	Original In Year Budget	Revised In Year Budget P5	Commitments	Total spend YTD	Expected spend not yet Committed	Total Forecast Expenditure	Variance	2003/04 Budget	2004/05 Budget	2005/06 Revised Budget	2006/07 Budget	Other Years	Scheme Total Budget	Total Forecast Expenditure	Scheme Variance
Special Projects																
P775	Paediatric Ambulatory Care (PACU)	285	285	35	285	0	285	0	23	45	285	0	0	353	353	0
C050	St Stephens Refurbishment	837	828	226	279	549	828	0	0	9	828	0	0	837	837	0
D004	Cooling Permanent Solution	1,131	1,281	1,163	1,281	0	1,281	0	0	0	1,281	819	0	2,100	2,100	0
D060	PACS	700	505	0	0	505	505	0	0	0	505	2,375	192	3,072	3,072	0
D061	Paytech Oracle Upgrade	21	21	0	22	0	22	-1	0	0	21	0	0	21	22	-1
D062	Optimise Procurement Project	22	22	12	22	0	22	0	0	0	22	0	0	22	22	0
D097	NICU	0	159	10	10	149	159	0	0	0	159	0	0	159	159	0
	Junior Doctors Capital	0	21		0	21	21	0	0	0	21	0	0	21	21	0
	Total Special Projects	2,996	3,122	1,446	1,899	1,224	3,123	-1	23	54	3,122	3,194	192	6,585	6,586	-1
Treatment Centre																
P710	DTC Building	1,000	578	13	1,606	0	1,606	-1,028	483	1820	1,222	0	0	3,526	4,391	-865
P710	Enabling Works	0	0	0	0	0	0	0	30	117	0	0	0	147	204	-57
P711	Clinical equipment	643	643	0	427	0	427	216	0	663	13	0	0	676	617	59
P713	DTC Staff Costs	0	0	0	1	0	1	-1	0	0	0	0	0	0	138	-138
C063	Fees	0	0	0	48	0	48	-48	0	610	0	0	0	610	440	170
C064	IT Equipment	0	0	0	0	0	0	0	0	226	0	0	0	226	191	35
C065	Mobile Theatre	0	0	0	0	0	0	0	0	383	0	0	0	383	480	-97
C066	Contingency	0	861	0	0	0	0	861	0	48	846	0	0	894	0	894
	Less spent 2003/04 £5,600-513															
	Total Treatment Centre	1,643	2,082	13	2,082	0	2,082	0	513	3,866	2,082	0	0	6,461	6,461	0
Information Communications Technology																
P759	ICT Earmarked funds	0	0	0	0	0	0	0	107	0	0	0	0	107	107	0
C067	Management Infor System (HIPPO)	0	31	0	31	0	31	0	0	75	31	0	0	106	106	0
C068	Chelsea & Westminster Website	0	38	0	38	0	38	0	0	22	38	0	0	60	60	0
C069	Inpatient prescribing	0	80	40	80	0	80	0	0	81	80	0	0	161	161	0
C070	Outpatient prescribing	0	116	0	116	0	116	0	0	72	116	0	0	188	188	0
C071	PICIS - Theatre Scheduler - Treatment Centre	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
P024	Patientline	0	13	0	13	0	13	0	0	90	13	0	0	103	103	0
C072	Dell Computers	0	72	0	71	0	71	1	0	0	72	0	0	72	71	1
C073	Other Hardware	0	27	0	27	0	27	0	0	0	27	0	0	27	27	0
New Proposals 2005/06																
D050	PC Lease Purchase	106	106	0	105	0	105	1	0	0	106	0	0	106	105	1
D051	PICIS (Theatre System)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
D052	Inpatient prescribing	50	50	0	50	0	50	0	0	0	50	0	0	50	50	0
D053	2nd Tier Storage - Hardware	197	197	0	197	0	197	0	0	0	197	0	0	197	197	0
D054	2nd Tier Storage - Professional Services	32	32	0	32	0	32	0	0	0	32	0	0	32	32	0
D055	Moble Computer Replacements	35	35	0	0	35	35	0	0	0	35	0	0	35	35	0
D056	Interface Engine Hardware	74	74	0	74	0	74	0	0	0	74	0	0	74	74	0
D057	X-Ray Archive	70	70	0	0	70	70	0	0	0	70	0	0	70	70	0
D058	Bed Tracking and Management	168	168	0	0	168	168	0	0	0	168	0	0	168	168	0
	Total ICT	732	1,109	40	834	273	1,107	2	107	340	1,109	0	0	1,556	1,554	2
Medical Equipment																
P708	Autoclaves	0	0	0	0	0	0	0	4	75	0	0	0	79	79	0
C001	Rescuscitaires	0	0	0	0	0	0	0	0	54	0	0	0	54	54	0
C002	O2/air blenders	0	0	0	0	0	0	0	0	46	0	0	0	46	46	0
C003	Loop diathermy(W&C)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
C004	Portable vacuum suction	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
C005	Fields test	0	0	0	0	0	0	0	0	20	0	0	0	20	20	0
C006	Transport ventilator	0	0	0	0	0	0	0	0	15	0	0	0	15	15	0
C007	Infusion pumps	203	53	36	53	0	53	0	0	57	53	150	0	260	260	0
C008	Surgical instruments	200	244	0	247	0	247	-3	0	194	244	200	0	638	641	-3
C009	Defibrillators	197	197	196	197	0	197	0	0	3	197	0	0	200	200	0
C010	Monitors	376	526	32	526	0	526	0	0	24	526	200	0	750	750	0
C011	EEG machine	66	66	66	66	0	66	0	0	56	66	0	0	122	122	0
C012	Gynae laser	0	0	0	0	0	0	0	0	111	0	0	0	111	111	0
C013	Vinometer	0	0	0	0	0	0	0	0	13	0	0	0	13	13	0
C014	Endoscopes	0	160	0	163	0	163	-3	0	316	160	0	0	476	479	-3
C015	Diathermy Unit (medicine))	0	0	0	0	0	0	0	0	6	0	0	0	6	6	0
C016	Decontamination machine	120	120	120	120	0	120	0	0	0	120	0	0	120	120	0
C017	Interventional suite	700	752	107	752	0	752	0	0	0	752	0	0	752	752	0

CHELSEA & WESTMINSTER HEALTHCARE NHS TRUST

CAPITAL PROGRAMME - 2005/06 to M9

Responsibility: Finance Director

FORM 10B
December 05

		CURRENT YEAR							ALL YEARS : 2003-2009							
Project Code	Description	Original In Year Budget	Revised In Year Budget P5	Commitments	Total spend YTD	Expected spend not yet Committed	Total Forecast Expenditure	Variance	2003/04 Budget	2004/05 Budget	2005/06 Revised Budget	2006/07 Budget	Other Years	Scheme Total Budget	Total Forecast Expenditure	Scheme Variance
C018	Intensifier Mobile x-ray for NICU	0	0	0	0	0	0	0	0	25	0	0	0	25	25	0
C019	Diathermy	0	0	0	0	0	0	0	0	19	0	0	0	19	19	0
C020	Fluid warmer	40	1	0	1	0	1	0	0	11	1	0	0	12	12	0
C021	Colposcope	0	0	0	0	0	0	0	0	5	0	0	0	5	5	0
C022	Operating tables	58	0	0	0	0	0	0	0	42	0	0	0	42	42	0
C023	Ultrasound	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
C024	Storage Unit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
P763	Air Conditioning Unit for Pharmacy	0	0	0	0	0	0	0	30	21	0	0	0	51	51	0
	All others	1,166	225	0	0	225	225	0	2,243	0	225	36	0	2,504	2,504	0
New bids 2005/06																
D001	Bronchoscope X2	44	44	0	0	44	44	0	0	0	44	0	0	44	44	0
D070	ADAC Force Gamma Camera	0	59	0	59	0	59	0	0	0	59	0	0	59	59	0
D071	Processor with ECS & Lucera Light Source	0	29	0	0	29	29	0	0	0	29	0	0	29	29	0
D072	5 X Blood Pressure Machines	0	8	0	0	0	0	8	0	0	8	0	0	8	0	8
D073	ECG Machines	0	56	0	0	56	56	0	0	0	56	0	0	56	56	0
D074	Phototherapy ultraviolet machine & lomax 4	0	10	0	0	10	10	0	0	0	10	0	0	10	10	0
D075	ACMI Resectoscope	0	13	0	0	13	13	0	0	0	13	0	0	13	13	0
D076	Laser Versa pulse suite 20-watt Holmium	0	110	0	0	110	110	0	0	0	110	0	0	110	110	0
D077	Laparoscopic towers	0	40	0	0	40	40	0	0	0	40	0	0	40	40	0
D078	Paediatric Gastrocope	0	26	26	26	0	26	0	0	0	26	0	0	26	26	0
D079	Operating tables	0	150	0	0	150	150	0	0	0	150	0	0	150	150	0
D080	Knee Coil for MRI	0	25	19	19	6	25	0	0	0	25	0	0	25	25	0
D081	Mobile Image Intensifier X-ray unit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
D082	Paediatric Had U/S Probe	0	7	0	0	7	7	0	0	0	7	0	0	7	7	0
D083	Ultrasound Unit	0	156	0	113	43	156	0	0	0	156	0	0	156	156	0
D084	Vidoe Conferencing Equipment	0	40	0	0	40	40	0	0	0	40	0	0	40	40	0
D085	General ("Plain") X-ray unit	0	60	0	0	60	60	0	0	0	60	0	0	60	60	0
D086	Robot Leader	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
D087	Pharmacy :Upgrade of Robot Conveyors	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
D088	Adolescent Weighing Scales/Heighting Device	0	9	0	0	9	9	0	0	0	9	0	0	9	9	0
D089	Day Surgery Patient Trolleys	0	30	0	0	30	30	0	0	0	30	0	0	30	30	0
D090	Transcutneuos Monitors & calibration module	0	5	0	0	5	5	0	0	0	5	0	0	5	5	0
D091	1 Transport Incubator, Trolley and Ventilator	0	25	0	0	25	25	0	0	0	25	0	0	25	25	0
D092	5 Intrapartum Twins Capability fetal Monitors	0	23	25	25	0	25	-2	0	0	23	0	0	23	25	-2
D093	Bipolar Resection Scope	0	8	0	0	8	8	0	0	0	8	0	0	8	8	0
D094	Orthopantomograph	0	62	0	0	62	62	0	0	0	62	0	0	62	62	0
D095	CT Xray Tube	0	43	0	42	0	42	1	0	0	43	0	0	43	42	1
	Total Medical Equipment	3,170	3,382	627	2,409	972	3,381	1	2,277	1,113	3,382	586	0	7,358	7,357	1
D106	C090 Contingency	200	202	0	23	179	202	0	1	2	202	0		205	202	3
	Contingency	200	202	0	23	179	202	0	1	2	202	0	0	205	202	3
	Donated															
C080	St Stephens Floor5 Expansion of IAVI	0	0	25	0	0	0	0	0	276	0	0		276	276	0
D150	St Stephens Level2 Expansion of IAVI	365	365	49	365	0	365	0	0	0	365	0		365	365	0
X001	NICU Patient Bedroom, Lounge etc	0	37	0	37	0	37	0	0	25	37	0		62	62	0
D151	Ophthalmology Network Funds	0	0	3	0	0	0	0	0	0	0	0		0	0	0
	Total External Projects	365	402	77	402	0	402	0	0	301	402	0	0	703	703	0
	Total Program	12,571	13,169	2,967	9,983	3,183	13,166	3	7,419	7,669	13,169	6,774	192	35,223	35,217	6
	Under (-Over) Committed	-417	0				3		0	0	0	0	0	0	6	

Chelsea and Westminster Healthcare NHS
NHS Trust

Trust Board Meeting, 2nd February 2006

AGENDA ITEM NO.	2.2/Feb06
PAPER	Performance Report
AUTHOR/ LEAD EXECUTIVE	Nick Cabon, Head of Performance and Information / Lorraine Bewes, Director of Finance and Information Contact Number: 020 8237 2426
SUMMARY	The purpose of this report is to provide information about the Trust's performance for the period ending 31st December 2005.
ACTION	The Trust Board is asked to note and discuss the report and actions.

Chelsea and Westminster Healthcare NHS

NHS Trust

PERFORMANCE REPORT FOR THE PERIOD TO 31 DECEMBER 2005

1. PURPOSE

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

2. NEW PERFORMANCE FRAMEWORK

The Healthcare Commission has published broad guidance of the methodology for their new performance framework. The framework is called "The Annual Health Check" and replaces the star ratings from 2005/6 onwards.

The Annual Health Check incorporates several components that are assessed in a variety of ways. The components include a Declaration of Compliance with Core Standards, results of Acute Hospital Portfolio assessments, performance against national targets, and a detailed assessment of the Trust's financial management processes.

The Healthcare Commission published the detailed constructions of the new national targets in January 2006, and the Trust is developing project plans to ensure that we achieve the best possible performance. The titles of the new targets have been included in the Performance Report, and projected outcomes will be included from next month. Descriptions of the new targets are included in the Appendices.

3. SUMMARY

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

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

The Trust has made significant improvements in its use of resources. The average length of stay is lower than in 2004/5 and many more patients are being admitted on the day of elective admission. The Trust's income and activity are also ahead of plan for this stage in the year.

4. HEALTHCARE COMMISSION TARGETS

The Trust is on course to meet most of the targets, but there are four areas that should be treated as a risk at this stage. These are Cancer, A&E, Delayed Transfers of Care and Ethnic Coding.

5. CANCER INDICATORS

There were no breaches of the 2 week cancer wait target in December. However, performance in the 31 day and 62 day indicators was below the likely threshold. The actual reporting period for this indicator starts on 1st January 2006. The level of activity in the 62 day target is very low. Consequently, each breach carries significant weight. The cancer team have analysed the patient pathway in order to unblock any bottlenecks, but this indicator still presents a significant challenge.

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

6. TOTAL TIME IN A&E

97.67% of patients who attended A&E during December were admitted, transferred or discharged within 4 hours. This is the first month since May 2005 that the Trust's performance has fallen below the required standard. The year to date performance is 97.97% and the Trust needs to average 98.1% throughout the final quarter in order to fully meet this target.

The Trust's final performance will be augmented by the activity in local walk-in A&E departments that are managed by "Partner" PCTs.

7. DELAYED TRANSFERS OF CARE

December saw the lowest number of delayed discharges so far this financial year. However, the rate of 1.8% for the month was still significantly higher than the likely threshold for this target. The trend is going in the right direction, but the year-to date performance is still at 2.8%, therefore this target should be viewed as a significant rist for the Trust.

8. ETHNIC CATEGORY CODING

The Ethnic Coding target presents a significant challenge to the organisation. Only 76.78% of patients admitted in the first three quarters of the year had a valid ethnic category code recorded against them. The Trust will be contacting the remaining patients during January and February and asking them to identify their ethnic category.

9. OTHER INDICATORS

The Trust has historically performed at the average in the patient surveys with some areas of excellence. The surveys this year relate to adults who were admitted and children who were treated at the Trust. The adult survey has already been sent to patients, and the children's survey will be sent out later this year.

Performance has been good in many of the other indicators. The Trust is on target to achieve the hospital cleanliness, better hospitals food, 12 hour A&E trolley waits and the workforce indicators.

The Trust is nearly on course in a number of other indicators, including those relating to patient complaints, waiting times for thrombolysis and 4 hour A&E trolley waits.

Extra focus is required to achieve the required performance levels for these indicators.

Performance in the clinical indicators relating to readmissions was below the average in December. One in five patients who were treated for a fractured neck of femur were re-admitted within one month, and 12.38% of all patients discharged were re-admitted within the same timeframe. It is difficult to predict the actual levels of performance in these indicators because the Trust does not have access to data relating to patients who were subsequently admitted to other trusts.

As part of the Improving Partnerships in Health project the Trust has been looking at its use of resources. The aim of the project is to apply the lessons form the 10 High Impact Changes in order to improve the patient's journey through the hospital. There have been several efficiency gains as a result of this project. They include average length of stay where performance this year has consistently been better than the 2004/5 average. There has also been a significant increase in the percentage of patients being admitted on the day of their elective admission. The rate in 2004/5 was 43.35% and so far this year the rate is 46.9%

The Trust is ahead of the activity plan in most of the areas of the service level agreements. The exceptions are elective inpatients and regular day admissions. The negative performance in the elective inpatients might be offset slightly by the higher than expected performance in day case activity. In income terms the Trust is ahead of the plan in all points of delivery.

10. CONCLUSION

The 62 day cancer indicator remains a high risk for the Trust and must be monitored very closely. Indicators on delayed discharges and Ethnic Category coding are also of concern. The performance in the Total Time in A&E standard has slipped below the 98% threshold in December, so the Trust needs to achieve over 98% each month for the rest of the year.

Many of the new targets that have been published by the Healthcare Commission are based on assessments as at the end of this financial year. The Trust will be devising project plays to ensure that all of the targets can be met prior to the deadlines.

Nick Cabon
Head of Performance and Information
25th January 2006

Trust Board Performance Dashboard - December 2005

Healthcare Commission Targets

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

On track for most targets, but some significant areas of concern.

Operational Indicators and Targets

Hospital Cleanliness	Patient Complaints
A&E Trolley Waits	Hospital Food
Clinical Indicators	Workforce
Information Governance	Average LoS
Day of Surg Admission	Staff Surveys

Few areas of weakness. Significant improvement has been made in many of the operational targets (such as average LoS and Day of Surgery Admission.

Service Level Agreement Performance

	Activity	Income
Daycase	3.40%	4.41%
Elec IP	-4.44%	2.10%
Non-Elec	15.89%	5.10%
Day Attenders	-2.30%	2.86%
1st Outpatients	3.36%	1.37%
F/Up Outpatients	13.49%	4.75%
Total	8.16%	2.50%

Overall performance is ahead of plan in both activity and income.

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.

Appendix A - Existing and New Targets

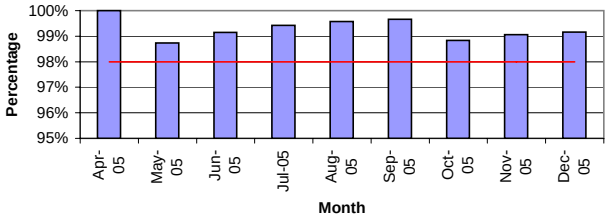
Name	Performance Last Month	YTD Performance	Target/Likely Threshold	Predicted Banding	Comments/Actions
All cancers: two week wait	100.00%	99.16%	98.00%	Fully Met	The threshold to achieve this indicator in 2003/4 was 98%. If patients without NHS numbers were included in the indicator our performance would be 99.2%.
Cancer patients waiting 31 days from decision to treat to first treatment	95.24%	98.25%	98.00%	See Comment	The actual reporting period for this indicator is January to March 2006.
Cancer patients waiting 62 days from GP referral to first treatment	75.00%	86.76%	95.00%	See Comment	The actual reporting period for this indicator is January to March 2006.
Financial management		Forecast £2.1m surplus	Break even	Fully Met	
Elective patients waiting longer than the standard (Target of 9 month wait from April to December 2005; target of 6 months from January to March 2006)	0.00%	0.00%	0.03%	Fully Met	There have not been any breaches of the 9 month standard this year. The 6 month standard is applicable from January 2006
Outpatients waiting longer than the standard (Target of 17 weeks wait from April to December 2005; target of 13 weeks from January to March 2006)	0.00%	0.008%	0.03%	Fully Met	The threshold for this indicator in 2004/5 was 0.03%. The standard drops to 13 weeks from January 2006.
Outpatient and elective (inpatient and daycase) full and partial booking	Outpatient = 100%; Elective = 100%	Outpatient 68.4%; Elective = 96.3%	67.00%	Fully Met	This indicator will be measured over two data periods. From April to December the threshold will be 67%. In the last quarter 100% of elective admissions and at least 80% of outpatients will need to be booked.
Total time in A&E: four hours or less	97.67%	97.97%	98.00%	Almost Met	The target for this indicator is 98%. The Trust needs to achieve the 98.1% for the final quarter of this year in order to fully meet this target
MRSA	2 Cases	23 Cases - Rate per 1000 Bed days = 0.14; Availability of Alcohol Gel = Good.	Rate per 1000 Bed days = 0.175	Fully Met	There were 47 cases throughout the whole of 2004/5. The Trust is on track to achieve the required reduction in MRSA cases this year. In addition to MRSA, there were also 12 cases of Clostridium difficile between August and November 2005.
Cancelled operations	0.91%	0.71%	0.80%	Fully Met	Many of the operations were cancelled as a result of the major incident on 7th July. If these are excluded the YTD rate would be 0.52%
Cancelled operations not readmitted within 28 days	0.00%	0.01%	0.50%	Fully Met	This is a new indicator for 2005/6. So far, there have been 2 breaches of this standard.
Thrombolysis - 60 minute call to needle time	0% No Patients	63%	68.00%	Almost Met	The Trust did not have sufficient activity for a statistically significant assessment to be made in 2004/5. There is a possibility that this indicator will be deemed "Not Applicable" for the same reason this year.
Delayed transfers of care	1.8%	2.8%	0.50%	Partly Met	
Waiting times for rapid access chest pain clinic	100%	100%	99.00%	Fully Met	The Trust has seen all eligible patients within 2 weeks
Clinical risk management		CNST Level 1		Almost Met	The Trust will be assessed for CNST Level 2 in January 2006.
Data quality on ethnic group	77.16%	76.78%	95%	Partly Met	
Patient surveys - Adults and Children: access and waiting				See Comment	The surveys will be carried out in the Spring of 2006. It is difficult to predict a performance banding for them. These indicators have represented a challenge for the Trust in previous years.
Patient surveys - Adults and Children: better information, more choice					
Patient surveys - Adults and Children: building closer relationships					
Patient surveys - Adults and Children: clean, comfortable, friendly place to be					
Patient surveys - Adults and Children: safe, high quality, coordinated care					
Access to GUM Clinics				See Comment	The constructions of these indicators have only recently been published. Many are assessed on the basis of a declaration of compliance as at the end of the financial year. The Trust is developing an action plan for each one in order to ensure that we achieve the best possible level of performance.
Drug Misusers - Information, Screening and Referral					
Emergency Bed Days					
Infant Health - Data Completeness					
Obesity - Identification and Management in Secondary Care					
Participation in Audits					
Compliance with NICE guidelines on the treatment and management of self harm in A&E					
Smoke-free NHS					
Waiting times for MRI or CT scans					

Appendix B - Other Indicators

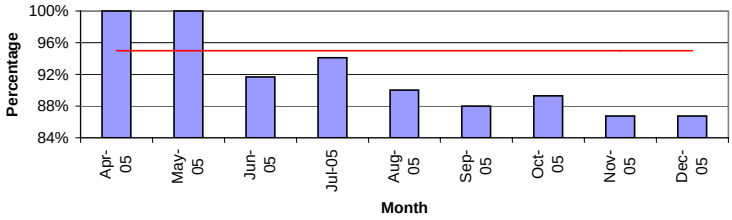
Name	Performance Last Month	YTD Performance	Target/Likely Threshold	Predicted Banding	Comments/Actions
Hospital cleanliness	Data not available	89% to November	60%	Fully Met	The PEAT assessment was carried out in February 2005. The next assessment will be towards the end of this financial year.
12 Hour waits for emergency admission via A&E post decision to admit	100.00%	100.00%	100.00%	Fully Met	The threshold to achieve this indicator in 2004/5 was 100%.
A&E emergency admission waits (four hours)	99.3%	97.7%	99.0%	Almost Met	The threshold to achieve the top band for this indicator in 2004/5 was 99%.
Staff opinion survey: Health, safety and incidents					The Trust performed below average in these indicators in 2004/5.
Staff opinion survey: human resource management					
Staff opinion survey: staff attitudes					
Deaths following selected non-elective surgical procedures	1.41% Deaths (in this trust only)	1.53% (Deaths in this trust only)			Difficult to predict a banding for this indicator because it depends on deaths outside of this hospital.
Emergency readmissions following discharge (adults)	12.38% (Readmissions to this trust only)	11.13% (Readmissions to this trust only)			Difficult to predict a banding for this indicator because it depends on readmissions to other trusts
Emergency readmissions following discharge for fractured hip	20% (Readmissions to this trust only)	7.97% (Readmissions to this trust only)			Difficult to predict a banding for this indicator because it depends on readmissions to other trusts
Information governance		HES DQI = 0.94; IGT = 0.76. Overall = 1.7	Overall = 1.75	Almost Met	
Patient complaints	87%	83.8%	90.0%	Almost Met	In 2004/5 the threshold to achieve the top band was 90%.
Better Hospital Food	Data not available	83% to November	60%	Fully Met	The next PEAT assessment will take place towards the end of this financial year
Workforce indicator	IWL - Practice Plus; Junior Doctors Hours = 100%; Sickness Absence Rate Data not available	IWL - Practice Plus; Junior Doctors Hours = 100%; Sickness Absence Rate =3.22% (to Nov)		Fully Met	

Graphs relating to New and Existing Targets

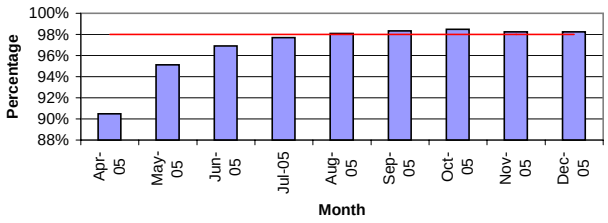
Cumulative Cancer 2 Week Wait Performance



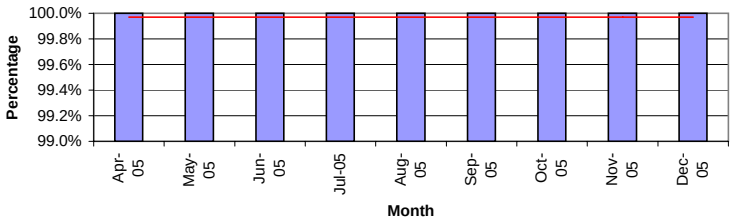
Cumulative Cancer 62 Day Wait Performance



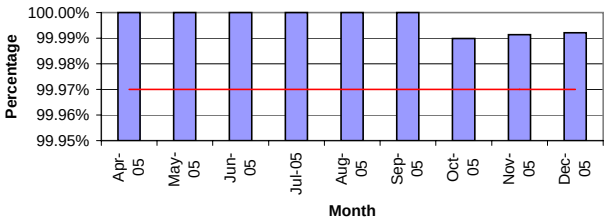
Cumulative Cancer 31 Day Wait Performance



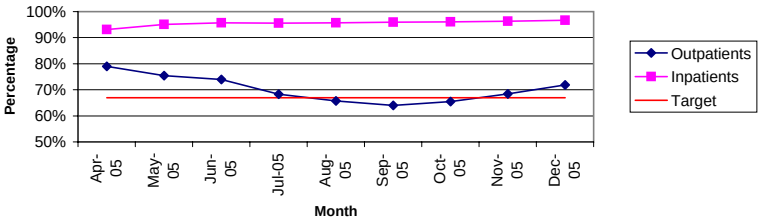
Cumulative Elective Inpatient Wait Performance



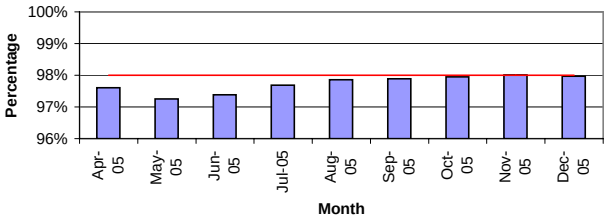
Cumulative Outpatient Wait Performance



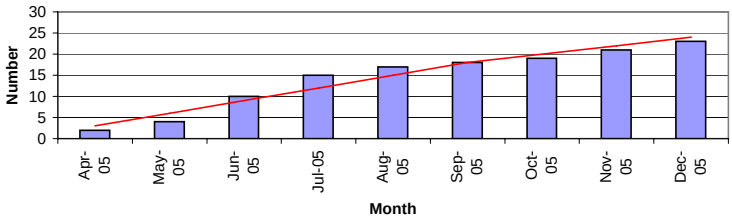
Cumulative Booking Indicator Performance



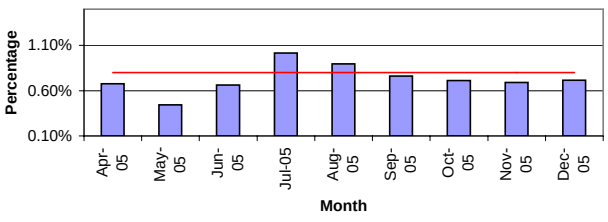
Cumulative Total Time in A&E Performance



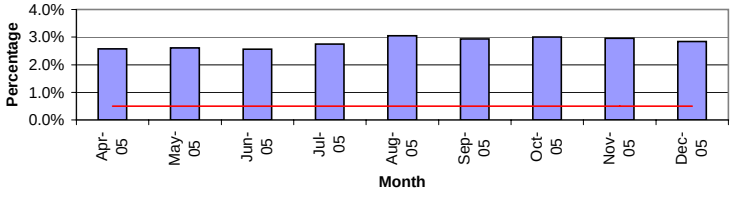
Cumulative MRSA Performance



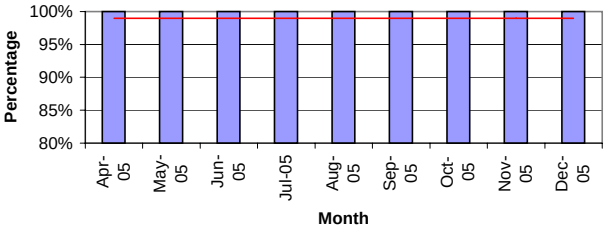
Cumulative Cancelled Operations Performance



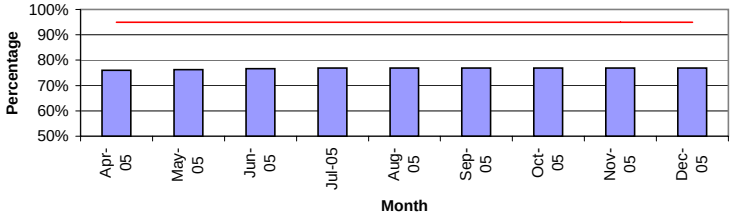
Cumulative Delayed Transfers of Care Performance



Cumulative Waiting Time for RACPC Performance

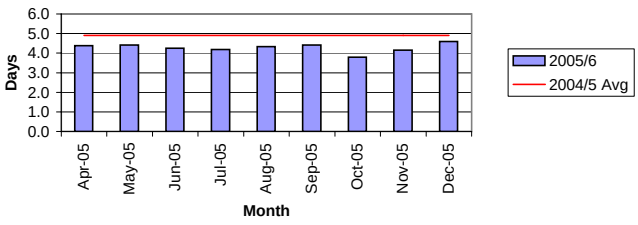


Cumulative Inpatient Ethnic Coding Performance

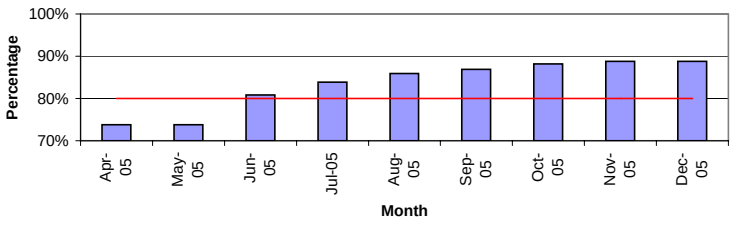


Graphs relating to Operational Targets

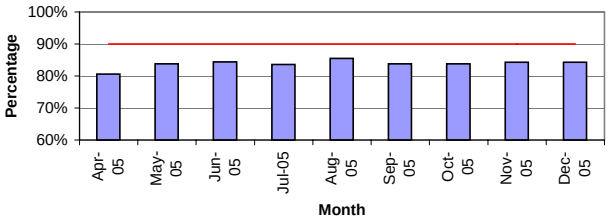
Average Length of Stay



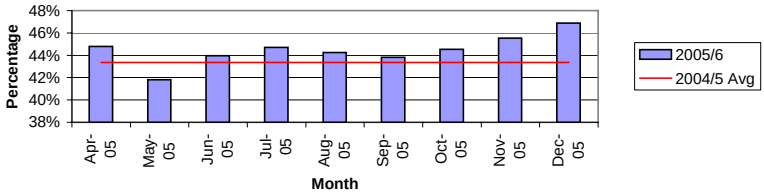
Cumulative Hospital Cleanliness Performance



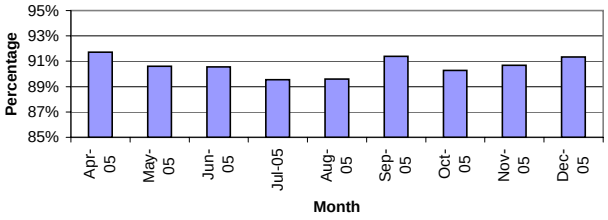
Cumulative Patient Complaints Performance



Cumulative Elective Admissions on Day of Surgery



Cumulative Bed Occupancy



Service Level Agreement Performance

Activity				
	Plan	**Actual**	**Variance**	**% Variance**
Daycase	11429	11818	389	3.4%
Elective	9872	9433	-439	-4.4%
Regular Day Admissions	2115	2451	336	15.9%
Non-Elective	39021	38123	-898	-2.3%
1st Outpatients	54969	56816	1847	3.4%
Follow Up Outpatients	156209	177288	21079	13.5%
Total	**273615**	**295929**	**22314**	**8.2%**

Income				
	Plan	**Actual**	**Variance**	**% Variance**
Daycase	£ 7,492,932	£ 7,823,232	£ 330,300	4.4%
Elective	£ 8,477,541	£ 8,655,791	£ 178,251	0.0%
Regular Day Admissions	£ 255,992	£ 269,053	£ 13,060	5.1%
Non-Elective	£ 41,222,674	£ 42,399,607	£ 1,176,933	2.9%
1st Outpatients	£ 9,532,354	£ 9,663,003	£ 130,649	1.4%
Follow Up Outpatients	£ 13,623,551	£ 14,270,789	£ 647,238	4.8%
Block	£ 18,395,891	£ 18,395,891	£ -	0.0%
Total	**£ 99,000,936**	**£ 101,477,365**	**£ 2,476,430**	**2.5%**

New Performance Targets

Name	Description
Access to genito-urinary medicine (GUM) clinics	The number of patients attending GUM services who were seen within 48 hours of contacting a service divided by the number of patients attending the GUM service.
Data quality on ethnic group	The number of Finished Consultant Episodes (FCEs) for the trust on Hospital Episode Statistics (HES) with valid 2001 census coding for ethnic category (exclusing 'not stated' and 'not known') divided by the number of FCEs for the trust on HES.
Drug misusers: information, screening and referral	Trusts assessed on the provision of information, existence of clear screening and referral processes for drug misusers presenting to A&E and/or using maternity services.
Emergency bed days	Performance will be based on improvement between the numbers of emergency bed days in 2003/2004 and 2004/2005.
Experience of patients	This indicator will be based on the results of the patient surveys
Infant health: data completeness	A composite indicator reflecting the completeness of returned data on smoking in pregnancy and breastfeeding initiation.
MRSA Bacteraemia	Performance against the Trust's trajectory for MRSA
Obesity: identification and management in secondary care	As at March 31st 2006, does the trust have in place a management process for the identification and onward referral of adult inpatients (where clinically appropriate) with a body mass index of over 30, or over 27 with co-morbidity, to weight advice and management services (including specialist services), either within or outside of the trust? Yes/No
Participation in audits	This indicator will assess the completeness of MINAP data and will measure: a) whether a trust has greater than 90% completion for the 11 key fields in patients with an admission diagnosis of definite myocardial infarction, and b) whether a trust took part in the annual (2005) MINAP data validation exercise
Processes in place to ensure compliance with National Institute for Health and Clinical Excellence (NICE) guidelines on the treatment and management of self harm in emergency departments.	Trusts will be assessed on the processes, systems and protocols they have in place to meet key requirements set out in NICE guideline 16, 'Self harm, the short term physical and psychological management and secondary prevention of self harm in primary and secondary care, the assessment and initial management of self harm by ambulance services.'
Smoke-free NHS, recording of smoking status and reducing smoking	Trusts will be assessed on their progress towards becoming smoke free by the end of 2006, in line with the process described in 'Guidance for smokefree hospital trusts'. Trusts that have yet to become smoke-free will be expected to demonstrate that they have robust and realistic plans to do so.
Waiting times for MRI and CT scans	The number of patients waiting 26 weeks or more for MRI or CT scans divided by the number of patients waiting for MRI or CT scans, as at March 31st 2006.

Chelsea and Westminster Healthcare NHS
NHS Trust

Trust Board Meeting, 02nd February 2006

AGENDA ITEM NO.	2.3/Feb/06
PAPER	Workforce Report – Quarter 3, October to December 2005/2006
AUTHOR	Maxine Foster, Director of Human Resources
SUMMARY	The paper informs the Trust Board of the key activities of the Human Resources Directorate during the quarter. This includes pay modernisation (Agenda for Change), bank and agency costs, reducing sickness absence, reducing the cost of recruitment, and improving working lives issues such as childcare and equality and diversity. Planning for an influenza pandemic has also been a key issue.
ACTION	The Trust Board is asked to note the report.

CHELSEA AND WESTMINSTER HEALTHCARE NHS TRUST

Directorate of Human Resources

Workforce Report – Quarter Three

October to December 2005/06

Introduction

The annual trust pay budget for this financial year is £120 million so controlling staffing costs and improving productivity has continued to be a major priority to support the Trust achieving financial balance. To this end our activity has focused on pay modernisation (Agenda for Change) bank and agency costs, reducing sickness absence, reducing the cost of recruitment, and improving working lives issues such as childcare and equality and diversity. Planning for an Influenza pandemic has also been a key issue.

This report contains less detail this Quarter as the Workforce Information team have been seconded to the Agenda for Change Project until the end of March. A full report will be available for Quarter Four.

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 December 2005, 97% of staff (1750) had received assimilation letters. The National target was for 100% to have been assimilated. In North West London only 3 trusts achieved the full 100% target. In December 763 staff were paid their new agenda for change salary. 1130 staff had accepted the offer of moving across representing 55% of staff. Approximately 50 staff were in need of pay protection. Changing the HR and payroll system Infinium and the budget to reflect the current mixture of Agenda for Change and Trust graded posts continued to be labour-intensive.
At 30th December the Trust had achieved 100% of the KSF Post outlines. The focus will now shift to 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.

To meet the target of 100% staff paid on their Agenda for Change salary by the end of March 2006 the resources being put into the project team were increased and 2 further members of the workforce information team were seconded full time to the project. Agreement was reached with trade union representatives to delay the calculation and payment of back pay by 2 months to allow the payroll team to focus on processing the new monthly agenda for change salaries.

The financial impact of the increased salary costs is monitored monthly as staff change over to Agenda for Change terms and conditions. The impact was 4.4% in October,

5.03% in November and 5.8% in December. The projected total cost of salary changes as a result of Agenda for Change was 5.5%. For December the impact was higher as the assimilation process had reached the more senior grades in the Trust. The impact on the January to March pay costs will be closely monitored.

Month	**Impact on pay**
July	3.4%
August	1.9%
September	2.9%
October	4.4%
November	5.03%
December	5.8%

300 staff had elected to remain on their local trust contracts. By the end of December 18 staff had requested reviews of the outcome of their band matches.

Agenda for Change Assimilation to 31 December 05

Director-ate	Assimilated and paid	New Starters	Waiting Assimi'n	Total
Surgery	117	5	82	204
A & I	107	24	209	340
W & C	121	29	365	515
Medicine	164	27	202	393
HIV / GU	64	6	112	182
Man Ex	25	4	218	247
CI Support	54	16	215	285
Other	0	0	43	43
total	**652**	**111**	**1446**	**2209**

Project management costs

In September 2004, the Board agreed Agenda for Change project resourcing costs of up to £350,000. The budget for the project was set at an initial £300,000. Total project costs are now projected to exceed the £300,000 by £61,000.

Sickness Absence

Reducing sickness absence is an area where workforce efficiency savings can be made. Sickness over the quarter has ranged from 3.71% in October, to 4.26% in November and 3.72% in December. For the same quarter last year the sickness absence ranged from 4.4% in October 04 to 3.85 % in December 04. The average annual sickness rate in London in 2004/5 was 4.2% and nationally the rate was 4.6%

The Occupational Heath 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. The Department of Health Productive Time team have estimated that £50 million could be saved nationally were each trust to reduce their sickness absence rate by 0.2% over the next 3 years.

Bank and Agency Usage

Controlling bank and agency spending is another key area where the trust is aiming to make efficiency savings. The year to date spend on agency staff has been £4.4 million. Effective controls are in place across the front line directorates to ensure bank and agency expenditure is capped to the pay budget or below. (Ref Finance Report for month 9) Detailed weekly and monthly monitoring of expenditure compared to salary budgets and quotas has continued.

Bank and Agency usage remained fairly constant over the quarter (245.9wte, 252.4wte 217.6 wte). The dip in December was as expected due to decreased activity and closures over Christmas. For the previous Quarter 2 the average was 263.7 WTE per month. The plan to focus on using our own bank staff for shifts and avoiding agency use where possible continued. Overall the premium we pay for using agency staff is currently 11%. But there is a wide range from plus 20% for normal shifts to actually being 5% cheaper to use agency rather than bank staff for Sundays and over 20% cheaper for Bank Holiday shifts. Bank staff are not yet paid on agenda for change rates, as they are moved across we will have an opportunity review the rates paid for different shifts.

Month	Bank Use	Agency use	Total
October	215.0 wte	30.9 wte	245.9
November	215.0 wte	37.4.wte	252.4
December	180.0 wte	37.6 wte	217.6

The HR team have been working with the Procurement team and the following savings have been achieved from new agreements with Agencies.
£85,652 savings from a new agreement with Brook Street from January 2005 for Admin and Clerical staff. This is recurrent into 2006/7.
£154,008 savings from a new LAP 3 Nursing Agency agreement from August 2005. The full year savings in 2006/7 will be £231,011
£32,313 savings from a new Medical Locum agreement (Medacs, JCJ, Reed, Anaes) from December 2005. The full year savings for 2006/7 will be £129,250

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Staff Survey and Exit Interviews

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.
The 2005 National Staff Survey forms were distributed to all staff employed by the Trust. The deadline for returning the survey was 5th December 2005. We actively encouraged all staff to return their surveys through regular messages in the team brief, Trust News articles, posters and booking rooms for staff to have some quiet time to complete the

forms, however our return rate for the sample the survey results will be 45.92% which is less than in 2004 when 54% of forms were returned. The national average return rate in 2005 for acute hospitals was 58%. The average response rate for all acute trusts was 55.85%. Acute trusts in London have a low return rate compared to the rest of the country. Discussions have begun with the trade union representatives about how to respond to the feedback in the survey and develop joint action plans through the IWL Group. The survey results will be released in February. Information will be available in the form of a comparison with last year, by department, where more than 10 staff have responded from the department, and a 3 year trend analysis for IWL monitoring purposes. The Healthcare Commission will be organizing regional feedback workshops to disseminate the findings and share good practice.

Exit Interviews

During the quarter only 19 exit interview questionnaires were returned. The Women's and Children and Medicine directorates had the highest response rate with 7 and 5 forms returned respectively. Although the sample size is small 42% of respondents rated their experience of the Trust as good and 26% rated it as excellent. 78% of respondents had worked for the trust for over 12 months and 88% said they would work for the Trust again.

The main reasons given for leaving were:

- Promotion 39%
- New Challenge 31%
- Relocation 15%

The main reported disappointing aspects for working for the Trust were:

- Lack of support from management 42%
- Expensive, unhealthy canteen food 21%
- Lack of office space16%
- Staff shortages 16%

The reported top 3 aspects of working for the trust were:

- Support from colleagues/team 36%
- Environment 27%
- Convenient central location 16%

The main destinations on leaving were:

- London 58%
- Private sector 27%
- Not given 15%

We are discussing an appropriate response to this feedback with the Improving Working Lives Group and trade union representatives through the Joint Management Trade Union Committee.

Childcare Support

The role of the Childcare Advisor has been expanded to become the Working Families Advisor. A new Working Families Group was established, chaired by a staff representative. A Childcare Voucher Scheme was successfully launched and is proving popular with staff.

E Recruitment

To improve the efficiency of our recruitment activity and access more potential applicants the trust continued to adopt the on-line NHS E. Recruitment solution using the NHS Jobs web site. This resulted in a significant increase in applications for posts across the Trust for the second quarter running. This has led to savings in advertising costs as well as printing and postage. The savings to directorate budgets since the system went live in May 05 are approx. £17,000 in advertising costs to September 05. These will increase as confidence increases in the web site as an effective recruitment tool. A benefits realisation plan is currently being developed with proposals to apply a waiting time for all posts to be advertised on the web site before investing in traditional media publications.
The following savings should then be possible:
Saving of £250,000 pa if 70% of jobs are filled
Saving £180,000 if 50% of jobs are filled.

Problems have been experienced with the increased volume of applications especially medical staff jobs, and in particular inappropriate applications. In response to feedback a new medical application form has been developed designed to screen out applications from those not meeting essential criteria. Filtering questions on line can now also be used for a first sift of applicants. This has partially reduced the number of applications but they remain high for most posts advertised.

Influenza Pandemic

The HR team in partnership with Trade Union representatives have begun to plan for the workforce impact of a flu pandemic. An action plan is in development covering:

- Establishing a list of staff with HDU/ITU competencies
- Considering which staff might be asked to work from home
- Identifying minimum staffing levels for clinical and non clinical departments
- Planning for the management of staff with flu
- Agreeing how to manage sickness reporting
- Agreeing policies for staff absence during a pandemic
- Planning the deployment of clinical staff
- Arrangements for transport and accommodation
- Security issues

A major communications exercise is planned for April with messages including the expectation that during a pandemic staff will be expected to report for work if they are not ill, and that staff will be expected to work where they are asked to providing they have the skills. Educating staff about symptoms and the effectiveness or otherwise of masks will also be a key feature.

Equality and Diversity

The Strategic Health Authority is establishing a new North West London Race Equality and Human Rights Group. Each Trust has been asked to nominate a Non-Executive Director and an Executive Director. Karin Norman and Edward Donald have agreed to represent Chelsea and Westminster Healthcare NHS Trust. The work of the group will focus on data collection to support

performance improvement, language and advocacy services, refugee professionals within the NHS, HIV and sexual health, and mental health and race equality issues.

Following the workforce ethnicity profile contained in the last quarterly report, we have reviewed and amended our system of data collection to ensure accuracy and ease of access in line with our duties under the Race Relations (Amendment) Act**.**

The Equality and Diversity training course for managers and supervisors continued throughout the autumn, this time including staff from the Royal Brompton. A series of joint initiatives are planned for 2006 which will expand the resources available for our E&D activities and provide opportunities for sharing best practice benchmarking and research.

In addition to the Corporate Induction Programme, equality and diversity issues are now incorporated into specific induction sessions across the Trust.

A new initiative was launched to identify, recognise, and develop informal staff support networks within the Trust. Its main objective is to provide a source of information on key issues for minorities and establish support services in parallel to the under-used harassment and advisory team.

Although primarily a service delivery issue, a review of community language translations, which began in October, will have a significant impact on the provision of workforce information and the professional development of overseas staff. Activity across the Trust will be audited with a particular emphasis on quality assurance and involvement of service users and staff.

Maxine Foster
Director of Human Resources
24 January 2006

Chelsea and Westminster Healthcare NHS
NHS Trust

Trust Board Meeting, 2nd February 2006

AGENDA ITEM NO.	4.1/Feb06
PAPER	Healthcare Commission Improvement Reviews
AUTHOR/ LEAD EXECUTIVE	Nick Cabon, Head of Performance and Information / Lorraine Bewes, Director of Finance and Information Contact Number: 020 8237 2426
SUMMARY	The paper informs the Trust Board of the Improvement Reviews Timetable.
ACTION	For Information.

Healthcare Commission Improvement Reviews Timetable – December 2005

TITLE	SUMMARY/SCOPE	START DATE	END DATE
Substance misuse	All PCTs, drug action teams and mental health trusts providing or commissioning drug treatment services are involved in this improvement review	25.10.2005	09.12.2005
Improvement review into services for children in Hospital	All acute trusts for whom children aged 0-16 account for more than 4% of workload are involved in this improvement review. The submission deadline is midday on 17th January 2006. To assess quality of healthcare for children in hospitals. Based on hospital standard of the Children's NSF.	21.11.2005	17.01.2006 **Already submitted**
Tobacco control	All PCTs are involved in this improvement review. Assess PCTs contribution to reduce smoking in population and reducing exposure to second hand smoke.	10.11.2005	13.01.2006
Diabetes	The Healthcare Commission aims to deliver the improvement review of diabetes services by the end of 2006/2007. In addition, they will be undertaking a national survey of people with diabetes during spring 2006. Healthcare organisations will be assessed on their diabetes services using both nationally available data and the results of the survey of people with diabetes. The collection of additional data from healthcare organisations will be kept to a minimum. This assessment will be carried out by the end of October 2006.	March 2006	October 2006
Adult community mental health services	To assess key community services in LIT areas that contribute to mental health and social care services for age 18-65	January 2006	September 2006
Heart failure	The Healthcare Commission's heart failure development team have been working with clinical professionals and users of services to identify key themes and issues in the management of heart failure. The team are particularly interested in the implementation of NICE Guidelines for the management of chronic heart failure and the impact of effective multidisciplinary services on achieving the PSA target for a 5% reduction in emergency bed days by 2008. The Healthcare Commission anticipate being able to publish the final version in the New Year and rolling out the review to all PCTs and acute trusts in April 2006	April 2006	
Safety and control of healthcare associated infection	The Healthcare Commission will be undertaking an improvement review looking at the prevention and control of healthcare associated infection (for example, infections that are caught whilst in hospital, or receiving treatment). There will be more information available as the scope of the review is decided and the methodology is developed.	information not available	information not available
COPD	In 2005/2006 the Healthcare Commission will be working on an improvement review of chronic obstructive pulmonary disease (COPD), which forms part of a wider framework of work focusing on improvement in the quality of services for patients with long term (chronic) conditions. This project will provide a national report on progress and notable practice in COPD. It is not proposed for this to feed into the annual ratings 2005/2006.	information not available	information not available

Chelsea and Westminster Healthcare NHS
NHS Trust

Trust Board Meeting, 02nd February 2006

AGENDA ITEM N°	5.1/Feb/06
PAPER	Medicines Management Strategy 2005
AUTHOR	Karen Robertson, Chief Pharmacist.
LEAD EXECUTIVE	Edward Donald, Director of Operations
SUMMARY	This document outlines the strategy at Chelsea and Westminster NHS Trust for the development of Medicines Management. The strategy includes ensuring adequate senior management and local health economy involvement, value for money by developing financial reporting and procurement practices, improving patient safety by way of policies, risk reduction and training, designing services around the needs of patients and developing staff roles. It is a requirement that the Trust has a Medicines Management Strategy approved by the Trust Executive for the Department of Health's Performance Management Framework for Medicines Management, the Healthcare Commission's Standards for Better Health and the NHS Litigation Authority's Clinical Negligence Scheme for Trusts (CNST). This strategy has already been approved by the Trusts Medicines Committee and the Trust Executive Team Meeting – Clinical Governance
ACTION	The Trust Board is asked to note the Strategy.

Chelsea and Westminster Healthcare NHS
NHS Trust

Medicines Management Strategy 2005

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

Contents

1.0 Introduction

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

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

In the last 5 years a number of national documents have helped raise the profile of medicines management in acute trusts and it is now a requirement of the Healthcare Commission's Standards for Better Health, the Department of Health's Performance Management Framework for Medicines Management and the NHS Litigation Authority's Clinical Negligence Scheme for Trusts (CNST) that the Trust has a Medicines Management Strategy which has been approved by the Trust Board.

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

2.0 Purpose

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

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

3.0 Domains

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

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

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

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

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

3.2 Develop the pharmacy financial reporting systems and business planning arrangements

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

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

The Trust Board are expected to receive at least quarterly financial reports on medicines usage. At C & W the Trust Board receives a monthly finance report which includes total medicine expenditure against budget and the individual directorate summaries include information regarding significant over or under spend.

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

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

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

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

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

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

3.3 Develop medicine policies and practices

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

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

A Pharmacy audit plan will be developed which outlines all aspects of medicines management audits to be undertaken each year and prioritises areas such as the implementation of NICE recommendations, NSFs, the new cancer measures and an annual Duthie audit. Pharmacy will work with the Clinical Governance Team to

develop a system whereby an audit of compliance is established at the time of entry of NICE approved medicines to the formulary.

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

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

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

3.4 Enhance procurement practices

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

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

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

3.5 Design services around patients

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

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

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

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

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

The need to involve patients in their medication related care to a greater extent is recognised and will be developed. Prescribing and clinically screening electronic discharge prescriptions (and inpatient prescribing and administration when available) will occur at the patient's bedside using patient line. Self administration systems will be established and implemented in a Trust wide programme.

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

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

3.6 Influence prescribing and training programmes

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

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

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

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

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

3.7 Increase risk management activity

The increasing use of medicines leads to an increase in potential risks and a number of Department of Health publications have identified risks which include:

- Up to 25% of hospital admissions are medicines related,
- 3-8% of all doses administered in acute hospitals give rise to an error,

- Medicine related side effects may contribute to nearly a fifth of hospital deaths in elderly people,
- Adverse medicine reactions are implicated in 5-17% of hospital admissions in older people,
- Medication errors cost the NHS approximately £500m each year in additional days spent in hospital with one fifth of negligence claims stemming from hospital medication errors.

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

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

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

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

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

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

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

3.8 Develop staff and roles

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

The resident pharmacists will continue to provide C & W hospital with a full out of hours service and will develop their role to become more integrated with the Hospital

at Night (HAN) team, attending handovers to support the smooth transfer of care from day to night.

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

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

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

4.0 Conclusion

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

Chelsea and Westminster Healthcare NHS

NHS Trust

Minutes of the Audit Committee held on 17th November 2005

Present: Andrew Havery (Chair) Marilyn Frampton Karin Norman

In Attendance: Lorraine Bewes Heather Lawrence Darwin Kaluba
Sue Perrin Vivia Richards (items 5.3 & 5.4)

Deloitte: Roger Miles Hitesh Patel

Bentley Jennison: Chris Rising Tim Merritt

Parkhill Audit Agency: Ivan Cutthill

Action

1. GENERAL BUSINESS
The Chair said that three packs of papers had been received, and adequate notice had not been given to consider those received on Monday and Tuesday of that week. In future, papers should be pre-reviewed by executive management.

1.1 APOLOGIES FOR ABSENCE
Apologies were received from Alex Geddes.

1.2 CONFLICT OF INTEREST
There were no conflicts of interest declared in respect of items on the agenda about which members might have a pecuniary or other interest either as individuals or as members of other organisations.

1.3 MINUTES OF THE MEETING HELD ON 08th SEPTEMBER 2005
The minutes of the meeting held on 08th September 2005 were agreed as a correct record subject to the following amendments:

1.3.1 In Attendance
Wayne Bartlett should be shown as Bentley Jennison, not Deloitte.

1.3.2 External Audit Plan
The external audit fee, being not considerably different from the previous year, was recommended for approval.
Deloitte would continue as Auditors for the Charity.

1.3.3 I.T. Update
Delete last sentence.

1.4 MATTERS ARISING

1.4.1 Hospital Arts Fund
The Charity had obtained Section 11 status and the newly appointed Chief Executive would be responsible for taking forward the action of drafting terms of reference for the Hospital Arts Fund committee.

Action

1.4.2 Recommendations and Implementation Schedule
Italics were being used to indicate new actions.

1.4.3 Internal Audit Progress Report
MF noted that the Trust was working with external consultants in respect of Board competencies and this would include Board induction.
The Progress Report had been aligned with the updated Internal Audit Strategy.

1.4.4 Review of Cash Management Systems
A written explanation of the £5.2 million deduction from income relating to the prior year deficit had been tabled for information.
Differences between original and revised budgets and monitoring of the target of payment of invoices within 30 days had been included in the Finance Report.
Proposed changes to the Performance Report would be taken to the January Trust Board. The report would move beyond national targets and incorporate key treasury indicators.

1.4.5 External Audit Plan
The Auditors Local Evaluation Assessments was an agenda item. RM noted that there would be more work on controls in the current year, and the external auditors would liaise with the internal auditors to ensure that their work covered these areas.

1.4.6 Standing Orders, Standing Financial Instructions and Scheme of Delegation
Agenda item.

1.4.7 Counter Fraud and Response Plan
Agenda item.

1.4.8 The Code of Conduct and Code of Accountability in the NHS
The Codes were received.
MF noted that the Code of Accountability highlighted the importance of the regular evaluation of the Board and its committees.
The Chair said that succession planning should be flagged as an item for the Trust Board – this should flow from the work on Board competencies.
The Code would be circulated to all directors. SP

1.4.9 The Code of Conduct
Following discussion, it was agreed that the Code was intended for all managers. AH suggested that only paragraph 6 would exclude non-executive directors. It was noted that this Code should be incorporated into contracts.

2. COUNTER FRAUD

2.1 Progress Report
This item was deferred to the next meeting.

2.2 Counter Fraud Response Plan and Policy
Further amendments were required. These were to be shown with tracking and brought back to the next meeting. MF suggested that the Counter Fraud Policy should be widely circulated. IC
The Chair noted the importance of Internal Audit and Counter Fraud meeting with LB before the deadline for papers.

3. INTERNAL AUDIT

3.1 PROGRESS REPORT
TM said that a timescale for work had been agreed in line with the internal audit plan. A total of five final reports and four draft reports had been issued to

Action

the Trust. In respect of those reports, there were no issues that adversely affected the annual opinion given in the Annual Report and might need to be considered in the Trust's Statement on Internal Control.

HL questioned the recommendation regarding a recruitment and retention policy for medical staff. The action had been signed off by the Director of Human Resources and assigned to the Recruitment Manger.

HL said that the executive directors monitored the use of locums on a weekly basis in terms of expenditure. Doctors were on a training programme and therefore recruitment and retention was not applicable. Locums were used to cover sickness, study leave and annual leave.

TM said that the policy would cover roles and responsibilities, not actual appointment.

It was noted that, whilst some issues were not clear unless the full report was read, there was duplication between the full and summary reports.

The Chair said that the executive directors should agree the functional accuracy of papers.

It was agreed that all papers would be with LB ten days before a meeting and distribution would be five days before. All

3.2 RECOMMENDATIONS AND IMPLEMENTATION SCHEDULE

This item was deferred.

3.3 MEDICAL STAFF

The report was deferred and the Chair asked for initial questions to be taken outside the meeting.

4.1 KEY LINES OF ENQUIRY FOR AUDITORS LOCAL EVALUATION ASSESSMENTS

HP presented an overview of Auditors Local Evaluation (ALE), a national process, which would quantify an auditor's opinion of the audited body. Assessments would be part of the Annual Health Check and would therefore not be applicable to NHS Foundation Trusts. RM said that Monitor would use a similar 'modus operandi'. Additionally, an NHS Foundation Trust would have to undertake a Value for Money Survey.

The substantive audit work undertaken during the year would be incorporated into a framework, which would cover five areas: financial reporting, financial management, financial standing, internal control and value for money. Performance on each element would be scored on the basis of 1 to 4. The assurances were cumulative, for example an organisation, which met the assurances at level 3 could not be given a score of 3 unless it also met the assurances for level 2.

The Chair asked the Committee to consider the criteria relevant to the Audit Committee, Internal Control area. It was agreed that the Audit Committee had met the criteria required for level 2, but not for level 3/4. Some examples were noted:

Level 3

MF considered that she needed training relevant to the responsibilities of the Audit Committee.

The Audit Committee did not conduct an annual review of its effectiveness against its objectives.

Business-critical risks should be identified and procedures documented.

Level 4

The Audit Committee did not undertake an annual impact assessment.

		Action
	Reports were not timely.	
	HP would clarify the meaning of 'partnership' arrangements.	HP
	HL said that responsibility for the audit criteria would be allocated to Executive Directors at the beginning of the year, and there would be a discussion by the Trust Board in January 2006. RM suggested that the Trust undertook a self assessment against the headings, kept relevant documents in files and timetabled this.	HL
5	GOVERNANCE	
5.1	STANDING ORDERS, STANDING FINANCIAL INSTRUCTIONS/ SCHEME OF DELEGATION	
	The Audit Committee noted the amendments.	
5.2	MONEY LAUNDERING	
	This item was deferred.	
5.3	STANDARDS FOR BETTER HEALTH – INTERNAL AUDIT REPORT	
	The report was deferred.	
5.4	NHS AUDIT COMMITTEE HANDBOOK, 2005	
	The Handbook would be included on the agenda for the December Trust Board.	Chair/
	The Chair asked the members to complete the self- assessment checklist.	MF/KN
	The Chair noted the responsibility of the Audit Committee in respect of clinical governance issues and the requirement to satisfy itself that the same level of scrutiny and independent audit is given to clinical risks as to strategic, financial or operational risks, as per the Handbook, which was unnecessary and at odds with the Trust's Clinical Governance Committee.	
6.	ITEMS FOR APPROVAL/INFORMATION	
6.1	IT – ORAL UPDATE	
	This item was deferred.	
6.2	LOSSES AND COMPENSATIONS	
	The report was noted.	
6.3	WAIVER OF STANDING FINANCIAL INSTRUCTIONS	
	The waiver in respect of the Foundation Trust Application and Ongoing Membership Development Project was noted.	
	The Chair asked for forecast expenditure for consultancy services in relation to the application. LB said that the Trust was within the £150,000 budget and would confirm actual expenditure.	LB
7	ANY OTHER BUSINESS	
7.1	Management Consultancy	
	The Chair asked for information on expenditure, the areas in which consultants were employed and the criteria for appointment.	LB
7.2	SIFT	
	HL said that changes to SIFT were a concern but action was being taken and the risk was considered to be low for Chelsea and Westminster, at this point.	
8	DATE OF NEXT MEETING	
8.1	The meeting was adjourned, to be re-convened on 13th December 2005.	

Chelsea and Westminster Healthcare NHS

NHS Trust

Minutes of the Audit Committee held on 13th December 2005

Present:	Andrew Havery (Chair)	Marilyn Frampton	Karin Norman
In Attendance:	Lorraine Bewes	Heather Lawrence	Alex Geddes
	Sue Perrin	Maxine Foster (item 2.2 only)	
Deloitte:	Heather Bygrave		
Bentley Jennison:	Chris Rising		
Parkhill Audit Agency:	Ivan Cutthill		

Action

1. GENERAL BUSINESS

The Chair noted that the meeting was a continuation of the one which had been adjourned on 17th November.

1.1 APOLOGIES FOR ABSENCE

Apologies were received from Tim Merritt

1.2 CONFLICT OF INTEREST

There were no conflicts of interest declared in respect of items on the agenda about which members might have a pecuniary or other interest either as individuals or as members of other organisations.

1.3 MINUTES OF THE MEETING HELD ON 17th NOVEMBER 2005

The minutes of the meeting held on 17th November 2005 were noted.

2. ITEMS DEFERRED

2.1 Recommendations and Implementation Schedule (3.2/Nov/05)

CR said that, out of a total of 54 recommendations, 27 had been fully implemented and a further 24 were in the process of being implemented. Five recommendations had not been implemented at the time of the review and 2 had been superseded.

The summary sheet (page 2) should be amended to show that 2 recommendations had been made in respect of Hospital Arts, and the recommendation in respect of terms of reference for the Hospital Arts Fund had been superseded. CR said that he would re-issue this page. CR

The Chair asked for comments on the other recommendations which had been shown as 'red'. LB reported as follows:

3.4 Financial Reporting - *a budget manual to be produced for budget holders, which details their responsibilities.*

This was being drafted that week, in line with the revised implementation date of the end of 2005.

Action

3.6 Hospital Arts – *clear procedures to be put in place for the purchase and disposal of all works, and the ownership status of all works to be clearly defined and recorded.*
This would be taken forward when the Chief Executive of the Charity took up post in January.

3.11 General Ledger - *the journal register to be fully and accurately completed to reflect the posting status of all journals.*
This had been implemented. The Head of Financial Management would sign off all postings at the end of each month.

3.18 Savings Targets – *budget holders to agree and formally acknowledge responsibility for achieving their savings targets by signing up to the savings plan as soon as possible.*
This had been done by all but two of the front line directorates. HL said that there were budget anomalies in Medicine, which were being worked through. The other directorate had offered up income instead of cost improvements, and the impact of this was being assessed.

2.2 MEDICAL STAFFING (3.3/Nov/05)

CR said that specific issues had been identified, and, limited assurance that risks material to the achievement of the organisation's objectives for the area were adequately managed and controlled had been given. Four significant recommendations had been made:

- There was no formal Retention and Recruitment policy in place.
- There was no monitoring system in place to ensure locum personnel do not continue to work indefinitely.
- There was no authorised signatory listing maintained by the Medical Staffing department.
- The checking of invoices to the timesheets and the booking forms was not evidenced.

CR said that an action plan had been agreed with MFo.
MFo said that the following action had been taken:

- Directorates had been given until the end of the week to notify Medical Staffing of their authorised signatories.
- Agencies had been asked to confirm that they were ensuring compliance with the EU Working Time Directive (currently a maximum of 56 hours per week, to be reduced to 48 hours).
- Previously invoices were being checked to timesheets and the booking confirmation forms, but this was not being evidenced. These checks were now being recorded. Should the actual hours worked be longer than those requested originally, the payment was stopped automatically and the hours checked.

In reply to a question about ensuring that 'inappropriate' staff were not employed, MFo said that the Trust only used agencies included in the National Agreement. Three Service Level Agreements (SLAs) had been agreed as a six month trial. Thereafter, it was intended to agree a cost effective SLA with one of these providers. A list of second tier agencies would be maintained, in case the main provider was unable to supply staff.
In reply to a question from the Chair, CR stated that, whilst undertaking the audit, no examples of wrong doctors or wrong hours being paid had been found. HL said that the recommendation regarding a Recruitment and Retention Policy was not appropriate because of the nature of junior doctor employment, and the lack of risk in this area.

Action

They participated in a rotational scheme, managed by Imperial College.
CR agreed to consider the recommendation. CR
KN said that the recommendation referred to both policy and process, and clarification was required as to what was actually meant.
KN asked how the performance of agency staff was monitored. MFo said that at the end of each booking, a form was sent to the doctor in charge for feedback on the locum.

2.3 MONEY LAUNDERING

CR said that copies of the slides used for staff training at Bentley Jennison had been provided to the Audit Committee for information. It was agreed that training should be taken forward by the Counter Fraud Officer, but restricted to a limited number of key personnel. LB would liaise with IC. Money Laundering was an issue with very narrow scope at an NHS hospital. LB

2.4 STANDARDS FOR BETTER HEALTH

CR said that the scope of the review had been to ensure that the Trust had an appropriate process in place to prepare, approve and publish the required declaration. Overall the Trust's performance had been impressive and one of the strongest seen. However, one area where the process could be improved had been identified. This related to a definition for 'significant' in terms of risks to patients, staff and the public.
HL noted that a definition had subsequently been agreed by the Trust Board.
The Chair, on behalf of the Audit Committee, congratulated all those who had been involved in the process.

2.5 COUNTER FRAUD PROGRESS REPORT

IC presented the report. He said that half hour counter fraud awareness training sessions had been included in the Trust's induction day and departmental sessions were being organised.

IC reported on the reviews in progress as follows:

- National Fraud Initiative was ongoing – no irregularities had been found to date.
- Staff Time Sheet/Rota Verification Review was ongoing.
- Review of Staff Mileage and Expense Claims had been deferred to the next financial year.

The remainder of the discussion was taken in private, because individual members of staff could be identified from the reports.

2.6 IT UPDATE

AG said that due diligence in respect of the General Electric (GE) takeover of IDX had been completed on 7th December. It was anticipated that GE would gain complete control on 5th January. GE had made contact with the Trust and representatives had been shown around the hospital.
HL said that the IDX contract had successfully been re-negotiated in the previous year, and GE needed to be persuaded to invest in a legacy system. The Trust wanted development of its systems and a robust conversion process to move towards the Connecting for Health solution. It was anticipated that Carecast would not be able to provide the same functionality as Lastword until 2010.
The existing contract was fixed for management services, and re-negotiations would have to commence immediately GE completed the IDX takeover. The

Action

lack of spine connectivity had been identified as an organisational risk in the application for NHS Foundation Trust status, which the Trust would continue to mitigate.

AG said that GE had a significant organisation in the USA and was developing its own products. However, there was no technical barrier to the development of Lastword, to provide an application solution.

KN asked about the outcome of the last upgrade. AG said that the problems had been logged in detail, and IDX had agreed to participate in a review. LB said that a timeline should be agreed. AG

It was agreed that the Trust's share of the intellectual property should be a negotiating point. KN noted the importance of a written record.

AG updated the Committee on individual systems as follows:

- The Theatre Management System was scheduled for implementation on 3rd January 2006.
- There were issues in respect of the Picture Archiving and Communications System (PACs), which were being taken forward with Connecting for Health.
- A bed management pilot was about to commence.
- Tenders would be requested for a document management system.

3. GOVERNANCE

3.1 AUDIT COMMITTEE HANDBOOK – TERMS OF REFERENCE

The Chair said that the Handbook had been considered by the Board and a decision would be made with regards to the Committee's terms of reference, in the light of the accompanying remarks in the Chief Executive Bulletin. The handbook categorised the Committee's duties as Governance, Risk Management and Internal Control, whereas the Trust's committee structure shared responsibility between the Board, the Audit Committee and the Assurance Committees.

All risks on the Risk Register had been assigned to a Lead Executive. The next step would be to categorise each risk and map to a committee. The Trust Executive was responsible for discussion of individual risks.

It was noted that the Risk Management minutes were circulated to all four meetings – the Trust Board, Audit Committee, Clinical Governance Assurance Committee and the Trust Executive Clinical Governance.

The Chair had asked the members of the Committee to complete the self assessment checklist. The Committee complied with the majority of issues. Exceptions/action points were as follows:

Composition, Establishment and Duties

- *Has the Committee established a plan for the conduct of its own work across the year?*

  This had not been done formally and would be an agenda item for the next meeting. LB

- *Are changes to the Committee's current and future workload discussed and approved at Board level?*

  This had been discussed, but not formally approved.

- *Does the Committee report regularly to the Board.*
- *Does the Committee prepare an annual report on its work and performance in the preceding year for consideration by the Board*?

  The Trust Board received the minutes of the Committee, but did not Chair

Action

receive an Annual Report. The Chair said that this should be an action for himself, and he would discuss with LB.

Internal Control and Risk Management

- *Has the Committee formally considered how its work integrates with wider performance management and standards compliance.*

There has been no formal consideration.

Internal Audit

- *Does the Committee hold periodic private discussions with the Head of Internal Audit?*

  It was agreed that this should be an Annual agenda item, although the members might decide not to have a private discussion.

- *Does the Committee review the effectiveness of Internal Audit and the adequacy of staffing and resources within Internal Audit?*

  LB was asked to bring proposals to the next meeting. LB

External Audit

- *Does the Committee hold periodic private discussions with the External Auditor?*
- *Does the Committee assess the performance of External Audit.*

  Answers as for Internal Audit.

Administrative Arrangements

- *Does the Committee have a plan of matters to be dealt with over the coming year?*

  See Composition, Establishment and Duties.

- *Are papers circulated in good time and are minutes received as soon as possible after the meeting.*
- *Are Committee papers distributed in time for members to give them due consideration?*

  See discussion in first part of meeting.

Other Issues

- *Has the Committee considered the costs that it incurs; and are costs appropriate to the perceived risks and benefits.*
- *Does the Committee assess its own effectiveness periodically?*

  No – it should be diarised annually.

4. ANY OTHER BUSINESS

4.1 Business Continuity Plan

The Chair noted that this had been a matter arising, not followed through. HL said that responsibility was shared between AG, LB and Edward Donald. She would nominate a Lead Executive and report back to the next meeting. HL

5. DATE OF NEXT MEETING

5.1 Tuesday 21st March 2006.

Confidential Minute of the Audit Committee held on 13th December 2005

CONFIDENTIAL MINUTE
COUNTER FRAUD REFERRALS/INVESTIGATIONS

IC reported on the investigations as follows:

- PAA 828, Working whilst sick had been referred to the police.
- PAA 861, The Chair asked that such small amounts (£45) were not included in future reports.
- PAA 898, Forged sickness certificate – the subject had been dismissed and is appealing.
- PAA 919, Timesheet fraud – the final report would recommend that no further action was taken, because weaknesses had been identified in the Trust's authorisation policies. Further, it was appropriate for the individual to be paid for the hours claimed on the timesheet.
  HL said that the 8 weeks taken to investigate this incident, was too long, particularly in view of the fact that a member of staff been suspended.
  IC said that the delays had been outside his control, and that a schedule had been produced for LB. Further, it was Parkhill's policy not to agree a timeline.
  The Chair asked that Counter Fraud Services and Management reach an agreement on what had delayed this investigation.

The Chair asked that future reports highlight only new aspects of investigations.

Chelsea and Westminster Healthcare NHS

NHS Trust

Minutes of the Clinical Governance Assurance Committee held on 23rd November 2005

Present:	Marilyn Frampton (Chair)	Karin Norman	Heather Lawrence
	Mike Anderson	Edward Donald	Maxine Foster
	Andrew MacCallum	Vivia Richards	

In attendance : Sue Perrin
Rachel Lee, representing Jayne Liddle, Kensington & Chelsea PCT
Dr Steve Yentis, Chair of Riverside Research Ethics Committee (item 1.4.1)

Action

1. GENERAL BUSINESS

1.1 APOLOGIES FOR ABSENCE

Apologies were received from Lorraine Bewes, Alex Geddes and Amanda Pritchard.

1.2 CONFLICT OF INTEREST

There were no conflicts of interest declared in respect of items on the agenda about which members might have a pecuniary or other interest either as individuals or as members of other organisations.

1.3 MINUTES OF THE MEETING HELD ON 15th SEPTEMBER 2005

The minutes of the meeting held on 15th September 2005 were agreed as a correct record. It was suggested by KN and HL that the following points be noted for clarification:

1.3.1 Terms of Reference

Membership – clinical directors were not involved *in the Clinical Governance Assurance Committee. (KN)*

Responsibility for assuring Healthcare Standards relating to Clinical Governance was the responsibility of the committee, but responsibility for *non-clinical core and developmental* standards had not been assigned.

The Audit Committee had an overarching responsibility for systems and processes. (HL)

1.4 MATTERS ARISING

1.4.1 Riverside Research Ethics Committee

SY explained that there were three Research Ethics Committees (RECs) that worked closely together in this part of London – Riverside (RREC based at Chelsea and Westminster), Charing Cross and Hammersmith. There were also committees at St. Mary's and The Royal Brompton. Traditionally, each hospital had its own committee. The SHA was responsible for appointments and governance and the RREC reported to both the SHA and the Central Office for Research Ethics Committees (COREC), part of the National Patient Safety Agency. Chelsea and Westminster provided physical space and staff for the RREC.

In general, requests for research approval could be directed to any of the RECs across the country, subject to RECs having 'clearance' to look at certain types of study. In most cases, studies approved elsewhere could only commence once the 'host' organisation had approved it via the site specific approval process.

The Research and Development Department at Chelsea and Westminster was

Action

responsible for the research governance aspects of studies conducted at the Trust, including site specific approvals.
VR was asked to discuss reporting lines with MA, SY and Professor Maze, the Campus Dean, and how this should be shown on the Governance Wheel. VR
HL said that she and Professor Maze signed off every research trial.
The Chair thanked SY for attending.

1.4.2 Patients' Forum Member

AMacC said that the Patients' Forum had declined the invitation for a member to join the committee. He hoped to recruit a lay member through a newspaper advertisement or from the shadow membership. AMacC

1.4.3 Incident Review Register

The incident requiring input from Mental Health Services remained outstanding. ED agreed to discuss with VR and take forward. ED
The problem with Maternity remained. The IT system did not interface with Lastword, and had not been intended to do so. There was a risk in relation to income. HL said that she would discuss with AG. HL
MA said that the SHA was taking steps to prevent people double registering for ante-natal care.

1.4.4 Risk of CJD

Kingston Hospital had successfully screened all pre-op elective surgical patients for the last four years. The assessment consisted of four questions. The pre-assessment team had agreed to do the same following the production of a patient information leaflet and education for the pre-op assessment nurses.
The Committee noted that this screening would apply only to patients assessed by the pre-operative team and therefore not all patients would be screened.
KN asked if the Trust was compliant with national guidance. AMacC said that national guidance had not been confirmed and the Trust was following best practice.

1.4.5 Terms of Reference

The amendments were approved, subject to the following additional amendments:
Assure the Board that the Trust systems of internal controls *with respect to clinical activity* are appropriate and maintained accurately taking into account best practice.
The title should read 'Clinical Governance *Assurance* Committee'.
Assure the Board that the clinical aspects of key organisational risks are *being* identified appropriately and managed.
Assure the Board that the Terms of Reference, functions, roles and responsibilities of the Trust *clinical* governance committees are clearly defined and aligned.
Key relationships: 'audit' should be replaced with 'Audit Committee'.
The forward plan of work is planned in conjunction with the Audit Committee *and the Facilities Assurance Committee*.
References to 'Board' should be changed to 'Trust Board' throughout.

1.4.6 Governance Wheel

The Riverside Research Ethics Committee was currently shown correctly on the Wheel.
The narrative had been amended to show Trust Executive responsibility for operational decisions and Trust Board for strategic decisions. This would have to be ratified by the Trust Board in January. HL

Action

2. GOVERNANCE

2.1 HEALTHCARE STANDARDS

2.1.1 SIGNED DECLARATION

The Committee received a copy of the draft declaration, which had been signed by the Chairman and four executive directors.

2.1.2 INTERNAL AUDIT REPORT

The Committee received the report and noted the area where it was regarded that the Trust's process could be improved:

'the Trust Board should agree a definition for 'significant' in terms of risks to patients, staff and the public. This will ensure there is consistency of application in considering compliance with the individual core and development standards within the Trust. Additionally, the agreed definition should be incorporated in the Trust's Risk Management Strategy.

It was agreed that 'significant' should be defined by the Trust Board. HL

Currently, all risks scoring 20+ were reported directly to the Trust Board and there was routine reporting of risks scoring 12+.

2.1.3 DEVELOPMENTAL STANDARDS

VR tabled a paper, which set out the process for building upon the submitted draft declaration, and proposed a way forward within the Trust for completion and submission of the final declaration in April 2006. Dir/Gov & Corp Affairs

Executive Leads had been assigned to the core standards, and this would now be extended to the developmental standards. This would be taken forward by the Trust Executive Clinical Governance and then reported back to the Clinical Governance Assurance Committee.

2.2 ASSURANCE FRAMEWORK Dir/Gov & Corp Affairs

The Chair noted that the framework had not been updated. This work would need to be undertaken by the new Director of Governance and Corporate Affairs.

3.1 RISK MANAGEMENT

RISK MANAGEMENT STRATEGY AND POLICY

VR reported that the strategy and policy had been updated in line with the comments made by the Trust Board. She was asked to make the following additional changes:

- The definition of 'significant' to be included, following Trust Board decision (see 2.1.1). VR
- The 'Management of Risk' map to be updated to reflect the Facilities Assurance Committee and to note the position of the Audit Committee.
- Clarification of the relationship with the Trust Executive Clinical Governance. On the map, it was shown as reporting to the Clinical Governance Assurance Committee.
- 6.2.7 should show the Director of Nursing as responsible for the Control of Infection *Teams* and not the Moving and Handling Advisor.
- 6.2.20 wording to be revised and supplied to VR AMacC

The Chair asked that any further amendments be sent to VR.

3.2 RISK REGISTER

It was agreed that the role of the committee should be in respect of assuring progress, rather than discussion of individual risks.

Action

MFo noted that the Trust Executive for Clinical Governance had discussed individual risks. HL said that the Executive Directors would reconsider the risks in respect of scoring (some scores were very high) and responsibility, to ensure that the Lead was of sufficient seniority and risks were rescored as appropriate.
The type of report required by this Committee was discussed. There needed to be a standard agenda item, which would show if any risks were slipping.
The Chair asked that comments on presentation be made to the new Head of Governance and Corporate Affairs.

The Committee noted the paper.

3.3 INCIDENT REVIEW REGISTER

This item had been deferred. It was noted that this committee was not the right place for detailed discussion of the register. The appropriate forum was the Risk Management Committee, feeding up to the Trust Executive for Clinical Governance.

3.4 CNST

VR said that preliminary feedback had been received and the assessors had asked for additional information. There were questions around competencies and staff attending mandatory training. VR would liaise with MA and AMacC and respond. VR
MA noted that the assessors had been given some independence and there was no clear standardisation. An assessor could disagree with the previous one and take a completely different approach.

4. MATTERS FOR INFORMATION

4.1 REPORT FROM AUDIT COMMITTEE

LB had been unable to attend, and therefore it was not possible to take this item.
MFr flagged up the Key Lines of Enquiry for Auditors Local Evaluation Assessments, and possible overlap with the work of the Clinical Governance Assurance Committee.

4.2 MINUTES FROM TRUST EXECUTIVE TEAM MEETING FOR CLINICAL GOVERNANCE AND RISK MANAGEMENT COMMITTEE

These had been previously circulated and there were no comments.
The Chair asked about the relationship between the Trust Executive Clinical Governance and this committee. She suggested that the Trust Executive should raise issues for this committee, and that she should meet with MA, the Chair of the Trust Executive Governance Committee. MFr

5 ANY OTHER BUSINESS

5.1 AUDIT COMMITTEE HANDBOOK

The Chair noted that there had been a brief discussion at Audit Committee and the handbook would be included on the Trust Board agenda for a full discussion. Page 16 gave responsibility to the Audit Committee for reviewing the establishment and maintenance of an effective system of integrated governance, risk management and internal control across the whole of the organisation's activities (both clinical and non-clinical) that support the achievement of the organisation's objectives. The relationship between Audit and Clinical Governance Assurance Committee would need to be revisited.

6.1 DATE OF NEXT MEETING

6.2 28th March 2006, 10.30a.m.

Chelsea and Westminster Healthcare NHS
NHS Trust

FACILITIES ASSURANCE COMMITTEE MEETING

MINUTES OF THE MEETING HELD ON TUESDAY 6th DECEMBER 2005

Present

Charles Wilson	Non-Executive Director (Chair)
Edward Donald	Director of Operations
Berge Azadian	Director of Infection Control
Paul MacGregor	Senior Management Accountant
Helen Elkington	General Manager, Estates & Facilities
Catherine Horne	General Manager, ISS Mediclean
Andrew Underwood	Operations Director, ISS Mediclean
Peter Rooney	Account Manager, Haden Building Services
Mark Harris	Management Trainee, Haden Building Services

ITEM	MINUTE	ACTION
1.	**General Business**	
1.1	Apologies: Andrew MacCallum – Director of Nursing, Sharon Terry – Assistant Director of Nursing, Maxine Foster - Director of Human Resources, Jon Bell – Deputy Director of Finance, Roz Wallis – Senior Nurse, Infection Control, Dave Lawrence - Regional Manager, Haden Building Services.	
1.2	The minutes of the meeting held on 23rd September 2005 were agreed as an accurate record.	
1.3	**Matters Arising from Previous Meeting**	
	Haden – Summary of Year 1 Activities It was agreed that an annual Energy Report should be compiled for Trust Board consideration. **ISS Mediclean – Summary of Year 1 Activities** It was agreed that a leaflet to patients explaining the methods of cleaning would be a good way of promoting the cleaning regime whilst also addressing any concerns patients may have, particularly around the use of microfibre products which differ to traditional cleaning methods to which individuals may be more familiar. CH reported that food hygiene training was being rolled out to key Trust staff who were involved in food handling at ward level.	PR/DL CH/HE CH
2.	**Capital Projects Tracking**	
	The tracking report of estates related capital projects was discussed and progress noted.	

	AM and BA expressed concern that the bed pan washer replacement programme had not been prioritised in 2005/6, although it was recognised that this had been agreed as a 2006/7 scheme, following further work to explore the overall project scope. It was noted that tenders for the St Stephen's Centre refurbishment had been received over the pre-tender estimate. A value engineering exercise had been undertaken with bidders and revised prices had been submitted, with a meeting held with each bidder to establish compliance with the specification and project timetable. As the outcome of the process had only just been concluded it was noted that the Trust Board had agreed to make a decision on contract award outside of the meeting. Subject to this approval it was envisaged that work would begin in December 2005.	
3.	**Health Technical Memoranda (HTM) Gap Analysis**	
	HE reported that John Broughton, Trust's Technical Services Manager had undertaken a gap analysis study to establish the Trust's compliance with Health Technical Memoranda. Of the nineteen guidance notes in existence, nine were noted as particularly pertinent to the Trust, with defining roles and responsibilities of each HTM being the key compliance criteria. Compliance was noted and the key HTM updates would be shared at future meetings. **Action: HE to update the committee on a regular basis with regards HTM compliance**	HE
4.	**E*f*M Update**	
	HE presented the E*f*M Update, a newsletter produced on a two-monthly basis as a means of disseminating key actions undertaken within the Directorate. **Action: HE to distribute the newsletter to the Executive, GMs and Facilities Assurance Committee for circulation within their teams.**	HE
5.	**Facilities Risk Register**	
5.1	HE updated the committee on the key FM risks. Particular points discussed included: **Maintaining HTM compliance with the washer disinfectors on site**. It was noted that the washer disinfector in the Treatment Centre was now working well. Further modifications had been made to the Endoscopy Unit machine and work was continuing to establish clear water samples. It was acknowledged that the machine had been in and out of action	

	since its installation two years prior and the Trust was working closely with Steris, the manufacturer to reach a satisfactory conclusion.	
5.2	**Legionella concerns - St Stephens Centre**. Work was in progress to re-affirm the basic principles of water temperature control and monitoring. BA reported that an expert opinion from the Health Protection Action had yet to be secured, but that advice was being given by an independent water treatment specialist. Work would continue to modify the water system to ensure that the safety of the water could be assured. It was noted that the showers in the building had been switched off as a precautionary measure, with alternative arrangements made with the main hospital building.	
5.3	**Fire Safety Training for staff**, which was under review pending the introduction of new Fire Safety Regulations **Action: Risk Register to be updated and progress monitored at each Committee meeting**	HE
6.	**ISS Mediclean – Summary of Activities** CH presented the outcome of recent cleaning audits undertaken across the site, with consistently high scores across the site noted. The process of regular joint audits, with bi-monthly PEAT audits meant that all areas of the Trust would be assessed at least once every 6 months, with wards and high risk areas audited on a weekly and monthly basis respectively. It was agreed that details of the audits would be shared at each Facilities Assurance Committee meeting. CH reported progress on Trust-wide catering initiatives. It was noted that the Blue Tray initiative – whereby patients requiring assistance with their meals were discretely 'flagged' - had begun in October and progress would be reported at the next meeting. An EHO inspection had been carried out on the main hospital kitchens in November, with a positive score awarded. Other areas of discussion included: • Progress with the waste initiative, including recycling • Security update, with all guards (bar one) licensed) • Implications of Agenda for Change • Cost improvements agreed with the Trust **Action: CH to report the outcome of cleaning audits to each Committee meeting**	CH

7.	**Haden – Summary of Activities** **Reportable Incidents:** PR reported that one RIDDOR accident had been reported in month; a technician slipped whilst climbing onto a ladder, resulting in an ankle sprain. **Legionella:** PR gave an update on the legionella programme, both in terms of St Stephens (as discussed above), the main hospital testing regime and staff training. It was agreed that PR would ensure that regular updates were shared with the Infection Control Committee. **Generator Work:** PR reported that one of the generators had failed during a whole day test cycle. This was the final stage in a 6-month programme of work to ensure that the generators were operating optimally. During the test the BMS (building management system) failed. A rerun of the whole day test would be carried out in the New Year. **Contract Reinvigoration:** PR reported that the programme of contract reinvigoration was proceeding well, with completion scheduled for January 2006. The reinvigoration programme looked at address longstanding concerns with contractual compliance. A full report would be shared at the next Committee meeting. **Action: PR to report progress on the legionella work and to give a written report setting out the contract reinvigoration programme.**	PR
8.	**Date of Next Meeting** Thursday 2nd March 2005 at 10.00 am, Boardroom.	All

Chelsea and Westminster Healthcare NHS Trust

Trust Board Meeting, 02nd February 2006

AGENDA ITEM NO.	5.3/Feb/06		
PAPER	Register of Sealing		
REPORT OF SEALING	Seal Number	Description of Document	Date of sealing
	113	Chelsea and Westminster Healthcare NHS Trust and Friends' Shop (C&W) Limited – Lease of premises on the Second Floor of C&W.	13 January 2006
	114	Chelsea and Westminster Healthcare NHS Trust and Friends' Shop (C&W) Limited and Camille Devare – License to underlet above premised.	13 January 2006
ACTION	The Board is asked to note the report.		