

Meeting of the Trust Board, 05th January 2006 at 2.00p.m

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

Agenda

Attached

1.4.1
1.4.2
1.5
3.1
3.2
5.1
5.2
5.3
5.4
6.1
6.2

To Follow

1.6
2.1
2.2

Enquiries

Sue Perrin
Tel 020 8746 8485

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 Meetings
 - 1.4.1 Minutes of 1st December 2005
 - 1.4.2 Minutes of 9th December 2005
- 1.5 Matters Arising
- 1.6 Chief Executive's Report

2.. PERFORMANCE 2.30p.m

- 2.1 Finance Report, November 2005
- 2.2 Performance Report, November 2005

3. ITEMS FOR DECISION/APPROVAL 3.00p.m

- 3.1 Trust Governance Structure
- 3.2 Information and Data Quality Policy

4. ITEMS FOR ASSURANCE 3.30p.m

5. ITEMS FOR NOTING 3.30p.m

- 5.1 Influenza Pandemic Contingency Planning
- 5.2 NHS Foundation Trust Recruitment Report
- 5.3 Complaints and PALS Reports, Quarter Two
- 5.4 Key Lines of Enquiry for Auditors Local Evaluation Assessments

6. ITEMS FOR INFORMATION 4.00p.m

- 6.1 Register of Sealing
- 6.2 Risk Management Committee – Minutes

7. QUESTIONS FROM THE MEMBERS OF THE PUBLIC 4.05p.m

8. ANY OTHER BUSINESS

9. DATE OF THE NEXT MEETING

2nd February 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.

Trust Board Meeting, 05th January 2006

AGENDA ITEM NO.	1.4.1/Jan/06
PAPER	Minutes of the meeting held on 01 st December 2005.
AUTHOR	Sue Perrin, Head of Corporate Affairs Contact Number: 020 8746 8485
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 1st December 2005.

Present: Non-Executive Directors
Juggy Pandit (Chair) Marilyn Frampton Andrew Havery
Karin Norman Charles Wilson

Executive Directors
Mike Anderson, Medical Director
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: Amanda Pritchard, Acting Director of Strategy and Service Development
Sue Perrin, Head of Corporate Affairs
Robert Atkinson, Campaign Company (item 3.1 Membership Strategy only)

Action

1. GENERAL MATTERS

1.1 WELCOME AND REMARKS BY THE CHAIRMAN

The Chairman welcomed members of the public.

1.2 APOLOGIES FOR ABSENCE

There were no apologies.

The Chairman said that Professor Ara Darzi had resigned from the Board, but would continue to be involved with the Trust through the Centre for Innovation. The Trust was grateful for his contribution.

Heather Lawrence said that discussions about his successor were taking place with Imperial College.

1.3 CONFLICT OF INTEREST

No conflicts of interest were declared.

1.4 MINUTES OF THE MEETING HELD ON 06th OCTOBER 2005

The minutes of the meeting held on 06th October 2005 were agreed as a correct record and signed, subject to the following:

1.4.1 PICTURE ARCHIVING COMMUNICATIONS SYSTEM (PACS) BUSINESS CASE

The Trust Board had approved the recommendations of the PACS Project Board to purchase the Connecting for Health PACS, *subject to confirmation of interface with Connecting for Health.*

1.4.2 FINANCIAL REPORT – AUGUST 2005

First paragraph, fifth sentence onwards to read: ‘The final accounts deficit had been £1.8 million. However, Treasury Rules required that the full £5.2 million had to be repaid in 2004/2005 and the difference of £3.4 million had been reversed back to the Trust in 2005/2006. The forecast outturn for the year end was £0.9 million deficit.’

- 1.4.3 MANAGEMENT LETTER
Agenda for Change – 80% of staff had been *matched* (not assimilated).
- 1.5 MATTERS ARISING FROM PREVIOUS MINUTES
The Trust Board noted the update on matters arising and discussed the following:
- 1.5.1 FINANCIAL REPORT
The report on the Private Patients Recovery Plan had been withdrawn.
- 1.5.2 CHILD PROTECTION QUARTERLY REPORT
Mike Anderson said that he had not spoken to Paul Hargreaves regarding the draft letter, on behalf of the Trust Board, setting out concerns regarding Capio Nightingale House, and would do so urgently. MA
- 1.5.3 PERFORMANCE REPORT
Lorraine Bewes said that figures backdated to April were being re-worked and the figures inclusive of patients without an NHS number would be incorporated in the following month. LB
- 1.5.4 CHARITABLE FUNDS ANNUAL ACCOUNTS
Lorraine Bewes said that Deloitte had advised that the change of status to Section 11 did not have to be shown as a post balance sheet event, as there was no financial impact. Section 11 had been noted in the chairman's and the trustee's reports.
- 1.5.5 ANNUAL HEALTH CHECKS/STANDARDS FOR BETTER HEALTH
The declaration had been signed by the Chairman and four executive directors, and submitted.
- 1.5.6 ANNUAL COMPLAINT AND PALS REPORTS
Andrew MacCallum said that the suggested amendments had been discussed with the Complaints and PALS team.
- 1.5.7 CORPORATE PLAN
Amanda Pritchard said that a list of specialist services would be incorporated in the March update.
- 1.6 CHIEF EXECUTIVE'S REPORT
The Trust Board noted the Chief Executive's report and discussed the following:
- 1.6.1 STANDARDS FOR BETTER HEALTH
Heather Lawrence referred to the internal auditors' report, which had recommended that the Trust Board should agree a definition for 'significant' in terms of risk. The proposed definition was 'A significant risk is where there is a high probability that a serious hazard could or has resulted in severe negative effects that cannot be or was not prevented or avoided and in the Trust's Risk Matrix score 20 or above'.
The Trust Executive would review the Risk Register and consider the scoring. In future, an Executive Director would score all risks.
- The Trust Board approved the definition.**
- 1.6.2 FINANCE
The Trust was on schedule to achieve a £2.1million surplus as requested by the North West London SHA. This exceeded the statutory duty to break even.
- 1.6.3 PERFORMANCE
Heather Lawrence noted that management action had been taken with regard to the targets for thrombolysis and patients in hospital over 20 days.
- 1.6.4 AGENDA FOR CHANGE
Heather Lawrence said that 98% of posts had been matched and these were being assimilated. Original estimates of the financial implications appeared to be correct. Assurance of this would be given to the Trust Board the following month. HL

1.6.5 NATIONAL INSTITUTE FOR INNOVATION AND IMPROVEMENT

Heather Lawrence said that she was pleased to report that, as a result of a tripartite initiative involving the Institute, Imperial College and the Trust, a designated hub would be established at the hospital.

1.6.6 SENIOR STAFF

Catherine Mooney, currently Head of Clinical Governance at Hammersmith Hospitals NHS Trust had been appointed to the post of Director of Governance and Corporate Affairs.

Matthew Akid, currently Media Relations Manager at the NHS Confederation had been appointed as Head of Communications.

Heather Lawrence noted that Amanda Pritchard would be leaving the Trust that month and thanked her for her excellent contribution. Several options were being considered in respect of a replacement.

2. PERFORMANCE

2.1 FINANCIAL REPORT – OCTOBER 2005

Lorraine Bewes presented the report, which showed the forecast position for the year-end of a surplus of £2.1 million. She outlined the four significant risks:

- ❖ Possible shortfalls on the over performance income to offset HIV drug increase;
- ❖ Provision for doubtful debt, in particular, over performance relating to 2004/2005;
- ❖ Demand management initiatives and caps on the level of follow-up outpatient appointments that the PCT would fund;
- ❖ Delivery of savings plans, both in the current year and recurrently in the following year.

The Hammersmith & Fulham PCT Service Level Agreement (SLA) had been agreed in principle. The Wandsworth SLA could not be agreed until the outcome of the arbitration was known; this was anticipated to be end of December. The HIV contract would not be signed until the issues regarding risk share were resolved; confirmation was expected in approximately a week.

Working capital was planned to improve by £16.3 million in order to repay the £8.5 million brokerage, Trust Debt Remuneration of £4.4 million and recover the £3.5 million cash shortfall.

Lorraine Bewes said that the Saving Plans were challenging.

The Trust Board noted the financial position at month 7.

2.2. PERFORMANCE

Lorraine Bewes said that, as noted in the Chief Executive's report, the Trust was at risk of not achieving the standard for delayed discharges and thrombolysis targets. Other key risks were performance against the 62 Day Cancer Wait target, total time in Accident & Emergency and the Booking and Elective and Outpatient access indicators.

Edward Donald referred to the elective patients and outpatients waiting targets. He said that the national deadline for the elective patients waiting target of 6 months was end December 2005, but the Trust would be treating all patients who would have been waiting 6 months at this date by 4th December. The outpatients target of 13 weeks also had to be achieved by end December. The Trust would be delivering this target by 18th December; there were eleven patients without a date at this stage, who would be brought forward, ensuring delivery of this target ahead of the end of the December deadline.

Current performance against the Accident & Emergency Department target of 4 hours

was 98%, and 98.3% if the walk in centre numbers were included It was noted that the PCT had deferred the primary care GP scheme and that the Accident & Emergency Department was still treating a significant number of patients who would not register with a GP. It was further noted that the bed closures achieved through efficiency improvements in the summer months would make delivery of the 4 hour wait more challenging through the winter months, when an increase in emergency activity could be predicted. At, this stage the Trust remained on track to deliver this key target.

The Trust Board noted the report.

2.3 WORKFORCE REPORT

Maxine Foster presented the report. She noted that the increase in qualified nurse and midwifery vacancies was due to an increase in the budget. The Trust had also recognised that, as demand for services fluctuates, some flexibility in staffing costs through vacancies is desirable.

Sickness absence had been within anticipated trends.

The control measures introduced in respect of Bank and Agency staff had been successful and costs were within budget.

There had been a change in the ethnicity of Trust Staff, and this was now in line with the population mix. Maxine Foster noted the comment that it would be useful to include the ethnicity mix of the population.

The Trust Board noted the report.

3. ITEMS FOR DECISION/APPROVAL

3.1 NHS FOUNDATION TRUST STATUS

The Chairman said that, at the end of the discussion, the Board would be asked to take a decision on whether the Trust should submit an application for Wave 2. The deadline for submission was 9th December 2005. At a seminar that morning, the Board had considered the Service Development Strategy and the Membership Strategy would be considered at this meeting. The Trust's financial position was crucial to the decision.

3.1.1 Membership Strategy

The Chairman welcomed Robert Atkinson.

Andrew MacCallum said that the Membership Strategy, although broadly the same as the one drawn up for the first application, which had been consulted upon, had been updated by solicitors. There would be a standard constitution for trusts obtaining Foundation Trust Status from October 2006 onwards.

The constituency of the membership had changed to one category, and this was believed to be more workable.

Robert Atkinson's team would be responsible for refreshing the membership database and recruiting new members. Methods would include face to face interviews and the use of activities within the hospital. There would be a breakdown of existing membership, and recruitment to un-represented areas, such as ethnicity and location. There would be staff seminars and meetings with external bodies, for example Mencap, and local organisations. Areas outside Kensington & Chelsea would be targeted, as well as commuters who lived in the area but worked outside. The target was to recruit 10,000 additional members (currently 4,000) by the end of April 2006, and a minimum of 600 staff.

Heather Lawrence noted that the application form was in English only. There would need to be support for other languages.

3.1.2 Governance Tables

The meeting discussed the Governance Tables and the terms of appointment for the non-executive directors. Current non-executive directors would remain either until the end of their current term or for one year, whichever was longer. The Members Council would make subsequent appointments. The non-executive director would be a member but did not have to be on the Members' Council. It was suggested that periods of appointment should be staggered so that one third of non-executive directors stood down each year. It was agreed that duration of appointment should be a minimum of 2 years and a maximum of 4 years, with an overall maximum of 8 years.

The Trust's sponsors had initially been the Royal Marsden and the SHA, but the SHA had subsequently been replaced by the Royal Brompton.

Andrew MacCallum was asked to incorporate the terms and conditions for non-executive directors and advise on indemnity. CNST/RPST requirements would still have to be met, and this should be made explicit.

AMacC

Lorraine Bewes was asked to advise on insurance requirements.

LB

Alex Geddes was asked to advise on the business continuity risk around IT.

AG

3.1.3 Business Case

The Chairman outlined the advantages of NHS Foundation Trust status, and noted that by April 2008, all hospitals would need to apply for this status. The Trust believed that its business plans and strategy were robust, and Monitor, McKinsey and the SHA had tested these. There were obvious advantages in maintaining the momentum by applying for Wave 2. Delay would result in work being redone. Should the Trust not achieve Foundation Trust Status, there was a risk that it would continue to be adversely affected by the SHA's financial position.

The Trust had been advised that the error in the property valuation, which was part corrected in 2003/2004, had resulted in a cumulative cash pressure, which had significantly contributed to its cash brokerage position of £20.5 million. While the Service Development Strategy projected cash to remain within limits set by the Foundation Trust working capital facility and borrowing limits, this required stretching targets for working capital control to be met and ran the risk of having to divert funds from capital expenditure in the future. If a majority of the Board believed that it would not be prudent to proceed unless the cash consequence of this anomaly was corrected, the above wording should be added as a proviso.

It would be possible to submit an application with the proviso that the Secretary of State made available this shortfall on a permanent basis. Amanda Pritchard explained that should this condition not be met, the Trust would effectively have not submitted an application.

It was agreed that the application should emphasise the Board Development Programme and Process for both executive and non-executive directors.

The Chairman asked the Trust Board to vote on the following questions:

1. Should the Trust become an NHS Foundation Trust?

Agreed unanimously.

2. Should the Trust submit an unconditional application?

Rejected by a majority.

3. **Should the Trust submit an application, with the proviso, that the Trust wishes to go forward to Monitor if the Secretary of State resolves the cash deficit?**

Agreed by a majority.

3.2 **MEMORANDUM OF UNDERSTANDING WITH THE ROYAL BROMPTON**

Heather Lawrence said that the Memorandum was an initial step in building an alliance with the Royal Brompton, and the arrangement would possibly be extended to the Royal Marsden. There were specific areas of partnership, liaison, co-operation and collaboration in areas of mutual interest, which would be explored. It was noted that the Royal Brompton would not be becoming an NHS Foundation Trust at this stage.

Heather Lawrence asked that comments be taken outside the meeting, and the document be brought back to the next meeting. All

3.3 **CONSULTANT APPOINTMENTS**

The Trust Board ratified the following appointments:

Mr Simon Clarke, Consultant Paediatric Surgeon

Dr John Janssen, Consultant Neurologist

4. **ITEMS FOR ASSURANCE**

4.1 **AUDIT COMMITTEE HANDBOOK**

Andrew Havery said that the handbook had been considered by the Audit Committee. In his view, the handbook was more onerous. The Chairman considered that the handbook gave responsibility to the Audit Committee for things, which should be the responsibility of the Trust Board.

Marilyn Frampton noted the Audit Committee's role in respect of systems and processes being in place. She suggested that the Chairs of the three assurance committees (Audit, Clinical Governance and Facilities) meet to look at the recommended terms of reference and bring back any issues to the next Trust Board. This was agreed.

It was noted that the handbook was not binding on an NHS Foundation Trust.

Andrew Havery said that he had asked the members of the Audit Committee to complete the self assessment checklist.

MF/AH/
CW

The Trust Board agreed that there would be further discussion at the next meeting if appropriate.

5. **ITEMS FOR NOTING**

5.1 **CANCER WAITS UPDATE**

Edward Donald said that the paper set out the background to the cancer waits targets, criteria for achievement and the monitoring period. Achievement of the target required the following level of performance to be achieved in the last quarter and then maintained:

- ❖ 80% data completeness for the Trust's incidence benchmark, currently 600 patients per year.
- ❖ 95% compliance with the 2 month (62 day) target

- ❖ 98% compliance with the 1 month (31 day) target.

It was highlighted that if the benchmark was wrong, it would not be possible to achieve the target. The Trust had achieved 92% compliance with the 62-day target and 97% with the 31-day target.

Primary Target Lists (PTLs) were the approach being adopted nationally to prospectively track patients through their care journey, to ensure that the maximum wait times were achieved. PTL data was reported on a weekly basis and the Trust had achieved 50% completeness, compared to its benchmark of 12 patients per week.

The report set out the reasons why it was likely that the benchmark had been set too high. Early estimates suggested that a realistic return would be 312 to 416 patients first treated at Chelsea and Westminster for cancer, compared with the current benchmark of 600 per annum. A case would be made to the North West London SHA to revise the current benchmark against incidence figures from the Thames Cancer registry, current and future referral patterns and past data quality.

It was noted that the impact of patients without an NHS number not being recorded was high, because of the small numbers involved, particularly in respect of the 62-day target. This issue had been logged with the SHA and National Cancer Waits Team, and a resolution was awaited.

The Trust Board noted the report and the action being taken in December to achieve the cancer waits target in the last quarter of 2005/2006.

5.2 RAISING CONCERNS (WHISTLEBLOWING) POLICY

Maxine Foster said that the Trust's policy, which had been in place for some time, had been updated. The scope for raising a concern externally had been increased and the greater involvement of the Local Counter Fraud Services reflected. The Trust Joint Management and Trade Union Committee had formally ratified the policy.

The Trust Board noted the policy.

5.3 PROPOSED CLOSURE OF PRINCESS LOUISE (KENSINGTON) HOSPITAL

Edward Donald said that the paper summarised the impact for the Trust of the Kensington & Chelsea PCT proposals to close Princess Louise (Kensington) Hospital. Before responding formally, it was recommended that the Trust required clarification in respect of the following points:

- ❖ Current intermediate care capacity, quantified in terms of activity and funding by service;
- ❖ Replacement of intermediate care capacity from Princess Louise Hospital; and
- ❖ Plans for increasing intermediate care in the south of the borough.

The Trust Board approved the recommendations.

6. ITEMS FOR INFORMATION

6.1 RISK MANAGEMENT COMMITTEE – MINUTES

The Trust Board received the minutes of 15th September 2005 and 20th October 2005. Lorraine Bewes suggested that it would be appropriate for representatives of the Finance and Procurement Departments to attend these meetings.

Marilyn Frampton said that she and Mike Anderson had arranged to meet to discuss the relationship between the Clinical Governance Assurance Committee and the Trust Executive Clinical Governance.

7. QUESTIONS FROM THE MEMBERS OF THE PUBLIC

- 7.1 Questions had been taken earlier. These related to the NHS Foundation Trust Application and the Members Council in particular.

8. ANY OTHER BUSINESS

- 8.1 There was no other business.

9 DATE OF THE NEXT MEETING

- 9.1 5th January 2006

10. CONFIDENTIAL BUSINESS

- 10.1 The Chairman proposed and the Trust Board resolved that the public be now excluded from the meeting because publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be concluded in the second part of the agenda. The item to be discussed related to commercial matters and to individual patients.

Minutes of the Public Meeting of the Extraordinary Trust Board held on 9th December 2005.

Present: Non-Executive Directors
Juggy Pandit (Chair) Marilyn Frampton Andrew Havery
Karin Norman Charles Wilson

Executive Directors
Mike Anderson, Medical Director
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: Amanda Pritchard, Acting Director of Strategy and Service Development
Renae McBride, PA to the Chief Executive

Action

1. GENERAL MATTERS

1.1 WELCOME AND REMARKS BY THE CHAIRMAN

The Chairman welcomed members of the public.

1.2 APOLOGIES FOR ABSENCE

There were no apologies.

1.3 CONFLICT OF INTEREST

No conflicts of interest were declared.

1.4. MINUTES OF THE MEETING HELD ON 06th OCTOBER 2005

The minutes of the meeting held on 06th October 2005 were agreed as a correct record and signed, subject to the following:

2. ITEMS FOR DECISION/APPROVAL

2.1. NHS FOUNDATION TRUST STATUS – TO RECONSIDER THE DECISION TAKEN AT THE PREVIOUS MEETING IN RESPECT OF THE TRUST'S APPLICATION

The Chairman outlined that the purpose of the Extraordinary Meeting was to reconsider the resolution agreed at the previous Trust Board.

The Board received documents prior to the Extraordinary meeting including:

- Summary of Key Finance Outputs
- Summary I&E, Balance Sheet, Cash Flow and Risk Rating for all scenarios
- Reconciliation of latest I&E surplus compared with I&E surplus presented at the last meeting
- Scenario Definitions

Lorraine Bewes outlined the key points and took questions from the Board. With

regard to debtor days outlined in the assumptions, Karin Norman noted that we don't control when our debtors pay. Lorraine Bewes outlined that we can and that work needed to be done on billing so that it is carried out on a monthly basis.

The Chairman noted that the Board needed to decide at what point (if any) to withdraw the application.

Regarding the application process, Heather Lawrence noted that the application would be submitted on 9 December and that it would be assessed by the Department of Health before being passed to the Secretary of State. The Trust's application would then be passed to Monitor, at which time the right to withdraw from the process expires. Heather Lawrence explained that Trust's would be batched for assessment and that Chelsea and Westminster could request to be included in batch two, which was likely to be in July.

Andrew Havery asked what the default position would be, at which point the Trust would automatically withdraw its application, to prevent the need for another Board meeting to decide not to proceed. Heather Lawrence said that a Board meeting would need to be held to make the decision.

With regards to resolving the historic under capitalisation of the Trust, Heather Lawrence explained that there may be several options outside of the Department of Health and that these would be investigated.

The Board discussed the wording of the resolution and agreed the following:

"The Board (unanimously) agreed that the Trust should submit its application for Foundation Trust Status on 9 December to the Secretary of State. The Board also agreed that it was essential that the Trust had a sound capital structure as a Foundation Trust. The Trust had been undercapitalised since its inception and the situation had been exacerbated by overpayments for capital charges. The Trust is in the process of seeking to have this redressed by the Department of Health and concurrently reviewing all other means of refinancing. This application is contingent upon the under capitalisation being resolved satisfactorily."

The Trust Board unanimously agreed to proceed with the Foundation Trust application with the above resolution.

3. QUESTIONS FROM THE MEMBERS OF THE PUBLIC

There were no questions from the members of the public.

4. ANY OTHER BUSINESS

The St Stephen's Refurbishment Project was discussed. The Board was asked to approve a £50,000 budget increase (new budget = £8.7 million) and the awarding of the contract to Russell Quarby. The Board was informed that Russell Quarby was the second lowest bid, as the lowest bidders withdrew from the tender following robust questioning.

The Board approved the budget increase and the awarding of the contract to Russell Quarby.

5. DATE OF THE NEXT MEETING

5th January 2006

Trust Board Meeting, 05th January 2006

AGENDA ITEM NO.	1.5/Jan/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.

Matters Arising from Previous Meetings

Reference	Item	Action
2.1/Aug/05	<u>FINANCIAL REPORT</u> Private Patients - recovery plan.	LB
5.1/Aug/05	<u>CHILD PROTECTION QUARTERLY REPORT</u> Paul Hargreaves to draft letter on behalf of Trust Board to Healthcare Commission setting out concerns regarding Capio Nightingale House. Draft letter to be discussed with HL.	MA
2.2/Oct/05	<u>PERFORMANCE REPORT</u> Cancer Indicator – patients without NHS number to be included in total and shown as a separate figure.	LB
1.6.4/Dec/05	<u>AGENDA FOR CHANGE</u> Trust Board to be informed of financial implications of Agenda for Change.	HL
3.1.2/Dec/05	<u>NHS FOUNDATION TRUST STATUS</u> <u>Membership Strategy</u> Amendments to be made in line with Trust Board discussion. Terms and Conditions for non-executive directors to be incorporated and indemnity provisions. Advice on insurance requirements. Advice on business continuity risk around IT.	AMacC LB AG
3.2/Dec/05	<u>MEMORANDUM OF UNDERSTANDING WITH THE ROYAL BROMPTON</u> Comments on document to be given to Heather Lawrence.	All
3.3/Dec/05	<u>AUDIT COMMITTEE HANDBOOK</u> Discussion between Chairs of Audit, Clinical Governance Assurance Committee and Facilities Assurance Committee.	MF/AH/CW

Trust Board Meeting, 05th January 2006

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

CHIEF EXECUTIVE'S REPORT – DECEMBER 2005

AUDIT COMMISSION – NHS AUDIT 2005/06

Key Lines of Enquiry for Auditors Local Evaluation Assessment

At the Audit Committee on 13th December 2005 the external auditors presented an overview of the Key Lines of Enquiry for Auditors Local Evaluation Assessment. This is a national process and will form part of the Annual Health Check.

I refer Board members to the minutes of the Audit Committee, item 4.1 for the details.

At the Audit Committee I agreed to allocate a lead Executive Director for each key line of enquiry. These are attached for your information and questions.

SENIOR STAFF

Professor of Acute Medicine

I can confirm that Professor Derek Bell will take up post in the spring.

Job Descriptions

I have prepared two job descriptions for consideration:

- Deputy Chief Executive
- Director of Service and Strategy Planning

CHRISTMAS

The period leading up to the week commencing 28th December was extremely quiet with wards and beds able to remain closed. However staff sickness was higher than normal and this is being reviewed to ensure good human resource practice occurs in line with the Industrial Society recommendations on managing sickness.

FINANCE AND PERFORMANCE

Trust Board papers have been circulated a week early because of the Christmas holidays, but it was not possible to achieve this for Finance and Performance. These were sent on December 29th. The Finance Report highlights key risks in achieving a surplus of £2.1 million. The most recent being the significant increase in energy charges with an impact of £0.5 million risk in year. Trust Board members are reminded that our statutory duty is to break even.

CONSULTATION ON CHANGES TO CAPITAL'S STRATEGIC HEALTH AUTHORITIES

Londoners are being asked for their views on proposed changes to Strategic Health Authorities (SHAs) in the capital in a formal consultation running from 14th December to 22nd March 2006.

Their views are sought as to whether there should be one pan-London Strategic Health Authority. The proposal is that this organisation – coterminous with the Government Office for London and a number of other public statutory bodies in the capital – would replace the existing five Strategic Health Authorities

This reorganisation is being proposed following a review of the structure and functions of SHAs, Primary Care Trusts (PCTs) and Care Trusts in London, as required by the Department of Health in "Commissioning a Patient-led NHS", published in July.

At the end of the consultation period and based on views received, a joint report will be agreed by the five London SHAs. The final decision on the establishment of a London SHA rests with the Secretary of State for Health. The consultation document is available at:

www.nwlha.uk/downloads/LONDON_CONSULTATION.pdf

NORTH WEST LONDON SECTOR STRATEGY REVIEW

I have attached a letter for the Chief Executive of the SHA, which outlines how it is intended to take forward to the next stage of the strategic review entitled 'Our Healthy Future'.

Heather Lawrence

November 2005

KEY LINES OF ENQUIRY LEAD EXECUTIVE DIRECTORS

Ref.	Area	Key Question	KLOE Ref	KLOE	Executive Lead
1	Financial Reporting	How good are the organisation's financial accounting and reporting arrangements?	1.1	The organisation produces annual accounts in accordance with relevant standards and timetables, supported by comprehensive working papers	DoF
			1.2	The organisation promotes external accountability	CEO
2	Financial Management	How well does the organisation plan and manage its finances	2.1	The organisation's medium-term financial strategy/plan, budgets and capital programme are soundly based and designed to deliver its strategic priorities	DoF/DoS
			2.2	The organisation manages performance against budgets	DoF
			2.3	The organisation manages its asset base	DoF
3	Financial Standing	How well does the organisation safeguard its financial standing?	3.1	The organisation manages its spending within the available resources	DoF/CEO
4	Internal Control	How well does the organisation's internal control environment enable it to manage its significant business risks?	4.1	The organisation manages its significant business risks	DoG
			4.2	The organisation has arrangements in place to maintain a sound system of internal control	DoF
			4.3	The organisation has arrangements in place that are designed to promote and ensure probity and propriety in the conduct of its business	DoF
5	Value for Money	How good are the organisation's arrangements for managing and improving value for money?	5.1	The organisation has put in place proper arrangements for securing strategic and operational objectives	CEO
			5.2	The organisation has put in place proper arrangements to ensure that services meet the needs of patients and taxpayers, and for engaging with the wider community	CEO/DoN
			5.3	The organisation has put in place proper arrangements for monitoring and reviewing performance, including arrangements to ensure data quality	DoF
			5.4	The organisation has established arrangements for managing its financial and other resources which demonstrate value for money is being managed and achieved	CEO

CEO: Chief Executive Officer
DoG: Director of Governance

DoF: Director of Finance
DoS: Director of Strategy

DoN: Director of Nursing

3 January 2006

Victory House
170 Tottenham Court Road
London W1T 7HA

**To: NWL Chief Execs of Acute Trusts,
Mental Health Trusts and PCTs**

Executive Office
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www.nwlha.nhs.uk

Dear Colleague

Our Healthy Future

We have recently had the opportunity to share the emerging findings from our strategic review of health services in north west London with colleagues at the Department of Health. This has helped us to clarify how best to take forward the work to the next stage.

The Department is supportive of the work we have done to date however, since starting our strategic review the landscape has moved on and they are keen that we factor these changes into our strategy. The White Paper that will result from the 'Your Health, Your Care, Your Say' consultation is expected in late January 2006 and we will want to ensure that our strategy is consistent with the direction of travel arising out of the White Paper.

We see the sector strategy as dealing with the longer term planning issues facing the north west London health economy. As you are well aware in the short-term we have the priority of putting a major effort into our financial recovery and improving efficiency and performance. For the medium term we have the programme to develop acute Trusts' ability to apply for Foundation Trust status and the parallel exercise to ensure that our PCTs are fit for purpose under 'Commissioning a Patient-led NHS'. Taken together these two priorities represent a considerable workload for you in the coming months.

Taking account of these factors we have recently reviewed the timetable for developing our strategy, 'Our Healthy Future', and have decided it would be best to postpone the start of public engagement until summer 2006. This delay will allow us to:

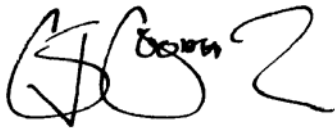
- i) ensure that our strategy takes full account of the White Paper when it is issued;
- ii) further test the robustness of our demand and capacity model;
- iii) put further work into developing our vision for primary and community care and mental health services; and
- iv) plan the public engagement exercise.

We know that a considerable amount of work has gone into the first stage of the strategic review and there is also a widespread expectation that the public engagement exercise would commence shortly. We will be writing to all those who have been briefed on the review, including Overview and Scrutiny Committees and patient groups, informing them of how the work will be taken forward over the next few months and how they may be involved.

A number of you have put redevelopment plans or consultations on hold during this first phase of strategy development and I will be talking to you individually on how we expect you to take them forward. We will however expect that the key lessons that have emerged from both the Foundation Trust diagnostic exercise and the first stage of the strategic review to be taken into account in future planning.

We would like to thank your valued contributions to the first stage of developing a long-term plan for our health services in north west London and for the personal leadership you have individually shown. This has convinced us that this is a necessary exercise which we are determined to carry forward and hand on to the pan-London SHA when it is established.

Yours sincerely ,

A handwritten signature in black ink, appearing to be 'GJ Goodier', with a stylized flourish at the end.

Dr Gareth J Goodier
Chief Executive

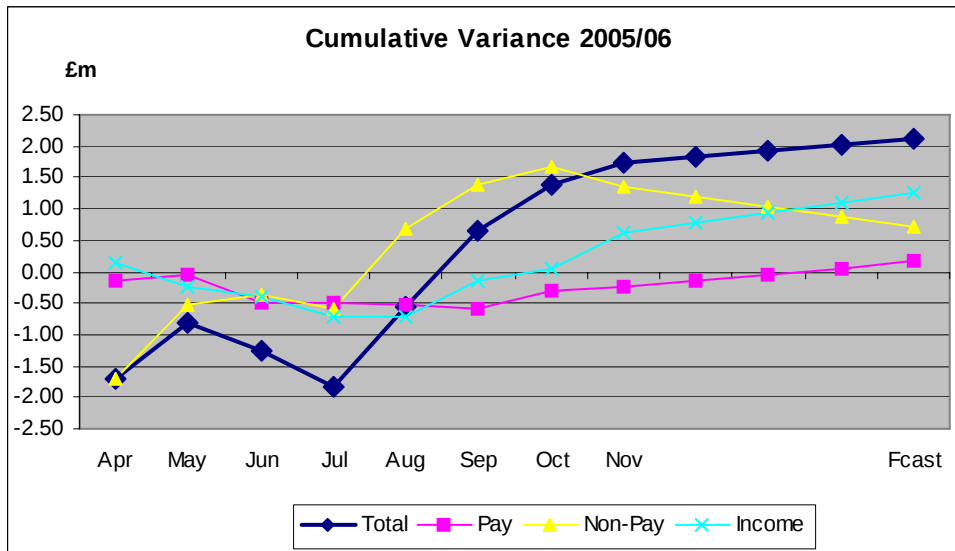
Trust Board Meeting, January 2006

AGENDA ITEM NO.	2.1/Jan/06
PAPER	Financial Report – November 2005
SUMMARY	The overall income and expenditure position for the 8 months to November 2005 is a surplus against budget of £1.750m, an improvement of £0.327m on the position at Month 7. The forecast position for the year-end is a surplus of £2.1m, which is no change overall on the forecast reported at Month 7. While the overall forecast has not changed, there has been a significant swing in the income and expenditure forecasts, which have balanced each other out. There has been a significant increase in forecast cost pressures this month. The two most significant cost pressures are increases in utility prices (forecast £0.567m increase to the end of the year) and additional invoices for Pathology (£0.634m to date). Further details are provided at paragraphs 25 and 7 respectively. Mitigating the above, there has been an increase in forecast over performance income of £1.7m following the inclusion of additional patient activity, which had been omitted due to a systemic error in the recording and grouping of spells. (See paragraph 5.) In addition there was a high level of overseas visitors from countries with reciprocal agreements (Paragraph 13). There remain a number of very significant risks to achieving the forecast surplus and these include: • A higher level of over performance income has been included in the forecast following the correction of the activity recording above. However, due to the significance of the change and late notification to PCTs, even though national deadlines were met, some PCTs are likely to raise disputes; • The forecast income includes a high level of overseas visitor income for activity from countries with reciprocal agreements. This activity is billed to K&C PCT according to the national guidelines, however it is double the funding that has been allocated to the PCT and the Trust may come under pressure to share the risk. • Assumptions on income loss from demand management initiatives have been included in the position however these losses are difficult to predict and may be different from forecast. • Delivery of savings plans, both this year and recurrently for next year remain a risk. • Some provision for doubtful debt, in particular, over performance relating to 2004/05 has been included in the forecast, however, the level of old debt is high and a full review of provisions has still to be completed. The SHA has reset the Trust's control total target to £2.1m surplus to help deliver the sector's overall control total. However, the Trust's statutory duty still remains to achieve break even. Cash flow is £3.9m behind plan at Month 8. The key assumptions underlying the planned improvement are set out in paragraphs 72 -74.
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 8.

**Finance Report
January 2006
Financial Position – Nov 2005**

Summary Income & Expenditure (Form F1)

- The overall financial position after eight months is a surplus of **£1.750m**. The Graph below shows the trend in the cumulative variance against budget to the end of November with the forecast year-end position of a £2.1m surplus.



- The overall pay position at Month 8 is an over spend of **£0.233m** (0.3%). The in-month position is a favourable variance of £0.052m.
- Non pay including Reserves and Depreciation is under spent by **£1.357m** (2.0%), an adverse movement in month of £0.297m. The largest adverse movement in the month is £0.308m in the Pathology service level agreement with Hammersmith Hospitals to take account of anticipated in year pressures from over performance. The underlying key pressures are the unachieved depreciation savings target (£0.739m) and overspending on clinical consumables and prostheses.
- The income position, including interest receivable, is **£0.626m** favourable (0.4%) which is a favourable movement in the month of £0.572m, largely as a result of reflecting additional over performance activity figures for the first six months of the year for SaFF income and non contract income. On SaFF income there is a net over performance for the first six months of the year. The underlying position reflects a combination of a favourable position on Contract Income (£0.667m) offset by an under-recovery of private patient income including the Assisted Conception Unit and non-charge exempt overseas visitors (adverse £0.194m). For charge exempt overseas visitors, Trusts are required to bill host PCTs for actual activity. To date, this activity is considerably higher than the level of activity last year and represents a £0.675m improvement in the forecast out-turn.
- SaFF Income is reporting an improvement of £0.356m in the month. The Month 8 income assumptions are based on an extrapolation of Month 7 data to meet reporting deadlines. However it should be noted that Month 7 data includes resolution of two problems that resulted in an increase to activity and corresponding over performance: multiple inpatient stays were being grouped under a single spell resulting in loss of spell income and in some instances incorrect charging of excess bed days; secondly, inaccuracies in classifying some first attendances at outpatient clinics as follow ups. The resulting Quarter 2 over performance bills now issued to PCTs are significantly higher than the activity and income reflected in previous monthly activity reports sent to PCTs. While the activity was billed by the national billing deadline of the 15th December, PCTs have expressed concerns about such late changes to over performance billing and discussions are underway between local PCTs and the Trust to validate and agree the level of over performance. A prudent extrapolation of this activity has been assumed in the forecast however this has still resulted in a surplus against SaFF and NCA income for the first time this year (£0.829m).

6. There was also a favourable movement on NICU Consortium over performance in the month (£0.057m), mainly due to the fact that the Consortium have agreed to increase the marginal rate for over performance to 70% in recognition of the fact that the Trust's local NICU tariffs are artificially low.
7. The Trust is forecasting a year-end surplus of **£2.133m** which is a negligible change to last month's forecast. However it should be noted that there are a number of significant movements within this position. The Facilities forecast deteriorated from a surplus of £0.064m to an over spend of £0.439m wholly as a result of increased gas and electricity prices (further detail on this is provided in the Directorate report in Paragraph 25). 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 still to be invoiced by HHT. However HHT verbally advised during December that charges could be significantly higher than the expected inflationary increase of 5% due to agenda for change costs and over performance. C&W will dispute any additional charges above generics for agenda for change costs and a full year estimated overspend of £0.634m has been included in the forecast for over performance, excluding agenda for change.
8. The Trust was asked to contribute a surplus of £1.9m towards reducing the sector-wide deficit plan. By identifying plans for additional savings measures such as the increased DOSA referred to above the Trust is now forecasting to achieve a surplus of £2.133m and the control total has been set to match this. It should be noted that this surplus is only deliverable due to the non-recurrent £3.4m deficit reversal and surplus brought forward. There are two key points. Firstly, without the reversal, the Trust would be reporting a deficit of £1.5m and therefore this underlying deficit will need to be resolved before next year. Secondly, the deficit reversal is a reversal of resource only and does not come with cash. Consequently, the fact that £1.5m of the reversal is "spent" puts further pressure on the cash position of the Trust that needs to be covered from further working capital improvements.

Variance Analysis – Year to Date and In Month

9. The overall position for the Trust is a favourable variance of **£1.750m** which is a favourable movement of **£0.327m** in Month 8. The high-level summary of this position is as follows:

	M7	M8	Movement in month
Income	£'m	£'m	£'m
SaFF Baseline	0.311	0.667	0.356
Non-Contract Activity	-0.295	-0.095	0.200
Private Patient Services	-0.226	-0.194	0.032
Other	0.343	0.336	-0.007
Interest Receivable	-0.024	-0.026	-0.002
Expenditure			
Pay	-0.289	-0.233	0.056
Non Pay pressures	0.127	-0.528	-0.655
Reserves and Capital Charges	1.473	1.823	0.350
Total	<u>1.42</u>	<u>1.75</u>	<u>0.33</u>

Income and SaFF update

10. The income position is **£0.626m** favourable taking into account an adverse position on interest receivable of £0.026m. Within this position Private Patient income, including ACU, is adverse against budget by £0.194m, a favourable movement in the month of £0.032m from favourable positions on both Private Patients (£0.028m) and ACU (£0.014m) offsetting under target overseas income (£0.022m adverse).
11. The income position in relation to SaFF Contract Income and Non Contract Income is a favourable position of £0.667m for the year to date which is an improvement of £0.356m in Month 8 (**Form F2B(ii)**). As reported above the income position will continue to be an extrapolation of the position at the close of the prior month to meet reporting deadlines.

12. Arbitration on the HIV contract has now been concluded which will allow the contract to be signed. The arbitration outcome was that the baseline contract should be set to reflect the actual level of outturn from last year and that the full savings arising from reductions in drug costs should accrue to the consortium as they reimburse Trusts based on actual spend. The result of the arbitration has had no impact on the overall forecast position for the Trust but has removed a significant element of risk. The arbitration with Wandsworth PCT has now been heard but the outcome of the arbitration has not been notified.
13. Non-Contract Activity at month 8 is showing an adverse variance of £0.095m. As reported in paragraph 4 the improvement of £0.200m in the month is due to billing K&C for actual non contract activity for the first six months of the year for overseas patients without reciprocal agreements and cross border UK patients. It was previously assumed that the Trust would receive a block allocation reflecting the funding received by K&C, based on activity 2 years' previous. There is a risk associated with this income because the billing for the first two quarters is over 80% (£265k) higher than the funding allocated to K&C. There is no provision included against this income because billing the actual activity to K&C is in accordance with latest Department of Health instructions, as PCTs rather than Trusts now bear the volume risk on this income. However K&C is seeking to agree a risk share approach to this activity which may impact on the assumption in the forecast.
14. 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	121,698	(2.26)
Offers received not agreed	2	15,019	(0.61)
Offers received not agreed- HIV	1	37,502	(0.44)
No offer received	0	0	0
Overseas (reciprocal)	1	1,374	(0.87)
Total	123	175,593	4.18

Expenditure Update

15. The expenditure position is **£1.125m** favourable at Month 8, an adverse movement of £0.245m 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).
16. Pay budgets are **£0.233m** adverse (**Form F2D**) which is a favourable movement in the month of £0.052m.
17. 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 November 532 staff have been assimilated and paid under AFC and a further 67 staff have been appointed into vacant posts under AFC terms and conditions. In the Pay schedule (F2D) from this month the Agenda from Change Bands have been moved into each of the traditional staff groups, e.g. all nursing staff on AFC are now shown within the 'Nursing' category. This will ensure that an overall position for each of the traditional staff groups is transparent as more staff move over to AFC.
18. 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. Hours booked in November reduced by 0.7% against hours booked in October, a reduction of 324 hours. It should be noted that although the hours booked are on a downward trend, the total bank and agency hours booked in November are over 12% higher than the same period last year. However the use of agency staff is 46% less than the same month last year.
19. Non-pay is reporting a **£1.357m** under spend year-to-date (**From F2E**), which is an adverse movement in the month of £0.296m. The benefit from both the deficit payback and AFC funding is shown under non-pay. Highlights within non-pay are:
- £0.322m overspend in the month for Pathology SLA cost pressures for Agenda for Change and over performance as reported above in Paragraph 6. The year to date Pathology SLA overspend is £0.278m.
 - Drugs are under spent by £0.454m YTD which was a favourable movement of £0.012m in the Month.

- Depreciation is reporting an adverse variance of **£0.739m** YTD in line with previous months.
- Patients appliances/prosthesis (£0.491m overspend YTD) and MSSE (£0.501m overspend YTD) continue to be the non-pay categories with the highest overspends.

Directorate Positions (Forms F3A and F3B)

Frontline Directorates (£0.711m adverse).

20. **Imaging & Anaesthetics** – The Month 8 position for the Imaging & Anaesthetics Directorate is an overspend of £0.342m, which represents no change compared to the position as at Month 7. However this position includes an overpayment of £0.014m to a consultant within the Directorate due to late receipt of paperwork by payroll, therefore the underlying position is actually an improvement of £0.014m in month. The majority of departments within the Directorate under spent against budget in November, with the exception of ITU, where the increased number of admissions on the unit resulted in a higher level of expenditure on temporary staff in month, and Radiology, where there was a higher than average level of expenditure on MSSE and X ray film and consumables. Taking these two issues into account, it is expected that the Directorate can still achieve the projected forecast outturn position of a £0.040m surplus subject to some key risks around being able to achieve an under spend against the funding available for the Urology activity transferred from St Mary's and the savings expected from the funding for the 2nd Burns ITU bed.
21. **HIV/GUM** – The financial position for the HIV/GUM Directorate at Month 8 is a cumulative under-spend against budget of £0.135m. This represents an in month positive movement of £0.037m. The Directorate has met all of the £0.700m savings target which it was set, including the skill mix review savings target in full, £0.300m. While drugs expenditure exceeds the budget by £2.438m, the over spend does not adversely affect the position as the Consortium will meet any overspend from agreed risk share arrangements. The first 1.5% of the risk share is reflected in the central position. The directorate is forecasting a year end under spend of £0.142m.
22. **Medicine & A&E** – The Medicine & A&E Directorate is £0.295m overspent at Month 8, which represents a negative movement of £0.034m compared to Month 7. The directorate is forecasting a year end overspend of £0.733m, which represents a negative movement of £0.021m compared to the Month 7 forecast. The wards are £0.091m overspent to Month 8 with an in-month overspend against budget of £0.002m. The Directorate continues to tightly monitor bank and agency spend. The drugs budget is predicted to under-spend at the same level as Month 7 – the forecast reflects this by assuming a £0.480m under-spend. The Directorate has met £0.152m of the £0.569m savings target which it has been set for the year. The Directorate is carrying risk with respect to income: with the expected changes in medical staffing within Endoscopy there may be a significant drop off in Private Endoscopy income; and with respect to expenditure, from extra locum costs required to meet the 13 week waiting list target. The forecast takes account of both of these pressures.
23. **Surgery** - The Month 8 position for the Surgery Directorate is an over spend of £0.023m, which represents no change compared to the Month 7 financial position. The Directorate has continued to maintain strict control over bank and agency expenditure during November and given that this level of control will continue to the end of the financial year it is anticipated that the current overspend position will continue to reduce to a break-even position during the final four months of the year. The Directorate forecast has been maintained this month at an expected surplus of £0.049m, the ability to achieve the surplus being based on the assumption that a further 4 beds can be closed from 1st January 2006 onwards if improvements continue to be made in the rate of elective patients admitted on the day of surgery (DOSA rate). However it should be noted that there is a high level of risk attached to this improvement as it depends entirely on whether the beds can be kept closed whilst still achieving the required activity targets for the Trust.
24. **Women & Children's Directorate** – The Women and Children's Directorate has an over spend of £0.186m at Month 8. This is an improvement in-month of £0.067m, in part aided by the allocation of expenditure budgets within Paediatrics and also through continued good practice around bank and agency control. The over spend is predominantly within the Paediatrics Wards/Specialist Nursing and NICU pay/non-pay lines. Continued high activity in NICU, both in consortia and non-consortia, is leading to an overspending pay and non-pay position. The over spend 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 additional income in Private Maternity and consortia NICU income, as well as continued vacancies across the directorate. In month, Maternity and Gynaecology pay costs have continued to improve, due to effective recruitment and good management of bank & agency staffing.

Other Directorates

25. **Facilities** - The Facilities Directorate was £0.148m over spent as at Month 8 with an adverse in month movement of £0.174m, due 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 has increased in month by 125% and a further increase of 20% is forecasted for December. Due to the volatile nature of the current energy market the prices forecasted for gas, even for December may 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 at Friday 9th December.
26. In the position is the agreed 5.5% uplift of £0.096m for Haden, therefore full year contract cost for Haden is £1.840m. The ISS contract price for 2005/2006 has been agreed at £7.536m, an uplift of £0.235m. 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 £0.549m.
27. **Management Executive** – The Management Executive Directorate was £0.640m under spent as at Month 8 with an in month budget surplus of £0.058m. The main reason for this YTD under spend is due to a vacancy level of 60 WTE's across the directorate which contributes £0.639m to the total YTD savings. The EPR department alone has 11.8 WTE vacancies resulting in a £0.246m saving YTD, however this saving is partly offset by the use of agency and bank staff as cover for the vacant posts. Across the Directorate there is overachievement on income targets by £0.021m but this is mitigated against a £0.020m overspend on non pay budgets, predominantly as a result of incurring recruitment costs. The remaining 2.5% savings target of £0.187m is expected to be met through non recurring vacancy management. £10.3k of recurrent savings have been achieved within the Human Resources position. The Management Executive Directorate forecast is a full year surplus of £0.685m with most of the savings expected to be on pay.
28. **Private Patients** – At Month 8 the net position of the unit was a negative variance of £0.440m. This is a favourable movement of £0.027m on Month 7. The position is made up of income under-recovery of £0.087m and overspends of £0.353m. November income was higher than in October. Consultants within the Trust are being targeted with a view to maximising a 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 Patient activity. The forecast for the Unit is a £0.397m deficit for the year, a £0.397m negative movement compared to Month 7. The earlier forecast assumed that the entire deficit could and would be filled by extra surgical activity, but this had not taken account of the limits on bed capacity and the actual (lower) average income earned per procedure.
29. 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 represents a £0.079m negative movement which now incorporates estimated bad debts and takes account of the dip in overseas income in recent months.
30. **Assisted Conception Unit (Form F3B)** – The year to date position within ACU at month 8 shows an over spend of £0.186m. In November the income target was met overall, with other work in addition to 'cycles' generating a proportion of the income. Overall the income budget is £0.067m under-achieving against target, year to date. However, in November, work with the unit has identified a problem with underbilling. 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; a number of self-funders not being billed or being incorrectly billed during their treatment cycle. Over the coming month these bills will be raised and the financial value has been calculated at £0.120m. Pay costs continue to overspend in year, 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 ACU is currently forecast to overspend by £0.108m.

Savings Target (Form F5A and F5B)

31. **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 £2.715m has been removed from budgets at Month 8.
32. **Form F5B** shows savings that have been removed from budget plus all further savings schemes in progress. At this stage a further £1.100m 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 7. However note that during the

month savings achieved increased by £0.167m due to the realisation of plans within HIV/GUM, Women and Children's and Dietetics Directorates.

Total Savings

Risk	£'m
Achieved	2.715
Low	0.409
Medium	0.418
High	0.273
Not identified	1.143
Total	4.958

33. It should be noted that good progress has been made in most Directorates to achieve their savings targets for 2005/06, however, a significant proportion of these savings are being achieved through non-recurrent means. Directorates are currently focussing on converting these savings into recurrent savings for 2006/07 and beyond and have been asked by the Executive to start identifying schemes for the 2006/07 recurrent savings target, which will be at least 1.7%.
34. 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	300	400
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	1,093
Total	4,958	2,806	2,226

*The excess target planned will be a start towards 2006/07 savings

Year End Forecast

35. The full year forecast is a surplus of **£2.133m**, a small improvement of £0.016m on the forecast at Month 7. However within this position it should be noted that there have been significant changes in Facilities, Private Patients, SaFF and Non Contract Income and Provider Service Level Agreements, explained further below.
36. As reported above, in Facilities there has been a significant deterioration in the forecast (of £0.613m) wholly due to fluctuations in gas and electricity prices. The forecast could still be subject to further change during the remainder of the year depending on utility prices from December through to March (refer to paragraph 25 for further explanation).
37. There is a deterioration of £0.634m in the Provider SLA forecast due to potential charges from Hammersmith Hospitals (HHT) for Pathology SLA over performance. There is also a risk that HHT will attempt to pass on additional Agenda for Change costs which we would expect to be funded through the generic contract uplift. These have not been included in the position. There has been no formal communication from HHT on cost pressures for the year to date or the likely outturn position for 2005/06 therefore the Director of Finance is writing to HHT to seek a resolution.
38. The SaFF income forecast has improved by £1.762, the main elements are:

- An improvement in the contract over performance forecast of £1.5m due to correction of two errors in reporting and subsequent pricing of activity. A fuller explanation is provided in paragraph 5. There is a risk this increased billing will be disputed by PCTs because it significantly moves their position when compared with the activity position that has been reported to PCTs for the year to date. The Trust has written to all PCTs and a follow up meeting took place with K&C PCT in late December. It is likely that some form of arbitration will be required before this is fully resolved.
- Non Contract activity for overseas patients covered by reciprocal agreements between the United Kingdom and their home country is significantly higher (£0.638m) than was assumed at Month 7. Department of Health (DH) guidance advises Trusts to bill their host PCT quarterly based on actual activity however for K&C this means that for the first six months they have been billed by the Trust for activity approximately 120% higher than their funding (£0.3m higher). This position has been extrapolated to the end of the year and based on the DH guidance the Trust's financial position assumes this income will be received in full from K&C.

39. As reported earlier, there is a deterioration in the Private Patients forecast of £0.397m. Full explanation is provided in Private Patients Directorate report in Paragraph 28.

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

	Full Year Forecast at November				Movement from October
	Income	Pay	Non pay	Total	
	£000's	£000's	£000's	£000's	£000's
SaFF Income	829	0	0	829	1,762
Other Central Income	-336	0	0	-336	0
Imaging & Anaesthetics	-18	263	-205	40	0
HIV/GUM	508	-331	-35	142	0
Medicine & A&E	-27	-824	118	-733	-21
Surgery	0	576	-526	49	0
Women & Children's	301	-104	-293	-96	-113
Clinical Support	-20	171	30	181	-2
Facilities	150	-101	-598	-549	-613
Man Exec	93	722	-130	685	15
Private Patients & ACU	55	-275	-300	-520	-313
Service Level Agreements	0	0	-634	-634	-634
Other Departments	-19	63	-43	2	-7
Depreciation	0	0	-1,000	-1,000	0
Central	-247	0	4,320	4,073	-58
Total	1,269	160	704	2,133	16

41. The Trust had been set a control total to achieve a £1.9m surplus towards the NWL sector deficit and is currently forecasting to achieve £2.133m which is in excess of the control total. The SHA has reset the control total to £2.1m surplus in the light of this improvement.

42. The Board should note that while the forecast is realistic there are a number of risks, detailed below, that could deteriorate the actual out-turn.

Risks

43. There are four significant risks that could impact on the financial forecast reported in this report. These are set out below.

44. **SaFF and NCA Income** - A higher level of over performance income has been included in the forecast following the correction of the activity recording, however, due to the late notification to PCTs, despite being within national guidelines, some PCTs are likely to raise disputes. In addition, the forecast income includes a high level of overseas visitor income for activity from countries with reciprocal agreements. This activity is billed to K&C PCT on actual activity according to the

national guidelines, however it is more than double the funding that has been allocated to the PCT and the Trust may come under pressure to share the risk.

45. **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. Within the savings identified there are a number of medium to high risk proposals, including a number of schemes that rely on the delivery of additional activity (high risk plans are £0.273m).
46. **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. This is now under review following the change to the base line activity described earlier in the report.
47. **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. Work is ongoing to determine the level of doubtful debt.

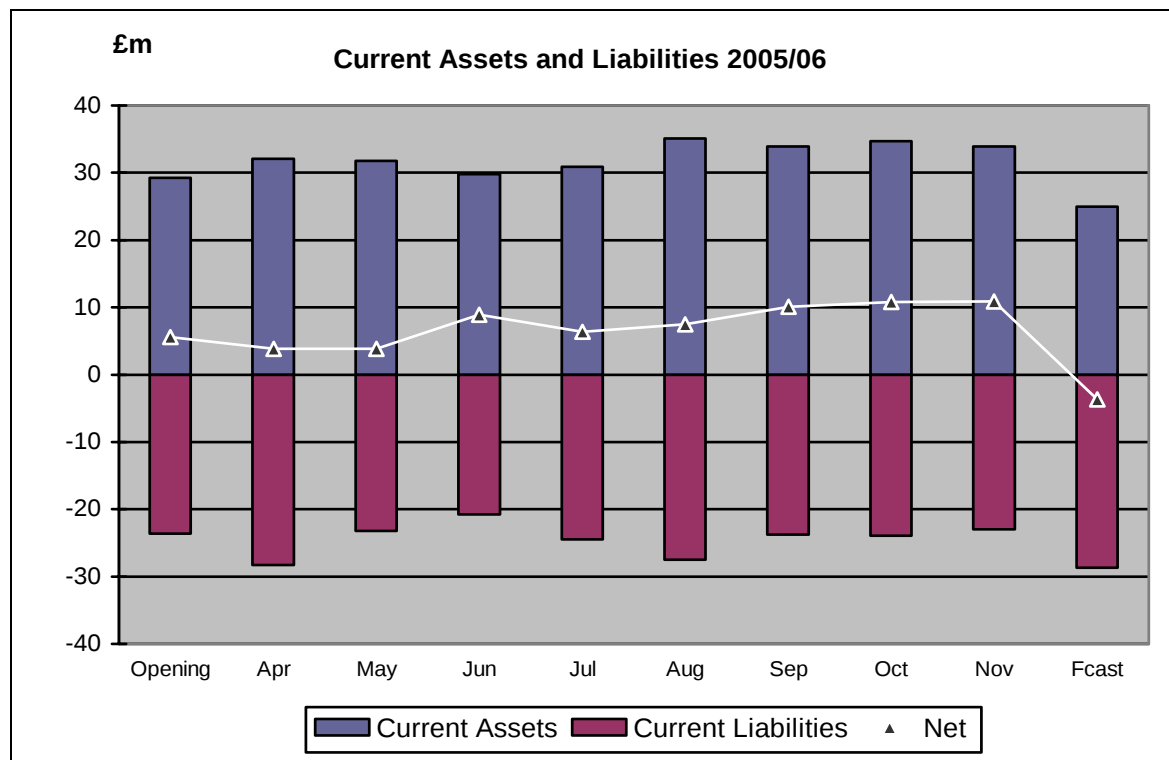
Budget Assumptions

48. There were a number of reserves distributed in Month 8 and the most significant items are detailed below.
49. **Agenda for Change** - Recurrent funding of £0.181m was distributed from the Agenda for Change (AFC) Reserve to fund increased costs for the additional 121 members of staff who assimilated onto AFC terms and conditions in the month and also 48 new members of staff appointed directly onto AFC terms and conditions. Total WTEs now paid under AFC is 590 (circa 25%).
50. **PCT SLAs**- In line with the forecast, Hammersmith and Fulham PCT SaFF income budget was reduced by £0.043m to agree to recently signed contract.
51. **Provider SLAs**- the expenditure SLA budget for Cardiology Services from the Royal Brompton Hospital was reduced by £0.296m in line with the corresponding reduction in PCT income now that the PCTs contract directly with the Royal Brompton Hospital.
52. **PACU**- Women and Children's directorate received £0.156m funding in the month in line with the PACU business case.

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

Working capital

53. At 30 November 2005, the Trust working capital ratio (current assets divided by current liabilities) was 1.48 compared to 1.45 at 31 October 2005. The yearend target working capital ratio is 0.87, with net current liabilities exceeding current assets by £3.753m.
54. Total current assets decreased £0.779m, or 2.2% to £33.9m at 30 November compared to £34.7m at 31 October 2005. This was largely driven by a reduction in income accruals and prepayments of £5.315m, partially offset by an increase of £3.413m in trade debtors.
55. Current liabilities decreased £0.921m, or 3.8% to £23.0m at 30 November 2005 from £23.9m at 31 October. The decrease was due in part to a reduction of £1.240m in expenditure accruals and prepayments, offset to some extent by an increase in provisions for dividend payable of £0.735m
56. The graph below shows the movement in current assets and liabilities.



Debtors (Form F7)

57. There has been a high volume of invoicing in November for Quarter 2 over performance income leading to an increase in debtors at month end.
58. The total value of debt has increased by £3.346m or 20.3% compared to the level at the end of October 2005. The level of debt over 90 days fell from 56.3% to 49.5%.
59. The outstanding amount with Hammersmith Hospitals NHS Trust (HHT) has increased by £0.170m mainly because there was no payment on the account. A set-off arrangement and resolution of a disputed balance of £0.559m needs to be concluded.
60. The increase (£0.362m) in debt owed to North London Strategic Health Authority is due to the billing of levy income in November. This was cleared the first week of December. Some credits are expected against the older debt.
61. Kensington and Chelsea PCT debt has reduced significantly from £2.9m to 1.5m. The unpaid GUM invoice and the balance relating to 2003/04 deficit have been paid. Outstanding debt is all current debt relating to GUM £0.651m, Q1 and Q2 non-contract activity £0.575m, Q2 over-performance £0.119m and high cost drugs £0.119m.
62. Watford and Three Rivers PCT – Disputed amount relating to over-performance charges raised at 2004/05 year-end have not yet been resolved.
63. The debt with Central North West London Mental Health Trust (CNWL MHT) has increased by £0.202m. Of the outstanding amount, £0.580m is for high cost drugs invoice £0.367m is invoice for SLA facilities charge for April to September, raised just before month-end. These amounts will be paid in December.
64. Wandsworth PCT over performance invoices for 04-05 (350K) are still in dispute. The increase in debt is due to high cost drugs invoice for £0.043k and will now be paid in December.
65. The increase in debt with Imperial College (£0.371) relates to facilities charge for the period from April to September which has been paid in December.
66. The value of Private Patients debt at the end of November has reduced by 11.4%. Over 90 days debt has fallen by 1.1%. The amount of Overseas Visitors debt has increased 2.4% due to increased billing.

Creditors (Form F8) – Value of creditors is slightly up, BPPC performance has declined.

67. The value of outstanding creditors increased by 3.4% to £12.446m. The value of invoices outstanding for more than 90 days has increased by 15.2%.
68. The amount due to Hammersmith Hospitals NHS Trust has increased by 11.7%, to £6.187m as no payment was made to HHT in November 2005.
69. Increase in other creditor balances at 30 November is largely associated with increases in the following creditor accounts: NHS Litigation Authority £0.616m, NHS Blood and Transplant £0.205m Gilean Sciences Ltd £0.241m.
70. The total amount paid to creditors in November was £19.557m compared to £20.866 in October 2005. There is still a back log of invoices from September which are being cleared.
71. The percentage of invoices paid within 30 days was 53.5% by value and 58.7% by number during the month. The year to date position was 65.5% by value and 76.3% by number of all invoices were paid within 30 days. The prior year comparative percentage of the number of invoices paid within 30 days was 65.3 by value and 69.2% by number. This performance is an improvement over last year.

Cash Flow Forecast (Form F9A and F9B)

72. Form 9b shows the cumulative cash movement to 30 November 2005. During the 8 month period, cash increased £1.537m, to £2.157. The forecast surplus for the same period is £5.449m resulting in a short fall between plan and actual of £3.912m. £2.1m of this relates to disputed invoices, the bulk of which will be resolved through arbitration, and the balance relates to late billing and is not expected to impact on cash flow overall.
73. We do not anticipate material changes to the working capital trends up to March 2006, but the year end working capital balances will be influenced by three major cash outflows totalling £16.1m:
 - a. Final dividend payment of £4.4m
 - b. Final debt repayment of £6.6.
 - c. Capital expenditure of £5.1m.
74. Between December and March £14.0m must be generated from operating activities. £7.5m will be generated from debtors mainly through timely billing and a reduction in income accruals. The rest will be generated from an increase in creditors, by holding back creditor payments totalling £6.4m.

Lorraine Bewes
Director of Finance and Information

28th December 2005

CHELSEA & WESTMINSTER HEALTHCARE NHS TRUST
FINANCE REPORTS
November 05

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CHELSEA & WESTMINSTER HEALTHCARE NHS TRUST
CONSOLIDATED INCOME & EXPENDITURE SUMMARY

Responsibility: Finance Director

TRUST WIDE

FORM F1
November 05

	THIS MONTH			YEAR TO DATE			FULL YEAR		FORECAST	
	BUDGET	ACTUAL	VARIANCE	BUDGET	ACTUAL	VARIANCE	ORIGINAL PLAN	FULL YEAR BUDGET	ACTUAL	VARIANCE
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
INCOME										
Contract Income SaFF	(14,768)	(15,124)	356	(120,894)	(121,560)	667	(164,789)	(181,355)	(182,184)	829
Non-Contract Activity	(199)	(399)	200	(1,594)	(1,491)	(103)	0	(2,391)	(2,391)	0
Private Patients	(617)	(649)	32	(4,867)	(4,674)	(194)	(6,742)	(7,336)	(7,478)	142
Other Income	(3,123)	(3,117)	(7)	(25,831)	(26,167)	336	(35,536)	(38,596)	(38,894)	298
Donated Depreciation Income	(21)	(13)	(8)	(165)	(103)	(62)	(286)	(248)	(248)	0
TOTAL INCOME	(18,728)	(19,302)	574	(153,351)	(153,995)	644	(207,353)	(229,926)	(231,195)	1,269
EXPENDITURE			0							
Pay	10,233	8,866	1,367	78,709	68,353	10,356	109,662	118,577	104,584	13,993
Bank , Agency & Locum	32	1,357	(1,325)	847	11,454	(10,607)	1,334	1,249	15,082	(13,833)
Sub-total Pay	10,265	10,223	42	79,557	79,808	(251)	110,996	119,827	119,667	160
Non Pay	7,174	7,829	(656)	55,766	56,294	(528)	70,880	82,252	80,548	1,704
Sub-Total Non Pay	7,174	7,829	(656)	55,766	56,294	(528)	70,880	82,252	80,548	1,704
Reserves	125	(28)	153	250	7	243	10,004	7,841	7,841	0
Deficit Reversal/Surplus Brought Forward	286	0	286	2,288	0	2,288	0	3,431	3,431	0
Depreciation	645	733	(88)	5,157	5,864	(707)	6,890	7,735	8,735	(1,000)
Donated Depreciation	21	13	8	165	103	62	286	248	248	0
TOTAL EXPENDITURE	18,516	18,770	(255)	143,183	142,076	1,106	199,055	221,335	220,471	864
OPERATING SURPLUS	213	531	319	10,169	11,919	1,750	8,298	8,591	10,724	2,133
Profit/Loss on Disposal of Fixed Assets	0	0	0	0	0	0	0	0	0	0
SURPLUS BEFORE DIVIDENDS	213	531	319	10,169	11,919	1,750	8,298	8,591	10,724	2,133
Interest Receivable	(19)	(18)	(2)	(153)	(127)	(26)	0	(230)	(230)	0
Dividends	735	735	0	5,881	5,881	(0)	8,298	8,821	8,821	0
SURPLUS / (DEFICIT)	(503)	(186)	317	4,441	6,166	1,724	0	0	2,133	2,133

CHELSEA & WESTMINSTER HEALTHCARE NHS TRUST
SERVICE AGREEMENT VALUE SUMMARY
Responsibility: Finance Director

FORM F2B(i)
November 05

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	21,619,000	N	-153,287	Demand reduction not included in current offer
EALING PCT	2,455,652	2,441,000	Y	-14,652	
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	1,440,122	N	-147,008	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	Reduction for outpats £228k, Maternity reduction full cost reduction +258k + outturn diff
RICHMOND AND TWICKENHAM PCT	2,798,265	2,773,291	Y	-24,974	Using 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 outturn & 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	N	-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 PCT's (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	201,163	Y	-25,534	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	37,060,510	N	-442,044	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	2,990,000	Y	0	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	506,000	Y	-868,000	Based on return for countries with reciprocal agreement
K & C HCA's Funding	1,358,000	1,358,000	Y		
Total Contract Income	177,859,134	173,672,250		-4,186,884	

CHELSEA & WESTMINSTER HEALTHCARE NHS TRUST
SERVICE AGREEMENT VALUE SUMMARY

Responsibility: Finance Director

FORM F2B(ii)

November 05

PCT	Revised FY Budget at Month 8 £000's	Revised Target at Month 8 £000's	Actual at Month 8 £000's	Variance at Month 8 £000's
Contract and Over/Underperformance				
North West London Sector:				
Kensington & Chelsea	(37,139)	(24,759)	(24,974)	214
Westminster	(17,080)	(11,387)	(11,253)	(134)
Hammersmith & Fulham	(22,693)	(15,129)	(14,824)	(304)
Ealing	(2,621)	(1,747)	(1,728)	(20)
Hounslow	(4,281)	(2,854)	(2,923)	70
Hillingdon	(407)	(271)	(387)	115
Brent	(1,440)	(960)	(796)	(165)
Harrow	(547)	(364)	(366)	2
South West London Sector				
Wandsworth	(14,784)	(9,856)	(9,884)	28
Richmond & Twickenham	(2,773)	(1,849)	(1,887)	38
Kingston	(557)	(371)	(360)	(11)
Croydon	(653)	(436)	(409)	(26)
Sutton & Merton	(1,035)	(690)	(735)	45
North Central London Sector				
Barnet	(440)	(293)	(323)	30
Haringey	(194)	(129)	(229)	99
Enfield	(183)	(122)	(145)	23
Islington	(330)	(220)	(246)	25
Camden	(721)	(481)	(429)	(51)
South East London Sector				
Greenwich	(300)	(200)	(172)	(28)
Bexley	(88)	(58)	(52)	(7)
Bromley	(259)	(173)	(172)	(1)
Southwark	(622)	(415)	(315)	(100)
Lewisham	(686)	(457)	(360)	(97)
Lambeth	(1,548)	(1,032)	(1,020)	(12)
North East London Sector:				
Barking & Dagenham	(113)	(75)	(107)	32
Havering	(113)	(75)	(58)	(17)
Tower Hamlets	(168)	(112)	(128)	16
City & Hackney	(208)	(139)	(172)	33
Redbridge	(173)	(115)	(92)	(23)
Waltham Forest	(193)	(129)	(174)	46
Other Major Non - London:				
North Surrey	(757)	(504)	(535)	31
East Elmbridge and Mid Surrey	(786)	(524)	(442)	(82)
Woking	(549)	(366)	(507)	142
Blackwater Valley and Hart	(467)	(312)	(313)	2
Newham	(274)	(183)	(148)	(35)
Guildford and Waverley	(229)	(152)	(156)	4
Watford and Three Rivers	(329)	(219)	(225)	6
East Surrey	(102)	(68)	(68)	(0)
All Other PCTs	(3,970)	(2,648)	(2,991)	343
High Cost Drugs				
High Cost Drugs Exclusions Billed	(400)	(288)	(589)	301
Specialised Services Consortia				
NICU Consortium				
Hillingdon	(1,952)	(1,162)	(1,299)	137
Haringey	(54)	(36)	(36)	0
Bexley	(319)	(213)	(213)	0
Croydon	(614)	(409)	(409)	0
Tower Hamlets	(47)	(31)	(31)	0
All Other PCTs	(168)	(112)	(112)	0
HIV Consortium & Overperformance				
Kensington & Chelsea	(39,504)	(27,150)	(27,145)	(5)
Out of London PCTs	(4,244)	(2,122)	(2,145)	23
GUM				
Kensington & Chelsea	(7,821)	(5,214)	(5,214)	0
Hammersmith & Fulham	(2,988)	(1,992)	(1,993)	1
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)	(2,288)	(2,288)	0
Balance on 9D Codes	0	0	0	0
Balance on 9A Codes	0	0	0	0
Total Contract Income	(181,355)	(120,894)	(121,580)	686

CHelsea & Westminster Healthcare NHS Trust
Service Agreement Activity Summary - By PCT

Responsibility: Finance Director

FORM F2B(iii)
November 05

	ACTIVITY TARGET TO NOVEMBER 05								ACTIVITY ACTUAL TO NOVEMBER 05								ACTIVITY VARIANCE TO NOVEMBER 05								TOTAL
	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	
North West London Sector:																									
KENSINGTON & CHELSEA	3,649	1,088	789	4,485	3,030	138	2,829	31,792	2,982	856	342	3,502	4,487	1,368	4,738	36,071	667	232	447	983	1,457	1,230	1,909	4,279	6,545
WESTMINSTER	1,858	868	810	2,014	1,771	56	1,573	18,074	1,762	693	384	1,385	1,934	547	2,119	19,325	95	175	426	629	163	491	545	1,251	1,124
HAMMERSMITH & FULHAM	2,014	703	650	3,800	2,463	94	2,752	21,779	2,003	713	304	2,495	2,083	1,249	1,592	21,866	11	10	346	1,307	380	1,155	1,280	87	489
EALING	411	163	163	412	256	14	362	3,496	445	178	31	330	96	161	491	3,470	34	15	132	82	160	147	130	26	74
HOUNSLOW	465	181	161	554	124	16	458	4,277	643	203	77	280	336	199	557	3,945	178	22	84	274	212	183	99	332	4
HILLINGDON	46	22	21	46	29	2	47	79	56	49	1	64	11	33	88	623	10	27	20	18	18	31	41	544	634
BRENT	294	109	225	265	227	5	192	1,711	186	93	29	147	146	110	239	1,581	108	16	197	117	81	104	47	131	498
HARROW	37	34	27	81	29	1	59	400	34	22	2	91	45	18	53	321	3	12	24	10	16	17	7	79	82
SOUTH WEST LONDON SECTOR																									
WANDSWORTH	1,246	470	455	3,595	3,044	70	1,517	15,133	1,213	423	186	2,387	3,002	943	2,301	16,298	34	47	269	1,208	42	873	784	1,165	1,224
RICHMOND & TWICKENHAM	272	106	69	563	180	10	309	3,488	321	117	21	351	118	210	434	3,394	49	11	48	212	62	200	125	94	31
KINGSTON	43	26	20	76	55	4	94	659	47	35	19	29	1	18	118	592	4	9	1	47	54	14	24	67	117
CROYDON	69	63	14	59	83	1	86	718	43	40	13	72	37	32	105	672	26	23	1	13	46	31	19	46	79
SUTTON & MERTON	80	26	19	125	103	5	155	1,233	86	47	3	77	51	59	221	1,121	6	21	15	1	66	19	11	112	87
NORTH CENTRAL LONDON SECTOR																									
BARNET	44	23	5	43	19	3	66	500	42	22	62	49	3	24	97	512	2	1	56	6	16	21	31	12	109
HARINGEY	17	8	4	35	14	5	35	274	53	7	2	33	19	35	64	359	35	1	2	2	5	31	29	85	180
ENFIELD	20	12	-	22	2	3	33	253	14	14	0	26	19	13	46	256	6	2	-	4	17	10	13	3	43
ISLINGTON	29	11	1	66	19	1	62	387	24	26	0	46	6	23	71	414	5	15	1	20	13	22	9	27	33
CAMDEN	46	65	28	127	70	6	102	678	54	42	1	39	30	40	131	678	8	22	27	88	40	34	30	0	107
SOUTH EAST LONDON SECTOR																									
GREENWICH	18	16	6	24	14	1	41	329	9	11	0	10	25	7	54	262	9	5	6	14	11	6	13	67	71
BEXLEY	6	9	5	7	76	1	17	136	2	3	0	7	33	3	29	145	4	5	-	0	43	3	12	9	32
BROMLEY	25	14	36	47	2	1	40	256	24	22	10	19	14	7	41	305	1	8	26	28	12	6	1	49	21
SOUTHWARK	43	27	73	140	108	4	90	733	41	30	19	71	22	27	153	773	2	3	54	69	86	23	63	40	81
LEWISHAM	24	13	1	191	33	1	71	441	21	17	0	34	27	8	97	445	3	4	1	157	6	7	27	4	125
LAMBETH	135	75	23	230	140	15	258	1,860	291	64	38	175	283	89	307	1,851	156	11	15	55	143	74	49	9	363
NORTH EAST LONDON SECTOR:																									
BARKING & DAGENHAM	4	7	-	10	-	1	14	154	6	7	0	63	10	9	30	162	2	0	-	53	10	8	16	8	97
HAVERING	14	13	12	14	7	1	20	129	8	47	6	10	1	2	23	113	6	4	6	4	6	51	3	16	38
TOWER HAMLETS	16	9	1	24	48	-	27	236	77	8	0	45	30	14	37	320	61	1	1	21	18	14	9	84	168
CITY & HACKNEY	18	14	3	24	7	-	31	256	16	11	0	45	26	21	75	314	2	3	3	21	19	21	44	58	155
REDBRIDGE	18	13	5	15	1	2	28	209	16	9	0	9	5	6	32	216	2	4	5	6	4	4	4	7	2
WALTHAM FOREST	13	18	5	23	8	2	27	231	16	15	40	59	30	13	40	302	3	3	35	36	22	11	13	71	188
OTHER MAJOR NON - LONDON:																									
NORTH SURREY	107	31	13	74	17	6	51	506	94	49	15	34	38	46	64	479	13	18	2	40	21	40	13	27	13
EAST ELM & MID SURREY	219	59	73	58	31	5	75	684	66	79	35	78	19	27	95	653	152	20	38	20	12	22	20	31	151
WOKING	106	-	-	42	-	4	37	405	80	46	63	67	66	24	67	381	26	46	63	25	66	20	31	24	201
BLACKWATER VALLEY	66	32	13	64	13	5	23	409	66	29	5	48	8	23	64	413	0	3	8	16	5	18	41	4	30
NEWHAM PCT	65	28	12	61	11	2	33	281	17	16	6	25	10	50	330	8	12	5	35	2	9	17	49	12	12
GUILDFORD & WAVERLEY	47	-	-	63	12	7	27	402	26	13	0	31	5	37	39	304	21	13	-	32	7	30	12	98	104
WATFORD & THREE RIVERS	24	20	4	22	97	-	21	181	22	21	0	27	0	10	42	189	2	1	4	5	97	10	21	8	58
EAST SURREY	8	6	1	6	9	1	12	101	9	6	1	7	2	1	18	111	1	0	0	1	7	0	6	10	12
ALL OTHER 'S	432	310	219	809	216	19	439	3,619	306	273	138	946	389	131	662	3,443	125	37	81	137	173	112	223	176	227
TOTAL CONTRACT ACTIVITY	12,008	4,687	3,965	18,320	12,370	511	12,112	116,490	11,222	4,314	1,853	13,214	13,467	5,599	17,923	123,007	787	372	2,113	5,106	1,097	5,088	5,812	6,517	10,136
HIV/GUM & Well babies	6	87	-	3,559	-	-	6,856	31,843	5	67	43	2,087	3,606	880	8,778	36,104	1	20	43	1,472	3,606	880	1,922	4,261	9,219
TOTAL ALL ACTIVITY	12,014	4,774	3,965	21,879	12,370	511	18,968	148,332	11,226	4,382	1,896	15,301	17,073	6,479	26,702	159,111	788	392	2,069	6,578	4,703	5,968	7,734	10,779	19,355

CHelsea & WESTMINSTER HEALTHCARE NHS TRUST
SERVICE AGREEMENT ACTIVITY SUMMARY - BY SPECIALTY

Responsibility: Finance Director

FORM F2B(iv)

November 05

	ACTIVITY TARGET TO NOVEMBER 05								ACTIVITY ACTUAL TO NOVEMBER 05								ACTIVITY VARIANCE TO NOVEMBER 05								TOTAL
	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	
SURGERY and A&I																									
ANAESTHETICS	0	197	0	1,482	0	1	0	0	0	218	0	1,671	0	16	0	0	0	22	0	189	0	15	0	0	225
BURNS	18	42	23	295	259	11	1,090	3,252	6	88	7	151	313	62	1,207	3,560	(13)	46	(16)	(144)	54	51	116	308	403
CRANIO SURGERY	4	8	1	25	0	0	6	29	5	16	1	9	6	6	3	33	1	8	0	(16)	6	6	(3)	4	7
GENERAL SURGERY	391	653	393	778	720	67	818	5,821	277	616	230	629	757	221	775	4,705	(114)	(37)	(163)	(149)	36	153	(43)	(1,116)	(1,432)
OPHTHALMOLOGY	541	23	9	778	0	0	655	8,409	373	30	6	1	0	1	649	6,898	(169)	6	(3)	(1)	0	1	(5)	(1,510)	(1,681)
ORAL SURGERY	52	3	1	5	0	0	24	1,380	11	0	0	0	0	0	17	1,182	(40)	(3)	(1)	(5)	0	0	(7)	(198)	(254)
PAIN MANAGEMENT	207	15	24	1	0	0	278	1,007	157	32	0	0	0	1	273	1,249	(50)	17	(24)	(1)	0	1	(4)	242	181
PALLIATIVE MEDICINE	26	15	97	10	44	1	11	151	16	18	65	7	3	0	24	175	(10)	3	(32)	(3)	(41)	(1)	13	24	(46)
PLASTIC SURGERY	851	525	348	1,104	315	74	209	6,322	592	629	195	371	344	947	425	5,774	(259)	104	(153)	(733)	29	873	216	(549)	(471)
T & O	495	613	421	649	1,192	44	2,943	11,284	320	563	298	479	1,103	199	1,895	8,681	(175)	(50)	(122)	(170)	(89)	155	(1,049)	(2,603)	(4,104)
UROLOGY	580	812	68	149	94	5	381	3,265	680	374	88	133	109	48	322	3,967	100	(439)	20	(17)	15	43	(59)	702	365
Sub-Total Surgery & A&I	3,164	2,906	1,384	4,500	2,624	204	6,416	40,920	2,435	2,584	890	3,450	2,634	1,501	5,591	36,224	(728)	(322)	(493)	(1,049)	10	1,296	(825)	(4,696)	(6,807)
WOMEN & CHILDREN																									
GYNAECOLOGY	633	695	397	651	221	7	1,336	5,445	517	654	157	352	145	423	3,818	6,968	(116)	(41)	(240)	(299)	(76)	416	2,482	1,523	3,649
NICU (Note this is a Cot Day)	0	0	0	301	0	0	0	702	0	1	0	691	0	6	5	693	0	1	0	390	0	6	5	(9)	392
OBSTETRICS	0	12	6	4,060	2,510	0	6	11,795	1	6	0	2,089	1,615	1,376	567	15,213	1	(7)	(6)	(1,971)	(895)	1,376	561	3,418	2,478
PAEDI CRANIO	71	30	14	3	0	0	117	630	46	8	0	1	0	1	91	310	(26)	(22)	(14)	(2)	0	1	(25)	(320)	(407)
PAEDI DENTISTRY	173	13	1	4	0	0	25	1,026	511	13	0	0	0	1	54	1,415	338	(0)	(1)	(4)	0	1	28	389	751
PAEDI ENT	90	119	7	10	2	1	193	441	86	186	1	3	1	5	211	589	(4)	67	(6)	(7)	(1)	4	19	148	220
PAEDI GASTRO	116	143	276	38	161	0	106	1,167	171	152	168	49	294	30	195	1,400	55	9	(108)	11	133	30	90	233	452
PAEDI NEUROLOGY	131	147	12	7	31	1	31	1,147	34	17	0	5	26	1	33	151	3	(8)	(12)	(2)	5	0	2	4	(8)
PAEDI OPHTHALMOLOGY	13	2	0	0	0	0	0	0	13	2	0	0	0	0	115	747	(0)	1	0	0	0	115	747	863	
PAEDI PLASTIC SURG	117	37	5	117	7	4	0	108	117	63	34	15	0	112	8	97	(0)	26	29	(102)	(7)	108	8	(11)	50
PAEDIATRIC SURGERY	417	237	270	470	306	19	256	1,412	434	266	101	265	240	303	1,429	3,754	17	29	(169)	(205)	(66)	284	1,173	2,342	3,405
PAEDIATRICS	101	43	74	1,684	441	31	1,066	4,275	121	46	15	870	327	911	827	4,345	20	3	(59)	(814)	(114)	880	(239)	70	(252)
SPECIAL CARE BABIES	0	0	0	3,077	0	0	0	0	0	0	0	2,498	0	1	0	0	0	0	0	(578)	0	1	0	0	(577)
Sub-Total Women & Children	1,761	1,356	1,062	10,421	3,669	62	3,136	27,146	2,050	1,414	475	6,839	2,648	3,169	7,354	35,681	289	58	(587)	(3,582)	(1,021)	3,107	4,218	8,535	11,017
MEDICINE & A&E																									
A & E	220	2	0	64	0	4	0	995	175	3	21	10	1	9	1,147	97	(45)	1	21	(53)	1	5	1,147	(898)	179
CARDIOLOGY	11	8	100	75	437	1	450	7,832	19	7	6	43	401	5	977	8,159	8	(1)	(94)	(32)	(36)	4	527	327	703
CLINICAL HAEM	690	15	15	19	16	1	206	4,958	411	2	0	8	106	1	163	6,955	(278)	(13)	(15)	(11)	90	0	(43)	1,998	1,728
DERMATOLOGY	1,837	23	43	39	40	1	334	10,472	2,584	8	3	36	13	3	473	10,997	747	(15)	(40)	(1)	(27)	2	139	525	1,330
ELDERLY MED	42	36	49	706	1,400	46	91	1,446	30	43	15	651	2,074	114	85	1,384	(13)	7	(34)	(54)	674	69	(6)	62	581
ENDOCRINOLOGY	57	2	0	12	31	0	309	5,357	87	6	6	9	271	0	294	5,313	30	4	(3)	(3)	240	0	(15)	(44)	219
ENDOSCOPY	2,596	70	249	89	393	3	0	0	2,581	49	30	75	490	7	0	0	(15)	(21)	(159)	(14)	97	4	0	0	(107)
GASTRO	249	43	66	116	224	6	297	4,721	149	41	3	120	410	34	371	4,099	(100)	(2)	(63)	(4)	186	29	75	(628)	(500)
GENERAL MEDICINE	212	78	385	1,933	3,116	161	58	1,558	159	75	144	1,664	3,773	673	93	1,527	(53)	(3)	(241)	(269)	657	512	35	(31)	608
MEDICAL ONCOLOGY	473	67	279	20	106	2	52	1,174	117	17	53	10	88	0	54	1,002	(356)	(50)	(226)	(10)	(18)	(2)	1	(172)	(833)
NEUROLOGY	195	48	189	25	89	1	189	3,068	139	32	133	16	83	2	222	2,701	(56)	(16)	(56)	(9)	(6)	1	33	(367)	(475)
RESPIRATORY MED	101	17	95	274	221	20	213	1,863	117	18	0	234	360	71	259	1,687	15	1	(95)	(40)	139	51	46	(176)	(59)
RHEUMATOLOGY	401	16	50	18	4	0	120	2,702	169	14	14	43	114	6	192	2,787	(232)	(2)	(36)	25	110	6	72	86	29
Subtotal Medicine & A&E	7,083	425	1,519	3,389	6,077	245	2,319	46,152	6,736	317	487	2,923	8,185	926	4,330	46,709	(347)	(108)	(1,032)	(466)	2,108	681	2,012	557	3,404
OTHER	1	0	0	10	0	0	241	2,272	0	0	0	1	0	3	648	4,393	(1)	0	0	(9)	0	3	407	2,121	2,522
TOTAL CONTRACT ACTIVITY	12,008	4,687	3,965	18,320	12,370	511	12,112	116,490	11,222	4,314	1,853	13,214	13,467	5,599	17,923	123,007	(787)	(372)	(2,113)	(5,106)	1,097	5,088	5,812	6,517	10,136
WELL BABIES	0	5	0	3,255	0	0	0	0	1	8	0	1,830	3,034	824	0	0	1	3	0	(1,426)	3,034	824	0	0	2,437
HIV	6	82	0	303	0	0	627	16,985	3	59	43	257	571	56	826	18,206	(3)	(23)	43	(46)	571	56	200	1,221	2,020
GUM	0	0	0	1	0	0	6,229	14,858	0	0	0	0	0	0	7,952	17,898	0	0	(1)	0	0	0	1,723	3,040	4,762
TOTAL ALL ACTIVITY	12,014	4,774	3,965	21,879	12,370	511	18,968	148,332	11,226	4,382	1,896	15,301	17,073	6,479	26,702	159,111	(788)	(392)	(2,069)	(6,578)	4,703	5,968	7,734	10,779	19,355

SUMMARY SALARIES AND WAGES

Responsibility:

TRUST WIDE

FORM F2D

November 05

	Full Year Budget £000s	THIS MONTH				YEAR TO DATE			
		Budget £000s	Actuals £000s	Variance £000s	Variance % £000s	Budget £000s	Actual £000s	Variance £000s	Variance % £000s
MEDICAL									
Senior Medical	21,318	1,837	1,770	67	3.66%	14,228	14,049	179	1.26%
Junior Medical	18,121	1,515	1,376	139	9.19%	12,054	10,797	1,257	10.43%
Other Medical & Dental	13	1	0	1	100.00%	9	7	1	13.98%
Medical Locum	12	0	185	(185)		12	1,574	(1,562)	
Medical sub total	39,463	3,353	3,331	22	0.66%	26,302	26,427	(125)	-0.48%
AGENDA FOR CHANGE									
Agenda for Change Bands 1-4	0	(61)	0	(62)	100.73%	0	1	(1)	0.00%
Agenda for Change Bands 5-8	2	(587)	(2)	(586)	99.72%	1	2	(1)	-121.54%
Agenda for Change sub total	2	(649)	(1)	(648)	99.82%	1	3	(3)	-267.48%
NURSING & MIDWIFERY									
Trained Nursing	31,509	511	622	(110)	-21.51%	21,594	16,671	4,923	22.80%
Untrained Nursing	2,546	61	138	(76)	-124.97%	1,737	1,670	67	3.86%
Health Care Assistants	781	65	(16)	80	123.94%	519	272	247	47.65%
Bank Nursing & Midwifery	263	(3)	666	(668)		131	5,245	(5,114)	
Agenda for Change Bands 1-4	1,184	427	215	212		716	527	189	
Agenda for Change Bands 5-8	11,500	3,543	2,259	1,284		6,969	6,015	953	
Agency Nursing & Midwifery	230	(36)	171	(207)		165	1,719	(1,554)	
Nursing & Midwifery sub total	48,013	4,569	4,055	514	11.26%	31,831	32,119	(288)	-0.90%
PAMS									
Dieticians	244	13	15	(2)	-19.32%	163	145	18	11.20%
Radiographers	1,933	117	147	(31)	-26.26%	1,277	1,179	97	7.60%
Therapists	2,927	97	125	(28)	-29.11%	1,952	1,796	155	7.95%
Agenda for Change Bands 1-4	0	0	0	0		0	0	0	
Agenda for Change Bands 5-8	971	303	178	125		644	494	150	
All Other	3,738	343	277	66	19.31%	2,463	2,124	339	13.76%
Agency/Locums (PAMS)	99	2	38	(36)		67	335	(268)	
PTA - sub totals	9,912	875	781	94	10.75%	6,565	6,074	491	7.49%
OTHER									
Pharmacists	2,256	174	179	(5)	-2.99%	1,502	1,408	94	6.24%
Agenda for Change Bands 1-4	57	5	8	(3)		35	30	5	
Agenda for Change Bands 5-8	182	24	46	(22)		107	117	(11)	
Chaplains	0	0	1	(1)	0.00%	1	0	1	75.88%
Other sub	2,495	204	235	(31)	-15.22%	1,645	1,556	89	5.39%
ADMIN									
Admin & Clerical	14,585	1,122	813	309	27.54%	9,873	7,559	2,314	23.44%
Bank Admin & Clerical	120	25	259	(234)		103	2,075	(1,972)	
Agency Admin & Clerical	527	45	37	7		370	505	(136)	
Senior Managers & Trust Board	4,542	365	339	26	7.24%	3,181	2,720	461	14.50%
Agenda for Change Bands 1-4	990	229	213	17		574	599	(24)	
Agenda for Change Bands 5-8	403	27	41	(14)		160	171	(12)	
Agency Other	0	0	0	0		0	0	0	
Admin - sub total	21,167	1,813	1,702	111	6.12%	14,261	13,629	632	4.43%
Payroll	121,052	10,164	10,102	63	0.62%	80,604	79,808	796	0.99%
Unidentified Savings	(1,225)	101	121	(20)		(1,048)	0	(1,048)	
PAY TOTAL	119,827	10,265	10,223	42	0.41%	79,557	79,808	(251)	-0.32%

CHELSEA & WESTMINSTER HEALTHCARE NHS TRUST
SUMMARY NON PAY EXPENDITURE

TRUST WIDE

FORM F2E

November 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	33,357	3,031	3,019	12	0%	23,053	22,599	454	2%
MEDICAL & SURGICAL EQUIPMENT & DRESSINGS	6,609	586	622	-36	-6%	4,398	4,899	-501	-11%
X-RAY FILM, EQUIP & MATERIALS	1,476	123	117	6	5%	984	1,028	-44	-4%
LABORATORY EQUIP & MATERIALS	260	29	17	12	41%	174	277	-103	-59.43%
PATIENT APPLIANCES / PROTHESES	1,595	133	152	-19	-14%	1,064	1,554	-491	-46.17%
BLOOD PRODUCTS	1,164	97	68	29	30%	776	730	46	5.96%
PATHOLOGY SERVICES	6,790	572	893	-322	-56%	4,529	4,807	-278	-6.14%
OTHER TESTS	535	45	32	12	28%	357	328	29	8.09%
SERVICE LEVEL AGREEMENT	3,530	121	246	-125	-104%	2,385	2,306	80	3.34%
CONTRACT SERVICES			0			0	0		
Contract Catering	2,005	167	162	5	3%	1,337	1,419	-82	-6.16%
Domestics	2,343	195	195	0	0%	1,562	1,571	-9	-0.60%
Portering	929	77	80	-3	-3%	620	633	-14	-2.18%
Carparking	14	1	1	-0	-12%	9	-27	36	389.06%
Laundry Contract	797	66	84	-17	-26%	531	515	16	3.03%
Change control Levy, CCNs	75	6	15	-9	-145%	50	73	-23	-46.63%
Carillion Management Charge	925	77	84	-7	-9%	616	630	-13	-2.19%
Total Bed Management Contract / Lease	176	15	17	-3	-19%	118	85	32	27.35%
IT Services	0	0	0	0	0%	0	0	0	0.00%
Other External Contracts	1,256	102	105	-3	-3%	823	911	-88	-10.69%
PROVISIONS & OTHER CATERING	2	0	33	-32	-15685%	2	61	-59	-3615.27%
LAUNDRY, LINEN, UNIFORMS & CLOTHING	94	8	11	-3	-44%	63	79	-17	-26.30%
CLEANING EQUIPMENT	0	0	0	0	0%	0	0	0	0.00%
LEGAL FEES	3,493	291	292	-1	0%	2,329	2,368	-39	-1.67%
PRINTING, STATIONERY & POSTAGE	920	76	80	-4	-5%	614	573	40	6.57%
TELEPHONES	650	54	83	-29	-54%	433	393	40	9.34%
TRAVEL, SUBSISTENCE & REMOVALS	206	27	27	-1	-3%	141	150	-9	-6.75%
TRANSPORT	1,260	105	114	-9	-9%	840	891	-51	-6.04%
ADVERTISING & PUBLICITY	443	37	33	4	10%	295	303	-8	-2.79%
TRAINING	758	61	37	24	39%	535	327	207	38.74%
ENERGY & WATER	1,955	163	313	-150	-92%	1,304	1,420	-117	-8.94%
FURNITURE, FITTINGS & OFFICE EQUIPMENT	243	20	20	-0	-1%	162	122	41	24.96%
IT EQUIPMENT & SUPPLIES	1,798	150	159	-9	-6%	1,190	1,303	-112	-9.44%
RENT & RATES	1,895	158	198	-40	-25%	1,263	1,292	-29	-2.30%
ESTATES MAINTENANCE	2,069	172	163	10	6%	1,379	1,464	-84	-6.12%
CONSULTANCY	1,048	94	109	-15	-16%	732	803	-72	-9.79%
WARD BUDGETS	0	0	0	0	0%	0	0	0	0.00%
BAD DEBT PROVISION	0	0	2	-2	0%	0	10	-10	0.00%
OTHER EXPENDITURE	1,309	107	60	47	44%	879	183	696	79.20%
FACILITIES /THEATRE RECHARGES	22	2	-19	21	1110%	15	9	6	38.14%
CIP NON PAY SAVINGS	0	0	0	0	0%	0	0	0	0.00%
Non Pay	82,252	7,174	7,828	-655	-9%	55,766	56,294	-528	-0.95%
Depreciation	7,687	641	733	-92	-14%	5,125	5,864	-739	-14.41%
CIP Depreciation Savings	48	4	0	4	100%	32	0	32	100.00%
Donated Depreciation	248	21	13	8	37%	165	103	62	37.41%
DIVIDENDS PAYABLE	8,821	735	735	0	0%	5,881	5,881	-0	0.00%
Deficit Reversal/Surplus Brought Forward	0	0	0	0	0%	0	0	0	0.00%
Reserves	11,273	411	-28	439	107%	2,538	7	2,531	99.72%
TOTAL NON PAY	110,329	8,985	9,282	-296	-3%	69,507	68,149	1,357	1.95%

CHELSEA & WESTMINSTER HEALTHCARE NHS TRUST
SERVICE LEVEL AGREEMENTS EXPENDITURE

Responsibility: Edward Donald

FORM F2F
November 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	0	0	0.0%	0	0	0	0.0%
3A250	NATIONAL BLOOD SERVICE CONTRAC		1,164	97	110	(13)	-13.4%	776	721	55	7.1%
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	0	0	0.0%
3D160	COMPUTER HARDWARE PURCHASES		0	0	0	0	0.0%	0	0	0	0.0%
3D250	RENT & ACCOMMODATION SERVICEWS		369	31	57	(26)	-83.9%	246	261	(15)	-6.1%
3H030	MISCELLANEOUS		0	0	(37)	37	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%	96	74	22	22.9%
3H210	MEDICAL ILLUSTRATION		332	28	27	1	3.6%	222	216	6	2.7%
3H220	A/V SERVICES		0	0	3	(3)	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	868	(308)	-55.0%	4,480	4,685	(205)	-4.6%
3J040	CARDIOLOGY SLA (RBH)		375	(141)	(141)	0	0.0%	250	250	0	0.0%
3J050	INFORMATION SYSTEMS SLA		0	0	(9)	9	0.0%	0	0	0	0.0%
3J060	CLINICAL ENGINEERING SLA		519	43	46	(3)	-7.0%	346	344	2	0.6%
3J070	EEG SLA		0	0	0	0	0.0%	0	0	0	0.0%
3J080	MEDICAL PHYSICS SLA		31	3	8	(5)	-166.7%	21	28	(7)	-33.3%
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	54	(52)	-2600.0%	16	66	(50)	-312.5%
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	41	(26)	-173.3%	122	122	0	0.0%
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)	(16)	(1)	5.9%	(133)	(133)	0	0.0%
9B012	PROVIDER TO PROVIDER INCOME- MARSDEN		(90)	(8)	(7)	(1)	12.5%	(60)	(60)	0	0.0%
VF010	SLAs SAVINGS TARGET		0	0	0	0		0	0	0	
	TOTAL ALL SLAs		9,570	625	1,055	(430)	-68.8%	6,382	6,574	(192)	-3.0%

CHELSEA & WESTMINSTER HEALTHCARE NHS TRUST
TRUST WIDE SUMMARY BY DIRECTORATE

Responsibility: Finance Director

FORM F3A

November 05

Directorate/ Service Area	Accountability	Annual Budget				In Month Variance				YTD Variance				Full Year Forecast at Nov-05				Move't
		Income	Pay	Non pay	Total	Income	Pay	Non Pay	Total	Income	Pay	Non Pay	Total	Income	Pay	Non pay	Total	
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	(182,347)	0	0	(182,347)	499	0	0	499	381	0	0	381	829	0	0	829	1,762
Central Non SaFF income	Lorraine Bewes	(28,954)	0	0	(28,954)	(92)	0	0	(92)	(218)	0	0	(218)	(336)	0	0	(336)	0
Total Central Income		(211,301)	0	0	(211,301)	407	0	0	407	163	0	0	163	493	0	0	493	1,762
Frontline Directorate																		
Imaging & Anaesthetics	Kate Hall	(480)	20,596	5,252	25,367	(1)	8	(7)	(1)	(10)	(158)	(174)	(342)	(18)	263	(205)	40	0
HIV/GUM	Claire James	(723)	10,232	27,058	36,567	53	(13)	(7)	33	329	(178)	(28)	123	508	(331)	(35)	142	0
Medicine & A&E	Nicola Hunt	(841)	22,527	6,470	28,156	(37)	(108)	106	(38)	(5)	(562)	266	(300)	(27)	(824)	118	(733)	(21)
Surgery	Kate Hall	(424)	14,625	4,430	18,631	(1)	69	(68)	(0)	4	342	(369)	(23)	0	576	(526)	49	0
Womens & Children's	Sherryn Elsworth	(3,804)	29,561	4,238	29,995	66	67	(68)	65	241	(180)	(249)	(188)	301	(104)	(293)	(96)	(113)
Subtotal Frontline Directorates		(6,272)	97,541	47,448	138,717	80	23	(44)	60	560	(736)	(553)	(729)	764	(420)	(941)	(598)	(134)
Pharmacy	Karen Robertson	(690)	3,783	396	3,489	2	(15)	1	(12)	56	5	15	76	0	53	2	55	(20)
Physiotherapy & Occ Therapy	Douline Schoeman	(178)	3,762	174	3,758	(1)	2	7	8	(8)	74	17	83	(13)	81	27	95	2
Dietetics	Helen Stracey	(24)	582	30	588	(1)	11	1	11	(5)	25	(1)	19	(7)	37	1	31	16
Regional Pharmacy	Susan Sanders	(59)	39	33	12	(5)	3	3	1	(39)	26	22	8	0	0	0	0	0
Subtotal Clinical Support		(950)	8,165	633	7,847	(5)	2	11	8	4	130	53	187	(20)	171	30	181	(2)
Chief Executive	Heather Lawrence	(84)	1,033	178	1,127	0	2	7	9	3	25	28	56	5	36	50	91	4
Governance & Corporate Affairs	Vivia Richards	(3)	721	3,530	4,248	(0)	11	(7)	3	(1)	151	(14)	136	(1)	181	(23)	157	(4)
Nursing	Andrew MacCallum	(875)	2,387	290	1,802	(1)	7	4	9	(1)	79	16	94	(6)	63	14	71	(3)
Human Resources	Maxine Foster	(104)	1,699	339	1,933	3	2	9	14	7	66	83	155	(4)	65	89	150	13
Finance	Lorraine Bewes	(421)	3,342	693	3,614	(0)	20	(10)	9	23	60	(66)	17	25	58	(78)	5	4
IC&T & EPR	Alex Geddes	(8)	1,578	1,862	3,433	2	26	(12)	17	(1)	245	(70)	174	88	298	(179)	207	1
Occupational Health	Stella Sawyer	(169)	332	61	223	(5)	3	(2)	(4)	(9)	14	4	8	(14)	21	(3)	4	0
Subtotal Management Exec		(1,664)	11,092	6,952	16,380	(2)	71	(12)	58	21	639	(20)	640	93	722	(130)	685	15
Facilities	Edward Donald	(2,465)	143	15,851	13,529	11	(14)	(171)	(174)	70	(89)	(129)	(148)	150	(101)	(598)	(549)	(613)
Research & Development	Mervyn Maze	(3)	0	3	0	(3)	0	0	(3)	(3)	0	0	(3)	0	0	0	0	0
Private Patients	Elizabeth Ogunoye	(3,520)	918	481	(2,120)	51	(29)	5	27	(87)	(171)	(181)	(440)	7	(188)	(216)	(397)	(397)
Overseas	Elizabeth Ogunoye	(690)	0	0	(690)	(22)	0	0	(22)	42	0	0	42	(15)	0	0	(15)	(79)
ACU	Sherryn Elsworth	(1,204)	697	440	(67)	21	(24)	(7)	(10)	(67)	(58)	(61)	(186)	63	(87)	(84)	(108)	32
Post Graduate Centre	Kevin Shotlift	0	89	132	221	16	1	2	18	24	11	22	56	0	13	0	13	13
Projects	Edward Donald	(343)	909	150	716	9	(1)	(11)	(3)	16	(5)	(17)	(5)	25	(13)	(13)	(1)	(10)
Simulation Centre	Andrew MacCallum	(287)	274	51	38	18	19	7	44	(36)	52	(5)	11	(44)	63	(30)	(10)	(10)
Service Level Agreements	Edward Donald	(290)	0	9,861	9,571	(1)	0	(426)	(426)	0	0	(193)	(193)	0	0	(634)	(634)	(634)
Subtotal Other Directorates		(8,801)	3,030	26,969	21,198	101	(49)	(601)	(550)	(42)	(260)	(564)	(866)	186	(313)	(1,575)	(1,701)	(1,698)
Total All Directorates		(17,688)	119,827	82,002	184,141	174	47	(645)	(424)	543	(227)	(1,085)	(769)	1,023	160	(2,616)	(1,433)	(1,819)
Central Budgets																		
Capital Charges	Lorraine Bewes	(248)	0	16,756	16,508	(8)	0	(85)	(92)	(62)	0	(677)	(739)	0	0	(1,000)	(1,000)	0
Central Budgets	Lorraine Bewes	(919)	0	298	(621)	(1)	(5)	433	426	(26)	(25)	3,120	3,069	(247)	0	4,320	4,073	72
Reserves	Lorraine Bewes	0	0	11,273	11,273	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Central Budgets		(1,167)	0	28,327	27,160	(9)	(5)	348	334	(88)	(25)	2,443	2,330	(247)	0	3,320	3,073	72
Net Deficit(-)/Surplus(+)		(230,156)	119,827	110,329	(0)	572	42	(297)	317	618	(251)	1,357	1,724	1,269	160	704	2,133	16

CHELSEA & WESTMINSTER HEALTHCARE NHS TRUST

ACU Summary

Responsibility:

FORM F3B

November 05

	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	10	(5)	108	87	(21)	168	123	(45)
ICSI	10	12	2	72	64	(8)	112	108	(4)
Sub total self fund cycles	25	22	(3)	180	151	(29)	280	231	(49)
NHS Cycles	5	4	(1)	40	41	1	60	61	1
Sub total self fund & NHS cycles	30	26	(4)	220	192	(28)	340	292	(48)
IUI (procedure)	30	33	3	240	232	(8)	360	364	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)	(25)	(8)	(232)	(192)	(40)	(363)	(343)	(20)
ICSI	(27)	(30)	3	(191)	(167)	(24)	(299)	(295)	(4)
Sub total self fund cycles	(60)	(55)	(5)	(424)	(359)	(65)	(662)	(638)	(24)
Other NHS Cycles (not part of block contract)	0	0	0	0	0	0	0	0	0
WIP CYCLES	0	0	0	0	0	0	0	0	0
Sub total self fund & NHS cycles	(60)	(55)	(5)	(424)	(359)	(65)	(662)	(638)	(24)
IUI	(20)	(22)	3	(156)	(129)	(27)	(234)	(228)	(6)
Consultations	(4)	(8)	5	(26)	(27)	1	(40)	(41)	1
Drugs income	(18)	(16)	(2)	(132)	(130)	(2)	(204)	(202)	(2)
Other	(6)	(27)	21	(42)	(68)	26	(64)	(158)	94
Income sub total	(106)	(127)	21	(780)	(712)	(67)	(1,204)	(1,267)	63
Pay	58	82	(24)	465	523	(58)	697	785	(87)
Non pay	37	43	(7)	293	354	(61)	440	524	(84)
Surplus/ Deficit	(11)	(2)	(10)	(21)	165	(186)	(67)	42	(109)

CHELSEA & WESTMINSTER HEALTHCARE NHS TRUST
SUMMARY OF RESERVES MOVEMENTS

Responsibility: Finance Director

FORM 4A
November 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	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
Specific Expenditure Reserves	3X010	7,804	(4,066)	(1,471)	(541)	(558)	(351)	(690)	(73)	(7,750)	54	(1,616)	(1,562)
Other Income Inflation Target	3X020	1,700	0	(149)	(883)	50	(594)	(322)	252	(1,645)	55	(55)	0
Income	3X050	2,259	0	(664)	(193)					(857)	1,402	0	1,402
Pay Inflation	3X060	4,504	(1,213)	0	(2,609)	(329)				(4,151)	354	(406)	(53)
Non Pay	3X070	2,633	(694)	0	(1,273)	93	(294)			(2,168)	465	(465)	0
Contingency	3X080	730	(222)	(230)	454		(159)	(14)	(28)	(198)	532	(52)	480
Cost Improvement Programme	3X190	(1,022)	213	500	0					713	(309)	0	(309)
Deficit Payback	3X195	4,802	(4,665)	(138)	0	3,432				(1,371)	3,431	0	3,431
Agenda for Change Reserve	3X250	3,798	615	(19)	279	(61)	(167)	(236)	(193)	217	4,015	(3,265)	750
EWTD Reserve	3X260	826	(145)	(215)	255	(137)		(25)	(37)	(304)	522	(93)	429
Pensions Indexation	3X270	250	0	0						0	250	(250)	0
CNST Reserve	3X280	674	(669)	0						(669)	5	0	5
Consultant Contract Reserve	3X290	636	(49)	0	(300)	(17)	(12)			(377)	259	(259)	0
LDP - Emergency Care	3X410	141	0	0						0	141	(141)	0
NICE Drugs	3X510	1,553	(1,656)	39						(1,618)	(65)	0	(65)
Capital Charges	3X600	1,675	0	(1,675)						(1,675)	0	0	0
Ringfenced Funding	3X680	512	(89)	(23)	302	(10)	103	(65)	(90)	128	640	(640)	(0)
Generics	3X700	(1,140)	0	491	173					664	(476)	476	(0)
		32,334	(12,639)	(3,555)	(4,335)	2,463	(1,474)	(1,352)	(168)	(21,061)	11,273	(6,764)	4,509
													1,008

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

Responsibility: Finance Director

FORM F5A
November 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	Depreciatio n 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						43	152	(417)
Surgery	Kate Hall	(436)								192	192	(244)
Womens & Children's	Sherryn Elsworth	(681)		71						610	681	0
Subtotal Frontline Directorates		(2,956)	0	563	0	0	0	0	0	1,586	2,149	(807)
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	0	0	160	0	60	1,932	2,715	(1,150)
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	0	0	160	0	60	1,932	2,715	(2,243)

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

CHELSEA & WESTMINSTER HEALTHCARE NHS TRUST
TRUST WIDE SAVINGS DETAIL INCLUDING PLANS IN DEVELOPMENT

Responsibility: Finance Director

FORM F5B

November 05

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	Achieved	(570)		54							54	(570)
Nursing Skill Mix Review		Low									100	100	54
Radiology		Achieved									19	19	100
GM post in A&I		Achieved									200	200	19
2nd Burns on call ITU bed		High									46	46	200
Bed closed in ITU		Achieved			29						15	15	46
MTO 3 post in Anaesthetics		Achieved									29	29	15
G grade post in Theatres		Achieved									17	17	29
Perioperative Nurse Practitioner		Achieved									10	10	17
Anaesthetics Practitioner Project Management Funding		Achieved									31	31	10
Critical Care G Grade part year effect		Achieved									20	20	31
Maintenance Saving		Achieved									29	29	20
Miscellaneous Saving		Achieved											29
			(570)	0	83	0	0	0	0	0	487	570	0
HIV/GUM	Paul Walsh	Achieved	(700)		300							300	(700)
Nursing Skill Mix Review		Achieved									308	308	300
Non-Recurring Savings CX Clinic		Achieved									10	10	308
Non-Recurrent Pay Slippage		Achieved									82	82	10
Other Savings		Achieved											82
			(700)	0	300	0	0	0	0	0	400	700	0
Medicine & A&E	Nicola Hunt	Achieved	(569)		71	152						71	(569)
Nursing Skill Mix Review		High									15	152	71
12-14 bed reduction (6 immediately)		Low									43	43	152
Floating SpR locum		Achieved			38						0	0	15
A&E Skill Mix		Achieved											38
Consultant Pay Savings		Achieved											43
Sleep studies		-											0
			(569)	0	109	152	0	0	0	0	58	319	(250)
Surgery	Kate Hall	Achieved	(436)										(436)
Management pay budget savings		Achieved									108	108	108
SK Skin Bank pye facilities		Achieved									84	84	108
Close 10 surgical beds		Medium									100	100	84
Nursing Skill Mix Review (Outpatients)		Low			24						120	120	100
Plastics SPR Banding savings		Medium									412	436	120
			(436)	0	24	0	0	0	0	0			0
Womens & Children's	Sherryn Elsworth	Achieved	(681)		71							71	(681)
Nursing Skill Mix		Achieved									177	177	71
NICU HDU Income		Achieved									433	433	177
Delayed Recruitment		Achieved											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 Prescription income PCT Income Charitable Funds Micro-HHNT Purchasing/ reclaims BKCW non-SLA Physiotherapy & Occ Therapy Delayed recruitment Dietetics Regional Pharmacy	Karen Robertson	Low	(82)								20	0	(82)
											5	20	5
											10	10	10
	Douline Schoeman	Achieved									40	40	40
											7	7	7
			(82)	0	0	0	0	0	0	82	82	0	
	Helen Stracey Susan Sanders	Achieved	(93)								93	93	(93)
(93)			0	0	0	0	0	0	93	93	93		
			(14)							14	14	0	
			0							0	0	0	
Subtotal Clinical Support			(189)	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 LAS/Taxis Telecoms Car Parking Consultancy reduction Climate Control Levy Rates appeal Interpretation Private Patients ACU Post Graduate Centre Projects Simulation Centre Service Level Agreements Viral load testing	Helen Elkington	Achieved	(284)							60		0	(284)
											25	25	60
											76	76	25
											25	25	76
											25	25	25
											50	50	25
											25	25	50
	Paul Walsh Sherryn Elsworth Kevin Shotliff Helen Elkington Paul White Edward Donald			(284)	0	0	0	0	0	60	226	286	2
			0								0	0	0
			0								0	0	0
0									0	0	0		
0									0	0	0		
0									0	0	0		
0									0	0	0		
Subtotal Other Directorates			(284)	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 Procurement Savings PODs Drug returns	Lorraine Bewes											0	0
	Vince Pross	Medium		100								100	100
	Karen Robertson											0	0
	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)

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	208,057	207,450	204,993
Plant & Equipment	9,416	8,701	8,563	7,783
RELEVANT FIXED ASSETS :	262,506	263,498	262,752	259,515
Under Construction	7,136	13,183	13,330	19,602
TOTAL FIXED ASSETS :	269,642	276,681	276,082	279,117
CURRENT ASSETS :				
Stocks & Work In Progress	4,147	2,610	3,520	3,597
Trade Debtors	16,583	16,425	19,838	13,895
Provision for Irrecoverable Debt	-5,520	-4,370	-4,371	-4,370
Accruals and Prepayments	12,974	16,570	11,255	10,862
Other Debtors	444	1,474	1,548	361
Cash at Bank & in Hand	620	2,017	2,157	683
Short - term Investment	0	0	0	0
TOTAL CURRENT ASSETS :	29,248	34,726	33,947	25,028
CURRENT LIABILITIES :				
Tax and Social Security	(3,700)	(3,895)	(4,059)	(4,232)
Dividends Payable	0	(735)	(1,470)	0
Trade Creditors	(12,223)	(12,034)	(11,982)	(15,431)
Accruals and Prepayments	(5,969)	(4,121)	(2,881)	(7,072)
Other Creditors	(1,727)	(3,138)	(2,610)	(2,046)
TOTAL CURRENT LIABILITIES :	(23,619)	(23,923)	(23,002)	(28,781)
NET CURRENT ASSETS / (LIABILITIES)	5,629	10,803	10,945	(3,753)
Creditors over one year	(996)	(996)	(996)	(996)
Provisions for liabilities and Charges	(2,518)	(2,134)	(2,100)	(719)
TOTAL ASSET EMPLOYED	271,757	284,353	283,930	273,649
CAPITAL & RESERVES				
Public Dividend Capital	177,764	177,764	177,764	171,161
Loans	0	0	0	0
TOTAL CAPITAL DEBT	177,764	177,764	177,764	171,161
RESERVES				
Revaluation Reserve	90,811	97,099	97,099	96,714
Donation Reserve	5,885	5,847	5,608	6,344
Other Reserve				
Income & Expenditure Reserve / (Deficit)	(2,703)	3,643	3,459	(570)
TOTAL RESERVE	93,993	106,590	106,167	102,488
TOTAL CAPITAL AND RESERVES	271,757	284,353	283,930	273,649

Working capital ratios	1.24	1.45	1.48	0.87
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Age Debtor Analysis

Responsibility: Finance Director

FORM F7

November 05

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 and Three Rivers 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	49.01%	8,885,540	5,217,224	47,359	3,620,957
Other Debtors	50.99%	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
% of total		100.0%	44.31%	6.17%	49.51%
Increase/decrease on last month		3,346,670	3,382,608	-559,317	523,380
% Increase/(decrease)on previous month		20.3%	62.5%	-31.3%	5.6%

Analysis of Private Patients Debtors

Outstanding as at 31 November 2005		1,083,475	520,298	208,494	354,683
% of total		100.0%	48.0%	19.2%	32.7%
Increase/decrease on last month		-140,024	-226,831	90,723	-3,917
% Increase/(decrease)on previous month		-11.4%	-30.4%	77.0%	-1.1%

Analysis of Overseas Visitors Debtors

Outstanding as at 31 November 2005		1,201,889	72,673	70,191	1,059,025
% of total		100.0%	6.0%	5.8%	88.1%
Increase/decrease on last month		28,574	-1,144	-1,136	30,854
% Increase/(decrease)on previous month		2.4%	-1.6%	-1.6%	3.0%

October	%Age	Total	Days 0-30	Days 31-90	Days 91+
Kensington and Chelsea PCT	16.06%	2,972,566	2,970,339	0	2,226
The Hammersmith Hospitals NHS Trust	4.15%	2,053,356	826,376	69,664	1,157,315
Watford & Three Rivers PCT	3.81%	500,916	78,703	50,185	372,027
Wandsworth PCT	2.66%	431,321	22,650	43,172	365,499
Brent KCW Mental Health Trust	2.63%	413,640	0	0	413,640
Western Sussex PCT	2.56%	397,840	0	0	397,840
Southend on Sea PCT	2.45%	351,048	10,081	-6,431	347,398
Adur Arun & Worthing PCT	2.10%	331,772	10,855	-24,232	345,150
The Royal Marsden Hospitals	2.05%	330,371	32,215	10,460	287,695
CNWL Mental Health Trust	1.99%	308,680	296,196	0	12,485
Sub Total	40.46%	8,091,508	4,247,416	142,818	3,701,275
Other Debtors	59.54%	8,402,790	1,162,240	1,641,299	5,599,251
Total	100%	16,494,298	5,409,655	1,784,117	9,300,526
		100%	32.80%	10.82%	56.39%
Analysis of Private Patients Debtors					
Outstanding as at 31 October 2005		1,223,499	747,129	117,771	358,599
% of total		100.0%	61.1%	9.6%	29.3%
Analysis of Overseas Visitors Debtors					
Outstanding as at 31 October 2005		1,173,315	73,817	71,327	1,028,171
% of total		100.0%	6.3%	6.1%	87.6%

	%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	170,719
North West London WDC	1,372,674
Kensington & Chelsea PCT	-1,416,652
Watford and Three Rivers PCT	79,404
CNWL Mental Health Trust	202,677
Wandsworth and Three Rivers PCT	50,945
Imperial College London	371,460
Southend on Sea PCT	102,186
Adur Arun & Worthing PCT	121,208
Brent KCW Mental Health Trust	0
Total	1,054,621

Responsibility: Finance Director

CURRENT MONTH		%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
% of total			100.00%	45.68%	15.07%	39.25%
Incease/decrease on last month			412,666	-170,694	-61,414	644,774
% increase /decrease on last month			3.43%	-2.92%	-3.17%	15.20%

PREVIOUS MONTH : October		%age of Total Cr's	TOTAL	Days 0 - 30	Days 30 - 90	Days OVER 90
Top 10 Creditor Balances			£	£	£	£
1	HAMMERSMITH HOSPITALS NHS TRUST...	46.02%	5,537,625	1,493,391	1,111,749	2,932,485
2	ISS MEDICLEAN LTD.	8.23%	990,550	928,342	46,626	15,583
3	IMPERIAL COLLEGE	3.68%	442,512	96,093	27,321	319,098
4	MAWDSLEYS	2.72%	327,497	322,050	132	5,314
5	GILEAD SCIENCES LTD.	2.33%	279,851	279,851	0	0
6	RICHMOND&TWICKENHAM PCT	2.21%	265,705	0	0	265,705
7	NHS LOGISTICS AUTHORITY	2.03%	243,813	243,813	0	0
8	AAH PHARMACEUTICALS	1.99%	239,400	239,550	-132	-18
9	HADEN BUILDING MANAGEMENT LTD	1.73%	208,695	68,350	65,007	75,337
10	NATIONAL BLOOD SERVICE - SE	1.40%	168,824	96,991	71,833	0
Sub Total		72.33%	8,704,471	3,768,431	1,322,535	3,613,505
Others Creditors		27.67%	3,329,190	2,087,185	614,639	627,367
TOTAL		100.00%	12,033,662	5,855,615	1,937,174	4,240,872
Percentage of No. of days / Total Creditors			100.00%	48.66%	16.10%	35.24%

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	649,547
2 ISS MEDICLEAN LTD.	-220,677
3 NHS LITIGATION AUTHORITY	616,495
4 IMPERIAL COLLEGE	6,600
5 NHS BLOOD AND TRANSPLANT	205,026
6 MAWDSLEYS	-20,165
7 RICHMOND&TWICKENHAM PCT	0
8 HADEN BUILDING MANAGEMENT LTD	41,207
9 GILEAD SCIENCES LTD.	241,009
10 WANDSWORTH PRIMARY CARE TRUST	205,846

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							
January							
February							
March							

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	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%
PREVIOUS MONTH : October					
	%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 TRUST...	46.02%	5,537,625	1,493,391	1,111,749	2,932,485
2 ISS MEDICLEAN LTD.	8.23%	990,550	928,342	46,626	15,583
3 IMPERIAL COLLEGE	3.68%	442,512	96,093	27,321	319,098
4 RICHMOND&TWICKENHAM PCT	2.21%	265,705	0	0	265,705
5 NHS LOGISTICS AUTHORITY	2.03%	243,813	243,813	0	0
6 NATIONAL BLOOD SERVICE - SE	1.40%	168,824	96,991	71,833	0
7 WANDSWORTH PRIMARY CARE TRUST	1.13%	136,469	45,119	0	91,350
8 GUY'S & ST THOMAS' NHS TRUST	0.92%	111,015	36,236	14,443	60,337
9 SOUTHEND PCT	0.79%	95,494	0	0	95,494
10 LONDON AMBULANCE SERVICE NHS TRUST	0.78%	94,308	76,581	17,727	0
Sub Total	67.20%	8,086,315	3,016,566	1,289,697	3,780,052
Others Creditors	32.80%	3,947,347	2,839,050	647,477	460,820
TOTAL	100.00%	12,033,662	5,855,615	1,937,174	4,240,872
Percentage of No. of days / Total Creditors		100.00%	48.66%	16.10%	35.24%
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	-942,995				
2 ISS MEDICLEAN LTD.	-220,677				
3 NHS LITIGATION AUTHORITY	616,495				
4 IMPERIAL COLLEGE	6,600				
5 NHS BLOOD AND TRANSPLANT	205,026				
6 RICHMOND&TWICKENHAM PCT	0				
7 WANDSWORTH PRIMARY CARE TRUST	69,377				
8 NHS LOGISTICS AUTHORITY	-108,009				
9 ROYAL BROMPTON & HAREFIELD NH	110,798				
10 GUY'S & ST THOMAS' NHS TRUST	-806				
	-264,192				

Chelsea and Wesminster Healthcare NHS Trust
Cash Flow Statement

Responsibility: Finance Director

FORM F9A
November 05

	1	2	3	4	5	6	7	8	9	10	11	12		Forecast
£ 000	Actual Apr-05	Actual May-05	Actual Jun-05	Actual Jul-05	Actual Aug-05	Actual Sep-05	Actual Oct-05	Actual Nov-05	Forecast Dec-05	Forecast Jan-06	Forecast Feb-06	Forecast Mar-06	Actual YTD	Total Mar-06
	£	£	£	£	£	£	£	£	£	£	£	£		£
Total Operating Surplus/(Deficit)	1,172	3,253	427	327	1,680	2,958	1,584	541	(304)	(304)	(304)	(305)	11,941	10,724
Depreciation and Amortisation	669	640	822	733	746	746	746	746	759	759	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)	(19)	(19)	(19)	(20)	627	550
(Increase)/Decrease in Debtors	(1,274)	543	1,280	1,030	(6,818)	776	(1,155)	1,828	1,880	1,880	1,881	1,880	(3,790)	3,733
Increase/(Decrease) in Creditors	730	(1,058)	(2,329)	590	3,001	32	(608)	(1,656)	1,884	438	(2,057)	6,194	(1,299)	5,160
Increase/(Decrease) in Provisions	-	(6)	-	(5)	0	0	(373)	(33)	(350)	(340)	(340)	(352)	(417)	(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	3,850	2,414	(67)	7,947	12,911	27,055
RETURNS ON INVESTMENTS AND SERVICING OF FINANCE:														
Interest receivable	13	15	22	10	17	14	14	18	26	27	27	27	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	26	27	27	27	123	230
CAPITAL EXPENDITURE														
Payments to acquire tangible fixed assets	(409)	(2,398)	(980)	(507)	(1,320)	(498)	(580)	(393)	(1,391)	(1,391)	(1,391)	(942)	(7,086)	(12,201)
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)	(1,391)	(1,391)	(1,391)	(540)	(7,086)	(11,799)
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	2,485	1,050	(1,431)	3,024	1,537	6,666
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	2,485	1,050	(1,431)	3,024	1,537	6,666
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	(6,603)	0	(6,603)
Net cash inflow (outflow) from financing	0	0	0	0	0	0	0	0	0	0	0	(6,603)	0	(6,603)
Increase (decrease) in cash	921	(174)	(229)	2,505	(2,380)	(189)	943	140	2,485	1,050	(1,431)	(3,579)	1,537	63
Opening Cash Balance	620	1,541	1,367	1,138	3,643	1,263	1,074	2,017	2,157	4,643	5,693	4,262	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	4,643	5,693	4,262	683	2,157	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	4,643	5,693	4,262	683	2,157	0
BROKERAGE PAID BACK										0	0	0		0
REPAYABLE PDC														
TOTAL CASH SUPPORT	1,541	1,367	1,138	3,643	1,263	1,074	2,017	2,157	4,643	5,693	4,262	683		

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					153,946
PAYMENTS	(18,741)	(17,533)	(21,492)	(16,905)	(15,985)	(21,331)	(20,866)	(19,557)					-152,409
NET MOVEMENT	921	(175)	(228)	2,505	(2,380)	(189)	943	140	0	0	0	0	1,537
Cumulative	921	746	518	3,023	643	454	1,397	1,537					
FUNDING / BROKERAGE	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					1,537
Cumulative	921	746	518	3,023	643	454	1,397	1,537					

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

Note: (All figures are in £000)

S U M M A R Y

Description	CURRENT YEAR						
	Original In Year Budget	Revised In Year Budget P5	Commitments	Actual spend YTD	Expected spend not yet Committed	Total Forecast Expenditure	Variance

ALL YEARS : 2003-2009							
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	
Brokerage	4,300	5,096				5,096	
A & E additional allocation	100	100				100	
Prior year adj	117	299				299	
Donated	365	402				402	
Total Funding	12,154	13,169				13,169	

7,419	11,685	7,272	6,774	192	33,342	33,342	0
	-4,300	5,096	0	0	796	796	0
	100	100	0	0	200	200	0
	-117	299	0	0	182	182	0
	301	402	0	0	703	703	0
7,419	7,669	13,169	6,774	192	35,223	35,223	0

EXPENDITURE

Projects	3,465	2,870	101	1,473	1,398	2,871	-1
Special Projects	2,996	3,122	159	559	2,564	3,123	-1
Treatment Centre	1,643	2,082	0	2,082	0	2,082	0
Information Communications Technology	732	1,109	0	754	353	1,107	2
Medical Equipment	3,170	3,382	983	1,794	1,590	3,384	-2
Contingency	200	202	0	22	180	202	0
Funded Capital Expenditure	365	402	0	402	0	402	0
Total expenditure	12,571	13,169	1,243	7,086	6,085	13,171	-2

4,498	1,993	2,870	2,994	0	12,355	12,356	-1
23	54	3,122	3,194	192	6,585	6,586	-1
513	3,866	2,082	0	0	6,461	6,461	0
107	340	1,109	0	0	1,556	1,554	2
2,277	1,113	3,382	586	0	7,358	7,360	-2
1	2	202	0	0	205	202	3
0	301	402	0	0	703	703	0
7,419	7,669	13,169	6,774	192	35,223	35,222	1

Under (-Over) Committed	-417	0				-2	
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0	0	0	0	0	0	1	
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Project Code	Description	CURRENT YEAR						ALL YEARS : 2003-2009							
		Revised In Year Budget P5	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	0		7,419	11,685	7,272	6,774	192	33,342	33,342	
	Brokerage	5,096			5,096	0		0	-4,300	5,096		0	796	796	
	A & E additional allocation	100			100	0		0	100	100		0	200	200	
	In year allocations	299			299	0		0	-117	299		0	182	182	
	Donated	402			402	0		0	301	402		0	703	703	
Funding		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		291	79	0	0	0	370	370	0
P709	Clinical Skills GCPC	0	0	0	0	0		957	16	0	0	0	973	973	0
P773	Maternity Modernization Monies	0	0	0	0	0		103	17	0	0	0	120	120	0
	Total Projects C/F 2002/03	0	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		1,056	42	0	0	0	1,098	1,098	0
P700	Generators/Load Shed	0	0	0	0	0		0	63	0	0	0	63	63	0
P702	Balustrades	0	0	0	0	0		78	3	0	0	0	81	81	0
P703	Fire Alarm System	0	2	0	2	-2		465	219	0	0	0	684	686	-2
P704	Lifts	574	390	184	574	0		609	231	574	886	0	2,300	2,300	0
P705	Security	32	33	0	33	-1		273	112	32	0	0	417	418	-1
P706	Life Expired Equipment	100	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
P706	Life Expired Equipment-Fire damper access	0	0	0	0	0		0	0	0	0	0	0	0	0
P707	Peat & Other Works	0	0	0	0	0		173	221	0	0	0	394	394	0
P712	Decontamination	0	0	0	0	0		133	151	0	0	0	284	284	0
P772	Pharmacy Completions	0	0	0	0	0		276	-1	0	0	0	275	275	0
P782	Cooling (Temporary)	313	259	54	313	0		14	32	313	0	0	359	359	0
		0													
	Total Projects C/F 2003/04	1,019	784	238	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	13	0	353	0	366	366	0
C052	Compliance with Disability Discrimination Act	60	2	58	60	0		0	6	60	0	0	66	66	0
C053	Office Works for Haden,ISS,Supplies	0	0	0	0	0		0	158	0	0	0	158	158	0
C054	Back log maintenance-Lower Ground Floor	323	32	291	323	0		0	76	323	0	0	399	399	0
C055	Temp, Additional Cooling-Mechanical Plant	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
C057	Patient Pre Assessment	107	105	0	105	2		0	29	107	0	0	136	134	2
C058	Private Patient Upgrade	6	6	0	6	0		0	17	6	333	0	356	356	0
C059	Ward Kitchens	30	2	28	30	0		0	13	30	257	0	300	300	0
C060	Restaurant refurb & start up costs	0	0	0	0	0		0	39	0	0	0	39	39	0
C061	Medical Assessment (A+E)	0	0	0	0	0		0	161	0	0	0	161	161	0
C062	Lift Core Glazing /Film	0	1	0	1	-1		0	1	0	0	0	1	2	-1
C074	Pharmacy Air Conditioning	35	29	6	35	0		0	0	35	0	0	35	35	0
	Total New Projects 2004/05	561	177	383	560	1		0	614	561	943	0	2,118	2,117	1
New projects 2005/06															
D001	Medical Gas Vacuum and Air	192	43	149	192	0		0	0	192	0	0	192	192	0
D002	VIE Replacement of Oxygen Cylinders	60	0	60	60	0		0	0	60	0	0	60	60	0
D003	Panic Alarm Installation	150	63	87	150	0		0	0	150	0	0	150	150	0
D005	Security and CCTV Installation	50	31	19	50	0		0	0	50	915	0	965	965	0
D006	Kitchen Refurbishment(EHO Requirement)	0	0	0	0	0		0	0	0	100	0	100	100	0
D007	Electronic Reproduction of Survey Drawings	100	100	0	100	0		0	0	100	0	0	100	100	0
D008	Health and Safety	141	78	63	141	0		0	0	141	0	0	141	141	0
D009	Life Expired Equipment/ Backlog	241	54	187	241	0		0	0	241	0	0	241	241	0
D010	Peat & Other Works	204	104	99	203	1		0	0	204	150	0	354	353	1
D011	UPS system for St Stephens Centre	21	0	21	21	0		0	0	21	0	0	21	21	0
D016	Gym refurbishment	50	10	40	50	0		0	0	50	0	0	50	50	0
D013	Male Changing Rooms	19	19	0	19	0		0	0	19	0	0	19	19	0
D014	Nurse Call System	18	10	8	18	0		0	0	18	0	0	18	18	0
D015	Medical Equipment Library	44	0	44	44	0		0	0	44	0	0	44	44	0
D012	PMS Staff Costs 05/06 - P771	0	0	0	0	0									

		CURRENT YEAR					ALL YEARS : 2003-2009							
Project Code	Description	Revised In Year Budget P5	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
New Projects 2005/06		1,290	512	777	1,289	1	0	0	1,290	1,165	0	2,455	2,454	1
Total All Projects		2,870	1,473	1,398	2,871	-1	4,498	1,993	2,870	2,994	0	12,355	12,356	-1
Special Projects														
P775	Paediatric Ambulatory Care (PACU)	285	222	63	285	0	23	45	285	0	0	353	353	0
C050	St Stephens Refurbishment	828	50	778	828	0	0	9	828	0	0	837	837	0
D004	Cooling Permanent Solution	1,281	96	1,185	1,281	0	0	0	1,281	819	0	2,100	2,100	0
D060	PACS	505	0	505	505	0	0	0	505	2,375	192	3,072	3,072	0
D061	Paytech Oracle Upgrade	21	22	0	22	-1	0	0	21	0	0	21	22	-1
D062	Optimise Procurement Project	22	10	12	22	0	0	0	22	0	0	22	22	0
	NICU	159	159	0	159	0	0	0	159	0	0	159	159	0
	Junior Doctors Capital	21	0	21	21	0	0	0	21	0	0	21	21	0
Total Special Projects		3,122	559	2,564	3,123	-1	23	54	3,122	3,194	192	6,585	6,586	-1
Treatment Centre														
P710	DTC Building	578	1,733	0	1,733	-1,155	483	1820	1,222	0	0	3,526	4,518	-992
P710	Enabling Works	0	0	0	0	0	30	117	0	0	0	147	204	-57
P711	Clinical equipment	643	297	0	297	346	0	663	13	0	0	676	487	189
P713	DTC Staff Costs	0	1	0	1	-1	0	0	0	0	0	0	138	-138
C063	Fees	0	51	0	51	-51	0	610	0	0	0	610	443	167
C064	IT Equipment	0	0	0	0	0	0	226	0	0	0	226	191	35
C065	Mobile Theatre	0	0	0	0	0	0	383	0	0	0	383	480	-97
C066	Contingency	861	0	0	0	861	0	48	846	0	0	894	0	894
	Less spent 2003/04 £5,600-513													
Total Treatment Centre		2,082	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	107	0	0	0	0	107	107	0
C067	Management Infor System (HIPPO)	31	31	0	31	0	0	75	31	0	0	106	106	0
C068	Chelsea & Westminster Website	38	38	0	38	0	0	22	38	0	0	60	60	0
C069	Inpatient prescribing	80	80	0	80	0	0	81	80	0	0	161	161	0
C070	Outpatient prescribing	116	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
P024	Patientline	13	13	0	13	0	0	90	13	0	0	103	103	0
C072	Dell Computers	72	71	0	71	1	0	0	72	0	0	72	71	1
C073	Other Hardware	27	0	27	27	0	0	0	27	0	0	27	27	0
New Proposals 2005/06														
D050	PC Lease Purchase	106	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
D052	Inpatient prescribing	50	0	50	50	0	0	0	50	0	0	50	50	0
D053	2nd Tier Storage - Hardware	197	197	0	197	0	0	0	197	0	0	197	197	0
D054	2nd Tier Storage - Professional Services	32	29	3	32	0	0	0	32	0	0	32	32	0
D055	Moble Computer Replacements	35	0	35	35	0	0	0	35	0	0	35	35	0
D056	Interface Engine Hardware	74	74	0	74	0	0	0	74	0	0	74	74	0
D057	X-Ray Archive	70	0	70	70	0	0	0	70	0	0	70	70	0
D058	Bed Tracking and Management	168	0	168	168	0	0	0	168	0	0	168	168	0
Total ICT		1,109	754	353	1,107	2	107	340	1,109	0	0	1,556	1,554	2
Medical Equipment														
P708	Autoclaves	0	0	0	0	0	4	75	0	0	0	79	79	0
C001	Resuscitaires	0	0	0	0	0	0	54	0	0	0	54	54	0
C002	O2/air blenders	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
C004	Portable vacuum suction	0	0	0	0	0	0	0	0	0	0	0	0	0
C005	Fields test	0	0	0	0	0	0	20	0	0	0	20	20	0
C006	Transport ventilator	0	0	0	0	0	0	15	0	0	0	15	15	0
C007	Infusion pumps	53	13	40	53	0	0	57	53	150	0	260	260	0
C008	Surgical instruments	244	239	5	244	0	0	194	244	200	0	638	638	0
C009	Defibrillators	197	1	196	197	0	0	3	197	0	0	200	200	0
C010	Monitors	526	526	0	526	0	0	24	526	200	0	750	750	0
C011	EEG machine	66	0	66	66	0	0	56	66	0	0	122	122	0
C012	Gynae laser	0	0	0	0	0	0	111	0	0	0	111	111	0
C013	Vinometer	0	0	0	0	0	0	13	0	0	0	13	13	0

		CURRENT YEAR					ALL YEARS : 2003-2009							
Project Code	Description	Revised In Year Budget P5	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
C014	Endoscopes	160	160	0	160	0	0	316	160	0	0	476	476	0
C015	Diathermy Unit (medicine))	0	0	0	0	0	0	6	0	0	0	6	6	0
C016	Decontamination machine	120	0	120	120	0	0	0	120	0	0	120	120	0
C017	Interventional suite	752	752	0	752	0	0	0	752	0	0	752	752	0
C018	Intensifier Mobile x-ray for NICU	0	0	0	0	0	0	25	0	0	0	25	25	0
C019	Diathermy	0	0	0	0	0	0	19	0	0	0	19	19	0
C020	Fluid warmer	1	1	0	1	0	0	11	1	0	0	12	12	0
C021	Colposcope	0	0	0	0	0	0	5	0	0	0	5	5	0
C022	Operating tables	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
C024	Storage Unit	0	0	0	0	0	0	0	0	0	0	0	0	0
P763	Air Conditioning Unit for Pharmacy	0	0	0	0	0	30	21	0	0	0	51	51	0
	All others	225	0	225	225	0	2,243	0	225	36	0	2,504	2,504	0
New bids 2005/06														
D001	Bronchoscope X2	44	0	44	44	0	0	0	44	0	0	44	44	0
D070	ADAC Force Gamma Camera	59	59	0	59	0	0	0	59	0	0	59	59	0
D071	Processor with ECS & Lucera Light Source	29	0	29	29	0	0	0	29	0	0	29	29	0
D072	5 X Blood Pressure Machines	8	0	8	8	0	0	0	8	0	0	8	8	0
D073	ECG Machines	56	0	56	56	0	0	0	56	0	0	56	56	0
D074	Phototherapy ultraviolet machine & Iomax 4	10	0	10	10	0	0	0	10	0	0	10	10	0
D075	ACMI Resectoscope	13	0	13	13	0	0	0	13	0	0	13	13	0
D076	Laser Versa pulse suite 20-watt Holmium	110	4	108	112	-2	0	0	110	0	0	110	112	-2
D077	Laparoscopic towers	40	0	40	40	0	0	0	40	0	0	40	40	0
D078	Paediatric Gastrocope	26	0	26	26	0	0	0	26	0	0	26	26	0
D079	Operating tables	150	0	150	150	0	0	0	150	0	0	150	150	0
D080	Knee Coil for MRI	25	0	25	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
D082	Paediatric Had U/S Probe	7	0	7	7	0	0	0	7	0	0	7	7	0
D083	Ultrasound Unit	156	39	117	156	0	0	0	156	0	0	156	156	0
D084	Vidoe Conferencing Equipment	40	0	40	40	0	0	0	40	0	0	40	40	0
D085	General ("Plain") X-ray unit	60	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
D087	Pharmacy :Upgrade of Robot Conveyors	0	0	0	0	0	0	0	0	0	0	0	0	0
D088	Adolescent Weighing Scales/Heighting Device	9	0	9	9	0	0	0	9	0	0	9	9	0
D089	Day Surgery Patient Trolleys	30	0	30	30	0	0	0	30	0	0	30	30	0
D090	Transcutaneous Monitors & calibration module	5	0	5	5	0	0	0	5	0	0	5	5	0
D091	1 Transport Incubator, Trolley and Ventilator	25	0	25	25	0	0	0	25	0	0	25	25	0
D092	5 Intrapartum Twins Capability fetal Monitors	23	0	23	23	0	0	0	23	0	0	23	23	0
D093	Bipolar Resection Scope	8	0	8	8	0	0	0	8	0	0	8	8	0
D094	Orthopantomograph	62	0	62	62	0	0	0	62	0	0	62	62	0
D094	CT Xray Tube	43	0	43	43	0	0	0	43	0	0	43	43	0
	Total Medical Equipment	3,382	1,794	1,590	3,384	-2	2,277	1,113	3,382	586	0	7,358	7,360	-2
D106	C090 Contingency	202	22	180	202	0	1	2	202	0		205	202	3
	Contingency	202	22	180	202	0	1	2	202	0	0	205	202	3
Donated														
C080	St Stephens Floor5 Expansion of IAVI	0	0	0	0	0	0	276	0	0		276	276	0
D150	St Stephens Level2 Expansion of IAVI	365	365	0	365	0	0	0	365	0		365	365	0
X001	NICU Patient Bedroom, Lounge etc	37	37	0	37	0	0	25	37	0		62	62	0
D151	Ophthalmology Network Funds	0	0	0	0	0	0	0	0	0		0	0	0
	Total External Projects	402	402	0	402	0	0	301	402	0	0	703	703	0
	Total Program	13,169	7,086	6,085	13,171	-2	7,419	7,669	13,169	6,774	192	35,223	35,222	1
	Under (-Over) Committed	0			-2		0	0	0	0	0	0	1	

Trust Board Meeting, 5th January 2006

AGENDA ITEM NO.	
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 30 th November 2005.
ACTION	The Trust Board is asked to note and discuss the report and actions.

PERFORMANCE REPORT FOR THE PERIOD TO 30 NOVEMBER 2005

1. PURPOSE

The purpose of this report is to provide information about the Trust's performance for the period of April to November 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.

There are two sections to the framework – "Getting the basics right" and "Making and sustaining progress". The first section identifies whether trusts are meeting core standards and existing targets and whether they are making the best use of resources. The second section identifies whether the trust is meeting the new national targets and whether it has made progress towards its improvement plans.

This report will detail performance to date against the existing targets. New national targets will be incorporated as soon as they have been defined by CHAI. The other indicators include those that have been used in performance ratings in the past, and they will help to provide evidence that the Trust is making best use of resources and meeting core standards.

The methodology for the new performance framework is expected to be published in early 2006. In the meantime, the Chief Executive of the Healthcare Commission has just written to all Trusts with an initial overview of their thinking and a briefing on this will be tabled at the Board meeting.

3. SUMMARY

A summary report for the main 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 all of the main targets with the exception of the 62 Day Cancer Wait indicator. There are also a few concerns amongst the other indicators, particularly those relating to the staff and patient surveys and the clinical indicators.

4. MAIN PERFORMANCE INDICATORS

The main area of significant concern amongst the main indicators relates to the 62 Day Cancer Wait target indicator where performance is below par. However, performance against the Total time in A&E target has only just reached the acceptable threshold and should be treated as a risk at this stage.

5. CANCER INDICATORS

There were no breaches in any of the cancer indicators in November. However, year to date performance in the 62 day cancer indicator is below the likely threshold. Due to the low number of patients in this indicator each breach carries significant weight. The actual reporting period for this indicator starts on 1st January 2006, so it is imperative that we do not have any more breaches this year.

Performance in the 31 day cancer indicator is above the expected threshold, but the Trust must maintain its focus in order to fully meet the standards for the entire reporting period.

The Trust has had some difficulty tracing the NHS numbers for some cancer patients. All cancer waiting time activity throughout the NHS is recorded on the Department of Health central cancer database, but this system will not accept any records that do not have an NHS number. Consequently, the Trust has not been able to report on all of our patients. This penalises the Trust because it reduces the denominator thus giving each breach more weight. This issue has been brought to the attention of the SHA who have agreed to contact CHAI to enquire whether the figures can be adjusted so that trusts are not penalised by such a problem.

6. A&E INDICATORS

98.35% of patients who attended A&E during November were admitted, transferred or discharged within 4 hours. This has helped the Trust to reach the required threshold for this indicator for the year to date (98%). In order to achieve this target for the whole year the Trust needs to ensure that the 98% target is met during each of the final four months.

7. ELECTIVE AND OUTPATIENT ACCESS INDICATORS

The Trust is required to maintain the 67% level of booking from 2004/5 through the first three quarters of the year, and then achieve the targets of 80% of outpatients and 100% of elective admissions from December 2005 onwards. However, a large proportion of the GPs who refer to this Trust have computer systems that are not compliant with the Choose and Book requirements. As an interim solution, the Trust is implementing an Indirect Booking System (IBS) in which the GPs and patients select the preferred hospital and then the patients telephone the Trust to book a convenient outpatient appointment.

The Trust has maintained the 67% level during this year. The performance in inpatients has been over 96%, and it has been over 68% in outpatients despite a reduction in performance whilst the IBS was being implemented in the summer.

The Trust has had two breaches of the outpatients waiting longer than the standard so far this year. However, we are still within the likely threshold for this indicator. There have not been any breaches of the inpatient waiting times target this year. The targets become tighter from January 2006 with the maximum wait for outpatients dropping to 13 weeks and the wait for inpatients dropping to 6 months. Therefore, the Trust must maintain its focus in order to achieve these key access indicators.

8. OTHER INDICATORS

There are two areas of significant concern amongst the other indicators. The Trust is at risk of not achieving the standard for delayed discharges and the indicator on 13 week outpatient waits.

So far this year 3% of our beds have been occupied by patients who are fit for discharge. The likely threshold for this indicator is 0.5%. These patients might be waiting for nursing home or residential care accommodation, or the delay might be caused by modifications in the patient's home needing to be made.

The performance in the 13 week outpatient indicator is significantly lower than the expected threshold. The indicator should be seen as Partly Met so far this year. If all first outpatient attendances were seen within 13 weeks for the remainder of this year there is a chance that the Trust will move up to the Almost Met band.

Performance has been good in many of the other indicators. The Trust is on target to achieve the hospital cleanliness, better hospitals food, cancelled operations, waiting times for rapid access chest pain, 12 hour A&E trolley waits and the workforce indicators.

The Trust is nearly on course in a number of other indicators. These include the data quality indicator, the information governance indicator, 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.

The Staff Opinion Surveys are an area of concern for the Trust. The Trust has performed poorly in this area in previous years. The surveys were sent out to staff in autumn. Unfortunately, only 43.7% of staff returned their survey. 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 in the clinical indicators dipped slightly in November. 3.14% of patients died following selected non-elective procedures. This is over twice the average for the year. There was also a higher rate of emergency readmission following discharge. 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 died outside of this hospital or re-admissions to other trusts.

The standard waiting times for first outpatient appointment and elective admission tighten from January 2006. As a consequence of this change, the indicators on 13 week outpatients and 6 month elective waits will no longer be reported from January 2006 as they will form part of the corresponding main targets.

9. CONCLUSION

The 62 day cancer indicator remains a high risk for the Trust and must be addressed as a matter of urgency. Indicators on delayed discharges and 13 week outpatient waits are also of concern. The performance in the Total Time in A&E standard has been above the 98% threshold in the past few months, but we need to achieve over 98% each month for the rest of the year. Furthermore, achieving the tighter inpatient and outpatient waits targets will present significant challenges to the hospital.

There is room for improvement in many of the other indicators – the Trust is not achieving the top levels of performance in all of them. The indicators based on the staff and patient opinion surveys should be seen as a risk. The Trust's performance is close to the necessary standard in several other indicators, but additional focus is required to achieve these levels.

Nick Cabon
Head of Performance and Information
20th December 2005

Appendix A - Main Indicators

Name	Performance Last Month	YTD Performance	Target/Likely Threshold	Predicted Banding	Comments/Actions
All cancers: two week wait	100.00%	99.06%	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 99.1%.
Cancer patients waiting 31 days from decision to treat to first treatment	100.00%	98.46%	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	100.00%	89.29%	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)	Performance against 9 month target = 0%; Performance against 6 month target = 0.52%	0.00%	0.03%	Almost 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)	Performance against 17 week target = 0%; Performance against 13 week target 0.9%	Performance against 17 week target = 0.01%; Performance against 13 week target = 3.24%	0.03%	Almost 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 = 89.6%; Elective = 97.5%	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	98.35%	98.00%	98.00%	Fully Met	The target for this indicator is 98%. The Trust needs to maintain the 98% level for the final 4 monts of the year
MRSA	MRSA - 2 cases in November	21 Cases - Rate per 1000 Bed days = 0.12; Availability of Alcohol Gel = Good.	Rate per 1000 Bed days = 0.175	Almost 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.

Appendix B - Other Indicators

Name	Performance Last Month	YTD Performance	Target/Likely Threshold	Predicted Banding	Comments/Actions
Thrombolysis - 60 minute call to needle time	100%	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	2.6%	3.0%	0.50%	Not Met	
Cancelled operations	0.54%	0.69%	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 0.47%
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.
Waiting times for rapid access chest pain clinic	100.0%	100.0%	99.00%	Fully Met	The Trust has seen all eligible patients within 2 weeks
Hospital cleanliness	93%	89%	60%	Fully Met	The PEAT assessment was carried out in February 2005. The next assessment will be towards the end of this financial year. The performance of 93% is based on the latest internal assessment.
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%.
Six month inpatient Waits		99%	99%	Fully Met	
Thirteen week outpatients	91.0%	87.9%	99%	Partly Met	
A&E emergency admission waits (four hours)	89.6%	97.5%	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				Partly Met	
Staff opinion survey: human resource management				Partly Met	The Trust performed below average in these indicators in 2004/5.
Staff opinion survey: staff attitudes				Partly Met	
Patient surveys - Adults and Children: access and waiting				Partly Met	The Trust needs to devise an action plan based on the results of the corresponding surveys in 2003/4
Patient surveys - Adults and Children: better information, more choice				Partly Met	
Patient surveys - Adults and Children: building closer relationships				Partly Met	
Patient surveys - Adults and Children: clean, comfortable, friendly place to be				Partly Met	
Patient surveys - Adults and Children: safe, high quality, coordinated care				Partly Met	
Child protection				TBA	The assessment for this indicator will not take place until later in this year, but the Trust achieved the top band in 2004/5

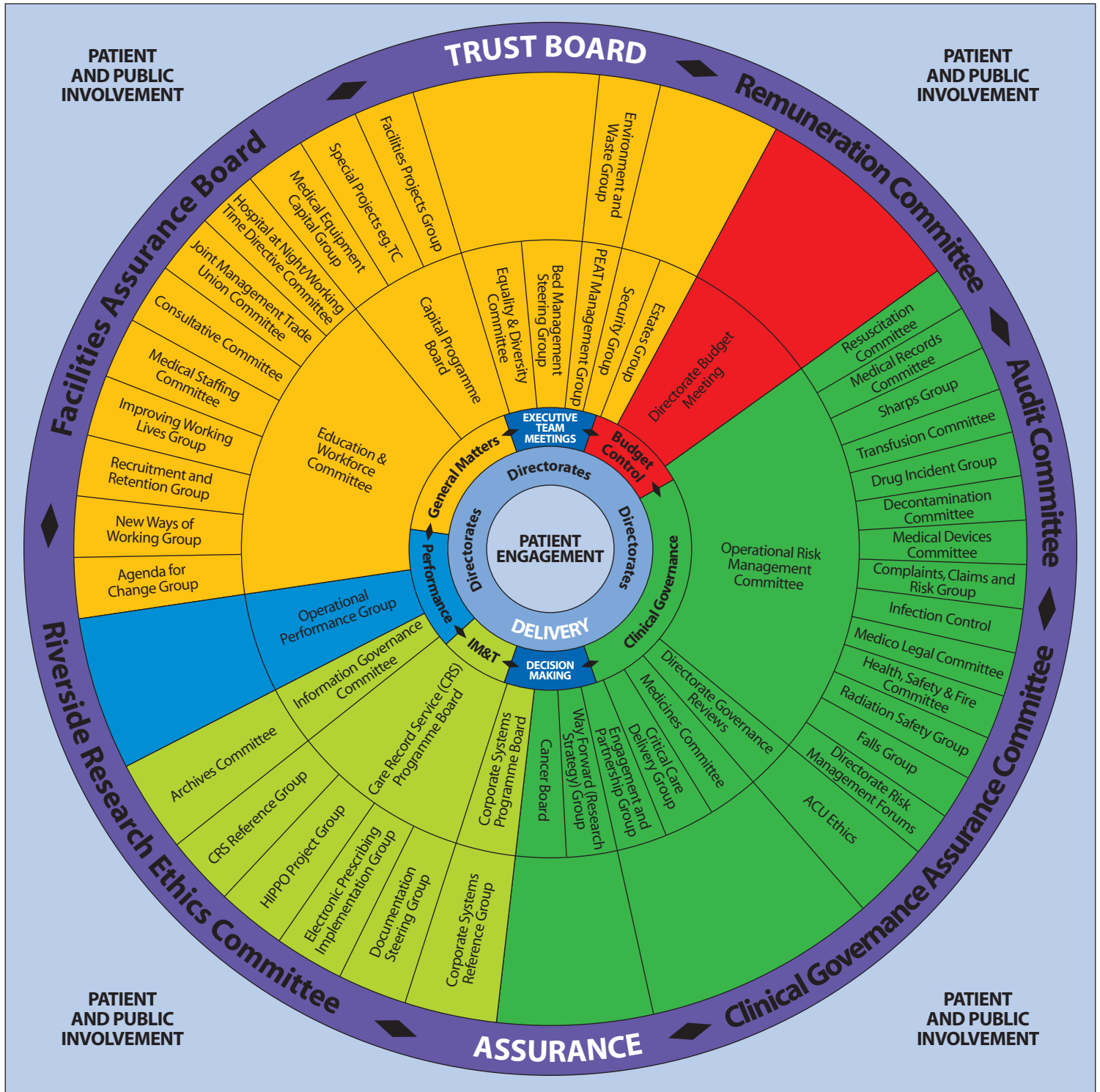
Appendix B - Other Indicators

Name	Performance Last Month	YTD Performance	Target/Likely Threshold	Predicted Banding	Comments/Actions
Clinical risk management		CNST Level 1		Partly Met	In 2004/5 CNST 1 would have achieved Band 3. The Trust will be assessed for CNST Level 2 later this year.
Deaths following selected non-elective surgical procedures	3.14% Deaths (in this trust only)	1.54% (Deaths in this trust only)		Partly Met	Difficult to predict a banding for this indicator because it depends on deaths outside of this hospital.
Emergency readmissions following discharge (adults)	12.97% (Readmissions to this trust only)	11.3% (Readmissions to this trust only)		Partly Met	Difficult to predict a banding for this indicator because it depends on readmissions to other trusts
Emergency readmissions following discharge for fractured hip	5% (Readmissions to this trust only)	7.03% (Readmissions to this trust only)		Partly Met	Difficult to predict a banding for this indicator because it depends on readmissions to other trusts
Indicator on stroke care				TBA	The Trust did very well in the Sentinel Audit last year, but the indicator may be based on a different assessment in 2005/6
Better Hospital Food	80%	83%	60%	Fully Met	The next PEAT assessment will take place towards the end of this financial year
Patient complaints	71%	83.8%	90.0%	Almost Met	In 2004/5 the threshold to achieve the top band was 90%.
Data quality on ethnic group	Workforce = 97%; HES = 76.5%. Overall = 86.75%	Workforce = 97%; HES = 76.7%. Overall = 86.9%	Overall = 90%	Almost Met	
Information governance		HES DQI = 0.945; IGT = 0.76. Overall = 1.705	Overall = 1.75	Almost Met	
Workforce indicator	IWL - Practice Plus; Junior Doctors Hours = 100%; Sickness Absence Rate =3.55%	IWL - Practice Plus; Junior Doctors Hours = 100%; Sickness Absence Rate =3.22%		Fully Met	

Trust Board Meeting, 5th January 2006

AGENDA ITEM NO.	3.1/Jan/06
PAPER	Chelsea and Westminster Governance Structure
AUTHOR/ LEAD EXECUTIVE	Director of Governance and Corporate Affairs
SUMMARY	The narrative had been amended to show Trust Executive responsibility for operational decisions and Trust Board for strategic decisions.
ACTION	The Trust Board is asked to ratify the decision to amend the narrative.

Chelsea & Westminster Governance Structure



Revised November 2005

The Trust has developed a committee structure, known as 'the wheel', through which it is governed and managed, from Trust Board to directorate, specialty and patient level.

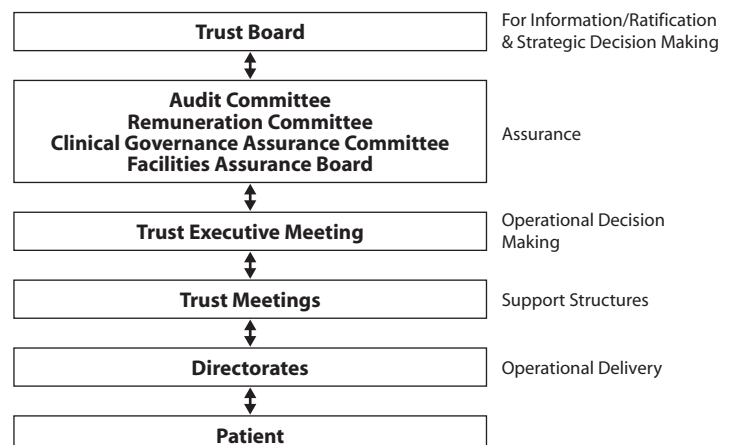
The wheel builds upon an integrated governance model to link together individual work streams, effective monitoring, decision making, assurance, and ratification.

To do this the Trust Board must have in place systems and processes which lead, direct and control its functions in order to deliver the organisation's objectives. Collectively, these systems are called 'integrated governance'. The wheel depicts the integrated governance management and committee structures within the organisation.

This model requires leadership of the Non-Executive and Executive Directors for the delivery of integrated governance of the Trust, focussing on developing an effective Board assurance framework to ensure that risks to the Trust are being properly managed and monitored. Board assurance is outlined within an assurance framework, which sets out the risks which the Trust faces in delivering its corporate objectives, and how these are being managed. In addition to this, a risk register outlines clinical, financial and operational risks, which are being managed in the organisation.

The information flows ensure that the Trust maximises the Board capacity through streamlined reporting systems and reports, to enable efficient and effective Board decision making.

INFORMATION FLOW



Information and Data Quality Policy

Release: Draft Version 1.4

Date: December 2005

Author: Jason Cockerton

Ownership: Data Quality Group

Document History

This document was formerly the Information Quality Policy; it has undergone extensive revision.

Document location

Hardcopy of this document is only valid on the day it was printed.
When approved the source of this document will be found on the Trust intranet.

Revision History

Date of this revision: December 2005

Date of next revision: December 2006

Revision Date	Previous version number	Previous Revision Date	Summary of Changes	Changes Marked
December 2005	Draft 2	n/a	Extensive revision to content and format, no real elements or previous version left. Version number format change from integers to decimals.	No

Approvals

This document requires the following approvals.

Name	Title	Date of Issue	Version
Nick Cabon	Head of Performance and Information	14/12/05	Draft 1.3
Data Quality Group	Chair	20/12/05	Draft 1.4
Trust Board	Chair		

Distribution

This document has been distributed to:

Name	Date of Issue	Version
All Employees at Chelsea and Westminster Healthcare Trust via the Trust Intranet		
Finance and Information Department, EPR Team and all Clinical Directorates via Hardcopy		

This Policy is applicable to all employees at Chelsea and Westminster Healthcare NHS Trust

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Section 2:	<u>Policy Statement</u>
Section 3:	<u>Scope</u>
Section 4:	<u>Performance Management</u>
Section 5:	<u>Monitoring Arrangements and Performance Targets</u>
Section 6:	<u>Data Capture Arrangements</u>
Section 7:	<u>Information Reporting Arrangements</u>
Section 8:	<u>Audit Cycle</u>
Section 9:	<u>Identifying and Correcting Errors</u>
Section 10:	<u>Other Relevant Documents and Links</u>
	<u>Appendix A</u>
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Section 1: Introduction

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The aim of this document is to set out a clear policy framework for increasing and maintaining high levels of data and information quality within Chelsea and Westminster Healthcare NHS Trust. This policy reflects the Trust's commitment to raising data quality standards for the collection and reporting of information for operational, performance and billing purposes. High quality data enables the Trust to accurately process and report its levels of activity information for Payment by Results (PbR), which in turn increases its effectiveness in providing higher quality care to patients.

Section 2: Policy Statement

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The principles set out in this policy are applicable to any information system owned, used or managed by the Trust, whether they use paper, computer or other media (film, tape etc.). However the focus will be on the LastWord EPR system and any other clinical computer systems from which the Commissioning Data Set (CDS) and performance information is extracted.

This policy adheres to Information Quality Assurance (IQA) standards (see [appendix A](#)), which form a part of Information Governance. The Trust's Information Governance is assessed annually and forms part of the Annual Health Check which replaces the Star Ratings as the national performance indicator.

This policy defines roles and responsibilities and establishes the routes to be followed in improving, maintaining and monitoring data and information quality and will be made available on the Trust's Intranet.

The principle owner of this policy is the Data Quality Group, the terms of reference of which can be seen in [appendix B](#). The policy will be reviewed annually or sooner if required, to ensure the policy always reflects the latest local and national guidance.

Section 3: Scope

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Through IQA standards, this policy will define the processes required to improve and maintain the quality of data capture. Data is factual when it is interpreted used for analysis or processed it becomes information. The Trust captures data but reports information; it is easy to see therefore the quality of the data will affect the quality of information reported.

It is also entirely possible that the interpretation, analysis or processing of data can be a factor in information quality. Incorrect extraction of data, for example through the use of database query tools can provide misleading information. This policy will define the checks and balances required, in the production of the Trust's statutory returns and where appropriate any processing carried out within the information department or Trust as a whole concerning the population of the commissioning data set (CDS).

Inaccurate data that is picked up by commissioners can and will excuse them from payment of activity, poor data quality will cost the Trust dearly. One of the key aspects of Information Quality Assurance is to develop an accountability framework with roles and responsibilities defined see [appendix C](#). It is also a contractual obligation of members of the Trust including staff, contractors and suppliers to ensure that data where possible is captured accurately.

Section 4: Performance Management

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Performance Management of data quality will be reported internally on a monthly basis and externally as required. Internally this will be reported to the data quality group by the Information department. Externally performance management is reported currently via a Data Quality Indicator (DQI) which uses the Hospital Episode Statistics (HES) as its source* and via Information Quality Assurance requirement [7306](#) which forms part of the annual health check. The DQI is used as an indicator within the Trusts Performance Report which is reported up to the board. Please refer to [section 5](#) regarding performance targets.

The Trust will put in place mechanisms to ensure there is feedback to individual specialties and uses where necessary on data quality issues. The philosophy will be that data should wherever possible be corrected at source.

The Trust needs to strike a balance between the resources required to set and meet data quality standards and the relative benefits that will follow. It will be necessary to focus resources on data items and processes that the Trust regards as critical to its overall business objectives this would include inpatient, outpatient and waiting list activity. The Trust Data Quality Group will provide the focus for determining what these standards are, assessing resource implications and for monitoring progress.

*HES data is submitted using the Commissioning Data Set

Section 5: Monitoring Arrangements and Performance Targets

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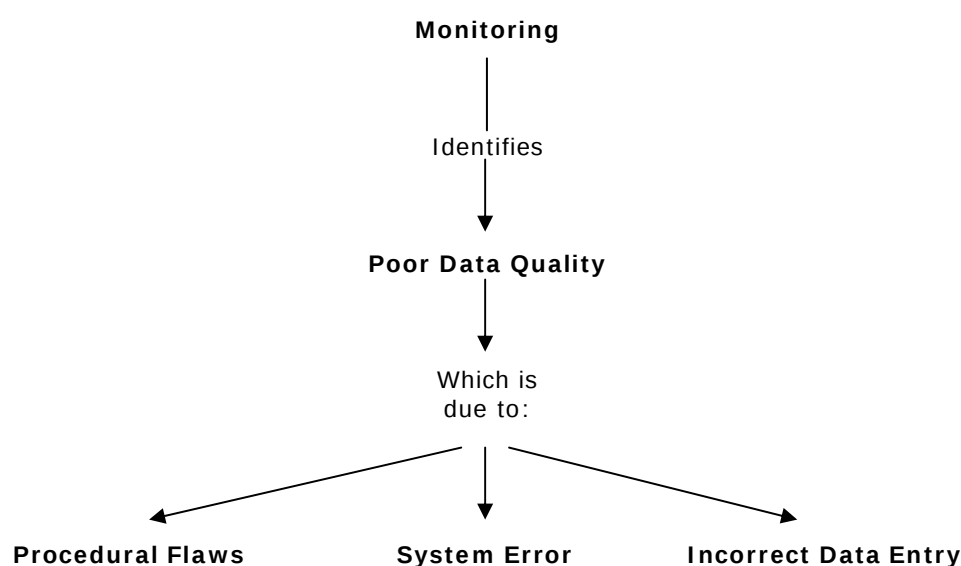
The Trust has two external data quality performance indicators the HES Data Quality Indicator and IQA requirement 7306. Each indicator is different in format; the HES indicator is a percentage, a mean of fourteen separate indicators to one decimal place, whilst the IQA indicator gives a score from 0 to 3. Both indicators cover similar ground however a high percentage in the HES indicator does not necessarily equate to a high IQA score, an example of this can be seen below. Due to this, careful internal monitoring of the Trusts data quality and auditing of its medical records is required, see [section 8](#) regarding auditing.

Indicator	National Average 2004/05	Trust score 2004/05	Target 2005/06
HES DQI	93.9%	96.1%	96.5%
IQA	-	1	2

For financial year 2005/06 the Trust will aim to achieve a level 2 score in the IQA indicator and to be above the national average in the HES indicator however it should strive for a level 3 score and 100% accuracy.

Internal Monitoring is a crucial element in achieving good quality data; to this end a suite of data quality reports has been developed. The suite which currently covers inpatient and outpatient admissions is disseminated on a monthly basis via the [HiPPO](#) reporting tool. Refer to information department for access and the Information Governance Officer regarding content. A further report to cover waiting list data is to be developed and the suite as a whole will be further enhanced to meet the needs of the data quality group.

Monitoring alone however, is not enough. Where there is an indication of poor data quality its cause will be identified and eliminated. In the diagram below we can see there are three main causes of bad data quality these are, procedural flaws, system errors and incorrect data entry.



Where poor data quality is evident it will be corrected but it is not enough to rely on correcting errors and nothing else. It is a drain on resources to do so and doesn't resolve the cause of the problem. It can generally be accepted that where data is consistently poor it is due to system error or lack of adequate procedures; training of staff is also an issue and will be covered by procedural review. Resources can be stretched and mistakes do happen, however if members of staff consistently enter data incorrectly it will become a disciplinary issue.

Section 6: Data Capture Arrangements

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The Trust will ensure that appropriate data capture procedures are written and disseminated throughout the organisation. The emphasis is not just on the existence of written procedures, but the fact that they are close to where the procedure is being carried out and they are in use.

Procedures should not be mistaken for training manuals which in a live working environment are not always the most efficient documents to work from. A procedure is the practical means by which to carry out a specific task and should be simple to read and navigate around.

Housing "read-only" procedures on the intranet is good practise for dissemination but not necessarily for application. All staff admitting patients or inputting patient data will have access to hardcopy of the relevant procedures and will receive training on them and any subsequent changes. Where data is captured in the community, staff will have procedures that they are able to access easily.

The Trusts Access Policy and Procedures will ensure the reviewing and validating of waiting lists. For every waiting list that is held by the Trust there will be a validation process that is used by all staff who are managing that list, which will include the procedure for monitoring availability and removal from lists, while ensuring that there continues to be full compliance with national guidance where patients are still waiting for treatment.

The Trust procedures must cover all processes that capture patient information on key systems from the first time a patient is entered onto LastWord to the routine checking of demographics on follow-up or subsequent visits. These procedures will be reviewed regularly.

Example areas requiring Procedures:

- Admission procedures covering all departments and wards where patients are admitted
- Outpatient procedures covering all locations where outpatient clinics are, booked, held and where patients are seen.
- Elective Admission list procedures – covering all departments that hold and manage inpatient admission lists.
- Procedures for any other areas in the Trust where there is a key operational system e.g. A&E, Pathology etc.

Data capture procedures must contain the current and relevant data item definitions entered via the use of that procedure. All current definitions of data items can be located within the [NHS Data Dictionary](#). Where the Trust is notified of any changes to the Data Dictionary via Data Set Change Notices (DSCNs), appropriate changes to the documentation will be made. Document authors are asked to refer to the Data warehouse systems manager regarding the DSCN Procedures.

The Information Governance Officer will monitor on an annual basis the data capture procedures for correct data definitions. A DSCN monitoring procedure is to be drawn up; please refer to the Information Governance officer.

Section 7: Information Reporting Arrangements

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HES submissions using Commissioning Data Sets

Hospital Episode Statistics or HES uses the inpatient and outpatient commissioning data sets (CDS) for its analysis. The CDS is populated from the data warehouse which in the main sources its data from LastWord. Maternity data is sourced from the Ciconia Maternity Information System (CMiS) which is manually extracted and loaded into the data warehouse.

The data extracted from CMiS is known as the maternity tails data and will be extracted and provided to the Data Warehouse Manager by the sixth working day of each month. Please refer to the Procedure for Preparing Maternity Tails Data for HES Submission, which can be found in the Information Department.

The populated CDS is required to be submitted to the ClearNet website on a quarterly basis for HES, but monthly for commissioning use by the PCTs. Monthly submissions to ClearNet will be received by the end of the tenth working day; please refer to Data Warehouse Systems Manager for further information.

2005/06 Quarterly Deadlines

Admitted Patient Care Extract

Period	Deadline	Status
Q1 Finished episodes ending April - June 2005	5pm 29 July 2005	Completed
Q2 Finished episodes ending April - September 2005	5pm 28 October 2005	Completed
Q3 Finished and unfinished episodes ending April - December 2005	5pm 24 February 2006	
Q4 Finished, unfinished and Psychiatric census episodes for April 2005 - March 2006	5pm 28 April 2006	
Annual refresh of all finished episodes and the unfinished and psychiatric census for April 2005 - March 2006	5pm 26 May 2006	

Outpatient Care Extract

Period	Deadline	Status
Q1 Outpatient Attendances for April - June 2005	5pm 26 August 2005	Completed
Q2 Outpatient Attendances for April - September 2005	5pm 25 November 2005	
Q3 Outpatient Attendances for April - December 2005	5pm 31 March 2006	
All Outpatient Attendances for April 2005 - March 2006	5pm 30 June 2006	

Statutory Central Returns

Every query used to provide information for central returns will be checked by someone other than those responsible for producing the returns. Before the returns are signed off they will be initialled by the person checking, who can be any member of the information team.

All Statutory Central Returns require a trend analysis over time carried out on them before being signed off. Any large changes to the trends should be investigated and where appropriate corrections made before official submission of the information.

The following is a list of those who can sign off the central returns, correct as of policy review date; please refer to the Information department regarding statutory returns procedures.

Director of Finance and Information	- Lorraine Bewes
Director of Operations	- Edward Donald
Chief Executive	- Heather Lawrence

Section 8: Audit Cycle

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The Trust will implement a regular audit cycle on patient care data that is used for central returns or submitted to ClearNET and Hospital Episode Statistics (HES). Refer to IQA requirements [7303](#) and [5800](#) for guidance and full data set.

The patient care datasets concerned are:

- Admitted Patient Care
- Outpatients
- Elective Admission Lists

Where errors are identified the Information Governance Officer should be notified and the errors logged.

Section 9: Identifying and correcting errors

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Where the Trust identifies internal data quality errors or omissions i.e. via validation, auditing or internal monitoring, the errors are to be logged and dealt with appropriately within 20 days. Where the Trust receives queries on data quality from external sources i.e. from commissioners, the queries are logged and passed to the appropriate directorate to be dealt with. If a trend in similar errors is identified, a review of data capture procedures in the offending directorate will be instigated.

The correction of errors is the responsibility of the directorate where they occurred. Please refer to the Information Governance Officer regarding procedure for logging data quality errors and omissions.

Section 10: Other relevant documents and links

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Confidentiality and Data Protection Policy
Information Security Policy
Medical Records Policy & Procedures
IM&T Training Team Policies, Procedures and Guidelines
Contingency Procedures for EPR/IT System Failure
[Connecting for Health Data Quality](#)

Information Quality Assurance Standards

Information Quality Assurance is an initiative within Information Governance. The Trust's Information Governance is assessed annually via the [Information Governance Toolkit](#) and forms part of the Annual Health Check which replaces the Star Ratings as the national performance indicator.

This policy is written to abide by the following IQA requirements (follow links for full guidance):

Req.	Information Governance level 3 Description
301	The Trust has allocated responsibility for Information Quality Assurance appropriately within the Trust, including corporate responsibility at Board level, and these are reflected in all relevant job descriptions. Individuals are actively engaged in initiatives to monitor and improve Information Quality, and are held accountable for the success of these.
802	The Trust has documented procedures that are available in all locations to cover the capture and recording of patient information, and which are reviewed and kept up-to-date.
804	The Trust has written procedures for reviewing and validating all waiting lists to ensure that lists do not include patients who are no longer awaiting admission or appointment; these are agreed by the Trust Board (or delegated sub-committee), and there is a process of audit of the effectiveness of these procedures.
5800	There are processes for monitoring data collection activities to ensure procedures are followed, including sample checking to ensure events have not been missed, and these are carried out regularly in every area.
5801	The Trust local documentation does reference national data standards, and there are effective arrangements for updating this as national data standards develop. The effectiveness of these arrangements is monitored.
6001	The Trust has submitted its Patient Care Datasets to ClearNET on a monthly basis and has remained within the required national quarterly deadlines on all the last four quarters.
6300	The Trust uses external data quality reports to monitor data quality and produces regular reports which are submitted to the Trust Board (or delegated sub-committee) and feed into action plans for improvement. These action plans are signed off by the Trust Board (or delegated sub-committee) and appropriately resourced.

Req.	Information Governance level 3 Description
<u>6301</u>	The Trust has agreed timescales for the correction of errors and omissions identified by validation and internal queries, and these are consistently met.
<u>6302</u>	The Trust staff routinely check information about patients with the source, and corrections are routinely made to all appropriate patient records, and compliance with this is monitored.
<u>6303</u>	The Trust analyses trends in information over time, and, where appropriate, corrects information before official submission of data or returns. These duties are included formally in appropriate job descriptions.
<u>7303</u>	The Trust has documented procedures and has a regular audit cycle to check the accuracy of patient data and the audit covers all key data items identified in the guidance document. The results of the audits are reported as part of the Trust's data quality reviews to the Trust Board, and the accuracy checks form part of the Information Governance Policy and are reflected in the terms of reference of an Information Quality monitoring group.
<u>7306</u>	The Trust has completed the Completeness and Validity check for each data group as detailed in the guidance document, and has achieved the standard required for attainment level 3 on all three data groups.

Data Quality Group

Terms of Reference

The key role of the Data Quality Group is to co-ordinate all data quality activities into a trust wide framework that will aim to:

- Ensure core work is carried out to improve the quality of data collected.
- Implement a programme of monitoring and improvement.
- Provide timely, valid and complete data for population of the Commissioning Data Set (CDS) and for Payment by Results (PbR).
- Meet National Requirements:
 - Performance Indicators/Annual Health Check
 - Statutory Returns and Data Sets
 - Data Protection Act

Responsibilities:

- Identify key aspirations and associated areas for improvement.
- Develop and implement a strategic action plan to meet these aspirations.
- Identify resource implications in respect of the action plan and develop proposals to support any shortfalls.
- Develop an Information and Data Quality Policy for the Trust incorporating an accountability framework detailing roles and responsibilities and defining the principles of data ownership.
- Ensure that where appropriate detailed trust wide policies and procedures are in place in respect of data collection.

Accountability:

The Data Quality Group will be accountable to the Information Governance Steering Group that is chaired by the Caldicott Guardian.

Membership:

The Data Quality Group to be composed of the following people:

Head of Performance & Information	Nick Cabon
Information Governance Officer	Jason Cockerton
Senior Clinical Coder	Jo Newman
Director of Operations	Edward Donald
Data Warehouse Systems Manager	Sharon Thompson
EPR Analyst	Mary Coplestone-Boughey
Head of Booking and Choice	Debbie Ensor-Dean
Deputy Head of Booking and Choice	Mike Delahunty
Directorate Acting/General Managers	Kate Hall
	Sherryn Elsworth
	Claire James
	Pat Rubin
Directorate Performance Managers	Darren Duffield
	Louise Galloway
Deputy Director of Finance	Jon Bell

Responsibilities

The Director of Finance and Information has board level responsibility for data quality and is a member of the Information Governance Steering Group which the Data Quality Group feeds into.

The individual General Managers supported where present by their Performance Managers are responsible for the quality of the data captured within their directorates, and responsibility to:

- Develop and implement data capture procedures
- Determine and resolve causes of poor data quality
- Determine the training needs in respect of data capture of their staff

The Head of Booking and Choice supported by their deputy has responsibility for:

- Maintaining the Access policy and procedures
- Determine and resolve causes of poor data quality
- Determine the training needs in respect of data capture of their staff

The Data Warehouse Manager supported by the Information & Systems Project Analyst has responsibility for:

- Development and maintenance of data warehouse procedures
- Ensuring CDS's are submitted to ClearNet and in future SUS within the required monthly and quarterly deadlines.

The Head of Performance and Information, supported by the Information Governance Officer has overall responsibility for:

- Trust's adherence to IQA standards
- Setup and support Data Quality Group
- Developing and implementing the Data and Information Quality Policy
- Internal performance monitoring of data quality

The Head of Performance and Information, supported by the Information Department are responsible for:

- Internal Performance monitoring of information quality
- Determining and resolving causes of poor information quality
- Ensuring statutory quarterly and korner returns are submitted to Steis within the required monthly and quarterly deadlines.
- Determining the training needs in respect of information reporting of the information Department staff.

The Data Protection Act requires that personal information relating to an individual is accurate and up to date. Therefore it is a contractual obligation of members of the Trust including staff, contractors and suppliers to ensure that data where possible is captured accurately.

Trust Board Meeting, 05th January 2006

AGENDA ITEM NO.	5.1/Jan/06
PAPER	Influenza Pandemic Contingency Planning
AUTHOR	Rona McKay, Emergency Planning Officer
LEAD EXECUTIVE	Andrew MacCallum, Director of Nursing
SUMMARY	The paper outlines the work being undertaken in the Trust to plan for the influenza pandemic, predicted, by the World Health Organisation, within the next three years.
BOARD ACTION	The Trust Board is asked to note the report.

Influenza Pandemic Contingency Planning

The World Health Organisation is predicting that there will be an influenza pandemic and although it is impossible to predict the impact, it is clear that it will generate demands for healthcare which may saturate or overwhelm normal NHS acute services for several weeks or months. All health care agencies are required to provide a plan which will be used in the event of a pandemic being declared.

Planning assumptions are that 25% of the UK population will be affected by an influenza pandemic, and mapping figures suggest that, over fifteen weeks, Chelsea and Westminster Hospital will have a minimum of 5000 extra emergency department attendances; a minimum of 500 extra hospitalisations; and a minimum of 360 extra deaths. Those patients who are admitted are likely to be seriously ill and there will be a high demand for HDU and ITU facilities.

It should be assumed that a cumulative total of 25-30% of the workforce will take 5-8 working days off over a three month period. There will be further depletion of the workforce due to indirect effects of the pandemic, e.g. family illness or bereavement.

An influenza pandemic would also result in logistical problems due to the possible disruption of supplies, utilities and transport.

A plan is therefore required to deal with an increase in clinical activity, a decrease in the availability of staff, and possible disruption of the community infrastructure. The influenza pandemic contingency plan is based on the model of the current major incident plan.

The Trust plan is being finalised and includes

1. Strategy for command and control
2. Strategy for increasing capacity
3. Identification of isolation areas for assessment of presenting patients, and for those admitted
4. Strategies from infection control, occupational health, human resources, and pharmacy
5. Action cards for specific areas as per major incident planning
6. List of preparedness actions

The plan is being informed by the Department of Health guidance, and by working with the Health Protection Agency; North West London health authority; with PCTs, especially Kensington and Chelsea PCT; and the Royal Brompton Hospital.

The emergency planner, Rona McKay, meets with the Director of Nursing every week to progress the plan. The influenza planning group meets fortnightly – this consists of the Clinical Director, the Director of Operations, The Director of Human Resources, the Chief Pharmacist, the Director of Nursing and the emergency planner. This group feeds into the Major Incident Response Committee which meets every two months.

Dec 05

Trust Board Meeting, 5th January 2006

Agenda Item No.	5.2/Jan/06
Paper	Chelsea and Westminster NHS Foundation Hospital Trust Recruitment Report
Author	Ben Carter, The Campaign Company
Lead Executive	Andrew MacCallum, Director of Nursing
Summary	This paper summarises the progress of the membership recruitment drive.
Action	The meeting is asked to note the report.

Chelsea and Westminster NHS Foundation Hospital Trust Recruitment Report

20/12/05

Throughout the past two weeks The Campaign Company has placed recruiters around the hospital, talking to hospital users about Chelsea and Westminster's application to become a Foundation Trust.

The campaign has received very positive feedback and the vast majority of contacts supported both the principles of the Foundation Trust scheme and Chelsea and Westminster's application. This is reflected in the high join-up rate. New members recruited at the hospital up to 20th December stand at 635.

The majority of the contacts were not previously aware of the hospital's application and those few that were had not previously had a chance to discuss what this change means for the hospital and its services. In a very few cases negative reports in the media about Foundation Trust legislation had made people wary of the scheme, but on discussing the scheme most of these were left assured and have become members of the Foundation Trust.

Recruiting directly in the hospital has led to contact with a very diverse and representative group of hospital users, carers and staff, many of whom would not otherwise have considered becoming members or even been aware of the change over to Foundation status.

Any matters raised by the public not relating to the Foundation Trust application have been passed on to PALS.

Trust Board Meeting, 5th January 2006

AGENDA ITEM NO.	5.3/Jan/06
PAPER	Complaints and PALS (Patient Advice and Liaison Service) Reports - Quarterly Two 2005/2006
AUTHOR	Amanda Harrington
LEAD EXECUTIVE	Andrew MacCallum
SUMMARY	The quarterly Complaints and PALS reports provide an overview of trends identified through the complaints process and PALS during quarter two 2005/2006. The reports identify the number of complaints, concerns, queries and also positive comments received during this period and identify key actions that have been taken in response to these trends. The Complaints Report also reports on complaints referred to both the Healthcare Commission and the Health Service Commissioner (Ombudsman). The report reflects comments from the Board in October 2005, that it would be informative to consider the percentage of complaints compared with the total number of patients.
ACTION	The Board is asked to endorse this report.

Complaint Report Quarter Two 2005/2006

Author: Amanda Harrington
Patient Affairs Manager
Date: October 2005

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Complaints Report Quarter Two - 2005-2006

1.0 Complaint Performance Quarter Two 2005-2006

The Trust received 101 formal complaints during the second quarter period between 1st July 2005 and 30th September 2005 (this compares with 122 complaints for the same period in 2004/2005). 83% of these complaints were responded to within the performance target of 20 working days. (This is a 2% fall compared with the first quarter of this year).

The overall performance figure for the first six months of the year is 84%. This is 5% below the performance target we aim to achieve.

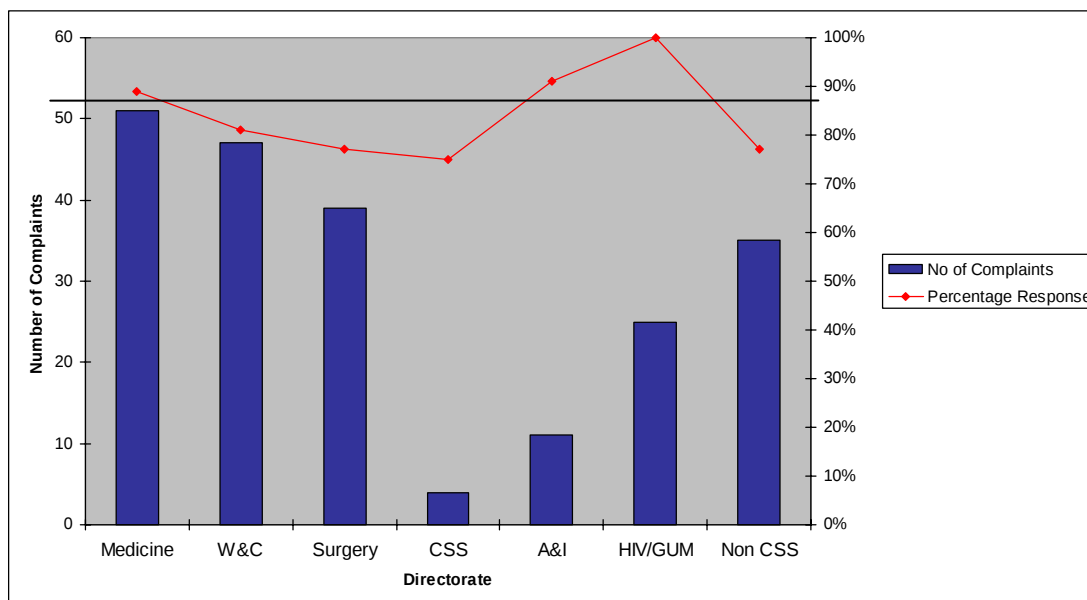
For the period 1st July 2005 to 30th September 2005, the total number of patient contact episodes with the Trust, (including inpatients stays, outpatient attendances and Accident and Emergency admissions) was 114,971.

The number of complaints received by the Trust during this period represents 0.088% of these patient contact episodes.

This can be broken down as follows:

	Total Number of Patients	Total Number of Complaints	Complaints as a percentage of Patient Episodes
Inpatient admissions	14,966	54	0.36%
Outpatient attendances	76,143	43	0.056%
Accident and Emergency attendances	23,862	4	0.017%

2.0 Management of Formal Complaints April – September 2005/2006



The above graph indicates the number of complaints received by each directorate during the first six months of the year 2005-2006. The red line represents the percentage of complaints for which the Trust provided a full response within 20 working days during this period.

The black line indicates the standard of 89%, which we aim to respond to within the 20 working day period. The target of 89% is taken from the Healthcare Commission performance band thresholds.

During the first six months of 2005/2006 the Medicine, Anaesthetics and Imaging and HIV/GUM directorates have reached this target.

The following Directorates did not reach the 89% performance standard:

2.1 Surgical Directorate

- In quarter one (1st April – 30th June 2005) the Surgical Directorate responded to 75% of complaints within 20 working days.
- In quarter two (1st July – 30th September 2005) the Surgical Directorate responded to 79% of complaints within 20 working days.
- Therefore for the first six months of the year 2005/2006 the overall response rate is **77%**.

2.2 Women and Children's Directorate

- In quarter one (1st April – 30th June 2005) the Women and Children's Directorate responded to 89% of complaints within 20 working days.
- In quarter two (1st July – 30th September 2005) the Women and Children's Directorate responded to **73%** of complaints within 20 working days.
- Therefore for the first six months of the year 2005/2006 the overall response rate is **81%**.

Women and Children Directorate Performance by Service

	Quarter 1 2005/2006	Quarter 2 2005/2006	Overall (April-September)
Gynaecology	88%	86%	86%
Paediatrics	78%	33%	67%
Maternity	100%	83%	89%

2.3 Clinical Support Services

For the first six months of the year 2005/2006 Clinical Support Services have responded to **75%** of complaints within 20 working days. However, the total number of complaints was four, therefore this represents one response not sent within the performance standard.

2.4 Non Clinical Support Services

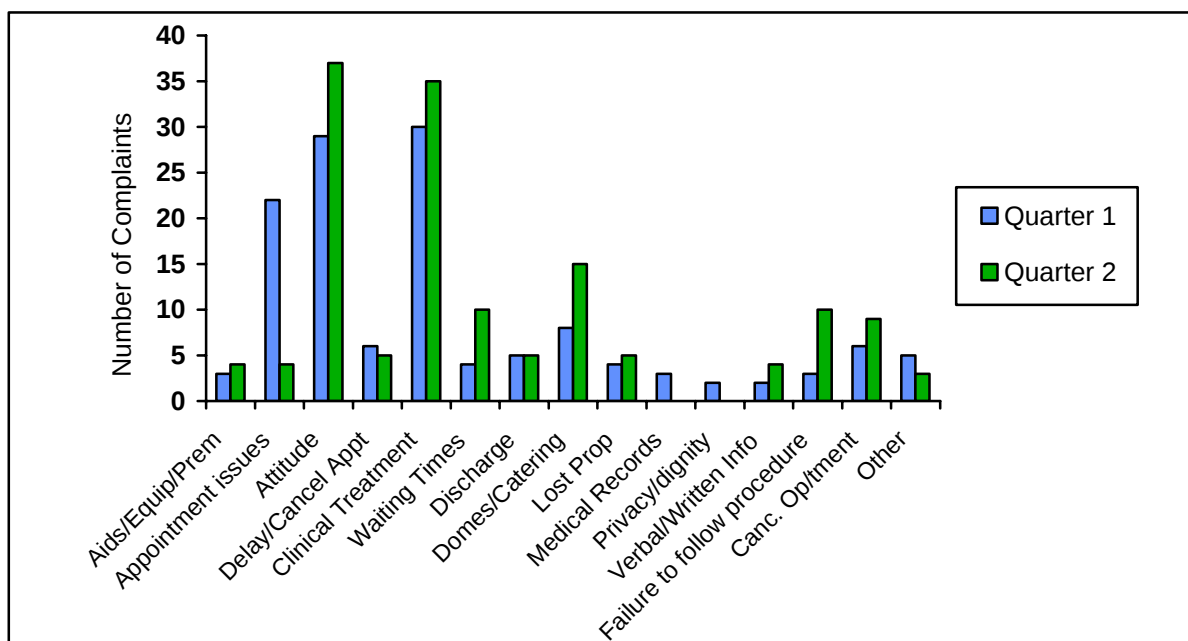
For the first six months of the year 2005/2006 Non Clinical Support Services have responded to **77%** of complaints within 20 working days.

To improve the response standard within the complaints about aspects of our housekeeping services, the Soft Services Manager has agreed a revised procedure for administering complaints with ISS.

A complaints review meeting now takes place each week with representatives from each service, the Soft Services Manager and the complaints team.

Response times for complaints relating to aspects of the appointments system, where contact is through the central appointments office, for the first six months of the year 2005/2006 is **75%**.

3.0 Complaints by Subject (Trust Wide) Quarter Two 2005/2006



The 101 complainants identified 136 issues identified in the chart above.

3.1 Top Three Issues Identified through Complaints Procedure April-September 2005-2006

Issue	Number of Complaints	Percentage of Total Number of Complaints
Attitude/Behaviour of Staff	67	31%
Clinical Treatment	65	31%
Appointments Issues	35	16%

3.2 Attitude/Behaviour of Staff

Staff Type	Number of Complaints
Nursing Staff	23
Medical Staff	20
Midwifery Staff	5
Admin & Clerical	9
Housekeeping Staff	4
Radiographer	2
Other	4

Directorate	Number of Complaints
Women and Children	13
Medicine	19
Surgery	11
Non Clinical Support Services	8
HIV/GUM	8
Anaesthetics and Imaging	5
Clinical Support Services	2
Nursing Directorate	1

The Trust is currently undertaking a review of its approach to customer care training and will use feedback from complaints and the PALS service to inform this review.

3.3 Clinical Treatment

Clinical Treatment Issues by Staff Type	Number of Complaints
Medical Staff	31
Nurse	21
Midwife	9
Radiographer	2
Other	2

Clinical Treatment Issues by Directorate	Number of Complaints
Women and Children	20
Medicine	19
Surgery	18
HIV/GUM	3
Anaesthetics and Imaging	2
Clinical Support Services	3

3.4 Appointment Issues

Thirty five (16% of the total number of complaints) patients made a complaint relating to an outpatient appointment issue during the first six months of the year 2005/2006. The following table shows which directorates the complaints relate to.

Appointment Issues by Directorate	Number of Complaints
Women and Children	9
Medicine	4
Surgery	3
HIV/GUM	9
Clinical Support Services	1
Appointment Office	9

- Fifteen complaints related to cancelled or delayed appointments.
- Seventeen complaints related to difficulty accessing appointment.
- Three complaints related to a change in the appointment system within a specific service.

4.0 Complaints referred to the Healthcare Commission 2005/2006

Complaint Reference	End of Local Resolution	Request for Review from HCC	HCC Decision Date	Directorate and Speciality	HCC Decision
320	19/05/2004	15/04/2005	14/10/2005	Women & Children (Neo natal Unit)	No Further Action
801	26/01/2005	25/04/2005	23/06/2005	Women & and Children (Maternity)	No Further Action
886	31/01/2005	13/05/2005	29/06/2005	Medicine (General Medicine)	No Further Action
N/R	30/12/2004	11/05/2005	10/06/2005	HIV/GUM	Further local resolution and seek independent clinical advice on an issue from 1996.
898	27/02/2005	18/05/2005	23/08/2005	Women & and Children (Paediatrics) Pathology	No Further Action

498	10/11/2004	16/06/2005		Medicine (Rheumatology)	Decision awaited
958	06/07/2005	07/07/2005	1/11/2005	Medicine (Neurology)	Further investigation of some issues
667	20/12/2004	08/07/2005		Women & Children (Paediatrics)	Decision awaited
705	01/12/2004	04/08/2005	19/09/2005	Medicine (Neurology)	Further local resolution and seek independent clinical advice.

The above table indicates the nine requests for independent review processed by the Healthcare Commission since the 1st April 2005. More detailed summaries of each case are available in the Directorate specific appendices.

5.0 Health Service Ombudsman

The Health Service Ombudsman's Office implemented a new approach to complaint handling from 1st April 2005. Their new approach is more proactive and involves greater dialogue with complainants to clarify what they are seeking from the process. A plan is developed for each complaint giving consideration to the most effective way to achieve resolution. This may be through a more informal approach, rather than a full formal investigation.

In response to feedback from complainants, a case now remains open until the complainant has been assured that any recommendations made by the Ombudsman have been implemented.

The Trust currently has six complainants under investigation at the Ombudsman's Office.

Medicine Directorate

One complaint relating to the medicine directorate has been investigated and we anticipate publication of the final report in November 2005.

The Trust is waiting for feedback with regard to a further three complaints within the medicine directorate.

HIV/GUM Directorate

One complaint relating to this directorate has been referred to the Ombudsman. We are waiting notification of their decision in relation to this complaint.

Surgical Directorate

One complaint relating to this directorate has been referred to the Ombudsman. The Trust received a request from the investigating officer for detailed responses to specific issues. The Trust has provided the information requested and we await their decision with regard to further investigation.

For more detailed summaries please refer to directorate specific appendices.

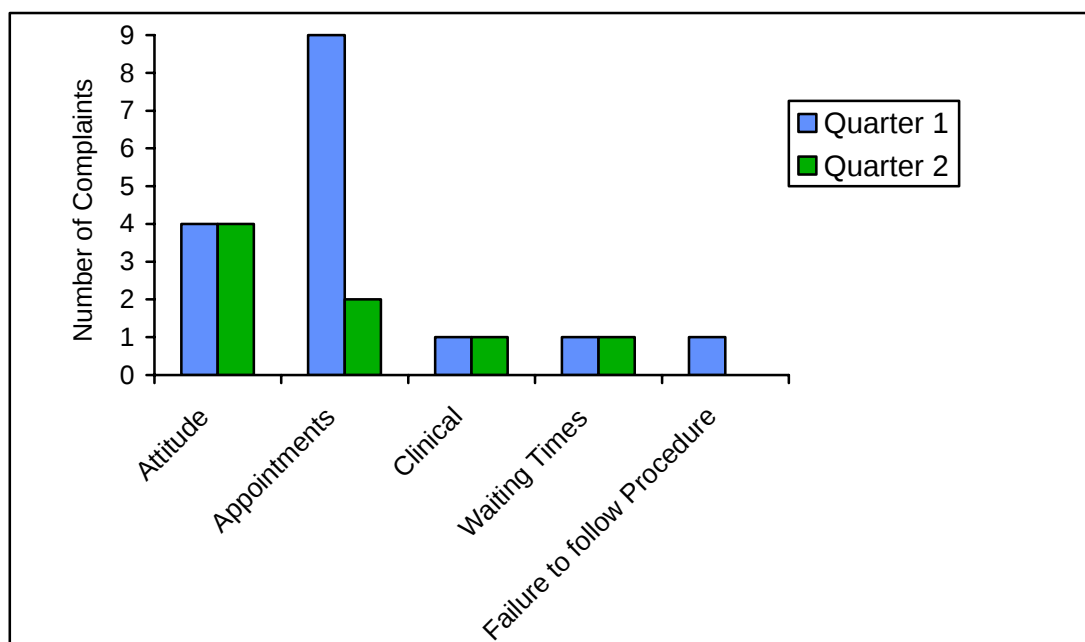
Appendix 1

1.0 HIV/GUM Directorate Quarter 2 2005/2006

A total of 8 complaints were received over the three month period 1st July 2005 to 30th September 2005. All of the complaints [100%] were responded to within the performance standard of 20 working days.

The total number of complaints in the HIV/GUM Directorate for the first six months of the year is 25. Over the six month period 100% of complaints have been responded to within 20 working days.

2.0 Complaints by Category (HIV/GUM Directorate)



2.1 Attitude

Of the four complaints relating to attitude or behaviour of staff:

2 related to concerns about administrative staff.

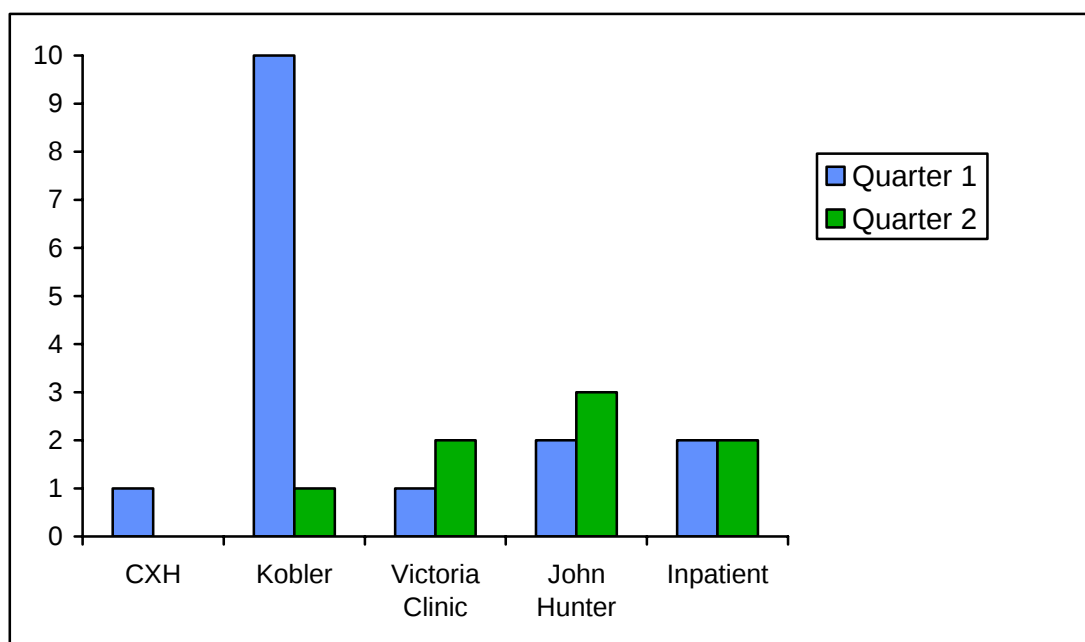
2 related to concerns about nursing staff.

These complaints did not relate to a specific area within the directorate.

2.2 Appointments

During the first quarter of the year 2005/2006 there was a rise in the number of complaints about accessing appointments, due to a change in the appointment system. During quarter two, the Trust received only two complaints relating to appointments.

3.0 Complaints by Speciality (HIV/GUM)



The increase in the number of complaints received in quarter one relating to the Kobler centre related to the changes to the appointment system. The Trust has received only two complaints relating to this area in quarter two.

4.0 Healthcare Commission

Complaint 1

This complaint related to an alleged failure to make timely diagnosis in 1996, 2001 and 2002, the loss of blood and sputum specimens and issues relating to the handling of his complaint.

The Healthcare Commission were satisfied that the Trust had taken sufficient action in respect of the concerns raised about complaint handling.

With regard to the missing specimens that Healthcare Commission requested that the Trust provide both them and the complainant with a report of the deficiencies identified in the sample labelling and transportation of samples systems, with a summary of improvements made and their effectiveness.

The Healthcare Commission asked the Trust to seek independent clinical advice relating to the clinical issues raised.

The Trust has provided the response requested in relation to the missing specimens. We are in the process of trying to identify a Clinical Assessor to provide the independent report.

5.0 Health Service Ombudsman

One complaint relating to this Directorate has been referred to the Health Service Ombudsman. This complaint was initially raised in June 2002. The complaint relates to an allegation that the position of one of our clinicians is compromised by the fact that he is also a trustee of another organisation. Complainant raised issues relating to differing health information advice offered by the Trust and the Terence Higgins Trust about the risks of contracting HIV.

Complainant also raised concern that a mental health referral was inappropriate and resulted in his care at this Trust being terminated.

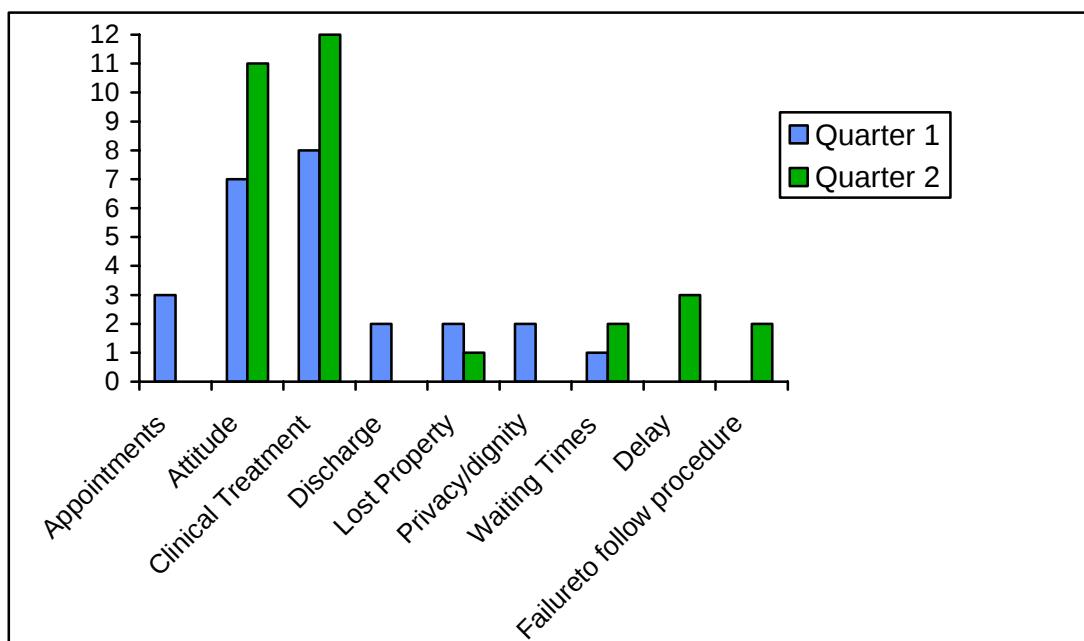
Appendix 2

1.0 Medicine Directorate Complaints Quarter 2 2005/2006

A total of 26 complaints were received in the three month period 1st July 2005 to 30th September 2005. 21 (88%) of the 25 complaints were responded to within the performance standard of 20 working days.

The total number of complaints in the Medicine Directorate for the first six months of the year is fifty three. Over the six month period 89% of complaints have been responded to within 20 working days. This equals the performance standard that the Trust aims to achieve.

2.0 Complaints by Category (Medicine Directorate)



2.1 Clinical Treatment

	Medical Staff	Nursing Staff
Accident & Emergency	4	1
Dermatology		1
Gastroenterology	1	
General Medicine	1	3
Neurology	1	

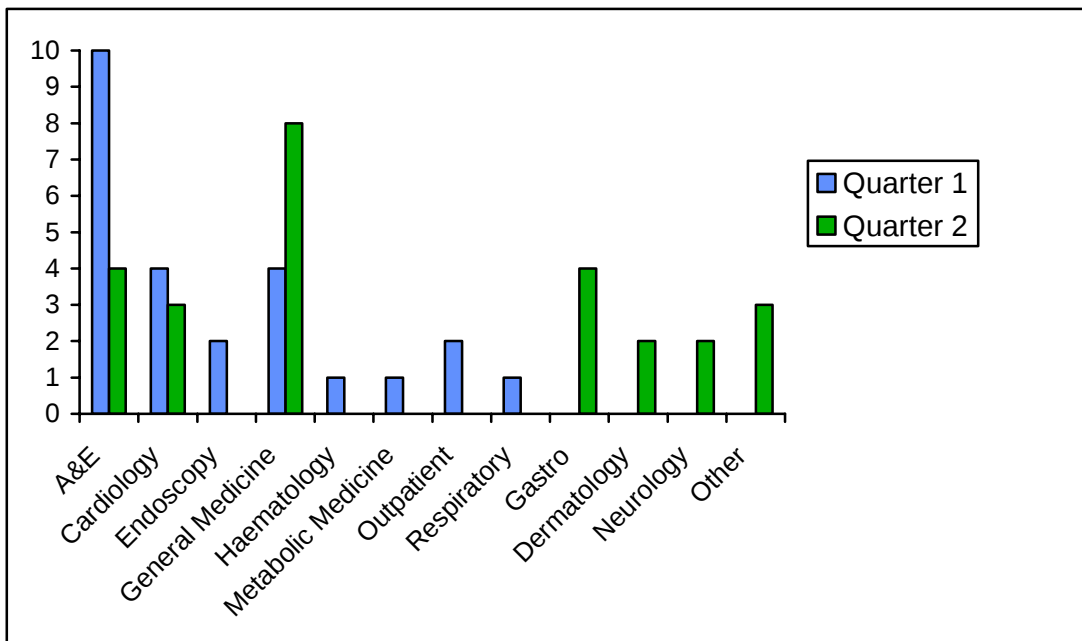
2.2 Attitude/Behaviour of Staff

Six complaints relating to attitude/behaviour of staff related to nursing staff. There was no trend relating to the areas reflected in these complaints:

Two complaints related to the attitude of clinical staff.

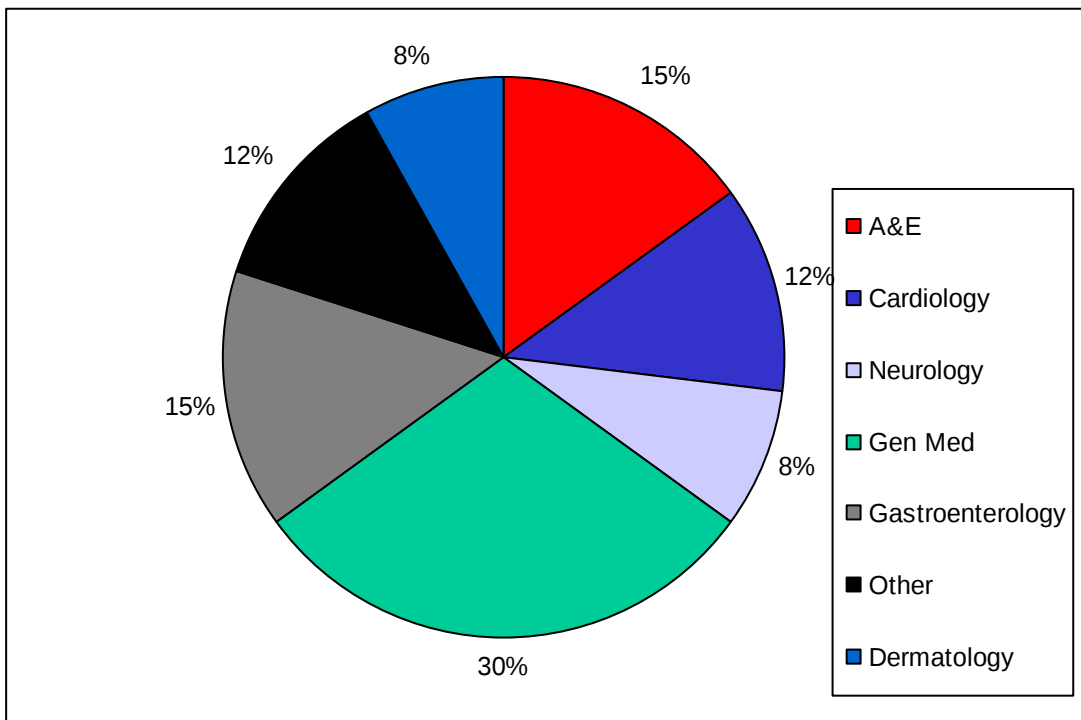
Two complaints related to the attitude of administrative staff.

3.0 Complaints by Speciality (Medicine)



During quarter one 2005/2006 the complaints relating to the Accident and Emergency department represented 10 (40 %) of complaints involving the Medicine Directorate. During quarter two the percentage of complaints relating to the Accident and Emergency department has fallen to 4 complaints (15% of the total for the Directorate).

3.1 Percentage of Complaints by Service (Medicine)



4.0 Healthcare Commission (HCC)

During the first six months of this year, the HCC have notified the Trust that they are undertaking an initial review of four complaints relating to the Medicine Directorate.

Complaint 886

This complaint related to seven aspects of patient care. The issues identified included, an allegation that sedation had been administered at the wrong time and that this contributed to the death of the patient.

The family expressed concern that they believed the patient was dropped by staff soon after her death and that the family were not informed of the full extent of the injuries. There was concern that a member of the nursing team was unsympathetic and rude.

The Healthcare Commission recommended that no further action needed to be taken in respect of the majority of issues. In relation to the attitude of a member of the nursing team they recommended that the Trust try to resolve locally by sharing information about ward teaching sessions with the complainant. They also recommended that staff should be reminded of the correct procedure regarding the amendment of records.

Complaint 498

This complaint relates to a concern that the patient (deceased) was prescribed a drug, which he had been allergic to, when the allergy was documented in his medical records. The complainant was also seeking to establish if the patient had received a blood transfusion during his admission.

The Trust was notified that the Healthcare Commission were considering the request for review in June 2005. We have not yet been notified of their decision in relation to this complaint.

Complaint 958

There were ten issues raised by this complainant relating to aspects of her nursing and medical care. This complaint relates to both the Medicine Directorate and Anaesthetics and Imaging. The decision of the Healthcare Commission was that of those ten issues, no further action was required in respect of five of the issues. Further action was advised in relation to three further issues and additional recommendations were made to the Trust relating to the remaining two. Recommendations are summarised below:

- Concerns relating to lack of involvement of dietician in care and difficulty accessing a special diet. The Healthcare Commission has recommended that the Trust should demonstrate what arrangements are in place in relation to provision of special diets.
- The complainant expressed concern that she was offered poor oral hygiene during her admission. The Healthcare Commission acknowledged that the Trust has taken action with regard to this issue and requested that the Trust should provide the complainant with a copy of revised procedures for oral care.
- In response to concerns that the bathrooms and toilets were dirty, the HCC has requested that the Trust provide evidence of robust infection control procedures and recent cleanliness audits.
- The complainant identified issues relating to the current hospital beds and the Trust have been asked to share with the complainant information relating to a bed replacement programme.

The Trust is in the process of responding to the further actions advised by the Healthcare Commission.

Complaint 705

This complaint related to aspects of the patients clinical care, poor standard of communication with patient, a failure to provide copies of medical records and issues relating to the handling of the complaint.

The Healthcare Commission asked the Trust to provide a more detailed response to the issues raised and requested that we seek independent clinical advice in respect of the clinical concerns expressed by the complainant.

The Trust has responded to the outstanding issues and is trying to identify a Clinical Adviser to provide an independent report.

5.0 Health Service Ombudsman

The Medicine Directorate has four complaints currently being investigated by the Health Service Commissioner.

Complaint 781

The issue being investigated relates to the withdrawal of consent during a procedure. The final report is expected to be issued during the next quarter.

Complaint 99

The issues being considered by the Ombudsman are that:

- The Trust failed to adequately address failings in nursing care and did not provide sufficient explanation for the failings.
- The Trust exercised a poor standard of complaint handling.

The Trust is awaiting a decision from the Health Service Ombudsman in relation to these complaints.

Complaint 214

This complaint relates to several aspects of nursing care, including concern that drugs were not administered as prescribed, that patients catheter became dislodged as result of inadequate care, that a hoist was left under patient to enable staff to move patient more easily. Further concern that patients cardiac arrest was as an outcome of inadequate care.

The Trust is awaiting a decision from the Health Service Ombudsman in relation to these complaints.

Complaint 67

This complaint relates to concerns raised in July 2001. The main concern relates to the fact that patient was admitted with dehydration and an early recovery anticipated, complainant alleges that as a result of poor clinical and nursing care patient became increasingly unwell and died.

The issues relate to administration of inappropriate sedation, lack of encouragement to eat and other nursing issues.

The Trust was asked to provide papers relating to this case to the Ombudsman in March 2005. We are awaiting a decision from the Health Service Ombudsman in relation to these complaints.

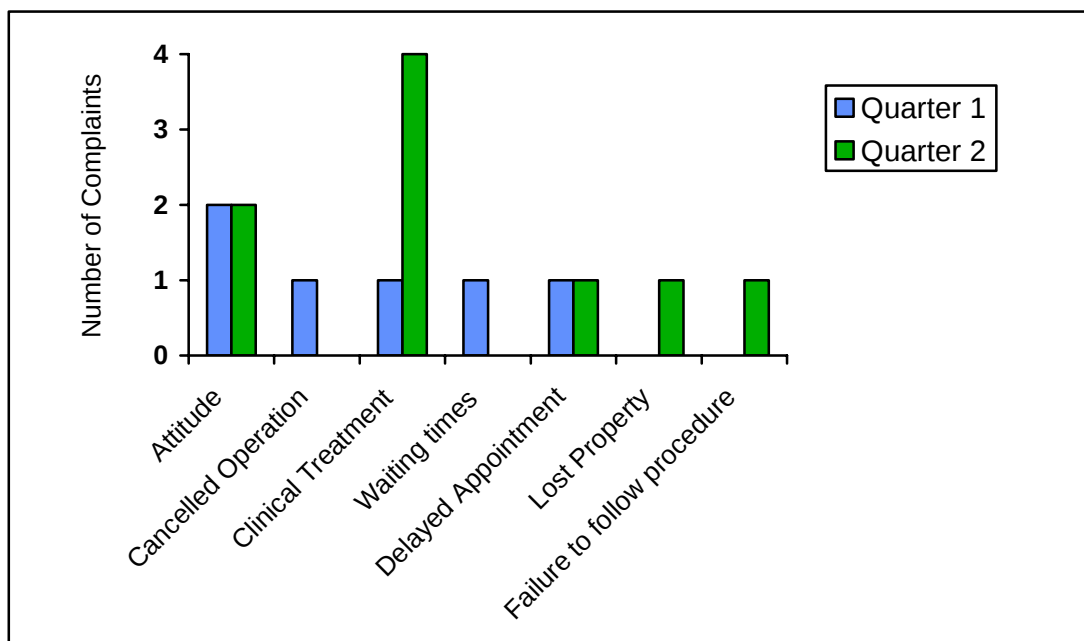
Appendix 3

1.0 Anaesthetics and Imaging Directorate Complaints-Quarter 2 2005/2006

A total of six complaints were received in the three month period 1st July 2005 to 30th September 2005. 83% of the complaints were responded to within 20 working days.

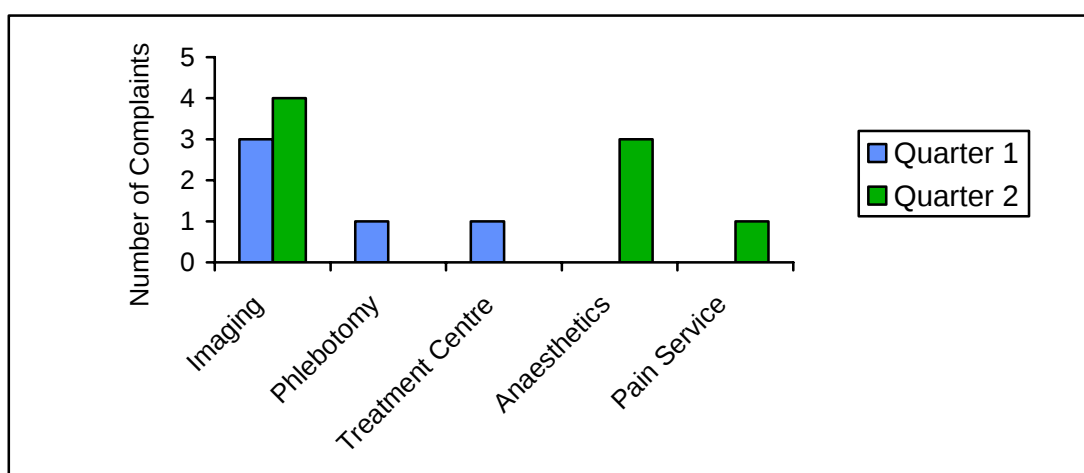
The total number of complaints in the Anaesthetics and Imaging Directorate for the first six months of the year is twelve. Over the six month period 92% of complaints have been responded to within 20 working days.

2.0 Complaints by Subject (Anaesthetics and Imaging)



The above issues were raised in relation to the Anaesthetics and Imaging Directorate in quarters one and two of 2005/2006.

3.0 Complaints by Speciality (Anaesthetics & Imaging)



There are no specific trends in relation to the complaints for this quarter in the Anaesthetics and Imaging Directorate.

4.0 Healthcare Commission

During the first six months of this year, the HCC have notified the Trust that they are undertaking an initial review of one complaints relating to this Directorate.

Complaint 958

There were ten issues raised by this complainant relating to aspects of her nursing and medical care. This complaint relates to both the Medicine Directorate and Anaesthetics and Imaging. The decision of the Healthcare Commission was that of those ten issues, no further action was required in respect of five of the issues. Further action was advised in relation to three further issues and additional recommendations were made to the Trust relating to the remaining two. Recommendations are summarised below:

- Concerns relating to lack of involvement of dietician in care and difficulty accessing a special diet. The Healthcare Commission has recommended that the Trust should demonstrate what arrangements are in place in relation to provision of special diets.
- The complainant expressed concern that she was offered poor oral hygiene during her admission. The Healthcare Commission acknowledged that the Trust has taken action with regard to this issue and requested that the Trust should provide the complainant with a copy of revised procedures for oral care.
- In response to concerns that the bathrooms and toilets were dirty, the HCC has requested that the Trust provide evidence of robust infection control procedures and recent cleanliness audits.
- The complainant identified issues relating to the current hospital beds and the Trust have been asked to share with the complainant information relating to a bed replacement programme.

The Trust is in the process of responding to the further actions advised by the Healthcare Commission.

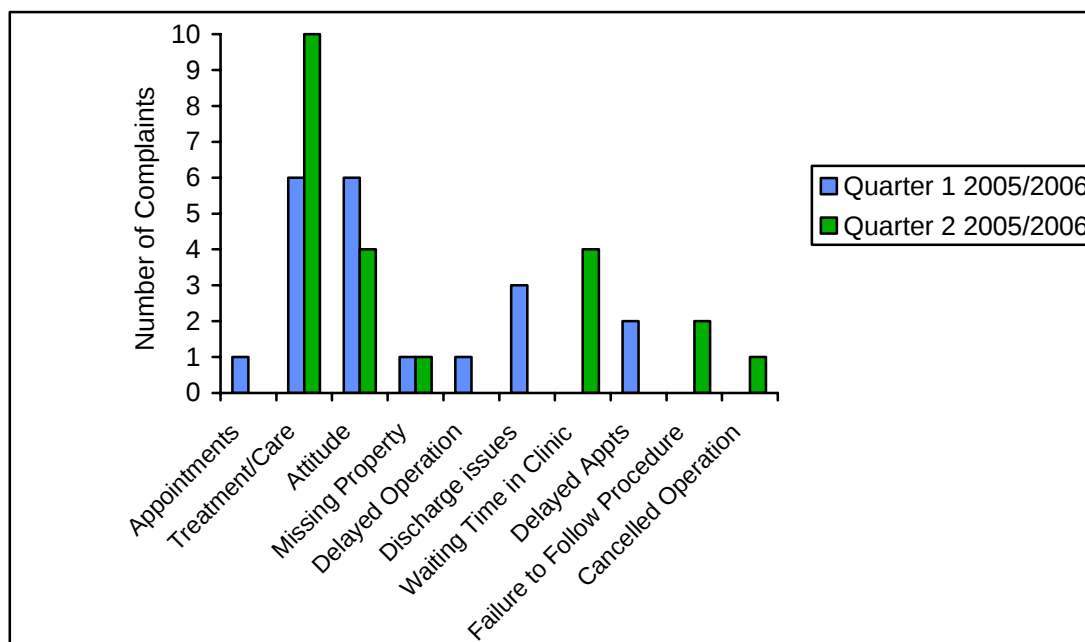
Appendix 4

1.0 Surgical Directorate Complaints-Quarter 2 2005/2006

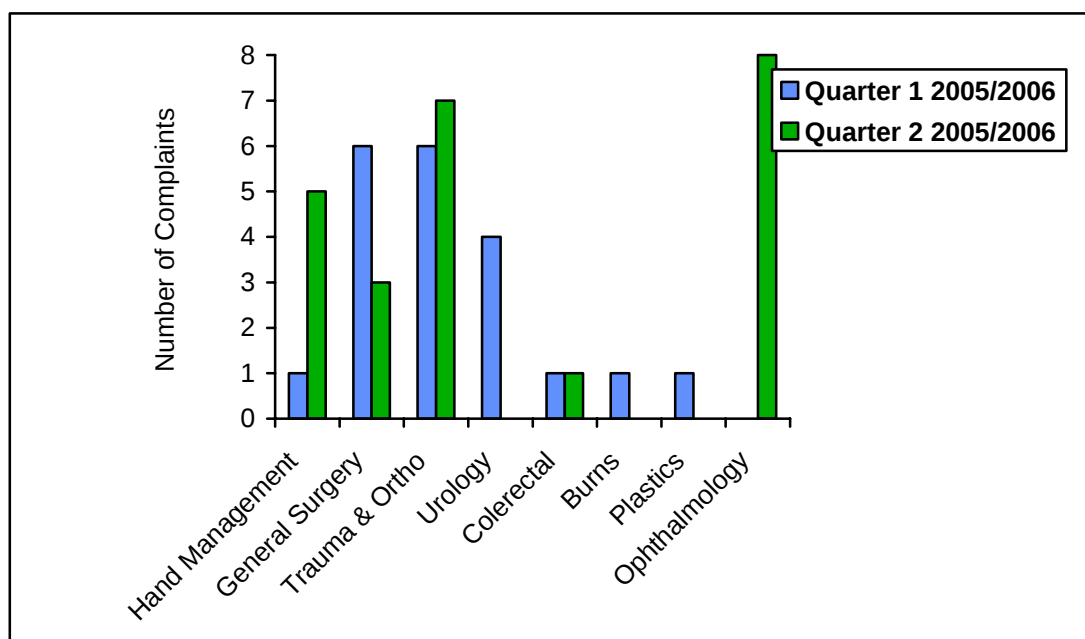
A total of 19 complaints were received over the three month period 1st July to 30th September 2005. **79%** of the 19 complaints were responded to within the performance standard of 20 working days.

The overall performance in the Surgical Directorate for the first six months of the year is 77%. This falls 12% below the performance standard the Trust aims to achieve.

2.0 Complaints by Category (Surgical Directorate)



3.0 Complaints by Speciality (Surgery)



Ophthalmology

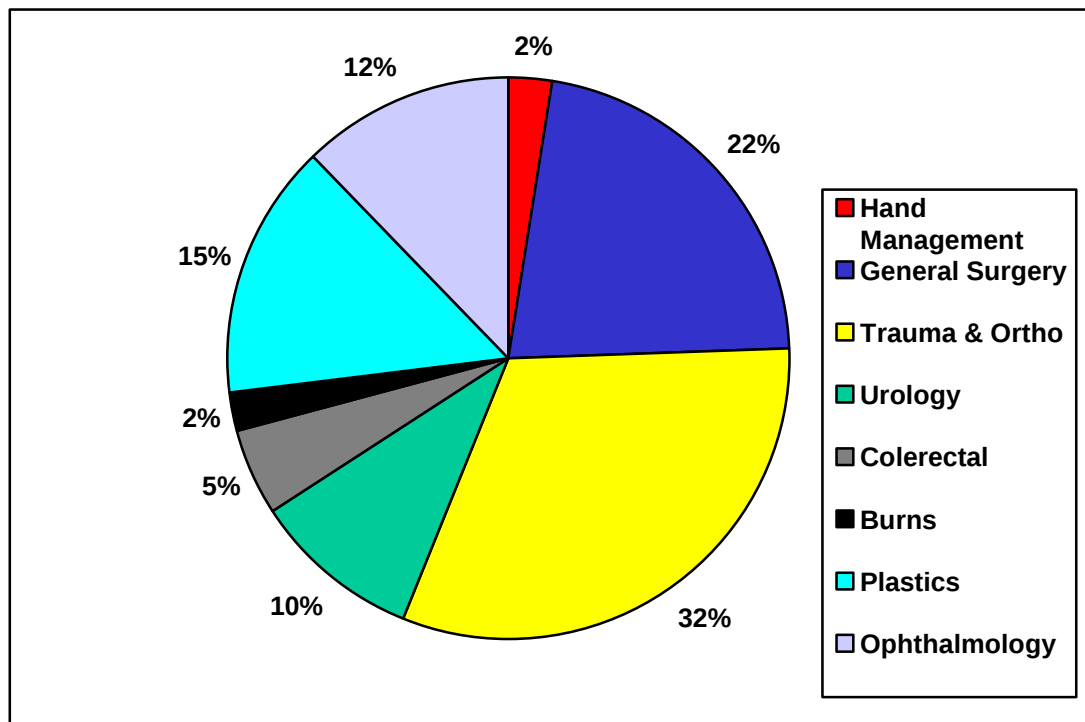
During quarter one of 2005/2006 there were no complaints relating to the Ophthalmology service. During quarter two the service has received five complaints.

3 complaints related to cancelled or delayed operations.

3 complaints related to waiting times in the clinic.

1 complaint related to aspects of clinical care.

4.0 Percentage of Complaints by Service (Surgery) 1st April 2005 – 30th September 2005



Trauma and Orthopaedics

32% (19) of complaints related to the Orthopaedic service during quarter two:

Eleven complaints related to aspects of clinical care.

Four complaints related to attitude and behaviour of staff:

One complaint related to aspects of discharge.

One complaint related to waiting times in the clinic.

One complaint related to lost property.

One complaint related to surgical appliance entitlement.

Of the 11 complaints relating to aspects of clinical care:

One related to an episode of outpatient care.

Ten related to in patient care.

Seven complaints relating to inpatient care were about aspects of nursing care.

Three complaints relating to inpatient care were about aspects of medical care.

These complaints did not relate to a specific ward.

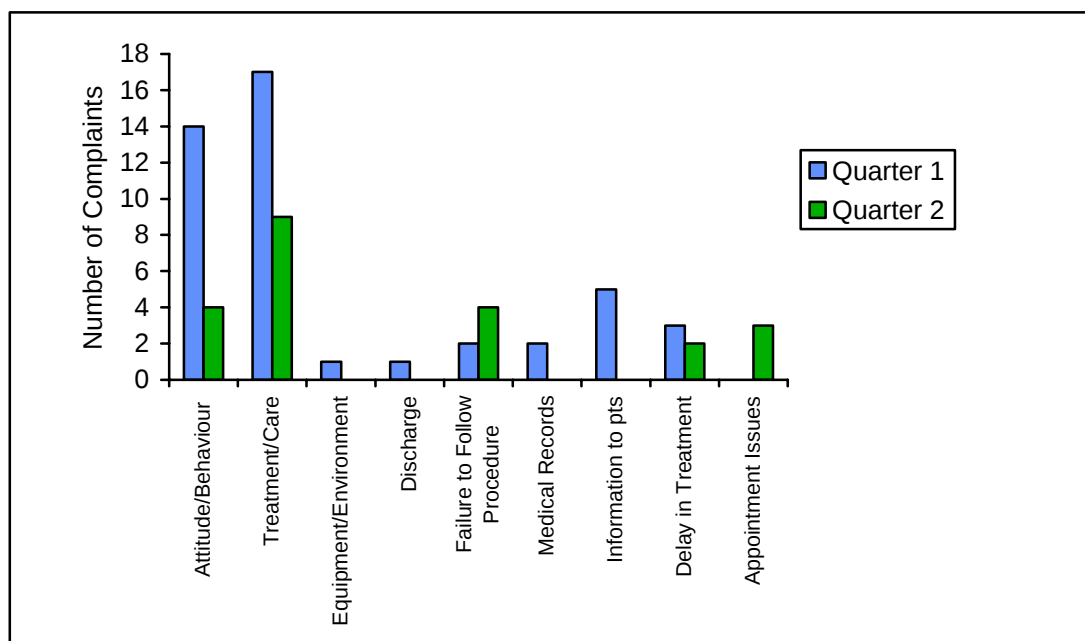
Appendix 5

1.0 Women and Children's Directorate Complaints Quarter 2 - 2005/2006

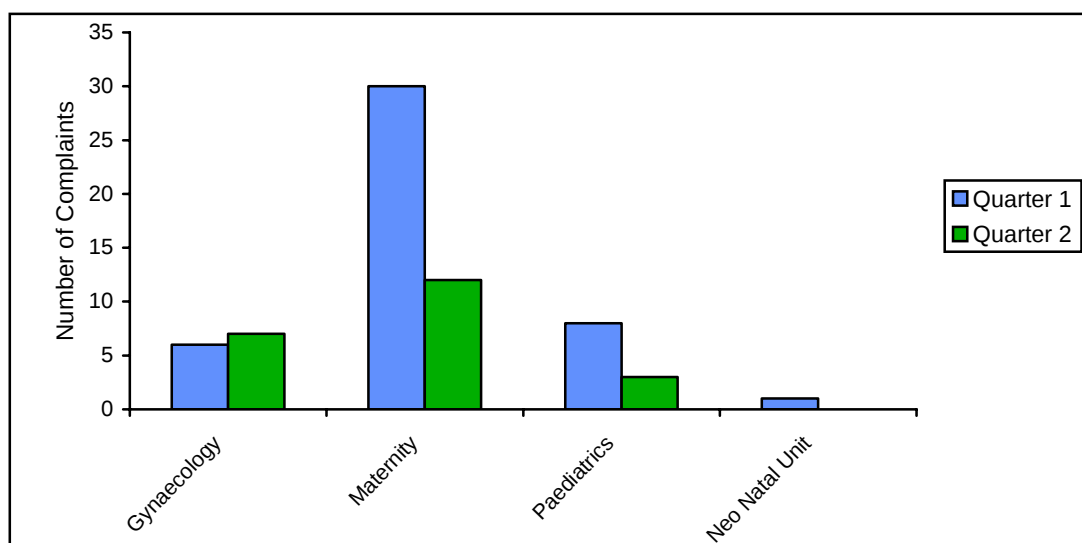
The Women and Children's Directorate received a total of 22 complaints between the 1st July 2005 and 30th September 2005. 73% of these complaints were responded to within the 20 working day performance standard.

The total number of complaints in the Women and Children's Directorate for the first six months of the year is 44. Over the six month period 80% of complaints have been responded to within 20 working days. This is 9% below the performance standard we aim to achieve.

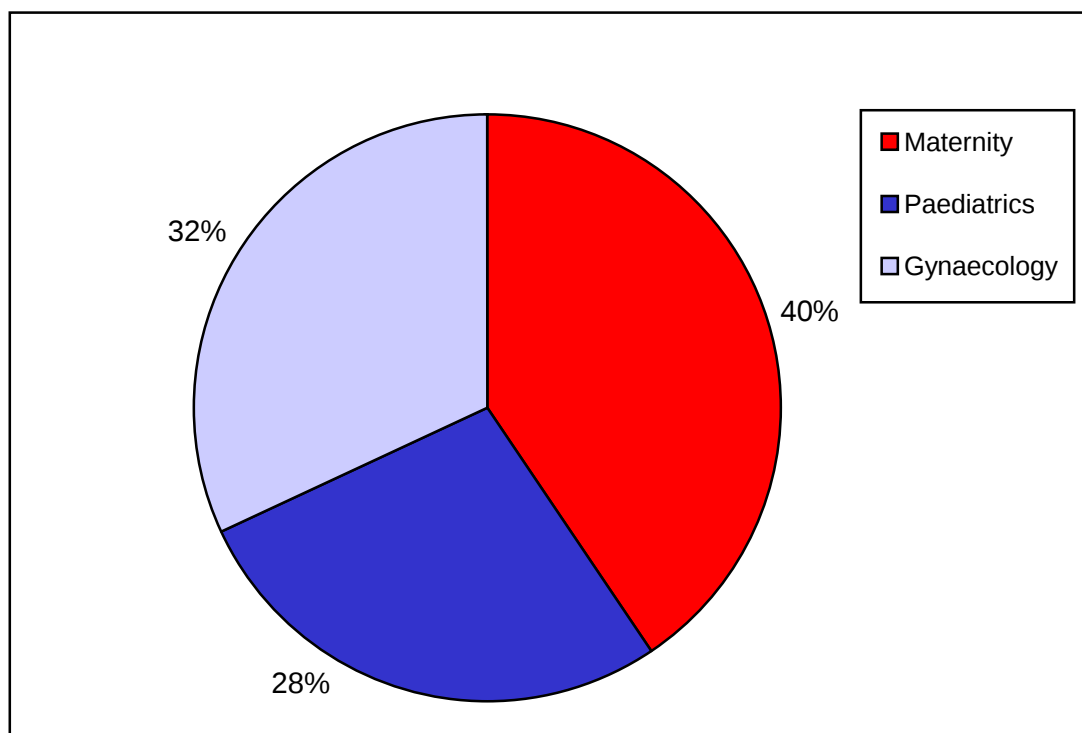
2.0 Complaints by Subject (Women and Children's Directorate)



3.0 Complaints by Speciality (Women and Children's Directorate)



4.0 Percentage of Complaints by Service 1st April 2005 – 30th September 2005



5.0 Healthcare Commission

During the first six months of 2005/2006 the Healthcare Commission have notified the Trust that they are undertaking an initial review of four complaints relating to the Women and Children's directorate.

Complaint 320

This complaint related to aspects of clinical care provided to a premature baby who subsequently died. The issues related to the diagnosis of a perforation in the baby's stomach, whether milk curds found to be present in the baby's stomach related to effective monitoring of feeding and digestion and whether an infection acquired was related to the administration of a blood transfusion.

The Healthcare Commission sought clinical advice and was reassured that the care and treatment provided to the baby was appropriate and that there was no further explanation that the Trust could provide. Therefore the decision was that no further action would be taken in response to the issues identified.

The Clinical Adviser recommended that the Trust review the procedure for gastric tube feeding in line with a patient safety alert published by the National Patient Safety Agency in August 2005. This action had already been taken.

This complaint has now been closed.

Complaint 801

The second complaint relates to aspects of care and treatment during the delivery of a baby by caesarean section and that the patient sustained a bladder injury during the procedure. The patient expressed concern that she did not have access to an interpreter during her admission and that she was not offered a follow up appointment.

The Healthcare Commission concluded that the patient care and management had been appropriate and that there was no further action to be taken in respect of any of the issues identified.

This complaint has therefore been closed.

Complaint 898

This complaint relates to the loss of a sample of colon which had been taken during a surgical procedure. The sample should have been forwarded to another Trust at the request of the complainant for research purposes.

The Healthcare Commission recommended that no further action should be taken in respect of the complaint, but advised the Trust to provide the complainant with a copy of the procedure for handling non-routine samples which was revised as a result of this complaint.

This action has been taken and the complaint is now closed.

Complaint 667

This complaint relates to the length of wait for a child to commence treatment, cancellation of appointments and the complaint management.

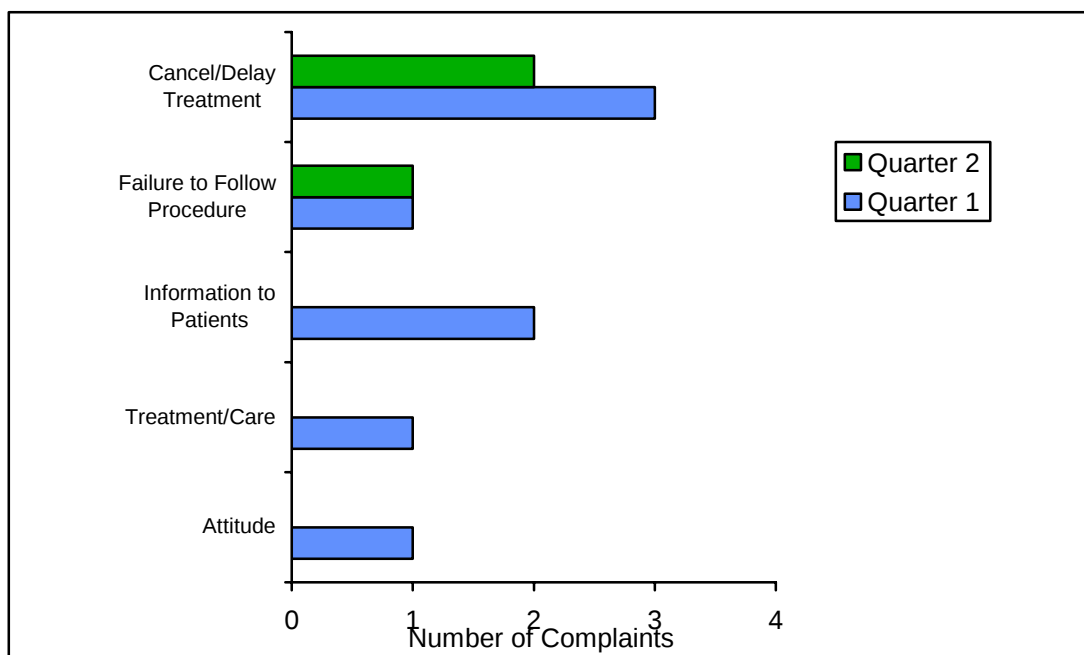
The Healthcare Commission notified the Trust that they had received a request for review in July 2005. The Trust has not yet been notified of the decision reached by the Healthcare Commission.

6.0 Paediatric Complaints Quarter 2 - 2005/2006

The Paediatric Service received a total of 3 complaints in which the primary complaint relates to paediatrics. Of the 3 complaints 33% were responded to within the 20 working day performance standard.

This falls below the performance standard by 56%.

6.1 Paediatric Complaints by Subject

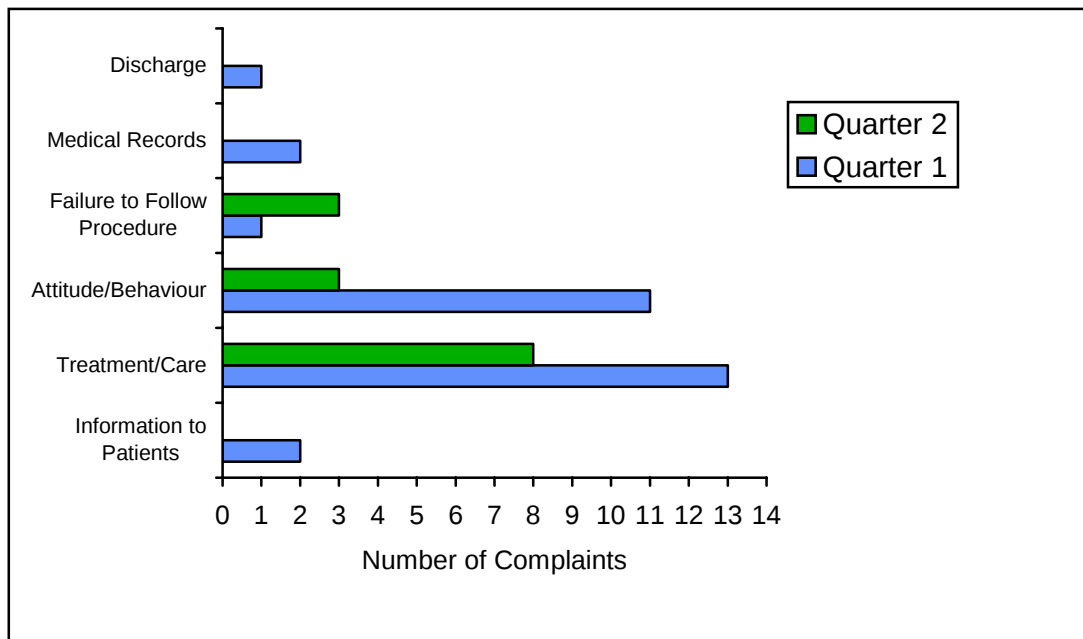


7.0 Maternity Complaints Quarter 2 - 2005/2006

The Maternity Service received complaints from a total of 12 complainants between the 1st July 2005 and 30th September 2005. Of these complaints 82% were responded to within the 20 working day performance standard.

The total number of complaints in the Maternity Service for the first six months of the year is nineteen. Over the six month period 89% of complaints have been responded to within 20 working days.

7.1 Maternity Complaints by Subject



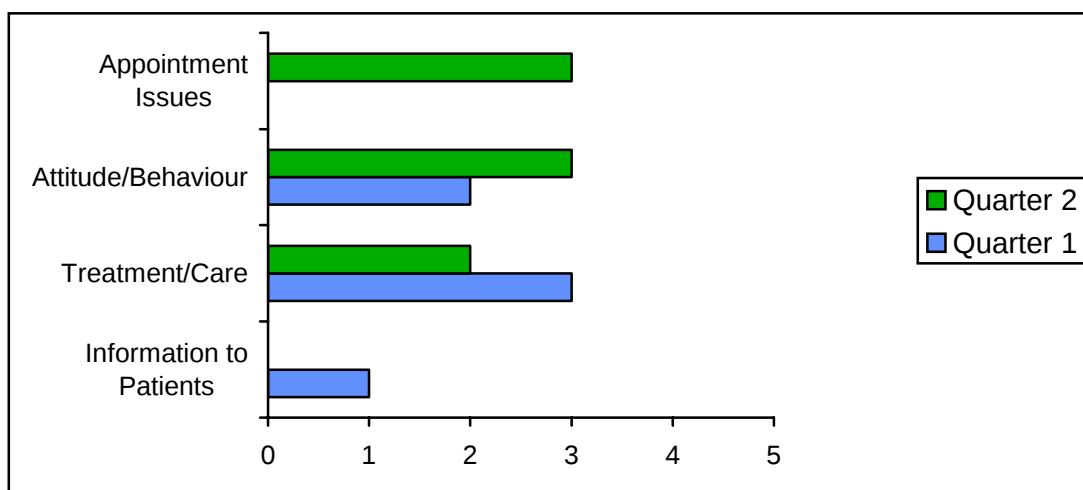
8.0 Gynaecology Complaints - Quarter 2 2005/2006

Eight complaints were received relating to the gynaecology service. Of these eight complaints 75% were responded to within 20 working days.

The total number of complaints in the gynaecology service for the first six months of the year is seventeen. Over the six month period 82% of complaints have been responded to within 20 working days.

This falls 7% below the performance standard we aim to achieve.

8.1 Gynaecology Complaints by Category



Appendix 6

1.0 Clinical Support Service Complaints Quarter 2 - 2005/2006

A total of four complaints were received over the three month period 1st July 2005 to 30th September 2005 relating to Clinical Support Services, where the primary complaint related to a clinical support service. 100% of the complaints were responded to within 20 working days.

The total number of complaints relating to Clinical Support Services for the first six months of the year is ten. Over the six month period 80% of complaints have been responded to within 20 working days.

This falls 9% below the performance standard we aim to achieve.

The four complaints received during the quarter identified seven issues highlighted below.

2.0 Physiotherapy Services

During quarter two 2005/2006 the Trust received one complaint relating to aspects of clinical management in physiotherapy.

This complaint was responded to within 20 working days.

3.0 Pharmacy Services

During quarter two 2005/2006 the Trust received five complaints relating to pharmacy services.

Four complaints related to waiting times for prescriptions to be dispensed.

One complaint related to the attitude of a member of staff.

80% of these complaints were responded to within 20 working days.

4.0 Dietetics

During quarter two 2005/2006 the Trust received one complaint relating to the dietetics service. This complaint was responded to within 20 working days.

Healthcare Commission (HCC)

One complaint relating to pharmacy has been referred to the HCC in the first six months of this year. The complainant alleges that incorrect dose of medication was dispensed. The Trust is currently waiting to be notified of a decision with regard to further action.

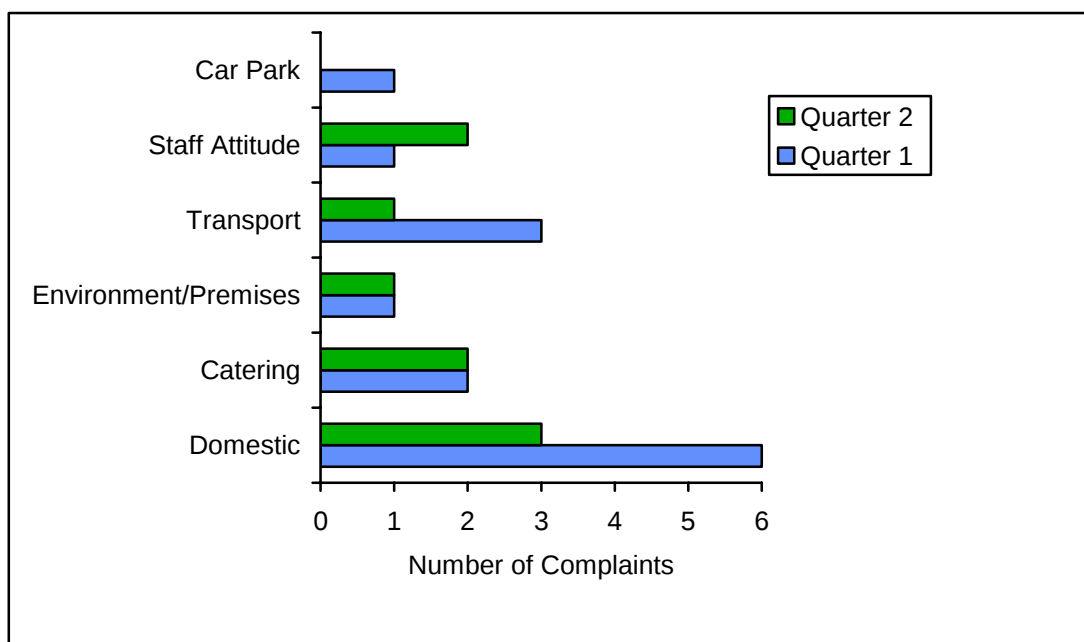
Appendix 7

1.0 Non Clinical Support Services

Non clinical support services received a total of sixteen complaints between the 1st July 2005 and 30th September 2005. 80% of these complaints were responded to within the 20 working day performance standard.

The total number of complaints relating to non clinical support services for the first six months of the year is thirty four. Over the six month period 1st April 2005 – 30th September 2005, 76% of complaints have been responded to within 20 working days. This is 13% below the performance standard we aim to achieve.

2.0 ISS Complaints by Category - Quarter 2 2005/2006



Appointment Office

During quarter four 2004/2005 the Trust received five complaints relating to the Appointments Office. All complaints related to difficulties accessing a first appointment. 40% of these complaints were responded to within the 20 working day performance standard.

During the first six months of the year 2005/2005 75% of complaints relating to the appointments office have been addressed in 20 working days. This is 14% below the performance standard.

**Patient Advice and Liaison Service (PALS)
Report – Quarter Two 2005/2006**

Author: Amanda Harrington
Patient Affairs Manager
Date: October 2005

Patient Advice and Liaison Service (PALS) Report - Quarter 2 2005/2006

1.0 Introduction

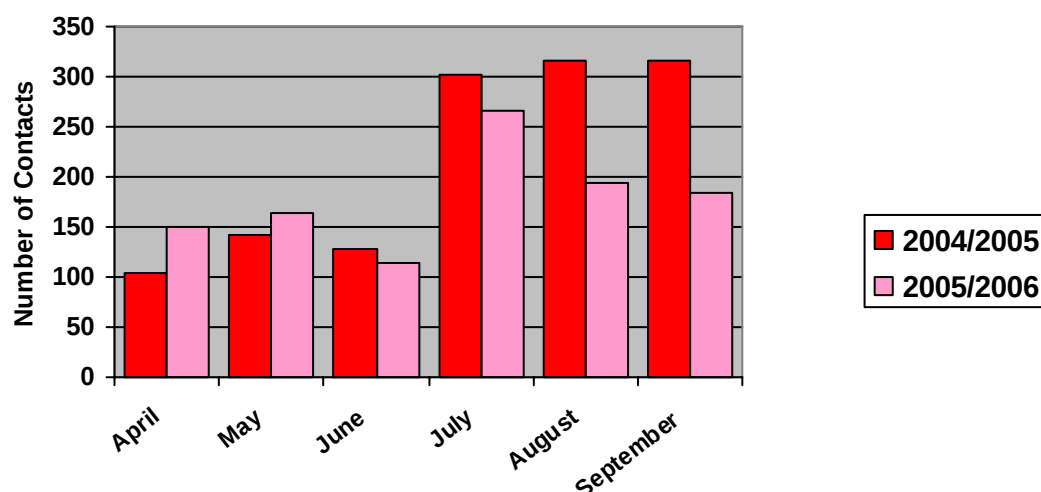
This report combines information collated from comment cards and PALS enquiries. The report highlights issues raised by service users who have contacted the PALS department either to raise a concern about aspects of the service or to request information or advice.

The report will present general information relating to issues raised within the PALS service and then a brief profile of each directorate and the specific issues raised.

2.0 Number of Contacts with PALS service - 1st April 2005 and 30th September 2005

Month	Comment Cards	Other Contacts	Totals
April	20	130	150
May	15	150	165
June	25	89	114
July	20	247	267
August	14	181	195
September	14	171	185
TOTALS	108	968	1076

Number of contacts with the PALS service 1st April 2005 and 30th September 2005.



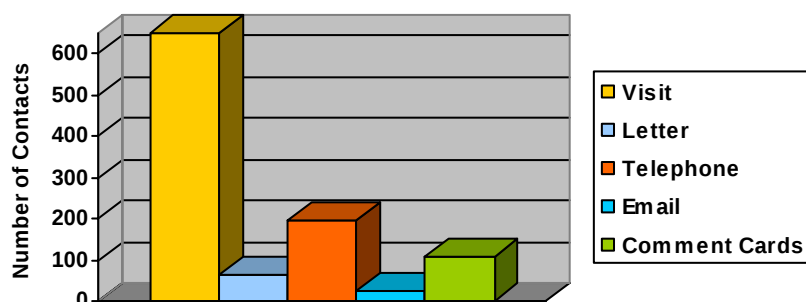
3.0 Query Types - 1st April 2005 and 30th September 2005.

	Quarter 1	Quarter 2
Concern	204	183
Praise	52	49
How to make a complaint	7	23
Contact Information support groups	4	2
General Queries	96	106
Health Related Issues	23	54
PCT Info/Local Services	6	24
Comments/Suggest	2	12
Brief Queries	35	194
Total	429	647

Not all contacts with the PALS office are to express concern about the service, as indicated by the above table. 61% of those making contact during the first six months of the year 2005/2006 were seeking information, advice, or praising aspects of the service.

4.0 Method of contact with the PALS Office - 2005/2006

	Quarter 1	Quarter 2
Visit	252	431
Letter	25	38
Telephone	90	106
Email/Fax	2	22
Comment Card	60	48
Website Feedback form	NA	2
Total	429	647



The above charts represent the method of contact with the PALS office during the first six months of 2005/2006. 82% of contacts were directly with PALS staff either in person or by telephone.

5.0 Issues Raised by Category - 1st April 2005 and 30th September 2005

	General Queries	Concerns	Praise	Comment/Suggestion	Complaint	Total
Admission		9	1			10
Appointments	28	46		1		75
Attitude/Behaviour of Staff		53	80	1	3	137
Clinical/Treatment	10	40	18		3	71
Catering		6	1	1		8
Cancelled Outpatient Appointment	1	14				15
Consent		2				2
Delay – Outpatient Appointment	3	15				18
Aids, Equipment, Environment	15	47	2	7		71
Referrals (lost, delayed or inappropriate)	3	17			1	21
Cancelled Operation		5				5
Delay results	1	11				12
Funding	5	3				8
Missing Property	5	9				14
Waiting times in clinics/departments		9		1	1	11
Car Park	3	7			1	11
Transport	6	10				16
Discharge	4	8				12
Domestic	1	15				16
Medical Records	25	6				31
Delay – Operation/Treatment	5	16				21
Interpreting Services	5	2				7
Concern re Oral/Written Information		14				14
Information re formal complaints					25	25
Information re support groups	5					5
Health Related Information	50					50
General Information requests	95					95
Information re PCT and Local Services	26					26
Discrimination	2					2

Failure to Follow Agreed Procedure		1				1
Privacy and Dignity	1	2				3
Switchboard		1				1
Not Applicable/Other	10	15				25

6.0 Top Three Concerns raised with PALS between 1st April and 30th September 2005

6.1 Attitude/Behaviour of Staff

Fifty three clients (14% of those who have raised a concern) raised concerns relating to the attitude or behaviour of Trust staff. This compares with forty four concerns raised during the same period in the previous year.

There is no trend in relation to any specific area of the Trust or staff type.

The Trust is currently undertaking a review of its approach to customer care training and will use feedback from complaints and the PALS service to inform this review.

6.2 Appointment Issues

Forty six clients (12% of those who have raised a concern) have expressed concern relating to aspects of the appointments system or difficulties accessing an appointment. The number of concerns raised has fallen when compared with the same period in the previous year, during which one hundred and twenty nine concerns were raised.

6.3 Aids, Equipment, Appliances and Premises

Forty six clients (12% of those who have raised a concern) have expressed concern relating to aspects of the environment or equipment.

Within this category twenty eight clients have raised concerns about aspects of the service provided by Patient Line. The number of concerns raised has risen when compared with the same period in the previous year, during which eight concerns were raised.

- Fifteen clients raised concerns relating to technical problems with their patient bedside communication systems.
- Sixteen clients (patients and staff) expressed frustration at being unable to access Patient Line staff.
- Concerns were also raised by several of the above clients about cards they had bought but been unable to use due to technical difficulties. Had problems in obtaining refunds.

Concerns have been raised by seven clients regarding patients or staff smoking in inappropriate areas.

7.0 Actions taken in Response to Issues Raised with PALS

- Disposable curtains are being piloted to reduce risk of infection.
- As part of the process of updating hospital signage signs regarding mobile phone use will be reviewed and updated.
- No smoking signs have been installed in children's park at side of hospital and there has been an increase in security patrols to discourage staff and members of public from smoking in this area.
- The entrance to outpatient pharmacy has a heavy door opening into the pharmacy, which caused problems for patients using a wheelchair or crutches. The door now has a mechanism which allows the door to be propped open for ease of access, but in the event of a fire, it automatically releases.
- The details on the new appointments letter have been amended to advise that the phlebotomy department closes at 16.30 and that it is advisable for patients coming for a blood test in the afternoon to arrive an hour before closure to ensure they are able to have their bloods taken due to the volume of patients attending the department.
- Theatres have reintroduced the wearing of over gowns for visiting the wards, the re-education of staff to wear their own clothes or hospital uniforms when outside theatres, including not wearing theatre shoes, or covering them up if they have no chance to change.

- Missing plugs replaced in ward hand basins.

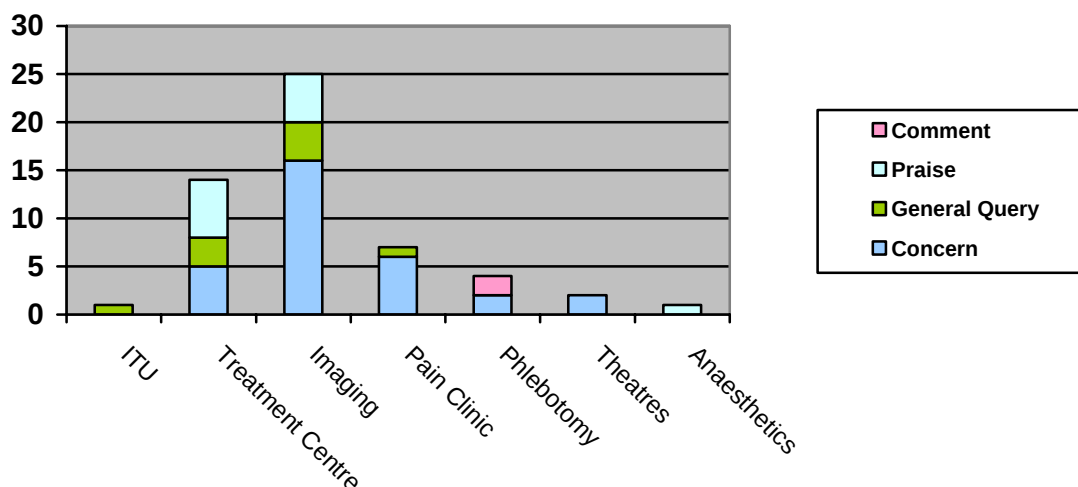
8.0 Non Directorate Related Enquiries

The PALS office has dealt with a diverse range of enquiries relating to issues outside any of the Trust services. These include:

- Blood donor queries
- Rehousing issues
- GP/Dentist registration
- Various aspects of sickness benefits.
- Carers benefits
- Pensions
- Reciprocal healthcare agreements.
- Immigration
- Disease specific information
- Job opportunities at Chelsea & Westminster Healthcare NHS Trust
- Wheelchair hire/purchase
- Smoking cessation
- Access to counselling
- Help with NHS charges.
- Access to Walk in centres
- Local accommodation
- Locating patients
- Reimbursement of travel expenses

Appendix 1

1.0 Anaesthetics and Imaging Directorate Profile – April 2005 – September 2005



1.1 Treatment Centre

The five concerns raised about the Treatment Centre relate to:

- Poor signage to the unit and lack of staff at reception desk.
- Medical records mislaid following appointment in Treatment Centre.
- Cancelled operations.
- Lack of communication following procedure.

Praise included:

- Five clients praised the attitude of staff in the Treatment centre.
- One client praised her clinical treatment in the Treatment centre.
- Two clients praised the attitude of staff in the Imaging department.

1.2 Imaging

Issues raised include:

- Difficulty accessing department by phone to book appointments.
- Delay in processing referral for ultrasound.
- Missing x-ray films.
- Waiting times for urgent MRI scan.
- Attitude of a member of staff.
- Difficulty rearranging appointment.
- Delay in results being forwarded to GP.
- Chaperoning Issue.

Five clients sent letters of praise relating to the attitude of staff in this department.

1.3 Pain Clinic

Issues raised relate to:

- Discharge from clinic.
- Delay processing referral.
- Difficulty rebooking cancelled appointment.
- Cancelled appointment.
- Waiting time for appointment.

1.4 Theatres

Concern expressed that:

- Theatre staff are seen in public areas, wearing scrubs, hats, masks and theatre shoes. Theatre staff wearing scrubs and theatre shoes with blood and iodine stains, seen in local cafes and eating in public areas, leading to concern regarding infection risk.
- Concern relating to attitude of a member of staff.
- One comment card received praised the attitude of the anaesthetic team.

1.0 HIV/GUM Directorate Profile – April 2005 – September 2005

	General Queries	Concerns	Comment/ Suggestion	Complaint Information	Praise	Total
HIV/GUM	5	10			5	20

1.1 Concerns raised related to:

- Attitude of member of reception team.
- Attitude of member of nursing team
- Waiting times in a clinic.
- Concern about aspects of treatment.
- Problems accessing test results.
- Concerns relating to telephone line raised by two patients.
- Client seeking clarification of diagnosis.

1.2 Information was requested relating to:

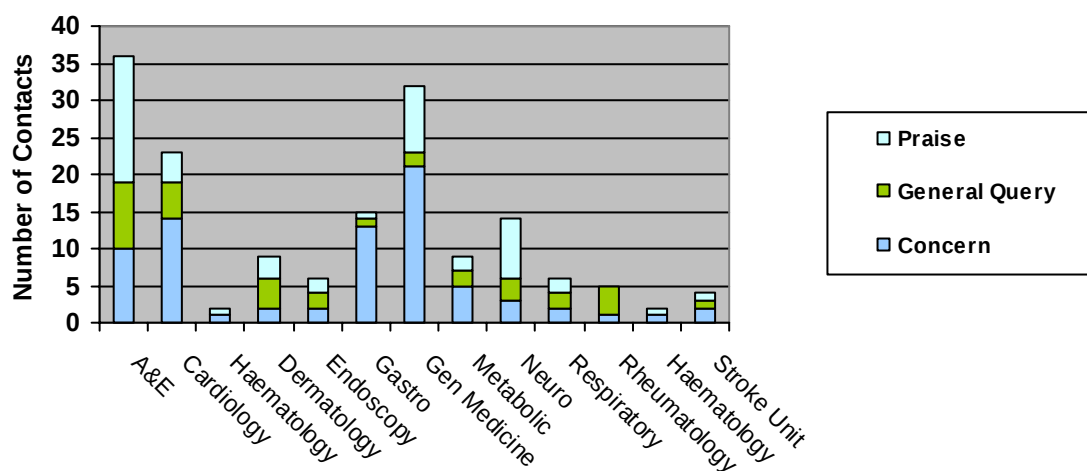
- Same day HIV tests.
- Contact details for Consultant staff.
- Positive Health Programme.

2.0 Praise

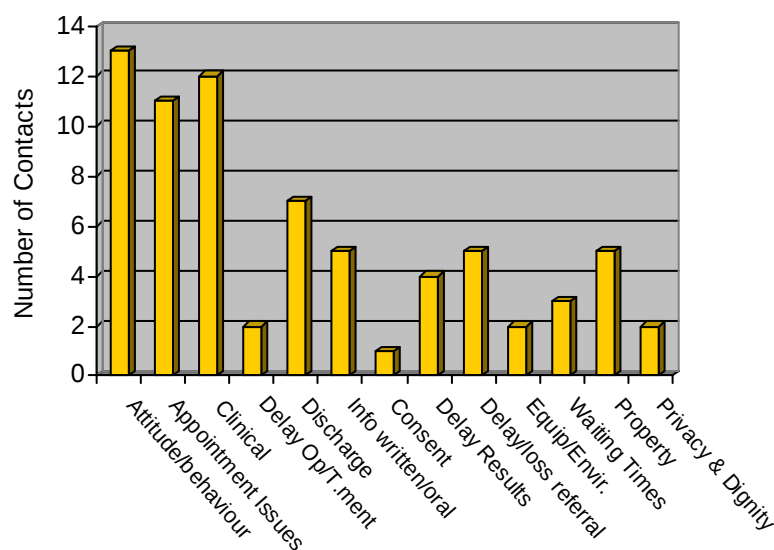
- Praise for attitude of clinic staff.
- Praise for waiting times at new clinic opening times.
- Praise for service provided by clinic.

Appendix 3

1.0 Medicine Directorate Profile – April 2005 – September 2005



2.0 Concerns Raised in Medicine Directorate – April 2005 – September 2005



2.1 Attitude/Behaviour of Staff

Thirteen clients expressed concern about aspects of staff attitude and behaviour in the Medicine Directorate. These did not relate to any specific service.

Number of Concerns	Staff Type	Ward/Department
1	Admin and Clerical	Cardiology
1	Admin and Clerical	Endoscopy
1	Admin and Clerical	Accident and Emergency
1	Admin and Clerical	Outpatient Clinic
2	Medical Staff	Accident and Emergency
2	Nursing Staff	Accident and Emergency
3	Nursing Staff	Nell Gwynne ward
1	Nursing Staff	Edgar Horne ward
1	Nursing Staff	Frances Burdett ward

2.2 Clinical Care/Treatment

Twelve clients expressed concern about aspects of their clinical care/treatment. These did not relate to any specific service.

Four of the above clients were given advice relating to the formal complaints procedure

2.3 Appointment Issues

Eleven concerns raised related to appointment issues. Issues raised include:

- Three patients were not notified about appointment dates and received a 'Did Not Attend' letter. (One related to cardiology clinic and two relate to Beta Cell Unit).
- One patient concerned that appointment had been cancelled and unable to attend alternative offered.
- Patient concerned that there was a four month wait for next available appointment to obtain test results.
- No follow up appointment following discharge.
- No notification that appointment had been cancelled.
- Hospital cancelled appointment, did not receive date of new appointment until too late to attend.
- Concern that there was a delay of several weeks for alternative appointment following hospital cancellation.
- Two patients concerned that they did not receive notification of appointment date.

2.4 Discharge

Seven clients expressed concern about aspects of discharge. These did not relate to any specific service.

- Two concerns related to patients being given the wrong discharge summary.
- One related to a patient who was concerned he was being prematurely discharged.
- One related to a patient who was discharged and readmitted two weeks later.
- One concern related to inaccurate information documented in discharge summary.
- One concern related to a wait of several hours for medication and transport.

3.0 Praise

Sixteen comments were received praising aspects of the service provided by the Accident and Emergency department. These included:

- Ten commenting on the behaviour or attitude of staff in the department.
- Five praising aspects of their clinical care or treatment.
- One commenting on waiting times in the department.

Four positive comments were received about the Cardiology service. These included:

- Three praising the attitude of the nursing team on the Coronary Care Unit.
- One praising the clinical treatment.

Six positive comments were received about the Neurology service. These included:

- Three praising the attitude of the medical team.
- Three praising their clinical care or treatment.

One positive comment was received praising the clinical treatment given by the Haematology medical team.

Three positive comments were received about the Dermatology service. These praise the attitude and behaviour of the reception team and the medical team.

Two positive comments were received about the attitude of the nursing team in the Endoscopy department.

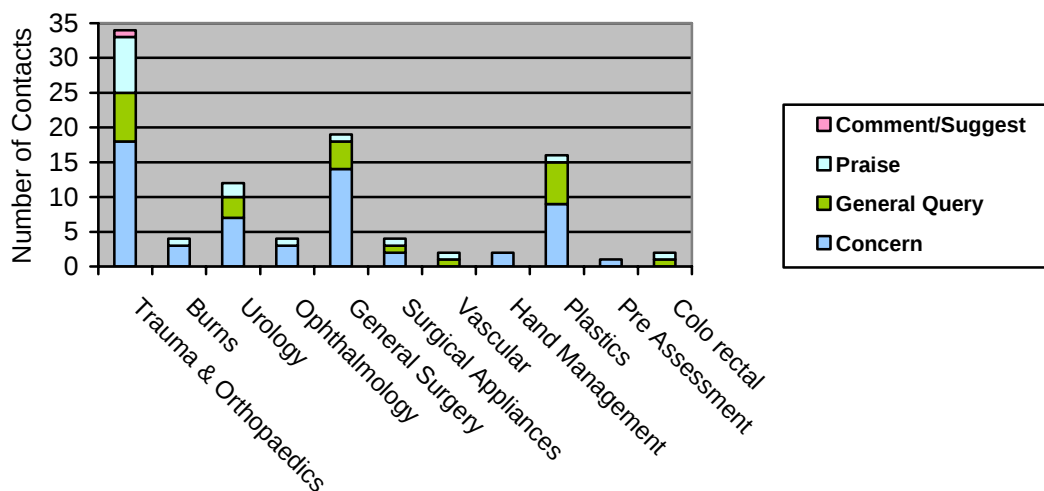
Two positive comments relating to attitude of Consultants, Specialist Nurse and receptionist in Beta Cell Unit.

Seven positive comments were received about aspects of care in General Medicine. These include:

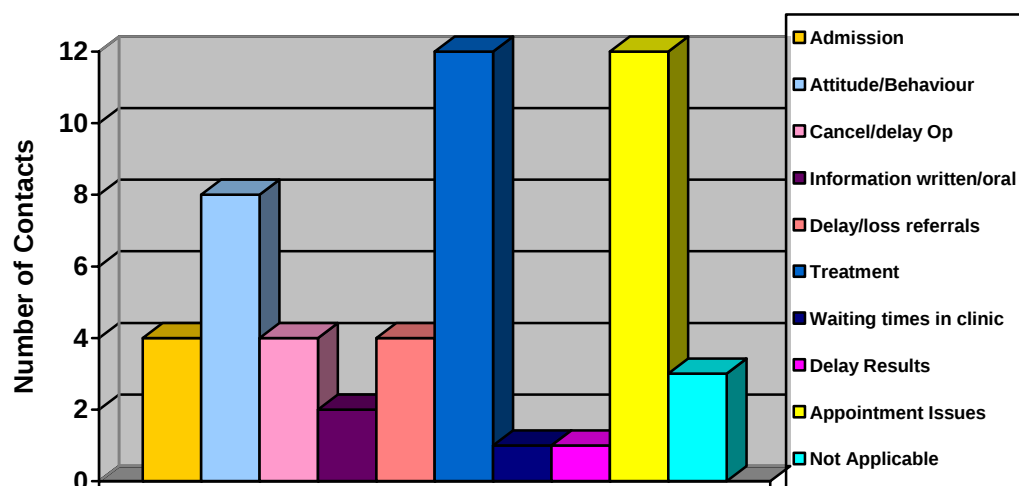
- Three praising the attitude of both the nursing and medical teams on Adele Dixon ward.
- One praising both the attitude of nursing and medical staff on the Medical Day Unit.
- Three praising the attitude of nursing staff on William Gilbert ward.
- One praising the attitude of nursing staff on Nell Gwynne ward.
- One praising attitude of medical staff in outpatient clinic.

Appendix 4

1.0 Surgical Directorate – April 2005 – September 2005



2.0 Concerns raised in Surgical Directorate



2.1 Appointment Issues

Twelve clients expressed concern about issues relating to appointments:

- One client states she did not receive a letters notifying her about two appointments.
- Two clients had difficulty getting through to clinic by telephone to book appointment.
- Two clients expressed concern that appointment cancelled and rescheduled for two or three months later than initial appointment.
- Three clients expressed concern that they did not receive a follow up appointment after discharge.
- Six month wait for outpatient appointment.
- Three clients expressed concern that appointment had been cancelled.

2.2 Aspects of Clinical Care/Treatment

Twelve clients expressed concern about aspects of their clinical care or treatment:

Eight clients raised issues relating to medical staff.

Four clients expressed concern about aspects of nursing care.

2.3 Attitude/Behaviour

Eight clients expressed concern about the attitude or behaviour of members of staff:

Number of Concerns	Staff Type	Ward/Department
1	Admin and Clerical	Ophthalmology
2	Nursing Staff	Rainsford Mowlem Ward
1	Technical Staff	Outpatient Clinic
1	Admin and Clerical	Outpatient Clinic
1	Doctor	Plastics
1	Nursing Staff	Lord Wigram ward
1	Nursing Staff	St Mary Abbots

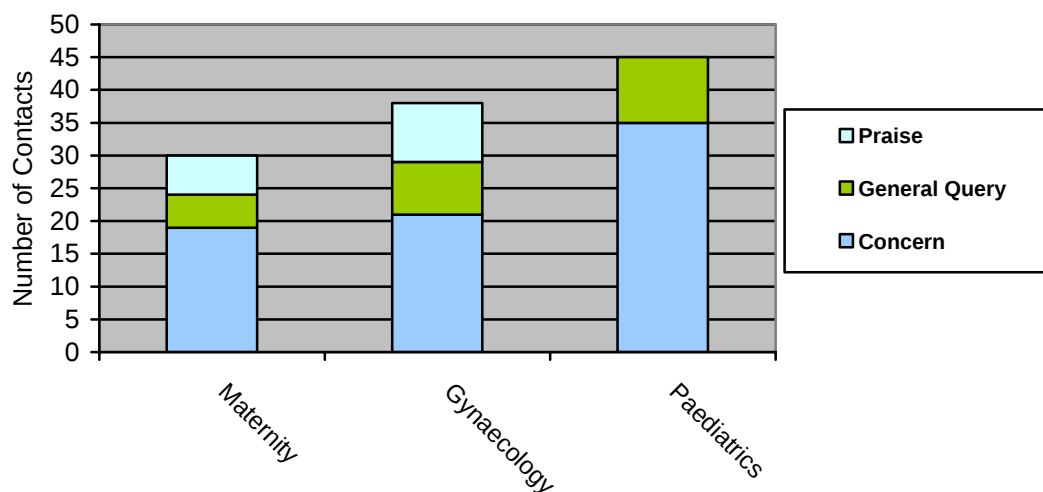
3.0 Praise relating to Surgical Directorate

Eighteen positive comments were received about aspects of care in the Surgical Directorate. These include:

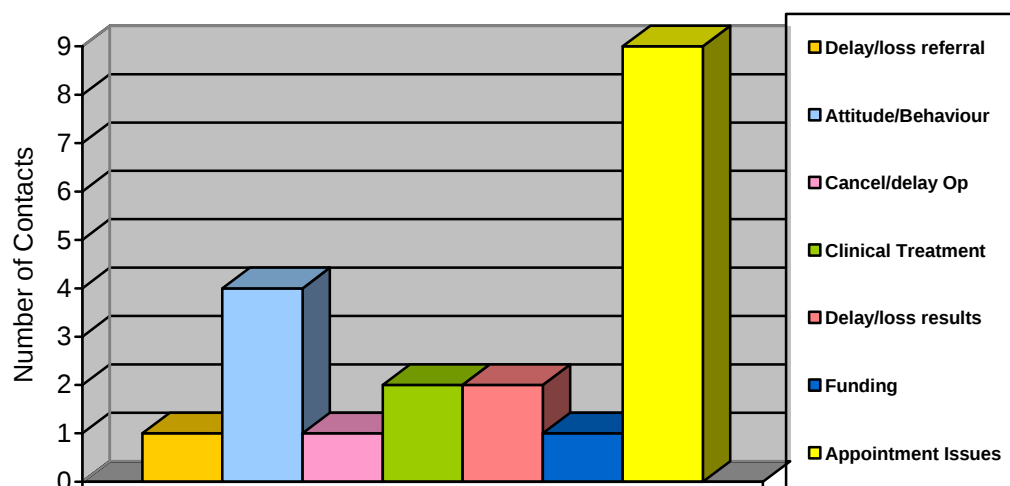
- Two praising the attitude of both the nursing and medical teams on Lord Wigram ward.
- One praising the attitude of nursing staff on Lord Wigram ward.
- Two praising the attitude of both the nursing and medical teams on David Evans ward.
- One praising clinical treatment from orthopaedic medical staff.
- Two praising the attitude of the orthopaedic medical staff.
- One praising the attitude of Burns medical team.
- One praising attitude of nursing and medical staff on Rainsford Mowlem ward.
- One praising clinical treatment from colo rectal team.
- One praising the attitude of nursing staff on St Mary Abbots ward.
- One praising attitude of ophthalmology consultant.
- One praising treatment from nursing and medical teams in plastics outpatient clinic.
- Attitude of urology medical team.
- Attitude of vascular medical team.

Appendix 5

1.0 Women and Children's Directorate – April 2005 – September 2005



2.0 Concerns Regarding Gynaecology Services



2.1 Appointment Issues

Concerns relating to appointments is the main concern raised by clients. Nine clients have expressed concerns which include:

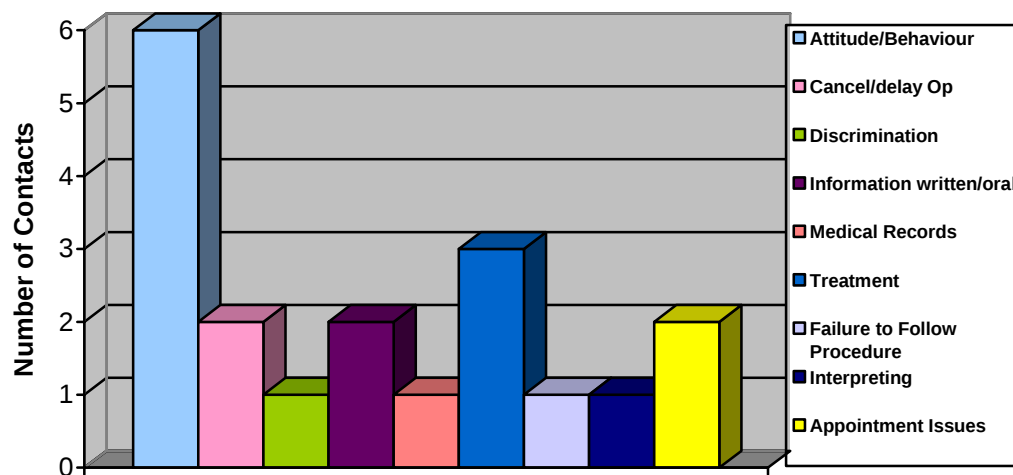
- Five clients raised concerns about difficulty accessing timely follow up appointments.
- One date on appointment card wrong.
- Two clients expressed concern about cancelled appointments.
- One client concerned about confusion relating to appointments with appropriate consultant.

2.2 Praise

Nine clients praised aspects of the gynaecology service. These include:

- Seven clients praising nursing staff on Annie Zunz ward.
- Two of the above also praised that attitude of the medical teams.
- Praise for attitude of nursing staff in outpatient clinic.
- Praise for all staff in the Early Pregnancy Unit.

3.0 Concerns Regarding Maternity Services



3.1 Attitude/Behaviour of Staff

Concerns relating to attitude or behaviour of staff is the main concern raised by clients. Six clients have expressed concerns which include:

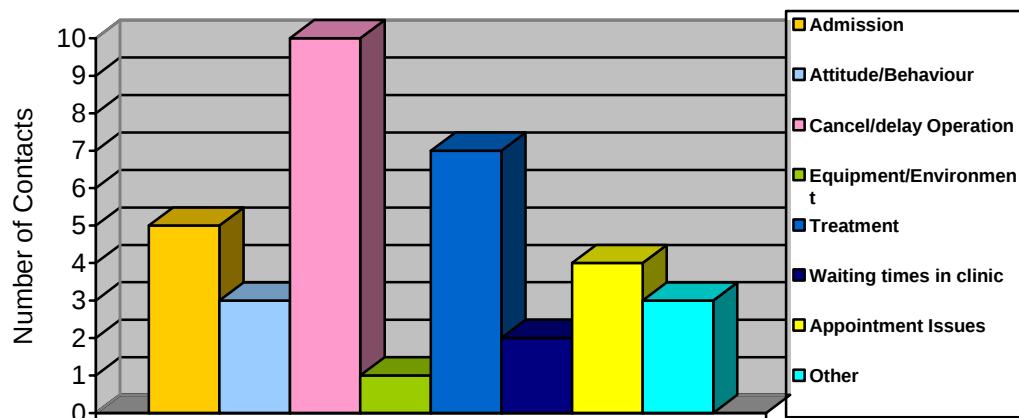
- Five commenting on aspects of attitude and behaviour of midwives.
- One comment on attitude of a doctor.

3.2 Praise

Five clients wrote letters or comment cards praising the attitude of staff involved in their care. These related to:

- Three clients praised the attitude of staff on the labour ward.
- One client praised the support received from ante natal staff.
- Praise for obstetricians and midwife from one client.

4.0 Concerns Regarding Paediatric Services



The main area for concern within the paediatric service is cancelled or delayed operations. Ten clients have raised concerns relating to this aspect of the service. There is no identifiable trend relating to this group of concerns.

Clinical Support Services – April 2005 – September 2005

1.0 Nutrition and Dietetics

One concern relating to discharge from clinic for failing to attend two appointments. Client stated had not been notified about appointments.

One general enquiry about how to access the dietetics service.

2.0 Occupational Therapy

One client raised concern about a delay in adaptations required to the home to ensure safety on discharge.

PALS received three general enquiries relating to occupational therapy. All related to aids to help patients on discharge.

3.0 Pharmacy

Two concerns were raised relating to outpatient pharmacy.

- One related to waiting time for prescription to be dispensed.
- One related to poor access for wheelchair users.

Two general enquiries were raised. One enquiry related to prescription charges and one related to information about prescribed medication.

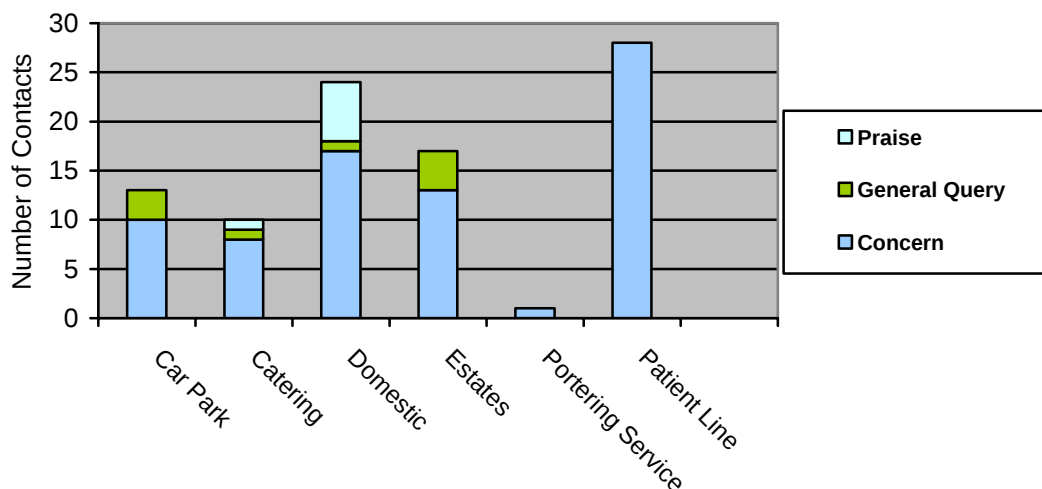
4.0 Physiotherapy

Ten concerns were raised relating to aspects of the physiotherapy service. These include:

- Four concerns raised about aspects of booking appointments.
- Failure to inform patient about NHS provision of after care.
- Attitude of staff.
- Two concerns about discharge from service.
- Two concerns from patients outside catchment area for physiotherapy at this hospital.

Appendix 8

1.0 Non Clinical Support Services – April 2005 – September 2005



2.0 Domestic Issues

Seventeen clients have expressed concerns about aspects of domestic services.

One client expressed concern that curtains are a source of infection and are not cleaned regularly

Nine clients expressed concern about standard of cleanliness in ground floor toilets.

Two clients complained about attitude of housekeeping staff.

Five clients expressed concern about standard of cleanliness on wards.

Praise

Three clients praised the standards of cleanliness on wards.

Three clients praised the attitude of cleaning staff.

3.0 Catering Issues

Four clients raised concern about quality of food.

Five clients raised concerns about attitude of catering staff.

One client raised concern about prices in the canteen.

Praise

One client praised the attitude of staff in the coffee shop.

4.0 Car park

Two clients expressed concerns that sign notifying charges for car park obscured by trees.

One client expressed concern at length of queue to access Car Park.

One client expressed concern that there is no notice to inform disabled visitors in advance that they need to take their blue badges to the reception

One client expressed concern relating to dim lighting in car park

Two clients expressed concern about car park charges.

Two clients expressed concern about lack of indication of whether disabled spaces are free and no provision to bypass main queue.

One client expressed concern that was charged full price when entitled to concessions.

5.0 Porter Service

One concern raised relating to attitude of member of portering team.

6.0 Patient Line

Twenty eight clients have raised concerns about aspects of the service provided by Patient Line. The number of concerns raised has risen when compared with the same period in the previous year, during which eight concerns were raised.

- Fifteen clients raised concerns relating to technical problems with their patient bedside communication systems.

- Sixteen clients (patients and staff) expressed frustration at being unable to access Patient Line staff.

Concerns were also raised by several of the above clients about cards they had bought but been unable to use due to technical difficulties, they subsequently had problems obtaining refunds.

7.0 Arts for Health

The PALS team have received seven general enquiries relating to the art work or accessing the service as an exhibitor.

Two concerns have been raised:

- One relating to lack of water in water feature in main atrium.
- One relating to a poster which appeared to support terrorism in Sri Lanka. (This was removed in response to concern).

NHS Audit 2005/06

Key Lines of Enquiry for Auditors Local Evaluation Assessments

October 2005

INTRODUCTION

The Health Work Programme and Fees Scales 2005/06 proposed that auditors will be applying a framework for assessing areas within the Code of Audit Practice during 2005/06. We have consulted on the principles and high level questions and a detailed document which sets out the Key Lines of Enquiry (KLOE), the audit criteria and evidence which will be sought to support the KLOE and the assurances which will be available to auditors to help reach their judgements. Following feedback received from the consultation process, we have now finalised our detailed framework.

The substantive audit work undertaken during the year will be incorporated into a framework which will allow separate judgements to be made on the following areas:

- Financial reporting
- Financial management
- Financial standing
- Internal control
- Value for money (economy, efficiency and effectiveness)

These judgements will make up the Auditor's Local Evaluation. The audited body's performance on each of these elements will be scored on the following scale:

- 1 – below minimum requirements – inadequate performance
- 2 – only at minimum requirements – adequate performance
- 3 – consistently above minimum requirements – performing well
- 4 – well above minimum requirements – performing strongly

Criteria and assurances are outlined for performance levels 2, 3 and 4. Level 1 is represented by organisations which do not achieve level 2. For level 2, all or virtually all of the assurances outlined within the KLoEs should be evident. The assurances are cumulative, for example an organisation that met the assurances at level 3 could not be given a score of 3 unless it also met the assurances for level 2.

Under the Code of Audit Practice, we are required to review an organisation's arrangements for delivering economy, efficiency and effectiveness in its use of resources. These key lines of enquiry therefore focus on reviewing an organisation's

Auditors Local Evaluation

arrangements for delivering economy, efficiency and effectiveness (KLOEs 5.1-5.3). In addition, in order to demonstrate that these arrangements are securing value for money, KLOE 5.4 reviews outputs in terms of economy and efficiency. The effectiveness of outputs of organisations will be reviewed by the Healthcare Commission as part of its assessment system for NHS Trusts.

KEY LINES OF ENQUIRY SUMMARY

Ref.	Area	Key Question	KLOE Ref	KLOE
1	Financial Reporting	How good are the organisation's financial accounting and reporting arrangements?	1.1	The organisation produces annual accounts in accordance with relevant standards and timetables, supported by comprehensive working papers
			1.2	The organisation promotes external accountability
2	Financial Management	How well does the organisation plan and manage its finances?	2.1	The organisation's medium-term financial strategy/plan, budgets and capital programme are soundly based and designed to deliver its strategic priorities
			2.2	The organisation manages performance against budgets
			2.3	The organisation manages its asset base
3	Financial Standing	How well does the organisation safeguard its financial standing?	3.1	The organisation manages its spending within the available resources
4	Internal Control	How well does the organisation's internal control environment enable it to manage its significant business risks?	4.1	The organisation manages its significant business risks
			4.2	The organisation has arrangements in place to maintain a sound system of internal control
			4.3	The organisation has arrangements in place that are designed to promote and ensure probity and propriety in the conduct of its business
5	Value for Money	How good are the organisation's arrangements for managing and improving value for money?	5.1	The organisation has put in place proper arrangements for securing strategic and operational objectives.
			5.2	The organisation has put in place proper arrangements to ensure that services meet the needs of patients and taxpayers, and for engaging with the wider community
			5.3	The organisation has put in place proper arrangements for monitoring and reviewing performance, including arrangements to ensure data quality
			5.4	The organisation has established arrangements for managing its financial and other resources which demonstrate value for money is being managed and achieved

1. FINANCIAL REPORTING

How good are the organisation's financial accounting and reporting arrangements?

Key line of enquiry

1.1 The organisation produces annual accounts in accordance with relevant standards and timetables, supported by comprehensive working papers

Audit criteria

Evidence that:

- the accounts are compiled in accordance with statutory and professional reporting standards
- the accounts are supported by comprehensive working papers
- the accounts and supporting working papers are prepared and approved in accordance with relevant timetables
- the auditor gave an unqualified 'true and fair' accounts opinion

Auditor assurances

Level 2	Level 3	Level 4
The organisation's accounts were prepared and approved in accordance with statutory requirements, statutory/regulatory timetables, relevant accounting and reporting standards(Manual for Accounts), and the organisation's agreed accounting policies. The auditor received auditable accounts in accordance with the timetable agreed with the audited body. Working papers supporting the accounts were provided at the start of the audit to the standard specified by the auditor. The accounts presented for audit were free from material errors and misstatements (other than those caused by inaccurate/late guidance). Guidance made available to staff on final accounts closedown procedures, including allocation of tasks to individual members of staff, was adhered to. The auditor gave an unqualified 'true and fair' accounts opinion.	All financial statements, completed disclosure notes and supporting working papers were available at the accounts submission date and no further versions of the notes or accounts were produced. The accounts contained non 'trifling' errors which were reported to those charged with governance. All additional requests from the auditor were responded to promptly in accordance with any agreed deadlines. The accounts were submitted to a Board/Audit Committee meeting at which they were approved accompanied by an explanatory paper providing interpretation of the accounts and highlighting key issues to assist the Board/Audit Committee's understanding of the accounts.	The accounts presented for audit contained only 'trifling' errors and misstatements which did not require reporting to those charged with governance or adjustment. The quality of the working papers provided was in line with best practice, such as those indicated by the HFMA, and included detailed analytical review.

1. FINANCIAL REPORTING

How good are the organisation's financial accounting and reporting arrangements?

Key line of enquiry

1.2 The organisation promotes external accountability

Audit criteria

Evidence that:

- the annual report is produced in accordance with statutory requirements
- key reports are available to the public in appropriate formats and contains information designed to be understandable by members of the public

Auditor assurances

Level 2	Level 3	Level 4
The draft/most recent version of the annual report submitted to the auditors complied with Department of Health requirements for both content and timeliness and was broadly consistent with the audited accounts and included only minor errors which were subsequently corrected. The most recent annual report and annual audit letter have been published and are available on the organisation's website. Board Agendas, reports, including financial reports, and minutes are made available to the public (e.g. on the organisation's website) on a timely basis.	The draft/ most recent version of the annual report was produced as part of the accounts process and was consistent with the accounts and contained no errors. The financial content of the annual report contains an explanation of key financial information and technical terms which are designed to be understandable by members of the public. A process of consultation has been carried out with a wide range of stakeholders to establish their requirements in respect to the publication of the annual report and other Board reports.	The annual report includes commentary about trends/projections and future plans and has been prepared with reference to best practice examples, e.g. Nexus annual report awards prize winner. In response to consultation, the annual report and other key reports are available in a wide variety of formats to meet local user needs (e.g. different languages, large print, speaking version).

2. FINANCIAL MANAGEMENT

How well does the organisation plan and manage its finances?

Key line of enquiry

2.1 The organisation's medium-term financial strategy/plan, budgets and capital programme are soundly based and designed to deliver its strategic priorities

Audit criteria

Evidence that:

- there is a medium-term financial strategy/LDP linked to key strategic objectives
- the corporate business plan/LDP (that sets out its aims and objectives) is linked to financial planning and management
- budgets and the capital programme are based on robust medium-term financial projections and risk assessments
- savings/efficiency gains are identified, supported by realistic plans and agreed with key partners within the local health economy

Auditor assurances

Level 2	Level 3	Level 4
The body has put in place a medium-term (three year) financial strategy/LDP (or equivalent for SHAs) which is: • linked to its key strategic objectives; • takes account of both local improvement priorities and national priorities; • reviewed and updated at least annually; • agreed with partners and other stakeholders. Business and service planning is integrated with financial planning. Key finance staff are involved in the strategic decision making processes. The Board can demonstrate that the organisation fully understands the financial and organisational implications of Payment by Results. A robust, comprehensive and balanced revenue budget has been set and approved by the Board, based on realistic projections about pay, inflation, NICE guidance and other known pressures, known service and capital development plans and is consistent with an organisation's statutory duties. Where a longer term break-even plan is required, this has been agreed, along with any long term support required, with the SHA.	The medium term financial strategy/LDP: • drives internal resource allocation, with changes in allocations determined in accordance with policies and priorities; • includes sensitivity analysis, particularly around the implications of choice, PbR and subsequent activity levels. The organisation's medium-term financial strategy/plan is linked to other internal strategies/plans, including workforce, IT and capital, The organisation's medium-term financial strategy/plan is communicated to staff and stakeholders. The revenue and capital budgets were agreed by the board before the start of the financial year along with deliverable savings and efficiency plans, and significant commissioning contracts are agreed. Savings/efficiency gains are agreed with key partners within the local health economy. Savings and efficiency gains are being monitored and are delivering against the agreed plan.	The medium-term financial strategy/LDP models balance sheets and cash-flows over a minimum of 3 years, and this is tied into planning across the health economy. The organisation regularly reviews financial management arrangements to ensure that they remain 'fit for purpose'. The organisation identifies future developments that may impact on its financial management arrangements and proactively manages them. The organisation monitors and can demonstrate how its financial plans and strategies have contributed to the achievement of its corporate objectives. All significant commissioning contracts were signed before the start of the financial year. The organisation has developed sound longer term solutions to reduce costs and/or increase efficiency.

Auditors Local Evaluation

Budgets are revised annually in light of the reasons for and consequences of the previous year's outturn and are linked to the medium-term financial strategy. An affordable capital programme has been agreed and the current and future funding of this is built into revenue planning. Each capital and revenue budget is assigned to the individual manager best able to use and control it. The organisation prepares reliable cash-flow forecasts and has a cash management strategy which it reports to the Board on a regular basis throughout the year. Savings/efficiency gains needed to support the three year financial strategy/LDP or bring the organisation into financial balance are specifically identified and supported by realistic plans, including milestones and monitoring arrangements. SHA only The SHA has close control over capital planning across the health economy and approves all business cases.	Trusts only The Board can demonstrate that the organisation's cash management policies procedures structures and systems would meet the requirements of the NHSFT regime. SHA only The SHA has a clear strategic vision for capital planning across the health economy and all business cases are approved with reference to this.	SHA only The SHA's clear strategic vision for capital planning across the health economy is supported by long-term projections of requisite capacity within the health economy and a clear awareness of the state of the estate
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2. FINANCIAL MANAGEMENT

How well does the organisation plan and manage its finances?

Key line of enquiry

2.2 The organisation manages performance against budgets

Audit criteria

Evidence that:

- there are arrangements in place for monitoring performance against budgets and taking corrective action where appropriate
- senior officers and the board receive regular budget monitoring information
- the financial information systems meet users' needs
- the financial performance of partnerships is regularly reviewed
- progress in achieving planned savings/efficiency gains is regularly reported and monitored

Auditor assurances

Level 2	Level 3	Level 4
Profiled budgets are input to the main accounting system on a timely basis, at an appropriate level of detail. They are updated monthly to reflect revisions to resource allocations and activity. Capital and revenue budgets are subject to review by senior managers and the Board. They are assigned to managers who have appropriate status to influence control over the budget and are involved in the budget setting. There is: • a formal and up to date scheme of budget delegation in place; • guidance available to budget holders which includes a description of their responsibilities, an outline of the budget process, and a budget process timetable; • a clear link between the corporate and departmental finance functions.	The organisation's financial information systems have flexible reporting tools to enable specialist reports to be designed. The organisation produces accurate profiled financial monitoring reports for all budget holders within ten working days of the month end. The board receives fully accrued financial monitoring reports on a quarterly basis including appropriate revenue account and balance sheet items. There is evidence that financial performance is a key objective for senior managers and forms part of the organisation's performance management processes to ensure formal and effective accountability for delivery of budgets. There is evidence of clinical engagement and involvement in budget setting and monitoring. There is a regular training programme providing training on financial issues for NEDs, Executive Directors, senior managers and other non-finance staff.	There is a system in place to focus the board on key variances. There is evidence that corrective actions are undertaken to address these variances. Senior managers and clinicians are actively involved in identifying and implementing actions to address variances. Future projections are risk assessed with narrative explanations. Non-recurrent measures are used infrequently or as part of a longer term planned approach to address variances.

Auditors Local Evaluation

Action plans are developed when a material variance arises or a deficit is forecast. Savings and efficiency gains are profiled over the year and progress in achieving them is regularly reported to senior management and the Board. Senior managers and the Board receives budget monitoring information that is relevant, understandable and consistent with underlying records, including non-financial information, and data is as up to date as possible when reported. The budget shows the resources allocated to major spending activities and programmes, with user-friendly summaries, and separate identification of revenue and capital items to ensure focus on use of resources. The organisation regularly tests its financial systems to ensure that their processes are secure.	Relevant non-financial information, such as activity and workforce information, are integrated into financial reports to the board. Reports include detailed analysis and explanations and distinguish between recurrent and non recurrent elements. The organisation uses agreed processes to adjust and approve budgets in year if major programmes are varied by more than pre-set tolerances. The organisation's budget monitoring is: • predictive rather than backward looking; • focused on large, high risk or volatile budgets; • related to operational activity indicators that are; lead indicators of spend • informed by a risk assessment; • informed by relevant finance input. The financial performance of partnerships is regularly reviewed, and the results shared with partners and acted upon.	
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2. FINANCIAL MANAGEMENT		
How well does the organisation plan and manage its finances?		
Key line of enquiry 2.3 The organisation manages its asset base (<i>applicable to organisations with a significant asset base only</i>)		
Audit criteria		
Evidence that: - there is an estate strategy linked to the LDP - there is an up to date asset register - the organisation reports to the board on asset management		
Auditor assurances		
Level 2	Level 3	Level 4
The organisation has: - an estate strategy which reflects the requirements of the Local Delivery Plan and has been agreed with key stakeholders and users and approved by the board; - maintains an up to date asset register; - has calculated the level of risk- adjusted backlog maintenance; - a costed equipment replacement programme; - a capital programme gives priority to potential capital projects based on a formal, objective approval process.	There is a Board approved plan in place to reduce the level of high and significant risk backlog maintenance. Progress is being monitored and is in line with the plan. The organisation reports to the Board against a set of estate key performance indicators and takes appropriate actions where necessary.	Performance measures and benchmarking are being used to describe and evaluate how the organisation's asset base contributes to the achievement of corporate and service objectives, including improvement priorities, and this is reported to the Board. The organisation can demonstrate that successful actions have been taken as a result of benchmarking exercises being completed.

3. FINANCIAL STANDING

How well does the organisation safeguard its financial standing?

Key line of enquiry

3.1 The organisation manages its spending within the available resources

Audit criteria

Evidence that:

- the organisation is financially sound
- the organisation has achieved relevant financial targets
- plans are in place to address any underlying deficit
- the organisation produces realistic financial projections

Auditor assurances

Level 2	Level 3	Level 4
SHAs only The health economy has met its revenue and capital resource limits for the year. Trusts only The organisation has achieved break-even in the year. Any support needed was provided for in the original plan agreed at the start of the year. The organisation has met its capital resource limit for the year. Any support needed was provided for in the original plan at the start of the year. The board has provided confirmation that the accounts have been prepared on a going concern basis but supporting evidence is weak. The organisation is realistically projecting that it will meet its breakeven duty over three years.	SHAs only Revenue and capital resource limits have been met in each of the last two years but the health economy has needed to receive financial support from other health economies. Trusts only The organisation has achieved break-even in each of the past two years. Any support needed was provided for in the original plan agreed at the start of the year. The organisation has met its capital resource limit in each of the last two years. Any support needed was provided for in the original plan agreed at the start of the year. The going concern confirmation is supported by a strong audit trail to show the basis of considerations.	SHAs only Revenue and capital resource limits have been met in each of the last three years and the health economy has not needed to receive financial support from other health economies. Trusts only The organisation has achieved break-even in each of the last three years. Any support needed was provided for in the original plan agreed at the start of the year. The organisation has met its capital resource limit in each of the last three years without support. The audit trail includes projections (cash flow etc) for a period of six months beyond the date of approval of the accounts.

Auditors Local Evaluation

PCTs & SHAs only The organisation has achieved its statutory financial targets (capital & revenue resource limits) for the year. The organisation maintained expenditure within its established cash limit for the year. The organisation is realistically projecting that it will meet its revenue resource limit in 2006/07. All health organisations Where there is an underlying deficit, there is a recovery plan in place to address it but not all elements are proving to be delivered in practice.	PCTs & SHAs only The organisation has achieved its statutory financial targets (capital & revenue resource limits) for the year. Any support needed was provided for in the original plan agreed at the start of the year. The organisation met its cash limit without significant delays in payments. All health organisations Where there is an underlying deficit, there is a comprehensive recovery plan in place that is proving to be delivered in practice.	PCTs & SHAs only The organisation has a record of achieving its statutory financial targets (capital & revenue resource limits) without the need for any support. All health organisations There is no underlying deficit and the organisation has a track record of achieving planned efficiency savings and re-investing.
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4. INTERNAL CONTROL

How well does the organisation's internal control environment enable it to manage its significant business risks?

Key line of enquiry

4.1 The organisation manages its significant business risks

Audit criteria

Evidence that:

- there is an assurance framework in place
- there is a risk management process in place that is reviewed annually
- the risk management process covers partnership working
- risk management is embedded in the organisation's corporate business processes
- staff and NEDs have received risk management training

Auditor assurances

Level 2	Level 3	Level 4
There is an assurance framework in place which is underpinned by risk management that is compatible with the format recommended by the Department of Health, and maps the organisation's principal objectives to risks, controls and assurances The assurance framework provides the Board with information on a timely basis to support the SIC. The organisation has implemented a risk management strategy/policy that has been approved by the Board. Risk management awareness training is available and provided for all Board members and senior managers. The risk management strategy/policy requires the organisation to: • identify corporate and operational risks; • assess the risks for likelihood and impact; • identify mitigating controls; • allocate responsibility for the mitigating controls; • include a risk assessment for strategic policy decisions and in project initiation documents.	The assurance framework provides Board information on a regular basis throughout the year. The risk management process is reviewed and updated at least annually. The risk management process specifically identifies risks in relation to partnerships and provides for assurances to be obtained about the management of those risks. Risk management awareness training is updated regularly for all Board members and senior managers. The Board reviews the high level risk register and ensures that key risks are being effectively managed and mitigated. The committee with responsibility for risk management receives reports at least quarterly and takes appropriate action to ensure that corporate business risks are being actively managed.	The assurance framework is fully embedded in the organisation's business processes. All staff have been given appropriate training and guidance to enable them to take responsibility for managing risk within their own working environment. The organisation considers positive risks (opportunities) as well as negative risks (threats). Key risks, and actions to mitigate the risks, drive and shape the Board Agenda. Training is aligned to key actions agreed as part of the risk mitigation process.

Auditors Local Evaluation

The organisation maintains and regularly reviews a register of its corporate business risks linking them to strategic business objectives and assigning ownership for each risk. The organisation can demonstrate that it has incorporated risk management in its corporate business processes, including: • strategic planning; • financial planning; • policy making and review; • performance management; • Board reporting (quarterly).		
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4. INTERNAL CONTROL

How well does the organisation's internal control environment enable it to manage its significant business risks?

Key line of enquiry

4.2 The organisation has arrangements in place to maintain a sound system of internal control

Audit criteria

Evidence that:

- the organisation reviews and reports on its system of internal control
- there is an audit committee and an internal audit function
- partnership arrangements are regularly reviewed

Auditor assurances

Level 2	Level 3	Level 4
The accountable officer has conducted an annual review of the effectiveness of the system of internal control, gained sufficient documented assurances and reported on this in the SIC. There are action plans in place to address any significant internal control issues reported in the SIC. Disclosures within the SIC are consistent with the self declaration on compliance with core standards required by the Healthcare Commission. There is an audit committee in place which operates in accordance with the requirements of the Audit Committee Handbook, including a clear statement of its function with other committees e.g. risk management, clinical governance. The organisation has an internal audit function that operates in accordance with the NHS internal audit standards, including producing a risk based audit programme and reports which have clear and realistic recommendations and are accompanied by action plans.	The organisation has a track record of addressing improvement issues raised in previous years SICs. Audit committee members are provided with training relevant to their responsibilities. The audit committee conducts an annual review of its effectiveness against its objectives, including an assessment of the skills and competencies of NEDs. Internal audit has a risk-based programme of work covering a three year period. There is systematic reporting of all recommendations and their status to the audit committee. The organisation responds positively to all audit reports and ensures that agreed recommendations are followed up and implemented. The procedure notes/manuals for those systems identified by the organisation as being business-critical are reviewed and updated at least annually. The standing orders, standing financial instructions and scheme of delegation are reviewed at least annually.	There is strong leadership of the audit committee, evidenced by the chair setting and controlling the agenda, and holding management and auditors to account. The committee undertakes an annual impact assessment and can demonstrate that it has made a positive difference to the organisation's governance. The audit committee has reviewed whether the reports it receives are timely, in an appropriate format, and contain sufficient information to ensure its internal control and risk management responsibilities are discharged. The risk-based internal audit programme considers all the organisation's activities and ensures that key areas are covered in each three year period, including those delivered through partnerships, and considers value for money. There is evidence that recommendations have been implemented promptly or that there has been appropriate escalation involving the audit committee. The standing orders, standing financial instructions and scheme of delegation make specific reference to partnerships and have been attuned to local circumstances. There is evidence of training on SFIs for all relevant staff and NEDs. Partnership arrangements are subject to regular review to ensure that they are operating in accordance with the partnership agreement and meeting their objectives.

Auditors Local Evaluation

There are procedure notes/manuals in place for those systems identified by the organisation as being business-critical. There are standing orders, standing financial instructions and a scheme of delegation in place. The organisation has arrangements in place to ensure compliance with relevant laws and regulations, internal policies and procedures, and that expenditure is lawful. There are partnership agreements in place for all the organisation's partnership arrangements. Systems with a clear link to the accounts produce materially reliable financial information and there are proper accounting records in place. No significant system weaknesses are identified.	Compliance with standing orders, standing financial Instructions and the scheme of delegation is monitored by management, and any breaches identified and appropriate action taken. There are formal and documented procedures in place which clarify the circumstances under which professional legal advice should be sought, and the organisation has "call-off" arrangements with a range of professional advisors. All board reports have been formally considered for legal issues before presentation. Partnership agreements are monitored at executive team and Board level Systems with a clear link to the accounts produce wholly reliable financial information. Only a few minor weaknesses are identified. Business continuity and disaster recovery plans are in place.	All systems with a direct or indirect material impact on the accounts (e.g. PAS,) produce reliable financial information and there are proper accounting records in place. No significant weaknesses identified. Systems with a clear link to the accounts produce reliable financial information and no weaknesses are identified.
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Auditors Local Evaluation

4. INTERNAL CONTROL

How well does the organisation's internal control environment enable it to manage its significant business risks?

Key line of enquiry

4.3 The organisation has arrangements in place that are designed to promote and ensure probity and propriety in the conduct of its business

Audit criteria

Evidence that:

- there are codes of conduct in place and arrangements to monitor compliance
- there is a counter fraud policy that is subject to regular review and is clearly communicated throughout the organisation
- there is LCFS function that reports to the audit committee

Auditor assurances

Level 2	Level 3	Level 4
The organisation has formally adopted the NHS code of conduct for Board members and all Board members have signed up to the code. The organisation has adopted a code of conduct for employees. The organisation has put in place arrangements for monitoring compliance with standards of conduct across the organisation which include: • register of interests; • register of gifts and hospitality; • complaints procedure. The organisation has established and communicated throughout the organisation a counter fraud and corruption policy, which recognises the requirements of the NHS Counter Fraud & Corruption Manual, which includes establishing an accredited LCFS. There is a whistleblowing policy which has been communicated to staff and those parties contracting with the organisation	The organisation is proactive in raising the standards of ethical conduct amongst Non-Executive Directors and staff. The organisation has adopted the Nolan principles of standard in public life and can demonstrate that these have been communicated to staff and are adhered to. Non-Executive Directors and staff are generally aware of the need to make appropriate disclosures of gifts, hospitality and pecuniary interests. There is evidence that Non-Executive Directors and staff are making appropriate disclosures in the registers. The counter fraud policy is embedded within the culture of the organisation and is supported and promoted by NEDs and senior management. The LCFS has a plan based on a comprehensive fraud risk assessment and the organisation can demonstrate that the resources allocated to the LCFS function are sufficient. Whistleblowing is actively promoted across the organisation. Adequate training is given to staff on the correct procedures to follow when making and receiving disclosures.	The organisation can demonstrate that Non-Executive Directors and staff exhibit high standards of ethical conduct and provides regular training for both board members and employees. The organisation can demonstrate a high level of awareness amongst NEDs and staff of the requirements to make appropriate disclosures in the gifts, hospitality and pecuniary interests registers and that they are regularly reviewed. The organisation can demonstrate a strong anti-fraud culture in all sections and departments by: • Staff and management clearly accepting their responsibility to prevent and detect fraud within the organisation; • Financial redress is sought in cases of proven fraud and corruption; • Successful cases of proven fraud are publicised to all staff; • Actions are taken to strengthen internal control arrangements following investigations and reviews. The culture of the organisation supports and encourages whistleblowing disclosures. The organisation has a proven track record for effective action in responding to whistleblowing disclosures. There are periodic reviews of the effectiveness of the whistleblowing arrangements. There are effective arrangements in place for receiving and acting upon disclosures from members of the public.

5. Value for Money		
How good are the organisation's arrangements for managing and improving value for money?		
Key line of enquiry		
5.1 The organisation has put in place proper arrangements for securing strategic and operational objectives		
Audit criteria		
Evidence that:		
the organisation has put in a place arrangements for setting, reviewing and implementing its strategic and operational objectives		
Auditor assurances		
Level 2	Level 3	Level 4
The organisation has a process for setting and agreeing strategic business objectives that: - is based on analysis of the resident or catchment population; - is clearly documented; - addresses national priorities; - includes service and directorate plans; - includes a process for linking key objectives to managerial staff appraisal targets; - has been agreed by the Board. Objectives show some measurable targets with quantifiable outcomes outlined. These may be short term only. The organisation has identified capacity gaps in order to meet its strategic objectives and has plans to address them. Some baseline assessment has been carried out. Workforce plans are in place. Objectives give some attention to the priorities of other partners and the wider community. The organisation actively works with local authority partners to reflect shared priorities in its own objectives	The organisation's documented process for setting and agreeing business objectives includes all directorates. It addresses local and national priorities and has an annual review of objectives. Most objectives are supported by quantifiable and measurable outcomes. Responsibility is clear and resources are allocated. Objectives reflect a comprehensive mix of short, medium and long term targets. Key short and medium term targets are set within the context of long term aims. The organisation has undertaken workforce reviews in key business areas and has a full range of actions implemented to address capacity issues that will affect the delivery of the strategy There is evidence that the workforce implications of any capital developments plans have been fully addressed. There is some engagement with a wider range of other partners reflecting the diversity of the organisation's population. The organisation is making good progress in achieving its operational and strategic plans.	The organisation can provide evidence that its documented process is dynamic, with reviews of business objectives and performance undertaken on an ongoing basis as part of an overall drive for improvement. All objectives are supported by quantifiable and measurable outcomes. Barriers and levers to success have been identified and critical pathways have been defined to identify key milestones and risks. The organisation undertakes detailed and ongoing capacity reviews in conjunction with relevant partners within the health economy. The reviews are explicitly linked to strategic objectives. The organisation is aware of any weaknesses it faces in skills and workforce and has costed action plans in place to address these. The organisation engages regularly with a wide range of other partners and can demonstrate that it actively considers the impact of its own objectives on the wider community. Investment and or action can be seen as impacting on wider priorities.

5. Value for Money

How good are the organisation's arrangements for managing and improving value for money?

Key line of enquiry

5.2 The organisation has put in place proper arrangements to ensure that services meet the needs of patients and taxpayers, and for engaging with the wider community

Audit criteria

Evidence that:

- the organisation has channels of communication with patients and their representatives, other stakeholders and partners
- the organisation has put in place monitoring arrangements to ensure that key messages about services are taken into account
- the organisation has identified the needs of the population and has arrangements to address them (SHAs and PCTs only)

Auditor assurances

Level 2	Level 3	Level 4
There is a coherent strategy for communication with patients and their representatives, other stakeholders and partners. Communication systems use a variety of methods for engaging these groups. User/patient surveys and satisfaction work is undertaken. There is evidence of active patient and public involvement and feedback is used in determining the design of service provision. Some evidence of attempts to engage with groups defined by the organisation as 'hard to reach'. Routine reports to the Board on the outcomes from the above work. SHAs and PCTs only A basic needs analysis covering key national and local priorities and including involvement from public health is undertaken regularly and informs commissioning	The organisation can demonstrate that patients and their representatives, other stakeholders and partners, are aware of its strategy for communication. There are examples of including these groups in project work and seeking representative views. Consultation with a variety of user groups, including groups defined by the organisation as 'hard to reach' is undertaken. Patient surveys and satisfaction information is routinely used by senior staff and at Board level to highlight areas for focusing action. Outcomes from these processes are clear. SHAs and PCTs only A comprehensive needs analysis has been adopted by the organisation as a way of driving forward long term commissioning decisions and partnership objectives.	There is evidence that patients and their representatives, other stakeholders and partners have been able to influence aspects of the communications strategy, and are satisfied with the communication methods the organisation employs The organisation regularly consults with service users in locations and approaches that suit the needs of different groups. The views of minority/hard to reach groups are actively sought and there is a clear process for considering and prioritising their needs and views. SHAs and PCTs only The organisation can demonstrate the positive impact that responding to needs analysis has had

5. Value for Money		
How good are the organisation's arrangements for managing and improving value for money?		
Key line of enquiry		
5.3 The organisation has put in place proper arrangements for monitoring and reviewing performance, including arrangements to ensure data quality.		
Audit criteria		
Evidence that:		
- the organisation has arrangements for monitoring and scrutiny of performance, to identify potential variances against strategic objectives, standards and targets, for taking action where necessary, and reporting to Board - the organisation has arrangements to monitor the quality of its performance information and to report the results to board members		
Auditor assurances		
Level 2	Level 3	Level 4
There is a process in place to monitor the organisation's performance against its strategic business objectives. Some evidence of the Board incorporating lessons from past experience into strategic management and recognising situations requiring reallocation of resources to meet new needs. The organisation has a system for responding to, acting upon and monitoring progress against recommendations from external bodies. Expenditure is generally in line with policy decisions. Evidence is available to demonstrate that some action is taken to address variances from strategic objectives, standards and targets e.g. financial, HR and activity variance. This directs management action. The organisation undertakes audit and has data checking procedures that go some way to ensuring key data is accurate. This includes financial, clinical coding, activity and access data. Key processes are documented and key staff are trained in relevant aspects of data quality.	There is a suite of reports available to the Board on a regular basis, monitoring performance in all the key business areas of the organisation. There is regular monitoring of policies against actual performance. There is evidence demonstrated that appropriate action is identified and taken in response to issues highlighted by the reports. All processes and actions by the Board and senior managers are completed in a timely manner. The organisation can demonstrate that data quality is sound for all published information, key performance indicators and clinical activity. Information provided to senior managers and the Board to support policy decisions is open to review and scrutiny. Consideration is given to the implications of poor data. All staff involved in data entry / management are trained and procedure notes are available covering latest updates and changes to processes. Reviews of data entry show high levels of accuracy and adherence to policies.	Milestones are set for monitoring policies and improving performance. There is evidence of action plans which have been implemented, delivering modified policies or improvements in performance. The organisation systematically monitors performance against its partnership objectives. Variance is identified, action plans established to address them and reviews of action plans undertaken to ensure that the desired results are achieved. There is a track record of addressing problems and dealing with areas of poor performance. The organisation has thorough and robust data checking procedures and systems in place to ensure data validity that do not interfere with the timely production of information. It can demonstrate that it has good quality data across all its functions. There is regular update training for existing staff to ensure latest changes in procedures and guidance are disseminated and acted upon in a timely manner. All procedure notes are regularly reviewed and staff receive timely updates on any changes.

5. Value for Money		
How good are the organisation's arrangements for managing and improving value for money?		
Key line of enquiry		
5.4 The organisation has established arrangements for managing its financial and other resources which demonstrate value for money is being managed and achieved.		
Audit criteria		
Evidence that:		
the organisation has systems in place which manage and improve value for money		
Auditor assurances		
Level 2	Level 3	Level 4
The Board has an agreed plan for improving organisational efficiency, which includes specific efficiency gains which are quantified, evidenced and monitored throughout the year. The Board can demonstrate that it has considered the potential for: - using shared service arrangements; - more efficient delivery of clinical services, e.g. using the ten high impact changes published by the Modernisation Agency; - using the new staff contracts to deliver productivity gains. The Board has reviewed the efficiency of the organisation's performance using relevant NHS benchmarking data. The Board considers and understands reference cost data and has used this in setting future plans. The organisation can demonstrate that understanding of and commitment to efficiency improvement is embedded at Board level. Cost improvement programmes are developed and in place where needed.	The organisation can demonstrate annual cash releasing improvements and efficiency gains in line with agreed plans. The organisation has a clear and realistic longer term plan to improve efficiency. The organisation has formally tested the efficient delivery of its corporate services within the last three years. Benchmarking is routinely used and results are acted upon to drive efficiency improvements in service delivery. Performance and efficiency indicators are routinely used to inform areas for management action. The organisation provides corporate systems to share good practice and innovation. The organisation can provide evidence of where reviews of reference cost data have resulted in specific changes.	The organisation has exceeded its planned efficiency savings, and can demonstrate a sustained and regular system for improving economy and efficiency at all levels. The organisation has systematic processes in place to ensure that best practice is sought from within and outside the organisation in relation to both costs and quality. The organisation is proactive in ensuring that key services are benchmarked and seeks information from best practice peers. Action plans in place to improve performance. The Board takes an active role in service benchmarking. The organisation can demonstrate progress and achievement through improved positions against benchmarks. The organisation can evidence how they have improved their position through changes in policy resulting from the work and actions taken using reference cost data. The organisation can demonstrate that understanding of and commitment to efficiency improvement is embedded at all levels. It can also demonstrate how it has developed longer term solutions to reduce cost and / or increase efficiency.

Auditors Local Evaluation

The Board has considered and assessed the potential for the increased use of national contracts to deliver savings in procurement. There is a published procurement policy. PCTs only There is a clear commissioning strategy, linked to corporate objectives, involving public health, GPs/clinicians and finance etc. Joint commissioning is in place in a number of services.	The organisation can demonstrate that understanding of and commitment to efficiency improvement is embedded at senior management level. Cost improvement programmes are agreed with all key stakeholders (including external stakeholders) and include milestones and comprehensive monitoring arrangements. The organisation has a good track record of achievement against plan. Procurement decisions are not based solely on lowest cost options but on achieving greatest benefit to the public purse, for example securing additional health or environmental benefits. E-procurement is used to reduce transaction costs. Good systems are in place to aggregate purchases and achieve better terms. PCTs only There is a clear commissioning strategy that includes specialist commissioning, linked to corporate objectives, involving public health, GPs, finance and service users. The organisation can demonstrate an understanding of the performance of its major providers in terms of both cost and quality management against its own standards and in comparison with others. Joint commissioning is supported by properly managed pooled budgets.	There is regular reporting to the Board on procurement that demonstrates achievement of value for money from procurement. There is evidence of extensive benchmarking driving future procurement decisions. The organisation works with others to aggregate purchasing power. PCTs only Active management of the performance of its major providers for both costs and quality, evidenced by regular reviews, including with comparators resulting in changes to contract specifications or commissioning changes. There is comprehensive monitoring of the commissioning strategy and it is adjusted over the long term to reflect the changing needs of its diverse population. Joint commissioning is successfully embedded across a wide range of activities
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Trust Board Meeting, 05th January 2006

AGENDA ITEM NO.	6.1/Jan/06		
PAPER	Register of Sealing		
REPORT OF SEALING	Seal Number	Description of Document	Date of sealing
	112	Chelsea and Westminster Healthcare NHS Trust and The Incorporated Trustees of The Chelsea and Westminster Health Charity and Treats and Snax Limited – <i>Retrospective License for Alterations.</i>	19 th December 2005
ACTION	The Board is asked to note the report.		