Chelsea and Westminster Healthcare NHS
NHS Trust

Trust Board Meeting

Boardroom, Chelsea and Westminster Hospital, 369 Fulham Road, London SW10
Chair: Juggy Pandit
Date: 1st June 2006
Time: 2:00pm

Agenda

1. GENERAL BUSINESS	**2.00pm**
1.1 Welcome to the Members of the Public	**JP**
1.2 Apologies for Absence	**JP**
1.3 Declarations of Interest	**JP**
1.4 Minutes of the Previous Meetings held on 4th and 19th May 2006 (attached)	**JP**
1.5 Matters Arising (attached)	**JP**
1.6 Chief Executive's Report (incorporating the Foundation Trust Update) (attached)	**HL**
1.6.1 Response to the Constitution Commentary – Oral Update	**AMC**
2. PERFORMANCE	**3.00pm**
2.1 Finance Report, Month 1 (attached)	**LB**
2.2 Performance Report, Month 1 (attached)	**LB**
3. ITEMS FOR DECISION/APPROVAL	**3.30pm**
3.1 Corporate Plan (attached)	**HL**
4. ITEMS FOR ASSURANCE	**4.30pm**
5. ITEMS FOR NOTING	**4.30pm**
5.1 Lift Expenditure – Oral Update	**ED**
6. ITEMS FOR INFORMATION	**4.45pm**
7. QUESTIONS FROM THE MEMBERS OF THE PUBLIC	**4.45pm**
8. ANY OTHER BUSINESS	
9. DATE OF THE NEXT MEETING	
6th July 2006	
10. CONFIDENTIAL BUSINESS	

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

Chelsea and Westminster Healthcare NHS
NHS Trust

Trust Board Meeting, 1st June 2006

AGENDA ITEM NO.	1.4/Jun/06
PAPER	Draft minutes of the Previous Meeting held on May 4th 2006
AUTHOR	Fleur Hansen, Foundation Trust Lead Contact Number: 020 8846 6716
SUMMARY	This paper outlines key issues for the attention of the Trust Board.
BOARD ACTION	To agree the minutes as a correct record.

Chelsea and Westminster Healthcare NHS
NHS Trust

DRAFT
Trust Board Meeting, 4th May 2006
Minutes

Present:

Non-Executive Directors:	Juggy Pandit (JG) (chairman) Marilyn Frampton (MFr) Richard Kitney (RK) Karin Norman (KN)
Executive Directors:	Heather Lawrence (HL), Chief Executive Mike Anderson (MA), Medical Director Lorraine Bewes (LB), Director of Finance and Information Edward Donald (ED), Director of Operations Maxine Foster (MFo), Director of Human Resources Alex Geddes (AG), Director of IM&T Elliot Howard-Jones, (EHJ), Interim Director of Strategy and Service Development Andrew MacCallum (AMC), Director of Nursing Catherine Mooney (CM), Director of Governance
In Attendance:	Fleur Hansen (FH), Foundation Trust Lead Marianne Loynes, Monitor Tania Sang, Monitor Rona McKay (RMK), Emergency Planning Lead (for item 5.1)

1. GENERAL BUSINESS

1.2 Apologies for Absence

Apologies were recorded from Andrew Havery and Charles Wilson.

The chairman also welcomed Prof Richard Kitney from Imperial College to the Board as academic non-executive director.

1.3 Declarations of Interest

No conflicts of interest were declared.

1.4 Minutes of the Previous Meeting held 6th April 2006

There were a number of spelling/grammatical corrections:

- p. 1: Catherine Mooney should be Director not Director-Elect (CM)
- p. 5, first paragraph, final line: should be completed not complete (CM)
- p. 5, 2.3.2, issue 2: KN asked for more clarification on what cash releasing efficiency is. MFr also asked what generics refers to – LB clarified that it is inflation, not generic drugs.
- p. 1, final paragraph: the final minutes are the 'province' of the chairman not the 'providence' (MFr)
- p. 6, second paragraph: AMC asked that it be noted that he said AfC was an evaluation of people's current jobs, not being paid the correct amount for their position.
- p. 8, 4.1, fourth paragraph: KN asked that it be noted that she was referring to the differing amounts of detail across directorates, rather than suggesting that more work needed to be done solely in the Medicine Directorate.
- p. 2, final line of section 1.4: this sentence should read that the 'minutes

were agreed as a true and accurate record subject to the changes above'. (CM)

HL asked the Board to note that in future the minutes will be sent out for review prior to the rest of the Trust Board papers. This had not been possible this month due to FH being on annual leave.

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

1.5 Matters Arising

5.1/Aug/05 Child Protection Quarterly Report
MA informed the Board that the Healthcare Commission would be in touch with the Trust if required and therefore this matter could be removed.

1.6/Mar/06 Connecting for Health
AG informed the Board that a number of meetings with Connecting for Health (CfH) and GE had been held and that the Trust was still awaiting further information from GE. AG will report back to the Board at the next meeting.

2.2/Feb/06 Delayed Discharges
Information on this has been included in the April Performance Report.

3.1/Mar/06 Corporate Plan
This has been tabled for later in the meeting.

1.7/Apr/06 Members' Council
AMC updated the Board that a Members' Council Induction Pack was being drawn up and that the content should be finalised next week. JP suggested that the draft pack be tabled at the extraordinary Board meeting on May 9th.
Action: Members' Council Induction Pack to be presented to the May 9th extraordinary Board meeting. **AMC**

2.3.1 /Apr/06 Generator Upgrade
ED informed the Board that the generators had passed their most recent all day test and that the Trust was working with Haden to take over full responsibility for them.

2.3.1/Apr/06 Lift Expenditure
ED informed the Board that this matter would be taken to the June Facilities Assurance Committee which would then report back to the following Trust Board.
Action: Report on Lift Expenditure to be brought to the July Trust Board. **ED**

2.3.2/Apr/06 AfC for Contracted Services
This has been tabled for Part B of the meeting.

5.1/Apr/06 Outpatient Prescribing
An audit of length of prescribing in the Outpatients Department will be presented to the next General Matters meeting.
Action: Report on length of outpatient prescribing to be brought to the next General Matters meeting on June 13th. **ED**

2.2/Apr/06 Bank and Agency Costs
This will be addressed under the Finance Report.

2.2/Apr/06 Performance Report
The amendments were made to the Performance Report.

1.6 Chief Executive's Report

Service Level Agreement Update
HL asked the Board to note that the SLA with our host PCT, Kensington and Chelsea, had been agreed for the first time in April. The Board extended its congratulations to Lorraine Bewes and her team on negotiating the agreement in record time.

Performance
HL asked the Board to also note the excellent achievement in meeting all core performance targets to year end 05/06.

External Audit
HL informed the Board that the Audit Commission was proposing to extend the appointment of Deloitte as the Trust external auditors for another year until the end of 2006/07. HL enquired as to whether the Audit Committee would need to clear this first – it was recorded that they did not. Therefore it was agreed that Deloitte should be appointed for a further one year term.
Action: Approval for Deloitte's appointment is given to the Audit Commission. **LB**

Corporate Plan Update
HL informed the Board of the new three corporate priorities:

- Excellence in teaching;
- Customer services; and
- Equality and Diversity.

JP suggested that there should be a corporate objective to ensure that the Trust has an excellent costing system and knows all its costs at patient level.
Action: Costing corporate objective to be added to the Corporate Plan. **EHJ**

Standards for Better Health Declaration
HL informed the Board that the final declaration had been submitted today and CM added that the Overview and Scrutiny Committee comments had been received and a response had been made to the OSC but they had declined to change their commentary. We have noted this in our submission.

Senior Appointments
HL informed the Board that interviews are currently underway for the Deputy CEO and Director of Strategy positions and that it was hoped that the Deputy CEO position could be decided before the end of the week.

A New Ambition for Old Age
HL asked the Board to be aware of new DoH guidance for old age. HL highlighted that this is not hugely new for the Trust as it already has many of the measures it suggests, and the appropriate staff, in place.

At this point AMC asked the Board to note that the Trust had been shortlisted for two National Patient's Association awards. They are for Helen Brown and the Rev Steven Smith for Privacy & Dignity Innovation for their Charter for Privacy and Dignity and Rosalind Wallis for the Most Promising Innovation of the Year for her Introduction to Bardex IC Cathether.

1.7 NHS Foundation Trust Application

HL asked the Board to note the attached timetable of key dates in the Foundation Trust application process. In particular the Board seminars scheduled for May 9th, 10th and 19th which would focus on the financial plan and SDS respectively. The meeting on May 10th would also address Board competencies with Jennie Hill in attendance to lead this discussion. The Board was also asked to note the Extraordinary Board meeting on the

afternoon of May 19th which would be the final sign-off for the documents that are being submitted on May 22nd.

HL also highlighted that a mock Board to Board had been arranged for June 7th with the NWLSHA and that another was intended to be arranged for June 20th in the lead up to the Board to Board with Monitor on July 5th.

HL informed the Board that the meeting held with Monitor on May 3rd addressing the constitution, governance arrangements, consultation process and the membership strategy had gone well. Some additional documentation would be required and JP and MFr would be working with CM and AMC to ensure that these were submitted.

At this point HL asked the Board to inform her of any areas that they would specifically like to cover in the lead up to authorisation.

HL highlighted progress with the SDS – Directors are currently updating their respective sections and appropriate areas (such as the risk matrix) would be discussed at the Trust Board seminars.

AMC informed the Board that membership currently stood at 10,619. The membership drive in the hospital itself was currently slowing down and the focus would shift to telephone canvassing in order to reach the target of 14,000. The number of staff members was 698 which roughly equates to one in three – this is relatively low but work was being done around induction etc to increase this number.

AMC highlighted that there had also been a good level of feedback from the elections and the aim was to receive a feedback form from every candidate. AMC mentioned that the Members' Council induction pack was being worked on and that this would be presented to the next Trust Board meeting.

2. PERFORMANCE

2.1 Finance Report, March 2006

JP extended the Board's congratulations to the Trust in achieving an overall position for the twelve months to March 2006 that was in line with the plan and was also in surplus.

LB laid out the highlights of the report:

- All statutory financial duties had been achieved.
- The Trust had not only broken even but has made a surplus.
- Lived within cash and capital budget limits.
- Achieved return on capital employed target of 3.5%.

LB informed the Board that the only potential risk related to the provision for disputed debt but that she was confident that there was adequate provision.

LB asked the Board to note item 27 of the report concerning the nursing bank and agency spend analysis. The increase in hours amounted to a 7.4% change from 2004/05 to 2005/06 but the average cost per hour had in fact been reduced by 1.5%. After accounting for a 3.225% increase in pay rates, the real change in average cost per hour was a reduction of 4.7%. This reduction had been achieved due to the shift from agency to bank usage. In addition LB informed the Board that although vacancies remained static, there was still scope for improvement in bank and agency spend.

KN enquired as to what was happening to the bank and agency recruitment rate. MFo informed her that through the Capacity Plan, HR was attempting to flex between temporary workers and create a balance between agency and permanent staff. MFo noted also that bank and agency staffing was now a positive issue – the balance had been achieved and they now provided enhanced flexibility in the workforce.

JP enquired as to the ratio of bank to agency staff – MFo said that it was around 80/20. Whilst the Trust would seek to employ more bank staff, in some cases agencies would pay for training etc, making agency staff more cost efficient. MFo also said that the Trust was considering phasing out special rates for bank and agency nursing staff which would also help efficiency and help make them more cost effective on weekends and bank holidays. AMC suggested that bank staff were the Trust's internal flexible workforce but also warned of potential rostering issues. ED noted that software tools were available to deal with these issues.

JP enquired as to why, under item 24, private patients had made a contribution less than planned? Was this due to the pricing being too low? ED replied that pricing is routinely checked against other Trusts and providers and that Chelsea & Westminster is in line with other organisations. JP asked then was the issue around costs to which HL highlighted the ongoing nurse rostering issue. JP asked that this issue be revisited. **LB**
Action: Private Patient Pricing to be further analysed.

LB continued on to talk about the sustainability of the cash forecast. She said that a significant improvement in debtor control had delivered the cash plan and was expected to continue with realistic improvements in debtor cycle and that the brokerage had been reduced to c£6m. JP noted that given that cash was a significant issue for the initial Foundation Trust application, that the cash position and working capital was a very good achievement.

2.2 Performance Report, March 2006

LB asked the Board to note that all key access targets had been achieved. Though two Healthcare Commission targets were coded red (Ethnic Coding and Delayed Transfers) the Board should note the grading was against the top band so there had been an achievement in part. The Rapid Access Chest Pain Clinic (RACPC) was in danger of not achieving but A&E Trolley Waits were improving.

LB said that the Ethnic Coding issue was being addressed through the Data Quality Group and that the Trust was looking to employ a system of identifying patients that refused to disclose their ethnic origin as opposed to non-collection.

HL enquired as to the effect of the July 7 bombings on cancelled operations – LB responded that if this was excluded the rate dropped from 6.4% to under 5%. KN enquired as to why there 19 operations were cancelled due to the surgeon being unavailable and what this actually meant – MA said that that further analysis would need to be done on this.
Action: Audit to be undertaken into cancelled operations due to surgeon unavailability and brought to a future Board meeting. **MA**

2.3 Savings Plan 2006/07

LB informed the Board that the cost improvement target for 2006/07 was £10.6m of which £1.7m was carried over from last year. This would require a cost efficiency target of 2.5% for directorates. LB noted that concentration would be required to complete Trust wide initiatives of which most were directed at pay items including productive rostering. LB also asked the Board to note that a saving requirement of £600,000 was included in the plan.

JP enquired as to the possible contribution from an estate revaluation – LB responded that an independent valuation was planned and that an update would be brought to the Board when the valuation had been completed.
Action: Update of independent valuation phasing to be delivered to the Board when completed. **LB**

JP enquired as to what assumptions had been made regarding Lastword – the EPR system. AG said that the current contract is the annual fee plus additional costs but that the cost should be lower than last year's figure of £930,000. AG informed the Board that there would be no additional cost if the Trust retained Connecting for Health software but otherwise, they would need to negotiate with GE.

CM commented that it was difficult to gather what the impact would be for directorates and that perhaps a risk assessment should be done. ED replied that savings plans had taken risk into account i.e. minimum impact expected. HL noted that savings plans still need to be completed for HIV/GUM and the Medicine directorates. ED responded that HIV/GUM would meet the plan whilst Medicine still had a deficit challenge but was improving and would work to achieve the plan. KN suggested that it would be useful to track changes and consolidate the corporate service indicator in one area.

Action: The above changes be made to the Savings Plan. **LB**

3. ITEMS FOR DECISION/APPROVAL

3.1 Consultant Appointments

The Board approved the following consultant appointments:

Consultant Physician and Gastroenterologist: Dr Marcus Harbord
Consultant for John Hunter Clinic: Dr Sarah Day

HL asked the Board to note that the first appointment is a replacement post.

3.2 Corporate Plan

JP highlighted once again that there should be an objective around management and understanding patient level costs. HL noted that there was still a need to insert the financials into the plan but that the objectives had been subject to SMART and SWOT analysis. There are still some issues around a couple of objectives and these have been highlighted in grey in the plan. EHJ responded that progress is being made in linking back with directorates and whilst four or five were not obviously measurable, they would stay in the plan as important organisational goals. CM reiterated that the objectives formed the basis of the Assurance Framework and must be SMART. Suggestions were made for measurement tools – for example the SOLE system that students use for measuring teaching.

There was also discussion around the audience for the Corporate Plan and HL asked the Board to note that this is the Trust's business plan and not directed at a public audience. CM said that last year's objectives also needed to be considered in formulating this year's.

It was agreed that further analysis was needed to ensure that the objectives were SMART. It was decided that the amended version with the financial activity added would be brought to the next Board after being cleared by the executive director.

KN felt that the plan should be written so that it was easily comprehensible to the lay reader. After discussion it was felt that the plan was a working document for the management of the Trust but a version for the public should also be prepared **Exec. Dir.**

Action: Executives to quantify objectives where possible and undertake SMART analysis and report back to Monday Execs meeting.

3.3 SDS Risk Grading

JP summarised the discussion at the pre-Board Seminar which was focused on the SDS risk grading. It was decided that there would be a reassessment of HIV funding and that this along with Payment by Results, CIP, Burns, Demand Management and Patient Choice were the main issues.

LB noted that the risks had now been agreed and that the risk matrix used for scoring had been reviewed. Adverse risks and opportunities had been identified and a hierarchy had been formed to determine which risks would feature in the base case. It was decided that the Board would look again at this at the Board Seminar on May 10th once HIV had been reassessed.

Action: HIV to be reassessed and scenarios be returned to the Board Seminar on May 10th. **LB**

4. ITEMS FOR ASSURANCE

4.1 CNST Report

CM informed the Board that there had been a change in legislation which would require CNST to make annual periodic payments rather than fixed payments. In light of this, NHSLA has written to CEs outlining Trust's responsibilities if they were to withdraw from CNST. Therefore HL had asked for a paper to assess the value of CNST.

CM asked the Board to note that CNST gives the Trust insurance as well as assurance in managing claims and that if we opted out, the costs could potentially be much higher. HL noted the apparent high incidence of brain damage claims being brought against the trust in the Women's & Children's Directorate. CM added that all claims had risen across the Trust and it was suggested that a report be brought back to the next Board meeting. **CM**

Action: Report on brain damage claims to be brought to a future Trust Board meeting.

There was then discussion around Directors' Liability if the Trust were to reach Foundation status. JP suggested that external insurance needs to be considered and that an assessment on this should be brought to the next Board. **LB**

Action: Report on whether external insurance will be required as a Foundation Trust for the next Board meeting.

The Board confirmed the value of the CNST scheme and agreed that it was in favour of continuing with it.

4.1 Workforce Report

4.2.1 Staff Survey Action Plan and Board Assurance

MFo reported on the results of the 2005 National Staff Survey and noted that significant improvements had been made on last year's survey. There were some inconsistencies relating to work/life balance and working extra hours but overall the report was very positive. Wards and departments and their areas for improvement have been addressed in the action plan.

JP enquired as to where the Trust stood in relation to other Trust's regarding harassment and bullying – MFo said that this information would be added to the report. MFo informed the Board that going forward, it would be important to fully utilise appraisals so that staff know what their key deliverables are.

Action: Comparison with other Trust for harassment and bullying be added to the report. **MFo**

4.2.2 Workforce Ethnicity Report 2005/06

MFo asked the Board to note that this report provides information about the Trust's workforce and potential workforce by ethnicity for the following areas:

- Recruitment
- Training
- Promotion

- Employee Relations
- Joiners & Leavers

MFo asked the Board to note the requirement to publish this report under the Race Relations Act and particularly how the ethnicity compared to our local area. JP suggested that it would be useful for further analysis by staff group to be done.

MFo said that the results would be presented at the next Ethnicity & Diversity Group meeting and that the report had also been taken to the Management & Staff Committee meeting.

4.3 Inpatient Survey

AMC informed the Board that for the 2005 Inpatient Survey, 850 questionnaires had been sent to recent patients to which there was a response rate of 48.4%. The report showed that the Trust performed significantly better than the average for six questions and significantly worse for one. In comparison to the 2004 survey, the Trust performed significantly better for nine questions and did not perform significantly worse for any which was a very good result.

The report then goes on to recommend five key actions which should drive patient satisfaction even higher. Of these, the communication of the survey results is already underway and ward-based reports are being developed. MA noted that targeting patients ward by ward should help improve the results, which were above average in comparison to other Trusts in London.

The action plan was approved by the Board.

5. ITEMS FOR NOTING

5.1 Influenza Update

AMC asked the Board to note that the paper was authored by Rona McKay, Emergency Planning Lead and not himself as suggested on the coversheet.

AMC informed the Board that the paper highlighted the main points of the Draft Influenza Pandemic Plan. As the potential impact of a pandemic changes daily, all Trusts were required to ensure that they have adequate provision. The Trust has incorporated a possible pandemic as part of the major incident plan which can function for a one day or over a number of months. The suspected impact on the Trust would be an additional 5000 emergency attendances, 3,500 extra admissions and 600 deaths.

RMK highlighted one of the key tools of the plan was the use of action cards for different areas/departments of the Trust such as HR, A&E and Communications. RMK said that the Plan would be updated frequently as and when new guidance is received from the centre. LB noted that a pandemic had been considered in the risk scenario modelled in the SDS.

AG enquired as to the impact on staff which RMK said would be significant based on a 25% staff hit rate. Anti-virals would be provided to infected staff and MFo informed the Board that a pro forma was being tested to identify key staff and also key family carers. MFo also said that bank staff that would be willing to work were being identified as well as contacting recently retired staff. RMK noted that the Trust was a key leader in pandemic planning with five staff members being on the NWL steering group which is the leading for the country.

5.2 Minutes of the Facilities Assurance Committee meeting 2nd March, 2006

ED asked the Board to note the minutes. CM pointed out that on the cover sheet any queries should be forwarded to Helen Elkington, not any amendments as stated.

JP asked for an update on the relationship with Haden. ED informed the Board that Haden had brought in their head office which has put much needed systems and processes in place however there was still significant improvement to be made. LB asked where the Trust stood contractually – ED said the contract expired next January. LB suggested a timeline should be put in place for improvement and it was decided that the Facilities Assurance Committee should come back with a recommendation for the Trust Board at the September meeting.

Action: Facilities Assurance Committee to report to the September Trust Board on the performance of Haden. **ED**

5.3 Minutes of the Clinical Governance Assurance meeting 28th March, 2006

CM asked the Board to note the draft minutes. CM suggested that minutes should be approved by their relevant committee before being presented to the Trust Board. JP responded that this would result in very long delays as the committees generally only met bi-monthly. JP suggested that the chairman and lead director for each committee be charged with informing the Trust Board of any significant changes to the minutes, after approval by the relevant committee.

6. ITEMS FOR INFORMATION

There were no items under this heading.

7. QUESTIONS FROM MEMBERS OF THE PUBLIC

There were no questions from the public.

8. ANY OTHER BUSINESS

There was no other business.

9. DATE OF THE NEXT MEETING

The next meeting is scheduled for 1st June 2006.

10. CONFIDENTIAL BUSINESS

The Chairman proposed and the Trust Board resolved that the public be now excluded from the meeting because publicity would be prejudicial to the public interest by reason of the confidential nature of the business concluded in the second part of the agenda.

Chelsea and Westminster Healthcare NHS
NHS Trust

Trust Board Meeting, 1st June 2006

AGENDA ITEM NO.	1.4/Jun/06
PAPER	Draft minutes of the Previous Meeting held on 19th May 2006.
AUTHOR	Fleur Hansen, Foundation Trust Lead Contact Number: 020 8846 6716
SUMMARY	This paper outlines key issues for the attention of the Trust Board.
BOARD ACTION	To agree the minutes as a correct record.

Chelsea and Westminster Healthcare NHS
NHS Trust

DRAFT
Trust Board Meeting, 19th May 2006
Minutes

Present:

Non-Executive Directors:	Juggy Pandit (JP) (chairman) Andrew Havery (AH) Karin Norman (KN) Charles Wilson (CW)
Executive Directors:	Heather Lawrence (HL), Chief Executive Mike Anderson (MA), Medical Director Lorraine Bewes (LB), Director of Finance and Information Edward Donald (ED), Director of Operations Maxine Foster (MFo), Director of Human Resources Alex Geddes (AG), Director of IM&T Elliot Howard-Jones, (EHJ), Interim Director of Strategy and Service Development Andrew MacCallum (AMC), Director of Nursing Catherine Mooney (CM), Director of Governance and Corporate Affairs
In Attendance:	Fleur Hansen (FH), Foundation Trust Lead

1. GENERAL BUSINESS

1.2 Apologies for Absence

Apologies were recorded from Marilyn Frampton and Professor Kitney.

1.3 Declarations of Interest

No conflicts of interest were declared.

1.4 Minutes of the Previous Meeting held 4th May 2006

The Board was asked to note the minutes and they would be reviewed in full at the 1st June Board meeting.

1.5 Matters Arising
1.6 CE Report
1.7 Foundation Trust Update

These standing items were deferred to the 1st June Board meeting.

2. PERFORMANCE

2.1 Finance Report
2.2 Performance Report

These standing items were deferred to the 1st June Board meeting.

3. ITEMS FOR DECISION/APPROVAL

3.1 Performance Management Strategy (brought forward in the meeting)

LB explained that the Strategy would be required by Monitor and that its development had been discussed at the recent Audit Committee meeting. LB pointed out that the

Trust had a very robust performance management system in place but this would need to develop in order to meet the new environment of a Foundation Trust. The Trust is currently externally driven in terms of targets but it will need to develop performance monitoring KPIs based on directorate owned targets and augmented to cover KPIs driven by patient choice and operational efficiency.

LB suggested that a key driver for change will be operating in a commercial environment and the Trust would need to build confidence in assessing and collecting information on its market position and cost against tariff.

LB suggested that reporting would need to change in line with *Intelligent Board* best practice guidance e.g. focus on ten key indicators and trends and develop the Board dashboard to reflect the risks identified in the SDS. The HiPPO system could also be expanded to collect all information, not just waiting lists and SLA variance positions and a system to identify key issues at directorate level would be developed.

HL extended the Board's congratulations to Nicolas Cabon for writing the strategy. CM suggested that an explicit link to the Annual Cycle should be included as well as a link to the Assurance Framework.

Action: Annual Cycle and Assurance Framework to be included in the Performance Management Strategy. **CM/FH**

EHJ also suggested making the link with the Annual Plan more explicit and ensuring the corporate objectives link straight through. LB suggested a formal process of reviewing activity plans should be set up.

Subject to the above amendment, the Performance Management Strategy was approved for submission.

3.6 Capacity Plan (brought forward in the meeting)

LB noted that the Capacity Plan had been reviewed in the seminar and the three main assumptions for activity had been made:

1. underlying demographic growth;
2. changes in activity due to PCT initiatives; and
3. delivery of the directorate plans.

For the first, the Trust was not expecting significant changes in activity trends although the increase in A&E was noted. LB also explained that the Trust was not expecting a significant increase in the bed base due to expected reductions in length of stay.

For the second assumption, key changes were:

1. Demand management initiatives such as capping new to follow-up ratios, which will come in to effect in March 2007, will cause changes in activity.
2. Emergency admissions will be capped and the A&E growth will therefore be in paediatrics.
3. Burns increase due to becoming an Acute Burns Centre. This would result in a 3.8% p.a. increase in burns activity.

HL pointed out that due to the introduction of Payment by Results, the Trust would need to undertake more elective work. LB said that the updated position against tariff showed a £3m surplus for the Trust (excluding the report of HIV drugs).

3.5 Financial Model

LB informed the Board that section 5.3.4 of the Service Development Strategy detailed the key assumptions made in the financial model to be submitted to Monitor. LB said

that the Trust's high capital base gave the Trust a high EBITDA margin, which provided a buffer.

For I&E LB pointed out the increase in MMF as the Trust moved from local price tariff. She noted that this was a significant income stream (£6.3m by 08/09) and a 5% reduction had been assumed as a result of the MFF renew. It was noted that the Trust would make a gain on PbR and that this was clawed back at a rate of 25% per annum which would result in an increase in income of £5.3m in 2007/08 and £3.3m in 2008/09.

Further assumptions highlighted by LB were the tariff inflator (6.5% for 2006/07 and 4.4% for each year after that), and the cost efficiency requirement (for which the national target for 2006/07 is 2.5%). LB also pointed out that a benefit of becoming a Foundation Trust is not being required to index assets annually, although there is a requirement to revalue after three years.

Further analysis was then undertaken of a potential tariff deflator with a 1% reduction having a significant impact on the Trust. In this scenario a viable alternative must be offered to PCTs rather than just increasing activity in an environment where significant cost savings are required. KN enquired as to whether we would see an increase in local flows. HL responded that the SHA had undertaken work in this area and there could be an increase of 40% in A&E but the Trust was unlikely to receive the entire amount.

LB then explained that tariffs are very volatile and the Board needed to be confident that they had stabilised before informing business decision. LB noted that at a specified level the overall uplift for 06/07 was 1.5% instead of 2.4% in the original SDS assumptions.

LB then detailed some assumptions of the worst case – income inflation at £6m as opposed to £8m in the base case and a CIP achievement of only 90% - factors that would contribute to the Trust being in deficit for 2008/09.

AH suggested that it would be useful to have a paper on the mitigation techniques employed to avoid the worst case scenarios.

Action: Mitigation of worst case paper to be brought to a future meeting or seminar before the Board to Board. **LB**

3.1 Risk Management Strategy and Policy

CM thanked KN and AH for their comments on the strategy and asked the Board to note the revised version that had been tabled at the meeting.

These changes were accepted and in addition HL asked for clarification on the risk scores (16 and above or 20 and above) to be brought to the Board and MA noted that Imperial College was soon to be not a part of the University of London so the name should be amended in appendix eight.

Action: Analysis of previous minutes to determine risk scores and amend strategy. **FH**

Subject to these two points, the Risk Management Strategy and Policy was approved by the Board.

3.3 Risk and Performance Management Certification

CM explained to the Board that as part of our assessment by Monitor, the Trust was required to submit a number of documents relating to risk and performance management. They are as follows:

- Risk Management Strategy and Policy

- Performance Management Strategy
- Statement of Internal Control for 2004/05
- Major Incident Policy
- Serious Untoward Incident Reporting Policy
- Policy And Procedure for Responding to, Reporting and Investigating Incidents
- Influenza Pandemic Contingency Plan
- Controls Assurance Standards for Risk Management, Governance and Financial Management 2004
- Auditors Local Evaluation (ALE) 2005/06
- Self Assessment for the Healthcare Standards
- CNST General and Maternity Assessment Reports
- RPST Assessment Report 2004
- A Trust Board Performance Report
- Healthcare Commission CHAI Performance Assessment
- Performance Management Reporting Procedure
- Board statement of no material change

The Board is required to sign a self-certification document confirming that they are satisfied that this evidence sufficiently meets the six risk and performance management requirements listed by Monitor. In order to do this CM, ran through the six requirements and explained how the above documents met these in full.

The Board was satisfied with the evidence presented and agreed that HL should sign off the self-certification document on behalf of the Board.

2.4 Submission Update Timetable

HL asked the Board to note the attached timetable which lists all the submissions due by Monitor including the extra information requests they have made. From this list AH noted that when submitting the Audit Committee minutes a cover note should be attached to explain the responsibilities of the Committee.

Action: Cover note to be added to Audit Committee minutes. **CM/FH**

HL noted their request for the Data Quality External Audit report and suggested that a Board seminar should be held on this in the near future.

4. ITEMS FOR ASSURANCE

There were no items under this heading.

5. ITEMS FOR NOTING

There were no items under this heading.

6. ITEMS FOR INFORMATION

There were no items under this heading.

7. QUESTIONS FROM MEMBERS OF THE PUBLIC

There were no questions from the public.

8. ANY OTHER BUSINESS

Foundation Trust External Audit

HL asked the Board to note that the Trust was expecting the external auditors allocated by Monitor, KPMG, to commence work on June 12th. They will be housed in HL's office and HL will relocate to the Director of Strategy office in Management 1.

Benefits of Foundation Trust Status

JP asked the Board to note the list of benefits he had compiled and to pass any comments on to him.

Action: Comments on benefits of FT status to be passed on to the chairman. **All Dir.**

9. DATE OF THE NEXT MEETING

The next meeting is scheduled for 6th July 2006.

10. CONFIDENTIAL BUSINESS

The Chairman proposed and the Trust Board resolved that the public be now excluded from the meeting because publicity would be prejudicial to the public interest by reason of the confidential nature of the business concluded in the second part of the agenda.

Chelsea and Westminster Healthcare NHS
NHS Trust

Trust Board Meeting, 1st June 2006

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

Matters Arising from Previous Meetings

Reference	Item	Action
1.6/Mar/06	CONNECTING FOR HEALTH Oral Update to be provided in Part B of the meeting.	AG/HL
3.1/Mar/06 1.6/May/06 3.1/Jun/06	CORPORATE PLAN Final Corporate Plan to be tabled later in the meeting. Costing corporate objective to be added to the Annual Plan. Executives to quantify objectives where possible and undertake SMART analysis and report back to Monday Execs meeting.	CM EHJ/CM Exec. Dir.
1.7/Apr/06	MEMBERS' COUNCIL INDUCTION PACK This was presented as part of the Membership Development and Communication Strategy at the May 9th Trust Board seminar.	AMC
2.3.1/Apr/06	LIFT EXPENDITURE An oral update to be provided later in the meeting.	ED
5.1/May/06	OUTPATIENT PRESCRIBING Report on length of outpatient prescribing to be brought to the General Matters meeting on June 13th.	ED
2.3.2/Apr/06	AfC FOR CONTRACTED SERVICES Executive Directors to undertake more research on this and report back. This item has been tabled in part B of the meeting.	Exec. Dir
1.6/May/06	EXTERNAL AUDIT Approval letter for Deloitte's appointment to written to the Audit Commission.	LB
2.1/May/06	PRIVATE PATIENTS Private Patient Pricing to be further analysed.	LB
2.2/May/06	CANCELLED OPERATIONS Audit to be undertaken into cancelled operations due to surgeon unavailability and brought to a future Board meeting.	MA
2.3/May/06	INDEPENDENT VALUATION Update of independent valuation phasing to be delivered to the Board when completed.	LB
2.3/May/06	SAVINGS PLAN 2006/07 The amendments listed in the minutes be made to the Savings Plan.	LB

3.3/May/06	SDS RISK GRADING HIV to be reassessed and scenarios be returned to the Board seminar.	LB
4.1/May/06	CNST REPORT Report on brain damage claims to be brought to a future Board meeting.	CM
4.1/May/06	DIRECTORS' LIABILITY Report on whether external insurance will be required as a Foundation Trust has been tabled for part B of the meeting.	LB
4.2.1/May/06	STAFF SURVEY Comparison with other Trusts for harassment and bullying be added to the report.	MFo
5.2/May/06	CONTRACTED SERVICES Facilities Assurance Committee to report to the September Board meeting on the performance of Haden.	ED
3.1/May/2/06	PERFORMANCE MANAGEMENT STRATEGY Annual Cycle and Assurance Framework to be included in the Performance Management Strategy.	CM/FH
3.5/May/2/06	FINANCIAL MODEL Mitigation of worst case paper to be brought to a future meeting or seminar before the Board to Board.	LB
3.1/May/2/06	RISK MANAGEMENT STRATEGY AND POLICY Analysis of previous minutes to determine risk scores and amend strategy.	FH
2.4/May/2/06	MONITOR SUBMISSIONS Cover note explaining Audit Committee's responsibilities be added to minutes requested by Monitor.	LB/FH
8/May/2/06	BENEFITS OF BEING A FOUNDATION TRUST Comments of benefits of FT status paper be passed on to the Chairman.	All Directors

Chelsea and Westminster Healthcare NHS
NHS Trust

Trust Board Meeting, 1st June 2006

AGENDA ITEM NO.	1.6/Jun/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.

Chelsea and Westminster Healthcare NHS
NHS Trust

CHIEF EXECUTIVE'S REPORT – MAY 2006

FOUNDATION TRUST APPLICATION UPDATE

SUBMISSIONS

A number of key documents were submitted to Monitor on May 22nd. They were as follows:

1. Service Development Strategy
2. Service Development Strategy Appendices
3. Financial Model
4. Human Resources Strategy
5. Risk and Performance Management Direct Evidence

In addition the Trust submitted revised versions of the:

1. Constitution
2. Governance Arrangements and Rationale
3. Membership Development and Communication Strategy

At the time of writing, the Trust has already received commentary on the Constitution and Financial Model with the issues relating the Constitution to be discussed at the Trust Board meeting.

The next batch of submissions is due on July 1st. They are as follows:

1. Mandatory Health Services Schedule
2. Mandatory Education Schedule
3. Self Certification on Governance Arrangements, Management Capability and Experience, Planning and Communications

We have also already commenced drafting the Board Memorandum which is due on July 14th - this will be the Board sign-off of the audited Financial Model.

Monitor have also requested a number of additional documents such as Board and Audit Committee minutes – we are pulling together these and submitting them, as and when required.

MONITOR MEETINGS

A number of meetings have been held with Monitor and there shall be more within the next week. So far there have been meetings on the Constitution and Governance Arrangements, Membership, Performance Management, Clinical Governance, Audit Committee, Assurance Framework, Workforce Planning, Information Management and Internal Audit. The meetings on the SDS and LDP will take place on May 30th and the meetings with the Clinical Directorates (HIV, Burns and Women's & Children's) and the in-depth finance meetings will take place over the next week.

We feel that these meetings have been successful and we have received minutes from all the meetings thus far which we have been able to edit as and when required.

Monitor is also holding meetings with key stakeholders – the SHA, the PCTs and the HIV Consortium.

BOARD TO BOARD

The Board to Board with Monitor is scheduled for Wednesday July 5th (time to be confirmed) and initial preparation will take place at the pre-Board seminar. We are holding a mock Board to Board with the NWLSHA on June 7th from 12.30-3.30pm and a great deal of research has already been undertaken by the SHA to ensure a challenging session.

TIMETABLE

Please find the updated timetable of meetings attached.

Heather Lawrence
26th May 2006

July

Monday	Tuesday	Wednesday	Thursday	Friday
3	**4**	**5**	**6**	**7**
	Audit Committee	**Board to Board** (FT Board)	Trust Board (Full Board)	
10	**11**	**12**	**13**	**14**
Marilyn A/L	Marilyn A/L	Marilyn A/L	Marilyn A/L	Marilyn A/L
17	**18**	**19**	**20**	**21**
Marilyn A/L	Marilyn A/L	Marilyn A/L	Marilyn A/L	Marilyn A/L
24	**25**	**26**	**27**	**28**
31				

Chelsea and Westminster Healthcare NHS
NHS Trust

Trust Board Meeting, 1st June 2006

AGENDA ITEM NO.	2.1/Jun/06
PAPER	Financial Report – April 2006
LEAD EXECUTIVE	Lorraine Bewes, Director of Finance and Information Contact Number: 020 8846 6713
AUTHOR	Lorraine Bewes, Director of Finance and Information Contact Number: 020 8846 6713
SUMMARY	The variance against budget for Month 1 is a deficit of £0.730m. The key issue is the pay overspend of £0.441m and adverse private patient income of £0.204m. Month 1 position assumes breakeven on SaFF income. The key elements of the pay overspend are £0.3m on savings plans which have not been identified to cost centre level, particularly in Medicine directorate (£0.105m) and £0.127m on unidentified corporate level savings, medical locum and nursing overspends in Women's and Children's (£0.1m) and nursing bank and agency overspends in Medicine directorate (£0.06m). It is too early in the year to make an accurate forecast of the year end. Action is required to address the pay overspend, to recover the private income position and to identify the remaining savings targets to cost centre level. Cash flow is ahead of plan by £9.1m at the end of April.
BOARD ACTION	The Board is asked to note the financial position at Month 1.

Chelsea and Westminster Healthcare NHS

NHS Trust

Finance Report
June 2006
Financial Position – April 2006

Summary Income & Expenditure (Form F1)

1. The budget plan for 2006/07 was approved at the May Board meeting. As required by the DH Operating Framework all Trusts who ended 2005-06 in financial balance are required to achieve a surplus in 2006/07. For Trusts in London the surplus required is 1% of income, giving the Trust a target surplus of £2.360m in 2006/07.

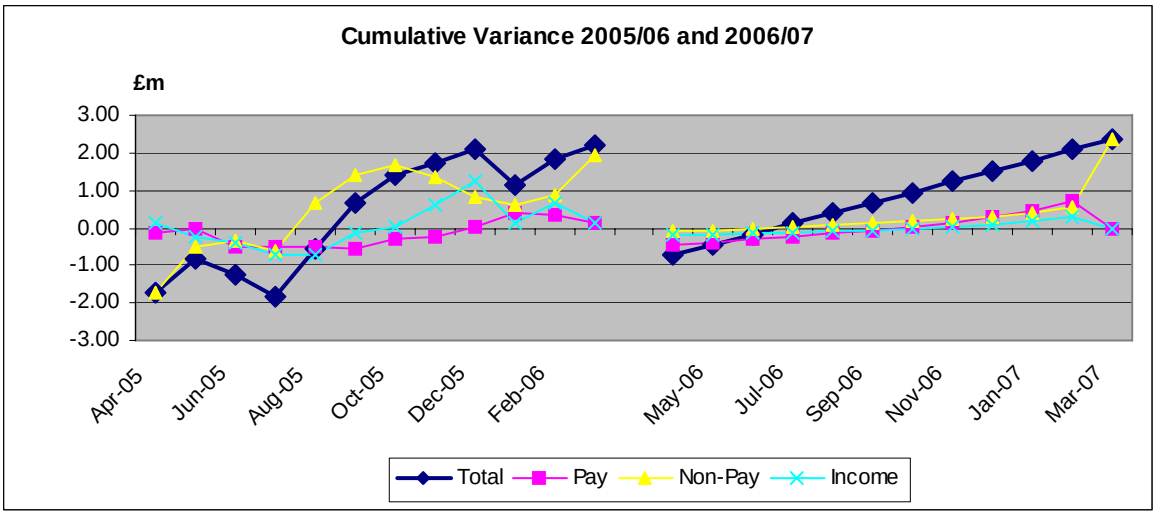
2. The new savings target for 2006/07 required to achieve the budget plan is £9.412m. This increased from £8.9m reported to the May Board as a result of recognising an additional pressure of £0.5m for incremental costs of Agenda for Change. The unachieved recurrent savings from last year are £1.661m which means there is a total savings target of £11.073m to achieve this year.

3. The savings target is achievable via a combination of directorate led and executive led programmes. Directorates have been set a target of 2.5% of their expenditure budget, which was reflected in budgets in Month 1. The balance of the target is under Executive led initiatives, for example ward rostering project, and is reflected in the central position at Month 1. All targets are phased monthly into the financial position. Good progress was made in Month 1 by Directorates and Corporate Departments to identify and implement savings programmes, and reduce the savings target and corresponding expenditure budgets. Further details on savings plans are given in Paragraph 31.

4. The income plan reflects the agreed capacity plan at April 2006. Negotiations have progressed well with PCTs and 24 contracts are now agreed including Kensington and Chelsea PCT SLA, accounting for 61% of SLA income. The principles agreed with our host PCT should be rolled out to all London PCTs in accordance with the London Commissioning framework and this will cover 65% of SLA income. Negotiations are at an advanced stage with the HIV consortium regarding the HIV SLA and it is expected that this SLA will be agreed within the next two weeks. It should be noted that the commissioning principles for HIV are significantly different to previous years, with growth funding for drugs based on an average price per patient. While the risk of spending more than the average on drugs lies with the Trust, if any savings can be made then the Trust can retain them.

5. Directorate expenditure budgets at Month 1 show the recurrent directorate budget rolled forward from the previous financial year, adjusted for the 2.5% savings target. Centrally held reserves have been created for development and inflationary funding and will be released to directorates and departments during the year as costs are incurred e.g. pay awards implemented or business cases approved, e.g. capacity plan funding for initiatives to achieve 18 week waiting list targets. Paragraph 35 details the new Reserves created through implementation of the approved budget plan.

6. The overall financial position after one month is a deficit of **£0.730m**. The Graph below shows the trend in the cumulative variance for last financial year and the trend forecast from April this year to achieve the surplus.



7. The overall pay position at Month 1 is an overspend of **£0.441m** (4.5%). This is spread across a number of directorates and includes unidentified pay savings targets of £0.292m.

8. Non pay including Reserves and Capital Charges is over spent by **£0.085m** (1.0%) in the Month. Within this position is any unidentified Non Pay Savings Target, including £0.207m Central unidentified non pay savings.

9. The income position, including interest receivable, is **£0.204m** adverse (1.0%). At Month 1 it is assumed the PCT SLA income plan will breakeven and this is reflected in the position. The adverse income position is mainly within Private Patients and Private Maternity.

Variance Analysis – Year to Date and In Month

10. The overall position for the Trust is an adverse variance of £0.730m at Month 1. The high-level summary of this position is as follows:

	Month 1
	£'m
Income	
SaFF Baseline	-0.029
Non-Contract Activity	0.000
Private Patient Services	-0.170
Other	-0.013
Interest Receivable	0.009
Expenditure	
Pay	-0.441
Non Pay pressures	-0.166
Reserves and Capital Charges	0.080
Total	**-0.730**

Income and SaFF update

11. The overall YTD income position is **£0.204m** adverse, taking into account a favourable position on interest receivable of £0.009m. Within this position Private Patient income, including ACU, is adverse against budget by £0.170m.

12. Private Patient income is adverse in Private Patients (£0.088m) and Private Maternity (£0.069m) and more on this is within the Directorate reports at Paragraphs 26 and 28. ACU income is in financial balance at Month 1.

13. As reported above SaFF Income is assumed to be breakeven against plan. There is a backlog of coding at Month 1 due to the fact that all resources have been focused on completing prior year coding before the deadlines for billing. As a result, the SLA performance against plan has not been reported for Month 1. There is an adverse variance on the F1 report as a result of devolving £43k of SaFF income to the Women and Children's Directorate for overperformance in month 1.

Expenditure Update

14. The expenditure position is **£0.526m** adverse at Month 1.

15. Pay budgets are **£0.441m** adverse at Month 1 (**Form F2D**). Of this total £0.127m is 1/12th of the unachieved savings target within the Central position which is a result of executive led savings schemes planned for later in the financial year; which should recover this position to breakeven. The remaining pay overspend is within the frontline directorates and further commentary is within the directorate reports from Paragraph 18. The spend of £1.3m on bank and agency is in line with last year's monthly average.

16. Existing staffing budgets, e.g. Nursing and new Agenda for Change bands, continue to change as staff are paid under new AFC terms and conditions.

17. Non-pay is reporting a **£0.085m** overspent in Month 1 (**From F2E**). There is an adverse variance of £0.201m on unidentified Executive led savings initiatives (1/12th of the total unidentified) that is expected to breakeven later in the year on successful implementation of savings plans.

Directorate Positions (Forms F3A and F3B)

18. The following directorates are those directorates where the position is an overspend at Month 1.

19. **Medicine & A&E –** The Directorate is £0.109m overspent at Month 1. The directorate has been set a deficit recovery target of £0.655m to ensure that underlying cost pressures are managed. The in month variance is the Month 1 unmet proportion of that target, plus some of the underlying pressures e.g. Endoscopy non-pay cost pressures and bank and agency spend on the wards. The Endoscopy non-pay cost pressures will be mitigated from reserves on sign off of the zero basing exercise and the directorate postion would improve by £0.039m in month with these funds. The Directorate closed the Adele Dixon ward part way through April and the budget has been recurrently removed to meet the balance of the unmet 2005-06 Savings target and the 2006-07 target.

20. **Anaesthetics & Imaging-** The financial position for the Directorate for Month 1 is a cumulative overspend against budget of £0.031m. The position reported includes one month's worth of funding for the Urology activity transferred from St Mary's in 2005-2006 – this funding has been distributed from Reserves on a non-recurrent basis pending the recurrent funding being signed off. The Month 1 position does not yet include funding for the 2nd Burns ITU bed as this was funded from a non-recurrent allocation from the National Burns Care Group in 2005-2006. Reserves are set aside for this and the position would improve by £0.014m with these funds.

21. The main causes of the overspend at Month 1 are as follows:

    - Pressure in the Anaesthetics medical staff budget relating to the use of locums and payments for additional sessions – this relates partly to the continued absence of certain consultants from the clinical rota, and partly to some long term sickness issues.

- An overspend against the ITU nursing pay budget relating to the fact that the staffing levels required to staff the second Burns ITU bed are not currently funded in the baseline budget.

22. The Imaging & Anaesthetics Directorate has fully identified all savings to achieve the 2006-2007 Savings Target of £0.602m and the agreed budget reductions have been actioned in the Month 1 reported position.

23. **Surgery** – The financial position for the Surgery Directorate for the month to 30th April 2006 is a cumulative overspend against budget of £0.042m. As for the A&I Directorate, this position includes one month's worth of funding for the St Mary's Urology transfer reflected as a non-recurrent budget pending the recurrent budget being signed off.

24. The main causes of the overspend at Month 1 are as follows:
    - An overspend against the Plastics medical staffing budget due to high use of locums during the month.
    - Higher than expected expenditure on prosthetics in the Plastics budget - £0.037m to date compared to a budget of £0.008m for the month.
    - A pressure on the General Surgery and Urology non-pay budget relating to an overspend against the MSSE budget.

25. The Surgery Directorate has fully identified all savings to achieve the 2006-2007 Savings Target of £0.449m but £0.26m has still to be identified to cost centre level.

26. **Women & Children's Directorate-** The Month 1 position for the Directorate shows an overspend of £0.150m. The key issues are as follows. Private Maternity is £0.071m overspent, nearly all due to under-achievement on income. Medical Locums continue to contribute to overspends in Women's Medical and Paediatric Medical. Maternity non-pay is overspent due to printing and staff recruitment.

27. **HIV/GUM Directorate-** The financial position for the Directorate at Month 1 is an overspend of £0.011m. A one off non-pay charge of £0.020m in month has pushed the position into deficit. The Directorate has been set a challenging Savings target of 2.5% plus a carried forward recurrently unmet savings target of £0.400m from 2005-06. However, the Directorate is currently working up plans to be able to meet this target, and stay within budget for the year.

28. **Private Patients** – The Month 1 position was an under recovery against income budget of £0.088m and an overspend against expenditure budget of £0.021m, a combined negative variance of £0.109m. April was, according to the service manager, a slow month in terms of private patient business. In these circumstances fixed costs are not covered, hence an overspend, as well as an under recovery on income. The service manager reports a pick up in business in Month 2 compared to Month 1, though it is too early to be able to estimate income levels.

29. **Overseas Income**- Overseas income over recovered slightly against an income budget of £0.060m for Month 1.

30. **Assisted Conception Unit (Form F3B) –** The Month 1 position in ACU is breakeven across both income and expenditure.

Savings Target (Form F5A and F5B)

31. As reported in Paragraph 2 the new savings target for 2006/07 is £9.412m and unachieved recurrent savings from last year are £1.667m which means there is a total savings target this year of £11.078m. **Form F5A** and **Form F5B** shows the savings target by Directorate and reports those savings that are achieved or under development, totalling £8.538m. This is unchanged from the May Board meeting.

32. Directorates and Corporate Departments made good progress in removing expenditure budgets for savings achieved (**Form F5C**). In total £5.698m was removed from expenditure budgets in Month 1 for 2006/07 and £4.324m was removed against the recurrent target.

33. The table below shows the savings target and total planned for each directorate.

	2005/06 B/F target	New Target 2006/07	Total Target 2006/07	Total Planned/ Achieved 2006/07	Outstanding target to Achieve
	£'k	£'k	£'k	£'k	£'k
Directorates/Departments					
Imaging & Anaesthetics	0	-602	-602	602	0
HIV/GUM	-400	-284	-684	158	-526
Medicine & A&E	-226	-1,259	-1,485	763	-722
Surgery	0	-449	-449	449	0
Womens & Children's	0	-727	-727	734	7
Pharmacy		-88	-88	88	0
Physiotherapy & Occ Therapy	-31	-98	-129	133	4
Dietetics	-14	-15	-29	25	-4
Chief Executive		-28	-28	28	0
Governance & Corporate Affairs	-19	-81	-100	100	0
Nursing	-5	-142	-147	148	1
Human Resources	-26	-126	-152	136	-16
Finance		-259	-259	222	-37
IM&T & EPR	-99	-261	-360	359	-1
Occupational Health		-6	-6	6	0
Facilities		-343	-343	578	235
Private Patients		0	0	0	0
ACU		0	0	0	0
Post Graduate Centre		0	0	0	0
Projects		-21	-21	21	-0
Simulation Centre		0	0	0	0
Service Level Agreements		-210	-210	225	15
Central Targets					
Capital Charges	-1,000	-200	-1,200	1,222	22
Procurement Savings		-500	-500	273	-227
Staff Rostering		-500	-500	170	-330
Bank and Agency Rates		-1,000	-1,000	80	-920
Ward Stock Management		-200	-200	0	-200
HCD Income		-513	-513	447	-66
GUM Overperformance		-500	-500	485	-15
Other	159		159	0	159
Savings to be worked up					
Director's Valuation		-500	-500	500	0
Pathology Savings		-100	-100	185	85
High Cost Drugs		-400	-400	400	0
Total Central Budgets	**-1,661**	**-9,412**	**-11,073**	**8,538**	**-2,535**

Risks

34. **Provisions –** There is provision of £8.850m against doubtful debts. Until the completion of the Month 12 agreement of balances exercise there remains a residual risk that this amount is insufficient if new disputes are identified. However, based on known disputes, the provision is considered to be adequate.

Budget Assumptions

35. As reported in Paragraphs 1 to 3 above, the budget plan for 2006/07 was approved at the May Board meeting. The corresponding income, expenditure and savings budget were set up in month 1. However there are number of expenditure costs forecast for the year that have not yet been incurred, for example pay awards and other expenditure plans for which detailed plans need to be completed and approved. To facilitate setting up the approved budget, Reserves are created for these items (**Form F4A**). The funds will be released to directorates and departments as required during the year.

- **Specific Expenditure Reserves (£16.5m)**: There are many items within this category that are based on specific developments and pressures including the following items: Urology funding re St Mary's transfer, HIV Drugs growth, Capital Charges uplift, PACS development funding,

AFC increment costs, Capacity Plan changes for Burns and 18 week waiters, Provider SLA expenditure pressures and e-procurement development.

- **Pay Uplifts (£3.5m)**: this is the funds set aside for pay uplifts for all staff.
- **Non pay Uplifts (£7.1m):** this is the uplift on non pay expenditure, the largest elements are HIV drugs, gas and electricity price increases and Pathology SLA.
- **Planned Surplus (£2.3m):** As reported in paragraph 1 the Trust is required to achieve a surplus of £2.360m. A reserve for this amount has been set aside in the budget plan.
- **Agenda for Change (£2.9m):** This is the funding for the remaining staff to move onto AFC terms and conditions.
- **Working Time Directive (£0.5m):** reserves set aside to fund any costs relating to moving towards the European working time directive targets.
- **Consultants Contract (£0.2m):** to fund the incremental cost of consultant contracts

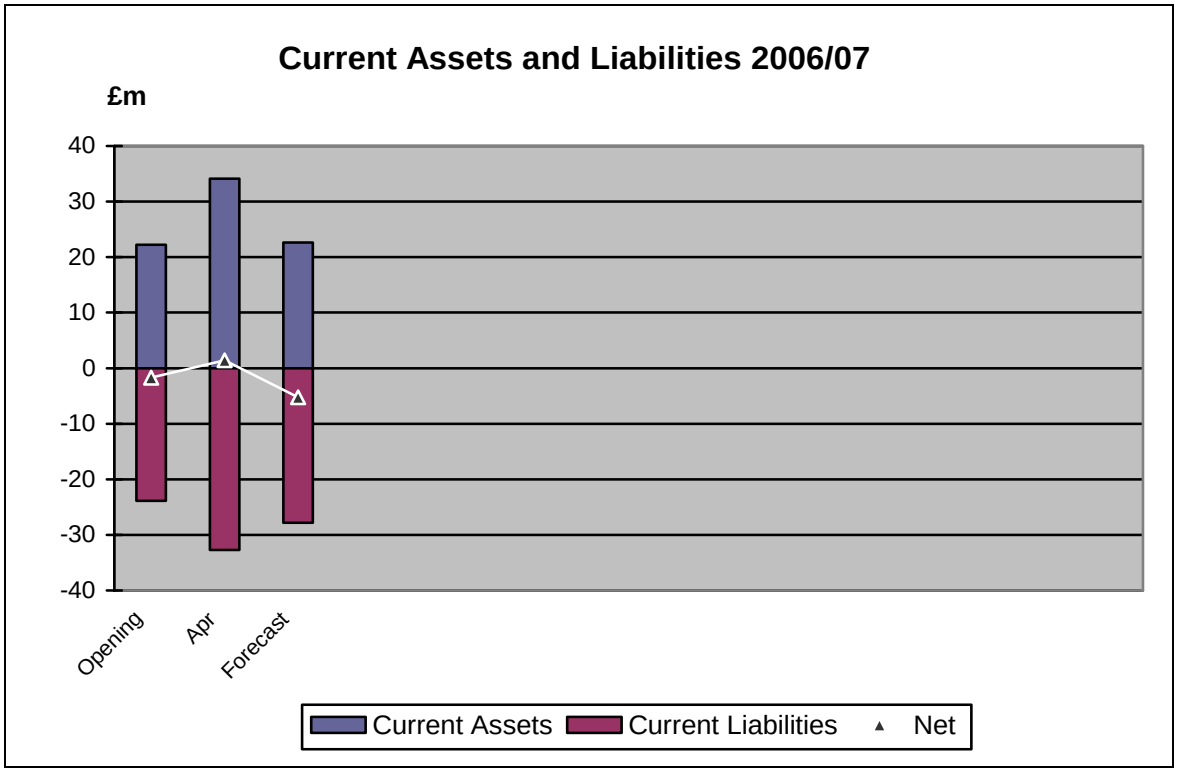
Balance Sheet: Key Highlights (Forms F6, F7, F8, F9, F10)

Working capital

36. The first month of the year shows positive net current assets of £1.348m consisting of £34.063m current assets (53.10% up on last year) and £32.715m current liabilities (36.97% up on last year). The positive working capital is mainly due to an increase in cash receipts of £14m from advance billing to Kensington & Chelsea PCT.

37. The forecast negative working capital of £5.127m for this year end 2006-07 would be as a result of releasing significant amounts of cash built up during the year to meet dividend and loan repayments.

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



Debtors (Form F7)

39. Overall debt has increased during April because of the large volume of accrual invoices raised this month

40. Kensington and Chelsea PCT debt has increased in April due to the following being billed during the month: £0.504m 2005/06 over performance, £0.303m Non-contact Activity, £0.598m HIV Arbitration billing, £0.790m HIV drugs overspend, £0.169m Market Forces Factor on overperformance. During the latter half of May, we will receive payment of £1.503m against the old invoices, agreed at year end.

Creditors (FormF8)

41. There has been an increase in total creditors of 17.65% from March 2006.

42. The Hammersmith Hospitals account represents 50.31% of total creditors in April 2006 compared to 45.39% in March. There is a continuous concerted effort to clear this large account, which has a long history of queries, with the oldest invoices being targeted as priority for clearance. No payments were processed for Hammersmith Hospitals in April 2006; this has resulted in an increase in the Hammersmith balance for the month by £1.560m. This account is now escalated to Directors of Finance to resolve.

43. A cumulative BPPC target of 91.84 % was achieved at April 2006 compared to 73.47% in March 2006 for invoices paid within 30 days and a target of 91.97% was achieved for the value of invoices paid within 30 days compared to 62.96% in March 2006.

Cash Flow Forecast (Form F9A)

44. The cash balance at the end of April 2006 shows an increase of £12.1m from an opening amount of £0.678m. Advance billing to Kensington & Chelsea PCT for £14.0m was settled in April 2006. Cash flow is therefore £9.1m ahead of plan at the end of April.

Capital Expenditure (Form F10)

45. The capital expenditure to date is £0.842m against a Capital Budget for 2006-07 of £8.345m. The total funding for the capital programme of £8.345m includes old capital brokerage to be converted to permanent Public Dividend Capital of £3.480m.

46. Approved Capital Schemes slippage from 2005-06 brought forward was split between building projects of £0.936m and medical equipment of £0.238m.

Provision for Debtors (F11)

47. Provision for irrecoverable debts shows a reduction of £0.061m from last year of £8.850m. 97% of the amount released relates to NHS credit notes provision and the remaining against overseas patients bad debts. The provision as at April 2006 represents 42% of our total debtors of £20.931m.

48. Provision for the aged debts is based on 100% of our debtors overdue by 361+ days, 90% of debtors overdue by 181 - 360 days and 65% of debtors overdue by 91-180 days.

49. The value of debtors over 90 days is £9.906m (47% of total debtors) against which the total provision is created. The provision, therefore, as a whole is equivalent to 89% of debtors over 90 days old and is considered to be prudent .

Lorraine Bewes
Director of Finance and Information
25th May 2006

CHELSEA & WESTMINSTER HEALTHCARE NHS TRUST

FINANCE REPORTS

April 06

CHELSEA & WESTMINSTER HEALTHCARE NHS TRUST

CONSOLIDATED INCOME & EXPENDITURE SUMMARY

TRUST WIDE

FORM F1
April 06

Responsibility: Finance Director

	THIS MONTH			YEAR TO DATE			FULL YEAR	
	BUDGET	ACTUAL	VARIANCE	BUDGET	ACTUAL	VARIANCE	ORIGINAL PLAN	FULL YEAR BUDGET
	£000	£000	£000	£000	£000	£000	£000	£000
INCOME								
Contract Income SaFF	(13,692)	(13,663)	(29)	(13,692)	(13,663)	(29)	(163,114)	(164,301)
Non-Contract Activity	(164)	(164)	0	(164)	(164)	0	(1,971)	(1,971)
Private Patients	(638)	(468)	(170)	(638)	(468)	(170)	(6,367)	(7,660)
Other Income	(5,726)	(5,712)	(13)	(5,726)	(5,712)	(13)	(64,650)	(65,711)
Donated Depreciation Income	(21)	(20)	(1)	(21)	(20)	(1)	(248)	(248)
TOTAL INCOME	**(20,241)**	**(20,027)**	**(213)**	**(20,241)**	**(20,027)**	**(213)**	**(236,350)**	**(239,891)**
EXPENDITURE			**0**					
Pay	9,675	8,840	835	9,675	8,840	835	130,925	116,451
Bank , Agency & Locum	26	1,301	(1,275)	26	1,301	(1,275)	980	227
Sub-total Pay	**9,701**	**10,141**	**(441)**	**9,701**	**10,141**	**(441)**	**131,905**	**116,677**
Non Pay	6,685	6,851	(166)	6,685	6,851	(166)	81,142	75,979
Sub-Total Non Pay	**6,685**	**6,851**	**(166)**	**6,685**	**6,851**	**(166)**	**81,142**	**75,979**
Reserves	0	1	(1)	0	1	(1)	0	25,145
Deficit Reversal/Surplus Brought Forward	0	0	0	0	0	0	0	2,300
Depreciation	843	762	81	843	762	81	11,259	10,107
Donated Depreciation	21	20	1	21	20	1	248	248
TOTAL EXPENDITURE	**17,249**	**17,775**	**(526)**	**17,249**	**17,775**	**(526)**	**224,554**	**230,455**
OPERATING SURPLUS	**2,991**	**2,252**	**(739)**	**2,991**	**2,252**	**(739)**	**11,796**	**9,436**
Profit/Loss on Disposal of Fixed Assets	0	0	0	0	0	0	0	0
SURPLUS BEFORE DIVIDENDS	**2,991**	**2,252**	**(739)**	**2,991**	**2,252**	**(739)**	**11,796**	**9,436**
Interest Receivable	(19)	(28)	9	(19)	(28)	9	(230)	(230)
Dividends	805	805	0	805	805	0	9,666	9,666
SURPLUS / (DEFICIT)	**2,205**	**1,475**	**(730)**	**2,205**	**1,475**	**(730)**	**2,360**	**0**

CHELSEA & WESTMINSTER HEALTHCARE NHS TRUST

FORM F2B(i)

April 06

SERVICE AGREEMENT VALUE SUMMARY

Responsibility: Finance Director

PCT	Original Annual Budget £000's	Agreed / latest Offer	Contract agreed Y/N	Variance on offer /agreed only
North West London Sector:				
KENSINGTON AND CHELSEA PCT	36,612,000	37,618,000	Y	1,006,000
WESTMINSTER PCT	15,119,000	14,702,251	Y	-416,749
HAMMERSMITH AND FULHAM PCT	20,034,800	20,217,039	Y	182,239
EALING PCT	3,063,000	2,702,506	Y	-360,494
HOUNSLOW PCT	3,445,000	3,719,603	Y	274,603
HILLINGDON PCT	518,000		N	-518,000
BRENT PCT	1,489,000	1,468,501	Y	-20,499
HARROW PCT	507,000	444,000	N	-63,000
South West London Sector				
WANDSWORTH PCT	14,142,803	13,521,273	Y	-621,530
RICHMOND AND TWICKENHAM PCT	2,455,000		N	-2,455,000
KINGSTON PCT	441,000		N	-441,000
CROYDON PCT	552,000		N	-552,000
SUTTON AND MERTON PCT	850,000		N	-850,000
North Central London Sector				
BARNET PCT	406,000		N	-406,000
HARINGEY PCT	271,000		N	-271,000
ENFIELD PCT	195,000	170,000	N	-25,000
ISLINGTON PCT	410,000	331,289	Y	-78,711
CAMDEN PCT	576,000		N	-576,000
South East London Sector				
GREENWICH PCT	136,000		N	-136,000
BEXLEY PCT	86,000		N	-86,000
BROMLEY PCT	210,000	202,890	Y	-7,110
SOUTHWARK PCT	485,000		N	-485,000
LEWISHAM PCT	292,000		N	-292,000
LAMBETH PCT	1,362,000	1,331,604	Y	-30,396
North East London Sector:				
BARKING AND DAGENHAM PCT	160,000			-160,000
HAVERING PCT	77,000			-77,000
TOWER HAMLETS PCT	215,000			-215,000
CITY AND HACKNEY PCT	225,000			-225,000
NEWHAM PCT	285,000			-285,000
Other Major Non - London:				
REDBRIDGE PCT	127,000			-127,000
WALTHAM FOREST PCT	218,000			-218,000
EAST ELMBRIDGE AND MID SURREY PCT	816,000			-816,000
EAST SURREY PCT	65,000			-65,000
BLACKWATER VALLEY AND HART PCT	465,000			-465,000
GUILDFORD AND WAVERLEY PCT	364,000			-364,000
NORTH SURREY PCT	625,000			-625,000
WOKING PCT	561,000			-561,000
HERTFORDSHIRE PCT's(8)	675,000	675,000	Y	0
EAST & WEST KENT PCTS (9)	916,000			-916,000
BERKSHIRE PCT's (6)	508,000	508,000	Y	0
EAST SUSSEX PCT's (5)	341,000			-341,000
WEST SUSSEX PCT's (5)	225,000			-225,000
HAMPSHIRE PCT's(6)	129,000			-129,000
BEDFORDSHIRE PCT's(3)	220,000			-220,000
NORTH ESSEX PCT's (8)	276,000			-276,000
SOUTH ESSEX PCT's (5)	232,000			-232,000
OXFORDSHIRE PCT's (5)	71,000			-71,000
DORSET PCT's (5)	76,000			-76,000
NORTHAMPTONSHIRE PCT' (3)	144,000			-144,000
LINCOLNSHIRE PCT's (3)	62,000			-62,000
BUCKINGHAMSHIRE PCT's(4)	339,000			-339,000
DEVON PCT's (4)	44,000			-44,000
BRISTOL PCT's(3)	6,000			-6,000
Specialised Services Consortia				
NICU CONSORTIUM	2,971,000			-2,971,000
HIV CONSORTIUM(KC)	43,649,800	44,352,181	N	702,381
Other				
Non Contracted activity (NCA)	1,957,000	1,957,000	Y	0
REVALUATION	230,000			-230,000
OTHER	181,000			-181,000
Market forces Factor	29,210,000	29,210,000	Y	0
Total Contract Income	**190,323,403**	**173,131,137**	**0**	**-17,192,266**

CHELSEA & WESTMINSTER HEALTHCARE NHS TRUST

SERVICE AGREEMENT VALUE SUMMARY

Responsibility: Finance Director

FORM F2B(ii)
April 06

PCT	Revised FY Budget at Month 1 £000's	Revised Target at Month 1 £000's	Actual at Month 1 £000's	Variance at Month 1 £000's
Contract and Over/Underperformance				
North West London Sector:				
Kensington & Chelsea	(37,866)	(3,155)	(3,155)	(0)
Westminster	(14,997)	(1,250)	(1,250)	(0)
Hammersmith & Fulham	(21,289)	(1,774)	(1,763)	(11)
Ealing	(2,703)	(225)	(225)	(0)
Hounslow	(3,720)	(310)	(310)	(0)
Hillingdon	(515)	(43)	(43)	0
Brent	(1,472)	(123)	(123)	0
Harrow	(495)	(41)	(41)	(0)
South West London Sector				
Wandsworth	(13,730)	(1,144)	(1,144)	(0)
Richmond & Twickenham	(2,408)	(201)	(201)	(0)
Kingston	(437)	(36)	(36)	0
Croydon	(539)	(45)	(45)	(0)
Sutton & Merton	(837)	(70)	(70)	0
North Central London Sector				
Barnet	(407)	(34)	(34)	(0)
Haringey	(269)	(22)	(22)	(0)
Enfield	(199)	(17)	(17)	(0)
Islington	(428)	(36)	(36)	0
Camden	(566)	(47)	(47)	(0)
South East London Sector				
Greenwich	(135)	(11)	(11)	(0)
Bexley	(85)	(7)	(7)	0
Bromley	(203)	(17)	(17)	0
Southwark	(472)	(39)	(39)	(0)
Lewisham	(285)	(24)	(24)	(0)
Lambeth	(1,357)	(113)	(113)	(0)
North East London Sector:				
Barking & Dagenham	(151)	(13)	(13)	(0)
Havering	(75)	(6)	(6)	0
Tower Hamlets	(214)	(18)	(18)	(0)
City & Hackney	(228)	(19)	(19)	0
Redbridge	(129)	(11)	(11)	0
Waltham Forest	(210)	(18)	(18)	0
Other Major Non - London:				
North Surrey	(616)	(51)	(51)	(0)
East Elmbridge and Mid Surrey	(816)	(68)	(68)	0
Woking	(555)	(46)	(46)	0
Blackwater Valley and Hart	(460)	(38)	(38)	0
Newham	(282)	(23)	(23)	(0)
Guildford and Waverley	(361)	(30)	(30)	(0)
Watford and Three Rivers	(194)	(16)	(16)	0
East Surrey	(63)	(5)	(5)	0
All Other PCTs	(4,079)	(340)	(340)	0
High Cost Drugs				
High Cost Drugs Exclusions Billed	0	0	0	0
Specialised Services Consortia				
NICU Consortium				
Hillingdon	(777)	(65)	(47)	(18)
Haringey	0	0	0	(0)
Bexley	0	0	0	0
Croydon	0	0	0	0
Tower Hamlets	0	0	0	(0)
Brent PCT	0	0	0	0
All Other PCTs	(2,971)	(248)	(248)	(0)
HIV Consortium & Overperformance				
Kensington & Chelsea	(40,317)	(3,360)	(3,360)	0
Out of London PCTs	(4,032)	(336)	(336)	(0)
GUM				0
Kensington & Chelsea	0	0	0	0
Hammersmith & Fulham	0	0	0	0
Other				
London Patient Choice (Receiving)	0	0	0	0
Prior year	0	0	0	(0)
Other income from PCTs	0	0	0	0
Prior Year Deficit Reversal and Surplus Carry Forward	(2,357)	(196)	(196)	0
Balance on 9D Codes	0	0	0	0
Balance on 9A Codes	0	0	0	0
Total Contract Income	**(164,301)**	**(13,692)**	**(13,663)**	**(29)**

CHELSEA & WESTMINSTER HEALTHCARE NHS TRUST

SUMMARY SALARIES AND WAGES

Responsibility:

TRUST WIDE

FORM F2D
April 06

	Full Year Budget £000s	THIS MONTH Budget £000s	THIS MONTH Actuals £000s	THIS MONTH Variance £000s	THIS MONTH Variance % £000s	YEAR TO DATE Budget £000s	YEAR TO DATE Actual £000s	YEAR TO DATE Variance £000s	YEAR TO DATE Variance % £000s
MEDICAL									
Senior Medical	21,247	1,781	1,808	(27)	-1.53%	1,781	1,808	(27)	-1.53%
Junior Medical	18,114	1,513	1,384	128	8.49%	1,513	1,384	128	8.49%
Other Medical & Dental	13	1	0	1	100.00%	1	0	1	100.00%
Medical Locum	(0)	0	175	(175)		0	175	(175)	
Medical sub total	**39,373**	**3,295**	**3,368**	**(73)**	**-2.22%**	**3,295**	**3,368**	**(73)**	**-2.22%**
AGENDA FOR CHANGE									
Agenda for Change Bands 1-4	0	(2)	(1)	(0)	21.66%	(2)	(1)	(0)	21.66%
Agenda for Change Bands 5-9	0	0	(51)	51	202864.00%	0	(51)	51	202864.00%
Agenda for Change sub total	**0**	**(2)**	**(52)**	**50**	**-2950.82%**	**(2)**	**(52)**	**50**	**-2950.82%**
NURSING & MIDWIFERY									
Trained Nursing	42,930	3,642	2,928	715	19.62%	3,642	2,928	715	19.62%
Untrained Nursing	4,114	351	335	16	4.62%	351	335	16	4.62%
Health Care Assistants	318	30	8	23	74.99%	30	8	23	74.99%
Bank Nursing & Midwifery	45	5	633	(628)		5	633	(628)	
Agency Nursing & Midwifery	71	6	217	(211)		6	217	(211)	
Nursing & Midwifery sub total	**47,479**	**4,034**	**4,120**	**(86)**	**-2.13%**	**4,034**	**4,120**	**(86)**	**-2.13%**
AHPs									
Dieticians	176	16	16	1	4.84%	16	16	1	4.84%
Radiographers	802	67	25	42	62.97%	67	25	42	62.97%
Therapists	931	68	77	(8)	-12.02%	68	77	(8)	-12.02%
AHPs AFC	4,212	350	380	(30)	-8.49%	350	380	(30)	-8.49%
Agency/Locums (AHPs)	11	1	26	(25)		1	26	(25)	
PTA - sub totals	**6,133**	**502**	**523**	**(20)**	**-4.08%**	**502**	**523**	**(20)**	**-4.08%**
OTHER									
Pharmacists	2,432	203	215	(12)	-6.13%	203	215	(12)	-6.13%
Scientific & Professional AFC	236	20	(1)	20	103.82%	20	(1)	20	103.82%
Healthcare Scientists AFC	1,667	139	171	(32)	-22.78%	139	171	(32)	-22.78%
Chaplains	0	0	0	0	0.00%	0	0	0	0.00%
All Other	2,754	231	191	40	17.19%	231	191	40	17.19%
Other sub	**7,089**	**592**	**576**	**16**	**2.72%**	**592**	**576**	**16**	**2.72%**
ADMIN									
Admin & Clerical	15,121	1,262	1,028	233	18.49%	1,262	1,028	233	18.49%
Bank Admin & Clerical	59	11	200	(188)		11	200	(188)	
Agency Admin & Clerical	40	3	50	(46)		3	50	(46)	
Senior Managers & Trust Board	4,917	378	328	50	13.24%	378	328	50	13.24%
Agency Other	0	0	0	0		0	0	0	
Admin - sub total	**20,137**	**1,655**	**1,606**	**49**	**2.93%**	**1,655**	**1,606**	**49**	**2.93%**
Payroll	**120,212**	**10,076**	**10,141**	**(65)**	**-0.64%**	**10,076**	**10,141**	**(65)**	**-0.64%**
Unidentified Savings	(3,534)	(376)	0	(376)		(376)	0	(376)	
PAY TOTAL	**116,677**	**9,701**	**10,141**	**(441)**	**-4.54%**	**9,701**	**10,141**	**(441)**	**-4.54%**

CHELSEA & WESTMINSTER HEALTHCARE NHS TRUST

SUMMARY NON PAY EXPENDITURE

TRUST WIDE

FORM F2E
April 06

Responsibility:

NON PAY EXPENDITURE	Full Year Budget £000s	THIS MONTH				YEAR TO DATE			
		This Months Budget £000s	This Months Actuals £000s	This Months Variance £000s	This Months Variance % £000s	Year to Date Budget £000s	Year to Date Actual £000s	Year to Date Variance £000s	Year to Date Variance % £000s
DRUGS (incl HIV/GUM) & MEDICAL GASES	31,637	2,813	2,753	60	2%	2,813	2,753	60	2%
MEDICAL & SURGICAL EQUIPMENT & DRESSINGS	6,456	543	528	15	3%	543	528	15	3%
X-RAY FILM, EQUIP & MATERIALS	1,476	123	104	19	15%	123	104	19	15%
LABORATORY EQUIP & MATERIALS	285	24	14	10	43%	24	14	10	43.03%
PATIENT APPLIANCES / PROTHESES	1,587	132	194	-62	-47%	132	194	-62	-46.88%
BLOOD PRODUCTS	1,164	97	100	-3	-3%	97	100	-3	-3.06%
PATHOLOGY SERVICES	6,563	570	567	4	1%	570	567	4	0.62%
OTHER TESTS	535	45	0	45	100%	45	0	45	100.00%
SERVICE LEVEL AGREEMENT	3,493	291	351	-59	-20%	291	351	-59	-20.43%
CONTRACT SERVICES			0			0	0		
Contract Catering	2,005	167	170	-3	-2%	167	170	-3	-1.64%
Domestics	2,247	187	188	-1	-1%	187	188	-1	-0.65%
Portering	933	81	78	3	4%	81	78	3	4.07%
Carparking	14	1	6	-5	-442%	1	6	-5	-442.16%
Laundry Contract	773	64	62	2	4%	64	62	2	3.50%
Change control Levy, CCNs	75	6	-47	54	858%	6	-47	54	857.54%
Carillion Management Charge	909	76	82	-6	-9%	76	82	-6	-8.51%
Total Bed Management Contract / Lease	176	15	14	1	3%	15	14	1	3.40%
IT Services	0	0	0	0	0%	0	0	0	0.00%
Other External Contracts	1,214	101	114	-13	-13%	101	114	-13	-12.79%
PROVISIONS & OTHER CATERING	2	0	20	-20	-9535%	0	20	-20	-9535.44%
LAUNDRY, LINEN, UNIFORMS & CLOTHING	90	7	10	-3	-38%	7	10	-3	-38.24%
CLEANING EQUIPMENT	0	0	0	0	0%	0	0	0	0.00%
LEGAL FEES	3,521	293	292	2	1%	293	292	2	0.52%
PRINTING, STATIONERY & POSTAGE	838	70	64	7	9%	70	64	7	9.35%
TELEPHONES	621	52	44	8	15%	52	44	8	14.51%
TRAVEL, SUBSISTENCE & REMOVALS	191	16	22	-6	-37%	16	22	-6	-36.72%
TRANSPORT	1,060	88	93	-4	-5%	88	93	-4	-4.80%
ADVERTISING & PUBLICITY	375	31	26	5	17%	31	26	5	17.34%
TRAINING	652	55	21	34	61%	55	21	34	61.03%
ENERGY & WATER	2,115	195	217	-22	-12%	195	217	-22	-11.53%
FURNITURE, FITTINGS & OFFICE EQIPMENT	242	20	6	14	69%	20	6	14	69.32%
IT EQUIPMENT & SUPPLIES	1,643	243	262	-19	-8%	243	262	-19	-7.91%
RENT & RATES	1,889	157	168	-11	-7%	157	168	-11	-6.99%
ESTATES MAINTENANCE	2,069	172	188	-16	-9%	172	188	-16	-9.06%
CONSULTANCY	845	90	98	-9	-10%	90	98	-9	-9.59%
WARD BUDGETS	0	0	0	0	0%	0	0	0	0.00%
BAD DEBT PROVISION	0	0	0	0	0%	0	0	0	0.00%
OTHER EXPENDITURE	1,135	95	41	54	57%	95	41	54	56.86%
FACILITIES /THEATRE RECHARGES	22	2	-0	2	100%	2	-0	2	100.05%
CIP NON PAY SAVINGS	-2,873	-239	0	-239	100%	-239	0	-239	100.00%
Non Pay	**75,979**	**6,685**	**6,851**	**-166**	**-2%**	**6,685**	**6,851**	**-166**	**-2.48%**
Depreciation	10,259	856	762	93	11%	856	762	93	10.91%
CIP Depreciation Savings	-152	-13	0	-13	100%	-13	0	-13	100.00%
Donated Depreciation	248	21	20	1	3%	21	20	1	3.22%
DIVIDENDS PAYABLE	9,666	805	805	0	0%	805	805	0	0.02%
Deficit Reversal/Surplus Brought Forward	0	0	0	0	0%	0	0	0	0.00%
Reserves	27,445	0	1	-1	-16243%	0	1	-1	-16242.86%
TOTAL NON PAY	**123,444**	**8,354**	**8,439**	**-85**	**-1%**	**8,354**	**8,439**	**-85**	**-1.02%**

CHELSEA & WESTMINSTER HEALTHCARE NHS TRUST

SERVICE LEVEL AGREEMENTS EXPENDITURE

Responsibility: Edward Donald

FORM F2F
April 06

Account	Service Level Agreement	Budget Holder	Full Year Budget £000	THIS MONTH				YEAR TO DATE			
				This Months Budget £000	This Months Actuals £000	This Months Variance £000	This Months Variance %	Year to Date Budget £000	Year to Date Actual £000	Year to Date Variance £000	Year to Date Variance %
3A040	BLOOD PRODUCTS		0	0	0	0	0.0%	0	0	0	0.0%
3A250	NATIONAL BLOOD SERVICE CONTRAC		1,164	97	97	0	0.0%	97	97	0	0.0%
3C010	PRINTING & STATIONARY (INC. CO		0	0	0	0	0.0%	0	0	0	0.0%
3C060	TELECOMMUNICATIONS SLA		0	0	0	0	0.0%	0	0	0	0.0%
3D160	COMPUTER HARDWARE PURCHASES		0	0	0	0	0.0%	0	0	0	0.0%
3D250	RENT & ACCOMMODATION SERVICEWS		369	31	31	0	0.0%	31	31	0	0.0%
3H030	MISCELLANEOUS		0	0	0	0	0.0%	0	0	0	0.0%
3H120	HOSPITALITY		0	0	0	0	0.0%	0	0	0	0.0%
3H200	SOCIAL SERVICES		144	12	12	0	0.0%	12	12	0	0.0%
3H210	MEDICAL ILLUSTRATION		332	28	28	0	0.0%	28	28	0	0.0%
3H220	A/V SERVICES		0	0	0	0	0.0%	0	0	0	0.0%
3J010	NATIONAL AMBULANCE		0	0	0	0	0.0%	0	0	0	0.0%
3J030	PATHOLOGY SLA (HHT)		6,496	560	546	14	2.5%	560	546	14	2.5%
3J040	CARDIOLOGY SLA (RBH)		367	31	31	0	0.0%	31	31	0	0.0%
3J050	INFORMATION SYSTEMS SLA		0	0	0	0	0.0%	0	0	0	0.0%
3J060	CLINICAL ENGINEERING SLA		519	43	66	(23)	-53.5%	43	66	(23)	-53.5%
3J070	EEG SLA		0	0	0	0	0.0%	0	0	0	0.0%
3J080	MEDICAL PHYSICS SLA		31	3	3	0	0.0%	3	3	0	0.0%
3J090	PSYCHOLOGY SLA		0	0	0	0	0.0%	0	0	0	0.0%
3J110	CLINICAL HAEMATOLOGY SLA		0	0	0	0	0.0%	0	0	0	0.0%
3J120	OBSTETRICS COVER		0	0	0	0	0.0%	0	0	0	0.0%
3J130	RADIATION PHYSICS SLA		24	2	2	0	0.0%	2	2	0	0.0%
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	15	0	0.0%	15	15	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		(205)	(17)	(17)	0	0.0%	(17)	(17)	0	0.0%
9B012	PROVIDER TO PROVIDER INCOME- MARSDEN		(94)	(8)	(8)	0	0.0%	(8)	(8)	0	0.0%
VF010	SLAs SAVINGS TARGET 2005/06		0	0	0	0		0	0	0	
Vf042	SLAs SAVINGS TARGET 2006/07		(185)	(15)	0	(15)		(15)	0	(15)	
	TOTAL ALL SLAs		**9,145**	**782**	**806**	**(24)**	**-3.1%**	**782**	**806**	**(24)**	**-3.1%**

CHELSEA & WESTMINSTER HEALTHCARE NHS TRUST

TRUST WIDE SUMMARY BY DIRECTORATE

Responsibility: Finance Director

FORM F3A
April 06

Directorate/ Service Area	Accountability	Annual Budget				In Month Variance				YTD Variance			
		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**
SaFF income	Lorraine Bewes	(164,423)	0	0	**(164,423)**	(0)	0	(35)	**(35)**	(0)	0	(35)	**(35)**
Central Non SaFF income	Lorraine Bewes	(56,018)	0	0	**(56,018)**	0	0	0	**0**	0	0	0	**0**
Total Central Income		**(220,441)**	**0**	**0**	**(220,441)**	**(0)**	**0**	**(35)**	**(35)**	**(0)**	**0**	**(35)**	**(35)**
Frontline Directorate													
Imaging & Anaesthetics	Kate Hall	(494)	19,872	5,280	**24,658**	2	(59)	26	**(31)**	2	(59)	26	**(31)**
HIV/GUM	Debbie Richards	(833)	10,299	25,394	**34,861**	14	(52)	28	**(11)**	14	(52)	28	**(11)**
Medicine & A&E	Nicola Hunt	(711)	21,419	6,005	**26,713**	12	(140)	20	**(108)**	12	(141)	20	**(109)**
Surgery	Kate Hall	(424)	14,059	4,264	**17,899**	(3)	(9)	(30)	**(42)**	(3)	(9)	(30)	**(42)**
Womens & Children's	Sherryn Elsworth	(4,419)	29,845	4,265	**29,692**	(100)	(117)	67	**(149)**	(100)	(117)	67	**(149)**
Subtotal Frontline Directorates		**(6,880)**	**95,494**	**45,209**	**133,823**	**(74)**	**(378)**	**110**	**(342)**	**(74)**	**(379)**	**110**	**(343)**
Pharmacy	Karen Robertson	(762)	3,938	351	**3,527**	(8)	28	18	**38**	(8)	28	18	**38**
Physiotherapy & Occ Therapy	Douline Schoeman	(200)	3,842	139	**3,781**	(6)	(8)	(4)	**(19)**	(6)	(8)	(4)	**(19)**
Dietetics	Helen Stracey	(25)	571	25	**572**	(0)	(6)	(1)	**(7)**	(0)	(6)	(1)	**(7)**
Regional Pharmacy	Susan Sanders	(59)	66	33	**39**	(5)	6	3	**4**	(5)	6	3	**4**
Subtotal Clinical Support		**(1,046)**	**8,418**	**548**	**7,920**	**(20)**	**21**	**16**	**17**	**(20)**	**21**	**16**	**17**
Chief Executive	Heather Lawrence	(40)	1,274	188	**1,422**	0	6	7	**13**	0	6	7	**13**
Governance & Corporate Affairs	Cathy Mooney	(3)	666	3,553	**4,216**	(0)	4	5	**8**	(0)	4	5	**8**
Nursing	Andrew MacCallum	(897)	2,323	182	**1,608**	4	4	(8)	**(0)**	4	4	(8)	**(0)**
Human Resources	Maxine Foster	(104)	1,364	177	**1,437**	(7)	(5)	3	**(9)**	(7)	(5)	3	**(9)**
Finance	Lorraine Bewes	(447)	3,227	753	**3,533**	6	(7)	(6)	**(8)**	6	(7)	(6)	**(8)**
IC&T & EPR	Alex Geddes	(78)	1,696	1,572	**3,190**	(6)	41	(5)	**30**	(6)	41	(5)	**30**
Occupational Health	Stella Sawyer	(173)	336	55	**217**	(2)	(0)	(3)	**(5)**	(2)	(0)	(3)	**(5)**
Subtotal Management Exec		**(1,742)**	**10,885**	**6,480**	**15,622**	**(5)**	**42**	**(9)**	**29**	**(5)**	**42**	**(9)**	**29**
Facilities	Helen Elkington	(2,696)	215	15,504	**13,023**	(7)	(7)	(2)	**(16)**	(7)	(7)	(2)	**(16)**
Research & Development	Mervyn Maze	0	0	0	**0**	0	0	0	**0**	0	0	0	**0**
Private Patients	Edward Donald	(3,661)	924	481	**(2,255)**	(88)	(4)	(20)	**(113)**	(88)	(4)	(20)	**(113)**
Overseas	Edward Donald	(718)	0	0	**(718)**	(3)	0	0	**(3)**	(3)	0	0	**(3)**
ACU	Sherryn Elsworth	(1,256)	709	440	**(108)**	0	1	(3)	**(1)**	0	1	(3)	**(1)**
Post Graduate Centre	Kevin Shotlift	0	90	132	**222**	(3)	1	0	**(2)**	(3)	1	0	**(2)**
Projects	Edward Donald	(265)	1,200	140	**1,075**	12	2	(0)	**14**	12	2	(0)	**14**
Simulation Centre	Andrew MacCallum	(293)	257	37	**2**	(23)	10	2	**(11)**	(23)	11	2	**(11)**
Service Level Agreements	Edward Donald	(299)	0	9,443	**9,145**	(0)	(3)	(21)	**(24)**	(0)	(2)	(21)	**(24)**
Subtotal Other Directorates		**(9,186)**	**3,395**	**26,178**	**20,387**	**(112)**	**1**	**(45)**	**(156)**	**(112)**	**2**	**(45)**	**(155)**
Total All Directorates		**(18,854)**	**118,191**	**78,415**	**177,752**	**(212)**	**(313)**	**73**	**(452)**	**(212)**	**(313)**	**73**	**(452)**
Central Budgets													
Capital Charges	Lorraine Bewes	(248)	0	19,973	**19,725**	(1)	0	77	**77**	(1)	0	77	**77**
Central Budgets	Lorraine Bewes	(578)	(1,514)	(2,389)	**(4,480)**	8	(127)	(201)	**(320)**	8	(127)	(201)	**(320)**
Reserves	Lorraine Bewes	0	0	27,445	**27,445**	0	0	0	**0**	0	0	0	**0**
Total Central Budgets		**(826)**	**(1,514)**	**45,029**	**42,689**	**8**	**(127)**	**(123)**	**(243)**	**8**	**(127)**	**(123)**	**(243)**
Net Deficit(-)/Surplus(+)		**(240,121)**	**116,677**	**123,444**	**0**	**(204)**	**(441)**	**(85)**	**(730)**	**(204)**	**(441)**	**(85)**	**(730)**

CHELSEA & WESTMINSTER HEALTHCARE NHS TRUST

ACU Summary

FORM F3B
April 06

	IN MONTH PLAN ACTIVITY	IN MONTH ACTUAL ACTIVITY	IN MONTH VARIANCE ACTIVITY	YTD PLAN ACTIVITY	YTD ACTUAL ACTIVITY	YTD VARIANCE ACTIVITY	ANNUAL PLAN ACTIVITY
Activity Cycles per year							
IVF	15	13	(2)	15	13	(2)	180
ICSI	10	9	(1)	10	9	(1)	120
Sub total self fund cycles	**25**	**22**	**(3)**	**25**	**22**	**(3)**	**300**
IUI (procedure)	30	35	5	30	35	5	360

	IN MONTH PLAN £000	IN MONTH ACTUAL £000	IN MONTH VARIANCE £000	YTD PLAN £000	YTD ACTUAL £000	YTD VARIANCE £000	ANNUAL PLAN £000
Income							
IVF	(35)	(30)	(5)	(35)	(30)	(5)	(418)
ICSI	(28)	(26)	(2)	(28)	(26)	(2)	(336)
Sub total self fund cycles	**(63)**	**(56)**	**(7)**	**(63)**	**(56)**	**(7)**	**(754)**
IUI	(18)	(20)	2	(18)	(20)	2	(219)
Consultations	(2)	(2)	0	(2)	(2)	0	(29)
Drugs income	(18)	(24)	6	(18)	(24)	6	(212)
Other	(3)	(3)	(0)	(3)	(3)	(0)	(42)
Income sub total	**(105)**	**(105)**	**0**	**(105)**	**(105)**	**0**	**(1,256)**
Pay	59	58	1	59	58	1	709
Non pay	37	39	(3)	37	39	(3)	440
Surplus/ Deficit	**(9)**	**(8)**	**(1)**	**(9)**	**(8)**	**(1)**	**(108)**

CHELSEA & WESTMINSTER HEALTHCARE NHS TRUST

SUMMARY OF RESERVES MOVEMENTS

Responsibility: Finance Director

FORM 4A
April 06

Reserve	Code	Opening Ledger Balance 01/04/06	Distributed 2006/07				Closing Ledger balance 2006/07	Committed 2006/07	Uncommitted 2006/07	Uncommitted 2007/08
			Month 1	Month 2	Month 3	Total				
		£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Specific Expenditure Reserves	3X010	16,584	(3,266)			(3,266)	13,318	13,318	0	0
Pay Inflation	3X060	3,479	0			0	3,479	3,479	0	0
Non Pay	3X070	7,124	(1,456)			(1,456)	5,668	5,668	0	0
Contingency	3X080	41	(15)			(15)	26	26	0	0
Deficit Payback	3X195	2,300	0			0	2,300	2,300	0	0
Agenda for Change Reserve	3X250	2,903	(435)			(435)	2,468	2,468	0	0
EWTD Reserve	3X260	543	0			0	543	543	0	0
Consultant Contract Reserve	3X290	198	0			0	198	198	0	0
Ringfenced Funding	3X680	0	(555)			(555)	(555)	(555)	0	0
		33,173	(5,728)	0	0	(5,728)	27,445	27,445	0	0

CHELSEA & WESTMINSTER HEALTHCARE NHS TRUST

TRUST WIDE SAVINGS ACHIEVED BY DIRECTORATE

Responsibility: Finance Director

FORM F5A
April 06

Directorate/ Service Area	Accountability	2005/06 B/F target	New Target 2006/07	Total Target 2006/07	Savings Planned/Achieved						Outstanding target to Achieve
					Process Redesign	Corporate Functions	Other Workforce Costs	Procurement Savings	Other	Total	
		£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
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**
Frontline Directorate											
Imaging & Anaesthetics	Kate Hall	0	(602)	(602)	232		291	79		602	0
HIV/GUM	Debbie Richards	(400)	(284)	(684)	23			30	105	158	(526)
Medicine & A&E	Nicola Hunt	(226)	(1,259)	(1,485)	746				17	763	(722)
Surgery	Kate Hall	0	(449)	(449)	371			78		449	0
Womens & Children's	Sherryn Elsworth	0	(727)	(727)	707			12	16	734	7
Subtotal Frontline Directorates		**(626)**	**(3,321)**	**(3,947)**	**2,078**	**0**	**291**	**199**	**138**	**2,706**	**(1,241)**
Pharmacy	Karen Robertson		(88)	(88)			67	13	8	88	0
Physiotherapy & Occ Therapy	Douline Schoeman	(31)	(98)	(129)			105	13	15	133	4
Dietetics	Helen Stracey	(14)	(15)	(29)	20			5		25	(4)
Subtotal Clinical Support		**(45)**	**(201)**	**(246)**	**20**	**0**	**172**	**31**	**23**	**246**	**0**
Chief Executive	Heather Lawrence		(28)	(28)					28	28	0
Governance & Corporate Affairs	Cathy Mooney	(19)	(81)	(100)		100				100	0
Nursing	Andrew MacCallum	(5)	(142)	(147)		125		23		148	1
Human Resources	Maxine Foster	(26)	(126)	(152)		15	80	41		136	(16)
Finance	Lorraine Bewes		(259)	(259)		115	17	35	55	222	(37)
IM&T & EPR	Alex Geddes	(99)	(261)	(360)		139		150	70	359	(1)
Occupational Health	Stella Sawyer		(6)	(6)		6				6	0
Subtotal Management Exec		**(149)**	**(903)**	**(1,052)**	**0**	**500**	**97**	**249**	**153**	**999**	**(53)**
Facilities	Helen Elkington		(343)	(343)				578		578	235
Private Patients	Edward Donald		0	0						0	0
ACU	Sherryn Elsworth		0	0						0	0
Post Graduate Centre	Kevin Shotlift		0	0						0	0
Projects	Edward Donald		(21)	(21)				21		21	(0)
Simulation Centre	Andrew MacCallum		0	0						0	0
Service Level Agreements	Edward Donald		(210)	(210)				225		225	15
Subtotal Other Directorates		**0**	**(574)**	**(574)**	**0**	**0**	**0**	**824**	**0**	**824**	**250**
Total All Directorates		**(820)**	**(4,999)**	**(5,819)**	**2,099**	**500**	**560**	**1,302**	**314**	**4,775**	**(1,044)**
Central Targets											
Capital Charges	Lorraine Bewes	(1,000)	(200)	(1,200)					1,222	1,222	22
Procurement Savings	Lorraine Bewes		(500)	(500)				273		273	(227)
Staff Rostering	Edward Donald		(500)	(500)	170					170	(330)
Bank and Agency Rates	Maxine Foster		(1,000)	(1,000)			80			80	(920)
Ward Stock Management	Edward Donald		(200)	(200)						0	(200)
HCD Income	Lorraine Bewes		(513)	(513)					447	447	(66)
GUM Overperformance	Lorraine Bewes		(500)	(500)					485	485	(15)
Other	Lorraine Bewes	159		159						0	159
Savings to be worked up											
Director's Valuation	Lorraine Bewes		(500)	(500)					500	500	0
Pathology Savings	Edward Donald		(100)	(100)					185	185	85
High Cost Drugs	Lorraine Bewes		(400)	(400)					400	400	0
Total Central Budgets		**(841)**	**(4,413)**	**(5,254)**	**170**	**0**	**80**	**273**	**3,239**	**3,762**	**(1,492)**
Net Deficit(-)/Surplus(+)		**(1,661)**	**(9,412)**	**(11,073)**	**2,269**	**500**	**640**	**1,576**	**3,553**	**8,538**	**(2,535)**

CHELSEA & WESTMINSTER HEALTHCARE NHS TRUST
TRUST WIDE SAVINGS DETAIL INCLUDING PLANS IN DEVELOPMENT
Responsibility: Finance Director

FORM F5B
April 06

Directorate/ Service Area	Accountability	Risk	Total Savings Target	Total Savings including those under development						Outst-anding Target
				Process Redesign	Corporate Functions	Other Workforce Costs	Procurement Savings	Other	Total Savings	
			£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Frontline Directorate										
Imaging & Anaesthetics	Kate Hall		(602)							(602)
Capacity plan 04-05		Low				291			291	291
Critical Care 1 % savings		Low		3					3	3
IMPACT secondment		Low		12					12	12
ITU 1% savings		Low		22			13		35	35
ITU bed closure		Medium		46					46	46
Radiology 1% savings		Low		43			25		68	68
Theatres 1% savings		Low		45			1		46	46
Theatres skill mix		Low		41					41	41
Treatment Centre 1% savings		Low		20			5		25	25
TSSU 1% savings		Low					7		7	7
Urology Non-Pay		Low					28		28	28
			(602)	232	0	291	79	0	602	0
HIV/GUM	Debbie Richards		(684)							(684)
MRC Lab support services		Medium						12	12	12
Contribution from Chlamydia initiative		Low						10	10	10
Skill Mix saving - Charing Cross		Low		6					6	6
Skill Mix saving - The Ward		High		17					17	17
SSAT Lab support service		Medium						83	83	83
Viral Load Testing Tender		Medium					200		200	200
VAT Saving on Home delivery of Drugs		Low					30		30	30
			(684)	23	0	0	230	105	358	(326)
Medicine & A&E	Nicola Hunt		(1,485)							(1,485)
A&E Floating Locum		Medium		40					40	40
Close Ward		Low		673					673	673
Medicine Floating Locum		Medium		33					33	33
New Sleep Apnoea Service		Medium						17	17	17
			(1,485)	746	0	0	0	17	763	(722)
Surgery	Kate Hall		(449)							(449)
Burn- Unit		Low					25		25	25
Close Surgical Beds		Low		260			45		305	305
Management saving		Low					8		8	8
Plastic Medical Staff		Low		73					73	73
Restructuring of Admin Support		Low		38					38	38
			(449)	371	0	0	78	0	449	0
Womens & Children's	Sherryn Elsworth		(727)							(727)
Closing Bay on Annie Zunz at weekends.		Medium		52			12		64	64
Closing Jupiter at weekends		Low		73					73	73
NICU Medical SpRs.		Low		17					17	17
Paed Comm across Cons and SpR grades.		Low		98					98	98
Reductions in Womens Med Cons post		Low		32					32	32
Savings from replacing with bank staff		Low		14					14	14
Savings in Mgmt post in Gynae		Low		16					16	16
NR Staff Savings reprofiling skill mix		Low		34					34	34
Paed Comm across A&C4 and Nur Nurse		Low		58					58	58
1 wte Gastro Nurse; 1 wte Staff Nurse; 0.5 wte A&C 4		Low		78					78	78
SHO Rota Change		Medium		37					37	37
Dental Recharge for 2 sessions and bank staff.		Low						16	16	16
Staff Savings		Low		95					95	95
H grade midwife; Cons midwife; B grades - Nursery Nurse.		Low		103					103	103
			(727)	707	0	0	12	16	734	7
Subtotal Frontline Directorates			**(3,947)**	**2,078**	**0**	**291**	**399**	**138**	**2,906**	**(1,041)**
Pharmacy	Karen Robertson		(88)						0	(88)
0.4 WTE MTO2 reduction		Low				12			12	12
A&C 4 1WTE (band3)		Low				25			25	25
Books		Low					8		8	8
Hammersmith Miscrobiology Income		Medium						8	8	8
MSSE		Low					5		5	5
MT04 Uncovered maternity leave		Low				5			5	5
Staff pay 0.3 E grade leave vacant		Low				15			15	15
Technical staff		Low				10			10	10
			(88)	0	0	67	13	8	88	0
Physiotherapy & Occ Therapy	Douline Schoeman		(129)						0	(129)
Income savings		Medium						15	15	15
Non-pay Savings		Medium				22	13		35	35
Staff Savings		Low				83			83	83
			(129)	0	0	105	13	15	133	4

Directorate/ Service Area	Accountability	Risk	Total Savings Target	Total Savings including those under development						Outst-anding Target
				Process Redesign	Corporate Functions	Other Workforce Costs	Procurement Savings	Other	Total Savings	
			£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Dietetics	Helen Stracey		(29)						0	(29)
Non-pay Savings		Medium					5		5	5
Staff Savings		Low		20					20	20
			(29)	20	0	0	5	0	25	(4)
Subtotal Clinical Support			**(246)**	**20**	**0**	**172**	**31**	**23**	**246**	**0**
Chief Executive	Heather Lawrence	Low	(28)					28	28	0
Governance & Corporate Affairs	Catherine Mooney		(100)						0	(100)
Clinical Gov Coordinator 1.0 post		Low			45				45	45
Clinical Gov Support Officer 1.0 post		Low			29				29	29
Consultancy		Low			9				9	9
Legal fees		Low			18				18	18
			(100)	0	100	0	0	0	100	0
Nursing	Andrew MacCallum		(147)						0	(147)
Computer Hardware		Low					15		15	15
Staff budget review		Low			7				7	7
Lead Nurse Practice & Prof Dev 1.0 WTE		Low			47				47	47
Practice Education Facilitator 0.5 WTE		Low			48				48	48
Printing & Stationary		Low					8		8	8
Vacant Grade 5 post 1.0		Low			24				24	24
			(147)	0	125	0	23	0	148	1
Human Resources	Maxine Foster		(152)						0	(152)
Consultancy		Low				35			35	35
Snr Workforce Info Analyst post		Low			15				15	15
Miscellanous Training		Low					5		5	5
Play Scheme		Low					10		10	10
Reduce Bank opening hours (cost savings)		Medium				45			45	45
Reduction in Advertising costs		Low					17		17	17
Staff recruitment		Low					10		10	10
			(152)	0	15	80	41	0	136	(16)
Finance	Lorraine Bewes		(259)						0	(259)
Charities Salary Recharges		Low						40	40	40
Arrears Charities Salary Recharges		Low						15	15	15
Bank Charges		Low					5		5	5
Bank Weekly to Monthly Paid		High				17			17	17
CD-rom service reduction		Low					12		12	12
Cancellation OFA Software		Low					4		4	4
Capitalisation of Capital Accountant (100%)		Low			32				32	32
Creditors currrent vacant post		Low			24				24	24
Other savings		Medium			15				15	15
Other savings		Medium			20				20	20
Pharmacy to GL Interface		Low			25				25	25
Staff recruitment - use e-recruit		Low					14		14	14
			(259)	0	115	17	35	55	222	(37)
IM&T & EPR	Alex Geddes		(360)						0	(360)
Budget for IBM contract		Low					68		68	68
IDX		Low			134				134	134
Ing Lease for 209 PC's (CHEW01)		Low					35		35	35
Lease Cars		Low					3		3	3
Legal Fees		Low			5				5	5
Npfit Monies		Low						70	70	70
Software Licences		Low					9		9	9
Telephone calls		Low					10		10	10
Training		Low					22		22	22
Various Leases		Low					3		3	3
			(360)	0	139	0	150	70	359	(1)
Occupational Health	Stella Sawyer		(6)						0	(6)
Counselling		Medium			6				6	6
			(6)	0	6	0	0	0	6	0
Subtotal Management Exec			**(1,052)**	**0**	**500**	**97**	**249**	**153**	**999**	**(53)**

Directorate/ Service Area	Accountability	Risk	Total Savings Target	Total Savings including those under development						Outst-anding Target
				Process Redesign	Corporate Functions	Other Workforce Costs	Procurement Savings	Other	Total Savings	
			£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Facilities	Helen Elkington		(343)						0	(343)
Carparking		Medium					180		180	180
Franking Machine Mail		Medium					42		42	42
Interpretation		Low					20		20	20
ISS contract terms re: Bed Making		Low					24		24	24
ISS Francis Burdette Ward Cleaning		Low					44		44	44
ISS General Areas Cleaning		Low					18		18	18
ISS Reception Staffing		Low					16		16	16
ISS Ward Cleaning		Low					34		34	34
LAS contract		Medium					200		200	200
			(343)	0	0	0	578	0	578	235
Projects	Edward Donald		(21)						0	(21)
Sewage & Water		Low					2		2	2
Telephone Calls		Low					19		19	19
			(21)	0	0	0	21	0	21	(0)
Service Level Agreements	Edward Donald		(210)						0	(210)
Viral Load Testing Tender		Medium					25		25	25
			(210)	0	0	0	25	0	25	(185)
										0
Subtotal Other Directorates			**(574)**	**0**	**0**	**0**	**624**	**0**	**624**	**50**
Total All Directorates			**(5,819)**	**2,099**	**500**	**560**	**1,302**	**314**	**4,775**	**(1,044)**
Central Budgets										
Capital Charges	Lorraine Bewes	Medium	(1,200)					1,222	1,222	22
Procurement Savings	Lorraine Bewes	Medium	(500)				273		273	(227)
Staff Rostering	Edward Donald	High	(500)	170					170	(330)
Bank and Agency Rates	Maxine Foster	High	(1,000)			80			80	(920)
Ward Stock Management	Edward Donald	Medium	(200)						0	(200)
HCD Income	Lorraine Bewes	Medium	(513)					447	447	(66)
GUM Overperformance	Lorraine Bewes	Medium	(500)					485	485	(15)
Other	Lorraine Bewes	Low	159						0	159
Savings to be worked up									0	0
Director's Valuation	Lorraine Bewes	High	(500)					500	500	0
Pathology Savings	Edward Donald	High	(100)					185	185	85
High Cost Drugs	Lorraine Bewes	Low	(400)					400	400	0
			(5,254)	170	0	80	273	3,239	3,762	(1,492)
Total Central Budgets			**(5,254)**	**170**	**0**	**80**	**273**	**3,239**	**3,762**	**(1,492)**
Net Deficit(-)/Surplus(+)			**(11,073)**	**2,269**	**500**	**640**	**1,576**	**3,553**	**8,538**	**(2,535)**

Chelsea & Westminster Healthcare NHS Trust

FORM F6
April 06

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
TANGIBLE FIXED ASSETS :				
Land	46,725	46,725	46,725	49,395
Buildings	208,922	208,922	208,290	228,338
Plant & Equipment	12,347	12,347	12,140	16,165
RELEVANT FIXED ASSETS :	**267,994**	**267,994**	**267,155**	**293,898**
Under Construction	11,927	11,927	11,155	6,414
TOTAL FIXED ASSETS :	**279,921**	**279,921**	**278,310**	**300,312**
CURRENT ASSETS :				
Stocks & Work In Progress	5,237	5,237	4,598	5,545
Trade Debtors	18,490	18,490	20,931	15,229
Provision for Irrecoverable Debt	(8,850)	(8,850)	(8,789)	(4,314)
Accruals and Prepayments	2,322	2,322	2,272	2,298
Other Debtors	4,372	4,372	2,158	1,698
Cash at Bank & in Hand	678	678	12,894	2,186
Short - term Investment	0	0	0	0
TOTAL CURRENT ASSETS :	**22,249**	**22,249**	**34,063**	**22,642**
CURRENT LIABILITIES :				
Tax and social security costs	(2,836)	(2,836)	(2,916)	(3,146)
Dividends Payable	0	0	(749)	0
Trade Creditors	(11,302)	(11,302)	(10,141)	(19,557)
Accruals and deferred income	(7,931)	(7,931)	(7,915)	(3,393)
Other Creditors	(1,816)	(1,816)	(10,994)	(1,673)
TOTAL CURRENT LIABILITIES :	**(23,885)**	**(23,885)**	**(32,715)**	**(27,769)**
NET CURRENT ASSETS / (LIABILITIES)	**(1,636)**	**(1,636)**	**1,348**	**(5,127)**
Creditors over one year	(969)	(969)	(969)	(2,192)
Provisions for liabilities and Charges	(4,557)	(4,557)	(4,472)	(432)
TOTAL ASSET EMPLOYED	**272,759**	**272,759**	**274,217**	**292,561**
CAPITAL & RESERVES				
Public Dividend Capital	168,981	168,981	168,981	161,718
Loans	0	0	0	3,750
TOTAL CAPITAL DEBT	**168,981**	**168,981**	**168,981**	**165,468**
RESERVES				
Revaluation Reserve	97,085	97,085	97,085	117,859
Donation Reserve	7,192	7,192	7,174	7,332
Other Reserve	0	0	0	0
Income & Expenditure Reserve / (Deficit)	(499)	(499)	977	1,902
TOTAL RESERVE	**103,778**	**103,778**	**105,236**	**127,093**
TOTAL CAPITAL AND RESERVES	**272,759**	**272,759**	**274,217**	**292,561**

Chelsea & Westminster Healthcare NHS Trust

Age Debtor Analysis

FORM F7
April 06

Responsibility: Finance Director

April	%Age	Total	Days 0-30	Days 31-90	Days 91+
Kensington & Chelsea PCT	**19.25%**	4,030,217	3,424,297	0	605,920
Hammersmith & Fulham PCT	**3.24%**	677,895	207,182	368,554	102,158
Royal Brompton & Harefield PCT	**2.79%**	585,390	339,672	59,329	186,389
St Stephens Aids Research	**2.78%**	581,249	581,249	0	0
Southend on Sea PCT	**2.52%**	528,890	129,820	23,977	375,093
The Royal Marsden Hospital	**2.46%**	514,103	191,087	20,768	302,249
Imperial College London	**2.41%**	504,096	250,121	190,421	63,554
Westminster PCT	**2.30%**	482,130	452,366	0	29,763
Brent KCW Mental Health Trust	**2.00%**	413,639	0	0	413,639
Ealing PCT	**1.96%**	410,640	329,789	650	80,201
Sub Total	**41.71%**	**8,728,249**	**5,905,582**	**663,700**	**2,158,967**
Other Debtors	**58.29%**	12,202,386	4,913,051	123,519	7,165,816
	100%	**20,930,635**	**10,818,633**	**787,219**	**9,324,783**
% of total		**100.0%**	**51.7%**	**3.8%**	**44.6%**
Increase/(decrease) on last month		**2,503,292**	**3,391,648**	**-418,111**	**-470,244**
% Increase/(decrease)on previous month		**13.6%**	**45.7%**	**-34.7%**	**-4.8%**

Analysis of Private Patients Debtors

Outstanding as at 30 April 2006		1,299,672	701,818	126,677	471,176
% of total		**100.0%**	**54.0%**	**9.7%**	**36.3%**
Increase/(decrease) on last month		-291,869	-274,455	-826	-16,588
% Increase/(decrease)on previous month		-18.3%	-28.1%	-0.6%	-3.4%

Analysis of Overseas Visitors Debtors

Outstanding as at 30 April 2006		1,240,083	27,990	38,284	1,173,808
		100.0%	**2.3%**	**3.1%**	**94.7%**
Increase/(decrease) on last month		6,158	-16,895	13,272	9,780
% Increase/(decrease)on previous month		0.5%	-37.6%	53.1%	0.8%

March	%Age	Total	Days 0-30	Days 31-90	Days 91+
Kensington & Chelsea PCT	**10.93%**	2,015,808	814,307	497,005	704,496
St Stephens Aids Research Trust	**4.13%**	762,242	775,781	0	-13,539
Hammersmith & Fulham PCT	**3.42%**	630,106	463,142	64,805	102,158
The Royal Brompton NHS Trust	**3.12%**	574,954	343,753	43,461	187,739
Imperial College London	**2.70%**	496,931	430,945	2,432	63,554
Southend On Sea PCT	**2.65%**	488,784	92,565	3,966	392,253
The Royal Marsden NHS Trust	**2.60%**	478,900	163,772	12,879	302,249
Adur Arun & Worthing PCT	**2.34%**	431,544	92,675	305	338,564
Slough PCT	**2.28%**	419,488	242,292	11,901	165,296
Brent KCW Mental Health Trust	**2.21%**	413,639	0	0	413,639
Sub Total	**36.38%**	**6,712,395**	**3,419,232**	**636,754**	**2,656,409**
Other Debtors	**63.62%**	11,714,948	4,007,753	568,576	7,138,619
Total	**100%**	**18,427,343**	**7,426,985**	**1,205,330**	**9,795,027**
		100%	**40.30%**	**6.54%**	**53.15%**
Analysis of Private Patients Debtors					
Outstanding as at 31 March 2006		1,591,540	976,273	127,503	487,764
% of total		**100.0%**	**61.3%**	**8.0%**	**30.6%**
Analysis of Overseas Visitors Debtors					
Outstanding as at 31 March 2006		1,233,925	44,885	25,012	1,164,028
% of total		**100.0%**	**3.6%**	**2.0%**	**94.3%**

	%age	TOTAL	0 - 30	Days 30 - 90	OVER 90
Opening Balance April 2006-2007	**100.00%**	**18,427,343**	**7,426,985**	**1,205,330**	**9,795,027**
Age Analysis %		**100%**	**40.30%**	**6.54%**	**53.15%**

Customer Movement - Top 10	**£**
Kensington & Chelsea PCT	2,014,409
Hammersmith & Fulham PCT	47,789
Royal Brompton & Harefield PCT	10,437
St Stepehens Aids Research	-180,993
Southend on Sea PCT	40,106
The Royal Marsden Hospital	25,320
Imperial College London	7,165
Westminster PCT	412,788
Brent KCW Mental Health Trust	0
Ealing PCT	131,897
Total	**2,508,918**

Chelsea & Westminster Healthcare NHS Trust
Age Creditors Analysis Report & Better Payment Practice Code Month Ended 30 April 2006

FORM F8A
April 06

Responsibility: Finance Director

	CURRENT MONTH: April	**%age of Total Car's**	**TOTAL**	**Days 0 - 30**	**Days 30 - 90**	**Days OVER 90**
	Top 10 Creditor Balances		**£**	**£**	**£**	**£**
1	HAMMERSMITH HOSPITALS NHS TRU	50.31%	6,689,898	2,287,894	1,236,674	3,165,330
2	ISS MEDICLEAN LTD.	6.97%	926,883	867,976	52,558	6,349
3	HOUNSLOW PRIMARY CARE TRUST..	3.82%	508,302	508,302	0	0
4	HADEN BUILDING MANAGEMENT LTD	3.27%	434,168	390,409	6,158	37,601
5	IMPERIAL COLLEGE	3.26%	433,303	130,740	44,462	258,101
6	SOUTHERN ELECTRIC.	2.65%	352,426	219,358	133,069	0
7	WANDSWORTH PRIMARY CARE TRUST	1.43%	190,703	54,234	0	136,469
8	ROYAL BROMPTON & HAREFIELD NH	1.30%	172,265	43,803	33,639	94,823
9	NHS BLOOD AND TRANSPLANT	1.23%	163,264	163,264	0	0
10	INTERSPACE LTD	1.12%	148,704	0	0	148,704
	Sub Total	**75.35%**	**10,019,917**	**4,665,980**	**1,506,560**	**3,847,377**
	Others Creditors	24.65%	3,277,449	1,790,193	511,745	975,511
	TOTAL	**100.00%**	**13,297,366**	**6,456,174**	**2,018,305**	**4,822,887**
	% of total		**100.00%**	**48.55%**	**15.18%**	**36.27%**
	Incease/decrease on last month		**1,995,333**	**1,025,285**	**1,510,377**	**-540,328**
	% increase /decrease on last month		**17.65%**	**18.88%**	**297.36%**	**-10.07%**

	PREVIOUS MONTH : March Accruals	**%age of Total Cr's**	**TOTAL**	**Days 0 - 30**	**Days 30 - 90**	**Days OVER 90**
	Top 10 Creditor Balances		**£**	**£**	**£**	**£**
1	HAMMERSMITH HOSPITALS NHS TRU	45.39%	5,130,131	1,348,503	15,807	3,765,821
2	ISS MEDICLEAN LTD.	8.71%	984,910	963,940	20,970	0
3	IMPERIAL COLLEGE	3.68%	415,805	146,307	14,447	255,051
4	HADEN BUILDING MANAGEMENT LTD	2.80%	316,551	221,786	57,428	37,336
5	RICHMOND&TWICKENHAM PCT	2.35%	265,705	0	0	265,705
6	BRISTOL-MYERS SQUIBB PHARMACE	2.12%	239,988	239,988	0	0
7	SIGMACON (UK) LTD	1.72%	194,314	194,314	0	0
8	GILEAD SCIENCES LTD.	1.66%	188,033	188,033	0	0
9	WANDSWORTH PRIMARY CARE TRUST	1.66%	188,011	51,542	0	136,469
10	INTERSPACE LTD	1.32%	148,704	0	0	148,704
	Sub Total	**71.42%**	**8,072,153**	**3,354,413**	**108,653**	**4,609,087**
	Others Creditors	28.58%	3,229,880	2,076,476	399,276	754,128
	TOTAL	**100.00%**	**11,302,033**	**5,430,889**	**507,928**	**5,363,215**
	Percentage of No. of days / Total Creditors		**100.00%**	**48.05%**	**4.49%**	**47.45%**

	Opening Balance April 2006 - 2007		11,302,033	5,430,889	507,928	5,363,215
		%age	***100.00%***	***48.05%***	***4.49%***	***47.45%***
	Movement from Previous Month					
	Supplier	**£**				
1	HAMMERSMITH HOSPITALS NHS TRU	£1,559,766.27				
2	ISS MEDICLEAN LTD.	(£58,027.27)				
3	HOUNSLOW PRIMARY CARE TRUST..	£508,302.00				
4	HADEN BUILDING MANAGEMENT LTD	£117,617.19				
5	IMPERIAL COLLEGE	£17,497.81				
6	SOUTHERN ELECTRIC.	£352,426.40				
7	WANDSWORTH PRIMARY CARE TRUST	£2,692.01				
8	ROYAL BROMPTON & HAREFIELD NH	£172,264.87				
9	NHS BLOOD AND TRANSPLANT	£163,264.30				
10	INTERSPACE LTD	£0.00				
	Total	**£2,835,804**				

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	£6,122,327	4,043	91.97%	91.84%	91.97%	91.84%	79.83%

Chelsea & Westminster Healthcare NHS Trust

Age Creditors Analysis Report & Better Payment Pra Month Ended 30 April 2006

FORM F8B
April 06

Responsibility: Finance Director

	CURRENT MONTH: April	%age of Total Cr's	TOTAL	Days 0 - 30	Days 30 - 90	Days OVER 90
	Top 8 NHS Balances & 2 Non Nhs Bal		£	£	£	£
1	HAMMERSMITH HOSPITALS NHS TRU	50.31%	6,689,898	2,287,894	1,236,674	3,165,330
2	ISS MEDICLEAN LTD.	6.97%	926,883	867,976	52,558	6,349
3	HOUNSLOW PRIMARY CARE TRUST..	3.82%	508,302	508,302	0	0
4	IMPERIAL COLLEGE	3.26%	433,303	130,740	44,462	258,101
5	WANDSWORTH PRIMARY CARE TRUST	1.43%	190,703	54,234	0	136,469
6	ROYAL BROMPTON & HAREFIELD NH	1.30%	172,265	43,803	33,639	94,823
7	NHS BLOOD AND TRANSPLANT	1.23%	163,264	163,264	0	0
8	LONDON AMBULANCE SERVICE NHS	1.11%	147,256	63,565	83,691	0
9	ST MARYS HOSPITAL NHS TRUST	1.10%	146,920	34,459	20,974	91,487
10	CNWL MENTAL HEALTH NHS TRUST	1.10%	146,021	72,579	73,443	0
	Sub Total	**71.63%**	**9,524,814**	**4,226,816**	**1,545,440**	**3,752,558**
	Others Creditors	28.37%	3,772,552	2,229,358	472,865	1,070,329
	TOTAL	**100.00%**	**13,297,366**	**6,456,174**	**2,018,305**	**4,822,887**
	Percentage of No. of days / Total Creditors		**100.00%**	**48.55%**	**15.18%**	**36.27%**

	PREVIOUS MONTH : March	%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	45.39%	5,130,131	1,348,503	15,807	3,765,821
2	ISS MEDICLEAN LTD.	8.71%	984,910	963,940	20,970	0
3	IMPERIAL COLLEGE	3.68%	415,805	146,307	14,447	255,051
4	RICHMOND&TWICKENHAM PCT	2.35%	265,705	0	0	265,705
5	WANDSWORTH PRIMARY CARE TRUST	1.66%	188,011	51,542	0	136,469
6	ROYAL BROMPTON & HAREFIELD NH	1.29%	145,405	28,475	22,107	94,823
7	WESTMINSTER PRIMARY CARE TRUS	1.18%	133,259	42,996	85,263	5,000
8	ST MARYS HOSPITAL NHS TRUST	1.18%	132,934	30,369	19,982	82,583
9	CNWL MENTAL HEALTH NHS TRUST	0.91%	102,424	90,648	1,870	9,906
10	SOUTHEND PCT	0.84%	95,494	0	0	95,494
	Sub Total	**67.19%**	**7,594,078**	**2,702,780**	**180,445**	**4,710,852**
	Others Creditors	32.81%	3,707,956	2,728,109	327,483	652,363
	TOTAL	**100.00%**	**11,302,033**	**5,430,889**	**507,928**	**5,363,215**
	Percentage of No. of days / Total Creditors		**100.00%**	**48.05%**	**4.49%**	**47.45%**

	Opening Balance April 2006 - 2007		11,302,033	5,430,889	507,928	5,363,215
		%age	**100.00%**	**48.05%**	**4.49%**	**47.45%**

Movement from Previous Month

	Supplier	£
1	HAMMERSMITH HOSPITALS NHS TRU	£1,559,766.27
2	ISS MEDICLEAN LTD.	(£58,027.27)
3	HOUNSLOW PRIMARY CARE TRUST..	£508,302.00
4	IMPERIAL COLLEGE	£17,497.81
5	WANDSWORTH PRIMARY CARE TRUST	£2,692.01
6	ROYAL BROMPTON & HAREFIELD NH	£26,860.23
7	NHS BLOOD AND TRANSPLANT	£163,264.30
8	LONDON AMBULANCE SERVICE NHS	£147,255.82
9	ST MARYS HOSPITAL NHS TRUST	£13,985.52
10	CNWL MENTAL HEALTH NHS TRUST	£43,597.47

Chelsea and Wesminster Healthcare NHS Trust
Cash Flow Statement

FORM F9A
April 06

Responsibility: Finance Director

£ 000	1 Actual Apr-06	2 Forecast May-06	3 Forecast Jun-06	4 Forecast Jul-06	5 Forecast Aug-06	6 Forecast Sep-06	7 Forecast Oct-06	8 Forecast Nov-06	9 Forecast Dec-06	10 Forecast Jan-07	11 Forecast Feb-07	12 Forecast Mar-07	Actual YTD	Forecast Total Mar-07
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Total Operating Surplus/(Deficit)	2,196	1,037	2,037	1,020	1,026	1,885	1,200	1,015	1,020	750	950	(1,856)	2,196	12,280
Depreciation and Amortisation	838	838	838	838	838	838	838	838	838	838	838	838	838	10,056
Transfer from the donated asset reserve	(20)	(20)	(20)	(20)	(20)	(20)	(20)	(20)	(20)	(20)	(20)	(20)	(20)	(240)
(Increase)/Decrease in Stocks	639	24	24	24	24	24	24	24	24	24	24	(1,189)	639	(308)
(Increase)/Decrease in Debtors	(237)	(1,609)	860	(1,556)	1,384	255	1,387	(700)	1,268	(584)	(1,582)	2,537	(237)	1,423
Increase/(Decrease) in Creditors	8,830	(2,221)	(1,241)	2,282	(120)	(1,062)	1,437	(164)	(65)	(66)	(66)	(5,334)	8,830	2,210
Increase/(Decrease) in Provisions	(85)	(588)	(588)	(588)	(588)	(588)	(588)	(2)	(2)	(2)	(2)	(504)	(85)	(4,125)
OPERATING ACTIVITIES														
Net cash inflow(outflow) from operating activities	**12,161**	**(2,539)**	**1,911**	**2,000**	**2,544**	**1,332**	**4,278**	**991**	**3,063**	**940**	**142**	**(5,528)**	**12,161**	**21,296**
RETURNS ON INVESTMENTS AND SERVICING OF FINANCE:														
Interest received	55	60	60	35	55	35	45	45	60	60	60	30	55	600
Interest paid	0	0	0	0	0	0	0	0	0	0	(219)	0	0	(219)
Interest element of finance leases	0	0	0	0	0	0	0	0	0	0	0	(80)	0	(80)
Net cash inflow/(outflow) from returns on investments and servicing of finance	**55**	**60**	**60**	**35**	**55**	**35**	**45**	**45**	**60**	**60**	**(159)**	**(50)**	**55**	**301**
CAPITAL EXPENDITURE														
Payments to acquire tangible fixed assets	-	(915)	(971)	(1,372)	(585)	(748)	(690)	(469)	(979)	(854)	(290)	(1,050)	0	(8,923)
Donations	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Net cash inflow (outflow) from capital expenditure	**0**	**(915)**	**(971)**	**(1,372)**	**(585)**	**(748)**	**(690)**	**(469)**	**(979)**	**(854)**	**(290)**	**(1,050)**	**0**	**(8,923)**
DIVIDENDS PAID	0	0	0	0	0	(4,833)	0	0	0	0	0	(4,833)	0	(9,666)
Net cash inflow/(outflow) before management of liquid resources and financing	**12,216**	**(3,394)**	**1,000**	**663**	**2,014**	**(4,214)**	**3,633**	**567**	**2,144**	**146**	**(307)**	**(11,461)**	**12,216**	**3,008**
MANAGEMENT OF LIQUID RESOURCES	0	0	0	0	0	0	0	0	0	0	0	0	0	
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	**12,216**	**(3,394)**	**1,000**	**663**	**2,014**	**(4,214)**	**3,633**	**567**	**2,144**	**146**	**(307)**	**(11,461)**	**12,216**	**3,008**
FINANCING														
Public dividend capital received	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Public dividend capital repaid	0	0	0	(7,263)	0	0	0	0	0	0	0	0	0	(7,263)
Other capital receipts and payments (LT Debtors/creditors Governmer	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Capital element of finance lease rental payments	0	0	0	0	0	0	0	0	0	0	0	(38)	0	(38)
Brokerage payments and receipts	0	0	0	0	2,500	0	0	0	2,500	0	(1,250)	2,500	0	6,250
Net cash inflow (outflow) from financing	**0**	**0**	**0**	**(7,263)**	**2,500**	**0**	**0**	**0**	**2,500**	**0**	**(1,250)**	**2,462**	**0**	**(1,051)**
Increase (decrease) in cash	**12,216**	**(3,394)**	**1,000**	**(6,600)**	**4,514**	**(4,214)**	**3,633**	**567**	**4,644**	**146**	**(1,557)**	**(8,999)**	**12,216**	**1,957**
Opening Cash Balance	**678**	**12,894**	**9,500**	**10,500**	**3,900**	**8,414**	**4,200**	**7,834**	**8,401**	**13,045**	**13,191**	**11,634**	**620**	**678**
Cash Balance at the end of the period	**12,894**	**9,500**	**10,500**	**3,900**	**8,414**	**4,200**	**7,834**	**8,401**	**13,045**	**13,191**	**11,634**	**2,635**	**12,836**	**2,635**

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

FORM F9B
April 06

NORMAL ACTIVITIES	April	May	June	July	August	September	October	November	December	January	February	March	**TOTAL**
	Actual	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
RECEIPTS	29,493	13,606	22,931	24,316	22,769	20,356	25,173	20,829	20,829	20,829	20,829	20,829	262,789
PAYMENTS	(17,277)	(17,000)	(21,931)	(23,653)	(20,755)	(24,570)	(21,540)	(20,262)	(18,685)	(20,683)	(21,136)	(32,290)	(259,782)
NET MOVEMENT	12,216	(3,394)	1,000	663	2,014	(4,214)	3,633	567	2,144	146	(307)	(11,461)	3,007
Cumulative	12,216	8,822	9,822	10,485	12,499	8,285	11,918	12,485	14,629	14,775	14,468	3,007	
FUNDING / BROKERAGE	0	0	0	(7,263)	2,500	0	0	0	2,500	0	(1,250)	2,462	0
NET MOVEMENT	0	0	0	(7,263)	2,500	0	0	0	2,500	0	(1,250)	2,462	0
Cumulative	0	0	0	(7,263)	(4,763)	(4,763)	(4,763)	(4,763)	(2,263)	(2,263)	(3,513)	(1,051)	
TOTAL FUND MOVEMENT	12,216	(3,394)	1,000	(6,600)	4,514	(4,214)	3,633	567	4,644	146	(1,557)	(8,999)	3,007
Cumulative	12,216	8,822	9,822	3,222	7,736	3,522	7,155	7,722	12,366	12,512	10,955	1,956	

SUMMARY OF CUMULATIVE MOVEMENTS	April	May	June	July	August	September	October	November	December	January	February	March	
NORMAL ACTIVITIES													
Forecast	3,123	8,737	7,635	7,767	7,752	7,899	7,188	6,895	9,698	9,740	9,424	2,054	
Actual	0	0	0	0	0	0	0	0	0	0	0	0	
FUNDING / BROKERAGE													
Forecast	0	0	0	0	0	0	0	0	0	0	0	0	
Actual	0	0	0	(7,263)	(4,763)	(4,763)	(4,763)	(4,763)	(2,263)	(2,263)	(3,513)	(1,051)	
COMBINED													
Forecast	3,123	8,822	9,822	3,222	7,736	3,522	7,155	7,722	12,366	12,512	10,955	1,956	
Actual	12,216	0	0	0	0	0	0	0	0	0	0	0	
	9,093	(8,822)	(9,822)	(3,222)	(7,736)	(3,522)	(7,155)	(7,722)	(12,366)	(12,512)	(10,955)	(1,956)	

Chelsea & Westminster Healthcare NHS Trust
CAPITAL PROGRAMME 2006/2007
Responsibility: Finance Director

FORM F9B
April 06

	Planned Spend 2006/2007	Expenditure to date	Expected Commitment	Forecast Out-turn to 31/03/07	Over/(Under) Spend
	£000	£000	£000	£000	£000
SUMMARY					
1A. PROJECTS	4,335.0	158.0	4,177.0	4,335.0	-
1B. SPECIAL PROJECTS	1,636.0	6.0	1,630.0	1,636.0	-
1C. TREATMENT CENTRE	100.0		100.0	100.0	-
1D. INFORMATION COMMUNICATION TECHNOLOGY	845.0	187.0	658.0	845.0	-
1E. MEDICAL EQUIPMENT	1,338.0	473.0	865.0	1,338.0	-
1F. CONTINGENCY	91.0	18.0	73.0	91.0	-
1G. DONATED FUNDED CAPITAL EXPENDITURE		-	-	-	-
	8,345.0	**842.0**	**7,503.0**	**8,345.0**	**-**
CAPITAL PROGRAMME TOTAL	**8,345.0**	**842.0**	**7,503.0**	**8,345.0**	**-**

FUNDING		
CAPITAL RESOURCE LIMIT - FUNDING RECEIVED		
BLOCK ALLOCATION	7,999.0	7,999.0
BROKERAGE RECEIVED 06/07		-
A & E INCENTIVE SCHEME		-
CARRIED FORWARD	1,259.0	1,259.0
BROKERAGE REVERSAL 05/06	(4,393.0)	(4,393.0)
NEO NATAL INTENSIVE CARE		-
JNR DOCTORS		-
OLD CAPITAL BROKERAGE CONVERTED TO PERMANENT PDC	3,480.0	3,480.0
TOTAL CRL	**8,345.0**	**8,345.0**
DONATED		
DONATED	-	-
DONATED FUNDING	**-**	**-**
TOTAL FUNDING	**8,345.0**	**8,345.0**
PROGRAMME (DEFICIT)/SURPLUS	**-**	**-**

Chelsea & Westminster Healthcare NHS Trust

Provision for Aged Debtors

Responsibility: Finance Director

FORM F11
April 06

Customer	Amount	% of Total Debtors	Current	Overdue by 1-30 Days	Overdue by 31-60 Days	Overdue by 61-90 Days	Overdue by 91-180 Days	Overdue by 181-360 Days	Overdue by 361+ Days	Provisions
NHS Bodies	16,226,735	77.53%	7,442,646	1,430,439	(493,941)	262,939	2,225,630	2,201,936	3,157,086	(6,890,243)
NHS Other	24,973	0.12%	8,713	2,784	1,660	1,270	645	1,560	8,341	
Private Patients - Self Funding	190,945	0.91%	84,269	36,334	19,795	41,154	6,449	28,555	(25,611)	
Private Patients - Insurance Companies	869,836	4.16%	295,711	150,375	76,296	9,759	60,766	124,607	152,322	
Private Patients - Maternity	171,354	0.82%	94,807	12,160	(41,866)	(10,429)	(18,638)	62,384	72,935	
Private Patients - ACU	66,954	0.32%	18,305	8,776	5,430	25,790	2,460	4,927	1,266	
Private Patients - Overseas	1,240,082	5.92%	14,703	13,287	29,704	8,580	58,303	134,938	980,567	(727,467)
Private Patients - Doctors & Consultants	2,230	0.01%	730	350	380	370	400	0	0	
Default	(12,466)	-0.06%	(450)	17,488	0	6,090	(46,104)	10,445	65	
Other General Trading Organisations	2,149,992	10.27%	708,381	492,364	204,143	45,000	114,762	95,380	489,962	(1,171,780)
Grand Total:	**20,930,635**	**100.00%**	**8,667,816**	**2,164,356**	**(198,399)**	**390,522**	**2,404,673**	**2,664,732**	**4,836,934**	**(8,789,490)**

Provisions Cover	0	1,554,297	2,398,259	4,836,934	**8,789,490**
% of Provision Cover	**0.00%**	**64.64%**	**90.00%**	**100.00%**	**0.00**

Chelsea and Westminster Healthcare NHS
NHS Trust

Trust Board Meeting, 1st June 2006

AGENDA ITEM NO.	2.2/Jun/06
PAPER	Performance Report
LEAD EXECUTIVE	Lorraine Bewes, Director of Finance and Information Contact Number: 020 8846 6713
AUTHOR	Nick Cabon, Head of Performance and Information Contact Number: 020 8237 2426
SUMMARY	The purpose of this report is to provide information about the Trust's performance for the period ending 30th April 2006.
ACTION	The Trust Board is asked to note and discuss the report and actions.

Chelsea and Westminster Healthcare NHS

NHS Trust

PERFORMANCE REPORT FOR THE PERIOD OF APRIL 2006

1. PURPOSE

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

2. SUMMARY

A summary report for the targets is set out in Appendix A, with other indicators summarised in Appendix B. Each indicator has been given a banding based on the performance during 2006/7 assessed against the new Annual Health Check methodology. There are also comments associated with each indicator. There are four possible outcomes for the targets – the indicator is deemed to be Fully Met, Almost Met, Partly Met or Not Met.

The Healthcare Commission has not published its list of performance indicators for 2006/07 yet. Therefore we will be rolling forward the indicators from 2005/06 until we receive confirmation of the new targets.

The Trust is on course to fully meet most of the Healthcare Commission targets; however there are some areas in which performance is just below the required standard for top band performance. Performance in the other indicators is also very good although the level of performance for two indicators dropped during April.

3. DEVELOPMENT OF PERFORMANCE REPORT

From next month the structure of the performance report will change. There will be a greater focus on indicators of efficiency. Previously the emphasis has been on externally set indicators (particularly Healthcare Commission targets). The new report will include a suite of measures that will give the Trust board the assurance that the hospital is making the most effective and efficient use of resources.

In addition to the external targets the new report will include indicators on workforce, SLA performance, strategy, clinical quality and the patient experience.

4. HEALTHCARE COMMISSION TARGETS

The Trust is on schedule to fully meet most of the existing targets, but is forecast to underachieve four of the targets. These relate to Thrombolysis, Delayed Transfers of Care, Financial Management and MRSA.

5. THROMBOLYSIS

There was only one patient eligible for this target during April. Unfortunately the patient wasn't given thrombolysis treatment within one hour; this was due to the ambulance taking 46 minutes to arrive at the hospital. Generally the number of patients eligible for this indicator is low, whilst all breaches are significant it is feasible that measurement of this target will take this into account.

6. DELAYED TRANSFERS OF CARE

There were 27 delayed transfers of care during April, representing 2% of inpatient activity. These patients occupied a total of 148 bed days, equating to almost 5 beds. In order to achieve this target for the year, assuming activity levels remain similar to 2005/06, the Trust can only afford to have 91 delays in total or 6 per month in the rest of the year. The principle reasons for the delays are awaiting further non acute NHS Care (13) and patient/family choice (10).

7. FINANCIAL MANAGEMENT

The performance for this indicator is based on the Auditors Local Evaluation. The assessment for three of the elements of the 2005/06 performance has been carried out. The Trust has a provisional rating of level 3 (performing well) for Value for Money and Financial Management, and level 2 (adequate performance) for Internal Control. This performance is higher than any of the other 11 Trusts that were assessed by the same auditors.

After the first month of this financial year the Trust is forecasting a deficit of £730k this is against a target of a £2.3 million surplus.

8. MRSA

The number of MRSA cases during April was 4; this is the worst performance for four months. Although an official target is yet to be set, the target last year was less than 3 cases per month and therefore the Trust needs to improve its performance in order to achieve this indicator.

9. ETHNIC CATEGORY CODING

There is a six week time lag for reporting data on ethnic coding. However we can confirm that the performance during 2005/06 was 83.62%, this is short of the 95% target, but better than the 2004 figure of 81.3%. The Trust's data quality group has developed an action plan designed to improve performance in this indicator.

10. PATIENT COMPLAINTS

The target for patient complaints is to respond to written complaints within 20 working days, therefore it is not possible to provide data for April at this stage.

11. CLINICAL INDICATORS

The Trust has performed better than the expected Dr Foster benchmarks for clinical indicators during April 2006. Regarding deaths following surgery for specific procedures the Trust's rate has fallen from 3% in January remaining constant at 0% during March and April.

Regarding adult readmission rates during April the Trust figure was 11.4%, this is the same as the benchmark and is slightly higher than the rate in March 2006.

Regarding the readmission rate following fractured hip there were no readmissions to the Trust in April. The year to date performance is 8.2% compared with a benchmark of 8.6%.

12. OTHER INDICATORS

Performance has been good in many of the other indicators. The Trust has achieved the hospital cleanliness, and 12 hour A&E trolley waits. Although targets were achieved for better hospital food and admissions on the day of surgery a fall was noted in both these indicators during April.

13. IMPACT PROJECT

The trust IMPACT project, part of the Improving Partnerships in Health project, set a number of goals to improve efficiency. These included reducing the average length of stay, which during 2005/06 was consistently lower than 2004/05. In April 2006 the average length of stay increased slightly to 4.05 days from 3.99 days in March 2006. However the performance in April 06 is a marked improvement on the same period last year (4.50 days).

Admissions of the day of surgery increased during 2005/06 reaching 74% in March 2006, however this has fallen back to 63% during April 2006. Once again this is a significant improvement on the same period last year where the figure was 44.8%.

14. CONCLUSION

Early indications in the year show that the Trust is on track to meet the majority of targets if performance continues at the same levels. However particular attention should be paid to delayed transfers of care, financial management, thrombolysis, MRSA and ethnic coding if the Trust is to meet the performance indicators set out by the Healthcare Commission.

Nick Cabon
Head of Performance and Information
25th May 2006

Trust Board Performance Dashboard - April 2006

Healthcare Commission Targets

Cancer	⟺	Ethnic Coding	Data not available at this stage
A&E	⇧	Delayed Transfers	⟺
Elective Waits	⟺	MRSA	⇩
Outpatient Waits	⟺	RACPC	⟺
Bookings	⟺	CNST	⟺
Cancelled Operations	⇧	Thrombolysis	⇩
Financial Management	⇩		

Operational Indicators and Targets

Hospital Cleanliness	⟺	Patient Complaints	Data not available at this stage
A&E Trolley Waits	⟺	Better Hospital Food	⇩
Clinical Indicators	⇧	Day of Surg Admission	⇩
Information Governance	⟺	Average LoS	⇩

Workforce Indicators - Currently under Development

Staff Surveys	Vacancy Rate
Bank Spend	Agency Spend
Sickness Rate	

Key

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

Appendix A - Existing and New Targets

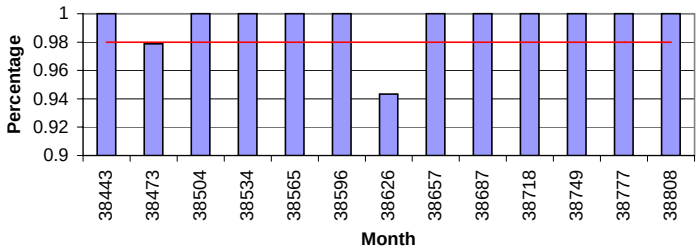
Name	Performance Last Month	YTD Performance	Target/Likely Threshold	Predicted Banding	Comments/Actions
All cancers: two week wait	100.00%	100.00%	98.00%	Fully Met	There have not been any breaches of these standards this year.
Cancer patients waiting 31 days from decision to treat to first treatment	100.00%	100.00%	98.00%	Fully Met	
Cancer patients waiting 62 days from GP referral to first treatment	100.00%	100.00%	95.00%	Fully Met	
Financial management	n/a	£0.73 million deficit	£2.4 million surplus	**Not Met**	The Trust's performance in this area will be based on the Auditor's Local Evaluation.
Elective patients waiting longer than the standard (Target of 9 month wait from April to December 2005; target of 6 months from January to March 2006)	0.00%	0.00%	0.03%	Fully Met	There have not been any breaches of the standard this year.
Outpatients waiting longer than the standard (Target of 17 weeks wait from April to December 2005; target of 13 weeks from January to March 2006)	0.00%	0.00%	0.03%	Fully Met	There have not been any breaches of the standard this year.
Outpatient and elective (inpatient and daycase) full and partial booking	Outpatient = 100%; Elective = 100%	Outpatient = 100%; Elective = 100%	100.00%	Fully Met	The Trust has achieved 100% booking for each of the last 4 months.
Total time in A&E: four hours or less	98.75%	98.75%	98.00%	Fully Met	The target for this indicator is 98%.
MRSA	Data Not Provided	Data Not Provided			
Cancelled operations	0.38%	0.38%	0.80%	Fully Met	
Cancelled operations not readmitted within 28 days	0.00%	0.00%	0.50%	Fully Met	There have not been any breaches of the standard this year.
Thrombolysis - 60 minute call to needle time	0%	0%	68%	**Not Met**	There was one eligible patient in April 2006. Unfortunately the ambulance took 46 minutes to arrive at the hospital.
Delayed transfers of care	2.0%	2.0%	0.50%	Partly Met	
Waiting times for rapid access chest pain clinic	100%	100.00%	99.00%	Fully Met	There have not been any breaches of the standard this year.
Clinical risk management		CNST Level 2		Fully Met	The Trust achieved CNST Level 2 in January 2006.
Data quality on ethnic group	82.93% (March 06)		95%	Partly Met	The data for this indicator was not available at the time of producing this report, therefore the figure relates to March 2006. Performance in this area was below the required level in 2005/6. The Trust has developed a plan to improve performance in this area.
Infant Health - Data Completeness	99.5%	99.5%			This was a new indicator in 2005/6. It is difficult to predict a target for this indicator until the 2005/6 indicator thresholds are published.
Waiting times for MRI or CT scans (percentage of patients waiting over 13 weeks)	98%	98%		Fully Met	The Trust has not had any patients waiting over 26 weeks for either a CT or MRI scan this year.
Participation in Audits (MINAP)	Data Not Provided		90%		
Access to GUM Clinics	Data Not Available				The data for this indicator is derived from quarterly audits carried out by the HPA. Once we receive copies of the results of the audits we will update the data for this indicator.

Appendix B - Other Indicators

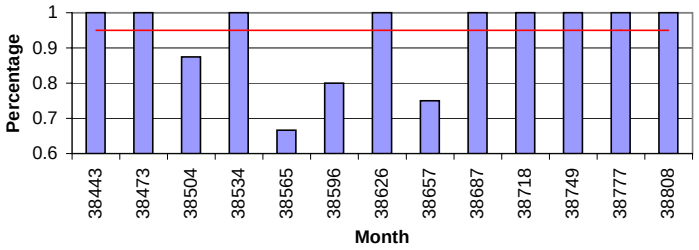
Name	Performance Last Month	YTD Performance	Target/Likely Threshold	Predicted Banding	Comments/Actions
Hospital cleanliness	93.00%	93.00%	60%	Fully Met	
12 Hour waits for emergency admission via A&E post decision to admit	100.00%	100.00%	100.00%	Fully Met	The threshold to achieve this indicator in 2004/5 was 100%.
A&E emergency admission waits (four hours)	99.1%	99.1%	99.0%	Fully Met	The threshold to achieve the top band for this indicator in 2004/5 was 99%.
Staff opinion survey: Health, safety and incidents					
Staff opinion survey: human resource management					
Staff opinion survey: staff attitudes					
Deaths following selected non-elective surgical procedures	0.00%	0.92% (Deaths in this trust only)			There were no deaths in April 2006.
Emergency readmissions following discharge (adults)	11.4%	10.0% (readmissions in this Trust only)	11.4%	Fully Met	The Targets for these indicators are based on the expected performance derived from the Dr Foster toolkit.
Emergency readmissions following discharge for fractured hip	0.00%	8.16% (readmissions in this Trust only)	8.6%	Fully Met	
Information governance toolkit	84.8%	84.8%	70%	Fully Met	
Patient complaints	100% (Feb 06)		90.0%		The data for this indicator was not available at the time of producing this report, therefore the figure relates to February 2006. The Trust should reply to written complaints within 20 working days.
Better Hospital Food	86.00%	86.00%	60%	Fully Met	
Workforce indicator	IWL - Practice Plus; Junior Doctors Hours = 100%; Sickness Absence Rate = 3.41% to Feb 06				Data relating to HR indicators is not available until the end of the following month. The figures relate to February 2006.

Graphs relating to New and Existing Targets (Target Line in Red. Better Performance above the Line Unless Stated.)

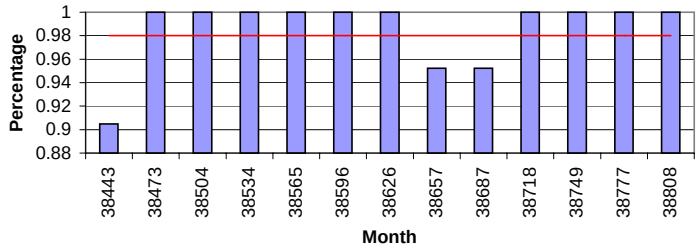
Monthly Cancer 2 Week Wait Performance



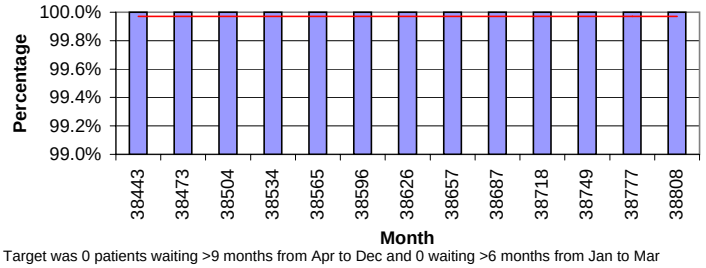
Monthly Cancer 62 Day Wait Performance



Monthly Cancer 31 Day Wait Performance

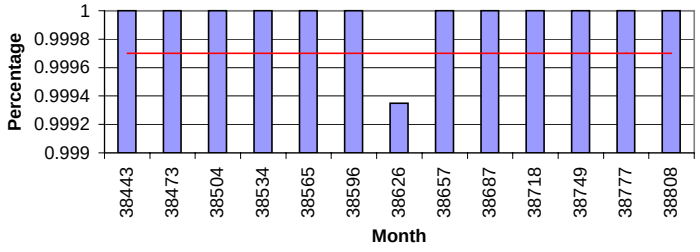


Monthly Elective Inpatient Wait Performance

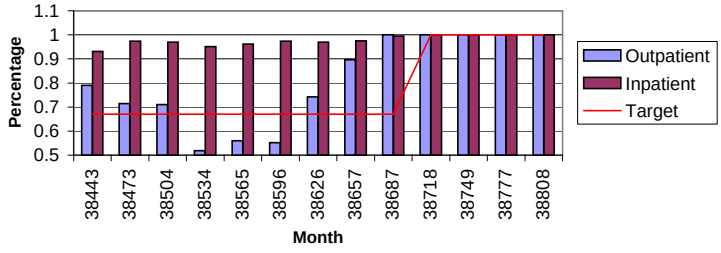


Target was 0 patients waiting >9 months from Apr to Dec and 0 waiting >6 months from Jan to Mar

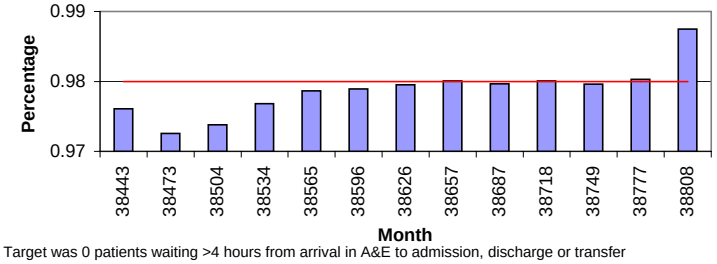
Monthly Outpatient Wait Performance



Monthly Booking Indicator Performance

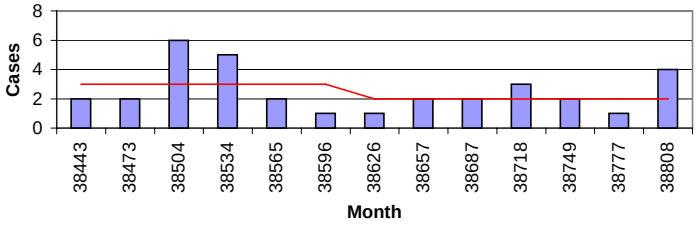


Cumulative Total Time in A&E Performance

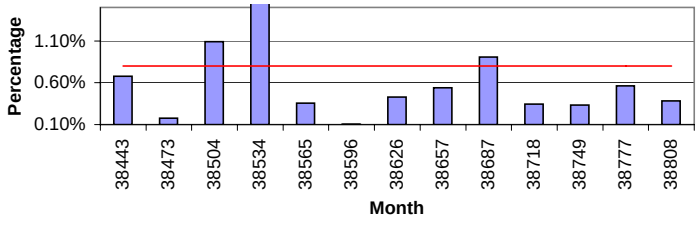


Target was 0 patients waiting >4 hours from arrival in A&E to admission, discharge or transfer

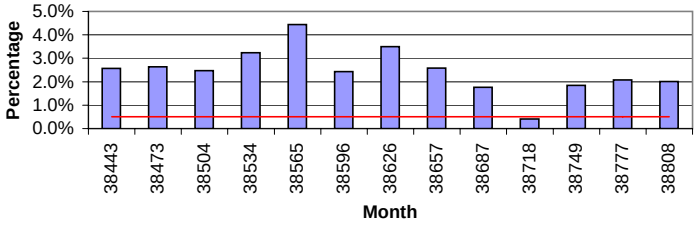
Monthly MRSA Performance
(Better Performance below the Target)



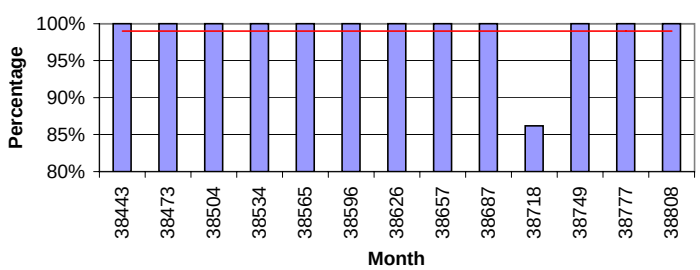
Monthly Cancelled Operations Performance
(Better Performance below the Target)



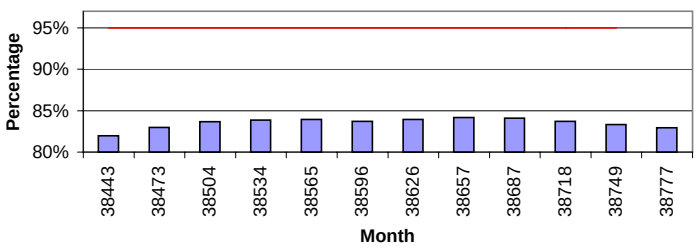
Monthly Delayed Transfers of Care Performance
(Better Performance Below the Target)



Monthly Waiting Time for RACPC Performance

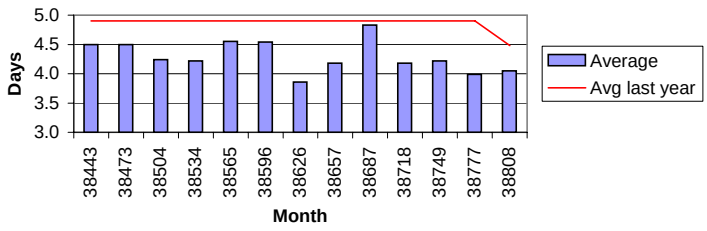


Monthly Inpatient Ethnic Coding Performance

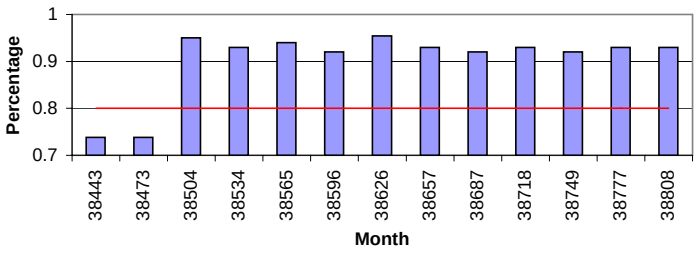


Graphs relating to Operational Targets (Benchmark/Target Line in Red. Better Performance above the Line Unless Stated.)

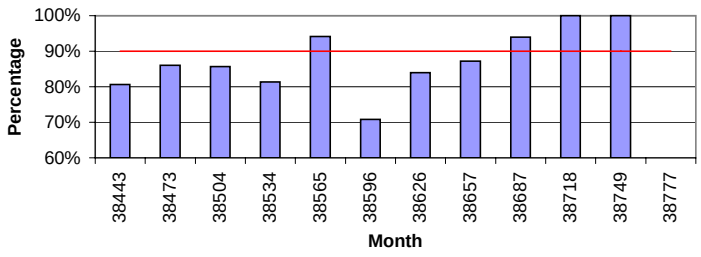
Average Length of Stay
(Better Performance Below the Target)



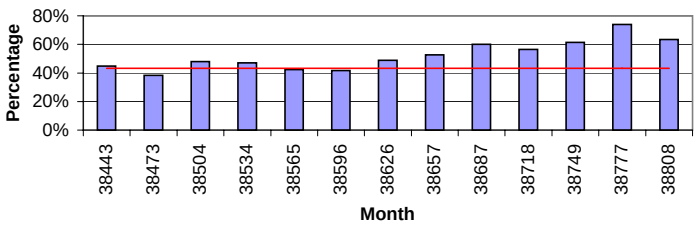
Monthly Hospital Cleanliness Performance



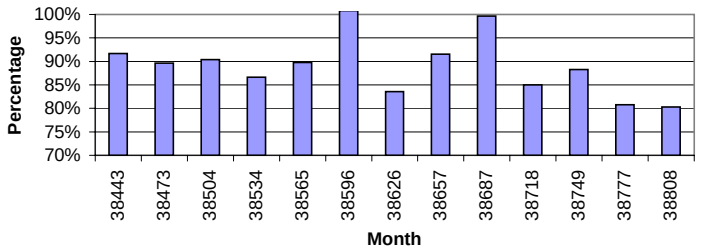
Monthly Patient Complaints Performance



Elective Admissions on Day of Surgery



Monthly Bed Occupancy



Cancelled Operations - April 2006 - By Specialty		
Specialty	**Reason**	**Total**
General Surgery	List overrun: Complicated case	3
General Surgery Total		
Paediatric Orthopaedics	Administrative error	1
Paediatric Orthopaedics Total		
Plastic Surgery	List overrun: Complicated case	1
Plastic Surgery Total		
Urology	Equipment failed/unavailable	1
	List overrun: Previous list overran	1
Urology Total		
Grand Total		**7**

Cancelled Operations - April 2006 - By Specialty		
Reason	**Total**	**Percentage of Total**
Administrative error	1	14.3%
Equipment failed/unavailable	1	14.3%
List overrun: Complicated case	4	57.1%
List overrun: Previous list overran	1	14.3%
Grand Total	**7**	

Breaches of the Thrombolysis Target	
Month	**Breach Reason**
Apr-06	1 patient CtoN >60min (long Call to Hospital time = 46min)

Delayed Transfers of Care - April 2006			
PCT	**Reason for Delay**	**Patients**	**Bed Days**
H&F	1 - Awaiting Assessment	1	6
	3 - Awaiting further (non acute) NHS Care	3	15
	7- Patient / Family Choice	4	28
H&F Total		8	49
Hounslow	7- Patient / Family Choice	1	4
Hounslow Total		1	4
K&C	1 - Awaiting Assessment	1	1
	3 - Awaiting further (non acute) NHS Care	2	5
	4b - Waiting Nursing Home Placement	1	1
	7- Patient / Family Choice	3	21
K&C Total		7	28
Wandsworth	3 - Awaiting further (non acute) NHS Care	8	56
	7- Patient / Family Choice	2	10
Wandsworth Total		10	66
Westminster	1 - Awaiting Assessment	1	1
Westminster Total		1	1
Grand Total		**27**	**148**

Chelsea and Westminster Healthcare NHS
NHS Trust

Trust Board Meeting, 1st June 2006

AGENDA ITEM NO.	3.1/Jun/06
PAPER	Corporate Plan
LEAD EXECUTIVE	Catherine Mooney, Director of Governance and Corporate Affairs Contact Number: 020 8237 2881
AUTHOR	Elliot Howard-Jones, Former Interim Director of Strategy and Service Development Contact Number: 020 8846 6823
SUMMARY	The attached paper sets out the final draft of the Annual Plan (Corporate Plan) which now includes the financial resources required to deliver the planned services in 2006/07. Appendices where relevant will be circulated separately.
BOARD ACTION	The Board is asked to approve this Plan.

Chelsea and Westminster Healthcare NHS

NHS Trust

Annual Plan 2006-2007

Final Draft

Table of Contents

1 Past year performance

1.1 Chief Executive's summary of the year

2005/6 has been a successful year for Chelsea and Westminster with the whole Trust continuing to improve services for patients whilst looking after all of our 2600 staff. The year has been characterised by hard work to achieve targets, and progress towards our application for Foundation Trust status.

Central to this continues to be our ability to perform well against national targets.

This year we expect to achieve:

- All access targets, including:
    - 100% of cancer patients treated within the 31/62 day standard
    - No elective patients waiting more than 6 months
    - No outpatients waiting longer than 13 weeks
    - 98% of patients in A&E 4 hours or less
- Targeted low levels of cancelled operations and MRSA

The Trust enjoys a good reputation for clinical service with both the public and regulatory bodies. The patient survey improved again this year, and we were rated as one of the best hospitals in the UK in a survey by SAGA.

The Trust joined an elite group of Trusts who have achieved CNST (clinical negligence scheme for Trusts) level 2 for General and Maternity which demonstrates our commitment to the highest standards of clinical care and governance within the Trust. Our clinical and administrative processes were also complemented in a peer review of cancer services within the Trust.

We remain highly committed to our staff, engaging them within the organisation including through the 1000 ideas campaign, which won an award from the Health Service Journal. Agenda for Change, the national pay modernisation review, has now been implemented across the Trust, and the Trust was one of the first in the country to achieve IWL Practice Plus in April.

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

1.2 Summary of financial performance 2005/06

The unaudited outturn for 2005/06 is a surplus of **£2.204m**, which exceeded the target surplus set by the SHA by £0.3m. This surplus will be returned to the Trust in 2006/07 with a related incentive payment of £0.153m. The summarised result is set out in the table below:

Income & Expenditure 2005/06

	Total ***£000's***
NHS Clinical Income	
Elective	**29.4**
Non-Elective	**49.6**
Outpatient	**42.7**
A&E	**6.2**
Other	**60.8**
Sub Total	**188.7**
PBR (Clawback)/ Relief	**(6.3)**
Total	**182.4**
Non NHS Clinical income	
Private patient income	**6.6**
Other non protected income	**1.1**
Total	**7.8**
Other income	
Education and Training	**23.0**
Research & Developmet	**3.3**
Other income	**13.1**
Total	**39.4**
Total income	**229.6**
Pay Costs	**(123.6)**
Drug costs	**(34.1)**
Clinical supplies and sevices	**(12.6)**
Other Costs	**(39.4)**
Total costs	**(209.7)**
EBITDA	**19.9**
EBITDA margin	**9%**
Total Depreciation & Amortisation	**(9.0)**
Total interest receivable/ (payable)	**0.2**
Total interest payable on Loans and leases	**(0.1)**
PDC Dividend	**(8.8)**
Net Surplus/(Deficit)	**2.2**
Net margin	**1%**

The Trust met all of its statutory duties, i.e.

- to break even on its income and expenditure account taking one year with another,

- to keep within the annual Capital Resource Limit. This was met by the Trust with an under spend against its CRL,

- to keep within the External Financing Limit which is placed on net borrowing. The Trust remained within its cash limit totals for the year,

- to achieve a 3.5% return on its relevant net assets (Capital Cost Absorption Duty). The trust achieved a 3.3% return on capital after paying dividends of £8.821m. The 3.3% is within the required tolerance level of 3% to 4% and therefore the Trust achieved this duty.

2 Strategy and objectives for 2006-7

2.1 National Framework

Chelsea and Westminster Hospital operates within the wider framework of the NHS, and there are key policy areas that are reflected in our corporate objectives. The Operating Framework for 2006-7 clearly sets these policy initiatives in the context of the overall financial position of the NHS, and stresses the need to recover deficits from 2005-6 and to plan for a surplus in the current year.

The Operating Framework outlines the six key service priorities for the year, which are:

1. Health inequalities and smoking cessation
2. Sustaining the progress on reducing cancer waiting times
3. Further progress towards the 18 week wait in 2008
4. Further progress to reduce MRSA levels
5. Patient Choice and Booking
6. 48 hour access to sexual health services

Whilst we have a clear responsibility to assist our primary care partners on the first of these targets, the remaining five are targets that directly relate to services that we provide as an organisation, and are recurrent themes in our corporate objectives as outlined later.

January 2006 saw the launch of “Our health, our care, our say: A new direction for community services” that outlined the Government’s vision for health services. The White Paper focuses on the empowering of patients and increasing the choices available to them in terms of primary and secondary care with the development of new services in the community. The paper’s four aims are to:

1. Provide better prevention services with earlier intervention
2. Give people more choice and a louder voice
3. Tackle inequalities and improve access to community services
4. Provide more support for people with long-term needs

The paper sees much of the delivery of this agenda resting with PCTs through better integration with social services, more care undertaken at home and encouraging innovation from GPs and patients about alternative pathways of care especially for those with long term conditions.

Our work around the reform of patient pathways will have to complement this agenda. The IMPACT programme already addresses many of these requirements, such as decreasing length of stay, increasing day case rates and reducing the new to follow up ratio in outpatients. Working with the PCTs will be essential to enable earlier discharge especially with those patients who have frequent admissions for long term conditions, or for whom specialised follow up is required within the community.

2.2 Service Delivery

As with any Trust the size of Chelsea and Westminster, there is a tremendous workload in keeping the daily operations of the Trust on course. The Trust has integrated much service redesign into this daily routine to ensure that services are developed through continuous improvement.

A cornerstone of this has been the IMPACT project within the Trust which addresses the 10 High Impact Changes for Service Improvement and Delivery. IMPACT has had significant success in 2005/6 in the following areas:

- Increasing daycase rates in the trust to 75.2%
- Reducing the LOS in the Trust by 0.71 to 4.47 days
- 100% of admissions are booked
- Admission on the day of surgery up between 6 and 21 percentage points
- Cancelled operations down

The Trust aims to build on these successes, in the following areas:

- Treating daycase surgery as the norm
- Admission on the day of surgery
- Having a predicted date of discharge for all patients on admission
- Reducing pre-operative delays for emergency surgery
- Improving patient flow through the hospital for all patients, but especially following emergency admission
- Reducing the new to follow up ratio in outpatients to the national average

This work enables the Trust to continually improve its performance, and aid in the provision of efficient clinical pathways. The productivity gains seen in 2005-6 have enabled us to make commitments to our commissioners for 2006-7 to

reduce follow up outpatient levels. Just as importantly, the work achieved and planned in this area will enable the Trust to continue to bear down on costs of service provision to ensure that we remain competitive against the national tariff.

The strategy for next year which is developed over the next few sections is crucial to our work as a Trust. It is, however, important to place this within the context of the routine operation of the organisation, and the developmental work that is embedded within this.

2.3 Trust Strategy for 2006-7

The Trust's progression of an application for Foundation Trust status remains a key part of the strategy in 2006-7. In addition to this, there are four further themes that the Trust will focus on in the coming year. These key themes are embedded throughout the Corporate Objectives for this year.

Excellence in Teaching

We must build on the reputation of Chelsea and Westminster as a teaching organisation. The Trust needs to ensure that the experience of undergraduates and postgraduates within the Trust remains positive. This must be developed through:

- Promoting the importance of excellence in teaching
- The development of the clinical skills lab that builds on multi-disciplinary team working

The aim of the Trust will be to ensure that all students taught at Chelsea and Westminster provide excellent feedback and that consultants within the Trust are nominated for excellence in teaching awards.

Patient Choice

As Chelsea and Westminster moves towards Foundation Trust status, patient choice will be vital theme for the Trust. We must ensure that the Trust develops its role as a provider of choice that runs from the choice made in the GP surgery to the quality of care received in the Trust.

There are many factors that will influence a patient to choose Chelsea and Westminster that will include the reputation of services provided, the ease of booking into services, the environment and waiting times. The way in which we treat patients both clinically and administratively will make or break the reputation of the hospital.

We must therefore have a focus on:

- customer care
- actively using the results of patient surveys to improve services

- ensure that services are excellent and compare favourably with national benchmarks e.g. Dr Foster
- communication with patients and GPs

To reinforce this, the Trust will need to ensure that services are run efficiently to ensure that extra activity is done within the tariff price, and the programme of service redesign through the IMPACT programme is crucial to this objective.

All of this taken together will ensure that we are in a position to develop and grow services under a Chelsea and Westminster brand.

Workforce development including Equality & Diversity

The size of the development agenda will mean that all staff in the NHS will need to develop to meet the challenges, from Board members to front line staff.

The Trust is committed to challenging discrimination in all its forms and ensuring that equality lies at the heart of everything we do. We want to be a fair and equitable employer, one where everyone accepts the differences between individuals and values the benefits that diversity brings. This is highlighted in our application for Foundation Trust status.

Our aim is to embrace the spirit of equalities legislation, but also to go beyond simply complying with the law in our bid to become a service provider of high quality healthcare and an employer of choice for London's diverse community.

The drive to reduce costs and be a successful Foundation Trust will require continuous improvements in workforce productivity in all areas. This will be achieved through maximising the flexibilities of Agenda for Change, better rostering and greater skill mix changes supported by investment in training & development. We will deliver the same level of service with fewer staff by allowing the balance to flex between core permanent and temporary workers. Through IMPACT & IT investment we will redesign patient pathways and therefore roles and ways of working to better meet the needs of patients and deliver care more efficiently.

We will deliver a comprehensive organisation wide Customer Services Programme which will contribute to the achievement of the key objectives in becoming a provider in Choice, delivering high quality patient care and improving staff and patient satisfaction surveys.

The introduction of a Members Council with six classes of staff member will help our relationship with staff. We have agreed with staff members that they will:

- Represent their constituencies
- Work collaboratively with Trade Union Representatives
- Comment on the future direction of the hospital
- Champion patients and staff in focused initiatives

Understanding the revenue and cost base of the Trust

Under the system of PbR, the Trust will need to clearly understand the relationship between income and expenditure in each clinical area. Some detailed analysis has already been undertaken in house, and it is important to note that this analysis will need refining over time.

The allocation of costs between points of delivery is sometimes difficult, and to compare costs to the income at a departmental level is often difficult. The Trust will also engage clinicians in the process of validating the reference costs against the patient level costing, which may lead to future changes in the apportionment of costs in our reference costs submission.

The overall analysis shows that for costs that fall within the scope of Payment by Results, the Trust is operating at £3m below the national average.

2.4 Trust Corporate Objectives

From the themes developed above, and considering last years objectives, and an analysis of strengths weaknesses opportunities and threats (SWOT) our Corporate Objectives are derived, and cover all the activities which the Trust must undertake over the coming year. The seven overarching objectives of the Trust, as approved by the Board in 2005-6 remain in place this year,

The Trust's corporate objectives are shown below:

1. To improve the patient journey by delivering the NHS national performance standards

- Meet national access target times for treatment – including elective care, A&E and emergency care, diagnostics, cancer and sexual health
- Meet the national target trajectory for rates of hospital acquired infection
- Implement a plan to modernise acute medical take
- Implement electronic Choose and Book in line with the national deadline

2. To improve patient outcomes and assure patient safety

- To comply with core and developmental Standards for Better Health
- Develop risk management and patient safety indicators
- Use Dr Foster to improve service delivery and quality
- Identify and implement key actions from the patient surveys to improve services.
- Implement customer care training to 60% of front line staff, and to 100% of staff in 2007-8

3. To develop effective partnerships with all stakeholders and partners

- Work with Imperial College to assure the excellence of teaching of postgraduates within the Trust as measured by improved survey results
- Conduct a baseline exercise to scope current collaboration with Partner Organisations in the NHS and Local Authority, and identify areas for closer working
- Develop a research strategy in conjunction with Imperial College and other partners to ensure high quality research within the Trust
- Implement the communications strategy to improve our communication with key stakeholders including patients, the public and our staff.

4. To ensure clinical care is supported and enabled by appropriate administrative systems and support services

- Ensure no loss of income as a result of clinical coding or other data quality issues.
- Implement Electronic Staff Record in line with the national timetable
- Ensure external partners, including Connecting for Health and facilities partners, meet contractual obligations
- Implement PACS, document management, bed management and e-procurement systems

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

- Identify and deliver a workforce plan including the progression of the equality and diversity agenda, and adherence to the European Working Time Directive
- Each directorate to have a plan for engaging all staff groups in the design of healthcare services
- Review the content and delivery of trust wide induction and mandatory training
- 80% of all staff to have received an appraisal within the year with at least 50% using the Knowledge and Skills Framework , rising to 100% of all staff receiving an appraisal using the KSF (KSF).

6. To develop world class services

- Change the model of care for delivery of HIV and sexual health services
- Continue to implement the action plan from the review of maternity model
- Identify and deliver a plan based on trends identified through benchmarked data in obstetrics
- Achieve designation as a Burns Centre for adults and children
- Develop tertiary care dermatology services
- Develop a strategy with key stakeholders to address the increasing demand in acute paediatrics

7. Implement the Trust's framework for integrated governance underpinned by robust resource management

- Ensure the Trust has an excellent costing system to understand patient level costs and the surplus or loss position against the tariff.
- Assess governance structures and processes against national guidance and good practice and implement changes accordingly
- Deliver the changes in the IMPACT programme as per the agreed timetable
- Maximise opportunities from private patient activity within the trust to generate income to support NHS activity
- Deliver the activity in the capacity plan
- Agree SLAs with PCTs as per the national deadline
- Achieve the Cost Improvement Programme, deliver the target surplus and improve cash management to deliver working capital targets and cash flow plan
- Develop a performance management framework to support delivery of the Trust's objectives

2..5 Directorate Objectives

Individual directorate objectives have been matched to corporate objectives. Some highlights of individual directorate plans are shown below:

Corporate Directorates

Information management and Technology

- Extension of digital image acquisition through a PACS system procurement
- Further use of Patientline at the bedside in support of patient care

Governance and Corporate Affairs

- Develop the trust's external and internal web sites
- Develop clear processes for the production of patient information

Human Resources

- Meet national timetable for implementation of electronic staff record

Finance

- Ensure the organisation is fully prepared for changes under PbR
- Ensure that there is robust internal control enables unqualified Statement on internal control

Nursing

Surgery, Anaesthetics and Imaging Directorate

- Achieve national access target times
- Increase efficiency of provision
    - Reduction in LOS
    - Achieve national new:follow up ratios
    - Increase daycase rates
- Achieve designation as a burns centre, including funding of a second ICU bed
- Ensure that the directorate delivers the capacity plan, and achieves financial targets

Medical Directorate

- Modernise the acute take, and emergency admission pathways, including working with the PCT on a Primary Care service in A&E
- Increase joint working with Royal Brompton on cardiac services
- Develop patient pathways with the PCT for patients with long term conditions
- Ensure that the directorate delivers the capacity plan, and achieves financial targets

Women and Children's Directorate

- Develop flexible staffing methods to respond to variation in bookings
- Develop smoother pathways of care for emergency admissions
- Increase the proportion of patients treated as daycases
- Integrate neonatal gastroenterology service with referring hospital to aid local follow up of patients
- Ensure that the directorate delivers the capacity plan, and achieves financial targets

HIV and GUM Directorate

- Achieve the national access targets, including 48 hour access to sexual health services
- Change the model of care for delivery of services, including:
    - Home delivery of HIV medication
    - Review emergency walk in services for HIV patients
- Stabilise the GUS data system to ensure that all activity is recorded accurately
- Ensure that the directorate delivers the capacity plan, and achieves financial targets

2.6 Operating resources required to deliver service development

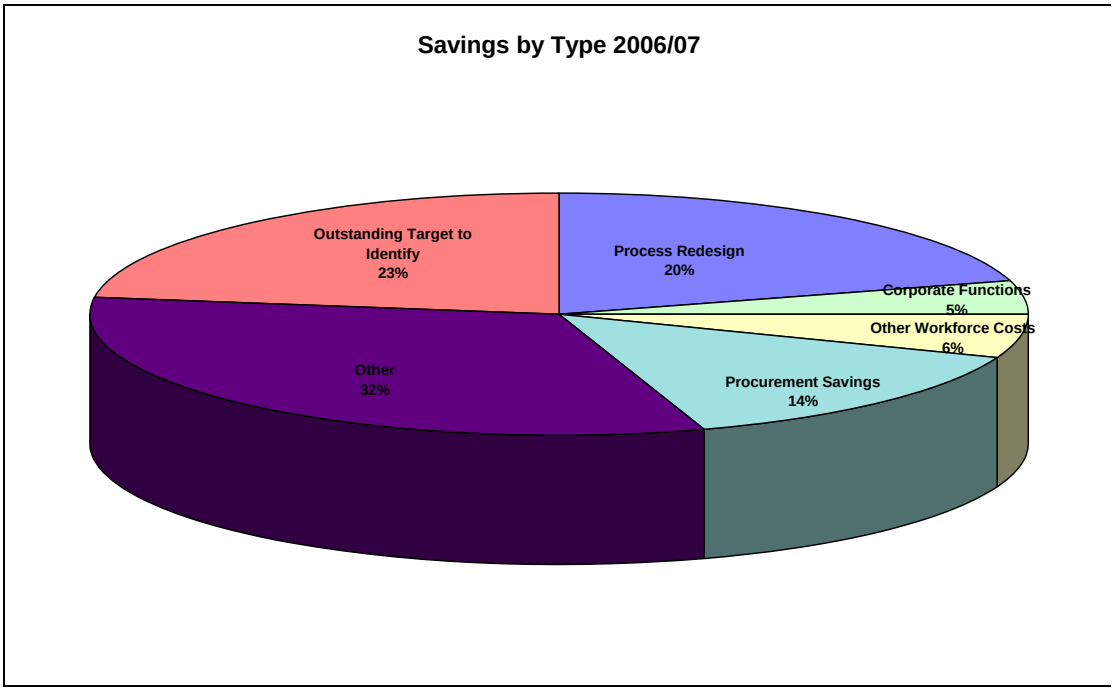
This section sets out the income and expenditure budget required to deliver planned services in 2006/07. This is set out in the table below:

Income & Expenditure 2006/07

	Apr £000's	May £000's	Jun £000's	Jul £000's	Aug £000's	Sep £000's	Oct £000's	Nov £000's	Dec £000's	Jan £000's	Feb £000's	Mar £000's	Total £000's
NHS Clinical Income													
Elective	2.6	2.6	2.6	2.6	2.6	2.6	2.6	2.6	2.6	2.6	2.6	2.6	**31.4**
Non-Elective	4.6	4.6	4.6	4.6	4.6	4.6	4.6	4.6	4.6	4.6	4.6	4.6	**54.7**
Outpatient	3.3	3.3	3.3	3.3	3.3	3.3	3.3	3.3	3.3	3.3	3.3	3.3	**39.4**
A&E	0.9	0.9	0.9	0.9	0.9	0.9	0.9	0.9	0.9	0.9	0.9	0.9	**10.6**
Other	5.5	5.5	5.5	5.5	5.5	5.5	5.5	5.5	5.5	5.5	5.5	5.5	**66.3**
Sub Total	16.9	16.9	16.9	16.9	16.9	16.9	16.9	16.9	16.9	16.9	16.9	16.9	**202.4**
PBR (Clawback)/ Relief	(0.7)	(0.7)	(0.7)	(0.7)	(0.7)	(0.7)	(0.7)	(0.7)	(0.7)	(0.7)	(0.7)	(0.7)	**(8.6)**
Total	16.1	16.1	16.1	16.1	16.1	16.1	16.1	16.1	16.1	16.1	16.1	16.1	**193.8**
Non NHS Clinical income													
Private patient income	0.6	0.6	0.6	0.6	0.6	0.6	0.6	0.6	0.6	0.6	0.6	0.6	**7.0**
Other non protected income	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	**1.1**
Total	0.7	0.7	0.7	0.7	0.7	0.7	0.7	0.7	0.7	0.7	0.7	0.7	**8.0**
Other income													
Education and Training	1.9	1.9	1.9	1.9	1.9	1.9	1.9	1.9	1.9	1.9	1.9	1.9	**22.3**
Research & Developmet	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	**3.4**
Other income	0.9	0.9	0.9	0.9	0.9	0.9	0.9	0.9	0.9	0.9	0.9	0.9	**10.4**
Total	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	**36.1**
PFI Specific income													
Total income	**19.8**	**19.8**	**19.8**	**19.8**	**19.8**	**19.8**	**19.8**	**19.8**	**19.8**	**19.8**	**19.8**	**19.8**	**238.0**
Pay Costs	(10.6)	(10.6)	(10.6)	(10.6)	(10.6)	(10.6)	(10.6)	(10.6)	(10.6)	(10.6)	(10.6)	(10.6)	**(127.1)**
Drug costs	(3.1)	(3.1)	(3.1)	(3.1)	(3.1)	(3.1)	(3.1)	(3.1)	(3.1)	(3.1)	(3.1)	(3.1)	**(37.7)**
Clinical supplies and sevices	(1.0)	(1.0)	(1.0)	(1.0)	(1.0)	(1.0)	(1.0)	(1.0)	(1.0)	(1.0)	(1.0)	(1.0)	**(11.7)**
Other Costs	(3.3)	(3.3)	(3.3)	(3.3)	(3.3)	(3.3)	(3.3)	(3.3)	(3.3)	(3.3)	(3.3)	(3.3)	**(39.6)**
PFI specific costs													
Total Unitary Payment													
Release of PFI deferred asset													
Other Costs													
Total costs	**(18.0)**	**(18.0)**	**(18.0)**	**(18.0)**	**(18.0)**	**(18.0)**	**(18.0)**	**(18.0)**	**(18.0)**	**(18.0)**	**(18.0)**	**(18.0)**	**(216.2)**
EBITDA	**1.8**	**1.8**	**1.8**	**1.8**	**1.8**	**1.8**	**1.8**	**1.8**	**1.8**	**1.8**	**1.8**	**1.8**	**21.8**
EBITDA margin	*9%*	*9%*	*9%*	*9%*	*9%*	*9%*	*9%*	*9%*	*9%*	*9%*	*9%*	*9%*	**1.1**
Profit / loss on asset disposals													
Fixed Asset impairments													
Total Depreciation & Amortisation	(0.8)	(0.8)	(0.8)	(0.8)	(0.8)	(0.8)	(0.8)	(0.8)	(0.8)	(0.8)	(0.8)	(0.8)	**(9.5)**
	(0.0)	(0.0)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.1**
Total interest receivable/ (payable)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.1**
Total interest payable on Loans and	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	**(0.4)**
PDC Dividend	(0.8)	(0.8)	(0.8)	(0.8)	(0.8)	(0.8)	(0.8)	(0.8)	(0.8)	(0.8)	(0.8)	(0.8)	**(9.7)**
Net Surplus/(Deficit)	**0.2**	**0.2**	**0.2**	**0.2**	**0.2**	**0.2**	**0.2**	**0.2**	**0.2**	**0.2**	**0.2**	**0.2**	**2.4**
Net margin	*1%*	*1%*	*1%*	*1%*	*1%*	*1%*	*1%*	*1%*	*1%*	*1%*	*1%*	*1%*	*1%*

The Trust is planning for a £2.4m surplus in 2006/07. The savings target for 2006/07 is £9.4m (4% of total income) plus £.1.7m carried forward from 2005/06 to be achieved recurrently. As at May, schemes totalling £7.5m have been identified and are in place and there are further plans to be worked up at cost centre detail of £1.1m. £7.3m of the schemes identified are assessed as either low or medium risk.

A breakdown of the savings requirement is set out in the pie chart below:



2.7 Investment and disposal strategy

The Trust has developed a 5 year forward plan to underpin its Service Development Strategy. The capital plan for 2006/07 is set out in the table overleaf.

The total capital plan is for £8.345m. This incorporates facilities projects of £0.94m and medical equipment of £0.2m carried forward from 2005/06. In addition £2.4m of facilities projects straddling more than one year are planned, covering upgrade of lifts, security systems, cooling plant and bed pan washers. Backlog maintenance, environmental works and developments works of £1.4m are also planned.

Four new special projects consisting of Childcare (£0.2m), Regional Burns Unit (£0.5m), Picture Archiving Communication System (PACS) (£0.6m) and Reverse Isolation in A&E (£0.05m) are programmed. The Regional Burns Unit is a key development, marking the commencement of the expansion of facilities in preparation for becoming the designated Burns Centre for London. The scheme will cover 3 years (completion in 08/09) and is expected to cost in the order of £4.5m in total. This is subject to approval of a final business case. The PACS costs represent the enabling works only with planned go live in 2007/08.

Other Information Technology investment of £0.385m is planned to include Information Technology Network Reliance Upgrade Hardware, Communication, CITRIX Farm Re-engineering and E-procurement.

Medical Equipment expenditure in 2006/07 will be £1.1m, plus the brought forward from last year of £0.2m.

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

	Project Lead	Status	Total 2006/2007
			£000
FINANCED BY			
BLOCK ALLOCATION			7,999.0
BROKERAGE REVERSAL 05/06			(4,393.0)
OLD CAPITAL BROKERAGE CONVERTED TO PERMANENT PDC			3,480.0
05-06 UNDER SPEND CARRIED FORWARD			1,259.0
TOTAL FUNDING			**8,345.0**
PROPOSED CAPITAL PROGRAMME			
SCHEMES CARRIED FORWARD FROM 05/06			
APPROVED SLIPPAGE			
BACK LOG MAINTENANCE - LOWER GROUND FLOOR	H Elkington	Approved	244.0
COMPLIANCE WITH DISABILITY DISCRIMINATION ACT	T Lawes	Approved	4.0
MEDICAL GAS VACUUM AND AIR	J Broughton	Approved	174.0
PANIC ALARM INSTALLATION	E Donald	Approved	34.0
ELECTRONIC REPRODUCTION OF SURVEY DRAWINGS	T Lawes	Approved	57.0
GYM REFURBISHMENT	D Schoeman	Approved	13.0
MEDICAL EQUIPMENT LIBRARY	A MacCallum	Approved	44.0
ST STEPHENS REFURBISHMENT	T Lawes	Approved	266.0
DTC BUILDING	T Lawes	Approved	100.0
MEDICAL EQUIPMENT	M Anderson	Approved	238.0
Sub total			**1,174.0**
APPROVED SCHEMES STRADDLING MORE THAN ONE YEAR			
LIFTS	T Lawes	Project c/over	515.0
SECURITY	T Lawes	Project c/over	892.0
COOLING PROJECT	T Lawes	Project c/over	476.0
BED PAN WASHERS	T Lawes	Project c/over	470.0
WARD KITCHENS	T Lawes	Project c/over	
Sub total			**2,353.0**
BACKLOG MAINTENANCE			
ST STEPHENS CENTRE - LEGIONELLA	T Lawes	Proposed	60.0
BOILER HOUSE - HOTWELL REPLACEMENT	T Lawes	Proposed	283.0
UPS SOCKET IDENTIFICATION	R Taylor	Proposed	25.0
BACKLOG MAINTENANCE	H Elkington	Proposed	120.0
WATER TREATMENT / SYSTEMS	T Lawes	Proposed	47.0
MEDICAL GAS UPGRADES	T Lawes	Proposed	40.0
UNIT 2 VERNEY HOUSE	T Lawes	Proposed	165.0
Sub total			**740.0**
ENVIRONMENTAL			
ENERGY CONSERVATION	J Broughton	Proposed	170.0
PEAT (OTHER)	P Holmes	Proposed	50.0
Sub total			**220.0**
DEVELOPMENT WORKS			
PATHOLOGY SECURITY UPGRADE	R Taylor	Proposed	47.0
VIE	K Robertson	Proposed	55.0
FIRE, HEALTH & SAFETY	H Elkington	Proposed	100.0
TB RM & 3 PATIENT ROOMS	T Lawes	Proposed	90.0
ELECTRONIC DRAWINGS PHASE 2	T Lawes	Proposed	50.0
THEATRE 3 - TREATMENT CENTRE	K Hall	Proposed	60.0
SINGLE POINT ACCESS - MATERNITY	S Elsworth	Proposed	50.0
Sub total			**452.0**
SPECIAL PROJECT			
CHILD CARE	M Foster	Proposed	220.0
REGIONAL BURNS UNIT	K Hall	Proposed	500.0
PACS	A Geddes	Proposed	600.0
REVERSE ISOLATION IN A&E	N Hunt	Proposed	50.0
Sub total			**1,370.0**
IT EQUIPMENT			
NETWORK RESILIENCE UPGRADE - HARDWARE	B Gordon	Proposed	114.0
NETWORK RESILIENCE UPGRADE - COMMUNICATION	B Gordon	Proposed	36.0
PC LEASE PURCHASE	B Gordon	Proposed	23.0
CITRIX FARM RE-ENGINEERING	B Gordon	Proposed	59.0
E-PROCUREMENT	V Pross	Proposed	153.0
Sub total			**385.0**
MEDICAL EQUIPMENT			
MEDICAL EQUIPMENT TO BE PRIORITISED	M Anderson	Proposed	1,100.0
Sub total			**1,100.0**
CONTINGENCY			
CONTINGENCY BALANCE TO BE APPROVED	L Bewes	Proposed	551.0
Sub total			**551.0**
TOTAL PROPOSED CAPITAL PROGRAMME			**8,345.0**

2.8 Financing and working capital strategy

The Trust's financing regime will change if the Trust is granted a licence to operate as a Foundation Trust from 1st August 2006 and the Trust is therefore planning to roll forward current NHS requirements for the first 4 months of the year and move to the new FT financing regime for the last 8 months.

Current Status

The working capital forecast for 2006-07 is based on improvement on cash collection of outstanding debtors for the months of February 06 and March 06.

The Trust's opening External Financing Limit (EFL) is £9.43m. This is calculated as:

	£'000
2006-07 Capital Allocation	7,999
less Depreciation	(11,259)
Opening EFL	(3,260)
Previous year's Brokerage reversal	(6,170)
Present EFL	(9,430)

The Trust's current cash flow forecast will enable it to make total repayment of the outstanding EFL by 31st July 06 upon obtaining Foundation Trust status.

Foundation Trust Status

The Trust will need to borrow £7.5m to finance its current year capital expenditure programme. This will depend on Foundation status because there are different methods of securing this funding.

Non Foundation status will enable us to borrow £7.5m from the NHS Bank at an annual rate of 5% interest. This has replaced the original cash brokerage arrangement via the local Strategic Health Authority (SHA).

Upon being licensed as a Foundation Trust, this will enable us to borrow against our capital expenditure programme from the Foundation Trust Financing Facility. The interest rate will be between 4.5% - 5.0% (subject to the Bank of England base rate). The current PWLB rate is 4.85%. Funding would be drawn down as expenditure is incurred.

Compliance with Prudential Borrowing Code (PBC) ratios

If the Trust is licensed as a Foundation Trust, it will be required to operate within the Prudential Borrowing Code.

The Prudential Borrowing Code (PBC) ratios represent the standard performance indicators against which the FT's ability to meet long-term debt servicing and repayment is measured. The key ratio determining the Trust's Prudential Borrowing Limit, i.e. its total debt as a % of its net assets, is the Maximum Debt to Capital ratio.

This ratio will be dependent on the FT's financial risk rating from 1 – 5 (1 = highest risk i.e. worst rating) which is awarded by Monitor.

	Monitor Risk Rating				
	5	4	3	2	1
Maximum Debt/Capital Ratio	40%	25%	15%	10%	0%

If the Trust's plan is accepted by Monitor, the Trust would expect to be a Risk Rating 4, which allows up to 25% maximum Debt/Capital. The Trust is planning a maximum Debt/Capital ratio of 1.8% in 2006/07, which is therefore well within the maximum tolerance limit.

Working Capital Facilities

Working capital financing will be sourced from commercial banks and would be restricted to the number of days expenses that could be covered in 30 days, which in itself is determined by the Trust's rating.

A working capital facility of up to £18.0m would be set up with an arrangement fee of 0.01% (£18,000). This represents 10% of the Trust's 2006-07 forecast operating expenses.

The commercial banks currently offer one year renewable working capital facility and if utilised will be at 0.5% above base rate (currently 4.5%).

The approved working capital facility does not restrict the frequency or size of the draw-downs unlike the temporary borrowing facility under the old regime.

Long-Term Loans

Long term loan requirements will be restricted to the financing of the Trust's projected capital expenditure. As stated above, the Trust is planning to borrow £7.5m from the Foundation Trust Financing Facility in 06/07, repayable over 3 years at 4.85%.

Loans from the FT Financing Facility are for clearly identified capital expenditure, either in the form of a project loan or for a shopping basket of items in the Trust's capital programme.

Borrowing is up to 20 years fixed rate, with the terms dependent upon the depreciation policy of the underlying asset. Drawdown would be matched to capital expenditure on a quarterly basis and a drawdown schedule built into the loan agreement, allowing for expected capital slippage.

Interest payable is expected to be six monthly from first drawdown and at a rate between 4.5% - 5.0% (subject to the Bank of England rates) on the date of signing the agreement for the period concerned.

Repayments are in equal instalments commencing approximately six months following the last expected drawdown.

The planned Balance Sheet and resultant Cash Flow Plan are set out on pages 19 and 20.

Balance Sheet 2006/07

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
	£000's	*£000's*	*£000's*	*£000's*	*£000's*	*£000's*	*£000's*	*£000's*	*£000's*	*£000's*	*£000's*	*£000's*	*£000's*
FIXED ASSETS													
Tangible + Intangible Assets	302.5	302.6	302.2	302.0	301.6	301.0	300.6	300.0	300.3	299.8	300.4	300.7	**3,613.8**
PFI Residual interest	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**
PFI Deferred Assets	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**
Total Fixed Assets	**302.5**	**302.6**	**302.2**	**302.0**	**301.6**	**301.0**	**300.6**	**300.0**	**300.3**	**299.8**	**300.4**	**300.7**	**3,613.8**
CURRENT ASSETS													
Stocks & Work in Progress	5.2	5.2	5.2	5.2	5.1	5.1	5.1	5.1	5.0	5.0	5.0	5.5	**61.9**
NHS Trade Debtors	9.7	10.3	10.9	11.5	12.2	8.0	9.6	11.2	8.0	9.6	11.2	8.0	**120.0**
Non NHS Trade Debtors	4.2	4.2	4.2	4.1	4.1	4.1	4.1	4.1	4.0	4.0	3.9	3.9	**48.8**
Other Debtors	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	**4.3**
Accrued Income	1.9	1.9	1.9	1.9	1.9	1.9	1.9	1.9	1.9	1.9	1.9	1.9	**22.3**
Prepayments	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	**5.3**
Cash at bank and in hand	2.9	2.6	2.2	2.6	2.7	2.9	2.2	1.9	6.8	5.9	4.6	2.7	**40.1**
Total Current Assets	**24.6**	**24.9**	**25.1**	**26.1**	**26.8**	**22.7**	**23.6**	**24.9**	**26.5**	**27.2**	**27.4**	**22.8**	**302.7**
CURRENT LIABILITIES (amounts due in less than one year)													
Trade Creditors	(16.6)	(16.6)	(16.5)	(16.4)	(16.4)	(16.3)	(16.3)	(16.2)	(16.1)	(16.1)	(16.0)	(15.9)	**(195.4)**
Other Creditors	(5.1)	(5.1)	(5.1)	(5.1)	(5.1)	(5.1)	(5.1)	(5.1)	(5.1)	(5.1)	(5.1)	(5.1)	**(61.1)**
PDC dividend creditor	(0.8)	(1.6)	(2.4)	(3.2)	(4.0)	0.0	(0.8)	(1.6)	(2.4)	(3.2)	(4.0)	0.0	**(24.2)**
Capital Creditors	(0.9)	(0.9)	(0.4)	(0.5)	(0.4)	(0.3)	(0.4)	(0.2)	(1.1)	(0.2)	(1.4)	(1.1)	**(7.8)**
Interest payable creditor	0.0	0.0	0.0	(0.0)	(0.1)	(0.1)	(0.1)	(0.2)	(0.2)	(0.2)	(0.3)	(0.3)	**(1.4)**
Payments on Account	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**
Accruals	(2.2)	(2.2)	(2.2)	(2.2)	(2.2)	(2.2)	(2.2)	(2.2)	(2.2)	(2.2)	(2.2)	(2.2)	**(26.2)**
Deferred Income	(1.2)	(1.2)	(1.2)	(1.2)	(1.2)	(1.2)	(1.2)	(1.2)	(1.2)	(1.2)	(1.2)	(1.2)	**(14.2)**
Total Current Liabilities	**(26.7)**	**(27.5)**	**(27.8)**	**(28.7)**	**(29.3)**	**(25.1)**	**(26.1)**	**(26.6)**	**(28.3)**	**(28.2)**	**(30.2)**	**(25.7)**	**(330.2)**
NET CURRENT ASSETS (LIABILITIES)	**(2.1)**	**(2.6)**	**(2.6)**	**(2.5)**	**(2.5)**	**(2.4)**	**(2.5)**	**(1.7)**	**(1.8)**	**(1.0)**	**(2.7)**	**(2.9)**	**(27.5)**
Long term Debtors	0.3	0.3	0.3	0.3	0.3	0.4	0.4	0.4	0.3	0.3	0.3	0.3	**4.0**
TOTAL ASSETS LESS CURRENT LIABILITIES	**300.7**	**300.3**	**299.9**	**299.8**	**299.4**	**299.0**	**298.5**	**298.7**	**298.9**	**299.1**	**298.0**	**298.1**	**3,590.3**
Creditors: Amounts falling due after more than one year	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**
Finance leases	(2.5)	(2.5)	(2.5)	(2.5)	(2.5)	(2.5)	(2.6)	(2.6)	(2.6)	(2.6)	(2.6)	(2.5)	**(30.5)**
Provisions for liabilities and charges	(4.0)	(3.4)	(2.8)	(2.2)	(1.6)	(1.0)	(0.4)	(0.4)	(0.4)	(0.4)	(0.4)	(0.4)	**(17.6)**
TOTAL ASSETS EMPLOYED	**294.2**	**294.4**	**294.6**	**295.0**	**295.2**	**295.4**	**295.5**	**295.7**	**295.9**	**296.1**	**295.0**	**295.2**	**3,542.2**
LOANS													
Total Loans	0.0	0.0	0.0	7.5	7.5	7.5	7.5	7.5	7.5	7.5	6.3	6.3	**65.0**
TOTAL LOANS	**0.0**	**0.0**	**0.0**	**7.5**	**7.5**	**7.5**	**7.5**	**7.5**	**7.5**	**7.5**	**6.3**	**6.3**	**65.0**
TAXPAYERS' EQUITY													
Public dividend capital	169.0	169.0	169.0	161.7	161.7	161.7	161.7	161.7	161.7	161.7	161.7	161.7	**1,962.4**
Income and expenditure reserve	(0.3)	(0.1)	0.2	0.4	0.5	0.7	0.9	1.1	1.3	1.5	1.7	1.9	**9.8**
Revaluation reserve	117.9	117.9	117.9	117.9	117.9	117.9	117.9	117.9	117.9	117.9	117.9	117.9	**1,414.3**
Donated asset reserve	7.6	7.6	7.6	7.6	7.6	7.6	7.6	7.5	7.5	7.5	7.5	7.5	**90.7**
Other Reserves (Government grant reserve etc)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**
TOTAL TAXPAYERS EQUITY	**294.2**	**294.4**	**294.6**	**287.5**	**287.7**	**287.9**	**288.0**	**288.2**	**288.4**	**288.6**	**288.8**	**288.9**	**3,477.2**
TOTAL FUNDS EMPLOYED	**294.2**	**294.4**	**294.6**	**295.0**	**295.2**	**295.4**	**295.5**	**295.7**	**295.9**	**296.1**	**295.0**	**295.2**	**3,542.2**

Cash Flow 2006/07

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
	£000's	*£000's*	*£000's*	*£000's*	*£000's*	*£000's*	*£000's*	*£000's*	*£000's*	*£000's*	*£000's*	*£000's*	*£000's*
EBITDA	**1.8**	**1.8**	**1.8**	**1.8**	**1.8**	**1.8**	**1.8**	**1.8**	**1.8**	**1.8**	**1.8**	**1.8**	**21.8**
Excluding Non cash I&E items	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	**(0.2)**
Movement in working capital:													
Stocks & Work in Progress	(0.0)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	(0.5)	**(0.3)**
NHS Trade Debtors	(0.5)	(0.6)	(0.6)	(0.6)	(0.6)	4.2	(1.6)	(1.6)	3.2	(1.6)	(1.6)	3.2	**1.2**
Non NHS Trade Debtors	(0.0)	(0.0)	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.1	0.1	**0.3**
Other Debtors	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**
Accrued Income	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**
Prepayments	(0.0)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**(0.0)**
Trade Creditors	4.1	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	**3.4**
Other Creditors	0.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.4**
Payments on Account	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**
Accruals	(1.6)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**(1.6)**
Deferred Income	(0.0)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**(0.0)**
Provisions & Liabilities	(0.6)	(0.6)	(0.6)	(0.6)	(0.6)	(0.6)	(0.6)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	**(4.2)**
CF from Operations	**3.6**	**0.6**	**0.6**	**0.6**	**0.6**	**5.4**	**(0.4)**	**0.1**	**5.1**	**0.2**	**0.2**	**4.5**	**20.9**
Capital Expenditure													
Capex spend	(1.7)	(0.9)	(0.9)	(0.4)	(0.5)	(0.4)	(0.3)	(0.4)	(0.2)	(1.1)	(0.2)	(1.4)	**(8.4)**
PFI residual interest	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**
Cash receipt from asset sales	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**
CF before Financing	**1.9**	**(0.3)**	**(0.4)**	**0.2**	**0.0**	**5.1**	**(0.7)**	**(0.3)**	**4.9**	**(0.9)**	**(0.1)**	**3.0**	**12.5**
Movement in LT debtors	0.0	0.0	0.0	0.0	0.0	(0.0)	0.0	0.0	0.0	0.0	0.0	0.0	**(0.0)**
Movement in LT Creditors	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**
Interest (paid) on loans and leases	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	(0.1)	**(0.1)**
Interest (paid)/ received on cash balance	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.1**
Drawdown of loans and leasese	0.0	0.0	0.0	7.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**7.5**
Repayment of loans and leases	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	(1.3)	(0.0)	**(1.3)**
Public Dividend Capital received	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**
Public Dividend Capital repaid	0.0	0.0	0.0	(7.3)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**(7.3)**
Movement in Other grants/Capital received	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.2**
Dividends paid	0.0	0.0	0.0	0.0	0.0	(4.8)	0.0	0.0	0.0	0.0	0.0	(4.8)	**(9.7)**
Net cash outflow/inflow	**2.1**	**(0.3)**	**(0.4)**	**0.4**	**0.0**	**0.2**	**(0.7)**	**(0.3)**	**4.9**	**(0.9)**	**(1.3)**	**(1.9)**	**1.9**

3 Membership report

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

Constituencies

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

- Patients must have been treated at the hospital in the last three years – our Members' Council includes 10 patient representatives.
- The public constituencies are open to anyone living in our four local boroughs of Kensington and Chelsea, Hammersmith and Fulham, City of Westminster and Wandsworth – to ensure fair representation across our public constituency, and to avoid any danger that our Members' Council would be dominated by people living in particular areas of the four boroughs, we divided each borough into two areas for the purposes of voting in our Members' Council elections.
- The staff constituency is divided into six classes – doctors, nurses and midwives, managers, admin and clerical staff, allied health professionals and contracted staff – to ensure a broad range of staff would be elected to the Members' Council to represent the interests of these different types of staff.

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

Future membership

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

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

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

Our Membership Development and Communication Strategy sets out the key steps that we plan to take within the first 12 months of the life of our new Foundation Trust Members' Council to continue to ensure a representative membership and also includes other medium and long term objectives.

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

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

We intend to link this working group with existing community groups that represent traditionally 'hard to reach' groups, with staff equality and diversity forums such as our black and minority ethnic staff forum, and with active patient and user groups for 'hard to reach' groups such as our recently established HIV patient group.

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

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

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

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

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

Chelsea and Westminster Healthcare NHS
NHS Trust

Trust Board Meeting, 1st June 2006

AGENDA ITEM NO.	6.1/Jun/06
PAPER	Complaints and PALS (Patient Advice and Liaison Service) Report – Q3 2005/06
LEAD EXECUTIVE	Andrew MacCallum, Director of Nursing Contact Number: 020 8846 6706
AUTHOR	Amanda Harrington, Patient Affairs Manager Contact Number: 020 8846 6704
SUMMARY	The quarterly Complaints and PALS reports provide an overview of trends identified through the complaints process and PALS during quarter three 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).
BOARD ACTION	The Board is asked to note these reports.

Chelsea and Westminster Healthcare NHS
NHS Trust

Complaint Report
Quarter Three 2005/2006

Authors: **Carol Davis**, **Patient Adviser**; **Amanda Harrington**, **Patient Affairs Manager**

Date: **January 2006**

Index

Complaints Report Quarter Three - 2005-2006

1.0 Complaint Performance Quarter Three 2005-2006

The Trust received 122 formal complaints during the third quarter period between 1st October 2005 and 31st December 2005 (this compares with 107 complaints for the same period in 2004/2005). 88% of these complaints were responded to within the performance target of 20 working days.

The overall performance figure for the first nine months of the year is 85%.This is 5% below the performance target we aim to achieve. To achieve the top performance band required by the Healthcare Commission the Trust must respond to 90% of complaints within 20 working days.

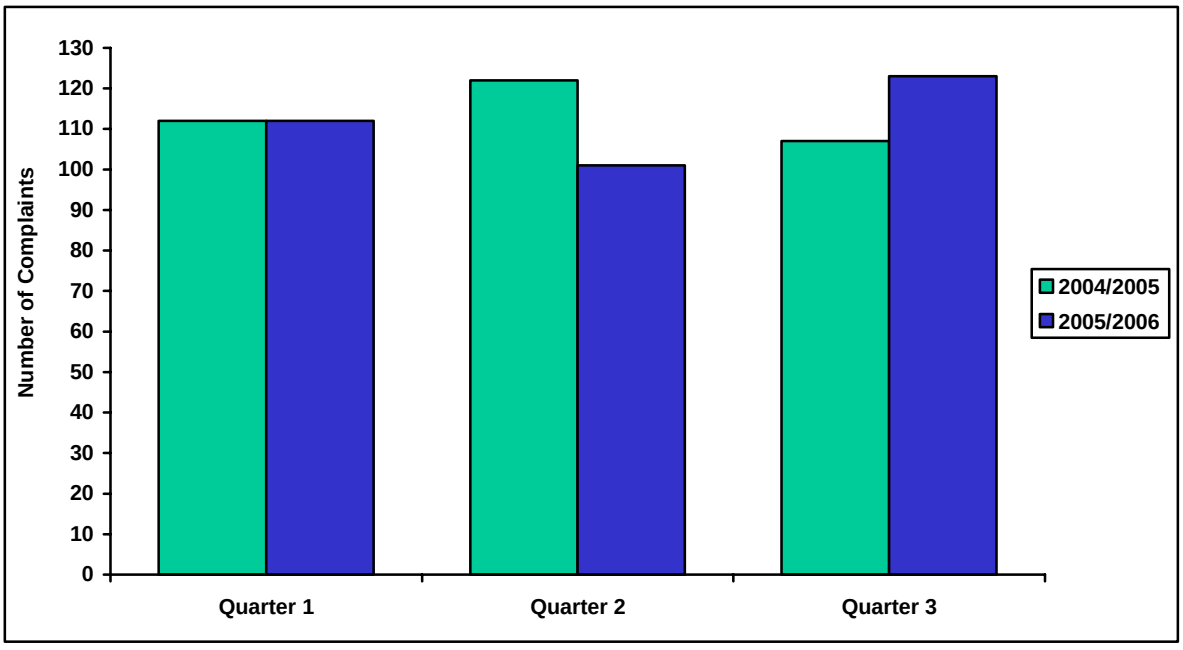
For the period 1st October 2005 to 31st December 2005, the total number of patient contact episodes with the Trust, (including inpatients stays, outpatient attendances and Accident and Emergency admissions) was 117,343.

The number of complaints received by the Trust during this period represents 0.10% of these patient contact episodes.

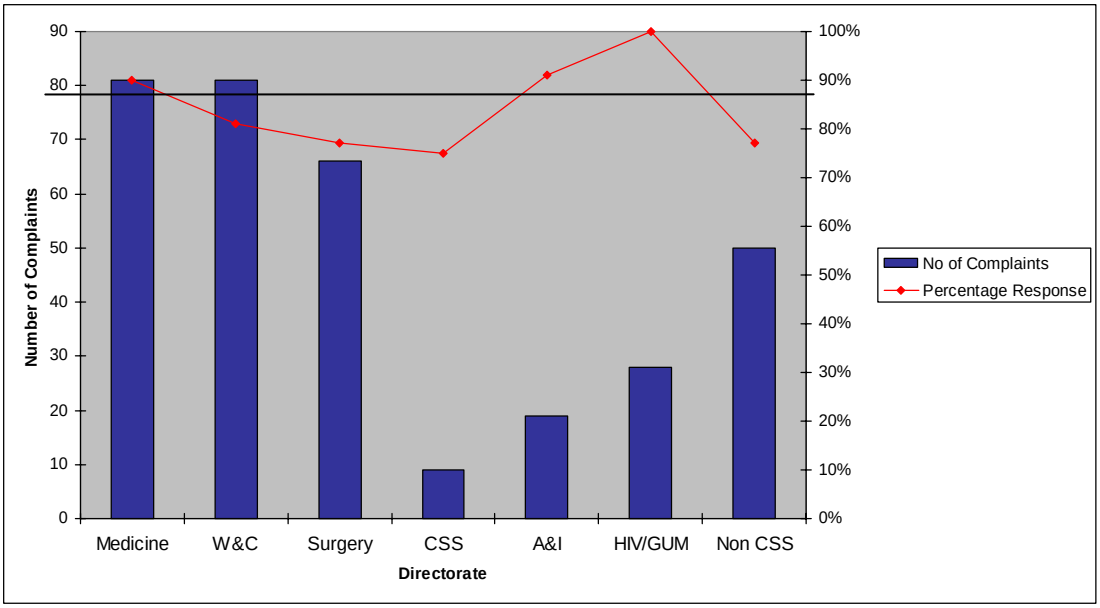
This can be broken down as follows:

	Total Number of Patients	Total Number of Complaints	Complaints as a percentage of Patient Episodes
Inpatient admissions	14,886	43	0.29%
Outpatient attendances	78,359	68	0.09%
Accident and Emergency attendances	24,098	7	0.029%

2.0 Number of Complaints Received each Quarter 2004-2005 and 2005-2006



3.0 Management of Formal Complaints April – December 2005



The above graph indicates the number of complaints received by each directorate during the first nine 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 90%, which we aim to respond to within the 20 working day period. The target of 90% is taken from the Healthcare Commission performance band thresholds.

During the first nine months of 2005/2006 the HIV/GUM, Medicine and Anaesthetic and Imaging Directorates have reached this target.

The following Directorates did not reach the 90% performance standard:

3.1 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.
- In quarter three (1st Oct- 31st December 2005) the Surgical Directorate responded to 92% of complaints within 20 working days.
- **Therefore for the first nine months of the year 2005/2006 the overall response rate is 83%.**

3.2 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.
- In quarter three (1st October – 31st December 2005) the Women and Children's Directorate responded to 78% of complaints within 20 working days.
- **Therefore for the first nine months of the year 2005/2006 the overall response rate is 81%.**

Women and Children Directorate Performance by Service

	Quarter 1 05/06	Quarter 2 05/06	Quarter 3 05/06	April 05-September 05
Gynaecology	**88%**	**71%**	**82%**	**81%**
Paediatrics	**78%**	**33%**	**67%**	**64%**
Maternity	**100%**	**83%**	**86%**	**88%**

3.3 Clinical Support Services

For the first nine months of the year 2005/2006 Clinical Support Services have responded to 88% of complaints within 20 working days. However, the total number of complaints is eight therefore this represents one response not sent within the performance standard.

3.4 Non Clinical Support Services

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

In the third quarter (1st 0october -31st December 2005) Non Clinical Support Services had improved their response rate to 88% of complaints within 20 working days.

This improvement was a result of action taken by the Soft Services Manager to ensure more effective and timely management of ISS complaints. A complaints review meeting now takes place each week with representatives from each service and the Soft Services Manager; a weekly update is sent to the complaints team.

For the first nine months of the year 2005/2006 the overall response rate for ISS complaints is 80%.

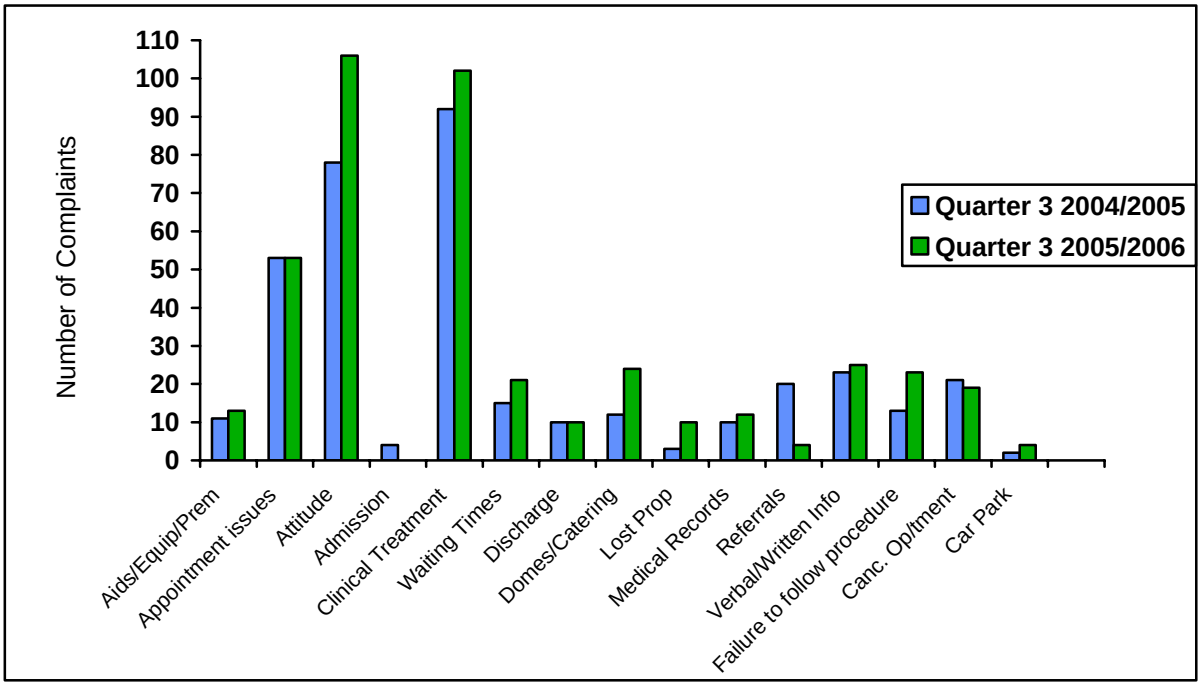
3.5 Appointment Service

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 was 75%.

The response time for complaints relating to the central appointments office for the third quarter (1st October -31st December 2005) was 100%

The response time for the first nine months of the year 2005/2006 for complaints relating to the central appointments office is now 85%.

4.0 Complaints by Category (Trust Wide) April - December 2004 and April – December 2005



The 122 complainants identified 164 issues represented in the above chart during quarter three 2005/2006. The graph compares these figures with the same period in the year 2004/2005. In both periods the two

categories with the largest number of complaints are the 'Attitude of Staff' and 'Clinical Treatment' categories. There has been an increase in the number of complaints in both categories in quarter three 2005/2006.

5.0 Top Three Issues Concerns through Complaints Procedure April-December 2005-2006

Concerns	**Number of Complaints**	**Percentage of Total Number of Complainants**
Clinical Treatment	102	30%
Attitude/Behaviour of Staff	106	32%
Appointments Issues	53	16%

5.1 Clinical Treatment

Clinical Treatment Issues by Staff Type	**Number of Complaints**
Medical Staff	**54**
Nurse	**26**
Midwife	**16**
Radiographer	**2**
Other	**4**

Clinical Treatment Issues by Directorate	**Number of Complaints**
Women and Children	**47**
Medicine	**22**
Surgery	**26**
HIV/GUM	**2**
Anaesthetics and Imaging	**2**
Clinical Support Services	**3**

5.2 Attitude/Behaviour of Staff

Staff Type	**Number of Complaints**
Nursing Staff	**40**
Medical Staff	**27**
Midwifery Staff	**8**
Admin & Clerical	**18**
Housekeeping Staff	**6**
Radiographer	**4**
Other	**3**

Directorate	**Number of Complaints**
Women and Children	**22**
Medicine	**31**
Surgery	**21**
Non Clinical Support Services	**11**
HIV/GUM	**10**
Anaesthetics and Imaging	**4**
Clinical Support Services	**6**
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.

5.3 Appointment Issues

Fifty three complainants (16% of the total number of complainants) made a complaint relating to an outpatient appointment issue during the first nine months of the year 2005/2006. This compares with 61 complaints during the same nine month period in 2004/2005.

The following table shows which directorates the appointment complaints relate to in 2005/2006.

Appointment Issues by Directorate	Number of Complaints
Women and Children	**13**
Medicine	**7**
Surgery	**4**
HIV/GUM	**11**
Anaesthetics & Imaging	**2**
Clinical Support Services	**2**
Appointment Office	**14**

20 complaints related to cancelled or delayed appointments.
25 complaints related to difficulty accessing appointment.
4 complaints relate to processing of referrals.
4 complaints related to a change in the appointment system within a specific service.

6.0 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
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.
886	31/01/2005	13/05/2005	29/06/2005	Medicine (General Medicine)	No Further Action
498	10/11/2004	16/06/2005	30/12/2005	Medicine (Rheumatology)	Further investigation of some issues
958	06/07/2005	07/07/2005	1/11/2005	Medicine (Neurology)	Further investigation of some issues
705	01/12/2004	04/08/2005	19/09/2005	Medicine (Neurology)	Further local resolution and seek independent clinical advice.
1304	17/10/05	06/12/2005		Non Clinical Support Services	Decision awaited
801	26/01/2005	25/04/2005	23/06/2005	Women & and Children (Maternity)	No Further Action
898	27/02/2005	18/05/2005	23/08/2005	Women & and Children (Paediatrics) Pathology	No Further Action
320	19/05/2004	15/04/2005	14/10/2005	Women & Children (Neo natal Unit)	No Further Action
667	20/12/2004	08/07/2005		Women & Children (Paediatrics)	Decision awaited
948	15/06/05	05/12/2005		Women & Children (paediatrics) Anaesthetics & Imaging (Anaesthetics)	Decision awaited

The above table indicates the eleven 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.

7.0 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. More detailed summaries of each case are available in the Directorate specific appendices.

Medicine Directorate
One complaint relating to the medicine directorate has been investigated and we received 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. The Trust has received the draft report and has provided the Investigations Manager with comments in response to this.

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.

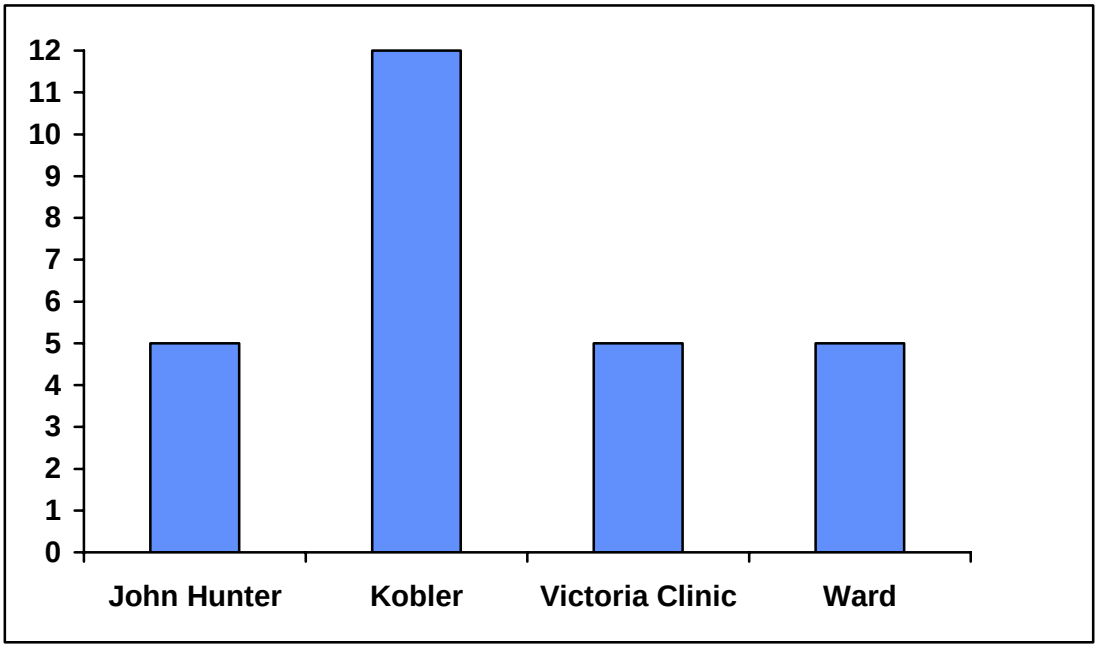
Appendix 1

1.0 HIV/GUM Directorate Quarter 3 2005/2006

A total of 3 complaints were received during the third quarter period 1st October 2005 to 31st December 2005. All of the complaints [100%] were responded to within the national standard of 20 working days.

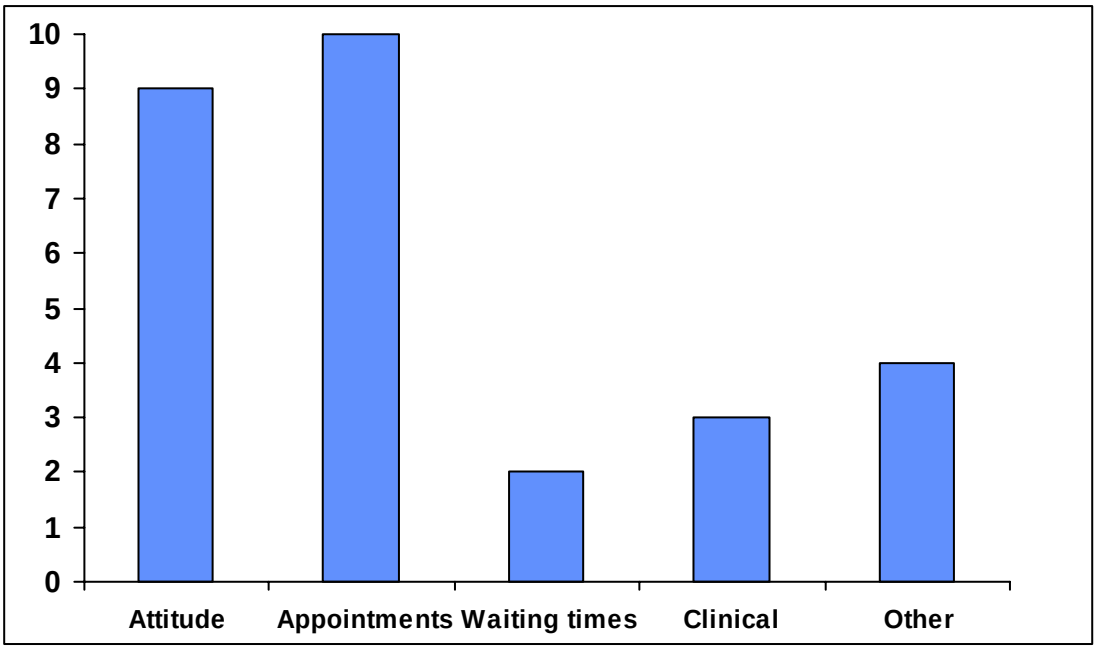
The total number of complaints in the HIV/GUM Directorate for the first six months of the year is 28. Over the nine month period 100% of complaints have been responded to within 20 working days.

2.0 Complaints by Speciality (HIV/GUM)



The increase in the number of complaints received in quarter one regarding the Kobler centre related to the changes in the appointment system. The Trust has received only two complaints relating to this area in quarter two and none in quarter three.

3.0 Complaints by Category (HIV/GUM Directorate)



3.1 Attitude
Of the nine complaints relating to attitude or behaviour of staff:

3 related to concerns about administrative staff.
4 related to concerns about nursing staff.
1 related to concerns about a doctor.

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

3.2 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 quarters two and three the Trust received only three complaints relating to appointments in this Directorate.

4.0 Healthcare Commission

Complaint: Ref 73
This complaint related to an alleged failure to make timely diagnosis in 1996, 2001 and 2002, the loss of blood and sputum specimens and issues relating to the handling of 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.

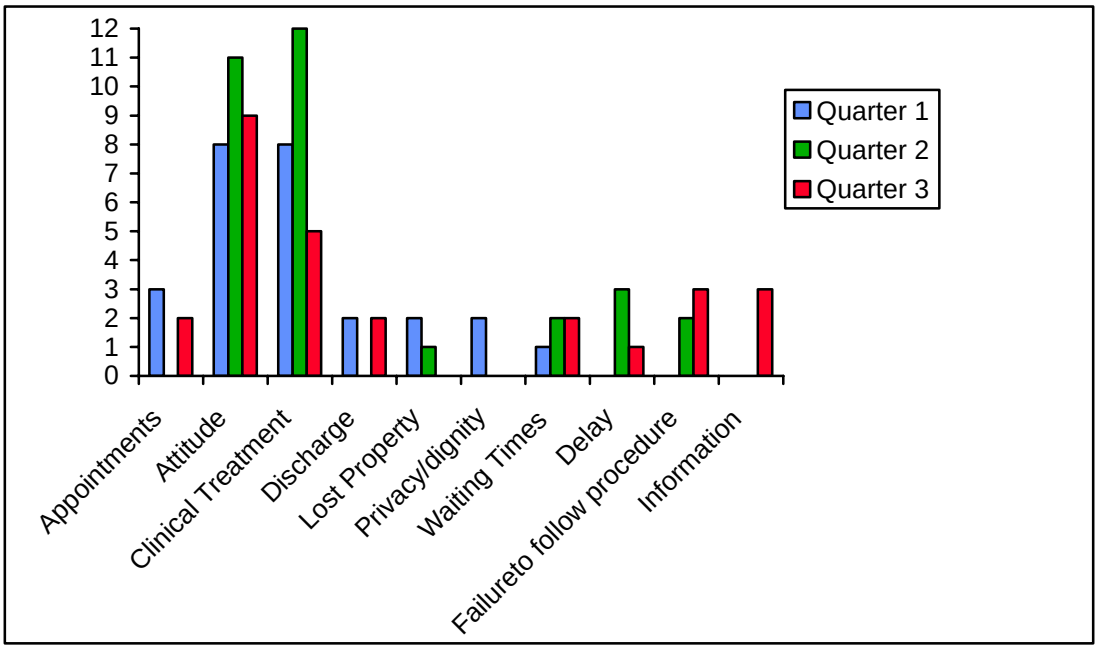
The Trust has not yet received the decision regarding this complaint.

Appendix 2

1.0 Medicine Directorate Complaints Quarter 3 2005/2006
A total of 28 complaints were received during the three month period 1st October 2005 to 31st December 2005. Twenty six **(93%)** out of the twenty eight complaints were responded to within the performance standard of 20 working days.

The total number of complaints regarding the Medicine Directorate for the first nine months of the year is eighty one. Over the six month period 90% 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 Attitude/Behaviour of Staff April – December 2005/2006
During the first nine months of the year 2005/2006 the Directorate has received twenty eight complaints relating to attitude/behaviour of staff.

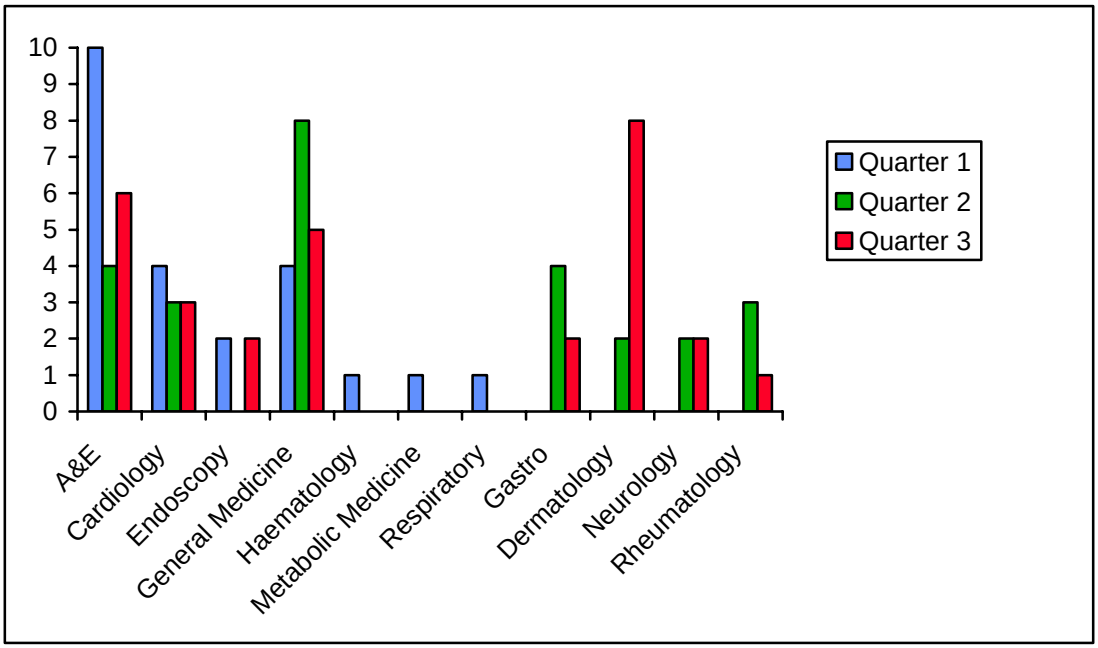
- Fifteen complaints related to the attitude or behaviour of nursing staff (One third of these complaints related to the Accident and Emergency department).
- Eleven complaints related to the attitude of clinical staff.
- Two complaints related to the attitude of administrative staff

There was no trend relating to the areas reflected in these complaints.

2.1 Clinical Treatment April – December 2005/2006

	Medical Staff	Nursing Staff
Accident & Emergency	7	3
Dermatology		1
Gastroenterology	1	
General Medicine	1	
Neurology	2	
Cardiology	2	
Haematology	1	
Wards		6

3.0 Complaints by Speciality (Medicine) 2005/2006

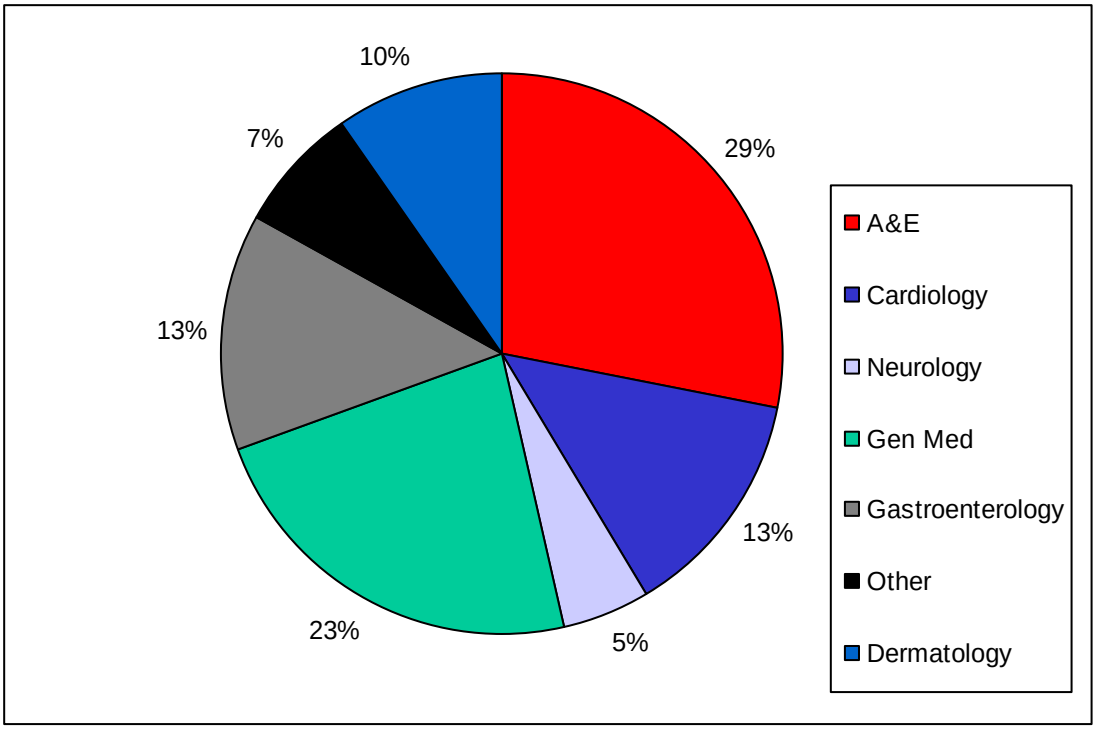


During quarter one 2005/2006 the complaints relating to the Accident and Emergency department represented ten (40 %) of complaints involving the Medicine Directorate. During quarter two the percentage of complaints relating to the Accident and Emergency department had fallen to four complaints (15% of the total for the Directorate). Quarter three presented a slight increase, with six complaints (representing 21% of the total for the Directorate).

In the quarter three period there was an increase in the number of complaints relating to dermatology. During quarter one there were no complaints relating to this service, during quarter three the Trust received eight complaints (representing 28% of the total for the Directorate).

Five of the complaints relating to Dermatology relate to the waiting times to be seen in the clinic.

3.1 Percentage of Complaints by Service (Medicine)



4.0 Healthcare Commission (HCC)
During the first six months of this year, the HCC notified the Trust that they are undertaking an initial review of four complaints relating to the Medicine Directorate. There have been no new cases notified during quarter three.

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. The decision regarding the issues raised was received by the Trust in December 2005.

The Healthcare Commission acknowledged the steps already taken by the Trust to resolve the issues. In response to the concern that a drug was inappropriately prescribed the Healthcare Commission reassured the complainant that the prescription had been appropriate.

The Trust was asked to provide a further apology to the complainant and to update her with information about how the Trust is ensuring that the cleanliness standards on the wards are maintained. These actions have been completed.

Complaint 958
There were ten issues raised by this complainant 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 has now provided the complainant with a response to the above issues as 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. The independent Clinical Advice received supported the clinical care given to the patient and commended the standard of communication with the patient.

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

Complaint 781
The issue being investigated relates to the withdrawal of consent during a procedure. The final report was issued in December 2005 and an action plan is being agreed.

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 the patients cardiac arrest was as an outcome of inadequate care.

The Trust received a draft report in November 2005 and is currently awaiting the final report.

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.
The Trust received a draft report in December 2005 and are currently awaiting the final report.

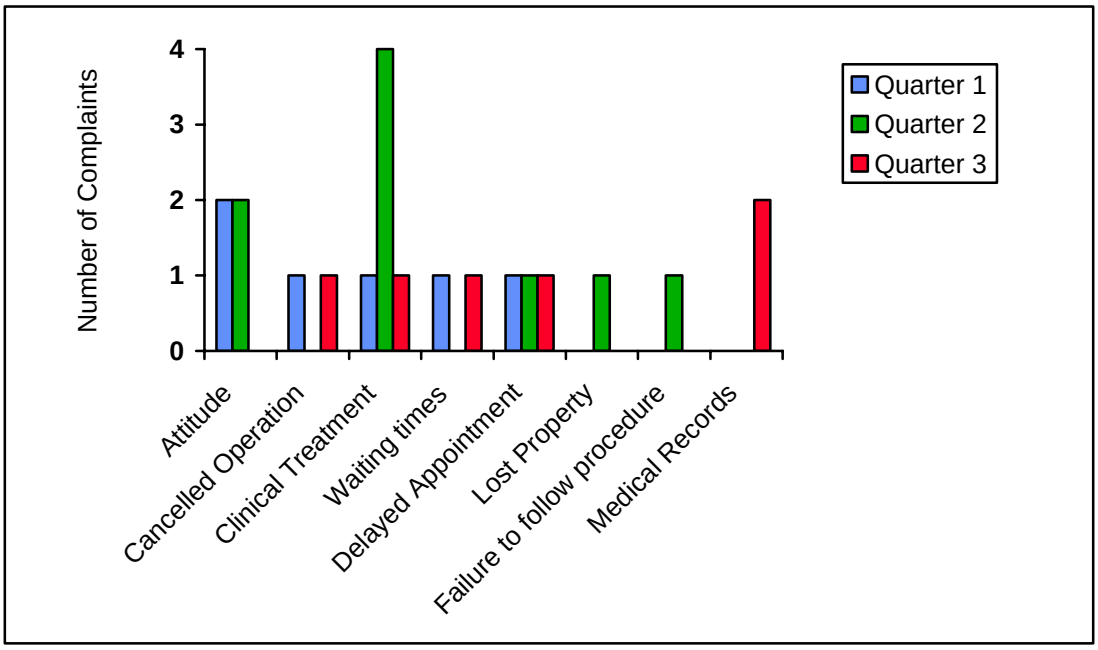
Appendix 3

1.0 Anaesthetics and Imaging Directorate Complaints-Quarter 3 2005/2006

A total of six complaints were received during the three month period 1st October 2005 to 31st December 2005. 100% of the complaints were responded to within 20 working days.

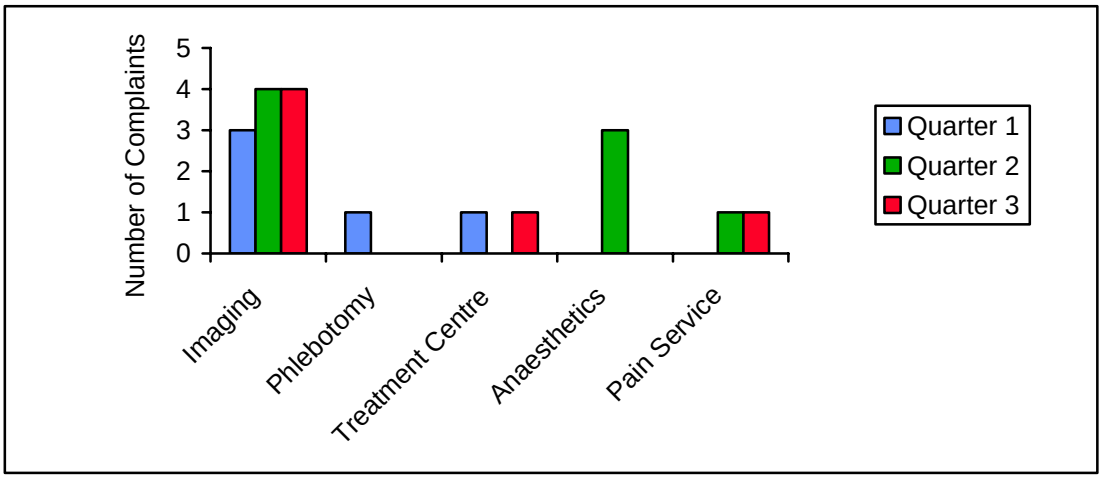
The total number of complaints in the Anaesthetics and Imaging Directorate for the first six months of the year is seventeen. Over the six month period 94% of complaints have been responded to within 20 working days.

2.0 Complaints by Subject (Anaesthetics and Imaging) 2005/2006



The above issues were raised in relation to the Anaesthetics and Imaging Directorate in quarters one, two and three 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

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 has now provided the complainant with a response to the above issues as actions advised by the Healthcare Commission.

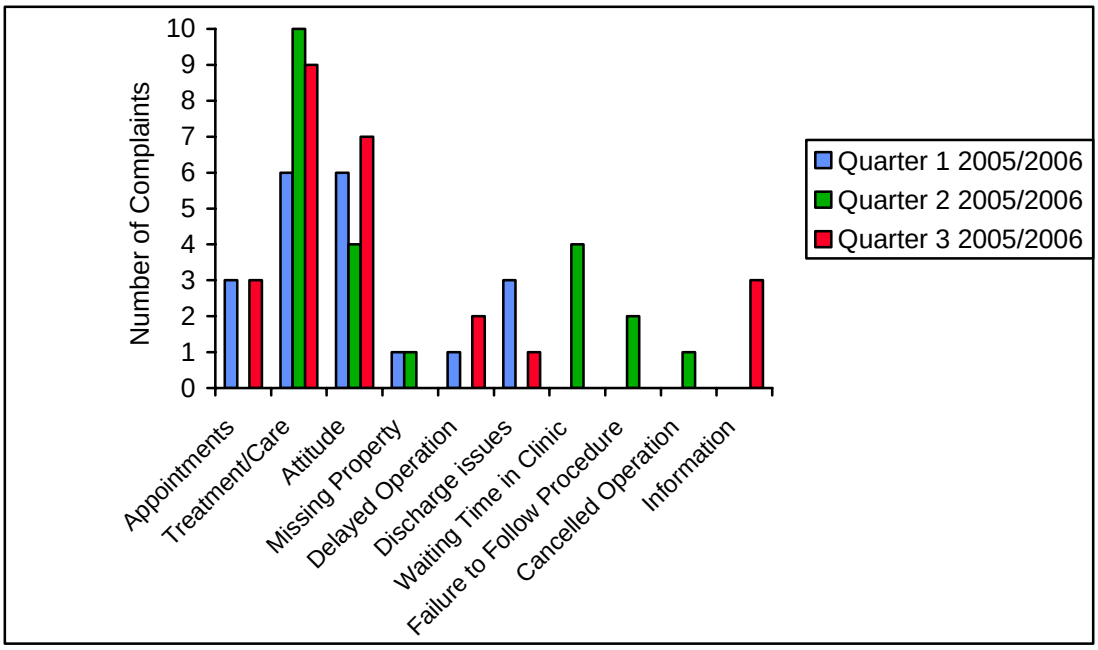
Appendix 4

1.0 Surgical Directorate Complaints-Quarter 3 2005/2006

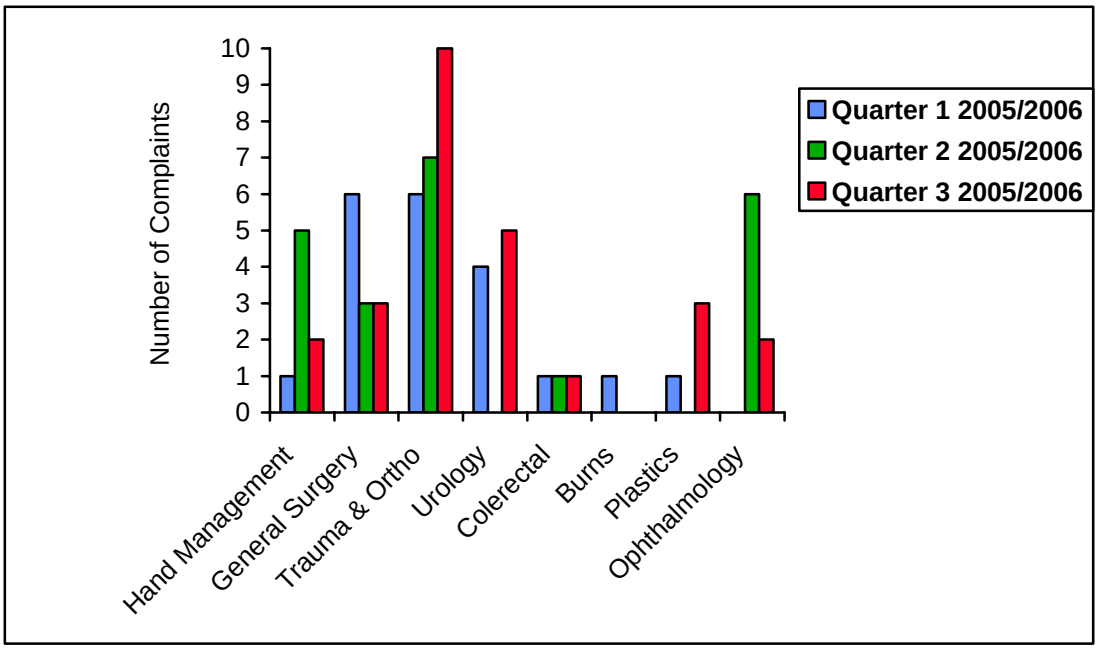
A total of twenty six complaints were received during the three month period 1st October 2005 to 31st December 2005. Twenty four **(92%)** of the twenty six complaints were responded to within the performance standard of 20 working days.

The total number of complaints in the Surgical Directorate for the first nine months of the year is sixty six. During the nine month period 83% of complaints have been responded to within 20 working days. This falls 7% below the performance standard the Trust aims to achieve.

2.0 Complaints by Category (Surgical Directorate) 2005/2006



3.0 Complaints by Speciality (Surgery)

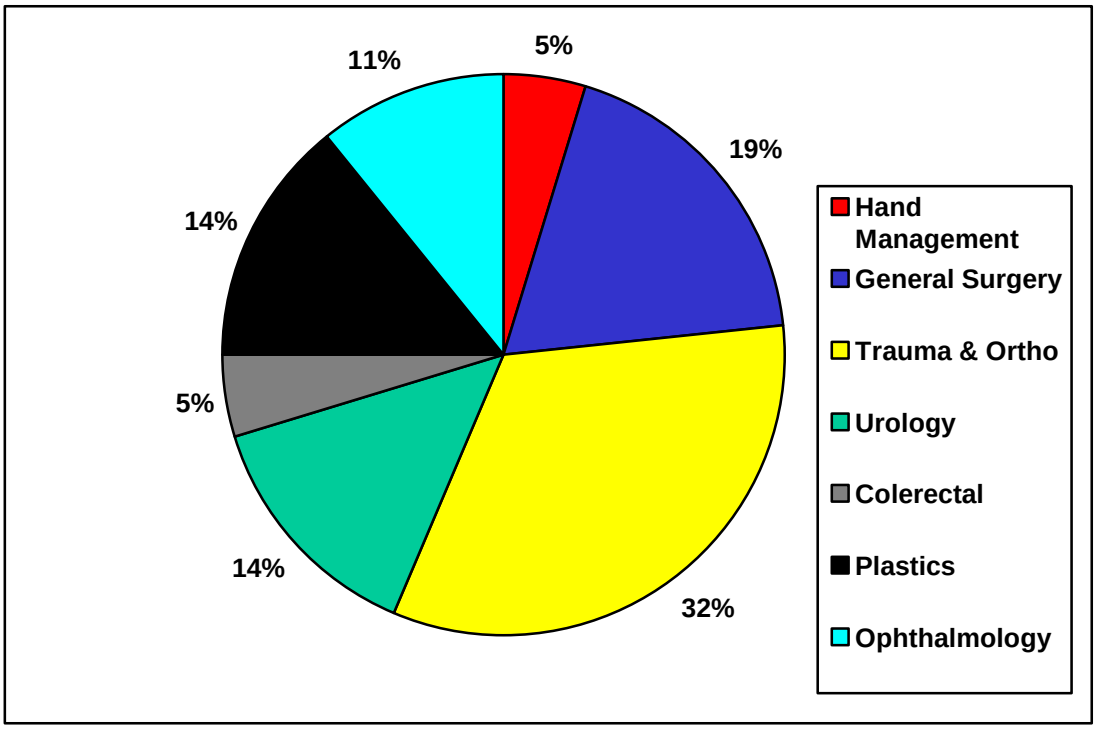


Ophthalmology 2005/2006
During quarter one 2005/2006 there were no complaints relating to the Ophthalmology service. During quarter two the service received six complaints.

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.

Quarter three has seen an increase in the number of complaints relating to the Trauma and Orthopaedic service. A total of ten complaints were received during this quarter. There is a breakdown of these complaints in the following section.

4.0 Percentage of Complaints by Service (Surgery) 1st April 2005 – 31st December 2005



Trauma and Orthopaedics 2005/2006
32% (21) of complaints related to the Orthopaedic service during the first nine months of 2005/2006:

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.
One related to a cancelled operation.
One related to a delayed appointment.

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.

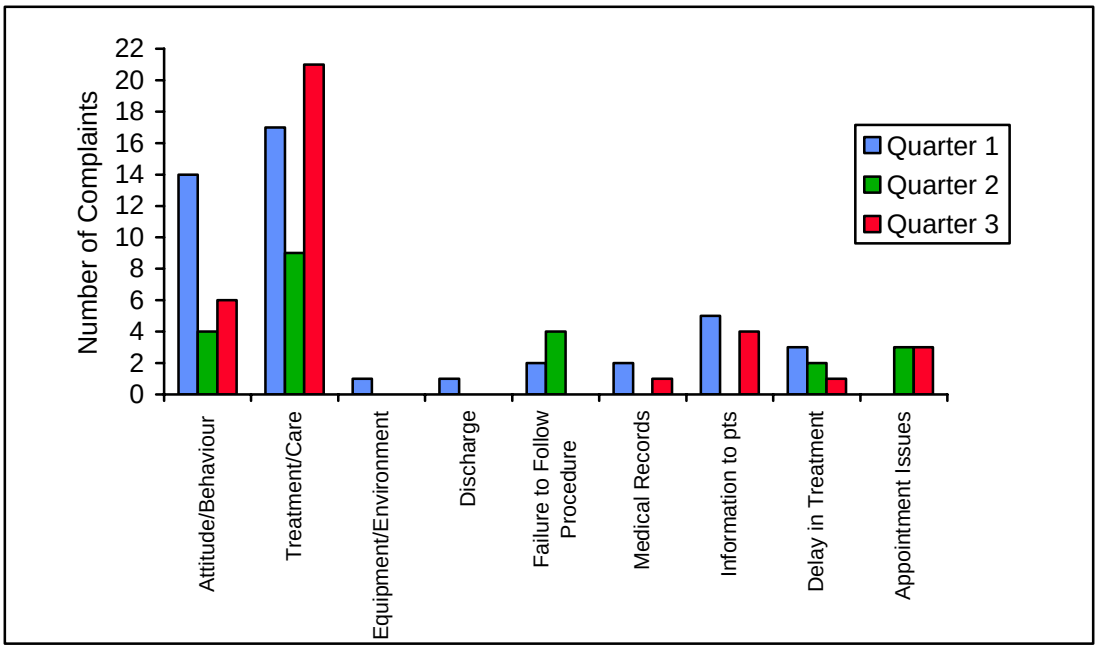
Appendix 5

1.0 Women and Children's Directorate Complaints Quarter 3 - 2005/2006

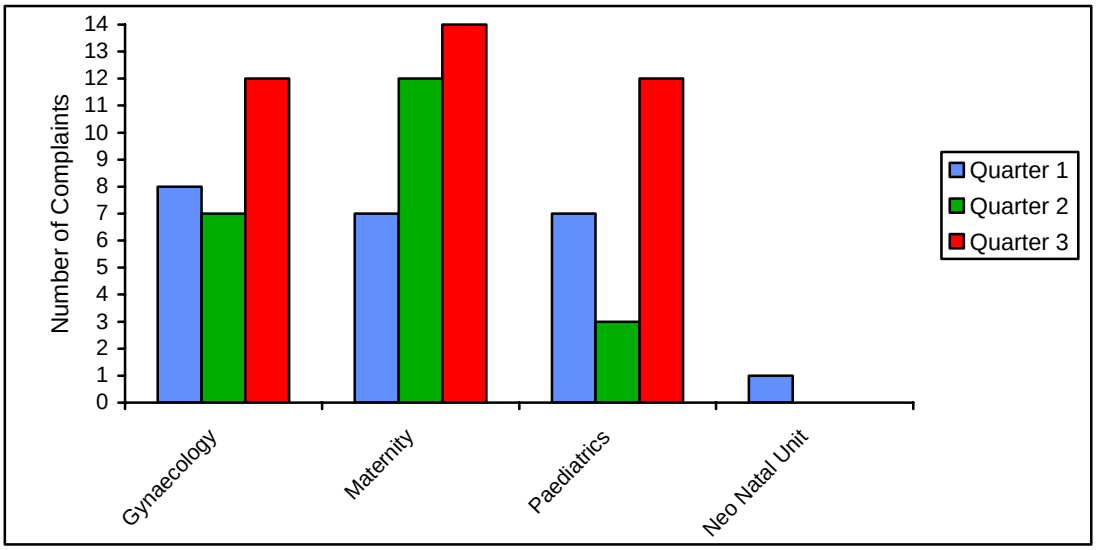
The Women and Children's Directorate received a total of thirty seven complaints between the 1st October 2005 and 31st December 2005. 81% of these complaints were responded to within the 20 working day performance standard.

The total number of complaints in the Women and Children's Directorate for the first nine months of the year is eighty two. Over the nine month period 80% of complaints have been responded to within 20 working days. This is 10% below the performance standard we aim to achieve.

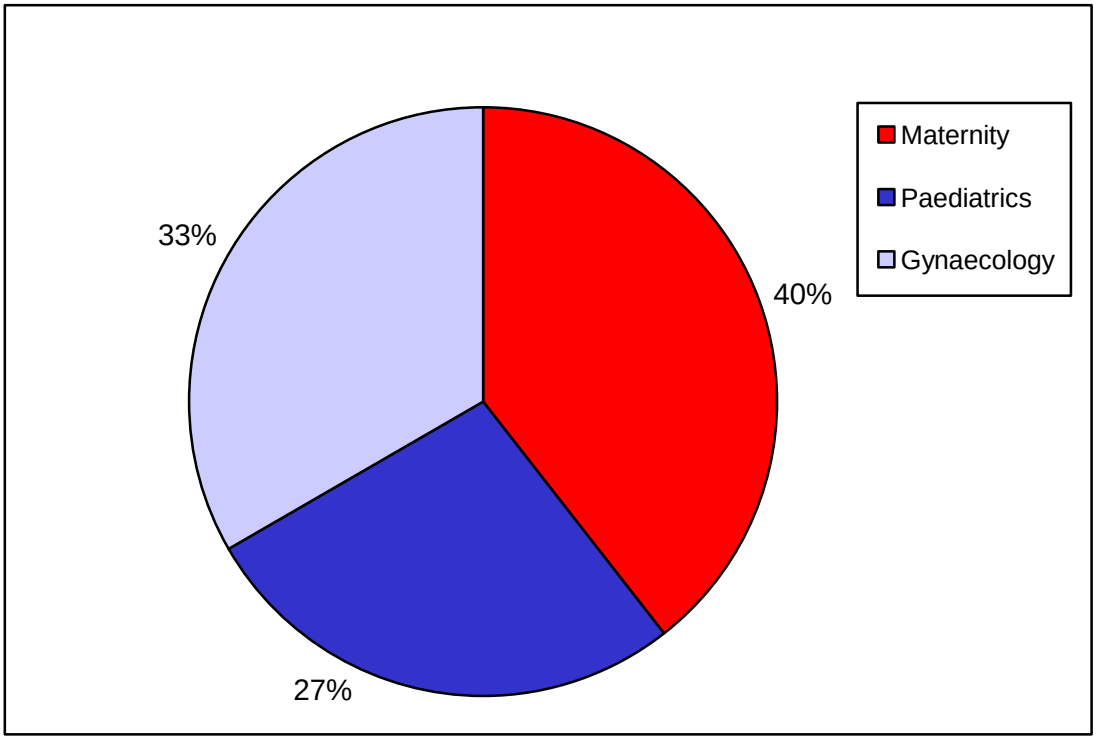
2.0 Complaints by Subject (Women and Children's Directorate) 2005/2006



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



4.0 Percentage of Complaints by Service April 2005 – December 2005



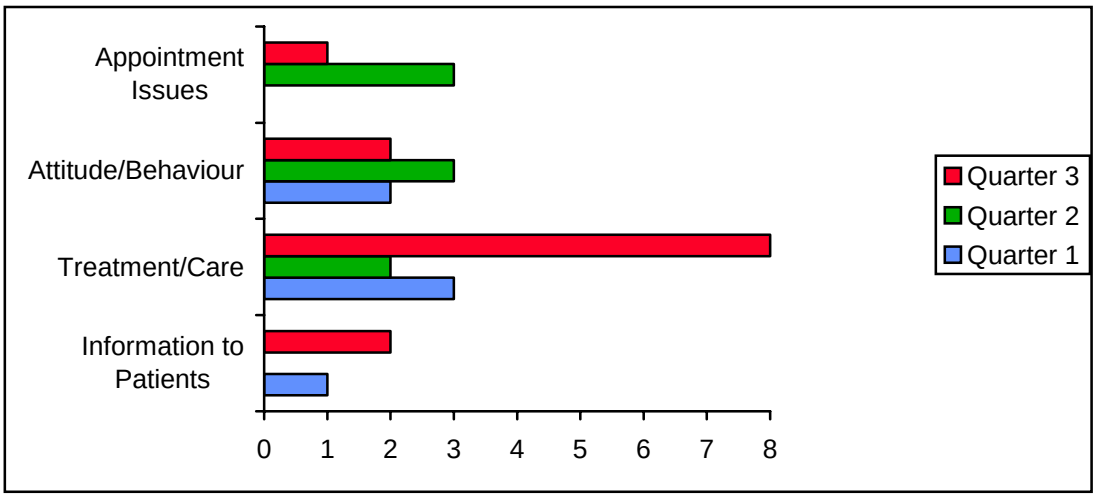
5.0 Gynaecology Complaints - Quarter 3 2005/2006

Twelve complaints were received relating to the gynaecology service. Of these twelve complaints 82% (10) were responded to within 20 working days.

The total number of complaints in the gynaecology service for the first nine months of the year is twenty seven. Over the nine month period 81% of complaints have been responded to within 20 working days.

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

5.1 Gynaecology Complaints by Category



During quarter three there has been an increase in the number of complaints relating to aspects of clinical treatment. The Trust has received eight complaints in this category.

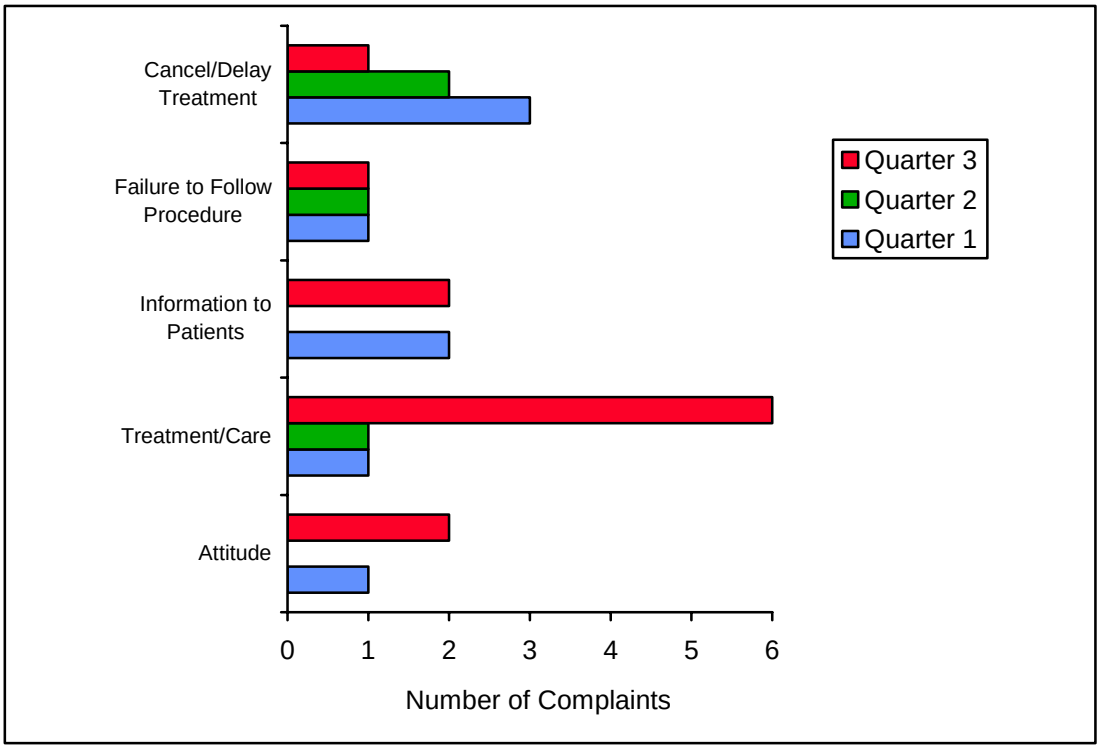
Three of these complaints relate to aspects of care in the Assisted Conception Unit.

6.0 Paediatric Complaints Quarter 3 - 2005/2006
The Paediatric Service received a total of twelve complaints in which the primary complaint related to paediatrics. Of the twelve complaints 67% (8) were responded to within the 20 working day performance standard.

The total number of complaints in the paediatric service for the first nine months of the year is twenty seven. Over the nine month period 64% of complaints have been responded to within 20 working days.

This falls below the performance standard by 26%.

6.1 Paediatric Complaints by Subject

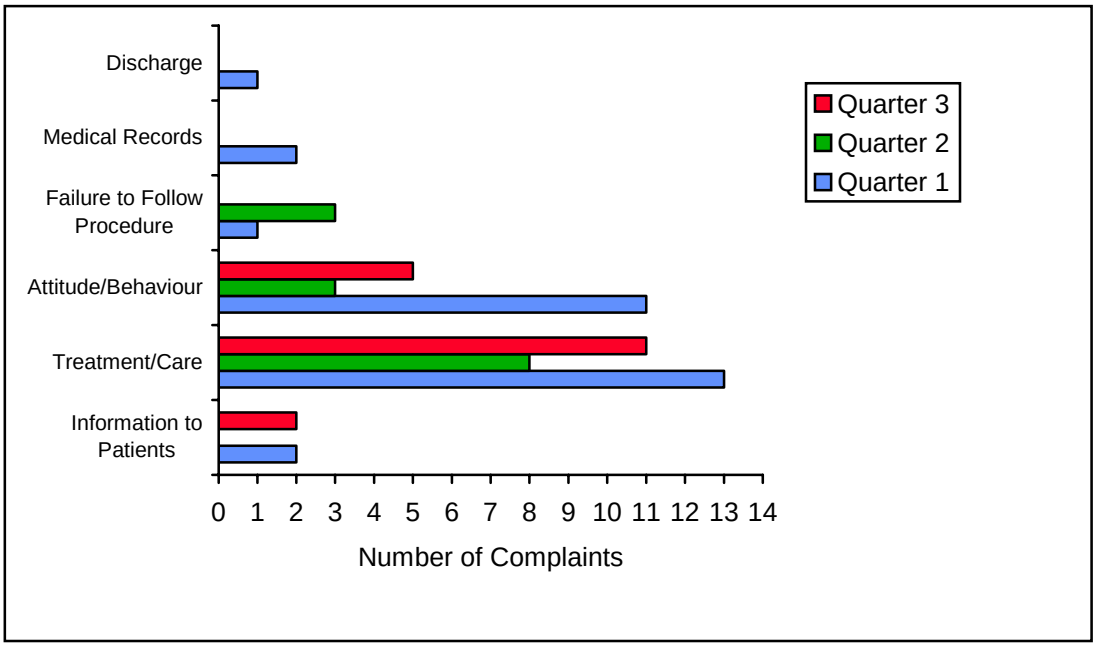


There has been an increase in the number of complaints relating to aspects of treatment and care. However there is no discernible trend in these complaints.

7.0 Maternity Complaints Quarter 3 - 2005/2006
The Maternity Service received complaints from a total of fourteen complainants between the 1st October 2005 and 31st December 2005. Of these complaints 86% (12) were responded to within the 20 working day performance standard.

The total number of complaints in the Maternity Service for the first nine months of the year is thirty three. Over the nine month period 88% of complaints have been responded to within 20 working days.

7.1 Maternity Complaints by Subject



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

One complaint was notified during quarter three – complaint reference 948.

Complaint 948
This complaint relates to aspects of care of a child during induction of anaesthesia.

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

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.

Appendix 6

1.0 Clinical Support Service Complaints Quarter 3 - 2005/2006
A total of seven complaints were received during the three month period 1st October 2005 to 31st December 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 nine months of the year is seventeen. During the nine month period 88% of complaints have been responded to within 20 working days.

This falls 2% below the performance standard we aim to achieve.

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

2.0 Physiotherapy Services
During quarter three 2005/2006 the Trust received four complaints relating to aspects of the physiotherapy service.

One complaint related to a delay in accessing an appointment.
One complaint related to aspects of clinical management.
One complaint related to the attitude of a member of staff.
One complaint related to lack of information about NHS physiotherapy.

100% of these complaints were responded to within 20 working days.

3.0 Pharmacy Services
During quarter three 2005/2006 the Trust received three complaints relating to pharmacy services.

One complaint related to lack of advice given at discharge.
One complaint related to dispensing of out of date medication.
One complaint relating to failure to dispense prescribed quantity of medication.

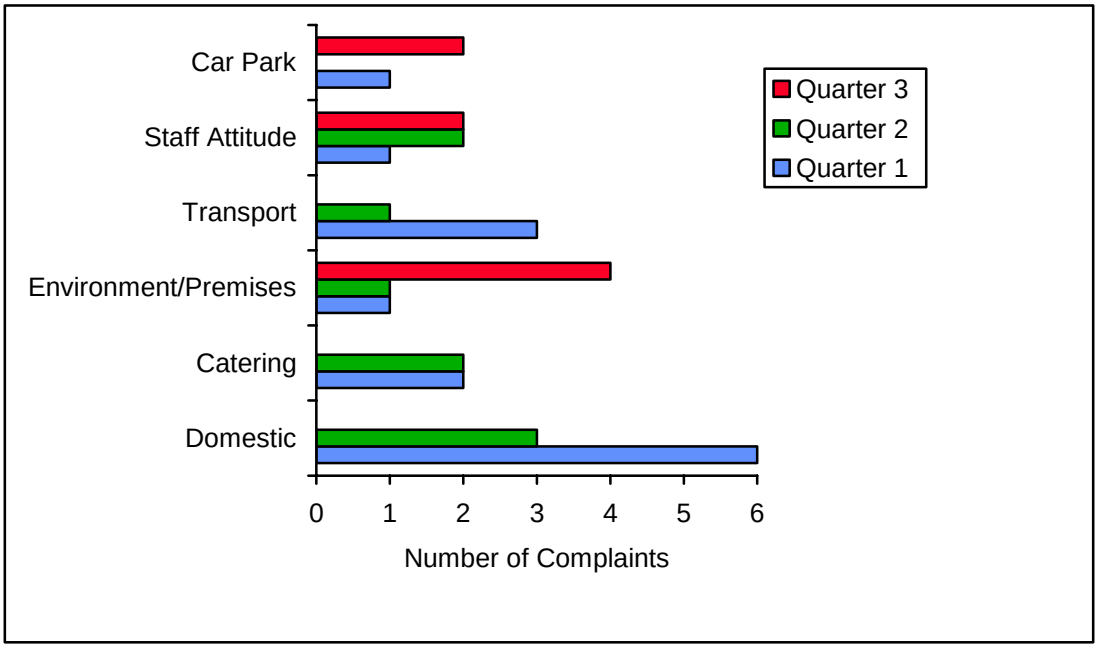
100% of these complaints were responded to within 20 working days.

Appendix 7

1.0 Non Clinical Support Services Quarter 3 2005/2006
Non clinical support services received a total of sixteen complaints between the 1st October 2005 and 31st December 2005. 88% (14) 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 nine months of the year is fifty. During the nine month period 1st April 2005 – 31st December 2005, 80% of complaints were responded to within 20 working days. This is 10% below the performance standard we aim to achieve.

2.0 ISS Complaints by Category - Quarter 3 2005/2006



During quarter three there have been no formal complaints relating to domestic or catering issues.

3.0 Appointment Office Quarter 3 2005/2006
During quarter three 2005/2006 the Trust received four complaints relating to the Appointments Office. All complaints related to difficulties accessing a first appointment. 100% of these complaints were responded to within the 20 working day performance standard.

During the first nine months of the year 2005/2006 85% of complaints relating to the appointments office have been addressed in 20 working days. This is 5% below the performance standard.

Chelsea and Westminster Healthcare NHS
NHS Trust

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

Author: **Amanda Harrington**
Patient Affairs Manager
Date: **January 2006**

Patient Advice and Liaison Service (PALS) Report - Quarter 3 2005/2006

1.0 Introduction

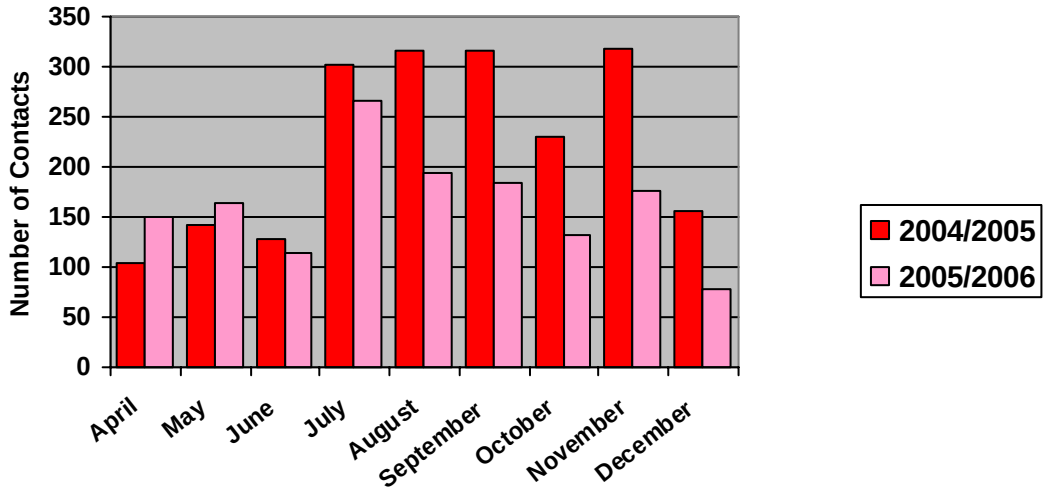
This report collates information received from comment cards and PALS enquiries. The report highlights issues raised by service users who have contacted the PALS department either to raise a concern about aspects of the service or to request information or advice. The report also includes positive comments and praise about aspects of the service.

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 31st December 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
October	24	109	133
November	23	154	177
December	16	63	79
TOTALS	**171**	**1294**	**1465**

Number of contacts with the PALS service 1st April 2005 and 31st December 2005.



The fall in the number of client contacts during the month of December relates in part to the holiday period during this time. In addition it is likely that the data recorded did not capture all the client contacts due to the lack of resource available at this time. The PALS team was reduced to one member throughout the period. From the beginning of January 2006 the team will return to full capacity and this should be reflected in the data for the next quarter.

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

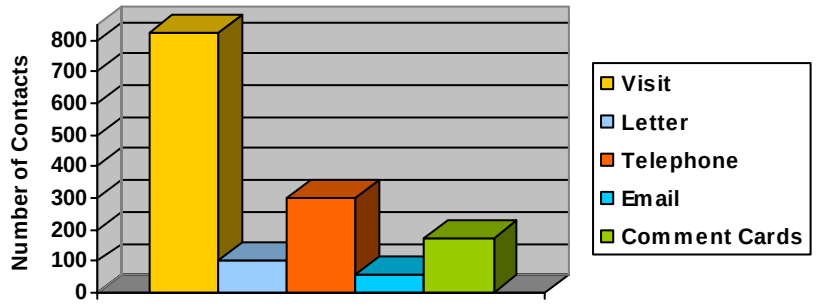
	Quarter 1	Quarter 2	Quarter 3
Concern	205	183	212
Praise	52	49	47
How to make a complaint	7	23	9
Contact Information support groups	4	3	3

General Queries	96	109	38
Health Related Issues	25	51	22
PCT Info/Local Services	6	25	5
Comments/Suggest	1	9	24
Brief Queries	33	195	29
Total	**429**	**647**	**389**

Not all contacts with the PALS office are to express concern about the service, as indicated by the above table. 57% of those making contact during the first nine 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**	**Quarter 3**
Visit	252	431	143
Letter	25	38	38
Telephone	90	106	106
Email/Fax	2	22	32
Comment Card	60	48	63
Website Feedback form	NA	2	7
Total	**429**	**647**	**389**



The above charts represent the method of contact with the PALS office during the first nine months of 2005/2006. 77% of contacts were directly with PALS staff either in person or by telephone.

5.0 Issues Raised by Category - 1st April 2005 and 31st December 2005

Subject	General Queries	Concerns	Praise	Comment/ Suggestion	Complaint	**Total**
Appointments	26	98	1	4		**129**
Attitude/Behaviour of Staff	1	96	129	3	4	**233**
Aids, Equipment, Environment	15	57	2	16		**90**
Clinical/Treatment	11	55	28	2	5	**104**
Referrals (lost, delayed or inappropriate)	4	30			1	**35**
Waiting times in clinics/departments	1	22	2	3	1	**29**
Delay – Operation/Treatment	5	22		1		**28**
Cancelled Outpatient Appointment	1	21			1	**23**
Concern re Oral/Written Information		21				**21**
Discharge	4	17				**21**
Not Applicable/Other	12	17		1		**30**
Admission	1	16	2	1		**20**
Delay – Outpatient Appointment	3	15				**18**
Domestic	1	15				**16**
Missing Property	3	14				**17**

Delay results	1	13				**14**
Transport	6	10				**16**
Medical Records	38	10				**48**
Cancelled Operation		9				**9**
Car Park	3	9			1	**13**
Catering		8	2	1		**11**
Failure to Follow Agreed Procedure		5				**5**
Privacy and Dignity	1	5				**5**
Funding	5	3				**8**
Consent		2				**2**
Interpreting Services	11	2				**13**
Switchboard	1	2				**3**
Information re formal complaints					32	**32**
Information re support groups	10					**10**
Health Related Information	50					**50**
General Information requests	214					**214**
Information re PCT and Local Services	37					**37**
Discrimination	2					**2**

6.0 Top Four Concerns raised with PALS between 1st April and 30th December 2005

6.1 Appointment Issues
Ninety eight clients (16% 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 has fallen when compared with the same period in the previous year, during which one hundred and thirty four concerns were raised.

6.2 Attitude/Behaviour of Staff
Ninety six clients (16% of those who have raised a concern) raised concerns relating to the attitude or behaviour of Trust staff. There has been an increase in the number of concerns raised about attitude or behaviour of staff when compared with the same period in the previous year, when sixty seven clients raised concern about the attitude of staff.

Concerns about Staff Attitude/Behaviour by Staff Type and Directorate.

	Medical Staff	**Nursing Staff**	**Midwives**	**Admin & Clerical**	**Radiographer**	**House keeping**	**Totals**
Anaesthetics & Imaging	2	2			4		**8**
HIV/GUM		1		3			**4**
Medicine	4	14		5			**23**
Surgery	3	8					**11**
Women & Children	3	4	8	4			**19**
Clinical Support Services				1			**1**
Non Clinical Support Services				7		10	**17**
Totals	**12**	**28**	**8**	**20**	**4**	**10**	**83**

The largest number of concerns in this category relates to attitude of nursing staff in the Medicine Directorate:

- Three clients raised a concern about the attitude/behaviour of nursing staff in the Accident and Emergency Department.
- One client raised a concern about the same issue in the outpatient clinic.

- Ten client raised concern during this nine month period about the attitude of nursing staff on the medical wards.

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.

Praise for Attitude/Behaviour of Staff
129 clients (87% of those who have made positive comments during this period) have praised the attitude of behaviour of staff:

- 13 clients praised aspects of staff attitude or behaviour in the Anaesthetics and Imaging Directorate.
- 7 clients praised aspects of staff attitude or behaviour in the HIV/GUM Directorate.
- 54 clients praised aspects of staff attitude or behaviour in the Medicine Directorate.
- 23 clients praised aspects of staff attitude or behaviour in the Surgical Directorate.
- 19 clients praised aspects of staff attitude or behaviour in the Women & Children's Directorate.

6.3 Aids, Equipment, Appliances and Premises
Fifty seven clients (9.5% of those who have raised a concern) have expressed concern relating to aspects of the environment or equipment.

Within this category thirty 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 eleven concerns were raised.

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

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

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

The Trust Soft Services Manager is now taking the lead on managing the Patient Line contract and addressing the issues with them. In order to help create an opportunity to discuss any concerns and compliments regarding the current quality of the Patient Line Service, he is in the process of establishing a Patient Line User Group.

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

6.4 Aspects of Clinical Care/Treatment
Fifty five clients (9% of those who have raised a concern) raised concerns relating to aspects of clinical treatment.

Concerns about Clinical Care/Treatment by Staff Type and Directorate.

	Medical Staff	Nursing Staff	Midwives	Radiographer	Physio	Phlebotomist	Totals
Anaesthetics & Imaging	1	1		1		1	**4**
HIV/GUM	1						**1**
Medicine	11	8					**19**
Surgery	9	4					**13**
Women & Children	9	2	3				**14**
Clinical Support Services					4		**4**
Totals	**31**	**15**	**3**	**1**	**4**	**1**	**55**

7.0 Actions taken in Response to Issues Raised with PALS during the year 2005/2006
- Disposable curtains are being piloted to reduce risk of infection.

- As part of the process of updating hospital signage, signs regarding mobile phone use 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.

- Search facility added to Trust website.

- Changes to administration of prescriptions for private patients.

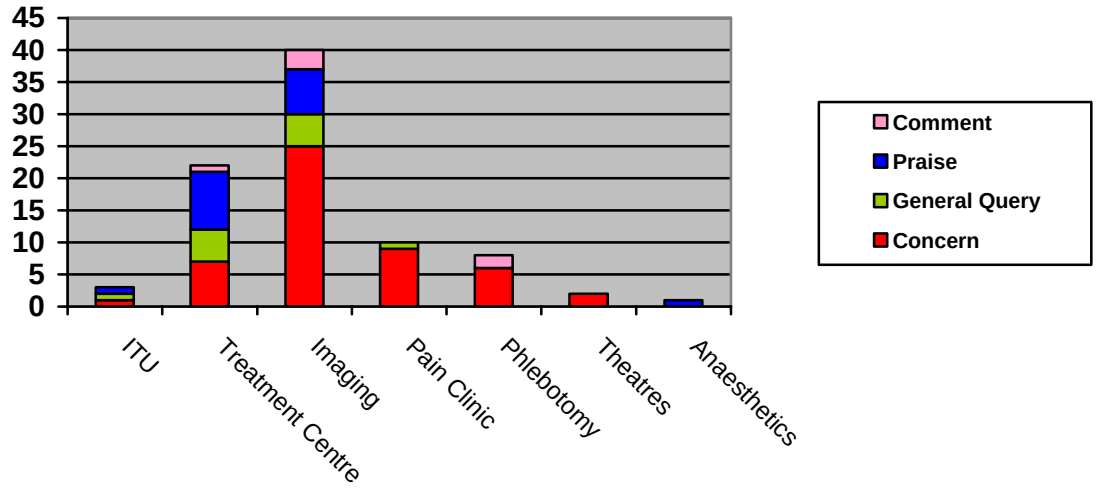
8.0 Non Directorate Related Enquiries

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 – December 2005



1.1 Treatment Centre
The seven concerns raised about the Treatment Centre during this nine month period 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.
- Procedure cancelled as did not understand need to confirm acceptance of date.

Praise included:

- Six clients praised the attitude of staff in the Treatment centre.
- Two clients praised her clinical treatment in the Treatment centre.

1.2 Imaging
The twenty five concerns raised about the Imaging department during this nine month period relate to:

- Issues relating to accessing appointments (8)
- Issues relating to attitude/behaviour of staff (5)
- Waiting times for appointments (5)

Six clients praised relating to the attitude of staff in this department.

1.3 Pain Clinic
The nine concerns raised about the Pain Clinic during this nine month period relate to:

- Appointment Issues (6)
- Delay processing referral (2)
- Discharge from clinic (1)

1.4 Theatres
The two concerns raised about the theatres during this nine month period relate to:

- Theatre staff 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 client praised the attitude of the anaesthetic team.

Appendix 2

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

19 concerns have been raised regarding the HIV/GUM Directorate during the period 1st April 2005 – 31st December 2005. These related to:

- 6 clients raised concerns relating to problems accessing appointments.
- 4 clients raised concern about the attitude of reception staff.
- 1 client raised concern about the attitude of a member of nursing team
- 3 clients raised concern about waiting times in clinic.
- Concern about aspects of treatment.
- Problems accessing test results.
- Concerns relating to telephone line.
- Client seeking clarification of diagnosis.

2.0 Information was requested relating to:

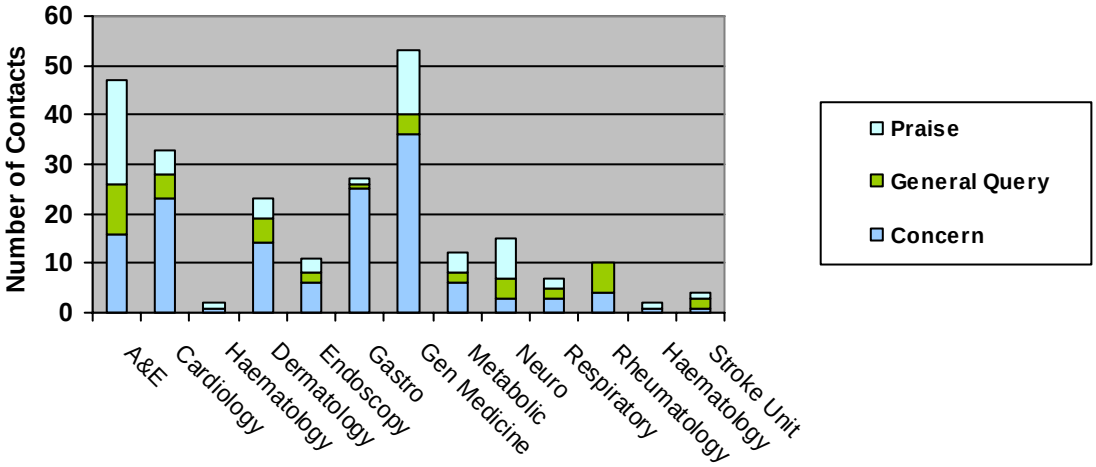
- Same day HIV tests.
- Contact details for Consultant staff.
- Positive Health Programme.

3.0 Praise

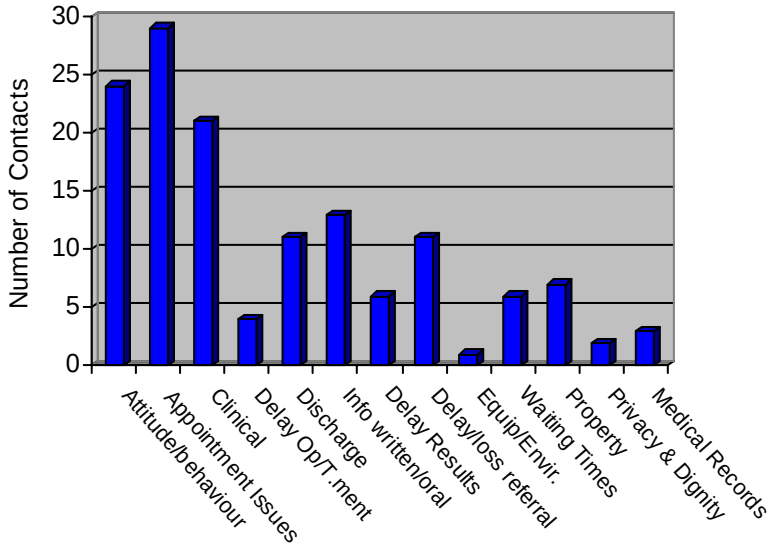
10 clients have praised aspects of the service in this Directorate during the period 1st April 2005 – 31st December 2005.

- 7 clients have praised the attitude of clinic staff.
- 1 client praised decision to continue to provide mental health service for patients.
- 1 client praised efficiency of new automated telephone service.
- 1 client praised service provided by clinic.

1.0 Medicine Directorate Profile – April 2005 – September 2005



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



2.1 Appointment Issues

Twenty nine clients raised concerns 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).
- Four patients concerned that appointment had been cancelled and unable to attend alternative offered.
- Two patients expressed concern that no appointment was available within time frame requested.
- 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.

2.2 Attitude/Behaviour of Staff
Twenty four 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
3	Admin and Clerical	Endoscopy
2	Admin and Clerical	Outpatient Clinic
2	Admin and Clerical	Accident and Emergency
3	Medical Staff	Accident and Emergency
2	Medical Staff	William Gilbert Ward
2	Nursing Staff	Accident and Emergency
3	Nursing Staff	Nell Gwynne ward
1	Nursing Staff	Edgar Horne ward
1	Nursing Staff	Frances Burdett ward
1	Nursing Staff	Adele Dixon ward
2	Nursing Staff	William Gilbert ward
1	Nursing Staff	David Erskine ward
1	Nursing Staff	Outpatient Clinic

2.3 Clinical Care/Treatment
Twenty one 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

3.0 Praise
Twenty one comments were received praising aspects of the service provided by the Accident and Emergency department. These included:

- Fourteen commenting on the behaviour or attitude of staff in the department.
- Six 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.

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

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

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

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

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

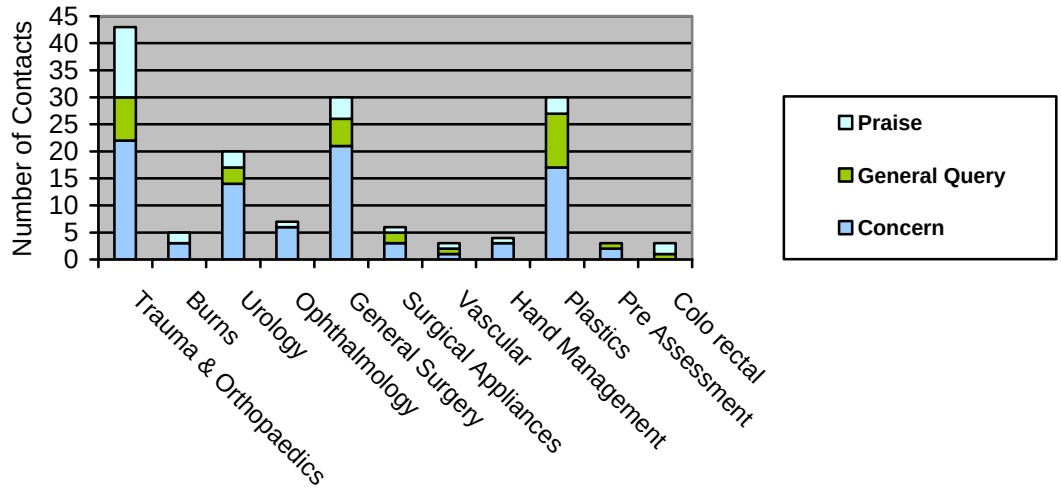
Two positive comments relating to attitude of Consultants, Specialist Nurse and receptionist in Beta Cell Unit.

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

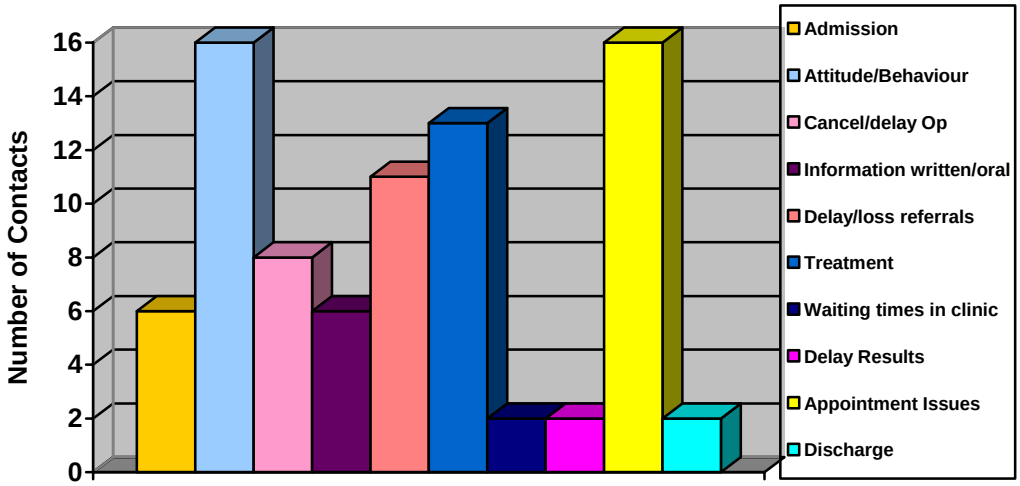
- Three praising the attitude of both the nursing and medical teams on Adele Dixon ward.
- One praising both the attitude of nursing and medical staff on the Medical Day Unit.
- Three praising the attitude of nursing staff on William Gilbert ward.
- One praising the attitude of nursing staff on Nell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

Appendix 4

1.0 Surgical Directorate – April 2005 – December 2005



2.0 Concerns raised in Surgical Directorate



2.1 Attitude/Behaviour

Sixteen 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	Nursing Staff	Fracture Clinic
2	Doctor	Plastics
1	Doctor	Urology
1	Nursing Staff	Lord Wigram ward
4	Nursing Staff	St Mary Abbots
1	Nursing Staff	Burns Unit
1	Other	Trauma and Orthopaedics

2.2 Appointment Issues

Sixteen 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.
- Three clients expressed concern that appointment cancelled and rescheduled for two or three months later than initial appointment.
- Four clients expressed concern that they did not receive a follow up appointment after discharge.
- Three clients expressed concern about wait for an outpatient appointment.
- Three clients expressed concern that appointment had been cancelled.

2.3 Aspects of Clinical Care/Treatment
Thirteen clients expressed concern about aspects of their clinical care or treatment:

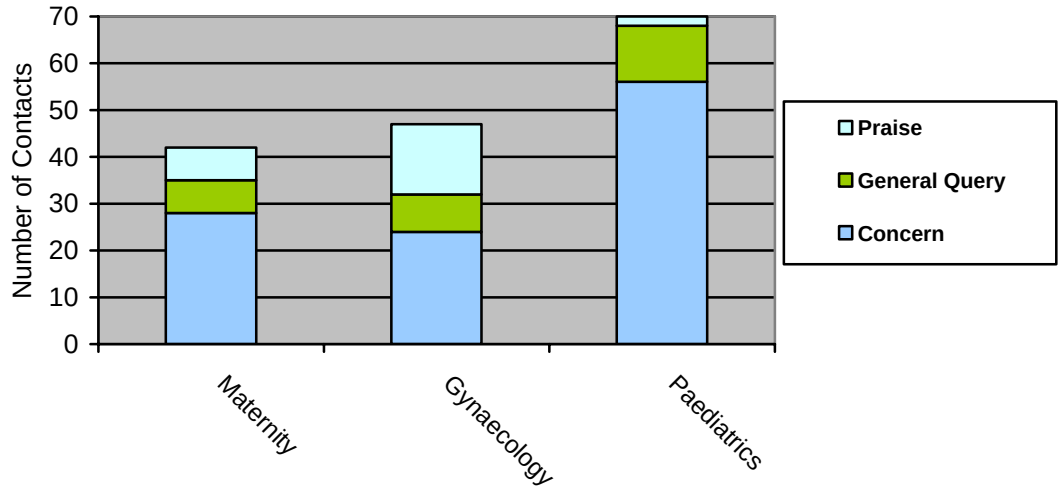
Eight clients raised issues relating to medical staff.
Five clients expressed concern about aspects of nursing care.

3.0 Praise relating to Surgical Directorate
Twenty eight positive comments were received about aspects of care in the Surgical Directorate. These include:

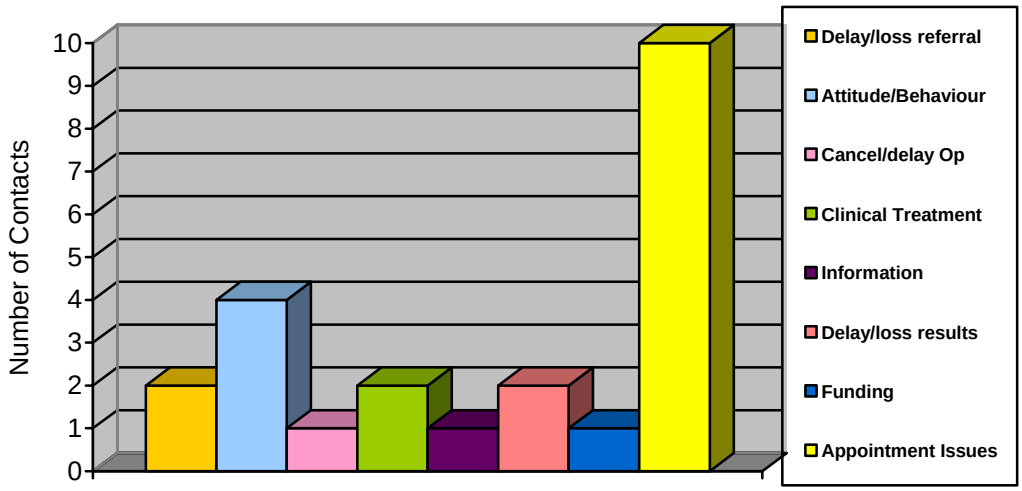
- Two praising the attitude of both the nursing and medical teams on Lord Wigram ward.
- Two praising the attitude of nursing staff on Lord Wigram ward.
- Four praising the attitude of both the nursing and medical teams on David Evans ward.
- Three praising clinical treatment from orthopaedic medical staff.
- Two praising the attitude of the orthopaedic medical staff.
- One praising the attitude of Burns medical team.
- Two 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 Abbot's ward.
- One praising attitude of ophthalmology consultant.
- One praising treatment from nursing and medical teams in plastics outpatient clinic.
- One praising clinical treatment from general surgical team.
- One praising clinical treatment from the hand management team.
- Attitude of urology medical team.
- Attitude of vascular medical team.

Appendix 5

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



2.0 Concerns Regarding Gynaecology Services



2.1 Appointment Issues

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

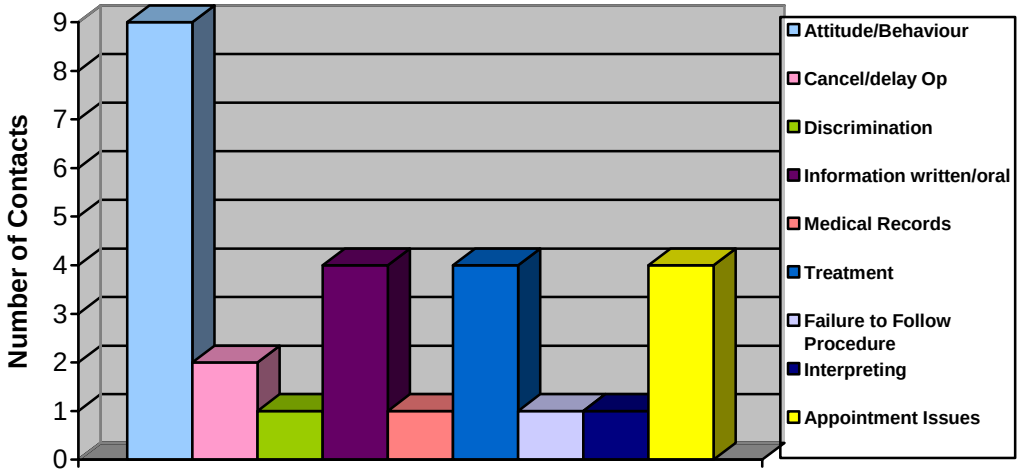
- Five clients raised concerns about difficulty accessing timely follow up appointments.
- One date on appointment card wrong.
- Three clients expressed concern about cancelled appointments.
- One client concerned about confusion relating to appointments with appropriate consultant.

2.2 Praise

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

- Ten clients praising nursing staff on Annie Zunz ward.
- Four of the above also praised that attitude of the medical teams.
- Praise for attitude of nursing staff in outpatient clinic.
- Two clients praising 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. Nine clients have expressed concerns which include:

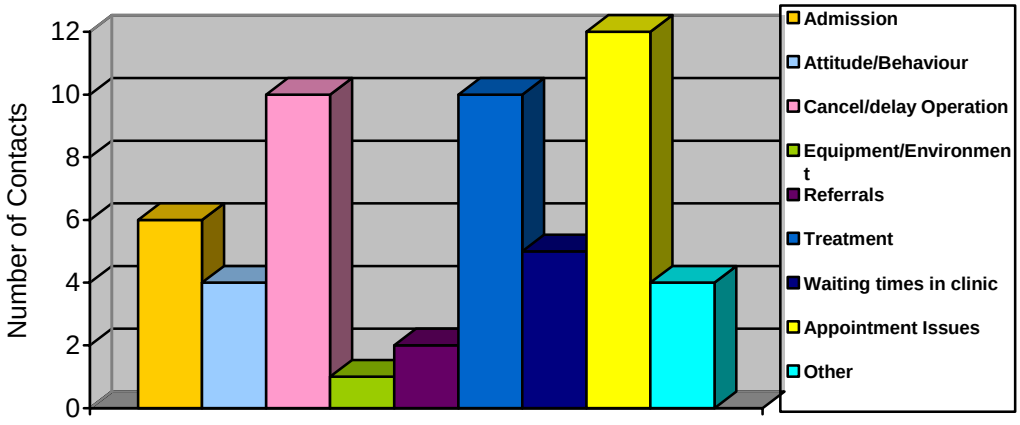
- Seven commenting on aspects of attitude and behaviour of midwives.
- Two comment on attitude of a doctor.

3.2 Praise

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

- Four clients praised the attitude of staff on the labour ward.
- One client praised the support received from ante natal staff.
- Two clients praised the attitude of staff on Josephine Barnes ward.
- 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.

Appendix 6

Clinical Support Services – April 2005 – December 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
Four concerns were raised relating to outpatient pharmacy.

- One related to waiting time for prescription to be dispensed.
- One related to poor access for wheelchair users.
- One related to a lack of clarity in relation to drugs dispensed.
- One related to the process of paying for private prescriptions.

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

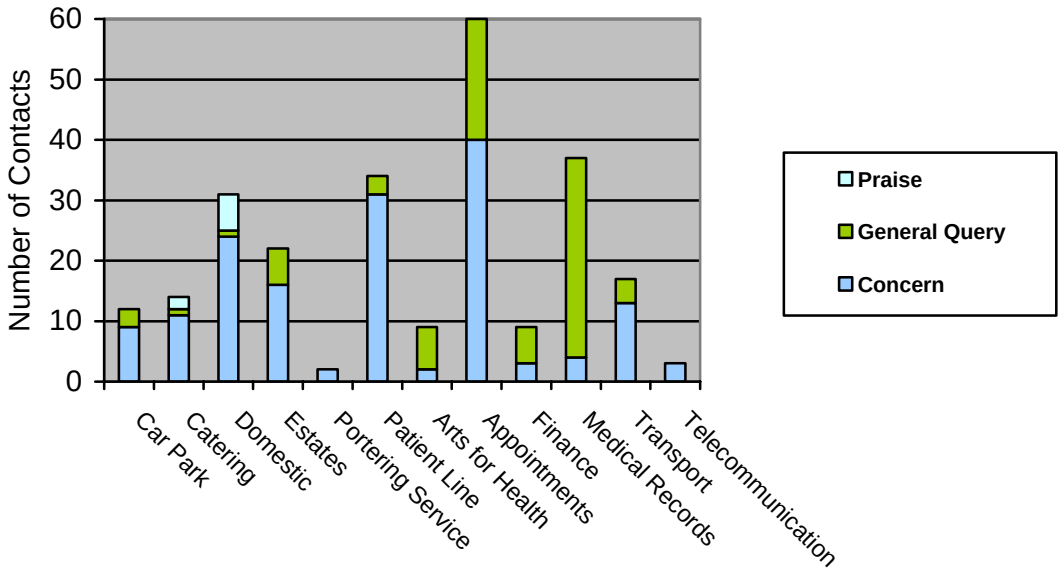
The third enquiry related to an article in the press about hospital pharmacies using cheaper brands of drugs.

4.0 Physiotherapy
Thirteen 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.
- Two concerns relating to a delay in responding to referral.
- Concern relating to lack of concessionary prices for hydrotherapy for patients on benefits.

Appendix 8

1.0 Non Clinical Support Services – April 2005 – December 2005



2.0 Domestic Issues
Twenty four 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
Twelve clients expressed concern about standard of cleanliness in ground floor toilets.
Three clients complained about attitude of housekeeping staff.
Seven clients expressed concern about standard of cleanliness on wards.
One client expressed concern about state of patient hotel.

Praise
Three clients praised the standards of cleanliness on wards.
Three clients praised the attitude of cleaning staff.

3.0 Catering Issues
Eleven clients have expressed concerns about aspects of the catering services.

Four clients raised concern about quality of food.
Five clients raised concerns about attitude of catering staff.
One client raised concern about failure to provide meals ordered from menu.
One client raised concern about prices in the canteen.

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

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
Thirty one 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 eleven concerns were raised.

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

- Nineteen 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 Appointments Office
Forty clients have raised concern about the appointments office.

Seven clients raised concern about being held in phone queue for extended periods of time*.
Eight clients raised concern about the attitude of staff.
Five clients raised concern about delays in processing referrals.
Fifteen clients raised concern about other aspects of the appointments system.

*During this period the appointment office call centre experienced significant technical problems. The impact of which was that the local queuing system did not work effectively. Staff were unable to see how many patients were in the queue at any one time. A small number of patients were being placed into a queue that did not connect to the appointments office, causing patients to wait for an extended periods without getting thorough to book their appointment.

Thames Net, our telephone service provider, worked to ensure the above problems were rectified as soon as possible. The system was also changed to ensure that if a call fails, for what ever reason, the call is rejected and not placed in an interminable queue.

8.0 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).